

**Concurrent Breakout Session Abstracts**

**Track: Access to Healthcare**

***Dental Services For HIV/AIDS Patients: Needs Assessment and Service Prevention Through Coalition Building***

3:45 p.m. - 4:00 p.m., Room: 201

**Abstract**

Community based dental partnership programs have been shown to reduce dental care access disparities for persons living with HIV. Education and student training are a key component to breaking health care disparities and social stigma. The objectives of the needs assessment research at Northern Nevada HIV Outpatient Program, Education and Services (HOPES) were: 1) to determine how being HIV+ influences access to dental hygiene care; 2) to determine if people who are HIV+ would feel comfortable going to an academic institution for care; and 3) to elicit suggestions for improving HOPES existing dental assistance. Participants were 28 adult males with HIV who were clients of HOPES. Results determined that only 21% of the 28 selected participants had their teeth cleaned within the last year. 71% of participants had not had their teeth cleaned for more than 2 years with one client never having had a dental cleaning. The two major barriers to access to dental hygiene care were lack of insurance/cost and fear of embarrassment from disclosing status. 23 out of the 28 participants would be comfortable and willing to go to Truckee Meadows Community College (TMCC) dental hygiene school to get their teeth cleaned. The reasons participants would not feel comfortable at the school were fear of disclosing status and not believing students would be able to provide the high quality of care HIV clients need. The primary suggestion for improving HOPES existing dental assistance was to open an onsite dental clinic next to the medical clinic.

**Learning Objective(s)**

At the end of the session, participants should be able to explain what the barriers to dental hygiene care are for individuals who are HIV+.

**Presenter(s)/Author(s)**

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**Concurrent Breakout Session Abstracts**

**Track: Access to Healthcare**

***Health Priorities and Access To Care Within Clark County***

4:00 p.m. - 4:15 p.m., Room: 201

**Abstract**

Nevada Institute for Children’s Research and Policy (NICRP) recently conducted a community health needs assessment of Clark County, Nevada to understand county residents’ health and well-being. As part of the assessment, a phone survey was conducted of nearly 1,300 residents to gain data on demographic information, health conditions, and other well-being indicators at the zip code level. In addition, the research team collected data through in-person surveys and focus groups, and also collected data from secondary sources. Data were used to identify priority areas within the county, as well as geographical and demographic differences concerning health condition prevalence rates and residents’ abilities to access health care. When possible, comparisons against state and national trends were also made. Findings from the health needs assessment help to inform health providers, service agencies, and policymakers about the public health status of county residents, as well as their ability to access needed care. Because the majority of the state’s population resides within Clark County, findings from this assessment have statewide implications for public health planning. The NPHA poster/presentation will 1) review the mixed methodology approach used for the community health needs assessment, 2) present assessment findings, focusing on identified priority areas within Clark County and any health-related disparities, and 3) offer suggestions for improving overall health and access to health care in Nevada communities.

**Learning Objective(s)**

Participants will learn from this presentation the health-related priority areas within Clark County and their implications for the state. In addition, participants will learn about health disparities among county residents.

**Presenter(s)/Author(s)**

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**Concurrent Breakout Session Abstracts**

**Track: Access to Healthcare**

***Promoting Social Equity Through Shared Responsibility: Access To Healthcare Network***

4:15 p.m. - 4:30 p.m., Room: 201

**Abstract**

This session will present an innovative solution to increasing access to primary and specialty health care for uninsured and under-insured Nevada residents who do not qualify for publicly financed or employer sponsored insurance. As the first non-profit medical discount plan in the nation, AHN is not an insurance program. This community-based partnership connects area hospitals, local and state government and community agencies with employers, health care providers and the working un/under-insured. This is a unique and comprehensive approach to a complex problem, which coordinates and leverages the public and private resources already expended on healthcare. The presentation will provide an overview of the program's evolution, membership trends, strengths and limitations. The presentation will highlight features of a novel model that may be replicated by other communities. AHN members receive comprehensive services, including medical, dental, vision and other ancillary services. Members are required to pay a modest monthly membership fee to offset costs. Members pay cash at the time of service for substantially discounted medical services and products from providers. Patients below the established income criteria qualify for assistance from the Patient Care Fund, a core component of the program. This special fund was established to subsidize the fees for members who otherwise cannot pay cash at the time of service. The guiding philosophy of this program is based on a model of shared responsibility and community partnership.

**Learning Objective(s)**

(1) Understand the concept of shared responsibility and its application to problems faced by working uninsured Nevadans. (2) Improved understanding of access barriers faced by working uninsured members of our community.

**Presenter(s)/Author(s)**

John Packham, PhD  
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Michelle Kling, MS, RN  
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Sherri Rice,  
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Access to Healthcare Network, Inc.

**Concurrent Breakout Session Abstracts**

**Track: New Data**

***Disparities in Asthma Healthcare Utilization in Southern Nevada***

3:45 p.m. - 4:00 p.m., Room: 220

**Abstract**

Introduction: Despite declines in asthma mortality, asthma patients utilize a significant proportion of medical care. The direct national annual costs for asthma reach \$14.7 billion, with \$5 billion for indirect costs. Objective: To observe longitudinal trends in asthma healthcare utilization among various treatment settings and identify differences by socio-demographic characteristics. Methods: Data were obtained from the University Medical Center of Southern Nevada (UMC), on asthma patients receiving treatment during 2000-2008 at four settings: in-patient, emergency room (ER), primary care, or walk-in (Quick Care). Treatment utilization was examined by age, sex, and year. Results: Across all years, male and female asthmatics over 65 utilized less than 15% of all four types of medical treatment. More male patients aged 0-17 years were treated in all settings than females in the same age group. In contrast, more female adults received treatment than did their male counterparts. Female patients 0-17 received care in the ER more than in any other setting. Male patients 0-17 experienced increased hospitalizations from 40% to 60%, between 2006 and 2008. Males and females 18-64 had the highest rates of Quick Care utilization. Primary care usage fluctuated the most across the nine years of study than any other setting. Conclusion: Trends in healthcare utilization appear to differ by treatment setting, age, and sex. To address the public health impact and economic burden of asthma more efficiently, we must tailor future interventions and healthcare resource allocation to those at greatest need, as determined by their current patterns of seeking medical treatment.

**Learning Objective(s)**

To understand socio-demographic disparities and trends in healthcare utilization among Southern Nevadans

**Presenter(s)/Author(s)**

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Joram Seggev, MD

Chrisalbeth Guillermo, MPH

**Concurrent Breakout Session Abstracts**

**Track: New Data**

***Epidemiology of Cancer in Nevada - Disparities and Priorities***

4:00 p.m. - 4:15 p.m., Room: 220

**Abstract**

To analyze the data from the Nevada Central Cancer Registry (NCCR) with an emphasis on priorities for research and public health interventions. **METHODS** Standardized rate ratios (SSR) using the NCCR and SEER incidence data (2004-2006) and the Vital Statistics mortality data (2006-2007) were calculated. By using the age-specific US rates by gender, race-ethnicity and cancer site, the number of excess cases and deaths by cancer per year for Nevada were estimated compared to the nation. In the absence of accurate data on survival, incidence-mortality ratios were compared. Finally, racial-ethnic disparities on stage of diagnosis were assessed for the most common cancers, using logistic regression. **RESULTS** For all cancers combined, the SSR was 0.95 for NV males and 0.99 for NV females, but varied widely by cancer site. Nevadan women showed a substantially high number of lung cancer cases (an excess of 202 per year) and colorectal cancer cases than expected. On the positive side, Nevada had the lowest breast cancer rate in the country. Adjusted for age, Blacks were 21% and Asians were 15% more likely to be diagnosed at late stage than Whites. Hispanics and American-Indians showed no disadvantage. The uninsured and those on Medicaid were the most affected by late stage cancer. **CONCLUSIONS** Overall, Nevada had an average cancer rate compared to the nation, but it was first in incidence and mortality in the Western United States. Further study of the tobacco –related cancer occurrence in Nevada women (related to tobacco smoking and second-hand smoke among others), and the need for colorectal screening especially in those of low income should be a priority.

**Learning Objective(s)**

Understand the unique cancer patterns of Nevada and the most obvious cancer disparities between racial and ethnic groups in the State. Identify Public Health Priorities in the fight against Cancer in Nevada.

**Presenter(s)/Author(s)**

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**Concurrent Breakout Session Abstracts**

**Track: New Data**

***Unintentional Poisoning in Nevada, 1999 - 2006.***

4:15 p.m. - 4:30 p.m., Room: 220

**Abstract**

Introduction: During the last ten years there has been a marked increase in unintentional poisoning in the United States, with a 500% increase in national rates of unintentional injury death from abuse of prescription drugs alone from 1995–2005. The proportion of these deaths from opioid analgesic overdose has recently surpassed deaths from illegal drug overdose. Methods: In order to investigate trends in unintentional poisoning in Nevada, we analyzed retrospective data from the CDC Web-based Injury Statistics Query and Reporting System and Nevada Hospital Inpatient Discharge Records from 1999–2006. Results: From 1999-2006, Nevada experienced a steady increase in age-adjusted unintentional poisoning mortality rates. In 2006, Nevada’s mortality rate was 1.5 times higher than the US rate. Clark and Nye Counties had the highest rates of poisoning death. Unlike US statistics, the highest fatality rates were observed among males from 40 – 54 years old. Females over 70 have higher rates of unintentional poisoning mortality than males in the same age groups. Hispanic and Asian residents were less likely to die from unintentional poisoning than other racial and ethnic designations. A review of hospital admissions for self-poisoning in Clark County identified opioid overdose as the major contributor to admissions for unintentional poisoning followed by poly-drug consumption, and alcohol. Conclusion: Clinicians need to work with patients, legislatures, and public health officials to limit the use and availability of opioid analgesic medications. Reducing the abuse of these powerful pharmaceuticals, particularly among middle aged adults, will significantly impact Nevada’s high rates of unintentional poisoning mortality.

**Learning Objective(s)**

Describe unintentional poisoning trends in Nevada. Understand descriptive epidemiology of unintentional poisoning in Nevada.

**Presenter(s)/Author(s)**

Jonathon LaValley, MPH  
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UNLV School of Community Health Sciences

Michelle Chino, PhD  
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**Concurrent Breakout Session Abstracts**

**Track: Legislation and Policy**

***Personal Leadership: Every One, Every Where, Every Time***

3:45 p.m. - 4:45 p.m., Room: Salon

**Abstract**

Position doesn't define leadership; actions and performance are the things that count. Everyone has had some type of leadership experience, and this session will help participants identify their best leadership skills through a reflective process, "The Personal Best Exercise." Organizations need to develop capacity for expanded workloads, and to be prepared for crisis events, and one of the best ways to do this is by building the bench—ensuring that leadership is available at all levels and for all positions. You can have too many bosses, but you can never have too many leaders! This is a hands-on workshop.

**Learning Objective(s)**

1. Participants will learn 3-4 useful definitions of leadership in action, and recognize the difference between positional authority and leadership. 2. Participants will gain understanding and insight into their own best leadership characteristics through the Personal Best Exercise. 3. Participants will create an action plan to help them further develop their leadership skills in work, home, or community settings.

**Presenter(s)/Author(s)**

Joyce R. Gaufin, BS  
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**Concurrent Breakout Session Abstracts**

**Track: Maternal/Child Health**

***A Review of Injury-related Infant Mortality Rates in Clark County, 1994 – 2010***

9:30 a.m. - 9:45 a.m., Room: 201

**Abstract**

Background: The infant mortality rate (IMR) has long been identified in the U.S. as a racial and ethnic health disparity. The IMR has continued to steadily decline over the past several decades, from 9.0 per 1,000 live births in 1989 to 6.8 per 1,000 live births in 2005. In 1998, the U.S. ranked 28th in the world for infant mortality due largely to the disparity seen in the rates of African Americans. Injury-related IMRs in Clark County are likely higher than the national averages due principally to rates in the African-American and Latino communities. Methods: Injury-related infant mortality rate (IR-IMR) data were received from the Clark County Coroner's Office. Live birth data were received from the Southern Nevada Health District and the Nevada State Health Division for the time period 1994 – 2010. IR-IMRs were calculated by race and gender and compared to national rates. Trending and cause of death analyses were also performed. Results: Preliminary data show Clark County's injury-related infant mortalities and average IR-IMRs as follows: African-American (29, 3.07); White (45, 1.35); Hispanic (33, 0.92); Asian/Pacific Islander (2, 0.28); and Native-American or Alaskan (0, 0.00). Clark County's rate (113, 1.12) was higher than the national rate (6934, 0.55). Male rates (73, 1.62) were higher than female rates (40, 0.93). The major cause of injury-related infant mortalities was suffocation/asphyxiation; however, for Caucasians and Hispanics, blunt force was also a significant contributor. Conclusions: African-Americans continue to be at higher risk of injury-related infant deaths than all other racial groups.

**Learning Objective(s)**

- 1) Evaluate the trend of injury-related infant mortality in Clark County over the most recent decade.
- 2) Identify the leading causes of injury-related infant mortality.

**Presenter(s)/Author(s)**

Wilbert L. Townsend, MPH, MBA, CIH  
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**Concurrent Breakout Session Abstracts**

**Track: Maternal/Child Health**

***Newborn Care Malpractices Among Mothers Residing in Slum Areas of a Developing Country, Nepal***

9:45 a.m. - 10:00 a.m., Room: 201

**Abstract**

Annually 98% of global neonatal deaths occur in developing countries alone because of high incidence of home deliveries. Nepal's neonatal mortality rate is the third highest in the world, perhaps due to the fact that 81% of deliveries are conducted at home. Therefore, this descriptive study was pursued to assess the newborn care malpractices among 107 mothers living in slum areas of Nepal. Population proportionate random sampling and semi-structured interview were used for data collection. In our study population, the mean age of mothers was 26 years and majority of mothers (73%) had either two or less than two children. Only 18% of the deliveries were conducted by skilled health workers, the rest being conducted by family members and neighbors at home. Majority of the respondents reported to have cut the cord after delivery of placenta. Clean home delivery kit (CHDK) was used only in 17% of deliveries. About 94% mothers did not apply anything on the stump after the cord was cut, though mustard oil was commonly used to care the umbilical area. Approximately 83% newborns were bathed within one hour of delivery. Nearly half of the newborns were not kept at mother's side after delivery. About two thirds of newborns received supplementary food within six month of age. All of these malpractices might be the cause of higher neonatal mortality in Nepal. Therefore, we strongly recommend to educate mothers about safe home deliveries by health care personnel. Also, we emphasize mothers to deliver babies in hospitals so as to reduce neonatal morbidity and mortality.

**Learning Objective(s)**

To know about the newborn care malpractices among mothers living in slum areas of Nepal.

**Presenter(s)/Author(s)**

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**Concurrent Breakout Session Abstracts**

**Track: Maternal/Child Health**

***Racial and Ethnic Disparities Among Child Deaths in Clark County Nevada: A Description of the Problem and Discussion of Possible Solutions***

10:00 a.m. - 10:15 a.m., Room: 201

**Abstract**

Beginning in 2006 the Nevada Institute for Children's Research and Policy at UNLV began compiling data for the Clark County Child Death Review Team. These data include information about decedents under 18 years of age who are residents of Clark County, Nevada. Data are collected through the case discussions within the multidisciplinary team including records from the coroner's office, local law enforcement, child welfare and juvenile justice. The current study outlines the racial and ethnic disparities among children and youth within specific causes of death from 2006 to 2009. Specifically, African American make up about 10% of the population in Clark County, but represented 21% of all child deaths in 2008 and 18% in 2009. In addition African American youth represented 40% of youth firearm homicide victims in 2008 in Clark County and represented 33.3% of all deaths from Sudden Infant Death Syndrome. These overrepresentations are not unique to Clark County, therefore solutions to these disparities can be sought from other jurisdictions. This presentation will outline the racial/ethnic disparities in causes among child deaths in Clark County and also offer suggestions for solutions through a description of best practices and existing programming in the community.

**Learning Objective(s)**

Participants will be able to identify racial/ethnic disparities among causes of death for children ages 0-17 years in Clark County Nevada.

**Presenter(s)/Author(s)**

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**Concurrent Breakout Session Abstracts**

**Track: Disparities in Healthy Behaviors**

***Environmental Correlates of Physical Activity Among African Americans Living in Las Vegas***

9:30 a.m. - 9:45 a.m., Room: 220

**Abstract**

Minority group members and especially African-Americans have been shown to be more sedentary than white Americans. Physical activity (PA) is an important health behavior because of its many health benefits. A first step to understanding the PA behavior of members of ethnic sub-populations is to identify correlates of the behavior, (PA) for that group. PA correlates have typically been divided into 4 categories: demographic, psychological, social/cultural and environmental. PA is known to correlate with psychosocial and demographic variables. Because little work has been done assessing the association of environmental factors with PA behavior among African-Americans, the purpose of this study was to do that. Such information could be used to deliver effective PA interventions. Methods: A telephone survey using random digit dialing was employed that targeted African-American adults living in or near Las Vegas. The interview followed a 52-item questionnaire format. Respondents were asked to report their current PA by selecting 1 of 7 statements that they believed best described their recent PA behavior. Neighborhood environments were assessed by 8 items. Finally, multiple logistic regression was used to identify predictors of PA: Results: A total of 237 African-American adults completed the questionnaire. Mean respondent age was 51 years, 65% were female and 13.5% were college educated. Discussion: The most interesting finding is that neighborhood safety ( $p < .05$ ) predicted PA behavior. This is in opposition to the hypothesis that environmental factors are inconsequential in predicting PA behavior among minority populations. Age and body mass index also predicted PA.

**Learning Objective(s)**

Identify 3 correlates of PA among African Americans living in Las Vegas.

**Presenter(s)/Author(s)**

Tim Bungum, DrPH  
Associate Professor  
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**Concurrent Breakout Session Abstracts**

**Track: Disparities in Healthy Behaviors**

***Health Behaviors and Conditions of American Indians and Alaska Natives Living in Nevada***

9:45 a.m. - 10:00 a.m., Room: 220

**Abstract**

Background: Previous studies have shown that significant health disparities exist between the American Indian/Alaska Native (AI/AN) population and the U.S. general population. However, the most current and state-specific comprehensive analyses are lacking. Method: Telephone interviews were conducted in 2008-2009, based a targeted list of phone numbers identified having either American Indian or Alaska Native (AI/AN) descent. Weighted logistic regression was utilized for the data analysis. Health behavior and condition questionnaires were adapted from Nevada Behavior Risk Factor Surveillance System (BRFSS). AI/AN data was compared to Nevada BRFSS which presents the general Nevada population. Post-stratification weighting process and weighted multivariate logistic analysis were used for the data analysis. Results: There were 1,159 households who completed the survey. Compared to the Nevada general population, although most of the indicators have non-significant differences, AI/AN population have shown higher prevalence rates on some health factors, including general health status as “fair or poor” (26.1% vs. 18.7 %), diabetes (19.0% vs. 8.6%), asthma (26.1% vs. 13.6%) and current smoking behavior ( 49.8% vs. 22.2%). Conclusions: Disparities exist between AI/AN population and the Nevada general population. Efforts towards reducing and eliminating these disparities require continued support of policy and environmental change and leverage of resources among tribal, state, and federal partners.

**Learning Objective(s)**

The current burden and disparities of health behaviors and conditions between American Indian population and the Nevada general population.

**Presenter(s)/Author(s)**

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**Concurrent Breakout Session Abstracts**

**Track: Disparities in Healthy Behaviors**

***Produce of The Month: Fruits & Vegetables in the Classroom***

10:00 a.m. - 10:15 a.m., Room: 220

**Abstract**

Fruit and vegetable intake is associated with many positive health benefits. Nationally, 1 in 5 children ages 6-11 eat the recommended amount of fruits and vegetables daily[1]. As children get older they eat less fruits and vegetables; in Nevada, 8.3% adolescents consume >2 fruit and >3 vegetable servings per day[2]. Lower socioeconomic status also correlates with reduced fruit and vegetable intake[3]. Interventions to increase consumption not only may improve health, but possibly improve student attention levels[4]. A program called "Produce of the Month" was created to promote fruit and vegetable intake in 4th and 5th grade Clark County School District (CCSD) students. Schools with >50% FRL rates were eligible to participate. The CCSD is the nation's fifth largest school district with over 311,000 students, the majority of which are Hispanic. SNHD staff provided highly interactive 45-minute sessions monthly consisting of nutrition education, fruit or vegetable tasting, and a short physical activity break. Bilingual parent newsletters featuring the produce of the month and a recipe were sent home. Incentives were given to the children to teach them how to track fruit and vegetable intake and to prepare kid-friendly snacks. Approximately 1200 fourth and fifth grade CCSD students have participated in the Produce of the Month program. Overall, students' willingness to taste a new fruit or vegetable increased, along with intake, liking for featured produce, and in some schools physical activity. Teachers responded positively to the program and expressed the students' anticipation and enjoyment of the monthly sessions.

**Learning Objective(s)**

Describe at least two outcomes associated with the Produce of the Month program.

**Presenter(s)/Author(s)**

Aurora Maria Buffington, MS, RD  
Health Educator I/ Registered Dietitian  
SNHD/OCDPHP

**Concurrent Breakout Session Abstracts**

**Track: Diverse Roles of Leaders: Example from the field**

***Collaboration and Education: Essential Components for a Successful Influenza Vaccination Program***

9:30 a.m. - 9:45 a.m., Room: Salon

**Abstract**

Carson City Health and Human Services (CCHHS) collaborated with community partners to develop and implement a variety of venues for the administration of the 2009 H1N1 influenza vaccine. Funding for this one-time program came from the CDC Public Health Emergency Response Grant, which is now exhausted. Even though the H1N1 funds are gone, influenza disease is still present and places a large burden on the health and well-being of the residents of Carson City. The Centers for Disease Control and Prevention (CDC) expanded the recommendation for the 2010-2011 flu season to all people aged 6 months and older. The 2010-2011 influenza vaccine will protect against the 2009 H1N1 pandemic virus and two other flu viruses. CCHHS will implement the successful strategies used to immunize the target populations against the 2009 H1N1 influenza to improve the 2010-2011 influenza vaccination coverage rates for Carson City. Through collaboration with community partners, including service organizations, CCHHS will be able to administer influenza vaccinations at school-located clinics, daycare centers, a public health clinic and Point of Dispensing (POD) sites. A massive public information campaign will kick off with a formal press conference, followed by distribution of information in a variety of formats ranging from written to social media.

**Learning Objective(s)**

At the completion of this presentation, participants should be able to identify multiple venues for the safe administration of influenza vaccine.

**Presenter(s)/Author(s)**

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Karen Allen, RN, BS, CPHQ  
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**Concurrent Breakout Session Abstracts**

**Track: Diverse Roles of Leaders: Example from the field**

***Elected Officials' Views on Comprehensive Tobacco Policy Development in Nevada***

9:45 a.m. - 10:00 a.m., Room: Salon

**Abstract**

The NCIAA, enacted in 2006, is considered inadequate by some smoke-free (SF) advocates, as it has exceptions that allow smoking in some public places, did not increase Nevada's cigarette excise sales tax and has no criminal penalties for public smoking. The purpose of this study is to evaluate the factors that may influence Nevada legislators' views on enacting a more comprehensive law in future legislative sessions. The specific aims include: (a) comparing officials' views on comprehensive SF policy development by demographic characteristics, and (b) comparing officials' views between Nevada's rural and urban regions. The target population of this study is Nevada's currently elected 21 state senators and 42 assembly members. Officials are being contacted in August 2010 by the UNLV Cannon Survey Center. Officials who agree to participate will be given the choice to complete the survey tool on-line or via phone. A literature review guided modifications of an instrument previously used to measure county-level officials' SF policy views in Kentucky. Face and content validity of the Nevada tool was evaluated by SF policy advocates and tobacco control specialists. Data analysis will include descriptive statistics, means, and standard deviations for the continuous variables, and two-tailed t-tests for independent groups. To our knowledge, this project will be the first to identify officials' views on SF policy development from a major gaming state. Results will provide information to policy and public health advocates who are working towards comprehensive SF law enactment in Nevada before the 2011 legislative session.

**Learning Objective(s)**

Discuss three factors influencing elected officials' views on enacting a comprehensive tobacco policy in Nevada.

**Presenter(s)/Author(s)**

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**Concurrent Breakout Session Abstracts**

**Track: Diverse Roles of Leaders: Example from the field**

***Knowledge Building in The 21st Century: Sensemaking of Information By Leaders and Communities***

10:00 a.m. - 10:15 a.m., Room: Salon

**Abstract**

In Population Health, one of the many challenges is building knowledge among our communities in order to improve health. With an overload of new information available daily, the ability of both leaders and their followers to both manage and "make sense" of information. In order to gain value of new information, being able to turn it into valuable currency, i.e. knowledge, is an important competency for professionals in public health. Without the abilities to convert the information to knowledge, this overload of information stresses many areas in society and can lead to intellectual paralysis, poor decision-making, missed opportunities, and/or hindered growth of individuals and their communities. In this presentation, research done in Northern Nevada in "sensemaking" by both leaders and followers will be discussed. Best practices of the participants in the research will be shared as well as tools by successful leaders in successfully managing information overload to their advantage. Finally, the public health implications to building the health knowledge of communities will be done through examples and case studies. Building knowledge is the key to maximizing the human capital in the public health system in the 21st century. Understanding how to build this competency for all involved in the system - leaders and followers - will enhance the creative intelligence of its workforce and its communities, and result in healthier communities.

**Learning Objective(s)**

1-Understand the significance of building knowledge with information in public health; 2-Understand the sensemaking model of building knowledge; 3-Learn many best practice tools of converting information to knowledge; 4-Apply these tools in their communities to gain greater knowledge in public health communities.

**Presenter(s)/Author(s)**

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**Concurrent Breakout Session Abstracts**

**Track: Mental Health**

***Mental Health Legal Holds Data***

10:45 a.m. - 11:00 a.m., Room: 201

**Abstract**

In the State of Nevada, individuals who are immediately in danger of harming themselves or someone else as the result of a mental illness may be placed on an involuntary status for the protection of the individual and the community. In calendar year 2009, over 14,000 Individuals were placed on an involuntary status for acute mental illness in Las Vegas, Nevada. Each of these individuals was taken to one of 15 local hospitals for a required medical clearance prior to getting psychiatric care. Data has been collected on this medical clearance process since 2004 by the Southern Nevada Health District. Data is submitted voluntarily on a monthly basis by each of the emergency departments of the receiving hospitals. Data includes the date(s) of service, the method of arrival of each individual, length of stay of the individuals (placed on a legal hold called a Legal 2000 or L2K), the payer source, and the disposition of the patient. Data accumulated for the years 2007-2009 show clearly that those individuals in an involuntary status who have insurance will spend significantly less time in the emergency department of the receiving hospital than those who are self-pay (uninsured). Further analysis reveals additional information on disparities between insured and uninsured individuals level of care which will be discussed.

**Learning Objective(s)**

Be able to describe the extent of the problem of Legal Holds in Las Vegas Nevada.

**Presenter(s)/Author(s)**

James "Jim" Osti, MPH  
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Southern Nevada Health District

**Concurrent Breakout Session Abstracts**

**Track: Mental Health**

***Non-Suicidal Self-Injury Behavior Among Clark County Adolescents: Findings From the 2009 Middle School Youth Risk Behavior Surveillance in Clark County, Nevada***

11:00 a.m. - 11:15 a.m., Room: 201

**Abstract**

The present study assessed non-suicidal self-injury (NSSI) behavior among 4,396 participants of the 2009 Clark County Youth Risk Behavior Surveillance conducted in grades 6 through 8. Presence of NSSI behavior was determined on the basis of the self-reported response indicating incident(s) of purposely hurting oneself without wanting to die such as cutting or burning oneself on purpose. In a sub-analysis of a weighted sample comprising 1,748 participants, the overall prevalence of NSSI behavior was estimated at 17%, translating to more than 12,000 middle school students in Clark County engaging in NSSI behavior at some point in their lives. Logistic regression analyses were performed to examine demographic and behavioral characteristics and social and environmental risk factors associated with NSSI. These included gender, grade level, race/ethnicity, academic performance, perceived school environment, leisure time activity, and suicide-related behaviors. After adjusting for competing risk factors in the multivariate model, compared with students reporting no suicidal thought, those having considered suicide were 6 times more likely to report self-injurious behaviors (95% confidence interval [CI] for multivariable-adjusted odds ratio [AOR]: 4.8-7.7). Self-injurers were more likely to be female (AOR: 2.8; 95% CI:2.2-3.5), at a higher grade level (e.g. AOR for 8th graders vs. 6th graders: 1.7; 95% CI:1.3-2.3), and less likely to be African American (AOR for being African American vs. white: 0.4; 95% CI:0.3-0.7). They were also more likely to report being bullying victims, mostly receiving grades below A's or B's in school, and having no teacher or other adult to talk to at school when having a problem. Additionally, the associations between NSSI and common adolescent risk behaviors (e.g. personal safety and violence-related behaviors, substance use) were statistically significant after accounting for variations in gender, grade and race/ethnicity. Adolescent NSSI is a prevalent behavioral problem and an important correlate of other risk behaviors including suicidal ideation and attempt. Effective NSSI assessment and detection strategies are needed.

**Learning Objective(s)**

understand the prevalence and characteristics of NSSI behavior among our youth.

**Presenter(s)/Author(s)**

Jing Feng, MS  
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**Concurrent Breakout Session Abstracts**

**Track: Mental Health**

***The Prevalence of Psychiatric Co-occurring Disorders Among Callers to The Nevada Tobacco Users Helpline***

11:15 a.m. - 11:30 a.m., Room: 201

**Abstract**

Introduction: While tobacco use prevalence rates in the general population decreased over the last decade, this is not the case with persons with psychiatric and/or addiction disorders. Persons with psychiatric co-occurring conditions smoke at a rate of at least double that of the general population. These individuals represent an estimated 44% of the U.S. tobacco market. Almost half of all annual U.S. deaths from smoking are persons with addictions and mental health disorders. These individuals die up to 25 years earlier and suffer increased medical co-occurring compared with the general population (Morris, 2010). The presence of psychiatric co-occurring disorders has implications to nicotine dependence treatment. Callers with psychiatric occurring disorders need treatment that is tailored to meet the intensity of services required to sustain long-term abstinence outcomes. Problem: What is the prevalence of callers presented with psychiatric co-occurring disorders at the Nevada Tobacco Users Helpline (NTUH)? Methodology: A retrospective review of all tobacco users' records that entered treatment at the Nevada Tobacco Users' Helpline from January 1, 2009 to December 31, 2009 was conducted to assess the prevalence of psychiatric co-occurring disorders. Results: NTUH has provided nicotine dependence treatment to individuals with psychiatric co-occurring disorders. The prevalence rates are: anxiety (65%), bipolar (76%), depression (80%), PTSD (32%), and schizophrenia (20%). Conclusion: There is a high prevalence of psychiatric co-occurring disorders among tobacco users who seek treatment at NTUH in this cohort. More studies need to assess Quitlines' roles in the treatment of tobacco users with psychiatric co-occurring disorders.

**Learning Objective(s)**

Describe the prevalence of psychiatric co-occurring disorders among callers who seek treatment at the Nevada Tobacco Users Helpline (NTUH).

**Presenter(s)/Author(s)**

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**Concurrent Breakout Session Abstracts**

**Track: Environment/Environmental Health**

***Invasive Quagga Mussels in Lake Mead, AZ-NV and Their Associated Environmental Problems***

10:45 a.m. - 11:00 a.m., Room: 220

**Abstract**

On January 6, 2007, invasive quagga mussels were first detected in the Boulder Basin of Lake Mead, Nevada-Arizona. They quickly spread to Lake Mead's other basins by the end of 2007. This discovery extended the U.S. range of this non-native species more than 1,000 miles west of previously known populations in the Great Lakes. Invasion of dreissenid mussels to lakes and rivers of North America has already resulted in severe ecological and economic impacts because they are ecosystem engineers and biofoulers. This presentation compares the abundance of quagga mussels in different locations of Lake Mead as well as their environmental impacts on the Lake Mead ecosystem. Annual Chlorophyll a concentrations in the open water of Boulder Basin of Lake Mead has decreased significantly in the post-quagga period (2007-2009), but it has not been demonstrated in Virgin Basin, Temple Basin, Gregg Basin, Overton Arm, and Las Vegas Bay of Lake Mead. A significant monthly reduction of Chlorophyll a before (2002-2006) and after (2007-2009) the quagga invasion was only found in one to three monitoring stations among a total of eighteen stations. No significant increase of water clarity has been detected between the pre- and post quagga periods in Lake Mead. Zooplankton abundance in the Boulder Basin of Lake Mead has not significantly changed since quagga mussel invasion. Lake Mead is also experiencing a multi-year drought that began in 2000. Long-term ecological consequences due to the dreissenid invasion must be systematically monitored in the Lower Colorado River Basin to monitor the environmental impacts of quagga mussels.

**Learning Objective(s)**

As a result of this presentation, participants should leave with a better understanding of quagga mussels and the potential ecological and economic consequences of the invasion, including their impact on water and hydroelectric power distribution to Nevada, Arizona and California.

**Presenter(s)/Author(s)**

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**Concurrent Breakout Session Abstracts**

**Track: Environment/Environmental Health**

***Nevada Healthy Homes Partnership: Envisioning a Better Tomorrow for Nevada Residents***

11:00 a.m. - 11:15 a.m., Room: 220

**Abstract**

In 2009, the Centers for Disease Control and Prevention awarded the University of Nevada, Las Vegas (UNLV) a Healthy Homes Strategic Partnership Alliance grant. The grant allowed UNLV to collaboratively work with community partners to establish the Nevada Healthy Homes Partnership (NVHHP). The goal of the NVHHP is to develop a multi-disciplinary health and housing team that can conduct consistent and coordinated housing risk assessments to identify multiple hazards in the home, to develop interventions to improve health outcomes and to track critical health indicators. This workshop will review critical determinants of the built environment that can influence negative health outcomes, will address key principles set by the National for Healthy Housing, and will provide an outline of successes and challenges in developing a multifaceted approach to address multiple housing-based hazards simultaneously. Consequently we will discuss how to improve human health conditions exacerbated by the home environment by targeting four key areas including: reducing asthma triggers, preventing unintentional injury, preventing poisoning (lead, chemicals, ect.), and remediation of structural hazards.

**Learning Objective(s)**

At the end participants should be able to understand the connection between human health and the home environment. In addition, we hope participants will understand the disparities in access to safe and healthy homes and how to initiate efforts within their community.

**Presenter(s)/Author(s)**

Shawn Gerstenberger, PhD  
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**Concurrent Breakout Session Abstracts**

**Track: Environment/Environmental Health**

***Preventing the Spread of Invasive Quagga Mussels: Development of a National Watercraft Decontamination Protocol to Kill Quagga Mussels Using Hot Water Sprays***

11:15 a.m. - 11:30 a.m., Room: 220

**Abstract**

The introduction and establishment of aquatic invasive species (AIS) is one of the top causes of global biodiversity loss and ecological change, and is also financially costly for taxpayers and agencies managing protected areas. This is especially true regarding the nationwide spread of dreissenid mussels to various bodies of freshwater. The discovery of invasive quagga mussels (*Dreissena rostriformis bugensis*) in Lake Mead on January 6, 2007 has revealed a new popular potential vector which could allow for greater spread of these dreissenid species to uninfested bodies of water in the western United States due to overland transport of contaminated watercraft. In order to prevent further infestations of these AIS, new information must be used to generate and revise uniform minimum protocols and standards for watercraft decontamination programs. This presentation focuses on protocol regarding procedures which result in the 100% mortality of quagga mussels using hot water sprays. An experiment was conducted at Lake Mead using emersed, adult quagga mussels which were exposed to low-pressure, hot-water sprays at 20, 40, 50, 54, 60, 70, and 80°C for 1, 2, 5, 10, 20, 40, 80, and 160s. Sprays at ≥60°C for 5s were shown to be 100% lethal. Sprays of 54°C for 10s, 50°C for 20s, and 40°C for 40s also resulted in 100% mortality. These results indicate that quagga mussels show greater susceptibility to hot water sprays than zebra mussels (*Dreissena polymorpha*). Therefore, species-specific watercraft decontamination protocol may be utilized to prevent further spread of these AIS.

**Learning Objective(s)**

Understand that dreissenid mussel fouling is a serious ecological and economic problem which spread to uninfested bodies of freshwater may be prevented by developing a nationwide protocol which uses hot-water sprays to mitigate mussel fouling on watercraft.

**Presenter(s)/Author(s)**

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**Concurrent Breakout Session Abstracts**

**Track: Legislation and Policy**

***Developing an Advocacy Agenda for the Nevada Public Health Association: The 2011 Nevada Legislative Session and Beyond***

10:45 a.m. - 11:45 a.m., Room: Salon

**Abstract**

The purpose of this session is to initiate implementation of an advocacy agenda for the Nevada Public Health Association (NPHA), including the establishment of a proposed ad hoc NPHA Committee on Advocacy and the development of an explicit advocacy strategy for the upcoming 2011 session of the Nevada State Legislature. Utilizing the next legislative session as a platform for advancing public health in Nevada, this breakout session will discuss strategies for advocacy and action consistent with NPHA's mission and recently developed strategic objectives. Participants will be given a brief overview of the legislative process and opportunities for public health advocacy during the next legislative session and ongoing policymaking process in Nevada. Finally, participants will be introduced to the concept of health impact assessment (HIA) and the proposed use of HIA by NPHA during the upcoming session. HIA refers to the "combination of procedures, methods, and tools by which a policy, program, or project may be judged as to its impact on the health of a population, and the distribution of those effects within a population." The session presenters will discuss a proposed use of HIA on a limited number of bills with the aim of increasing the visibility of public health issues and educating policymakers on the public health impacts of proposed policy changes.

**Learning Objective(s)**

(1) Understand effective strategies for undertaking successful public health advocacy. (2) Understand the idea of health impact assessment (HIA) and its utility in evaluating proposed legislation.

**Presenter(s)/Author(s)**

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