TPHA
TEXAS PUBLIC HEALTH ASSOCIATION

Welcome to the

94th Annual Education Conference

Hosted by the Waco-McLennan County

Public Health District

March 5-7, 2018
Waco Convention Center & Hilton Hotel

LEADING THE WAY TO A HEALTHY TEXAS

Local Health Departments

LEADing the Way to Healthier Communities through

Leadership | Education | Advocacy | Development

512-809-7201 www.taccho.org

Proud Sponsor of the Texas Public Health Association Annual Education Conference!

Greetings from the TPHA President

Welcome to the 94th annual Texas Public Health Association Education Conference! What an amazing and challenging year it has been since our last conference. Our members have been working hard and rising above and beyond to respond to a variety of health threats including a historic hurricane and an intense influenza season. Though the responses received lots of attention, just as much attention should be paid to the ongoing work public health professionals across sectors have been doing to keep us all healthy. Our members are working on increasing health literacy, promoting healthy behaviors, conducting health assessments, closing gaps, controlling diseases, engaging populations, identifying health risks, and so much more. I am so glad you are able to join us this week and hear their stories. This year our conference theme is Leading the Way to a Healthy Texas. You will see this theme reflected in our pre-conference workshops, plenary sessions, and breakout sessions. It is because of the work our members do every day that we are each in our own ways leading the way. I hope everyone will leave this conference inspired and empowered to continue our critical work in protecting the public's health.

Carol Davis
TPHA President
2017-2018

Things You Need to Know

Registration will be open all three days of the conference beginning Monday, March 5th at 7:00 am and is located at the Waco Convention Center *Event Office #213*. Please pick-up your conference materials at the registration counter.

Continuing Education-Successful completion of this continuing education activity requires that you do the following:

- Complete registration and sign in process at the **CE table**. This includes signing in, picking up CE Request form and conference evaluation.
- Attend entire educational activity and complete CE Request form and evaluation during the conference.
- Turn completed forms in to the volunteers at the CE table PRIOR to leaving the event.

Exhibits, Poster Presentations & Silent Auction – Brazos Ballroom North

- **Monday, March 5th**
  - 5:15 pm - 6:30 pm - Grand Opening
- **Tuesday, March 6th**
  - 7:45 - 8:15 am - Breakfast
  - 12:00 noon - 1 pm - Lunch
  - 2:15 - 2:45 pm - Break
- **Wednesday, March 7th**
  - 7:00 – 8:00 am - Breakfast

Poster Displays - Brazos Ballroom North - Original research of an empirical nature, conceptual or methodological issues or innovative techniques in a public health area.

Health Walk Please join other attendees for an early morning walk before the conference day begins on Tuesday and Wednesday mornings at 6:30 am. Meet in the Hilton Hotel Lobby. Walk with us on both days to be entered into a drawing for a leadership book.

Future Leaders-Student Presentations Competition - Students will present research on a variety of public health topics. These presentations will include quantitative and qualitative research, investigation of conceptual and methodological issues, and the exploration of innovative new techniques to further the practice of Public Health. Students will be competing for a $100 prize.

Silent Auction – TPHA members and participants in this conference have donated items to the silent auction. Please stop by the silent auction tables in the exhibit area to do some "shopping". Bidding ends of Tuesday, March 6 at 5:15 pm. All items must be picked up at the registration desk no later than noon on Wednesday, March 7.

Fellows Project

TPHA Fellows are sponsoring a drive to collect items for the Waco Police Department. Items include: SMALL stuffed animals of all types, coloring books, crayons, markers, map pencils, small toys and games, puzzles, stickers and sticker books, fingernail polish sets, movies on DVD, kid-patterned polyester blankets and non-perishable items including Individual packages of cookies, peanut butter and crackers, Goldfish crackers, individual packages of Chex Mix and Juice Boxes.

Things You Need to Know

Breakout Sessions and Mobile Workshops- Choose from 21 Breakout Sessions & 2 Mobile Workshops Sponsored by the following:

- Administration & Accreditation
- Aging & Public Health
- Environmental & Consumer Health
- Epidemiology
- Health Education
- Oral Health
- Public Health Nursing
- Planning
- 2 Mobile Workshops Sponsored by the Texas Chapter of the American Planning Association

Mother Friendly Nook - The "Mother Friendly Nook" was made possible by a collaboration between the Texas Public Health Association and the Waco-McLennan County Public Health District. In March 2016, the Health District officially became designated as a Texas Mother-Friendly Worksite. As a part of the Texas Healthy Communities grant, a policy was created to ensure all Health District employees who are breastfeeding mothers had a supportive environment and flexibility in their work schedules to express milk in a designated space. Furniture for the nook was provided from the Health District's Women, Infant & Children (WIC) Program.

The "Mother Friendly Nook" includes a private enclosed area at the back of the plenary session meeting room for nursing/pumping mothers to be able to pump during the session while listening to the speakers. During non-plenary sessions TPHA has arranged a private meeting room. The private room is Lone Star #103

TPHA Section Business Meetings

Wednesday, March 8 from 8:00-8:45 am

You are invited to come and learn what TPHA sections are doing and how you can help by becoming involved!

Grab a cup of coffee and head on over to McLennan Hall #208!

We will have representatives from each of the TPHA sections there to answer questions

Conference at a Glance

CONFERENCE AT A GLANCE

Monday, March 5th	7:00 am-5:00 pm	Registration Open ***Event Office #213***
	8:00 am-11:15 am	Student Sponsored Community Coalition *Hackathon* ***Ranger Room 106-110***
	8:00 am-12:00 pm	Health Authority Workshop 2018 ***McLennan Hall #207***
	9:00 am-11:00 am	Pre-Conference 1 Chiseling a Leader ***McLennan Hall #208***
	9:00 am-11:00 am	Pre-Conference 2 Workshop on Community Engagement ***McLennan Hall #209***
	11:30 am-12:30 pm	Governing Council Members' Meeting ***Lone Star #105***
	12:00 pm-12:50 pm	Local Health Official Meeting ***McLennan Hall #207***
	1:00 pm-3:45 pm	Opening Plenary Session 1 ***Brazos Ballroom South***
	3:45 pm-4:00 pm	Stretch break
	4:00 pm-5:00 pm	Plenary Session 2 ***Brazos Ballroom South***
	5:15 pm-6:30 pm	Grand Opening of Exhibits, Posters & Silent Auction ***Brazos Ballroom North***
	Free evening	Visit Waco on your own
Tuesday, March 6th	6:30 am-7:00 am	Health Walk led by Amy Raborn ***Meet in Hilton Hotel Lobby***
	7:00 am-5:00 pm	Registration Open ***Event Office #213***
	7:45 am-8:15 am	Light Breakfast — Exhibit Area & Silent Auction ***Brazos Ballroom North***
	8:15 am-9:30 am	Plenary Session 3 ***Brazos Ballroom South***
	9:30 am-9:45 am	Session Change
	9:45 am-10:45 am	Breakout Sessions 1-3 ***McLennan Hall #207, #208, #209***
	9:45 am-12:00 pm	Breakout Session-Mobile OFFSITE Workshop #1 ***Meet at the 1st Floor Convention Center Entrance facing the Courtyard Marriott***
	10:45 am-11:00 am	Session change
	11:00 am-12:00 pm	Breakout Sessions 4-6 ***McLennan Hall #207, #208, #209***
	12:00 pm-1:00 pm	LUNCH with Exhibitors ***Brazos Ballroom North***
	12:00 pm-1:00 pm	Past Presidents and Fellows Luncheon ***Hilton Hotel Guadalupe Room***
	1:15 pm-2:15 pm	Breakout Session-Mobile OFFSITE Workshop #2 ***Meet at the 1st Floor Convention Center Entrance facing the Courtyard Marriott***
	1:15 pm-2:15 pm	Breakout Sessions 7-9 ***McLennan Hall #207-209***
	2:15 pm-2:45 pm	Break and visit Exhibits and Posters ***Brazos Ballroom North***
	2:45 pm-3:45 pm	Breakout Sessions 10-13 ***McLennan Hall #207-209 and Brazos Ballroom South***
	3:45 pm-4:00 pm	Session change
	4:00 pm-5:00 pm	Breakout Sessions 14-17 ***McLennan Hall 207-209 and Brazos Ballroom South***
	5:30 pm-6:00 pm	Executive Board Meeting (incoming) ***McLennan Hall #207***
	Free Evening	Visit Waco on your own
Wednesday, March 7th	6:30 am-7:00 am	Health Walk led by Amy Raborn ***Meet in Hilton Hotel Lobby***
	7:00 am-2:00 pm	Registration Open-Continuing Education Paperwork turn-in, Pick up Silent Auction Items ***Event Office #213***
	7:00 am -8:00 am	Breakfast with Exhibitors & Posters ***Brazos Ballroom North***
	8:00 am-8:45 am	Section Business Meetings ***McLennan Hall #208***
	9:00 am-10:00 am	FUTURE LEADERS - Student Presentations Competition ***Bosque Theater***
	10:00 am-10:30 am	Presentation of Fellows Project donations to Waco Police Dept ***Bosque Theater***
	10:30 am-10:45 am	Session change
	10:45 am-11:45 am	Breakout Sessions 18-21 ***McLennan Hall #207-209 and Bosque Theater***
	12:00 pm-2:00 pm	Closing Session Plenary 5 and Awards Luncheon ***McLennan Hall #207-208***
	2:15 pm-4:00 pm	2019 Program Planning Committee meeting ***Waco Room #101***

Agenda

DAY ONE, March 5, 2018

7:00 am-5:00 pm Registration Open ***Event Office #213***

8:00 am-11:15 am Student Session **Community Coalition Hackathon** ***Ranger Room #106-110***
Moderator: Melissa Oden, DHEd, LMSW-IPR, MPH, CHES, Adjunct Instructor, UNT Health Science Center School of Public Health

8:00 am-12:00 pm **Health Authority Workshop 2018** ***McLennan Hall #207***

Moderator: David Gruber

Allison Winnike, JD, Chief Executive Officer, Immunization Partnership
John Carlo, MD, MS, CEO, Prism Health North Texas
Emilie Prot, DO, MPH, Regional Medical Director, Region 11, Texas Department of State Health Services
Joann Schulte, DO, MPH, Chief Physician and Deputy Health Officer, Houston Health Department
Derrick Neal, MPA, Director of Public Health, Victoria County
Umair A. Shah, MD, MPH, Executive Director/ Health Authority, Harris County Public Health

9:00 am-11:00 am Pre-Conference 1 **Chiseling a Leader** ***McLennan Hall #208***
Moderator: Sophia Anyatonwu

Brian Townley, Paramount Realty & Management

9:00 am-11:00 am Pre-Conference 2 **Workshop on Community Engagement** ***McLennan Hall #209***
Moderator: Chrysanne Randal

Alexandra Garcia, PhD, RN, PHNA-BC, FAAN, The University of Texas at Austin, Director of Community Engagement and Health Equity - Dell Medical School/Department of Population Health, Associate Professor -School of Nursing

11:30 am-12:30 pm Governing Council Members' Meeting ***Lone Star #105***

12:00 pm-12:50 pm **Local Health Official Meeting** ***McLennan Hall #207***
John Hellerstedt, MD, Commissioner, Texas Department of State Health Services

1:00 pm-3:45 pm **Opening Plenary Session 1** ***Brazos Ballroom South***

Opening Remarks and Welcomes

- Carol Davis, MSPH, CPH, TPHA President
- Sherry Williams, APRN, Director, Waco-McLennan County Health District
- Mayor Kyle Deaver, City of Waco
- City Councilman John Kinnaird, District 3, Health Board Chair
- Assistant City Manager Deidra Emerson, City of Waco

Building Healthy Communities: Becoming the Chief Health Strategist, Georges Benjamin, MD, Executive Director, American Public Health Association

State of the State Address, John Hellerstedt, MD, Commissioner, Texas Department of State Health Services

Presentation of the TPHA Honorary Life Member Award

3:45 pm-4:00 pm Stretch break

4:00 pm-5:00 pm Plenary Session 2-*HOT TOPIC* **Public Health Decision Making in Hurricane Harvey (Panel)** ***Brazos Ballroom South***

Moderator: Lisette Osborne

Derrick Neal, MPA, Director of Public Health, Victoria County
Rod Moline, PhD, RS, Section Director for the Policy, Standards, and Quality

Assurance Section, Texas Dept. of State Health Services
Jason Guzman, RS, Training Officer, Sanitarian II, Texas Department of State Health Services
Heather Champion, MEd, LPC, Director of Business Development, Spindletop Center

5:15 pm-6:30 pm **Grand Opening of Exhibits and Posters and Silent Auction *Brazos Ballroom North***

Free evening Visit Waco on your own

DAY TWO, March 6, 2018

6:30 am-7:00 am Health Walk led by Amy Raborn ***Meet in Hilton Hotel Lobby***

7:00 am-5:00 pm Registration Open ***Event Office #213***

7:45 am-8:15 am Light Breakfast — Exhibits, Posters and Silent Auction ***Brazos Ballroom North***

8:15 am-9:30 am Plenary Session 3 **Cultivating the Next Generation of Public Health Leaders Panel *Brazos Ballroom South***

Moderator: Melissa Oden

Itza Mendoza-Sanchez, PhD, Research Assistant Professor, Texas A & M University, School of Public Health Texas A&M School of Public Health
Dennis L. Thombs, PhD, FAAHB, Professor and Dean, University of North Texas Health Science Center
Catherine L. Troisi, BA, MS, PhD, Associate Professor, Management, Policy, and Community Health & Epidemiology, UTHealth School of Public Health

9:30 am-9:45 am Session Change

9:45 am-10:45 am (3) Breakout Sessions (1HOUR EACH)

Breakout Session 1 – Epidemiology ***McLennan Hall #207***	Breakout Session 2 – Health Education ***McLennan Hall #208***	Breakout Session 3 – Aging ***McLennan Hall #209***
Moderator: Yao Akpalu	Moderator: Debra Flores	Moderator: Bobby Schmidt
Getting to Know Your New Best Friend: Making the Most of Your Data Using the Tools You Have Department of State Health Services (DSHS) Public Health Region 7 Pilot Project for the 2016-2017 Summer Influenza Surveillance Season, Sophia Anyatonwu, MPH, CPH, CIC, Epidemiologist II, Texas Department of State Health Services **Examining health-related behaviors among school-aged students in Texas: Results from the 2015-2016 SPAN Survey,** Debra Saxton, BA, MS, Epidemiologist, Texas Department of State Health Services	**Building a Youth E-cigarette Prevention Community of Excellence in Central Texas,** Cassie L. Davis, MPH/MPAff Candidate, Graduate Assistant, The University of Texas Health Science Center at Houston School of Public Health, Austin Campus **Tips for Increasing Teen Social Media Engagement: A Case Study of Teens in the Driver Seat Program,** Gabriella Medina, MPA, Assistant Transportation Researcher, Texas A&M Transportation Institute	**Health Literacy for an Aging Population,** Teresa Wagner, DrPH, MS, CPH, RD/LD, Assistant Professor, UNT Health Science Center and Denise Blevins, MS, RDN, LD, Registered Dietitian, VP of Nutrition and Health Programs, Meals on Wheels, Inc. of Tarrant County

9:45 am-12:00 pm Breakout Session-Mobile OFFSITE Workshop #1 **Healthy Living Workshop *Meet at the 1st Floor Convention Center Entrance facing the Courtyard Marriott***
Led by: Wendy Cox, CCHH Manager, Heart of Texas Community Health Center, Jimmy Dorrell, President, Mission Waco, and Josh Caballero, Community Organizer, Waco Community Development Corp

10:45 am-11:00 am Session change

Agenda

11:00 am-12:00 pm (3) Breakout Sessions (1 HOUR EACH)

Breakout Session 4 Epidemiology ***McLennan Hall #207***	Breakout Session 5 – Health Education ***McLennan Hall #208***	Breakout Session 6 – Aging ***McLennan Hall #209***
Moderator: Lisette Osborne	Moderator: Debra Flores	Moderator: Bobby Schmidt
Using CASPER to Enhance Community Health Assessment, Travis County 2017 Laura Fox, MPH, Senior Epidemiologist, Austin Public Health and Cassandra DeLeon, Planning and Evaluation Manager, Austin Public Health	**Impact of Community Health Workers on Triple Aim,** Helayna Abraham, BA, West Texas AHEC	**Functional Limitations Linked to Cancer among American Adults,** Ami R. Moore, PhD, Associate Professor, University of North Texas
Evaluation of Community-level Factors Associated with Prenatal Drug Exposure, Rachel Rana, BA, MPH Candidate, Graduate Research Assistant, The University of Texas System Population and Matthew Myers, BA, MPH Candidate, Graduate Research Assistant, The University of Texas System Population Health	**Community Health Worker and Stakeholder Training and Affiliations to Disseminate Cancer Education and Navigation Information in Texas,** Blanca Macareno, MPH, CHWI, Research Associate, Southwest Rural Health Research Center	**Community determinants affecting regional variations in diabetes prevalence across 254 Texas Counties,** Juha Baek, MSPA, Graduate Research Assistant, PhD Student, Texas A & M University; and Ju Sun Lee, MHA, Doctoral Student/Research Assistant, Texas A & M University

12:00 pm-1:00 pm **LUNCH with Exhibitors *Brazos Ballroom North***

12:00 pm-1:00 pm Past Presidents and Fellows Luncheon (must be a TPHA Past President or Fellow member to attend) ***Hilton Hotel Brazos A & B***

1:15 pm-2:15 pm Breakout Session-Mobile OFFSITE Workshop #2 **Walk Downtown Workshop: Promoting Active Transportation and Recreation in Downtown Waco** (weather permitting) ***Meet at the 1st Floor Convention Center Entrance facing the Courtyard Marriott***

Led by: Tom Balk, Senior Park Planner, City of Waco Parks and Recreation, Megan Henderson, MPA, CPM, CEcD, Executive Director, City Center Waco, Chelsea Phlegar, AICP, Senior Planner, City of Waco; Pedestrian and Bicycle Coordinator, Waco Metropolitan Planning Organization

1:15 pm-2:15 pm (3) Breakout Sessions (1HOUR EACH)

Breakout Session 7 - Epidemiology ***McLennan Hall #207***	Breakout Session 8 – Health Education ***McLennan Hall #208***	Breakout Session 9 – Public Health Nursing ***McLennan Hall #209***
Moderator: Sophia Anyatonwu	Moderator: Dan Smith	Moderator: Rachel Wiseman
Assessment of Infection Prevention and Control Programs in Texas Healthcare Facilities, Gretchen Rodriguez, MPH, CIC, HAI Epidemiologist, Texas Department of State Health Services (DSHS) and Bobbiejean Garcia, MPH, CIC, HAI Epidemiologist, Texas Department of State Health Services (DSHS)	**Are Public Health Practitioners and Educators Ready to Address the Implications of Limited Food Preparation Literacy Among Rural Families?** Andrea McDonald, PhD, Instructor, Prairie View A & M University	**Effective Implementation of AFIX Model to Improve HPV Vaccination Rates,** Essi Havor, MSN, RN, Chief Nurse, immunizations, Houston Health Department
Public Health Response to Rifampin-Resistant Human Brucellosis After Consumption of Unpasteurized Dairy Products, Texas, 2017, Joel Massey, MD, Preventive Medicine Resident, Texas Department of State Health Services	**Increasing Graduate Nursing Political Astuteness: An evaluation of student learning outcomes within a historically black college or university (HBCU),** Sharisse Hebert, DNP, Clinical Assistant Professor, Prairie View A & M University	**Quality Latent Tuberculosis Infection Care: Improved Treatment Completion Rate in Fewer Clinic Visits,** Mary Ann Rodriguez, MD, FACP, Medical Director, Communicable Disease Unit, Austin Public Health

2:15 pm-2:45 pm Break and visit Exhibits and Posters ***Brazos Ballroom North***

Agenda

2:45 pm-3:45 pm (4) Breakout Sessions (1 HOUR EACH)

Breakout Session 10 - Epidemiology ***McLennan Hall #207***	Breakout Session 11 – Health Education ***McLennan Hall #208***	Breakout Session 12 – Environmental & Consumer Health ***McLennan Hall #209***	Breakout Session 13 – Administration **Brazos Ballroom South**
Moderator: Rita Espinoza **Depressive symptoms, Antiretroviral Therapy Adherence, and HIV Clinical Outcomes: An Associational Study of a Cohort of Outpatient HIV-Infected Persons,** Osaro Mgbere, PhD, MS, MPH, Epidemiologist, Houston Health Department **Total and Cardiovascular Mortality Risk Associated with Allergic Rhinitis and Allergic Asthma: A Retrospective Cohort Study,** Subi Gandhi, PhD, Assistant Professor, Tarleton State University	Moderator: Glenna Laughlin **Save a Life Day: Implementation and Evaluation of a Community-focused CPR Education Program in Houston, Texas,** Ebun Ebunlomo, PhD, MPH, MCHES, Curriculum Developer, Houston Methodist DeBakey Institute for Cardiovascular Education and Training and René Ramon, BS, Sr., Director, Community Health & CPR, American Heart Association, South West Affiliate **Parental perspectives on recruitment and engagement for school-based research: a qualitative study,** Leigh Ann Ganzar, MPH, Dell Health Scholar, Michael and Susan Dell Center for Healthy Living	Moderator: Leslie Allsopp **Potential Exposures to Pathogens Causing Diarrheal Disease in Children in Quito, Ecuador,** Leigh Preston, MPH, Texas A&M University School of Public Health **The Incessant Investigation of Legionnaire's Disease - Findings and Lessons Learned,** Vaidehi Shah, BDS, MPH, Senior Epidemiologist, Waco-McLennan County Public Health District	Moderator: Kaye Reynolds **Determine immunization priorities and legislative action in the state of Texas,** Rekha Lakshmanan, MHA, Nurse Educator, University Health System, The Immunization Partnership **Teaching Physicians and Clinics to Identify and Treat TB Infection,** Yolanda Cantu, MPH, Project Manager, Texas Department of State Health Services, PHR 8

3:45 pm-4:00 pm Session change

4:00 pm-5:00 pm (4) Breakout Sessions (1 HOUR EACH)

Breakout Session 14 – Oral Health ***McLennan Hall #207***	Breakout Session 15 – Health Education ***McLennan Hall #208***	Breakout Session 16 – Environmental & Consumer Health ***McLennan Hall #209***	Breakout Session 17 – Administration **Brazos Ballroom South**
Moderator: Teresita Ladrillo **Advancing the Oral Health Movement in Texas,** Ankit Sanghavi, BDS, MPH, Executive Director, Texas Health Institute **Early Signs of Oral Manifestations Combined with Early Childhood Caries (ECC) or Severe Early Childhood Caries (SECC) as a Predictor for Iron-Deficiency Anemia in Children,** Sai Vineetha Duddu, Graduate Research Assistant, UNT Health Science Center, School of Public Health	Moderator: Jeff Hatala **Just Ask! A community-first approach to improving women's preconception health in a community,** Janet Y. Jones, MPH, CHES, Lead Public Health Education Specialist, Waco-McLennan County Public Health District **The Leveraging Project,** Melissa Oden, DHEd, LMSW-IPR, MPH, CHES, Adjunct Instructor, UNT Health Science Center School of Public Health, Abby Winstead, MPH-C, CPH-Provisional, Graduate Student, University of North Texas Health Science Center (UNTHSC), Maternal and Child Health; and Mandy Spadine, MPH-C, CPH-Provisional, UNTHSC, Maternal and Child Health	Moderator: Julia Butler **Community engagement in population health: cultivating ideas from your own backyard,** Marie Guadagno, The University of Texas at Austin **Characterization of Low Cost Sensors for Air Quality Monitoring,** Ndolembai Njesada, University of North Texas Health Science Center	Moderator: Kaye Reynolds **Mobilizing the Majority: Engaging Vaccine Supporters in Texas,** Rekha Lakshmanan, MHA, Nurse Educator, University Health System, The Immunization Partnership **The role of transportation costs in WIC participation,** Evan Flack, Rice University

Agenda

5:30 pm-6:00 pm Executive Board Meeting (incoming) ***McLennan Hall #207***

Free Evening Visit Waco on your own

DAY THREE, March 7, 2018

6:30 am-7:00 am Health Walk led by Amy Raborn ***Meet in Hilton Hotel Lobby***

7:00 am-8:00 am Breakfast with Exhibitors— ***Brazos Ballroom North***

7:00 am-2:30 pm Registration Open/Continuing Education Paperwork turn-in, Pick up Silent Auction Items ***Event Office #213***

8:00 am – 8:45 am Section Business Meetings ***McLennan Hall #208***

Come to learn more about TPHA and meet others involved in the following TPHA Sections:

- Administration & Management
- Aging & Public Health
- Community Health Workers
- Environmental & Consumer Health
- Epidemiology
- Health Education
- Oral Health
- Public Health Nursing
- Social Work
- Students

9:00 am-10:00 am **FUTURE LEADERS** - Student Presentations Competition ***Bosque Theater***

Moderator: Lisette Osborne

- **Bullying in Relation to Current Substance Use among High School Students, Florida Youth Risk Behavior Survey 2011-2015**, Johnae Snell, MPH, University of Texas Medical Branch
- **Exploring Trends and Risk Factors of Liver Cancer Mortality in Texas Counties, 1980-2009**, Md Abdullah Mamun, University of North Texas Health Science Center
- **The effects of Gratitude Intervention on Suicide Ideation in Maua, Kenya**, Jamie Kendrick, University of Texas Medical Branch

10:00 am-10:30 am Presentation of Fellows Project donations to the Waco Police Department by Melissa Oden ***Bosque Theater***

TPHA Fellows are sponsoring a drive to collect items for the Waco Police Department. Items include: SMALL stuffed animals of all types, coloring books, crayons, markers, map pencils, small toys and games, puzzles, stickers and sticker books, fingernail polish sets, movies on DVD, kid-patterned polyester blankets and non-perishable items including Individual packages of cookies, peanut butter and crackers, Goldfish crackers, individual packages of Chex Mix and Juice Boxes.

10:30 am-10:45 am Session change

Agenda

10:45 am-11:45 am (3) Breakout Sessions (1 HOUR EACH)

Breakout Session 18 -- Epidemiology ***McLennan Hall #207***	Breakout Session 19 – Planning ***McLennan Hall #208***	Breakout Session 20 – Public Health Nursing ***McLennan Hall #209***	Breakout Session 21 – Accreditation ***Bosque Theater***
Moderator: Lisette Osborne **Prevalence of Pathogens in Companion Animals in a University Animal Hospital in Quito, Ecuador,** Leigh Preston, MPH, Texas A&M University School of Public Health **Murine Typhus Increase in Bexar County, 2014-2016,** Jessica Romano, MPH, Epidemiologist, San Antonio Metropolitan Health District	Moderator: Melissa Oden **Implementing Health Goals Through Planning,** Doug McDonald**,** AICP, CNU-A, Comprehensive Planning Manager, City of Plano and Melissa Oden, DHEd, LMSW-IPR, MPH, CHES, Adjunct Instructor, UNT Health Science Center School of Public Health	Moderator: Sherry Williams **Healthy Beats: A Local Effort to Prevent Congenital Syphillis in Bexar County,** Roxanne Hickman, BS, Management Analyst, San Antonio Metropolitan Health District **Improving Understanding of Public Health Nursing (PHN) Roles - 10 Ways PHNs Improve Health,** Monica Hughes, MSN, RN, Executive Director/President, Faith Partnerships for Health	Moderator: Kaye Reynolds/Jennifer Smith **Public Health Accreditation: Preparing Your Documentation and Pre-requisites,** Robert Hines, MSPH, Accreditation Coordinator/Staff Analyst, Houston Health Department; and Ololade Coker, MS, MPH, ASQ CQIA, Performance Improvement and Accreditation Team, Staff Epidemiologist Specialist, Houston Health Department

12:00 noon-2:00 pm Closing Session Plenary 5 and Awards Luncheon ***McLennan Hall #207-208***

Moderator: Carol Davis

Leading the Way to a Healthy Texas: What Will it Take? Eduardo Sanchez, MD, MPH, FAAFP, Chief Medical Officer for Prevention and Chief of the Center for Health Metrics and Evaluation, American Heart Association

Presentation of Awards and Transfer of Gavel

2:15 pm-4:00 pm 2019 Program Planning Committee meeting ***Waco Room #101***

You are invited to join us for the 2019 Annual Education Conference Planning Committee meeting following the Closing Session Plenary and Awards Luncheon. During this meeting we will set the theme and discuss new ideas for the 95th Annual Education Conference! Come be a part of it!

Conference Exhibitors

Baylor Scott & White – Hillcrest

Sarah Kranick
Faith Community Health Program Coordinator
sarah.kranick@bswhealth.org

Through the Faith Community Health Program, we hope to partner at-risk patients with compassionate caregivers. Faith Community Caregivers will be trained to support and offer a ministry of presence to patients, alleviating their loneliness, assessing their needs, and helping them get access to resources. We hope to collaborate in finding those who could benefit from extra support, whether they are homebound elderly members, parents with specials needs children, or other who struggle in their care.

CureMD

Bill Adsit
Director of Business Development
bill.adsit@curemd.com

CureMD is a leading provider of innovative health information systems and services that transform the administrative and clinical operations of public health organizations of all sizes. Our award winning solutions simplify decision making, streamline operations, and ensure compliance with government standards and best practices; ultimately saving time and effort to maximize value and returns.

Livestories

Tina Metter-Stuart
Client Engagement Manager
tina@livestories.com

LiveStories provides an integrated civic data hub. Local health departments, school districts, businesses, and governments use LiveStories to discover, analyze, and publish civic data. With LiveStories, anyone can discover insights about health care, poverty, crime, and education in their communities, and publish those insights as interactive data stories. With thousands of verified indicators and charts, the platform is used for collaboration between internal and external teams to share information and work together to build healthier, safer, and smarter communities.

Patagonia Health, Inc

Madhur Mathur
madhur@patagoniahealth.com

Patagonia Health Inc. is a healthcare software supplier that has built a cloud and apps-based software solution. The solution includes an integrated, federally-certified, Electronic Health Record (EHR), Practice Management (PM) and Billing software. The company's mission is to solve two major barriers to EHR adoption--usability and cost--and address customers' number one problem: billing. Patagonia Health's one-of-a-kind apps-based system represents a paradigm shift in the EHR software industry, and its highly-intelligent solution uses sophisticated technology that is extremely easy to use. Innovative and unique apps provide timely data for organizations to improve workflow, streamline operations and take their organizations to the next level. For more information, visit www.patagoniahealth.com or email info@patagoniahealth.com.

Sanofi Pasteur

Laura Cordell
Key Account Manager
laura.cordell@sanofi.com

Texas Chapter American Planning Association

Michael McAnelly
Executive Administrator
m.mcanelly@att.net

TPHA members are invited to receive information about our allied organization for community planning and development, making great places in Texas.

Texas Department of State Health Services

Codie Prinz
Newborn Screening Program Educator
Codie.Prinz@dshs.texas.gov

Newborn Screening requirements, program information, and best practices.

Conference Exhibitors

Texas Department of State Health Services

Deborah Copas
ImmTrac2 Education & Training Analyst, Imm. Unit
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The Texas Immunization Registry is a no-cost service that consolidates and stores vaccine records from a variety of sources, including providers, pharmacies, public health clinics, Medicaid claims administrators, and DSHS Vital Statistics Unit. Regardless of the number of sources, each person's immunization information is consolidated in one electronic record. With more than 164 million immunization records, the Texas Immunization Registry is a major component of our initiative to increase vaccine coverage across Texas.

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University of Texas School of Public Health - information about online undergraduate program and how colleges can provide public health minors using their existing learning management system.

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The UNT Health Science Center School of Public Health offers (UNT Health Science Center School of Public Health continued) a flexible 100% online MPH program that you can complete while working. With less than 150 online students and a faculty/teacher assistant ratio of 1 to 15 in our online classes, we work to maintain a personal feel and build professional relationships with faculty and between students. When convenience is key, this is the degree to pick!

UT Health Northeast, School of Community and Rural Health

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The Master of Public Health (MPH) program at the UT Health Science Center at Tyler (UT Health) provides students with marketable skills and qualifications in the core functions of public health, including research, assessment, policy development, and assurance.

UTHealth School of Public Health

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The University of Texas Health Science Center at Houston (UTHealth) School of Public Health has six campuses across Texas: Houston, Austin, Brownsville, Dallas, El Paso and San Antonio. The mission of UTHealth School of Public Health is to improve the health of the people of Texas, the nation and the world by providing the highest quality graduate education, translational research and service to the profession and the community. The Houston campus, located in the heart of Houston's Texas Medical Center, offers students unmatched opportunities for research and employment. Each of five other campuses has its own faculty and research specialties.

Conference Exhibitors

Students can attend class at any of the six campuses via Interactive Television (ITV). The School of Public Health is accredited by the Council on Education for Public Health (CEPH) and the university is accredited by the Southern Association of Colleges and Schools (SACS). Visit online at http://sph.uth.edu.

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The College of Education and Human Development at the University of Texas at San Antonio has a Master of Science degree in Health and Kinesiology and three online graduate certificates: Applied Health Research, Community Nutrition, and Health.

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Texas Public Health Association

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Join us in the Brazos Ballroom North

- Monday, March 5th
  - 5:15 pm - 6:30 pm - Grand Opening
- Tuesday, March 6th
  - 7:45 - 8:15 am - Breakfast
  - 12:00 noon - 1 pm - Lunch
  - 2:15 - 2:45 pm - Break
- Wednesday, March 7th
  - 7:00 – 8:00 am - Breakfast

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1 West Coast University is institutionally accredited by the WASC Senior College and University Commission (WSCUC) and the nursing programs are programmatically accredited by the Commission on Collegiate Nursing Education (CCNE). 2 All online programs are offered through the Orange County, California campus. Practice Experience is required in order to graduate from the RN to BSN, RN to MSN and MSN degree programs. For graduation rates, median debt of graduates completing these programs and other important information, visit westcoastuniversity.edu/disclosures. WCU cannot guarantee employment.

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Continuing Education Contact Hours

Continuing education credit/contact hours for this event are provided by The Texas Department of State Health Services, Continuing Education Service and include the following:

Continuing Medical Education:
The Texas Department of State Health Services, Continuing Education Service is accredited by the Texas Medical Association to provide continuing medical education for physicians.
The Texas Department of State Health Services, Continuing Education Service designates this live activity for a maximum of 16.75 *AMA PRA Category 1 Credit(s)*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Continuing Nursing Education:
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Social Workers:
The Texas Department of State Health Services, Continuing Education Service under sponsor number CS3065 has been approved by the Texas State Board of Social Worker Examiners (https://dshs.texas.gov/socialwork) to offer continuing education contact hours to social workers. The approved status of The Texas Department of State Health Services, Continuing Education Service expires annually on December 31. The Texas Department of State Health Services, Continuing Education Service has awarded 16.75 contact hour(s) of Continuing Social Work Education.

Registered Sanitarians:
The Texas Department of State Health Services, Continuing Education Service is considered a sponsor of continuing education for Registered Sanitarians according to the Texas Administrative Code, Title 25, Part 1, Chapter 140, Subchapter C, Rule §140.113. The Texas Department of State Health Services, Continuing Education Service has awarded 16.75 contact hour(s) of Continuing Education.

Certified Health Education Specialists:
Sponsored by The Texas Department of State Health Services, Continuing Education Service, a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designated for Certified Health Education Specialists (CHES) and/or Master Certified Health Education Specialists (MCHES) to receive up to 16.75 total entry-level Category I contact education contact hours.

Certificate of Attendance:
The Texas Department of State Health Services, Continuing Education Service has designated 16.75 hour(s) for attendance.

Certified in Public Health (CPH):
Sponsored by the University of Texas School of Public Health, this event is approved for up to 16.75 Domain(s): Biostatistics, Environmental Health Sciences, Epidemiology, Health Policy and Management, Social and Behavioral Sciences, Communication and Informatics, Diversity and Culture, Leadership, Public Health Biology, Professionalism, Program Planning, Systems Thinking.

Community Health Worker (CHW):
This activity has been designated to provide 16.75 non-certified DSHS continuing education units for Promotors or Community Health Workers.

CM Credits
The following sessions meet the APA standards for CM credit:

- Chiseling a Leader
- Workshop on Community Engagement
- Public Health Decision Making in Hurricane Harvey
- Breakout Sessions 1, 2, 3, 6, 7, 8, 11, 12, 15, 16, 17, and 19
- Mobile Workshop 1, 2
- Closing Plenary Session (1 hour credit of the two hour award and educational session)

2/2016

Thank You!

The Texas Public Health Association extends its gratitude to the following for their contributions to the success of the 94th Annual Education Conference:

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A special note of thanks to Texas Department of State Health Services, Division for Regional and Local Health Operations for being our continuing education sponsor, to the many volunteers who reviewed a record number of submitted abstracts for breakout session presentations and posters and to our conference presenters. THANK YOU!

Presentation Abstracts
(Breakout Sessions, Student Competition Presentations and Posters)

BREAKOUT SESSIONS

Impact of Community Health Workers on Triple Aim, Helayna Abraham, Debra Flores, Ph.D., M.A, CCWI

In 2012, under Waiver 1115, Texas waived the provisions of federal health and welfare programs and reallocated Medicaid funding to implement DSRIP projects addressing local gaps in services and satisfy the triple aim goals: Improving the patient experience of care, improving the health of population, and reducing the per capita cost of health care. Of the 1,451 projects, 107 projects utilized Community Health Workers (CHWs) in a variety of ways to assist people to gain access to needed services and builds individual, community, and system capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, patient navigation and follow-up, community health education and information, informal counseling, social support, advocacy, and participation in clinical research. The aim of this study was to assess the impact of DSRIP projects that utilize community health workers on the goals identified under triple aim. In the first reporting year (DY3), CHWs served 208,533 unique patients (77% greater than goal) with 61.8% being Medicaid, Low-Income, or Uninsured (MLIU). In the second reporting year (DY4), CHWs served 357,013 unique patients (36% greater than goal) with 59.11% being MLIU. And in the final reporting year (DY5), CHWs served 450,190 patients 17% greater than goal, with 56.1% being MLIU. Projects were required to report metrics that quantified improvement in patient satisfaction and health of the population. The project metrics demonstrated had an overall 18.62% increase in patient satisfaction and improved health outcomes in 21,592 patients. The improved outcomes generated over $50.5 million in healthcare savings during the two measurement years and are expected continue to produce positive economic benefits.

Getting to Know Your New Best Friend: Making the Most of Your Data Using the Tools You Have Department of State Health Services (DSHS) Public Health Region 7 Pilot Project for the 2016-2017 Summer Influenza Surveillance Season Getting to Know Your New Best Friend: Making the Most of Your Data Using the Tools You Have, Sophia Anyatonwu, MPH, CPH, CIC

Surveillance systems provide an outlet to actively apply graduate-level knowledge and develop expertise in collecting, cleaning, analyzing, and interpreting data for public health use. During the 2016-2017 Summer Influenza Surveillance Season, when flu reporting activity slows down, DSHS Public Health Region 7 launched a pilot project to refine its data collection activities and assess flu reporter coverage using a test database. The 10-week pilot project took place from July 9th, 2017 to September 17th, 2017. Weekly flu report data was entered into a newly constructed excel workbook (i.e. the test database) and grouped by reporter type (i.e. school, clinic, hospital, or local health department) for each of the 30 counties in DSHS Public Health Region 7. The data was also entered into a Survey Monkey form to verify data points and conduct a trial run on a free version of the software. Weekly maps were created, using Paint and Microsoft Publisher, with data points that reflected counties which had received flu reports (including reports indicating no flu activity) as well as reporter type. Weekly flu reporter coverage was calculated as a percentage by adding up the number of counties with at least one data point, dividing this number by 30, and multiplying by 100. Weekly flu reporter coverage ranged from 43% to 73% during the 2016-2017 Summer Influenza Surveillance Season. The weekly percentage of counties with submissions from more than one type of reporter ranged from 3%-20%. Lab-confirmed flu activity was reported in at least one county each week. The labor-intensive nature of this project helped to provide a better understanding of flu reporter data submitted to DSHS Public Health Region 7 and will inform recruitment efforts. The test database will be updated and implemented during the 2017-2018 Influenza Surveillance Season.

Community Determinants Affecting Regional variations in Diabetes Prevalence Across 254 Texas Counties, Juha Baek, MPSA, Ju Sung Lee, MPH

Background: The numbers of people diagnosed with diabetes and the cost for diabetes treatment have dramatically increased over time in the United States (U.S.). While researchers have focused on the individual factors of diabetes prevalence, there are relatively few studies addressing diabetes in the community level. Since Texas is one of the highest diabetes prevalent states, understanding a wide variation of community characteristics is significant to control diabetes properly. This study explores the relationship between community characteristics and diabetes prevalence across all 254 counties in Texas. Methods: This study included the data from Area Health Resource Files of 2010 or 2012 from the U.S. Department of Health and Human Services with various community factors and three datasets of 2012 from the Centers for Disease Control and Prevention, including diabetes prevalence, adult obesity prevalence, and physical inactivity prevalence. Age-adjusted data were used to eliminate effects from age differences in populations across counties and standardized variables by 10,000 populations to adjust dissimilar population sizes of counties. We identified demographic, socioeconomic, healthcare-related, and health behavior/status characteristics in the county level. Multivariate regression analysis was used to determine community determinants associated with diabetes prevalence in Texas.

Results: We found a higher percentage of Black population (Î²=4.36, 95% CI=2.83-5.91, p<0.01), a higher adult obesity prevalence (Î²=0.1, 95% CI=0.05-0.14, p<0.01), and a greater number of hospital beds (Î²=0.09, 95% CI=0.00-0.18, p<0.05) were significantly associated with increased diabetes prevalence. In socio-economic factors, a higher percentage of college graduates was found to be significantly associated with lower diabetes prevalence (Î²=-1.76, 95% CI=-3.17-0.35, p<0.05). Conclusions: This study highlights the significance of race, adult obesity prevalence, hospital beds, and education factors to prevent diabetes in the county level. These findings help understand community determinants, beyond individual factors, which affect diabetes prevalence and improve health equality.

Teaching Physicians and Clinics to Identify and Treat TB Infection, Yolanda Cantu, MPH, Barbara Taylor, MD, MPH, Diana Cavazos, RN, MSN, PhD (c), Jacob Jimenez, MPA, Brenda Ridenour, LVN

Background Tuberculosis (TB) disease continues to be a major public health issue globally and in Texas, with TB cases in the United States increasing in 2015 for the first time in 23 years. Experts agree that to eliminate TB the focus must shift to the identification and treatment of latent TB infection (LTBI). Texas requires reporting of LTBI but does not require treatment. METHODS Clinical sites were recruited to participate in activities focused on the identification and treatment of TB infection in patients. Physicians, physician assistants, and nurse practitioners were trained to treat patients with LTBI and to report treatment outcomes. Sites included a city public health department, a large homeless campus, and Federally Qualified Health Centers, hospitals, and community health centers in smaller South Texas communities. An evaluation of clinical site experiences was conducted during Fall 2017. Semi-structured interviews were conducted with site staff to describe their TB screening practices, to learn about care management processes for patients agreeing to treatment, and to discuss the successes and challenges faced by the sites. These sites have tested over 13,000 individuals at risk for TB through a project funded by the Texas 1115 Medicaid Waiver which targets the Medicaid eligible, the low-income and the uninsured. RESULTS Site interviews are currently underway with qualitative data analysis to follow. Analysis will explore and document barriers and facilitators for implementation of LTBI screening and treatment in diverse clinical settings and implications for Texas TB policy. CONCLUSIONS There are significant challenges associated with implementing screening for LTBI in diverse clinical and non-clinical settings. Knowledge regarding LTBI and its clinical implications is limited in many settings which are also resource limited.

The Leveraging Project, James Kirk Driver, MCJ, MBA, Dr. Melissa Oden, MSSW, MPH, DHEd, Laura Abasi, Bachelor of Science, CHW, Mandy Spadine, Bachelor of Science in Education, Abby Winstead, Bachelor of Science

Las Vegas Trail, located between I-30 South and Camp Bowie Boulevard, on the west side of Fort Worth, is home to a conglomerate of apartments and accounts for a significant portion of violent crime in the city. However, crime is clearly a symptom of deeper underlying issues plaguing the community. Lack of job training, transportation, economic and employment opportunities, as well as poverty, violence, drug abuse, prostitution, bullying, low levels of literacy, and refugee issues all contribute to challenges in this community. This session will update conference participants on the progress of The Leveraging Project, which was introduced at the Annual Education Conference in March of 2017. TLP focuses on providing a tailored prescription of services, hand-delivered to individual families in apartment complexes on Las Vegas Trail, in an effort to empower and stabilize families in that community. Conference participants will learn how to identify the resources in their communities in an effort to collaboratively provide support to families in similar situations.

Early Signs of Oral Manifestations Combined with Early Childhood Caries (ECC) or Severe Early Childhood Caries (SECC) as a Predictor for Iron-Deficiency Anemia in Children, Sai Vineetha Duddu, MPH Candidate, Dr. Alisa Larraine Rich

Background Iron-deficiency anemia is one of the most prevalent blood disorder in childhood, and in the U.S., a leading cause of anemia. Anemia presents with oral mucosal pallor (pale lips and gums), angular stomatitis and cheilitis (redness and cracks in corner of mouth and lips), atrophic glossitis (tongue papillae flattening), and migratory glossitis (tongue surface patterns) which can be visual signs predictive of anemia. The objective of this study is to evaluate the use of visual signs of oral mucosal pallor combined with early childhood caries (ECC), or severe early childhood caries (SECC), as predictive factors for iron-deficiency anemia in children. Methods A literature search was conducted validating oral mucosal pallor and signs of caries as an effective predictor for underlying/undiagnosed anemia in children. Search terms included: Oral manifestations of Iron deficiency anemia, Iron deficiency anemia in children, Early signs oral symptoms in anemic children. Initial search resulted in 51,624 publications. Exclusion terms included adults, sickle cell or aplastic anemia. Ultimately, 11 full publications were retrieved. Results Current research confirms early signs of oral manifestation (mucosal pallor, angular stomatitis and cheilitis, atrophic glossitis, migratory glossitis) are valuable predictors for underlying/ undiagnosed anemia in children. These signs alone can indicate chronic oral infections, nutritional deficiency or malocclusion (teeth misalignment), however presenting in combination with ECC and SECC, can be predictive for underlying/undiagnosed anemia. Iron-deficiency in children can impair cognitive performance, and cause developmental problems early in life with long-term educational and developmental consequences. Conclusion Oral indicators of pallor presenting with ECC and SECC are potential predictors for underlying/undiagnosed anemia in children. Educators, parents and public health

professionals need to be educated to these oral indicators which can be signs of potential anemia in children prior to advancement of the disease, or impairment in cognitive and development skills.

Save a Life Day: Implementation and Evaluation of a Community-Focused CPR Education Program in Houston, Texas, Ebun Ebunlomo, PhD MPH MCHES, Rene Ramon, BS, Melanie Lazarus, MPH, Jettie M. Tromza, BA, Mariana Smith, BA, Azucena (Suzie) Flores, BA

Background Almost 90 percent of people who suffer out-of-hospital cardiac arrests die. About 70 percent of Americans report feeling helpless to act in such cardiac emergency situations. That statistic could hit close to home since home is exactly where 80 percent of cardiac arrests occur. The chance of survival for a victim in cardiac arrest drops by 10 percent every minute without immediate bystander cardiopulmonary resuscitation (CPR). CPR, especially if performed in the first few minutes of cardiac arrest, can double or triple a person's chance of survival. Methods We collaborated with the American Heart Association to offer a free, community-focused health education event called Save a Life wherein we taught hands-only CPR to the community and built heart health awareness. Cardiovascular physicians, nutrition specialists and cardiac arrest survivors shared resources and information regarding heart disease. We also offered on-site CPR certification. We employed Level I and II Training Evaluations according to the Kirkpatrick Model for Training Evaluation to design a survey that assessed participants' reactions and learning. Results Overall, we trained 620 individuals, 143 of whom received CPR certification. All participants received a CPR Anytime kit in order to train others and practice their skills. Of the 425 survey respondents, 95% were satisfied with the Save a Life event. About 60% were first-time CPR learners. About 400 attendees (96%) indicated that the information was presented clearly and concisely. The majority of attendees were between 18-49 years of age (60%) and the largest racial/ethnic group was Asian (42%). Conclusions Collaborating with community organizations, medical professionals and public health practitioners is integral to developing, implementing and evaluating health education programs. These synergistic efforts also enhance the reach and sustainability of such programs.

The Role of Transportation Costs in WIC Participation, Evan Flack

Background: The Women Infants and Children (WIC) program is a federal welfare program aimed at safeguarding the health of low-income women and young children through supplemental nutrition benefits, nutrition education, and healthcare referrals. The program is highly utilized by breastfeeding mothers and children under one; however, many participants drop out after the age of one despite being eligible until the age of five. This is likely due to the change in the cost benefit analysis faced by the mother; benefits sharply decrease after the age of one while costs remaining constant throughout the entire period of eligibility. Participants who incur lower costs are more likely to continue participating even after benefits have decreased. A key source of variation in costs between participants is the transportation time and resources necessary to complete mandatory certifications and nutrition education classes at WIC facilities. Methods This study operationalizes transportation cost of participation using the Google Maps Distance Matrix API on individual-level WIC data from 2016-2017 in Houston, TX. The effect of this cost is tested using logistic regression, with the outcome of interest whether or not the mother continued participation after the child has turned one. Findings Preliminary findings suggest that transportation cost, measured in road distance from a participant's home to the nearest WIC facility, is not a significant factor in the individual's decision to drop out of, or continue with the WIC program Conclusions Health officials looking to retain participants in the WIC program past infancy should look to improve the WIC experience through means other than reduced transportation costs. It is likely that other transactional costs such as appointment wait times or the stigma from participating in welfare are the primary negative components of the participants marginal analysis.

Total and Cardiovascular Mortality Risk Associated with Allergic Rhinitis and Allergic Asthma: A Retrospective Cohort Study, Subi Gandhi, PhD, MF Faramawi, S Aryal, E Evans, M Felini

Background: Asthma and allergic rhinitis are two major respiratory conditions of public health concern worldwide. These conditions are also identified as risk factors for atherosclerosis, a contributor of cardiovascular outcomes. Our objectives were to investigate the independent and concomitant role of allergic rhinitis and asthma on cardiovascular and all-cause mortality. Methods: The study participants consisted of a probability sample of US civilians from the Third National Health and Nutrition Examination Survey; vital status was ascertained through the National Death Index. Men and women 40 years from all racial/ethnic backgrounds were included in the study. For all-cause mortality (n=9,450) and CVD-specific mortality (n=9,410), the baseline characteristics of participants were similar except for age, education, and smoking status. For both the outcomes, hazard ratios were estimated using Cox regression models. Results: Risk for all-cause mortality increased for those with histories of allergic rhinitis [HR: 1.08 (95%: 0.91-1.29)], and asthma [HR: 1.36 (95%: 1.00-1.89)] whereas risk for CVD-specific mortality showed null association for those with histories of allergic rhinitis [HR: 1.00 (95%: 0.75-1.31)], with elevated risk for those with asthma [HR: 1.32 (95%: 0.85-2.06)]. The combined effect of allergic rhinitis and asthma showed increased risk for all-cause mortality [HR: 1.23 (95%: 0.91-1.29)] and CVD-specific mortality [HR: 1.66 (95%: 0.85-3.25)]. Conclusion: The results of our study indicate that a combined history of asthma and allergic rhinitis may increase the risk of premature mortality from CVD, and from all-causes combined. Future molecular studies that utilize specific methods to ascertain allergic conditions (e.g., use of immunoglobulins), and rigorous population-based stud-

ies should focus on the long-term health effects of allergic rhinitis and asthma. If additional robust studies replicate our findings, public health efforts can be focused on prevention and treatment strategies that could reduce the burden of morbidity and mortality associated with allergic conditions.

Parental Perspectives on Recruitment and Engagement for School-Based Research: A Qualitative Study, Leigh Ann Ganzar, MPH, Sarah S. Bentley, MPH, Deanna M. Hoelscher, PhD, RD, LD

Background: School-based health promotion interventions and research initiatives provide a important opportunity to improve the health of children and their families. However, there is little evidence of effective strategies for recruiting and engaging parents and their children for participation in obesity-related, school-based research. This qualitative study sought to understand the preferences and priorities of parents regarding health research conducted in schools. Methods: Parents of elementary school aged children were recruited through schools and community contacts. Parents filled out a short demographic survey, and then participated in semi-structured interviews or focus groups using interview guides developed based on Social Cognitive Theory constructs. Interviews were transcribed verbatim, and two independent coders used thematic analysis to develop a coding frame. Results: Twenty-four adults participated: 4 interviews were conducted in English, 1 was conducted in Spanish, and two focus groups, consisting of 19 parents were conducted in Spanish. Improving the health of their child was cited as the main outcome expectation of parents who were willing to participate in research or health programs. Lack of time and access to transportation were mentioned as the main barriers to participating in research, with convenient timing of programs and incorporating activities for parents and other children as facilitators for participation. Most parents agreed that reinforcements that would increase their participation, and suggestions for positive reinforcements included practical health related incentives, such as gym passes; educational materials; or gardening supplies. Parents cited that redundancy is needed for communication about research, such as sending flyers home with children and text messages. Conclusion: The results of this study can aid in the development of effective strategies for recruiting and engaging parents and children in school-based research. Increased participation and engagement can not only improve the health of the individuals involved, but also increase study generalizability and relevance.

Building a Youth E-cigarette Prevention Community of Excellence in Central Texas, Megan Grayless, MPH, Steven Kelder, PhD

Background: E-cigarette use among U.S. youth has increased rapidly in recent years to become the most commonly used tobacco product by middle and high school students. Most e-cigarettes contain nicotine, a highly addictive substance that can harm adolescent brain development. In response to this growing public health threat, the CATCH Global Foundation is collaborating with local partners to create a Youth E-Cigarette Prevention Community of Excellence in Central Texas. Over two years, 50 schools in Travis, Williamson, Bastrop, Hays, and Caldwell Counties will receive training, curriculum, and other resources to prevent e-cigarette use among approximately 25,000 6-12th grade students. This presentation will describe the CATCH My Breath (CMB) Youth E-cigarette Prevention Program collaborative model and present initial findings on the program's impact on e-cigarette related knowledge, attitudes, and behavior. Methods: The CMB Program includes a peer-facilitated 4-lesson curriculum, school policy templates, parent materials, and other supplemental resources for teachers and students. To facilitate school recruitment, promote e-cigarette awareness in the surrounding communities, and guide future program development, a steering board comprised of key state, district, and community leaders has been established. From January to March 2017, 21 middle schools in 6 districts implemented the CMB Program. Using a non-equivalent comparison group 2-month pretest-posttest design, 14 of the implementation schools ($n = 4{,}253$ 6th graders) and 10 control schools ($n = 1{,}166$ 6th graders) participated in an impact evaluation. Results: Initial findings indicate that the CMB Program led to increases in students' knowledge about e-cigarettes ($p<.001$). Additional outcomes will be presented. Conclusions: This project has the potential to reduce youth e-cigarette usage rates in Central Texas and provides a replicable model for other communities that includes best practices for coalition development, raising community awareness, and building the capacity of schools to deliver e-cigarette prevention education.

Community Engagement in Population Health: Cultivating Ideas from Our Own Backyard, Marie Guadagno, Lourdes Rodriguez, DrPH, Nitakuwa Barrett, MSN, RN, Christina Jarvis, BS

Background: The Center for Place-Based Initiatives (CPBI) aims to identify persons within Central Texas who have ideas to improve the health of their communities. The CPBI seeks to provide support to implement and test ideas. The center hopes to identify and foster exceptional people and ideas that may not otherwise have a support structure and to ensure their community impact and sustainability. In an effort to create a new approach to community engagement for population health, the CPBI launched its inaugural Call for Ideas in fall of 2016. The purpose was to provide a platform for all residents to assess their health challenges and to maximize resources available. An emphasis was placed on continuous, two-way communication with the community. Methods The call launched in November 2016 via email, social media, posters, public relations, community meetings, and local news. Individuals had the opportunity to submit ideas online or through paper copies in both English and Spanish. The challenge was to be identified using <300 words and the idea was to be identified using <500 words. Eligibility was open to all individual residents of the five counties in Central Texas. It was also open to members of organizations with a history of positive engagement with

the community. Staff and faculty from UT were not eligible. Each idea was reviewed by at least one member of the Community Strategy Team, two UT faculty, staff or graduate students, and two staff members of the CPBI. Priority was given to applications submitted by those from underserved communities in which the idea would directly benefit that community. Results A total of 95 ideas from 88 unique individuals were submitted. Half (49%) came from people formally representing organizations, and the other half (51%) from individuals. Themes were varied and included topics from outdoor spaces, nutrition, mental health and so on. Intended populations to be served also varied. Conclusions The process of the first round of the Call for Ideas is ongoing. The ideas are being connected with resources both within and outside of the CPBI (e.g., local nonprofits). The project implementation stage and forthcoming evaluation phases will be carried out from March-December 2017. Findings will inform the second round of the Call for Ideas.

Using CASPER to Enhance Community Health Assessment, Travis County 2017, Hailey Hale, MPH, Laura Fox, MPH, Tracy Haywood, Cassandra DeLeon

Introduction: Austin Public Health (APH) conducts a Community Health Assessment (CHA) every five years to engage community members and local public health partners to collect and analyze health-related data from many sources. APH identified a unique opportunity to utilize Community Assessment for Public Health Emergency Response (CASPER) methodology to enhance data collection for the Austin/Travis County CHA. The goal of the CASPER was to assess perceptions of health needs, themes, and strengths in the county. Methods: APH staff collaborated with executive leadership and key community stakeholders to develop a questionnaire and sampling framework. The questionnaire focused on quality of life; access/barriers to healthcare, healthy food, and transportation; and household preparedness. For the sampling frame, a multistage stratified cluster sampling technique was used to select a representative sample of households. Pre-trained teams interviewed households with a goal of completing 210 questionnaires. A weighted cluster analysis was conducted to identify percentages and projected number of household responses per question. Results: Interview teams completed 168 of 210 interviews over a 2-day period. The majority of respondents rated Travis County as a healthy/very healthy (64.0%) place to live. Access to healthcare (31.0%), physical activity (22.3%), and affordable housing (16.6%) were reported to improve quality of life the most in Travis County. Most (88.1%) had no problem accessing healthcare in the last 12 months. Respondents used a variety of public transportation options and less than half had an emergency supply kit at home. Conclusions: Conclusions from this report indicate that Travis County is a healthy place to live but there are areas that need improvement.

Effective Implementation of AFIX Model to Improve HPV Vaccination Rates, Essi Havor, MSN, RN

Background: It is estimated that 90% of 31,500 newly diagnosed human papillomavirus (HPV) associated cancers could be prevented with HPV vaccine. Although the 2016 National Immunization Survey (NIS) Teen report showed some increase in the HPV vaccination coverage rates in the United States, the rates continue to be below Health People 2020 target of 80.0%; and lower than tetanus, diphtheria, and acellular pertussis vaccine (Tdap), meningococcal conjugate vaccine (MenACWY) coverage rates among adolescents. Medical providers can assist in closing this persistent gap through effective implementation of the Centers for Disease Control and Prevention (CDC) Assessment-Feedback-Incentives-eXchange (AFIX) model. AFIX is a continuous quality improvement model used to increase vaccination of children and adolescents. AFIX serves to assist and support health care providers by identifying low immunization rates, determining opportunities for improving immunization delivery practices. Objectives: To share and demonstrate how to apply AFIX model in an immunization practice to improve HPV vaccination coverage rates. Methods: First we review the components of AFIX model, and describe how medical providers can effectively apply the model in their immunization practices by discussing strategies and tools used during AFIX process. Then we share examples of two immunization clinics that have used AFIX model to improve HPV vaccination rates. Conclusion: AFIX is an evidence-based model shown to be effective in improving immunization rates, and recommended by CDC. Clinical Relevance: Medical providers are key in achieving high HPV vaccination rates, thus reducing HPV associated cancers. Providers should strongly recommend and administer the HPV vaccine between 11-12 years of age; and implement evidence-based strategies to ensure timely completion of all recommended HPV vaccine doses.

Increasing Graduate Nursing Political Astuteness: An Evaluation of Student Learning Outcomes Within a Historically Black College or University (HBCU), Sharisse Hebert, DNP, Chloe Gaines, PhD, Abida Solomon, PhD

Introduction: Political astuteness involves understanding policy design, policy implementation, and policy evaluation. The incorporation of a required health policy course in the graduate nursing curriculum was designed to empower nursing students with the knowledge to develop, implement, and restructure health policies that are appropriate for the population in which they serve. Objective: The purpose of the project was to evaluate the impact of a required health policy course on a historically black college or university (HBCU) graduate nursing students' political astuteness, political awareness, and political activism. Methods: A one-sample pretest and posttest design was used to evaluate the students' knowledge. The subjects were 175 graduate nursing students enrolled in a required health policy course. The students completed the Political Astuteness Inventory (PAI) survey using Survey

Monkey prior to taking the required health policy course and after the course to compare levels of political astuteness and political activism. Results: After the course completion, participants knew more about lobbyists ($p < 0.01$), House and Senate committees ($p < 0.01$), public issues and meetings ($p < 0.01$), and other aspects of the political process. Conclusion: These results strongly suggest that students' participation in the required health policy course was effective in changing their knowledge about the legislative and policy processes. Addressing the barriers and supporting the facilitators for political activism is a start in bridging the chasm of political process knowledge deficits and political activists.

Healthy Beats: A Local Effort to Prevent Congenital Syphilis in Bexar County, Roxanne Hickman, BS, Elizabeth Garza, MSN, RN, Sian Hill, BSHM, Anita K. Kurian, MBBS, MPH, DrPH

Introduction: In 2016, the rate of congenital syphilis in Bexar County was 46.1 per 100,000 live births - approximately 2.5 times higher than the congenital syphilis rate in Texas (17.4 per 100,000 live births). The resurgence of congenital syphilis in our community pointed to missed opportunities for prevention within the public health and healthcare systems. The Healthy Beats program was formulated at San Antonio Metropolitan Health District (SAMHD) to address the increasing rates of congenital syphilis. Methods: Healthy Beats enrolls pregnant women presenting to the STD clinic at SAMHD and community outreach events into case management services to ensure syphilis screening occurs at recommended intervals, especially at the third trimester. The program also ensures that the treatment is completed and a six-month follow-up test (from their last treatment date) for all pregnant women diagnosed with primary and secondary syphilis is conducted to verify response to treatment or possible re-infection. Program data is collected through maternal interviews, chart reviews and review of STD*MIS database. Results: From October, 2015 through September, 2017, 296 pregnant women were enrolled in the program. Of the 296 pregnant women, 210 (71%) received their third trimester test for syphilis; 60% of those who received the third trimester testing were diagnosed with syphilis; 95.2% of these cases received adequate treatment. There were 68 cases of congenital syphilis in Bexar County from 2012-2016. Further analyses of these cases, however, revealed that only 16% of the pregnant women had received adequate prenatal care. Conclusions: Although Bexar County has taken steps to address this public health problem, it is still evident that much more needs to be done. Extensive public health campaigns need to be implemented to raise awareness and encourage pregnant women to seek prenatal care as early and regularly as possible.

Public Health Accreditation: Preparing Your Documentation and Prerequisites, Robert Hines, MSPH, Ololade Coker, MS, MPH

For the majority of public health entities, the concept of accreditation marks new territory. Collecting volumes of documentation which must meet detailed specifications requires a clear understanding of the standards and expectations of site reviewers. Even when proper documentation has been selected, the ability of an organization to navigate reviewers through that documentation effectively and clearly justify selection criteria can significantly impact review. Furthermore, correct preparation of the three PHAB pre-requisite documents (Community Health Improvement Plan, Community Health Assessment, and Strategic Plan) is critical to attaining accreditation. Of all required documentation, these documents have the most significant impact on overall application consideration and are meticulously evaluated. This session will provide insight into methods that have been used to successfully apply for accreditation as well as how review is performed from the perspective of a site reviewer. The following points, in particular, will be covered: 1) process of creating, selecting, and preparing documentation for accreditation, 2) general components of good documentation and what reviewers look for, and 3) fundamental elements of accreditation prerequisites.

Improving Understanding of Public Health Nursing (PHN) Roles - 10 Ways PHNs Improve Health, Monica Hughes, MSN, RN

Problem: Many factors contribute to a shrinking PHN workforce. Most states face decreasing public health funding, which leads to lower pay for PHNs than nurses practicing in acute care settings, shifting of population-based nursing care to other public health professionals, fewer placements for nursing student training in public health, and other consequences. The Robert Wood Johnson Foundation (RWJF) Public Health Nurse Leader (PHNL) Cohort (2015-2017) worked to develop an infographic describing Ten Ways PHNs Improve Health. This document outlines the essential nature of the skills PHNs contribute to population health, improving health through social justice, ethics, and quality care for disadvantaged groups across cultural lines. Knowledge and articulation of the unique and ideal skill set of PHNs will inform and advance the understanding of PHN roles and their potential to lead changes that improve health. Approach: RWJF PHNLs (made up of 25 cohort members across 23 states) developed a concise infographic to tell the story of the skills PHNs bring to improving health. The product was developed over the course of several months of monthly conference calls, in-person meetings, and email, refining the message, delivery, and objectives for its use and dissemination. The work complements the widely-used 10 Essential Public Health Services (https://www.cdc.gov/stltpublichealth/publichealthservices/essentialhealthservices.html). Products/Outcomes: The infographic gives PHNs a reliable and respected resource and starting point to inform policy-makers, public health workgroups, community partners, and stakeholders of the importance of PHNs in the health of populations. Implications: PHNs possess a unique skill set and potential for influence. PHNs can articulately advocate for the importance of their own work in leading change to improve health, through the use and dissemination of this reliable and informative infographic.

Just Ask! A Community-First Approach to Improving Women's and Maternal & Child Health in a Community, Janet Jones, MPH, CHES, Ashley Weaver, MA, Susan Poag

Background: A 3-year grant was received through the Department of State Health Services (DSHS) in Austin via their Healthy Texas Babies Initiative to fund the work of the Waco Healthy Babies Coalition. Funds from this grant as well as funds from Waco's community foundation, Waco Foundation, was used to hire a social marketing company, SUMA Marketing Firm, in order to conduct research around women's health & create a preconception health campaign to promote well woman exams and encourage women to go to the doctor for primary preventive health care. SUMA conducted two stakeholder meetings with Maternal & Child Health (MCH) partners in Waco and 2 focus groups with Preconception age women (defined as women age 18-25 who have never had a baby), and field testing of campaign materials in order to create a robust Preconception Health Campaign entitled "Healthy Waco Women". Methods: In December 2016, the first stakeholder meeting was conducted and community partners brainstormed barriers to women's health in the Waco community and potential solutions/areas of opportunity to positively impact women's health. February 2017, two focus groups with preconception women (women age 18-25 who do not have children) was conducted. Ideas & interventions from the Healthy Texas Babies grant work plan were tested (Preconception Health Education Booklet/magazine, Healthy Babies Waco website, etc.) In April 2017, the second stakeholder meeting was conducted and the results of the focus groups was shared. These results included a summary of findings from stakeholder meetings as well as recommendations from the women (from the focus groups) for how to create the campaign in a way that resonates with the target audience. In August 2017, SUMA conducted field-test in which they again called on preconception age women (age 18-25 having no children), in order to test the designed campaign materials that were created from the recommendations. Items that were tested include: various potential "Healthy Waco Women" logos, preconception health educational magazine, as well as the tote bag containing free multi-vitamins with folic acid and other promotional pieces. Results--Creation of the Healthy Waco Women website and campaign brand & materials. Conclusion--It is important to engage the target population in ongoing feedback in order to create public health interventions.

Determine Immunization Priorities and Legislative Action in the State of Texas, Rekha Lakshmanan, MHA, Robyn Correll Carlyle, MPH, Angiela Zielinski, MSW, Anna C Dragsbeak, JD, Catherine L Troisi, PhD

Background Immunization rates in young Texas children continue to be lower than the US national average and fall short of the Healthy People 2020 objectives. Adolescent vaccination rates have been above 80 percent for required vaccines, but continue to be low for HPV and influenza vaccines. Identifying gaps in policy, education and outreach related to vaccine-preventable diseases became essential. In 2016, TIP assessed the knowledge, attitudes and beliefs of immunization stakeholders and examined current utilization and barriers to uptake of evidence-based interventions that would improve immunization rates in the community. Methods Between January and June 2016, 13 town hall-style stakeholder meetings were conducted throughout Texas, and one was held online. Texas stakeholders received the survey via e-blasts to TIP's supporter database, social media platforms, direct mailing to providers in rural counties, partner networks and attendees to TIP educational events. Results A total of 729 stakeholders representing 16 metropolitan markets and some rural areas participated in the town hall-style meetings. Participants included healthcare and public health personnel, pharmacists, the pharmaceutical industry and professional and non-profit associations. Completed surveys were received from 602 individuals in 80 Texas counties, 47% of whom reported working in healthcare settings. Of those, 40% were physicians and 50% were nurses or nurse practitioners. Conclusions Several key priority areas were determined. First, combat misinformation regarding vaccines through improved education and training of the general public, media, and healthcare providers. Second, reduce the number of non-medical exemptions to school vaccine requirements in Texas. Third, improve the efficiency of the Texas immunization registry, ImmTrac. Fourth, identify and implement strategies to prevent HPV-related cancers. Fifth, identify and implement strategies to prevent influenza. Finally, address barriers limiting access to immunizations throughout the lifespan. Using the conclusions of this study, TIP worked with legislative partners to propose six bills for the 2017 Texas Legislature session.

Mobilizing the Majority: Engaging Vaccine Supporters in Texas, Rekha Lakshmanan, MHA, Jinny Suh, JD, MS, Cherise Rohr-Allegrini, PhD, MPH, Allison N. Winnike, J.D.

Background Representing the growing number of Texans not vaccinating their children, a new anti-vaccine parent group emerged and successfully stalled pro-immunization legislation in the 2015 Legislature. It became critical that parents and other community supporters join with traditional stakeholders to send the legislature the clear message that most Texans support immunization. Methods In mid-2016, The Immunization Partnership (TIP) adapted and implemented the Snowflake Model for Community Engagement to create Immunize Texas. This model leverages the interests and strengths of individuals, empowers people to be leaders in their community, and is easily scalable. Immunize Texas established a network of volunteers to become a vehicle for pro-immunization education and advocacy efforts. The primary goals included humanizing pro-immunization messages and increasing the presence of science-based immunization information in social and traditional media. In partnership with TIP, Immunize Texas executed a public relations campaign to debunk the opposition's junk science. Social media was used to address the opposition,

while advocating a pro-vaccine position. A website, earned media and collateral materials were developed to bolster this effort. An advocacy toolkit was developed for training Immunize Texas members who regularly visited with legislators to advocate for pro-immunization policies. Results Success was determined by four factors: 1) increase pro-vaccine supporters engaged through social media, 2) increase community members participating in the policymaking process, 3) increase new local networks established, 4) increase media hits. Immunize Texas has over 1,000 Facebook members, 70 members have engaged with policy makers, 43 Texas cities are represented in the network, and 220 media hits occurred in October through December 2016, which is 96% of total media hits from October 2015 through September 2016. Conclusions The grassroots network, Immunize Texas, successfully moved forward pro-vaccine legislation and blocked anti-science legislation in the 2017 Texas Legislature. A continued effort is needed as non-medical exemptions continue to rise.

Community Health Worker and Stakeholder Training and Affiliations to Disseminate Cancer Education and Navigation Information in Texas, Blanca Macareno, MPH, CHWI, Katharine Nimmons, M.Sc., MPH, CHWI, Marivel Sanchez, CHWI, Paula Saldana, CHW, CHWI, Catherine Catanach, Jane Bolin, BSN, JD, PhD

Background: The Access to Cancer Training, Information, Outreach, and Navigation (ACTION) project is a cancer dissemination grant that trains and utilizes Community Health Workers (CHWs) to deliver culturally appropriate information on cancer prevention and patient navigation. This project promotes Breast, Cervical, and Colorectal Cancer prevention, detection, treatment, survivorship, and cancer navigation. Methods: Project CHWs and CHW Instructors revised, updated, and packaged educational modules developed and implemented in previously funded cancer projects by the Cancer Prevention & Research Institute of Texas. The project team also developed and packaged a new cancer navigation module. All modules are available in-person and online, in English and Spanish, at no charge to CHWs. This project further supports CHW organizations through technical assistance, an affiliation model, and cancer educational resources hosted on the ACTION project's website. Results: Project CHW Instructors delivered in-person trainings in Laredo, Harlingen, Rio Grande City, Corpus Christi, Tyler, Bryan, Austin, and Houston. Over a period of 18 months, 246 CHWs and 51 CHW Instructors were trained in-person and 760 CHWs were trained online. Once trained, organizations across the state were able to receive technical assistance and support from the project team. CHW Instructors and organizations are able to sign MOUs and affiliation agreements giving them access to packaged cancer education and navigation curricula, which they can disseminate in their communities. As of August 2017, MOUs were signed with three partner organizations. All trainees have access to the ACTION project's website containing toolkits for CHWs, lists of regionally available cancer resources, and educational materials. Conclusions: Training CHWs and disseminating resources in-person and online, as well as in English and Spanish, represents a replicable, scalable model for community-based, culturally competent cancer education, navigation, and training across Texas. Offering technical assistance and programmatic support constitutes an effective, organizational-level dissemination model.

Public Health Response to Rifampin-Resistant Human Brucellosis After Consumption of Unpasteurized Dairy Products, Texas, 2017, Joel Massey, MD, Shelley Stonecipher, DVM, Naomi Ayala, Nicole Evert, MS, Jennifer Shuford, MD, MPH, Sharon Huff, MD, MS

Background: Brucellosis is a zoonotic bacterial infection transmitted most commonly by consuming unpasteurized dairy products (e.g., raw milk). Human infection with Brucella species can cause adverse outcomes such as endocarditis and pregnancy loss. A human brucellosis outbreak of a rifampin-resistant strain of Brucella RB51 was identified in July, 2017, with the primary risk factor determined to be consumption of raw milk from a dairy in North Texas. To mitigate human brucellosis risk, the Texas Department of State Health Services (DSHS) implemented a public health outreach program. Methods: DSHS issued a health alert to health care providers on August 14 describing evaluation, treatment, and prophylaxis recommendations. DSHS released media communications about recall of the dairy's raw milk products and health risks associated with unpasteurized dairy product consumption. DSHS provided consultations to answer clinical inquiries about brucellosis evaluation, treatment, and prevention recommendations. With assistance from CDC, DSHS deployed a mass consumer notification campaign during August 16 – December 28, using customer contact information obtained from the dairy. Results: The health alert and media release generated 47 phone calls to the consultation service from clinicians, laboratories, and concerned citizens regarding human brucellosis evaluation, treatment, and prevention during August 16 – September 25. From a list of 847 consumer contacts provided by the dairy, 582 (68.7%) households had contact information; 397 (68.2%) of these were successfully notified (verbally communicated to an adult in the household within three phone call attempts) during the response. Conclusion: The public health outreach program notified less than half of known raw dairy consumers of the risk of brucellosis. Because dairy product pasteurization has made brucellosis a rare disease in the United States, ongoing consumer education and dissemination of health care provider instructional resources are crucial to mitigating adverse health outcomes of brucellosis exposure among persons who consume raw dairy products.

Are Public Health Practitioners and Educators Ready to Address the Implications of Limited Food Preparation Literacy Among Rural Families? Andrea McDonald, PhD., Lenna Dawkins- Moultin, PhD, Olivia Johnson, Kamal McDonald, Sharon McWhinney, PhD

Obesity continues to be a major public health concern among the American population, particularly in rural areas. According to state data, Texas is among the five states that has obesity rates higher than 33%. Poor eating habits and limited physical activity is associated with this growth. The purpose of this research was to understand rural families teaching and learning strategies for food preparation literacy in the home. Methods: Rural families were recruited through flyers to participate in a semi-structured and photo-voice interviews. Each parent was asked to explain their formal and informal food preparation training and adolescences were given cameras to take photographs of what they perceived as food preparation. The interviews were audio recorded and transcribed verbatim. The pictures and transcripts were analyzed for themes. Results: Four parents and four children participated in the study. Participants self-identified as African-American (N=8) and Caucasian (N=2). The data analysis revealed that food preparation skills were transmitted through direct encouragement and engagement; parents' primary method of learning food preparation came from parents and grandparents; and different types of food (corn, baked chicken, and beef) were being prepared at home. Conclusions: This study provides a foundation to understand food preparation practices in the home. Some public health educators are the trained experts in the field and collaboration with trained dietitian may be need to address the multifaceted obesity disease. Future research will be needed to explore other cultural practices related to food preparation literacy.

Tips for Increasing Teen Social Media Engagement: A Case Study of Teens in the Driver Seat Program, Gabriella Medina, MPA, Stacey Tisdale, Russell Henk

Background Teens in the Driver Seat® (TDS), started in 2002, is a peer-to-peer safe driving program that focuses on the top five risks teen drivers face behind the wheel. TDS staff provides research-based information/resources and works with teen teams in Junior Highs and High Schools to engage them in delivering safety messaging and conducting activities within their own school and community. Methods Teens in the Driver Seat® undertook a one-year evaluation of social media communication geared towards the TDS teen audience. In September 2015, TDS instituted a focused, planned social media outreach effort including dedicated staff, creation and maintenance of a messaging calendar, purchasing scheduling and tracking software and evaluation of related metrics and results. The goal of this plan was to increase social media metrics and related reach. The analysis was performed to assess: 1) if the investment of related time and resources was worthwhile; and 2) which (if any) elements produced the best results, and if so, related insights as to impact/reach and associated details. Results There were helpful insights gained from evaluating the programs' social media platform, for example, learning: 1) which platforms and messaging resonated most with our audience, 2) which age group we were reaching and not reaching to stay on par with mission, and 3) where engagement was lacking by post category to improve the messaging and/or results. When the TDS team looked at engagement/posts, the Instagram audience was much more engaged. Conclusions This evaluation brought forth several lessons learned that the Youth Transportation Safety (YTS) Program will take forward in planning and executing social media messaging. The more productive outcomes are shared as tips for other safety projects that may be targeting teens or seeking to increase their overall social media reach.

Depressive Symptoms, Antiretroviral Therapy Adherence, and HIV Clinical Outcomes: An Associational Study of a Cohort of Outpatient HIV-Infected Persons, Osaro Mgbere, PhD, MS, MPH, Nadia Barahmani, MD, PhD, MS, Jason Wang, MPH, Salma Khuwaja, MD, MPH, Dr.PH

Background: Depression is a serious concern in the clinical management of HIV infection and has been shown to independently affect both antiretroviral therapy (ART) adherence and HIV clinical outcomes. Despite ART's success, people living with HIV (PLWH) who are on ART still exhibit variability in adherence and clinical outcomes, which has been partially attributed to several behavioral and psychosocial factors, including depression. We examined the relationship between depression and ART adherence, and HIV clinical outcomes in a cohort of outpatient HIV-infected persons receiving medical care in Houston/Harris County, Texas. Methods: Data used for this study were obtained from the Medical Monitoring Project (MMP), a representative cross-sectional survey of HIV-infected adults 18 years of age receiving outpatient medical care in Houston/Harris County, Texas between 2009 and 2014. The data comprised of 1,181 records representing a weighted population of 11,469 PLWH and captured demographic, behavioral, clinical characteristics, and prevention and support services. Severity of depressive symptoms was based on Kroenke and Spitzer's (2002) algorithm. We assessed the association between depression, adherence and HIV clinical outcomes of PLWH using complex survey analysis procedures of SAS 9.4. Results: About 13.4% (95%CI: 11.3-15.6) and 6.8% (95%CI: 5.4-8.3) of the study population had mild and severe depression. Although there were no significant ($p>0.05$) independent associations between depressive symptoms and CD4 count and Viral load, persons who were adherent to ART medication had lower viral load ($p>0.01$), with 25.3% of them having undetectable viral load (<200 copies/ml). PLWH who were depressed were associated ($p>0.001$) with poor adherence to ART medication than those without any depressive symptoms. Conclusions: Our findings indicate that depression play an important role in determining ART adherence patterns as well as early virologic suppression and maintenance, even though we found no significant relationship between depression and viral load, and CD4 count. This study demonstrates the advantage of

combining conventional HIV care with mental health screening for improving medication adherence and that identification and treatment of depressive symptoms should be a priority for PLWH.

Functional Limitations Linked to Cancer among American Adults, Ami Moore, PhD, Dana Auden, James H. Swan, PhD

Background: People with cancer generally have greater functional limitations which negatively affect their quality of life and increase their risk of mortality. Research into functional limitations among older people with cancer is limited. However, no study to our knowledge has examined how disparities in functional limitations are linked to life-course factors. Methods: This study used the National Health Interview Survey, 2001 to 2010, to examine functional limitations among persons with cancer. Of 282,313 total respondents, 21,510 reported any cancer diagnosis, 9,798 in the previous five years. We created a functional limitation scale (raw Cronbach Alpha = .91), based on eight items, on which 60 percent (weighted to a population parameter) of those with cancer reported at least one function to be at least somewhat difficult. We used SUDAAN regression analysis to investigate functional limitation disparities by factors involving life course. Results: Native-born Americans who had been diagnosed with cancer reported less functional limitation relative to foreign-born. Blacks were 57% more likely to be functionally limited compared to non-Hispanic Whites, Hispanics were less likely to report functional limitations. Other non-Whites (excluding Asians) were twice as likely to report functional limitations. Age strongly predicted functional limitations, but later birth cohorts (people born between 1976-85; 1966-1975; 1956-1965) reported more functional limitations, while those born in 1946-1955 reported less limitation. Education, gender, marital status, and mental status were all related to report of functional limitation among people with cancer. Conclusions: A large proportion of adults with cancer report serious functional limitations. These are much higher with advancing age and differ greatly by other life-course factors, suggesting the needs for interventions for functional limitation among those living with or having suffered from cancer, taking into account numerous background characteristics.

Characterization of Low Cost Sensors for Air Quality Monitoring, Ndolembai Njesada, Leslie Allsopp, MSN, MPH, Yixin Gu, PhD

The methods used were modified from AQ SPEC4 testing center for lower cost air quality sensors. Four test sensors were simultaneously characterized for CO, NO2, temperature, and relative humidity measurements in a dynamic exposure system while using a GreyWolf AdvanceSense Pro to provide reference measurements. Sensors were stabilized at room concentrations, then exposed over seven trials to four ranges of gas concentration between 80-300 ppb for NO2 and 5-100 ppm for CO. Reading from sensors are transmitted wirelessly to a computer for data management and analysis. Two sensors responded erratically and were discontinued in the testing. To control for the natural variation of exposure concentrations in the dynamic system, the two remaining sensor results were standardized to the reference measure. Using standardized results, inter-correlation coefficients (ICC) for sensor 1 were 0.879 (C.I. 0.859, 0.897, p-value <0.0001) and for sensor 3, 0.944 (C.I. 0.994, 0.996 p-value <0.0001) for CO. For NO2, ICC for sensor 1 is 0.969 (C.I. 0.962, 0.97, p-value <0.0001), and for sensor 3 0.964 (0.955, 0.971 p-value <0.0001). The mean arithmetic relative error for paired values indicates that the sensor 1 and 3 results are on average 4% and 4.3% lower, respectively, than the reference for CO, and 69.5% higher, and 320% lower for NO2, respectively. The two working sensors demonstrated good correlation with the reference measure for both CO and NO2 (~90%), and great accuracy for CO. With adjustments to the manufactures algorithm to display measurements as concentrations, these sensors show potential to provide low cost technologies for communities and possibly workplace air quality monitoring. Limitations are low sensitivity of sensors at lower concentration, data transmission interference, and manufacturing quality. This testing method may be employed to make characterization of lower cost sensors more widely available.

Potential Exposures to Pathogens Causing Diarrheal Disease in Children in Quito, Ecuador, Leigh Preston, MPH, Alejandra Mendoza, Christian Gomez, Edy Quizhpe, Marlynn May, Enrique Teran

Background. Diarrheal disease is a leading cause of morbidity and mortality in children less than five years of age. Previous research has identified Escherichia coli (E. coli), giardia, and Campylobacter jejuni to be the main infections identified in children in Ecuador. This study aims to identify the rate and potential causes of diarrheal disease in children under five in Quito, Ecuador. Methods. Cases of diarrheal disease were collected from different health centers in Quito, Ecuador, and the location by cross-streets of the patient were recorded on a map. Information on the age, gender, date of diagnosis, official diagnosis, and, when available, pathogen identified in laboratory reports. When at least 50 cases had been recorded, areas with approximately four or more cases within a few blocks of each other were identified for observations of infrastructural or sanitation vulnerabilities. Additionally, residents of the study areas were given a questionnaire to discover risk factors of families in each location. 30 surveys were collected, 15 from each location. Six cases of diarrhea in children were recorded from La Vicentina, and 56 cases from Centro de Salud #1 near the city center. Results. The most relevant risk factors identified from surveys and observations were the local markets. Many participants report purchasing their food from local sellers in small shops (27%) or in the neighborhood market (43%), and upon observation, these shops and markets appear to overlook public health interventions such as proper storage and handling of meats, and appropriate hand sanitizing techniques. Conclusions. We believe, based on the data presented, that imple-

menting educational programs on sanitary food preparation, and addition of hand sanitizing stations would reduce transmission of pathogens causing diarrheal disease in children. In the future, we hope to include data from rural areas of Quito to compare different risk factors for diarrheal disease in children.

Prevalence of Pathogens in Companion Animals in a University Animal Hospital in Quito, Ecuador, Leigh Preston, MPH

Introduction. Zoonotic enteropathogens pose a significant threat to children under age five in developing countries. Many pathogens isolated in cases of diarrheal disease in humans can also be isolated from companion animals. This research attempts to calculate the prevalence of intestinal parasites and bacteria found in companion animals in Quito, Ecuador. Methods. Data was gathered with the permission and assistance of the laboratory technicians at Universidad San Francisco de Quito Hospital Docente de Especialidades Veterinarias. Laboratory tests were recorded in notebooks from December 2014 to December 2016. Tests for parasites and bacterial cultures on companion animals were recorded in a dataset for analysis. Once extracted from laboratory records, data was analyzed using STATA 14 to calculate prevalence of Enteramoeba spp, Toxocara spp, giardia, Ancylostoma species (Ancylostoma spp), Staphylococcus aureus (S. aureus), Staphylococcus species (S. spp), Streptococcus species (Strep spp), and Coccidea species (Coccidea spp). Results. A total of 8,509 laboratory tests were performed on companion animals in the clinic during the study period. 1,930 laboratory tests were performed to identify parasites or to culture bacteria collected from companion animals. The overall prevalence of each pathogen was: Entamoeba spp 6.6%, Toxocara spp 0.92%, giardia 0.83%, Ancylostoma spp 0.41%, S. aureus 1.89%, S. spp 1%, Strep spp (0.48%), and Coccidea spp 0.61%. Conclusions. The majority of prevalence rates found in this study mirror those found in shelter animals in other countries. The clients receiving service at the veterinary clinic from which the data originated are from a relatively high socio-economic group, it can be assumed that in areas of lower socio-economic status, the prevalence of these pathogens would be higher due to lack of veterinary care and increased contact with other animals when roaming the streets. Future research should focus on calculating prevalence of intestinal parasites in companion animals in lower socio-economic areas of Quito.

Evaluation of Community-level Factors Associated with Prenatal Drug Exposure, Rachel Rana, MPH Candidate, Matthew Myers, MPH Candidate, Dorothy Mandell, PhD

Background: Prenatal drug exposure affects nearly half of all infants (0-12 months) with confirmed maltreatment in the Texas Child Protective Services system. Understanding the contextual risks associated with prenatal drug exposure is critical to developing prevention strategies. This study aims to investigate the relationship between community-level health and economic indicators and infant drug exposure. Methods: A literature review identified community based socioeconomic status (SES) indicators associated with prenatal drug exposure. From these indicators, principal component analysis yielded five noncollinear factors describing the zip codes as having: (1) younger residents below the poverty level with high in-county mobility, (2) residents with some college and high between county/state mobility, (3) age-diverse residents below the poverty level with high in-county mobility, (4) high school educated residents with high between county/state mobility and (5) households with children under the age of 18 utilizing SNAP with high in-county mobility. Racial concentration was also calculated. Prenatal drug exposure was derived from hospital claims data. The final analysis regressed the five SES factors and the racial concentration variables onto the rate of prenatal drug exposure for the zip code. Results: Of the 5 SES factors, 2 were significantly associated with prenatal drug exposure. Age-diverse zip codes with high poverty [95 % C.I. 0.148, 0.266] and zip codes with high SNAP utilization [95% C.I. .032, .236] predicted higher prenatal drug exposure rates. There was also a significant positive association between black concentration and prenatal drug exposure [95% C.I. .178, 3.53]. Discussion: These results suggest that SES factors are associated with rates of prenatal drug exposure in neighborhoods. High levels of moving within the county and age diversity combined with poverty were predictive of higher levels of prenatal drug exposure. These results provide evidence that community level factors are important when evaluating risks for prenatal drug exposure.

Assessment of Infection Prevention and Control Programs in Texas Healthcare Facilities, Gretchen Rodriguez, MPH, CIC, Bobbiejean Garcia, MPH, CIC

Healthcare-Associated Infections (HAIs) contribute to increased mortality, longer hospitalization time, and higher medical expenses for both patients and healthcare facilities. With the goal of reducing HAIs across the nation, the Centers for Disease Control and Prevention (CDC) developed the Infection Control Assessment and Response (ICAR) tools. These tools were designed to help assist state and local health departments assess infection prevention practices in healthcare facilities and to guide quality improvement activities. From March 2016 to August 2017, HAI Epidemiologists from the Texas Department of State Health Services (DSHS) visited 163 healthcare facilities across the state to assess their Infection Prevention and Control programs utilizing the ICAR tools. These were voluntary and non-regulatory visits aimed to identify strengths and gaps in the facilities' programs and provide them with resources to help mitigate those gaps. Data from the visits were collected and analyzed using descriptive statistics and compared with national data. From the 163 facilities: 56% were long-term care facilities (92), 27% acute care facilities (44), 14% dialysis clinics (23) and 3% outpatient clinics (4). Overall, the top 3 gaps identified during the visits were: the lack of an-

tibiotic stewardship policies and practices, inadequate training of the person responsible for the Infection Prevention and Control program, and insufficient processes for auditing, and providing feedback to staff on infection control best-practices (e.g., hand hygiene, infection safety). By utilizing the ICAR tools to assess the Infection Prevention and Control Programs of healthcare facilities across Texas, DSHS was able to better understand the most common infection control challenges and strengths in the state, provide facilities with resources to help mitigate identified gaps while at the same time improve communication and collaboration between the facilities and the Department.

Quality Latent Tuberculosis Infection Care: Improved Treatment Completion Rate in Fewer Clinic Visits, Mary Ann Rodriguez, MD

Background: Treatment of patients with latent tuberculosis infection (LTBI) is critical to tuberculosis (TB) elimination. Austin Public Health-Tuberculosis Elimination Program (APH-TBEP) sought to improve its LTBI treatment completion rate while reducing the number of clinic visits. APH-TBEP used to treat LTBI patients with isoniazid for 9 months. Only if there was intolerance to isoniazid would they be offered the 4-month rifampin regimen. Patients were given a bottle of the medication that would last them a month. They came back to the clinic every month for their refill during which, they were evaluated for side effects. Patients could also be seen for side effects by the physician at any time during their treatment. Nursing staff also spent time calling patients to remind them to pick up their refill. Method: The long duration of isoniazid LTBI treatment was identified as the cause of low LTBI treatment completion rate and high number of clinic visits. The first line of LTBI treatment was changed to rifampin in May 2015 in the aim to increase the LTBI treatment completion rate by at least 10% and to decrease the number of clinic visits by at least 10% from the 2-year period prior to the implementation to the 2-year period after. Results: The percentage of LTBI patients completing treatment in May 2013-April 2015 is 68.2% (number of patients completing treatment: 895). The number of clinic visits during that time is 20347. In May 2015-April 2017, the percentage of LTBI patients completing treatment increased to 81.5% (number of patients completing treatment: 1100) while the number of clinic visits decreased to 16660. Conclusion: APH-TBEP increased the percentage of its patients completing LTBI treatment while decreasing the number of clinic visits by switching from using isoniazid to rifampin as the first line regimen.

Murine Typhus Increase in Bexar County, 2014-2016, Jessica Romano, MPH, Rita Espinoza, MPH, Deborah Gonzalez, MS, Kerris Sease, MPH, Anita Kurian, MBBS, MPH, DrPH

Background: Murine Typhus is a flea-borne disease caused by the bacteria Rickettsia typhi which causes high fevers, severe headaches and myalgia. During 2014-2016, the San Antonio Metropolitan Health District (SAMHD) has observed an increase in reported cases of Murine Typhus in Bexar County. Methods: Data was extracted from the Texas National Electronic Disease Surveillance System (NEDSS) from 2014 to 2016 for reported Murine Typhus cases and supplemented into Epi Info 7. Descriptive statistics were calculated using Microsoft Excel and Epi Info 7. Results: In 2016, there were a total of 66 Murine Typhus cases reported with an incident rate (IR) of 3.4 cases per 100,000. In 2015, there were 37 reported cases (IR=2.0 cases per 100,000) and 22 reported cases (IR=1.2 per 100,000) in 2014. From 2014-2016, 82% of cases (2014=19 cases, 2015=31 cases, 2016= 53 cases) were hospitalized with an average stay of 7.4 days. The average days from symptom onset to specimen collection date for Rickettsia testing was 11.6 days (2014=11.2 days, 2015=10.4 days, 2016=12.5 days). Almost half of the total number of cases (46%) had known multiple physician visits before diagnosed with Murine Typhus. The median age of all cases was 36 years (2014=37 years, 2015=41 years, 2016=35 years) and 61% of the cases were male. Out of the 90 cases that were interviewed, 38% said that fleas were present at their environment prior to illness. There were only 18% of cases that traveled outside of Bexar County 14 days prior to symptom onset. Conclusion: Bexar County has seen a steady increase in Murine Typhus since 2014. The contributing factors of this increase in Murine Typhus cases are uncertain, but environmental factors, physician awareness, and increased vector could be responsible. SAMHD will continue to further evaluate the trend in order to develop future prevention measures.

Advancing the Oral Health Movement in Texas, Ankit Sanghavi, BDS MPH, Beth Stewart, RDH

Background: Texas Health Institute (THI), is an independent, nonpartisan, nonprofit research and policy organization working to improve the health of communities across Texas and the Unites States. Through engagement, collaboration, research, and education, THI works to empower communities, practitioners, and stakeholders with knowledge to drive action, solutions, and sound policy. In 2016, THI collaborated with the Texas Oral Health Coalition (TxOHC), a statewide nonprofit with a mission to promote and support the overall oral health of all Texans and does so by working wherever possible to build, support and assist widespread collaborative efforts between oral health professionals, other providers, communities and other stakeholders. The oral health landscape is continually changing. In the face of this change, we can either be reactive, or proactive. Methods: A rigorous, collaborative, and data-driven approach is required to guide and achieve systemic improvements that address similar yet multi-faceted factors to develop and advance an oral health movement in Texas that ensures equitable oral health access for all. An in-depth analysis of secondary data and series of community listening sessions were conducted to identify the most common and unique challenges across Texas. Results: Our process led to the formation of five working groups focused on Academia, Oral Health Equity, Inter-

professional Collaboration, Communications and Policy. These working groups use a goal- based framework to develop products, tools that build upon or strengthen existing resources and achieve a shared understanding of our problems and solutions. Conclusion: Through this presentation, we will share our model, work examples, evaluation findings, and recommendations for communities to develop and support a data-based, collaborative model to improve oral health outcomes.

Examining health-related behaviors among school-aged students in Texas: Results from the 2015-2016 SPAN Survey, Debra Saxton, MS, Natalie Archer, MS, PhD, Nalini Ranjit, PhD, Adriana Perez, MS, PhD, Deanna Holscher, PhD, RD, LD, Ramah Leith, MPH

Background: While the main goal of the School Physical Activity and Nutrition (SPAN) survey is to monitor prevalence of overweight and obesity among schoolchildren in Texas, the survey also asks about several new or emerging risk factors that may be associated with obesity. Several questions on potentially related risk factors and behaviors included in the 2015-2016 SPAN survey were examined, on topics such as sleep patterns, bullying, cell phone use, and e-cigarette use. Methods: A stratified, population-based school survey was conducted in Texas during the 2015-2016 school year. Students from the 4th, 8th, and 11th grades completed a validated questionnaire. Parents of second grade students also completed a questionnaire about their child. Data were weighted at three levels: state, health service regions (HSRs), and border/non-border. Results: For 2015-2016, a total of 17,553 student surveys were collected, representing the total Texas 2nd, 4th, 8th, and 11th grade student population (N=1,295,316). Nearly 32% of 2nd graders did not meet the Centers for Disease Control and Prevention recommended hours of sleep per day. Prevalence of not meeting this recommendation varied across HSRs, from 20% to 40%. Almost half (45%) of 4th graders in Texas reported having their own cell phone, and approximately 5% of adolescents in 8th and 11th grades reported being bullied daily via social media. Nearly 20% of 11th grade students in Texas reported having ever used an e-cigarette, with a higher prevalence (>30%) reported among students in HSRs 1/9/10 and 4/5N. Conclusions: Health-related risk factors and behaviors vary depending on grade and location in Texas. Next steps include examining potential associations between these risk factors and behaviors and overweight/obesity among schoolchildren in Texas.

The Incessant Investigation of Legionnaires Disease - Findings and Lessons Learned, Vaidehi Shah, MPH, Allison Sierocki, MPH, Stephanie Alvey, Tia Jones, Sophia Anyatonwu, MPH, Johnathan Ledbetter, MPH

Waco-McLennan County Public Health District (WMCPHD) received reports of four lab-confirmed cases of Legionnaire's disease associated with Facility A within a period of one year that prompted the initiation of a long and complex public health investigation. Legionnaire's disease is a type of severe pneumonia caused by breathing in small droplets of water that contain Legionella bacteria, that is found naturally in freshwater environments but can become a health concern when it grows and spreads in man-made water systems. The bacteria can also cause a less serious infection called Pontiac fever that has symptoms similar to a mild case of the flu. Legionnaire's Disease Outbreak Investigations are uncommon and can go on for several months or years. WMCPHD initiated its first Legionnaire's Disease Outbreak Investigation in October 2016 following reports of two lab-confirmed cases associated with Facility A. The investigation was halted due to lack of co-operation from the facility. In June 2017, multiple suspect cases of Pontiac Fever associated with the same facility were received along with reports of two more lab-confirmed cases. These additional findings led a complex public health investigation that involved multiple environmental assessments involving the Texas Department of State Health Services. An inspection by WMCPHD Environmental Health Department led to the closure of the swimming pool and hot tub at the facility. The laboratory and environmental consultant was selected to test the environmental samples. Control orders were issued to the property by the local health authority and the complexity of the investigation resulted in the involvement of attorneys. This one-year long investigation process was a learning experience for the entire health investigation team at WMCPHD. The lessons learned from communication failures and the appropriate use of resources would be valuable to other local health departments with limited resources, knowledge, and experience of such a complex investigation.

Health Literacy for an Aging Population, Teresa Wagner, DrPH, MS, CPH, RD/LD, Sherry Simon, RD/LD, Denise Blevins, RD/LD

Background: According to the U.S. Census Bureau, by 2030 one in five U.S. residents will be 65 and older. According to the National Council on Aging, approximately 92% of older adults have at least one chronic disease, and 77% have at least two. However, only 1% of health dollars are spent on public efforts to improve overall health. Improving health literacy across the healthcare spectrum and assisting with information usage could save the U.S. up to $238 billion annually. Thus, a need exists to identify and validate a health literacy tool for the over age 65 population. Methods: Using the structure and procedures already in place, adults over age 65 will be enrolled in the study through screening with My Health Confidence for health literacy administered and scored in a manner consistent with the tool's documentation. The results of the screening will be used to tailor subsequent health information provided to help deliver health information in the format that participants can understand. At that point, both high and low health confidence participants will be directed to pertinent NLM health information resources. Depending on the usability of the resources, NLM will be informed as to possible unmet needs for this population. Results: Study results would be used to incorporate the tool into Meals

On Wheels, Inc., of Tarrant County's standard protocol to better meet the health information needs and reduce disparities in the homebound over age 65 population. The work could also serve to facilitate adoption of My Health Confidence in Meals on Wheels entities throughout the SCR and potentially the country. Conclusions: Study results would be used to seek funding to study the outcomes of tool incorporation with further potential use of the tool for non-homebound seniors with referral to NLM resources.

STUDENT ORAL PRESENTATIONS

Effects of Gratitude Intervention on Suicide Ideation in Maua, Kenya, Megan Carey, Jamie Kendrick, Saghi Montazari, Michael Goodman, MDiv, MPH, PhD

Background: Previous studies show significant suicide ideation in the community of Maua, Kenya due to an overall decrease in meaning in life. Gratitude-based interventions have been shown to facilitate positive mental health outcomes in similar situations, and could be a simple, cost effective way to combat suicide ideation in resource limited settings. Methods: Over 650 participants from Maua were administered baseline and follow-up surveys, separated by a gratitude intervention. The baseline survey screened in those at risk for suicide ideation using criteria from previous studies, and obtained information based on predefined scales of several suicide risk factors (depression, loneliness, marital conflict, etc.). Interviewees were then given a journal and pen and instructed to draw things they were grateful for every day for two weeks. Due to unforeseen complications, the interviewers could not return in two weeks, but returned to the participants after six weeks to perform a follow-up survey to observe any changes in thought that may have occurred. Each interviewee was given a unique study ID to preserve privacy and was given 200 Kenyan shillings (2 USD) for participating. Results: Preliminary data (n=353) show that gratitude is positively correlated with meaning in life ($r=0.7310$, $p<0.001$), grit ($r=0.2554$, $p<0.001$), and life satisfaction ($r=0.2540$, $p<0.001$), and is negatively correlated with depression ($r=-0.5214$, $p<0.001$), loneliness ($r=-0.2371$, $p<0.001$), marital conflict ($r=-0.5422$, $p<0.001$), and suicide ideation ($r=-0.1980$, $p=0.0081$). Conclusion: Although preliminary, these data suggest that gratitude is positively correlated with meaning in life, grit, and life satisfaction, and therefore may be protective against suicide ideation. These protective benefits are also strengthened by negative correlations with risk factors associated with suicide ideation (depression, loneliness, marital conflict, etc.). Although more research is needed, this study shows that a community-based gratitude intervention may reduce suicide ideation and risk in the Kenyan population.

Exploring Trends and Risk Factors of Liver Cancer Mortality in Texas Counties, 1980-2009, Md Abdullah Mamun, Masters, Alex Espinoza, MPH

BACKGROUND: The objective of this study was to explore patterns of spatial and temporal variation in liver cancer mortality and identify risk factors of liver cancer mortality at the county level in Texas. METHODS: Deidentified, age-adjusted death rates (AADR) for liver cancer were retrieved from VitalWeb using ICD-9 and ICD-10 underlying cause of death for all Texas counties from years 1980 to 2009. Data on health and demographic factors were used from County Health Ranking and Roadmaps for each county in Texas for the year 2011. Mixed effect regression was used to estimate the trend and factors related to the rise of liver cancer mortality in Texas. RESULTS: After adjusting for correlation in repeated measures per county we found that the age-adjusted liver cancer mortality rate increased significantly in Texas during 1980 to 2009 ($p<0.01$). Additionally, liver cancer deaths were clustered in South Texas among the Hispanic population and in East Texas among the African-American population. Though West Texas and the Texas Panhandle region had a lower rate of liver cancer mortality on average, some counties in those regions had alarming rates of liver cancer death in recent years. Percent decline of the non-Hispanic White population was identified as a significant ($p<0.05$) driver for the higher rate of liver cancer deaths in counties. Counties with a lower proportion of college graduates ($p<0.01$) and lower median household income ($p<0.01$) had higher rates of liver cancer mortality. CONCLUSIONS: Liver cancer mortality rate increased significantly in Texas during 1980 to 2009. In order to address the rising liver cancer mortality rates across the state, resource allocation and interventions, such as early screening for liver cancer and expanded hepatitis C screening, must target counties that are located in South and East Texas.

Bullying in Relation to Current Substance Use Among High School Students, Florida Youth Risk Behavior Survey 2011-2015, Johnae Snell, MPH, Ghasi Phillips-Bell, ScD, MS, Leticia Hernandez, PhD, MS

Background: Involvement in bullying during adolescence may establish unhealthy behaviors that continue into adulthood and contribute significantly to overall morbidity and mortality. Substance use is a public health priority issue but reliable prevalence data in teens is lacking. The association between these two behaviors, specifically in victims, has varied between studies. Methods: Complex cross-sectional data from the Florida Youth Risk Behavior Survey from 2011-2015 was used to examine the prevalence of bullying victimization and current substance use among 14,896 high school students. Demographic differences were assessed between students that reported being cyber bullied or bullied on school property (any victimization) in the last year and 30-day-use of cigarettes, alcohol, marijuana, and binge drinking. Poisson regression estimated prevalence ratios for current substance use in relation to any victimization and cyber victimization and adjusted for grade level, gender, and race/ethnicity. Results: The

weighted prevalence of any form of bullying victimization was 19% and 12% for cyber bullying. Over half of all bully victims (50%) and cyber-victims (58%) were also current users. Victims were predominantly younger, female, white, and other-races compared to non-victims. Compared to non-users, current users were primarily older, white, and Hispanic. Relative to non-victims and non-cyber-victims, students that experienced any form of bullying were 33% more likely [adjusted prevalence ratio (aPR)=1.33, 95% confidence interval (CI) 1.27'1.39)] and cyber-victims were 52% more likely [aPR=1.52, 95% CI 1.45'1.59] to have reported current substance use. Conclusions: Current substance use was associated with being a victim of any form of bullying and was even stronger among cyber-victims. Decreasing the prevalence of bullying and substance use among high school students is imperative to promoting good mental health and well-being.

POSTERS

The Metabolic Health of Children in Texas; An Overview Based on Claim Data, Bassent Abdelbary, MD, MPH, PhD, Doreen Garza, MPH, David Salazar, MS

Background: Acanthosis Nigricans (AN) has been used as a quick marker to determine metabolic risk. This study seeks to quantify the burden of AN and other metabolic indicators over Texas public health regions (PHR), note overtime changes and account for county level differences. Methods: Texas Medicaid aggregate claims data for AN (1999-2014), hypertension, obesity, and metabolic syndrome (2011-2013) as a reported ICD-9 was retrieved from the border health office at the University of Texas Rio Grande Valley. Random effect Poisson regression models were used to detect county and PHR level differences. Results: The number of claims with AN increased tremendously between the years 1999 and 2014. PHR 11 had the highest number of AN and hypertension claims followed by region three, six and eight. The same four regions had the highest number of obesity and metabolic syndrome however presenting in a different order. When using county level data, Hidalgo County came first place as far as number of AN claims, followed by Cameron, Starr, Bexar, Harris, Nueces, and Maverick counties. Nonparametric test for trend showed significant increase in the number of AN claims over the fifteen years for PHR11 ($p < 0.001$). Similar increase was demonstrated for regions three, six, and eight ($p < 0.001$, 0.001, and 0.002 respectively). Significant increase was also demonstrated when using county level data. Separate county level data for Diabetes claims showed significant increase over three-year period (2011- 2013, $p < 0.001$). Conclusions: PHR11 serves a 19-county area in the Rio Grande Valley, border counties in region 11 continues to be one of the poorest areas in the country. Four of the seven counties identified with highest AN claims are part of PHR11. We need to enhance programs targeting childhood obesity in these areas to achieve our community and public health goals for the region.

Epidemiological Distribution of Reported Cryptosporidiosis Cases in Houston, Texas, 2013-2016,
Najmus Abdullah, MPH, Sudipa Biswas, MD, MPH, Razina Khayat, DDS, MPH, DrPH, Hafeez Rehman, MD, MPH, CPH, Salma Khuwaja, MD, MPH, DrPH, Kirstin Short, MPH

Background: Cryptosporidiosis is a diarrheal disease caused by microscopic parasite Cryptosporidium. Modes of transmission include eating undercooked food contaminated with the parasite, swallowing water or something that was contaminated with the parasite. The disease is clinically manifested usually with chronic diarrhea and abdominal cramps. It is found to be more prevalent in immunocompromised patients like HIV and AIDS. Cryptosporidiosis usually causes potentially life-threatening disease in people with AIDS. Methods: Data were extracted from the Houston Electronic Disease Surveillance System (HEDSS) from January 1, 2013 to December 31, 2016. A total of 170 confirmed cases received during the study period were analyzed and crossed check against national Enhanced HIV/AIDS Reporting System (eHARS) database to examine epidemiological distribution. SAS 9.4 was used to analyze demographics, clinical characteristics as well as transmission factors. Results: Approximately, 72% of the cases were males and 28% were females. The 35-44 year old age group (37%) had the highest prevalence. African Americans (49%) and Hispanics (30%) had the highest number of confirmed Cryptosporidiosis cases. 133 of the 170 cases, 78% were previously reported to the eHARS national database as HIV/AIDS cases. Among the cases reported to eHARS, 90% had AIDS. 10% of the reported cases were found to be deceased in eHARS database. Among the 170 reported cases, 30% were hospitalized. Clinical presentations were diarrhea (44%), followed by abdominal cramps (23%), and nausea and vomiting (18%). Most common transmission factors among cryptosporidiosis cases were found to be men who have sex with men (MSM) (34%), followed by heterosexual contact with HIV/AIDS patients (14%), and MSM with Intravenous/Injection drug user (IDU) (5%). Among the reported cases, 70% were receiving ongoing medical services for their HIV/AIDS status. Conclusion: Cryptosporidiosis in patients with HIV/AIDS diagnosis is mostly prevalent in males, African American adults and those between 35-44 years of age, with common clinical presentations of diarrhea and abdominal cramps. The prevalence of cryptosporidiosis is found to be more common in AIDS patients. Prevention strategies should be focused on raising awareness among immunocompromised patients with HIV and symptoms of cryptosporidiosis so they get evaluated and treated quickly to prevent conversion to AIDS disease.

Meeting Physical Activity Recommendations: A Comparative Study of Hypertensives and Normotensives in the Brazos County, Ifedioranma Anikpo, MBBS, MPH, Shelby Cummings, MS, Niloufar Daneshparvar, DDS, James N. Burdine, DrPH

BACKGROUND: For overall cardiovascular health, the American Heart Association (AHA) recommends a total of 150 minutes per week of moderate-intensity physical activity or 75 minutes per week of vigorous physical activity for adults. OBJECTIVE: To determine whether differences exist between hypertensives and normotensives in the proportions of people meeting physical activity recommendations, and to assess the factors associated with the attainment of recommended physical activity levels in hypertensives and normotensives. METHODS: This was a cross-sectional study using data from the 2013 Brazos Valley regional health survey. All adult male and female participants involved in the survey (N=5025) were included in the analysis (ages 18 to 98 years). Analysis involved descriptive statistics, chi-square tests, and multiple logistic regression to determine the most significant predictors associated with meeting physical activity recommendations. RESULTS: There was a significantly lower proportion of people meeting physical activity recommendations among hypertensives (47.7%) than among normotensives (53.7%) ($p<0.001$). The adjusted odds of meeting physical activity recommendations for hypertensives compared to normotensives was 0.94 [95% CI (0.80, 1.12)]. Among hypertensives, the most significant predictors of meeting recommended physical activity levels were gender ($p<0.001$), Body Mass Index (BMI) ($p<0.001$), level of education ($p=0.044$), and perception of problems in the neighborhood which are unfavorable for outdoor activities ($p=0.011$). Significant predictors were also obtained for normotensives. CONCLUSION: In both hypertensives and normotensives, being male and having lower BMI levels are associated with greater odds of meeting recommended physical activity levels. However, with hypertensives, higher levels of education and reduced perceptions of neighborhood problems unfavorable for outdoor activities are associated with greater odds of meeting physical activity levels. Among normotensives, higher household income, no history of depression, and having a recent routine medical checkup were associated with greater odds of meeting physical activity levels. The findings from this study allow healthcare professionals to better predict what subgroups of people may or may not be meeting physical activity requirements, which is useful information for planning appropriate interventions.

DSHS Public Health Region 7 Descriptive Study of Shelter Surveillance Activity During Hurricane Harvey, Sophia Anyatonwu, MPH, Christa Cook, MPH, Conner Carlsen, MPH, Bonnie Morehead, MPH

Background: Hurricane Harvey made landfall on August 25th, 2017, impacting many parts of Texas- particularly those along the coast. In response, local and state emergency management activated shelter operations. Local health departments were tasked with conducting shelter surveillance to limit infectious disease threats as well as monitor public health events. Methods Daily shelter surveillance reports were submitted to DSHS Public Health Region 7 by phone, email, or fax. Reports captured information such as the number of people in each shelter (i.e. shelter census) and public health events (i.e. gastrointestinal or influenza-like illness, rash, wound infection, and fever). Injuries, accidents, deaths, and transfers to medical facilities were also reported. All data was entered into an excel workbook and used to create tables, graphs, and summary reports to be shared with partners. Results During the time period between August 27th, 2017 and September 22nd, 2017, nine counties in DSHS Region 7 opened shelters in response to Hurricane Harvey. Although sixty-seven percent of counties opened shelters for people that experienced flooding locally, seventy-four percent of all shelter residents were coastal evacuees. A total of 24 shelters were reported to have both opened and housed shelter residents during at least one 24-hour period. Peak shelter activity occurred on August 30th, 2017. On this date, 23 shelters were reported to have a total census of 1384 shelter residents. Gastrointestinal illness, respiratory illness, and rash/other were the top three public health events reported in DSHS Public Health Region 7. Conclusion Although DSHS Public Health Region 7 was impacted on a smaller scale by Hurricane Harvey, multiple shelters were stood up throughout the region for local residents as well as coastal evacuees. Best practices included proactively following up on media leads about shelters opening. One challenge experienced was determining the best way to contact shelter staff.

Factors Affecting Patients' Adoption of a Technology-Based Education Tool in Diabetes Self-Management, Juha Baek, MPSA, Szu-Hsuan Lin, PhD, MPH, Bita A. Kash, PhD, MBA, FACHE

Background: Technologies have been used in self-management education to support an effective diabetes care. Although numerous studies have demonstrated positive effects of using technologies on diabetes self-management education, few studies identify factors affecting patients' adoption of a technology-based tool in their education. The purpose of this study is to explore factors that influence patients' self-selection of a new computerized diabetes education tool among those diagnosed with type 2 diabetes. Methods: A total of 953 adult patients with type 2 diabetes who had participated in programs of a diabetes education center in Texas between July 1, 2016 and June 30, 2017 were included in this study. Participants were asked to choose either a new computerized diabetes education tool or a traditional face-to-face education method. Multivariate logistic regression analysis was used to identify factors associated with the adoption of a technology-based education tool among the patients. Results: When characteristics of technology-based tool adopters and non-adopters were compared, we found that the adopters were more likely to be older, non-Hispanic Whites, non-Hispanic Blacks/others, have higher education, and have a lower initial HbA1c level compared to the non-adopters. The multivariate logistic regression model showed that age, education level, and race were positively associated with

technology adoption (Age: OR=1.03, 95%CI=1.01-1.06; Education: more than high school: OR=2.66, 95%CI=1.04-6.85; White: OR=2.67, 95%CI=1.48-4.80, Black/other: OR=4.9, 95%CI=2.02-11.90). The study findings revealed that patients with longer duration of diabetes and who reported having fair health status were less likely to adopt the technology-based education tool than those with shorter duration of diabetes (OR=0.41, 95%CI=0.17-0.97) and poor health (OR=0.31, 95%CI=0.14-0.69), respectively. Conclusions: Our study suggests that age, education, race, duration of diabetes, and perceived health conditions are significant factors contributing to patients' adoption of technology-based diabetes education tool. Healthcare providers may consider this to target specific patients in using a computerized diabetes education tool for effective diabetes care.

Benefits of a School-Based Supplemental Nutrition Program for Children at Risk of Food Insecurity: A Longitudinal Intervention/Matched Control Group Study, Diane Berry, Ph.D., Terry Clark

Background: Food insecurity and chronic hunger exert well-documented deleterious effects on children. We utilized a longitudinal intervention/matched control design to assess the potential benefits of a school-based weekend supplemental nutrition program for food insecure children. Program participants received backpacks of shelf-stable food and snacks on Friday afternoons throughout the school year. Methods: We collected data from 124 children enrolled in the supplemental nutrition program, as well as from a control group of 124 non-participating children, matched on age, sex, and initial level of food insecurity. Teachers evaluated children's emotional health, academic performance, frequency of spontaneous verbalizations about feeling hungry and not having access to food, and behaviors related to food insecurity. Assessments were made at the beginning (Time 1) and at the end (Time 2) of the 2016-2017 academic year. Results: Data were analyzed in 2(Intervention versus Control Group) x 2(Sex) x 2(Time 1 versus Time 2) ANCOVAs controlling for age, with repeated measures on the time factor. As compared to Time 1, (a.) children enrolled in the program engaged in significantly fewer behaviors indicative of food insecurity at Time 2; conversely, control group children engaged in significantly more of these behaviors; (b.) enrolled children talked significantly less about feeling hungry at Time 2; no change was observed for controls; (c.) enrolled children were rated as significantly more emotionally healthy at Time 2; no change was observed for controls; and (d.) enrolled children received better academic performance evaluations at Time 2; no change was observed for controls. These effects were independent of age, and did not interact with sex. Conclusions: This matched control group design provides strong evidence of the benefits of the program. In light of this, research that further explores the mechanisms that link child food insecurity to psychological, social, and behavioral outcomes seems warranted.

A Brief Behavioral Assessment of Child Food Insecurity, Diane Berry, Ph.D., Madison Messinger, B.A.

Background: Food insecurity is an important predictor of children's health and well-being. We present evidence of the reliability and validity of a new measure of food insecurity based on teachers' observations of children's behaviors. Methods: Reliability and validity data were collected for the Child Food Insecurity Brief Behavioral Scale (CFIBBS). Teachers evaluated the frequency with which they observed six behaviors indicative of food insecurity in a school setting (e.g., "Asks classmates for their uneaten/unwanted food."). Results: Good internal consistency was revealed for the CFIBBS in seven samples, with alphas ranging from .85 to .94. Test-retest reliability over a five-month period for three samples ranged from .78 to .81. Validity was assessed by correlating CFIBBS scores with teacher reports of the frequency with which students made spontaneous verbalizations reflecting dimensions of food insecurity (e.g., talking about being hungry; talking about not having enough money for food); zero-order r's ranged from .34 to .55, p's < .0001. Moreover, children's CFIBBS scores bore significant relations to their parents' scaled scores on the USDA Food Security Module. Specifically, CFIBBS scores correlated with scores on the module's Child Food Security Sub-scale (.36), as well as on the Household Food Security Scale (.37, p's < .0001; high scores on these scales are associated with high levels of food insecurity). Conclusions: The CFIBBS is a brief and easy to use index of child food insecurity appropriate for school-based assessments. It exhibits good internal consistency, acceptable reliability across time and bears significant albeit moderate correlations with subscales of the USDA Food Security Survey Module as well as with the frequency of children's spontaneous verbalizations about issues related to food insecurity. We suggest that the CFIBBS is a useful brief screener for and measure of children's food insecurity in a school setting.

Bullying and Aggressive Behavior in Food Insecure Children, Diane Berry, Ph.D.

Background: Previous research reveals links between child food insecurity and dimensions related to physical and psychological health. We examined the relations between food insecurity and children's experiences with bullying in a school setting. Methods: We compiled teacher observations of the frequency with which children were bullied, as well as how often they behaved aggressively towards others. Food insecurity was assessed via children's scores on the Child Food Insecurity Brief Behavioral Scale (CFIBBS), completed by their teachers, as well as scores on the USDA Food Security Survey Module, completed by their parents. Results: The frequency with which children were bullied was significantly correlated with their CFIBBS scores across two independent samples. Moreover, we examined these relations longitudinally, and found them to be robust across time. In a separate sample, the frequency with which children were the targets of bullying was significantly correlated with their family/household level of food insecurity. Food insecure children were also judged to be significantly more socially aggressive than their peers. Conclusions: Food insecure

children were simultaneously (a.), bullied more often than other children, and (b.) judged to be more aggressive than their peers. Why might that be the case? One possibility is that because food insecure children often feel hungry, tired, and unwell, they may react aggressively towards others and, in turn, elicit bullying from other children. On the other hand, being a frequent target of bullying may lead food insecure children to retaliate with aggressive behavior. At this point, the causal mechanisms that yield these links are unclear. Additional research is warranted to address these issues.

Epidemiological Distribution of Reported Invasive Streptococcal Infection in Houston, Texas, 2015-2016, Sudipa Biswas, MPH, Razina Khayat, DDS, MPH, DrPH, Sudipa Biswas, MD, MPH, Hafeez Rehman, MD, MPH, CPH, Salma Khuwaja, MD, MPH, DrPH, Kirstin Short, MPH

Background: Streptococci are gram-positive bacteria which are spread across the normal flora of human and animals. Some species are capable of causing potential invasive infections making it a public health concern. Prior studies have shown high prevalence of disease burden amongst the elderly male with underlying chronic diseases like diabetes, cardiovascular and kidney diseases. Methods: Data were extracted from Houstons Electronic Disease Surveillance System (HEDSS) from January 1, 2015 to December 31, 2016. A total of 522 confirmed cases received during the study period were analyzed to examine epidemiologic characteristics across various invasive streptococcal infections. Results: 56% of the cases were males. 44-65 age group (41%) had the highest prevalence. African Americans (31%) and Hispanics (30%) had the highest number of confirmed cases. 80% of the cases were hospitalized and out of them 5.3% patients died in the hospital. Streptococcus agalactiae (42.3%), streptococcus pneumoniae (38.7%) and streptococcus pyogenes (18.97%) were the most common species. Clinical presentations were bacteremia (40%), followed by pneumoniae (31%) and sepsis (14%). Most common co-infections in the patients were diabetes (30%), cardiovascular disease (20%) and kidney disease (18%). Conclusion: Invasive streptococcal infection is mostly prevalent in males, African American adults over 45 years of age, with common clinical presentations of sepsis, bacteremia and pneumonia. Prevention strategies should be focused on high risk population with underlying diseases like diabetes, cardiovascular and kidney diseases.

Effectiveness of Emergency Housing Programs Among Dually Diagnosed, Chronically Homeless, HIV Positive Persons, Ben Callaway, MSW, Nicole Chisolm, MPH

Background Prism Health North Texas, an HIV/AIDS service provider in Dallas, Texas participated in a five year study examining HIV care delivered to homeless. An emergency housing intervention was developed to study the impact of temporary emergency housing on medical and housing outcomes among chronically homeless people living with HIV who are dually diagnosed with mental health and substance abuse disorders. HIV transmission rates continue to grow among sub populations, particularly vulnerable subpopulations. Improvements in housing stability among people living with HIV have been associated with improved medical outcomes. Methods Prism Health North Texas placed dually diagnosed, homeless, HIV positive persons in a motel as part of an emergency housing intervention designed to stabilize these individuals into medical care and housing services. Medical and housing outcomes were measured at baseline, discharge and 6-months post discharge to evaluate impact of the intervention. Results A total of 39 clients were enrolled into the temporary emergency housing program. The average duration of stay was 7 weeks. At baseline, 23% of enrollees were unstably housed and 77% were literally homeless. At discharge, 51% of enrollees achieve permanent housing, 3% enrolled in substance abuse treatment, 5% moved out of state. There was an increase in housing stability among enrollees at the time of discharge from emergency housing. An increase in medical stability was observed with regard to accessing HIV medical care, viral suppression, accessing psychiatric care and psychiatric medications. Conclusions Temporary emergency housing interventions are an effect model for stabilizing chronically homeless people living with HIV who are dually diagnosed with mental health and substance abuse disorders.

Large-Scale Targeted Testing Utilizing T-SPOT.TB in a Homeless Population-Challenges, Successes and Lessons Learned, Tommy Camden, MS, BS, Norma Santos, BS, Lisa Armitige, MD, PhD, Dora Marrufo, BSN, Lillian Ringsdorf, MD, MPH, Anita Kurian, DrPH

BACKGROUND: Identification and treatment of latent TB infection in high-risk populations is the focus of this Texas Department of State Health Services project funded by the Texas 1115 Medicaid Waiver Demonstration. There is emerging consensus that to eliminate TB the focus must shift to the identification and treatment of individuals with LTBI. Newer guidelines have emphasized the use of interferon gamma release assays (IGRAs) to accomplish this goal. Using the T-SPOT.TB, an IGRA, this project seeks to identify and treat LTBI in a large homeless population in Bexar County/San Antonio, Texas. METHODS: The San Antonio Metropolitan Health District currently uses the T-SPOT.TB to test homeless persons in San Antonio's largest homeless campus Haven for Hope. This 22-acre campus has a daily capacity of 1,500 individuals. The project collects and tracks a variety of participant data including the type of regimen selected for treatment with a preference for the 3HP regimen. RESULTS: Through July 2017, 4,986 homeless individuals were tested using the T-SPOT.TB. 356 (7.1%) had a positive IGRA result. 205 (57.6%) of those with positive results were lost to follow-up. 145 (40.7%) received chest X-ray. Of these 44 (30.3%) started treatment. Of these 36 (81.8%) completed treatment. 2 clients experiencing homelessness with active TB disease identified and treated. 3 are in the treatment pro-

cess. 5 started but stopped treatment. Results of T-SPOT.TB testing for the population, regimens used, treatment acceptance and completion rates were collected. Challenges experienced by the project, strategies used to address them and the lessons learned as the project evolved will be described. CONCLUSIONS: There are significant challenges associated with implementing screening for LTBI when working with homeless individuals. Significant numbers of person with positive tests for TB infections are lost to follow-up. Several strategies were developed in the implementation of the project to address these and other challenges.

Home on the Range: A Review of the Practice Characteristics of Texas Rural Health Care Workforce, Cate Campbell, MPH, Matthew P. Turner, PhD, MPH

Background: Rural Texas has few health providers relative to their urban counterparts. For example, rural areas of the state have 44.1% fewer physicians and 54.6% fewer advanced practice nurses per capita. Moreover, the demographic, educational, and practice characteristics of rural providers are also distinctive, creating differential access to and availability of needed care. Also, many physician specialties are concentrated in urban areas while individual rural practitioners are often expected to provide a wider range of treatments. Methods: Using 2017 health professions licensure data, descriptive statistics will be used to describe differences in demographic, educational, and practice characteristics between rural and urban health care providers. Hypothesis testing will identify those characteristics that differ significantly between the two groups. Results: The results of this research will indicate whether rural and urban providers differ across multiple dimensions. Results will answer questions like: Are rural providers generally older than urban providers? How do educational backgrounds differ between urban and rural providers? Are rural providers more likely to practice in an office-based setting? Conclusions: In order to adequately provide for the medical needs of all Texans, our state must correct its chronic shortage and maldistribution of health care providers. To address the problem in rural areas, knowledge about the attributes of rural providers relative to their urban peers will inform how providers may be best identified, recruited, and retained.

Patient Experiences with Latent Tuberculosis Testing and Treatment, Yolanda Cantu, MPH, Diana Cavazos, RN, MSN, PhD (c), Barbara Taylor, MD, MPH, Annie Johnson, BBA, Norma Santos, BS, Jacob Jimenez, MPA

Background Tuberculosis (TB) disease continues to be a major public health issue globally and in Texas, with TB cases in the United States increasing in 2015 for the first time in 23 years. There is consensus that to eliminate TB the focus must shift to the identification and treatment of latent TB infection (LTBI). Ironically, Texas requires reporting of LTBI but does not require treatment. Methods An evaluation of patient experiences with the identification and treatment of their TB infection was conducted during Fall 2017. Semi-structured interviews were conducted with 25 patients who had tested positive for TB infection and either accepted or declined treatment for their infection. Interviewers discussed the patient care experience, barriers to care, and decision-making about accepting treatment. Patients were tested and treated in different settings, including a city public health department, a large homeless campus, Federally Qualified Health Centers, hospitals, and community health centers in smaller rural communities in South Texas. The patients interviewed are part of a cohort of over 13,000 individuals at risk for TB tested through a project funded by the Texas 1115 Medicaid Waiver that targets persons on Medicaid, the low-income and the uninsured. Results Participant interviews are currently underway, with qualitative data analysis to follow in late 2017. Analysis will explore barriers and facilitators for patients progressing through the LTBI screening and treatment process, with a focus on factors that would be amenable for intervention. Conclusions There are significant challenges associated with implementing screening for LTBI in diverse clinical and non-clinical settings. Knowledge regarding LTBI and its clinical implications is limited. Significant numbers of persons who are screened and diagnosed with LTBI opt out of treatment. Methods to engage persons with confirmed LTBI into treatment need to be developed and implemented.

Contamination of Residential Soils Due to Hurricane Harvey Flooding, Gaston Casillas, Garret Sansom, DrPH, MPH, Kahler Stone, MPH, Jennifer Horney, PhD, MPH

Background: The neighborhood of Manchester in Houston, Texas is adjacent to several major petrochemical industries and the Houston Ship Channel. Residents believe exposure to these facilities has a negative impact on their health. The goal of this preliminary pilot study is twofold, one to determine the quality of the air, more specifically the abundance and occurrence of PAHs in the household. The second, determine not only a concentration of chemicals in the air, but also which PAHs are present. Methods: In order to measure domestic PAHs, dust was collected using particulate wipes in 25 randomly selected households in Manchester. A one-square meter adjacent to the entrance of the home was wiped and the wipe was bagged and stored in a cooler. Chain of custody was maintained until the samples arrived to the laboratory for assessment. Wipes were analyzed using a HP5890 gas chromatograph coupled with an Agilent 5972 mass spectrometer. A HP-5MS capillary column was used to separate PAH analytes. Once separated, the PAH components were identified using selected ion monitoring (SIM). Results: PAHs were detectable in every house in the study. 19 of the 61 PAH analytes, including the EPAs 16 priority PAHs as well as the subgroup of 7 probably human carcinogens were found in the sampled homes. A preliminary spatial analysis adding primary TCEQ Tower Air Monitoring data, average daily traffic counts for Interstate 610, and Houston Ship Channel traffic counts show that approximately 30% of the households in Man-

chester live in a high-risk zone for exposure to PAHs. Conclusion: While no PAH concentrations were high enough for impacts from acute exposure, concentrations exceeded the Agency for Toxic Substances and Disease Registry's (ATSDR) recommendation for chronic exposure. More research is needed to understand both the sources of the PAHs and the potential future health impacts.

The Life-Course and Smoking Status, Dalia Chowdbury, PhD, Becky Knight, PhD, James H. Swan, PhD, Keith Turner

Background: Smoking and other tobacco use constitutes a major public health issue in the U.S. Efforts to limit smoking and exposure of others to smoke rely on many interventions. Issues arise as to the best approaches to take with different segments of the population. The aim of this analysis was to find detailed information on population segments and background factors that explain smoking status in order to suggest varied intervention strategies that might best be used for different segments of the population. Methods: This study used the National Health Interview Survey, 2001 to 2010, to examine smoking status in the U.S., using four categories of reported smoking status: never smoked, smoked but quit, smokes sometimes, and smokes daily. Multivariate analysis employed a Life Course model of predictors of the three categories of persons who had or still smoked, contrasted to the referent category of those who never smoked. Results: An estimated majority (57%) of adults aged 18 and over never smoked, with the remainder divided equally among those who reported quitting and those who still smoked. Smoking status varied widely by birth cohort, age, time of survey, gender, marital status, mental health status, race/ethnicity, domestic vs. international birth, and education. Conclusions: Interventions should consider many factors, including: age (at any point reflecting both personal age and birth cohort), gender, marital status, mental status, race/ethnicity, immigration history, and education statuses of respondents. In particular, although those who are married are in general less likely to still smoke, this effect is concentrated among those born before 1935, and is sometimes reversed among those born later. Likewise, although males are generally more likely to still smoke, this is concentrated among those born before 1965. Thus, interventions focusing on such background factors need also take into account age (so birth cohort).

mcr-1: The Gene You Can't (or Can) Resist! Thi Dang, MPH, Sandi Arnold, ADN, RN, CIC

Background: The first case of mcr-1 resistance mechanism was identified in Texas in June 2017 from an extended-spectrum beta-lactamase producing (ESBL) positive urine culture collected in May 2017. Prior to the detection of mcr-1, this patient received care in three facilities without use of contact precautions. The coordinated efforts of six local and regional health departments, state Healthcare Associated Infections (HAI) epidemiologists, Antibiotic Resistant Laboratory Network (ARLN), the CDC and five healthcare facilities were required to prevent the spread of mcr-1. Methods: Colonization studies of close contacts were undertaken at the facilities where the patient received care without precautions. Close contacts were defined as current inpatients who shared healthcare workers or interacted with the patient. Rectal swabs were collected for this study. To identify the presence of organisms with a similar resistance pattern in the first three facilities, a three-month prospective study was also initiated. Education and recommendations regarding precautions were provided to the facilities. Criteria for discontinuation of contact precautions was defined as urine culture negative for E. coli and two rectal swabs negative for the mcr-1 gene while off any antibiotic for seven days. Results: The colonization screening of twenty-six contacts revealed no additional cases. Prospective surveillance is ongoing and results to-date have revealed no organisms with similar resistance patterns. Education was consistently provided to all five facilities. The patient was cleared of the mcr-1 gene as evidenced through results of the urine and two rectal swab cultures. Conclusions: Antibiotic resistance mechanisms may not be identified by current methodologies used by most labs. Use of the ARLN can detect emerging resistance mechanisms providing critical information needed. The use of HAI epidemiologists by health departments and healthcare facilities will enhance infection prevention efforts. Clear communication and collaboration is necessary for response. Further infection prevention education is needed, particularly in non-hospital settings.

Hysterectomy-Corrected Incidence Rates of Cervical Cancer in Texas, 2010 to 2014, Isela De La Cerda, MPH, MS, Susan Fisher-Hoch, MD, Carolyn San Soucie

Background Women who undergo a total hysterectomy in which all of their uterus including the cervix is removed are not at future risk for developing certain gynecological cancers, such as cervical cancer (CC). Yet the majority of current estimates of cervical cancer in the US do not account for this biological factor in risk measure calculations. A recent study corrected cervical cancer mortality rates at the national level and discovered 44% underestimation in cervical cancer rates between races than were previously estimated. The demographic makeup of Texas differs from the national demographic makeup and conducting an analysis like this could provide insight to ethnic groups for which there has been no reported effect of such corrected analysis such as Hispanics. Therefore, the purpose of this paper is to use state level data to arrive at corrected cervical cancer incidence rates stratified by race, age, and public health region in Texas for the years 2010-2014 Methods We will obtain Texas hysterectomy rates from the Behavioral Risk Factor Surveillance System and current cervical cancer incidence and count estimates from the Texas Cancer Registry. Using hysterectomy rates to correctly account the true population at risk (denominator) for each strata of incidence rate of interest. To perform a pairwise comparison of trends we will conduct a Jointpoint regression. Results After obtaining access to State databases we have aggregated TCR and BRFSS information of interest for this analysis into an excel spreadsheet for analysis. Inconsis-

tencies between calculated estimates from dataset provided and state reported estimates do not provide for results at the moment but will be available soon. Conclusions Knowledge of the true disparities associated with the disease provides a clearer picture of action needed to be taken to screen and treat cervical cancer in Texas and nationwide. Efforts by organizations such as CIPRIT in Texas aim to improve CC screening and CC treatment. Epidemiologic work like this allows for public health interventions to be tailored for the populations at higher risk. National and state hysterectomy corrected rates have not been able to provide insight to the effect of this analysis to the Hispanic population, which is the major addition in knowledge this study will add to the literature.

Predictors of Sexual Initiation and Pregnancy in a Longitudinal Study of High School Students, Nicole Dierschke, DrPH, MPH, Jonathon Gelfond, MD, PhD, Brian Hernandez, MS, Kristen Plastino, MD, Diana Lowe, BSN

Background: While many studies identify correlates of teen pregnancy and risky sexual behaviors, relatively few estimate effects of risk factors over time or construct predictive models. We hypothesize that risks of sexual initiation and pregnancy depend on sexual behaviors, intentions, teen pregnancy media exposure, and demographics. Our objective is to identify predictors of sexual initiation and pregnancy in high school students. Methods: This is a secondary analysis of a three-year quasi-experimental study beginning the fall of freshman year in high school. There were 1437 students not pregnant and 1208 not sexually initiated at baseline who were surveyed for three years. Cox proportional hazards regression was used to assess predictors of self-reported outcomes of sexual initiation and pregnancy. The LASSO method was used to identify a subset of key predictors. Results: Over three years 510 (42%) of virginal students became sexually active, and 121 (8.4%) students became pregnant or got someone pregnant. The LASSO method applied to sexual initiation selected the following variables: alcohol use, drug use, female gender, intention to initiate sex, degree of prior physical intimacy, and exposure to teen pregnancy media. The C-index was 0.74. The risk factors for pregnancy were similar, but also included sexual activity at baseline and physical abuse. We also identified subgroups of students with multiple risks factors estimated to have a greater than 40% chance of pregnancy during high school. Conclusions: We developed predictive models that performed reasonably well for sexual initiation and pregnancy. Such predictive models will be essential for developing targeted interventions tailored to risk strata.

T**he Demographic Profile of Women at Risk for Infant Mortality, Preterm Birth and Low Birth Weight in Southern States: PRAMS 2009-2011**, Nicole Dierschke, DrPH, MPH, Belinda Hernandez, PhD, Paula Cuccaro, PhD, Jonathan Gelfond, MD, PhD, Robert Morgan, PhD

Background: Adolescents, women of advanced maternal age, and minorities experience the highest rates of infant mortality (IM), preterm birth (PTB) and low birth weight (LBW) in the United States, and growing evidence suggests Southern states are highly burdened by these three outcomes. We aimed to create a demographic profile of women in five Southern states that experienced an IM, PTB, or LBW infant. Methods This paper used three years (2009-2011) of Pregnancy Risk Assessment Monitoring data (n=19,663) from five Southern states. Logistic regression was performed to investigate the relationship between maternal characteristics and IM, PTB, and LBW. Results Younger maternal age (19 years) was not associated with any of the three outcomes; however, participants 35 years old had greater odds of PTB (OR 1.44; 95% CI 1.03-2.03) and LBW (OR 1.93; 95% CI 1.32-2.84). Black participants had greater odds of a PTB (OR 1.35; 95% CI 1.09-1.68) and LBW (OR 2.16; 95% CI 1.75-2.66), while Hispanics had lower odds of IM (OR 0.34; 95% CI 0.14-0.83). Experiencing any pregnancy morbidities resulted in greater odds of all three outcomes. Conclusions Black infants continue to experience PTB and LBW disparities. Advanced maternal age remains a significant determinant of adverse birth outcomes; however, this study challenges previous evidence of greater odds of IM, PTB, and LBW among women 19 years old. Study results can help clinicians identify women most at risk for adverse birth outcomes. Future research should include term infants born LBW and should focus on preventing pregnancy morbidities.

Analysis of Birth Defects Among Infants Born to Women With Laboratory Evidence of Possible Zika Virus Infection During Pregnancy in Houston, Texas, Fatma Diouf, MPH, Kasimu Muhetaer, MPH, Osaro Mgbere, PhD, MS, MPH, Salma Khuwaja, MD, DrPh, MPH, Kirstin Short, MPH

Background The Zika virus has been around since 1947, but a recent outbreak in the Americas linking the virus to adverse pregnancy outcomes and birth defects has caused a global Public Health emergency. The purpose of this analysis was to characterize the prenatal exposure to the virus and adverse outcomes identified among infants born to women with laboratory evidence of possible Zika virus infection during pregnancy. Methods Data was abstracted from the US Zika Pregnancy Registry, a collaborative project between the CDC and state and local health departments to monitor rates of Zika-related birth defects. Cases assessed were full-term pregnancies from women in the registry diagnosed within the City of Houstons jurisdiction between November 2015 and August 2017. Birth defects consistent with Zika syndrome among infants delivered were identified, and the time of exposure during gestation was assessed. Congenital Zika syndrome is described with 5 features: severe microcephaly where the skull has partially collapsed, decreased brain tissue with a specific pattern of brain damage, damage to the eye, joints with limited range of motion, and postnatal excessive muscle tone which restricts body movement. Results Of the 48 full-term pregnancies (maternal age range: 16-37 years; median age: 26 years), birth defects were reported in 4 delivered infants, 3 of which are potentially Zika-related. Mi-

crocephaly and other abnormalities were reported in 1 infant, while the other 2 infants had birth defects without microcephaly. The reported abnormalities included ventriculomegaly, holoprocenphaly, cerebellar and corpus callosum abnormalities, clubfoot, and coloboma. All 3 infants were exposed during the first trimester. Conclusions Our findings of prenatal exposure starting in the first trimester are similar to those obtained in a nationwide study of Zika-related birth defects, and thus, indicate the need for continued surveillance for congenital Zika syndrome and the adoption of preventive measures among pregnant women, especially during the first trimester.

I**mplementing the Northeast Texas Hypertension Adherence Program: A Pilot Project to Improve Hypertension Medication Adherence Among High Risk Populations**, Nancy Eichner, MUP, Kim Roberson, BPharm

Background: One out of three Texans has hypertension, a leading risk factor for heart disease and stroke. Pharmacists, as integral members of a team-based approach to care, can significantly improve patient outcomes related to chronic diseases. The Texas Pharmacy Association, in partnership with the Department of State Health Services, Heart Disease and Stroke Program, implemented the Northeast Texas Hypertension Adherence Program to improve medication adherence and outcomes in high risk patients with hypertension through sharing data and coordinating communication between patients, physicians and pharmacists. Methods: A network of community pharmacists received education on hypertension, medication adherence and motivational interviewing techniques. In three Northeast Texas communities, healthcare providers developed protocols to identify high risk patients with uncontrolled hypertension and connect them to pharmacists using a bidirectional referral system. Pharmacists met with patients to identify barriers to taking medications, develop an action plan, and provide blood pressure monitors and education on their use. Pharmacists followed-up with patients four times during an eight-week period to counsel on medication adherence and educate on ways to lower blood pressure. Pharmacists contacted primary care providers when adjustments to medication were needed. Pharmacists monitored medication adherence, attrition rates and submitted claims for reimbursement. Results: The project is currently in the pilot stage; however, preliminary results have shown that the program has the potential to help hypertensive patients achieve blood pressure control. Fifty-five patients over a six-month period were referred to pharmacists. Forty-four patients met eligibility criteria to receive services, 34 patients were considered active in the program, and six patients completed all five visits and reached blood pressure control, which is defined as 140/90 mmHg. Conclusions: This pilot project demonstrates that collaboration between pharmacists and primary care providers, through a team-based care approach, has the potential to improve blood pressure control.

Foodborne Illness and Food Safety in Texas, Marissa Fimiani, MPH

My project qualitatively analyzes 23,666 data points in the Texas Department of State Health Services Database to identify and highlight the riskiest food retail or food manufacturers in Texas prone to foodborne illness outbreaks. Through analyzing and presenting the data, my results can help DSHS Foods Group staff target and address vulnerable areas in the state that have the potential to cause the most damage (based on pathogen exposure). The results of the work can help guide policy reformation to ensure long-term effectiveness in the Manufactured Foods Regulatory Program Standards within Texas.

Teen Pregnancy in McLennan County, Brittany Fitz, PhD

Background. The greater Waco area has some of the worst birth outcomes for mothers and children across Texas, including one of the highest teen birth rates in the state. This poster documents the journey the Womens Health working group of the Prosper Waco initiative to gain a greater understanding of teen pregnancy in the community. Methods. Quantitative and qualitative data was collected from community stakeholders and state data centers and visualized using GIS mapping techniques. In doing so, we generated a useful map that clearly highlighted areas of town (Census tracts) with high teen pregnancy risk factors as well as areas of town with high actual teen births. Then, clinic locations were plotted to determine whether access to care played a role in teen birth rates. Results. This method allowed the researchers to identify several areas with high risk and high teen births that suggested three areas where further research should be conducted and targeted action should be taken. The map also illustrated areas of town where high risk factors existed, but had low teen births. This also suggested further research to determine what mediating factors existed in the Census tracts. Overall, this study allowed for an in-depth study of teen pregnancy in the greater Waco area and presented the data in clear, translatable fashion to warrant feedback and dialogue from community stakeholders. Conclusion. This poster act as a road map for other collaborative effort to understand a hot topic in the area, how to how to collect and present meaningful data, and how to take collective action based on the information gleaned.

CHW's Impact on Health Care Transformation, Debra Flores, Ph.D., Heleyna Abraham

A secondary analysis of the Texas Department of State Health DSRIP (Delivery System Reform Incentive Payment)/1115 Waiver database was used to identify 100 projects that utilized Community Health Workers for chronic disease management/patient navigation projects. The aim of the study was to assess the impact of the DSRIP projects that utilized CHWs to address the triple aim.

Evidence was abundant demonstrating the cost saving results by programs that adopted the CHW model. Securing access to care, coordination of timely access to primary, behavioral and preventive services, and assisting individuals manage their chronic conditions are among the critical roles CHWs were recruited and hired to do for these DSRIP projects. Overwhelming, projects that utilized CHWs met at least one of the triple aim objectives. This study can help drive education as well as policy towards adapting similar CHW models to effectively impact health care. CHWs are often recognized for their role in addressing the Triple Aim and therefore they have positively impacted the health care transformation movement.

Doing More with Less: How to Leverage Freeware and Creativity to Collect Data with Ease, Isaias Garcia

Background: On January 1, 2018, the Texas Department of State Health Services, at the direction of the Centers for Disease Control, will require that continuous temperature monitoring systems (data loggers) be used to monitor the storage temperature of vaccines provided at no-cost via the federal Vaccine For Children (VFC) grant. Data loggers provide precise and complete surveillance of temperatures in vaccine storage units. This permits easier documentation of temperature excursions to which vaccines may have been exposed. Methods As of April 2017, very little data was available regarding the type of storage and monitoring equipment utilized by VFC providers in Travis County. The little that was obtainable, was inaccessible by the general public, outdated by 2 years, and very difficult to extract from the database in which it resides. A data collection tool was developed using Google Forms, and the results were aggregated into a spreadsheet in Google Sheets. Utilizing the G-Suite freeware allowed the survey to be conducted on a smartphone or computer with internet access. Furthermore, the accuracy and access to the survey was greatly increased by employing a combination of Google Sheets formula calculations, the Tiny URL application program interface, and QR codes. Results 62 out of 70 targeted providers were visited by 3 Vaccine Specialists between 5/23/17 and 7/21/17. Two providers were sent Tiny URL links to the survey via email, bringing the final total to 64 providers, a 91.43% participation rate. Forty-two providers were found to have no digital data loggers (60%). Conclusions The aggregated data was and presented to the supervision of Austin Public Healths Immunization Program. This information was used to justify the expenditure of providing continuous temperature monitoring systems to providers that would have otherwise left the Vaccine for Children Program due to the expense of upgrading equipment.

Trends of Cancer Incidence, Mortality, Metastasis at Diagnosis and Socioeconomic Deprivation in Rural and Urban East, West and South Texas from 2000 to 2014, Gordon Gong, MD, Miguel Corrasco, Billy Philips, PhD, MPH

Background. Philips et al. reported previously that the ratio of metastatic to non-metastatic cancer cases at diagnosis were positively correlated with Wellbeing Index (WI) which is a measure of poverty from 1 to 10 with 10 representing the poorest socioeconomic status. This study is to determine the trends of cancer incidence and mortality and metastatic cancer and their relationship with WI in rural vs. urban East, West, and South Texas from 2000 to 2014. Methods. Cancer data were obtained from the Texas Department of Health Services. Results. Age-adjusted cancer incidence rates were significantly lower in rural vs. urban areas in East, West or South Texas with decreasing trends in both rural and urban areas. The incidence decreased when WI scores fell between 1 and 7 with a sharper decrease from 7 to 10. The ratio of metastatic to non-metastatic cancers is positively correlated with WI (R ranges from 0.609 and 0.903) and increased in all regions of Texas, rural or urban from 2000 to 2014. Age-adjusted cancer mortality rates decreased in all regions of Texas in both rural and urban areas. Cancer mortality rates were higher in rural vs. urban East Texas from 2000 to 2014 and in West or South Texas in some of the years. Cancer mortality increased with WI scores (from 1 to 7) and decreased with WI from 7 to 10 (possibly due to access to Medicaid for extremely poor people). Conclusions. Rural areas had lower cancer incidence rates, higher mortality rates and higher ratios of metastatic to non-metastatic cancer cases which are correlated with WI. This is likely the differential impact of poverty and the late initiation of treatment in rural areas which have a less comprehensive infrastructure for early detection and prompt initiation of contemporary treatment options.

Civic Engagement in Underserved Communities: A Rio Grande Valley Success Story, Dara Grieger, MD, Beatriz Tapia, MD, MPH, CPH

Background As awareness of social determinants of health increases, civic engagement has been identified as an important determinant of health. The Robert Wood Johnson Foundation lists civic engagement, defined as volunteerism and voting, as an indicator of a culture of health in communities. Voting records in the United States began documenting race in 1964. Since then, voter turnout for minorities and poor communities has been lower than that of white, wealthier areas. Along the Texas- Mexico border, communities known as Colonias, which typically lack basic infrastructure such as running water, sewage systems, or electricity, are among the most marginalized communities in the U. S. These are communities in which civic engagement efforts are critically important to improve health, but also challenging due to multiple barriers. Methods We conducted semi-structured interviews with key individuals instrumental in civic engagement activities for the Cameron Park Colonia in Cameron County, Texas, within the past 10 years. We explored strategies they employed to increase civic engagement in the domains of voter registration and voter turnout. We analyzed the data that these individuals have collected in these domains. Results Per the data shared, when compared to the 2012 general election, Cameron Park increased voter registration by 18.5% and voter turnout by 160%. The voter turnout was second highest for all the voting precincts in Cameron County in the 2016 general election. Conclusion: Com-unity health work-

ers and leaders play a key role in improving health by various means, including civic engagement. By applying specific tactics in a consistent and persistent manner, improvements can be made in the civic engagement domains of voter registration and voter turnout. The efforts of Cameron Park leaders can serve as a model for other Colonias in improving these domains of civic engagement.

Improving Community Health Assessment Through Evaluation and Unique Data Gathering Techniques, Such as Social Media Campaigns and Door-to-Door Surveys, Hailey Hale, MPH, Cassandra DeLeon, Scott Lyles, Halana Kaleel, Laura Hernandez

Background: The 2017 Austin/ Travis County Community Health Assessment (CHA) was based on the foundation provided by the 2012 CHA. The CHA process is a collaborative effort led by a group of dedicated organizations including Austin Public Health (APH) and nine other partners. The CHA is part of a community planning process with two major phases: assessment and improvement planning. Methods: A framework known as Mobilizing for Action through Planning and Partnerships (MAPP) guided the CHA data gathering and reporting. Data sources for the CHA include secondary sources and other local, state, and federal government reports. Additionally, over 440 stakeholders and community residents were engaged in this process through interviews, focus groups, community forums, social media campaign and a door-to-door survey. Additional guidance and direction for the 2017 CHA came from evaluation findings from the 2012 CHA. Results: Travis County is healthy overall however dispirit populations are not experiencing the same health benefits and healthy environment as the general population. The following eight categories highlight findings from the CHA. ï‚— Equity and Health Impact ï‚— Education and workforce development ï‚— Health care access and affordability ï‚— Transportation ï‚— Mental health and wellbeing ï‚— Access to safe recreation space ï‚— Access to healthy food ï‚— Environmental health Conclusion: Data presented in the CHA informs community decision-making and prioritization of health problems, and guides the development and implementation of a Community Health Improvement Plan (CHIP). It is the intention of APH for the CHA to inform a wide variety of community partners. Data in the report can aid with community planning projects, grant applications, and community decision making.

Association Between Active Transport to School and Physical Activity Levels: School Physical Activity and Nutrition Survey, 2015-2016, Allen Hallett, MS, Leigh A Ganzar, MPH, Nalini Ranjit, PhD, Harold W Kohl, PhD, N Archer, PhD, Deanna M Hoelscher, PhD, RD, LD

Background: Most US children do not meet guidelines of at least 60 minutes of moderate-to-vigorous PA daily. Active transport to school (ATS) provides an opportunity to increase physical activity (PA) in children; however, most children do not use ATS. Evaluation of state-level surveillance data is important for monitoring the prevalence of ATS and moderate-to-vigorous PA in school-aged children in Texas. Methods: The School Physical Activity and Nutrition (SPAN) survey is a cross-sectional study of self-reported PA and nutrition behaviors in 4th grade students statewide. Descriptive statistics and logistic regression analyses were conducted to determine the association between ATS and PA guidelines, with age, gender, and race/ethnicity as covariates. Results: Among 4th grade children, 15.7% reported using ATS (walking=12.7%, biking=3.0%) as their primary mode of transit to school; however, only 9.3% met physical activity guidelines. After controlling for age, gender, and race/ethnicity, 4th grade children who biked to school most days had significantly higher odds of meeting PA guidelines than children who used other modes of transit ($OR=2.36$; $p<0.05$). Walking to school did not increase the odds of meeting PA guidelines ($p>0.05$). Conclusions: These findings suggest that biking to school contributes more minutes of moderate-to-vigorous PA daily than walking to school among 4th grade children in Texas. Schools and communities can expand policies and programs that provide opportunities for ATS and PA in places where children spend their time.

Quality Initiatives for Public Health Preparedness in Travis County, Ashley Hawes, MPH

Background: Following major incidents and exercises, emergency preparedness develops after action reports and improvement plans to improve activities for a response. However, the implementation of the individual items within these improvement plans is often a complicated process and difficult to track. The utilization of time-tested quality improvement tools, such as a corrective action form, allows detailed tracking of issues that complement steps toward Public Health Accreditation. Methods: A literature review of corrective action forms from multiple disciplines was conducted. Three main criteria were used to select a template: (1) completion and implementation date with official final signature; (2) record of meetings or steps taken towards improvement; and (3) restatement of the change that was to be implemented from the after-action report improvement plan. A corrective action form developed by the Texas Department of Emergency Management was selected to be used as a template. Feedback was collected from Public Health Emergency Preparedness team and focus groups; then a functional document as well as instructions for the use of the document were finalized. Results: The developed document is functional and easy to use for any disaster or public health response, provides improved tracking of after action items, and final close out of an item via signature and date. The detailed information within this document allows others to understand actions taken and provides documentation for further follow-up. Conclusions: The introduction to quality improvement tools will allow for greater traceability and implementation of corrective action items following exercises and responses. This document will allow us to collect data to create realistic goals and deadlines. The increased traceability will allow for more thorough documentation to support Public Health Accreditation.

Risk Factors for Carbapenem Resistant Enterobacteriaceae Infections in Patients with Indwelling Urinary Catheters and Peripherally Inserted Central Catheter in Houston, Texas, Rocquel Hines, MS, Syed Imam, BDS, MPH, Olubukunola Okulate, MPH, Yufang Zhang, MD, MPH, Imran Shaikh, MD, MPH, CIC, Kirsten Short, MPH

Background Carbapenem resistant Enteriobacteriacae (CRE) was first identified in the United States in 2001, through a Klebsiella pneumoniae Carbapenemase (KPC) enzyme, produced by the organism. Through the production of KPC, Enteriobacteriacae becomes more resistant to carbapenems, thus evolving into CRE. According to CDC, CRE often causes infections when they enter the body through medical devices such as ventilators, intravenous catheters, urinary catheters. The organisms cause high mortality rates infections in many health care facilities. CRE became reportable in Texas in 2014. Methods Between August 2016 to June 2017, Houston Health Department (HHD), Bureau of Epidemiology (BOE) received four hundred and nineteen (419) reports. Data was extracted from Houston Electronic Disease Surveillance System (HEDSS). Among them, 269 (64.2%) were in Houston jurisdiction. Case criteria was based on States Epi Case Criteria Guide, 2017. Variables include demographic information, invasive device groups types, and specimen sources. Results Males accounted for 44.6% (n=120) while females accounted for 55.4% (n=149). Age ranged from 4 to 103 with an average of 64 years old. Five and eight patients died in the facilities in 2016 and 2017 respectively. The largest ethnicity group was Unknown (30.7%), followed by Black/African American (25.5%) and White/Caucasian (20.7%). Most CRE patients had IUC (n=72, 24.8%) and/or PICC (n=63, 21.7%). Conclusion While the exact mechanism of transmission for CRE cases varied, CRE infections were more common in females, Black/African Americans, and elderly. Most CRE patients during their hospital stays had at least one type of invasive medical devices, which potentially could induce hospital acquired infection. To identify the mechanism of transmission of CRE, further research is needed.

B**urden of Hypertension Among People Living with HIV Receiving Medical Care in Texas: An Analysis of 2013-2014 Medical Monitoring Project Data**, Jessica Hyde, MS, CHES, Sabeena Sears, MPH, Justin Buendia, PhD, Sylvia Odem, MPH, Margaret Vaaler, PhD, Osaro Mgbere, PhD, MS, MPH

BACKGROUND: More than half of deaths among people living with HIV (PLWH) in high-income countries are from non-AIDS causes, 15% of which result from cardiovascular disease. Hypertension, a chief cardiovascular disease risk factor, is implicated in 75% of all strokes and heart attacks. Published studies suggest hypertension prevalence is high among PLWH, yet the burden among PLWH in Texas is unknown. METHODS: We examined abstracted medical record data of 951 PLWH receiving medical care in Texas from the 2013-2014 Medical Monitoring Project survey. Hypertensives were identified by formal diagnosis, antihypertensive medication use, or high blood pressure readings three (or average of last three) systolic/diastolic readings >140/>90 mmHg or one systolic/diastolic reading >180/>100 mmHg within the preceding two years. The Million Hearts Hypertension Prevalence Estimator Tool was used to simulate the expected hypertension prevalence of an uninfected cohort matched by age, sex, and select comorbidities for comparison. RESULTS: Hypertension prevalence was significantly higher among sampled PLWH (51.4%) than the simulated cohort (33.2%; $p<0.0001$), which remained significant when further examined by age, sex, and race. Age, obesity, public insurance, and former smoking were associated with hypertension (all $p<0.01$). Significant associations between hypertension and duration of HIV infection and antiretroviral therapy were observed ($p<0.0001$ for both); however, age attenuated these relationships ($p<0.05$ for both). Nearly 7% of the sample lacked evidence of hypertension diagnoses or treatment despite indicative blood pressure readings. CONCLUSIONS: Our study shows that hypertension prevalence was significantly higher among PLWH than the simulated HIV-negative cohort. Since PLWH are living longer after HIV infection, chronic disease risk factors such as hypertension should be routinely addressed in HIV care. Public health professionals can help PLWH achieve blood pressure control by increasing clinician's awareness, leveraging community-clinical linkages to support behavioral change, and promoting health systems interventions to mitigate missed opportunities for diagnosis and treatment.

Risk of Depression in Middle Age to Older Hypogonadal Men Receiving Testosterone Therapy, Zulqarnain Javed, MBBS MPH PhD (C), Jacques Baillargeon

Background. Hypogonadism is posited as a risk factor for depression. While a large body of current literature focuses on metabolic and physical health effects of testosterone therapy in hypogonadal men, relatively few studies investigated psychiatric health outcomes including depression. Results from few randomized clinical trials suggest testosterone therapy may improve depressive symptoms in hypogonadal men however evidence from large scale, population-based studies is lacking. The proposed study examines the risk of depression associated with exposure to testosterone therapy in middle age to older hypogonadal men. Methods. Research design. We propose a nested case control study of hypogonadal men between 40 and 65 years of age enrolled in one of the nation's largest commercial health insurance programs between January 1, 2005-December 31, 2015, using administrative data from Clinformatics Data Mart. Case/control definition. Cases will be defined as men who received a primary diagnosis of depression. Each case will be matched to 3 controls on age, index date and comorbidity status. Exposure to testosterone will be defined as number of days of testosterone therapy within 90 days prior to index date (0, 1-30, 31-60, 61-90). Statistical analysis. Conditional logistic regression models will be used to calculate the adjusted odds ratios of depression associated with prior exposure to testosterone therapy. Results. We aim to publish our findings as a research paper in a peer reviewed journal. Conclusions and Policy

Implications. This study will further the understanding of potential impact of testosterone therapy on psychiatric health outcomes in general and depression in particular in middle age to older hypogonadal men. Our findings, based on a large, population-based sample of hypogonadal men will help both physicians and testosterone recipients in making an informed decision prior to initiating testosterone therapy for potential psychiatric benefits.

Factors Associated with Hospitalization Due to Streptococcal Infection in Houston, Texas 2015-2016, Razina Khayat, DDS, MPH, DrPH, Najmus Abdullah, MPH, Sudipa Biswas, MD, MPH, Kirstin Short, MPH, Salma Khuwaja, MD, MPH, DrPH, Hafeez Rehman, MD, MPH, CPH

Background: Different studies have shown that Streptococcal infections in adults are more common among older age, blacks, and underlying chronic medical conditions like diabetes, cardiovascular and kidney diseases. In specific, other studies have demonstrated that streptococcal pyogenes can cause severe illnesses and dramatic hospital outbreaks. Furthermore, community-acquired pneumonia studies had also suggested that cardiovascular disease, severe renal disease, chronic lung disease and diabetes were associated with increased odds of hospitalization. Methods: Data were extracted from Houston Electronic Disease Surveillance System (HEDSS) beginning January 1, 2015 to December 31, 2016. A total of 512 confirmed cases were investigated and analyzed during the study period. Frequencies and percentages were calculated and chi square test was used to examine the association between hospitalization and other risk factors. Odds ratio was calculated using unconditional logistic regression to determine the association of risk factors with hospitalization in streptococcal patients. Results: A total of 414 patients (81 %) of the confirmed cases were hospitalized. Age, race, fever, sepsis, diabetes, cardiovascular and kidney diseases were significantly associated with hospitalization in the bivariate analysis. Logistic regression analysis adjusted for confounding factors demonstrated that among clinical characteristics, fever (OR 2.9; 95% CI 1.66-5.38) was three times more prevalent among hospitalized patients with streptococcal infection. Patients with diabetes (OR 7.92; 95% CI 3.08-20.36) were almost eight times more likely to be hospitalized than patients without diabetes among streptococcal patients, followed by cardiovascular disease (OR 2.84; CI 1.32-6.10) which was three times more likely to be present. Conclusion: Common clinical sign like fever was associated with hospitalization among streptococcal patient. Similarly, risk factors like diabetes and cardiovascular diseases were significantly associated with hospitalization in streptococcal. Prevention strategies need to be focused on streptococcal patients with chronic risk factors like diabetes, and cardiovascular disease.

Walking Impairment Questionnaire Association to Subclinical Peripheral Artery Disease in the Cameron County Hispanic Cohort, Maria Limas

Background: Prevalence and associations for Peripheral Artery Disease (PAD) in Mexican Americans (MA) have not been well characterized. The aim of this study was to find functional ability differences between those who have PAD and those who do not using the Walking Impairment Questionnaire in a random population sample of MA adults in Cameron County, Texas. Methods: Subjects underwent measurement of bilateral ankle and toe brachial indices (ABI, TBI) using a Doppler system in order to identify those with PAD (ABI 0.9, 0.7). The higher and lower of the two pedal pressures for each limb were used for calculating ABI-High (Traditional method) and ABI-Low (Sensitive Method), respectively. In addition, toe pressures were used for calculating TBI. The Walking Impairment Questionnaire assesses leg pain symptoms, walking speed, and walking distance. A subject receives a score out of a hundred after each section to describe their function percentage (a lower score points to increased impairment). Questionnaire scores were compared between people that had PAD and those that did not. Results: Of the 326 participants, 9 subjects were classified as having PAD using the ABI-High definition, 32 subjects had PAD using the ABI-Low definition, and 54 subjects had an Abnormal TBI. Individuals classified as having PAD in the ABI-High and ABI-Low categories did not show a significant difference in the Walking Pain Symptoms score when compared to normal. Nevertheless, subjects with PAD in the ABI-High and ABI-Low categories had significantly lower Walking Speed and Distance scores when compared to normal. Conclusions: The Walking Impairment Questionnaire could serve as an accessible and affordable tool for early screening of the disease in individuals with subclinical PAD and underlying decreased leg functions. This could lead to a decrease in disease progression by implementing timely risk factor modifications and early interventions or treatments.

A Qualitative Evaluation Assessing Non-Completers of The Diabetes Self-Management Program, Amanda Manzello, M.S., Roberto Arreola, B.S., Ellen Spitsen, B.A., Kathy Shields, B.S. CHES

Background A disproportionate number of Hispanics are affected by diabetes, impacting 1 out of every 7 adults in Bexar County. Accordingly, the San Antonio Health Department enrolls 1200 participants annually into the Diabetes Self-Management Program (DSMP), to provide education and self-management tools to lower socioeconomic Hispanic residents. Despite efforts, the programs completion rate is 15% below average (60%). Although the evidence-based program developed at Stanford is implemented world-wide, there is no publication to date that has explored non-completers, which could add new information to the community and great insight for future programming. Methods A qualitative design was developed to assess the DSMP below average completion rate; a completer is identified as a participant attending 4:6 workshops or more. Participants were randomly selected

and interviewed by phone or in-person from workshops held in March 2016 thru April 2017. Interviews consisted of approximately 6 open-ended questions with additional probing. Interviews were audio recorded and transcribed in Microsoft Word by two coders and analyzed. Results Ten non-completers were interviewed. Several participants identified a combination of different barriers for not completing the program; mainly contributing to the workshop setting regarding class time and location (30%) and family circumstances relating to caregiving (30%). Other barriers included going on vacation (20%), work schedule (10%), and lack of transportation (10%). An additional 20% expressed their dissatisfaction of the program, describing the workshops as being too long and their dislike for group sharing, and one out of the ten felt there was no improvement in her diagnosis to continue attending. Conclusion Findings suggest barriers are mainly contributed to the workshop setting and participant's unavailability during workshop hours on behalf of being a family caretaker, which is predominant among the Mexican-American culture. Future vetting of participants using a pre-screening tool could be useful in ensuring the participants availability and commitment to the program.

Qualitative Needs Assessment of the Intellectual and Developmental Disability Community in Central Texas, Shelby McGhee, MPH

Background Individuals with intellectual and/or developmental disabilities (I/DD) experience disparate quality of life, lower life expectancy, and higher risk of comorbid conditions compared to the non-disabled population. In Central Texas, The Arc of Capital Area aims to strategize health promotion interventions that both address these disparities and improve health behaviors within the I/DD community. An important first step in The Arcs strategy is to identify and prioritize key areas of need in the I/DD population. This study identifies specific health needs through interviews, providing examples from existing literature to guide the future development of health initiatives at The Arc. Methods Qualitative interviews with ~6 members of the Central Texas I/DD population will provide an initial assessment of their priority health needs. Additional interviews with The Arcs Adult Case Management team will provide an inventory of current resources and assets. Interview findings will be bolstered by a systematic review of scholarly literature. Results A need for increased focus in health promotion strategies for the global I/DD population was revealed through the systematic review. Prior health interventions for I/DD populations outside of Central Texas have been associated with an increase in physical activity, and improved nutrition and dental hygiene behaviors. This qualitative needs-assessment will guide development of appropriate intervention strategies for improving health outcomes for I/DD individuals in the Central Texas area. Conclusions Targeted health and wellness interventions for individuals with I/DD can improve health behaviors, thereby decreasing health problems and lessening the disparity between those with I/DD and non-disabled individuals.

Depression and HIV-Related Risk Behaviors Among Men Who Have Sex with Men, Houston, TX, National HIV Behavioral Surveillance, 2014, Melanie McNeese, PhD, Zaida Lopez, MPH, Salma Khuwaja, MD, DrPH

Background: Previous studies have shown an excess burden of depression among people living with HIV compared to the general population and that people who are depressed tend to engage in more high-risk behaviors. Our objective is to determine if men who have sex with men (MSM) and who suffer from depression are more likely to engage in behaviors that increase the likelihood of HIV transmission compared to MSM who do not suffer from depression. Methods: We used data from the National HIV Behavioral Surveillance MSM cycle collected in 2014. Interviewers used a standardized, anonymous questionnaire to gather information on depression, sexual orientation, and HIV-related risk behaviors from 521 participants. Depression was calculated using the CES-D 10 scale. We looked at exchange sex (money or drugs in exchange for sex) with casual or main partners, sexual positioning (insertive or receptive anal sex), substance use, the number of anal sex partners, and the number of condomless anal sex partners. Results: Depressed participants were more likely to engage in HIV-related risk behaviors such as receiving exchange sex from casual partners (OR = 2.70, 95% CI = 1.40-5.18), any exchange sex (OR = 2.36, 95% CI = 1.32- 4.20), engaging in receptive anal sex (OR = 1.75, 95% CI = 1.08 -2.86), use of painkillers (e.g. Oxycontin, Vicodin) (3.52, 95% CI = 1.33-9.31), methamphetamine (OR = 2.37, 95% CI = 1.16-4.85) or crack cocaine (OR = 2.62, 95% CI = 1.13-6.05) compared to non-depressed participants. Depressed MSM also had a greater number of condomless anal sex partners (mean = 8.39, SD = 35.59) compared to non-depressed MSM (mean = 1.62, SD = 1.28). Conclusion: Depression among MSM is associated with engagement in certain HIV-related risk behaviors. Identifying and treating depression in this population may help reduce the transmission of HIV and improve health outcomes among MSM.

Community Health Assessment: Disparities in Incidences of Sexually Transmitted Infections by Age Group, Sex, and Race in DSHS Public Health Region 7, Sharon K. Melville, MD MPH, Mi Yang, MD, Raubby Sabalerio, DO, Amanda Robison-Chadwell, PhD, Lacey L. Sanders, MPH

Background: Community Health Assessment is necessary to understand the health problems and priorities of a population and develop interventions to address the identified health problems. Methods: A community health assessment of the 30 counties of the Texas Department of State Health Services (DSHS) Public Health Region 7 was conducted using demographic and disease specific data from multiple existing data sources. The analysis looked for health disparities in both infectious and chronic diseases and overall health and mortality measures. Analysis of 2015 DSHS sexually transmitted infection (STI) surveillance data revealed

significant disparities in the incidence of chlamydia and gonorrhea by age group, sex, and race in Bell County, Texas. Incidences of chlamydia and gonorrhea infections were significantly increased in persons aged 15-24 years (4743.9 per 100,000 chlamydia; 1205.5 per 100,000 gonorrhea) and those identifying as black race (2170.2 per 100,000 chlamydia; 901.5 per 100,000 gonorrhea). DSHS preventive medicine resident physicians consulted with Bell County Health District (HD) staff to assess their community's determinants of health and to formulate strategies to address the disparity in rates of sexually transmitted infections that would be conducive to local culture and budgetary constraints. Results: Analysis of previously successful public health promotions by the Bell County HD found that the local community was most accessible and responsive to social media, which was also the most financially viable option. Conclusion: A Community Health Assessment of Bell County resulted in a proposed intervention to address disparities in (STIs) by promoting sexual health awareness targeted social media ads directed to ZIP codes with the highest rates of transmission.

Knowledge about Crash Risk Factors and Self-Reported Driving Behavior: Exploratory Analysis on Multi-State Teen Driver Survey, Lisa Minjares-Kyle, MHE, Subasish Das, Ph.D., Gabriella Medina, MPA, Russell H. Henk, P.E.

Background: Traffic crashes have been the leading cause of unintentional death for teen (15- to 19-year-old) drivers for many years. Many challenges exist to determine the key risk factors in teen drivers driving behavior, including conventional data sources both prospective and retrospective. Retrospective data sources are conventional structured police reports, which are limited in information to identify risk factors at high levels of analysis. Prospective data like from a survey may add value in the current gap of identifying key risk factors associated with teen driver crashes. Methods a countermeasure developed in 2003 within the state of Texas is the grassroots peer-to-peer safety program for young drivers, Teens in the Driver Seat (TDS). The program utilizes positive peer influence and peer-to-peer education, which has been shown to have significant impacts on high-risk behaviors. This study used a total of 109,266 surveys (from 11 states) distributed through the TDS program for this analysis. Results The state-specific exploratory analysis shows trends of teen driving behavior for different states. Text mining was performed on the manual entries of the perceived top risk factors from the survey respondents. Conclusions The top perceived risk factors varied among male and female teen respondents. A cluster of male respondents more frequently responded with drinking, texting, phone use, speeding, and (lack of) seatbelts as top risks, while female respondents cited drinking, phone use, talking, music, and eating. The findings of the current study should provide significant contributions and insights into the area of teen driver research.

Application of Survival Analysis in the Evaluation of Timeliness of Houston Electronic Disease Surveillance System, Kasimov Muleteer, MPH, Salma Khawaja, Kirstin Short

Between 01/01/2012 - 12/31/2016, 84600 cases were created in Houston Electronic Disease Surveillance System (Maven). Some cases were closed in a short time, whereas some stayed open since case creation. Cases in Maven have complete information on case creation date and closing date, and timeliness is defined by the difference between the two dates. The outcome is right censored and survival analysis is applied to assess timeliness. Over 90% of the cases were closed within 118 days; some cases of non-reportable disease conditions are never closed and excluded from further analysis; both disease group and case volume showed significant effects on timeliness. Timeliness is determined by disease categories and case volume; some cases in Maven are never closed; the surveillance program should implement quality assurance measure to improve case investigation and case management.

Interprofessional Education: Oral Health Education in the Nursing Simulation Lab, Christina Murphey, PhD, RN, Sherdeana Owens, DDS, MPA

Background: The IOMs committees vision for oral health care is to allow quality care across the life cycle. One recommendation was to expand the involvement of all health care professionals in oral health care. Inter-professional education (IPE) and training among dental and non-dental health care professionals will be important for a work-ready collaborative practice team. Goal The goal of this program is to expand the involvement of all health care professionals in oral health care. Interprofessional education (IPE) and training is important for a work-ready collaborative practice team. Understanding the role of the allied health professional and participating in shared activities around oral health are important aspects of IPE allowing nurses and allied health professionals to contribute to team-based care and further the goal of incorporating oral health care into overall care. Method Health Science and Nursing Students from TAMUCC, College of Nursing and Health Sciences, collaborated in the Nursing Simulation Lab to provide oral health education within the confines of the overall patient care experience. Health Science students provided oral health evaluation and education to patients during treatment at the Islander Regional Hospital (simulation lab). Students completed a post experience evaluation and an oral debrief around the inter-professional education session. Results Several Health Science students were selected to participate in this IPE event along with a large team of nursing students. Understanding the role of the allied health professional and participating in shared activities around oral health are important aspects of IPE allowing nurses and allied health professionals to contribute to team-based care and further the goal of incorporating oral health care into overall care. Conclusion Baccalaureate nursing and health science students came together for a shared simulated clinical experience involving oral health issues among medical-surgical patients. This increases the likelihood that students will collaborate and care for

such populations together in their future careers.

Parent's Perception of Adolescents Health in Association with Child Reported Depression Among Mexican American Children 10-14 Years of Age, Omair Muzaffar, MPH, Anna Espinoza, Kimberly G Fulda, Susan F Franks

Background: Depression in children is frequent and represents a challenge to be recognized by both the family and the primary care physician. Many parents are unaware of their childs depression and may not recognize the symptoms, and primary care physicians do not routinely screen for depression in children. Providing a connection between the family, physician, and child to recognize depression is important. Methods: One hundred and forty-four Mexican American children ages 10-14 and a parent/legal guardian participated in a cross-sectional study. Child participants completed depression screening using the child report Childrens Depression Inventory (CDI 2: Self-Report Short Version). Regression analyses were performed. Unadjusted and adjusted odds ratios and 95% confidence intervals were computed. The dependent variable was child report depression screening (average/lower and high average/elevated/very elevated), and the primary independent variable was parent reported perception of the childs health (fair/poor or good/very good/excellent). The adjusted model controlled for family income, marital status of primary care giver, highest grade completed by anyone in the household, child age, and child gender. Results: There were 74 (51.4%) male children, and the mean age was 11.97 (sd=1.45). Thirty (20.80%) of children screened high for depression, and parents reported fair/poor health for 11 (7.6%) of children. Children were more likely to screen high for depression if their parents reported their health as fair/poor [OR=11.85, (95% CI:2.65-53.05)] or if they were female [OR=3.58, (95% CI:1.37-9.35)] in the adjusted model. Conclusion: Parents perception of their childs health is associated with child self screening high for depression. Including a simple question about how a parent rates their childs health could provide clinical utility for primary care physicians.

Assessment of Hospital Perinatal Education Classes and Father Inclusion in Texas, Matthew Myers, BA, MPH Candidate, Zabin Marediya, BS, MA Candidate, Rachel Rana, BA, MPH Candidate, Dorothy Mandell, PhD

Background: Perinatal hospital education classes are the first line of education for new and expecting parents. Oftentimes these classes may not be inclusive of or inviting to fathers, which may contribute to fathers feeling detached during the perinatal period. Such a disconnect has been associated with negative behaviors from expectant fathers and negative developmental outcomes for the baby. This study investigated the availability and characteristics of hospital perinatal education classes in Texas, with special emphasis on whether fathers were encouraged to join classes offered or if father specific classes were offered. Methods: All hospitals in Texas with over 500 births per year were evaluated in this study (n=170). Data was collected from January through March 2017 from hospital websites and phone calls. Descriptive statistics were derived from the data. Results: Results showed that 85% of the hospitals included in the study offered at least one perinatal education class. Only 2.2% of hospitals had father only or father specific classes, and only 11% of classes specifically invited fathers to the class. Conclusions: Hospitals should expand their curriculum of perinatal education classes and reduce barriers of entry to these courses. They should also include more father specific classes or alter their language to be more inclusive of fathers. These considerations can aid in minimizing the disconnect and detachment fathers may feel during the perinatal period. This can be one of the initial steps towards helping fathers feel more included in the perinatal period.

Influence of Technology on Levels of Physical Activity in Preadolescents with Obesity, Syed Hussain Naqvi, Alexandria Posada, M.Ed., Norma Olvera, Ph.D.

Background Physical inactivity is deemed a major factor contributing to the energy imbalance that leads to excess adiposity. Ethnic differences in physical activity levels have also been observed, with Hispanic and African American children showing lower levels of physical activity than their White counterparts. These findings highlight the need to identify risk factors associated with physical activity and inactivity in minority youth. Purpose: The current study sought to investigate demographic and technology factors associated with time spent in sedentary and in moderate to vigorous physical activity (MVPA) among preadolescents with obesity. Methods The sample was comprised of 79 preadolescent girls (Mage = 11.9, SD = 1.5 years) with obesity that were seeking treatment in a healthy lifestyle intervention. Data were obtained at baseline from multiple cohorts. Participants completed demographic and technology questionnaire, took part in adiposity measurements, and wore an Actigraph accelerometer prior to the start of the BOUNCE intervention. Two independent hierarchical regression analyses were employed to assess the contribution of child demographics (e.g., age, ethnicity), abdominal adiposity (e.g. waist circumference), and technology (e.g., TV in bedroom, and usage of said TV) to time spent in sedentary and MVPA. Results The first regression assessed predictors of sedentary behaviour found that older children, those that were African American, and those that reported having a TV in their bedroom were more likely to be sedentary. In contrast, neither child's age, adiposity, nor use of technology predicted MVPA. Conclusions: These findings suggest that removing TVs from bedrooms may be helpful to reduce sedentary time. Future research should aim investigate other possible correlates of both sedentary time and moderate to vigorous physical activity among minority youth Assessing PVST completion rates of infants born to hepatitis B-infected mothers. Purpose: Pregnant women with chronic Hepatitis B Virus (HBV) pose a serious threat to their infants; hence, post-exposure immunoprohylaxis is necessary. Post-Vaccination Serological Testing (PVST) is

also recommended to test these infants' immune response to the hepatitis B vaccine. The Perinatal Hepatitis B Prevention Program (PBHPP) aims to prevent transmission of HBV from infected mothers to babies born in the United States. There is limited knowledge on factors that affect PVST completion among infants managed by the Houston Health Department (HHD). This project aims to assess the PVST completion rates among infants born between January 1, 2015 to December 31, 2015 to HBV-positive mothers managed by HHD. Methods: Infants born in 2015 to HBV infected women, and case-managed by Houston PHBPP were exported. Maternal race/ethnicity was analyzed for infants who were immune to understand if it influenced PVST completion. Results: The Centers for Disease Control recommends PVST for infants born to HBV infected women between the ages of 9-18 months. After analysis of 232 infants case-managed by the program, 64 infants were excluded. Of the 168 infants eligible for PVST, 76% (n=129) have completed PVST: 84.5% (n=109) infants completed PVST within the recommended interval and 15.5% (n=20) completed PVST after 18 months of age. 54.2% (n=70) were Asian/Pacific Islander (API), 29.5% (n=38) were Black Non-Hispanic, 7% (n=9) were White Hispanic, 6.2% (n=8) were White non-Hispanic, and 3.1% (n=4) were of unknown ethnicity. Conclusions: Though the Houston PHBPP PVST completion rates are improving, targeted interventions are needed to focus on increasing the PVST completion rates amongst the API group and Black, NH groups. Further analysis is needed on the 39 infants who have unknown immunity, to fully understand the Houston PHBPP program practices and the factors that affect PVST completion among different racial and ethnic groups.

Assessing PVST Completion Rates of Infants Born to Hepatitis B-Infected Mothers, Dishajoyti Nath, MPH, Essi Havor MSN, RN

Purpose: Pregnant women with chronic Hepatitis B Virus (HBV) pose a serious threat to their infants; hence, post-exposure immunoprohylaxis is necessary. Post-Vaccination Serological Testing (PVST) is also recommended to test these infants' immune response to the hepatitis B vaccine. The Perinatal Hepatitis B Prevention Program (PBHPP) aims to prevent transmission of HBV from infected mothers to babies born in the United States. There is limited knowledge on factors that affect PVST completion among infants managed by the Houston Health Department (HHD). This project aims to assess the PVST completion rates among infants born between January 1, 2015 to December 31, 2015 to HBV-positive mothers managed by HHD. Methods: Infants born in 2015 to HBV infected women, and case-managed by Houston PHBPP were exported. Maternal race/ethnicity was analyzed for infants who were immune to understand if it influenced PVST completion. Results: The Centers for Disease Control recommends PVST for infants born to HBV infected women between the ages of 9-18 months. After analysis of 232 infants case-managed by the program, 64 infants were excluded. Of the 168 infants eligible for PVST, 76% (n=129) have completed PVST: 84.5% (n=109) infants completed PVST within the recommended interval and 15.5% (n=20) completed PVST after 18 months of age. 54.2% (n=70) were Asian/Pacific Islander (API), 29.5% (n=38) were Black Non-Hispanic, 7% (n=9) were White Hispanic, 6.2% (n=8) were White non-Hispanic, and 3.1% (n=4) were of unknown ethnicity. Conclusions: Though the Houston PHBPP PVST completion rates are improving, targeted interventions are needed to focus on increasing the PVST completion rates amongst the API group and Black, NH groups. Further analysis is needed on the 39 infants who have unknown immunity, to fully understand the Houston PHBPP program practices and the factors that affect PVST completion among different racial and ethnic groups.

Interaction Between At-Risk Youth and Law Enforcement May be Useful in Reducing Youth Violence, Vishnu Nepal, MPH, Karlton Harris, Everette B. Penn, PhD, Deborah Banerjee, PhD, Noel Pinnock

Background Houston Health Department (HHD) piloted an 11-week long Teens and Police Service (TAPS) program, which aims to reduce the social distance between at-risk youth and law enforcement. This is accomplished through learning, interaction, and discussion between at-risk youth and the law enforcement personnel who serve their communities. Method HHD collected data (pre and post intervention) from the TAPS academy participants on youth perceptions towards law enforcement, behavioral beliefs, and behaviors that are unfavorable. Paired t-test was conducted to examine changes in perceptions, beliefs, and behaviors, before and after the intervention. Results Preliminary analysis indicates that there were moderate changes in the youth perceptions towards law enforcement and reported behavior, before and after the intervention. However, individual-level beliefs remained unchanged. Conclusion This preliminary analysis indicates TAPS academy curriculum may be useful to shift perceptions towards law enforcement and to impact behavior. Follow-up assessment to examine the retention of impact is recommended.

PrEP Interest & Adoption Among High-Risk Black Women in Milwaukee, WI, Liesl Nydegger, PhD, MPH, Julia Dickson-Gomez, PhD

Background: Black women contract HIV at much higher rates than White and Hispanic/Latina women. Promoting the negotiation of male condom use among women who experience syndemic issues, such as violence against women, substance use, and HIV-risk behaviors, may not always be appropriate and could be dangerous. Female-controlled HIV prevention methods, such as pre-exposure prophylaxis (PrEP), are essential. This study sought to determine Black womens interest in PrEP and facilitators and barriers in adopting PrEP. Methods: This longitudinal, qualitative study included 31 Black women (mean age = 32). Recruitment took place in Milwaukee, WI via community events and participant referral. Eligibility criteria included being at least 18 years old,

recently having had unprotected sex with a man, being HIV-negative, and 1) recently experiencing intimate partner violence, 2) engaging in problematic substance use, or 3) engaging in transactional sex. Data collection took place between July 2016 and April 2017. Semi-structured interview topics included women's living and economic situation, violence experienced, substance use, HIV-risk behaviors, healthcare experiences, and PrEP. Thematic content analysis was used to code interviews. Results: Participants in the study had not heard of PrEP. A majority of participants were interested in being evaluated for or learning more about PrEP. There were numerous structural and syndemic barriers that led to the difficulty of scheduling appointments or adhering to scheduled appointments. Conclusions: PrEP is of interest to this sample of Black women. However, the barriers experienced need to be addressed before PrEP can become a priority in these women's lives.

Perceptions and Behaviors Associated with Hookah Initiation Among Young Adults in the US in 2014-2015, Udoka Obinwa, MPH, Dr. Cheryl Perry, Dr. Adriana Perez

Background: Hookah use is commonly viewed as a safer alternative to cigarette smoking rather than a higher potential health risk. We examined if harm perceptions and use of cigarettes in 2013-2014 are associated with the initiation of hookah use after one year among young adults ages 18 to 24 in the US (2014-2015). Methods: Secondary data analysis of the merged parent/youth and adult data from wave I (2013-2014) and wave II (2014-2015) of the Population Assessment of Tobacco and Health study was carried out. The outcome variable was initiation of hookah use at wave II among non-Hookah users at wave I. The exposure variable measures in 2013-2014 were harm perceptions of hookah relative to cigarettes and ever use of cigarettes, controlling for race/ethnicity and gender at wave I. Logistic regression was used to assess the exposure variables that were significant in predicting hookah initiation. Results: Approximately 60% (N=18,173,287; n=4,426) of young adults ages 18 to 24 had never used hookah at wave I and by wave II, 11.8% (N=2,148,759; n=627) initiated hookah use. Young adults who thought hookah was less harmful than cigarettes were at higher odds of initiating hookah (AOR: 2.75 95% CI: 1.94 to 3.89) than those who thought it was more harmful than cigarettes. Young adults who reported ever user of cigarettes were at higher odds of initiating hookah (AOR: 1.53 to 2.47) than those who had never used cigarettes at wave I. Compared to non-Hispanic Whites, non-Hispanic Blacks and Hispanics were at higher odds of initiating hookah (AOR: 2.11 95 % CI: 1.54 to 2.88 and AOR: 1.74 95 % CI: 1.28 to 2.35, respectively). Conclusion: Young adults need to be properly informed of the dangers of hookah. Public health intervention that addresses this misperception as well as its use with other tobacco products is direly needed.

Reinforced Behavior Change in Text-Message Support for Individuals with Diabetes, Estephanie Olivares, Philip Huang, MD, MPH, Sarah Seidel, DrPH

Background: The Community Diabetes Initiative (CDI) piloted a text-message campaign to reinforce behavior change among African-American and Hispanic individuals with type 2 diabetes participating in diabetes self-management classes led by certified community health workers in Travis County. Methods Participants of the pilot study were graduates of a six-week series on diabetes self-management education taught using the Diabetes Empowerment Education Program (DEEP) curriculum. Graduates were invited to participate in the pilot study and consented to receiving healthy reminders related to diabetes self-management through text-messages. Topics included monitoring, medication, exercise and nutrition, preventing complications and managing stress and depression. Messages were in both English and Spanish. A follow-up meeting was conducted with the pilot group to evaluate use of and satisfaction with the texting program as well as to assess behavior change. Behavior changes, including fruit and vegetable consumption, food measurement, carbohydrate counting, and physical activity were measured using a post-test form (also administered in class 6 of the DEEP class series). Results The pilot group included 11 participants who completed the 6-week DEEP class series and opted-in to receive text-messages. Text-messages were sent to each individual for 4 weeks, twice a week, totaling in 8 messages per individual. Of the 11 participants, 5 attended a focus group at the end of the 4 weeks. All focus group participants emphasized the need for ongoing support following completion of the DEEP classes and either agreed or strongly agreed the text-messages had been helpful in maintaining a healthy lifestyle. All focus group participants reported maintaining at least one behavior change four weeks after class completion. Conclusions The healthy reminders via text-message were well received by the pilot group. General consensus among the group further supports current health literature on mobile outreach being a promising best practice in increasing diabetes awareness and management.

Association Between Diabetic Complications and Frequency of HbA1c Checks in the United States: Analysis of the 2015 Behavior Risk Factors Surveillance System (BRFSS), Helen Orimoloye, MPH, CPH, Sumihiro Suzuki PHD

Abstract Background: HemoglobinA1c levels are considered to be the most significant predictor of good glycemic control. Poor glycemic control leads to diabetic complications due to lack of proper management. There are to our knowledge no studies that have examined the relationships between frequency of HemoglobinA1c monitoring and possible factors that determine adherence to recommended frequency of HemoglobinA1c checks in the United States. The purpose of this cross-sectional study is to examine the relationship between diabetic complications and the frequency of HemoglobinA1c monitoring. Methods: BRFSS data from 2015 were analyzed to estimate the frequency of HemoglobinA1c monitoring in a year. Adherence to recommended frequency of

HemoglobinA1c monitoring in those with diabetic complications was determined. Ordinal logistic regression was used to examine the association between frequency of HemoglobinA1c checks and diabetes complications. Results: People with diabetic complications had higher proportional odds (Adjusted Odds Ratio 1.27; 95% CI = [1.08, 1.50]) of checking HbA1c more times when compared to those without diabetic complications. For individual diabetic complications, those who reported having kidney disease (Adjusted Odds Ratio = 1.23; 95% CI = [1.02, 1.50]), diabetic eye disease (Adjusted Odds Ratio = 1.34; 95% CI = [1.12, 1.60]), and coronary heart disease (Adjusted Odds Ratio =1.25; 95% CI = [1.03, 1.52]), had statistically significant association with increased frequency of HemoglobinA1c checks. Conclusion: Our results suggest that people with diabetes do not adhere to recommended care guidelines until complications develop. Interventions should focus on HemoglobinA1c monitoring prior to complications developing to improve diabetic outcomes.

Racial/Ethnic Disparities and Health Outcomes Following Late HIV Diagnosis: Findings from Enhanced HIV/AIDS Registry System, Max Otiniano, MD, MPH, PhD, Osaro Mgbere, PhD, MS, MPH, Avi Raju, MPH, Yufang Zhang, MD, Hafeez Rehman, MD, MPH, CPH, Salma Khuwaja, MD, MPH, DrPh

Background: Despite multiple testing and prevention initiatives, patients continue to have late HIV diagnoses, especially minorities and marginalized individuals. The objective of this study was to determine the racial/ethnic disparities and risk factors associated with late HIV diagnosis in Houston/Harris County, Texas. Methods: The study population includes individuals who were diagnosed with AIDS within 12 months of their HIV diagnosis. From 2012 through 2016, 1,622 cases were identified from the Enhanced HIV/AIDS Registry System (eHARS). Measures assessed include demographics (age, age groups, gender, race/ethnicity, facility of late HIV diagnosis, and geographic location at diagnosis), behavioral (transmission risk category) and clinical characteristics (opportunistic infections, CD4 count, viral load and death). Data obtained were subjected to both descriptive and inferential statistics using SAS version 9.4 (SAS Institute, Cary, NC, USA). Results: Most patients with Late HIV diagnosis were male (79%), of age group 30-39 years (30%) and Blacks (43%). Diagnoses were more common in outpatient (39%) and inpatient (33%) facilities. Forty two percent of the cases were MSM followed by 40% of not identified and not reported risk factors (40%). Opportunistic infection was more prevalent in Hispanics (51%, p<.0001) than other ethnic groups and those who are foreign-born (39%, p<.0001). Initial and most recent CD4 count was lowest in people aged 50 years and older by 108 and 282 counts respectively (p<.0001). Viral load was highest (139,610.56 copies/ml, p<.0001) among those admitted to inpatient facility. Death was more prevalent in inpatient facility (59%, p<.0001) and among persons >50 years (41%, p<.0001). Conclusions: Findings from our study show that minorities are more at risk of late HIV diagnosis. Hispanics are more likely to develop opportunistic infections. Awareness and prevention efforts should be focused on minorities to ensure continued access to medical care and to encourage adherence to treatment to avoid disease progression.

Improving HPV Vaccination Among Rural Adolescents Using Best Practices, Cherise Rohr-Allegrini, PhD, MPH, Raquel Romero, MD, Deborah Parra-Medina, MPH, PhD, Robyn Corell Carlyle, MPH

Background Despite an incidence of cervical cancer in Texas at 9.2/100,000, HPV immunization rates remain low among Texas teens. For those living outside the major cities, only 35.7% of girls and 17.9% of boys have completed the HPV series. Because parents often look to physicians for recommendations when deciding to immunize, clinician education is critical. Infrequent healthcare visits, missed opportunities for vaccination during urgent care visits, lack of health insurance and/or a usual source of care have been identified as barriers to receiving timely vaccination. Methods The Immunizations Champion model empowers the clinic champion to promote vaccination through patient education and improved clinic systems. To improve adolescent HPV vaccination rates in this underserved, predominantly low-income, Hispanic population, we utilized this model in seven clinics in four rural counties in HSR8. Chart reviews were conducted using the Comprehensive Clinical Assessment Software Application (CoCASA) developed by the CDC. Baseline data was collected for 336 randomly selected patients between the ages of 11 and 17. Results Fifteen patients (4.46%) had initiated the HPV series. Of these, just one eligible patient (0.30%) had completed the three dose series. Three patients (0.89%) had received two doses and 11 patients (3.27%) had received only one dose. After six months, HPV-vaccine initiation nearly doubled to 29 (8.61%). Three patients (0.89%) completed the series, while nine patients (2.67%) received the 2nd dose. Missed opportunities dropped form 7.74% at the start of the project to 2.08%. Conclusions: The efforts of the Immunization Champions have led to an increased uptake of the HPV vaccine in this clinic population. Furthermore, the clinic teams are overcoming missed opportunities by offering the vaccine to patients who come in for other reasons. As the project continues, we expect to see continued increases in HPV vaccination in the second year of the program.

Lubbock Centenarians Beliefs on Factors Affecting Longevity: A Pilot Study Through Interview, Lisa Saa, Catherine Hudson, MS, Gordon Gong, MD, MS, Billy U. Phillips, Jr., PhD

Background: According to the US 2010 census, the number of centenarians has increased by 5.8% from 2000, with 7 male and 28 female centenarians per 100,000 population. Prior literature has explored individual behavior determinants of health, finding a wide variety of responses, as well as biological and genetic social determinants of health. However, studies comparing factors affect-

ing longevity in urban versus rural centenarians have not been conducted. The purpose of this study is to determine centenarians self-perception on longevity. Methods: Inclusion criteria required individuals to be a Lubbock county resident, aged >90 years old, and without dementia. Participants were recruited through word of mouth and local newspaper advertisement. Researchers met with participants in their homes to conduct interviews which consisted of 14 direct questions, and one open ended question. Topics included: most recent residences, earliest memories, most memorable events, hobbies, favorite jobs, lifetime heroes, places where they have been happiest, modern conveniences, attitude changes, physician access, self-perception of longevity, advice to a 20-year-old, and anything left they would like to accomplish. Results: Five males and five females were interviewed, with an average age of 92.4 years. The cohort lived in Lubbock County an average of 48.4 years. Earliest memories included living on a farm (3/10) and family-centered events (3/10). Their most memorable events included serving in or working with the military during WWII (5/10). When asked who were their lifetime heroes, 4/10 stated no one. They were happiest in places where they were with family or surrounded by community (8/10). Lastly, many participants stated they either had nothing left they wanted to accomplish or that they just wanted to live out their days well. Conclusions: Most Lubbock centenarians believe a combination of good genes, diet and exercise, and productive work to do throughout life are contributing factors to their longevity.

How the Hispanic Paradox Affects Pregnancy Outcomes of Women in the Cameron County Hispanic Cohort, Carolyn San Soucie, Isela De La Cerda, MPH, MS, Dr. Susan Fisher-Hoch, MD

The Hispanic Paradox is a trend of better health outcomes amongst Hispanic immigrants than the general population. Although the benefits tend to subside in second- and third-generation Hispanics, immigrant women see similar protective factors associated with their pregnancies and deliveries. We set out to determine if birthplace and place of upbringing affect pregnancy outcomes. We hypothesized that Mexican immigrants have better pregnancy outcomes than Mexican-Americans who were born and raised in the United States. This study was conducted using data from the Cameron County Hispanic Cohort (CCHC), a population-based cohort study of Mexican-Americans in Cameron County started in 2003. Participants were randomly selected from homes in the county, and then examined to collect socioeconomic, clinical, and biological factors. Women were administered a survey regarding obstetrical parameters. An initial statistical analysis was conducted in SAS 9.4, while a secondary analysis was conducted in R. Chi-squared tests were conducted to analyze differences in pregnancy outcomes. Odds ratios were calculated to determine strength of association. Women who were born and raised in Mexico were 1.27 times as likely to have vaginal births than women who were born and raised in the United States. Women born and raised in Mexico were also 2.44 times as likely to breastfeed their children than women born and raised in the US. Interestingly, Mexican immigrants were less likely to have more than ten prenatal visits they had an odds ratio of 0.29 when compared to women born and raised in the US. Our analysis highlighted variations in obstetric parameters and pregnancy outcomes in the two groups of Hispanic women living in Cameron County. Although immigrants went to fewer prenatal visits, they had higher rates of vaginal births and breastfeeding, which are both seen as positively influencing delivery and child rearing.

Texas Dentists Knowledge, Attitudes, and Behaviors on Perinatal and Infant Oral Health Care 2017, Rhonda Stokley, DDS, Keisha Jones, RDH

Background: Research shows that good oral health is critical to the health of a pregnant woman and her unborn child, as well as being a crucial part of growth and development for the infant. Texas Pregnancy Risk Assessment Monitoring System (PRAMS) reflects that a high percentage of pregnant women are not accessing dental care and treatment during pregnancy. It is essential to identify potential barriers that may prevent pregnant women from accessing dental services. Texas Basic Screening Survey (BSS) for Children data indicates greater need for early preventive efforts, and infancy is the ideal time to begin. There are many possible reasons for the low number of women who had their teeth cleaned during pregnancy and many reasons why young children end up with tooth decay. The attitude and practices of dentists regarding pregnant women and infants could be a potential barrier. The purpose of this survey of Texas dentists is to establish baseline data on their feelings towards dental care for pregnant women and infants. Method: The Department of State Health Services Oral Health Surveillance Program (OHSP) is currently surveying the knowledge, attitudes, and behaviors of Texas dentists on the provision of oral health care to pregnant women and infants. The OHSP is distributing an electronic survey to all Texas licensed dentists and previously licensed Texas dentists that are eligible to renew licensure in Texas. Results: The survey results will be analyzed November-December 2017. OHSP will look for associations between responses regarding behaviors towards pregnant and infant patients and other factors including number of years out of school, if they are Medicaid providers, etc. Conclusion: Understanding the barriers of receiving dental treatment among pregnant women and infants is a step in positively influencing birth outcomes and reducing the number of children experiencing early childhood caries in Texas.

Qualitative Findings from Employers and Mothers Participating in Infant-at-Work Programs, Riley Stoltenburg, BS, Cristell Perez, MPH, Alma Carver, MS, Courtney Byrd-Williams, PhD

Background: To increase employee retention and morale, some businesses in the U.S. offer Infant-at-Work programs that allow

parents to bring their babies to work. Returning to work is a frequently cited reason for women not meeting their breastfeeding goals. Infant-at-work programs provide mothers access to their baby during the day, which can enable breastfeeding. Such programs can also reduce childcare costs and decrease sick days for mother and child. Some employers may be wary of implementing infant-at-work programs due to fear of decreased productivity and safety or liability concerns, but the employee morale, health, and cost-saving benefits may outweigh the potential costs. The studys aim was to understand the perceptions and experiences of employees and employers participating in infant-at-work programs. Methods: We conducted semi-structured interviews with employers and mothers participating in current programs through purposeful sampling. After identifying four employers with current infant-at-work programs from both the public and private sector, we conducted and recorded four phone interviews with mothers and program supervisors. The interviews were transcribed and analyzed to identify themes about successes and challenges of infant-at-work programs. Results: Generally, employees felt favorably about the infant-at-work programs. A theme among all employers was a low risk associated with having infants at the workplace. Additionally, setting an infant age limit of up to 6 months proved to be the most logistically sound. Mothers reported having their infant accessible at work led them to be able to meet, and sometimes exceed, their breastfeeding goals. Although one mother reported decreased work output, there was self-reported improvement in the quality and consistency of her work. Supervisors reported that employees may feel motivated to perform better to prove the worth of infant-at-work programs. Conclusion: Qualitative interviews with mothers and employers participating in infant-at-work programs show such programs can be perceived

The National Black Leadership Initiative on Cancer Experience: A Practicum in Community Engagement and Programming to Impact Cancer Health Disparities, Chardria Trotter, MPH, MBA, Thaddeus Miller, DrPH, MPH, Cassandra Harris, MS, MCHES

The National Black Leadership Initiative on Cancer (NBLIC)-Houston is an outreach initiative dedicated to reducing the prevalence and impact of cancer through culturally tailored educational programs among African Americans (AA) in the Greater Houston area. A consortium of pivotal leaders and stakeholders who volunteer their time and efforts collaborate at the community and organization levels to address cancer awareness, cancer risk reduction, and cancer research. NBLIC-Houston takes an active role in reducing cancer health disparities by focusing programs on four leading cancers, breast and cervical, prostate, lung, and colorectal. With AAs being disproportionately affected by cancer more than any other racial group, NBLIC-Houston has an essential role to identify needs and utilize resources to reduce the cancer burden. This practicum involved understanding NBLIC-Houston programs by planning and implementing two novel, educational events intended to educate AAs about health disparities, health equity, and health policy. Other efforts to expand programs involved coordinating meetings and building capacity, such as creating event promotional materials, garnering relationships with community partners, and solidifying communication with various media groups. NBLIC-Houston programs provide an opportunity to engage and understand community needs, be flexible to address community needs, utilize extended resources to advance programs, and deliver culturally relevant health education material. NBLIC-Houston programs serves as a pivotal example to other similar outreach organizations in reducing cancer health disparities in the AA community. Programming helps improve health outcomes, which can ultimately bridge the gap in health disparities.

She's Healthy and Empowered: A Promising Approach to Womens Wellness, Elizabeth Velarde, B.S., Katherine Cantu Anguiano, MPH, CPH, CHES, Emily Spence-Almaguer, MSW, PhD

Background: The SHE Tribe program was developed through a community-based participatory research (CBPR) approach. The result was a model that aims to improve healthy lifestyles of women through the use of supportive social networks. The SHE Tribe model encourages participants to make meaningful behavior changes as they progress through five program gatherings. Each gathering encourages participants to set individual goals, do the actions needed to achieve those goals, and reflect on factors that aid or hinder the successful completion of those goals. Methods: SHE Tribe participants complete pre and post assessments via computerized software, providing participants with custom feedback and reflection prompts based on their responses. Results were calculated and shared with participants using five domains: me (general behaviors and wellbeing), mind (mental health), matter (what you put into your body), move (physical activity), and meet (relationships and support). Program staff monitored change scores among each Tribe, and further investigated pilot results by calculating composite scores within the domains. Results: The SHE Tribe program is a promising approach to improving participant health behaviors. Pilot results show the majority of participants made improvements in all five domains. Building upon the emphasis that even small changes improve health, the first pilot tribe made a 10% or greater improvement in two domains on average. Composite scores provided a more detailed, individualized picture of health for each participant. Most participants made improvements in some aspect of their health. Conclusions: It is important to recognize the importance of small behavior changes as a positive accomplishment for those seeking to improve their health. By providing women with support through their own peers and with easy to accomplish small steps, this peer-led program promotes intrinsic motivation to make healthy choices for life.

Localization of the Virulence Regulator AtxA in Bacillus Anthracis Cells, Joaquin Villegas, MD

Bacillus anthracis is a spore-forming Gram-positive bacterium that resides in soil but can cause anthrax disease upon entry into mammal hosts. The anthrax toxin proteins are critical virulence factors of the bacterium. Transcription of the toxin genes requires the trans-acting regulator AtxA (anthrax toxin activator). Ongoing studies of AtxA function suggest that protein activity is controlled by the phosphoenolpyruvate: carbohydrate phosphotransferase system (PTS), a system used by many bacteria for sugar uptake. The central amino acid sequence of AtxA is comprised of putative PTS-regulatory domains that are thought to be phosphorylated by the PTS. The carboxy-terminal region of AtxA shows amino acid sequence similarity to protein EIIB. EIIB is a component of the PTS that is well-studied in the non-pathogen B. subtilis. EIIB in B. subtilis and other bacteria is membrane-associated, and part of the sugar permease complex. I hypothesized that AtxA associates with the membrane via its EIIB domain. I investigated the localization of AtxA using direct fluorescence microscopy and immunofluorescence microscopy. To asses AtxA localization, I constructed a B. anthracis strain carrying a recombinant gene encoding a green fluorescent protein (GFP)-tagged AtxA. Unfortunately, AtxA activity assays showed that the GFP-AtxA protein was inactive. Also, the recombinant protein formed inclusion bodies within cells. I also attempted to detect His- and Flag-tagged AtxA proteins using immunofluorescence microscopy. However, the fluorescence of cells expressing these proteins was indistinguishable from background fluorescence. In future studies, we will use anti-AtxA antibody and/or try an alternative imaging protocol.

An Exploration of Service Providers Perception of Vulnerability Among Individuals Experiencing Homelessness, Elizabeth Wachira, PhD

Those experiencing homelessness (IEHs) are more likely to have more; more health issues, unmet health needs, and higher occurrences of excess morbidity and mortality. They also have less control over manageable chronic health conditions, and are three to four times more likely to die prematurely than their housed counterparts. The causes of these health disparities are deeply rooted in the social context surrounding everyday life, where the interplay of various identity factors determines ones vulnerability. Vulnerability represents the multiplicity and convergence of risk factors inherently tied to individuals marginalized identities and lived experiences. Therefore, in order to comprehensively understand the pathways leading to health disparities, a deeper understanding of the social context of vulnerability as a determinant of health is needed. Research well supports how injustices amongst IEHs occur in their interactions with others, and from their perspectives. Insight from service providers (SPs) is needed to understanding how vulnerability among IEHs manifests in the lived context, specifically the service provision setting. The goal of this study was to understand how vulnerability manifests in the lived context by allowing study participants the opportunity to tell their story. Through interviews and digital storytelling, this study proposed to understand service providers perception of vulnerability as experienced by IEHs. The data collected included 8 ethnographic participant observations, 7 semi- structured interviews and 5 digital stories and reflection interviews. This data was analyzed using standard content analysis and constant comparison to construct themes pertaining to interactions between SPs and IEHs, and how vulnerability manifests in the service provision context. Three themes emerged from the data, focused on the navigating IEHs and SPs have to do in the service and lived context. These include navigating the meaning of time, navigating the system and navigating change.

San Antonio Expands Vaccination Interventions for Homeless Population to Increase Vaccination Rates, Kenya Wilson, Master of Arts, Anita Kurian, MBBS, MPH, DrPH, Pamela Williams

Background: Making vaccines available and accessible to slightly over 2,700 homeless men and women in San Antonio, Texas is a critical public health issue. The San Antonio Metropolitan Health District Immunization program (Metro Health) recognized the need to prevent disease epidemics by providing timely affordable vaccinations to resolve further disability to the vulnerable population. Low immunization rates combined with risk factors and barriers to accessing health care leave the homeless at risk of acquiring diseases, which are vaccine preventable. Optimizing immunization rates for this population is critical to prevent diseases and health outcomes. Methods: One of the most successful public health interventions, immunization has greatly reduced the incidence of communicable diseases. Metro Health began an effort in 2016 to increase accessibility to affordable age-appropriate immunization services for the homeless population through partnerships with Prospects Courtyard and Church Under the Bridge which are local organizations that support the needs and well-being of the at-risk population. Monthly mobile immunization clinics were set up on-site providing free age appropriate vaccinations to patients. Patients completed immunization registry forms to preserve vaccination histories in the local and state registry systems. Vaccine Information Statements in English and Spanish produced by CDC were provided to explain the benefits and risks of vaccines offered. Results: The homeless population benefited from ease of access to affordable vaccinations. 378 vaccinations were administered to 156 patients. Providing vaccinations free of charge through a partnership with the Texas Department of State Health Services Adult Safety Net program for uninsured adults will sustain the project. Conclusions: Delivering vaccines to hard-to-reach populations has always been a challenge. Metro Health found a way to eliminate barriers to immunization to meet this challenge decreasing incidence of disease while improving the health and wellness of homeless persons leading toward improved health, employment opportunities, and restoring the chance to live more productive lives.

Trend in Passive Smoke Exposure and Association Between Serum Cotinine Level and Asthma in US Children Aged 3-12 Years: NHANES 2003-2012, Xiao Zhang, MPH, MD, Xiaohui Xu, PhD, Genny Carrillo

Background Passive tobacco smoke is one of the main environmental risk factors for respiratory diseases (e.g. asthma) among children. However, few studies were conducted to evaluate the trend of passive tobacco smoke exposure level from home and non-home sources among children overtime after the implementation of worldwide and statewide tobacco control policies. Besides, studies using direct exposure assessment methods to evaluate the effect of passive tobacco smoke among children were limited. Methods A cross-sectional study was conducted using National Health and Nutrition Examination Survey (NHANES) data from 2003-2012 (n = 7509). Serum cotinine level, asthma status, and demographic information of children aged 3-12 years were extracted from the NHANES data. Multiple linear regression analyses were performed to evaluate the trend of serum cotinine levels from home and non-home sources across survey cycles. Multiple logistic regression models were used to investigate the association between serum cotinine levels and asthma in children. Results Biannual change in log(cotinine) comparing later to earlier survey cycle was -0.063 ($p = 0.065$) among children with smoker(s) in home and -0.130 ($p < 0.001$) among children without, after adjusting for age, sex, race and family income/poverty ratio. The adjusted odds ratio (OR) for asthma associated with one unit increase in log(cotinine) was 1.08 (95% confidence interval (CI): 1.02-1.14). Conclusion Using direct exposure assessment methods, we found a positive association between passive smoke exposure and asthma in children aged 3-12 years. Serum cotinine levels were decreasing among children aged 3-12 years with non-home source passive tobacco smoke exposure, indicating an effective tobacco-free policy in public places since 2003. Effective smoking cessation interventions in communities are still needed to reduce home-source second-hand smoke exposure and related adverse respiratory outcomes in children.

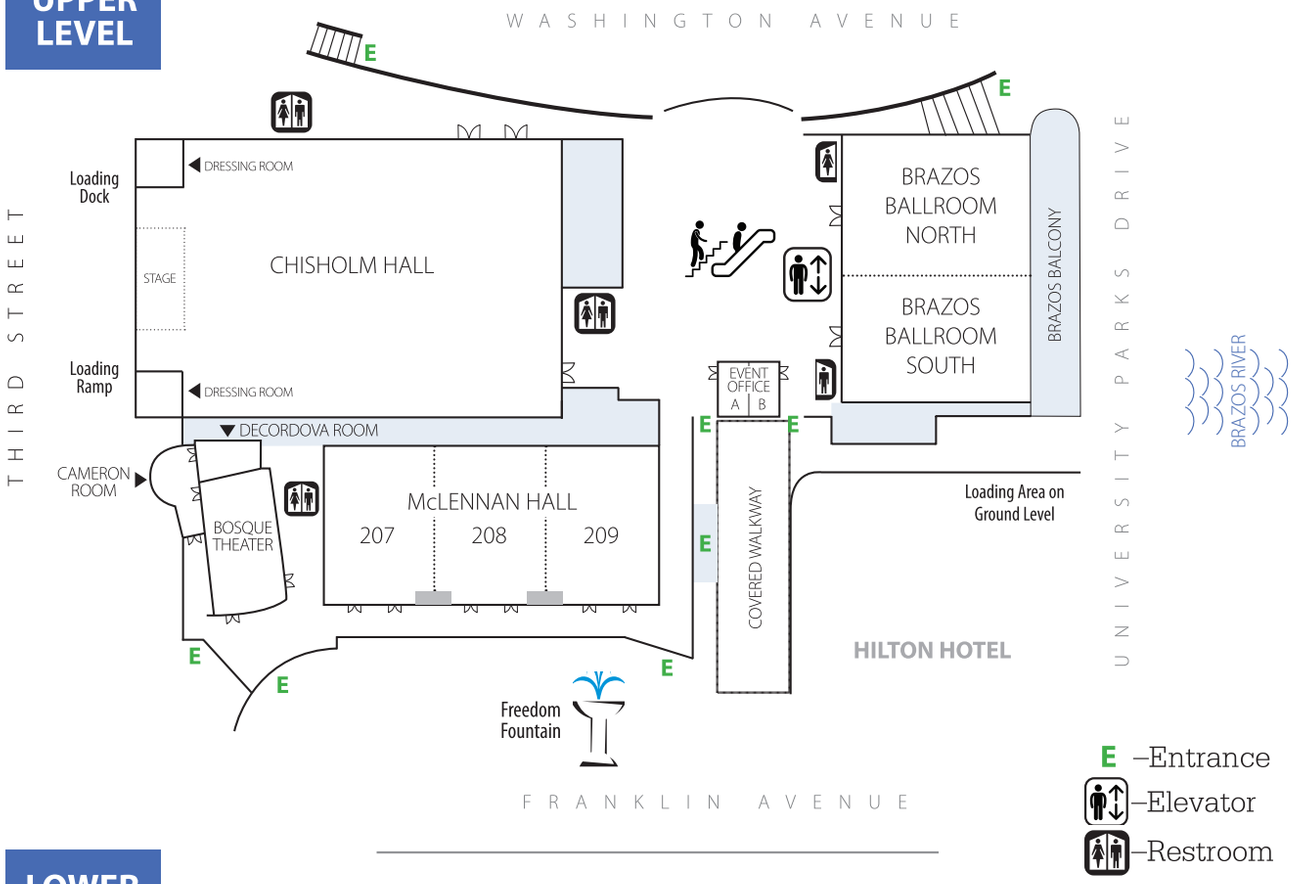
NOTES

LEADING THE WAY TO A HEALTHY TEXAS

NOTES

LEADING THE WAY TO A HEALTHY TEXAS

UPPER LEVEL

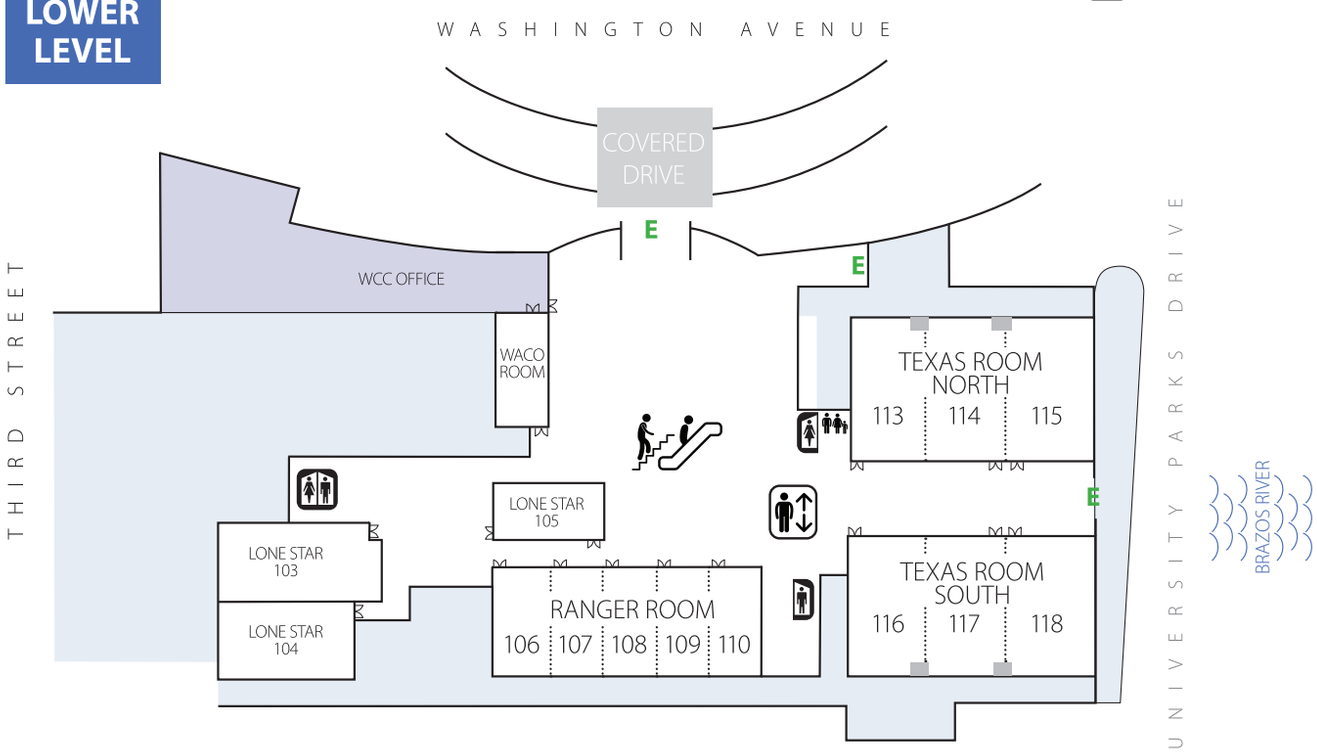


E –Entrance

–Elevator

–Restroom

LOWER LEVEL



A virtual tour of the Waco Convention Center is available at WacoCC.com.