Texas Public Health Association
Annual Education Conference
May 22-24, 2023  •  San Antonio, Texas
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Welcome to the 99th TPHA Annual Education Conference! I am thrilled to welcome you all to San Antonio, TX, for an excellent three days of learning, sharing, and inspiration. This year, our theme is "The Future is Bright: Leading Forward", reflecting our collective commitment to resilience and perseverance in the face of challenges.

As we gather in person once again, we are reminded of the extraordinary adaptability and dedication of public health professionals like you who have worked tirelessly to protect the health and well-being of our communities during these unprecedented times. Together, we have weathered the storm and emerged stronger, more resilient, and more committed to our mission than ever before.

Throughout the conference, you'll find a rich array of workshops, plenary sessions, and breakout sessions that highlight the remarkable efforts and innovations taking place in public health across Texas. We encourage you to engage in lively discussions, share your experiences, and learn from your fellow professionals.

Don't miss our morning coffee and conversation sessions, where you can connect with colleagues and friends in a relaxed, informal setting. And, of course, enjoy our evening social events, where you can unwind and have some fun after a day of learning and networking.

As we look towards the future, let us celebrate our achievements, forge new connections, and continue to lead the way in public health. Together, we are building a brighter, healthier future for all.

Thank you for joining us, and here's to a fantastic 99th TPHA Annual Education Conference!

Warm regards,

Elizabeth Cuevas, PhD, MSPH, LP
President, Texas Public Health Association
Dear Public Health Partners,

On behalf of Mayor Ron Nirenberg, City Manager Erik Walsh, City Council, and the San Antonio Metropolitan Health District, I am delighted to welcome you to San Antonio, the nation’s 7th largest city.

The Texas Public Health Association (TPHA) serves as one of the many affiliates of the American Public Health Association. TPHA’s last in-person annual conference was held in San Antonio in 2019. We are honored that TPHA chose us as the host city for its first in-person gathering since the COVID-19 pandemic.

As we pivot from three years under the public health emergency, we convene this week from every corner of Texas to share lessons learned and best practices from the COVID-19 response, support each other through our ongoing recovery, and celebrate our resiliency. It’s also a time to share our passion for—and renew our commitment to—public health practice and the collective journey forward.

Whether you’re a public health student or a seasoned professional, we hope that this year’s Texas Public Health Association’s Annual Education Conference “The Future is Bright: Leading Forward” provides you with opportunities to connect with peers, to draw inspiration from the great selection of workshops, sessions, and exhibits, and to discover new evidence-based best practices that you can take back to your community.

TPHA’s vision is for “a safe and healthy Texas.” Whether you have arrived in San Antonio from a rural health department, a big-city jurisdiction, or somewhere in between, you are part of a state-wide network of public health practitioners working in tandem with cross-sector partners to address Texas’s most pressing health issues, develop a more innovative and robust public health system, and create more resilient, more equitable, and healthier communities across our state.

San Antonians are fiercely proud of their city’s rich culture and history—in fact, San Antonio celebrated its 300th anniversary in 2018. We are a diverse community where we want everyone to feel welcomed. Our city has led the way in innovation and inclusion. The first Spanish-language television station in the United States started here. Metro Health now, inspired by that tradition, is leading the way to building a healthier community.

In addition to connecting with your colleagues, we hope you take advantage of your time here and visit our world-famous Alamo, the River Walk, our five Spanish Missions which are a UNESCO World Heritage site, and the great restaurants that make San Antonio one of six cities in the nation to be named a UNESCO Creative City of Gastronomy.

Welcome again to San Antonio! We’re very happy you’re here!

Claude A. Jacob, DrPH, MPH
Metro Health Director
APHA Executive Board Member
Registration - Open all three days of the conference

- **Monday, May 22nd**
  - 7:00 am-5:30 pm

- **Tuesday, May 23rd**
  - 7:30 am-5:30 pm

- **Wednesday, May 24th**
  - 7:30 am-3:00 pm

Continuing Education - To receive CE credit attendees **MUST**:

- Complete registration and sign in at continuing education table
- Complete and submit a Participant Evaluation for **EACH** session you attend. The evaluations are available via links and/or scannable QR Codes for each session.
- Attend and participate in the entire session or event. You will receive a “Verification of Attendance” form at registration. Complete the form by checking the sessions you attend, total the number of hours and turn it in to the CE volunteer at the registration table before you leave the event.

Exhibits and Poster Presentations will be in the Foyer outside of the meeting rooms.

- **Monday, May 22nd**
  - 4:00 pm - 5:30 pm Grand Opening of Exhibits and Posters

- **Tuesday, May 23rd**
  - 8:30-9:00 am
  - 2:00-2:45 pm (snacks and beverages available)

- **Wednesday, May 24th**
  - 8:30-9:00 am

Silent Auction will be in the Jenny Room

One of the highlights of the Annual Education Conference is the TPHA Silent Auction. Please stop by the auction tables in the exhibit area to do some “shopping for your perfect item.” Bidding begins on **Monday, May 22nd at 4:00 pm** and ends on **Tuesday, May 23rd at 5:15 PM**. All items must be picked up at the registration desk no later than **11:00 AM on Wednesday, May 24th**.
Pre-conference workshops, Breakout Sessions and Mobile Workshops - This year choose from 3 workshops, 28 breakout sessions and 1 mobile workshop.

Section Business Meetings - The section business meetings will be held Tuesday, May 23rd from 5:15-6:00 PM in the Espada meeting room. 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. Take this opportunity to network with other members with similar interest, welcome a new member, and find out how to become more involved in YOUR association.

Health Walk - Please join other attendees for an early morning walk from 7:30 am-8:00 am on Tuesday, May 23rd (led by Mark Fenton, nationally recognized public health, planning, and transportation consultant, adjunct associate professor at Tufts University, advocate for active transportation, and former host of America’s Walking on PBS television) and Wednesday, May 24th (led by Catherine Cooksley, TPHA member and past president, previous editor of the TPHA Journal and health walk leader for many years). Meet at the Hotel lobby entrance by 7:25 am. We’ll walk out of the door at 7:30 am.

Fellows’ Project - It has been the tradition at the Annual Education Conference that the TPHA Fellows coordinate a donation drive to support a local non-profit or community program. This year the Fellows’ Project is breaking tradition and in keeping with the “future of public health” conference theme, will recognize and invest in public health’s future… our students!

Public health students will be sporting a yellow button identifying them as public health’s future and conference attendees will have the opportunity to purchase yellow wrist bands declaring “I INVESTED IN THE FUTURE OF PUBLIC HEALTH.” Wrist bands will be available at the registration table for purchase for $5.00 each during the conference. Proceeds from the wrist band sales will support public health student scholarships. Please join us in supporting our students and the future of public health!

*TPHA Fellows are those Active or Associate members who have been in good standing for five (5) continuous years, have a recognized professional status, and are qualified according to the procedures prescribed by the Governing Council. To apply to become a TPHA Fellow go to https://www.texaspha.org/page/MemberForms and click on Fellow Application.

Stay Connected - Wi-Fi is complimentary in the meeting space. Go to the Wi-Fi on your phone/tablet/laptop - look for the Hilton Honors page - click on it and when it comes up, scroll down to “I have a Promotional Code”. Click on that and type in: Essapremium

This log-in will be good for 24 hours. Just repeat the above steps after 24 hours to regain access.

List of Some Abbreviations Used in this Program:

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>TPHA</td>
<td>Texas Public Health Association</td>
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<tr>
<td>APHA</td>
<td>American Public Health Association</td>
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<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td>EHE</td>
<td>Ending the HIV Epidemic</td>
</tr>
<tr>
<td>PRISMA</td>
<td>Preferred Reporting Items for Systematic Reviews and Meta-Analyses</td>
</tr>
<tr>
<td>DNP</td>
<td>Doctor of Nursing Practice</td>
</tr>
<tr>
<td>HPV</td>
<td>Human Papamavirous</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>COVID-19</td>
<td>Coronavirus Disease first diagnosed in 2019</td>
</tr>
<tr>
<td>SARS-CoV-2</td>
<td>Severe Acute Respiratory Syndrome Coronavirus 2, identified as the cause of COVID-19</td>
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### Day One, May 22, 2023

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tr>
<td>9:00 am-11:30 am</td>
<td>Survival Skills: Transitioning from Student to Practitioner – How to Translate Your Life Skills and Student Experiences into “Resume Speak” (San Jose)</td>
</tr>
<tr>
<td>9:00 am-11:30 am</td>
<td>Best Practices in Presenting EPI Data to Decision Makers (San Juan)</td>
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<tr>
<td>9:00 am-11:30 am</td>
<td>Health Authority Workshop 2023 (Espada)</td>
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<tr>
<td>11:30 am-1:00 pm</td>
<td>Lunch on your own</td>
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<tr>
<td>11:45 am-12:30 pm</td>
<td>Meeting for Local Health Officials (Concepcion)</td>
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<tr>
<td>1:00 pm-3:30 pm</td>
<td>Opening Plenary Session (Heritage Ballroom)</td>
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<tr>
<td>3:45 pm-5:15 pm</td>
<td>Grand Opening of Exhibits and Posters (Foyer)</td>
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### Day Two, May 23, 2023

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>7:30 am-8:00 am</td>
<td>Health Walk (meet in hotel lobby by 7:25 am)</td>
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<tr>
<td>8:30 am-9:00 am</td>
<td>Visit Exhibits and Posters (Foyer)</td>
</tr>
<tr>
<td>9:00 am-11:30 am</td>
<td>OFF-SITE MOBILE WORKSHOP: Designing for Community Health &amp; Physical Activity - Walk Audit of Greenline Park and Redevelopment at Brooks Base (meet in Lobby)</td>
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<tr>
<td>9:00 am-10:00 am</td>
<td>BREAKOUT SESSIONS 1-A through 1-D</td>
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<tr>
<td>10:00 am-10:30 am</td>
<td>1A-Epidemiology (San Juan)</td>
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<tr>
<td>10:30 am-11:00 am</td>
<td>1B-Health Education (Espada)</td>
</tr>
<tr>
<td>11:00 am-11:30 am</td>
<td>1C-Public Health Nursing (Concepcion)</td>
</tr>
<tr>
<td>11:30 am-12:00 am</td>
<td>1D-Administration &amp; Management (San Jose)</td>
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<tr>
<td>9:00 am-10:00 am</td>
<td>BREAKOUT SESSIONS 2-A through 2-D</td>
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<tr>
<td>10:00 am-10:30 am</td>
<td>2A-Epidemiology (San Juan)</td>
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<tr>
<td>10:30 am-11:00 am</td>
<td>2B-Health Education (Espada)</td>
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<tr>
<td>11:00 am-11:30 am</td>
<td>2C-Oral Health (Concepcion)</td>
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<tr>
<td>11:30 am-12:00 am</td>
<td>2D-Administration &amp; Management (San Jose)</td>
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<tr>
<td>11:30 am-1:00 pm</td>
<td>Lunch on your own</td>
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<tr>
<td>9:00 am-10:00 am</td>
<td>BREAKOUT SESSIONS 3-A through 3-D</td>
</tr>
<tr>
<td>10:00 am-10:30 am</td>
<td>3A-Epidemiology (San Juan)</td>
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<tr>
<td>10:30 am-11:00 am</td>
<td>3B-Environmental &amp; Consumer Health (Espada)</td>
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<tr>
<td>11:00 am-11:30 am</td>
<td>3C-Public Health Nursing (Concepcion)</td>
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<tr>
<td>11:30 am-12:00 am</td>
<td>3D-Administration &amp; Management (San Jose)</td>
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<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>2:00 pm-2:30 pm</td>
<td>Break and visit Exhibits and Posters (Foyer)</td>
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<tr>
<td>2:45 pm-3:45 pm</td>
<td><strong>BREAKOUT SESSIONS 4-A through 4-D</strong></td>
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<tr>
<td></td>
<td>• 4A-Epidemiology (San Juan)</td>
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<td></td>
<td>• 4B-Health Education (Espada)</td>
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<td></td>
<td>• 4C-Community Health Worker (Concepcion)</td>
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<td></td>
<td>• 4D-Student (San Jose)</td>
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<td>4:00 pm-5:00 pm</td>
<td><strong>BREAKOUT SESSIONS 5-A through 5-D</strong></td>
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<tr>
<td></td>
<td>• 5A-Epidemiology (San Juan)</td>
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<td></td>
<td>• 5B-Health Education (Espada)</td>
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<tr>
<td></td>
<td>• 5C-Community Health Worker (Concepcion)</td>
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<td></td>
<td>• 5D-Aging &amp; Public Health (San Jose)</td>
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<tr>
<td>5:15 pm-6:00 pm</td>
<td><strong>TPHA Section Business Meetings (Heritage Ballroom)</strong></td>
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## Day Three, May 24, 2023

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<tr>
<td>7:30 am-8:00 am</td>
<td>Health Walk (meet in hotel lobby by 7:25 am)</td>
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<tr>
<td>8:30 am-9:00 am</td>
<td>Visit Exhibits and Posters (Foyer)</td>
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<tr>
<td>9:00 am-10:00 am</td>
<td><strong>BREAKOUT SESSIONS 6-A through 6-D</strong></td>
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<tr>
<td></td>
<td>• 6A-Epidemiology (San Juan)</td>
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<td></td>
<td>• 6B-Health Education (Espada)</td>
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<tr>
<td></td>
<td>• 6C-Community Health Worker (Concepcion)</td>
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<td></td>
<td>• 6D-Aging &amp; Public Health (San Jose)</td>
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<tr>
<td>10:00 am-11:00 am</td>
<td><strong>BREAKOUT SESSIONS 7-A through 7-D</strong></td>
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<tr>
<td></td>
<td>• 7A-Epidemiology (San Juan)</td>
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<td></td>
<td>• 7B-Health Education (Espada)</td>
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<tr>
<td></td>
<td>• 7C-Community Health Worker (Concepcion)</td>
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<tr>
<td></td>
<td>• 7D-Aging &amp; Public Health (San Jose)</td>
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<tr>
<td>11:45 am-1:45 pm</td>
<td><strong>Closing Plenary Session &amp; Luncheon (Heritage Ballroom)</strong></td>
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<td></td>
<td>• Pilots to Policy: The Role of Public Health in Creating Healthier Built Environments</td>
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<td></td>
<td>• Announcement of Awards and Recognitions—Elizabeth Cuevas, PhD, MSPH,LP, TPHA President</td>
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<td>• Transfer of Gavel &amp; Introduction of Melissa Oden, DHEd, LMSW-IPR, MPH, CHES®, CEO, DMO Enterprises, LLC, TPHA President 2023-2024</td>
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<tr>
<td>2:00 pm-3:00 pm</td>
<td>• <strong>2024 AEC Galveston Planning Committee (The Alamo room)</strong></td>
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9:00 am-11:30 am Survival Skills: Transitioning from Student to Practitioner - How to Translate Your Life Skills and Student Experiences into “Resume Speak” (SAN JOSE)

Melissa Oden, DHeD, LMSW-IPR, MPH, CHES®, CEO, DMO Enterprises, LLC
Lisette K. Osborne, RN/NCC-E, MSN, ECPA, CHEP, FTPHA, Senior Advisor, System Support Services, Texas Health and Human Services Commission

Presentation Objective(s):
- List recommendations for proper interview protocol
- Demonstrate translation of academic and life skills to "resume and interview speak"

9:00 am-11:30 am Best Practices in Presenting EPI Data to Decision Makers (SAN JUAN)

Catherine Troisi, MS, PhD, Associate Professor, UT Health Houston School of Public Health
Robert Kirkpatrick, MS, Executive Director, Milam County Health Department
Theresa Casey, DVM, MPH, ACVPM, Director, Trainee Health Surveillance, US Air Force, Lackland AFB
Roger Sealy, MS, Assistant Director, City of Houston Health Department
Thomas Cropper, DVM, MVPM, DACVPM, USAF Senior Epidemiologist (retired)

Presentation Objective(s):
- List strategies for verbal and visual communication to help your elected officials connect with your data and want to take action
- Assess effective data visualization strategies
- Describe the key elements of a successful data story: knowing one’s audience, defining a goal, maintaining engagement, and being explicit about the takeaways
- Position recommendations for action

9:00 am-11:30 am Health Authority Workshop 2023 (ESPADA)

Welcome and Introductions: Carlos Plasencia, MD, Moderator, Regional Medical Director, Public Health Region 6/5S, Texas Department of State Health Services
Aurelia Schmalstieg, MD, Moderator, Regional Medical Director, Public Health Region 2/3, Texas Department of State Health Services

Understanding and Enforcing Public Health Law, Allison N. Winnike, JD, Adjunct Professor, UTHealth School of Public Health

Public Health Case Study: Ebola Exposure in Texas, Philip Keiser, MD, Local Health Authority for Galveston County/ Associate Dean for Public Health Practice UTMB School of Public and Population Health, Galveston County Health District, University of Texas Medical Branch

Public Health Case Study: Renaissance Festival Water, Scott Milton, MD, Regional Medical Director, Public Health Region 1, Texas Department of State Health Services

Presentation Objective(s):
- Explain public health law principles and their application to public health in Texas
- Describe the Health Authority’s role and responsibility in Texas
- Explain jurisdictional authority and responsibility during a health event
Meeting for Local Health Officials (ALAMO)

11:30 am-1:00 pm  
Lunch on your own

11:45 am-12:30 pm  
Meeting for Local Health Officials (ALAMO)

1:00 pm-3:30 pm  
Opening Plenary Session (HERITAGE BALLROOM)

Welcome and Introductions from Texas Public Health Association, Elizabeth Cuevas, PhD, MSPH, LP, TPHA President

Welcome from the City of San Antonio, Erik Walsh, City Manager

Welcome from Metro Health, Claude A. Jacob, DrPH, MPH, Metro Health Director

State of the State Address, Jennifer Shuford, MD, MPH, Commissioner of Health, Texas Department of State Health Services

Paving the Way for Future Public Health Leaders: The Academic Landscape & Lessons from the Field

- Moderator: John Herbold, DVM, MPH, PhD, Faculty, UT Health, School of Public Health
- Vasan S. Ramachandran, MD, DM, FACC, FAHA, Dean, School of Public Health, UT Health San Antonio
- Corron Sanders, PhD, Lecturer and Program Coordinator Public Health Department, The University of North Texas at Dallas
- Karen Jaeldo-Siegl, DrPH, MS, Director, MPH Program/Associate Professor, University of the Incarnate Word School of Osteopathic Medicine
- Gerard E. Carrino, Dean, TTUHSC, Dean, Julia Jones Matthews School of Population and Public Health, Texas Tech University Health Sciences Center
- L. Joseph Su, PhD, MPH, Associate Dean for Academic Affairs, Peter O’Donnell Jr. School of Public Health

Presentation Objective(s):
- Describe the state of public health in Texas
- Compare and contrast the approach to public health education across the state of Texas
- Verbalize three best practices in current public health education

3:45 pm-5:15 pm  
Grand Opening of Exhibits and Posters (FOYER)

Posters:

1. Clinic Level Assessment of Best Practices to Increase HPV Vaccinations in Primary Care, Isaac S. Mancillas, assistant project manager, UTHealth McGovern Medical School UT Physicians

2. Hospital-Integrated Childcare Reveals Intersectionality of Social Needs and Need for Holistic Interventions for Social Determinants of Health, Suman Vadlamani, BS, MS2, medical student, UT Southwestern Medical School

3. Adaptation and Analysis of a Social Determinants of Health Questionnaire in Northeast Texas: Connecting Community Members with Resources, Blair Zdenek, BS, research coordinator, UT Health Science Center at Houston and Hannah Adcock, Infection Prevention, Christus Trinity Mother Frances Health Systems
4. Lessons Learned: Insight on the Structure of an Established CHW (Community Health Worker) Training Center, Carlea Beth Patrick, M.Ed., CHW-I, CHW, instructor/training specialist, The University of Texas at Tyler School of Medicine, Center for Community and Rural Health Education and Sonja Kim Bush, Director, The University of Texas at Tyler School of Medicine, Center for Community and Rural Health Education

5. “Why are Antibiotics Overprescribed here”? An Interview-Based Study Exploring Real-World Clinical Experiences and How They Shape Providers Practice in South-South Nigeria, Tarilate Temedie-Asogwa, PhD student and teaching assistant, University of Houston

6. Healthy Corner Stores Partner with Public Health to Bring Fresh Fruits and Veggies to the Barrio, Jennifer Lopez-Garza, Program Specialist, City of San Antonio and Daniel Jimenez, PhD(c), Special Projects Coordinator, Healthy Neighborhoods

7. Utilizing Geographic Information Systems (GIS) to Improve Retention Rates in a Longitudinal Statewide Seroprevalence Study, Henal Alpesh Gandhi, MDS, MPH (Candidate), Graduate Research Assistant, Texas CARES (The University of Texas Health Science Center at Houston School of Public Health)

8. Measuring COVID-19 Trends and Stakeholder Engagement Through an Email Abstraction Tool, Martika Batista-Martin, CIC, Epidemiologist II, Texas Department of State Health Services

9. Utilizing Dashboards to Track Exposure Trends as they Relate to Infectious Disease, Rina Solanki, MHS, Epidemiologist, Texas Department of State Health Services

10. Trends in COVID-19 Infections During Four Surges in Bexar County, Texas, Sonali Sarkar, MBBS, MPH, DrPH, Epidemiologist, San Antonio Metropolitan Health District

11. Holistic Sexual Health Care for Populations Eligible for Monkeypox Vaccine, Adriana Pozo, MPH, RN III, BSN, CIC, Texas Department of State Health Services- Region 8

12. Travelers Health Initiative: A Collaborative Effort to Reduce the Spread of COVID-19 Amongst Travelers, Glenda Lopez, BS, BIDS Epidemiologist, Texas Department of State Health Services

13. Rapid Review of Evidence for Whole School, Whole Community, Whole Child Interventions on K-12 Mental Health, Daniel Phu, OMS-II, University of North Texas Health Science Center and Prathyusha Mahasamudram, medical student, OMS-II, University of North Texas Health Science Center

14. Multivariate analysis of Stress and Depression in Rural Bangladeshi Pregnant Mothers, Stacey M. Wright, AA, BSPH PSY, MPH student, Sam Houston State University

15. Examining the Role of Social Determinants of Health in a Weight Loss Intervention for People with Acquired Brain Injury, Virginia Leidner, BS, Intern, baylor scott & white research Institute, Dallas, TX and Christa Ochoa, MPH, research analyst, Baylor Scott & White Research Institute/Baylor Scott & White Institute for Rehabilitation

16. Barriers to and Facilitators of Black Men’s Oral Health Care Access: A Multilevel perspective, Dalnim Cho, PhD, Assistant Professor, MD Anderson Cancer Center

17. Inspiring Future Leaders in Dental Public Health to Meet Population Needs by Utilizing Case-Based Scenarios, Magda A de la Torre, clinical assistant professor, UT Health Science Center at San Antonio, School of Dentistry

18. Leading Forward Against Blood Cancer: A Faith-Based Collaborative Utilizing Best Evidence in Marrow and Stem Cell Donor Awareness Programs, Madison Draper, Certified Medical Assistant, Hendrick Clinic Early, Texas
19. Patterns in Hypertension by Job-Related Support Across Race/Ethnicity, Ishmam Alam, Undergraduate Student, University of Houston


21. State Price Transparency Programs for Vision Care Services, David N. Younessi, MD Candidate, Class of 2024, Feinberg School of Medicine, Northwestern University

22. Approach to Nutrition Education in Elementary Schools in Border Communities, Karina Cienega, CPST, CHWI, MHFA, Health and Prevention Specialist V, Department of State Health Services, Public Health Region 8

DAY TWO, May 23, 2023

7:30 am-8:00 am
Health Walk (Meet at the hotel lobby entrance by 7:25 am)

8:30 am-9:00 am
Visit Exhibits and Posters (FOYER)

9:00 am-11:30 am
OFF-SITE MOBILE WORKSHOP (MEET IN HOTEL LOBBY) hosted by the American Planning Association - TX Chapter in partnership with TPHA Note: This session takes place during breakout sessions 1A-D through 2A-D

Designing for Community Health & Physical Activity - Walk Audit of Greenline Park and Redevelopment at Brooks Base, Mark Fenton, MS, Tufts University, Friedman School of Nutrition Science & Policy (Mark Fenton is a nationally recognized public health, planning, and transportation consultant, adjunct associate professor at Tufts University, advocate for active transportation, and former host of America’s Walking on PBS television).

Presentation Objective(s): Discuss the role that public health professionals and advocates can play in supporting development of settings that encourage physical activity and active transportation

BREAKOUT SESSIONS 1-A through 1-D

9:00 am-10:00 am
1A-EPIEMIDOLOGY, Becky Earlie-Royer, Moderator (SAN JUAN)

• Disparities In Chlamydia Burden among Texas Populations an Emphasis on Women, 2016-2020, Megan Coney, MPH, Epidemiologist II, Texas Department of State Health Services and Anika Stankov, MPH, Epidemiologist II, Texas Department of State Health Services

• Rise of Syphilis Cases among Vulnerable Populations in Texas, 2016-2020, Kacey Russell, MPH, Manager, Texas Department of State Health Services and Alex Lao, Student Intern, STD Epidemiology and Surveillance Group, University of Texas at Austin

• Ending the HIV Epidemic in Texas: an Analysis of Socio-Economics on the EHE Indicators Across Five Targeted Texas Counties, Adolph Joseph Delgado, MEd, MS, Doctoral Candidate, University of Texas at San Antonio, and Janice Palma, Student Researcher, University of Texas at San Antonio
1B-HEALTH EDUCATION, Leslie Stalnaker, Moderator (ESPADA)

**Presentation Objective(s):**
- Describe which demographics of women are most impacted by chlamydia in Texas from 2016-2020 and three reasons why its impact on women is of special concern
- Describe the burden of syphilis in Texas and identify the most vulnerable populations
- Describe the variation in HIV trends and counts within Texas, in which county-level contextual socioeconomics (e.g., gender, age, health insurance and race) directly and indirectly impact HIV across the five counties that reported more than 50% of new HIV diagnoses in 2019

**Identifying Vaccine Hesitancy within Rural McLennan County and Urban Waco**, Kodi Arnold, BGS, Public Health Education Specialist, Waco McLennan County Public Health District & Christina Tuell, EdD, CHES, Interim Health Education Supervisor and Program Evaluator, Waco McLennan County Public Health District

**COVID-19 Vaccine Hesitancy: Assessment of Community Focus Group Discussions**, Kimberly Elliott, PhD, Assistant Professor, University of Texas at Tyler Health Science Center and Jessica Escareno Alvarado, PhD, Assistant Professor, University of Texas at Tyler Health Science Center

**Presentation Objective(s):**
- Illustrate perceived barriers, beliefs, and behaviors to initiating and completing the COVID-19 vaccine series
- Describe the vaccine hesitancy attitudes and beliefs of Northeast Texas communities about the COVID-19 vaccine

1C-PUBLIC HEALTH NURSING, Jen Collins, Moderator (CONCEPCION)

**Presentation Objective(s):**
- Identify three types of innovative Doctor of Nursing Practice (DNP) created public health implementation projects
- Identify two barriers to and impacts on driver license acquisition for young adults experiencing foster care, homelessness, or poverty
- Discuss the impact of the social determinants of health on individuals, families, and communities

**A Mixed Methods Approach with a National Scope to Examine DNP-Focused Implementation Addressing Public Health**, Jen Collins, PhD, RN, CNE, Professor, Texas Tech University Health Sciences Center School of Nursing and Carol Boswell, Ed.D., RN, CNE, ANEF, FAAN, Professor Emeritus, Texas Tech University Health Sciences Center

**Feasibility and Impact of Supporting Under-Resourced Young Adults to Achieve Driver Licensure**, Jen Collins, PhD, RN, CNE, Professor, Texas Tech University Health Sciences Center School of Nursing

**Innovations in Teaching the Social Determinants of Health**, Barbara E. Hekel, PhD, MPH, RN, Assistant Professor of Clinical Nursing, Cizik School of Nursing at UT Health Science Center at Houston

1D-ADMINISTRATION & MANAGEMENT, Bobby Schmidt, Moderator (SAN JOSE)

**Presentation Objective(s):**
- Financing Benefits and Barriers to Routine HIV Screening in Clinical settings: A Scoping Review, Hani Serag, MD, MPH, Assistant Professor, Department of Internal Medicine, University of Texas Medical Branch
- Does the Federal Price Transparency Mandate Work? A Study of 6214 Hospitals and 14 Healthcare Services, David N. Younessi, MD Candidate, Class of 2024, Feinberg School of Medicine, Northwestern University
10:15 am-11:15 am

2A-EPIDEMIOLOGY, Christina Carmona, Moderator (SAN JUAN)

- **Texas DSHS SARS-CoV-2 Wastewater Surveillance Dashboard**, Victoria Salinas, MPH, Intern, Texas Department of State Health Services
- **Wastewater Tracking of the SARS-CoV-2 Omicron Variant Results from Two Texas Cities and Five Texas Correctional Facilities**, Layla Lustri, MPH, DSHS Texas Public Health Fellow, Texas Department of State Health Services
- **Seeing Double: Addressing Duplicate COVID-19 Case Data in Bexar County**, Christopher Alonzo, MPH, Senior Epidemiologist, City of San Antonio Metropolitan Health District and Joshua Guerra, MPH, Senior Social Epidemiologist & Data Systems Specialist, City of San Antonio Metropolitan Health District

Presentation Objective(s):
- Describe initial work on developing an internal comprehensive COVID-19 wastewater surveillance dashboard
- Name the differences in associations between SARS-CoV-2 levels in wastewater and reported COVID-19 cases before and after the Omicron variant appeared
- Summarize the complexities of duplicate records in COVID-19 case data and identify methods of addressing duplicates in notifiable diseases

10:15 am-11:15 am

2B-HEALTH EDUCATION, Fatima Frausto, Moderator (ESPADA)

- **Training Natural Community Leaders as COVID-19 Health Literacy Ambassadors in Bexar County**, Jason Rosenfeld, DrPH, MPH, Assistant Professor of Medicine, Director for Global Health Education, Implementing Director of Health Confianza, University of Texas Health Science Center at San Antonio; and Tony Martinez, CHW, Senior Outreach Coordinator, Health Confianza, University of Texas Health Science Center at San Antonio
- **Improving COVID-19 Health Literacy in a Migrant Population**, Andrew Ni, Medical Student, University of Texas Health Science Center at San Antonio, Long School of Medicine; and Ally Wong, Medical Student, University of Texas Health Science Center at San Antonio; and James Yan, Medical Student, University of Texas Health Science Center at San Antonio, Long School of Medicine
- **Increasing Accessibility to CPR Training and Awareness Through the Global CPR Training Initiative**, Esha Kanna, Student, University of Texas at Dallas and Shreyas Perumal, Student, University of Texas at Dallas

Presentation Objective(s):
- Design and evaluate health promotion and health literacy training for natural community leaders
- Describe how a migrant specific tool kit was used to increase literacy and vaccine uptake in a migrant health population
- Identify the need for and efficacy of Cardio-Pulmonary Resuscitation (CPR) training in rural areas
2C-ORAL HEALTH, Wei-Chen (Miso) Lee, Moderator (CONCEPCION)

- Oral Health Knowledge and Behavior among College Students in Rural Northeast Texas, Ghada Khawaja, BDS, Graduate Research Assistant, Texas A&M University-Commerce
- A Standardized Equitable Approach to Customer Feedback and Demographic Data Collection: An Oral Health Pilot, Amanda N Manzello, MS, Performance Improvement Manager, City of San Antonio Metropolitan Health District and Sandra Imery, MS, Vaccine Equity Officer, San Antonio Metro Health District
- Met and Unmet Needs for Dental Care Services and Associated Barriers Among People with HIV in Houston, Texas, Osaro Mgbere, PhD, MS, MPH, Epidemiologist-Biostatistician/Program Lead, Houston Health Department, City of Houston and Fazal H Tabassam, Data Manager/Epidemiologist-Specialist, Houston Health Department

Presentation Objective(s):
- Identify the importance of oral health promotion among college students
- Summarize the importance of collecting demographic data and customer feedback and duplicate field-tested tools
- Assess the disparities in met and unmet dental care needs and perceived barriers associated with the receipt of care among persons with diagnosed HIV

2D-ADMINISTRATION & MANAGEMENT, Becky Earlie-Royer, Moderator (SAN JOSE)

- Collaboration between Public Health Preparedness and Infectious Disease Epidemiology: An Exploration of Current Practices and Opportunities in Texas, Carol M. Davis, DrPH, MSPH, CPH, DrPH Graduate, Public Health Leadership, University of Illinois at Chicago, Chicago, IL
- Building a New Certificate Program in Legal Epidemiology: Public Health Law Research and Policy Surveillance, Ellen D Breckenridge, MPH, JD, PhD, Assistant Professor, UTHealth Houston School of Public Health

Presentation Objective(s):
- Identify two or more factors affecting intra-organizational collaboration in Texas local health departments
- Identify gaps between current curricula and the Centers for Disease Control and Prevention (CDCs) competencies in legal epidemiology to justify adding public health law training to their curricula

11:15 am- 1:00 pm
Lunch on your own

BREAKOUT SESSIONS 3-A through 3-D

1:00 pm-2:00 pm

3A-EPIDEMIOLOGY, Hillaire Saint-Pierre, Moderator (SAN JUAN)

- Elevated Liver Cancer Incidence among Hispanic Americans in Northeast Texas, Christian R. Alvarado, PhD, MPH, Assistant Professor, University of Texas at Tyler
- Multivariate Analysis of Social and Environmental Factors Impacting Type II Diabetes, Mariah Jade Zimpfer, Research Scientist, Sam Houston State University
- Prevalence of Cancer among Patients with Chronic Conditions in a Federally Qualified Health Center, Quiera Booker, MPH, PhD candidate, Student/Graduate Research Assistant, UTHealth at Houston, School of Public Health

Presentation Objective(s):
- Discuss the health disparities in liver cancer experienced by Hispanic Americans in Northeast Texas
- Visually locate the counties most at risk for Type 2 Diabetes based on a statistical analysis of social and environmental factors
- Determine the prevalence of cancer among patients with diabetes and/or hypertension in two community health clinics
3B-ENVIRONMENTAL & CONSUMER HEALTH, Kim Rahebi, Moderator (ESPADA)

- Applying the Systems Engineering Initiative for Patient Safety (SEIPS) Model to Analyze HPV Vaccination Practices in Primary Care Settings, Todd R. Johnson, PhD, FAMIA, Professor of Biomedical Informatics, The University of Texas School of Biomedical Informatics at Houston
- Evaluating Food Security and Summer Meal Access in Harris County, Mielad Ziaee, Undergraduate Student, University of Houston

Presentation Objective(s):
- Apply the Systems Engineering Initiative for Patient Safety (SEIPS) model and the People, Environment, Tasks and Tools (PETT) scan to increase HPV vaccination rates at primary care clinics
- Assess the placement of summer meal sites and to utilize locational data to determine where summer meal sites should be placed

3C-PUBLIC HEALTH NURSING, Jen Collins, Moderator (CONCEPCION)

- The Sexually Transmitted Disease Data Tracker That Became So Much More, Jacqueline Hussey, Fellow, Texas Department of State Health Services
- There is no "I" in "Team" or "Colorectal Cancer;" Improving Secondary Screening in Marginalized Populations, Cody J Sliger, DNP, APRN, FNP-C, Family Nurse Practitioner, The Larry Combest Community Health and Wellness Center/Texas Tech University Health Sciences Center School of Nursing

Presentation Objective(s):
- List at least one strategy to assess and monitor sexually transmitted disease (STD) screenings, tests, and treatments data that is provided in public health clinic settings
- Identify at least two barriers related to patients who utilize FQHC preventative services

3D-ADMINISTRATION & MANAGEMENT, Elizabeth Cuevas, Moderator (SAN JOSE)

- Piloting a Novel Organizational Health Literacy Pledge Program, Melanie Stone, MPH, MEd, Assistant Director, Community Service Learning, UT Health San Antonio and Jason Rosenfeld, DrPH, MPH, Assistant Professor of Medicine and Assistant Director for Global Health, UT Health San Antonio
- Using a Cross-Jurisdictional Risk Assessment Team to Prevent Domestic Violence and Homicide, Leslie Pastrano, Violence Prevention Data and Innovation Manager, San Antonio Metropolitan Health District

Presentation Objective(s):
- Describe a strategy to achieve organizational change to improve health literacy for clients and patients
- List two benefits of this approach to domestic violence prevention and intervention

2:45 pm-3:45 pm

4A-EPIDEMIOLOGY, Catherine Cooksley, Moderator (SAN JUAN)

- Analysis of Changes in Daily COVID-19 Incidence Rates Over the Pandemic, by Vaccination Category, Christopher Alonzo, MPH, Senior Epidemiologist, City of San Antonio Metropolitan Health District
- **Assessment of Acceptance, Perceptions and Compliance for COVID-19 Vaccines: An Interventional Study Using Brief Video Messages**, Subi Gandhi, PhD, Associate Professor, Public Health, Tarleton State University
- **Characterization of Reinfected SARS-CoV-2 Cases in Bexar County, Texas**, Syed N. Khalil, PhD, MPH, Epidemiologist, COVID-19 Response Team, San Antonio Metropolitan Health District

Presentation Objective(s):
- Identify the differences in COVID-19 risk ratios by vaccination status over the course of the pandemic
- Articulate why short-term, educational video interventions are not robust enough to mitigate COVID-19 vaccine hesitancy
- Name three demographic or clinical characteristics of individuals reinfected with COVID-19

## Conference Agenda

### 2:45 pm-3:45 pm

#### 4B-HEALTH EDUCATION, Renee Orrantia, Moderator *(ESPADA)*

- **Food Insecurity in Texas: A County-Level Examination of Bright-Spots**, Matthew Lee Smith, PhD, MPH, CHES, Associate Professor, Texas A&M University
- **Implementation Science: Strategies to Improve Screening and Treatment of Hepatitis C in Primary Care**, Delana Gonzales, MPH, Director FFACTS Clinic, University Health; and Sarah Rinehart, PharmD, BCACP, Ambulatory Care Clinical Specialist Pharmacist, University Health

Presentation Objective(s):
- Identify county-level factors associated with food insecurity in Texas
- Describe County level opportunities for place-based action to reduce food insecurity burden and inequities in Texas
- Discuss the importance of improving Hepatitis C virus care

#### 2:45 pm-3:45 pm

#### 4C-COMMUNITY HEALTH WORKER, Debra Flores, Moderator *(CONCEPCION)*

- **Pediatric Patient Navigators: Community Partnership to Improve Access to Subspecialty Care for Children in Immigrant Families**, Haldo Trevino, II, MHS, MD/MPH candidate, UT Southwestern Medical School
- **Analysis of Women’s Cancer Curriculum Implementation in Brownsville Community**, Nastassia Anna Yammine, BSA, Medical Student, UT Health Science Center San Antonio; and Camille McSherry, BS, Student, UT Health Science Center San Antonio

Presentation Objective(s):
- Identify practices that increase self-efficacy of caregivers of children in immigrant families and describe the process of implementing a community based participatory model for a patient navigator program
- Describe the goals, target audience, and outcomes of the Community Health Clubs Women’s Cancer Curriculum

#### 2:45 pm-3:45 pm

#### 4D-STUDENT, Ishmam Alam, Moderator *(SAN JOSE)*

- **Developing a Streamlined Process for Documenting Social Determinants of Health in Hepatitis C Patients at Primary Care Clinics**, Steven Landin, BSPH, MPH Candidate, University of Texas Health Science Center at Houston School of Public Health

Presentation Objective(s):
- Discuss the importance of documenting Social Determinants of Health in populations with Hepatitis C
5A - EPIDEMIOLOGY, Subi Gandhi, Moderator (SAN JUAN)

- Prevalence and Characteristics of Suicide Attempts and Ideation in Employed Adults: Texas Behavioral Risk Factor Surveillance System, 2018, Tiffany Dimaano, MPH, CDC/CSTE, Applied Epidemiology Fellow, Texas Department of State Health Services
- The Association Between Tobacco Use and Depression among Texas Youths, RoiSan Nhpang, MPH, PhD Student, UNTHSC School of Public Health
- Identifying the Population Disproportionately Affected by Sexual Violence in Texas: A Narrative Review, Chimuanya Princess Osuji, MPH, Doctoral Student, Graduate Research Assistant, Center for Community Health and Aging

Presentation Objective(s):
- Describe the prevalence of suicide ideation and attempts in working adults in Texas
- Determine the association between Tobacco Use and Depression among Texas Youth using Texas Youth Risk Behavior Survey data from 2017-2021
- Identify the risk and protective factors for sexual violence and the population disproportionately affected by it

5B - HEALTH EDUCATION, Fatima Frausto, Moderator (ESPADA)

- Chemotherapy Video Project, Lakeshia Brown, MPH, CHES, Sr. Health Education Specialist, MD Anderson Cancer Center
- Social Media Campaign for Rural East Texas Wellness Initiative, Gregory R. LaMay, BS, NRP, MPH Candidate, Program Coordinator, University of Texas at Tyler Health Science Center
- San Antonio Kids B.R.E.A.T.H.E. Community Health Worker Home Education Program and Its Impact on Children with Uncontrolled Asthma, Cara J. Hausler, MPH, Health Program Manager, City of San Antonio

Presentation Objective(s):
- Describe the benefits of using videos with QR codes for patient education
- List the benefits to using social media in delivering a health-related message adapted to rural populations
- Describe the structure of a Community Health Worker (CHW) home education program and the impact of a CHW home education program on children with asthma and their families

5C - COMMUNITY HEALTH WORKER, Debra Flores, Moderator (CONCEPCION)

- Community Health Work and Social Work Collaboration in the US: A Conceptual Framework and Environmental Scan, Liana Petruzzi, PhD, MSW, Postdoctoral Fellow, Division of Community Engagement and Health Equity, Dell Medical School at the University of Texas at Austin
- Listening to Community Health Workers on the Front Lines: Implications for Support and Research, Bryan Bayles, PhD, MPH, MA, Research Assistant Professor of Public Health, Texas A&M University-San Antonio

Presentation Objective(s):
- Identify best practices for community health worker and social worker collaboration and integration
- Identify the top three contributors and barriers identified by Community Health Workers in San Antonio, TX for achieving healthy neighborhoods and work environments
4:00 pm-5:00 pm

**5D-AGING & PUBLIC HEALTH,** Bobby Schmidt, Moderator (*SAN JOSE*)

- Opportunities, Challenges, and Outcomes of Patient Navigation for Individuals Experiencing Homelessness: A Systematic Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Review, Ethan Wang, BSA, Medical Student, UT Southwestern Medical School; and Drupad Annapureddy, BS, Medical Student, UT Southwestern Medical School
- Food Insecurity and Mental Distress among Older Adults: Results from the Brazos Valley Community Health Assessment, Bhumika Purohit, MPH, Graduate Assistant, Center for Community Health and Aging
- Sacral Ulcers Development among Older Adult Patients in North Texas Rehabilitation Hospitals: Role of Personal Factors and Chronic Comorbidities, Cheng Yin, PhD Candidate, Applied Gerontology Concentration, Department of Rehabilitation & Health Services, University of North Texas

Presentation Objective(s):
- Implement two types of initiatives in the improvement of patient navigation programs for individuals experiencing homelessness
- Identify the rates of food insecurity and mental distress among older adults in the Brazos Valley
- List personal factors and chronic comorbidities that are associated with sacral ulcers among elderly rehabilitation hospital patients

5:15 pm-6:00 pm

**TPHA Section Business Meetings** (*HERITAGE BALLROOM*)

(*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. Take this opportunity to network with other members with similar interest, welcome a new member, and find out how to become more involved in YOUR association*)

- Administration & Management
- Aging & Public Health
- Community Health Workers
- Environmental & Consumer Health
- Epidemiology

- Health Education
- Oral Health
- Public Health Nursing
- Student
- Vision Care

DAY THREE, May 24, 2023

7:30 am-8:00 am

Health Walk (Meet at the hotel lobby entrance by 7:25 am)

8:30 am-9:00 am

Visit Exhibits and Posters
**6A-EPIDEMIOLOGY, Lisette Osborne, Moderator (SAN JUAN)**

- Large Pediatric TB Contact Investigation for a Rural Community Involving Collaboration with Regional Medical Affiliations, County Hospital and Local Daycare-Challenges and Successes, Andrea Casanova, MPH, Epidemiologist, Texas Department of State Health Services; and Amanda Decimo, RN, BSN, MPH, Public Health Nurse, Texas Department of State Health Services
- Overview of the Texas Department of State Health Services Role during a Large Contact Investigation around a Pre-Extreme Drug-Resistant Meningeal TB Correctional Case, Tryton Shelp, MPH, CPH, Program Specialist III, Texas DSHS Public Health Region 8; and Ana Ortiz, MPH, Public Health and Prevention Specialist, Texas Department of State Health Services
- Tuberculosis along the Texas-Mexico Border and the Challenges Faced with Patient Care through the Binational Program, Justin Sujith, BS, EMT Basic, Program Specialist III, Texas Department of State Health Services Region 8; and Edilia Gonzalez, LVN, Binational Program Coordinator, Texas Department of State Health Services, Region 8

Presentation Objective(s):
- Identify the challenges faced with a large pediatric contact investigation and apply the solutions to future similar investigations
- Describe the TB contact and reporting process for the Texas Department of State Health Services and explain how the process helps to reduce the rates of TB
- Outline the process for binational patient care, and management of a large-scale multi-drug resistant TB contact investigation

**6B-HEALTH EDUCATION, Elizabeth Wachira, Moderator (ESPADA)**

- Human Papillomavirus (HPV) Self-Sampling for Cervical Cancer Prevention among Medically Underserved Women: Results from Quasi-Experimental Pilot Study, Anjelica Elizondo, MPH, PhD Student, Research Assistant, Baylor University Department of Public Health
- The Impact of Perceived Social Support on Heart Disease Risk Factor Knowledge among African American Women in Texas, Brittny Bratcher-Rasmus, PhD, Program Manager/Adjunct Faculty, ATW Health Solutions/ Texas Southern University
- Assessing Vaccine Confidence Among Racial-Ethnic Groups in Fort Bend County, Texas, Shama Tajani, MPH, Community Health Education Coordinator, Fort Bend County Health and Human Services; and Hersila Gopal, MPH, Community Health Education Specialist, Fort Bend County Health and Human Services

Presentation Objective(s):
- Describe the medically underserved women’s HPV self-collected sampling behaviors
- Discuss health promotion strategies to increase heart disease risk factor knowledge and social support among African American women
- Identify COVID-19 vaccine confidence levels and three trusted sources of COVID-19 vaccine information among racial-ethnic groups in Fort Bend County, TX

**6C-COMMUNITY HEALTH WORKER, Richard Greenhill, Moderator (CONCEPCION)**

- Co-Learning for Community Health Worker-led Strategies to Promote COVID-19 Vaccination, Social Services Referrals, and Healthy Living in Austin, Texas: The HEART ATX Project, Maria Elena Garcia, MPH, Research Associate, University of Texas Health Science Center at Houston School of Public Health; and Sana Amin, BA/MPH, Program Evaluation Assistant, UTHealth School of Public Health
“A Race Against Time”: Burnout and Coping Strategies among Community Health Workers in Healthcare during Covid 19, Liana Petruzzi, PhD, MSW, Postdoctoral Research Fellow in the Division of Community Engagement and Health Equity, Dell Medical School at the University of Texas at Austin and Tania Degtov, CHW, Community Health Worker in the Division of Community Engagement and Health Equity at Dell Medical School at the University of Texas at Austin

Presentation Objective(s):
- Describe initial best practices and lessons learned for implementing a community health worker-led COVID-19 vaccination promotion initiative based on the CDC Train, Deploy and Engage framework
- Identify symptoms of burnout among community health workers based on Maslach’s definition

Ethnic and Gender Disparities in COVID-19 Cases in Bexar County, Texas, as Illuminated by Reported Tests and Positivity Rates, Joan E Cunningham, PhD, Epidemiologist, City of San Antonio Metropolitan Health District

Facilitating Infectious Disease Communication Between Three Nations by Establishing a Tri-National Epidemiology Workgroup, Glenda Lopez, BS, BIDS Epidemiologist, Texas Department of State Health Services

“It’s an uncontrollable anguish”: The Emotional Experiences of COVID-19 Hospitalization and Recovery for Latinx Patients in Central Texas, Liana Petruzzi, PhD, MSW, Postdoctoral Fellow in the Division of Community Engagement and Health Equity, Dell Medical School at the University of Texas at Austin and Brenda Garza, MS, Qualitative Researcher, Value Institute, Dell Medical School at the University of Texas at Austin

Presentation Objective(s):
- Quantify ethnic and gender disparities in reported COVID-19 cases, testing, and test positivity rates, and to describe associated age-related patterns and potential biases
- Describe steps taken to build the international workgroup allowing for rapid exchange of information
- Describe the emotional impact of COVID-19 on the Latinx community, and outline the emotional trajectory of Spanish-speaking, Latinx patients hospitalized with COVID-19 in a Central Texas sample

Food Environments and Cardiovascular Disease Incidence: Evidence from the Health and Retirement Study, Joseph Rangel, MPH, Lab Technician III, University of Texas at Arlington

Greater Odds of Food Insecurity Reported among Individuals with Diabetes during the COVID-19 Pandemic, Arlette Chavez, BS, Research Assistant, University of Houston Humana Integrated Health System Sciences Institute

Presentation Objective(s):
- Describe the impact a food environment has on people’s cardiovascular health
- Name two results of food insecurity in individuals with diabetes and minority populations

Breakout Sessions 7-A through 7-D

Ethnic and Gender Disparities in COVID-19 Cases in Bexar County, Texas, as Illuminated by Reported Tests and Positivity Rates, Joan E Cunningham, PhD, Epidemiologist, City of San Antonio Metropolitan Health District

Facilitating Infectious Disease Communication Between Three Nations by Establishing a Tri-National Epidemiology Workgroup, Glenda Lopez, BS, BIDS Epidemiologist, Texas Department of State Health Services

“It’s an uncontrollable anguish”: The Emotional Experiences of COVID-19 Hospitalization and Recovery for Latinx Patients in Central Texas, Liana Petruzzi, PhD, MSW, Postdoctoral Fellow in the Division of Community Engagement and Health Equity, Dell Medical School at the University of Texas at Austin and Brenda Garza, MS, Qualitative Researcher, Value Institute, Dell Medical School at the University of Texas at Austin

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- Describe the emotional impact of COVID-19 on the Latinx community, and outline the emotional trajectory of Spanish-speaking, Latinx patients hospitalized with COVID-19 in a Central Texas sample
7B-HEALTH EDUCATION, Melanie Stone, Moderator (ESPADA)

- **Designing a Policy Workshop to Engage and Inspire Future Advocates**, Gabriela A. Gallegos, JD, MPP, Associate Professor, Department of Management, Policy, and Community Health, The University of Texas Health Science Center at Houston School of Public Health
- **Public Health Law Research and Policy Surveillance-A Review of Existing Academic Programs for New Curriculum Development at The University of Texas Health Science Center at Houston School of Public Health**, Jessica Wise, MPH, Graduate Teaching Associate, University of Texas Health Science Center, Houston, School of Public Health, Department of Management, Policy, and Community Health
- **School-based Suicide Prevention Policy Review-Texas Department of State Health Services Public Health Region 2/3**, Lauren Herrington, MPH, Youth Behavioral Health Program Supervisor, Texas Department of State Health Services, Public Health Region 2/3

Presentation Objective(s):
- Design an interactive policy advocacy workshop
- Describe the gap in the public health law research and policy surveillance curricula in the United States according to the CDC’s competency models
- Identify at least two areas of improvement for rural independent school districts’ suicide prevention policy

7C-COMMUNITY HEALTH WORKER, Debra Flores, Moderator (CONCEPCION)

- **Interacting with Community Health Workers May Influence Guardians’ Knowledge and Beliefs About Youth Vaccinations**, Matthew Lee Smith, PhD, MPH, CHES, Associate Professor, Texas A&M University and Brittany E. Badillo, MS, CHES, CHWI, Project Coordinator, Texas A&M University
- **Knowledge and Perception of COVID-19 Pandemic among Recent Afghan Refugees**, Aisha Siddiqui, DrPH, Executive Director, Culture of Health-Advancing Together (CHAT) and Mehrin Awan

Presentation Objective(s):
- Discuss opportunities to incorporate CHW/P in efforts to increase vaccination rates for vaccine-preventable diseases among youth
- Identify the impact of the COVID-19 pandemic on social determinants of health among refugee communities

7D-AGING & PUBLIC HEALTH, TimMarie Williams, Moderator (SAN JOSE)

- **Innovating Congregate Nutrition Programs: Best Practice Strategies from a Texas Modernization Initiative**, Nandita Chaudhuri, PhD, Research Scientist, Public Policy Research Institute, Texas A&M University
- **Rehabilitation for Total Knee Arthroplasty in a Patient with Bilateral Transhumeral Amputations**, Eric Nicolau, DO, Inspira Health, American Osteopathic Foundation

Presentation Objective(s):
- Identify six best practice strategies and tips to innovate and modernize the congregate senior nutrition programs in Texas
- Describe the importance of longitudinal rehabilitative medical care for individuals with amputations
Conference Agenda

11:45 am-1:45 pm

Plenary 3 Closing Session & Luncheon (HERITAGE BALLROOM)

- Welcome and Introductions-Elizabeth Cuevas, PhD, MSPH, LP, TPHA President
- Pilots to Policy: the Role of Public Health in Creating Healthier Built Environments, Mark Fenton, MS, Tufts University, Friedman School of Nutrition Science & Policy
- Q&A
- Presentation of Awards and Recognitions-Elizabeth Cuevas, PhD, MSPH, LP, TPHA President
  - Host Appreciation Award
  - Outstanding Service Awards
  - President’s Award
  - Honorary Life Member Award
  - Catherine D. Cooksley Excellence in Service Award
  - James E. Peavy Memorial Award
- Transfer of Gavel & Introduction of Melissa Oden, DHEd, LMSW-IPR, MPH, CHES®, CEO, DMO Enterprises, LLC, TPHA President 2023-2024

Presentation Objective(s):
- Describe the challenges to and benefits of increased population physical activity in addressing the disparities in chronic disease risk populations of different ages, incomes, races, abilities and backgrounds

2:00 pm-3:00 pm

2024 AEC Galveston-Program Planning Committee Meeting (The Alamo room)
Breakout Session 1A.1: Disparities in Chlamydia Burden among Texas Populations: An Emphasis on Women, 2016-2020
Megan Coney, MPH, Epidemiologist II, Texas Department of State Health Services; Anika Stankov, MPH, Epidemiologist II, Texas Department of State Health Services; Kacey Russell, MPH, Manager of the STD Epidemiology and Surveillance Group
Corresponding Author: Megan Coney, MPH, megan.coney@dshs.texas.gov

Background: Chlamydia is a sexually transmitted disease (STD) caused by Chlamydia trachomatis. Chlamydia is commonly asymptomatic and when left untreated can have serious lifelong consequences for women including ectopic pregnancy, PID, and infertility. In 2020, Texas ranked 2nd for highest case count of chlamydia in the US with 133,374 reported cases. Texas women accounted for 67% of the reported chlamydia cases in 2020. Methods: Texas DSHS STD surveillance records from January 1, 2016, to December 31, 2020, were used to identify individuals diagnosed with chlamydia. Demographic variables such as sex, race/ethnicity, and age group were examined. Descriptive statistics were evaluated using Statistical Analysis System (SAS). Rates were calculated at 100,000 per population using data from the U.S. Census Bureau. Results: Although the incidence rate of chlamydia in Texas decreased from 2016 to 2020, large disparities between populations remain. In 2020, women had a higher rate of chlamydia at 606.9, more than twice that of men who had a rate of 292.6. Among women, 15-24 and 25-34 age groups had the highest case rates of chlamydia at 1,486.5 and 509.4, respectively. Black women had the highest case rates of chlamydia at 467.5 followed by Hispanic women at 212.1, and White women at 102.2. Among the 15-24 age group, Black women had the highest case rate at 316.9 in 2020. Conclusions: Chlamydia remains the most commonly reported STD in Texas and disproportionately impacts Black and Hispanic women of childbearing age. Given that chlamydia is entirely preventable and can have severe consequences such as infertility, increased prevention efforts and education are necessary to ensure populations at greatest risk are properly tested and treated appropriately and timely.

Breakout Session 1A.2: Rise of Syphilis Cases among Vulnerable Populations in Texas, 2016-2020
Alex Lao, Student, The University of Texas at Austin and Kacey Russell, MPH, Manager, Texas Department of State Health Services
Corresponding Author: Alex Lao, laoaalex69@yahoo.com

Background: Syphilis is a sexually transmitted disease caused by the bacterium Treponema pallidum and can cause long-term complications if not adequately treated. Transmission is spread from person to person through direct contact with syphilitic sores, which occurs during vaginal, anal, or oral sex. In 2020, 133,945 cases of all stages of syphilis were reported in the U.S. Texas ranked 2nd nationally with a reported 14,985 total syphilis cases in 2020, a 55% increase since 2016. Additionally, Texas ranked 4th nationally with a reported 2,716 primary and secondary syphilis (P&S) cases in 2020, a 39% increase since 2016. Methods: STD surveillance records from the Texas Department of State Health Services from January 1, 2016, to December 31, 2020, were used to identify persons reported with syphilis. Demographic variables such as sex, race/ethnicity, age group and risk factors were examined. Descriptive statistics were evaluated using Statistical Analysis System (SAS). Results: Total syphilis cases were most prevalent in males, as reported by a 39% increase since 2016. In 2020, 46% of P&S cases in males were among men who have sex with men (MSM). Black and Hispanic Texans are disproportionately affected by syphilis. A 58% increase in total syphilis cases among Black Texans and a 47% increase among Hispanic Texans were reported since 2016. In 2020, 31% and 38% of P&S cases were reported among Black Texans and Hispanic Texans, respectively. A 70% increase in total syphilis cases in the 25-34 age group were also reported since 2016. Also, in 2020, 41% of P&S cases were prevalent in the 25-34 age group. Conclusions: Results highlight Black and Hispanic Texans, males, and people in the 25-34 age group are greatly impacted by syphilis. Further analysis of community factors are needed to address the concern of syphilis cases among vulnerable populations.
Breakout Session 1A.3: Ending the HIV Epidemic in Texas: An Analysis of Socio-Economical on the EHE Indicators Across the Five Targeted Texas Counties

Adolph Joseph Delgado, M.Ed, M.S., Doctoral Candidate, University of Texas at San Antonio; Janice Palma, Student Researcher, University of Texas at San Antonio
Corresponding Author: Adolph Joseph Delgado, M.Ed, M.S., Adolph.Delgado@gmail.com

Background: In 2019, the US Department of Health and Human Services (HHS) launched the Ending the HIV Epidemic (EHE) initiative to reduce new HIV infections in the US by 90% by 2030. Thanks to advances in medicine regimens, considerable progress has been made in managing and treating HIV and preventing HIV. Yet, the HIV epidemic in the US disproportionately impacts the South. Burdens in Texas that drive the HIV epidemic stem from socio-economic factors (e.g., education) and access barriers (e.g., lack of expanded Medicaid).

Methods: Using CDC HIV surveillance data and ACS county-level data, we examined the associations between county-level contextual socioeconomics and CDC HIV indicators that monitor the progress toward Ending the HIV Epidemic.

Results: Counties where health insurance is available are associated with estimated HIV incidence and HIV diagnoses. Also, having high-paying occupations increases access to PrEP. Counties where most of the population did not have bachelor’s degrees have limited access to PrEP. These data highlight that key determinants reduce the rates of new HIV incidences and HIV diagnoses in counties that have been identified as priority counties.

Conclusions: The HIV epidemic disproportionately impacts Texas; though, the impact varies by county. Due to socioeconomic variation, more White counties are afforded more resources than counties with higher percentages of Blacks. Counties with higher percentages of Blacks exhibit more poverty and structural barriers resulting in fewer opportunities for people of color to attain higher-paying jobs with health insurance. These data provide evidence for understanding how county-level contextual socioeconomics explains the variation of HIV in Texas.

Breakout Session 1B.1: Identifying Vaccine Hesitancy Within Rural McLennan County and Urban Waco

Kodi Arnold, BGS, Public Health Education Specialist, Waco McLennan County Public Health District; Christina Tuell, EdD, CHES, Program Evaluator, Waco McLennan County Public Health District; LaShonda Malrey-Horne, MPH, MCHES, Director, Waco McLennan County Public Health District
Corresponding Author: Kodi Arnold, BGS, kodia@wacotx.gov

Background: This research focuses on understanding vaccine hesitancy within McLennan County. The Waco-McLennan County Public Health District offered 1,165 COVID-19 vaccine clinics and administered 73,990 doses from December 2020 to October 2022. In June 2022, WMCPHD staff began surveying residents of McLennan County to better understand beliefs and behaviors regarding COVID-19 vaccines.

Methods: WMCPHD deployed a survey electronically in English that focused on individuals that were impacted by COVID-19. Health Education Specialists attended community-based events to survey individuals. Data enabled iPads were used to collects surveys. Staff trained on data collection Methods and how to engage individuals to complete the survey to reduce likelihood of bias. The target population was broken down into rural McLennan County and urban Waco.

Results: A total of 158 survey responses were collected. Participants included 72 females, 38 males, and 1 nonbinary. Additionally, 35 Hispanic/Latino, 38 Black/African American, and 96 White. A total of 134 participants received at least one dose and 80 individuals received a booster dose. Main reasons for vaccinating was to protect a loved one, family or friend and knowing someone with a bad or fatal case of COVID-19. Wanting to protect themselves from getting sick and resume pre-pandemic activities also ranked highly. Safety concerns and distrust of health organizations were cited as top reasons individuals were not vaccinated.

Conclusions: Overall, the emphasis has been to be vaccinated while providing ways to access the vaccine, vaccine hesitancy remains a barrier within McLennan County residents. Initial campaigns focused on getting vaccinated to protect yourself and others, that is no longer effective messaging for unvaccinated individuals. Campaigns around vaccine safety, approval processes, and building trust back with health professionals may improve vaccination rates. Additional inquiry is needed to understand why people are now initiating the vaccine series and what if any barriers exist to getting the booster shots.
Breakout Session 1B.2: COVID-19 Vaccine Hesitancy: Assessment of Community Focus Group Discussions

Kimberly Elliott, PhD, Assistant Professor, University of Texas at Tyler Health Science Center; Jessica Escareno, PhD MPH, Assistant Professor, University of Texas at Tyler Health Science Center; Michelle Crum, PhD, Assistant Professor, University of Texas at Tyler Health Science Center; Cynthia Ball, M.D., Associate Professor of Medicine, University of Texas at Tyler Health Science Center; Jeffrey Levin, M.D., Professor of Medicine, University of Texas at Tyler Health Science Center; Paul McGaha, D.O., Associate Professor of Medicine, University of Texas at Tyler Health Science Center

Corresponding Author: Kimberly Elliott, PhD, kimberly.elliott@uthct.edu

Background: Rural and underserved populations within Northeast Texas are among the lowest vaccination rates in the state. This study examined attitudes and beliefs of Northeast Texas communities about the COVID-19 vaccine. Findings were used to inform education and outreach initiatives to improve vaccination rates. Methods: A consortium of community and faith-based stakeholders was established to leverage relationships within the community to recruit participants for structured focus group discussions (FGDs) about COVID-19 vaccine hesitancy. FGD discussions were conducted using the National Resource Center for Refugees, Immigrants, and Migrants (NRC- RIM) COVID-19 Vaccines - Focus Group Discussion (FGD) Facilitation Guide. Thematic analysis of FGD transcripts were used to inform educational outreach products. Results: Seven FGDs were completed with a total of 21 community participants over a 3-month period. Participants had mixed feelings about the vaccine. People who had not yet been vaccinated shared that they were unlikely to change their behaviors. Participants who had greater health risks were more likely to get vaccinated than those who did not. Others expressed concerns about government control and reported having heard extreme misinformation about the physical effects of the vaccine. Participants shared a distrust of most national-level sources for information, and they preferred local community-based sources for information from trusted resources such as their own physicians. Conclusions: While attitudes towards COVID-19 vaccines were varied, there were common themes of general mistrust of larger news and social media for information. Misinformation about the effects of the COVID-19 vaccine were extreme and promoted hesitancy. Any educational efforts towards vaccine hesitancy must utilize trusted community stakeholders and not popular, national figures or political figures.

Breakout Session 1C.1: a Mixed Methods Approach with a National Scope to Examine DNP-Focused Implementation Addressing Public Health Priorities

Jen Collins, PhD, RN, CNE, Professor, Texas Tech University Health Sciences Center School of Nursing; Ronda Mintz-Binder, DNP, RN, CNE, Associate Professor/Texas Tech University Health Sciences Center; Patricia Allen, RN, EdD, CNE, ANEF, FAAN, Professor Emerita/Texas Tech University Health Sciences Center; Carol Boswell, RN, EdD, CNE, ANEF, FAAN, Professor Emerita/Texas Tech University Health Sciences Center

Corresponding Author: Jen Collins, PhD, RN, CNE, jen.collins@ttuhsc.edu

Background: The overall aim of this 2021 study was to explore DNP practice across the United States to understand the unique skill set that DNP leaders bring to an organization. This presentation focuses exclusively on the outcome that addresses implementation and will share exemplars that include public health priorities. Methods: A nationally focused mixed Methods study of DNP graduates occurred in 2021. Focus group qualitative data was used to develop a survey that included demographic data, Likert scale questions about perception of preparation to meet DNP Essential outcomes, and open text responses. The survey included five key areas with five to seven questions in each section: Patient/Population Outcomes, Staff Outcomes, Organization Outcomes, Professional Outcomes, and Local, Regional, State, National, and Global Outcomes. The survey was disseminated via Qualtrics to any DNP graduate working in the USA and 207 responded. The Cronbach’s alpha interclass reliability coefficient for the 28 items in the national questionnaire was 0.969, suggesting that the item responses were consistent and reliable. Text was analyzed using summative content analysis. Results: DNP graduates implemented a variety of innovative evidence-based practice initiatives throughout schools, clinics and hospitals from the C suite to the community-based clinic to the bedside.
Abstracts

Breakout Session 1C.2: Feasibility and Impact of Supporting Under Resourced Young Adults to Achieve Driver Licensure

Jen Collins, PhD, RN, CNE, Professor, Texas Tech University Health Sciences Center School of Nursing; Huaxin Song, PhD, Senior Research Associate, Texas Tech University Health Sciences Center
Corresponding Author: Jen Collins, PhD, RN, CNE, jen.collins@ttuhsc.edu

Background: Young adults experiencing poverty, homelessness or foster care have fewer opportunities to acquire a driver’s license due to resource barriers. Driver license acquisition can improve access to educational and employment opportunities, healthcare and social networks and opportunities for civic engagement. The purpose of this study was to identify feasibility and impact of supporting young adults who experienced foster care, homelessness, or poverty to achieve driver licensure. Methods: Young adults were recruited from five non-profit community agencies and assisted with driver education, getting a driver’s permit and license. Online surveys were completed to explore access to healthcare, education, employment, and social networks. The General Self-Efficacy Scale was used to measure self-efficacy. Results: Ten participants were enrolled (mean age 19, sd 1.94), (range 18-24); (70% Hispanic, 20% White, and 10% Black; 70% female, 10% nonbinary, 20% male). Half (50%) of participants have acquired a driver’s license through the project. Of 6 who were employed at enrollment, most (73%) reported riding with friends, 50% walked or biked to get to work and 16% took the bus. The mean of the General Self-Efficacy Scale score was 32.6 (sd 2.32) (range 30-36) at first report. Participant self-efficacy scores increased with length of stay in the program without controlling for any other factors (B=.20, p<.001). Conclusions: Factors associated with licensure included provision of information and skills and improving access to licensure requirements. Participant self-efficacy scores were improved with length of stay in the program. License status has a potential impact on self-efficacy scores; however, with the limited number of participants, no statistical significance was identified. Improving licensure is feasible and its impact needs further exploration.

Breakout Session 1C.3: Innovations in Teaching the Social Determinants of Health

Bridgette R. Pullis, RN, PhD, CHPN, Associate Professor of Clinical Nursing, Cizik School of Nursing at UT Health and Barbara E. Hekel, PhD, MPH, RN, Assistant Professor of Clinical Nursing, Cizik School of Nursing at UT Health Science Center at Houston
Corresponding Author: Bridgette R. Pullis, RN, PhD, CHPN, Bridgette.R.Pullis@uth.tmc.edu

Background: The American Association of Colleges of Nursing (AACN) has identified the concept of population health as an essential component in all levels of nursing education including the baccalaureate. The social determinants of health (SDOH) impact all patients, and nurses must know how to navigate these non-clinical factors in practice. The evolving nature of unfolding case studies engages students while teaching important concepts such as the SDOH. The literature supports the use of unfolding case studies as critical tools in teaching students how to synthesize information and think critically. Methods: An unfolding case study was integrated into a didactic community health nursing course to encourage student interaction and to teach the social determinants of health (SDOH). The unfolding case study was developed for use in synchronous settings, in person or online, and is interactive. The central theme of the unfolding case study incorporates population health concepts, including the SDOH.
**Results:** Application of the unfolding case study was successful in engaging active participation and discussion. Students were responsible for analyzing data and reporting findings. Using an active learning activity encouraged student attendance and participation. Students’ scores on a standardized community health nursing exam were above the national average. Student engagement in class was almost unanimous. **Conclusions:** Unfolding case studies can present realistic evolving scenarios, provide a rich learning experience, and put learning into context over time. They can also provide sequential snapshots of the changes experienced by the client, family, and the community. The case study can be tailored to focus on client care and the impact of SDOH and other relevant topics. As emphasis on social justice and care inequities increases in nursing curricula, unfolding case studies built from real-world events can be a powerful teaching tool.

**Breakout Session 1D.1: Financing Benefits and Barriers to Routine HIV Screening in Clinical Settings: a Scoping review**

Hani Serag, MD, MPH, Assistant Professor, Department of Internal Medicine, University of Texas Medical Branch; Isabel Clark, RN, Routine Screening Sr. Consultant HIV/STD Prevention & Care Unit, Texas Department of State Health Services (Retired); Cherith Naig, MPH, Graduated from University of Texas Medical Branch; David Lakey, MD, Vice Chancellor for Health Affairs and Chief Medical Officer, University of Texas System; Yordanos M. Tiruneh, MPhil, PhD, Associate Professor, Department of Preventive Medicine and Population Health, University of Texas Health Science Center  
Corresponding Author: Hani Serag, MD, MPH, haserag@utmb.edu

**Background:** The Centers for Disease Control and Prevention recommends everyone between 13-64 years be tested for HIV at least once as a routine procedure. HIV routine screening is reimbursable by Medicare, Medicaid, expanded Medicaid, and most commercial insurance plans. Yet, scaling-up HIV routine screening remains a challenge. **Methods:** We conducted a scoping review for studies on financial benefits and barriers associated with HIV screening in clinical settings in the U.S. to inform an evidence-based strategy to scale-up HIV routine screening. We searched Ovid MEDLINE, Cochrane, and Scopus for studies published between 2006 - 2020 in English. **Results:** The search identified 383 Citations; we screened 220 and excluded 163 (outside the time limit, irrelevant, or outside the U.S.). Of the 220 screened articles, we included 35 and disqualified 155 (did not meet the eligibility criteria). We organized eligible articles under two themes: financial benefits/barriers in healthcare settings (9 articles); and Cost-effectiveness in healthcare settings (26 articles). **Conclusions:** The review concluded recommendations in three areas: (1) Finance: Incentivize healthcare providers/systems for implementing HIV routine screening and/or separate its reimbursement from bundle payments; (2) Personnel: Encourage nurse-initiated HIV screening programs in primary care settings and educate providers on CDC recommendations; and (3) Approach: Use opt-out approach.

**Breakout Session 1D.2:Does the Federal Price Transparency Mandate Work? a Study of 6214 Hospitals and 14 Healthcare Services**

David Younessi, BA, Medical Student, Northwestern University Feinberg School of Medicine; John Lin, Student, Brown University; Paul B Greenberg, MD, MPH, Professor of Ophthalmology, Brown University; Dustin D French, PhD, Professor of Medical Social Science and Ophthalmology, Northwestern University  
Corresponding Author: David Younessi, BA, david.younessi@northwestern.edu

**Background:** In 2019, the Centers for Medicare and Medicaid Services (CMS) required hospitals to publish their standard charges for their services in online chargemasters (comprehensive lists of prices for all hospital procedures and services). Due to low compliance, CMS has published additional regulations to enforce the mandate. The objective of this study is to investigate the predictors of hospital price transparency for healthcare services in the United States (US).
**Methods:** We identified 6214 hospitals and extracted characteristics of each using the American Hospital Association Annual Survey, as well as cash prices for a representative selection of commonly performed procedures and visits from the Turquoise Health dataset. Descriptive statistics were used to determine compliance rates and price variation, and a Poisson regression model was used to calculate incidence rate ratios (IRR) and 95% confidence intervals (CI) for predictors of price transparency. Results: Price transparency compliance ranged from 13% to 49% of hospitals, and across-center ratios ranged from 244.8 to 4789.0. Number of hospital beds was marginally associated with price transparency for more services (IRR: 1.01 [95% CI: 1.01-1.02]); in contrast, location in the Southern (IRR: 0.91 [95% CI: 0.87-0.96]) or Western (IRR: 0.94 [95% CI: 0.90-0.99]) regions of the US was associated with transparency for fewer services. **Conclusions:** Smaller hospitals as well as those located in the South and West regions were less likely to be compliant with the CMS mandate for price transparency for hospital standard charges. Additionally, the poor usability of price transparency directories on hospital websites limits information access and undermines transparency efforts.

**Breakout Session 2A.1: Texas DSHS COVID-19 Wastewater Surveillance Dashboard**

Victoria Salinas, MPH, Intern, Texas Department of State Health Services; Natalie Archer, PhD, Senior Scientist, Environmental Epidemiology & Disease Registries Section, Texas Department of State Health Services; Layla Lustri, MPH, DSHS Fellow, Environmental Epidemiology & Disease Registries Section, Texas Department of State Health Services; Jing Hu, MS, COVID-19 Data Analyst, Center for Health Statistics, Texas Department of State Health Services; Sarah Seidel, DrPH, COVID-19 Data Team Lead, Center for Health Statistics, Texas Department of State Health Services; Heidi Bojes, PhD, Director, Environmental Epidemiology & Disease Registries Section, Texas Department of State Health Services

Corresponding Author: Victoria Salinas, MPH, valexandrias@outlook.com

**Background:** Texas Department of State Health Services (DSHS) collects weekly wastewater samples from participating sites as part of a pilot COVID-19 wastewater surveillance project. Since inception, DSHS analyzes, interprets, and packages wastewater, case, and hospitalization data into static surveillance reports for distribution among DSHS leadership and participating sites. However, static reports may limit stakeholders from optimally applying surveillance information to guide public health action. Presented data may not be the most current once disseminated and the inability to interact with data may result in additional ad hoc requests. To enhance the efficiency and timeliness of wastewater surveillance data, in-house end-to-end dashboard infrastructure was established within DSHS. The aim of this presentation is to describe initial work on developing an internal comprehensive COVID-19 wastewater surveillance dashboard. **Methods:** An internal assessment of available resources and infrastructure within DSHS informed the development of a new analytics model to support in-house capacity for dashboard development. Data access and management was improved, where possible, by streamlining routine tasks. A Python script was implemented for routinely connecting to multiple data sources, conducting data management and analysis, and producing summary data. Tableau 2022.2 was used to connect to summary data and create the visualization interface. The dashboard is promoted to internal stakeholders throughout the development process to collect feedback and drive continuous improvement. **Results:** Our new analytics model offers timelier access to comprehensive surveillance information, enabling user-directed exploration of surveillance data to promote situational awareness of community and facility-level SARS-CoV-2 circulation. Compiling all relevant SARS-CoV-2 wastewater, case, and hospitalization data within one setting facilitates discussion and decision-making within the COVID-19 response. **Conclusions:** The internal COVID-19 wastewater surveillance dashboard provides comprehensive data to assess viral burden and prioritize timely public health action.
Breakout Session 2A.2: Wastewater Tracking of the SARS-CoV-2 Omicron Variant Results from two Texas Cities and Five Texas Correctional Facilities

Layla Lustri, MPH, DSHS Texas Public Health Fellow, Texas Department of State Health Services; Natalie Archer, PhD, Medical Research Specialist, Environmental Epidemiology & Disease Registries Section, Texas Dept. of State Health Services; Farjana Yesmin, MPH, Intern, Environmental Epidemiology & Disease Registries Section, Texas Dept. of State Health Services; Aubrie Sisk, MPH, Intern, Environmental Epidemiology & Disease Registries Section, Texas Dept. of State Health Services; Victoria Salinas, MPH, Intern, Environmental Epidemiology & Disease Registries Section, Texas Dept. of State Health Services; Laura Langan, PhD, Research Scientist, Department of Environmental Science, Baylor University; Bryan Brooks, PhD, Distinguished Professor, Department of Environmental Science, Baylor University; Heidi Bojes, PhD, Director, Environmental Epidemiology & Disease Registries Section, Texas Dept. of State Health Services

Corresponding Author: Layla Lustri, MPH, layla.lustri@dshs.texas.gov

Background: Wastewater epidemiology and surveillance is a contemporary approach to detect the presence of many pathogens of interest, including SARS-CoV-2 (viral cause of COVID-19). Texas Department of State Health Services has an ongoing SARS-CoV-2 surveillance project, sampling wastewater from several locations including Denton and Waco, and 5 correctional facilities. We compared the relationship between SARS-CoV-2 in wastewater and COVID-19 case numbers before and after the Omicron variant appeared. Methods: Weekly 24-hour composite sewage samples from participating Texas wastewater treatment plants for the two cities and correctional facilities were collected. SARS-CoV-2 RNA was extracted from samples and analyzed using quantitative polymerase chain reaction. Starting December 2021, reported Omicron-specific results were used to determine trends in Omicron wastewater levels over time, and average daily COVID-19 case counts were obtained from the cities of Waco and Denton. Pearson’s correlation coefficient (r) was used to assess relationships between wastewater concentrations and daily reported cases for each site. We also compared correlation results for SARS-CoV-2 (other variants) from March to November 2021 to Omicron correlation results. Results: Since December 2021, the relationship between Omicron wastewater concentrations and reported COVID-19 cases ranged from very weak to moderate in participating locations (r from -0.020 to 0.55). Denton and Waco had weaker positive relationships between Omicron wastewater concentrations and COVID-19 cases (Denton r=0.25, Waco r=0.33) than was observed before Omicron (Denton r=0.57, Waco r=0.75). Conversely, several correctional facilities showed stronger relationships between Omicron wastewater levels and COVID-19 cases, compared with before Omicron. Surveillance is ongoing. Conclusions: In municipalities, the Omicron variant appears to have weaker associations between SARS-CoV-2 wastewater levels and reported cases, compared with previous variants. This could be due to milder symptoms with Omicron and decreased COVID-19 case reporting. Going forward, wastewater sampling may be of increased importance to accurately determine COVID-19 prevalence in communities.

Breakout Session 2A.3: Seeing Double: Addressing Duplicate COVID-19 Case Data in Bexar County

Christopher Alonzo, MPH, Senior Epidemiologist, City of San Antonio Metropolitan Health District; Joshua Guerra, MPH, Senior Social Epidemiologist and Data Systems Specialist, City of San Antonio Metropolitan Health District; Haley Kitasato, MPH, Epidemiologist, City of San Antonio Metropolitan Health District; Maria Buck, MPH, Project Manager, City of San Antonio Metropolitan Health District; Ashley Ventcinque, BS, Senior Management Analyst, City of San Antonio Metropolitan Health District; Golareh Agha, PhD, Chief of Informatics, City of San Antonio Metropolitan Health District; Rita Espinoza, MPH, DrPH, Chief Epidemiologist, City of San Antonio Metropolitan Health District

Corresponding Author: Christopher Alonzo, MPH, christopher.alonzo@sanantonio.gov

Background: With the lack of a centralized reporting platform for Bexar County, Texas, variations in data quality from provider to provider are common. This was significantly amplified during the COVID-19 pandemic, resulting in the development of methods to identify data inconsistencies and how they could be resolved. Duplicate records were one of the most prevalent issues, regardless of which database was used.
Abstracts

Breakout Session 2B.1: Training Natural Community Leaders as COVID-19 Health Literacy Ambassadors in Bexar County

Jason Rosenfeld, DrPH, MPH, Assistant Professor of Medicine, Director for Global Health Education, Implementing Director of Health Confianza, University of Texas Health Science Center at San Antonio; Tony Martinez, Community Health Worker, Health Confianza, UT Health San Antonio; Joaquin Abrego, Community Health Worker, Health Confianza, UT Health San Antonio; Mia Vento, Program Manager, Health Confianza, UT Health San Antonio; Nicole Gramm, Graduate Research Assistant, University of Texas at San Antonio; Maria Mangan, Graduate Research Assistant, University of Texas at San Antonio; Erica Sosa, PhD, Professor, University of Texas at San Antonio
Corresponding Author: Jason Rosenfeld, DrPH, MPH, RosenfeldJ@uthscsa.edu

Methods: SAS, Excel, and R programming were used to identify duplicates for reconciliation. In Excel and Jotform databases, R and Excel were used to identify duplicate records. In the Texas Health Trace database (THT), two duplicate types were identified: duplicate patient records and duplicate case records (more than one case record in a single patient record). Duplicate patient records were identified by analyzing the potential duplicate patient record report and SAS. These and subsequent duplicate case records were reconciled by SAS and in THT by administrative staff. Once the San Antonio Metropolitan Health District (Metro Health) began to utilize the National Electronic Disease Surveillance System (NEDSS), NEDSS did not have a potential duplicate patient record report and R was used to identify records for reconciliation. Results: This process resulted in a deduplicated case dataset and enabled Metro Health to conduct daily, weekly, and monthly reporting. Conclusion: Data quality of demographic information - either entered directly into case databases or uploaded electronically by health authorities or providers - should be at the forefront of notifiable condition reporting for record disambiguation. Surveillance systems vary in their handling of duplicate records and report production. For Metro Health, a standardized approach for handling duplicate records was developed for each database/system. Public Health Significance: Health departments should have processes in place before public health emergencies to address large amounts of duplicate records to ensure reported data is as accurate as possible.

Background: A lack of trust in public health messaging and low health literacy rates contributed to the spread of misinformation and disparities in COVID-19 cases, deaths and vaccination rates. As a result, many people turned to natural community leaders from faith institutions, schools, and non-profit organizations for information and guidance. A core strategy of the Health Confianza program, a two-year Department of Health and Human Services funded program in Bexar County, Texas is to collaborate with trusted community leaders who will serve as ambassadors to increase access to culturally and linguistically appropriate COVID-19 information and increase COVID-19 vaccine uptake amongst Hispanics and African Americans. Methods: Ambassadors were identified and recruited through faith institutions, local school districts and non-profit community organizations serving people living in 22 priority zip codes. Ambassador training consisted of five, one-hour sessions focused on the social determinants of health, health literacy and health communication strategies, COVID-19 epidemiology and vaccines, personal risk assessment, and web-literacy and COVID-19 misinformation. Participants completed pre and post surveys to assess changes in COVID-19 knowledge, attitudes and practices as well as message tracking sheets to document message creation and dissemination. Results: To date, 15 ambassadors from three organizations have completed the five ambassador sessions with an additional 63 ambassadors, representing four more organizations and 32 Texas school districts, attending at least one session. Preliminary results comparing pre to post data show an increase in wearing a face mask (73% to 100%) and increased perceived confidence in their ability to read and interpret health numbers and graphs (2.4 to 2.5 out of 4). Participants estimated reaching 346 people through message dissemination (ex: flyers, newsletters). Conclusions: Confianza Ambassadors have helped reach hard to reach Hispanic, African American and immigrant populations living in San Antonio with culturally and contextually appropriate COVID-19 health information.
Breakout Session 2B.2: Improving COVID-19 Health Literacy in a Migrant Population

Andrew Ni, Medical Student, University of Texas Health Science Center at San Antonio, Long School of Medicine; Mahima Ginjupalli, BSA, University of Texas Health Science Center at San Antonio, Long School of Medicine; Nasa Xu, BSA, University of Texas Health Science Center at San Antonio, Long School of Medicine; Daniel Nyancho, BASc, University of Texas Health Science Center at San Antonio, Long School of Medicine; Catherine Maria Hand, BS, University of Texas Health Science Center at San Antonio, Long School of Medicine; James Yan, BS, University of Texas Health Science Center at San Antonio, Long School of Medicine

Corresponding Author: Andrew Ni, ni@livemail.uthscsa.edu

**Background:** During the COVID-19 pandemic, many studies within the US have shown significant health disparities for racial minority groups and Hispanic populations. Wherein previous studies were conducted in different cities with varied demographic composition, our project investigates the role of Health Literacy and COVID-19 education on a primarily Hispanic Migrant population in San Antonio, a major transit hub for migrants in South Texas. In a migrating and vulnerable population, it is crucial to educate and prevent transmissible diseases. Through a migrant population specific COVID-19 toolkit, we aim to increase COVID-19 literacy and improve health disparities within this migrant population.

**Methods:** Surveys were administered to all migrants over the age of 18 that passed through La Casa and Travis Park Church, 2 major respite centers for migrants that pass through San Antonio. Analysis on demographics as well as general health/COVID-19 literacy were completed to assess and address gaps in migrant health education needs. Using results from our surveys, a culturally appropriate migrant health COVID-19 toolkit was designed and distributed to several community partners and health organizations. **Results:** Through the distribution of our toolkit, we were able to improve health literacy by increasing awareness of scientifically and culturally appropriate COVID-19 information by identifying the primary reasons for COVID-19 vaccine hesitancy in the San Antonio migrant population. Additionally, by sponsoring community health workers, we were able to increase access to care and further improve health literacy within the target population. **Conclusions:** We hope our results can motivate further studies on health disparities seen in migrant populations to promote additional health education interventions. Community based interventions and culturally appropriate care are powerful tools that can be used to decrease health disparities that are exacerbated during a pandemic or other public health crises.

Breakout Session 2B.3: Increasing Accessibility to CPR Training and Awareness Through the Global CPR Training Initiative

Esha Kanna, Student, Global CPR Training; Shreyas Perumal, Student, Global CPR Training; Shreyas Saride, Student, Global CPR Training; Bharat Jannapureddy, Student, Global CPR Training

Corresponding Author: Esha Kanna, esha.kanna17@gmail.com

Every year, 350,000 people die from cardiac arrest: the sudden loss of heart function, breathing, and consciousness. However, cardiopulmonary resuscitation, or CPR, can double or triple an individual's chance of survival after cardiac arrest. Thus, Global CPR Training aims to spread awareness and educate our communities on this life-saving skill, focusing our attention on rural and low-income communities that have higher average emergency response times. Our free training courses are based on the American Red Cross material and are hour-long classes that are condensed to efficiently and effectively teach CPR. These classes are held at the University of Texas at Dallas in designated classrooms and at Stacy Montessori Academy. Participants of our efficacy study are given an emergency cardiac arrest scenario and are scored in a pretest and posttest based on completion of specific CPR steps. The instructor does not provide any prompts and the results are not shared with the participants. Based on the current analysis of pre-test and post-test results, the Global CPR Training course has resulted in a 130% increase in cardiac arrest and CPR knowledge immediately following the class. In addition, a future examination will be given one year after each class to verify the validity of our training. Furthermore, to improve the quality of our course, we are receiving feedback from all participants via online survey forms that are analyzed by instructors following every class. The program is expected to increase CPR knowledge and skill retention while also improving out-of-hospital health outcomes involving cardiac arrest in rural and low-income communities.
Breakout Session 2C.1: Oral Health Knowledge and Behavior among College Students in Rural Northeast Texas

Ghada Khawaja, BDS, Graduate Research Assistant, Texas A&M University-Commerce; Elizabeth Wachira, PhD, MPH, BSN., Assistant Professor and Graduate Public Health Program Coordinator. Organization: Texas A&M University-Commerce; James Devlin, PhD., Assistant Professor. Organization: Texas A&M University-Commerce

Corresponding Author: Ghada Khawaja, BDS, ghadakhawaja2@gmail.com

Background: Oral disease affects 138 million people in the United States, with approximately 25% affected by oral cavities. Poor oral health impacts self-esteem, school performance and it is linked to several chronic diseases including diabetes and heart disease. Among college students, oral health behavior is based on one’s level of literacy and perceived effectiveness of practiced oral hygiene measures. The aim of this study is to assess oral health knowledge and behavior among college students.

Methods: College students 18 or older at a northeast Texas university were recruited via email and social media after consenting to complete an online Qualtrics survey about oral disease risk factor knowledge, general knowledge, and oral behavior.

Results: Responses from 260 participants were analyzed using SPSS with majority identifying as being White (n=173), age 18-25 (n=134), undergraduate (n=153), and insured (n=205). General knowledge mean differed by race and age, with White students having higher knowledge mean at 72.1%, compared to 64% among African American. Students aged 18-25 had a general knowledge mean of 68%, slightly lower than those aged 26-34 at 69.6%. Overall, “oral health behavior” inclusive of brushing twice daily and having two dental check-ups annually was low, with White participants having a higher oral behavior rates with 54.5% reporting brushing twice a day and 49.6% reporting two dental check-ups annually compared to African Americans at 49.2% and 35.6% respectively. Oral behavior also differed by insurance status with only 22% of uninsured students reporting having two dental check-ups compared to insured at 52.5%.

Conclusions: Our findings highlight key differences in both oral knowledge and oral behavior based on race and insurance status. Importantly, students had poor oral health behavior despite having adequate oral knowledge. Therefore, health promotion campaigns that improves adoption of favorable oral behaviors, particularly among uninsured and minority students are needed.


Amanda N Manzello, MS, Performance Improvement Manager, City of San Antonio Metropolitan Health District; Metro Health; Sandra Imery, MS, Vaccine Equity Officer, Office of Health Equity

Corresponding Author: Amanda N Manzello, MS, amanda.manzello2@sanantonio.gov

A department wide Standard Operating Procedure (SOP) was disseminated across Metro Health in February 2022, to standardize the collection of demographic data and customer feedback across external facing programs. The goal is to assess the needs, expectations, and demographic characteristics of the community we serve to strategically tailor programs, target services, and improve health outcomes with and equity lens. This effort aligns with the 10 Essential Public Health Services framework and supports multiple initiatives including the Public Health Accreditation Board requirements. The Office of Health Equity, Informatics, Operations, and Performance Improvement Teams known as, the Standardized and Equitable Data Implementation Team (SEDIT), piloted the SOP with the Oral Health program from May-September 2022. The Oral Health leadership team worked with SEDIT throughout the pilot to achieve overlapping objectives outlined in the City of San Antonio Data Governance Administrative Directive, Department wide SOP, and Health Equity Action Plan. As part of the results of the pilot, the Oral Health team was able to 1) develop flowcharts of their data collection, analysis and reporting processes for demographic data and customer feedback; 2) modify their intake paper forms to capture new demographic variables and align with department-wide SOP; 3) streamlined data sharing procedures with external stakeholders; and 4) develop an implementation plan to collect customer feedback through their customer satisfaction survey.
Breakout Session 2C.3: Met and Unmet Needs for Dental Care Services and Associated Barriers among People with HIV in Houston, Texas

Osaro Mgbere, PhD, MS, MPH, Epidemiologist-Biostatistician/Program Lead, Houston Health Department, Houston, Texas; Fazal Tabassam, BDS, MHA, PhD, Epidemiologist-Specialist, Houston Health Department, Houston, Texas; Salma Khuwaja, MD, MPH, Dr.PH, Division Manager, Houston Health Department, Houston, Texas; Minar Ahmed, MD, MPH, Epidemiologist-Specialist, Houston Health Department, Houston, Texas; Ekere James Essien, MD, Dr.PH, Professor, Department of Pharmaceutical Health Outcomes and Policy, University of Houston College of Pharmacy, Houston, Texas

Corresponding Author: Osaro Mgbere, PhD, MS, MPH, osaro.mgbere@houstontx.gov

Background: People with HIV (PWH) often have weakened immune systems which can increase their risk for opportunistic oral lesions and infections. Despite these, many PWH still experience unmet needs for dental care due to numerous barriers that include social factors. In this study, we sought to assess the disparities in met and unmet dental care needs and perceived barriers associated with the receipt of care among persons with diagnosed HIV.

Methods: We analyzed population-based cross-sectional data of PWH ≥18 years (N=819, Wt. N=24,344) obtained from the Houston Medical Monitoring Project between 2019 and 2020. We determined if an individual received dental care service or needed it but did not receive this service or did not need or receive the service in the past 12 months and assessed the disparities by selected sociodemographic characteristics. Barriers to receipt of dental care were classified as financial, personal, and structural.

Results: Approximately half (49.5%, 95% CI: 45.7-53.3) of PWH received dental care service, 25.86% (95% CI: 22.5-29.2) needed but did not receive and 24.62% (95% CI: 21.3-27.9) did not need the service (p<0.0001). Disparities in unmet dental care were significantly associated with educational level (p=0.0086), annual income (p=0.0147), and poverty level (p=0.0276). Blacks were 1.81 (adjusted Odds Ratio (aOR): 1.81, 95%CI: 1.04-3.15, p=0.035) more likely to experience unmet dental care needs than Whites. PWH who had a high school diploma or higher were 52% less likely to experience unmet dental care compared to those who had less than a high school education. Participants who lived at or above the poverty level were less likely to experience unmet dental care needs (aOR: 0.52, 95%CI:0.29-0.93, p=0.0276). The main barriers to receipt of dental care services identified among PWH include financial (61.96%, p=0.0012), personal (34.73%, p<0.0001), and structural (41.45%, p=0.0245).

Conclusions: The study highlights the disparities in access to dental care services among PWH and the need for integrated intervention programs to address the identified barriers.

Breakout Session 2D.1: Collaboration between Public Health Preparedness and Infectious Disease Epidemiology: an Exploration of Current Practices and Opportunities in Texas

Carol M. Davis, DrPH, MSPH, CPH, DrPH Graduate, Public Health Leadership, University of Illinois at Chicago, Chicago, IL

Corresponding Author: Carol M. Davis, DrPH, MSPH, CPH, spilogale13@yahoo.com

Background: Public health preparedness unit and infectious disease epidemiology unit functions are important for the mission of local health departments (LHDs) to protect the public’s health. While both programs work together as a team to effectively respond to public health emergencies, each group typically returns to normal operations, functioning as independent units once the event ends or the threat is reduced.

Ellen D Breckenridge, MPH, JD, Ph.D., Assistant Professor, UTHealth Houston School of Public Health; Gretchen H. Walton, MPH, JD, Associate Professor, UTHealth Houston School of Public Health; Jessica N. Wise, MPH, Ph.D. Candidate, UTHealth Houston School of Public Health

Corresponding Author: Ellen D Breckenridge, MPH, JD, Ph.D., ellen.breckenridge@uth.tmc.edu

**Background:** Laws create public health entities’ authority to act; they also factor into the cause, distribution, and prevention of disease and injury. Analysis of those causal relationships is referred to as public health law research and policy surveillance, or more often as legal epidemiology. Law schools have begun teaching legal epidemiology, adding education in biostatistics and epidemiology to educate lawyers about public health. Conversely, the integration of legal training into public health education has been minimal, leading the CDC and collaborators to define public health law and legal epidemiology competencies as a new paradigm for public health education. **Methods:** Those CDC competencies provided learning objectives for a new certificate designed to teach law to public health professionals, instead of teaching public health skills to lawyers. To identify gaps between existing public health curricula and the CDC competencies, we inventoried course modules at our school and 32 other programs that teach public health policy and compared their learning objectives to the CDC public health law competencies. **Results:** None of the programs teaches all of the CDC competencies. To shrink the gap, we created a certificate comprising one existing and three new courses, with a final independent research project. Course syllabi and a 5-year budget were approved by the curriculum committee and higher administration. Two certificate courses are offered each semester. Enrollment in each course this year ranged from 15 to 75 students from every department, documenting transdisciplinary interest in learning about law in public health. Several students are now using legal epidemiology in their doctoral research. **Conclusions:** Expanding public health education to incorporate legal concepts and research methodologies equips public health professionals with essential policy analysis skills.

**Breakout Session 3A.1: Elevated Liver Cancer Incidence among Hispanic Americans in Northeast Texas**

Christian R. Alvarado, PhD, MPH, Assistant Professor, University of Texas at Tyler; Jessica M. Escareno-Alvarado, PhD, Paul McGaha, DO; Karan P. Singh, PhD

Corresponding Author: Christian R. Alvarado, PhD, MPH, calvarado@uttyler.edu

**Background:** Cancer is the leading cause of death among Hispanics in the United States. The Center for Disease Control (CDC) estimates that more than 42,000 cancer deaths occurred among Hispanic Americans in 2018. Furthermore, Hispanic individuals have higher rates of infection-related malignancies, such as liver cancer. Liver cancer accounts for approximately 7% of cancer deaths among this group.
Methods: Age-adjusted county-level incidence rates of liver cancer among Hispanics from 35 counties in Northeast Texas (Region 4/5), Texas, and the United States (U.S.) were abstracted from the Texas Cancer Registry (TCR) and CDC Wonder. Liver cancer incidence rates for 2015-2018 in Northeast Texas were computed based on Hispanic ethnicity and compared to the state and national incidence rates. Results: There were 80 incident cases of liver cancer among Hispanics in Northeast Texas from 2015-2018. In 2015, Northeast Texas had an incidence rate 26% lower and approximately 1% greater than the state and the U.S., respectively. In 2016 and 2017, Northeast Texas continued to report incidence rates lower than the state but slightly higher than the U.S. However, in 2018, the incidence rate of liver cancer in Northeast Texas rose to become approximately 20% and 73% greater than the state and the U.S., respectively. Conclusions: Hispanic liver cancer patients are less likely than non-Hispanic White Americans to be diagnosed during the early stages of the disease. Trends for liver cancer mortality rates echo the trends observed among incidence rates due to the late-stage diagnoses and its high fatality rate. Efforts in Northeast Texas to reduce the incidence of liver cancer may benefit from community-based intervention programs that promote early screening and healthy lifestyle behaviors. Finally, Hispanics in Northeast Texas should be monitored closely for the potential adverse effects of the COVID-19 pandemic exacerbating the disparities previously observed among this vulnerable community.

Background: Type II diabetes (T2D) is a chronic disease that affects millions of people worldwide. In the state of Texas, nearly 2.7 million people have been diagnosed with diabetes. Current literature indicates that individuals who are African American, female, and/or over the age of 40 are most at risk for developing T2D. This project focuses on determining which social factors have a higher correlation with T2D than previous variables such as race, gender, or age. Methods: We conducted a multivariate analysis using data from County Health Rankings and Roadmaps to determine which social variables place a county most at risk for developing T2D. We then geocoded the locations of endocrinologist offices over multiple choropleth maps of the variables to spatially analyze the level of accessibility diabetic patients have in accessing care. Results: Statistical analysis indicates that counties with members who experience less sleep, only have a high school education, own their own home, and have children in poverty have a significant correlation with T2D. However, homeownership and completion of high school serve as protective factors. Communities who also experience environmental issues, such as exposure to PM 2.5 and water contamination such a positive correlation with T2D prevalence. Conclusions: Communities in Texas who experience environmental issues, higher prevalence of T2D, children in poverty, low education obtainment, and low homeownership are also communities who lack access to medical care. T2D is a disease which requires specialty care and the communities who are most affected by this disease are also those that do not have access to general health care, much less specialized care.
**Breakout Session 3A.3: Prevalence of Cancer among Patients with Chronic Conditions in a Federally Qualified Health Center**

Quiera Booker, MPH PhD candidate, Student / Graduate Research Assistant, UTHealth at Houston, School of Public Health; Rebecca Eary, MPH DO, UT Southwestern Medical Center; Viviana Gonzalez, BS, UT Southwestern Medical Center; Maishara Muquith, BS, UT Southwestern Medical Center; Simon J. Craddock Lee, MPH PhD, University of Kansas Medical Center, Department of Population Health; Bijal Balasubramanian, MPH PhD, UTHealth at Houston, School of Public Health

Corresponding Author: Quiera Booker, MPH PhD candidate, quiera.s.bookernubie@uth.tmc.edu

**Background:** More than 70% of patients with cancer have at least two other chronic conditions. Yet, the prevalence of cancer in primary care clinics where majority of chronic disease care is delivered is poorly characterized. Hypertension and diabetes are among the most prevalent chronic conditions especially among minority, under- and uninsured patients served by community health clinics (CHCs). These patients have high morbidity and mortality given increased clinical complexity compounding social determinants of health. Thus, this study sought to determine the prevalence of cancer among patients with diabetes and/or hypertension in two CHC clinics. **Methods:** We conducted a manual review of Athena Health electronic medical record data using a standardized auditing template to document sociodemographic characteristics, comorbidities, and cancer history among patients aged 40 years or older with a history of diabetes and/or hypertension and who had at least one visit to the study sites between January 1, 2019, and December 31, 2019. **Results:** Of 713 eligible patients, 7.99% had a history of cancer. More than a quarter of the patients had colorectal cancer (26.3%) followed by breast cancer (17.5%) and over half (56.1%) had other cancers such as prostate, lung, and ovarian cancers. 90% of cases had additional comorbidities other than diabetes and/or hypertension. **Conclusions:** Our study found notably higher prevalence of patients with a history of cancer compared to the national estimates (5.4%) as well as prior studies conducted among CHCs (3%). Consistent and accurate documentation of cancer history for patients seen in primary care clinics is important for medical decision making by primary care clinicians and to develop effective models of delivering comprehensive care to patients with cancer and chronic conditions throughout their cancer survivorship journey from diagnosis to end of life.

**Breakout Session 3B.1: Applying the Systems Engineering Initiative for Patient Safety (SEIPS) Model to Analyze HPV Vaccination Practices in Primary Care Settings**

Todd R. Johnson, PhD, Professor of Biomedical Informatics, UTHealth; Isaac Mancillas, Assistant Project Manager, UTHealth McGovern Medical School; Kathleen Hanley, DrPH, CHES, Project Manager, UTHealth McGovern Medical School; Robyn Harris, Project Manager, UTHealth McGovern Medical School; Yen-Chi Le, PhD, Director of Innovation & Evaluations Practice Plan Healthcare Transformation Initiatives, UTHealth McGovern Medical School; Todd Johnson, PhD, Professor, UTHealth School of Biomedical Informatics

Corresponding Author: Todd R. Johnson, PhD, todd.r.johnson@uth.tmc.edu

**Background:** Many factors at the patient, provider, clinic and system level impact HPV vaccination rates. To design an effective multi-level intervention, we used the SEIPS framework to analyze the structures, processes, and outcomes around HPV vaccinations. We explored current workflows and tools used to improve vaccination and to identify improvement opportunities. **Methods:** We conducted a SEIPS People, Environment, Tasks and Tools (PETT) scan of 6 primary care clinics and 2 specialty (Sickle Cell, OBGYN) clinics to assess each clinic’s processes. We created worksheets for each PETT category (People, Environment, Tasks and Tools) and trained clinic liaisons to facilitate and complete the scan with their clinics. **Results:** Results showed consistent environment and tools utilized for HPV vaccination. Environment included clinic, home, TV/social media, faith-based affiliations, CDC, family & friends, and school. Most clinics reported that key barriers to vaccination are language, transportation, cost of care and vaccine beliefs. Facilitators to vaccination consisted of providers, staff and care team, marketing strategies, religious affiliations and iPad for language interpretation.
Another facilitator to HPV vaccination was tools available in the electronic health record (EHR) such as custom reports showing actionable open care gaps and quick views of relevant information (i.e., next dose date). Staff found EHR tools accessible and easy to use. **Conclusions:** Opportunities for recommending HPV vaccination arise at multiple points before, during and after a clinic visit. There are also barriers and facilitators that can be addressed at multiple levels. At the patient level, provision of health education materials in Spanish can facilitate uptake among limited English proficiency families. At the clinic level, expanding the use of effective immunization status tools to additional clinics is needed to help providers and staff ensure patients are up to date on vaccinations. Interventions should consider using a systems approach that simultaneously addresses multiple factors.

**Breakout Session 3B.2: Evaluating Food Security and Summer Meal Access in Harris County**

Mielad Ziaee, Sophomore/Undergraduate Student at the University of Houston, Undergraduate Student at the University of Houston

Corresponding Author: Mielad Ziaee, mielad.ziaee@gmail.com

**Background:** Food-insecure families depend on school lunch programs throughout the school year. In the summer, Summer Meal Sites have been established to ensure families receive nutritious meals. However, it is not clear if summer meal sites are placed in areas of high need. **Methods:** This project assesses the current distribution of summer meal sites in Harris County at the census tract level, and it identifies where summer meal sites are currently placed and what census tracts are of high need. To determine this need, an index was created by calculating the average distance a supermarket and bus stop is from the center of every census tract in Harris County. Both supermarket distance and bus stops are key variables in determining if an area could be food insecure. These distances and the individual meal site locations were placed on a map. A logistic regression was taken to see if the presence, or absence, of a summer meal site is correlated with a tract’s average supermarket distance. **Results:** A McFadden’s r-squared value of 0.004138 was found, demonstrating a weak correlation between the placement of summer meal sites and supermarket distances. Additionally, through visually analyzing a map of the distribution of distances to bus stops and supermarkerts, there is much variation in food access throughout Harris County. There are also areas with both high supermarket and high bus stop distances. **Conclusions:** Given the weak correlation found, based on this data and analysis, supermarket distances are not a significant factor considered when determining a summer meal site location, even though it is a powerful measure of how food secure (or insecure) an area is. The wide variation of food and transportation distances in Harris County necessitates the need for a smaller area to be studied and for different variables to be considered.

**Breakout Session 3C.1: The Sexually Transmitted Disease Data Tracker That Became So Much More**

Jacqueline Hussey, Fellow, Texas Department of State Health Services

Corresponding Author: Jacqueline Hussey, jacqueline.hussey@dshs.texas.gov

**Background:** Public Health Region (PHR) 7 lacked an electronic method to record and report STD clinical services information delivered by clinics. Early 2020, the PHR7 STD Data Tracker started as a paper format; staff completed and faxed data to regional headquarters. Data entry was interrupted during the COVID-19 pandemic response. In January 2022, this data tracker was converted to a Microsoft Survey to track and trend patient data. June 2022, a DSHS Fellow took on the challenge of converting two-years of paper data into a Microsoft Survey for analysis by regional leadership. **Methods:** The Fellow analyzed data for demographic disease trends, testing, referral sources and treatment provided. Collected data identified community risk factors and evidence of need for implementing an HIV preexposure prophylactic (PrEP) process for at risk communities. The data sets collected were expanded into additional subsets incorporated into the PHR7 Nursing Services Encounter Tool. The adapted survey allows clinics to identify individual clinic high-volume service programs, community inquiries, and needs assessments. **Results:** September 2022, the Encounter Tool Identified community residents at high-risk for and eligible to receive pre-exposure vaccination to prevent Monkeypox virus infection.
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Breakout Session 3C.2: There is no "I" in "Team" or "Colorectal Cancer;" Improving Colorectal Cancer Screening in the Federally Qualified Health Center

Cody J Sliger, DNP, APRN, FNP-C, Family Nurse Practitioner, The Larry Combest Community Health and Wellness Center
Corresponding Author: Cody J Sliger, DNP, APRN, FNP-C, cody.sliger@ttuhsc.edu

Background: Colorectal cancer is a significant public health concern, potentially because secondary screening is underutilized. A team-based approach, named “There is no ‘I’ in ‘Team’ or ‘Colorectal Cancer’” was used to improve colorectal cancer screening rates in a Federally Qualified Health Center (FQHC) in West Texas. The population focus included individuals 50-75 years of age who received care at an FQHC that serves both rural and urban residents in West Texas. The team focused efforts to include patients from all demographics with particular emphasis on patients who statistically do not report receiving as many CRC screenings, including Hispanic and Black patients.

Methods: A quality improvement project was conducted to evaluate current colorectal (CRC) screening practices at the FQHC. The team used evidence-based protocols as the basis to evaluate screening protocols using the IHI Model for Improvement Plan-Do-Study-Act (PDSA) process.

Results: A statistical process control chart revealed statistically significant improvement to colorectal cancer screenings between June 2021 and December 2022, increasing on average from 27% to 32%. Other process measures also revealed that more Hispanic patients compared to non-Hispanic patient are receiving CRC screenings at the clinic, representing a shift towards more equitable healthcare.

Conclusions: A team-based primary care model at an FQHC improved colorectal cancer screenings while also meeting the IHI quintuple goal of healthcare. Future goals include applying team-based care to all aspects of disease prevention within the clinical setting. Improved healthcare access and sustainability of preventative healthcare processes within the health center will be evaluated.

Breakout Session 3D.1: Piloting a Novel Organizational Health Literacy Pledge Program

Melanie Stone, DrPH, MPH, MEd, Assistant Director, Community Service Learning, UT Health San Antonio; Rogelio Saenz, PhD, Professor, Demography, UTSA; Mia Vento, BS, Health Confianza Program Manager, Center for Medical Humanities & Ethics, UT Health San Antonio; Jacqueline Tovar, BS, Community Service Learning Coordinator, Center for Medical Humanities & Ethics, UT Health San Antonio; Kaitlyn Pettis, Graduate Research Assistant, UTSA; Jason Rosenfeld, DrPH, MPH, Assistant Professor of Medicine and Assistant Director for Global Health, Center for Medical Humanities & Ethics, UT Health San Antonio
Corresponding Author: Melanie Stone, DrPH, MPH, MEd, stonem@uthscsa.edu

Background: For the first time, Healthy People 2030 defines the term “organizational health literacy”, acknowledging the responsibility of organizations in making their services understandable and accessible to their patients and clients. Guidelines exist about what constitutes a health literate organization, but little has been done to make these guidelines actionable or extend them to non-clinical health settings like community centers where many people get their everyday health information. Health Confianza is a San Antonio-based multi-level health literacy program for increasing access to COVID-19 information and vaccines and honing communication strategies to build trust in health systems. This session will describe Health Confianza’s novel pledge program that aims to equip organizations with the knowledge, resources, and support needed to make organizational health literacy changes.

Methods: Organizations that applied and were accepted into the program selected small teams to complete an internal evaluation of their health literacy environments, followed by participation in an eight-month learning collaborative.

Following a 90-day pilot, 1,390 responses were recorded. Work continues to achieve the initial intent of the tool to limit clinical administrative workload; the tool currently requires an average of 24 minutes to complete. Conclusions: PHR7 Nursing Services Encounter Tool has proven to be valuable in obtaining clinic volume, measuring productivity, and assessing community needs for individual regional clinics. Suggested expansions and edits are required to ensure data integrity is maintained while not imposing an increased workload on clinical staff.
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Breakout Session 3D.2: Using a Cross-Jurisdictional Risk Assessment Team to Prevent Domestic Violence and Homicide

Leslie Pastrano, Violence Prevention Data and Innovation Manager, San Antonio Metropolitan Health District
Corresponding Author: Leslie Pastrano, leslie.pastrano@sanantonio.gov

Background: Domestic violence has lasting, detrimental effects on families and the community. The San Antonio Metropolitan Health District (Metro Health) partnered with public safety agencies and community organizations to establish the Danger Assessment Risk Team (DART) in 2021 in an effort to prevent domestic violence-related homicides. DART members identify and discuss concerning behavior patterns in intimate partner relationships known to escalate to cause severe injury or death. The strength of the DART is the use of a victim-centered and trauma-informed lens while sharing information across agencies and organizations. This approach contributes to violence prevention and intervention and is expected to reduce generational family violence. Methods: Metro Health convenes the DART weekly to review and discuss cases and coordinate responses and services among partners. The team consists of nine organizations representing client service programs, law enforcement agencies, emergency medical services, and court and justice systems. Together, the partners address both victim and community safety through a hybrid model of coordinated case management and threat assessment group. DART members identify risks for escalated violence and lethal outcomes within an intimate partner relationship, in a household, and in the community by examining the totality of circumstances, victimology, and patterns of behavior. Results: Thirty-six DART meetings were conducted from October 2021 through September 2022. Through collaborative efforts, the team incorporated bond and probation conditions and expedited emergency housing, protective orders, victim advocacy, and permanent housing. Conclusions: A cross-jurisdictional and multidisciplinary partnership to identify, review, and coordinate domestic violence services increases opportunities to support victims, manage offenders, and prevent homicides.

Breakout Session 4A.1: Analysis of Changes in Daily COVID-19 Incidence Rates Over the Pandemic, by Vaccination Category

Christopher Alonzo, MPH, Senior Epidemiologist, City of San Antonio Metropolitan Health District; Alex Devora, MPH, Epidemiologist, City of San Antonio Metropolitan Health District; Joan Cunningham, PhD, Epidemiologist, City of San Antonio Metropolitan Health District; Diego Fernandez, MBA, Senior Management Coordinator, City of San Antonio Metropolitan Health District; Rita Espinoza, MPH, DrPH, Chief Epidemiologist, City of San Antonio Metropolitan Health District
Corresponding Author: Christopher Alonzo, MPH, christopher.alonzo@sanantonio.gov

Background: COVID-19 vaccines have been available since December 2020. However, case databases used by the San Antonio Metropolitan Health District have lacked complete corresponding vaccination data. At the time of this analysis, breakthrough infections were only identifiable via case interviews and medical record abstractions, which cannot keep pace with new cases during surges. A separate vaccination database was available to provide population-at-risk data by vaccination category but individuals’ vaccination and case status were not linked.
Methods: RStudio was used to merge case data from the Texas Health Trace and National Electronic Disease Surveillance System databases, with immunization data from ImmTrac2. This presentation (limited to Bexar County residents) covers the period 7/1/2021 through 3/1/2022 (Delta and Omicron surges). Vaccination status was categorized as “Unvaccinated”, “Partially Vaccinated”, “Fully Vaccinated”, or “Fully Vaccinated plus Monovalent Booster”. Population (denominator) values were the numbers of people in the respective categories for each day. Population numbers for the “Unvaccinated” category were calculated as the difference between the total Bexar County population and sum of the other vaccination categories. Vaccination category-specific daily incidence rates were calculated as the number of new cases divided by the category-specific population-at-risk. Results: Rates among Unvaccinated persons were consistently higher than rates for any other vaccination category, during surges and the inter-surge interval. Differences in daily incidence rates among vaccination categories, and comparing surges to inter-surge interval, were examined by visual inspection. The presentation includes R code excerpts. Conclusions: Our findings suggest that incidence rates have varied considerably among vaccination categories, over the course of the study period. Public Health Significance: This person-level method to estimate COVID-19 incidence using daily population-at-risk for each vaccination category may be a useful addition to current methods of modeling population disease burden that are generally based upon community-level vaccination data.


Subi Gandhi, PhD, Associate Professor, Public Health, Tarleton State University; Amber L Harris Bozer, PhD, Associate Professor, Department of Psychological Sciences; Dustin C Edwards, PhD, Associate Professor, Department of Biological Sciences

Corresponding Author: Subi Gandhi, PhD, gandhi@tarleton.edu

Background: The COVID-19 pandemic has challenged worldwide health and to date, has resulted in more than 1 million deaths in the United States. Vaccine hesitancy challenges our ability to manage the pandemic response effectively. The purpose of this study was to investigate the efficacy of short-term video interventions on vaccine hesitancy. Methods: A total of 354 participants completed a survey containing demographics questions, other variables of interest (parity, political affiliation, etc.), the COVID-19 Vaccine Acceptance Scale and Perceptions of Vaccines scales, before and after being randomized into three interventional arms. The control group was exposed to a video that was unrelated to the topic of vaccination, the first experimental group was exposed to an educational video that highlighted the advantages and importance of getting the COVID-19 vaccine, and the second experimental group (flooding group) was exposed to a disease effects video that showed complications of COVID-19 in a hospital setting. Results: The mean age of the study population was 30.08 (SD=11.90). Chi square tests revealed no significant differences in any demographic variables (age, ethnicity, gender, education, marital status, household income, employment) across the video groups, p >.05. However, mixed ANOVAs to compare the COVID-19 Vaccine Acceptance Scale (COVID-VAC) scores over time by vaccination status and video group revealed that while there were significant differences in scores across vaccine status groups (vaccinated vs. unvaccinated; p<.001), but the video interventions had no impact on scores over time, p>.05. Frequency tabulations for the Perceptions of Vaccine Scales also did not change over time. Conclusions: Taken together, these data indicate that short-term video interventions (including an educational video and a disease effects video) were not robust enough to change vaccine perceptions and acceptance of the COVID-19 vaccine.
Breakout Session 4A.3: Characterization of Reinfected SARS-CoV-2 Cases in Bexar County, Texas

Syed N. Khalil, Epidemiologist, COVID-19 Response Team, San Antonio Metropolitan Health District; Christopher Alonzo, MPH, Senior Epidemiologist, San Antonio Metropolitan Health District; Crystal Casas, BS, Public Health Administrator, San Antonio Metropolitan Health District; Anita Kurian, MBBS, MPH, DrPH, Deputy Director, San Antonio Metropolitan Health District; Rita Espinoza, MPH, DrPH, Chief of Epidemiology, San Antonio Metropolitan Health District; Anne Heine, RD, ScM, DrPH, Health Program Manager, San Antonio Metropolitan Health District

Corresponding Author: Syed N. Khalil, syed.khalil@sanantonio.gov

**Background:** Texas’ first case of COVID-19 was discovered in San Antonio in February 2020, and since then, over 647,000 cases have been reported in San Antonio, with a death toll of over 5,400 (October 2022). A considerable number of reinfections have been documented. **Methods:** The aim of this study is to identify the demographic and clinical characteristics of the reinfected population. The time frame of this investigation, June 2020 - May 2022, covers the prevalence of three variants, Alpha, Delta, and Omicron. The cohort is comprised of reinfected individuals in Bexar County, retrospectively selected from the CDC database (NEDSS), with lab confirmed RT-PCR tests > 90 days after the primary infection. **Results:** Of 55,572 cases (2.7% of the Bexar County population), 21,275 cases (38% of cases) tested positive by antigen and RT-PCR methodology. After excluding antigen testing, 16,162 or 29% of cases were lab-confirmed by RT-PCR methodology for the primary and second infection. The median time between the two tests was 375 days. Almost half (45.5%) of the reinfected cases were in the 18-39 age range and 60% were females of Hispanic ethnicity. Two-thirds were reinfected during the first phase of Omicron (January 2022). Almost one-third were asymptomatic as compared to 9% during the primary infection. Underlying health conditions were prevalent in 13% of cases. Symptoms of reinfected cases were mild and only 0.4% were hospitalized and 0.1% received care in the ICU. Approximately one-third of those reinfected were vaccine breakthrough cases. **Conclusions:** Reinfected cases displayed very mild symptoms, with the majority being asymptomatic. Reinfection was uncommon until the end of December 2021, increased with the advent of Omicron in January 2022, and then continuously decreased. This decrease may be attributable to the widespread vaccination efforts and public health campaigns on masking and social distancing implemented in Bexar County.

Breakout Session 4B.1: Food Insecurity in Texas: A County-Level Examination of Bright-Spots

Matthew Lee Smith, PhD, MPH, CHES, Associate Professor, Texas A&M University; Scott A. Horel, MAG, Senior Data Analyst, Texas A&M University

Corresponding Author: Matthew Lee Smith, PhD, MPH, CHES, matthew.smith@tamu.edu

**Background:** Food insecurity is a complex issue largely driven by socioeconomic factors, social determinants of health, and physical and social environments. With an estimated one-in-eight households impacted, food insecurity rates in Texas are higher than the national average. While there are known risk factors of food insecure communities, less is known about county-level bright-spots within food insecure areas. The purposes of this study were to: (1) identify county-level factors associated with food insecurity rates in Texas; and (2) assess protective factors in counties with the highest food insecurity rates. **Methods:** Multiple publicly available secondary datasets were compiled for this study including data from CDC Wonder, the U.S. Census, the U.S. Department of Agriculture, and Feeding America. County-level food insecurity rates were transformed into statistical tertiles. Ordinal regression was performed to identify factors associated with county-level food insecurity rate tertiles. Then, a two-step cluster analysis was used to assess 16 bright-spot metrics within the highest food insecurity tertile.
Results: Across the 254 counties in Texas, an estimated 17.6% of the total population resided in food-insecure households (county ranges from 10.5% to 29.4%). Higher food insecurity rates were associated with urban counties (P=0.016) and counties having smaller proportions of Hispanic (P<0.001) and African American (P=0.007) residents, and lower household incomes (P<0.001). Counties with larger proportions of residents without vehicles (P=0.004) and receiving SNAP benefits (P<0.001) had higher food insecurity rates. Cluster analysis among high food insecure counties yielded a two-cluster solution, which differed by the 16 county-level bright-spot metrics (P<0.001). Conclusions: Findings highlight county-level risk factors of food insecurity in Texas. By identifying high-risk counties with more bright-spot metrics, community stakeholders can better contextualize burdens of food insecurity and assess the systematic influences impacting population health. Additional positive deviance initiatives are warranted to identify pockets of bright-spots, which can inform place-based action.

Breakout Session 4B.2: Implementation Science: Strategies to Improve Screening and Treatment of Hepatitis C in Primary Care

Delana Gonzales, MPH, FFACTS Clinic Director, University Health; Sarah Rinehart, PharmD, BCACP, Clinical Specialist Pharmacist, University Health
Corresponding Author: Delana Gonzales, MPH, delana.gonzales@uhs-sa.com

Background: It’s estimated that 1.8 percent of Texans are infected with Hepatitis C Virus (HCV), a common blood-borne illness and a primary risk factor for developing liver cancer. Following a plan of action to achieve elimination of viral hepatitis by 2030 authored by the WHO, University Health has launched several viral hepatitis screening initiatives in outpatient primary care clinics. Despite effective therapy availability, barriers to accessing HCV treatment remain, specifically for individuals with Medicaid. In 2021, Texas Medicaid prescriber restrictions for HCV treatment were lifted, expanding access to direct-acting antivirals (DAAs). The HCV Care Cascade at University Health is composed of a streamlined comprehensive test and treat pathway integrated at six primary care clinics focused on serving vulnerable and medically underserved populations. Methods: Culturally tailored awareness posters, billing inserts, and multimedia messages were disseminated in clinics and in community. A reflex screening algorithm for HCV to HBV was established as a best practice advisory in the EMR for eleven primary care clinics. Patients and providers were educated on best practices for screening, diagnosis, and linkage to treatment. An interdisciplinary clinical team of primary care providers, patient navigators, and specialty pharmacy support patients through the HCV care continuum. Results: From April 2017 to January 2023, a total of 765 providers and staff were educated. A total of 33,329 patients across the health system have been screened for HCV Ab, of those 645 patients had a positive HCV RNA result (2%). Patients with a detected HCV viral load were navigated (n=1,052) to treatment and 1,602 were educated on their disease state. Since 2021, a total of 73 patients have been prescribed treatment by a PCP. Conclusions: Incorporating a comprehensive screen-to-treat pathway at primary care clinics is an opportunity to strengthen the HCV care cascade and improve linkage to treatment for vulnerable and medically underserved populations.

Breakout Session 4C.1: Pediatric Patient Navigators: Community Partnership to Improve Access to Subspecialty Care for Children in Immigrant Families

Haldo Trevino, II MHS, MD/MPH candidate, UT Southwestern medical school; Narda Salinas, Ashley Herrera; Hilda Loria, MD MPH
Corresponding Author: Haldo Trevino, II MHS, MD/MPH candidate, haldo.trevino@utsouthwestern.edu

Background: Promotor/Patient Navigator Programs (PNP) have been shown to increase engagement in healthcare for immigrant populations. However, PNP outcomes for pediatric subspecialty care in immigrant families has not been well studied. In Dallas County, where 1 in 7 children are uninsured, and 1 in 4 come from an immigrant family, a PNP built on community partnerships and local resources may improve access to subspecialty care.
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Methods: Following a needs assessment with community members and organizations, a pilot PNP to assist immigrant families obtain subspecialty care for their children was designed through stakeholder engagement, program development, and community collaboration. Needs assessment data indicate that access to pediatric subspecialty care for immigrant families is restricted by barriers such as financial ability, insurance status, fear, discordant language, and immigration status. The most prevalent subspecialty needs include cardiology, neurology, and developmental services. Potential community partnerships with trusted immigrant-serving organizations were explored; following established partnership, a pilot PNP was outlined. The PNP entails families being matched with a language concordant team of volunteer medical students who will serve as promotores for patient centered navigation. Meetings will occur virtually and/or in-person, depending on participant comfort and technological access. A pre- and post-survey will be completed to assess barriers to subspecialty care, self-efficacy in navigating the healthcare system, and successful connection to care. Results: Expected common barriers are financial ability, resource identification and self-efficacy of navigating healthcare systems. Data from the pilot PNP will inform the design and implementation of a larger program in collaboration with community partner organizations. Conclusions: There is a community need for resources to connect uninsured immigrant children to subspecialty care. Stakeholder partnership with an immigrant-serving community organization will lay the foundation for a program that connects participants to pediatric healthcare. Next steps include implementation of the pilot PNP to assess its feasibility and effectiveness.

Breakout Session 4C.2: Analysis of Women’s Cancer Curriculum Implementation In Brownsville Community Health Clubs

Nastassia Anna Yammine, B.S.A., UTHSCSA Medical Student; Camille McSherry, B.S., UTHSCSA Medical Student; Sania Zia, B.S.A., UTHSCSA Medical Student; Connie Miranda, B.A., UTHSCSA Medical Student; Monica Martinez, B.S.A., UTHSCSA Medical Student; Theresa Heines, B.S.N., UTHSCSA Medical Student; Jason Rosenfeld, DrPH, MPH, Assistant Professor of Medicine, Assistant Director for Global Health Corresponding Author: Nastassia Anna Yammine, B.S.A., yammine@livemail.uthscsa.edu

Background: The Center for Medical Humanities & Ethics at UT Health San Antonio, in collaboration with the Lower Rio Grande Valley Area Health Education Center and a team of four Community Health Workers (CHWs) has been working to create, implement, and evaluate the efficacy of delivering public health curricula through Community Health Clubs in Cameron County since 2017. A network of Clubs recently completed a women’s cancer curriculum. Methods: A nine-week curriculum was designed, covering topics of cervical and breast cancer awareness and prevention. CHWs participated in an in-person training, supplemented by weekly virtual sessions reviewing the curriculum. Trained CHWs facilitated the curriculum in nine Clubs with 90 members. Pre- and post-curriculum surveys evaluated the efficacy of the curriculum in increasing knowledge, reducing stigmas, encouraging health-seeking practices, and raising awareness of resource accessibility. A reflective session was facilitated to gather feedback from the participants. The discussion was transcribed and qualitatively analyzed. Results: From the ten Community Health Clubs, 90 and 80 members completed the pre- and post-curriculum survey, respectively. Data analysis was completed on all the surveys; however, they were unable to be matched due lack of identifiers. The average General Knowledge (GK) score on the pre-curriculum survey was a 7.36 out of 14 (52.57%, SD=1.82). The average score for the Belief Questions (BQ) was 3.91 out of 5 (78.20%, SD=1.13) and the average Health Behaviors score was 2.87 out of 4 (71.63%, SD=1.19). After the curriculum had been implemented, the average GK score was 8.65 out of 14 (61.79%, SD=1.80). The average BQ score was 4.19 out of 5 (83.75%, SD=1.24) and the average HB score was 3.01 out of 4 (75.53%, SD=1.22). An independent samples t-test was performed, and the average knowledge score increased by 9.22% with significance (P<0.001). Belief and health behavior questions did not significantly improve. For the reflective session, a small group of members were asked to represent the clubs to gather qualitative data in regards to the women’s health curriculum. Qualitative analysis showed that the safe environment of the clubs empowered participants to share lived experiences, sparking discussions that transcended the written curriculum and strengthened the bonds of club members. Conclusions: Although more work is required to refine the sessions and address culturally-influenced stigmas, preliminary analyses of the data indicate the program was effective at strengthening community bonds and increasing participant knowledge about pap smear recommendations, mammogram guidelines, and HPV vaccination. A common theme emerged that the most significant learning occurred through sharing of experiences. These findings illustrate that, while increased knowledge is an important aspect of the clubs, participant satisfaction also draws on feelings of empowerment and connection.
Breakout Session 4D.1: Developing a Streamlined Process for Documenting Social Determinants of Health in Hepatitis C Patients at Primary Care Clinics

Steven Landin, BS, MPH Candidate, University of Texas Health Science Center at Houston School of Public Health
Corresponding Author: Steven Landin, BS, MPH Candidate, Landins4@yahoo.com

**Background:** Electronic Medical Records (EMRs) have facilitated various health systems to document important patient information, such as social determinants of health (SDoH). Documentation of SDoH allows health systems to reach and link medically underserved populations, specifically those with chronic conditions such as Hepatitis C Virus (HCV), to improve health outcomes. A streamlined, systematic protocol was developed to address health outcomes in documenting SDoH in University Health’s EMR. **Methods:** A literature matrix incorporating seven articles was established using key terms related to Social Determinants of Health Documenting Procedures on the PubMed database. HCV Patient Navigators (PNs) were the selected personnel tasked with documenting SDoH due to their role in HCV-patient interaction in primary care clinics. An SDoH protocol was created for Epic’s thirty-item screening questionnaire to improve the efficiency of the documentation process. **Results:** Epic’s SDoH questionnaire was replicated, describing nine domains from CMS Accountable Health Communities Health-Related Social Needs Screening Tool. The nine domains included the patient’s substance use, financial resource strain, transportation needs, stress levels, intimate partner violence, housing stability, physical activity, social connections, and depression. A Patient Navigator workflow was created and introduced the documentation process of SDoH in the EMR. The SDoH protocol recommends that PNs use the screening tool due to their significant involvement with patient interaction in the primary care clinic. **Conclusions:** A streamlined, and adaptable process was needed to ensure accurate and efficient recording of SDoH in a primary care setting. This protocol is adaptable by other clinical roles as a tool for evidence-based decision-making processes and strategies towards implementing SDoH documentation. There is considerable evidence on the benefits of including PNs in the SDoH documentation process because of their patient involvement, relationship, and integrated clinical role. This established procedure will help identify the social needs of HCV patients in primary care settings and improve health outcomes.

Breakout Session 5A.1: Prevalence and Characteristics of Suicide Attempts and Ideation in Employed Adults: Texas Behavioral Risk Factor Surveillance System, 2018

Tiffany Dimaano, MPH, CDC/CSTE, Applied Epidemiology Fellow, Texas Department of State Health Services (DSHS); Natalie Archer, PhD, Senior Scientist, Environmental Epidemiology and Disease Registries Section, Texas Department of State Health Services; Ketki Patel, MD, PhD, MPH, Manager, Environmental Surveillance and Toxicology Branch, Texas Department of State Health Services
Corresponding Author: Tiffany Dimaano, MPH, CDC/CSTE, tiffany.dimaano@dshs.texas.gov

**Background:** Suicide is a growing issue in recent years, especially among the working population in the United States. Individuals working in certain jobs may experience physical and mental burden that may contribute to suicidal thoughts. The 2018 Texas Behavioral Risk Factor Surveillance System (BRFSS) data were analyzed to estimate prevalence and characterize suicide attempts and ideation in employed adults. **Methods:** The 2018 BRFSS surveyed a representative sample of Texas adults (18 years and older). We calculated weighted prevalence estimates and percentages among employed adults for suicide attempts and ideation. We looked at whether the suicide attempt related injury required treatment, and demographic variables among employed adults (including sex, race and ethnicity, education level, income strata, age group, industry and occupation). The North American Industrial Classification System (NAICS) 2-digit codes and Standard Occupational Classification (SOC) 2-digit codes were used to classify industry sectors and occupation groups.
Results: In 2018, the BRFSS surveyed 11,217 adult Texans, of which 60.1% (a weighted estimate of 12,652,355 people) were employed. These employed individuals were: 57.4% male, 47.2% aged 25 to 44 years, 43.6% non-Hispanic White, 36.9% Hispanic, and 14.3% had an annual household income ranging from $15,000 to less than $25,000. The majority were employed in the health care and social assistance industry sector (14.3%), and sales and related occupation group was the most common (9.0%). About 4% of employed adults indicated suicide ideation, and an estimated 26,908 (<1%) individuals reported a suicide attempt in the past 12 months. Of those who reported suicide attempts, 75% had an injury, poisoning or overdose treated by a doctor or nurse. Conclusions: Further analyses on additional years of BRFSS data can help identify priority populations for suicide prevention interventions.

Background: In the United States, millions of adolescents are reported to use tobacco products. Several studies have reported the association between tobacco use and mental health outcomes. This study aims to determine the association between tobacco use and depression among Texas youths using data from 2017, 2019, and 2021 Texas Youth Risk Behavior Surveys (YRBS).

Methods: Secondary data analyses of Texas YRBS data were conducted to explore the association between current tobacco use and depressive symptoms among Texas High School students. Self-reported depressive symptoms were measured based on the question of ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities. Weighted multiple logistic regression models were conducted to measure the relationship between current tobacco use and depression for the 3 surveys (2017, 2019, 2021). Tobacco use was defined as any current reported use of cigarettes, cigars, smokeless tobacco, or electronic vapor products. Models were adjusted for key covariates.

Results: The mean age of participants was 15.98, 16.09, 15.81 years for year 2017, 2019 and 2021 respectively. Approximately 51% of the participants were male for all 3 years. Tobacco use was significantly associated with depression among Texas youths in 2021 (OR=1.704; 95% CL 1.099, 2.643) after controlling for covariates such as age, gender, race, ethnicity, alcohol use, substance, and if they are ever being bullied in school or electronically. The adjusted association between tobacco use and depression was not statistically significant in 2017 and 2019.

Conclusions: Tobacco use was significantly associated with depressive symptoms among Texas youth in 2021, during the Covid-19 pandemic. Further studies to explore the temporal relationship between tobacco use and depressive symptoms in youth and investigations to explore the impact of the pandemic on these associations are key to informing successful preventative measures in this population.

Background: Despite the recent decline, sexual violence is still highly prevalent across the state. The current report reviewed and analyzed existing literature to identify individuals/groups disproportionately affected by sexual violence as part of the Texas Rape Prevention and Education (RPE) program that targets 6-12th graders and their adult influencers for primary prevention of sexual violence.
Abstracts

Breakout Session 5B.1: Chemotherapy Video Project

Lakeshia Brown, MPH, CHES, Sr. Health Education Specialist, MD Anderson Cancer Center; David Diep, M.Ed., MCHES, Sr. Health Education Specialist
Corresponding Author: Lakeshia Brown, MPH, CHES, lcbrown@mdanderson.org

Methods: Authors systematically identified risk and protective factors from MEDLINE, PsycINFO, EMBASE, CINAHL, Criminal Justice, Social Work, Social Services Abstracts, and other government databases. Results: In Texas, women (87.9%) experience sexual assault at higher rates than men for every age group. Women were more likely to experience sexual assault when they were 18 or older (26.1%), and men when they were 14 to 17 years (10.6%). Recent data shows assaults occurred most frequently (73.2%) in residences. The majority (93.7%) of women reported that perpetrators were male, while only 9% reported being victimized by a female offender. Of the victims, 80.9% were White, 17.9% were Black, and 1.2% were American Indian/Alaskan Native, Asian, or Native Hawaiian/Pacific Islander, indicating no racial or ethnic disparity. However, incidents are severely underreported; only 9.2% of the victims reported crimes to the police. Childhood maltreatment increased the likelihood of experiencing sexual violence. Children’s Advocacy Centers of Texas (CACTX) reported that 66% of the children served were victims of sexual abuse, mostly at their residences. Nationally, college students, immigrants, and disabled population are at higher risk. Adequate parental monitoring, social-emotional support, connection to caring adults, and a positive school climate can protect from violence. Conclusions: Although the prevalence of sexual violence in Texas is high, there is a paucity of research examining the risk and protective factors associated in-depth. Gaps identified in this review can guide future researchers and policymakers in establishing a statewide surveillance-system to identify vulnerable populations and prevent sexual violence.

Breakout Session 5B.2: Social Media Campaign for Rural East Texas Wellness Initiative

Gregory R. LaMay, BS, NRP, MPH Candidate, Program Coordinator, University of Texas at Tyler Health Science Center; Dr. Michelle Crum, PhD, Associate Professor Department of Medical Education; Dr. Jessica Escareno, PhD, MPH, Department of Healthcare Policy, Economics and Management; Dr. Kimberly Elliott, Assistant Professor Healthcare Policy, Economics and Management; Dr. Cynthia Ball, DO, MS, FACOEM Occupational Medicine; Dr. Paul McGaha, DO, MPH, Chair, Department of Preventive Medicine and Population Health
Corresponding Author: Gregory R. LaMay, BS, NRP, MPH Candidate, glamay@patriots.uttyler.edu

Background: Social media has become one of the easiest and fastest ways to disseminate information related to a variety of topics. In order to address the health disparities in Regions 4/5 in Texas, the East Texas Wellness (ETX Wellness) campaign was launched in the fall of 2022. The goal of this project is to adapt messaging to deliver health education information to rural communities for preventive services with a focus on vaccine information.
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**Methods:** This project was informed by a focus group analysis specific to issues surrounding vaccine hesitancy of East Texans. Videos were created and modified by our multidisciplinary team that featured local physicians and community leaders answering questions about COVID-19 vaccines that were shown to be of interest to our community. After sharing the videos with our local community scientist group, a pilot study was performed to determine the best messaging to promote positive vaccine messaging in the overall framework of whole health and wellness. A social media plan was developed to deliver weekly messages related to health prevention and promotion. Various social media platforms were utilized, including Facebook, Instagram, Twitter, YouTube, and a website to describe the project and post longer videos and full content. **Results:** As the project progresses, data will be compiled from various social media platforms to measure the uptake in postings on education related to whole health topics. Evaluation of our social media campaign will occur through the use of application specific tools such as Insights and Analytics. **Conclusions:** The data from this campaign can be used as a framework to help any community in implementation of a social media campaign. Future applications for this study will be beneficial for health and wellness education in the rural areas of East Texas and beyond.

**Breakout Session 5B.3: San Antonio Kids B.R.E.A.T.H.E. Community Health Worker Home Education Program and its Impact on Children with Uncontrolled Asthma**

Cara J. Hausler, Health Program Manager, City of San Antonio; Mandie A. Tibbal Svatek, M.D., Associate Professor, UT Health SA and SA Kids BREATHE Medical Advisor, and SA Kids BREATHE Advisory Council Chair, San Antonio Metropolitan Health District; Paul Kloppe, MBA, RRT, AE-C, CTTS, SA Kids BREATHE Supervisor, San Antonio Metropolitan Health District; Pamela Wood, MD, Professor Emeritus, Pediatrics, UT Health SA; Diane Rhodes, BBA, RRT, AE-C, RCP, Asthma Awareness Education Program Assistant Director, North East ISD; Rose M. Ramos, PhD, MPH, SAKB Data Analyst, San Antonio Metropolitan Health District

Corresponding Author: Cara J. Hausler, cara.hausler@sanantonio.gov

**Background:** San Antonio Kids B.R.E.A.T.H.E. (SAKB) Community Health Worker (CHW) home education program was envisioned by our local community in 2018 and funding secured from the City of San Antonio. The program launched in May 2019. SAKB was supported by two technical assistance grants from the Green and Healthy Homes Initiative (GHHI) in 2019 and 2020. The State of Texas expanded the program with a grant in 2020. An advisory council (AC) was formed. They developed the eligibility criteria for enrollment in SAKB. The criteria includes two clinical criteria for uncontrolled asthma and two school-based criteria. During the COVID-19 pandemic, the AC also added a fifth eligibility criteria to allow for changes in clinical management. **Methods:** The AC developed the questionnaire used at the first home visit and the 6- and 12-month follow-up visits and selected the Asthma Control Test (ACT) and Metered Dose Inhaler (MDI) Score to monitor progress. This information and the scores were regularly recorded in a Microsoft Excel database and then analyzed in Excel. **Results:** As of October 22, 2022, 38.9% (349/897) of referrals were successfully enrolled. As of November 2021, 91.2% (208/228) of enrollees had either 1+ hospitalizations or 2+ visits to an emergency department or an Urgent Care facility. 50.4% (115/228) of participants completed 3 home visits and 19.7% (45/228) of participants graduated (completed 12-month follow-up). Participants had a net 6.4 increase in ACT scores from enrollment to 12-month follow-up. They also had a net 3.4 increase in MDI scores from enrollment to the third home visit. **Conclusions:** The SAKB program’s enrollment rate is above the national average of 30%. Children with asthma in the SAKB program demonstrated an increase of 62 percentage points in well-controlled ACT scores a year after enrollment. The SAKB program is improving asthma control in children with asthma.
Abstracts

**Breakout Session 5C.1: Community Health Work and Social Work Collaboration in the US: A Conceptual Framework and Environmental Scan**

Liana Petruzzi, PhD MSW, Postdoctoral Fellow, Dell Medical School at the University of Texas at Austin; Julie Smithwick, MSW, CHW, Director, Center for Community Health Alignment at the Arnold School of Public Health; Geoff Wilkinson, MSW, Clinical Associate Professor, Boston University, School of Social Work; Lily Lee, DrPH, MPH, Assistant Research Professor, Loma Linda University; Carl Rush, MA, Policy Advisor, National Association of Community Health Workers; The CHW and SW National Workgroup, The Center for Innovation in Social Work and Health at Boston University and the Center for Community Health Alignment at the University of South Carolina Arnold School of Public Health

Corresponding Author: Liana Petruzzi, PhD MSW, liana.petruzzi@austin.utexas.edu

**Background:** SWs and CHWs are complementary health professionals that address social needs, yet there is a paucity of literature on their collaboration. **Methods:** In 2021, the Center for Innovation in Social Work and Health at Boston University and the Center for Community Health Alignment at the University of South Carolina Arnold School of Public Health organized a national work group of CHWs and SWs. An environmental scan was conducted that utilized formal searching techniques to identify programs, organizations and institutions in US public health settings that included CHW and SW collaboration. Data sources included survey data, expert knowledge from key informants, and publicly available information about the organizations. CHW and SW taskforce members identified organizations and programs engaged in CHW/SW collaboration in the US. These data, along with a literature review and a year of discussions by a national task force, served to develop an initial conceptual framework. **Results:** The environmental scan included 20 programs. Most programs were located in the South (n=8) or Midwest (n=6). CHW/ SW collaboration existed within a variety of public health settings, including community-based organizations (n= 9), outpatient clinics (n= 5), health plans (n=3) and hospitals (n=3). Patient population was typically defined by a health condition (n= 5), location (n= 4), insurance status (n= 3) or type of insurance coverage (n= 3). Services provided included care coordination (n= 14); counseling or behavioral health services (n= 4); health education (n= 6); caregiver or family support (n= 3); and primary or specialty medical services (n= 4). Most programs had less than 10 CHWs and SWs total. **Conclusions:** CHWs and SWs can achieve more working together than alone. CHW/SW collaboration is crucial to the improvement of population health. This environmental scan and conceptual framework will inform a qualitative study in which CHW/SW collaboration and integration are further explored.

**Breakout Session 5C.2: Listening to Community Health Workers on the Front Lines: Implications for Support and Research**

Bryan Bayles, PhD, MPH, Research Assistant Professor of Public Health, Texas A&M University-San Antonio

Corresponding Author: Bryan Bayles, PhD, MPH, bbayles@tamusa.edu

**Background:** Studies show burnout and compassion fatigue are associated with negative patient, personal, and organizational outcomes. This presentation highlights CHWs perceptions about what makes a neighborhood thrive, as well as the most significant challenges or barriers to achieving healthy lifestyles both at work and within their diverse neighborhoods. The results are a part of an evaluation conducted by the presenters of the San Antonio Metropolitan Health Department's Healthy Neighborhoods Program. FY2020 was a watershed year of growth and maturation for this City program. This study, therefore, represents key feedback from a frontline community public health workforce in a growing major metropolitan health department. **Methods:** Participatory fieldwork and in-depth ethnographic interviews were conducted with Healthy Neighborhood Community Health Workers (n=14), as well as supervisory and managerial staff (n=4). The team analyzed over 165 pages of transcripts using Thematic Analysis and used FLARES: an online, open-source software for free-list analyses to compute average salience index (Smith’s) for free-list interview probes.
Results: Top items contributing to healthy and thriving neighborhoods included social connections, access to green spaces, and healthy food. ‘Lack of access to healthy food’ and ‘Traumas’ ranked as the most salient challenges across the majority of respondents. Importantly, multiple stories emerged of CHWs serving to de-escalate violence and conflict at individual, group, and institutional levels. Conclusions: The emergence of traumas as a key theme highlights the urgent need to support CHWs as frontline first responders. CHWs are at high-risk for exposure to secondary trauma, exposure to morally injurious events (MIEs), and thus susceptible to compassion fatigue and burnout. There is an urgent need for trials of innovative strategies to buffer the negative effects of exposure to trauma, among both CHWs and the communities they serve. Findings also suggest potential new frameworks for evaluation using Methods of Social Network Analysis.

Breakout Session 5D.1: Opportunities, Challenges, and Outcomes of Patient Navigation for Individuals Experiencing Homelessness: A Systematic PRISMA Review

Ethan Wang, BSA, Medical Student, UT Southwestern Medical School; Shannon Teaw, BS, Medical Student, UT Southwestern Medical School; Dru Annapureddy, BS, Medical Student, UT Southwestern Medical School; Shelley Speed, M.S.N., APRN, ACNP-BC, FNP-BC, Nurse Practitioner, UT Southwestern Medical Center Department of Family and Community Medicine; Nora Gimpel, MD, Professor and the Vice Chair of Community Health, UT Southwestern Medical Center Department of Family and Community Medicine

Corresponding Author: Ethan Wang, BSA, Ethan.Wang@UTSouthwestern.edu

Background: Homelessness is a leading public health issue in the United States, affecting over 500,000 Americans in 2019. Moreover, individuals experiencing homelessness face unique health difficulties due to health system complexities, financial limitations, stigma, and social isolation among other factors. Patient navigation, a community-centric intervention directed to improving patients well-being through health education and the minimization of barriers to care, may be uniquely valuable in providing the social support needed for individuals experiencing homelessness. To investigate the efficacy of navigation services in aiding individuals experiencing homelessness, a systematic PRISMA review was performed. Methods: An initial keyword search was performed on PubMed and SCOPUS for article identification, yielding 52 initial articles. Next, articles were screened by title and abstract to exclude review articles, non-US articles, inaccessible articles, and articles lacking peer-review. Of the 37 remaining articles, full-text eligibility review was performed to exclude non-topical studies, returning 26 final studies for inclusion. Standardized data extraction and thematic categorization of articles was then performed. Results: Following data extraction, the following themes were identified: Patient navigation improves screening and follow-up rates, patient navigation improves health outcomes, patient navigation improves both access to and engagement with care, patient navigation is improved when integrated with other initiatives, patient navigation is effective in supporting stigmatized patient populations, patient navigator identity, language and training can supplement navigation program effectiveness, and lastly, a case of patient navigation failure. Patient navigation successes were primarily attributable to the comprehensiveness of navigation across all treatment stages and its direct impact on facilitating healthcare accessibility. Program failure was seen as a result of failed community partnerships and limited funding. Conclusions: Patient navigation is effective in improving healthcare for individuals experiencing homelessness. Moreover, navigation impact can be maximized by considering navigator identity and coordinating other public health initiatives during implementation.
**Breakout Session 5D.2: Food Insecurity and Mental Distress among Older Adults: Results from the Brazos Valley Community Health Assessment**

Bhumika Purohit, MPH, Graduate Assistant, Center for Community Health and Aging; Elfreda Samman, DrPH, MPH, Assistant Research Scientist, Center for Community Health and Aging; Samia Tasnim, DrPH, Graduate Research Assistant, Center for Community Health and Aging; Chimuanya Osuji, DrPH, Graduate Research Assistant, Center for Community Health and Aging; James Burdine, DrPH, Founding Director, Center for Community Health and Aging; Heather Clark, DrPH, Co-Director, Center for Community Health and Aging

Corresponding Author: Bhumika Purohit, MPH, bhumika.purohit26@gmail.com

**Background:** Older adults, individuals aged 60 and above, have been known to be at high risk for health problems. An individual's well-being can be significantly impacted by food insecurity and mental health issues. These factors remain continuing concerns in the United States. Thus, the purpose of the study is to examine the association between food insecurity and mental distress among older adults in the Brazos Valley. **Methods:** Data from the 2019 Brazos Valley Community Health Assessment was analyzed (n= 335). According to the Centers for Disease Control, an individual experiences frequent mental distress if they experience more than fourteen mental health days within a thirty-day period, while County Health Rankings defines food insecurity as households lacking consistent access to food. STATA 16.1 was used to perform descriptive statistics and logistic regression. **Results:** Overall, 6.7% of the respondents reported facing food insecurity, and 22.1% reported experiencing frequent mental distress. Of those facing frequent mental distress, 28.9% reported experiencing food insecurity. Individuals who experience food insecurity were more likely to experience frequent mental distress (OR= 4.53, p=0.024) compared to those who did not experience food insecurity. Those who reported having good to excellent health were less likely to experience frequent mental distress (OR=0.15, p=0.00) compared to those who reported having poor to fair health. **Conclusions:** The results of the study highlight food insecurity and perceived health status being two significant variables that increase the likelihood of frequent mental distress among older adults. Public health interventions for older adults may involve considering multiple factors because of their high risk of health problems, which is emphasized by the found association between food insecurity and mental distress. Public health interventions targeted at older adults should focus on improving food insecurity and mental health simultaneously to provide a long-term solution.

**Breakout Session 5D.3: Sacral Ulcers Development among Older Adult Patients in Texas Rehabilitation Hospitals: Role of Personal Factors and Chronic Comorbidities**

Cheng Yin, Ph.D Candidate, Department of Rehab and Health Services; Elias Mpofu Ph.D, DEd, CRC, Professor of Helath Services Research, University of North Texas; Rongfang Zhan M.S., Ph.D student in Department of Rehab and Health Services, University of North Texas

Corresponding Author: Cheng Yin, Ph.D Candidate, chengyinunt@gmail.com

**Background:** Sacral ulcers are pressure sores that occur near the lower back and spine and are highly prevalent among older adult patients in hospitals due to immobilization and extended bedridden periods. Yet, the personal factors and comorbidities of sacral ulcers among older adult patients are less understood for preventive interventions. This study aims to determine factors associated with sacral ulcers among elderly patients in rehabilitation hospitals. **Methods:** We utilized the Texas Inpatient Public Use Data File, selecting 2021 patients aged over 60 years diagnosed with sacral ulcers as the case group, and matched 2021 patients without sacral ulcers as the control group. **Results:** Binary logistic regression results showed a higher risk for sacral ulcers for African Americans (OR = 1.674, 95% CI = 1.349-2.077, p < 0.001) and Hispanics (OR = 2.472, 95% CI = 2.021-3.025, p < 0.001) patients, and those on Medicare HMO (OR = 6.117, 95% CI = 4.707-7.949, p < 0.001). Chronic comorbidities of kidney disease (OR = 1.222, 95% CI = 1.033-1.446, p = 0.019), paralysis (OR = 3.256, 95% CI = 2.364-4.484, p < 0.001), neurocognitive disorders (OR = 1.370, 95% CI = 1.157-1.622, p < 0.001), coronary heart disease (OR = 1.543, 95% CI = 1.181-2.016, p = 0.001), and cardiac dysrhythmias (OR = 1.357, 95% CI = 1.166-1.579, p < 0.001) were associated with increased risks of sacral ulcers, while hypertension (OR = 0.589, 95% CI = 0.496-0.700, p < 0.001) was at lower risk.
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Conclusions: Racial and health insurance disparities in sacral ulcers suggest the need for targeted interventions to minimize risk among inpatients. The findings indicate a need to proactively treat chronic comorbidities to reduce their risk for high mortality from sacral ulcers.

Breakout Session 6A.1: Large Pediatric TB Contact Investigation for a Rural Community Involving Collaboration with Regional Medical Affiliations, County Hospital and Local Daycare-Challenges and Successes

Andrea Casanova, MPH, Epidemiologist, Texas Department of State Health Services; Lillian Ringsdorf, MD, MPH, Regional Medical Director, Texas Department of State Health Services; Elvia Ledezma, MPH, Communicable Disease Manager, Texas Department of State Health Services; Amanda Decimo, RN, MPH, Tuberculosis Nurse, Texas Department of State Health Services; Justin Sujith, Program Specialist III, Texas Department of State Health Services; Tryton Shelp, MPH, CPH, Program Specialist III, Texas Department of State Health Services
Corresponding Author: Andrea Casanova, MPH, andrea.casanova@dshs.texas.gov

Background: An active TB case was identified with 75 contacts at a preschool in a rural community in Texas with limited access to healthcare. 63 children were under age 5 and would require window prophylaxis (WP). A TB test, chest x-ray, and assessment were required of all contacts. Coordination between the county, local hospital, pediatricians, the preschool, and DSHS Public Health Region 8 became necessary. Methods: Challenges arose with workload, including how to arrange examinations for 75 children, educate parents, and communicate with pediatricians, operating 25 miles away from residences. To analyze the need for services, parents were surveyed, and the results were shared with the sole county hospital to demonstrate the need for assistance with evaluations. Collaborating with the local hospital and county judge, DSHS was able to evaluate, screen, and radiograph the children with limited staff across a large distance. DSHS organized meetings with providers to explain the investigation, recommendations for starting WP, and evaluation guidelines. 28 children were stated on WP, posing a need to seek additional assistance. With the use of the mobile medical application, emocha Health, and recruitment of contract staff and nurses from other programs, we were able to ensure adherence to medication and monitor the children daily for symptoms and side-effects. Results: The assistance of local health affiliations and DSHS was vital to the speed and efficiency of the investigation. This assessment resulted with 68 children testing negative and one testing positive. The rapid initiation of WP protected the young children from the potential for severe TB disease. Conclusions: With every hurdle, a solution was found, and the commitment and collaboration of all parties involved produced a successful outcome for these children. The results of this contact investigation created stronger partnerships and paves the way for future investigations while preventing further spread of TB in the community.

Breakout Session 6A.2: Overview of the Texas Department of State Health Services Role During a Large Contact Investigation around a Pre-Extreme Drug-Resistant Meningeal TB Correctional Case

Tryton Shelp, MPH, CPH, Program Specialist III, Texas DSHS Public Health Region-8; Lillian Ringsdorf, MD, MPH, Regional Medical Director; Elvia Ledezma, MPH, Communicable Disease Manager; Ana Ortiz, Public Health and Prevention Specialist I; Andrea Casanova, MPH, Epidemiologist II; Maria Trevino, Public Health and Prevention Specialist I
Corresponding Author: Tryton Shelp, MPH, CPH, Tryton.Shelp@DSHS.Texas.Gov

Background: Among correctional facilities, the risk of tuberculosis (TB) transmission is higher than the general population. As of 2020, Texas had the second highest rate of correctional TB cases (12%) in the U.S. In The Texas Department of State Health Services (DSHS)-Region 8, more than one-third of persons diagnosed with TB in 2021 were reported from correctional facilities.
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The South Texas ICE (ST-ICE) Processing Center, in Region-8, detains an average of 1,100 immigrants every day and approximately 2-3% are suspected to have TB disease. **Methods:** DSHS works with the facility to prevent TB transmission through clinical recommendations and continuous monitoring of contacts in custody, released to the public, or transferred to another facility. This has been demonstrated in the investigation of a Pre-Extreme Drug Resistant (Pre-XDR) TB patient through consistent monitoring of treatment and evaluation of identified contacts. Upon entry into the ST-ICE facility, the pre-XDR TB patient had a normal chest x-ray and reported no symptoms, leading to release within the facility’s general population given the lack of a TB diagnosis. **Results:** After 3 months, the patient self-reported TB symptoms for 1 month, and hematemesis for 2 nights. With recommendation for further TB workup, lab results revealed the patient was TB and HIV positive. The patient is currently undergoing treatment. The facility identified and reported 273 persons who were exposed and required TB testing. DSHS worked with the facility to send notifications to the receiving jurisdictions for contact follow-up for those released or transferred and continues to follow-up with these jurisdictions to ensure the identified contacts have been evaluated. **Conclusions:** In congregate settings, proximity of individuals, leads to higher risk of TB transmission. Thus, rapid response and collaboration between the local health departments and facilities is necessary when a TB case goes undiagnosed, and a large contact investigation is warranted.

Background: The DSHS Region 8 Binational Program (BP) addresses the high incidence of TB along the Texas-Mexico border. It offers support for Coahuila a state with an incidence rate of 26.5 per 100,000. In 2021, the BP identified 15 cases, 34 LTBI, and 114 contacts in 2021. **Methods:** Tuberculosis cases are identified through Mexican institution and private clinics who work closely with the Binational Program. Before they are referred by the Mexican National program, they must be diagnosed positive and have a close relative link to the US. The BP nursing staff will meet and report to the BP Program Coordinator, who will report findings to the regional medical director for guidance. **Results:** A scenario case is a 26 year F who is a close contact to her mother previously diagnosed with Multi-Drug Resistance TB in Coahuila but has passed away. Because of her sister in Oklahoma, she was referred to BP to start case management and contact investigation (CI). Cultures were sent out to the CDC for Molecular Detection of Drug Resistance, revealing a multitude of resistances to Rifampin, Ethambutol, Isoniazid, Streptomycin, and Rifabutin. Due to the complicated nature of MDR TB, a consultation was sent to Heartland National TB Center for guidance on treatment. A CI was performed and revealed a clinical diagnosis of MDR in her 3 children. The patient was able to start on Moxifloxacin, Bedaquiline, Linezolid, Pretomanid, and Vitamin B6 for a shorter MDR 6-month regimen. **Conclusions:** The Binational Program aims to reduce transmission and protect public health in Texas and Mexico. Collaboration and effective response alongside the National program and Heartland consults, ensured that spread is controlled, and care is managed.

Breakout Session 6A.3: Tuberculosis Along the Texas-Mexico border and the Challenges Faced with Patient Care Through the Binational Program

Justin Sujith, BS, EMT Basic, Program Specialist III, Texas Department of State Health Services Region 8; Lillian Ringsdorf, MD MPH, Regional Medical Director, Texas Department of State Health Services; Elvia Ledezma, MPH, Communicable Disease Manager, Texas Department of State Health Services; Edilia Gonzalez, LVN, Binational Program Coordinator, Esperanza y Amistad Texas Department of State Health Services; Isareli Cardenas, BS, Public Health and Prevention Specialist I, Texas Department of State Health Services; Dr. Gabriela Toledo, MD, Binational Physician, Esperanza y Amistad Texas Department of State Health Services

**Corresponding Author:** Justin Sujith, BS, justin.sujith@dshs.texas.gov
Breakout Session 6B.1: Human Papillomavirus (HPV) Self-Sampling for Cervical Cancer Prevention among Medically Underserved Women: Results from Quasi-Experimental Pilot Study

Anjelica Elizondo, MPH, PhD Student/Research Assistant, Baylor University Department of Public Health; Matt Asare, PhD, MPH, MBA, Assistant Professor, Public Health/Baylor University
Corresponding Author: Anjelica Elizondo, MPH, PhD Student/Research Assistant, anjelica_elizondo@baylor.edu

Background: Human Papillomavirus (HPV) self-collected sampling is known to prevent cervical cancer. However, understanding of medically underserved women (MUW)’s self-sampling behavior is limited. We examined the efficacy of the intervention on increasing cervical screening uptake among MUW. We determined if knowledge, attitude, and behavioral control mediate MUW self-sampling behavior. Methods: We recruited MUW from communities in a small southern U.S. city. MUW completed pre-and post-intervention assessments based on a validated 17-item Theory of Planned Behavior survey. We conducted face-to-face group intervention for the women. The primary outcome was screening uptake (completion/return of a self-collection kit). Secondary outcomes were changes in baseline and post-intervention scores for knowledge, attitude, and perceived behavioral control. We used t-test for pre and post-test analysis and PROCESS for mediation analysis. Results: A total of 83 MUW (mean age 47.81±11.18 years) participated in the study. Over 84.90% of the women completed self-testing, 12% tested positive for HPV genotype, and 57% with positive results followed up with a provider. The analysis showed that Black/African American [Adjusted Odds Ratio (AOR) = 0.16, 95% CI, 0.04, 0.65] and Hispanic populations (AOR = 0.12, 95% CI, 0.02, 0.67) were less likely to participate in self-sampling compared non-Hispanic white populations. After controlling for the baseline scores, we found significant increase in post-intervention scores for attitudes (Mean = 9.67 ± SD = 2.17), knowledge (M=14.42 ± SD = 2.11), behavioral beliefs (M = 9.75 ± SD = 0.87), and outcome evaluation (M = 9.67 ± SD = 1.07) for CC screening behavior (p<0.001). Knowledge (95% CI, .0104, .4079) and attitude (95% CI, .0291, .6050) mediated women screening behavior. Conclusions: The findings highlight that the intervention significantly increased self-sampling behavior, the women’s knowledge about self-sampling and helped them develop a favorable attitude toward self-sampling. Self-sampling behavior was mediated by increased knowledge and favorable attitude.

Breakout Session 6B.2: The Impact of Perceived Social Support on Heart Disease Risk Factor Knowledge among African American Women in Texas

Brittny Bratcher-Rasmus, PhD,CHES®, Program Manager/Adjunct Faculty, ATW Health Solutions/ Texas Southern University; Marilyn Massey-Stokes, EdD, CHES®, CHWC, Associate Professor, Texas Woman’s University
Corresponding Author: Brittny Bratcher-Rasmus, PhD,CHES®, brbratcher@gmail.com

Background: Heart disease disproportionately impacts African American women nationwide and in Texas. Heart disease disparities stem from risk factors related to limited heart disease risk factor knowledge and socioeconomic resources. Social support mitigates chronic disease risk, yet this is the first study to examine the relationship between perceived social support and heart disease risk within this population. The study's purpose was to (1) examine how perceived social support impacts heart disease risk factor knowledge among African American women, and (2) examine whether demographic characteristics moderate a relationship between perceived social support and heart disease knowledge. Methods: This was a quantitative study with purposeful, snowball sampling representative of African American women aged 30-55 in Texas (n = 121). The participants completed a survey comprised of demographic questions, the Heart Disease Knowledge Questionnaire, and the Multidimensional Scale for Perceived Social Support.
**Results:** Approximately half the participants displayed heart disease knowledge deficiencies. Multiple regression analysis revealed that when demographic variables were controlled, age (standardized $\beta = .28$, $p = .002$) and income (standardized $\beta = .19$, $p = .037$) were the only predictor variables indicating that social support impacts heart disease knowledge, with nonsignificant differences in the regression model (standardized $\beta = -.023$, $p = .80$). Hierarchical multiple regression revealed that age ($F$ change = 1.056, $R^2$ change = .008, and $p = .306$), education ($F (3, 115) = .583$, $p = .627$), family history ($F (2, 116) = 1.51$, $p = .225$), and income ($F$ change = 1.006, $R^2$ change = .008, and $p = .318$) as individual predictors yielded nonsignificant differences in the overall predictive model, indicating that demographic variables did not moderate a relationship between social support and heart disease knowledge. **Conclusions:** There is a need to implement public health programs to increase heart disease risk factor knowledge and social support among African American women.

**Background:** According to the Department of State Health Services, 78% of Texans have been vaccinated against COVID-19. Fort Bend County (FBC) is a racially and ethnically diverse county with one of the highest vaccination rates in Texas. However, there remains a portion that is not confident in receiving COVID-19 vaccinations. Some people may want more COVID-19 vaccine safety information and others may have had previous negative experiences with the health care system impacting their trust and vaccine confidence. We administered a survey using the CDC’s Rapid Community Assessment Tool to determine if there were differences in vaccine confidence between different populations. **Methods:** We developed a survey using 5 demographic questions and 5 questions adapted from CDC’s Vaccine Survey Confidence Question Bank to understand FBC COVID-19 vaccine confidence. The constructs incorporated included COVID-19 Primary Motivator, Infodemic, Too Much Information, and Ease of Information Access. Surveys were administered to people receiving a COVID-19 vaccine at a FBC fixed site clinic or mobile clinic. A total of 1351 surveys were completed from Jan 2022-Nov 2022. **Results:** Survey results showed Asian, Black, Hispanic, and White racial-ethnic groups vaccinated themselves to protect their health, health of family/friends, and health of the community as their top three motivators. The CDC was listed as the top trusted COVID-19 vaccination information source for all ethnic groups, but the groups differed in the next most trusted information source. **Conclusions:** All racial-ethnic groups receiving vaccines at FBC operated vaccine clinics and community outreaches had high vaccine confidence. However, differences were seen among racial-ethnic groups’ trusted sources of information on COVID-19 vaccines. Asians and Hispanics listed family/friends as their 2nd most trusted source compared to Blacks and Whites choosing their primary care provider. This knowledge can be utilized when disseminating health information and will shape future health communication strategies tailored to each racial-ethnic group.
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Breakout Session 6C.1: Co-Learning for Community Health Worker-led Strategies to Promote COVID-19 Vaccination, Social Services Referrals, and Healthy Living in Austin, Texas: The HEART ATX Project

Maria Elena Garcia, MPH, Research Associate, University of Texas Health Science Center at Houston School of Public Health; Stephanie Helffman, Program Manager, Austin Public Health; Alexandra van den Berg, Associate Director, Michael & Susan Dell Center for Healthy Living; Professor, Health Promotion & Behavioral Sciences; Raisa Charles, Program Supervisor, Austin Public Health; Alexis Phelps, Graduate Research Assistant - UTHeath School of Public Health Austin; Sanaz Sabeti, Program Coordinator - Austin Public Health

Background: Austin Public Health and community organizations co-facilitated HEART ATX, a Community Health Worker (CHW)-led initiative aimed at reducing disparities of COVID-19 among economically disadvantaged communities and communities of color in Austin/Travis County, Texas. We describe the HEART ATX model and report on process and outcome-related findings from Year 1 (2021-22), including reach of activities delivered and social service referrals outcomes achieved. Methods: HEART ATX’s conceptual model is organized by three domains: a) recruitment and training of CHWs (Train); b) deploying CHWs to support COVID-19 prevention and promotion of educational/social service resources (Deploy), and c) increased access to social and health services and chronic disease prevention (Engage). Guided by the Train, Deploy, and Engage framework, the CDC Framework for Program Evaluation, and an evaluation advisory board, evaluation Methods for Year 1 included: post-training surveys to assess CHW COVID-19 knowledge and self-efficacy; CHW monthly activity tracking form; social service referral tracking platforms; and participatory inquiry and personal interviews with partners. Results: A total of twelve CHWs were integrated into Austin Public Health, 3 FQHCs, and 2 affordable housing organizations. HEART ATX COVID-19 mitigation and chronic disease prevention activities (n=898) took place across clinical and community settings, reaching n=11,216 residents in Year 1. Mass media campaigns on COVID-19 prevention delivered 2,100,429 resident impressions. Of the n=845 social service referrals made, 36.6% of social service referrals were completed (67/183), with the highest for Government/Legal Aid (72.2%), followed by Food (61.1%); Employment/Income (17.2%) and Housing (2.6%) were the lowest. Partner interviews indicated CHWs increased the reach, amount, and quality of COVID-19 mitigation services for patients and residents. Conclusions: We documented a high number and reach of activities in Year 1. Key lessons learned and future directions include opportunities for increased cross-organizational communication; standardized screening tools; and exploration of a long-term vision for CHWs.

Breakout Session 6C.2: “A Race Against Time”: Burnout and Coping Strategies among Community Health Workers in Healthcare During COVID-19

Liana Petruzzi, PhD, MSW, Postdoctoral Research Fellow, Dell Medical School at the University of Texas at Austin; Ricardo Garay, BA, CHW, Program Manager; Joshua Collier, BA, CHW, Community Health Worker; Richard Johnson Jr., CHW, Community Health Worker; Tania Degtoff, BA, CHW, Community Health Worker; Christopher Mora, BA, CHW, Community Health Worker; Jenzie Zane, BA, CHW, Community Helath Worker; Brenda Garza, MS, CHW, Community Health Worker; Shetal Vohra-Gupta, PhD, MSW, Assistant Professor, Steve Hicks School of Social Work; Maria Aranda, Ph.D., MSW, Associate Professor, Suzanne Dworak-Peck School of Social Work; Barbara Jones, Ph.D., MSW, Chair of Health Social Work at Dell Medical School & Associate Professor at the Steve Hicks School of Social Work; Carmen Valdez, PhD, Chief of Community Engagement and Health Equity at Dell Medical School and Associate Professor, Population Health.

Corresponding Author: Liana Petruzzi, PhD MSW, liana.petruzzi@austin.utexas.edu

Background: COVID-19 has led to an increase in burnout among healthcare professionals. Yet very little has been written about burnout among community health workers (CHWs). Therefore, the purpose of this study was to explore burnout among CHWs in healthcare during COVID-19 in Central Texas.
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Methods: This was a mixed method, descriptive study that explored burnout and coping strategies among CHWs in healthcare settings in Central Texas (n=13). CHWs were recruited by convenience sampling and snowball methodology. Data included a quantitative measure on compassion fatigue, burnout, and secondary trauma (Professional Quality of Life). Qualitative data included semi-structured interviews over Zoom. Thematic analysis was conducted, which was informed by Maslach’s theory of burnout. Results: Mean sub-category scores fell within the low range for compassion fatigue (44.8), burnout (20.5) and secondary trauma (17.5) across CHWs. However, CHWs reported experiences of exhaustion and inefficacy that closely aligned with Maslach’s theory of burnout in qualitative interviews. CHWs identified several reasons for exhaustion and inefficacy including time limitations, inadequate community resources to meet the high level of financial and social needs during the pandemic, language access barriers and documentation burden. Moreover, Maslach’s definition of cynicism did not align with what CHWs reported in terms of their relationship with patients or their work. Rather, the cynicism described by CHWs was directed at the healthcare system itself. While CHWs identified a variety of coping strategies at the interpersonal and organizational level, these strategies were not enough to prevent experiences of burnout. Discussion: While coping strategies were recognized as preventive measures against burnout, it was still an issue about CHWs in healthcare. CHWs reported colleague and supervisor support, and access to counseling via employment assistance programs, as important. These findings could inform the development and implementation of burnout prevention and intervention strategies for CHWs, particularly at the organizational level.

Breakout Session 6D.1: Food Environments and Cardiovascular Disease Incidence: Evidence from the Health and Retirement Study.

Joseph Rangel, Lab Technician III, University of Texas at Arlington; Yeonwoo Kim, PhD., Assistant Professor, Department of Kinesiology, University of Texas at Arlington
Corresponding Author: Joseph Rangel, joseph.rangel@mavs.uta.edu

Background: Cardiovascular diseases (CVDs) account for 32% of all deaths worldwide. Residential food environments are one of the important determinants of CVD incidence, prevalence, and a host of CVD risk factors. However, past literature has been limited by short-term follow-ups, time-invariant environmental measurements at baseline, and/or not investigating both healthy and unhealthy aspects of the food environment. This study examines the effects of time-varying healthy and unhealthy food environments on CVD incidence with over 10 years of follow-up. Methods: Data were extracted from six biennial waves of the Health and Retirement Study (2006-2016; N=11,254). Using Cox proportional hazards modeling, we assessed the effect of four time-varying food environmental measures at the county level (i.e., density of grocery stores, supercenters/club stores, full-service restaurants, and fast-food restaurants) on CVD incidence from 2006 to 2016, after adjusting for individual- and neighborhood-level characteristics. We also tested whether educational level changes the association between food environments and CVD incidence. Results: We observed that 1,790 out of 11,254 adults experienced CVD incidence over the observation period. Higher densities of supercenters/club stores and full-service restaurants at the county level decreased the risk of CVD incidence (HR=0.96, 95% CI=0.92-1.00; HR=0.93,95CI=0.88-0.99, respectively). We also found a significant interaction effect of education levels in the association between density of full-service restaurants and CVD incidence (HR=0.98, 95% CI=0.97-1.00, which indicates that a greater density of full-service restaurants increased risk of CVD incidence for individuals with 0-11 years of schooling but decreased CVD risk for those with 12-15 and 16+ years of schooling. Conclusions: Findings implicate that public policymakers should be aware of the benefits and nuances of varying food environment components. Efforts to improve public health should include creating healthy food environments, especially by targeting people with low education. Further research is warranted to examine mediating mechanisms by which food environments impact CVD incidence.
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Breakout Session 6D.2: Greater Odds of Food Insecurity Reported among Individuals with Diabetes During the COVID-19 Pandemic

Arlette Chavez, BS, Research Assistant, University of Houston Humana Integrated Health System Sciences Institute; Sumaita Choudhury, MPH; Omolola E Adepoju, PhD, MPH
Corresponding Author: Arlette Chavez, BS, arlette.chavez99@gmail.com

Background: The COVID-19 pandemic exacerbated food insecurity and in 2021, 42 million people lived in food-insecure households. Recognizing the associations between food insecurity and higher chronic disease burden, we examined the odds of food insecurity among individuals with diabetes during the COVID-19 pandemic. Methods: We conducted a secondary analysis using the CDC 2020 National Health Interview Survey (NHIS). The main outcome measure was self-reported level of food security, based on responses to the validated food insecurity questions. The primary independent variable, a binary indicator, based on affirmative responses to the questions "Ever told by doctor or other health professional that you had diabetes" (i.e., yes vs. no). Covariates included age, gender, race/ethnicity, marital status, education, income, insurance coverage, geographic residence, general health, delayed medical cost due to costs, took less medication to save money and had a COVID-19 diagnosis. Multivariate logistic regression analysis examined the relationship between food insecurity and diabetes adjusting for covariates. Results: Compared to persons without diabetes, having diabetes was associated with 1.24 greater odds of food insecurity (OR=1.24; p=0.043). All minority groups (Non-Hispanic Black, Hispanic, Non-Hispanic Asian, Non-Hispanic Other) reported significantly greater odds of food insecurity compared to their Non-Hispanic white counterparts (OR=2.0, p<0.001; OR=1.41, p=0.010; OR=1.71, p=0.022; OR=2.29, p=0.002). Respondents who reported having Medicare or Medicaid health insurance were more likely to report food insecurity compared to individuals with private health insurance (OR=2.46 p<0.001) (OR=1.95, p<0.001). Annual incomes below $35,000, poor/fair health status, and less than high school education level were significantly associated with food insecurity. Persons who reported delaying medical care due to costs, took less medications to save money or had a prior hospital admit in the past year all had greater odds of food insecurity. Conclusions: Greater odds of food insecurity among persons with diabetes is precarious, contributing to worse metabolic control and health care outcomes.

Breakout Session 7A.1: Ethnic and Gender Disparities in COVID-19 Cases in Bexar County, Texas as Illuminated by Reported Tests and Positivity Rates

Joan E Cunningham, PhD, Epidemiologist, City of San Antonio Metropolitan Health District; Christopher Alonzo, MPH, Senior Epidemiologist, City of San Antonio Metropolitan Health District; Sonali Sarkar, MBBS, MPH, DrPH, Epidemiologist, City of San Antonio Metropolitan Health District; Justin Weeks, MPH, Senior Epidemiologist, City of San Antonio Metropolitan Health District; Josh Guerra, MPH, Senior Social Epidemiologist and Data Systems Specialist, City of San Antonio Metropolitan Health District; Alex Devora, MPH, Epidemiologist, City of San Antonio Metropolitan Health District; Ashley Venticinque, BS, Senior Management Analyst, City of San Antonio Metropolitan Health District
Corresponding Author: Joan E Cunningham, PhD, joan.cunningham@sanantonio.gov

Background: In Bexar County, more COVID-19 cases have been reported among Hispanic than Non-Hispanic individuals. Similarly, female cases exceed male, particularly among young and middle-aged adults. We investigated whether ethnic and gender disparities are also present in reported COVID-19 tests and positivity rates, and whether they may illuminate observed case disparities. Methods: COVID-19 case and test data, December 2021 through February 2023, were obtained from the Texas NEDSS database. Cases were selected by event date, and test reports by specimen date. Test reports included PCR and antigen tests only, with any result (positive, negative, indeterminate, blank). RStudio and Excel software were used. Analyses included simple proportions, and age-specific (ASR) and age-adjusted (AAR) rates.
Results: The analytic set included 368,151 cases and 2,549,154 test reports. Female case and test AARs exceeded male AARs by 23% and 31%, respectively, while male test positivity rates were 3 to 5 percentage points higher than female rates among most adult age groups. By ethnicity, Hispanic case and test AARs were 55% and 47% higher, respectively, compared to Non-Hispanics, and test positivity rates were 2 to 6 percentage points higher (across age groups) among adult Hispanics, for each gender. The highest positivity rates were observed among young adult Hispanic males. Methodologic concerns include the high percentage of missing ethnicity data, re-testing biases, duplicate reports, and jurisdictional misclassification. Conclusions: Our analyses suggest that the observed higher Hispanic COVID-19 case burden may be underestimated, particularly among males. We speculate that important ethnicity- and gender-based behavioral components of COVID-testing may contribute to the observed patterns, in an age-related manner. Public Health Significance: Adult Hispanic, and all adult male, COVID-19 cases may be underreported. This analysis underscores the need to encourage adults, especially Hispanics and males generally, to test for COVID-19 at sites reporting results to Public Health departments, and for reports to include ethnicity data.

Background: Given the unique health challenges faced by border residents in that poverty and migration contribute to the spread of disease, the Texas Department of State Health Services-Public Health Region 8 established a workgroup aimed at improving public health surveillance and epidemiological investigation systems. Established in 2014 as an extension of the Binational Tuberculosis Program, the Tri-National Epidemiology Workgroup is a forum where state, tribal, and local partners could facilitate communication and coordination to address infectious disease surveillance. Using the CDC’s Public Health Preparedness Capabilities Planning Model and working closely with partners from Mexico and the Kickapoo Traditional Tribe of Texas; the Tri-national Epidemiological Workgroup convenes quarterly to discuss diseases of interest including Tuberculosis, HIV/AIDS, Pertussis, Dengue, and any outbreaks that may be occurring in the region. Methods: The CDC’s Public Health Preparedness Capabilities Planning Model outlines fifteen capabilities to serve as national public health preparedness standards. As outlined in function 1 of the CDC’s Public Health Preparedness Capabilities Planning Model, the workgroup has identified stakeholders to be incorporated into the information flow. The Tri-national Epidemiological Workgroup is working towards standardizing common reporting practices across jurisdictions by developing a Reference Document including Epidemiological case definitions with lab criteria and a description of follow-up procedures and protocols. Results: This established workgroup and binational communication has led to rapid response efforts for disease outbreaks such as Dengue, COVID-19, and West Nile Virus. The rapid communication from Mexico to the US has allowed for DSHS to meet with city, local, and tribal officials to coordinate community education to mitigate the effects of disease outbreaks. Conclusions: Binational coordination, collaboration, and communication are essential functions required to address the health challenges faced by border communities.
Background: There are disproportionate rates of mental health distress such as anxiety, depression, and suicidality among Latinx people during COVID-19. However, there is limited research on the emotional experiences of Latinx patients who were hospitalized with COVID-19 during the pandemic. The purpose of this study was to describe the emotional experiences of a COVID-19 hospitalization in a sample of Spanish speaking, Latinx patients in Central Texas (n=24).

Methods: Phone-based surveys were conducted with patients approximately 6 months after being discharged from a COVID-19 hospitalization. Surveys included quantitative measures for depression and anxiety (PHQ-4), quality of life (SF-12), emotional distress (IES-6) and stress (the Perceived Stress Scale). Semi-structured, qualitative interviews were conducted with a subsample of patients (n=6).

Results: The average age was 49 and two-thirds of participants were men. The vast majority identified as White, Latinx individuals that spoke Spanish. In quantitative surveys, one-third of participants reporting mild or moderate depression/anxiety (PHQ-4) and severe emotional distress (IES-6) related to their COVID-19 hospitalization. Correlational analyses found that higher levels of depression and anxiety were positively correlated with higher levels of emotional distress, stress, and quality of mental health. In qualitative interviews, patients described an emotional trajectory across the COVID-19 hospitalization and recovery process. Patients reported fear of death, sadness, and grief during hospitalization, worry and relief during the transition home, and motivation to recover and gratitude during recovery. Patients underscored how social, material, and physical circumstances influenced their emotional wellbeing.

Conclusions: It is essential to understand the emotional experiences and quality of life of Latinx patients who survived a COVID-19 hospitalization. These findings suggest that COVID-19 hospitalizations had a considerable emotional impact on Latinx patients, even 6 months after discharge. Social connectedness and meaning making may be important protective factors when recovering from a COVID-19 hospitalization.
Background: To introduce future physicians to policy advocacy, an interactive workshop was added to the 2nd year curriculum in the Social Foundations of Medicine class at Texas Tech Health Sciences Center El Paso. Led by two faculty with backgrounds in public health, policy, and law, the workshop focused on mental health policy. It challenged students to identify opportunities for policy change in public and private settings, and it asks them to (re)consider their role as physician-advocates beyond individual patient care. Methods: The workshop takes place in three phases. First, speakers from the National Alliance on Mental Illness (NAMI) In Our Own Voice Speaker’s Bureau shared their experiences as individuals living with mental illness. NAMI El Paso’s Executive Director then presented NAMI’s local, state, and national policy agendas. Next, faculty outlined the policymaking process, including stakeholder engagement, enforcement, and implementation strategies with examples at different levels of government and in private organizations. Last, students were divided into working groups and charged with proposing a policy at an assigned level of governance aimed to improve mental health care. For each proposal, students identified key stakeholders and critical policy implementation needs. Results: Following their small group work, medical students presented their policies. From innovative recommendations for mental health days in public schools to direct dial forwarding to suicide hotlines for after-hour calls to local agencies, students applied the experiences articulated by individuals living with mental illnesses into actionable policy proposals. Presentations also highlighted the need for more instruction on the policymaking process. Conclusions: Many medical students are unfamiliar with the policymaking process and have yet to consider their role as advocates beyond the individual patient care setting. Through a workshop that provides context for policy change, they will be better prepared to raise issues to decisionmakers and contribute to systemic change.

Background: Students at UTHealth Houston School of Public Health expressed a need for more education on health policy from a systematic and evidence-based viewpoint. Core faculty collaborated to identify key competencies to address the curriculum gap. These efforts produced a new Public Health Law Research and Policy Surveillance certificate program designed to teach legal concepts to public health professionals so they can engage in public health policy research, analysis, and practice with skills that bridge public health and law. A review of existing public health law programs across the United States was conducted to identify best practices and gaps in the curricula. Extant programs were compared to CDC’s competencies in Public Health Law and Legal Epidemiology to design a unique certificate curriculum.
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**Methods:** Key-term web searches identified extant public health law policy certificate programs available in the United States. Relevant program details, including learning platform, goal statements, credit hours, specific courses, and syllabi, if available, were recorded. The programs were ranked based on the following criteria: focus on law and Methods, all online versions, and stand-alone programs. After ranking, the top programs were matched to the CDC’s Public Health Law Competency Model. **Results:** The review found 32 similar programs across schools of public health, law, public policy, and health sciences disciplines. Of the three top-ranked programs, only one covered the CDC competencies. **Conclusions:** results were used to pinpoint a competency-based approach that the Center for Public Health Law Research at Temple University uses to teach law students public health concepts. We take a flipped approach that teaches legal concepts to public health students, allowing public health professionals to participate as equal partners in the inter-professional policy space.

**Breakout Session 7B.3: School-based Suicide Prevention Policy Review - Texas Department of State Health Services Public Health Region 2/3**

Lauren Herrington, MPH, Program Supervisor, Texas Department of State Health Services
Corresponding Author: Lauren Herrington, MPH, lauren.herrington@dshs.texas.gov

**Background:** Emerging data from the Centers for Disease Control and Prevention (CDC) suggests that the COVID-19 pandemic has negatively affected the mental health of many youth during the pandemic, with more than one in three high school students experiencing poor mental health during the COVID-19 pandemic. For many, their mental health was affected by school closures, social isolation, family economic hardship, fear of family loss or illness, and reduced access to health care because of inadequate insurance coverage or medical office closures and reduced hours. **Methods:** The policy scan consisted of scanning 153 rural independent school districts for their suicide prevention policy. The scan looked at the policy online website for each school district, the school district’s website, and student handbooks. Each policy was compared to the American Foundation for Suicide Prevention Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources. **Results:** The prevalence of policy components for most school districts that ranked as needing improvement when compared to the American Foundation for Suicide Prevention Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources was significantly higher than the components that matched the model policy. Overall, 5 out of the 153 schools that were scanned were determined to have comprehensive suicide prevention policies. **Conclusions:** Rural independent school districts have the greatest need for improvement when it comes to suicide prevention policies. These policy scans urge schools to build out more comprehensive suicide prevention policies to support their students' needs as we continue to navigate the effects of COVID-19.

**Breakout Session 7C.1: Interacting With Community Health Workers May Influence Guardians Knowledge and Beliefs About Youth Vaccinations**

Matthew Lee Smith, PhD, MPH, CHES, Associate Professor, Texas A&M University; Brittany E. Badillo, MS, CHES, CHWI, Project Coordinator III, Texas A&M University; Analisa C. Jackson, BS, Project Coordinator I, Texas A&M University
Corresponding Author: Matthew Lee Smith, PhD, MPH, CHES, matthew.smith@tamu.edu

**Background:** With over 14 vaccine-preventable diseases for youth, guardians need guidance and support to vaccinate their children and adhere to recommended vaccination schedules. This study examined the extent to which guardians interacted with community health workers and promotoras (CHW/P) about health issues and whether such interactions were associated with guardians knowledge and beliefs about youth vaccinations.
**Methods:** Data were collected from 110 guardians of youth ages 0-17 years using an internet-delivered questionnaire. Guardians were asked to complete items related to their interactions with CHW/P, knowledge about youth vaccinations, perceived importance of youth vaccinations, and the frequency they discussed vaccination issues with various individuals. Independent sample t-tests were used to identify mean differences between guardians who have and have not interacted with a CHW/P about a health topic. **Results:** Of the 110 guardians, 65% were male, 82% were Hispanic/Latino, and 33% interacted with a CHW/P about a health topic. On average, using a scale from 0 (low) to 10 (high), guardians strongly believed youth should receive immunizations for vaccine-preventable diseases (7.9/10) and felt moderately knowledgeable about pneumococcal pneumonia vaccinations (6.1/10) and vaccination schedules for youth (6.8/10). Guardians reported discussing vaccinations issues with healthcare professionals most frequently, followed by their partner/spouse, their child, and their child’s grandparents. On average, guardians who interacted with CHW/P reported being more knowledgeable about vaccine-preventable diseases for youth ($t=2.16, P=0.017$), vaccination schedules for youth ($t=1.67, P=0.049$), pneumococcal pneumonia ($t=3.33, P<0.001$), and pneumococcal pneumonia vaccinations ($t=4.68, P<0.001$). **Conclusions:** Findings suggest that interactions with CHW/P may be associated with greater knowledge about youth-related vaccination topics. However, it is unclear if interactions with CHW/P made guardians more knowledgeable or if more knowledgeable guardians sought out interactions with CHW/P. Additional efforts are needed to understand nuances of guardian-CHW/P interactions and the role of CHW/P to promote youth vaccinations.

**Background:** Houston has emerged as the United States' most welcoming city for refugees. Unfortunately, their challenges do not end when the refugees find refuge in the US. The end of the Afghanistan War is bringing a new cohort of refugees to the United States. They experience health disparities, due to factors such as language barrier, low financial status, low health care system knowledge, insufficient access to healthcare, and overcrowded housing. With a multifaceted approach targeting the social determinants of health CHAT is able to improve immigrant and refugee health through a network of Community Health Workers. **Methods:** Through focus group interviews and survey questionnaires, this study aimed to collect initial, formative information from a cohort of recently resettled refugees. CHAT Community health workers, who come from the same community, helped conduct surveys and recruit focus group participants through snowball sampling. **Results:** Prior to resettlement, many of the participants had never encountered, or even heard of, COVID-19 and did not adhere to protective actions against COVID-19. The effects of COVID-19 on refugees are exacerbated by systemic barriers such as lack of access to medical care, economic opportunities, social support, etc. They received information from their children’s schools, the news, social media, etc., as well as personal experiences with COVID-19 progressively encouraged behavior adoption. Ultimately though, when they had to choose between being safe from COVID-19 and fulfilling their responsibilities, the latter seemed to be prioritized. **Conclusions:** Public health entities need to know the conditions under which hard-to-reach communities might be receptive to information and might be willing to participate in various public health activities. If they are not reached, risk from disease is sustained and population-based initiatives to control risk are hampered. Community Health workers play a vital role in reaching the hard to reach inaccessible communities.
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Breakout Session 7D.1: Innovating Congregate Nutrition Programs: Best Practice Strategies from a Texas Modernization Initiative

Nandita Chaudhuri, Research Scientist, Public Policy Research Institute, Texas A&M University
Corresponding Author: Nandita Chaudhuri, nchaudhuri@ppri.tamu.edu

Background: Congregate meal programs (CMPs) are food-centric nutrition programs intended to reduce hunger, malnutrition, food insecurity and social isolation in Older Americans. However, most of the nearly 200 Texas congregate Senior Nutrition Providers (SNPs) have suffered from an overall participation decline and lack of innovations to facilitate senior engagement in the programs. Modernizing the programs through multi-faceted innovations thinking has been an urgent need. Methods: To address this compelling problem, the Public Policy Research Institute (PPRI) at Texas A&M led a three-year (2019-2022) research-to-practice project funded by Administration for Community Living entitled TCMI (Texas Congregate Meal Initiative) in partnership with the Texas Health and Human Services Commission, SNAP-Ed, Mays Business School and Area Agencies on Aging (AAAs). By designing, empowering and implementing 16 innovative senior nutrition congregate pilots across rural and urban Texas through a Learning Collaborative (LC) model and by systematically evaluating their overall successes and challenges through a mixed Methods social scientific approach, TCMI helped the Texas policy makers to identify low-cost, sustainable and replicable best practices. Results: The TCMI pilots innovated through dining enhancements, technology based programing, health and wellness programing or fully rebranding. Their success measures were tracked through a process and outcomes based program evaluation approach. Key findings highlighted the significant positive impact of local community partnerships and low-cost targeted marketing strategies on congregate innovation capacities and program awareness building in the diverse Texas communities. Survey data depicted remarkably increased senior participant outcomes of food security, general and psychological well-being, and social connection. Conclusions: By identifying a set of best practices for Texas decision-makers on how to improve congregate meal participation and the overall senior nutrition program quality, the study has successfully developed an impressive repertoire of community-centered sustainable innovations strategies to expand benefits for vulnerable food insecure seniors and impact their social determinant of health outcomes.

Breakout Session 7D.2: Rehabilitation for Total Knee Arthroplasty in a Patient with Bilateral Transhumeral Amputations

Eric Nicolau, MS, OMS-IV, WVSOM; David Crandell, MD, Medical Director of the Amputee Program, Spaulding Rehabilitation Hospital/Harvard Medical School Department of Physical Medicine & Rehabilitation
Corresponding Author: Eric Nicolau, MS, OMS-IV, WVSOM, ericnicolau@gmail.com

Case Description A 71-year-old male with history of a helmeted-motorcycle accident resulting in bilateral transthymeral amputations (BTHA) presented to the rehabilitation hospital for comprehensive post-operative inpatient rehabilitation (IPR) following an elective left total knee arthroplasty (TKA). Prior to surgery, the patient completed pre-rehabilitative lower extremity physical therapy (pre-hab). He successfully completed 2 weeks of individualized IPR and was safely discharged home. Past Medical History: Patient’s accident (2013) resulted in polytrauma notable for BTHA, traumatic brain injury, intra-abdominal injury requiring colostomy, and right knee dislocation requiring TKA to facilitate ambulation. He had a prolonged initial IPR stay and was eventually fitted with myoelectric prostheses. Discussions Rehabilitation of a TKA for upper extremity amputees differs from otherwise able-bodied patients. For patients with BTHA, a collaborative and strategic individualized rehabilitation plan should be carried out with a physiatrist who knows the patient well and can assemble a team consisting of an orthopedic surgeon with expertise in amputations, admissions personnel to ensure comprehensive care, the patient’s prosthetist, and physical and occupational therapists with upper extremity amputee experience. In addition to pre-hab, therapies must emphasize core strengthening to maximize balance and fall prevention. To our knowledge, this is the first case of both early (traumatic) and late (degenerative) TKA rehabilitation for an individual with BTHA.
Conclusions: In the context of older individuals with BTHA, degenerative conditions in the lower extremities, such as osteoarthritis, can often lead to necessary orthopedic interventions such as TKA(s) requiring strategic care planning with a physiatrist. Successful rehabilitation for such patients necessitates proactive physiatric leadership that orchestrates an ideal multidisciplinary team to execute individualized pre-hab and IPR. This case iterates the importance of acute and then later arthroplasty to facilitate ambulation and independence, as well as the need for lifelong care for patients with amputations.

Poster #01: Clinic Level Assessment of Best Practices to Increase HPV Vaccinations in Primary Care

Isaac Mancillas, Project Manager, UTHealth McGovern Medical School UT Physicians; Isaac Mancillas, Assistant Project Manager, UTHealth McGovern Medical School; Todd Johnson, PhD, Professor, UTHealth School of Biomedical Informatics; Tong Han Chung, PhD, Health Economist, UTHealth McGovern Medical School; Linh Nguyen, PhD, Health Economist, UTHealth McGovern Medical School; Yen-Chi Le, PhD, Director of Innovation and Evaluation, Department of Healthcare Transformation Initiatives, UTHealth McGovern Medical School

Background: Evidence-based strategies are effective in improving immunization rates, yet utilization may vary across clinical settings. We assessed clinic practices for improving HPV vaccination rates by surveying staff on their current strategies for improving HPV vaccination uptake. **Methods:** Clinic staff and providers completed web-based survey and/or interviews assessing their practices around HPV vaccinations. Survey and interview questions were based on by the University of Texas Health Science Center School of Public Health- and Baylor College of Medicine Adolescent Vaccination Program Implementation Tool (AVP-IT) and assessed each clinic’s use of evidence-based strategies. Clinics are located throughout Harris and Fort Bend counties. Survey respondents included practice managers, nurse managers, physicians, care team members, and clinical staff. **Results:** A total of 25 participants from 17 clinics provided responses. All clinics reported using at least 1 or more evidence-based strategy: 53% reported provider recommendations, 40% reported parent education, 30% of clinics reported use of standing orders for HPV vaccinations, 23% reported bundling of vaccinations and 17% reported use of patient reminders. The top 5 most important roles identified for increasing HPV vaccination were physicians/advanced care practitioners (20.19%), followed by medical assistants/licensed vocational nurse (18.27%), registered nurses (17.31%), nurse managers (14.42%), and community health workers (14.42%). Survey results were aggregated and presented back to the clinics for process improvement opportunities. **Conclusions:** Clinic staff, providers, patients and caregivers all play a role in HPV vaccination rates. Although provider recommendation is the strongest predictor of HPV vaccination, clinics vary in using this strategy based on their patient population. Selecting an immunization champion, providing patient and parent education through multiple mediums, optimizing tools in the electronic health record system (standing orders, patient reminders, immunization forecasting) can improve HPV vaccination rates. Offering education and performance tracking can increase provider and staff awareness and adoption of effective clinical strategies.

Poster #02: Hospital-Integrated Childcare Reveals Intersectionality of Social Needs and Need for Holistic Interventions for Social Determinants of Health

Suman Vadlamani BS, MS2, Medical Student, UT Southwestern Medical School; Anisha Ganguly, MD, MPH, Health Equity Fellow, Parkland Center of Innovation and Value, Assistant instructor of Internal Medicine at UTSW Medical Center; Sheryl Mathew, LCSW, Manager Clinical Innovation, Parkland Center of Innovation and Value; Michael Harms, MS-BA, Data Scientist, Parkland Center of Innovation and Value; Kavita Bhavan, MD, MPH, Chief Innovation Officer, Parkland Center of Innovation and Value, Professor of Internal Medicine at UTSW Medical Center

Corresponding Author: Suman Vadlamani BS, MS2, suman.vadlamani@utsouthwestern.edu
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**Background:** Childcare as a social determinant of health (SDOH) is a barrier to accessing healthcare services. To address this barrier, our county hospital in Dallas, Texas partnered with a community-based organization (CBO), to establish a hospital-integrated childcare center for patients to use at no cost during appointments. We anticipated that patients who utilize the childcare facility would have other unmet (SDOH) that would impact access to care. **Methods:** Clients utilizing the childcare center were administered a screening tool for unmet SDOH, which assessed risk for financial strain, housing strain, food instability, and transportation barriers. Patients who screened positive for any of the highlighted SDOH were referred to a social worker to address unmet needs. The results of the screening tool were put into the electronic medical record, and data was analyzed retrospectively. **Results:** 107 surveys were administered to clients of our hospital-integrated childcare facility (100% response rate). The mean age of respondents was 33.3 years. 79% of the survey respondents experienced at least one SDOH in addition to childcare. 63.6% of respondents experienced financial strain, 53.3% experienced food insecurity, 50.5% experienced housing insecurity, and 31.8% experienced transportation barriers. Among those with an unmet social need, 58% requested assistance from social work, all of whom were successfully connected to a social worker. **Conclusions:** The high percentage of respondents who experienced at least one SDOH in addition to childcare indicates that there is interaction between SDOH that put patients who experience one SDOH at a high risk of experiencing others. A holistic approach is needed to address each SDOH comprehensively. Screening patients for SDOH using our hospital-integrated childcare facility enabled connection to system case management. Further study is needed to explore the extent to which each SDOH interacts with another to develop interventions to address multiple SDOH simultaneously.

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**Poster #03: Adaptation and Analysis of a Social Determinants of Health Questionnaire in Northeast Texas: Connecting Community Members with Resources**

Blair Zdenek, BS, Research Coordinator, UT Health Science Center at Houston; Hannah Adcock, BS, Jessica Escareno Alvarado, Assistant Professor, UT Tyler Health Science Center; Kim Elliott, Assistant Professor, UT Tyler Health Science Center, David Rice, Internal Medicine, UT Health; Peter Pendergrass, General Preventative Residency Program Director, UT Tyler Health Science Center, Jeffrey Levin, Professor of Occupational and Environmental Health, UT Tyler Health Science Center; Paul McGaha, Chair of the Department of Preventive Medicine and Population Health, UT Tyler Health Science Center

Corresponding Author: Blair Zdenek, BS, bloskorn@patriots.uttyler.edu

Social determinants of health are non-clinical factors that can affect the health outcomes and levels of patient adherence for underserved populations. There is a definitive gap between patients identifying their non-clinical needs and the time it takes to gain access to necessary social support services. Thus, the goal of this project was to assess the needs of the patient population of a NET FQHC by constructing and implementing a Social Determinants of Health (SDoH) questionnaire. With the creation of a SDoH questionnaire, the clinic would be able to assess their patients’ needs and provide connections to social resources. These resources were curated into a Northeast Texas Resource Manual which clinic staff could continue to use to connect patients to needed services. The SDoH questionnaire was developed through the integration of EPIC and a Health-Related Social Needs Screening Tool. The resource manual was created through the results from the SDoH questionnaire to assess our community’s social needs. The resource manual offers local services for a wide range of needs in the NET region. The questionnaire allows clinic staff to provide real-time feedback. From April to August 2022, the FQHC staff screened 190 patients for SDoH needs. The patient participants were de-identified, therefore no demographic information was collected. Commonly identified needs were for financial strain (53%), food insecurity (35%) and physical activity (22%). The implementation of the SDoH questionnaire has allowed the patients, physicians, and staff to utilize the NET Resource Manual to bridge the gap between healthcare access and access to social services which can directly affect outcomes in a positive way. Implementing a clinic policy to adopt the use of the SDoH questionnaire and the Northeast Texas Resource Manual the FQHCs can find sustainable procedures to continue to serve this disparate NET patient population.
Background: Texas is a national leader in the use of Community Health Workers (CHW) to improve the health of populations and enhance processes of healthcare systems. Essential to these efforts is a well-trained core of CHWs. Under Texas regulations, there is substantial flexibility in the mode of delivery for CHW training. This session will highlight valuable insight from CHW Instructors and CHW students of an online CHW Certification course.

Methods: Qualitative surveys were distributed to CHW graduates of the The University of Texas at Tyler School of Medicine, Center for Community and Rural Health Education CHW Certification course to provide a broad scope of the CHW student experience. Information gathered includes core competency retention and confidence, areas of enhancements needed and success, CHW employment opportunities or lack thereof, need for additional training and topics, delivery mode preferences, instructor evaluations, and assessment preferences. Results: From this data combined with over nine years of facilitating a CHW Training Center, numerous lessons learned have been identified, evaluated, transpired, and re-evaluated. Particularly, the transition from an in-person to an online CHW Certification Course under evolving conditions (i.e., COVID) has posed a challenge for many. In the same token, the online delivery mode has demonstrated an attraction to an increasing number of individuals interested and enrolled in the CHW Certification course. Conclusions: The intention of this session is to provide a catalyst for discussion concerning online CHW Certification course models and ideas to aid other programs in leading forward. Above all, this session offers dual insight from CHW Instructors and CHW Certification course graduates leading forward to the mastery of core competency skills and a bright future of the online CHW Certification course to include a CHW Instructor course and continued education.

Background: Antimicrobial resistance (AMR) is a global public health concern for which overprescribing is a major driver especially in low-and-middle-income settings with high disease burden and weak regulatory systems. Exploring how providers’ experiences influence their antibiotic prescribing behavior would help identify the reasons behind antibiotic overprescribing and intervention opportunities. Methods: In-depth Semi-structured interviews were conducted with a purposive sample of 26 key healthcare-providers; 16-Physicians, 5-Pharmacists, 4-Nurses and 1-Laboratory Scientist to understand their perceptions of antibiotic prescribing and reasons for the current prescribing practice. Interviews were confidential and audio-recorded, each lasting for approximately 30 minutes. Audio records were transcribed verbatim and analyzed thematically using the framework method. Results: The study identified 12-themes related to the culture of antibiotic-prescribing of physicians in the facility of study. These themes indicated certain some prescribers-related, facility-related and patient/public related concerns to have influenced the pattern of antibiotics prescribing and use seen in the facility. Although providers recognized the benefits of goal-directed therapy for sepsis, several challenges ranging from poor hospital infrastructure to lack of guidelines raise anxiety for some treating physician which influenced their decisions to initiate antibiotics therapy even in patients without a definitive infection. One surgeon said, “Our laboratory systems are inefficient.
The antimicrobial sensitivity disk used in our laboratories are obsolete with older antibiotics that are now seldom used or being phased out for some recently reported contraindications or toxicity concerns, and most times new antibiotics are not tested against isolated organisms. Our laboratories are not reliable, and it is a serious challenge. **Conclusions:** The findings from this study suggest urgent and sustainable intervention with emphasis on upgrade of infrastructures to better promote infection control measures and develop and enforce strict antibiotic-use guidelines and policies. Rationalizing the use of these drugs would yield better patient health outcomes and result in substantial savings.

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**Poster #06: Healthy Corner Stores Partner with Public Health to Bring Fresh Fruits and Veggies to the Barrio**

Jennifer Lopez-Garza, Program Specialist, City of San Antonio; Daniel Jimenez, PhD(c), Special Projects Coordinator, City of San Antonio-Metro Health Dept.; Anna Macnak, Program Manager, City of San Antonio-Metro Health Dept

**Corresponding Author:** Jennifer Lopez-Garza, jennifer.lopez-garza@sanantonio.gov

**Background:** The Healthy Corner Store Program was launched in 2019 to address food insecurity in San Antonio with 8 member stores in City Council District 3. The program aims to support neighborhood stores through local partnership and capacity building to promote and increase equitable access to fresh fruits and veggies where our community members live, work, and play. The program is operated by the Healthy Neighborhoods Program within the City of San Antonio’s Metro Health Department in partnership with Big State Produce and owners of the member stores. **Methods:** The program uses a mixed Methods approach of surveys, geospatial analysis, and interviews to map food desserts in San Antonio and Bexar County. In addition, the program works closely with Community Health Workers to determine what fruits and veggies individuals would most like access to in their neighborhoods. To facilitate this process, a Healthy Corner Store Toolkit was created to assist Community Health Workers in locating and assessing potential member stores, including community engagement strategies. **Results:** By the end of the presentation, participants will be able to draw on the Healthy Corner Store Tool Kit to identify food desserts and locate potential member stores in their own community. The project also has practical applications for community members seeking to inform food policy, promote healthy nutrition practices, as well as manage health disparities among historically marginalized populations. **Conclusions:** The program has since grown to 33 member stores in Districts 1 through 7 as of September 2022. To date, member stores have provided 100,000+ pounds of produce and over 50 types of fruit and vegetables to the community.

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**Poster #07: Utilizing Geographic Information Systems (GIS) to Improve Retention Rates in a Longitudinal Statewide Seroprevalence Study**

Henal Alpesh Gandhi, M.D.S, M.P.H, Research Assistant, Texas CARES (The University of Texas Health Science Center at Houston School Of Public Health); Kourtney Lopez, BS, MPH, HAI Epidemiologist II, Texas Department of State Health Services; Lindsay Padilla, MPH, MSW, CHES, Research Coordinator, The University of Texas Health Science Center at Houston School of Public Health; Jessica Ross, BS, Project Manager, The University of Texas Health Science Center at Houston School of Public Health; Ryan Ramphul, PhD, Assistant Professor, The University of Texas Health Science Center at Houston School of Public Health; Yashar Talebi, PhD (Candidate), The University of Texas Health Science Center at Houston School of Public Health; Melissa Valerio-Shewmaker, PhD, Associate Dean of Faculty Affairs and Associate professor, The University of Texas Health Science Center in Houston School of Public Health at Brownsville

**Corresponding Author:** Henal Alpesh Gandhi, M.D.S, M.P.H, henal.alpesh.gandhi@uth.tmc.edu

**Background:** The prevalence of SARS-CoV-2 infection and immunity varies widely across populations. Over 2.71 million people in Texas have contracted COVID-19, and mortality is estimated at 148.7 deaths per 100,000 total population. Texas CARES (Texas Coronavirus Antibody RESPONSE Survey), is an ongoing prospective survey with a population-based convenience sample of over 90,000 Texans. It assesses SARS-CoV-2 antibody status in children and adults at four-time points which involves them completing a survey followed by a blood draw.
This analysis aims to assess the usability of Geographic Information Systems (GIS) to plan retention strategies in longitudinal studies. **Methods:** Patient Health Information will be removed from data for overdue surveys or blood draws. Minority and pediatric participants will be flagged using a Structured Query Language (SQL) script. Their location will be further categorized as urban or rural. We will use ArcGIS Pro to map ZIP code, latitude, and longitude for flagged participants as well as locations for Clinical Pathology Laboratories (CPL) and Federally Qualified Health Centers (FQHCs) across Texas to identify clusters within different counties to inform additional retention strategies and identify participation barriers. **Results:** As of October 2022, 29,837 (33.15%) participants were overdue for either the second, third or fourth survey. Out of which 10,352 (34.70%) participants were adult minorities and all pediatric participants, with 5,050 (48.78%) being Hispanics. Of the total number of children aged 5-19 years who completed the first blood draw, 2,307 (40.02%) were overdue for their respective surveys. Results from spatial data and quantitative analysis will inform the use of tailored retention strategies to reach and promote participation. **Conclusions:** This extensive longitudinal survey in Texas has significant implications for practice and population health. The understanding of retention is critical, spatial data will help us design tailored retention efforts to ensure participation over time and expand the representation of our survey.

**Background:** Communication with the public is essential for public health, this was highlighted during the COVID-19 pandemic. In August 2020, schools were preparing for in-person learning, communication between schools and the COVID-19 response team became essential. The Texas Department of State Health Services (DSHS) Public Health Region 8 (PHR 8) developed a tool to extract emails from a COVID-19 inbox. Thousands of messages were stored in a database where emails could be queried, and trends analyzed as an indicator of engagement from PHR 8 schools and COVID-19 trends in the community. **Methods:** COVID-19 inbox emails were extracted using Excel’s “Get Data” function to query Microsoft Exchange. Data were queried through an Access database using the keywords: “School”, “ISD”, and “Line List”. The term “DSHS” was excluded to remove agency responses. Inquiries received between August 2020 and May 2021 were categorized by receipt month. Sensitivity analyses were conducted to compare trends in school COVID-19 cases, combined webinar attendance/calls, and emails. School webinar attendance/calls were categorized by month. COVID-19 cases reported by schools were categorized by report month. **Results:** 2,162 school related emails were exported. From August to December 2020, school related emails increased 365% while combined webinar attendance and calls increased 52%. This corresponds to an 1870% increase in COVID-19 cases in schools over the same time period. From December 2020 to May 2021, emails decreased 91% and combined webinar attendance/calls decreased 86%. During this time, COVID-19 cases declined 75%. **Conclusions:** Email is a ubiquitous method of communication; however, methodological analyses of these is underutilized. By showing similar trends in school COVID-19 cases, webinar attendance/calls, and emails, we have demonstrated that analyzing emails can provide insight into the needs and concerns of stakeholders. Ultimately, these analyses can guide public health actions in real-time to better serve our communities.
**Poster #09: Utilizing Dashboards to Track Exposure Trends as They Relate to Infectious Disease**

Rina Solanki, MHS, Epidemiologist, Texas Department of State Health Services
Corresponding Author: Rina Solanki, MHS, rina.solanki@dshs.texas.gov

**Background:** One of the goals of epidemiological investigations of notifiable conditions is to identify common exposures that could be linked to multiple cases of a particular disease. In the current statewide case reporting system, these exposures may be tracked on an individual level, but there is no method to link these exposures to multiple cases and/or outbreaks. In response to this, the Texas Department of State Health Services (DSHS) Public Health Region 8 (PHR 8) created an internal database and dashboard to track the exposure data collected across all investigations conducted by the Epidemiology Team. **Methods:** PHR 8 created a Microsoft Access database to store and track internal case data, such as: patient demographics, disease data, case assignment metrics, and exposure data collected during investigation. Exposure data includes facility name and address, facility type, and dates of exposure. A Power BI dashboard was developed in April 2022 to visualize data related to exposure locations and associated diseases. The dashboard is updated monthly to evaluate and analyze trends to determine if a common source is attributed. **Results:** From April 2022, when the database was developed, to March 2023 68 potential exposure locations have been identified across counties. Prior to the development of the dashboard 102 potential exposure locations were identified over a period of 4 years, the first exposure was entered in August 2018. Of these locations, 98.5% are associated with a food/waterborne disease and 1.5% are associated with legionella. **Discussion:** PHR 8 is successfully tracking locations that are linked to notifiable conditions investigations. Since the introduction of the exposure tracking database, we have not identified any locations associated with multiple cases. If a location is identified that is associated with multiple illnesses, the PHR 8 Epidemiology Team will share that information with the responsible health inspector so educational materials and targeted outreach information can be shared at the next inspection.

**Poster #10: Trends in COVID-19 Infections During Four Surges in Bexar County, Texas**

Dr. Sonali Sarkar, MBBS, MPH, DrPH, Epidemiologist, City of San Antonio; Christopher Alonzo, MPH, Senior Epidemiologist, City of San Antonio; Joan Cunningham, PhD, Epidemiologist, City of San Antonio; Paola Martinez, MPH, Data Management Analyst, City of San Antonio; Maria Buck, MPH, Project Manager, City of San Antonio; Ashley Venticinque, BS, Senior Management Analyst
Corresponding Author: Dr. Sonali Sarkar, MBBS, MPH, DrPH, agla.sonali@gmail.com

**Background:** Bexar County, Texas has experienced four COVID-19 surges during the first two years of the pandemic. This study investigates trends in COVID-19 infections over the course of pandemic. The objective is to describe the association of COVID-19 infection cases with changes in testing availability, masking, social distancing policies, and occurrence of public holidays. **Methods:** Cases occurring since May 26th, 2020 until March 31st, 2022, comprise this analysis. Case data were obtained from the Texas NEDSS database. Aggregate hospitalization data were obtained from Southwest Texas Regional Advisory Council for Bexar County hospitals. Analyses were conducted using R and Excel. **Results:** Average age (34 years), female gender (52%), Hispanic ethnicity (69%), residing in the Southern zip codes of Bexar County, and negative vaccination status were associated with the four COVID-19 surges. During all surges, test positivity, hospitalization and mortality rates increased. Surges coincided with the major public holidays. **Conclusions:** These findings highlight the association of COVID-19 infections with the confluence of implementing and loosening restrictive policies, along with major sociocultural events and public holidays in Bexar County. Preventative efforts promoted safer behavior and decreased the COVID-19 infection on majority of days during the pandemic except closer to public holidays when a high infection rate was observed in the form of surges. **Public Health Significance:** Preventative efforts at the local governmental level along with voluntary compliance with restrictive COVID-19 policies by Bexar County Residents are necessary for decreasing community infection and preventing widespread disease. Key words: COVID-19; Surge; Trends; Holidays; Bexar-county; Policy-decision.
**Poster #11: Holistic Sexual Health Care for Populations Eligible for Monkeypox Vaccine.**

Adriana Pozo MPH, RN III, BSN, CIC, Epidemiology Response Team Nurse, Texas Department of State Health Services, Region 8; Lauren Mata, BA CHW, STD/HIV Program Manager, Texas Department of State Health Services Region 8  
Corresponding Author: Adriana Pozo MPH, RN III, BSN, CIC, adriana.pozo@dshs.texas.gov

**Background:** The rapid spread of monkeypox virus in Texas presented both challenges and opportunities for public health. The Texas Department of State Health Services Public Health Region 8 (DSHS PHR 8) covers both rural and suburban communities across 28 counties with populations at risk for contracting monkeypox virus. Given the most common modes of transmission of monkeypox (i.e., intimate physical contact and having multiple sexual partners), the DSHS PHR 8 Epidemiology Team quickly partnered with the DSHS PHR 8 STD/HIV Team to offer STD/HIV testing to all individuals that received prophylactic JYNNEOS vaccine and provide treatment or linkage to care for all individuals that tested positive for an STD/HIV. **Methods:** Individuals that self-identified as eligible for prophylactic monkeypox vaccine were offered STD/HIV testing. Individuals who were tested for Monkeypox were also offered STD/HIV testing. From July 28, 2022 to November 10, 2022, 34 individuals were vaccinated by DSHS PHR 8 and 2 individuals were tested for monkeypox. All individuals were offered STD/HIV testing, and as of this submission, 8 individuals were tested, 22% of those seen. Risk reduction counseling was provided, and all clients were offered condom and lubricant packs. Two new STD/HIV infections were identified in these individuals, comprising 6% of all monkeypox related encounters. STD/HIV treatment was given to clients who tested positive. **Discussion:** Clients seen for monkeypox vaccine administration due to high-risk sexual behavior should be offered STD/HIV screening at the time of encounter. If we had not offered testing at all vaccine appointments and monkeypox testing encounters, 36 testing opportunities would have been lost and two new infections would have been missed. Monkeypox related clinic encounters are an opportunity for STD/HIV screening, education, and treatment if indicated. DSHS PHR 8 is using the monkeypox outbreak to engage those in our community at increased risk for STDs/HIV.

**Poster #12: Traveler’s Health Initiative: A Collaborative Effort to Reduce the Spread of COVID-19 Amongst Travelers**

Glenda Lopez, BS, BIDS Epidemiologist, DSHS; Rosy De Los Santos, Program Manager/DSHS/OBPH PHR8  
Corresponding Author: Glenda Lopez, BS, glenda.lopez@dshs.texas.gov

**Background:** The Traveler’s Health Initiative was developed and implemented by the Texas Department of State Health Services, Public Health Region 8, Office of Border Public Health, in collaboration with Maverick County. The goal of the Traveler’s Health Initiative is to reduce the spread of COVID-19 amongst individuals who travel between Mexico and Texas by assessing travel history, vaccination status, and COVID-19 prevention practices. As part of the initiative, travelers are also provided with education, testing, and other resources. **Methods:** Data collection for this initiative is achieved by conducting surveys at the port of entry or other specified sites. The survey tool was developed to collect information on travelers such as demographics, travel history, COVID-19 symptoms, testing, and vaccine status. Participants are also offered COVID-19 education. The education topics include prevention, transmission, symptoms, travel guidelines, and vaccination. In addition to the survey and education, participants are offered a COVID-19 rapid test. **Results:** Preliminary findings show that the top 3 reasons for traveling along the Eagle Pass-Piedras Negras border are for shopping, visiting family, and work. Additionally, 94% of international travelers indicate that they have the 1st and 2nd dose of the vaccine (n=516). These findings are being used to develop targeted education at sites frequented by travelers such as shopping malls and flea markets. **Conclusions:** Understanding the reasons why individuals travel, their knowledge of COVID-19 as well as their motivation for prevention is essential in developing targeted educational materials and other resources aimed at reducing the spread of COVID-19.
Abstracts

Poster #13: Rapid Review of Evidence for Whole School, Whole Community, Whole Child Interventions on K-12 Mental Health

Prathyusha Mahasamudram, Medical Student, OMS-II, University of North Texas Health Science Center; Daniel Phu, OMS-II, University of North Texas Health Science Center; Alia Valdez, OMS-II, University of North Texas Health Science Center; Patrick Vu, OMS-II, University of North Texas Health Science Center; Leslie Allsopp, PhD, University of North Texas Health Science Center
Corresponding Author: Prathyusha Mahasamudram, prathyushamahasamudram@my.unthsc.edu

**Background:** Youth mental health is a growing problem, with one third of high school students reporting persistent feelings of sadness or hopelessness in 2019. In 2014, the Association for Supervision and Curriculum Development (ASCD) and Centers for Disease Control and Prevention (CDC) introduced the Whole School, Whole Community, Whole Child (WSCC) model, which emphasizes collaborative networks between educational, community, and health sectors to integrate education, health promotion, and disease prevention. Although the WSCC model has since gained popularity, there remains little data on its impact on K-12 mental health outcomes. This rapid review describes: (1) the current body of research on the WSCC model on mental and behavioral health of students, (2) common practical applications of the model, and (3) future research opportunities.

**Methods:** We conducted a systematic, rapid review of literature on WSCC interventions. Peer-reviewed systematic reviews or primary studies since 2012 that targeted K-12 mental, behavioral, or emotional wellness within the United States were included. A three-person research team reviewed the studies and categorized findings by emerging themes.

**Results:** 460 articles were screened, and 14 were included for review. The results show positive impacts of WSCC interventions on K-12 mental health, particularly: enhancing preventative efforts by facilitating health-education partnerships and strengthening student-educator relationships by incorporating comprehensive wellness into education initiatives. Common challenges include competing priorities and garnering cohesive resources and support for interventions. The professional development of educators and tailoring to high risk groups including LGBTQ students, students of color, and military-connected youth were identified as key components to success.

**Conclusions:** Identifying available evidence and knowledge gaps may inform the implementation of future WSCC initiatives. More discussion and research on its impacts, best use cases, and practical applications are needed, but the WSCC model offers a promising framework for promoting mental and behavioral wellness in the K-12 setting.

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Poster #14: Multivariate Analysis of Stress and Depression in Rural Bangladeshi Pregnant Mothers.

Stacey M. Wright, AA, BSPH PSY, MPH Student, Sam Houston State University; Haley M. Laughlin, BS, PhD Student, University of Houston Developmental Cognitive, Behavioral Neuroscience; Mariah Jade Zimpfer, BA, MA, PhD, Research Scientist, Sam Houston State University College of Health Sciences, Department of Public Health; Johanna Bick, PhD, Assistant Professor Director, University of Houston, Laboratory of Early Experience and Development (LEED) Clinical Psychology Developmental, Cognitive, & Behavioral Neuroscience; Khalid M. Khan, B.Sc., M.Sc., MEM, Dr.PH, Associate Professor, Sam Houston State University College of Health Sciences, Department of Public Health
Corresponding Author: Stacey M. Wright, AA, BSPH PSY, MPH Student, smw098@shsu.edu

**Background:** Previous researchers indicated in studies that pregnant women experience high levels of stress and depression. This was further compounded in areas that experienced moderate-to-high levels of poverty. Because of women’s second-class status and lack of resources or cultural acceptance of mental health awareness, pregnant Bangladeshi women were most at-risk for suffering from depression and stress. Prepartum depression and stress are known risk factors of negative maternal psychosocial and behavioral health, birth defects, and poor neurocognitive performance in children. **Methods:** We used a questionnaire that included the Edinburgh Postpartum Depression Scale (EPDS) translated in Bangla to examine depression in 60 pregnant women in a National Institutes of Health (NIH)-funded brain health study in the areas of Matlab and Araihazar in Bangladesh.
Additional questions were included from Perceived Stress Scale (PSS), another culturally validated instrument, to examine stress. Local field staff interviewed these study participants in a private room to collect data on depressive and stress symptoms. **Results:** After inputting the data into SPSS, a bivariate analysis indicated there was a positive correlation between perceived stress and depression (r = 0.51; p<0.001). After running a MANOVA, the total number of pregnancies, years of education, and gestational age did not show statistical associations with depression or stress. **Conclusions:** Although there was a positive correlation between stress and depression in Bangladeshi pregnant women, other sociodemographic variables did not show any relationship with these two mental health outcomes.

**Poster #15: Examining the Role of Social Determinants of Health in a Weight Loss Intervention for People with Acquired Brain Injury**

Virginia Leidner1,2,3, Christa Ochoa, MPH1,2, Librada Callender, MPH1,2, Evan McShan, MS1,2, Simon Driver, Phd1,2
1. Baylor Scott & White Research Institute, Dallas, TX
2. Baylor Scott & White Institute for Rehabilitation, Dallas, TX
3. University of North Texas Health Science Center, Ft. Worth, TX

**Background:** Understanding how social determinants of health impact weight loss is important to ensure that future interventions for traumatic brain injury (TBI) and cerebrovascular accident (CVA) survivors are successful. Studies on weight changes following TBI and CVA indicate that weight gain is common. The purpose of this study was to examine the role of social determinants of health in the weight loss outcomes of TBI and CVA survivors completing a lifestyle intervention program. **Methods:** Data from 2 lifestyle intervention studies were pooled to get a sample of 93 participants. Both studies involved a 12-month intensive lifestyle program with the goal of 5-7% weight-loss among people with previous traumatic brain injury or stroke. Bivariate analyses were conducted via Wilcoxon-signed rank and Kruskal-Wallis tests to determine the association between social determinants and weight-loss at 12-month follow-up. Social determinants of health included neighborhood walkability, race, education, ethnicity, and insurance type. **Results:** A total of 93 people participated, 65 (69.9%) with CVA and 28 (30.1%) with TBI. Weight loss data were available for 69 participants, with an average weight loss of 12 pounds. No evidence indicated that neighborhood walkability (r=0.21, p=0.09), education level (Chi-Square 3.89, p=0.28), race (Chi-Square 3.27, p=0.19), or ethnicity (Z 204, p=0.21) were related to differences in weight loss. Current insurance type was associated (Chi-Square 8.37, p=0.039) with weight loss. **Discussion:** Our results indicated that current insurance was associated with weight-loss in this sample while neighborhood walkability, education level, race, and ethnicity were not. This may reflect the role of socioeconomic status in the ability to practice health promoting behaviors. Further research is needed to explore and address the role of social determinants of health in the effectiveness of lifestyle intervention for groups with higher support needs, such as those with history of TBI or CVA.

**Poster #16: Barriers to and Facilitators of Black Men’s Oral Health Care Access: A Multilevel Perspective**

Dalnim Cho, PhD, Assistant Professor, MD Anderson Cancer Center; Ezinne Ogbureke, DDS, Professor, UTHealth School of Dentistry at Houston; Seokhun Kim, PhD, Assistant Professor, UTHealth Houston McGovern Medical School; Ana Neumann, DDS, MPH, PhD, Professor and Director of Dental Public Health, UTHealth School of Dentistry at Houston

**Background:** Poor oral health maybe linked to certain types of cancers, coronary heart disease, and stroke. Poor oral health is also associated with impairment in daily functioning, unemployment, and low quality of life (QoL). The burden of poor oral health is particularly high among Black men.
Abstracts

Although Black men have the highest rate of periodontitis, complete tooth loss, and oral cavity/pharynx cancers in the country, they are twice less likely to receive dental care compared with non-Hispanic White men. However, factors associated with Black men’s preventive dental care use remain unknown. Thus, this study aims to identify barriers to and facilitators of Black men’s preventive dental care use across the multiple levels of influence, such as individual-, social-, and system-levels. **Methods:** A community advisory board comprised of stakeholders of Black men, dentists, and dental hygienists was formed and their feedback on the study procedures and measures was obtained. We aim to recruit 224 Black adult men, who will be asked to complete two surveys (baseline and 9-month follow-up) regarding their oral health, oral health-related behaviors (brushing and flossing), oral health-related QoL, and preventive dental care use. After the follow-up survey, 40 men will be invited for an interview and provide their opinions to receive other evidence-based health practices (e.g., hypertension and diabetes screenings, smoking cessation) in dental care settings. **Results/Conclusions:** This is the first study focusing on multi-level factors associated with Black men’s preventive dental care use. This model-based study is grounded in public health and behavioral theories and will identify modifiable factors that explain Black men’s preventive dental care use. Results of this study will also help us develop a multi-level intervention that improves Black men’s access to dental care, which will ultimately enhance Black men’s overall health.

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**Poster #17: Inspiring Future Leaders in Dental Public Health to Meet Population Needs by Utilizing Case-Based Scenarios**

Magda A de la Torre, Clinical Assistant Professor, UT Health Science Center at San Antonio, School of Dentistry; Rochisha S. Marwaha, BDS, MPH, Clinical Assistant Professor, UT Health San Antonio, School of Dentistry; William D. Hendrickson, MS, Evaluation Consultant, UT Health San Antonio, School of Dentistry; Rosalie P. Aguilar, PhD, Project Coordinator, UT Health San Antonio, School of Dentistry; Suman N. Challa, BDS, MSPH, Associate Dean, UT Health San Antonio, School of Dentistry

**Background:** Dental Public Health (DPH) was formally recognized in 1976, as the first of ten recognized specialties of Dentistry by the American Dental Association. Although students have expressed interest in pursuing this specialty, training opportunities in Dental Public Health in the U.S. and across the state of Texas, remain limited. DPH aims to prevent and control dental diseases by promoting oral health through research and organized community efforts. The project’s goal was to assign dental students a dental public health competency, in place of attending external public health rotations due to COVID-19 and instill in them the ability to interpret current DPH issues critically and creatively. **Methods:** A 5-member self-directed group assignment was distributed to first- and second-year dental students. The exercise was built on topics previously taught in dental public health lectures. The learners were instructed to read the article, New Competencies for the 21st Century Dental Public Health Specialist (2016). Each group used a 7-step outline, applying one of the ten DPH competencies, to address a current public health problem. **Results:** A total of 200 students participated in the assignment and 40 evidence-based case studies were developed. Examples of case studies presented by students included: Expanding Medicare to Cover Dental Procedures; Breaking Down Barriers to Oral Health Services; How COVID-19 Affected Community Oral Health Programs; The Opioid Epidemic; and Ethics Regarding Language Barriers. Students provided positive feedback and recommended the assignment be incorporated into the curriculum for future cohorts. **Conclusions:** Increasing dental public health knowledge and competency of all graduating dental providers is imperative for increasing the number of providers who can respond to the public’s unmet needs and challenges. Case studies were an extremely useful tool to promote an understanding of DPH issues. Through this exercise, students demonstrated the ability to apply DPH concepts to real-world scenarios.
Poster #18: Leading Forward Against Blood Cancer: A Faith-Based Collaborative Utilizing Best Evidence in Marrow and Stem Cell Donor Awareness Programs

Madison Draper, Student Nurse (SN), Howard Payne University (HPU); Veaney Cazares, SN, HPU; Sydney McCasland, SN, HPU; Bree Cason, SN, HPU; Delilah Munoz, SN, HPU

Corresponding Author: Madison Draper, madison.gilder@hputx.edu

**Background:** The blood cancers present a severe and costly healthcare problem in the United States. Those with these disorders who could benefit from a marrow or stem cell transplant often experience significant morbidity and mortality without this lifesaving treatment. Few individuals in need of a transplant find a genetic match. Donor recruitment is an important aspect of maintaining an effective marrow and stem cell registry. **Methods:** Best practices with donor awareness programs were identified in a scoping review completed in a baccalaureate nursing research course. These findings enabled nursing students to plan, implement, and evaluate an effective donor awareness event. Chapel services are an important aspect of community on our religious university campus. We used this context and urged our community to join as a registry volunteer to demonstrate the caring ministry of Christ. Students collaborated with university administrators and multiple organizational units on campus. Messages were selected using best health education practices and demonstrated fidelity with the mission and values of the university. The collaboration also included a former Olympic gold medalist, Earl Young, and DKMS, a national marrow and stem cell donation organization. **Results:** In this presentation, a cohort of five population and community health senior nursing students share their semester long journey of how they recruited over 15% of their student body for the national bone marrow registry. **Conclusions:** Findings from this health promotion project demonstrate how providing culturally and linguistically appropriate health education and applying local culture and values can expand the national donor registry.

Poster #19: Patterns in Hypertension by Job-related Support Across Race/Ethnicity

Ishmam Alam, Undergraduate Student, University of Houston, Houston, TX; Jagath Nambiar, University of Houston, Houston, TX; David Mullens, University of Houston, Houston, TX; Tailisha Gonzalez, City University of New York (CUNY) Graduate School of Public Health and Health Policy, New York, NY, Lehman College, Bronx, NY; Peace Okpala, University of North Carolina Greensboro, Greensboro, NC; Elizabeth Vasquez, University of Albany State University of New York (SUNY), Rensselaer, NY; Rosenda Murillo, University of Houston, Houston, TX

Corresponding Author: Ishmam Alam, ishmamalam111@gmail.com

**Background:** Psychosocial stressors at work (e.g., low job control, high demands) have been related to high blood pressure. However, there is limited research on whether workplace support is related to hypertension among US adults. Therefore, we examined associations of managerial workplace support with hypertension and whether this association varied by race/ethnicity. **Methods:** We used cross-sectional 2015 National Health Interview Survey data on 13,430 participants aged 18+ years (mean age: 41.21 years). To assess job support, participants were asked their level of agreement with the statement, "I can count on my supervisor or manager for support when I need it." Hypertension was assessed based on whether they have been told by a doctor that they had hypertension. Logistic regression models were used to evaluate the associations between job support and hypertension. Models were adjusted for age, sex, education, overweight/obesity status, insurance coverage status, and type of occupation. **Results:** In adjusted models, compared with those that strongly agreed/agreed with the job support statement, those that strongly disagreed/disagreed with the statement were significantly more likely to report having hypertension (OR: 1.21, 95% CI: 1.01, 1.45). When stratified by race/ethnicity, Latinos that strongly disagreed/disagreed with the job support statement were significantly more likely to report having hypertension (OR: 1.62, 95% CI: 1.06, 2.47).
**Conclusions:** US adults that report lacking support from their supervisors are significantly more likely to report hypertension, particularly Latino adults. Future workplace health interventions should take into consideration the role of support provided by managers and supervisors in cardiovascular health.

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**Poster #20: Health Champions for Health Equity, a Rapid Review**

Patrick Vu, Student, UNTHSC-TCOM; Alia Valdez, BS, UNTHSC-TCOM; Daniel Phu, BS, UNTHSC-TCOM; Prathyusha Mahasamuudram, BS, UNTHSC-TCOM; Leslie Allsopp, PhD, MPH, UNTHSC-TCOM

Corresponding Author: Patrick Vu, patrickvu@my.unthsc.edu

**Background:** Traditionally, community health initiatives aimed at K-12 students have been led by outside adults or appointed school leaders. While successful, one of the limitations frequently encountered was a disconnect between the leader and the target audience. To determine whether this issue could be addressed using peer-led interventions, a rapid literature review was conducted. **Methods:** A Cochran Rapid Review was conducted due to time and resource constraints. A consultation with a research librarian generated a search strategy suitable for the scope of this project. Using databases ERIC, PubMed, and SCOPUS, an initial list of 602 articles was systematically reduced to 18 publications. The inclusion criteria included studies done in the United States in the past 10 years (2012-2022) to maintain relevance. After applying these criteria, an initial screening of the title/abstract and full-text analysis was performed to develop the final reference list. A data extraction tool was then used to yield the following results. **Results:** The majority of health champions were students from their respective schools. Nutrition-based interventions were the most common at the elementary school level. High schoolers had the widest array of interventions such as mental health improvement and tobacco usage reduction. Overall, health champions lead to better objective learning, more participation, and more student satisfaction. **Conclusions:** Findings suggest that peer-led interventions targeted at K-12 students are effective in improving participation in program activities. Students had more exposure to the learning material when the program utilized peer mentorship components which resulted in better objectives achievement. Additionally, having university or professional school students as mentors increased community involvement. Creating a working relationship between both K-12 educators and students from universities and higher education facilities is vital in building support for schools with limited resources.
**Poster #21: State Price Transparency Programs for Vision Care Services**

David N Younessi, Medical Student, Northwestern University Feinberg School of Medicine; John C Lin, Student, Brown University; Sophia Y Ghauri, Student, Brown University; Dustin D French, PhD, Professor of Medical Social Science and Ophthalmology, Northwestern University; Ingrid U Scott, MD, MPH, Professor of Public Health Sciences and Ophthalmology, Penn State College of Medicine; Paul B Greenberg, MD, MPH, Professor of Ophthalmology, Brown University

**Corresponding Author:** David N Younessi, linjohncai@gmail.com

**Background:** State price transparency programs can provide comprehensive price information compared with price transparency initiatives by insurers and hospitals, which often target specific audiences. However, there is a paucity of research on state price transparency programs. In this study, we described the information available on state price transparency programs for vision care services.

**Methods:** State price transparency programs were identified using systematic internet searches in October 2021. We determined whether each program provided the following information for vision care services: prices, nonfinancial value metrics (e.g., patient experience ratings), out-of-pocket (OOP) costs, prices by insurer, and prices by clinician organization. We calculated within-state price ratios by comparing maximum and minimum prices for each service within a state. We used descriptive statistics to characterize price transparency and variation for each service.

**Results:** Most (55%; 6/11) state price transparency programs included information for vision care services. Among these six programs, only Nevada Compare Care reported prices for more than three services. Three programs reported nonfinancial value metrics for vision care services, and five reported prices by clinician organization for vision care services. No programs provided specific OOP costs, insurance costs, or prices by insurers for vision care services. There was substantial price variation for all vision care services. The median within-state price ratio was 3.65 (interquartile ratio [IQR]: 2.04-7.91). Mean prices for cataract surgery ranged from $2575 in Florida to $5097 in Nevada, and mean prices for retinal detachment repair ranged from $873 in Florida and $27,801.66 in Nevada.

**Conclusions:** Most state-sponsored price transparency programs did not provide sufficient information to help patients make informed decisions regarding vision care. Only a few ophthalmic services were included in most programs, and no information was provided on OOP costs, insurance costs, and prices by insurers. There was also substantial variation in prices for the few vision services for which such information was provided.

**Poster #22: Approach to Nutrition Education in Elementary Schools in Border Communities**

Karina Cienega, CPST, CHWI, Public Health and Prevention Specialist V, Texas Department of State Health Services; Rosy De Los Santos, BS, BA, CHWI, Program Manager, TX Department of State Health Services

**Corresponding Author:** Karina Cienega, CPST, CHWI, karina.cienega@dshs.texas.gov

**Background:** In Texas, elementary students are required to spend at least 135 minutes per week engaging in moderate to vigorous physical activity during the 45-minute allotted physical education period. Given the mandate, time left for nutrition education in the PE classroom is scarce. The Texas Department of State Health Services (DSHS) Office of Border Public Health (OBPH) has partnered with school districts along the border to implement CATCH based on their individual school capacity. As part of this effort, DSHS OBPH condensed CATCH lessons to fit the allotted PE times in schools and aided schools in developing individualized plans for successful implementation of CATCH to reduce childhood obesity in a predominantly Hispanic region of Texas. These plans included how nutrition education would be incorporated into the classroom setting as well as how often CATCH would be taught and by whom in the school.

**Methods:** Taking a community-based participatory approach, DSHS OBPH recruited community stakeholders to select schools in one county. Staff also met with school officials and developed a survey to identify barriers to nutrition education in each school. DSHS OBPH staff piloted condensed lessons with 3rd grade students at participating schools. Pre and post data on student eating habits were collected to assess behavior change. The data collected will be used to modify lessons so that they are more meaningful to students.
Results: The frequency of sugar sweetened beverage consumption among third graders significantly decreased post CATCH nutrition implementation. Additionally, there were significant increases in fruit consumption and number of days a child was physically active for more than 60 minutes (p<0.01). Conclusions: Successful CATCH implementation is contingent on school capacity which includes allocated time to lessons, teacher buy-in, and resources. Additionally, making modifications to CATCH lessons based on survey data and student feedback is an important component in shaping the curriculum for schools.
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Southern Gerontological Society (SGS)
Amanda James, MPA
admin@southerngerontologicalsociety.org

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Texas A&M University-Commerce Department of Health and Human Performance
Lydia Carrascosa
Lydia.Carrascosa@tamuc.edu

Support community health as a leader! The Master of Public Health program at Texas A&M University Commerce offers the opportunity to deepen your knowledge of the field with interdisciplinary courses that teach you how to assess, plan and oversee public health programs.
Our team at the Texas Epidemic Public Health Institute (TEPHI) would like to take this opportunity to connect with attendees during the TPHA conference. TEPHI collaborates with communities across the state and leaders in public health, science, and medicine to keep Texans safe and the economy strong. The team will be available to discuss the free pandemic preparedness training resources and how TEPHI can offer support to individuals and organizations attending the event.

Texas Health Resources staff will be onsite to provide educational materials and engage attendees in discussions that highlight our collaborative efforts with community leaders to identify and understand health disparities. Our exhibit will showcase our community support programming and the work we are doing to create equity in North Texas communities.

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UTMB School of Public and Population Health (SPPH) will market its academic programs, including the MPH and PhDs. The University of Texas Medical Branch (UTMB) is a leading academic health science center offering a wide array of biomedical science, public and population health, and bioethics and health humanities training programs. SPPH offers training programs to meet the current and emerging workforce needs of public health practice and research, bioethics, and health humanities. Vision: Health Equity for All

The goals of the DSHS Immunization Section are to eliminate the spread of vaccine-preventable diseases by increasing vaccine coverage for Texans, raise awareness of the diseases that vaccines prevent, and educate the public about vaccine safety. This exhibit includes educational materials about vaccines to promote and encourage vaccines in your local community.
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 14.50 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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Certificate of Attendance:
The Texas Department of State Health Services, Continuing Education Service has designated 14.50 hours for attendance.
We extend our appreciation to the City of San Antonio Metro Health for hosting the 99th Annual Education Conference with special thanks to Director Claude Jacob and the many staff who volunteered both throughout the planning stages and during the conference.

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Thank you to the many volunteers who reviewed our conference abstracts for our breakout session presentations and posters and to our conference exhibitors, presenters, session moderators and event coordinators and attendees. Our conference is successful because of YOU!

CONTINUING EDUCATION
- Paige Horton, Texas Department of State Health Services, Continuing Education Administrator Team Lead, Office of Practice & Learning
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