Session I: Community Health Needs Assessment - Room 305

Engaging Partners to Create a Community Health Assessment
Rachel Fogleman
Public Health Education Specialist/Accreditation Coordinator
Hendricks County Health Department

Bio: Rachel Fogleman is the Public Health Education Specialist and Accreditation Coordinator for the Hendricks County Health Department, and the former coordinator of the Hendricks County Health Partnership. During her time as the Partnership's coordinator, Ms. Fogleman worked alongside local hospitals and other community partners to create and begin implementing the 2016 Hendricks County Community Health Assessment and 2016 Hendricks County Community Health Improvement Plan. Ms. Fogleman is a 2010 graduate from Ball State University with a Bachelor’s Degree in Health Science, and she is a current board member with the Indiana Public Health Association.

Abstract: Discuss Hendricks County Health Department’s partnership, as a hospital system and local health department, with other community members to create their community health (needs) assessments (CHA/CHNA); Identify local partners and resources to assist in the CHA/CHNA process and discuss their contributions; Discuss engaging partners in the CHA/CHNA process by identifying potential rewards and barriers to participating and creating a truly community-owned process and product through engagement, and; Share lessons learned during their process.

Fit for Purpose: Best Practices in Survey-Based Community Health Assessments
Lilian Yahng, PhD
Director of R&D and Research Laboratory IU Center for Survey Research

Bio: Lilian Yahng is the Director of Research and Development at the Center for Survey Research at Indiana University (Bloomington). As the Center’s senior methodologist as well as head of the telephone and field data collection lab, she has over ten years of designing, implementing, and consulting on projects ranging from complex population and intervention studies to small nonprobability projects. Recent health/medical projects administered include smoking cessation efficacy, colorectal and breast cancer screening in women, media-aided informed consent for in vitro fertilization procedures, and a survey of interprofessional health education activities at Indiana University. She and the Center will also be on the cohort study component of the Precision Medicine IU Grand Challenge.

Abstract: Local health departments and public health care systems must conduct periodic assessments of the perceived health-related needs of community members as part of efforts to design responsive programs and services. Although many
organizations and municipalities undertake this endeavor, collecting “representative” data can be daunting given constraints on resources, methodological capacity, and fiscal support. This session will help participants understand best practices for the development and dissemination of survey-based community health assessments under such constraints, using evidence from a recent assessment conducted in six Indiana counties (n = 3,369). In this assessment, we used a construct-driven survey coupled with a methodological experimental design to evaluate health as well as patterns in response based on mail versus online data collection. Session participants will be given direct examples from our experiences for possible application in their own community health assessments, as well as tips on how to capitalize on the advantages of various assessment approaches while recognizing the methodological limitations of each. The session will include a brief methodological overview, decision trees, and roundtable discussion of practical options for the design, data collection, and the reporting phases of conducting such an assessment. Advances in methodological approaches to community health needs assessments hold great promise for their utility in community-based public health. Their distinct place between research and practice offers important lessons for those engaged in efforts to improve local public health outcomes.

William McConnell, PhD
Postdoctoral Fellow in the Office of Global and Community Health Partnerships
IU School of Public Health-Bloomington

Bio: Will McConnell currently independently consults in the areas of HIPAA/HITECH compliance programs, healthcare quality, and health outcomes with respect to anesthesia practice. He is a PhD student in Epidemiology and Economics at the Indiana University School of Public Health - Bloomington in addition to being a third year law student at the Robert H. McKinney School of Law. His research interests lie at the intersection of health law, ethics, and economics.

Session II: Health Equity - Room 307 Leadership in Public Health: Promoting Best Practice in the Absence of Best Practice Jerome Adams, MD, MPH
Commissioner
Indiana State Department of Health

Bio: Dr. Adams was appointed by Governor Mike Pence as the Indiana State Health Commissioner on October 22, 2014. In this role he oversees the Public Health Protection and Laboratory Services, Health and Human Services, Health Care Quality and Regulatory, and Tobacco Prevention and Cessation Commissions. He also serves as secretary of Indiana State Department of Health’s executive board, as chairman of the Indiana State Trauma Care Committee and as co-chairman of the Indiana Perinatal Quality Improvement Collaborative Governing Council. Dr. Adams is a member of the Commission on Improving the Status of Children in Indiana, the
National Governor’s Association (NGA) Health Workforce Policy Academy Core Team, and the Indiana Commission to Combat Drug Abuse.

Dr. Adams currently serves as assistant professor of clinical anesthesia at Indiana University School of Medicine and as a staff anesthesiologist at Eskenazi Health, where he is Chair of the Pharmacy and Therapeutics Committee. He has served in the leadership of several professional organizations, including the American Medical Association, and on the Boards of the Indiana State Medical Association and Indiana Society of Anesthesiologists. He is immediate past Chair of the Professional Diversity Committee for the American Society of Anesthesiologists.

Dr. Adams has been invited to testify before both the US Senate (Committee on Aging) and the US House of Representatives (Energy and Commerce), and has been an invited presenter and/or participant in healthcare discussions at The White House, the Centers for Disease Control and Prevention (CDC), the US Department of Health and Human Services, and the National Academy of Sciences. He earned a BS in biochemistry and a BA in biopsychology at the University of Maryland, Baltimore County. He has been a researcher at medical schools in both the Netherlands and Zimbabwe and has worked under Nobel Prize winner Dr. Tom Cech. He earned his Medical Doctorate at the Indiana University School of Medicine, and his Masters of Public Health at the University of California, Berkeley. Dr. Adams is married and has three children, and resides in Fishers, Indiana.

Jennifer Walthall, MD, MPH
Deputy Commissioner
Indiana State Department of Health

Bio: Jennifer Walthall, M.D., M.P.H. was appointed as the Indiana State Department of Health Deputy State Health Commissioner and Director for Health Outcomes by Governor Pence on November 3, 2014. Dr. Walthall is currently an Associate Professor of Emergency Medicine and Pediatrics at Indiana University School of Medicine. She also serves as the Division Chief for Pediatric Emergency Medicine and was the Program Director for the Emergency Medicine and Pediatrics Residency from 2007-2015. Dr. Walthall works clinically in the Riley Hospital for Children Emergency Department. She earned her undergraduate degree from the University of Houston Honors College and her Master in Public Health at the Richard Fairbanks School of Public Health at Indiana University. She earned her Medical Doctorate at Indiana University School of Medicine and is board certified in Emergency Medicine and Pediatrics.

Abstract: In anticipation of Healthy People 2020, the Department of Health and Human Services released a brief titled Evidence-Based Clinical and Public Health: Generating and Applying the Evidence in 2010 to call for utilization of scientific knowledge in public health interventions. With this came an acknowledgement of real world circumstances that limit the methodology of best practice application, either due to the enormity and acuity of the problem at hand or constraints on use
of available resources. Public health leaders frequently act quickly in times of crisis without set guidelines, literature or experience to either promote health or halt the spread of disease. This panel of presenters will describe examples of integration of novel programming, scholarship and real world practice from their experience at the Indiana State Department of Health using the RE-AIM framework. Topics will include harm reduction in rural settings and novel programming in infant mortality.

Understanding Adverse Childhood Experiences (ACEs) and the Impact on Health Outcomes: A New Approach to Population Health
Robin Vida, MPH, CHES
Director of Health Education
St. Joseph County Health Department

Bio: As the Director of Health Education, Robin is heavily involved in building and sustaining community partnerships and coalition building. She currently leads a community-wide group of non-traditional and traditional public health partners working together to improve community health. She also coordinates numerous health initiatives for the City of South Bend including leading South Bend to be the first City in the state, and 3rd in the Midwest, to become an all-gold Let’s Move! City. Her work is now focused on policy and infrastructure changes for the City in relation to active transportation, food access, early childhood, and overall healthy living. Robin received her Master’s in Public Health degree from Indiana University-Bloomington and is a native of Wisconsin. Robin also is a Certified Health Education Specialist (CHES). She has been with the St. Joseph County Health Department for almost 9 years. Prior to her work at the St. Joseph County Health Department, she worked as a high-risk counselor and outreach specialist at an HIV/AIDS service agency in Bloomington, IN.

Abstract: Aces are the most powerful determinant of the Public’s Health,” (Dr. Robert Anda). The ACE study authored in the mid-1990’s houses a wealth of information on adverse childhood experiences and how their effects are interrelated, endemic, and transcend the traditional boundaries of health and human service systems. Understanding aces and their effects and concepts can provide for unifying framework for multi-sector action and the principals and practical skills of trauma-informed care can be applied directly to community building processes, adult lives, and daily decision making. Important to note- aces are intergenerational; laying the foundations for some that keep the negative experiences happening. ACEs have been linked to health outcomes such as infant mortality, obesity, liver disease, and mental health issues. Preventing ACEs will prevent homelessness, unemployment, incarceration, disability, learning problems, and poverty. If we can switch our approach to public health changes and look at it collectively with a trauma-informed lens, we can break down the social issues that stand in the way of achieving positive health outcomes.
Session III: Infant Mortality - Room 309 Infant Mortality in Indiana: Current Data and MCH Initiatives
Carolyn Runge, MPH, IBCLC Maternal Health Administrator

Bio: Carolyn Runge started her career in Women's Health in 2003 at Clarian, now IU Health, bringing the first regional women's wellness outpatient center to the Indianapolis area. In 2010, Carolyn became an International Board Certified Lactation Consultant (IBCLC), expanding her knowledge base in lactation and developing a passion for helping women overcome social and economic barriers to meet their breastfeeding goals. Carolyn has a Master’s in Public Health from Indiana University’s Richard M. Fairbanks School of Public Health, with a concentration in Health Policy and Management. In June 2012, Carolyn became the State Women’s Health Administrator at the Indiana State Department of Health, Maternal and Child Health Division. She oversees pre and interconception health programs, including state breastfeeding efforts, prenatal substance use issues, the Perinatal Risk Assessment Monitoring System, and efforts related to improved outcomes in prenatal care.

Abstract: Infant Mortality Rates (IMR) are an important indicator of population health. The United States compares unfavorably to other developed nations in this area. Within the United States, there is considerable variability by states, with Indiana being among the worst. In 2014 Indiana’s IMR was 7.1 per 1,000 births, as compared to 5.82 per 1,000 for the U.S. Understanding IMR data, the risk factors, and disparities is essential in targeting strategies and interventions to effectively reduce infant mortality. This presentation will link the data with initiatives currently underway and explain the evidence-based strategies that are being utilized.

Kendra Ham
Epidemiologist
Indiana State Department of Health

Bio: Kendra Ham is the Infant Mortality Epidemiologist at the Indiana State Department of Health (ISDH) since early 2014. Kendra has worked on projects investigating the driving factors of Indiana’s high rates of infant mortality including: the annual ten-year Maternal and Child Health Outcomes Reports, Perinatal Periods of Risk Analyses, the annual Infant Mortality Regional Fact Sheets, and the 2016-2020 Maternal and Child Health Needs Assessment Data Book. She is a member of the Indiana Perinatal Quality Improvement Collaborative, as well as the state-wide Child Fatality and Fetal Infant Mortality Review teams. She graduated from the IU Richard M. Fairbanks School of Public Health with her Masters of Public Health
degree in Epidemiology. Prior to ISDH, Kendra worked for a private wellness company based in Indianapolis. There, she was responsible for planning and implementing worksite wellness programs and health screenings for companies across the country.

Implementing a Low Birth Weight Review for the Nurse-Family Partnership
Lynn Baldwin, MSN
Director of Operations, Central Region
Nurse-Family Partnership of Goodwill Industries of Central Indiana

Bio: Lynn Baldwin is the Director of Operations of the Central Region with the Nurse-Family Partnership of Goodwill Industries of Central Indiana. While at NFP, she started as a supervisor of a team of 8 nurses, led a CQI group focusing on positive birth outcomes, and started a review of low birth weight cases. Lynn received her BS in biology from Saint Mary’s College in 1998, BSN from Saint Louis University in 2000, and MSN from Indiana University in 2008. She is a Board Certified Women’s Health Nurse Practitioner with 15 years of experience in Maternal Child Health nursing.

Abstract: Nurse-Family Partnership (NFP) is an evidence-based health and early childhood development program that matches Bachelor’s degree registered nurses with low-income parents having their first child. This program allows nurses to deliver the support first-time moms need to have a healthy pregnancy, become knowledgeable and responsible parents, and provide their babies with the best possible start in life. Infant mortality is a significant problem in Indiana with low birth weight being a contributing factor. Because NFP Indiana’s low birth weight rate has been as high as 13.9%, NFP implemented a Low Birth Weight Review based on the FIMR model. The purpose of NFP’s Low Birth Weight review is to understand how a wide variety of social, economic, health, educational, environmental, & safety issues relate to LBW. NFP intends to utilize this information in practice and in linkage with community resources to improve the system of care that will lead to the reduction of the LBW rate.

Session IV: Excellence in Public Health Practice - Room 450
Establishing Smoke-Free Air Policies for Your Community – The South Bend Success Story
Karl Nichols
Executive Director Community Wellness Partners

Bio: Karl Nichols is the Executive Director of Community Wellness Partners, formerly the St. Joseph County Minority Health Coalition. He earned his Bachelor of Arts in Political Science at Wright State University and his Masters of Science in Criminal Justice from Florida Metropolitan University. He is a strong advocate for the minority and underserved communities in South Bend. He works tirelessly on public health issues such as infant mortality, food insecurity and tobacco control. He is a member of Phi Beta Sigma Fraternity, Inc. and is a Deacon at Gethsemane
Church of God.

**Abstract:** On March 29, 2016, the South Bend Common Council voted to expand their smoke-free air ordinance. Once implemented on January 2, 2017, it will be the strongest smoke-free air ordinance in the State of Indiana. The expansion included a comprehensive approach that prohibits indoor smoking in all workplaces including bars and private clubs, expanding smoking at entrances to 15 feet (state law requires 8 feet), includes e-cigarettes and service lines. The coordinating leadership of Smoke Free St. Joe coalition in St. Joseph County will provide detailed information about the successful smoke-free air ordinance campaign in South Bend, IN. They will provide specific campaign strategies, in general, as well as details on how to work with local policy makers and how to quantify community support.

**Making a Good Program Better: Developing Strategies to Expand Latent Tuberculosis Testing and Treatment to High Risk Communities**
Helen Townsend, MPH, BSN, RN TB Nurse Case Manager
Marion County Public Health Department

**Bio:** Helen Townsend has worked in TB Control since 2006, first in St. Joseph County, then at the Indiana State Department of Health (ISDH), and now at the Marion County Public Health Department (MCPHD). Helen was the Refugee Health Coordinator at ISDH from 2008-2011, where she worked with counties to develop screening protocols, co-founded the Indianapolis Refugee Health Forum, and provided state-level follow-up of Class B* refugee and immigrant arrivals to Indiana. From 2011-2013, Helen worked as one of ISDH’s TB Regional Nurse Consultants, providing TB technical assistance to local health departments and continuing to follow-up on all B Class arrivals to the state. In 2013, she moved to the MCPHD TB Control program as a TB Nurse Case Manager, where she provides technical assistance to public health nurses and assures follow up of Class B arrivals, ensuring domestic testing, evaluation, and if needed, treatment for TB or LTBI.

*Refugees and immigrants with high risk for developing TB.

**Abstract:** This session will tackle the problem of testing and treating LTBI in a high risk population in Marion County. In 2015, 21 active cases of TB were found within Asian communities in Marion County. Fourteen of these cases were diagnosed OUTSIDE of refugee clinics (newly arrived refugees) or contact investigations (recent contacts to a case of active, infectious TB). It is essential to intensify efforts to target, test, and treat this population. Using the CDC Community Guide as a starting place, this session will ask participants to develop strategies to prevent Active TB in the Asian communities in Indianapolis. Some questions to ponder: Are there public health or primary care program/policy interventions which have already been proven effective? What interventions are right for this community? What might effective interventions cost, and what is the likely return on investment? Bring your different perspectives, and be ready to join in small group collaboration.
Let’s leave this session with a working model!

Midia Fulano, MPH, BSN, RN

Bio: Midia Fulano has worked in TB and Refugee Health for over three years. Before joining the MCPHD, she was the Chief Nurse consultant for TB/Refugee Health at the Indiana State Department of health. In that capacity she provided technical assistance in TB control to the local health departments, local hospitals, community partners and the general population. Midia has been instrumental in planning and presenting World TB Day activities in Indiana. She co-founded the Indiana TB Elimination Advisory Committee, an organization which she also coordinated until recently. In 2014, she was elected Secretary of the National Tuberculosis Nurse Committee, a branch of the TB Controllers Association (NTCA). Before transitioning to TB, Midia worked in HIV care for four years, in Kenya, Zambia and the United States.

Sarah Koch, MS, BSN, RN TB Nurse Coordinator
Marion County Public Health Department

Bio: Sarah Koch has worked with TB patients for five years. She took on the role of TB Coordinator recently, in October 2015. Her tenure started with a baptism of fire, complete with active TB on a circus train (not joking) and two huge contact investigations. Sarah started as a Public Health Nurse in Marion County, working on both the Tuberculosis team as well as the Refugee Health team and as an associate faculty member at the Indiana University School of Nursing. Sarah moved to TB Control in April 2015, working as a TB Nurse Case Manager in the TB and Refugee Care clinic.

Raising Primary Immunization Completion Rates in Vanderburgh County
Kristina Carter, BSN, RN
Clinical and Outreach Division Director Vanderburgh County Health Department

Bio: Kristina Carter is the Clinical & Outreach Director at the Vanderburgh County Health Department in Evansville, Indiana. She oversees the operation of the Communicable Disease Department, which includes epidemiology, the Tuberculosis Clinic, HIV/STD Clinic and Children & Adult Immunization Clinics, the Nursing & Outreach Department which includes Maternal & Child Health, Chronic Disease, Injury Prevention, FIMR & Child Fatality Review and the Health Promotion Department which includes workplace wellness initiatives, Baby Me Tobacco Free, smoking cessation and weight loss programs. Kristina is a native Hoosier and discovered her passion for nursing while volunteering in a local emergency room. She received her LPN license in 2003, ASN in 2005, RN license in 2005 and her BSN from University of Southern Indiana in 2013. She has worked in public health for eight years and plans to return to school to earn her MPH.
Abstract: The mission of the Vanderburgh County Health Department (VCHD) is to promote physical and mental health and to prevent disease, injury and disability. For the last 50 years, the VCHD Immunization Program has been committed to providing immunization services to children from birth through 18 years of age to prevent and contain vaccine-preventable diseases. This is accomplished through a variety of means, including immunization clinics, education of staff, parents, and caregivers of children, health care providers, childcare providers and general community education.

In 2010, the population for Vanderburgh County was 179,703, with the population of children under the age of thirty-six months at 8,273. The total population of children ages thirty-six months to eighteen years old was 35,166. The primary vaccine series (4 DTaP:3 Polio:1 MMR:3 Hib:3 Hepatitis B:1 Varicella:4 PCV) should be completed by thirty-six months of age. Vanderburgh County’s immunization rate for completion of the primary vaccine series in 2013 was 52% according to a letter from Indiana’s Immunization Director, Dave McCormick. While this placed Vanderburgh County in the “At or Above Average” category, VCHD realized there were strides that could be taken to improve our primary vaccination rate.

Our goal was to increase the primary vaccine completion rate from 52-55%, promote children receiving their required and recommended school vaccines, dispel myths about the influenza vaccine and promote the use of MyVaxIndiana (a free immunization portal that enables a person to access a vaccine record from an electronic device). To accomplish our goal, we applied for and received the Indiana State Department of Health Immunization Grant for 2015. We partnered with a marketing firm, a local university, our hospitals, health centers, private, parochial and charter schools, youth centers, a childcare referral agency, daycare providers, and the Women Infant and Children’s Program to ensure referral of children for timely immunizations.

Together, we developed a marketing and education plan, resulting in the creation of “Vax” our blue vaccination bird/immunization mascot, our website vaxtoday.com, a series of commercials, billboards, bus wraps, banners, print materials and a bidirectional interface for transfer of vaccination records between CHIRP and our Electronic Health Record, iSalus. Our first commercial (shot at a local childcare facility) features young children discussing the importance of completion of the primary vaccine series. Our second commercial, (shot at a local retail store) features parents and their school-age children preparing for back-to-school. “Vax” reminds the parents to get their children immunized. Our third commercial (shot at a local park) features “Vax” and a young boy (from the first commercial) dispelling myths about the influenza vaccine. As a result of our marketing campaign and education plan, our primary vaccine series completion rates went from 52-67% and we tracked increased use of MyVaxIndiana in 2015. Our commercials have been shared by ISDH with other local health departments and our Health Officer, Dr. Ken Spear, gave a presentation on this topic to the Indiana Health Officers at the Public Health Leadership Symposium in 2015.
Carrie Lawrence, PhD
Rural Center for AIDS/STD Prevention IU School of Public Health-Bloomington

Bio: Dr. Carrie Lawrence is a Postdoctoral Fellow with the Rural Center for AIDS/STD Prevention at the Indiana University School of Public Health Bloomington. She several years of experience as a practitioner in various health and human service setting such as child welfare worker and health educator in Indiana and as a non-profit program director in Kansas. Her research is highly applied and focused on both community and health systems, community engagement, collective action, family health and policy, social justice, social and child welfare. She has conducted community based and participatory research in rural and urban settings throughout Indiana as well as Jamaica, China and Thailand. Carrie likes to explore the dissemination and adoption of health policy as well as the consequences of policy on local communities and their abilities to make up for the deficits created by policy agendas counter to their goals.

Abstract: HIV in Indiana remains a significant health challenge for several populations. The recent HIV outbreak in a southern Indiana county exposed a myriad of system issues which continuously fail to effectively address disparities. These disparities point to institutional failures with linkage to and retention in HIV treatment. Sustainable solutions that can become new institutions must be generated from and owned by individuals and communities across Indiana. The National HIV/AIDS Strategy calls for collective HIV prevention and treatment transformation efforts among federal, state and local governments, advocacy groups, community-based organizations, and health care systems. The HIV “treatment cascade” or “continuum of care” provides a helpful conceptual model (Figure 1). Reducing HIV viral load results in health improvements for people with HIV and reduced HIV transmission in communities.

Barriers to Access to Care for Persons Living with HIV Post-Affordable Care Act Implementation in South Bend, Indiana
Ashley Scott, MS
Program Director, Eck Institute for Global Health University of Notre Dame

Bio: Ashley Scott is the Program Director for the Eck Institute for Global Health at the University of Notre Dame. She pursues financial support for interdisciplinary global health efforts, serves as a university representative in strategic planning for global outreach, international partnerships, and private-public partnerships, and manages and develops internal Institute programs. While obtaining her MS in Global Health she piloted training programs for counterfeit drug detection with medical professionals in limited resource settings and partnered with the Ford Family Program in Human Development Studies and Solidarity to perform a maternal health facility assessment in the underserved area of Dandora, Kenya. Ashley received her BS in Chemistry from Florida Southern College in 2012.
Abstract: In order to improve services for their clients, AIDS Ministries AIDS Assist (AMAA) partnered with the Eck Institute for Global Health at the University of Notre Dame to examine issues centered on continuity of care and barriers to care for persons living with HIV (PLWH). Through the lens of the recently implemented Affordable Care Act and Healthy Indiana Plan 2.0, a phenomenological study examined the thoughts, feelings, and beliefs about the lived experiences of a PLWH interacting with the healthcare system. Study participants (n=6) were AMAA clients who had experienced at least a six month “gap in care” despite having or being eligible for insurance coverage. The data demonstrates a minimization of traditional barriers to HIV care and the emergence of two modern barriers. The complexity of the health insurance system and the lack of recognition of a gap in care have barred the study participants from accessing consistent HIV care and as a result the virus remains transmissible for 80% of the participants. These results led researchers to recommend once PLWH are initially linked to care, the practice of care coordination should shift from a system that is acute HIV care centered to one where HIV is managed as a chronic disease, so that continuity of care is reinforced, health literacy is improved, and quality of life becomes the focus. By following these recommendations, AMAA can make evidence-based decisions regarding their programmatic strategies and connect research with practice.

Heidi Beidinger-Burnett, PhD, MS Assistant Professor University of Notre Dame

Bio: Dr. Heidi Beidinger-Burnett is an Assistant Professor at the University of Notre Dame. She received her degree in Public Health from the School of Public and Environmental Affairs from Indiana University. During her tenure at the Centers for Disease Control, Beidinger developed an expertise in STD/HIV, correctional healthcare and surveillance and monitoring programs working at Cook County Jail, Hospital and Juvenile Detention Center. While working for the CDC, she received her MPH from the University of Illinois, Chicago. After moving back to her hometown of South Bend, Beidinger developed a keen interest in secondary education with a focus on high school redesign and leadership. She received a PhD in Educational Leadership from Western Michigan University. She has worked for and consulted with several large school districts with the goal of improving school leadership, teaching, and learning. Her current appointment at ND blends her interests in epidemiology, community-based research and education.

Session VI: Models for Integrating Public Health into Clinical Care - Room 307
Project Comprehensive Demographic and Health Data on Electronic Health Records (CDHEHR): How Integrating Sexual Orientation and Gender Identity Measures into Electronic Health Records Could Improve Sexual and Gender Minority Population Health
Christopher Owens
Project Associate and Graduate Student IU School of Public Health-Bloomington
**Bio:** Christopher Owens is a graduate student for the Department of Applied Health at Indiana University, pursuing a Master of Public Health degree in Behavioral, Social and Community Health. His research interest involve collaborative interdisciplinary research of sexual and gender minority population health, with particular foci in the development of culturally competent health systems for sexual and gender minority (SGM) populations. Owens’ current interest is how Electronic Health Records (EHRs) can integrate sexual orientation and gender identity (SOGI) measures to gather SGM data to ultimately improve SGM population health. He has also conducted and assisted projects associated with the Center for Sexual Health Promotion and the Rural Center for AIDS/STD Prevention.

**Abstract:** Electronic Health Records (EHRs) have been noted to improve the public's health; however, having EHRs be culturally competent with sexual orientation and gender identity (SOGI) measures will better inform health and community-based organizations about the health status of sexual and gender minority (SGM) populations. SGM populations face disparities within and outside of the public health sector; however, some researchers believe SOGI EHRs could reform how the health system interacts with SGMs and how SGMs interact with the health system. This proposed session will provide an overview of SOGI EHR research, SOGI measures in EHRs and other data collection methods such as patient forms, and a proposed state system which integrates how SOGI EHRs could improve policy, practice, and research of SGM population health.

**Increasing Access to Care Through Implementation of Centralized OB/GYN Phone Triage: A Multidisciplinary Collaborative Approach**

Carrie F. Bonsack, DNP, CNM
Executive Director-OB/GYN Service Line HealthNet

**Bio:** Carrie F. Bonsack, DNP, CNM, has been at HealthNet for over 10 years. HealthNet is the largest Federally Qualified Health Center in Indiana, which serves underserved patients in Indianapolis. Currently, Dr. Bonsack is the Executive Director of the OB/GYN Service Line for HealthNet, for which she oversees all goal-setting, planning, staffing, care delivery and outcomes tracking for OB/GYN services. Our goal is to ensure that patients encounter the same high quality, coordinated, efficient, patient-focused care at all service-delivery sites across HealthNet. Dr. Bonsack holds a bachelor’s degree in nursing from Johns Hopkins University; a master’s in nursing, specializing in nurse midwifery, from the University of Maryland; and completed her doctorate in nursing practice from Ball State University.

**Abstract:** The purpose of this initiative to centralize OB/GYN phone triage was to improve quality, patient satisfaction, and efficiency while decreasing unnecessary use of the emergency room and to increase access to care for patients in their Patient Centered Medical Home for non-emergent needs. Centralizing OB/GYN
triage calls has ensured that OB/GYN patients calling HealthNet centers will receive advice from experienced OB/GYN triage nurses in consultation with physicians and advanced practice nurses. This project demonstrated strategies to solve complex issues through a collaborative, multidisciplinary team approach to overcome challenges that reduced access to care including: limited access to providers’ schedules for triage work-in needs; limited number of nurses with OB/GYN experience/background knowledge provided phone triage; patient dissatisfaction due to wait time to speak with a nurse, lack of a queue system and method to prioritize and immediately transfer patients to a live nurse; provider dissatisfaction due to inefficient patient through-put, misuse of resources including the emergency department, center schedules, and hospital obstetric triage; lack of standardized nursing triage documentation; and lack of a phone triage reporting system to obtain data for capturing abandoned calls, wait times, and nurse call volume. The multidisciplinary team including members from service line leadership, quality department, information services, EMR analysts, providers, nursing, clinical managers, and front office staff developed a decision making model that was utilized as a road map to successfully navigate from pre-pilot planning to pilot go-live, and into full implementation across seven OB/GYN sites in a large federally qualified health center.

Carlos Guevera, MAT EMR Clinical Analyst HealthNet

Bio: Carlos Guevara, MAT, has been an EMR Analyst at HealthNet for the last 5 years. HealthNet is the largest Federally Qualified Health Center in Indiana, which serves underserved patients in Indianapolis. As an EMR Analyst he helps support over 150 Providers and 400 Nurses and Staff using the EMR. He has served as Interim Manager of the EMR Department on two occasions and he is the Lead EMR Analyst at HealthNet for Meaningful Use (MU), PCMH (Patient Centered Medical Home), New Staff EMR Training, and more. Mr. Guevara became a vendor-certified EMR Trainer in 2015. He holds a Bachelor’s degree in Spanish and Philosophy (Wabash College) and a Masters in Teaching (Indiana University).

Randy Todd
Information and Security Services Manager HealthNet

Bio: Randy Todd, is the Information and Security Services manager for HealthNet. He has been with HealthNet for 7 years. HealthNet is the largest Federally Qualified Health Center in Indiana, which serves underserved patients in Indianapolis.

Stephanie Webb, ASN, RN-C Nurse
HealthNet

Bio: Stephanie Webb, ASN, RN-C has been a nurse with HealthNet for 4 years. HealthNet is the largest Federally Qualified Health Center in Indiana, which serves underserved patients in Indianapolis. She currently excels in her role as a
centralized OB/GYN phone triage nurse. Stephanie will complete her Bachelors of Science in Nursing in December 2016. She has been a Labor and Delivery nurse since 2002. The majority of her career has been at the IU Methodist Maternity Center, although she spent two years of her nursing career as a labor and delivery nurse manager a small community hospital. Additionally, she is a member of the Life Line High Risk OB Transport team at the IU Methodist Maternity Center.

**Traumatic Brain Injury Prevention in the Primary Care Setting**
Laura Gano, MPH Research Analyst
IU School of Medicine

**Bio:** Laura Gano is a Research Analyst with the Indiana University School of Medicine Department of Family Medicine. Her background in epidemiology informs her work in program evaluation, needs assessments, observational and intervention-based studies. She also acts as a preceptor for the Indiana University Richard Fairbanks School of Public Health and oversees a public health elective for medical students. Ms. Gano maintains interest in her undergraduate major in anthropology; she will be published in a forthcoming volume examining bioarcheological perspectives of atypical mortuary practices. Having earned a Masters degree in epidemiology, she is currently pursuing a PhD in health sciences, focusing on improving traumatic brain injury health outcomes.

**Abstract:** Traumatic brain injury (TBI) is a complex clinical and public health problem. From 2001 to 2010, emergency department visits increased by 70% and hospitalization rates increased by 11%, yet TBI deaths decreased by 7%. Public health campaigns related to automobile safety, seat belt use, helmet use, and improved clinical treatment for severe TBI have mitigated TBI severity and, consequently, mortality. The Centers for Disease Control’s strategic plan to reduce TBI incidence includes primary prevention, improving recognition and management of mild TBI (i.e., concussion), and promotion of healthy lifestyles and improving health outcomes for people living with TBI. Primary care physicians (PCPS) have a key role to play in these efforts. However, research indicates that PCPs have deficient understanding of TBI. The Indiana University School of Medicine Department of Family Medicine conducted a study to examine knowledge of and clinical experience with TBI among Indiana family medicine physicians. While all respondents believed that PCPs can effectively manage post-acute concussion care and 98.0% had treated a concussion case within the past year, qualitative data demonstrated that family medicine physician prevention efforts are lacking. Prevention efforts can be enhanced by public health professionals and PCPs working collaboratively and recognizing that the longitudinal patient/PCP partnership provides an ideal setting for primary, secondary and tertiary prevention efforts.
An Introduction to the Biosafety and Infectious Disease Training Initiative (BIDTI) National Institute of Environmental Health Sciences Worker Training Program (WTP)

Aurora Le, MPH Academic Specialist
IU School of Public Health-Bloomington

Bio: Aurora Le, MPH areas of research include infectious diseases and environmental health, with a focus on training and education. Aurora’s research in Ebola virus disease (EVD) has earned national recognition. She supported the research activities of the Nebraska Biocontainment Unit, as a Graduate Research Assistant. Some of Ms. Le’s notable work includes the Biosafety and Infectious Disease Training Initiative (BIDTI) aimed to provide practice hands-on health and safety training on EVD to workers who may have potential exposure to EVD and other highly infectious diseases. BIDTI is a National Institute for Environmental Health Sciences (NIEHS) funded initiative. Furthermore, Ms. Le was part of the exercise design team for the National Ebola Training and Education Center. Ms. Le now serves as Academic Specialist at Indiana University School of Public Health-Bloomington and coordinates the activities of the supplement of BIDTI NIEHS Worker Training Program.

Abstract: The proposed session will introduce and describe the details of the Biosafety and Infectious Disease Training Initiative (BIDTI), which is a National Institute of Environmental Health Sciences grant funded extension of our pilot project. BIDTI is a consortium of Indiana University School of Public Health-Bloomington, Nebraska Biocontainment Unit, University of Texas School of Public Health, Harvard T.H. Chan School of Public Health, and Dillard University. BIDTI's purpose is to positively and meaningfully impact the health of communities by providing practical hands-on health, environmental infection control, and safety training to mitigate and manage exposures to Ebola virus disease (EVD) and other serious infectious by workers who may have potential exposure. While these workers include healthcare and allied healthcare professionals, we will deliver training events in hazard planning, mitigation, response and recovery activities, while enhancing biosafety and infection control.

Addressing Communication for Epidemic Preparedness in Local Communities

Priyanka Brunese, PhD Candidate
Technology Leadership and Innovation Department Purdue University

Bio: Priyanka Brunese is a Ph.D. candidate in the Technology Leadership & Innovation department at Purdue University. Priyanka received the 2015 Emerging Leaders in Science and Society Fellowship sponsored by AAAS. She has a B.Eng. in Computer Engineering from Mumbai University and a M.S. in Computer and Information Technology from Purdue University. Prior to returning to Purdue to pursue her Ph.D., she worked as an IT project manager and change management
specialist for a large global appliance manufacturer. Priyanka's research interests include leadership development, change management, collaboration, organization development and information technology. Her dissertation focuses on understanding what leadership looks like in cross-sector collaborations and partnerships. Her imperative is to work with teams and organizations to help them overcome societal barriers, engaging them and bringing them together. Priyanka envisions herself to be a collaborative leader who is inclusive and acts as a connector of diverse people, knowledge and resources.

Abstract: In the wake of the 2014 Ebola crisis in West Africa, and the uncertainty over whether the disease could spread to the United States, epidemic preparedness emerged as a pressing challenge for many communities. Moreover, the Ebola crisis and reliance on social media highlighted a specific need for more coordinated communication that balances trust, fear, and accuracy. The purpose of the project was to understand the landscape of epidemic preparedness in our community, to bring relevant stakeholders to co-design effective channels to manage trust, fear, and accurate communication during epidemics in the age of digital communication and share local and promote inter-agency collaboration at local and national levels. Through a SWOT analysis the theme of 'communication and epidemics' emerged, leading to a local community stakeholder forum. This forum used system’s approach and the World Cafe Method to allow participants to mind map current and future state. The forum identified how different populations in our community receive public health information. It also highlighted both current best practices used and challenges faced by different stakeholders in our community while communicating epidemic preparedness communication. Lastly, recommendations were co-created by forum participants to address several identified challenges.

Improving Healthcare Using a Team Approach Judy Sieg, DNP, APRN-C, FNP, PCCN
Resource Nurse Practitioner Quad Medical

Bio: Work experience includes 20 years as a nurse 3 years as an outpatient nurse, 12 years as a cardiovascular nurse, 5 years as a home health nurse, and currently working as a nurse practitioner throughout the State of Indiana focusing on preventative health care. She also volunteers on the Indiana Healthy Weight Initiative (IHWI) policy making group and worked with the Indiana Chronic Disease advisory group. During the Doctor of Nursing Practice (DNP) educational journey she focused on chronic disease while developing a new and innovative quality improvement (QI) program to improve patient outcomes, staff satisfaction, and reduce cost of care. The QI project focuses on fun interactive training modules to teach a team how to incorporate the plan, do, study, act (PDSA) cycle developed by W. Edwards Deming. The QI program encourages the multidisciplinary team to think of new and unique solutions to improve outcomes within their own organizations and communities.
Abstract: 71 million Americans, or one in every three people, have abnormal serum lipid levels also known as dyslipidemia that is directly associated with cardiovascular disease (CVD). This is the leading cause of mortality and morbidity while costing Americans $444 billion annually and expected to increase to $912 billion by 2030. The purpose of the quality improvement project is to create a program using evidence based information that considers cardiovascular risk factors and provides multidisciplinary training as a collaborative solution that can be utilized within the Indiana population to improve chronic disease risks by recognizing, monitoring, and treating those within the community. The quality improvement program can be adjusted to focus on any chronic disease.

Healthier Head Start: Sodium Reduction in Early Child Education
Kristen Elise Lindstrom, MA, RDN Cardiovascular Nutritionist
Marion County Public Health Department

Bio: K. Elise Lindstrom, MA, RDN, is the Cardiovascular Nutritionist for the Sodium Reduction in Communities Program at the Marion County Public Health Department housed within the Chronic Disease Department to implement the project at Head Start. Elise has over seven years of experience planning and conducting nutrition programs, specializing in pediatric overweight and obese populations. She earned a Bachelor’s Degree from Purdue University with a dual major in Dietetics and Nutrition, Fitness and Health, and holds a Master’s Degree in Advance Nutrition from Ball State University.

Abstract: On average, children over two years consume over 3 grams of sodium per day. Unlike the National School Lunch Program (NSLP) the Child and Adult Care Food Program (CACFP), which Head Start follows, does not have sodium guidelines. The Marion County Public Health Department partnered with Family Development Services (FDS) to reduce sodium in the meals served to 2,000 Head Start Children. Nutrient analysis of meals/foods was conducted on original and modified foods. Nutrition standards were developed to align with CACFP and NSLP. Head Start specific nutrition standards were shared with food distributors to identify lower sodium products. Taste testing, food costs and plate waste analysis were conducted. FDS Head Start reduced the average daily sodium intake from meals served by 35% (1,309 mg to 853 mg). Acceptance of lower sodium foods was no different than original foods with no increase in lunch waste and no significant changes in cost.

Factors Contributing to Preventive Oral Health Behaviors Among Mexican-Americans Living in Central Indiana
Jon Macy, PhD
Associate Professor, Applied Health Science IU School of Public Health-Bloomington

Bio: Jon Macy is an Associate Professor of Applied Health Science in the School of
Public Health at Indiana University in Bloomington, Indiana. He teaches in the public health administration concentration for the Master of Public Health program. His research interests include tobacco control policy, smoking cessation, adolescent smoking prevention, and implicit attitudes toward smoking. He received a PhD in health behavior from Indiana University, an MPH in international health from Emory University, and a BA in economics from DePauw University.

Abstract: Background. Oral health among Mexican Americans (MAs) is often poor. MAs appear to develop a set of norms blending poor preventive care with U.S. norms of high calorie sugary snacks and drinks. The factors that contribute to engaging in preventive behaviors that improve oral health are not well understood in this population. Using the Integrative Model of Behavioral Prediction (IM) as our guiding theoretical framework, we tested predictors of regular flossing and seeking preventive dental care.

Methods. We recruited 160 MAs (64% female; age 34±11 years) from church congregations and lay community organizations in Central Indiana. Regression models were fitted to predict self-reported flossing regularly, number of flossing days reported in the last week, self-reported regular attendance for preventive dental care, and stated average frequency of visits for preventive care.

Results. Self-efficacy was consistently the strongest factor associated with self-reported flossing regularly and number of flossing days last week. For seeking preventive care, again self-efficacy showed a consistent association with self-reported behavior and stated actual frequency of visits, with norms also emerging as a significant factor. Significant covariates in our regression models were higher perceptions of the inevitability of dental problems (dental fatalism) and perceived poorer condition of teeth.

Conclusion. Consistent with the IM, wherein self-efficacy is considered to be a key predictor of intention to engage in a health behavior, our findings suggest that self-efficacy is a key predictor of flossing and seeking preventive dental care in this sample of MAs.

Beth Moser, MS
Department of Biostatistics, IUPUI

Bio: Elizabeth A. S. Moser holds a BS in Biology from Indiana University and an MS in Applied Statistics from Loyola University – Chicago. Since joining Indiana University as a Biostatistician in 2014, she has collaborated with the Indiana University School of Dentistry on numerous projects for both faculty and students. She also works closely with researchers at Riley Children’s Hospital and Methodist Hospital. Mrs. Moser is experienced in the analysis of cross-sectional and longitudinal data under various study designs.

Gerardo Maupome, PhD
School of Dentistry, IUPUI
Bio: Dr. Maupomé is an oral health researcher with primary interests in dental health services research and oral epidemiology, oral treatment needs among patients at high risk of disease or subject to health and social disparities, and analysis of professional practices – including how dental professionals make therapeutic decisions.

After receiving his dental training at the Universidad Nacional in México City, Dr. Maupomé was awarded a MSc in Experimental Oral Pathology in 1986 and a PhD in Public Health in 1991 from the University of London, in the United Kingdom. He received a diploma in Dental Public Health from the Royal College of Surgeons of England in 1991, and completed a residency in Dental Public Health with Baylor College of Dentistry in 2006.

From 2000 until 2005, Dr. Maupomé was a researcher with the scientific program of a large HMO in the private sector, the Kaiser Permanente Center for Health Research in Oregon. From 1995 until 2000, Dr. Maupomé was a faculty member at the University of British Columbia in Vancouver, Canada. He had academic appointments with the Institute of Health Promotion Research and the Department of Oral Health Sciences from 2000 until 2005, and an honorary affiliation with the University of California at San Francisco Dental School from 2002 until 2005. Besides being a Professor with Indiana University School of Dentistry since 2005, he currently has an affiliation with the Regenstrief Institute, Inc. in Indianapolis. He is also an Adjunct Professor in the Department of Public Health, IUPUI School of Medicine, and an Investigator with the Center for Urban Health in the Schools of Science, of Liberal Arts, and of Medicine, in Indianapolis. Dr. Maupomé is a Visiting Professor with the University of Manchester in the United Kingdom; and an Affiliated Professor, Center for Latin American and Caribbean Studies, Indiana University at Bloomington.

Dr. Maupomé has been involved in various research projects – spanning from epidemiological studies assessing the impact of public health fluoridation, to clinical trials of chlorhexidine varnishes; from community demonstrations to promote healthier lifestyle decisions, to quantitative appraisals of factors contributing to poor oral health and failure to access dental services; and from qualitative investigations into social and economic determinants of health, to economic analyses of the costs implied in health conditions and associated therapeutic procedures. Some of these studies have been focused on American Indians, people of Mexican and Hispanic origin, those 65 years of age and older, children, and population groups with restricted access to dental services. Dr. Maupomé continues his active research agenda in the following areas: to expand studies in oral epidemiology and dental health services research for all types of populations groups (both in North America and in less developed countries), with special attention to the identification, characterization, evaluation, and contrasts of disease manifestations and associated risk factors. Placing the various disease outcomes in
the context of the outcomes derived from treatment courses (preventive and rehabilitative) will remain an important part of his research, using various investigation approaches – in isolation or in combination. Also, the use of mixed-methods to evaluate patterns of professional practices, and how decisions for dental treatment are made, will complement goals for educational research and the creation of an evidence base of innovative clinical approaches to manage oral conditions/diseases.

Adam Hirsh, PhD
Department of Psychology, IUPUI

Bio: My lab conducts research on the biopsychosocial aspects of pain and functioning in humans. We study providers of pain care, patients who experience pain, and healthy laypersons. (1) On the provider side, we use computer-simulated patients and environments to test hypotheses about the factors that influence pain judgments and treatment decisions. In this work, we are particularly interested in examining the mechanisms that underlie disparities in pain care, and in developing targeted interventions that improve providers’ pain treatment decisions. (2) On the patient side, we have several ongoing projects in the Pain Clinic at Riley Children’s Hospital, the Primary Care Clinic at Eskenazi Health, and the Indiana Polyclinic (a freestanding, multidisciplinary pain facility). For example, at Riley Children’s Hospital, we are examining how child and parent injustice perceptions about pain influence pain-related outcomes over time. At Eskenazi Health, we are examining how adults with chronic pain prioritize their symptoms and evaluate treatment effectiveness – this work will inform a future intervention to facilitate shared decision-making between patients and providers. At Indiana Polyclinic, we are examining how social factors influence patients’ decisions to seek pain-related disability compensation. (3) Our work with healthy laypersons uses laboratory-based quantitative sensory testing, which allows us to manipulate the pain stimulus and key psychosocial factors (e.g., participants’ pain-related expectations and coping strategies) to examine how these factors influence pain. We are a multidisciplinary lab and collaborate frequently with colleagues in Medicine, Nursing, Communication Science, Informatics, and Social Psychology. Education includes MS in Clinical and Health Psychology and PhD in Clinical and Health Psycho from University of Florida, and Post-Doctoral Fellowship, Department of Rehabilitation Medicine from the University of Washington.

Patrick Monahan, PhD
Department of Biostatistics, IUPUI

Bio: Received a Bachelor degree in Psychology and Philosophy, Masters in Educational Measurement and Statistics and PhD in Education Measurement and Statistics, PhD Minor Biostatistics from Iowa State University. Previous work includes being an Assistant Professor in the Division of Biostatistics, Department of Medicine for Indiana University and
currently an Associate Professor in Department of Biostatistics for Indiana University and Associate Professor for the Department of Public Health, School of Medicine, Indiana University. Selected awards and national service include Statistical Editor, Annals of Clinical Psychiatry, official journal of the American Academy of Clinical Psychiatrists and nominated for the Indiana University - Purdue University (IUPUI) Chancellor's Excellence in Teaching Award.

George Eckert, PhD
Department of Biostatistics, IUPUI
Bio

Back to the Future of Active Living: Built Environment Strategies to Promote Public Health
Joan Cook
Manager of Special Projects Health by Design
Bio:
Joan Cook graduated from Indiana University with a degree in Public and Environmental Affairs. She spent 27 years working in different capacities at the Marion County Public Health Department. In April of 2012, she began working with Health by Design, a diverse coalition that brings together advocates of community design, transportation and health to support healthy and active living throughout Indiana. Joan initially convened and still coordinates Indiana Walks, worked alongside partners to help pass a Complete Streets Policy for Indianapolis, supports efforts to increase and improve transit funding and service statewide, and works on numerous other issues related to the safety, education, and promotion of bicycling, walking and transit. Joan currently serves on the Indianapolis Mayor’s Bicycle Advisory Council, is a member of the Indiana Department of Natural Resources Trails Advisory Board, and participates in several collective impact initiatives to improve the health and well-being of Central Indiana residents.

Abstract:

Pete Fritz, AICP, PLA
Healthy Communities Planner Indiana State Department of Health

Bio: Pete Fritz is the Healthy Communities Planner with the Indiana State Department of Health, Division of Nutrition and Physical Activity. His job duties include working with project stakeholders in planning and designing communities with a focus on promoting healthy, active lifestyles through changes to the built
environment. Pete’s current projects include developing and facilitating a series of active living workshops, managing funding for community pedestrian and bicycle master plans and promoting safe walking and biking routes to schools. He is also developing partnerships with ISDH and other State agencies to promote physical activity and better nutrition throughout the state.

Lindsey Bouza, MPH, PAPHS
Wellness and Physical Activity Coordinator Indiana State Department of Health

Bio: Lindsey Bouza works at the Indiana State Department of Health. In her current role, she serves as the subject matter expert in physical activity and worksite wellness. She, along with her colleagues in the Division of Nutrition and Physical Activity, provides technical assistance to communities wanting to create lasting policy, systems, and environmental changes. Currently, she is helping coordinate Active Living Workshops in communities throughout the state to help them think about encouraging bicycling and walking among their residents. Ms. Bouza has a Master of Public Health in Behavioral Health Science from Indiana University Purdue University-Indianapolis (IUPUI

Utilizing Parks and Recreation Policies, Programming, and Facilities to Impact Community Health
Alison Miller, BS, MS
Health and Wellness Coordinator
City of Bloomington Parks and Recreation Dept.

Bio: Alison Miller is currently the Health and Wellness Coordinator for the City of Bloomington Parks and Recreation Department. She is passionate about community health and wellness and the impact that Parks and Recreation has in this area. Alison Miller holds a B.S. in Health Communication and a M.S. in Sport and Recreation Leadership. She has lived all over- from Virginia, Alaska, South Carolina, and now Indiana.

Abstract:
Parks and Recreation has a vital role to play in the wellbeing of communities. This session will explore the infusion of health and wellness into agency strategic planning and how to utilize local and national health data through parks and recreation. During this session, information will be presented from the City of Bloomington, IN Master Plan that utilized a survey asking specific health related questions that linked back to health outcomes and into the agency’s strategic action plan. The session will also highlight community health programming implemented by the Bloomington Parks and Recreation Department such as childhood nutrition, health coalitions, and employee wellness. Lastly, this session will look at how facility space can be maximized through partnerships. Through intentional policies,
creative programming, and inclusive facilities, community health outcomes can be impacted.

Session X: Neighborhood Initiatives - Room 307 Worlds Apart: How Can We Reduce the Gaps in Life Expectancy Across Communities of the Indy Metro Area?
Tess Weathers, MPH Faculty
IU Richard M. Fairbanks School of Public Health

Bio: Tess Weathers, MPH, is a Research Associate in the IU Richard M. Fairbanks School of Public Health at IUPUI. Ms. Weathers graduated magna cum laude from East Tennessee State University in 1985 with a B.S. in Biology. She received her MPH in Epidemiology from the Indiana University School of Medicine in 2003, and joined the Fairbanks School of Public Health (FSPH) at that time. She was inducted to the Delta Omega National Honorary Society in Public Health in 2006.
Abstract: In our 2015 report “Worlds Apart: Gaps in Life Expectancy in the Indy Metro Area,” we demonstrate the striking 14 year gap in life expectancy across communities in the 11-county Indianapolis metropolitan area. Some of our communities are living as long as the healthiest countries in the world (Japan and Switzerland), while some have average lifespans similar to far less developed nations (Bangladesh and Iraq). These gaps tells us that something is vastly different about the everyday lives of those living in these contrasting communities, as though they are indeed different societies. But, much like a fever indicates illness without identifying the specific problem, life expectancy points us to where these population health disparities are occurring, but leaves us asking deeper questions. In this session, we will briefly share results of this analysis, and then facilitate a dialogue and problem-solving session where participants dig more deeply behind life expectancy in communities to discuss the underlying social determinants of health and identify potential solutions and levers for action.

Lisa K. Staten, PhD
Associate Professor and Chair, Department of Social and Behavioral Sciences
IU Richard M. Fairbanks School of Public Health

Bio: Dr. Lisa Staten is an Associate Professor and the Director of the Social and Behavioral Sciences Department in the Richard M. Fairbanks School of Public Health. Dr. Staten’s research focuses on chronic disease prevention in underserved populations using community-based participatory research methods. She has worked on community-based studies and interventions along the US-Mexico border for 15 years and currently is working to develop partnerships interested in chronic disease prevention in underserved populations in Indiana. Over her research career, Dr. Staten has been Principal Investigator/Director of the Canyon Ranch Center for Prevention and Health Promotion, a Centers for Disease Control and Prevention (CDC) Research Center. She has also been principal investigator on a NIH (Rand
Subcontract) study of the built environment on physical activity in adolescent girls, co-PI on two CDC funded projects: Arizona WISEWOMAN and a supplement to the Border Health Strategic Initiative and lead evaluator for the Arizona Steps to a Healthier US project with the Arizona Department of Health Services. She has also been a co-investigator on the NIH/NHLBI multi-center trial, Trial for Activity in Adolescent Girls (TAAG).

Currently, Dr. Staten is co-PI of a grant from the Walther Cancer Foundation grant to develop infrastructure to expand and enhance the Department’s ability to work effectively in community settings, increase Department and community capacity for cancer research, and train the next generation of public health students in community engaged cancer research.

In addition, she is Principal Investigator of the following collaborative projects:

Integrating Clinical Data Systems with Social Context to Map Neighborhood Health

Funded by: Indiana University Collaborative Research Grants

Partners: IU Richard M. Fairbanks School of Public Health, IU School of Health and Rehabilitation Sciences, IU School of Liberal Arts (the Polis Center), and the Regenstrief Institute

Abstract

Over the past 30 years, obesity rates and associated diseases such as diabetes have escalated both nationally and locally. Increasingly, neighborhood environments are being examined in relation to residential health. Neighborhoods have both physical and social dimensions, and research has shown that there are many mechanisms by which both the physical and social characteristics of neighborhoods may influence health. Research indicates that there is potential to modify rates of obesity and associated chronic disease by modifying associated neighborhood factors such as poverty level. While health researchers have long understood that where people live influences their health, new methods are leading to new understandings about the complex relationship between place and health. This project will begin a research initiative to examine the impact of economic development on health in two Indianapolis neighborhoods: the Near Eastside and Near Westside. This study will convene a team from the IU Richard M. Fairbanks School of Public Health, IU School of Health and Rehabilitation Sciences, IU School of Liberal Arts (the Polis Center), and the Regenstrief Institute to develop neighborhood-level health indicators from a clinical data system; integrate these indicators with social indicators to create neighborhood snapshots; and; assess the utility of the indicators for neighborhood units. A grant application will use these data to assess health impact of community investment; inform future policy; provide neighborhood specific health data; and develop public health programs.
Compañeros en la Salud

Funded by: Indiana Clinical Translation Institute, Community Health Engagement Program

Partners: La Plaza, IU Richard M. Fairbanks School of Public Health

Compañeros en la Salud, or Companions in Health, is a CBPR partnership between La Plaza and the School of Public Health (SPH) Indianapolis which began in 2010. The goal of the partnership is to connect with the Hispanic community as a first step in the implementation of community health promotion activities. Since 2010, we completed a health needs assessment and held several meetings where we conceptualized how we will reach our joint goal of providing effective health promotion interventions within a CBPR framework. The project proposed here is the next phase of the process, and consists of obtaining community input and involvement. We will achieve this step through a series of qualitative methodologies. Specifically, we will begin with a community forum, or Charla, which will inform two waves of focus groups which in turn will inform in-depth interviews with community members and key informants. We will then take all the information obtained from these efforts, combine them with the needs assessment and La Plaza data, and move to the next step, which will be to solicit funding through federal grantors and foundations for material adaptation, program implementation, and evaluation. We have chosen the Near Eastside of Indianapolis for this project because of the high concentration of Hispanics and the high level of health risk factors in that neighborhood. Implementation of this project will determine community preferences for promotion priorities and provide a sense of ownership to this community. It will also tell us where to focus future efforts, provide evidence of collaboration between the partners, and introduce the partnership to the community and its key stakeholders. The potential impact of the small initial project proposed here is high as it will lead to the first of many collaborative external grant proposals to come from the partnership.

Food Accessibility Behavior of Indianapolis’ Southside Residents
Amie Wojtyna, PhD Assistant Professor
University of Indianapolis

Bio: Dr. Amie Wojtyna is Assistant Professor of Public Health at the University of Indianapolis. She received her doctorate in public health epidemiology from Walden University, her Master of Public Health from Emory University, her Master of Science in Biomedical Sciences from the Medical College of Ohio, and her bachelor of arts from DePauw University. Prior to coming to the University of Indianapolis, she worked in public health for 13 years, concentrating her efforts in the fields of enteric diseases and antimicrobial resistance. She has held positions as a
surveillance epidemiologist for both the U.S. Centers for Disease Control and Prevention in Atlanta, Georgia, and the Indiana State Department of Health. She also has extensive outbreak investigation experience. Her doctoral studies were a mandate by Congress to investigate the link between using antimicrobials in food-producing animals and subsequent resistance in human commensal gut flora.

Abstract: The University of Indianapolis (UIndy) is nestled in the heart of the Southside; a United States Department of Agriculture food desert. Part of UIndy's vision is to provide nutrition and wellness services to the Southside. This presentation describes the study which investigates linkages between food deserts, food accessibility behavior and health of Southside residents. A convenience sample of residents took a needs assessment survey of food options and nutritional literacy. Geographic Information System (GIS)-based analysis will map survey results. This study is novel in that an encompassing method (PROGRESS framework) will be used to contextualize and examine impact of food desert on food accessibility behavior. Additionally, the application of GIS-based analysis, one of the first in urban food deserts in the United States, will be used for visualizing and quantifying linkages between food desert, food accessibility behavior and Southside resident health disparities.

Debasree DasGupta, PhD Assistant Professor University of Indianapolis

Bio: Dr. DasGupta received her PhD in Public Policy from George Mason University and her MCRP in City and Regional Planning from Clemson University. Her areas of expertise include global and public health, population dynamics, and statistical, econometric and GIS applications in health. In her research, Dr. DasGupta uses a variety of spatial statistical and econometric modeling techniques to analyze georeferenced socioeconomic, population and health data and has 10 years of experience working with Geographic Information Systems (GIS) and large data sets. She has previously worked on federal- as well as state-funded grant projects and has authored articles for peer-reviewed journals and presented her research at various international and domestic conference proceedings. Currently she is serving as the co-PI on an ongoing research project funded by the Bill & Melinda Gates Foundation to investigate effective tuberculosis treatment modalities among the urban poor in India using ICT-based innovations. Dr. DasGupta’s research interest include geographic patterning of disparities in social and health outcomes; gender and health consequences of unequal global fertility trends; organ allocation systems and variations in pre- and post-transplant outcomes; m-Health and e-Health applications in alleviating standard of care and compliance to drug regimen.
Abstract: In Indiana, communities have turned their gaze locally to the prescription drug abuse epidemic rocking the state and the nation. As the epidemic hits home, there is demand for effective strategies to address the need for prevention to stop the rising numbers. Most communities address substance abuse prevention in some manner, however, prescription drug abuse presents unique challenges for prevention efforts. Given the unique nature of prescription drug abuse, much is unknown and the vast majority of available popular programs do not address this issue. Additionally, addressing prescription drug abuse requires changes at the environmental level, entailing focus on culture, policies, and practices in settings (e.g., schools, law enforcement, medical community) that can often be difficult to access and change.

Utilizing their years of experience working with communities to prevent prescription drug abuse, the presenters will guide break-out groups through stages of SAMHSA’s Strategic Prevention Framework (SPF) model using examples based on real-life communities in Indiana facing the prescription drug abuse epidemic. Break-out groups will be assembled based on community similarities and real-life community scenarios (de-identified) will be provided that best represent each group. Utilizing the provided scenarios, groups will work through each stage of the model together applying knowledge and skills gained during the session. Giving participants the opportunity to work through scenarios from communities in Indiana similar to their own will provide them with the knowledge and skills to go back to their communities and start addressing prescription drug abuse prevention in a targeted and effective manner.

Bio: Dr. Courtney Olcott works at the Indiana Prevention Resource Center (IPRC) at Indiana University and has two decades experience working in substance abuse prevention and mental health. Dr. Olcott has served as project manager and evaluator for community grant projects on the prevention of substance abuse in Indiana. Most recently she has been the leader on grants specific to the prevention of prescription drug abuse/misuse in local Indiana communities and the state.
partnerships throughout Indiana. Hope has been engaged in a range of evaluation processes related to both community-level evaluation and systems-level evaluation of prevention and behavioral health initiatives throughout the Midwest since 1996, as well as performance assessment for Federal, state, and private funders. In addition to evaluation design, Hope is experienced in the provision of technical assistance, coaching, and training to enhance evaluation data utilization, sensemaking, and dissemination.

Leveraging Community-Academic Partnerships to Address Critical Health Issues
Rhiannon Edwards, MS Executive Director
Public Advocates in Community Re-Entry

Bio: Rhiannon began her career at PACE as the Employment Developer, creating the agency’s first official employment program, targeting employers who are willing to hire ex-offenders. From there, she went on to serve as the Director of Transitional Services & Employment before being promoted to Executive Director in 2008. Rhiannon also served the City of Indianapolis as the Director of Re-Entry for Mayor Greg Ballard. Rhiannon gained extensive knowledge of the criminal justice system through her Master’s and Bachelor’s Degrees in Criminal Justice and her previous work as a certified paralegal, specializing in criminal defense cases. Throughout her career, her ultimate goal has been to assist those in need.

Rhiannon has nationally accredited certifications as an “Offender Workforce Development Specialist” trainer and has dedicated her life to working in the criminal justice arena, always looking for ways to improve our ever-changing system.

The importance of community stabilization and personal growth and success of all individuals is what motivates Rhiannon to continue to work hard at making PACE the most successful re-entry program in Marion County.

Her passion for offender reentry and innovative approach to ex-offender service delivery are recognized both regionally and nationally, leading her to work with a number of partner organizations to continue improving offender reentry in Indiana, including the Marion County Re-Entry Coalition, Marion County Re-Entry Policy Study Commission and United Way Public Policy Committee. She also participates in many panel presentations, tasks forces and other action driven projects in Indiana.

Abstract: Substance Use Programming for Person-Oriented Recovery Treatment (SUPPORT) is a community-driven, recovery-oriented approach to substance abuse care that aims to address the current lack of substance abuse treatment and services for returning inmates. SUPPORT is the product of a community-academic partnership established with the goal of developing an alternative to Indiana’s Access to Recovery program, which was closed due to lack of federal support despite positive improvements in clients’ recovery outcomes. This presentations will discuss the background leading up to this project, how our community-
academic partnership developed, the unique perspectives, resources, and skills each partner brings to the table, and how we have worked together to develop SUPPORT. After providing an overview of our work, we engage the audience to discuss critical health issues throughout the state and ways in which community-academic partnerships might be leveraged to address them. Learning objectives include (1) defining community academic partnerships, (2) listing their benefits, and (3) identifying ways in which they can address critical health issues in Indiana.

Dennis Watson, PhD
Assistant Professor
IU Richard M. Fairbanks School of Public Health

Bio: Dr. Watson’s research and teaching interests include mental health, high risk populations and health behaviors, evaluation of health care programs and interventions, and community engaged research methods.

Session XII: Climate Change - Room 450 Multi-layer Data Communication Action Tool (MDCAT): An Environmental Justice Tool of Visualizing Environmental Burdens
Jeremy Prather, MPH Research Assistant
IU Richard M. Fairbanks School of Public Health

Bio: Jeremy Prather holds a MPH in Environmental Health from IU Fairbanks School of Public Health. He is interested in the intersection of health communication and environmental health. He works closely with faculty members at Department of Environmental Health and Social Behavioral.

Jay Smirat, BSPH
IU Richard M. Fairbanks School of Public Health

Bio: Mr. Jay Smirat is a second year graduate student in the Environmental Health Science program within the IUPUI Fairbanks School of Public Health. He earned his undergraduate degree in Environmental Health Science at IUPUI in 2015. He has been working on the Multi-Layer Data Community Action Tool under Dr. Yi Wang since May of 2016. His main role on the project is quantifying the impact of cleanup sites in Marion County.

The Impact of Climate Change in Indiana
Melissa Widhalm, MS
Operations Manager, Purdue Climate Change Research Center
Purdue University
Bio: Ms. Melissa Widhalm is an operations manager with the Purdue Climate Change Research Center (PCCRC). Her primary role with the PCCRC is coordinating the Indiana Climate Change Impacts Assessment (IN CCIA), a new project designed to update our understanding of how the changing climate is affecting Indiana. The IN CCIA will bring together the best available climate change research into a series of reports that will help Hoosiers better understand climate change-related risks so they can prepare for challenges and capitalize on opportunities. Ms. Widhalm is a Project Management Professional (PMP) and holds a M.S. in Natural Resources with an emphasis in climate assessments and impacts from the University of Nebraska-Lincoln. She has about 10 years of experiences in the area of applied climate services.

Abstract: Climate change in Indiana is of major public health concern. The main reason is that Indiana ranks seventh in the nation and first in the Midwest for greenhouse emissions. This break-out session will inform both professionals and students of the severity of climate change in Indiana. Many have heard the term, but are not aware of what climate change really means or how climate change affects their everyday lives. Climate change poses great health risks to vulnerable populations, especially to the elderly, pregnant women and young children. Climate change also poses health risks to the socioeconomically disadvantaged, those with pre-existing health conditions and to the general population. This session will provide an interactive experience as well as relevant information to professionals and students. Information gathered during the break-out session will equip participants with information they can use to impact change within their respective communities. Following introductions, lead speaker, Melissa Widhalm, of Purdue Climate Change Research Center, will lead a thirty minute discussion addressing three objectives pertaining to the health impact of climate change, adaptation and mitigation as well as preventative measures. Following Melissa’s presentation, participants will break into table discussions using three to four prompter questions geared toward a call for action. Selected volunteer facilitators will lead table discussions.

Problem Solving Session 1 - Room 305 Using the Strategic Prevention Framework to Address the Public Health Issue of Youth Violence in Indiana
Cierra Olivia Thomas-Williams, MA Prevention Specialist
Indiana Coalition Against Domestic Violence

Bio: Cierra is the prevention specialist at the Indiana Coalition Against Domestic Violence (ICADV) whose work focuses on priority populations. After 17 years as a victim’s advocate who also coordinated prevention efforts for local shelters in Oregon and Indiana, Cierra joined the ICADV prevention team in 2015. Ms. Thomas-Williams works collaboratively with the ICADV prevention team to develop, implement, evaluate, and report on strategies supporting Indiana’s sexual violence prevention plan and intimate partner violence prevention plan. Cierra was honored
as the 2013 Indiana Preventionist of the year for her work in the fields of domestic and sexual violence prevention.

Abstract: Situation: The CDC defines Interpersonal Violence as "the intentional use of physical force or power, threatened or actual, against another person or against a group or community that results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation." Research and programs addressing youth violence typically include persons between the ages of 10 and 24. The Indiana State Department of Health has released data related to deaths of Hoosier Youth. In 2013, homicide and suicide, both forms of youth violence, were the 2nd leading causes of death among young people in Indiana 15 – 24 years old across sex and race. 34% of juveniles in Indiana correctional facilities were committed because of a violent offense.

Background: Prevention strategies are often implemented in response to an identified need. The purpose of prevention is to address the root causes of problem, in other words, the risk and protective factors that either contribute to or diminish an issue. Risk and protective factors are often shared across multiple forms of violence, including youth violence. Understanding these risk and protective factors and then planning prevention strategies accordingly are the basis of the Strategic Prevention Framework.

Assessment: Using data to identify the scope of a problem, considering risk and protective factors when planning prevention strategies, and taking into consideration a communities’ capacity to implement such strategies are key steps in the Strategic Prevention Framework. A culture shift is needed to incorporate multiple systems such as health care, first responders, county departments of health, and educational institutions to address those overlapping risk and protective factors that address youth violence in Indiana in a systematic manner. In addition, data collection related to youth violence provides opportunity for prevention and intervention versus the reactive process of incarceration, suspension, harm or even death of our Hoosier youth.

Recommendation: Fully incorporate a strategic prevention framework across agencies and communities to address youth violence.

References: Center for Disease Control, Substance Abuse and Mental Health Administration, Suicide Prevention Resource Center, Indiana State Department of Health Violent Deaths Registry, Indiana Prevention Resource Center.

Laurie Gerdt, LMHC
Project Manager
Zero Suicides for Indiana Youth

Bio: Laurie is a Licensed Mental Health Counselor and Project Manager for the Zero Suicides for Indiana Youth SAMHSA grant awarded to Community Health Network. After completing her master’s degree in clinical psychology at Argosy University of Chicago in 1995, Laurie’s clinical expertise has been focused in the areas of crisis stabilization, brief solutions intervention, cognitive behavioral
therapy, and assertive case management. After 19 years of direct and reactive client care, Laurie's current emphasis is on prevention and awareness. In Laurie's role as Project Manager, she is responsible for promoting identification of risk for suicide in youth ages 10 to 24 and changing the conversation regarding suicide to encourage a statewide initiative that suicide is preventable. Laurie’s passion lies in developing a sense of competence and connectedness between individuals and communities to help ensure that suicide becomes a zero event for the state of Indiana.

Rosalyn Ware, MPH
University of Indianapolis

Bio: Rosalyn A. Ware-Martin, is a Certified Athletic Trainer at Community Health Network for the Warren Township middle schools. She recently received her Masters of Public Health from the University of Indianapolis. As the Youth Violence and Suicide Prevention intern at Community Health Network’s Behavioral Health Department, Rosalyn worked with the Zero Suicide Prevention Grant project manager in efforts to educate and raise awareness about suicide and mental health in Indiana. As an intern, she also worked with the Indiana Public Health Association Youth Violent Task Force to help with the IPHA’s efforts to prevent acts of violence and suicide among the state’s youth population. Rosalyn is a strong advocate for the overall health and wellness for all populations, especially youth, that are effected by health disparities at a disproportionate rate.

Problem Solving Session 2 - Room 307 Human Trafficking Education Across Indiana: Building An Action Plan to Engage Public Health Professionals
Deborah Getz, ReD, MS
Assistant Clinical Professor
IU School of Public Health-Bloomington

Bio: Dr. Getz has fifteen years' experience as a teacher, consultant, researcher, and project manager. Her areas of expertise include curriculum design and diversity education for public parks, healthcare organizations, and non-profits.

Abstract: Description of Issue:
Human trafficking is widespread across the state existing in urban and rural communities and encompassing a wide variety of public health challenges including: poverty, emotional health, drug abuse, access to care, mental health and other issues. Many professionals are not aware of risk factors, incidence, or the complexities of serving this unique group.
The Indiana Trafficked Victims Assistance Program (ITVAP) was initiated in fall 2015 to create a multi-disciplinary effort addressing the complex issues that surround the public health issue of human trafficking. ITVAP brings together the expertise of the Indiana Youth Services Association, the Indiana State Police, the Indiana Department of Children’s Services and the Indiana University School of Public-
Bloomington through a grant from the Indiana Criminal Justice Institute to: 1) identify and provide services for youth across the state who have been trafficked; 2) establish, coordinate, and evaluate trained service providers; and 3) train service providers, public health personnel, law enforcement and youth workers. In its first nine months, ITVAP has partnered with agencies through the state to identify over 90 youth who have been trafficked and partnered to provide services. Evaluation of ITVAP training during this same period has revealed that approximately 20% of participants were able to define human trafficking prior to their training – and 100% were able to do so after the training. Together, ITVAP demonstrates how to educate individuals, respond to unique health issues, reflect on the impact of human trafficking on each of the social determinants of health, engaging multidisciplinary teams, and developing best-practices to positively impact human trafficking in our state.

Presenting the Problem-20 minutes:
• Identification of the scope of human trafficking in Indiana
• Explain that the vast majority of cases of trafficking in Indiana include relatives or close friends and are among youth who are citizens of the U.S.
• Summarize the unique efforts of ITVAP that bring together this multi-disciplinary team to identify and positively impact youth who have been trafficked.

Call to Action-30 minutes:
Engage participants in a structured discussion requesting participants intentionally reflect, discuss, document (think, pair, share) at their tables to address three issues:
1) Identification of the information most critical to be shared with public health professionals based upon their knowledge of their specific agencies, audiences, clients.
2) Identification of the best methods to access public health professionals across the state
3) Identification of preferred delivery tools/methods that would be most useful/practical in their setting
NOTE: Participants will be asked to identify a note taker and all efforts will be captured in writing, then compiled and a plan will be developed to engage public health professionals across the state. Presenters will circulate and ensure that all understand the vital role the notes will play in developing an action plan to reach professionals across the state.

Session Summary/Closing-10 minutes:
• Each table will share a brief summary verbally and submit in writing their group notes.
• Participants will receive a compilation of group work –if they chose to share their email
• All will receive a list of resources, contact information for the presenters and a summary of actions steps if they believe they have identified a person who has been trafficked, and the link to request free ITVAP training in their agency.
Problem Solving Session 3 - Room 309 Quality Improvement: A Systems Approach to Address Complex Problems
Nancy Swigonski, MD
Executive Director of Innovation for Riley Maternity & Newborn Health
IU School of Medicine and IU Richard M. Fairbanks School of Public Health

Bio:
Dr. Swigonski is the co-chair of Indiana's Perinatal Quality Improvement Collaborative, Quality Improvement Committee. She was an author on several of the white papers regarding approaches to addressing Indiana’s infant mortality. She has run statewide and national quality improvement collaboratives. She is immediate past president of the Indiana Chapter of the American Academy of Pediatrics; the Executive Director of Innovation for the Riley Maternity and Newborn Health initiative and a professor of Pediatrics and Public Health at Indiana University.

Abstract: The current care systems cannot do the job. Trying harder will not work. Changing systems of care will. This quote from the sentinel book from the Institute of Medicine, Crossing the Quality Chasm, prompted an entire science on system change and focus on how we improve care. Mechanisms such as education, payment, guidelines, etc. have not had the impact on the quality of care that is needed. Models of quality improvement are being applied to health care for both systems and problem applications. This workshop will review the background and then introduce the Institute for Healthcare Improvement's model for change in a learning system. Participants will be given the opportunity to develop an Aim, driver diagram, propose interventions and initial tests of change around a topic of infant mortality. Measures and sources of data will be discussed. Participants will then learn about the fixed set of graphical techniques that are most helpful in QI that can be easily used.

Problem Solving Session 4 - Room 450 The Clinical and Translational Sciences Institute Community Health Partnerships (CTSI CHeP) and Purdue Extension Partnership in Indiana: An Innovative and Generalizable Model to Change the Culture of Health
Krystal Lynch, PhD, MPH Postdoctoral Research Associate
Department of Nutrition Sciences at Purdue University

Bio:
Dr. Krystal Lynch is a postdoctoral research associate in the department of Nutrition Science at Purdue University. She has over 13 years of public health research and health education experience with federal, state, academic, and local organizations in child nutrition, tobacco control, maternal to child HIV transmission, and adolescent risk behavior. She is currently working with CHeP on a coalition development project in rural areas in Indiana, and policy, systems, and environment
change strategies with the Purdue Extension Nutrition Education Program. Dr. Lynch has designed and implemented qualitative, quantitative, and mixed-methods research studies including developing surveys; conducting in depth interviews, focus groups, and workshops; coding qualitative data; data management; and analyzing qualitative and quantitative data.

Abstract: Purdue University Extension has a 150-year history of community-engaged programming throughout Indiana. The Indiana Clinical and Translational Sciences Institute (CTSI) Community Health Partnerships (CHeP), although more recently established, has extensive programmatic experience and presence throughout Indiana. The two organizations are collaborating to develop generalizable intervention models based on advancing community health coalitions and evaluating factors associated with coalition success. A major focus is to develop experiential learning and capacity building both within each coalition and across coalitions. In order to inform these efforts, a coalition support project has been initiated in rural county coalitions. Members from six rural county community health coalitions were interviewed and surveyed to understand challenges and opportunities to support coalitions in the areas of leadership, communication, staffing, member participation, recruitment, and resources. This learning session will discuss lessons learned from this project and identify opportunities to support effective coalition activity with the potential to improve the health of communities. The session will include a brief presentation, group discussion about experiences relevant to the challenges faced by community coalitions, and the generation of strategies and action items to increase the support of coalitions in the state. This CHeP-Extension collaborative model should be transferable nationally, with significant beneficial potential via joining long-standing Extension-community partnerships with CTSI-linked health education, research, and effective health programs.

Donna Vandergraff, MS, RD
Extension Specialist and Liaison, CHeP/CTSI Purdue University

Bio: Ms. Donna Vandergraff is an Extension Specialist in the Department of Nutrition Sciences at Purdue University with over 25 years of experience in nutrition education, dietetics, and community health. She also serves as the Purdue Liaison for the Community Health Partnerships (CHeP) of the Indiana CTSI. This role involves leading the Networking Work Group of CHeP, participating in weekly CHeP administrative meetings and activities, linking field staff, faculty and community members and conducting surveys with larger network across the state (over 500 members). Ms. Vandergraff also leads the Community Health Coalition Capacity Building team which involves assessments of educators needs, implementing events such as Coalition Coaches and Coalition Conversations and the March 2015 Coalition Conference. She has served on numerous boards including the Nominating Committee for the national Society for Nutrition Education and Behavior and the Board for the Foods and Nutrition Extension Education division of
SNEB. Previous roles include the Expanded Food and Nutrition Education Program (EFNEP) coordinator, and the assistant director of the Purdue Extension Have a Healthy Baby Program.

Dennis Savaiano, PhD, MS  
Virginia C. Meredith Professor of Nutrition Policy Purdue University

Bio: Dr. Dennis Savaiano is the Virginia C. Meredith Professor of Nutrition Policy at the Department of Nutrition Science at Purdue University and Associate Director of the Community Health Partnerships (CHeP) for Indiana’s Clinical and Translational Science Institute (CTSI). He is also the Principal Investigator/Director of the North Central Nutrition Education Center for Excellence: a USDA NIFA funded center which supports nutrition education research aimed at improving the health of SNAP Education and EFNEP participants. He is the administrative advisor for the USDA Regional Research Project NC1193, “Assessing and addressing individual and environmental factors that influence eating behavior of young adults” and has served in this role since 1994 for this and previous related projects (NC219, NC1028). He has been working on food behavior evaluation strategies with Indiana FNPs for the past three years. He was principal investigator for the USDA IFAFS grant, “Improving Bone Health in Adolescence through Targeted Behavioral Intervention” (an eight-state collaborative research program from 2000 to 2004). In addition, he served as dean for the Purdue College of Consumer and Family Sciences from 1995 to 2010 where he developed health promotion initiatives in CFS Extension. Indiana now includes nearly 20 health promotion positions in Extension,