

**Concurrent Breakout Session 1 - Environmental Influences on Public Health in Nevada**

***Evaluating Lead Hazards In Pre-1978 Residential Housing In Clark County And Progressing Towards A Healthy Homes Model.***

11:00 a.m. - 12:15 p.m., Room 422

**Abstract**

In 2006, the Centers for Disease Control and Prevention awarded Nevada a Childhood Lead Poisoning Prevention Program grant. A critical component of the program was to identify sources of lead exposure specific to Clark County. In conjunction with the Southern Nevada Health District, the University of Nevada, Las Vegas developed and conducted housing-based primary prevention efforts in pre-1978 residential housing. The goal of the investigations was to identify sources of lead in the residential environment. Current and prospective lead hazards found in the home were evaluated using X-ray fluorescence (XRF), dust and soil analysis. Between June 2007- June 2009 we evaluated 89 homes built before 1978, of these homes 17 (24%) contained lead based paint. Of those homes that contained lead based paint, 15 (71%) were in poor condition and presented an immediate hazard, while an additional 6 (29%) of the homes contained lead based paint that was in good condition and did not pose an immediate risk. In addition, preliminary data were collected on other home hazards that are consistent with a Healthy Homes (HH) model used across the United States. Thus, we discuss our shift towards implementing a Healthy Homes model in Las Vegas and summarize our efforts in planning and development of a multifaceted approach to address multiple housing-based hazards simultaneously. Consequently to improve human health conditions exacerbated by the home environment we plan on targeting four key areas including: reducing asthma triggers, preventing unintentional injury, preventing poisoning (lead, chemicals, etc.), 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.

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**Concurrent Breakout Session 1 - Environmental Influences on Public Health in Nevada**

***Bacteria and Cyanobacteria in Lake Mead: Do Quagga Mussels Affect Them?***

11:00 a.m. - 12:15 p.m., Room 422

**Abstract**

Fecal coliform bacteria are listed in U.S. EPA's Drinking Water Contaminant List and cyanobacteria are listed in the Contaminant Candidate List. The quick spread of quagga mussels (*Dreissena bugensis*) in Lake Mead, Nevada-Arizona may have the potential to increase the concentrations of bacteria and/or cyanobacteria in the water column. This presentation compares total fecal coliform bacteria and *E. coli* abundances at different depths of the open water of Boulder Basin of Lake Mead, before (2003-2006) and after (2007-2008) the quagga mussel invasion. Neither of these two parameters showed significant change between these two periods in the broadly defined epilimnion, metalimnion, and hypolimnion. From 2002-2008, there were a total of 28 cyanobacteria species recorded in the epilimnion of open water of Boulder Basin and the numbers of species present before and after the quagga mussel invasion in 2007 were not significantly different. Although the abundance of cyanobacteria cells increased linearly during this period, biovolume did not show temporal trend. Neither abundance nor biovolume of cyanobacteria showed significant difference following the quagga mussel invasion. Among all the cyanobacteria species, one *Synechococcus* sp. had the highest abundance, but abundance was not significantly different before and after the quagga mussel invasion. The proportional representation of cyanobacteria in the total phytoplankton abundance increased temporally since 2002, but not with regard to biovolume and the relationship with quagga mussels was not statistically significant. If lake-wide increases in abundance and distribution of quagga mussels in the coming years, the potential consequences on bacteria and cyanobacteria should be monitored intensively. The monitoring can help water resource managers better protect Lake Mead as a source of water for local and downstream residents.

**Learning Objective(s)**

learn whether water quality of Lake Mead in terms of bacteria and cyanobacteria has been affected by quagga mussels in their early stage of invasion

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**Concurrent Breakout Session Abstracts**

**Concurrent Breakout Session 1 - Environmental Influences on Public Health in Nevada**

***Lead Exposure in Northern Nevada***

11:00 a.m. - 12:15 p.m., Room 422

**Abstract**

Although potential sources of lead exposure have been reduced, there are still lead sources that pose a significant risk. The Washoe County Health District has access to data obtained from blood lead tests drawn by a major laboratory provider. Our objectives were to: 1) convert individual reports into electronic format, a prerequisite for subsequent descriptive analysis of the project data, and 2) identify high-risk groups. The mean blood lead level for adults and children was low. However about 4-5% of all blood lead tests were elevated at levels associated with adverse effects. Adult males had a significantly higher percentage of elevated blood lead levels (EBLL) than females. Among children, females had a higher percentage of EBLL than males, but only among 6-10 year olds were the results statistically significant. Comparisons of EBLL in children revealed two Zip Codes with percentages notably higher than Washoe County in general. Recommendations for ongoing analysis include: 1) access to blood lead tests from both major laboratory providers, 2) more complete identification of race/ethnicity in lab reports, 3) wider screening for blood lead among children in high-risk groups, 4) reduction of lead hazards in older homes and consumer products, 5) increased efforts to reduce the blood lead of workers with occupational exposure to  $< 25\mu\text{g}/\text{dL}$ . To conclude, our findings suggest that elevated blood lead in Washoe County is an issue and that its systematic removal is subject to implementation and further recommendations.

**Learning Objective(s)**

Participants will be aware of adult and lead exposure in northern Nevada as it pertains to important aspects of Healthy People 2010 goals. Furthermore, participants will be aware of actions and recommendations that will contribute to improved lead surveillance in northern Nevada.

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**Concurrent Breakout Session Abstracts**

**Concurrent Breakout Session 2 - Health Across the Lifespan (Part 1): Health Behaviors from Kindergarten to the Golden Years**

***Elders Count Nevada 2009: Authoritative Data for Informed Decision-Making***

11:00 a.m. - 12:15 p.m., Room 320

**Abstract**

The oldest of the 78 million Baby Boomers in the United States turn 63 in 2009. In an era of diminishing resources, uncertain economic times, and an already overburdened health care system, policy makers and program planners need reliable and readily available information about the size and health status of the elder community in order to identify needs and set priorities. In 2009, prior to the state's biennial legislative session, the Sanford Center for Aging at the University of Nevada, Reno and its partners the Nevada Department of Health and Human Services, the state Health Division, and the Division for Aging Services released the second installment of Elders Count Nevada. Data was compiled from authoritative sources including the U.S. Census Bureau, Centers for Disease Control and Prevention (CDC), state Health Division, and Nevada State Demographer. Nevada elders were comparable to their nationwide counterparts in life expectancy, college graduation rates, and disability. They were also unique in many ways: Nevada's suicide rate among seniors is more than double the national rate. More Nevada elders reported smoking and drinking heavily, being overweight, and participating in the workforce when compared nationally. Fewer Nevada seniors met the CDC's recommended daily serving of fruits and vegetables and have increased difficulty finding physicians particularly those accepting Medicare. A novel feature in Elders Count Nevada (2009), is a set of policy recommendations that are aligned with the White House Conference on Aging Resolutions and support the Nevada Division for Aging Services State Plan (2008–12).

**Learning Objective(s)**

Identify key health indicators for Nevada elders. Compare the health status of Nevada elders to those nationwide. Describe areas for health promotion, research, and policy.

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**Concurrent Breakout Session Abstracts**

**Concurrent Breakout Session 2 - Health Across the Lifespan (Part 1): Health Behaviors from Kindergarten to the Golden Years**

***Health Status of Children Entering Kindergarten: Results of the 2008-2009 Kindergarten Health Survey***

11:00 a.m. - 12:15 p.m., Room 320

**Abstract**

The impact of a child's health status on their educational achievement is well documented in the literature. Students with inadequate health care are more likely to become ill and therefore miss more days of school. In addition, students with poor health status have decreased ability to concentrate while in school, which can also affect school performance. In short, children with poor health status miss out on opportunities vital to their academic achievement and personal development as a result of prolonged illness or injury. In the fall of 2008 the Nevada Institute for Children's Research and Policy (NICRP) worked with the Clark County School District and the Southern Nevada Health District to create a survey for parents of children entering kindergarten that fall. The survey was designed to gain baseline information regarding basic health status and access to care. All 17 school districts in Nevada agreed to distribute the surveys to all parents of incoming kindergarten students. Surveys were returned to the schools and forwarded to NICRP for entry and analysis. The study yielded 11,073 completed surveys. Findings of this study include demographic information for kindergarten students in Nevada, as well as information on insurance status, barriers to accessing healthcare, compliance with doctors' recommendations, and the child's history of routine care and immunizations. The study revealed some racial and ethnic disparities as well as other difference regarding insurance status and annual household income. This presentation will be a discussion of these results as well as some recommendations that came out of the study.

**Learning Objective(s)**

Participants will leave with basic information about the health status of children entering school including areas of deficiency in the state of Nevada as well as some recommendations for future research and policy changes.

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**Concurrent Breakout Session 2 - Health Across the Lifespan (Part 1): Health Behaviors from Kindergarten to the Golden Years**

***Girls In The Juvenile Justice System: The Need For Gender-specific Interventions Targeting Substance Abuse, Sexual Risk-taking, And Mental Health Issues.***

11:00 a.m. - 12:15 p.m., Room 320

**Abstract**

**BACKGROUND:** Although there are an increasing number of girls involved with the juvenile justice system, little is known about substance use, sexual risk taking, and the mental health status of this population. **METHODS:** Audio Computer Assisted Self-Interviews (ACASI) were conducted with 182 females ages 13-17 who received sanctions to probation (with or without detainment) in the Washoe County Juvenile Justice system. **RESULTS:** Female participants commonly reported substance use in the past six months: marijuana (61%), ecstasy (23%), cocaine (21%) and methamphetamine (19%). Most participants reported alcohol use and 25% of alcohol users reported binge drinking 6 or more days in the past month. According to NIDA's CRAFFT assessment, 75% of participants were likely to have a serious problem with substance use; however, only 30% reported receiving treatment. Among participants who were sexually active (88%; n=156), 21% experienced their sexual debut at or before 12 years, 30% had been pregnant at least once, and 58% engaged in unprotected intercourse during the past 6 months. Almost half (46%) of participants had been physically abused by a parent or caregiver and 13% experienced sexual abuse. Twenty-nine percent met the cut-off score for clinically significant psychological distress on the Brief Symptom Inventory-18, 27% engaged in suicidal ideation, and 17% made a serious suicide attempt. **DISCUSSION:** Substance abuse, sexual risk-taking, and mental health issues are prevalent among girls involved in the juvenile justice system. Gender-specific interventions that address these risk factors are urgently needed.

**Learning Objective(s)**

By the end of this session, participants will be able to 1) Describe the most pressing health needs of female adolescents in the juvenile justice system; and (2) Identify potential interventions that are culturally appropriate for this at-risk population.

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**Concurrent Breakout Session Abstracts**

**Concurrent Breakout Session 2 - Health Across the Lifespan (Part 1): Health Behaviors from Kindergarten to the Golden Years**

***HIV Prevention Needs of Men Who Have Sex with Men (MSM) in Nevada***

11:00 a.m. - 12:15 p.m., Room 320

**Abstract**

**Objectives:** To describe the factors contributing to HIV risk among MSM in Nevada; To generate innovative approaches to HIV prevention for MSM in Nevada. **Methods:** Twelve focus groups were conducted with MSM who were: 18-24 years; 25-44 years; 45 and older; African American; Hispanic/Latino and HIV-positive in Northern and Southern Nevada. A focus group script with 6 open-ended questions was used to facilitate discussions. In addition, participants completed anonymous risk behavior surveys. **Results:** Ninety six men participated in focus groups in Northern Nevada (48%) and Southern Nevada (52%). Across all groups use of alcohol and drugs (particularly methamphetamine), the 24/7 lifestyle and tourism, use the internet to meet sex partners, stigma, fear of disclosure, and lack of social networking and community, were described as important factors that contribute to sexual risk taking. Groups also consistently mentioned that there is not enough focus on HIV/AIDS in Nevada and described the need for more positive approaches to teaching sexuality and promoting condom use. The middle-age groups (25-44 years) and (45 years and older) were extremely worried about future generations of young gay men and offered a number of recommendations for youth-focused HIV prevention, including: positive mentorship, increased focus on educating parents and schools, and media campaigns that balance the seriousness of living with HIV with treatment optimism. Important group differences in HIV risk and intervention needs based on race/ethnicity and HIV status also emerged and will be discussed. **Next Steps:** Results from this study will be used to develop a strategic HIV prevention plan for MSM in Nevada.

**Learning Objective(s)**

At the end of this session, participants will understand the HIV prevention needs of MSM in Northern Nevada and will be able to identify culturally appropriate interventions for this population.

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**Concurrent Breakout Session Abstracts**

**Concurrent Breakout Session 3 -New Dilemmas, New Solutions: Expanding the Dialogue on Access to Care**

***Crisis? What Crisis? Nevada's Health Care Workforce: Implications for Health Reform and Public Health***

11:00 a.m. - 12:15 p.m., Room 423

**Abstract**

This session provides current information on (a) number and per capita distribution of health care professionals in Nevada; (b) geographic distribution health care professionals in Nevada by county and region; (c) specialty and geographic distribution of the physician workforce; and (d) comparative information on health workforce characteristics and trends in Nevada versus neighboring states in the Mountain Region and the United States. The session examines the implications of current and projected health workforce trends in Nevada for the public's health, including the attainment of Health People 2020 goals and objectives, and for the implementation of proposed national health care reforms.

**Learning Objective(s)**

(1) Understand the number and distribution of health care professionals in Nevada. (2) Understand the implications of current and projected workforce trends on access to health care services and public health in Nevada.

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**Concurrent Breakout Session Abstracts**

**Concurrent Breakout Session 3 -New Dilemmas, New Solutions: Expanding the Dialogue on Access to Care**

***The Kids to Seniors Korner Program: A unique public/private collaborative partnership delivering health and social services directly into Washoe County's most vulnerable neighborhoods***

11:00 a.m. - 12:15 p.m., Room 423

**Abstract**

Today all sectors, private and not-for-profit, are faced with the challenge of providing more care and services with fewer resources. In addition, many lack access to health care due to a myriad of barriers. In this environment, few entities can afford to fully fund programs that serve those most in need of care. Developing partnerships is essential to both effective healthcare service delivery and building cohesion in communities in a challenging economic climate. The Kids to Seniors Korner Program is a nationally recognized model for best practices in delivering health and social services “directly” into vulnerable neighborhoods. The program is a synergistic private/public collaborative which involves seven local partners: Saint Mary’s Mission Outreach; Reno/Sparks Police Departments; Washoe County Sheriff’s Office, District Health Department, Social Services and Senior Services. This unique alliance provides a combination of services to at-risk populations such as low-income children, families and seniors. Working from a large mobile clinic, the partnership utilizes a two-tiered service delivery system which includes a multi-disciplinary team that follows a “Knock ‘n’ Talk” philosophy – bringing a team of professionals into a targeted low-income neighborhood (and areas highly populated with homeless families, such as shelters, hotels, etc.), knocking on doors and talking with children, their families and seniors regarding their needs. Once needs are identified, nurses, social workers, law enforcement officers and interpreters coordinate to provide “on-site” direct healthcare such as immunizations, other medical/social services and assessments, safety and nutrition education, community referrals and home visits, to ensure critical client needs are met.

**Learning Objective(s)**

At the end of this session, participants should have a better understanding of the value and purpose of establishing essential community partnerships, using a mobile service delivery platform, to increase access to care among exceedingly vulnerable populations.

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**Concurrent Breakout Session Abstracts**

**Concurrent Breakout Session 3 -New Dilemmas, New Solutions: Expanding the Dialogue on Access to Care**

***Prescription for Professionalism: Pharmacists on Moral Conscience Clauses***

11:00 a.m. - 12:15 p.m., Room 423

**Abstract**

New federal regulations from the Bush Administration allow health care providers to refuse care due to moral objections, and states have various related policies. This survey of the pharmacists of one state asked about agreement with conscience clauses, intentions to use them, and other implications. Among 668 responses from licensed Nevada pharmacists, 47.9% believed they should not be required to fill all valid prescriptions. While 43.4% would refuse a prescription if allowed, 76.9% think a prescription transfer should be required. 28% knew of cases of refusals despite local rules. Responses indicate the right of refusal is linked to professional dignity.

**Learning Objective(s)**

- 1) Define moral conscience clauses in health policy;
- 2) Identify the opinions of pharmacists on this topic;
- 3) Consider implications for public health and future policy

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**Concurrent Breakout Session Abstracts**

**Concurrent Breakout Session 4 -Responding to Chronic Disease in Nevada: Policy, Programs, Promising Results**

***Menu Labeling in Nevada***

1:15 p.m. - 2:30 p.m., Room 422

**Abstract**

Overweight and obesity are concerns for health and prevention professionals, and there are several controversial ideas on how to address the issue from “soda taxes” to increasing the cost of insurance for individuals not within a “healthy weight”. One approach that has been implemented in New York and several counties throughout the nation is menu labeling or providing nutritional information on menus of restaurants. Data from the National Restaurant Association show that one in five meals that American’s eat are prepared commercially, while an analysis from Temple University showed an increase in weight correlated to an increase in consumption of fast-food meals. Related to the increasing trends in childhood obesity, children eat almost twice as many calories when they eat a meal at a restaurant compared to a meal at home. In the analysis of the policy implemented in New York, when provided with nutritional information, consumers purchased food with 52 fewer calories. Analysis also showed that when not provided with nutritional information consumers underestimate calories content. Efforts have recently begun in Nevada to explore legislative and voluntary policies that incorporate nutritional labeling of chain restaurants. This presentation will introduce attendees to the concepts of menu labeling as well as the policy approaches that are taking place at the national, state and local levels, with a focus on efforts in Washoe County and at the state level.

**Learning Objective(s)**

1) Understand basic policy principles related to menu labeling. 2) Identify approaches that are taking place at the state and in Washoe County regarding posting of nutritional information in restaurants.

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**Concurrent Breakout Session 4 -Responding to Chronic Disease in Nevada: Policy, Programs, Promising Results**

***Smoking Restrictions and Economic Impacts: A Preliminary Analysis of the 2006 Nevada Clean Indoor Air Act in Clark and Washoe County***

1:15 p.m. - 2:30 p.m., Room 422

**Abstract**

As of 2009, 22 nations, 23 states, and over 12,000 local communities have implemented comprehensive smoke-free laws that ban smoking in all workplaces, including restaurants and bars. In 2006, Nevada voters passed the Nevada Clean Indoor Air Act (NCIAA) that prohibits smoking in all indoor spaces, except: sections of casinos that prohibit children; stand-alone bars, taverns, and saloons that do not serve food; strip clubs and brothels; retail tobacco stores; private residences not used for child care or health care; and hotel and motel rooms if allowed by the owner. This study evaluated economic indicator data to identify seasonal trends and fluctuations during congruent time periods before and after implementation of the NCIAA. Data was collected 10 years prior to the NCIAA through the first quarter of 2009. Preliminary analysis found the NCIAA had little negative economic impact in either county. Declines in employment sectors and taxable sales revenue began before the NCIAA was passed. Taxable sales in bars/restaurants declined in the two quarters before the NCIAA passed and followed the respected county-wide taxable sales trends in 2007 and 2008. Slot revenue dropped immediately after the NCIAA went into effect in January 2007, but rebounded by the second quarter of 2007. Specific to Washoe County, the Modified Business Tax increased in the 24-month period after implementation of the NCIAA. Future studies will evaluate additional post-NCIAA economic data trends. This information will provide a source of data to policy decision makers when discussing potential alterations to the NCIAA.

**Learning Objective(s)**

Discuss the preliminary findings of the economic impact that the implementation of the 2006 Nevada Clean Indoor Air Act had in Clark and Washoe County.

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**Concurrent Breakout Session Abstracts**

**Concurrent Breakout Session 4 -Responding to Chronic Disease in Nevada: Policy, Programs, Promising Results**

***Using Bike to Work Day to Promote Commuter Behavior Change***

1:15 p.m. - 2:30 p.m., Room 422

**Abstract**

Bike to Work Day is a national event that occurs every May to promote bicycle commuting as a healthy and environmentally friendly alternative to driving. Northern Nevada has held a Bike to Work Day event for the past four years with almost a thousand registered participants in 2009. The activities of Northern Nevada Bike to Work Day demonstrate elements of the “health belief model” behavior change theory. The presentation will break down the activities of Bike to Work Day and how they relate to increasing perceived benefits and efficacy and reducing perceived barriers for promoting event day participation and changing future behavior. This presentation will summarize data from registered Bike to Work Day participants from 2008 and 2009, including demographics, reasons for participating, and the percentage of participants who were first time bike commuters. In addition, post event survey results will be shared including the percentage of first time commuters who continued to ride after Bike to Work Day and increases in bicycling commuting among experienced riders. The presentation will also describe the environmental and health impact of the one day event.

**Learning Objective(s)**

Identify the components of a Bike to Work Day event in the context of behavior change theory. Identify impact of northern Nevada Bike to Work Day on the environment, individual health, and commute behavior.

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**Concurrent Breakout Session 5 - Health Across the Lifespan (Part 2): Gathering Data On Key Health Concerns**

***A Simple Innovative Weight Control Indicator for Effective Weight Management***

1:15 p.m. - 2:30 p.m., Room 423

**Abstract**

The World Health Organization's (WHO) latest projections indicate that globally approximately 1.6 billion adults (age 15+) were overweight and at least 400 million adults were obese. In US, about 97 million adults are considered over weight and obese. WHO further projects that by 2015, approximately 2.3 billion adults will be overweight and more than 700 million will be obese. Two of the Healthy People 2010 national health objectives are (1) to reduce the prevalence of overweight and obesity among adults to less than 15% and (2) to reduce the prevalence of obesity among children and adolescents to less than 5%. The WHO defines overweight as a body mass index (BMI) equal to or more than 25, and obesity as a BMI equal to or more than 30. BMI is a simple index of weight-for-height that is commonly used in classifying overweight and obesity in adult populations. The BMI measurement provides the most useful population-level measure of overweight and obesity because it is the same for both sexes and for all ages of adults. It is defined as the weight in kilograms divided by the square of the height in meters (kg/m<sup>2</sup>) and it is the most widely used and universally accepted index in the weight management programs. Because the BMI measurement is based on the metric scale, it is not easy to compute and therefore, special charts, tables, special devices (such as rotating wheels), and internet tools are used. Also, the meaning of BMI is difficult to grasp by the common individual and therefore the concept of "ideal weight" and "healthy weight" are introduced in the weight management programs by translating the BMI ranges. However, most individuals that have weight issues do not consider themselves to be "Ideal individuals" and therefore don't view the ideal weight as a serious bench mark. Furthermore, the goal of maintaining a 'healthy weight' is also problematic for individuals less than 50 years old since maintaining health and preventing weight gain is not usually a major priority for younger adults until it is too late. Therefore, the purpose of this presentation is to reveal a simple and innovative alternative weight management index that a common adult can easily understand and manually compute, which can enable them to establish a lifelong healthy weight goal starting from age 25; prevention is the key. By using this new index, weight management programs can become more effective worldwide.

**Learning Objective(s)**

Revealing for the first time a simple weight management indicator

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**Concurrent Breakout Session Abstracts**

**Concurrent Breakout Session 5 - Health Across the Lifespan (Part 2): Gathering Data On Key Health Concerns**

***Nevada's Childhood Immunization Rates: Discussion of Selected Factors***

1:15 p.m. - 2:30 p.m., Room 423

**Abstract**

In 2007, Nevada was ranked 50th in the Center for Disease Control and prevention (CDC) state rankings for immunization rates among children ages 19 to 35 months. Further examination and research efforts are warranted to examine the issues underlying such a low ranking as well as to provide immediate and long-term recommendations for raising the percentage of children with up-to-date immunizations in the state. Currently, several projects are taking place in Nevada that are aimed at raising the immunization rates among 19 to 35 month olds. The Nevada Institute for Children's Research and Policy (NICRP) is in the process of conducting process and outcome evaluations for these projects. The three projects that will be discussed in this presentation are: Locations of Childhood Immunization Providers in Southern Nevada: GIS mapping for the Southern Nevada Immunization Coalition (SNIC), SNIC WIC Immunization Linkage Project: A Process and Outcome Evaluation, and Raising Immunization Rates in Southern Nevada Through the Use of Nevada's Immunization Registry.

**Learning Objective(s)**

Have information about the factors that influence Nevada's low immunization rate among 19 to 35 month olds.

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**Concurrent Breakout Session 5 - Health Across The Lifespan (part 2): Gathering Data On Key Health Concerns**

***Colon Cancer Screening Disparities In Nevada***

1:15 p.m. - 2:30 p.m., Room 423

**Abstract**

Background: Colorectal cancer (CRC) is the third most common cancer diagnosed in men and women and the second leading cause of death from cancer. The 2008 colon cancer screening guidelines recommend that health care providers emphasize colon cancer prevention as the primary goal of screening. Colorectal screening has dual benefit of reducing the mortality associated with colon cancer as a consequence of early detection and also a reduction in the incidence of colon cancer resulting from removal of premalignant adenomatous polyps. Objective: To determine the disparities in colon cancer screening in Nevada. Methods: Data were pooled from the 1997–2006 Nevada behavioral risk factor surveillance system (BFRSS) and logistic regression utilized to examine the factors in elders 50 and older who had ever had a colonoscopy/sigmoidoscopy or a fecal occult blood test (FOBT). Results: Of Nevadans 50 and older those who were least likely to undergo a colonoscopy/sigmoidoscopy or fecal occult testing were aged 50 to 59. Rural residents were less likely to have a colonoscopy or sigmoidoscopy ( $p = 0.0127$ ). Adults who lacked health insurance were less likely to have fecal occult testing ( $p=0.0008$ ) however there was no affect of health insurance on colonoscopy/sigmoidoscopy ( $p=0.217$ ). Adults with lower income ( less than 34,999/year) and lesser education (high school education) were less likely to have colonoscopy/sigmoidoscopy ( $p = 0.0071$  &  $<0.0002$  respectively). People who described themselves as being healthy were less likely to have colonoscopy or sigmoidoscopy ( $p<0.0001$ ).

**Learning Objective(s)**

Identify target populations for developing colon cancer screening strategies.

**Author(s)**

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**Concurrent Breakout Session Abstracts**

**Concurrent Breakout Session 6- Getting Ready for 2020: Future Trends in Public Health in Nevada  
*Military Service and Mental Health: Problems Facing University Students Returning from War***

1:15 p.m. - 2:30 p.m., Room 320

**Abstract**

Colleges and universities across the U.S. are witnessing an influx of student veterans whose recent experiences range from tracking combat missions via computers to witnessing the death of their comrades to clearing dead bodies, being shot at, and shooting at others. Lengthy and multiple deployments, combined with arduous conditions on the ground, add up to a legacy of stress exposure that has far-reaching effects on student veterans' daily lives. The purpose of this study is to gauge the effects of military service on the mental health and social integration of student veterans. Survey data collected from 124 university student veterans in the spring of 2008 are analyzed to demonstrate the effects of service-related stressors and present-day resources on symptoms of post-traumatic stress disorder (PTSD), depression, and alcohol misuse in this population. These symptoms, in turn, are enveloped into an analysis of alienation versus the social integration of student veterans on the university campus. This study serves dual purposes: (1) to inform the efforts of post-secondary institutions as they develop services and programs specific to student veterans; and (2) to inform the literature on stress and health by incorporating military service-related stressors.

**Learning Objective(s)**

To understand the potential effects of combat exposure on the mental health and social integration of university students returning from war.

**Author(s)**

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**Concurrent Breakout Session 6- Getting Ready for 2020: Future Trends in Public Health in Nevada  
*Use of the Internet and Sexual Risk Taking Among Men Who Have Sex with Men (MSM) in Nevada***

1:15 p.m. - 2:30 p.m., Room 320

**Abstract**

Objective: To evaluate role of the internet in sexual risk taking among MSM in Nevada. Methods: Twelve focus groups were conducted based on pre-established criteria (age, race/ethnicity, and HIV status). A focus group script with 6 open-ended questions was used to facilitate discussions. In addition, participants completed anonymous risk behavior surveys. Results: Data from the anonymous surveys (N=96) demonstrated that 50% of the participants used the internet to meet sex partners in the past six months and 60% met partners offline (bars, dance clubs, organizations, clubs or through friends). Consistent condom use was much less frequent when MSM had sex with online partners compared to offline partners: insertive anal sex (54.5% vs. 69%), receptive anal sex (53% vs. 74%), and oral sex (3% vs. 25.5%). Only 11% of participants felt that internet sites used to meet sex partners have enough HIV/STD information and 56% said that they would use a website for MSM who are *only* interested in having safe sex. In the focus groups, participants described the ease of meeting multiple sex partners, the lack of negotiated condom use, and the anonymity of sexual encounters as factors that contribute to HIV risk among men who use the internet to meet sex partners. Discussion: Our results suggest that use of the internet is associated with sexual risk taking among MSM in Nevada. There is an urgent need for innovative online interventions that promote disclosure of HIV status and negotiation of safer sex.

**Learning Objective(s)**

At the end of this session, participants: 1) Will understand the HIV risk associated with use of the internet among MSM in Nevada; 2) Will be able to identify online risk reduction interventions;

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**Concurrent Breakout Session 6- Getting Ready for 2020: Future Trends in Public Health in Nevada  
*Correlations of Visitors to Las Vegas and Emergency Room Utilization***

1:15 p.m. - 2:30 p.m., Room 320

**Abstract**

In a study being completed for the Department of Defense, U.S. Army, our researchers are examining whether real time tracking methods can be developed for visitors to Las Vegas who become ill and use the emergency rooms for treatment. With more than 2 million people living in the metropolitan area and nearly 40 million people visitors each year, the risk of the rapid spread of diseases such as H1N1 virus, other influenza like illnesses (ILI) and other infectious diseases requires an understanding of the transportation systems serving the area and visitor traffic patterns. The study is designed to track individuals presenting in ERs with influenza-like-illness (ILI) in an attempt to track the mobility of infected populations to and from their hometown destinations. The preliminary analysis of year one of the study focuses on policy issues related to obtaining hospital participation. Data was collected from University Medical Center, the only Las Vegas hospital with real-time reporting capacity for assessing visitors with ILI coded illnesses as well as all visitors that used the UMC ER between 2004-2008. We compare ER visits to to Las Vegas visitor air/traffic travel patterns. Using patient zip codes, we identified home areas of visitors to Las Vegas to predict the transmission of disease to or from Las Vegas. We also utilized total visitor volume data from the LVCVA. By looking at monthly visitor data and comparing it to emergency room data, we can estimate the impact that the visitor population has on our local emergency room utilization.

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