TENAS PUBLIC HEALTH ASSOCIATION
96TH ANNUAL EDUCATION CONFERENCE
MARCH 30 - APRIL 1, 2020

Cancelled

2020 VISION:
PUBLIC HEALTH IN FOCUS

TPHA
TEXAS PUBLIC HEALTH ASSOCIATION
TPHA 96th Annual Education Conference is hosted by the Texas Department of State Health Services-Public Health Region 2/3, Texas Health, University of North Texas Health Science Center-School of Public Health, Dallas County Health and Human Services and Tarrant County Public Health

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REGISTRATION
Open all three days of the conference beginning Monday, March 30th at 7AM; registration will be located at the Hotel Lobby.

CONTINUING EDUCATION
Successful completion of this continuing education activity requires that you do the following:
• Complete registration and sign in sheet
• Attend entire educational activity
• Participate in education activities
• Complete the attendance sheet and turn it in to the CE volunteer at the registration table
• Complete the online (survey monkey) evaluation within 1 week of the conference

EXHIBITS, POSTER PRESENTATIONS & SILENT AUCTION will be located in the Foyer/Irving I-III

KEY EVENTS, DATES & TIMES:
• MONDAY, MARCH 30TH
  05:15 PM - 06:30 PM: Grand Opening
• TUESDAY, MARCH 31ST
  07:30 AM - 08:15 AM: Continental Breakfast
  12:15 PM - 01:15 PM: Light lunch w/Exhibitors
  03:45 PM - 04:15 PM: Break w/refreshments
• WEDNESDAY, APRIL 1ST
  07:30 AM -0 8:15 AM: Continental Breakfast

BREAKOUT SESSIONS AND MOBILE WORKSHOPS
This year choose from 28 breakout sessions & 1 mobile workshop.

SECTION BUSINESS MEETINGS The section business meetings will be held Tuesday from 5:30 PM – 6:00 PM. If you are new to TPHA and want to learn more about how to get involved in YOUR section, please come to your section business meeting. If you’ve been a member, take this opportunity to welcome a new member and let them know how to become more involved.

HEALTH WALK
Please join other attendees for an early morning walk before the conference day begins at 6:30 AM on Tuesday and Wednesday mornings. Meet at the Hotel lobby entrance.

SILENT AUCTION
TPHA members and participants in the conference have donated items to the silent auction. Please stop by the auction tables in the exhibit area to do some “shopping”. Bidding ends on Tuesday, March 31st at 5:15 PM. All items must be picked up at the registration desk no later than 11:00 AM on Wednesday, April 1st.

FELLOWS PROJECT
Every year the TPHA Fellows coordinate a donation drive at our conference to support a local non-profit or community program. To celebrate 2020 and this year’s conference theme of 2020 Vision: Public Health in Focus, the TPHA Fellows are holding an eyeglasses drive! Bring new or used (no broken frames or glass, please) eyeglasses, reading glasses, and sunglasses to the conference with you. We will donate them to the local Lion's Club. We will also accept monetary donations for the Lion's Club.

STAY CONNECTED
Wi-Fi is complimentary and is available through the hotel in three areas.
1. Guest room: If you are staying at the hotel you are in your guest room you would select “Marriott Guest,” enter last name and room number.
2. Lobby: In the hotel lobby you would select “Marriott Lobby.” No additional information is required.
3. Meeting Rooms: In the meeting rooms you would select “Marriott Conference” and enter the following password TXPHA2020 to connect to the password protected Wi-Fi.
Welcome to the Texas Public Health Association’s 96th Annual Education Conference!

In light of this being 2020, the motto for this year’s conference is “2020 Vision: Public Health in Focus.” We are all very pleased that you could join us to celebrate the impact of a focused public health workforce! The theme of the conference is on how each of us “focus” on the specific initiatives that combine to provide for the health of a diverse public. It is not only the purpose of this conference to share the various innovations and successes that are taking place in Texas but also to recognize and acknowledge the hard work that each of you do that contribute to these successes. I hope that the various conference activities will help us see how sharing and celebrating our efforts together will help all of us leave with a clearer sight of how we can ultimately help each other achieve our goals and visions. Especially as we find ourselves staring at yet another public health emergency and response!

Although there are numerous activities throughout the conference, we’d like to focus the attention of the attendees to several specific events. On Monday night please try to attend the Grand Opening of Exhibits, Posters & Silent Auction in the Foyer and Irving I-III and the Hospitality/Game Night at the Crosswinds. In addition to talking with exhibitors and poster presenters (and bidding on some excellent auction items), there will be snacks and beverages to help us keep sight of the celebratory aspect of our 96th annual conference!

On Tuesday, there will be a Health Walk at 6:30 AM to help everyone see their way clearly through the rest of the day! The walk will also help develop an appetite for a lite lunch with Exhibitors (all are invited to attend) in the Foyer and Irving I-III areas. There will also be an offsite mobile breakout session to Old Town Coppell in addition to twenty other breakout sessions from which to choose! That evening, there will be another Hospitality/Game Night at the Crosswinds so that everyone can see each other in a festive, informal environment, have fun, make new friends and perhaps network a bit.

The final day of the conference, Wednesday, there will be an Awards Luncheon in Grand Salons E and F with a presentation by Peter Stout, PhD, F-ABFT, (American Board of Forensic Toxicology-Fellow) President and CEO of the Houston Forensic Science Center. During Dr. Stout’s presentation “Drug Trends: A Lab Perspective”, he will share his unique view into not only the types of drugs that are hitting the street in one of the country’s largest cities, but also the challenges to effectively dealing with the newest threats.

Although many of you will likely be ready to return home after lunch and the presentation, please consider sticking around for a while and help plan next year’s conference so we can continue to keep sight of the issue important to our attendees.

We hope you will enjoy the conference, learn new strategies, meet new colleagues, share your expertise and share recent projects, research, and outreach activities. Remember, each of the various sections will be hosting meetings before the day’s sessions get underway. We hope you will see your way clear to attending your section’s meetings and catch up on their activities and explore ways that you can get involved to help further the section goals.

We are very excited to present this conference to you, the public health professional of Texas! There are myriad presentations covering a broad array of and current issues and relevant topics. In keeping with the focus of the conference, we look forward to seeing the achievements of our members and cultivating networks to share their expertise. Most of all, we hope you all benefit from this conference, have a good time, meet new friends, learn new things, enjoy yourselves and take in the sights of the DFW area. As always, thank you for all you do! We’re very glad to see you!
Dear Public Health Partners-

We are thrilled to welcome you to Texas Public Health Association’s 96th Annual Educational Conference!

Texas Department of State Health Services (DSHS) role, in partnership with you, is to promote and protect the health of people and the communities where they live, learn, work, worship and play. We understand no single entity working by itself can improve the health of all across Texas. Therefore, our goal is to work together with you to create a better system that includes prevention, intervention, and effective partnerships.

On a daily basis, individuals across the great state of Texas are putting into action the essential public health services locally, nationally and globally. A recent example is the coordinated response to COVID-19.

It is our hope this year’s conference will provide you evidence-informed practices that you are able to implement in your local community to continue to improve the health of Texans as we work towards meeting the goals and objectives of Healthy People 2030.

In Good Health,

Joel Massey, MD, MPH Becky Earlie-Royer, PhD, MPH, CHES
Regional Medical Director Deputy Regional Director
DSHS Public Health Region 2/3 DSHS Public Health Region 2/3
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<thead>
<tr>
<th>Time</th>
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<th>Location</th>
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<tr>
<td>07:00 AM</td>
<td>Registration Open</td>
<td>Hotel Lobby</td>
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<tr>
<td>08:00 AM</td>
<td>Health Authority Workshop 2020</td>
<td>Salons G-J</td>
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<td>09:00 AM</td>
<td>Community Coalition</td>
<td>Hackathon Grapevine/Grand Prairie</td>
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<tr>
<td>09:00 AM</td>
<td>Workshop 1 <em>Bridges out of Poverty</em></td>
<td>Las Colinas I &amp; II</td>
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<tr>
<td>09:00 AM</td>
<td>Workshop 2 <em>Active Shooter Response and Stop the Bleed Course</em></td>
<td>Salons A-D</td>
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<tr>
<td>11:30 AM</td>
<td>Governing Council Members’ Meeting</td>
<td>Valley Ranch</td>
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<tr>
<td>11:30 AM</td>
<td>Local Health Official Meeting</td>
<td>Salons G-J</td>
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<tr>
<td>01:00 PM</td>
<td>Opening Session Plenary</td>
<td>1 <em>State of the State and Healthy People: Objectives and Data for Monitoring the Nation’s Health</em></td>
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<tr>
<td>03:45 PM</td>
<td>Stretch break</td>
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<tr>
<td>04:00 PM</td>
<td>Plenary Session 2 <em>One Health in Action</em></td>
<td>Salon E/F</td>
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<tr>
<td>05:15 PM</td>
<td>Grand Opening of Exhibits, Posters &amp; Silent Auction</td>
<td>Foyer and Irving I-III</td>
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<tr>
<td>09:00 PM</td>
<td><strong>Free evening</strong></td>
<td>Visit DFW on your own / Hospitality Room (all invited)-Crosswinds</td>
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<tr>
<td>06:30 AM</td>
<td>Health Walk</td>
<td>Meet in Hotel Lobby</td>
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<tr>
<td>07:00 AM</td>
<td>Registration Open</td>
<td>Hotel Lobby</td>
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<tr>
<td>07:30 AM</td>
<td>Continental Breakfast in Exhibit/Poster Area</td>
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<tr>
<td>08:30 AM</td>
<td>Plenary Session 3 <em>Responsibility of Health Systems to Upstream Care</em></td>
<td>Salon E/F</td>
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<tr>
<td>10:00 AM</td>
<td>Breakout Session-Mobile OFFSITE Workshop #1 <em>Old Town Coppell</em></td>
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<tr>
<td>10:00 AM</td>
<td>Breakout Sessions 1, 2, 3, &amp; 4</td>
<td><em>Salon E, Salon F, Salons G-J, Salons A-D</em></td>
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<tr>
<td>11:00 AM</td>
<td>Session Change/Break</td>
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<tr>
<td>11:15 PM</td>
<td>Breakout Sessions 5, 6, 7, &amp; 8</td>
<td><em>Salon E, Salon F, Salons G-J, Salons A-D</em></td>
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<tr>
<td>12:15 PM</td>
<td>Light Lunch with Exhibitors</td>
<td>Foyer and Irving I-III</td>
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<tr>
<td>12:15 PM</td>
<td>Past Presidents and Fellows Luncheon (invitation only)</td>
<td>Crosswinds</td>
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<tr>
<td>01:30 PM</td>
<td>Breakout Sessions 9, 10, 11, &amp; 12</td>
<td><em>Salon E, Salon F, Salons G-J, Salons A-D</em></td>
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<td>02:30 PM</td>
<td>Session Change/Break</td>
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<tr>
<td>02:45 PM</td>
<td>Breakout Sessions 13, 14, 15 &amp; 16</td>
<td><em>Salon E, Salon F, Salons G-J, Salons A-D</em></td>
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<tr>
<td>03:45 PM</td>
<td>Break and visit Exhibits and Posters</td>
<td>Foyer and Irving I-III</td>
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<tr>
<td>04:15 PM</td>
<td>Breakout Sessions 17, 18, 19 &amp; 20</td>
<td><em>Salon E, Salon F, Salons G-J, Salons A-D</em></td>
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<tr>
<td>05:30 PM</td>
<td>Section Business Meetings</td>
<td>Salon E/F</td>
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<tr>
<td>05:30 PM</td>
<td>Executive Board Meeting (incoming)</td>
<td>Valley Ranch</td>
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<tr>
<td>09:00 PM</td>
<td><strong>Free evening</strong></td>
<td>Visit DFW on your own / Hospitality Room (all invited)-Crosswinds</td>
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<tr>
<td>06:30 AM</td>
<td>Health Walk</td>
<td>Meet in Hotel Lobby</td>
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<tr>
<td>07:30 AM</td>
<td>Registration Open-Continuing Education Paperwork turn-in, Pick up Silent Auction</td>
<td>Hotel Lobby</td>
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<tr>
<td>07:30 AM</td>
<td>Continental breakfast in Exhibit/Poster area</td>
<td>Foyer and Irving I-III</td>
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<tr>
<td>08:30 AM</td>
<td>Breakout Sessions 21, 22, 23 &amp; 24</td>
<td><em>Salon E, F, Salons G-J, Salons A-D</em></td>
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<tr>
<td>09:30 AM</td>
<td>Break (check out of hotel rooms)</td>
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<tr>
<td>10:00 AM</td>
<td>Breakout Sessions 25, 26, 27, &amp; 28</td>
<td><em>Salon E, Salon F, Salons G-J, Salons A-D</em></td>
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<tr>
<td>11:35 AM</td>
<td>Closing Session Plenary</td>
<td>Drug Trends: A Lab Perspective</td>
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<td>&amp; Awards Luncheon</td>
<td>Grand Salon E/F</td>
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<td>2:00 pm-3:00 pm</td>
<td>2021 Program Planning Committee Meeting</td>
<td>Valley Ranch</td>
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DAY ONE – MARCH 30th

07:00 AM - 05:00 PM  
REGISTRATION OPEN  
HOTEL LOBBY

08:00 AM - 11:00 AM  
HEALTH AUTHORITY WORKSHOP 2020  
SALONS G-J

Welcome and Introductions:  David Gruber, Associate Commissioner, DSHS
Moderator:  Carlos Plasencia, MD, MSPH, DSHS PHR 6/5S
Allison Winnike, JD, The Immunization Partnership
Paul Grunenwald, DVM, MS, DSHS, DSHS PHR 6/5S
Kirstin Short, MPH, Houston Health Department
Rashea Banks, MPH, CD(DONA), DSHS PHR 6/5S
David Blocker, MD, MPH, FAsMA, Hood County Health Authority
Jana Winberg, MD, Hardin County Health Authority

09:00 AM-11:00 AM  
COMMUNITY COALITION HACKATHON  
GRAPEVINE/GRAND PRAIRIE
(Sponsored by the TPHA Student Section)
Melissa Oden, DHEd, LMSW, IPR, MPH, CHES, Assistant Professor & Public Health Program Director, Tarleton State University

09:00 AM-11:00 AM  
WORKSHOP 1: BRIDGES OUT OF POVERTY  
LAS COLINAS I & II
Moderator:  Susannah Bird, DSHS PHR 2/3
Christina Fulsom, East Texas Human Needs Network

09:00 AM-11:00 AM  
WORKSHOP 2: ACTIVE SHOOTER RESPONSE-WHAT YOU CAN DO  
SALONS A-D
Moderator:  Ashley Rodriguez, Baylor Scott and White
Jeff Murray, CPP, Region VI, North Texas, Cybersecurity & Infrastructure Security Agency
STOP THE BLEED COURSE - AMERICAN COLLEGE OF SURGEONS,
Karen Mynar, BSN, RN, CEN, Baylor University Medical Center

11:30 AM-12:30 PM  
GOVERNING COUNCIL MEMBERS’ MEETING  
VALLEY RANCH

11:30 AM-12:30 PM  
LOCAL HEALTH OFFICIAL MEETING  
SALONS G-J

01:00 PM-03:45 PM  
OPENING SESSION PLENARY 1  
BALLROOM E/F
Welcome Remarks
- Witold Migala, PhD, MPH, CBCP, TPHA President
- Joel Massey, MD, Regional Medical Director, DSHS PHR 2/3

State of the State Address,
Lara Lamprecht, DrPH, Assistant Deputy Commissioner, DSHS
Healthy People:  Objectives and Data for Monitoring the Nation’s Health,
Irma Arispe, PhD, Centers for Disease Control and Prevention

03:45 PM-04:00 PM  
STRETCH BREAK

04:00 PM-05:00 PM  
PLENARY 2  
BALLROOM E/F
Moderator:  Shelley Stonecipher, DVM, MPH, DACVPM, DSHS PHR 2/3
One Health in Action: Applying One Health to Protect Health
Caitlin Cossaboom, DVM, PhD, MPH, Veterinary Epidemiologist,
Viral Special Pathogens Branch, Centers for Disease Control & Prevention

05:15 PM-06:30 PM  
GRAND OPENING OF EXHIBITS, POSTERS & SILENT AUCTION  
FOYER/IRVING I-III

09:00 PM-11:00 PM  
HOSPITALITY/GAME NIGHT  
CROSSWINDS
Free evening visit DFW on your own
Public Health is Complex.
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▲ Effortless Reporting

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# Day Two – March 31st

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<tr>
<td>6:30 AM-7:00 AM</td>
<td><strong>Health Walk</strong></td>
<td><strong>Meet in Hotel Lobby</strong></td>
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<td>07:00 AM - 05:00 PM</td>
<td><strong>Registration Open</strong></td>
<td><strong>Hotel Lobby</strong></td>
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<tr>
<td>07:30 AM - 08:15 AM</td>
<td><strong>Continental Breakfast in Exhibit/Poster Area</strong></td>
<td><strong>Foyer &amp; Irving I-III</strong></td>
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<tr>
<td>08:30 AM - 09:30 AM</td>
<td><strong>Plenary 3 Responsibility of Health Systems to Upstream Care</strong></td>
<td><strong>Salon E/F</strong></td>
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<td><strong>Moderator:</strong> Cindy Sayler, MPH, BSN, DSHS PHR 2/3</td>
<td>Barclay Berdan, President &amp; CEO Texas Health Resources</td>
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<tr>
<td>09:30 AM - 09:45 AM</td>
<td><strong>Stretch Break</strong></td>
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<td>10:00 AM - 12:00 PM</td>
<td><strong>Breakout Session-Mobile Offsite Workshop #1</strong></td>
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<td><strong>Moderator:</strong> Melissa Oden, Tarleton State University</td>
<td><strong>Old Town Coppell</strong>, Matthew Steer, AICP, LEED®Green Associate, City of Coppell</td>
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<td>(meet at front entrance of the hotel at 9:45 am)</td>
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<td>10:00 AM - 11:00 AM</td>
<td><strong>Breakout Sessions 1, 2, 3, &amp; 4</strong></td>
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<td><strong>Breakout 1</strong></td>
<td><strong>Epidemiology</strong></td>
<td><strong>Salon E</strong></td>
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<td><strong>Moderator:</strong> Carol Davis</td>
<td>Still there as far as I can see</td>
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<tr>
<td><strong>Breakout 2</strong></td>
<td><strong>Health Education</strong></td>
<td><strong>Salon F</strong></td>
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<tr>
<td><strong>Moderator:</strong> Becca Hurliman</td>
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<td><strong>Breakout 3</strong></td>
<td><strong>Vision Care</strong></td>
<td><strong>Salon G-J</strong></td>
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<td><strong>Moderator:</strong> Pat Segu</td>
<td>Still there as far as I can see</td>
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<td><strong>Breakout 4</strong></td>
<td><strong>Administration</strong></td>
<td><strong>Salon A-D</strong></td>
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<td><strong>Moderator:</strong> Kaye Reynolds</td>
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<td><strong>Session Change &amp; Break</strong></td>
<td>Still there as far as I can see</td>
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DAY TWO – CONTINUED

11:15 AM - 12:15 PM  BREAKOUT SESSIONS 5, 6, 7, & 8

**BREAKOUT 5  EPIDEMIOLOGY**

**SALON E**

**Moderator:** Cathy Troisi

Enhancing Influenza-Like-Illness Surveillance along the US-Mexico Border, David Torres, MPH, CPH, Epidemiologist, Texas Department of State Health Services


Flu Vaccine Coverage Among High-Risk Subgroups in Texas, Lakshmi Sahini, MBBS, MPH, Epidemiologist, Texas Department of State Health Services

**BREAKOUT 6  HEALTH EDUCATION**

**SALON F**

**Moderator:** Jason Rosenfeld

The Underrepresented Voice in the HPV Vaccination Discourse: Perspective from Ghanaian Healthcare Providers, Cassandra Millan, BS, Graduate Research Assistant, Baylor University

Substance Abuse/Misuse in 16 County North Texas Region, Scott Wells, MPH, RN, CPH, Mental Health First Aid Coordinator, The Dallas-Fort Worth Hospital Council Foundation; and Sushma Sharma, PhD, Director of Public Health and Population Health, The Dallas-Fort Worth Hospital Council Foundation

Community Support, Resilience, and HIV Prevention among Black and Latina Women in Travis County, Texas, Sania Zia, BSA, Student, The University of Texas at Austin

**BREAKOUT 7  ORAL HEALTH**

**SALON G-J**

**Moderator:** Chelsea Rychener

Increasing Access to Oral Health Care for Underserved Patients in Dallas through Community Clinics, Karl Veasey, DDS, MM, Clinical Assistant Professor, Texas A & M University College of Dentistry

Texas Tooth Steps (TTS) – Texas Oral Health Coalition’s perinatal oral health program, Sherdeana Owens, DDS, MPA, Health Science Coordinator, College of Nursing and Health Sciences, Texas A & M University, Corpus Christi

Examining the Effects of Community Water Fluoridation at the CDC Recommended Levels, Shea Roy, Graduate Research Assistant, Centers for Community Health Development, Texas A & M Health Science Center and Cody Price, Assistant, Texas Health Institute

**BREAKOUT 8  ADMINISTRATION**

**SALON A-D**

**Moderator:** Jennifer Smith

Family Caregivers of Children with Special Healthcare Needs: Perceptions of Social and Services Supports, Joselyn Payan, Student, The University of Texas at Arlington

Healthy Food Availability in Lower-Income Tarrant County Zip Codes, Racquel Owino, Student Research Assistant, The University of Texas at Arlington

12:15 PM - 01:15 PM  LIGHT LUNCH WITH EXHIBITORS

All are invited to attend

FOYER AND IRVING I-III

12:15 PM - 01:15 PM  PAST PRESIDENTS & FELLOWS LUNCHEON (invitation only)

CROSSWINDS

*Congratulations to our new Fellow members Maram Museitif & Lisette Osborne*
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<th>SESSIONS</th>
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<tr>
<td>01:30 PM - 02:30 PM</td>
<td>BREAKOUT SESSIONS 9, 10, 11 &amp; 12</td>
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<tr>
<td></td>
<td><strong>BREAKOUT 9</strong></td>
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<td><strong>EPIDEMIOLOGY</strong></td>
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<td><strong>SALON E</strong></td>
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<td><em>Moderator: Kim Rahebi</em></td>
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<td>Congenital Syphilis in Texas and Missed Opportunities for Prevention, 2017-2018, Anna Sirugo, Graduate Research Assistant/Masters Student, University of North Carolina-Chapel Hill; and Kacy Russell, MPH, Epidemiologist, TB/HIV/STD Section, STD Surveillance, Texas Department of State Health Services</td>
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<td>Increase in Syphilis Among Women in Texas, Jessica Romano, MPH, Epidemiologist, STD Surveillance Group, Texas Department of State Health Services</td>
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<td>Neurosyphilis: Diagnostic and Classification Challenges in Texas, Jessica Romano, MPH, Epidemiologist, STD Surveillance Group, Texas Department of State Health Services</td>
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<td><strong>BREAKOUT 10</strong></td>
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<td><strong>HEALTH EDUCATION</strong></td>
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<td><strong>SALON F</strong></td>
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<td><em>Moderator: Becca Hurliman</em></td>
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<td></td>
<td>Evaluating the Impact and Efficacy of the Dallas County First Offender Program in a Systematic Literature Review, Kelsey Craker, CHES, Graduate Research Assistant, UTHealth</td>
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<td>A Qualitative Exploration of Intimate Partner violence, Sexual Assault, and &quot;Blaming the Victim&quot;: The Role of Social Support and Resources among Low-Income Women of Color, Liesl Nydegger, PhD, MPH, CHES, Assistant Professor, The University of Texas at Austin</td>
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<td><strong>BREAKOUT 11</strong></td>
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<td><strong>PUBLIC HEALTH NURSING</strong></td>
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<td><strong>SALONS G-J</strong></td>
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<td><em>Moderator: Debra Seamans</em></td>
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<td>Implementation of a School-Based Telehealth Program for Asthma Care Among Ethnically Diverse Students, Stormee Williams, MD, Vice President and Medical Director, Network Development and Innovation, Children’s Health System Texas</td>
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<td>2019 Correctional Facility Mumps Outbreak, Jerry Gloria, BSN-RN, Epidemiology Public Health Nurse, City of San Antonio Metropolitan Health District</td>
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<td><strong>BREAKOUT 12</strong></td>
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<td><strong>ENVIRONMENTAL &amp; CONSUMER HEALTH</strong></td>
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<td><strong>SALONS A-D</strong></td>
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<td><em>Moderator: Julia Butler</em></td>
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<td>Prevalence of Smoking and Second-Hand Smoke among HIV infected persons, in Brazil, Juliana Boyle, BS, Graduate Assistant, The University of Texas at Tyler</td>
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<td>Addressing food insecurity and lack of access to healthy foods in relation to HIV and Substance Use Disorder risk and outcomes in a U.S.-Mexico Border Community, Thenral Mangadu, MD, MPH, PhD, Associate Professor, The University of Texas at El Paso; and Joy D. Leos, BS, CHES, Health Training and Promotions Manager, City of El Paso Department of Public Health</td>
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<tr>
<td>02:30 PM - 02:45 PM</td>
<td>SESSION CHANGE/BREAK</td>
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DAYS TWO – CONTINUED

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<thead>
<tr>
<th>Time</th>
<th>Session Description</th>
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<tbody>
<tr>
<td>02:45 PM - 03:45 PM</td>
<td>BREAKOUT SESSIONS 13, 14, 15 &amp; 16</td>
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<tr>
<td><strong>BREAKOUT 13</strong></td>
<td><strong>EPIDEMIOLOGY</strong></td>
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<tr>
<td>Salon E</td>
<td>Moderator: Catherine Cooksley</td>
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<td></td>
<td>Systemic Review of Maternal Diabetes and Childhood Cancers, Natalie Archer, PhD, Senior Scientist, Texas Department of State Health Services</td>
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<td>Association Between Increased Hospitalization Rates and Pregnancy-Related Adverse Health Outcomes Following Hurricane Harvey, Ifrah Chaudhary, MPH, Epidemiologist/Arbovirus Coordinator, Houston Health Department</td>
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<tr>
<td><strong>BREAKOUT 14</strong></td>
<td><strong>COMMUNITY HEALTH WORKER</strong></td>
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<tr>
<td>Salon F</td>
<td>Moderator: Angelica Ortiz</td>
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<td>Supporting the CHW Workforce through Community-based Engagement Projects, Denise A. Hernandez, MPH, CHWI, President, Board of Directors, DFW-CHW Association</td>
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<td>Office of Border Public Health PHR 9/10 conducts an Environmental Scan of CHWs Training Needs, Daniela Marquez-Reyes, MPH, CHES, CHWI, Public Health Prevention Specialist, Office of Border Public Health, Texas Department of State Health Services</td>
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<td>The Role of Community Health Workers in a Community Needs Assessment, Lucy Cabrera-Conner, MPH, CHWI, Program Manager, Texas A &amp; M University Health Science Center</td>
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<td><strong>BREAKOUT 15</strong></td>
<td><strong>TPHA</strong></td>
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<td>Moderator: Jennifer Smith</td>
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<td>Public Health Advocacy Training, Jennifer Smith, MSPH, Chair, TPHA Policy and Advocacy Committee; and Cathy Troisi, MS, PhD, Associate Professor, Management, Policy and Community Health and Epidemiology, UTHealth Science Center Houston, School of Public Health</td>
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<td><strong>BREAKOUT 16</strong></td>
<td><strong>ENVIRONMENTAL &amp; CONSUMER HEALTH</strong></td>
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<td>Moderator: Kim Rahebi</td>
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<td>Varying attractants in the Biogent Sentinel (BG) trap to determine arbovirus disease risks in selected areas in Harris County, Maximea Vigilant, DrPH, Surveillance Epidemiologist, Mosquito and Vector Control Division, Harris County Public Health</td>
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<td>Surveillance of Organophosphate Pesticide Workers; Lessons Learned from “Tick Eradicators” in Texas, Dalia Nessim, MD, MPH, PhD, Assistant Professor, Occupational Health Sciences, UT Health Science Center, Tyler</td>
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03:45 PM - 04:15 PM  BREAK & VISIT EXHIBITS AND POSTERS  FOYER AND IRVING III
**DAY TWO – CONTINUED**

**04:15 PM - 05:15 PM**  **BREAKOUT SESSIONS 17, 18, 19, & 20**

<table>
<thead>
<tr>
<th>BREAKOUT 17</th>
<th>BREAKOUT 18</th>
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<td>STUDENT COMPETITION</td>
<td>COMMUNITY HEALTH WORKER</td>
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<td>SALON E</td>
<td>SALON F</td>
<td>SALONS G-J</td>
<td>SALONS A-D</td>
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**05:30 PM - 06:00 PM**  **SECTION BUSINESS MEETINGS**

Meet with TPHA Section Members as they discuss plans and activities for the coming year. (Look for the table with the name sign of the section you are currently a member of or are interested in joining)

- Administration & Management
- Aging
- Community Health Worker
- Environmental & Consumer Health
- Epidemiology
- Health Education
- Oral Health
- Public Health Nursing
- Student
- Vision Care

**05:30 PM - 06:30 PM**  **TPHA EXECUTIVE BOARD MEETING (INCOMING)**

**09:00 PM - 11:00 PM**  **HOSPITALITY/GAME NIGHT (ALL INVITED)**
Public Health EHR

A fully-integrated solution designed to meet your clinical, administrative and billing needs.

- Enable effective monitoring and surveillance
- Support improved decision-making
- Leverage established connections to state HIEs and Tuberculosis workflows specific to Texas

We are proud to provide the only public health solution participating in the Digital Bridge Project: electronic case reporting (eCR) to MDSS, making secure data available instantly.
## DAY THREE - APRIL 1st

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<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
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<tr>
<td>06:30 AM - 07:00 AM</td>
<td>HEALTH WALK</td>
<td>MEET IN HOTEL LOBBY</td>
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<td>07:30 AM - 02:00 PM</td>
<td>REGISTRATION OPEN</td>
<td>HOTEL LOBBY</td>
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<tr>
<td>07:30 AM - 08:15 AM</td>
<td>CONTINENTAL BREAKFAST IN EXHIBIT/POSTER AREA</td>
<td>FOYER &amp; IRVING I-III</td>
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<tr>
<td>08:30 AM - 09:30 AM</td>
<td>BREAKOUT SESSIONS 21, 22, 23, &amp; 24</td>
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<td><strong>Salon E</strong></td>
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<td><strong>Salons G-J</strong></td>
<td><strong>Salons A-D</strong></td>
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<td>Moderator: Maram Museitif</td>
<td>Moderator: Jason Rosenfeld</td>
<td>Moderator: Lynette Williams</td>
<td>Moderator: Jennifer Smith</td>
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### Breakout 21: Epidemiology
- Primary Amebic Meningoencephalitis in a Ten-Year-Old Child with Exposure to a Freshwater Source, Lenae Warner, Epidemiologist II, Texas Department of State Health Services
- Implementing Social Determinants of Health Screening and Referral Processes in Pediatric Healthcare Settings Serving Medically Complex Patients: Lessons Learned, Katelyn Jetelina, MPH, PhD, Assistant Professor, University of Texas Health Science Center, and Patricia Rodriguez, MD, FAAC, Children’s Health

### Breakout 22: Health Education
- "It’s not about me, it’s about my kids": Strength-Based Approach to PrEP Interventions for Black and Latina Mothers, Heran Kidane, BS, Teaching Assistant, Steve Hicks School of Social Work, The University of Texas at Austin, Project Manager, College of Education, Gender Health Equity Lab
- Strategies to address Sexual and Domestic Violence in a minority serving US-Border campus and community through a Coordinated Community Response: Long term outcomes, Thenral Mangadu, MD, MPH, PhD, Associate Professor, The University of Texas at El Paso

### Breakout 23: Public Health Nursing
- A Coordinated Approach to Creating Asthma-Friendly Schools, Kaleigh Becker, MPH, Program Evaluator, Texas Department of State Health Services
- Gratitude, systems of beliefs, coping mechanisms and suicidal ideations: Does sexual orientation matter? Ami R. Moore, PhD, MPH, CPH, Associate Professor/Public Health Undergraduate Program Coordinator, University of North Texas

### Breakout 24: Administration
- Evaluation of Emergency Preparedness Information on Local Websites in Cameron County, Dawid Wladyka, PhD, Assistant Professor, The University of Texas Rio Grande Valley
- Public Health Informatics Methods for Improving Public Health Information Systems, Cassandra Yoder, MHIHIM, Informatics Epidemiologist, Tarrant County Public Health
- Dissemination and Implementations of Evidence Based Programs: Practice Based Evidence from the Asthma 411 Initiative, 2003-2019, Leslie Allsopp, MSN, MPH, PhD (candidate), Project Manager Asthma 411/SaferCare Texas, University of North Texas Health Science Center

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<th>Time</th>
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<tr>
<td>09:30 AM - 09:45 AM</td>
<td>BREAK (CHECKOUT OF HOTEL ROOMS)</td>
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TEXAS PUBLIC HEALTH ASSOCIATION’S 96TH ANNUAL EDUCATIONAL CONFERENCE
DAY THREE - APRIL 1st

10:00 AM-11:00 AM  BREAKOUT SESSIONS 25, 26, 27 & 28

BREAKOUT 25  EPIDEMIOLOGY
SALON E
Moderator: Kim Rahebi

Data Linkage Between EMS and Trauma Registry Records with Crash Records, Haruna Miyakado, MS, Epidemiologist III/Epidemiology Team Lead, Texas Department of State Health Services

Perceptions Surrounding Utilization of Mental Health Services Among Enforcement Officers at a Large, Urban Police Department, Rebecca Molsberry, MPH, Graduate Research Assistant-Doctoral, UTHealth Science Center at Houston (Dallas Campus)

BREAKOUT 26  HEALTH EDUCATION
SALON F
Moderator: Laura Feghali

Development, Implementation, and Assessment of the Area Health Education Center (AHEC) Scholars Program in East Texas, Caley A. Satterfield, EdD, Director, Texas Area Health Education Center (AHEC) East and Global Health Education, Adjunct Assistant Professor, Division of General Medicine, Department of Internal Medicine, University of Texas Medical Branch

Healthcare Experiences: A Viewpoint from Young Adult Minorities, Derek Cegelka, PhD, MPH, CHES, Assistant Professor, Stephen F. Austin State University

The Level-UP Curriculum-Based Public Health Workforce: Impact of Service Learning Projects in Undergraduate Public Health Courses, Elizabeth Wachira, PhD, MPH, BSN, Assistant Professor, Texas A & M University-Commerce

BREAKOUT 27  AGING
SALONS G-J
Moderator: Catherine Cooksley

Assessing Community Perceptions and Needs: Community Forum for Alzheimer’s disease and Related Dementias, Roslin Jose, MBBS, Center for Geriatrics Intern, Research Assistant, Cancer Immunology Lab, University of North Texas Health Science Center

Substance Abuse and Mental Health in North Texas Adults Over 60 Years of Age, Subi Gandhi, PhD, MPH, Assistant Professor, Tarleton State University

BREAKOUT 28  ADMINISTRATION
SALONS A-D
Moderator: Jennifer Smith

Improved Vector Surveillance Workflows with Automated Lab Result Delivery, Michelle Markham, MS, GIS Analyst, Tarrant County Public Health

Healthier HOU - Revitalizing Health Education Services in Houston, Texas for a modern audience, Guilmate Pierre, MPH, CHES, Administration Manager, Houston Health Department

Treating Tuberculosis in Texas: Collaborations Between the Texas Center for Infectious Disease and Local Health Departments, Jessica Gutierrez-Rodriguez, BSEE, MSMOT, Hospital Administrator/Superintendent Texas Department of State Health Services, Texas Center for Infectious Disease

11:30 AM - 01:30 PM  PLENARY 4 LUNCHEON & CLOSING

GRAND BALLROOM E/F

Moderator: Witold Migala, PhD, MPH, CBCP, TPHA President

Drug Trends: A Lab Perspective
Peter Stout, PhD, F-ABFT, President & CEO Houston Forensic Science Center

Presentation of Awards and Recognitions by Dr. Witold Migala
- Immediate Past President Recognition
- Legislator of the Year
- Ron J. Anderson Thinking Progressively for Health Award
- TPHA Outstanding Service Award
- President’s Award

Transfer of Gavel & Introduction of Raouf Arafat, MD, MPH, TPHA President 2020-2021

02:00 PM - 03:00 PM  2021 PROGRAM PLANNING COMMITTEE MEETING

VALLEY RANCH

Chaired by Dr. Raouf Arafat, Incoming TPHA President
At Texas Health, delivering care on your terms is as important to us as it is to you. So, we listen, to understand what you want from your health care partner. And provide innovative programs and services for the people in the communities we serve. Care centered around you is what we’re all about. And we’re just getting started. When it comes to your health and well-being, Texas Health is right there with you.

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UNT HEALTH SCIENCE CENTER
SCHOOL OF PUBLIC HEALTH

ASPPH
CEPH ACCREDITED
Baylor College of Medicine - Cynthia Deverson, cynthia.deverson@bcm.edu
The Texas FIMRSH is based on the FIMR Methodology, which was created by the CDC and CityMatch. It involves case review and community action to review adverse events which impacted a mother living with HIV and/or syphilis and their families, in order to identify changes needed to a system of services. FIMRSH is comprised of clinicians (ob/pedi ID), RNs, social workers, epidemiologists from City of Houston and State of TX, case linkage workers, laboratory staff, corrections department staff, nursing, medical, and public health students, etc. The Case Review Team identifies barriers that have impacted maternal access to health care during pregnancy for women infected with syphilis or HIV. The nature of the Community Action Team meeting is designed to identify opportunities for action to improve the overall health outcomes within the community. Many barriers have been identified some of which will involve matters of values and beliefs or concern cultural variables.

Dallas County Health & Human Services (SILVER LEVEL) - Marisa Gonzales, megonzales@dallascounty.org
DCHHHS will have information about all of its programs as well as information on public health issues such as COVID-19, WNV, ZIKV, Flu. Provide give-a-ways such as hand sanitizer.

Dynavax, Natalie Taylor, ntaylor@dynavax.com
Dynavax is a commercial-stage biopharmaceutical company. Our FDA-approved Hepatitis B vaccine is the only two-dose hepatitis vaccine for adults that completes the series in 1 month. It is the first approved hepatitis B vaccine in over 25 years and received a unanimous recommendation from the Advisory Committee on Immunization Practice.

Netsmart (SILVER LEVEL) - Sam Humphrey, kstalnaker@ntst.com
Netsmart designs, builds and delivers electronic health records (EHRs), health information exchanges (HIEs), analytics and telehealth solutions and services that are powerful, intuitive and easy-to-use. Our platform provides accurate, up-to-date information that is easily accessible to care team members. We make the complex simple and personalized so our clients can concentrate on what they do best: provide services and treatment that support whole-person care.

Patagonia Health (SILVER LEVEL), Robert Delk, robert@patagoniahealth.com
Patagonia Health is a living software designed specifically to meet the complex needs of Public and Behavioral Health organizations. The federally-certified, easy-to-learn solution includes an integrated EHR, Practice Management and Billing software. The company’s mission is to provide a combination of software and services allowing customers to provide care that puts their clients first.

ReCept Healthcare Service (SILVER LEVEL) - Michelle Sexton, Lstanko@receptrx.com
ReCept Healthcare Services is the nation’s leader in pharmacy services, pharmacy management and has extensive experience managing 340B pharmacies on behalf of its hospital and FQHC clients. ReCept Pharmacy partners with health care providers and their patients to effectively navigate the complexities associated with medication management for chronic diseases. ReCept has a rich tradition of delivering personalized patient care within the communities it has served for over 40 years. Our team possesses benchmark strengths that offer practice-based approach to drive positive outcomes through adherence monitoring, screening, education and support. At ReCept, we strive to remove the barriers to medication therapy.
SaferCare Texas (SILVER LEVEL) - Katie Shanklin, katie.shanklin@unthsc.edu
SaferCare Texas is the patient safety division at UNT Health Science Center. Our mission is to challenge traditional thinking to eliminate preventable harm. We empower current and future health care professionals and our community through patient safety education and awareness. We focus on a variety of nontraditional patient-safety areas including health literacy and asthma.

Texas AHEC East - Program Office (SILVER LEVEL) - Lycia Champagne, lcchampa@utmb.edu
AHEC Scholars is a two-year program for health professions students. The program provides scholars with the opportunity to enhance their educational experience in rural and underserved areas while providing networking and interprofessional experiences.

Texas Department of State Health Services- Public Health Region 2/3 (PLATINUM LEVEL)
Our Mission: To improve the health, safety, and well-being of Texans through good stewardship of public resources, and a focus on core public health functions.

Texas Department of State Health Services - Oral Health Improvement Program - Brittany Akl, RDH, BSDH, MSHS, dental@dshs.texas.gov
Come learn about the Oral Health Improvement Program’s initiatives at their exhibit table. Speak with a program specialist about various program activities and oral health data in Texas.

Texas Health Resources (PLATINUM LEVEL) - Tauane Araujo Cruz, tauanearaujocruz@texashealth.org
Come learn about Texas Health’s Community Health Improvement initiatives at their exhibit table. Speak with a team member regarding their community-based initiatives, grant investments and partnership efforts towards upstream care.

Texas Public Health Association - Terri Pali, txpha@aol.com
TPHA welcomes you to the 2020 TPHA Annual Education Conference!

UNT Health Science Center (GOLD LEVEL) - School of Public Health - Matt Nolan Adrignola, mAtt.adrignola@unthsc.edu
The School of Public Health at the University of North Texas Health Science Center offers the Master of Public Health (MPH) degree in an online format. The program is specifically designed for working-adult students who are looking to advance their career with the foundations of public health along with management and leadership competencies. The MPH Online is accelerated, convenient, and flexible. For more information: https://www.unthsc.edu/school-of-public-health/.

US Army Dallas Medical Recruiting Station - Jacqueline Graf, jacqueline.l.graf@mail.mil
The US Army Dallas Medical Recruiting Station is responsible for recruiting high quality healthcare professionals into the US Army and US Army Reserve Medical Department to provide evidenced based care to Soldiers and their families in world class training and healthcare facilities. The Army Medical Department has numerous career and educational opportunities that can’t be matched in the civilian sector.
UT Health School of Biomedical Informatics - Jeanette Broshears, Jaime.N.Hargrave@uth.tmc.edu
The University of Texas School of Biomedical Informatics at Houston, is the only free-standing school in the nation dedicated exclusively to graduate programs in biomedical informatics; offering graduate certificates, masters and doctoral degrees. Our newly created Doctorate of Health Informatics is the first applied terminal degree in this specialized area of study. SBMI’s mission is to educate future scientists and professionals in biomedical informatics and health information technology. Transforming Data to Power Human Health™ is our vision - an inspiration for all of us to lead the future of health and healthcare.

UT Health Science Center at Tyler - Sarah Lang, Sarah.Lang@uthct.edu
The University of Texas Health Science Center at Tyler is home to three graduate programs in Biotechnology, Public Health, and Health Administration. It also houses the NIOSH funded Southwest Center for Agricultural Health, Injury Prevention & Education serving a five-state region conducting programs designed to reduce occupational injuries among agricultural workers.

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How to prevent the spread of COVID-19

- **Wash hands** often for 20 seconds and encourage others to do the same.
- **If no soap and water available, use hand sanitizer with at least 60% alcohol.**
- **Cover coughs and sneezes with a tissue, then throw the tissue away.**
- **Avoid touching** your eyes, nose, and mouth with unwashed hands.
- **Disinfect surfaces**, buttons, handles, knobs and other places touched often.
- **Avoid close contact** with people who are sick.

For updates and more information, visit dshs.texas.gov/coronavirus
**Breakout Session Abstracts**

**Dissemination and Implementations of Evidence Based Programs: Practice Based Evidence from the Asthma 411 Initiative, 2003-2019**, Leslie Allsopp, MSN, MPH, Sterling, David A , PhD, CIH, ROH, FAIHA, Spence, Emily MSW, PhD

**Background** Dissemination and Implementation (D&I) Science seeks to close the gap between research and practice. The goal of D&I is to facilitate the application of health research findings to improve population health. The National Institutes of Health identify D&I as a strategic priority. There is a recognized need for increased engagement of public health professionals in the D&I field, and practice-based evidence. The Consolidated Framework for Implementation Research (CFIR) is a widely-used, trans-theoretical, and pragmatic tool to identify barriers and facilitators of EBP D&I. The Expert Recommendations for Implementing Change (ERIC) were developed to define D&I strategies. These were recently adapted to promote health EBPs in school environments through the School Implementation Strategies, Translating Eric Project (SISTER). Asthma 411 is a school-health EBP developed in Missouri between 2003-2008, piloted in North Texas from 2013-2015, and currently adopted by ten Independent School Districts. The goal of Asthma 411 is to improve health outcomes for children with asthma. **Methods** We identify four phases of Asthma 411 between 2003-2019: 1) EBP development, implementation, and evaluation, 2) dissemination and adaptation, 3) decision to adopt, 4) expansion and sustainment. We apply the CFIR to identify salient barriers and facilitators across these four phases. SISTER strategies will be linked constructs to barriers and facilitators within each phase. **Results** The following constructs are salient across the four phases of Asthma 411: relative advantage, adaptability, quality of evidence, compatibility, champions, and available resources. The role of these and other constructs varied across the four D&I phases. Refinement of the analysis and incorporation of the SISTER strategies is ongoing. **Conclusion** Application of the CFIR constructs and SISTER strategies to the 15-year experience of Asthma 411 may provide valuable practice-based evidence with applicability to a range of community and school health initiatives. Limitations and next steps will be included.

**A Coordinated Approach to Creating Asthma-Friendly Schools**, Kaleigh Becker, MPH

**Background** In the United States, asthma is a leading childhood chronic illness and a major cause of student absences. As such, it is imperative for the public health, education and health care sectors to collaborate to strengthen asthma management policies, programs and services within the school setting. **Methods** The Texas Department of State Health Services (DSHS) implemented a pilot project from November 2014- November 2016 to improve asthma management in Education Service Center Region 2 (ESC-2). ESC-2 served as a liaison between DSHS and local educational agencies (LEAs) to provide asthma management training and improve asthma management policies/procedures (P/Ps) by using evidence-based public health strategies. DSHS conducted a process and outcome evaluation of the pilot project in 2019, utilizing data from program notes and annual performance reports. In addition, DSHS followed-up with participating LEAs (n=8) to request copies of their asthma management P/Ps, which were used to determine if the LEAs adopted asthma management P/Ps in the two and a half years after the pilot project period. **Results** Evaluation results showed that DSHS, ECS-2, LEAs and local stakeholders collaborated to kick start system-level changes to improve asthma management within the region. Asthma management education was provided to over 1,000 individuals through a networking session, workshops and professional development training. Four of eight participating LEAs adopted at least one asthma management P/P. The evaluation identifies challenges and barriers LEAs experienced, including staff turnover and a short implementation timeline. **Conclusion** These results will inform future asthma management efforts in Texas.

**Prevalence of Smoking and Second Hand Smoke among HIV infected persons, in Brazil**, Julianna Boyle, BS, Natalia Pereira Caldeira, Elucir Gir, Lilian Fleck Reinato, William Sorensen

**Background** Research shows that HIV infected persons who smoke, survive 12.3 fewer years (compared to smokers without HIV) to 20.9 fewer years (compared to non-smokers without HIV). In Brazil, 0.6% of the population are people living with HIV, twice the HIV prevalence in the U.S. We assessed if second-hand smoke is
pervasive in environments surrounding people with HIV, in Brazil, and if sexual orientation is associated with either smoking or second-hand smoke environments. **Methods** We convenience sampled 205 HIV infected individuals from a public ambulatory clinic, in Ribeiro Preto Brazil. Permission was granted by the Universidade de Sao Paulo in May 2018, and trained HIV care nurses conducted the interviews including questions regarding smoking behavior, HIV experience, and demographics. **Results** Thirty-nine percent (n=80) of participants currently smoked tobacco. Significant determinants included work status (more likely to be unemployed or work informally), education (lower education level), and ethnicity. Sexual orientation had no association with smoking status. Smokers smoked on average 21 years, and started smoking, on average, at 16 years of age. Nearly half (45%) claimed they want to quit within a month, and majority of smokers (58.4%) were sometimes or often around second-hand smoke in their home. About half (48.8%) were around someone else who smoked, at least daily. **Conclusion** Smoking prevalence is high in HIV-infected persons in Brazil (39%). On average, they have smoked for decades, and start as early as adolescence. About half want to quit without delay. This smoking proportion is about twice the smoking rates seen in the general Brazilian population (19% - 25%), similar to the U.S. experience with HIV individuals. Our first aim was confirmed: HIV infected persons are surrounded by second-hand smoke. Our second aim, however, was not supported. Comprehensive attention is needed for HIV infected persons who smoke to help them successfully quit.

**The Role of Community Health Workers in a Community Needs Assessment**, Lucy Cabrera-Conner, MPH, CHWI, Maria Perez-Patron, PhD, Maria Roque, MPH, Cruselva Pena, MPH, Genny Carrillo, MD, ScD, Brandie Taylor, PhD

**Background** Community health workers (CHWs) are trusted members who have a close understanding of the communities they serve and are front line public health workers. CHWs are community leaders and are the bridge that connect the underserved to health services by facilitating access to those services. CHWs also increase health knowledge through outreach, education and advocacy. CHWs have vast knowledge about community needs which makes them a great asset when conducting focus groups for community needs assessments. This study aims to gather information from CHWs working in rural areas to conduct a community needs assessment on gestational diabetes (GDM) knowledge and what type of knowledge they are aware the community has. **Methods** The data for the community needs assessment on gestational diabetes was obtained by conducting a focus group with 8 community health workers. The focus group discussion was conducted in Spanish using a semi-structured interview guide focusing on four main topics which were GDM knowledge, physical activity, nutrition, and access to health care. **Results** We found general lack of knowledge and misunderstanding on GDM and found that some of the beliefs in the community regarding the management of diabetes include a preference for herbal remedies instead of prescribed medication and fear of using injectable insulin during pregnancy when prescribed for mothers with GDM. We also found out about myths that people in the community strongly believe in regarding the development of diabetes, which is getting diabetes from a â€œsustoâ€ or a scare. **Conclusion** With proper training on gestational diabetes tailored to community health workers, can increase the knowledge of gestational diabetes, nutrition and physical activity as well as importance of pre-natal care in the vulnerable populations they serve.

**Treating Tuberculosis in Texas: Collaborations Between the Texas Center for Infectious Disease and Local Health Departments**, Yolanda Cantu, MPH, Anthony Palomo

**Background** Founded in 1953 and now the only tuberculosis (TB) specialty care hospital in the United States, The Texas Center for Infectious Disease (TCID) treats the most complex of TB patients: those with multidrug-resistant TB (MDR_TB) and those with drug-sensitive TB who are experiencing complications with therapy. Patients who are unable or unwilling to seek care in the community because of lengthy treatment durations are also treated. TCID is also the state designated hospital for court-ordered (quarantined) TB treatment required when patient non-adherence with treatment is determined to be a threat to public health or safety. In 2018, 9,025 cases of TB were reported in the US with Texas reporting 1,129. Most reported cases were in metropolitan areas such as Dallas, Houston and San Antonio. **Methods** TCID is a 77-bed hospital admitting an average of 9 patients per month. Length of stay averages 105 days. Most patients are uninsured and are admitted with significant co-morbidities including substance abuse, mental health issues and lack of support systems. Today treatment of TB disease requires significant collaboration between TCID and local public health departments across Texas to

**Background** In July 2019, states began reporting cases of severe lung injury associated with e-cigarette product use among previously healthy adolescents and adults. In August, the Texas Department of State Health Services (DSHS) released a health alert requesting clinicians report suspected cases for further investigation. Tarrant County Public Health (TCPH) investigated the viability of the National Syndromic Surveillance Program, ESSENCE, for active case identification of vaping-associated lung injury. **Methods** TCPH developed a myESSENCE dashboard that searched for keywords in the chief complaint, admission reason, triage notes, and ICD-10-CM diagnosis codes from 17 Tarrant County emergency department and inpatient hospital records, using three separate queries: (1) Vaping-related terms - all ages; (2) respiratory symptoms of interest - transfer or inpatient ages 10-19 years; (3) respiratory symptoms of interest - inpatient ages 20-30 years. The queries were developed by the CDC and adapted to use on Tarrant County data. The dashboard was reviewed weekly starting on September 9, 2019. When a potential visit was identified in ESSENCE, epidemiologists used a decision tree for each query to determine whether the case warranted further investigation. For cases that warranted further investigation, epidemiologists requested and reviewed the medical records to classify the case using the CDC case definition. Suspected cases were reported to DSHS. **Results** As of 9/30/19, the three queries identified 107 visits in ESSENCE. TCPH investigated 66 visits and reported one case, classified as probable by DSHS. During the follow up with hospital infection preventionists, TCPH inadvertently identified the lack of awareness for the health alert. **Conclusion** ESSENCE may be valuable for case identification for vaping-associated lung injury; however, more data are needed to assess the contribution to local and state investigations. The lack of awareness of the health alert may impact hospital reporting. An increase in distribution and frequency of distribution may improve clinician reporting.

Healthcare Experiences: A Viewpoint From Young Adult Minorities, Derek Cegelka, PhD MPH, Marym Lakhani, MPH

**Background** Historically, minority populations and healthcare have not had positive relationship. Cases such as the surgical experiments on enslaved people, the Tuskegee Airmen study, and the cloning of Henrietta Lacks’ cells are all examples of the mistreatment of minority populations by the medical community. These situations have not improved, as many minority groups still report having poor healthcare experiences due to institutionalized racism, healthcare disparities such as insurance coverage or access to care, racial inequalities, language barriers, and medical mistrust. This is dangerous as young minorities see the mistreatment of their elders by the medical community and the cycle continues. The relationship and trust between patient and healthcare provider is important because it minimizes medical negligence, lawsuits, and formal complaints during treatments of any kind. **Methods** Undergraduate students (N=32) at a public four year institution in Texas that self-identified as a minority attended focus groups and discussed their overall healthcare experiences. Responses were recorded, transcribed, and coded for common themes. **Results** Common themes emerged from the participants in the focus groups: Communication between patient and physician Time of first experience with a medical professional Trust of Physician Affordability/Cost of Care Comfort/Empathy Relatability Healthcare Setting Patriarchy/Matriarchy. **Conclusion** These themes align with research about minorities and healthcare. Young adult minorities report lower levels of satisfaction with their healthcare providers due to communication problems (language barriers, lack of health insurance, and their perceived level of education). Because of this, many of the young minorities still have a level of distrust in physicians that are
not the same race or gender as they are. These feelings put a strain on the overall trust for the institutions that serve minorities and many young adults want to go into the healthcare in order to stop this from happening to others.

**Association Between Increased Hospitalization Rates and Pregnancy-Related Adverse Health Outcomes Following Hurricane Harvey**, Ifrah Chaudhary, MPH, Salma Khuwaja, MD, MPH, DrPH, Tahani Hamdan, MPH, Paul Afnan, MPH, Patrick Nwachukwu

**Background** Natural disasters such as Hurricane Harvey pose a lasting threat to pregnant women and infants and are of great concern in Harris County. The Houston Health Department examined the short-term and long-term effects of Hurricane Harvey (Hurricane Harvey made landfall on August 25, 2017) among women and infants diagnosed with pregnancy-related adverse health outcomes to understand the health impact for future public health decisions. **Methods** A cross-sectional design was used to determine Hurricane Harvey-associated adverse health outcomes in women of reproductive age (WRA) and infants from the 2014-2017 Texas Hospital Inpatient Discharge Public Use Data. Pregnancy-related adverse health outcomes were defined by identifying women and infants diagnosed with pregnancy loss, poor fetal growth, preterm labor and low birth weight, dichotomized as present or absent. The short-term effect of Hurricane Harvey was examined by comparing quarterly rates from the second to the fourth quarter of 2017. The long-term impact was evaluated by comparing quarterly rates starting from the third quarter of 2014 to 2017, adjusting for seasonal variation. **Results** The analytic sample consisted of 14067 WRA aged 15-49 and 988 infants aged 0-365 days in Harris County. In WRA that were diagnosed with pregnancy-related adverse outcomes, 120 (0.9%) experienced pregnancy loss, 433 (3.1%) had preterm labor and 112 (0.8%) developed poor fetal growth. Among infants, 838 (10.1%) were diagnosed as premature and 484 (5.8%) had low birthweight. WRA and infants diagnosed with pregnancy loss, poor fetal growth, preterm labor and low birthweight significantly increased the quarter immediately after Hurricane Harvey compared with the previous quarters. **Conclusion** Findings from the analysis detected Hurricane Harvey to be associated with a marked increase of hospitalization rates for pregnancy-related adverse events. The information found is critical for creating effective disaster preparedness, response, and coordination plans for pregnant women and infants in Harris County.

**Evaluating the Impact and Efficacy of the Dallas County First Offender Program in a Systematic Literature Review**, Kelsey Craker, BS, Joshua S. Yudkin

**Background** In 2017, there were 634,535 national juvenile arrests, 57,417 juveniles arrested in Texas, and 5,364 juvenile arrests in Dallas County. Once released, it is expected that over half of these youth will be rearrested within three years. Significantly, minority youth are often arrested at disproportionate rates. When compared to white youth, black youth are twice as likely to be arrested: for example, they are 269% more likely to be arrested for violating curfew laws. Empirically, arrested youth have worse outcomes than their peers. Since 1974, the Dallas Police Department has implemented an innovative solution to reduce this disparity: The First Offender Program (FOP). This literature review evaluates its efficacy to determine if this model should be disseminated and implemented elsewhere. **Methods** A comprehensive literature review conducted in September 2019 revealed 59 published articles that explore restorative justice programs for arrested youth focused on non-violent first-time youth offenders in America on county, state, and national levels. **Results** FOP is the only program of its kind on any level in the United States that is available at no cost for non-violent offenders. The recidivism rate for this program is 10.6% for those who enroll, complete this program, and the required 90-day probation as compared to 34.6% who are initially enrolled, but do not complete this program. While not free, similar programs across the nation have demonstrated a similar decrease on recidivism rates. **Conclusion** The FOP’s success underscores the importance of employing a restorative justice approach, especially with non-violent first-time youth offenders. It demonstrates the need for a systemic shift that will have a net positive impact on the health of the entire population and reducing the financial burden that the current justice system demands. The FOP should be translated and tailored across the state to support our most vulnerable populations.
Substance Abuse and Mental Health in North Texas Adults Over 60 Years of Age, Subi Gandhi, PhD, Dr. Sushma Sharma PhD, Scott Wells, RN, MPH

Background The elderly population is vulnerable to substance abuse and misuse, as 25% of the prescription drugs sold in the US are targeted towards this population. This study investigated the prevalence of substance abuse and misuse among North Texas residents with mental disorders that were over 60 years of age. Methods This cross-sectional study utilized the DFW Hospital Council Foundation's data for 16 North Texas counties representing 98 partner hospitals. The analysis was restricted to the hospital visits with one or more ICD 10 diagnosis codes of mental health and substance abuse (Behavioral Health) for North Texans over 60 years of age. The geography includes four urban counties (Collin, Dallas, Dental, and Tarrant), and 12 rural counties (Parker, Ellis, Erath, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Rockwell, Somervell, and Wise). We used a complete case-analysis method to analyze the data. Results In the overall population (all ages) with behavioral health-related hospital visits, this age group (>=60 years) varies from 28% in Dallas, 30% in Tarrant to 48% in Hood County. Of the total >=60 years population with BH (n=97,369) studied, males had a higher prevalence of mental health conditions (43.4%) compared to the females (37.6%). In the urban and rural both counties, non-Hispanic Whites had higher prevalence compared to others. In addition, depression was highest in medicare population with no significant difference between counties. All (100%) had some form of substance dependency in both the rural and urban counties. The highest level of dependency was for nicotine, followed by alcohol, cannabis, cocaine, and opiates (Codeine, Morphine, and Vicodin). Data suggest that opiates were the most dispensed prescription followed by Benzodiazepines. Conclusion The interrelationship between substance use and abuse and mental health disorders must be studied in aging population to lower the public health burden in the elderly population.

2019 Correctional Facility Mumps Outbreak, Jerry Gloria, BSN-RN, Rita Espinoza, MPH, Christina Carmona, MPH, Dr. Anita Kurian, MBBS, MPH, DrPH, Hueylie Lin, AM

Background In June 2019, a mumps outbreak was identified in an adult Bexar County correctional facility by San Antonio Metropolitan Health District. A site visit was conducted to identify possible sources of transmission and to provide recommendations to contain spread of the virus. The individuals were placed in an isolation setting for five days upon identification of parotid swelling. Cases were originally confined to one male dormitory. Activities between the dormitories were suspended in order to avoid transmission to the other dormitories. Despite these recommendations, transmission continued and affected another dormitory. Additional control measures were put in place and the outbreak ended September 6, 2019. Methods Investigations were conducted on all suspected cases. Information was exported from National Electronic Surveillance System Base System and imported into Excel. Descriptive statistics were conducted using Excel. Results The investigation identified 11 cases. All cases were traced back to common dormitory or exposure to the dormitory. No cases were identified among the volunteers or staff of the facility. Seventy-three percent of the cases were Hispanic and 13% White, non-Hispanic. Age ranges were from 23-45 years with an average of 29 years. All 11 cases had parotid swelling that lasted an average of 4 days. Other commonly reported symptoms included sore throat (18%) and headache (9%). Conclusion Two site visits to the correctional facility were needed to observe potential transmission help to educate facility staff about mumps. On the second visit, it was noted that possible sources of continued transmission included reusing water bottles that were not labeled and though the dorms were isolated, some residents were housed in separate dorms, yet attending class with the affected dorm. To address asymptomatic transmission, individuals were placed in isolation when presenting with non-discrete symptoms, such as headache and sore throat.

Supporting the CHW Workforce through Community-based Engagement Projects, Denise Hernandez, MPH, Ashley Rodriguez, Katharine Nimmons, MPH, MS, Callie King

Background The Dallas-Fort Worth Community Health Worker Association (DFW-CHW) was established in 2015 in response to the growing regional need for CHW-led training, advocacy, and professional development. This presentation will explain how the success of DFW-CHW arises from its diverse leadership, its ability to recognize and respond to community and community health worker needs, as well as the unique local and state context. The board of directors leverages their collective relationships and expertise to provide DFW-CHW members with
and vaccine practice's current flu vaccine coverage (number of TVFC doses administered divided by TVFC doses ordered) rates. The Vaccine for Children (TVFC) Immunization Unit created and distributed a monthly flu dashboard that informed TVFC providers of their performance each flu season. Over the past five years, the TVFC program administered an average of 1.4 million doses of flu vaccine per season. The estimated 61.8 percent of Texas children under 18 years of age received flu vaccine during the 2018-2019 flu season. TVFC doses administered divided by TVFC doses ordered) rates.

Methods DFW-CHW leadership consists of an all-volunteer board of CHWs and instructors that direct association activities. The board's vocational diversity is an asset, as members benefit from their unique experiences and knowledge. Over the last 4 years, the association has established partnerships with community organizations, health care providers, and other CHW advocates. Results The association has coordinated multiple outreach projects to increase member engagement and promote CHW service to the community. Association activities include a Developmental Employer Forum; projects promoting HPV education, oral hygiene, lupus education, health literacy, and health-coaching; and numerous CHW and CHW instructor continuing education trainings provided at no cost to members. In addition, the association has organized two annual conferences in collaboration with community organizations and sponsors. Through these projects, DFW-CHW members have developed a trusting relationship with the association, and DFW-CHW board has become financially self-sufficient. Conclusion DFW-CHW uses its close connection with area CHWs to identify relevant topics and provide opportunities for CHWs to serve communities. The DFW-CHW model demonstrates the critical importance of prioritizing membership engagement and retention, financial sustainability, and capacity building. Through sharing lessons learned, this presentation will outline useful tools for other CHWs and stakeholders interested in adapting this model for their respective networks and communities.

Assessing Community Perceptions and Needs: Community Forum for Alzheimer's disease and Related Dementias, Roslin Jose, MBBS, Jennifer Severance, PhD, Jenna Unsen, LMSW, Laura McEntire, LCSW, ACSW, Susanna Luk Jones, MS

Background Due to the aging population of the United States, the prevalence of Alzheimer's is anticipated to increase by three-fold over the next forty years. While designing strategies for Alzheimer's and dementia, it is of utmost importance to address community needs and perspectives. In order to increase awareness of Alzheimer's, dementia and memory loss, and to understand community's perspectives, a community forum was held in partnership with Alzheimer's Association and the local government in Hurst, Texas, on May 16, 2019.

Methods Participants from the community comprised of 58 individuals representing 14 cities in Tarrant County. The forum began with a didactic session on the basics of Alzheimer's disease and its impact in Texas. The group discussions following the didactic were based on a pre-structured questionnaire addressing gaps in community knowledge, information sources, barriers, and suggestions for improved services. The participants recruited comprised of residents, patients, caregivers, senior service providers, community group representatives, public health professionals, physicians, and government representatives. The meeting was recorded, transcribed and a thematic analysis of the qualitative data was done. Results Gaps in knowledge were attributed to personal, provider associated, and resource awareness factors. Senior centers, faith communities, television news, newspapers, friend network, and internet were identified as prominent information sources. Prominent barriers identified were those of language, stigma, and unawareness. Increasing translation services, social media use, recruiting more volunteers, and forming new partnerships were some notable suggestions. Conclusion While the didactic session helped increase community awareness on Alzheimer's and dementia, the feedback and opinions of participants would go a long way in impacting policies and programs focused on senior health. In order to achieve its full purpose, it is of utmost importance for policies that impact the community to be modelled based on community needs and perspectives.


Background Influenza (flu) is a serious illness. An annual seasonal flu vaccine recommended beginning at six months of age, is a vital tool in disease prevention. According to the National Immunization Survey-Flu, an estimated 61.8 percent of Texas children under 18 years of age received flu vaccine during the 2018-2019 flu season. Over the past five years, the TVFC program administered an average of 1.4 million doses of flu vaccine each flu season. Methods During the 2018-2019 season, the Texas Department of State Health Services (DHS) Immunization Unit created and distributed a monthly flu dashboard that informed TVFC providers of their practice's current flu vaccine coverage (number of TVFC doses administered divided by TVFC-eligible population) and vaccine utilization (number of TVFC doses administered divided by TVFC doses ordered) rates. To evaluate
this intervention, program data was self-reported from each provider for the last two flu seasons. Differences in vaccine coverage and vaccine utilization rates, seasonal trends and results from a provider feedback survey were analyzed. **Results** During both the 2017-2018 and 2018-2019 seasons, most TVFC flu doses (73.2 percent) were administered between the months of September and December. Among TVFC providers, 57.5 percent increased vaccine coverage rates in the 2018-2019 season. The mean vaccine utilization rate increased significantly by 1.8 percent, from 72.3 to 74.1 percent (p<0.001). Over 80 percent of surveyed providers found the flu dashboard very or somewhat helpful. **Conclusion** The flu dashboard allowed TVFC providers to monitor their vaccination administration and ordering trends throughout the season. A number of factors contribute to the change in seasonal flu coverage but vaccination program improvement was demonstrated by an increase in the vaccine utilization rate.

"It's not about me, it's about my kids": Strength-Based Approach to PrEP Interventions for Black and Latina Mothers, Heran Kidane, Liesl Nydegger PhD, MPH, Kasey Claborn PhD

**Background** In Austin, TX, Black and Latina women experience higher rates of HIV, and mothers particularly face greater structural barriers, such as housing, which exacerbate this health disparity. Pre-exposure prophylaxis (PrEP) is an efficacious HIV prevention method that has been rarely used or promoted among these communities. **Methods** We conducted 3 qualitative interviews over 3 months with 16 mothers (n=10 Black; n=6 Latina) at high risk for HIV; data collection will be completed in January 2020. Thematic content analysis was used to explore how participants' personal strengths and life goals could shape general and targeted PrEP interventions. **Results** Preliminary results reveal several emerging themes: personal strengths and goals as a mother, personal strengths regarding trade skills and goals for economic stability, strengths in personality traits, and goals to improve their own health. Participants often described strengths in their identity as a mother, sometimes naming their children as their only strength, and centered their goals on providing for their children. Participants valued their own trade skills and had goals to increase their education and training, with affordable, stable housing and car ownership as initial goals. Personal strengths such as independence and perseverance were often identified as strengths due to financial hardship, trauma, and interpersonal violence. Participants who aimed to improve their physical and mental health, it was often for their children’s wellbeing. Although low HIV risk was reported by several participants, PrEP interventions promoting women’s health for their children may be beneficial. **Conclusion** PrEP interventions for Black and Latina mothers should consider the strengths in their identity as a mother and goals to improve life for their children, potentially as a way to emphasize the importance of HIV prevention. Interventions should also emphasize the resiliency of women of color while simultaneously addressing the disproportionate challenges they face through economic empowerment, mental health support, and housing.

Using a Phenome-Wide Association Study (PheWAS) Approach to Examine Risk Factors for a Comprehensive Range of Birth Defects, Peter Langlois, PhD, Jeremy M Schraw, PhD, Philip J Lupo, PhD, MPH

**Background** Several studies have been conducted on the association of maternal diabetes and smoking with birth defects. However, these have often been restricted to selected birth defects or have used small numbers of cases, both resulting in knowledge gaps. This study’s goal was to determine the association between those exposures and a comprehensive range of birth defects using the phenome-wide association approach (PheWAS). To our knowledge, this is the first application of PheWAS to birth defects. **Methods** Data on cases came from the Texas Birth Defects Registry and on births from the Texas Center for Health Statistics. All data were based on deliveries in 1999 through 2015. We analyzed all birth defects with at least 10 cases delivered to exposed mothers. We randomly separated all data into Discovery (60%) and Replication (40%) datasets. We ran Poisson regression for each birth defect using the Discovery dataset; birth defects with p < the Bonferroni-adjusted value were run using the Replication dataset. Of those, birth defects with p < 0.05 were declared statistically significant and analyzed more deeply using the pooled (Discovery + Replication) data. **Results** Out of 150 initial birth defects, 66 exhibited a p value for diabetes < the Bonferroni threshold in the Discovery dataset, and 62 of those had p < 0.05 in the Replication dataset. Many previously reported associations were confirmed, and many associations with new birth defects were found. Stratified analyses clearly showed that associations were higher with pregestational diabetes than gestational. Out of the original birth defects, only 9 passed the Bonferroni...
Healthy Development of Visual System by Improving Follow-up Eye Care for School-Aged Children, Khadija Madlani, OD, Pat Segu, OD, FAAO, Veronica Mendez, OD

**Background** World Health Organization estimates 12.8 million school-aged children globally with visual impairment due to uncorrected refractive errors and amblyopia. Amblyopia is condition in which the best corrected visual acuity is poorer than 20/20 in the absence of any ocular structural anomalies or pathology. School-aged children frequently experience barriers to timely follow-up care, resulting in delays to amblyopia diagnosis and treatment. See to Succeed (STS) is a safety-net vision program for Houston’s most underserved children, providing comprehensive eye exams and eyeglasses at no cost to the patient. STS participants failed school vision screenings, had no access to corrective services, and lived in areas of Houston experiencing multiple access to care barriers. **Methods** During the 2018-2019 school year, over 11,600 students participated in STS and 1,988 students required some type of follow-up care or medical referral. More than half of these referrals (53.6%) required follow-up testing after 4-6 weeks of constant spectacle wear due to amblyopia. Exam outcome reports were sent to the school nurse and parents. STS also made multiple attempts to contact parents to discuss importance of treatment and schedule follow up appointments to assess visual progress. **Results** STS yielded a 56.9% success rate in connecting with parents by phone. Moreover, these positive communications yielded an 80.8% success rate with scheduling and confirming follow-up appointments for patients with the City of Houston, University of Houston College of Optometry, or other private optometric clinics. **Conclusion** Amblyopia is a treatable and preventable condition if detected early. The critical period for visual development is from birth to 6-8 years; any ocular misalignment or disruption resulting in unequal retinal images can lead to permanent visual impairment. STS further eliminates barriers to learning and academic achievement through its commitment to providing a rigorous treatment plan, patient-centered care, and timely receipt of follow up care.

Addressing food insecurity and lack of access to healthy foods in relation to HIV and Substance Use Disorder risk and outcomes in a U.S.-Mexico Border Community, Thenral Mangadu, MD, MPH, PhD, Joy Leos, BS, CHES, Rebecca Gallegos, MPH, Max Orezzoli, BA, MS, MA, PhD, Joao Ferreira Pinto, PhD

**Background** Food insecurity and lack of access to healthy foods shape multiple health disparities and are factors influencing HIV/AIDS and Substance Use Disorder (SUD) behaviors and outcomes. In El Paso County, Texas, on the U.S.-Mexico border, 30% of the population live in poverty with limited access to prevention and care. **Methods** Mujer Saludable, Familia Feliz (SAMHSA Grant: 1H79TI080065, implemented from 09/2016-09/2019), a holistic program, addresses access to healthy foods and healthy nutrition education as a core component of SUD and HIV/AIDS prevention among minority women. Nutrition curricula- for the general community and HIV positive individuals- developed and implemented with the local Public Health Department, a healthy food pantry, food producers partnerships etc. tackle food insecurity. **Results** As of date, 1,045 individuals completed the nutrition curricula, 1,502 were screened for SUD and sexual behaviors, 1,502 (HIV) and 1,373 (HCV) tests were performed, and 280 participants were provided treatment. Overall, the program delivered 5,758 educational encounters. Pre-post survey results (N=125) showed the majority of respondents (87%) motivated to eat healthier, while (84%) gained nutritional knowledge. Focus group participants emphasized need for intervention, healthy eating knowledge and the food preparation skills gained, and connected independence in cooking to self-efficacy to leave an unhealthy relationship. **Conclusion** Program findings stress the need to address structural and individual barriers and needs in relation to food insecurity in HIV and SUD prevention interventions in disadvantaged communities. Incorporating healthy eating components in prevention efforts will also aid in reducing stigma to accessing HIV, SUD and mental health services.
Strategies to address sexual and domestic violence in a minority serving US-border campus and community through a coordinated community response: Long term outcomes, Thenral Mangadu, Ph.D, MPH, MBBS/MD, Yok-Fong Paat, PhD, LCSW, Steve Varela, MEd, MA, Geneva Nieto, BS, Arely Hernandez, MEd, Clifton Walsh, MBA

Background Participants will identify at least two strategies developed and implemented by collaborations between college campuses and community stakeholders to prevent sexual violence in a predominant student commuter campus. Background: The University of Texas at El Paso - Coordinated Community Response (CCR) (Office of Violence Against Women Grant: 2015- WA- AX- 0027) addresses risk reduction and support-seeking for Sexual Violence among minority groups in El Paso, TX, a U.S- Mexico border city. El Paso is characterized by high unemployment, lower median household incomes, proximity to physical violence, patriarchal gender roles and transborder migration. UTEP is a 90% commuter campus and a Hispanic Serving Institution with a student population of approximately 23,000 students (80% Hispanic). Methods Since 2015, UTEP has partnered with Law Enforcement, Campus Advocacy, Resources and Education (CARE), Office of Student Conduct and Conflict Resolution (OSCCR), the Center Against Sexual and Family Violence (CASFV), and Academic Technologies to create a CCR team and together develop strategies to prevent and reduce sexual violence on and off campus. The CCR team developed a campus safety mobile BlueLight app, engaged local community organizations, and campus partners to provide resources and encourage victims to report sexual violence on and off campus. Results As of today 872 students have download the mobile app and a total of 2000 coasters have been delivered at bars around campus. Conclusion Timely and transformative collaborations between community stakeholders and college campuses is critical to effectively address campus violence prevention. Leveraging mobile technology and products that disseminate program messages in locally relevant contexts help increased accessibility to resources sexual violence prevention on and off college campus.

Creating and implementing a mobile media initiative to address sexual and domestic violence in a minority serving US-Mexico border community campus through coordinated community response, Thenral Mangadu, PhD, MPH, MBBS/MD, Steven Varela, MEd, MA, Geneva Nieto, BS, Arely Hernandez, MEd, Clifton Walsh, Juan Rabelo

Background The University of Texas at El Paso - Coordinated Community Response (CCR) Initiative for Reduction of Sexual Assault, Domestic Violence, Dating Violence and Stalking on Campus (US Department of Justice, Office of Violence Against Women Grant: 2015- WA- AX- 0027) addresses the need among minority groups and women in the UTEP campus and in the community to reduce risk and seek help for sexual, domestic violence, and dating violence prevention in El Paso, TX, a U.S- Mexico border city. UTEP is a four-year state Hispanic Serving Institution, with a student population size of approximately 23,000 students, of which 80% of students are Hispanic. Methods Campus and community partners have created a CCR team and, together develop strategies to prevent and reduce sexual violence on and off campus. The CCR developed and implemented a campus safety mobile app to expand availability of resources for victims, encourage victims to report, decrease the number of cases of sexual assault/domestic violence on and off campus, and generate action from all UTEP students, faculty, and staff as potential bystanders. Results As of today 872 students have download the mobile app. Main features include the ability to access and call emergency and non-emergency services, and use geolocation to find and get directions to BlueLight emergency stations on campus. Learning Objective: The participant will identify at least two strategies to explore innovative programming using technology to address sexual violence prevention through effective collaboration with campus and community partners. Conclusion Evaluation findings highlight the public health significance of collaboration between community stakeholders and college campuses to effectively address campus violence prevention, the significance of mobile technology to provide more accessibility to resources to prevent sexual violence, and the ability to use the app to initiate timely contact with emergency services.
Mental Health Awareness Training needs in TX-MX border communities- Implications of recent community-wide trauma in El Paso, Texas, Thenral Mangadu, MD, MPH, Ph.D, Emre Umucu, Ph.D., Jaclyn Berger, BS, Brissa Rojo, Julie Priego

**Background** On August 3rd 2019, 22 people were killed in a mass shooting in El Paso, TX. In the aftermath of this community-wide trauma, the community response and need for addressing such trauma and mental health is being reassessed. El Paso is a binational US-MX border city with a population of 840,410, 80% majority are Hispanic, 26% of the population below age 65 are uninsured. The UTEP MHAT program (SAMHSA Grant 1H79SM081474-01) trains first responders on UTEP campus and in the community in Mental Health First Aid (MHFA). The implications of preliminary evaluation findings for mental health professional preparation will be discussed. **Methods** Of the 55 individuals trained for MHFA, in 2019, 19 trainees responded to the annual evaluation survey (Mage=44.4; 71.4% female; 90.5% Hispanic). The following study was approved by the Institutional Review Board. **Results** All participants (100%) reported they knew where to refer individuals with mental illness. Even though 95% of participants reported they were confident helping someone with a mental illness, only 33% of participants reported they were confident helping de-escalate a conflict involving someone with a mental illness. However, 52% of participants reported feeling confident talking to someone with a mental illness. Finally, only 29% of participants felt confident to work with someone with a mental illness. **Conclusion** Although trainees gained knowledge on how to refer individuals with a mental illness, trainees reported they are not comfortable to help de-escalate a conflict involving individuals with mental illnesses. According to the literature, health professionals may have negative attitudes toward individuals with a mental illness. Community-wide trauma/violence may also redefine and exacerbate mental health crises. Evaluation findings have implications for future MHFA trainings in priority communities to examine trainees’ attitudes toward mental illness, and locally relevant contexts that may negatively affect their ability to deescalate a crisis.

**Improved Vector Surveillance Workflows with Automated Lab Result Delivery**, Michelle Markham, MS, Rasneet Kumar, MPH

**Background** The Tarrant County Public Health, Vector Surveillance utilizes a sequel database and interactive mapping system to manage data for mosquito traps, laboratory results for mosquito testing, and disseminate information to the public and partner agencies. Traditionally, the North Texas Regional Laboratory manually extracted and emailed mosquito testing results to be uploaded into the VS database. In 2019, the implementation of a Laboratory Information Management System (LIMS) at NTRL, provided interoperability functionality between the two systems. TCPH Office of Health Informatics, utilized an informatics approach to facilitate efficient implementation of this new functionality. **Methods** Once the project was initiated, Informatics mapped current and anticipated future workflows for Vector Surveillance and the NTRL. Areas for improved efficiencies were identified and necessary changes to the workflows were made to accommodate the new system. Following the planning phase, a formal project request was submitted to Tarrant County’s Information Technology Department (ITD) and a technical requirements document was developed. The Vector Surveillance system was modified accordingly and interoperability was thoroughly tested prior to moving into production. Staff were trained on new workflows and all system changes were documented. **Results** The Vector Surveillance system can now automatically generate test requests to the LIMS. Upon completion of testing, the results are automatically uploaded into the Vector Surveillance system from the LIMS. As a result, workflows for both VS and NTRL have been streamlined. **Conclusion** Utilizing an informatics approach when implementing or modifying systems helps ensure a smooth transition while identifying efficiencies and potentially avoiding pitfalls that might be otherwise missed. This approach allowed efficient implementation of interoperability between the Vector Surveillance database and the Laboratory Information Management System.

**OBPH, PHR 9/10 conducts an Environmental Scan of CHWs Training Needs**, Daniela Marquez, MPH, Adriana Corona Luevanos

**Background** In 2017, The Office of Border Public Health (OBPH) became a certified training center to develop affordable and culturally competent public health training for CHWs. As a new training center, OBPH conducted a CHW Training Needs Assessment to understand the current training needs of CHWs in Public Health Region 9/10. **Methods** An online survey was created and distributed via e-mail to CHWs in Public Health Region 9/10. In...
addition, one-on-one meetings were held with the three existing CHW training enters to understand CHWs needs from the trainers' perspective. Results were analyzed using descriptive statistics. **Results** Out of the 300 CHW who received the survey, 113 submitted an answer. A total of 53% preferred to answer in Spanish and 53% in English. As it pertains to employment status, almost half work as CHWs (48%). Most CHWs received their training through their employer (56%), and the rest through an outside agency (45%). Among the main barriers to attending training is the cost, CEUs are not available, will not get paid while attending training and the employer will not approve. When asked about the CHWs core competencies, 1 in 4 of those who preferred to answer in English felt very confident and about 1 in 10 of those who preferred to answer in Spanish felt very confident about their core competencies. According to CHWs and training centers, the lack of regional coordination affects access to training. **Conclusion** This CHW training needs assessment in PHR 9/10 is only one report of many others that may be used to determine the training needs of CHWs in this region. For this reason, it is imperative to partner with other existing training centers in the region to increase our understanding of the CHW training needs in PHR 9/10. Creating a regional structure that supports all CHWs is vital.

**Sight for Success: Learning and working together as an inter-professional team to promote childhood vision,** Lenora McWilliams, PhD, Pat Segu, OD, Daniel Price, PhD

**Background** Vision and eye health are important to childhood development. Uncorrected visual problems can interfere with learning and academic success, social development as well as health and well-being throughout life. The Sight for Success program uses a two-tiered inter-professional collaborative team approach to increase awareness of undetected vision problems in school aged children. In addition, the program provides support to school nurses by assisting with and coordinating follow-up care. **Methods** The first tiered inter-professional team was composed of faculty members from three colleges of a local university who collaborated with the school nurses, managers and Director of Medical Services from a large independent school district (ISD). The second tier consists of students from the three colleges. Students become certified vision screeners, earn a certification or learn about cultural competency, and learn about social determinants of health in preparation for program implementation. Students responded to pre and post critical reflective prompts regarding expectations and experiences of learning and working together to implement the vision screening program. After students have been identified as needing follow up, a phoneathon is conducted to obtain information regarding barriers to care. **Results** University students’ reflections indicated that they had a better understanding of various disciplines perspectives and they enjoyed learning and working together. As an inter-professional team, members reflected that they were able to perform new skills, communicate and organize large groups of students while conducting the required screening in a timely and efficient manner. **Conclusion** All parties benefit from using an inter-professional collaborative team approach. Elementary students receive the eye care that is needed. University students learn to work as a team, develop communication and problem-solving skills, while providing vision screenings for the school. The school nurse completes the vision screening required by the state in a timely and efficient manner.

**Application of the Multi-Theory Model in Identifying the Determinants of HPV Vaccinations among Ghanaian Adolescents: A Cross-sectional Study,** Cassady Mecate, BS, Matthew Asare, PhD, MPH

**Background** The economic burden of Human Papillomavirus (HPV) related cancers represents an unmet medical need in Ghana. Prophylactic HPV vaccines (Cervarix®, Gardasil®, and Gardasil 9®) are efficacious in preventing HPV-related cancers. However, the HPV vaccination uptake in Ghana is very low. Studies that utilize theoretical frameworks to identify HPV vaccination beliefs and attitudes in Ghana are understudied. The purpose of this study was to identify contributory factors to HPV vaccination uptake using Multi-Theory Model constructs. **Methods** Adolescents (n=285) aged 12 to 17 years old were recruited from four schools in Ghana to complete a 44-item survey. The predictor variables included perceived belief, participatory dialogue, behavioral confidence, physical environment, practice for change, emotional transformation, and social environment. The outcome variables included the initiation and completion of the HPV vaccination series. We used 3-items for each predictor subscale and 1-item for each outcome subscale, and each item was measured on a 5-point response scale. Hierarchical linear regression models were used to identify the predictors. **Results** Most participants were female (91.2%), senior-high school students (60.0%), and Christians (96.8%). Many participants had neither
heard about HPV (92.3%) nor HPV vaccinations (95.4%). Significant predictors of adolescents’ likelihood of starting the HPV vaccination series were perceived beliefs and change in physical environment (p<0.001), with each variable accounting for 6.1% and 8.8% of the variance respectively. Significant predictors of adolescents’ likelihood of completing HPV vaccination recommended series were perceived beliefs, practice for change, and emotional transformation (p<0.001), with each variable accounting for 7.8%, 8.1% and 1.1% of the variance respectively. **Conclusion** The findings highlight the lack of awareness of HPV related cancers among Ghanaian adolescents. Future HPV vaccination interventions should focus on addressing the modifiable factors of perceived beliefs, change in physical environment, practice for change, and emotional transformation to increase HPV vaccination uptake among Ghanaian adolescents.

**The Underrepresented Voice in the HPV Vaccination Discourse: Perspective from Ghanaian Healthcare Providers**, Cassandra Millan, BS, Matthew Asare, PhD, MPH

**Background** Prophylactic HPV vaccinations are effective in preventing HPV-related cancers. However, the HPV vaccination rates remain low in low- and middle-income countries (LMICs) including Ghana. Healthcare providers (HCPs) play significant roles in increasing the demand for HPV vaccination. However, little is known about Ghanaian HCP’s general practices regarding HPV vaccination. The purpose of the study was to identify factors that influence Ghanaian HCP beliefs and attitudes towards HPV vaccination and their general HPV vaccination recommendation practices. **Methods** We conducted three, sixty-minute focus group discussions with health care providers in the second-largest government hospital in Ghana. Sixteen semi-structured open-ended questions were used to guide the focus group discussions with additional follow-up questions added for clarifications. We explored the providers’ general knowledge about HPV, vaccination recommendation behavior, and environmental and sociocultural factors associated with the HPV vaccination. **Results** The sample (n=29) included physicians (n=9), nurses (n=8), immunization field-officers (n=5), and other HCP (n=7). The participants consisted of males (n=15) and females (n=14) between the ages of 29 and 42 years. We found that (a) HCPs in Ghana rarely offer HPV vaccination recommendations; (b) vaccines are periodically delivered to the communities by immunization field-officers; and (c) routine medical checkup and preventive medicine, such as HPV vaccination, are not well integrated into the Ghana healthcare system. Additionally, providers indicated (a) low urgency for HPV vaccination education programs due to competing priorities; (b) lack of awareness about the HPV vaccination; (c) vaccine affordability; and (d) stigma, misconceptions and religious objections associated with the vaccine. **Conclusion** The findings of our study highlight the need for a comprehensive HPV vaccination program in Ghana. The program should be designed to equip HCP and the community with knowledge about the efficacy of HPV vaccination to prevent cancer and address HPV vaccination-related stigma to increase vaccination uptake.

**Data Linkage Between EMS and Trauma Registry Records with Crash Records**, Haruna Miyakado, MS, Pierce Baumann, Dan Dao, MPH

**Background** Motor vehicle traffic crashes are the leading cause of injury but can be prevented the more we understand the underlying causes of crashes. The objective of this analysis is to present what EMS and Trauma registry can offer for crash-related injury surveillance system by linking the registry data to the crash records. **Methods** We linked Texas Department of Transportation (TxDOT)’s Crash Records Information System (CRIS) and EMS/Trauma registry data from 2018 to create a linked dataset. We cleaned and subset the datasets for traffic-related using SAS and conducted probabilistic data linkage using LinkPlus. LinkPlus assigns a score and class for all possible matches. We also developed a SAS algorithm to select true matches out of possible matches using LinkPlus class and matching variables to reduce manual review time. We merged CRIS data to EMS records and CRIS data to trauma records, respectively. Then, we merged both of those linked datasets to create one master linked dataset linking CRIS, EMS and trauma data. After linking, we ran frequencies on the notable fields on the linked data. **Results** When looking at the master linked dataset, of 5,712 records, 61% were male. The most common primary source of payment for hospital visits was private insurance (40%), followed by self-pay (24%). Median EMS response time was 7 minutes. The majority of patients were transported via ground ambulance (83%), while few of them were via air medical rotor craft (7%). Nearly one-third of the linked records were incapacitated injury (38%). **Conclusions** Linked data allow us to learn more about motor vehicle traffic crashes.
This data can capture severe injuries that result in trauma hospitals via EMS, allowing us to investigate risk factors from multiple data sources. We consider this effort to be a great start for Texas motor vehicle traffic crash-related injury surveillance system.

**Perceptions Surrounding Utilization of Mental Health Services Among Enforcement Officers at a Large, Urban Police Department**, Rebecca Molsberry, MPH, Katelyn K. Jetelina, MPH PhD, Steve A. Bishopp, PhD

**Background** Compared to the general population, law enforcement officers (LEO) experience higher rates of depression, anxiety, PTSD, burnout, and other mental health problems, which can lead to adverse health outcomes and greater productivity losses. While many departments, such as the Dallas Police Department (DPD), provide free and confidential mental health counseling, the majority of officers fail to utilize such services. The purpose of this study is to identify and describe themes surrounding officers' experiences with and attitudes of mental health services. **Methods** LEOs were recruited for focus groups across 4 divisions within the DPD from April to September 2019. A semi-structured interview format was used to gain insight into how officers respond to consecutive high-stress calls for service, including the mechanistic effects of decompression techniques used during and after a shift and mental health care utilization. The discussions lasted 75 minutes, were tape recorded, and professionally transcribed. Data reached saturation following the fifth focus group and further data collection was suspended. Qualitative data was analyzed using explorative data context analysis. **Results** A total of 16 male officers participated in the focus groups, with a mean age of 33.0 and 63% of LEOs identifying as non-Hispanic White. Four themes emerged related to barriers in accessing mental health services: 1) Lack of knowledge that LEOs have a mental health problem; 2) Concerns about confidentiality 3) Belief that psychologists cannot relate to occupational duties; 4) Stigma that LEOs who seek mental health services are not fit for duty. **Conclusion** Several barriers prevent officers from engaging in available mental health services. Interventions, such as screening services prior to a critical incident and proactive support from superiors, are needed to reduce biases and improve access to care to address the high rates of mental health problems among LEOs.

**Gratitude, systems of beliefs, coping mechanisms and suicidal ideations: Does sexual orientation matter?**
Ami Moore, Barton Porche

**Background** Suicide is a major public health matter. Over 47,000 Americans committed suicide in 2017. About 10 million Americans had serious thoughts of committing suicide in 2017. There is a positive correlation between gratitude and social support, but a negative association between gratitude and depression. Also, gratitude indirectly reduces the risk of suicidal ideations. However, sexual minorities experience depression and suicide rates that are double that of heterosexual peers. This paper examined the relationship between suicidal ideations and gratitude, religious and spiritual systems of beliefs including social support received specific to spiritual and religious communities, and coping mechanisms among heterosexual and sexual minority young adults in a metropolitan area in Texas. **Methods** We used data from 18-30 year-old adults collected from May, 2017 to November, 2018. In separate analyses for sexual majorities and sexual minorities, suicidal ideation was regressed on gratitude, depression, systems of beliefs and coping mechanisms. The first model examined the relationship between suicidal ideations and gratitude. The second model had gratitude and depression, and the third model added religious social support and coping mechanisms. **Results** Gratitude significantly reduced the odds of suicidal ideations for sexual majorities, but did not significantly influence suicidal ideations for sexual minorities. Depression increased the odds of suicidal ideations for both groups in models 2 and 3. Also, religious beliefs and practices reduced the odds of having suicide ideation. However, social support from religious communities was associated with increased suicidal ideations among the sexual majorities. Only depression was significantly associated with suicidal ideations among sexual minorities in the final model. **Conclusion** Results have significant public health and religious implications. Stakeholders and policy should focus on ways to reduce depression and suicidal ideations among all Americans, especially sexual minorities.
Surveillance of Organophosphate Pesticide Workers; Lessons Learned from "Tick Eradicators" in Texas, Dalia Nessim, MD, MPH, Carl Rowllett, MD, MS, Michael Wirsching, MD

Background In 1906, the National Cattle Fever Tick Eradication Program began across 14 southern and western states. By 1943, the cattle fever tick had been confined to a permanent quarantine zone along the Mexican border. Under the auspices of the US Department of Agriculture (USDA) and the Texas Animal Health Commission (TAHC), "tick riders" have battled the "fire tick" by patrolling this quarantine zone for over a century. This is achieved by a protocol of successive dipping of cattle and spraying of horses with Coumaphos (trade name: Co-Ral), a potent organophosphate acaricide. EPA requires workers to be enrolled in a medical surveillance program. TAHC workers performing this work are enrolled in a medical surveillance program modeled after the "Guidelines for Physicians Who Supervise Workers Exposed to Cholinesterase Inhibiting Pesticides" published by the California Office of Environmental Health Hazard Assessment. Texas has no comparable standard. Roughly 60 individuals are enrolled in this program at any given time, which is managed by the UT Health Science Center at Tyler. Methods In accord with California Pesticide Guidelines, enrolled TAHC employees have monthly blood draws for plasma and RBC cholinesterase levels which are compared to baseline levels. Those whose monthly levels fall to 75% of their baseline (or lower) are removed from pesticide handling activities, and not returned to those activities until their levels have rebounded to the baseline. Results Preliminary review of the longitudinal records of these pesticide workers suggests that a number of depressed cholinesterase levels (resulting in removals) are due to reasons other than pesticide exposure. Conclusion The current TAHC coumaphos surveillance program apparently has a significant number of "false positive" removals which tends to undermine confidence in the surveillance program. The program can be improved by eliminating methodologic errors and accounting for extraneous factors (those other than organophosphate exposure) that depress monthly cholinesterase levels.

New Opportunities with Electronic Laboratory Data, Rune-Par Nilsson, PhD

Background The North Texas Regional Laboratory at Tarrant County Public Health recently implemented a Laboratory Information Management System (LIMS) to allow the transition from manual processes to electronic workflows for test requests, resulting, and reporting. Interfacing of instruments and other electronic systems, as well as automated report generation and delivery, were part of the solution. Methods Laboratory requirements were captured to allow selection of an appropriate vendor. The chosen solution made it possible to integrate all laboratory sections into a single system. The implementation required continuous involvement from the vendor’s software developers, the Information Technology Department, the laboratory’s system administrator, and all laboratory staff. Development, training, and system testing took 15 months. Most features were implemented at go-live, but others were introduced later, as dictated by priority and available resources. Results Implementation of an electronic laboratory system has allowed the laboratory to receive electronic test requests from clinical submitters through a web portal, which minimizes time spent on pre-analytical tasks. In addition, both clinical and environmental reports are delivered automatically, and clients are able to view and print the final reports through the portal. Instrument interfacing has ensured rapid and accurate data transfer to the electronic laboratory system. Four laboratory-external systems have been interfaced to the LIMS, either through bidirectional HL7 messaging, or indirectly though generation of defined output files for subsequent upload. Access to electronic data allows easy compilation of data for monthly reporting, record retrieval, and to support business decisions. Conclusions LIMS implementation streamlines certain laboratory processes. Automated reporting and web access benefit both clinical and environmental public health clients. Electronic data is searchable and monthly data compilation is swift. Potential future improvements include interfacing with other electronic systems at the local, state, and federal levels. Positive and negative impacts on various workflows will be discussed.

Increasing Access to Oral Health Care for Underserved Patients in Dallas through Community Clinics, Katharine Nimmons, MSc, MPH, Daniel L. Jones, PhD, DDS, Paul Hoffman, MBA, MSSW

Background The Texas A&M College of Dentistry Public Health Sciences Department has used interprofessional strategies to enhance dental patients’ access to care in two Dallas-area community clinics. The model integrates medical and dental care through new screening and referral protocols. It also increases dental students' and
residents' exposure to community-based care and prioritizes social determinants of health, by training providers to identify patients' contextual and behavioral risk factors. **Methods** Access to dental care is a pronounced issue in Dallas County. In two extramural community clinics (Agape Clinic and North Dallas Shared Ministries), College of Dentistry students and faculty collaborate with medical staff to provide team-based, interdisciplinary care. By coordinating screening and referral protocols, the clinics increase access to care for patients facing barriers related to social determinants of health. The COD project team developed and implemented protocols for screening adult dental patients for hypertension, diabetes, BMI, depression, cholesterol, and tobacco use. Pediatric dental patients are screened for hypertension, bullying, depression, tobacco use, family history of cancer, and HPV vaccination status. After screening, identified patients are referred to medical providers, either those co-located at the community clinic or external providers, for Medicaid or insured patients. Patients may also be referred to pastoral counselors, tobacco cessation counselors, and/or a case manager. This holistic, interprofessional care coordination model prioritizes patients' full range of health needs. **Results** Since implementing the new screening protocols in January 2016, clinic dental staff have performed over 110,000 screenings for non-dental, chronic conditions at the two clinics. Patients are receiving necessary dental care as well as referrals for medical, behavioral, and social services needs. **Conclusion** Initial data indicate that screening protocols are identifying more dental patients with other unmet needs, and that interprofessional referrals between providers is a promising way to address disparities in access to care.

**A Qualitative Exploration of Intimate Partner violence, Sexual Assault, and "Blaming the Victim": The Role of Social Support and Resources among Low-Income Women of Color**, Liesl Nydegger, PhD, MPH, Heran Kidane, Sania Zia, Sabrina Benitez, Queen Thomas, Kasey R Claborn, PhD

**Background** Intimate partner violence (IPV), sexual assault/rape, and childhood sexual abuse (CSA) are extremely traumatizing events and are exacerbated when survivors are blamed, not believed, or have limited social support or coping resources. Low-income women of color are more likely to experience these traumas and have limited access to resources. **Methods** Sixteen mothers (n=10 Black, n=6 Latina) are enrolled in this qualitative study, interviewed 3 times across 3 months. Data collection will be completed January 2020. Thematic content analysis was used to explore experiences of trauma and "victim blaming", along with access to support and resources. **Results** Preliminary analyses revealed several emergent themes: sexual traumas where participants were blamed or not believed, sexual traumas and IPV where participants blamed themselves, and IPV where participants felt stuck due to lack of social support or resources. In cases where participants were not believed, some family members believed them years later but participants expressed those relationships were already damaged. Several participants were blamed for their assaults by family members or significant others stating that they must have initiated, even when it was CSA. Participants not actively engaged in community support blamed themselves because their character must have led to IPV. Limited social support was often due to strained familial relationships or IPV resulting in isolation. Many participants could not access mental health services due to lack of insurance or financial resources leading to substance use as a coping mechanism. Participants who wanted to leave abusers could not due to limited shelter availability. **Conclusions** Structural interventions are necessary to increase access to mental health and housing resources. Since children are raised in varying environments, it is also essential to implement health education programs in schools and communities among children and adolescents to promote healthy relationships, communication, awareness of dangerous situations, and how and where to report.

**Implementation of an Enhanced Peer Mentor Program During Inpatient Rehabilitation for Patients with Spinal Cord Injury**, Christa Ochoa, MPH, Lea Goad, CTRS, Katherine Froehlich-Grobe, PhD

**Background** Inpatient rehabilitation stays after spinal cord injury (SCI) decreased substantially since the 1970s, with current lengths of stay averaging 31 days compared to 98 days in the 1970s. Patients now have less time to absorb crucial information to facilitate readjustment to life post-injury. Peer mentoring during rehabilitation may help bridge this gap by reducing the number of unexpected rehospitalizations and increasing individual self-efficacy. Our hospital received a 1-year grant to expand our peer mentor program to include once weekly mentor sessions both pre- and post-discharge for up to 6 months. **Methods** From November 2018 - February 2019, our team identified clinical and research staff to support the project and recruited, hired, and trained 5
peer mentors to work up to 10 hours per week and mentoring began in March 2019. Mentors each work on site 5 hours a week during the weekday doing one-on-one mentoring, assisting with group-based therapy, and supporting patient education sessions. Mentors document all sessions in an electronic database, including to record topics discussed. Key project stakeholders are updated at monthly meetings to provide program feedback. Patients and staff complete satisfaction surveys to inform program improvement and long-term sustainability. **Results** Over 7 months, our 5 mentors conducted 316 sessions with 49 patients before discharge (average of 4.47 sessions). Most common topics discussed include activities of daily living (240 sessions), accessibility/mobility barriers (105 sessions), and recreation/leisure (81 sessions). Surveys indicate high satisfaction from patients and clinical staff. Patients rated overall helpfulness as 4.75 out of 5 at discharge and 20/21 providers reported they “agreed” or “strongly agreed” recommending their patients to the program. **Conclusion** We have successfully implemented a peer mentor program into our hospital, with benefits recognized by both patients and staff. The next project phase is to develop SCI-specific resources for our hospital website.

**Systematic Review of Maternal Diabetes and Childhood Cancers**, Temitope Oloyede, MD, MPH, Paige Miller-Gianturco, PhD, MPH, Natalie Archer, PhD

**Background** Cancer is a leading cause of death among children and adolescents, but the causes of childhood cancers are largely unknown. Since these cancers are typically diagnosed in the first few years of life, it has been hypothesized that in utero exposures may contribute to their pathogenesis. Maternal diabetes is associated with high birth weight, which has been linked to increased risk of childhood cancers. Diabetes is also associated with increased cancer risk in adults. However, previous studies have reported inconsistent results regarding the relationship between maternal diabetes and childhood cancers. We carried out a systematic review to examine this association. **Methods** Our systematic review was conducted following PRISMA guidelines. Observational studies reporting ratios of the association between maternal diabetes and childhood cancers were included. PUBMED was searched systematically with no restrictions on year of publication, country, or language. Reference lists of included studies were searched for additional relevant studies. Meta-analyses were performed for childhood cancer types with 4 or more individual results. Results for all types of maternal diabetes (any/all, gestational diabetes, or pre-existing diabetes) were included in each meta-analysis. When available, two or more subgroup results from the same study were included in a meta-analysis, if there was no overlap between cases in each of the subgroups. **Results** Seventeen articles were included in the systematic review. Meta-analysis yielded summary measures of 1.48 (1.04 - 2.10) for all childhood cancers combined, 1.34 (1.16 - 1.54) for all types of leukemia combined, 1.46 (1.15 - 1.86) for childhood acute lymphocytic leukemia (ALL), and 1.15 (0.84 - 1.57) for neuroblastoma. **Conclusion** We found statistically significant associations between maternal diabetes and increased risk of all childhood cancers combined, all types of childhood leukemias, and ALL. Further research into how maternal diabetes impacts childhood cancer, and whether risk varies by diabetes type, is recommended.

**Texas Tooth Steps (TTS) - Texas Oral Health Coalition's perinatal oral health program**, Sherdeana Owens, DDS, MPA, Christina Murphey, PhD, MSN, Beth Stewart, RDH

**Background** The Texas Oral Health Coalition's perinatal oral health program called Texas Tooth Steps (TTS) is an innovative train-the-trainer health education program. The target audience is low SES perinatal women in Texas. The 2000 U.S. Surgeon General Report on Oral Health in America emphasizes that Oral Health is essential to general health and well-being. Specifically, perinatal oral-systemic health is crucial for pregnant women and infants. Numerous studies show an association between periodontal disease and pre-term delivery, low birth weight and preeclampsia. Further, perinatal women with poor oral health status or tooth decay are at increased risk of transmitting cariogenic bacteria to their infant. Education and training of perinatal women helps them to understand the importance of oral-systemic health. **Goal** The goal is to support the inclusion of oral-systemic health in overall health education efforts. TTS provides a specially designed oral health toolkit with resources and materials for home visiting staff trainers to educate women about the importance of self-care and infant-care. **Methods** Partnering with Nurse Family Partnership, Community Health Workers, and community agencies, TTS reaches perinatal women in rural and urban settings, addresses various demographic categories, and
concentrates on underserved groups. **Results** To date, there have been two cohorts of 200 women each. Cohort 1 to included 48% Hispanic, 31% African American, and 14% Caucasian; 15% were in the teen years and 47% were in their 20s. Cohort 2 shows 57% Hispanic, 23% African American, and 14% Caucasian; 28.6% were teens and 60% were in their 20s. Success is measured via responses to short text message surveys over a 24-month period. **Conclusion** TTS is an innovative train-the-trainer program with proven results. The TTS program is cost effective, easily replicated, and valuable. It is a community level public health initiative and can act as a model for other agencies.

**Healthy Food Availability in Lower-Income Tarrant County Zip Codes**, Racquel Owino, Public Health, Amanda Mastroiania, Balaji Kolasani, MPH, Brandie Green, PhD, Erin Carlson, DrPH

**Background** Approximately 18% of Tarrant County households face food insecurity and factors predictive of relying on convenience stores to purchase food. To assess availability of healthy foods in convenience stores located in lower-income Tarrant County neighborhoods, University of Texas at Arlington Public Health students surveyed convenience stores. **Methods** Food surveys of eight stores were conducted within one week in October 2017 at a convenience store chain with numerous locations in zip codes 76112 or 76119. The survey instrument was adapted from a published instrument, and included measures for availability, shelf location and prices of selected foods. Undergraduate Public health students (n=46) were divided into eight teams. Teams were trained on use of the survey instrument and assigned to selected stores. The major food groups surveyed were healthy varieties of cereal, fresh fruit and vegetables, frozen vegetables, canned vegetables, milk, bread and eggs. Univariate data analyses were conducted using Microsoft Excel. **Results** Analyses revealed that 100% (n=8) of stores surveyed did not sell fresh vegetables or fruits. Of healthy foods surveyed, canned vegetables and cereals were available in greatest variety. Eggs, shelved below eye-level in 7 stores, sold for an average of $1.89. Five stores shelved bread below eye level, with white bread averaging $1.52 and wheat bread averaging $2.91. Frozen vegetables were available in all stores for $1 per bag, including cut corn(n=4), mixed vegetables(n=1) and broccoli cuts(n=3). Low-fat milk was present in 7 stores. **Conclusion** Convenience stores located in low income, low-access zip codes in Tarrant County lack fresh, healthy food options. Further research is needed to determine if the paucity of healthy food is a result of organizational barriers, insufficient demand, or other factors.

**Family Caregivers of Children with Special Healthcare Needs: Perceptions of Social and Services Supports**

Jocelyn Payan, Erin Carlson, DrPH, MPH

**Background** One in five U.S. families has children with special health care needs (CSHCN). Such families have been found to experience burdens related to finances, employment, child care, time, and health care access. Research lacks regarding the role of social support and services for families with CSHCN. Our study sought to learn the perceptions of primary caregivers of CSHCN regarding the availability of social support and formal services to care for CSHCN. **Methods** Participants completed a 34-item, semi-structured survey adapted from National Health Interview Survey questions. The survey was available to all parents whose children participate in a Dallas program for children with physical disabilities. Survey items assessed caregiver perceptions about the adequacy of formal and informal supports. Quantitative data were analyzed in Microsoft Excel using descriptive statistics. Qualitative responses were inductively coded for themes and sub-themes. **Results** Twenty participants completed the survey (response rate=57%). The majority of participants reported they earned a yearly household income of greater than $40,000. Of respondents, nearly 45% (n=9) of participants stated they found it difficult to gain support from others about their child’s condition. Of the participants, 55% (n=11) stated they have had difficulties or delays getting services they needed for their CSHCN due to cost. Caregivers also stated they were often frustrated trying to get services for their CSHCN (n=13; 65%). Qualitative response themes included the desire for extracurricular programs for CSHCN and a lack of available respite care. **Conclusion** Our results highlight the impact that health care costs have on families with CSHCN from all income levels and found a reported lack of respite care and extracurricular activities available for families of CSHCN. These findings may guide community programming for families with CSHCN, as well as research about the kinds of activities that families with CSHCN would find most beneficial.
Healthier HOU - Revitalizing Health Education Services in Houston, Texas for a modern audience

Background The session will offer administrative strategies, health education/health promotion techniques, and lessons learned in developing health education services for community-based and clinic-based settings. The Houston Health Department's Office of Chronic Disease, Health Education and Wellness reestablished the Health Education Services unit, Healthier HOU, in 2018 to provide chronic disease prevention and self-management educational programming to adults aged 18-45 in support of DSRIP 1115 Waiver metrics, abnormal BMI, Hypertension and Tobacco Use. Cross-disciplinary methods were applied to build the infrastructure of the unit. This includes health behaviors methods, communication and marketing methods, data and evaluation methods and Quality Improvement methods. Results/Conclusion in Year 1 of implementation are observably successful. Service satisfaction rate across 4 health center are 95% and above. Further diffusion is necessary to increase service utilization in hard to reach populations.

Increase in Syphilis Among Women in Texas, Jessica Romano, MPH
Background Syphilis is a sexually transmitted disease (STD) that is caused by the bacterium Treponema pallidum and is associated with long-term complications if left untreated. In the US, primary and secondary (P&S) syphilis rates have increased almost every year since 2000, which is largely attributable to the increase among men. In Texas, P&S syphilis rates for both men and women have increased over the last five years, with rates for women increasing over 50% since 2013. This increase among women is concerning because it is associated with the increase in congenital syphilis. The purpose of this analysis is to examine the epidemiology of syphilis among Texas women. Methods Texas STD surveillance data from 2013-2018 was examined. Only women of childbearing age (15-44 years) diagnosed with either P&S syphilis, early syphilis (non-P&S), or late/unknown syphilis within these years were evaluated. Descriptive statistics were performed using Statistical Analysis System (SAS) and Excel. Results From 2013-2018, there was a 58% increase (25.4 to 40.2 per 100,000 persons) in total syphilis rates among women. Black women (111 per 100,000 persons in 2018) had the highest syphilis rate each year compared to Hispanics and whites. Black women also had the largest increase (65%) in P&S syphilis rates (12.7 to 20.9 per 100,000 persons) from 2013-2018, with a 52% increase from 2017-2018. In 2018, 21% of the cases reported being pregnant at exam and 39% reported at least one other STD from 2013-2018. Overall, whites had the highest percentage of reported drug use (21%) and sex during drug use (34%) from 2013-2018. Conclusion Syphilis case rates continue to rise in Texas and are expanding beyond the male population into the female population. Further analyses need to be performed to better understand the disparities among women with syphilis.

Neurosyphilis: Diagnostic and Classification Challenges in Texas, Jessica Romano, MPH, Sydney Minnerly, MA, Margaret Vaaler, PhD
Background Neurosyphilis is an infection of the central nervous system with Treponema pallidum that can occur during any stage of Syphilis. It is an uncommon, but severe clinical manifestation of untreated Syphilis. Estimating the prevalence of neurosyphilis has been challenging because of the lack of consistent reporting, changes in case definitions and significant limitations in diagnostic modalities. We define a confirmed case as one with serologic evidence of syphilis, in addition to clinical signs and symptoms of neurosyphilis and a reactive Cerebrospinal Fluid Venereal Disease Research Laboratory (CSF-VDRL) test. A probable case requires serologic evidence of syphilis along with signs and symptoms of neurosyphilis, but without a positive CSF-VDRL. The purpose of this study is to examine the prevalence of neurosyphilis in Texas and the reporting and diagnostic challenges surrounding this condition. Methods Syphilis data reported to STD*MIS from 2015-2018 were analyzed. Case notes and labs were reviewed to determine if symptoms and test results justified the neurosyphilis classification reported. Many of the cases were re-classified into either confirmed, probable, or not a neurosyphilis case. Associations with demographic characteristics were performed on confirmed cases using Chi-square tests. Results A total of 130 confirmed neurosyphilis cases from 2015-2018 were reported, and 105 were accurately classified as confirmed. A significant proportion of reported cases were classified as probable (77%), but 73% of those did not have neurological symptoms. Most cases were male (92%) and 59% (p<.001) of those were reported as men who have sex with men (MSM). Whites (p<.0001) and older age groups.
(>44 years) (p<.0001) made up half of the cases. Vision loss (45%) was the most common symptom. **Conclusion** With Syphilis steadily increasing each year, neuro-involvement in these cases have continued to rise. To effectively reduce transmission and increase public health response will require improvement of quality assurance, reporting, diagnostics and surveillance.

**Cooking up Convivencia in the Lower Rio Grande Valley: A peer-group health promotion model that improves physical, social and mental well-being, Jason Rosenfeld, DrPH, MPH, Clarissa Meza, Jordan McMaster, Minyoung Chung, Esmerelda Ibarra, Janie Escareno**

**Background** The Center for Medical Humanities & Ethics initiated a community health promotion program in Cameron and Hidalgo counties with the Lower Rio Grande Valley Academic Health Education Center, La Union del Pueblo Entero (LUPE), and HEB. This program tested the adaptability and effectiveness of Community Health Clubs (CHC), an international community organizing and participatory education model. A CHC is a community group, led by a trained promotora, dedicated to preventive health education and facilitating incremental changes in their lives. CHCs empower people to define health threats and solutions, while generating trust and social support. Our goal is to organize underserved communities to improve physical, mental and social wellbeing.

**Methods** In 2017 we trained 15 promotoras to form CHCs and deliver a six-week participatory CHC Zika curriculum. From 2018-2019, we trained 17 promotoras to deliver the 10-week Salud con Sabor Latino (SSL) nutrition and physical activity curriculum through their existing CHCs. We evaluated both curricula using pre- and post-intervention surveys. Focus groups and interviews captured participant perspectives and helped prioritize health topics.

**Results** Ten CHCs with 78 members completed the six-week Zika curriculum, while 11 CHCs with 134 members completed the 10-week SSL curriculum. CHC members significantly increased their knowledge about Zika, nutrition and physical activity, and the number of days each week they engage in physical activity. Members reported influencing the knowledge and behaviors of family and friends and that participation improved their social and mental wellbeing.

**Conclusion** The model is adaptable and has been accepted by both promotoras and residents. Participation was influenced by the choice of topic, and the use of participatory education techniques, familiar community-based venues, and positive social pressure. The CHCs created a safe learning environment, where shared knowledge was generated and peer support was encouraged, facilitating behavioral changes, and improved social and mental wellbeing.

**Examining the Effects of Community Water Fluoridation at the CDC Recommended Levels, Shea Roy, Cody Price, Margaret Foster, Darcy McMaughan, PhD**

**Background** Topical fluoride use for the prevention of dental caries is generally regarded as not only safe, but effective. However, much debate surrounds the potentially adverse outcomes of ingesting fluoride through Community Water Fluoridation (CWF), which water artificially fluoridated to Health and Human Services recommended levels of 0.7 parts per million (ppm). In Texas, 3,401 communities do not practice CWF (due to fluoride naturally occurring in the water system and due to concerns about adverse outcomes). In this systematic review of the literature, we consider the risks and benefits of CWF.

**Methods** To understand the known effects of regular fluoride ingestion through CWF, the authors are completing a systematic review by examining CWF research published in the peer-reviewed literature to understand the behavioral, environmental, and policy ramifications of community water fluoridation at the 2015 Health and Human Services (HHS) recommended levels.

**Results** We will report outcomes associated with CFW stratified by population (gender, age, race/ethnicity, SES status), geographies (city/county/region/urban/rural), as well as the structural elements of CWF.

**Conclusion** This research can be used to inform public health professionals and policy makers about CWF and assist municipalities in informed decision making around CWF.

**Flu Vaccine Coverage Among High-Risk Subgroups in Texas, Lakshmi Bhargavi Sahini, Holly Hughes Garza, DVM, MPH, Rachel Wiseman, MPH**

**Background:** Influenza (flu) is a significant public-health issue which the Centers for Disease Control (CDC) estimated over 30,000 deaths and over 500,000 hospitalizations during the 2018-19 flu season. This study aims to assess flu coverage trends in Texas among subgroups of populations at high risk for flu-related complications and poor outcomes based on age category and health status.

**Methods** Data from the 2017 Behavioral Risk
Factor Surveillance System (BRFSS) was used to calculate flu coverage rates among high-risk (HR) adults, stratified by age group. National Immunization Surveys (NIS)-Flu 2018-19 flu season data was used to determine coverage rates among children. **Results** Flu vaccine coverage for adults 18 years of age and older was 36.6 percent. Among adults 18-64 years of age, flu vaccine coverage was 31.8 percent (95% CI, 29.8-33.8). Coverage rate in this age group by specific HR condition ranged from 29.0 percent (19.0-39.1) for those with heart disease to 46.0 percent (38.3-53.7) for those with diabetes. Among adults 65 years of age and older, flu vaccine coverage was 59.4 percent (95% CI, 55.1-63.6). Those with diabetes again had the highest coverage at 68.8 percent (61.4-76.2). Those with asthma had the lowest coverage among adults over 65 years, 59.7 percent (45.4-74.1). Among children between 6 months and 4 years of age, flu vaccine coverage was 72.6 percent (69.4-75.8), significantly higher than coverage rates of older children (13-17 years of age, 51.9 percent (49.1-54.7).

**Conclusion** This study achieved the Healthy People 2020 goal of 70 percent influenza coverage in young children (6 months-4 years). Texans over the age of 65 with specific risk factors had better flu vaccine coverage rates than those of 18-64 years of age with similar risk factors. There is an opportunity for improvement in coverage among HR adults under 65.

### Development, Implementation, and Assessment of the Area Health Education Center (AHEC) Scholars Program in East Texas, Caley Satterfield, EdD

**Background** The AHEC Scholars program is an initiative of the Health Resources and Services Administration (HRSA). The ultimate goal of AHEC Scholars is to increase workforce capacity of health professionals in rural/underserved areas by providing didactic and experiential opportunities to students. Texas AHEC East (TAE) implemented the AHEC Scholars curriculum with a Cohort of 56 Scholars in 2018-2019. The curriculum includes 40 hours of didactics and 40 hours of experiential learning across six HRSA-identified core topic areas for two years. **Methods** An intake pre-survey included data points from the Interprofessional Collaborative Competency Attainment Survey (ICCAS) and data points covering HRSA’s six core topic areas (TexAS). An instrument developed by the Texas AHEC Statewide Evaluation Task Force. Demographic data was also collected on each Scholar. **Results** Of 56 TAE AHEC Scholars, 55 completed the pre-survey. Female participants comprised 74.5% of cohort 1 and 25.5% were male. Racial demographics revealed a diverse group of Hispanic (18.2%), White (40%), Asian (21.8%), and African American (14.6%) Scholars. As for plans to enter primary health care after training, 87.2% indicated primary care as their current planned field of practice with over half (67.3%) indicating intention to work in rural or underserved areas. No statistically significant differences by gender or age were found in either the ICCAS or TexAS (p>.05). Similarly, disadvantaged status of the participants, nor indication to practice in rural/underserved areas with medically underserved populations were found to be statistically significant (p>.05). **Conclusion** Initial results indicate that Cohort 1 is a racially diverse group with the majority intending to practice primary care in rural/underserved settings. Analysis of post-survey data, once collected, will provide more details about the quality of the training AHEC Scholars are receiving as related to the six core topic areas identified by HRSA and eventual career choice and location.

### When is it enough? Predicting the help-seeking behavior of intimate partner violence victims, Nistha Shrestha, Jessica Grace, MSW, Annalyn Galvin, MSN, RN, CPN, Erika L. Thompson, PhD, MPH, CPH, Emily E. Spence, PhD, MSW

**Background** Intimate Partner Violence (IPV) is characterized as the use of physical force, sexual violence, emotional abuse, or psychological aggression by a past or present intimate partner. Identified as a major public health concern, IPV affects women at alarming rates. In 2015, 21.4% reported facing severe IPV. Despite its staggering prevalence and impact on physical and mental health outcomes, disclosure rates remain low. Literature details factors that could influence a victim’s decision to request help are often tied to interpersonal and sociocultural dynamics. Furthermore, women who experienced a severe, frequent and longer duration of abuse were positively associated with help-seeking behavior. **Methods** TESSA is a community collaboration project implemented in primary care clinics and IPV service provider agencies in Tarrant County Texas. This program uses a tablet-based IPV screening to connect patients with an IPV history and to community resources. This presentation details females who chose to seek assistance through TESSA as an outcome. Variables around past IPV experience, depression status, family relationship, friendship, adverse childhood experiences (ACEs)
and death threats by a partner were used as predictors to model the association. Binary logistic regression was used to study the association between predictors and help-seeking behavior. Results Lethal threats and ACEs were found to be significant predictors of help-seeking behavior. Compared to participants with no ACEs, females who have experienced ACES have 2.019 times higher odds of seeking assistance (CI:1.9-3.41). Females who have reported receiving life threats from past or current partners have 1.860 times higher odds to seek assistance (CI:1.10-3.14). Conclusion The results indicate that the presence of ACEs and lethal threats are significant predictors of help-seeking behavior. However, more research should be conducted to strengthen this association. Programmatically, this association can be useful in identifying patients with high lethality who have not requested assistance and tailor approaches to reach out to them.

**Congenital Syphilis in Texas and Missed Opportunities for Prevention, 2017-2018**, Anna Sirugo, Kacey Russell, MPH

**Background** Congenital syphilis (CS) occurs when a pregnant woman with syphilis passes the infection to her baby. This transmission can cause outcomes such as infant death or deformed bones. Nationally, 918 cases were reported in 2017 which is the highest reported since 1997. Texas specifically had 367 cases in 2018, a 124% increase from 2017. **Methods** Texas Department of State Health Services STD surveillance records from January 1, 2016 to December 31, 2018 were used to identify mothers diagnosed with syphilis. 951 mothers were sorted into two groups: CS and non-CS mothers. CS mothers were defined as women diagnosed with syphilis whose infants, including stillbirths, were reported with probable or confirmed CS. Non-CS mothers were diagnosed women whose infants were not reported with probable or confirmed CS. Associations with demographic characteristics were evaluated with Chi-square and Fischer exact tests, with p<0.05 used for statistical significance. **Results** The CS group contained 441 and non-CS group contained 510. Eighty-eight percent of non-CS and 72% of CS mothers received prenatal care (PNC) (p<0.001). Among non-CS mothers, 7% had their first appointment in the third trimester, indicating late prenatal care (PNC), whereas 14% of CS mothers accessed PNC late (p=0.0067). Significant differences were observed between the proportion of non-CS and CS mothers who were tested for syphilis during the first PNC visit (p<0.001), at 28-32 weeks gestation (p<0.01), and at delivery (p<0.01). There were significantly more non-CS mothers (96%) who were diagnosed 30 days before delivery compared to CS mothers (60%, p<0.001). For non-CS mothers, 81% were adequately treated compared to only 36% of CS mothers (p<0.001). **Conclusion** On average, there were more CS mothers who experienced late prenatal care, late diagnoses, and inadequate treatment compared to non-CS mothers. Prenatal care access for all mothers and provider education could ensure women are tested and treated appropriately and timely.

**Enhancing Influenza-Like-Illness Surveillance along the US-Mexico Border**, David Torres, MPH

**Background** Texas Public Health Region (PHR) 9/10 covers some of the largest counties in west Texas with unique demographic and geographic characteristics. Given the proximity with Mexico, cross-border migration is common throughout the region. This frequent migration can potentially increase the risk of transmitting influenza across borders. ILI activity in these mostly rural Texas counties has been historically underreported. The Texas Border Infectious Disease Surveillance (BIDS) program established the ILI surveillance project in 2014 to enhance ILI surveillance in this region. **Methods** Four sentinel surveillance sites in Texas (and 9 additional sites in New Mexico and Chihuahua) report ILI activity to the Texas BIDS program. The ILI surveillance protocol outlines case definition and specimen submission procedures. A Case Report Form (CRF) collects patient vaccination status and international travel. Each site forwards ILI and CRF data to the Texas BIDS program. ILI data from Texas sites is reported to ILINet by BIDS staff. ILI and lab data is aggregated in a bilingual weekly report. **Results** During the 2018-2019 flu season 299 cases of ILI were reported and 204 specimens and 126 CRFs were collected from the 4 sites. The majority of positive specimens were Type A H3 (67%) and Type A 2009 H1N1 (26%). Overall positivity across all sites was 36.6%. 72% of Texas ILI patients who reported travel to Mexico had positive lab-confirmed type A flu. 13% of ILI patients had received a flu vaccine in the past 12 months. 69% of ILI patients who were vaccinated against flu had negative confirmatory tests. **Conclusion** Data captured by the ILI Surveillance project helps close the reporting gap of ILI activity at the regional level. ILI and lab data captured by sentinel sites is included in PHR 9/10 and statewide flu reports. The ILI surveillance project model can potentially be expanded to include other surveillance activities along the Texas-Mexico border.
**The Combined Challenges of Texas' Aging Population and Aging Primary Care Workforce**, Matthew Turner, PhD, MPH, Nicole Avellanet, MPH, Cate Campbell, MPH, Amanda Ingram, MPH

**Background** Texas' 60+ population is projected to double over the next thirty years and its 85+ population will quadruple. With this growth in the elderly population will come an increasing need for the state's health care system to better manage chronic health conditions, cognitive and mental health concerns, and oral health issues, among others. Meanwhile, evidence has shown the efficacy and cost-effectiveness of a strong primary health care system. Yet older providers already comprise a disproportionate share of Texas' primary care workforce and new providers are increasingly specializing. **Methods** This research relies on multiple datasets to describe the health and health care challenges facing the state and its elderly populations. Health outcome and risk behavior data will be drawn from the Behavioral Risk Factor Surveillance System, the Texas Health Care Information Collection hospital inpatient and outpatient datasets, and Medicare data available through the Dartmouth Atlas, among others. Primary care workforce data will be drawn from licensure files of the Texas Medical Board, Texas Board of Nursing, and Texas State Board of Dental Examiners, as well as workforce supply and demand projections. **Results** This in-progress research will demonstrate the growing health challenges facing Texas' older population, including rates of chronic disease, hospitalization, risk factors for poor health, and primary care access measures. Health provider data will demonstrate the demographic profile of the primary care workforce, labor market trends, and geographic areas facing the greatest challenges. Together, these data will portray the challenges facing Texans as we seek to care for our elderly and reduce provider shortages in the state. **Conclusion** Nationally and locally, researchers, planners, and policymakers have identified the aging population and the primary care workforce shortage as looming concerns. This research demonstrates the articulation between these challenges and concludes with a review of strategies that may help limit their impact.

**Exposure Assessment of Traffic-Related Air Pollution in El Paso, Texas Using Personal and Ambient Monitoring**, Inyang Uwak, MBBS, MPH, Tara Ramani, PhD, PE, Natalie Johnson, PhD, Rohit Jaikumar, PhD, Juan Aguilera, MD, MPH, Suriya Valsamisundar, PhD

**Background** El Paso is home to one of the largest border crossings in the US and has also been in nonattainment of the National Ambient Air Quality Standards (NAAQS) for PM10 in the past. Significant sources of emissions have been identified in the US-Mexico border region, where large volumes of cross-border freight and passenger movement occur. These emissions are due to a large number of heavy-duty vehicles/trucks which are often moving slowly or idling while waiting in long lines at the border. **Methods:** We measured real-time personal exposure to fine particulate matter (PM2.5) and black carbon (BC) among high school teachers in El Paso using lightweight backpacks containing air monitoring devices over 24 hours. The measurements were divided into four microenvironments; residential, vehicular, school, and other based on GPS coordinates and time measurements. The ambient monitors were placed within the school premises and measured daily PM2.5 and black carbon concentrations. **Results** Preliminary results from the real-time personal air monitors show the average daily mass concentration of PM2.5 was 2.68 μg/m3 (SD=3.34) and of black carbon was 1.09 μg/m3 (SD=0.86). From the ambient monitors, the average daily mass concentration of PM2.5 was 8.98 μg/m3 (SD=5.45), and for black carbon was 1.12 μg/m3 (SD=1.67). **Conclusion** These low personal exposure levels may be as a result of the teachers spending most of their workday indoors, within the school and infiltration shielding offered by the building. However, further analysis of the filters from the personal air monitors is ongoing to reveal the actual concentrations.

**Varying attractants in the Biogent Sentinel (BG) trap to determine arbovirus disease risks in selected areas in Harris County**, Maximea Vigilant, DrPH, Iriane Warren Bsc, Shawn Holly, Christy Roberts Bsc, Joel Shah, MPH, Magaret Odunze

**Background** A variety of trapping devices is currently being utilized to attract and collect mosquitoes that transmit arbovirus diseases. In Harris County, this is achieved with the use of the Centers for Disease Control and prevention (CDC) Light trap, the CDC Gravid trap, In2Care trap, and the Biogent Sentinel (BG) trap. Environmental conditions, socioeconomic status, population dynamics, large water bodies and the presence of
fifty-six different mosquito species, provides a platform for the transmission of arboviruses. The BG trap was designed especially to collect Aedes aegypti and Aedes albopictus, the carriers of Yellow fever, Dengue, Chikungunya, and Zika viruses. Collections in this trap have produced several other mosquito species that can transmit arboviruses such as West Nile Virus (WNV), St. Louis Encephalitis (SLE), Malaria, La Crosse encephalitis, and bridge vectors of Eastern Equine and Venezuelan Encephalitis.

**Methods**

Traps were located in eighteen different areas and were baited with either carbon dioxide (CO2) in the form of dry ice, a BG Lure that mimics human odors, or a combination of both. **Results/Conclusions**

Twelve different species of mosquitoes were identified by genus to species, separated by sex, and selected samples were submitted to the virus testing. The only arbovirus isolated was WNV found in the Culex quinquefasciatus species.

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**The Level-UP Curriculum-Based Public Health Workforce: Impact of Service Learning Projects in Undergraduate Public Health Courses**, Elizabeth Wachira, PhD, MPH, BSN

**Background**

Experiential learning, such as service learning, is important for the professional development of students. This learning method extends traditional lecture instructions to include community service and reflections opportunities. In addition, service learning meets an immediate need that many rural cities lack; a large public health workforce. **Methods**

This presentation provides an overview of a service learning class project in an undergraduate public health class. The class objective was to provide students with both learning and community service experiences; students were tasked with conducting a Community Needs Assessment (C.N.A) and use findings to inform the design of a viable four-week program to be implemented in the following semester. Students were divided into groups to conduct a C.N.A for a specific target population. The performance and learning outcomes for the project were measured through student writing assignments inclusive of group papers outlining findings from the C.N.A and reflection papers about lessons learned. **Results**

Students conducted a C.N.A focusing on five groups divided by age, school or disability status. Five viable programs were proposed for each population and students picked one of these to implement. Students are currently preparing to implement and evaluate the selected mental health awareness program. The programs goal is to raise awareness about mental health, resources and decrease associated stigma. Groups will write a final report outlining the program and evaluation to be shared with stakeholders interested in campus college health. **Conclusion**

Service learning is beneficial to student and community development; students develop health promotion skills such as community engagement, program planning and evaluation. They apply often abstract and hard to understand theory into public health practice that meets community needs. Service learning is an effective model for public health undergraduate instruction and a way to meet the needs of the community in often service poor rural areas.

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**Primary Amebic Meningoencephalitis in a Ten-Year-Old Child with Exposure to a Freshwater Source**, Lenae Warner

**Background**

The Texas Department of State Health Services (DSHS), Public Health Region 7 investigated a case of PAM in a ten-year-old child, who developed symptoms after swimming in a local river. **Methods**

An interview was conducted with the patient’s parent on September 12, 2019 using The Texas Department of State Health Services Amebic Meningitis/Encephalitis Case Investigation Form (January 2012). Additionally, medical records were provided by the infection preventionist (IP), with additional support provided by DSHS Central Office and Centers for Disease Control and Prevention staff. **Results**

Eight days after swimming in a slow-moving, shallow area of a freshwater river, the patient presented to a local hospital and was initially suspected and diagnosed with bacterial meningitis and sepsis. A cerebral spinal fluid (CSF) sample was tested. Free-living amebas were visualized and additional testing by CDC was positive for Naegleria fowleri. The patient was treated with therapeutic hypothermia and antimonials miltefosine upon diagnosis. However, the infection and subsequent global cerebral and cerebellar edema and acute herniation of the hindbrain culminated in the death of the patient five days after admission. **Conclusion**

PAM is a rare condition that almost always results in death. From 1962-2018 there have been 145 reported cases in the United States with four survivors. Texas leads the nation with 36 cases reported between 1962-2018. The main sources of exposure have been freshwater lakes, ponds, and reservoirs.
Substance Abuse/Misuse in 16 County North Texas Region, Scott Wells, RN, MPH, Sushma Sharma PhD, Jennifer Gilley, Brad Walsh MPH CPH

Background The goal of this regional assessment was to assess substance abuse/misuse in 16 individual North Texas counties so that communities, policymakers, and leaders can make informed decisions to address unmet needs. Counties evaluated were- Collin, Dallas, Denton, Ellis, Erath, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Parker, Rockwall, Somervell, Tarrant & Wise. Methods Several data sources were used including the DFW Hospital Council Foundation's (DFWHC) hospital visits data from 98 regional hospitals, state and local health department, state pharmacy board, national and state data registries, CDC, SAMHSA, Texas Education Agency, payers and Local Mental Health Authorities. Results Data for all 16 counties showed total 687,774 visits (patient visits with substance abuse/misuse) in 2017. The assessment also identified demographic differences. Visits reported cases with nicotine 522,846 (76.02%), alcohol 41,473 (6.03%) and drugs mainly cannabis, psychoactive & stimulants, cocaine and opiates 35,214 (5.12%). Nearly 70-80% of visits were outpatient visits. Dallas and Tarrant counties covered 90% of visits. The study reports a 12-15% overlap between mental health and substance misuse/abuse patients (patients with both diagnoses). The Texas Board of Pharmacy data suggests that opioids- Opiate Agonists (Codeine, Morphine, Vicodin) were the number one prescription dispensed (4,840,563) in 2017 in the North Texas region. A total of 191,909 deaths were reported due to drugs/alcohol in Texas in 2017 (CDC.Gov). Eleven North Texas counties had more deaths due to drugs/alcohol than the state rate (699.9 per 100,000) in 2017. Conclusion This study identifies characteristics and disparities of substance abuse/misuse in 16 North Texas counties. Findings suggest the development of local collaborative partnerships to address local issues related to the most common substances and their usage. The study calls for education and awareness for prevention and best practices for opioid prescriptions.

Implementation of a School-Based Telehealth Program for Asthma Care Among Ethnically Diverse Students, Stormee Williams, MD, Luyu Xie, PharmD, Karen Kaighan, RN, MSN, MPH, Danielle Wesley, MHA, Tamara Perry, MA, Julie Hall Barrow, EdD

Background School-based telehealth programs may improve access to asthma care and improve asthma health outcomes in large urban areas. However, little is known about what type of students seek asthma-specific care in school-based telehealth programs, particularly in geographic areas with high asthma prevalence rates. Children’s Health System of Texas has the largest school-based telemedicine program in the nation, spanning over 150 sites in 2,905 square miles across North Texas. The objective of this analysis was to examine the characteristics of students seeking asthma-specific health care in a school-based telehealth clinic setting.

Methods Data were collected from 150 school-based telemedicine clinics across 9 independent school districts in North Texas from 2014-2017. The majority of clinics were located in the greater Dallas Forth Worth metroplex and provided direct linkage to medical providers specializing in asthma care. Results The final analytical dataset included 5,687 (48% Hispanic, 34% non-Hispanic black [NHB], 67% Medicaid, x̄ age 10.1 [SD 4.42] years) students. Over 2,000 (36% of total sample; 55% Hispanic, 36% NHB, 69% Medicaid, x̄ age 10.7 [SD 4.37] years) students were seen specifically for asthma-related issues and had Medicaid coverage versus other insurance (69.43% versus 30.57%, P=.001). Older students (> 12 years) were significantly more likely than younger (<5 years old) students to seek asthma care (Odds Ratio [OR] =1.43, 95% Confidence Interval [CI] 1.16-1.77), Medicaid students were significantly more likely than other coverage/self-pay to seek care (OR =1.31. 95% CI 1.16, 1.47), and NHB were significantly more likely than Hispanics to seek care (OR =1.17, 95% CI 1.05, 1.31).

Conclusion School-based telemedicine is an effective tool for addressing asthma-specific healthcare issues, and among ethnic minority Medicaid-enrolled students in particular. This setting may provide a lower-cost alternative to emergency/urgent care. Future studies can examine this effect, and among high risk students in particular.

Evaluation of Emergency Preparedness Information on Local Websites in Cameron County, Dawid Wladyka, PhD, Katarzyna Sepielak, PhD

Background The National Disasters Recovery Framework suggest that emergency preparedness materials should address the needs of local populations and include alternatives formats accommodating vulnerable groups, like persons with disability, elderly and limited English-speaking households. However, this task often exceeds the
capabilities of authorities in poor and vulnerable areas like the Rio Grande Valley (RGV). In fact, previous research on disaster preparedness information, including every time more prominent online resources, has shown that even federal level materials are often written at a level too difficult to understand. In order to evaluate the accessibility of the local emergency preparedness information, we assess the readability and suitability of online materials published by local governments in the RGV. **Methods** We analyzed disaster and emergency preparedness materials provided on 218 webpages of local authorities in Cameron county, Texas. (1) The reading difficulty level was evaluated using the Flesch-Kincaid (F-K) formula, and the Flesch Reading Ease (FRE) scale. (2) The Suitability Assessment of Materials (SAM) instrument was used to rate content, literacy demand, graphics, layout and typography, learning stimulation and motivation, cultural appropriateness. **Results** The vast majority of materials were written above 9th grade level. The average FRE score was 45.86, considered difficult with 119 webpages ranged from standard to difficult, and 29 were considered very confusing. The SAM analysis showed that 70.3% of the content was not considered suitable. **Conclusion** Online emergency preparedness materials hosted by local authorities are written in a difficult way and, in vast majority of cases, overlook the need of providing accessible information to vulnerable populations. The needs differ among the vulnerable groups, therefore unprepared entities could easily become overwhelmed with the complexity and diversity of the technology involved. The training on universalization of the accessibility modes to effectively reach the broadest possible audience using minimum resources should be considered.

**Can the Volunteer Lay Leader Model Motivate Behavior Changes in Community-Based Diabetes Self-Management Programs,** Cheng Yin, MS, Chenchen Yang MS, Keith W Turner PhD

**Background** Diabetes has become a significant public health issue that impacts both diagnosed individuals and the public health system. Previous studies found that community-based diabetes self-management programs, compared to traditional and online programs, are more efficient on accessibility, meeting patients’ needs, and emphasizing diabetes teaching skills. The Volunteer Lay Leader Model has been shown as an authentically cost-effective model to prevent falls among the aging population. This study assesses the impact of the Volunteer Lay Leader Model in the North Central Texas Diabetes Self-Management Program. The focus is on the degree to which there is self-efficacy in managing type two diabetes. **Methods** One hundred and fifty-five people diagnosed as type two diabetes participated in the program, which was conducted in places such as senior centers, libraries, and senior apartment complexes. The program consists of six workshops in six successive weeks, with each workshop lasting two and a half hours. In the first workshop, a registered dietitian distributed a consent form and a pre-test survey to participants. During the next five workshops, participants were educated to self-manage their diabetes in 14 areas by well-trained volunteers. In the end, a post-test survey was administered to each participant to record their confidence in managing their disease symptoms. The Paired Sample T-Test was employed to assess the self-confident scores (a 10-point Likert scale) on the differences between pre- and post-surveys. **Results** Participants reported improved self-confidence over the six workshops by avoiding symptoms of fatigue (p=0.006), maintaining control over physical discomfort or pain (p=0.002), managing emotional distress (p=0.002), reducing the impacts of other symptoms or health problems (p=0.001), and accomplishing important life tasks and activities needed to manage health conditions (p=0.002), and performing things other than just taking medication (p=0.031). **Conclusion** Participants at Diabetes Self-Management workshops run by volunteer lay achieved significant outcomes in North Central Texas.

**Public Health Informatics Methods for Improving Public Health Information Systems,** Cassandra Yoder, MHIHIM, Rasneet Kumar, MPH

**Background** Tarrant County Public Health (TCPH) utilizes various information systems that span many programmatic structures. These systems are vital in executing a myriad of user workflows that identify, monitor and control the spread of disease within our population. The TCPPH Informatics Office developed standard methodology to sustainably support the dynamic needs of public health operations. **Methods** The Informatics methods includes three states: (1) current state gap analysis; (2) development and implementation of informatics solutions; and (3) assessment and continuing quality assurance. The current state is determined by reviewing existing policies and procedures, program stakeholder obligations, and training materials for the program area. Business processes are analyzed by shadowing and interviewing staff and all information is
validated through interviews with leadership teams. Data mapping is performed for the lifecycle of the program by analyzing each web portal, information system, data repository, and reporting mechanism. Informatics solutions are developed and implemented to mitigate the gaps identified. The impact of implementations is assessed and continuing quality assurance projects are integrated into routine business processes for each information system. **Results** TCPH informatics has successfully used Informatics methods in several program areas. At the TCPH Clinical Services the process was utilized to improve the completeness and validity of performance measures for the Delivery System Reform Incentive Payment (DSRIP) by implementing a clinical information system redesign and a workforce development program. The workflows for TCPH Vector Surveillance and North Texas Regional Laboratory were streamlined by creating interoperability between their two information systems. **Conclusion** Application of Informatics methods may help assess and streamline diverse public health information systems to better meet the needs of public health operations.

**Community Support, Resilience, and HIV Prevention among Black and Latina Women in Travis County, Texas, Sania Zia, Sabrina Benitez, Liesl Nydegger, PhD, MPH**

**Background** Black and Latina women are disproportionately impacted by the substance abuse, interpersonal violence, and the HIV/AIDS syndemic along with structural barriers, such as healthcare access, employment, and access to social services. Pre-exposure prophylaxis (PrEP) is a preventative measure at-risk women can take to decrease their risk of contracting HIV. **Methods** We used data from a larger study that explored structural and syndemic barriers to PrEP adoption. Each participant completed three interviews over three months. Currently, there are 16 participants enrolled and the study will be completed in January 2020. Data analysis explored how access to community resources changed over time as well as subsequent changes in attitudes toward PrEP among Black and Latina mothers at high risk for HIV. **Results** Emerging themes revealed that mothers who reported wanting to improve their lifestyles for their children used community resources to exit unhealthy relationships, seek employment, and seek physical/mental health treatment. Preliminary results revealed that participants who had increased access to community resources also had increasingly positive attitudes toward PrEP throughout the course of the study. Experiencing IPV was a barrier to accessing community resources and those participants tended to have negative attitudes towards PrEP. Participants attributed their negative perceptions and attitudes toward PrEP to low perceived HIV risk and medical mistrust. Compounding structural inequities can contribute to lack of trust in medical interventions. **Conclusions** Our work to date suggests that more attention should be given to creating comprehensive community resources for Black and Latina mothers such as programs that promote employment, healthcare, leaving unhealthy relationships, and sexual health education. These resources should be culturally competent and focus on creating long-term, quality relationships with trusted advocates. Giving women the opportunities to build resilience will also empower them to make informed decisions about their sexual health and mitigate their HIV risk.
#1. Anxiety and Depression: Which Student Populations are Affected Most at the Health Science Center?,
Sujita Adhikari, Sushmitha Ananth, Alexander Fernandez, Dr. Emily Mire, Dr. Stacey Griner

**Background** In recent years, anxiety, depression, and suicidal ideation have been increasing among US college students. Graduate students are faced with increasing stress and mental health concerns due to academic pressure, workload, finances, relationship, and sleep deprivation. In the small number of studies focusing on graduate students, there has been no direct evidence determining whether subgroups of graduate students experience more mental health concerns than others. Through our study, we aim to identify the graduate students enrolled at a health science center in Texas that have a higher prevalence of anxiety and depression by their program (e.g., Public Health, Medicine, Pharmacy) and school year.  

**Methods** To address this need, a survey was developed with items including general demographic questions and screening tools for anxiety and depression. Screening tools were the General Anxiety Disorder scale (GAD-7) for anxiety screening and the Patient Health Questionnaire (PHQ-9) for depression screening. Data will be analyzed by gender, program of study, and the school year. Based on scoring, screening results ranging from mild to severe are provided and campus- and community-based resources are also provided to all participants. Inclusion criteria for this survey are (1) Over age 18 and (2) currently enrolled in a graduate program at the university.  

**Results** Data collection and analysis for this study is currently in progress. Based on previous data, we hypothesize an increase in depression (31% in 2018) and anxiety (60% in 2018). Based on the literature, we hypothesize a higher prevalence of anxiety and depression among females, those in medical school, and those in their first or second year of graduate studies.  

**Conclusion** Results will enable us to identify the student populations with a higher prevalence of anxiety and depression by their program and school year. By identifying these students, tailored interventions will be developed to promote mental health and academic success.

#2. Analysis of the trends of Shigella sonnei clusters, isolate case counts and to estimate the trends of Shigella sonnei clusters among adult males, particularly men who have sex with men (MSM) in US from 2014-2018,
Srishty Arora, MPH, BDS

**Background** Shigella sonnei is the most common cause for shigellosis in United States (US) (72%), per CDC. It is being introduced in US by travelers from various countries leading to multistate clusters and large outbreaks domestically. Men who have sex with men (MSM) are more likely than others to get infected. The study has been conducted to analyze and estimate the trends of Shigella sonnei clusters and isolate case counts in US from 2014- 2018. To estimate the trends of Shigella sonnei clusters among adult males, particularly men who have sex with men (MSM) in US from 2014-2018.  

**Methods** System for Enteric Disease Response, Investigation and Coordination and the Department of State Health Services (DSHS) Emergent and Acute Infectious Disease Branch line-list was used to estimate the overall number of Shigella sonnei clusters and isolates. Isolates were distinguished by Pulsed-field gel electrophoresis (PFGE) patterns that are detected by CDC/Pulse Net and DSHS laboratory.  

**Results** In 2014, 1406MLJ16-1 cluster had the highest number of isolates (473) whereas in 2015, 1505MLJ16-1 cluster had the highest number of isolates (1621). In 2016, 1602MLJ16-1 cluster had the highest number of isolates (280) whereas in 2017, 1704MLJ16-1 cluster had the highest number of isolates (93). In 2018, 1810MOJ16-1 cluster had the highest number of isolates (71). In 2015, there were 4 main clusters with MSM exposure: 1509NYJ16-1, 1509MLJ16-1, 1509AJZX-1 and 1508MLJ16-1 whereas in 2018, there were 6 Shigella sonnei clusters that had MSM exposure: 1812MLJ16-1, 1810VTJ16-1, 1810MOJ16-1, 1807MLJ16-1, 1805MLJ16-1, 1804MLJ16-1.  

**Conclusion** The analysis shows that the number of Shigella sonnei clusters and isolate case counts increased from 2014 to 2018 with a slight dip in 2017 whereas the isolate case count all over US has increased from 320 in 2014 to 416 in 2018. MSM exposure was one of the main risk factors that was identified in Shigella sonnei clusters in 2018.
#3. Physician awareness of reporting requirements and recommended diagnostics for measles, mumps, and rubella—Collin County, TX, Samreen Asghar, Bachelor of Science*, Daphne Lynch, MPH

**Background** Collin County Health Care Services (CCHCS) examined physician knowledge of reporting requirements of measles, mumps, and rubella as well as the familiarity of preferred diagnostics for these diseases via a physician needs assessment. **Methods** Private pediatric clinics and urgent care facilities within the jurisdiction were contacted about participation in the assessment. A survey with 21 questions pertaining to reporting requirements and preferred laboratory diagnostics for measles, mumps, and rubella was sent to facilities who agreed to participate. **Results** Nineteen of the 116 facilities contacted completed the survey. When asked about reporting status and time-frame for reporting, overall response for the three diseases was good. Questions about preferred laboratory testing revealed, 73.7% of respondents answered correctly for measles (PCR via throat swab), 68.4% for mumps (PCR via buccal swab), and 52.3% for rubella (PCR via pharyngeal swab). A follow-up question was asked about the capability to complete the specimen collection at their facility. Of those who responded with the correct preferred method of testing, only 50% measles, 61.5% mumps, and 70% had the capability to collect the specimen. **Conclusion** Results from diagnostic questioning concluded that healthcare facilities need additional guidance. Out of the number of clinics that answered correctly on recommended diagnostic criteria, capability to collect the specimen at their facility was lacking. This is an identified area of opportunity for public health. Local public health should expand outreach to include additional testing guidance. Notifiable condition reporting and testing of these diseases is important to controlling their spread. Improved response on the healthcare side will lead to better response on the public health side. To successfully control the spread of disease, it is imperative that physicians be familiar with reporting guidelines and preferred diagnostics. Local health departments should make greater effort in regularly sending educational guidance and inform local healthcare facilities of recommended practices.


**Background** While traditionally overlooked in public health and medical research, oral health is being increasingly recognized as an integral factor in overall health. Indeed, more recent research has demonstrated that poor oral health can lead to increased incidence and mortality of acute and chronic disease. This research describes the status of oral health in Texas and identifies avenues for continued improvement. **Methods** This research relies on data collected and analyzed within the Department of State Health Services Center for Health Statistics pertaining to oral health, including oral health outcomes and utilization data collected by the Behavioral Risk Factor Surveillance System and the Texas Health Care Information Collection program. Additionally, data on the trends and distribution of the oral health workforce, dental shortage area designations, and workforce projections situate these outcomes within the oral health care system of the state. **Results** Roughly 30% of Texas high school students have not visited a dentist and 7.2% visited the emergency room or urgent care center with oral health problems in the past year. Among adults, nearly 40% have not visited the dentist within the past year, with increasing likelihood among the low-income and less educated. Further, roughly 12% of adults have lost six or more teeth, thousands use the emergency room due to poor oral health care each year, and statewide fluoridation rates are declining. From a workforce perspective, statewide patient demand is projected to exceed workforce supply for oral health care every year between 2018 and 2030. There are also considerable disparities in the availability of care between urban and rural areas. **Conclusion** Increasingly holistic views of health incorporate oral health as a core component and so understanding the oral health of Texans is key to understanding their overall health needs. This research provides a summary of leading oral health indicators and identifies challenges and solutions to improving the state’s oral health.

#5. Regional disparity of asthma education programs in Texas, Juha Baek, MPSA, Jessica John, Lucia Cabrera-Conner, Genny Carrillo

**Background** Asthma education is significantly effective in improving asthma-related outcomes. Although the importance of geographical accessibility to asthma education programs is recognized, the literature rarely addresses regional disparities of programs. This study aims to identify the distribution of asthma education programs currently active in Texas and examine whether there is a regional disparity between asthma education programs...
prevalence and locations of education programs in the public health regions (PHRs) of Texas. **Methods** The data for adult asthma prevalence was obtained from the 2015 Texas Behavior Risk Factor Surveillance System Public Use Data File of the Texas Department of State and Health Services. The Geographic Information System (GIS) program was used to show the distribution of asthma education programs and visually identify the isolated areas for asthma education on the maps. To examine the areas covered by education programs, we illustrated 50 miles and 70 miles of buffer zones from each program by proximity (multiple ring buffer) functions in GIS. **Results** We identified 27 asthma education programs that are active in Texas as of July 2019. The analysis showed that PHRs 1, 2 and 7 had the highest rate of asthma prevalence but had fewer asthma education programs. The distribution of asthma education programs is concentrated around major cities leading to a regional imbalance between asthma prevalence and locations of education programs. The central and western areas of Texas proved to be marginalized areas for asthma education, particularly PHRs 2 and 9, as they are not covered by the buffer zones of 70 miles from any asthma education programs. **Conclusion** This study revealed the marginalized regions in Texas, lacking asthma education programs. The findings could help policymakers and healthcare professionals develop asthma education programs using different venues in isolated areas and prioritize these regions to establish new asthma education programs.

**#6. Self-Reported Traumatic Call Decompression Techniques among Patrol Officers at the Dallas Police Department**, Alaina Beauchamp, MPH, Steve A Bishopp, PhD, Katelyn K Jetelina, PhD, MPH

**Background** Law enforcement officers (LEO) experience stressful calls for service on a daily basis, which may cumulatively compound placing the LEO and civilians at risk of unintended consequences, like PTSD, injury, or mortality. To our knowledge, the immediate and long-term decompression techniques following high-stress calls for service among patrol officers is unknown. This study identifies and describes mechanisms associated with consecutive high-stress calls for service and the LEO stress decompression techniques. **Methods** Patrol officers at four of the Dallas Police Department (DPD) divisions volunteered to participate in 1.5 hour semi-structured focus groups. Thematic qualitative exploratory analysis was conducted to identify patterns in LEO decompression techniques after high stress. **Results** There were 16 LEO who participated in the focus groups. All of the participants were male and ages ranged from 23 to 61 years (mean=37.56 years). The participant population was 63% non-Hispanic white and 56% had a four-year college degree. The most common method of stress decompression was “riding the call”. This involves delaying the official clearance of the current call to service in order to prevent being placed onto the next call of service. This was discussed among participants as a means to have a short break, which is not incorporated into the dispatch system. Other techniques of decompression included telling jokes with coworkers or friends, as well as debriefing with spouses or family, listening to music, praying, and participating in hobbies. Patrol officers suggested potential systematic interventions to help with decompression during focus groups, including an immediate debrief with a commanding officer served to reduce the stress induced by the call. **Conclusion** The themes gathered in the qualitative analysis serve to inform future areas of the study, as well as a predictive algorithm that can build in time between high stress calls to improve LEO occupational health and safety.

**#7. Blunt Smokers' Cessation Attempts: Past Failures and Future Plans**, Diane Berry, PhD, Kymberle Sterling, DrPH

**Background** Little cigar and cigarillo (LCC) use has become widespread during recent years. "Blunts", which are LCCs that contain marijuana, are also increasingly popular. We surveyed people about their attempts to stop using blunts. **Methods** Current blunt smokers (N=291; M age= 29.5, 55% female, 48% African-American, 44% Hispanic, 8% white) described their recent attempts to stop smoking blunts, their future plans for quitting, and their confidence in their ability to quit. **Results** Twenty-six percent of respondents reported two or more attempts to stop using blunts during the previous year, 19% reported one such attempt, and 55% reported no attempts to quit. 42% of respondents indicated that they planned to quit smoking blunts in the future. Current users who had not tried to stop using blunts during the past year were less likely to plan to quit in the future (23%) than were users who attempted to quit once (61%), or two or more times (68%), p < .001. White blunt users were less likely to report that they intended to quit than were African-American or Hispanic users, 21%, 48%, and 41%, respectively, p < .05. Finally, those smokers who indicated that they did plan to quit smoking
blunts rated their confidence in their ability to successfully do so. Confidence was, on average, quite high (M = 3.3 on a 4-point scale). The number of unsuccessful attempts to stop smoking blunts that users reported during the past year was unrelated to their self-described confidence. **Conclusion** Approximately forty percent of current blunt smokers expressed the intent to quit, and nearly half reported at least one unsuccessful attempt to stop using blunts during the previous year. Failed recent cessation attempts did not appear to undermine either future plans to quit, or people’s confidence in their ability to successfully stop smoking blunts.

### #8. Young Adult Smokers’ Perceptions of Health Risks Associated with Flavored Tobacco Products, Diane Berry, PhD, Kymberle Sterling, DrPH

**Background** Adding flavors to tobacco products such as little cigarettes and cigarillos (LCCs) heightens product appeal and may influence perceptions of associated health risks. We asked participants about their LCC and blunt (a marijuana infused LCC) use, and their perceptions of the relative risks of flavored tobacco product use. **Methods** 1018 current cigarette smokers (M age= 31.5 years; 55% female; 36% white, 32% African-American, 32% Hispanic) described their LCC and blunt use and answered questions about health risks associated with flavored LCCs and blunts. **Results** 39% of respondents reported smoking LCCs only, 13% used blunts only, 25% reported using both, and 23% had used neither. Flavored LCCs and flavored blunts were perceived to be more harmful than e-cigarettes, e-joints, or vaporizers, less harmful than large cigars, p < .05, and similar in harmfulness to cigarettes and non-flavored LCCs. However, specific product flavor also influenced perceived harmfulness. In particular, fruit, candy, and chocolate flavored products were judged to be less harmful than products featuring alcohol or menthol flavoring, p < .05. Flavored blunts were perceived to be less generally harmful than flavored LCCs, and less likely than flavored LCCs to increase risk of cancer, heart disease or stroke. Flavored blunts were, however, perceived as more difficult to stop using and more addictive than were flavored LCCs, all p < .05. **Conclusion** Tobacco products featuring sweet flavors (e.g., fruit, candy) are extremely popular, and their familiar and palatable flavors may make them especially appealing to younger users. The current data reveal that fruit and candy flavored LCC products are also perceived to be less harmful than and to pose fewer health risks than other LCC products. Given the recent popularity of flavored smoking products among young users, additional research on these issues seems warranted.

### #9. Changes in Positive and Negative Affectivity in Young Adult Blunt and Little Cigar and Cigarillo (LCC) Smokers, Diane Berry, PhD, Kymberle Sterling, DrPH

**Background** Previous research links cigarette smoking to changes in positive and negative affectivity. We examined self-reported levels of affect in young adult little cigar and cigarillo (LCC) smokers, and marijuana infused LCC (“blunt”) smokers. **Methods** 652 regular (i.e., containing tobacco only) LCC smokers (M age 31.3 years, 52% female, 30.4% African-American, 35.6% Hispanic; 34% white) described their positive and negative affect levels (PA and NA) immediately before and immediately after smoking their last LCC. 385 blunt smokers (M age 30.2 years, 54% female, 43.1% African-American, 37.2% Hispanic; 19.7% white) described their affect levels before and after smoking their most recent blunt. **Results** We conducted analyses separately for LCC and blunt smokers. Repeated measures ANOVAs revealed no differences in PA before and after smoking an LCC. NA levels decreased significantly after smoking LCCs, p < .001, although a significant time X sex interaction revealed a significant decrease only for female LCC smokers, p < .05. These effects were not qualified by interactions with race, although white smokers experienced lower overall levels of PA and NA than did African-Americans or Hispanics. Blunt smokers reported a significant increase in PA and a significant decrease in NA as a function of smoking, p < .004; these main effects were not qualified by interactions with any other factors, although white blunt smokers again reported lower average levels of NA than did African-Americans or Hispanics, p < .05. **Conclusion** The data reveal that LCC use is associated with changes in positive and negative affectivity, particularly when LCCs are infused with marijuana. We plan to replicate the current research which features retrospective self-reports--with real-time assessments of smoking behaviors and affect. Relations between LCC use and affect and the relative difficulty of quitting LCC products also seems an important avenue for future study.
#10. Texas Violent Death Reporting System, Paul Betts, PhD, Amy Bailey, MPH

**Background** In 2018, the Texas Department of State Health Services (DSHS) began the Texas Violent Death Reporting System (TVDRS) as part of the National Violent Death Reporting System (NVDRS), administered by the Centers for Disease Control and Prevention (CDC). **Methods** This surveillance system abstracts and links data from multiple existing sources: death certificates, medical examiner reports, law enforcement documents, and toxicology reports. The pilot year was designed to collect only suicides occurring in 2019 reported from the Harris County Institute of Forensic Sciences (HCIFS). A target goal was set to abstract and enter at least 500 events into the NVDRS system. The second year will include suicide and homicide reports from four counties: Harris, Dallas, Tarrant, and Bexar. A target goal was set for 2020 to collect at least 40% of all violent deaths occurring in Texas. The program will expand in 2021 to capture all violent deaths statewide. **Results** As of September 19, 2019, 293 suicide deaths reported from HCIFS have been recorded in NVDRS. An additional 155 suicide deaths reported from the Dallas County Medical Examiner’s Office have also been abstracted. Multiple data sources for these cases have been linked creating a previously unavailable comprehensive record of suicide death. The database will continue to expand as TVDRS staff abstract records daily. A total of 620 separate events have been received for review. **Conclusion** TVDRS creates a multidimensional database of mortality from violent death incorporating medical details, victim descriptions and circumstances, location details, and additional factors such as method of death, drugs, and alcohol. TVDRS will be a direct, timely source to provide accurate information of violent death in Texas and identify emerging issues. These data will be utilized for public health education and prevention efforts, and to evaluate violence prevention programs and strategies.

#11. Neurocysticercosis and the Underserved Immigrant Population in the United States - A Major Neglected Disease: A Case Report, Summere Blakely, MPH, Omar Garcia, MDc, Brandon Wei, MDc, Jeannie Lee, MD, Benedicto Baronia, MD

**Background** Neurocysticercosis (NCC) is a "major neglected parasitic disease" according to the WHO. In NCC, the Taenia solium tapeworm forms larval cysts in the brain, which can lead to obstructive hydrocephalus. NCC is a leading cause of epilepsy in the developing world and is frequently seen in immigrants in the U.S. **Methods** We present a case of intraventricular NCC in a young, previously healthy male who recently immigrated from Mexico. He presented with a history of epistaxis, headache, vision disturbances, fever, vomiting, and altered mental status. CT scan showed two intracranial calcifications and a right post-nasal mass, which his symptoms were attributed to. An external ventricular drain was urgently placed. The patient's immigrant status and re-evaluation of the head CT drew concern for hydrocephalus due to NCC. An MRI confirmed a solid cystic mass in the third ventricle. An endoscopic third ventriculostomy was performed, and the cyst was removed. **Results** A diagnosis of NCC was made via positive lab serology. Repeat head CTs showed decreased intracranial pressure. A biopsy of the nasal mass indicated a benign juvenile nasopharyngeal angiofibroma. Symptoms quickly improved and there were no further signs of hydrocephalus upon 2-year follow-up. **Conclusion** NCC is the leading cause of epilepsy and parasitic brain infection in the developing world; however, awareness of NCC is low in the U.S. While head CT and serology help confirm NCC diagnosis, the first step is to recognize symptoms and concurrent pathologies that can shroud the initial presentation of NCC. Hydrocephalus secondary to NCC has a poor prognosis, so early detection is imperative. In the U.S., NCC is most prevalent in immigrants - an underserved population associated with lower income and distrust of doctors. Given these barriers, it is crucial that the medical community work to increase awareness to minimize disparities and provide treatment for NCC.

#12. Clinical Care Teams’ Self-Efficacy and Attitudes Toward Social Determinant of Health in Pediatric Chronic Care Units, Quiera Booker, MPH candidate, Sarah Messiah, MPH, PhD, M Sunil Mathew, MS, Katelyn K. Jetelina

**Background** In the United States, 60% of patients' medical outcomes are explained by social determinants of health (SDOH) which have adverse consequences on patients’ physical and mental health. Children’s Medical Center of Dallas (CMC) is the nation's 7th largest pediatric healthcare provider with units housing numerous arrays of care and recently implemented a SDOH screening tool for pediatric patients with chronic diseases. Before and after implementation, we evaluated clinical care team barriers and facilitators towards SDOH screening. The purpose of this study is to evaluate CMC clinical care teams' self-efficacy, knowledge, and behaviors towards SDOH in their patient population within three inpatient and one outpatient unit. **Methods**
CMC clinical care teams from four scopes of practice: 1) critical care inpatient facility (PICU), 2) special needs inpatient facility (OCH), 3) long-term inpatient facility (LTP), and 4) cystic fibrosis outpatient clinic (CF) completed a Likert-scale survey to assess their patient-level comprehension and actions toward SDOH. Surveys were distributed at baseline, 1-month, and 3-months post implementation. Baseline descriptive statistics (i.e. mean and standard deviations) were analyzed across clinics and over time. **Results** On average, the CMC units with the lowest SDOH screening rates, PICU (42%) and CF (85%), also produced the lowest mean confidence to discuss and knowledge about SDOH (mean= 2.9 and 3.2 respectively) compared to LTP and OCH (mean=3.7 and 5, respectively). At 1-month post-implementation, PICU and CF mean self-efficacy and knowledge increased. At 3 months post-implementation, means did not significantly change from 1-month post-implementation. **Conclusion** This study suggests that clinical care teams that have the lowest confidence to discuss SDOH and knowledge about SDOH have lower rates of SDOH screening. However, over time, awareness and self-efficacy increase. This CMC cohort has generalizable potential to increase SDOH screening implementation across various pediatric-care facilities.


**Background** Breastfeeding is supposed to be a natural part of motherhood, however, unexpected pain and discomfort can occur with breastfeeding. When such pain accommodates this natural process, it can become unbearable and cause disturbances in daily living and continual breastfeeding. There is a strong correlation between pain and negative emotion, however little research has been established looking at mother’s emotional regulation and skills to reach their breastfeeding goals. **Methods** A secondary analysis was performed from a larger study. A total of 56 women with the intention to breastfeed for 6 weeks were randomly assigned to either the Control or Intervention group. The intervention group received a breastfeeding self-management intervention, through text/email, bi-weekly nurse-lead coaching for breastfeeding, and phone consultations. A breastfeeding realization indicator variable (BFRI) was created to evaluate mother’s perceptions in conjunction with breastfeeding frequency. PROMIS scores (anxiety, depression, sleep, and global health) and pain severity were measured. **Results** The Control group (n=30) and the Intervention group (n=26) had no statistical difference for global health, pain severity, depression, sleep or anxiety at baseline. The Control group had a higher BFRI score and higher pain severity, in comparison to the intervention group which had lower pain severity. The BFRI was used as a predictor in determining maternal perception of breastfeeding in relation to actual breastfeeding. **Conclusion** Despite increased pain severity in the Control group, many women perceived that breastfeeding was successful. This shows that mothers are willing to persevere through negative emotions, like pain severity for the benefit of their child. Therefore, new mothers need resources to develop skills to help self-manage their negative emotion, such as pain that may exist with breastfeeding to improve their breastfeeding goals. Further research is needed to develop a self-management intervention that accounts for mother's emotions and provides techniques to achieve their breastfeeding goals.

**#14. Associations between self-reported physical activity and functional outcomes in stroke survivors participating in a lifestyle modification program**, Librada Callender, MPH, Coulter Galvan, BS, Chad Swank, PhD, Simon Driver, PhD

**Background** Physical activity is related to reduced mortality, cardiovascular disease, and recurrent stroke. Literature suggests that people tend to overestimate self-reported physical activity. Survivors of stroke often report decreased mobility, activity, and ability to engage in physical activity due to changes in physical, cognitive, and emotional functioning. The purpose of this presentation is to explore discrepancies and associations between self-reported physical activity, habits, self-efficacy, and physical function in a sample of stroke survivors. **Methods** Baseline data from 42 adults who were ≥12 months post-stroke, a body mass index (BMI) ≥25, aged 18-85 years old, and had physician’s clearance to participate in a lifestyle modification program was included. Patients were stratified by those who self-reported meeting physical activity guidelines and those that did not based on the Behavioral Risk Factor Surveillance System (BRFSS) physical activity index subscale. Outcomes included self-reported (1) minutes of weekly physical activity (BRFSS physical activity index subscale), (2) physical activity habits, (3) self-efficacy for exercise and Stages of Change, (4) physical function, and (5) body function and disability.
Results 42 participants aged 57.4±12.8 were enrolled who were 4.2±4 years since injury and primarily male (54.8%). Participants who met physical activity recommendations (n=24) reported completing significantly (p<0.0001) more minutes of physical activity per week (median: 360, IQR: 265, 582.5) compared to people who did not (n=17; median: 60, IQR: 7, 90). No other significant differences were found. Conclusion Increasing physical activity in survivors of stroke is vital and serves as a modifiable behavior to reduce disease risk and mortality. However, meeting physical activity recommendations was not associated with physical activity habits, self-efficacy, physical function, or body weight. Further exploration of this relationship is warranted as is the development of inclusive physical activity interventions to promote movement and fitness in stroke survivors.

#15. Healthy Texans Across the Lifespan, Catherine Campbell, MPH, Matthew Turner, PhD, MPH, Amanda Ingram, MPH

Background Texans face a wide assortment of health challenges – immunizations and cavities as children, the temptations of cigarettes and alcohol as adolescents, and obesity, diabetes, and heart disease as they age. What is more, the likelihood of achieving and maintaining good health – physical, mental, oral – vary based on who you are and where you were born. Methods This poster explores the health and well-being of Texans throughout the life course. Attendees will learn about the challenges to living a healthy life. Data sources include Texas natality and mortality files, immunization data, Youth Risk Behavior Survey, Behavioral Risk Factor Surveillance Survey, Texas’ cancer and HIV surveillance registries, and more. Results The poster will serve as a tool to help attendees visualize health challenges and identify opportunities to improve health status. Attendees will learn facts such as their likelihood of experiencing various healthcare issues based on age and other demographic factors, strategies for increasing positive health outcomes, and other information related to healthcare in Texas. Conclusions Texans face substantial obstacles to achieving and maintaining good health. As public health researchers, we can inform these efforts through the appropriate dissemination of available data. This poster provides an innovative way to communicate data to empower Texans to make healthier choices throughout their lives.


Background Young adult vaping and electronic nicotine delivery system [hereinafter ENDS] manufacturers and retailers have yet to be subjected to the same level of regulation, enforcement, and interventions that initially curbed youth use of combustible tobacco. Limited research has examined college students' knowledge of ENDS particularly with regard to campus regulations, state, and federal laws that affect ENDS use and purchase. Likewise, current studies do not address college students' knowledge of the risks presented to themselves and others from the addition of flavoring to liquid nicotine, such as higher carcinogenic properties in first and secondhand smoke and the increased attractiveness to teens and even young children that have been poisoned by the consumption of liquid nicotine. Methods Our study [N=138] utilized Qualtrics survey data and SPSS to identify the effectiveness of ENDS laws, regulations, and educational interventions among a diverse collegiate population. A follow up survey will be launched this fall. Results This poster will provide a baseline understanding about college students and ENDS use across different ages, racial/ethnic groups, socio-economic statuses, and academic majors. Most significantly, among the 138 respondents, 90% agreed that ENDS manufacturers and retailers target youth; over one third had tried vaping, and the majority of respondents had been exposed to second hand ENDS smoke. The majority of respondents indicated that they needed more education and knowledge regarding ENDS and the associated regulations and laws. Conclusion The socio-ecological model has a history of use in community-based interventions, and more specifically in college campus prevention programs. Therefore, this model is used here to analyze and recommend effective, tailored interventions and future policy regulations to end young adult ENDS use.

**Background** Milam County Health Department and the Texas Department of State Health Services (DSHS) Public Health Region 7 conducted a Community Assessment for Public Health Emergency Response (CASPER) on April 26-27, 2019. The CASPER focused on the health needs of the community to provide local officials with “snapshot view” of public health issues. **Methods** A questionnaire addressing emergency preparedness, health behaviors, mental health, and substance use was created. Census blocks were combined using CDC’s pilot cluster aggregation toolbox to create and randomly select 30 clusters. Interviews were conducted by two-person teams using CASPER methodology. Data was entered into Microsoft Office 365 Forms and analysis was done using Microsoft Excel. **Results** Of the 156 households contacted, 95 interviews were completed making the contact rate 25.3% and cooperation rate was 60.9%. Of the 95 households interviewed, 69.5% reported being diagnosed with at least one chronic health condition. The top three disasters most likely to affect households were tornados, flood/flash flood, and infectious disease outbreak. 84.4% of households did not use SNAP or WIC benefits. 42.2% of households have members who smoke or use tobacco products. Of those, 35% are currently trying to quit. 62.1% of households feel that opioid misuse is a problem in the community. While drug use concerned many households, the only illegal drug use reported was marijuana at 6.3%. **Conclusions** With the high self-reported prevalence of chronic health conditions, focusing on preventive services and identifying those who need assistance during disasters would be beneficial for stakeholders. Education about the negative impacts of tobacco use and increasing awareness of smoking cessation programs might benefit this community. Increasing opioid prescription education and community outreach regarding misuse of opioids and illegal drug use is recommended to decrease the prevalence of drug abuse in Milam County.


**Background** Correctable/avoidable blindness and visual impairment (VI) are part of a worldwide public health concern that is predominantly found in developing countries such as Nepal. The prevalent issue has led the World Health Organization to create initiatives, like VISION 2020, to address and eliminate the issue. We analyzed a correctable form of VI by studying the prevalence and awareness of cataract in the Jirel population of Eastern Nepal. Cataract is a leading cause (10-30%) of blindness and VI in Nepal. Given the high prevalence of cataract in Nepal, we hypothesized that the concordance between awareness and prevalence of cataract in the Jirels was high. **Methods** For this assessment, we used the ophthalmologist’s diagnosis of cataract and the participant’s answers to a cataract awareness questionnaire administered by trained research staff. We gathered 2035 completed questionnaires. **Results** Data analysis showed that 273 (~13%) individuals were diagnosed with cataract, of which only 22 (~8%) were aware of the disease. Of the 1762 (~87%) individuals who did not have cataract, only 403 (~23%) were aware of the disease. **Conclusion** By examining cataract questionnaire responses, we can obtain a better idea of the population’s awareness of the disease and then take this information into account when working with a community to inform them about how this disease can be minimized (e.g., quit smoking) or corrected (e.g., surgery). Furthermore, studies of cataract awareness and proposed strategies to reduce the burden of cataract in populations like the Jirel ethnic group may provide a model to address this and other health issues in underserved communities throughout the world.

#19. Association of glucose control and liver stiffness, measured by transient elastography, in Mexican Americans, Isela De La Cerda, MPH/MS, Gordon Watt, PhD, Miryoung Lee, PhD, Rohit Loomba, MD, Susan P Fisher-Hoch, MD, Joseph B. McCormick, MD

**Background** Liver fibrosis results from a range of insults to the liver including alcohol abuse and hepatitis virus infections but is increasingly associated with diabetes and abdominal obesity. When untreated, fibrosis can progress to cirrhosis and hepatocellular carcinoma. Previous research has identified an association between diabetes and fibrosis, but it is unclear how glucose control may impact progression of liver disease. **Methods** The Cameron County Hispanic Cohort (CCHC) is a population-based cohort of primarily Mexican American
Hispanics. We performed screening by transient elastography (TE) in 580 cohort participants to estimate liver fibrosis. We evaluated the association of liver stiffness measured in kiloPascals (kPa) with HbA1c, fasting glucose, insulin, and insulin resistance. Results In multivariable models, log transformed HbA1c had the strongest association with liver stiffness ($\hat{R}^2 = 0.45$, $p = 0.0436$), after controlling for multiple confounders including waist circumference, heavy drinking, viral hepatitis, age and sex. Liver stiffness was most prevalent among individuals with both elevated waist circumference and uncontrolled diabetes (HbA1c > 7%). Conclusion We show that elevated HbA1c is associated with liver fibrosis in Mexican Americans consistent with a role for diabetes in liver fibrosis pathogenesis. Liver disease prevention efforts should evaluate the incorporation of HbA1c in routine screening of Mexican Americans at risk for fibrosis.

#20. A Case Series Comparison of Treatment Techniques for Blount’s Disease, Nathan DeRon, Matthew E Mayfield, MD

Background Blount’s disease is disordered growth at the proximal tibial physis causing leg bowing. Diminished growth of the medial physis causes leg bowing without correction. The high prevalence of obesity in patients is thought to contribute to destruction of growth cells at the physis. There are two treatments: hemiepiphysiodesis involves arresting the lateral proximal tibial physis. Osteotomy includes realigning the tibia and fibula such that the lower extremity mechanical axis becomes increasingly linear. This case series analyzes the optimal treatment choice based on patient age. Methods Case 1 A 10-year-old male presented with bilateral leg bowing and obesity (BMI = 53.8). Treatment was bilateral hemiepiphysiodesis at the lateral tibial physis. This correction was insufficient. Bilateral tibia-fibula osteotomies with external fixation (ex-fix) were then performed with successful correction. Case 2 An 8-year-old female presented with bilateral leg bowing and obesity (BMI = 44.7). Treatment was bilateral hemiepiphysiodesis. The left hemiepiphysiodesis proved sufficient for correction. A subsequent tibia-fibula osteotomy with ex-fix was performed and proved successful. Case 3 A 12-year-old male presented with leg bowing and obesity (BMI = 38.6). Treatment was bilateral hemiepiphysiodesis. This proved insufficient, and treatment proceeded to a left tibia-fibula osteotomy with ex-fix and a right tibial osteotomy with internal fixation. These ostotomies were sufficient for correction. Results/Conclusion This case series shows an indication for osteotomy as first-line treatment for Blount’s disease in patients at a relative advanced age. The study also identified further potential research targets. A retrospective look at success rates of treatments in various age groups may help determine the age at which each treatment is preferred. Additional research may be performed to determine the obesity threshold required to increase risk for Blount’s disease. This data is potentially useful to pediatricians and the general public for patient education and prevention.


Background SA Access(www.saaccess.com) is a free bilingual multimedia platform (website and smartphone app) that aims to educate/empower community members to access and effectively use health coverage plans. It was developed by the community service-learning organization Access Care Texas (ACT) at UT Health San Antonio in partnership with Bexar County Health Collaborative. The purpose of this study is to measure the effectiveness of SA Access and its impact on the health insurance literacy (HIL) of users. We hypothesize that if a patient uses SA Access, their self-efficacy of HIL will be increased in 1 month, +/- 2 weeks, as measured by the validated Health Insurance Literacy Measure (HILM). Additionally, we hypothesize patients will have higher self-efficacy of HIL as compared to a control group of patients not using the app, after 1 month +/- 2 weeks.

Methods Participants were recruited from University Health System clinics and randomized into experimental and control arms. An alpha=0.05 for a paired t-test and power of 80% were used. Only the experimental group of patients was trained on how to use the app. All patients were given a pre-survey that included HILM-Scale III to assess HIL self-confidence levels and an identical post-survey. Results 208 patients completed follow-ups: control (n=108) and experimental (n=100), of which 26 self-reported using the app at least once, while 74 had only the baseline app exposure. A paired t-test compared initial and follow-up HILM scores for each participant and for the entire control versus experimental arm. Results confirm a patient’s self-efficacy of HIL can be increased (p-value <0.001) through both app exposure (2.31 points) and usage (4.85 points) with a dose effect.
noted. **Conclusion** This study supports SA Access as an innovative educational tool effective at increasing user’s HIL with minimal education time: making it suitable for use in busy clinical and public health settings.

#22. **Mumps in a Detention Facility--A Local Health Department Experience**, Nicole Evert, MS, Christa Cook, MPH, CIC, Elise Huebner, MS, CPH, CIC

**Background** Mumps is a vaccine-preventable viral disease that causes swollen salivary glands. Other common symptoms include low-grade fever, malaise and headache. More severe complications, including orchitis, may also occur. Transmission occurs through respiratory droplets or through direct contact with nasopharyngeal secretions. Since the two-MMR dose vaccination was introduced, mumps cases in the United States (U.S.) have decreased to only a few hundred cases reported annually. However, mumps outbreaks still occur in the U.S. in close-contact settings and communities with low vaccination rates. On October 12, 2018, Texas confirmed five cases of mumps among migrants who had been transferred between detention facilities. The first case of mumps in a detention facility was reported to the Williamson County and Cities Health District (WCCHD) on November 13, 2018. **Methods** Per the mumps reporting timeframe, WCCHD requested the detention facility notify WCCHD if they suspected a mumps case. WCCHD consulted on testing recommendations, and if criteria were met, provided specimen collection materials for testing at the Texas Department of State Health Services Laboratory. Isolation and quarantine recommendations were provided for suspected case and any close contacts according to infection control guidance. Lab results, and any change in isolation and quarantine guidance, were relayed to the facility as soon as available. **Results** Between November 2018 and August 2019, sixteen mumps cases were reported to WCCHD from the detention facility. Of these, nine were confirmed and seven were ruled out as not a case. Cohorts were quarantined quickly, resulting in zero secondary cases. To help staff working on mumps cases, WCCHD, in conjunction with the detention facility, developed a Mumps Facility Resource factsheet. **Conclusion** These mumps cases have highlighted the need for local health departments, state health officials, and detention facilities to work together to develop standardized protocols and tools for notification, investigation and infection control measures.

#23. **Comparing Sleep and Stress among University Students from Three Countries**, Pedro Galvan, B.S., Clarissa Mendona Corradi-Webster, PhD, Victoria Solon, MS, Cheryl Cooper, PhD, MSN, RN, Jose Enrique Vilches, MS, Jesse Doolin, MS

**Background** Recent research indicates that stress is positively correlated to poor sleep and poor health outcomes. A previous publication that preceded this study showed that stress varies across cultures, therefore sleep quality varies. The study indicated that students in the U.S. experience poorer sleep compared to their Latin American counterparts, yet the Latin American students reported more stress. We supplement the older study with data from a 3rd country (Brazil) to investigate this relationship further. **Methods** We used a standard stress assessment that also had questions concerning demographics, sleep behavior and quality. Psychology undergraduate classes from three public universities from different countries (Bolivia, Brazil, and the U.S.) were identified and students were convenience sampled to take this survey (n=254). **Results** The majority of participants were women (76.4%); average age was 23 years. Age had a significant, negative relationship to stress whereby the older one becomes, the less stress a student experience. Furthermore, gender was a significant predictor of stress; female students more stressed). The stress index significantly and positively associated with number of troubled nights falling asleep. Stress also positively associated with sleep deprivation (more stress incurs more sleep deprivation). American students showed significantly more difficulty falling asleep (3.1 nights/week) compared to Bolivian (2.0 nights/week) or Brazilian (1.9 nights/week) students. However, Brazilian students reported significantly more stress than any other group. **Conclusion** Previous research on stress has shown that as age increases, stress decreases, and that female students report more stress than males. Our data confirm these findings. In addition, our findings indicate that culture appears to mediate the effects of age and sex on sleep measures.
### #24. Discrepancies in Early Prenatal Care Received by Expecting Mothers in 17 North Texas Counties, Subi Gandhi, PhD, Brianna Denmon, Sushma Sharma, PhD

**Background** Prenatal care promotes healthy pregnancies, detects disorders that prevent neonatal deaths, and improves the overall health of infants. However, the accessibility of prenatal care affects expecting mothers disproportionately based on their geographic locations. **Methods** This study utilized data from Healthy North Texas, a web-based source of community health and population data. A cross-sectional study design was employed to compare early prenatal care received by expecting mothers in Erath County with 16 other Texas counties (Collin, Cooke, Dallas, Denton, Ellis, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Parker, Rockwall, Somervell, Tarrant, and Wise). The period studied to assess the prevalence of services comprised of 10 years (2006-2015). **Results** In 2015, of all of the North Texas counties (17), expecting mothers in Erath County received the lowest level (51%) of early prenatal care compared to mothers living in other counties. All of the 17 North Texas Counties studied fell short in meeting the Healthy People 2020 goal of 77.9%. In 9 (Erath, Navarro, Hunt, Grayson, Dallas, Ellis, Kaufman, Cooke, Tarrant) of the 17 North Texas Counties, expecting mothers received less early prenatal care compared to the overall rate in Texas (60%), and expecting mothers in all 17 counties fell short in receiving prenatal care compared to the overall US rate (77%). **Conclusion** According to our study, expecting mothers in certain Texas Counties receive the lowest level of early prenatal care. This highlights the inadequacy of the Texas healthcare system to promote healthy pregnancies in all parts of Texas and underscores the need for policy changes and improved outreach efforts in providing prenatal care services in the affected areas.

### #25. Application of GIS in a Small Rural Community in Texas, Marta Garcia, Sofia Lopez

**Background** There are various Geographic Information System (GIS) programs available. In order to determine the most suitable program for use at a small liberal arts university; two public health students utilized Power BI or ArcGIS to map data collected by nursing students as part of their population health course. The data collected from the rural community was added to ArcGIS and Power BI for comparison of both programs. **Methods** Health and Social Services data was gathered and categorized for the community by availability, affordability, acceptability, accessibility, and comprehensiveness of services. The demographic area was collected by Factfinder.gov to determine population size, gender population, ethnicity, housing characteristics and occupation. The data was then entered into ArcGIS and PowerBI to determine which program produced the best results. By looking at both the qualitative and quantitative elements of these resources, it was determined how the resources available to community members were being utilized. **Results** The use of GIS allows for the visualization of the data for residents, researchers and local public health workers can perceive the lack of resources within the community and where resources are available. The ArcGIS software allows one to search addresses and pinpoint on a map and analyzes the data for the researcher. In comparison, PowerBI, a component of the Microsoft Office Package, is a basic and surface level geographic information system. PowerBI has slight detail and lacks the component to add qualitative data in addition to the quantitative mapping data. **Conclusion** The primary goal for this program is to select the most appropriate GIS program for primary use to visualize data collected by public health students. Ultimately, the aim is to make a map that portrays the qualitative data collected of resources which will allow an individual to read and comprehend.

### #26. Academic and Community Partnerships for Health Promotion, Ruth Grubesic, DrPH, RN

**Background** Populations in rural communities have risk factors that are unique when compared to urban populations. Rural risk factors for health disparities include geographic isolation, lower SES, higher rates of health risk behaviors, and limited job opportunities. Many rural residents are older, poorer, and have fewer physicians to care for them with higher rates of chronic illness and poor overall health. **Methods** Several academic partnerships have been developed with community organizations for improving health outcomes among vulnerable populations in two rural communities of South Texas. Faculty and students from a nursing program and an undergraduate program in public health at a small liberal arts university have partnered with Boys and Girls clubs, low cost/free clinics, senior community centers, and several non-profit agencies to provide health care services, health education, and health resources for the community. Access to vulnerable populations is enhanced with the collaborative effort of all partners. **Results** As a result of these collaborative
partnerships between campus and community organizations we have realized increased participation among community members in health promotion programs. Partnerships have allowed for improved relationships with the community, rapport development and trust. Community members are more likely to participate in and complete a health promotion program when the program is part of a collaborative effort. Interprofessional education has also contributed to the success of the collaborations. Students from nursing, public health, exercise science and psychology have worked together in teams to plan and implement intervention programs. **Conclusion** With less access to health care professionals, unique collaborative partnerships are a means of providing rural residents with resources not previously available. "Cooking for Optimal Health" classes, "Champions for Healthy Kids" programming, and community gardening are a few examples of programs that promote health among vulnerable rural populations.


**Background** Individuals with SCIs encounter various challenges with adjustment following injury, yet evidence supports that peer interventions are effective. The peer mentor program at Baylor Scott and White Institute for Rehabilitation offers a supportive relationship that extends beyond in-patient rehabilitation. Patient and clinical perspectives can inform efforts to improve the program. **Methods** We evaluated the peer intervention using a series of questionnaires completed by mentees and in-patient rehabilitation staff. The impact and quality of peer intervention includes asking mentees about their satisfaction with peer mentor program before and after discharge (Peer Mentor Assessment), perceived general self-efficacy (General Self Efficacy), perceived resilience (Spinal Cord Injury - Quality of Life Resilience), environmental barriers (Craig Hospital Inventory of Environmental Factors), social participation (Craig Handicap Assessment and Reporting Technique), and health care services use (Cornell Service Index). Staff provided evaluations of the peer mentor program across four domains: satisfaction with peer intervention, patient knowledge, patient psychosocial factors, patient compliance of SCI skills, and integration of peer intervention into treatment. **Results** Evaluation of peer intervention program is on-going; this abstract presents interim results. Mentees completed assessments just before discharge (n=30) and three-month post-discharge (n=10) on 5 aspects of the program using a 5-point Likert scale (not at all helpful to extremely helpful), with higher scores indicating higher helpfulness. Mentees believed their mentor was a good match and rated all assessed aspects as helpful: regular meetings (mean=4.90; standard deviation=0.31) and discussion of different topics (mean=4.70; standard deviation=0.67). After discharge mentees were also asked to identify whether they faced any environmental or participation barriers, all reported having encountered at least one. Staff reported positive perceptions of the peer intervention across all domains, however, several raised concerns about scheduling conflicts and mentors sharing potentially inaccurate information. **Conclusion** Peer mentoring relationships established during inpatient rehabilitation for patients with SCIs may help patients adjust to disability.

**#28. Applications of artificial intelligence in opioid research & practice: a systematic review of empirical studies**, Md Mahbub Hossain, MD MPH CPH, Samia Tasnim, MD, Projna Paromita, BSc, Shah Akib Sarwar, BSc, Nipun D. Nath, BSc, MSc, Qiping Fan, BSc, MSc

**Background** In recent years, artificial intelligence (AI) technologies have been widely used in different stages of substance abuse-related research. However, there is a lack of evidence on the application of AI in understanding and addressing the opioid crisis, which is one of the leading public health challenges in the United States. Purpose: This systematic review aims to address this knowledge gap by synthesizing the current evidence on the use of AI technologies in opioid research and practice. **Methods** Using PRISMA guidelines, we searched a total of nine major databases and additional sources with relevant keywords and evaluated them using the following criteria: empirical studies reporting the application of AI in opioid-related research or practice, published in English as a peer-reviewed journal article, without any time restriction. **Results** Among 716 citations retrieved in systematic search, a total of 30 articles met our eligibility criteria. Twenty-five articles recruited individual participants (sample ranging from 11 to 560,057); the remaining five studies used Twitter data (ranging from 9,006 to 11 million Tweets). AI technologies used in those studies included supervised machine learning (n=23), natural language processing (n=5), and unsupervised learning (n=2). Applications of AI
resulted in identification or classification of opioid abuse (n=14), opioid-related information evaluation (n=4), drug response study (n=4), outcomes research (n=4), drug adherence research (n=1), and clinical decision-making (n=1). The accuracy of AI-based models ranged from 52.8% to 94% across studies. **Conclusion** Current evidence shows promising findings of AI technologies in opioid research and practice. However, several gaps including a lack of standardization in AI techniques, limited geospatial generalizability, heterogeneity in methods and findings—should be addressed in future research. Lastly, advanced AI-based analytics should be translated to make better clinical decisions and opioid overuse prevention.

#29. The Adoption and Efficacy of Transition to Practice Programs for Nurses, Amanda Ingram, MPH, Cate Campbell, MPH, Matt Turner, PhD, MPH, Nicole Avellanet, MPH

**Background** The Institute of Medicine's 2011 report, The Future of Nursing: Leading Change, Advancing Health, recommended employers implement transition to practice or residency programs for newly licensed registered nurses in an effort to address high turnover rates among first-year nurses and the nursing shortage. **Methods** The Texas Center for Nursing Workforce Studies collects data on transition to practice programs for nurses from nurse employers on a biennial basis. This project will use survey data from the Long Term Care Nurse Staffing Study and the Hospital Nurse Staffing Study pertaining to use and traits of transition to practice programs as well as outcomes of these programs. **Results** This project will outline the proportion of hospitals and long term care facilities using transition to practice programs for nurses, describe traits and outcomes of these programs, and highlight any trends that may exist. In 2019, 20.1% of responding long term care facilities and 76.2% of responding hospitals had at least one type of transition to practice program in their facilities. Over half of long term care facilities and hospitals reported improved clinical competence in resident or patient care as an outcome of their transition to practice program. **Conclusion** Despite the reported benefits of transition to practice programs, such as improved clinical competence and clinical decision-making abilities, long term care facilities continue to implement these programs at a much lower rate than hospitals. The results of this project will inform employers, policymakers, and other stakeholders of the importance of transition to practice programs in addressing nurse staffing issues and the nursing shortage.

#30. Impact of Hurricane Harvey on infant mortality, morbidity and U.S. Zika Pregnancy and Infant Registry follow-up, Hye Na Jeon, BS, Natalie Archer, PhD, Peter Langlois, PhD, Heidi Bojes, PhD

**Background** Hurricane Harvey made landfall in Texas on August 25, 2017, and caused significant damage and displacement. Pregnant women and children are vulnerable populations that may be disproportionately affected by hurricanes. We are analyzing vital statistics data to examine the impact of Hurricane Harvey on infants in Harris and Fort Bend Counties. We also analyzed USZPIR to assess if there was a difference in the infant follow-up rate with healthcare providers before and after the hurricane. **Methods** We are comparing infants’ mortality and morbidity rates during four different timeframes: 4 months before and 4 months after Hurricane Harvey made landfall in 2017, and the same two timeframes in 2016. Birth, death, and fetal death certificates will be used to compare proportions and rates of birth weight, preterm birth, births using assisted ventilation, small for gestational age, and deaths due to specific causes such as storms/floods and congenital malformations. We also compared proportions of USZPIR mother-infant pairs who showed up for infant follow-up appointments 4 months before vs. 4 months after Hurricane Harvey. We used a one-sample test of proportions to determine if there were any statistically meaningful increases in infant morbidity and mortality post-Harvey, or if there was any decrease in USZPIR infant follow-up. **Results** Currently, we have only analyzed vital statistics data for 2016. Results so far show no seasonal variations between summer and fall 2016. We will receive and analyze 2017 data in January 2020. A lower proportion of USZPIR infant follow-up occurred during the four months after Harvey than in the four months preceding the hurricane. This difference was not statistically significant (p=0.18), but this could be due to small numbers. **Conclusion** Hurricane Harvey did not appear to substantially impact USZPIR infant follow-up. Information regarding potential effects on infant morbidity and mortality is still forthcoming.
#31. Does Medicaid Coverage Improve Children's Oral Health?, Justine Jimenez, DDS, MSc, Janet Aikins, PhD, MPH, Deborah Banerjee, PhD

**Background** Project Saving Smiles (PSS), Houston Health Department (HHD)’s preventive dental public health strategy, targets second graders in schools where 50% or more are on the Free and Reduced Lunch Program. This analysis examines dental health status versus dental insurance coverage (Medicaid, Private, None) in 20,000 PSS participants served from 2013-2018. **Methods** Electronic program data of 20,000 randomly sampled second graders was retrieved from the HHD SaveSmiles database. To determine a possible association of Medicaid coverage with utilization of dental care, untreated cavities, and sealants present, a series of Logistic regression were conducted, and models were run after controlling for various predictors such as gender and race/ethnicity. Results Approximately 60% students in our sample were enrolled with Medicaid and 13% on private insurance. More than 80% of Medicaid students visited a dentist in the past 12 months, compared to 70% of children with private dental insurance. Results indicate that children with Medicaid coverage were more likely to visit a dentist (54%, CI: 49% - 58%) and have sealants present (43%, CI: 37% - 48%) compared to children with private dental insurance. **Conclusion** Our findings indicate that PSS 2nd graders on Medicaid have better dental health than those with private insurance. Accessing dental care by these children on Medicaid have played a major role in improving their dental health. Researching factors that influence access to dental care, type of insurance and behaviors of PSS families can explain the low utilization of dental services among private dental insurance holders compared to those on Medicaid.

#32. Texas, Becoming a Mom/Comenzando bien - 2018 Prenatal Education Program Evaluation, Ravneet Kaur, BDS, MPH(pursuing), Heta Gandhi, BDS, MPH(pursuing), Temitope Oloyede, MD, MPH, Heather Butscher, BS, MSW, Maria Perez-Patron, MHS, PhD

**Background** Prenatal education is an important component of supporting healthy pregnancies. Becoming a mom/Comenzando bien is the March of Dimes comprehensive prenatal curriculum. It is designed for use with pregnant women in a supportive group setting to learn about having a healthy pregnancy. The program, administered by trained facilitators, has been implemented in a variety of settings including community-based organizations, churches, and work sites. Nine sessions, in English or Spanish, present information to participants on prenatal care, nutrition, stress, things to avoid during pregnancy, labor and birth, postpartum care, and newborn care. **Methods** Survey instruments were developed to obtain demographic information, assess beliefs, attitudes, and knowledge about prenatal and newborn care. Participants’ satisfaction with the program was also evaluated. In 2018, the program was conducted multiple times throughout various locations in Texas. Pre-test and post-test surveys were administered before and after the nine sessions of the program. A total of 734 pre-test and 468 post-test surveys were collected from 13 sites, entered into MS Excel, and analyzed using STATA 15.1. Results of the two surveys were compared to determine the impact of the program on participants’ knowledge, beliefs, and attitudes in relation to prenatal and newborn care. A follow-up survey was developed to obtain postpartum information and mailed to participants. Two hundred and fifty-two surveys were returned. **Results** The majority of participants were Hispanics. There were positive changes in the knowledge, beliefs, and attitude of participants. Participants were comparatively more knowledgeable of preterm labor, postpartum symptoms and newborn care. Beliefs and attitude about health risk behaviors (smoking, drinking and taking OTC drugs) were also improved. **Conclusion** Participants response to the Becoming a Mom/ Comenzando bien program was positive, with the majority reporting that the program was beneficial and helped them make positive changes in their health habits.

#33. Socioecological Factors That Inform the Decision to Have Metabolic and Bariatric Surgery Utilization in Ethnically Diverse Patients, Juan Keeton, MPH, Ashley Ofori, MPH, Quiera Booker, BS, Benjamin Schneider, MD, Carrie McAdams, MD, PhD, Sarah E. Messiah PhD, MPH

**Background** Metabolic and bariatric surgery (MBS) is the currently the only clinically proven method of weight loss that is effective in treating severe obesity and its related co-morbidities. Yet, only about 36% of MBS-eligible patients complete MBS. This qualitative study used the socioecological framework to identify barriers and facilitators to MBS utilization among patients who had been referred to, or were considering MBS, but had not completed it. **Methods** A combination of focus groups and in-depth interviews were utilized (Spring 2019)
among ethnically diverse patients (N=29, 82% female, 62% non-Hispanic black, 10% Hispanic) who were considering MBS. All data was audio-recorded, transcribed and coded. Interview questions were grouped by the four socioecological model domains (intrapersonal, interpersonal, organization/clinical interaction, societal/environmental) within the context of why patients would/would not follow through with MBS. Analysis included a combination of deductive and inductive approaches to generate the final codebook. Each code was then input into Dedoose to identify overarching themes and sub-themes. Results Overall, 9 themes and 17 subthemes were identified that included 2 major intrapersonal themes and 4 subthemes as facilitators and barriers to MBS utilization. Specifically, participants stated the desire for improvement in existing comorbidities, mobility, and anticipated changes in physical appearance. Primary barriers to MBS completion included concerns about potential change in dietary behaviors post-MBS and safety of procedure. Additional barriers also included limited access to supportive programs and groups both pre- and post MBS. No themes differed by ethnic group. Conclusion Providing more educational materials addressing the common fears and misconceptions surrounding MBS, specifically for an ethnically diverse population, could potentially increase the rate of MBS utilization. Providing community-based pre- and post support groups for this patient population may also increase MBS completion rates.

#34. Be Sun Safe: A Sun Awareness Pilot Project, Samiya Khan, BS, Anisha Guda, Sophie Kim, John Browning MD

Background Skin Cancer is the most common cancer in the world and sun overexposure is implicated in about 90% of skin cancer cases. In addition, sun damage during childhood increases the risk of developing skin cancer later in life. After conducting a needs assessment by screening sun protection attitudes at a local elementary PTA night, we developed "Be Sun Safe", an innovative sun protection curriculum. Methods The "Be Sun Safe" curriculum, consisting of a one hour power-point and educational handouts, was delivered in 2018 and 2019 to elementary students in 3rd and 5th grade at Ben Franklin Elementary, a predominantly Hispanic school, during PE class. An 8 question pre and post test was utilized to analyze improvements in knowledge in regards to sun protection and to survey how elementary age students protect themselves from the sun. Results Although we are in the process of analyzing pre and post test results from the 2019 presentation, our 2018 analysis showed a 61.5% improvement in score in the 5th grade cohort (55 students) and a 10% score improvement in the 3rd grade cohort (66 students). In addition, in our 2018 pilot only 36% of the students in 3rd grade and 16% of the students in 5th grade claimed that they always use sunscreen. We expect to complete data analysis for both 2018 and 2019 cohorts by November 2019. Conclusion Our results suggest that the majority of elementary school students at a Hispanic predominant school in San Antonio do not use sunscreen. However, implementing sunscreen education sessions during PE sessions improved sun protection knowledge and attitudes. More effort should be made to educate children and adolescents on sun protection habits during school.

#35. Impact of Malaria in Kenya and Already Introduced Intervention Measures. A Qualitative Approach, Catherine Kisavi-Atatah, PhD

Background Malaria is an infection that has affected the lives of many all over the world. Historically, many studies have been conducted to help address the spread of communicable diseases. Western countries have been successful in the partial control and eradication of malaria. However, this is not the case in many African countries African countries, especially those in Sub-Saharan Africa who continue to suffer the devastating implications associated with malaria. The purpose of this study was to assess the attitude of women in Nairobi, Kenya on intervention measures employed by health care policy makers on methods controlling malaria. Methods A purposive sampling methodology was applied to recruit women in Nairobi, Kenya on intervention measures employed by health care policy makers on methods controlling malaria. Semi-structured interviews were conducted using questions designed to elicit participants’ awareness and knowledge of policies. Interviews were recorded, transcribed and content analyzed with Nvivo software, and two or more similar responses coded as a theme. Results A total of 16 women participated in this study. The age ranged from 33 years of age to 71 years of age. Education levels were mixed between high school and college with one post graduate participant. Major themes emerged from this research questions were public officials have tried, not really tried, focus on treatment and do not care. Conclusion The findings of this study signify that while over the years public health
officials have introduced effective malaria control measures. However, these measures have not been effectively implemented in this region.


**Background** Murine typhus is a flea-borne disease that is caused by the bacterium Rickettsia typhi. In 2018, San Antonio Metropolitan Health District reported an increase in incidence of murine typhus in Bexar County from 2014 to 2016. The purpose of this study is to provide an update and descriptive analysis for typhus cases to include 2017 and 2018. **Methods** A descriptive analysis was performed with data from the Texas NEDSS (National Electronic Disease Surveillance System) Base System. Clinical and exposure information were obtained from investigation case files. Population estimates used to calculate incidence rates were obtained from the United States Census Bureau. Data analyses were performed in Microsoft Excel and geographic analyses in ArcGIS. **Results** From 2014 to 2018, the incidence rate of murine typhus in Bexar County progressively increased from 1.2 to 5.1 per 100,000 population. Of all cases in the 5-year time period, 57% were male, 60% Hispanic, and the average age was 35 (age range 2-87). The average time between onset of symptoms and diagnosis was 14.9 days, 84% of patients were hospitalized, and 0.7% died from the illness. Median duration of hospitalization was 5 days (range 1-31 days). Of those who responded to interview questions about animals in their environment, 59% reported that fleas were present, 35% reported rodents, and 50% reported wild animals. Geographic distribution of cases has been similar from 2016 to 2018. **Conclusion** Bexar County has seen a marked rise in murine typhus cases in recent years. Similar increases have been observed in other counties in the state of Texas, resulting in a doubling of cases statewide from 2014 to 2018. Continued surveillance, research, and provider education will be important for addressing this growing trend of murine typhus.

#37. Non-Adherent Patients with Hypertension Or Cardiovascular Disease And Their Health Literacy Level, National Healthcare Outpatient Utilization, And Expenditure, Aliza Matusevich, PhD, Walter Agbor Bawa, MS, PharmD, Nahid Rianon, MBBS, DrPH, Rafia Rasu, PhD

**Background** Cardiovascular disease is the leading causes of morbidity and mortality in the US. Outcomes are contingent upon adherence to treatment and healthy lifestyle. Health literacy has been shown to be a critical component in reducing medical costs. This study aims to measure the impact of non-adherence on health literacy, healthcare utilization and costs among patients with cardiovascular disease or hypertension (CV/HTN).

**Methods** Based on ICD-9 codes, we identified patients with cardiovascular disease or hypertension from the 2005-2008 Medical Expenditure Panel Survey. We applied a validated model to predict health literacy using demographic data. Patients taking <80% of their medication were considered non-adherent. Health literacy was scored based on the National Assessment of Adult Literacy which uses a scale from 0-500. Scores ≤234 are considered basic literacy. The Aday conceptual framework was applied to the policy arena. **Results** The cohort consisted of 7,227 predominantly female (53.9%) and white (80.5%) patients, 43.4% were over age 65. The majority had some private insurance (68.4%), 25.7% had public insurance only and 5.9% were uninsured. Patients (42.8%) with above basic literacy were less likely to be classified as non-adherent (46% versus 40%): this sub-group had fewer outpatient and emergency room visit per year (mean:9.9) for an average cost of $1,126 versus 10.8 visits, $1,204 for non-adherent patients with lower health literacy. Similarly, more literate, non-adherent CV/HTN patients had mean annual medication costs that were $210 lower. **Conclusion** CV/HTN non-adherent patients with increased health literacy have lower utilization and expenditure. Health literacy is impacted by the structure of the health system: patients’ predisposing factors and their environment. It affects process in terms of realized access and health risks faced. Health literacy impacts outcomes, measured here in terms of utilization and costs. It is a crucial component in a more effective, efficient and equitable healthcare system.

#38. Rabies Awareness & Prevention Poster Contest for K-12, Bonny Mayes, MA, Shelley Stonecipher, DVM, MPH

**Background** Rabies is a viral disease that kills over 59,000 people every year around the world. Fortunately, human deaths from rabies in the United States are very rare (approximately one to three deaths per year,
almost exclusively due to rabies associated with bats). This is due to strict animal control laws, widespread pet vaccinations, and public health intervention in identified rabies-exposure cases. Rabies post-exposure prophylaxis is 100% effective when administered properly. However, the treatment is very expensive and requires multiple shots over a period of time. Skunks and bats are the most commonly affected species in Texas. Private residences and school grounds are the most common locations in Texas for exposure to rabid bats. Bat bites are not always noticeable and many people are unaware that exposure to bats poses a risk. Most of these rabies exposures are preventable through education. **Methods** For the last ten years, the Zoonosis Control Branch has facilitated an educational "Rabies Awareness & Prevention Poster Contest" for school kids. **Results/Conclusion** Students throughout Texas can participate by designing posters that promote rabies awareness and the respect of bats and other wildlife from a distance. Winners of the contest are awarded prizes provided by the Zach Jones Memorial Fund (ZJMF) www.zachjonesmemorial.org. The fund was founded in remembrance of Zachary Ross Jones after he died of rabies at the age of sixteen. The ZJMF strives to raise funds in order to assist with educational awareness, early detection, and ultimately the cure for rabies.


**Background** The Title V Needs Assessment is conducted every 5 years to inform policies and guide maternal and child health (MCH) program development in Texas. From 2018 to 2020, the Texas Department of State Health Services (DSHS) conducted a multimodal data collection effort with surveys, key informant interviews, focus groups, and secondary data analysis to determine the needs of a highly diverse population in the vast state of Texas. **Methods** The needs assessment was conducted with active data collection through key informant interviews with over 100 MCH experts, community and provider focus groups at about 25 sites across Texas and multiple bilingual web-based surveys. The collected data, was supplemented by analyzing the existing statewide data from various sources and mapping the different indicators to identify needs by county and Public Health Region. Participant recruitment was coordinated by the central and regional DSHS program staff and various MCH community stakeholders as well as program partners. **Conclusion** This presentation outlines the methodology adopted by the DSHS team to complete the needs assessment and challenges faced along the way. The findings from this needs assessment will be used to inform DSHS in developing state-wide MCH program goals and identifying priority areas of focus for the next 5 years.


**Background** Prior studies have confirmed the relationship between sleep duration and hypertension. However, there are unanswered questions on how this relationship is affected by age and body mass index (BMI). This study examined the association between sleep duration and hypertension in US adults and evaluated interaction by age and BMI. **Methods** Nationwide, population-based, cross-sectional survey. Setting: National Health Interview Survey (NHIS), 2014 to 2017. Participants: Adult participants aged 18 years or older (n=130,139). Measurements: Sleep duration, hypertension, age, and BMI status were assessed based on self-reported survey responses. Odds ratios (ORs) and 95% confidence intervals (CIs) for sleep duration-hypertension associations were estimated by logistic regression, adjusting for potential confounders. **Results** The proportion of participants who reported sleeping less than 7 hours (short) and more than 9 hours (long) per night was 32% and 4%, respectively. In adjusted analysis, short sleep was associated with a higher likelihood of hypertension (OR: 1.68, 95% CI: 1.35-2.02). Although not statistically significant, long sleep was also associated with a higher likelihood of hypertension (OR: 1.19, 95% CI: 0.71-1.67). In stratified analyses by age and BMI, the association was especially notable in short sleepers aged 18-44 years (OR: 1.41, 95% CI: 1.30-1.51) and underweight short sleepers (OR: 1.52, 95% CI: 1.05-2.20). **Conclusion** In American adults, short sleep is associated with increased likelihood of hypertension and this relationship is mediated by age and BMI.
**#41. Family Outreach Activities, Texas Birth Defects Epidemiology and Surveillance Branch, 2019**, Jessica Palacios, MPH, Mary Ethen, MPH, Mimi Le, MPH, Charles Shumate, DrPH, Margaret Escobar, MPA, Mark Canfield, PhD

**Background** In Texas, little is known about the needs and barriers for families with children affected with a birth defect. The Texas Birth Defects Epidemiology and Surveillance Branch (Branch) conducts three family outreach activities: a NTD recurrence prevention mail out (mail out), surveys with mothers, and case management. The purpose is to better understand unmet needs and connect families with services. **Methods** The Branch mails letters to mothers of children affected with an NTD, with information about their increased risk in subsequent pregnancies and benefits of folic acid to reduce their risk. Phone or internet surveys are conducted with selected mothers to assess their recall of the mail out and barriers to receiving care for their child. For case management, agency social workers contact mothers to identify current needs and barriers and provide referrals and services as needed. **Results** Fifty-seven of 529 (10.8%) mail out letters sent were undeliverable. Seventy-one of 177 (40.1%) mothers completed the survey, 32 (58.5%) of whom demonstrated accurate knowledge about folic acid for birth defect prevention. Ten of 71 mothers (14.1%) indicated their child did not receive or had difficulty getting needed care during the last 12 months. Over 1,000 families have been referred to agency social workers for case management. Among the most recent cohort, 78 of 106 (73.6%) families were successfully contacted and 17 of 78 (21.8%) were newly referred to Early Childhood Intervention. The most frequent barrier identified was finances (17 of 78, 21.8%). **Conclusion** Mothers demonstrated accurate retention of the mail out information which indicates this prevention initiative is useful. Some families face challenges obtaining healthcare for their child affected with a birth defect. Agency social workers have been able to contact and assist families. The Branch will continue outreach activities to assist families with children affected by a birth defect.

**#42. Hurricane Harvey's impact on influenza surveillance in Texas**, Katherine Perez, BS in Public Health, Andrea Salinas, MPH

**Background** In 2017, a category four hurricane historically known as Hurricane Harvey made landfall on the border between Texas and Louisiana. In August 2017 Governor Abbott issued a declaration of disaster which identified 60 counties impacted by Hurricane Harvey. To combat negative health impacts on affected areas, the Center of Disease Control and Prevention (CDC) granted funding to 64 jurisdictions including Texas. A portion of the funding received from CDC went towards the recruitment of reporting providers in 60 counties impacted by Hurricane Harvey beginning in October 2018. Once recruited, providers were entered into CDC’s U.S. Outpatient Influenza-like illness Network (ILINet) and reported the total number of patient visits and total number of visits due to influenza-like illness (ILI) on a weekly basis. **Methods** Data from the 2017-2018 and 2018-2019 influenza seasons were compared to identify a change in the proportion of providers reporting to ILINet from targeted regions. The number of total visits reported to ILINet was also compared between two seasons. **Results** Across the state, the number of patient visits reported to ILINet decreased by 0.39% between the 2017-2018 and 2018-2019 seasons. However, within the 60-county disaster area, the number of patient visits reported increased by 2.45%. There was also a 27.59% increase in reporting providers within the disaster area from 58 providers before recruitment efforts were initiated, to 74 providers reported once targeted recruiting was complete. **Conclusions** It is well-known that influenza season is unpredictable. For this reason, it is imperative that Texas health officials remain up to speed with the latest influenza trends. Recruitment efforts targeting the 60 counties impacted by Hurricane Harvey helped establish a better understanding of ILI in an area at risk for future natural disasters.

**#43. Descriptive Epidemiology of Adrenal Cortical Carcinoma: Comparing the Texas Cancer Registry to the Surveillance, Epidemiology, and End Results Program**, Megan Rafferty, BS, Matthew Do, Snejana Nhtianova, PhD, E Susan Amirian, PhD, MSPH

**Background** Adrenal cortical carcinoma (ACC) is a rare cancer with poor prognosis, and data on the incidence and disparities in survival are limited, both nationally and in Texas. This study aims to first examine prognostic factors associated with ACC, with plans to conduct a comparison of incidence and survival between the Texas Cancer Registry (TCR) and the Surveillance, Epidemiology, and End Results (SEER) program. **Methods** Reported cases of ACC from 2006 to 2016 were obtained using the 1975-2016 data set from the SEER program. The effects...
of demographic and tumor-specific variables on overall survival were estimated by multivariable Cox proportional hazards regression. Landmark survival rates were computed using the Kaplan-Meier method. TCR analyses are pending and will be available for presentation. **Results** Of 1043 cases of ACC identified in SEER, the median age at diagnosis was 56 years and median survival time was 20 months. Those 59 years and older had the poorest overall prognosis. Age, sex, surgical resection, and tumor grade were found to be significant predictors of ACC prognosis. The strongest predictor of poor survival was the absence of surgical resection (vs. complete surgical resection, HR: 3.17, 95% CI: 1.99-5.05). In addition, men had a significantly increased mortality risk compared to women (HR: 2.57, 95% CI 1.16-2.57). One- and five-year survival rates were 59.88% and 31.82%, respectively. **Conclusion** Our results indicate that surgical resection and tumor characteristics are important prognostic factors in patients with ACC. Further research is needed to evaluate the scope of ACC in Texas.

**#44. Acceptability and Feasibility of Using Video Visits for Weight Management Care**, Natalia Rodriguez, MPH, Monisha Arya, MD, MPH

**Background** Texas faces a major public health crisis with the current obesity epidemic. Given the state's current 33% obesity rate among adults public health efforts are heavily focused on prevention, education, and management for at risk populations. With the development of digital health technology, one possibility to consider is the use of telehealth via mHealth applications to disseminate health education. Telehealth has revolutionized the way healthcare is delivered, in addition to facilitating clinical communication. There is a need for studies to assess patients' perspectives on access to health care and education through telehealth video services. The purpose of this study was to assess patients' interest in weight management care through video visits. **Methods** In 2018, patients enrolled in weight management programs at a weight management outpatient center in Houston, Texas were invited to participate in a ten-question paper survey. The majority of the questions focused on the acceptability of video visits and the feasibility of participating in video visits for weight management care. **Results** There were 45 survey participants. A majority (77.8%) expressed an interest in weight management care offered through video visits. This was further supported by a majority of patients being familiar with the hospital mHealth app that provides video visits. A majority of patients (64.4%) also expressed an interest in participating in future pilot studies for video visits for weight management care. **Conclusion** Our study of patients in a weight management program found that patients would be interested in video visits to supplement existing in-person weight management programs. It is important to consider video visits as an alternative means of patient access to care and education. These findings are important because they support future efforts to pilot video visits for weight management care.

**#45. Investigating the Effectiveness of Pre-Packaged, Portion-Controlled Meals for Weight-Loss in People with Spinal Cord Injury**, Erina Sarker, MPH, Coulter Galvan, BS, Christa Ochoa, MPH, Katherine Froehlich-Grobe, PhD

**Background** While the prevalence of obesity continues to increase among the general population, weight maintenance through physical activity and healthy eating can be especially challenging for people with spinal cord injury (SCI). Specifically, eating a balanced diet can demand a degree of mobility and accessibility that may be difficult for some to achieve. Therefore, one component of our weight-loss intervention study investigates the effectiveness of using pre-packaged, portion-controlled meals (PCM) to aid weight-loss over a 13-week period for people living with SCI. **Methods** The study provides SCI participants with PCM to meet a personalized daily calorie goal based on resting metabolic rate (RMR). The baseline data includes a summary of metabolic factors (BMI, RMR, blood pressure and waist circumference) across sex and injury level (paraplegia vs. tetraplegia). We also assessed difficulty in performing tasks involving preparing/eating meals and recorded level of assistance by a person or device (no assistance, assistance, adaptation) to perform each task. **Results** Average BMI for individuals with tetraplegia in our sample is lower (28.5) than BMI for those with paraplegia (34.2), although average RMR is higher among those with paraplegia (1440 kcal/day vs. 1264). Over half of participants (56%, n=14) reported no difficulty in preparing/eating meals, however 52% (n=13) required assistance and 28% (n=7) don't prepare their meals. About a quarter (23%, n=6) indicated difficulty with using the oven and 32% (n=8) with using the sink, which represented tasks that the highest number of participants reported needing assistance, with 42% and 32% respectively. **Conclusions** PCM may bypass barriers to balanced meal preparation.
for this population. Future analyses may uncover reasons for differences in BMI between individuals with tetraplegia vs. paraplegia, despite the higher RMR observed among those with paraplegia. These efforts may inform future interventions for weight loss in this population.

**#46. Factors influencing vaccination during pregnancy: an umbrella review of systematic reviews**, Araish Farzana Shaik, BDS, Mitali Sribhashyam, BDS, Qiping Fan, MSc, Ping Ma, PhD, Md Mahbub Hossain, MPH,

**Background** Vaccination during pregnancy plays a critical role in preventing several infectious diseases and reduce maternal and child mortality and morbidity. However, the uptake of vaccination during pregnancy remains low in most of the developing countries. Moreover, vaccine hesitancy in many developed countries has affected the vaccination coverage among pregnant women, which necessitates careful evaluation of underlying reasons influencing vaccination among pregnant women. This umbrella review aims to evaluate the factors influencing vaccination during pregnancy from systematic reviews and synthesize the current evidence.

**Methods** We adopted PRISMA guidelines and searched seven major databases with relevant keywords and retrieved systematically conducted reviews on factors influencing vaccination among pregnant women, published in English as a peer-reviewed journal article, without any time restriction. We narratively synthesized the factors and barriers and facilitators of vaccination during pregnancy. **Results** Among 131 articles evaluated in this review, 4 articles met our eligibility criteria. These studies represent 229 articles with sample sizes ranging from 10 to 55570. The barriers to vaccination during pregnancy included lack of awareness and misconception, worry about adverse effects, doubts about safety and teratogenicity, lack of perceived need and effectiveness of vaccines, conflicting advice and ineffective role of providers, inadequate training and capacity of the healthcare providers (HCPs), lack of incentives to the HCPs, and high workload at community and antenatal care settings. The facilitators of vaccination during pregnancy included supportive behavior of the family members, knowledge and perceived need for vaccines, onsite vaccination during antenatal care, and proactive roles of HCPs.

**Conclusion** This umbrella review identified critical factors, which may influence vaccination during pregnancy, as reported in empirical studies in systematic reviews. This evidence informs an urgent need to address the barriers and enable the facilitators of vaccination among pregnant women and improve maternal and child health outcomes.

**#47. Facilitators and Barriers of Healthy Living Among Residents of an Activity-Friendly Community in Texas**, Ledric Sherman, PhD, Sayah Lee, MPH, Xuemei Zhu, PhD, Chanam Lee, PhD, Marcia G. Ory, PhD, MPH,

**Background** Current body of literature provides knowledge of built environment’s impact on community health and physical functioning. However, there remains lack of research exploring whether activity-friendly communities (AFC) equally influence activity behaviors among different subgroups varying in age, race, and income. Studies are needed to explore community characteristics that facilitate and impede physical activity and healthy lifestyle among residents who live in communities that are highly walkable and activity-friendly.

**Methods** The study setting is in the Mueller Community, an AFC in Austin, Texas. Nine focus group sessions were conducted with community-dwelling adults (n=68) in 2018-2019. Outcomes of interest focused on barriers preventing residents from their ideal level of health, their social experience as a resident, and how the physical environment affects their overall health. **Results** Reported barriers to physical health were related to influx of bars, breweries, and restaurants in the community, with reportedly few healthy eating options. Residents who are single and do not have children seemed to feel disjointed, while political affiliation and community social media page contributed to social stress among some individuals. Walkability within the community was highly appreciated among all participants and served as key facilitator to promoting healthy living. **Conclusion** Majority of participants reported increased physical activity levels after moving to the AFC. Few differences were found across sociodemographic characteristics and enrollment in Affordable Housing Program. Identifying and creating conditions that foster a strong sense of community within residential neighborhoods would be an important task for planners, builders, and researchers alike.
#48. Tuberculosis as a public health challenge at the US-Mexico border: a systematic review of the epidemiological and intervention studies, Mitali Sribhashyam, BDS, Araish Farzana Shaik, BDS, Alyssa Abreu, MSc, Aditi Tomar, MPH, Md Mahbub Hossain, MPH

**Background** Tuberculosis is a critical public health problem at the US-Mexico border, which affects thousands of infected individuals and their families. However, little is known about the overall epidemiological burden of tuberculosis and public health interventions to address the same. This systematic review aims to evaluate the empirical evidence on the epidemiological burden of tuberculosis and interventions targeting high-risk population living at the US-Mexico border. **Methods** As per the PRISMA guidelines, we searched a total of nine databases and with relevant keywords to find empirical articles reporting either epidemiological or intervention studies focusing on tuberculosis among people at the US-Mexico border without any time restriction. Articles published in English and Spanish were included in this review. **Results** Among 682 citations retrieved in the systematic search process, we found 24 articles that met our criteria. Studies were published between 1998 to 2018 and most studies were retrospective analyses (n=11), followed by cross-sectional (n=10), case-control (n=2), and cohort (n=1) studies. The sample sizes ranged from 14 to 14,142. Twelve studies reported risk factors including male gender, Hispanic origin, living near the border, history of tuberculosis, lifestyle, working in high-risk areas, stigma, and incomplete treatment. Five studies reported a high burden of multidrug-resistant tuberculosis up to 68% of cases. Four studies reported diabetes as major comorbidity among tuberculosis-affected individuals. Three intervention studies reported limited success with high dropout rates among the participants. **Conclusion** This review identified a high epidemiological burden, including major risk factors, resistance, and comorbidity of tuberculosis. A low number of less effective intervention studies appear to be inadequate, considering the current state of tuberculosis. Strengthening public health collaborations among institutions and communities may facilitate future research alongside inclusive interventions. Such approaches may address tuberculosis at the US-Mexico border.

#49. Impact of a Poverty Simulation on Health Professions Trainees’ Attitudes and Beliefs Towards Poverty, Leslie Stalnaker, MPH, Cara Pennel, DrPH, MPH, Caley Satterfield, EdD, Shelley Smith, MEd

**Background** Simulation exercises are effective learning tools for health professions trainees, but are typically limited to clinical skills. The Missouri Community Action Network's Poverty Simulation promotes a greater understanding of poverty by having participants roleplay the lives of low-income families and individuals. In April 2019, a poverty simulation was made available for up to 80 students across the four schools at University of Texas Medical Branch. The goals of this activity were to promote interprofessional collaboration and to increase participant's understanding of poverty and its impact on health. **Methods** Each student who participated completed a pre-test and a post-test. The pre-test included two validated indexes: the Attitudes Towards Poverty (ATP) Index “Short Form and the Social Empathy Index (SEI). The post-test included the two indexes from the pre-test with the addition of the Active Learning Measures. By having participants complete the same indexes before and after the simulation, changes in attitudes and beliefs could be determined. **Results** A total of 65 students participated in the poverty simulation, with 35 students (53.8% of participants) being from the School of Medicine. The structural perspective subscale of the ATP Index Short Form demonstrated a statistically significant positive change among participants (z-value diff= -2.371; p= 0.017). Students were also more likely to believe that people facing discrimination experience added stress (z-value diff = -4.650; p<0.0001) and that adults in poverty deserve social assistance after participating in the simulation (z-value diff= -5.403; p<0.001). **Conclusion** Results suggest that the poverty simulation was an effective tool at changing attitudes and beliefs towards poverty among an interprofessional group of health professions students. After going through the simulation, students were more likely to believe that society has an important role in helping those living in poverty. The simulation can be used in various settings to promote awareness and increase understanding of poverty.


**Background** Baseline data revealed that public clinics managed by the Texas Department of State Health Services in Public health region 6/55 have small amounts of vaccine doses wasted/loss. The majority of the loss...
was unavoidable, and the public health region notified within the 90-day window of expiration. The purpose of this study is to utilize Quality Improvement measures to identify and implement strategies to reduce loss, specifically expired vaccines that providers notified the public health region about within 90 days. **Methods** Utilized fishbone diagram, staff interviews, and six sigma quality improvement principles to define, measure, analyze, and control measures in the study. Vaccine loss data captured in the Texas of State Health Services Electronic Inventory System (EVI). **Results** Implemented systems include improving communication regarding the need for a vaccine transfer, electronic tracking sheets identifying actions taken once soon to expire notice was received, and quarterly dashboards communicating improvements in vaccine waste reduction efforts. Unexpected events lead to the creation of a new system for testing storage equipment and monitoring vaccine temperature excursions. **Conclusion** This study is still ongoing and been extended for another year to continue collecting data. Thus far, the quality improvement program has been successful in identifying program needs and systems development. Tear two of the study includes expanding this model into additional public provider

**#51. Acing the ACEs: Designing a Seminar for Trauma-Informed Educators**, Meghan Steel, MPH(c), Robert Rodriguez, Sirena Gutierrez, Cherith Naig, Ghafona Iduwe  
**Background** Adverse childhood experiences (ACEs) generate chronic stress and can lead to poor outcomes for the psychological, social, and physical health of Texas children. Without an effective intervention, ACEs become a significant contributor to the cycles of generational poverty. **Methods** Students in UTMB’s MPH program created an interactive presentation for teachers, counselors, and administrators to inform them about the consequences of unmitigated chronic stress in children and empower them to make changes at their schools. These activities were then performed during a continuing education seminar for staff from the Dickinson Independent School District. The course concluded by collecting statements from the teachers about concrete actions they would take to apply the lessons from the seminar, which would be used to build the final product: a poster for Dickinson ISD staff rooms about how to build a trauma-informed classroom. After completion of the course, a survey was distributed to teachers to assess their perspectives on the seminar. **Results** Pervasive themes identified through discussion during the presentation included the modeling of self-care behaviors and the need for a multidisciplinary approach to creating a trauma-informed classroom that promotes and supports emotional dialogue. Participants wanted more information and tools about overcoming the barriers to the creation of this environment. Most have a basic understanding about what should be done but need seminars like the one described here to systematically apply those concepts. Survey respondents predominantly said that they would recommend this type of training to a colleague; one respondent suggested that it should be mandatory for all educators. **Conclusion** Teachers, counselors, and school administrators can be valuable allies for public health leaders who wish to reduce the consequences of ACEs. Continuing-education seminars are a simple way to empower youth educators to build a trauma-informed classroom.

**#52. A systematic review of economic evaluations of naloxone therapy in addressing opioid epidemic**, Samia Tasnim, MD, Susmita Chakraborty, MSS, Nishat Tasnim Hasan, MD, Qiping FanMSc, Alyssa Abreu, MS, Md Mahbub Hossain, MD MPH CPH  
**Background** The opioid epidemic is a major challenge affecting public health in many developed countries, including the United States. Naloxone therapy has been found as clinically effective in opioid overuse treatment in many systematic reviews and meta-analyses; however, there is a lack of evidence on the economic impacts of using naloxone, which is critical for effective policy-making and opioid treatment practices. This review aims to synthesize the current evidence from economic evaluations of naloxone therapy to address the opioid crisis.  
**Methods** We searched nine major databases from their inception to August 2019 using specific keywords for naloxone and opioid. Further, we assessed them using the following criteria: peer-reviewed journal articles, published in English, reported any kind of economic evaluations of using naloxone for opioid overuse. This review was conducted as per the PRISMA guideline. **Results** The initial search revealed 1164 articles, among which only 18 articles met the eligibility criteria for this review. Seventeen studies focused on people with opioid overuse, whereas three studies reported chronic co-morbidities among the participants. In the 18 recruited studies, seven focused on naloxone therapy alone; in contrast, 11 studies conducted economic evaluations of naloxone in combination with other drugs including buprenorphine and oxycodone. Most studies (n=9) reported
cost-effectiveness, six studies reported cost-utility analyses, and three studies reported other methods of economic evaluations. Most studies (n=17) found naloxone as economically effective. The incremental cost-effectiveness ratio (ICER) for naloxone (alone or in combination) ranged from $323 to $5710 per quality-adjusted life years (QALY). **Conclusion** Naloxone was found as economically beneficial to improve the quality of living and other health outcomes, reducing the cost of care among opioid-dependent individuals. Further research should explore how naloxone can be used more effectively, minimizing the costs and maximizing the benefits across different population groups.

#53. Containment Strategy of VIM-CRPA in Healthcare Facilities in Lubbock, Texas, Tiffany Torres, Dijo John, Katherine Wells

**Background** Carbapenemase-producing organisms (CPOs) are multi-drug resistant organisms (MDROs) posing serious threats in healthcare settings. Between August 2017 and April 2019, the City of Lubbock Health Department (LHD) in conjunction with the Texas Department of State Health Services investigated a total of 41 cases of Verona Integron-Encoded Metallo-Beta-Lactamase producing Carbapenem-Resistant Pseudomonas aeruginosa, or VIM-CRPA. **Methods** The LHD, with the assistance of public health partners, launched a regional containment program in February 2018 to reduce the spread of VIM-CRPA and other CPOs. The strategy, titled BOOT, includes four components: be prompt to investigate new cases, obtain isolates for testing, optimize infection prevention practices and transfer patients between facilities using the notification form. **Results** Cases are identified through the submission of clinical isolates by the laboratories to the Antibiotic Resistance Laboratory Network. Tremendous Improvement in hand hygiene, environmental cleaning, and availability of alcohol-based hand gel is observed based on the infection control assessment through repeated site visits. This improvement in infection prevention activity, in turn, has resulted in a reduction in reported VIM-CRPA cases. The acceptance and implementation of the patient transfer form by the major healthcare facilities have been one of the success stories in this outbreak. **Conclusion** The participation between different agencies and facilities along with the lead role by a public health authority is an essential principle in investigating outbreaks of similar nature. The optimization of infection prevention is not just applicable to the reduction of VIM-CRPA but also preventing other MDROs. The big takeaway of our outbreak response is that the healthcare facilities started to realize the importance of working together and learning from each other. This was reflected in the use of transfer forms, high participation in educational webinars and symposium, and area infection-control meetings. Further, frequent patient transfers and interconnectedness of the Lubbock region mandated regional collaboration vital.

#54. Examination of Disparities between Stroke Survivors and Socioeconomic Status in the DFW Area, Aardhra Venkatachalam, BA, Hend Nadim, MBA, Daniel Nyancho, BA, Sonja Stutzman, PhD, Daiwai M Olson, PhD RN CCRN FNCS, Methari Gebreyohannis, MD

**Background** In the United States, stroke is the fifth leading cause of death and one of the main reasons for long term disability. Previous literature has cited that individuals with lower socioeconomic status (SES) suffer from poor functional outcome after stroke. Although stroke mortality has fallen recently, the primary concern is the life quality of stroke survivors which is impacted by SES conditions. This study aimed to understand the relationship between SES indicators and outcomes of stroke survivors in the Dallas-Fort Worth area. **Methods** we collected data through the “Establishing Normative Data for Pupilometer Assessments in Neuro-Intensive Care” registry on 115 acute ischemic stroke patients admitted to a University Hospital in the Dallas-Fort Worth Area and linked their discharge data to socioeconomic status (SES) based on geographic location by zip code. A Geographic Information System/Community mapping tool was utilized to visually observe the geographic distribution of the stroke patients to determine possible relationships of variables such as age, sex, race, ethnicity, median household income, with SES indicators. Hospital length of stay, ICU length of stay and admission NIHSS score and readmission rates among the sample population was also compared. **Results** there was a significant difference in hospital length of stay (p=0.001) and ICU length of stay (p<0.0001) between males (11.7 days; SD 17.4 days) and females (9.2 Days; SD 11.2 days). There was a significant difference between the income of Hispanic vs. Non-Hispanic patients (p=0.0454). **Conclusion** the patients’ residence location coupled with other SES factors determines the type of resources available. Clinical, demographic and geographic
information of AIS patients provides healthcare providers, care-givers, and patients can ready for post-stroke care. This will improve the overall quality of life and serve as a preventative measure for other conditions commonly related to stroke such as hypertension, hyperlipidemia and diabetes.

**#55. Creating solutions together: An analysis of interdisciplinary stakeholder response following a tuberculosis-focused Systems Thinking Symposium**, Nathaniel Webb, BS, Shlesma Chhetri, PhD, Thaddeus Miller, PhD, Kaitlyn McKinley, MHA, Erica Stockbridge, PhD

**Background** Because reactivation of latent tuberculosis infection (LTBI) accounts for over 80% of active tuberculosis (TB) cases in the US, domestic elimination strategy includes targeted screening and treatment of at-risk persons. To prompt interdisciplinary thought around opportunities to increase appropriate private sector LTBI-related care, the University of North Texas Health Science Center hosted a Systems Thinking Symposium. Professionals representing a diverse range of fields within private healthcare and public health participated in facilitated, structured discussions intended to identify barriers to LTBI-related care and opportunities for health system change. We sought to understand participants' perceptions of the event and interest in future involvement.

**Methods** Attendees were emailed a link to an online survey one-month post-symposium. Participants were asked to identify their professions, strengths/weaknesses of the symposium, whether they made valuable professional connections, and their interest in continued involvement.

**Results** The survey was completed by 73.3% (22/30) of participants representing 10 health-related professions. Of these, 95.5% (21/22) recommended a similar symposium be repeated in the future and 100% (22/22) reported making valuable professional connections. Additionally, 81.8% (18/22) of survey participants were interested in continued involvement.

**Conclusions** The Systems Thinking Symposium effectively involved individuals from a broad spectrum of health-related fields. Effective collaboration between public health and private sector healthcare is critical to domestic TB elimination, and positive interdisciplinary experiences such as those reported by symposium participants may contribute to such collaboration. Events involving facilitator-led structured discussions amongst interdisciplinary groups show promise in engaging persons from a variety of health-related professions in public health initiatives.

**#56. Texas Prevalence Estimates of Pediatric Traumatic Brain Injury using Medical Claims Data**, Jared Wiegand, Sarah E. Messiah, PhD MPH, Faisal G. Qureshi, MD MBA

**Background** Traumatic Brain Injury (TBI) is responsible for half of all pediatric traumatic injury mortality and is the overall leading cause of death and disability during the pediatric years. Current prevalence estimates have been limited to emergency department or hospital admissions data. We sought to determine statewide prevalence estimates of pediatric TBI using Texas medical claims data.

**Methods** National medical claims data from the 2007-2018 OPTUM clinformatics were used for the analytical dataset. Patients with a TBI diagnosis using ICD-9/ICD-10 codes and Texas residency were selected (sample = 7,806,931). Analysis examined TBI severity (mild, moderate, severe, defined by the Abbreviated Injury Score extrapolated from diagnosis codes using ICDPIC-R), demographics, location, and time/year of injury. Prevalence rates are reported as TBI(#) /100,000 at risk. Chi square and ANOVA tests compared TBI severity by demographics. Logistic regression analysis generated the odds of sustaining a TBI by major demographic groups.

**Results** 19,942 unique pediatric patients were diagnosed with TBI from 2007-2018, resulting in a population-based prevalence estimate of 255/100,000. Almost all (94.2%) TBIs were classified as mild. Over half of TBIs were among boys (62.9%; mean age 10.8 years). Most TBIs occurred at 16 years-old (11.8%, p<0.001) and in the Fall (33.3% vs. 26.5% in Spring, 19.0% in Summer, 21.2% in Winter, p<0.001). Only 1.2% of TBI patients received care at an inpatient facility at time of injury (vs. Professional and Outpatient, p<0.001). Boys were 13% more likely than girls to sustain a moderate-to-severe TBI (OR= 1.33, 95% CI: 1.00, 1.25) after controlling for age and season.

**Conclusion** Our results provide a more accurate estimate of Texas statewide pediatric TBI prevalence versus previous reports. Additionally, these estimates provide information that can inform seasonal, age, and gender-specific public health interventions for TBI prevention efforts on the basis of severity.
#57. Association between asthma and developmental disabilities in the United States pediatric population: a cross-sectional study, Luyu Xie, PharmD, Andrew Gelfand, MD, Tanya Martinez, MD, Yadira Rivera-Sanchez, MD, Folefac D. Atem, PhD, Sarah E. Messiah, PhD, MPH

**Background** To date, few studies have systematically examined the association between asthma and various developmental disabilities (DD) among pediatric populations. **Methods** A total of 71,811 families with children/adolescents ages 0-to-17 years old who participated in the 2016-2017 National Survey of Children’s Health (NSCH) were included in this cross-sectional study. Weighted asthma prevalence estimates were calculated and compared between children with and without DD. DDs included attention-deficit/hyperactivity disorder (ADHD), autism, blindness, cerebral palsy (CP), developmental delay, hearing loss, intellectual disability, learning disability, seizures, and speech problem. Logistic regression analysis generated the odds ratios (OR) of an asthma diagnosis adjusted for key demographics and birth weight. **Results** Overall asthma prevalence estimates were 10% higher in children with a reported DD (16%) versus children without DD (6%) (p<0.0001). The risk of asthma increased at least two fold in children with the following DDs versus children with no DDs: ADHD (Odds Ratio [OR] 2.36, 95% Confidence Interval [CI] 1.99-2.78), autism (OR 2.25, 95% CI 1.48-3.41), blindness (OR 1.93, 95% CI 1.32-2.81), cerebral palsy (OR 3.27, 95% CI 1.80-5.94), developmental delay (OR 2.22, 95% CI 1.78-2.77), hearing loss (OR 3.35, 95% CI 2.01-5.60), intellectual disability (OR 2.17, 95% CI 1.41-3.35), learning disability (OR 2.8, 95% CI 2.24-3.49), seizure (OR 2.63, 95% CI 1.68-4.13) and speech problem (OR 2.19, 95% CI 1.67-2.87). All adjusted models remained significant. Subgroup analysis showed boys with DD have higher prevalence of asthma prevalence versus girls. **Conclusion** Results here suggest that US children with various DD are at a higher risk for asthma versus their peers with no DD. Findings here support screening for asthma among pediatric patients with DDs.

#58. Association of health literacy on medication burden and adherence among individuals with hypertension and cardiovascular disease, Rana Zalmai, PharmD, Nahid Rianon, MD, DrPH, Walter Agbor Bawa, PharmD, Rafia Rasu, PhD

**Background** Tens of millions of US adults are not able to read complex texts, which includes health related materials. Health literacy impacts primary and secondary prevention of cardiovascular disease and medication adherence. Therefore, the aim of this study is to evaluate association of health literacy on polypharmacy status and medication adherence in adults with hypertension and cardiovascular disease (HTN/CVD). **Methods** Medical Expenditure Panel Survey(MEPS), a national data source measuring how Americans use and pay for medical care, from 2005-2008 was used for this cross-section study. Individuals' health literacy scores(HLS) were calculated according to the National Assessment of Adult Literacy(NAAL), nationally representative assessment of English literacy among American adults. Health literacy level was defined based on HLS, ≤226 were categorized into below basic or basic and scores of >226 were categorized as above basic. Medication adherence was measured using medication possession ratio(MPR) ≥80%. Logistic regression analyses were performed using SAS. **Results** A total of 7,227 patients with HTN/CVD were identified with greater percentage of women(53.9%) and White(80.5%) with a mean age of 62.1 years. Average HLS was 232.3(SD:28.5) and non-adherence occurred in 46% of patients. MPR was 71.2(SD:30.2). Patients with above basic HLS were less likely to be adherent to prescribed medications compared to individuals with below basic HLS(OR=0.75,P<0.01). Patients receiving more than 5 medications were more likely to be adherent compared to patients receiving a smaller number of medications. Polypharmacy individuals, non-Hispanics (OR:1.23,95%CI:1.03-1.48), and aged between 50-64 (OR:2.6,95%CI:1.96-5.82), (compared to age:18-24) exhibited a likelihood of more adherence to their medications. Moreover, above basic HLS individuals were 2.78 times more likely to rate self-perceived health status(SPHS) as good (OR 2.78,P<0.001). **Conclusion** Using a nationally representative data set, average HLS for hypertension and cardiovascular disease patients was only slightly above our cut-off for basic or below basic health literacy which impacted their SPHS and medication adherence.
Association between Health Insurance and Race with Mortality from Trauma: A Retrospective Study, Ibrahim Gwarzo, MBBS, MPH, Maria Perez-Patron, PhD, Xiaohui Xu, PhD, Tiffany A Radcliff, PhD, Jennifer A Horney, PhD

**Background** The population health implications of the growing burden of trauma-related mortality may be influenced by access to health insurance coverage, and demographic characteristics such as race and ethnicity. We investigated the effects of health insurance status and race/ethnicity on the risk of mortality among trauma victims in Texas. **Methods** Using Texas trauma registry data from 2014 - 2016, we categorized insurance health coverage into private, public, and uninsured, and categorized patients with serious injuries into Non-Hispanic Whites (NHW), Hispanic Any-Race (HAR), and Non-Hispanic Non-White (NHNW). Multivariate logistic regression was used to estimate the effects of health insurance status and race/ethnicity on mortality, controlling for age, gender, severity of the trauma, cause of trauma, presence of comorbid conditions, trauma center designation, presence of a traumatic brain injury (TBI), and severity of a TBI. **Results** From January 1, 2014, to December 31, 2016, there were 415,159 trauma cases in Texas; 8,827 (2.1%) were fatal. Among patients with at least a moderate injury, 24,606 (17.4%) were uninsured, and 98,237 (69.4%) were identified as NHWs. In the multivariate analysis, Hispanic patients had 23% higher adjusted odds of trauma-related mortality than whites [OR= 1.23; 95% CI: (1.13-1.34)], and uninsured patients had 86% higher odds of trauma-related death [OR= 1.86 95% CI: (1.63-2.02)]. Similarly, in the stratified effect modification analysis, the adjusted odds of mortality doubled among uninsured Hispanics [OR = 2.32 95% CI (2.01-2.67)] and nearly quadrupled among NHNWs [OR= 3.7; 95% CI (3.12-4.38)] when compared to NHWs with private insurance. **Conclusion** Using Texas trauma registry data, we found significant disparities in trauma-related mortality risk based on race/ethnicity and health insurance coverage. The identification of trauma mortality inequalities could inform the design and implementation of future public health interventions.

Seeking Information about Self-sampling methods for Sexually Transmitted Infection Screening: What sources do college students prefer?, Smriti Maskey, BPH, Stacey B. Griner, PhD, MPH, CPH, RDH,

**Background** Risks of chlamydia and gonorrhea are higher among sexually active young adult women, however traditional, in-clinic sexually transmitted infection (STI) screening services are underutilized. Self-sampling methods (collecting a vaginal swab at home) may be a potential screening approach to reduce these gaps and increase STI screening rates. However, there is limited research to understand the best means to inform this population about these methods. This study aims to identify the preferred sources of information for self-sampling methods of STI screening in college students. **Methods** Sexually active college women aged 18-24 years old (n=92) were asked to participate in a quantitative survey, where they were asked to rank their preferred sources for receiving information about self-sampling methods for STI screening (healthcare provider, friends, family, partners, internet, college resource, class, other) from most preferred to least preferred. Kruskal-Wallis tests were conducted to compare the ranking of sources by demographic factors (sexual orientation, screening status, innovativeness, student status). A p-value of < .05 was considered significant. **Results** Healthcare providers, the internet, and college resources were the most preferred source of information. Students who were screened for STIs ranked college resources as a more preferred source compared to students who were not screened (p=.050). Students with lower individual innovativeness ranked family as more preferred than students with higher innovativeness (p=.023) and international students ranked partners as more preferred than domestic students (p=.044). **Conclusion** Findings suggest that screening status and innovativeness could inform the tailoring of health communication campaigns and messaging to college students. Given the novelty of self-sampling methods for STI screening, future intervention development may include healthcare providers, internet, and college resources as information sources to improve STI screening rates.
Effect of in utero substance use exposure on childhood growth from birth through 16 years, Sitara Weerakoon, MPH, Denise C Vidot, PhD, Folefac D Atem, PhD, Sarah E. Messiah, PhD

Background The long-term effects of in utero/prenatal substance use exposure on human physical health are largely unknown. There are no previous studies reporting growth trajectories beyond age 9 by prenatal substance use exposure. This study reported the effects of prenatal substance use on pediatric growth through age 16 and included children exposed to singular substance use (cocaine, opiate, tobacco, cannabis, or alcohol; no polydrug use).

Methods A total of 4,725 growth data points from the Maternal Lifestyle Study (N = 315, 42% non-Hispanic black, 45% female) were analyzed. Low birthweight infants were excluded. Anthropometric measures (height, weight, body mass index [BMI]) were longitudinally compared from birth to age 16 among term (≥37 week gestation) children/adolescents who were/were not prenatally exposed to various substances. Repeated measure analyses compared substance-specific exposure growth at ages birth, three, five, seven and 12-to-16 years. Linear regression models compared the 5 substance-specific and 1 non-prenatal exposed BMI percentiles at age 16.

Results No statistically significant differences were found in BMI percentile growth curves from age 2-to-16 in prenatally exposed versus unexposed children. At age 16, children prenatally-exposed to (1) cannabis were 14 BMI percentile units higher compared to unexposed children (NS, P=.607); and (2) alcohol were 2 BMI percentile units higher compared to the unexposed group (NS, P=.676). Children prenatally exposed to cannabis had a higher BMI percentile from age 2-to-16 with no growth curve convergence with other exposure groups throughout all pediatric years.

Conclusion This is the first study to compare longitudinal growth from birth to age 16 among children who were prenatally exposed to singular substances versus children who were not exposed to any substances. While the data is preliminary, results provide early insight into how in utero cannabis exposure in particular may impact growth throughout childhood.
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<thead>
<tr>
<th>NAME</th>
<th>ORGANIZATION</th>
<th>EMAIL ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leslie Allsopp</td>
<td>UNTHSC SaferCare Texas</td>
<td><a href="mailto:leslieallsopp@gmail.com">leslieallsopp@gmail.com</a></td>
</tr>
<tr>
<td>Natalie Archer</td>
<td>Texas Dept of State Health Services - EEDRS</td>
<td><a href="mailto:natalie.archer@dshs.texas.gov">natalie.archer@dshs.texas.gov</a></td>
</tr>
<tr>
<td>Irma Arispe</td>
<td>Centers for Disease Control &amp; Prevention</td>
<td><a href="mailto:iaa9@cdc.gov">iaa9@cdc.gov</a></td>
</tr>
<tr>
<td>Samreen Asghar</td>
<td>Collin County Health Care Services</td>
<td><a href="mailto:samreen.asghar@utdallas.edu">samreen.asghar@utdallas.edu</a></td>
</tr>
<tr>
<td>Nicole Avellanet</td>
<td>Texas Dept of State Health Services</td>
<td><a href="mailto:nicole.avellanet@dshs.texas.gov">nicole.avellanet@dshs.texas.gov</a></td>
</tr>
<tr>
<td>Juha Baek</td>
<td>Texas A&amp;M University</td>
<td><a href="mailto:jbaek@tamu.edu">jbaek@tamu.edu</a></td>
</tr>
<tr>
<td>Rashea Banks</td>
<td>Texas Dept of State Health Services PHR 6/5S</td>
<td><a href="mailto:Rashea.Banks@dshs.texas.gov">Rashea.Banks@dshs.texas.gov</a></td>
</tr>
<tr>
<td>Alaina Beauchamp</td>
<td>School of Public Health, University of Texas Health Science Center</td>
<td><a href="mailto:alaina.m.beauchamp@uth.tmc.edu">alaina.m.beauchamp@uth.tmc.edu</a></td>
</tr>
<tr>
<td>Kaleigh Becker</td>
<td>Texas Dept of State Health Services</td>
<td><a href="mailto:kaleigh.becker@dshs.texas.gov">kaleigh.becker@dshs.texas.gov</a></td>
</tr>
<tr>
<td>Barclay Berdan</td>
<td>President &amp; CEO Texas Health Resources</td>
<td><a href="mailto:barclayberdan@texashealth.org">barclayberdan@texashealth.org</a></td>
</tr>
<tr>
<td>Diane Berry</td>
<td>School of Public Health, University of Texas Health Science Center</td>
<td><a href="mailto:diane.berry@uth.tmc.edu">diane.berry@uth.tmc.edu</a></td>
</tr>
<tr>
<td>Paul Betts</td>
<td>Texas Dept of State Health Services</td>
<td><a href="mailto:paul.betts@dshs.texas.gov">paul.betts@dshs.texas.gov</a></td>
</tr>
<tr>
<td>Susannah Bird</td>
<td>Texas Dept of State Health Services PHR 2/3</td>
<td><a href="mailto:susannah.bird@dshs.texas.gov">susannah.bird@dshs.texas.gov</a></td>
</tr>
<tr>
<td>Summre Blakely</td>
<td>MPH</td>
<td><a href="mailto:summre.n.blakely@ttuhsc.edu">summre.n.blakely@ttuhsc.edu</a></td>
</tr>
<tr>
<td>David Blocker</td>
<td>MD, MPH Hood County Public Health Authority</td>
<td><a href="mailto:dblocker@co.hood.tx.us">dblocker@co.hood.tx.us</a></td>
</tr>
<tr>
<td>Julianna Boyle</td>
<td>The University of Texas at Tyler</td>
<td><a href="mailto:jboyle@uttyler.edu">jboyle@uttyler.edu</a></td>
</tr>
<tr>
<td>Julia Butler</td>
<td>MPH, RS Texas Dept of State Health Services- EEDRS</td>
<td><a href="mailto:julia.butler@dshs.texas.gov">julia.butler@dshs.texas.gov</a></td>
</tr>
<tr>
<td>Lucy Cabrera-Conner</td>
<td>Texas A&amp;M School of Public Health</td>
<td><a href="mailto:lucy.conner@tamu.edu">lucy.conner@tamu.edu</a></td>
</tr>
<tr>
<td>Catherine Campbell</td>
<td>MPH Texas Dept of State Health Services</td>
<td><a href="mailto:cate.campbell@dshs.texas.gov">cate.campbell@dshs.texas.gov</a></td>
</tr>
<tr>
<td>Christine Cardinal</td>
<td>Sam Houston State University</td>
<td><a href="mailto:isabel@shsu.edu">isabel@shsu.edu</a></td>
</tr>
<tr>
<td>Conner Carlsen</td>
<td>MPH, CPH Texas Dept of State Health Services PHR 7</td>
<td><a href="mailto:conner.carlsen@dshs.texas.gov">conner.carlsen@dshs.texas.gov</a></td>
</tr>
</tbody>
</table>
Derek Cegelka PhD, MPH, CHES
Stephen F Austin State University
cegelkad@sfasu.edu

Lea Goad CTRS
LGoad@bswrehab.com

Ifrah Chaudhary
Houston Health Department
ifrah.chaudhary@houstontx.gov

Cecilia Colom
University of Texas Health Science Center
Houston School of Public Health
cecilia.m.colom@uth.tmc.edu

Catherine Cooksley BS, MPH, DrPH
Retired, University of Texas Medical Branch
cdcooksley@gmail.com

Caitlin Cossaboom DVM, PhD, MPH
Veterinary Epidemiologist, Viral Special
Pathogens Branch, Centers for Disease Control
& Prevention
nrm9@cdc.gov

Kelsey Craker CHES
kelsey.craker@gmail.com

Carol Davis MSPH
Texas Dept of State Health Services PHR 7
spilogale13@yahoo.com

Isela De La Cerda MPH/MS
UT Health Science Center at Houston School of
Public Health
isela.delacerda@uth.tmc.edu

Ana Diaz
UT Health San Antonio
diaza6@livemail.uthscsa.edu

Becky Earlie-Royer PhD, MPH, CHES
Texas Dept of State Health Services PHR 2/3
becky.earlieroyer@dshs.texas.gov

Christina Fulsom
East Texas Human Needs Network
christina@ethnn.org

Pedro Galvan
University of Texas at Tyler
pgalvan@patriots.uttyler.edu

Subi Gandhi
Tarleton State University
gandhi@tarleton.edu

Marta Garcia
mgarc8497@schreiner.edu

Jerry Gloria
City of San Antonio Metro Health
jerry.gloria@sanantonio.gov

David Gruber
Texas Dept of State Health Services- RLHO
David.Gruber@dshs.texas.gov

Ruth Grubesic DrPH, RN, PHCNS-BC
Schreiner University
rbgrubesic@schreiner.edu

Paul Grunenwald DVM, MS
Texas Dept of State Health Services PHR 6/5S
Paul.Grunenwald@dshs.texas.gov

Jessica Gutierrez-Rodriguez MSMOT
Texas Center for Infectious Disease,
Texas Dept of State Health Services
jessica.gutierrez-rodriguez@dshs.texas.gov

Ibrahim Gwarzo
TX A&M University School of Public Health
rahim9@tamu.edu

Alexandria Holden BA
University of North Texas Health Science Center
School of Public Health
alexandria.holden@my.unthsc.edu
<table>
<thead>
<tr>
<th>Name</th>
<th>Title and Affiliation</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rebecca Hurliman</td>
<td>San Antonio Metropolitan Health District</td>
<td><a href="mailto:becca.hurliman@gmail.com">becca.hurliman@gmail.com</a></td>
</tr>
<tr>
<td>Amanda Ingram MPH</td>
<td>Texas Dept of State Health Services</td>
<td><a href="mailto:amanda.ingram@dshs.texas.gov">amanda.ingram@dshs.texas.gov</a></td>
</tr>
<tr>
<td>Hye NA Jeon BS</td>
<td>Texas Dept of State Health Services - EEDRS</td>
<td><a href="mailto:hyena.jeon@dshs.texas.gov">hyena.jeon@dshs.texas.gov</a></td>
</tr>
<tr>
<td>Katelyn Jetelina</td>
<td></td>
<td><a href="mailto:katelyn.k.jetelina@uth.tmc.edu">katelyn.k.jetelina@uth.tmc.edu</a></td>
</tr>
<tr>
<td>Roslin Jose MBBS</td>
<td>The University of North Texas</td>
<td><a href="mailto:ashley.ginapp@unthsc.edu">ashley.ginapp@unthsc.edu</a></td>
</tr>
<tr>
<td>Jessica Jupe MPH</td>
<td>Texas Dept of State Health Services</td>
<td><a href="mailto:Jessica.Jupe@dshs.texas.gov">Jessica.Jupe@dshs.texas.gov</a></td>
</tr>
<tr>
<td>Ravneet Kaur</td>
<td></td>
<td><a href="mailto:ravneet.rk93@gmail.com">ravneet.rk93@gmail.com</a></td>
</tr>
<tr>
<td>Heran Kidane</td>
<td>The University of Texas at Austin</td>
<td><a href="mailto:herankidane@utexas.edu">herankidane@utexas.edu</a></td>
</tr>
<tr>
<td>Lara Lamprecht DrPH</td>
<td>Assistant Deputy Commissioner, Texas Dept of State</td>
<td><a href="mailto:lara.lamprecht@dshs.texas.gov">lara.lamprecht@dshs.texas.gov</a></td>
</tr>
<tr>
<td>Peter Langlois PhD</td>
<td>Texas Dept of State Health Services</td>
<td><a href="mailto:peter.langlois@dshs.texas.gov">peter.langlois@dshs.texas.gov</a></td>
</tr>
<tr>
<td>Joy Leos CHES</td>
<td>City of El Paso Department of Public Health</td>
<td><a href="mailto:LeosJD@elpasotexas.gov">LeosJD@elpasotexas.gov</a></td>
</tr>
<tr>
<td>Laura Lockwood</td>
<td>Tarrant County Public Health</td>
<td><a href="mailto:vtaneja@tarrantcounty.com">vtaneja@tarrantcounty.com</a></td>
</tr>
<tr>
<td>Thenral Mangadu</td>
<td>Associate Professor, Director Minority AIDS Research Center</td>
<td><a href="mailto:tdmangadu@utep.edu">tdmangadu@utep.edu</a></td>
</tr>
<tr>
<td>Michelle Markham</td>
<td>Tarrant County Public Health</td>
<td><a href="mailto:MSMarkham@TarrantCounty.com">MSMarkham@TarrantCounty.com</a></td>
</tr>
<tr>
<td>Daniela Marquez</td>
<td>Texas Dept of State Health Services</td>
<td><a href="mailto:daniela.marquez@dshs.texas.gov">daniela.marquez@dshs.texas.gov</a></td>
</tr>
<tr>
<td>Danielle Martinez</td>
<td>Tarrant County Public Health</td>
<td><a href="mailto:DNMartinez@tarrantcounty.com">DNMartinez@tarrantcounty.com</a></td>
</tr>
<tr>
<td>Smriti Maskey</td>
<td>UNT Health Science Center at Fort Worth</td>
<td><a href="mailto:Smriti.Maskey@my.unthsc.edu">Smriti.Maskey@my.unthsc.edu</a></td>
</tr>
<tr>
<td>Joel Massey MD</td>
<td>Texas Dept of State Health Services PHR 2/3</td>
<td><a href="mailto:joel.massey@dshs.texas.gov">joel.massey@dshs.texas.gov</a></td>
</tr>
<tr>
<td>Lenora McWilliams PhD, MS, RN</td>
<td>University of Houston</td>
<td><a href="mailto:lamcwilliams@uh.edu">lamcwilliams@uh.edu</a></td>
</tr>
<tr>
<td>Cassady Mecate</td>
<td>Baylor University</td>
<td><a href="mailto:cassady_mecate1@baylor.edu">cassady_mecate1@baylor.edu</a></td>
</tr>
<tr>
<td>Witold Migala PhD, MPH, CBCP</td>
<td>TPHA President</td>
<td><a href="mailto:migalaw@yahoo.com">migalaw@yahoo.com</a></td>
</tr>
<tr>
<td>Cassandra Millan</td>
<td>Baylor University</td>
<td><a href="mailto:cassie_millan@baylor.edu">cassie_millan@baylor.edu</a></td>
</tr>
<tr>
<td>Haruna Miyakado</td>
<td>Texas Dept of State Health Services PHR 7</td>
<td><a href="mailto:haruna.miyakado@dshs.texas.gov">haruna.miyakado@dshs.texas.gov</a></td>
</tr>
<tr>
<td>Name</td>
<td>Position and Affiliation</td>
<td>Email Address</td>
</tr>
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<td>----------------------------------------------------</td>
</tr>
<tr>
<td>Hitakshi Modi</td>
<td>Texas Dept of State Health Services/Maternal and Child Health Epidemiology</td>
<td><a href="mailto:hitakshi.modi@dshs.texas.gov">hitakshi.modi@dshs.texas.gov</a></td>
</tr>
<tr>
<td>Rebecca Molsberry</td>
<td>University of Texas School of Public Health, Dallas</td>
<td><a href="mailto:rebecca.j.molsberry@uth.tmc.edu">rebecca.j.molsberry@uth.tmc.edu</a></td>
</tr>
<tr>
<td>Ami Moore Ph.D, MPH</td>
<td>The University of Texas</td>
<td><a href="mailto:amoire@unt.edu">amoire@unt.edu</a></td>
</tr>
<tr>
<td>Jeff Murray CPP</td>
<td>Region VI, North Texas Cybersecurity and Infrastructure Security Agency</td>
<td><a href="mailto:Jeffrey.murray@hq.dhs.gov">Jeffrey.murray@hq.dhs.gov</a></td>
</tr>
<tr>
<td>Maram Museitif MPH</td>
<td><a href="mailto:Maram.museitif@gmail.com">Maram.museitif@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>Karen Mynar BSN, RN</td>
<td>Baylor University Medical Centr</td>
<td><a href="mailto:klspear17@gmail.com">klspear17@gmail.com</a></td>
</tr>
<tr>
<td>Dalia Nessim</td>
<td>UT Health Science Center at Tyler</td>
<td><a href="mailto:dalia.nessim@uthct.edu">dalia.nessim@uthct.edu</a></td>
</tr>
<tr>
<td>Rune-Par Nilsson</td>
<td>Tarrant County Public Health</td>
<td><a href="mailto:RINilsson@TarrantCounty.com">RINilsson@TarrantCounty.com</a></td>
</tr>
<tr>
<td>Liesl Nydegger PhD</td>
<td>The University of Texas at Austin</td>
<td><a href="mailto:liesl.nydegger@austin.utexas.edu">liesl.nydegger@austin.utexas.edu</a></td>
</tr>
<tr>
<td>Christa Ochoa MPH</td>
<td>Baylor Scott &amp; White Institute for Rehabilitation</td>
<td><a href="mailto:christa.ochoa@bswhealth.org">christa.ochoa@bswhealth.org</a></td>
</tr>
<tr>
<td>Melissa Oden</td>
<td>Tarleton State University</td>
<td><a href="mailto:drmissy2011@gmail.com">drmissy2011@gmail.com</a></td>
</tr>
<tr>
<td>Angelica Ortiz</td>
<td>Texas Dept of State Health Services</td>
<td><a href="mailto:angelica.ortiz@dshs.texas.gov">angelica.ortiz@dshs.texas.gov</a></td>
</tr>
<tr>
<td>Sherdeana Owens DDS</td>
<td>TAMUCC - CONHS</td>
<td><a href="mailto:sherdeana.owens@tamucc.edu">sherdeana.owens@tamucc.edu</a></td>
</tr>
<tr>
<td>Racquel Owino</td>
<td>Tarrant County Public Health</td>
<td><a href="mailto:racquel.owino@mavs.uta.edu">racquel.owino@mavs.uta.edu</a></td>
</tr>
<tr>
<td>Jocelyn Payan</td>
<td>University of Texas School of Public Health</td>
<td><a href="mailto:jocelyn.payan@mavs.uta.edu">jocelyn.payan@mavs.uta.edu</a></td>
</tr>
<tr>
<td>Carlos Plasencia MD</td>
<td>Texas Dept of State Health Services</td>
<td><a href="mailto:Carlos.Plasencia@dshs.texas.gov">Carlos.Plasencia@dshs.texas.gov</a></td>
</tr>
<tr>
<td>Cody Price</td>
<td>Texas A&amp;M Health Science Center School of Public Health</td>
<td><a href="mailto:codyjprice77@gmail.com">codyjprice77@gmail.com</a></td>
</tr>
<tr>
<td>Megan Rafferty</td>
<td></td>
<td><a href="mailto:megan.s.rafferty@rice.edu">megan.s.rafferty@rice.edu</a></td>
</tr>
<tr>
<td>Kim Rahebi MPH, CPH</td>
<td></td>
<td><a href="mailto:KimiyaRahebi@gmail.com">KimiyaRahebi@gmail.com</a></td>
</tr>
<tr>
<td>Kaye Reynolds DrPH</td>
<td></td>
<td><a href="mailto:kaye.reynolds@fortbendcountytx.gov">kaye.reynolds@fortbendcountytx.gov</a></td>
</tr>
<tr>
<td>Ashley Rodriguez</td>
<td>Baylor Scott &amp; White Health</td>
<td><a href="mailto:ashley.rodriguez2@bswhealth.org">ashley.rodriguez2@bswhealth.org</a></td>
</tr>
<tr>
<td>Patricia Rodriguez MD</td>
<td></td>
<td><a href="mailto:patricia.rodriguez@childrens.com">patricia.rodriguez@childrens.com</a></td>
</tr>
<tr>
<td>Jessica Romano MPH</td>
<td>Texas Dept of State Health Services</td>
<td><a href="mailto:jessica.romano@dshs.texas.gov">jessica.romano@dshs.texas.gov</a></td>
</tr>
</tbody>
</table>
Jason Rosenfeld DrPH, MPH
University of Texas Health Science Center San Antonio
RosenfeldJ@uthscsa.edu

Shea Roy
Texas A&M School of Public Health
sheajroy@tamu.edu

Kacey Russell MPH
Texas Dept of State Health Services
kacey.russell@dshs.texas.gov

Chelsea Rychener
Texas Dept of State Health Services PHR 2/3
Chelsea.rychener@gmail.com

Lakshmi Bhargavi Sahini MBBS,MPH
Texas Dept of State Health Services
lakshmi.sahini@dshs.texas.gov

Erina Sarker MPH
Baylor Scott & White Research Institute
erina.sarker@bswhealh.org

Caley Satterfield EdD
Texas AHEC East - Program Office
casatter@utmb.edu

Cynthia Sayler MPH, BSN, RN
Texas Dept of State Health Services PHR 2/3
cynthia.sayler@dshs.texas.gov

Pat Segu, OD, FAAO, ABO
University of Houston- College of Optometry
Psegu2@central.uh.edu

Sushma Sharma Dr.
DFWHC Research and Education Foundation
ssharma@dfwhcfoundation.org

Kirstin Short MPH
Houston Health Department
kirstin.short@houstontx.gov

Nistha Shrestha B.pharm, CPH
University of North Texas Health Science Center
ns0518@my.unthsc.edu

Anna Sirugo
asirugo23@gmail.com

Jennifer G. Smith
jenniferbsmith@earthlink.net

Leslie Stalnaker MPH
University of Texas Medical Branch
lastalna@utmb.edu

Sabrina Stanley
Texas Dept of State Health Services PHR 6/5S
sabrina.stanley@dshs.texas.gov

Meghan Steel
The University of Texas Medical Branch
meghansteel@outlook.com

Matthew Steer AICP
City of Coppell
msteer@coppelltx.gov

Shelley Stonecipher DVM, MPH, DACVPM
Texas Dept of State Health Services PHR 2/3
shelley.stonecipher@dshs.texas.gov

Peter Stout PhD, F-ABFT
President & CEO Houston Forensic Science Center
pstout@houstonforensicscience.org

David Torres MPH, CPH
Texas Dept of State Health Services
dnptorres@gmail.com

Tiffany Torres
ttorres@mylubbock.us

Catherine Troisi PhD
University of Texas School of Public Health
cltroisi@hotmail.com
Matt Turner PhD, MPH
Texas Dept of State Health Services
matt.turner@dshs.texas.gov

Inyang Uwak MBBS, MPH.
Texas A&M University School of Public Health
iuwak@sph.tamhsc.edu

Steven Varela
The University of Texas at El Paso
stvarela@utep.edu

Aardhra Venkatachalam
Aardhra.Venkatachalam@UTSouthwestern.edu

Maximea Vigilant DrPH
Harris County Public Health (HCPH)
tamosgkwn@gmail.com

Elizabeth Wachira PhD, MPH, BSN
Texas A&M University - Commerce
elizabeth.wachira@tamuc.edu

Lenae Warner
Texas Dept of State Health Services PHR 7
lenae.warner@dshs.texas.gov

Sitara Weerakoon MPH
PhD Student, Graduate Research Assistant, UT Southwestern
sitara.m.weerakoon@uth.tmc.edu

Lynette Williams RN
Wichita Falls-Wichita County Public Health District
lynette.williams@wchitafallstx.gov

Stormee Williams MD
Children's Health
stormee.williams@childrens.com

Jana Winberg MD
Jana.Winberg@co.Hardin.Tx.us

Allison Winnike JD
President & Chief Executive Officer, The Immunization Partnership
awinnike@immunizeusa.org

Yue Xie
Sam Houston State University
isabel@shsu.edu

Cheng Yin
University of North Texas - Denton
chengyinunt@gmail.com

Cassandra Yoder
Tarrant County Public Health
CMYoder@tarrantcounty.com

Rana Zalmai
The University of North Texas Health Science Center
rana.zalmai@unthsc.edu

Sania Zia
The University of Texas at Austin
saniazia238@gmail.com
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:** This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Texas Medical Association (TMA) through the joint providership of The Texas Department of State Health Services, Continuing Education Service and Texas Public Health Association. The Texas Department of State Health Services, Continuing Education Service is accredited by TMA 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 15.00 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.**

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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 15.00 contact hours 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 16, Part 4, Chapter 119, Subchapter D, Rule §119.27. The Texas Department of State Health Services, Continuing Education Service has awarded 15.00 contact hours 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 15.00 total entry-level Category I contact education contact hours.

- **Certified in Public Health:** On 10/18/2017 the Texas Department of State Health Services, Continuing Education Service was awarded multi-event provider status (ID #1360) by the National Board of Public Health Examiners to award CPH continuing education credits. This activity has been awarded 15.00 credits.

- **Certificate of Attendance:** The Texas Department of State Health Services, Continuing Education Service has designated 15.00 hours for attendance.

- **Community Health Worker (CHW):** This activity has been designated to provide 15.00 non-certified DSHS continuing education units for Promotores de Salud or Community Health Workers.
a. **Successful completion of this continuing education event requires that you:**
   - Complete registration and sign in sheet
   - Attend entire event
   - Participate in education activities
   - Complete participant evaluation

b. **Commercial Support**
   - This event received no commercial support.

c. **Disclosure of Conflict of Interest**
   - The speakers and Planning Committee for this event have disclosed no financial interests.

d. **Non-Endorsement Statement**
   - Accredited status does not imply endorsement of any commercial products or services by the Department of State Health Services, CE Service; Texas Medical Association; or American Nurse Credentialing Center.

e. **Off Label Use**
   - The speakers did not disclose the use of products for a purpose other than what it had been approved for by the Food and Drug Administration.

f. **Expiration for awarding contact hours/credits**
   - Complete and submit the online evaluation (Survey Monkey) no later than April 10th. Go here to complete the survey: [https://www.surveymonkey.com/r/TPHA2020EVALUATION](https://www.surveymonkey.com/r/TPHA2020EVALUATION)
THANK YOU!

The Texas Public Health Association extends its gratitude to the following for their contributions to the overall success of the 96th Annual Education Conference: Host Agencies Texas Department of State Health Services- Public Health Region 2/3, and the following local support partners, Dallas County Health & Human Services, Ryan White Planning Council, Tarrant County Public Health, Susan G. Komen, Texas Health Resources and University of North Texas Health Science Center School of Public Health.

### PROGRAM PLANNING, LOCAL ARRANGEMENTS & MODERATORS

<table>
<thead>
<tr>
<th>Witold Migala</th>
<th>Jeff Hatala</th>
<th>Bryan Miller</th>
<th>Samuel Savala</th>
</tr>
</thead>
<tbody>
<tr>
<td>Becky Earlie-Royer</td>
<td>Ashley Hickman</td>
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<tr>
<td>Susanna Byrd</td>
<td>Carolyn Joe</td>
<td>Sherdeana Owens</td>
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<tr>
<td>Yolanda Cantu</td>
<td>Cathreena Kang</td>
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<tr>
<td>Catherine Cooksley</td>
<td>Linda Kaufman</td>
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<td>Lynette Williams</td>
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<tr>
<td>Nancy M. Crider</td>
<td>Glenna Laughlin</td>
<td>Kim Rahebi</td>
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<tr>
<td>Tauane Araujo Cruz</td>
<td>Bry Mabry</td>
<td>Kaye Reynolds</td>
<td>Rachel Wiseman</td>
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<td>Natasha Dunn</td>
<td>Stephanie McCoy</td>
<td>Ashley Rodriguez</td>
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<tr>
<td>Laura Feghali</td>
<td>Nicole Metcalf</td>
<td>Jason Rosenfeld</td>
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<tr>
<td>David Gruber</td>
<td>Osaro Mgbere</td>
<td>Chelsea Rychener</td>
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### GOODS AND SERVICES

Dallas County Health & Human Services | Ryan White Planning Council | Texas Health
Samuel Savala (program typesetting) | Susan G. Komen
Texas Department of State Health Services

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We hope to see you all next year!
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- Stay home when you are sick, except to get medical care.
- Wash your hands often with soap and water for at least 20 seconds.

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