

IGCPH

Iowa Governor's Conference on Public Health 2020



Local Action • Global Impact

April 7 - 8, 2020

Holiday Inn - Des Moines Airport
6111 Fleur Drive, Des Moines



College of
Public Health

2020 Iowa Governor's Conference on Public Health

Who We Are

The following organizations work together as partners to plan the Iowa Governor's Conference on Public Health:

- Iowa Counties Public Health Association (ICPHA)
- Iowa Department of Public Health (IDPH)
- Iowa Environmental Health Association (IEHA)
- Iowa Public Health Association (IPHA)
- University of Iowa College of Public Health (U of I CPH)
- University of Iowa Division of Child and Community Health (DCCH)

Thank you to our Sponsors!

General Session Sponsors

UnityPoint Health

University of Northern Iowa

University of Iowa

Conference Bag Sponsor

Brain Health Matters

Afternoon Refreshments

Amerigroup

Student Registration

Center for Health Effects of Environmental Contamination

Contributing

CureMD

Purdue University Global



Local Action, Global Impact

April 7-8, 2020 | Airport Holiday Inn Des Moines

The Iowa Governor's Conference on Public Health is a must-attend event for all Iowans who work in public health, environmental health, primary care, health promotion, health education, laboratory sciences and more! Conference attendees receive profession-specific knowledge and exposure to other disciplines within public health. You will hear from national, state and local experts in public health, have the chance to network with state and local partners, and reconnect with friends and colleagues as you attend the keynote speakers, concurrent sessions, poster presentations, exhibits and association meetings. See the pages below for more information!

The conference theme Local Action, Global Impact which represents the importance of the work individuals do to make a difference in their local community, which expands to have a larger global impact within public health.

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Registration Information

All registrations must be submitted online. Register at <https://www.iowapha.org/resources/igcph-2020/>

Registration Type	Early Bird Registration through 3/6/20	Regular Conference Registration 3/7/20 – 3/24/20
Full Conference	\$195	\$215
IEHA or IPHA Member	\$185	\$195
One Day Attendance	\$170	\$190
Student Full Conference Attendance	\$80	\$95
Student One Day Attendance	\$60	\$75
Speaker Full Conference Attendance	\$130	\$140
Speaker One Day Attendance (day of presentation only)	\$50	\$60

Cancelations and Refunds

The registration fee (minus a \$25 administrative fee) is refundable for cancellations received in writing by Monday, March 30 (3/30/2020). No refunds will be allowed after that date. Registrations are transferable to another person. All submitted registrations are considered a contract for payment.

To cancel or transfer a registration, you must send email notice to Devin Happe at devinh@assoc-mgmt.com.

Location and Hotels

The conference will be held at the Holiday Inn Des Moines Airport – Conference Center. The Holiday Inn is located on the south side of Des Moines, Iowa, directly across from the Des Moines International Airport. Ample parking is conveniently located adjacent to the Holiday Inn Airport – Conference Center.

Rooms have been reserved at the following Des Moines hotels for the nights of April 6 and 7. Individuals are responsible for making and paying for their own reservations by contacting the hotel directly. Conference rates are based on single occupancy.

Holiday Inn Des Moines Airport

6111 Fleur Drive, Des Moines, IA 50321 | 515-287-2400

Conference Rate: \$102 plus taxes.

To make a reservation you may call the hotel directly and reference the conference block name: Governor's Conference on Public Health or make a reservation online using the booking code: GTH.

The room block will be held until 3/16/2020. If cancelation is required, the Holiday Inn Des Moines Airport must be notified by 6:00 PM the day of arrival.

We Need Your Photos

We would like to highlight action shots of the work you do in public health! We will be accepting digital photographs for the Celebration of Public Health slideshow presented at the conference. Please email a high-resolution photo to Laura Bade at laurab@assoc-mgmt.com no later than Monday, March 2 for inclusion in the slideshow. All submissions should include consent from individuals identifiable in the photo(s) for publications in the slideshow and use by the conference, Iowa Public Health Association or Iowa Environmental Health Association for future promotional purposes.

Continuing Education and Contact Hours Credit

Applications for credit approval are being submitted for the following:

- Dental
- Dietetics
- Entry-level CHES (Certified Health Education Specialists)
- Nursing
- PACE (Professional Acknowledgement for Continuing Education)
- Social Work

CEU approvals have been granted for the following:

- Environmental Health: NEHA (National Environmental Health Association) has granted approval for 12.5 contact hours for full conference participation.
- Pharmacists & Pharmacy Technicians: The conference has been approved by CE Impact for 4.5 contact hours of continuing pharmacy education credit for content taking place on Tuesday (sessions T1-1, T2-3, T3-3, T4-3). This approval is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education credit.



Attendees who would like to obtain CEU credit will receive detailed instructions upon checking into the conference at the registration area.



Who Should Attend

- Boards of Supervisors
- Boards of Health
- Dental Hygienists
- Dentists
- Dietitians
- Environmental Health Specialists
- Epidemiologists
- Family and Consumer Science Specialists and Community Planners
- Family Physicians
- Health Educators
- Individuals that are interested in assuring the health of individuals, families and communities
- Laboratory Scientists
- Mental Health Professionals
- Nurses
- Other Allied Health Professionals
- Pediatricians
- Pharmacists
- Public Health Administrators
- Social Workers
- Statisticians
- Students in Public Health, Health Education/Promotion, Environmental Sciences, Community and Regional Planning
- Substance Abuse Prevention and Treatment Staff

We encourage all attendees to wear business casual dress or your attire promoting public health.

Sponsors and Exhibitors

Organizations that directly apply to or support public health have been invited to sponsor and/or exhibit at the conference. We highly encourage attendees to network with exhibitors and learn more about what is being offered in the public health space. In addition, if you know of a company or organization that would benefit from becoming a sponsor and/or exhibitor please share the information on our website www.iowapha.org/IGCPH. A limited amount of space is available on a first come, first served basis.

Students

Students studying public health and related fields are encouraged to attend the Iowa Governor's Conference on Public Health. It is an excellent professional learning and networking opportunity. Please note the special student luncheon on Wednesday, April 8. Students who attend the conference won't want to miss this opportunity to connect with public health professionals and the organizations who sponsored student registration.

Other Events

Networking with Sponsors & Exhibitors

Throughout the conference schedule there is time allotted for attendees to network with sponsors and exhibitors. We highly encourage attendees to utilize this time to their full capacity to learn more about what is being offered in the public health space. Making strong connections benefits your organization and helps you continue growth.

Posters

Professionals and students participated in an intensive abstract selection process to allow their poster to be on display during the conference. It is highly encouraged that attendees make time to view these posters, as well as, talk and network with the poster presenters.

Student Luncheon

All students who are registered for the conference are invited to attend the student career networking lunch on Wednesday to network with those who sponsored the student registration. The lunch will be held in the Westview Central/South room on the second floor of the Holiday Inn from 12:00-1:15pm.

Trivia

Trivia night will be held Tuesday, April 7 at 8:00 PM in Ballroom South at the Holiday Inn.

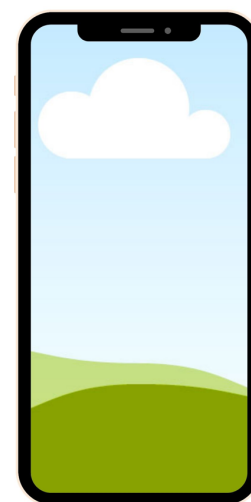
New this year! Join your colleagues for trivia night following the IPHA awards ceremony. No advance registration required. Come to Ballroom South at 8:00 PM to split into teams and enjoy a friendly competition answering questions about environmental health, public health, pop culture, and more!

Download the Mobile App

The Iowa Governor's Conference on Public Health has selected **Sched** to be the official conference mobile app again this year. This resource will serve as the one-stop shop for all of your conference needs and reduce the carbon footprint of the conference by dramatically reducing printed materials. Take advantage of this app on your mobile device, tablet or laptop computer!

Use the app to:

- Download session handouts and presentations
- View details about sessions and speakers
- Learn more about the companies and organizations that sponsor the conference
- Check out exhibitor information and websites
- Reference maps of the conference venue
- So much more!



Instructions to download the conference mobile app will be sent to registered conference attendees in March 2020.



Keynote Speakers

Rosie Ward, Ph.D., MPH, MCHES, BCC, Certified Intrinsic Coach®



Rosie began her career in 1994 in the fitness industry as a group fitness instructor and personal trainer then ended up focusing on worksite health promotion. With degrees in kinesiology and public health, she learned early on in her career of the fundamental disconnect between the research being done by industry leaders demonstrating the financial link between health risks and costs, ROI, etc. and what business leaders actually cared about on a daily basis. In 2004, Rosie began her training and development in Intrinsic Coaching® and was intrigued by the focus on shifting thinking patterns. She began providing coaching services and eventually became a Certified Intrinsic Coach® Mentor leading training programs for others. She earned her Ph.D. in 2008 in Organization and Management where her studies focused on organizational culture, leadership, coaching and intrinsic motivation. Rosie's niche is helping organizations recognize the importance of wellbeing on the organizational and individual level and utilizes this as the Dare To Lead facilitator. She formed Salveo Partners, LLC with her business partner where they leverage The Fusion of organizational and employee wellbeing to create thriving workplace cultures. She truly practices what she preaches; in her "spare" time, Rosie teaches Spinning® and Zumba® classes. And, of course, she cherishes and enjoys spending time with her family.

Paul Winchester, MA, MD



Dr. Winchester is the Medical Director of the NICU at Franciscan St. Francis Health and Professor of Clinical Pediatrics at Riley Children's Hospital in Indianapolis, Indiana. He provides clinical care to infants in a level III Neonatal Intensive Care Unit, attends high-risk deliveries, and provides pediatric clinical follow-up care. He also assists in clinical education of nurse practitioners, residents, and fellows. Dr. Winchester studied psychology at Stanford University, and later earned a MA in psychology at the University of Michigan followed by medical school at the University of Colorado Medical School. He completed a pediatric residency and a neonatal perinatal medicine fellowship at the University of Colorado Medical Center. He is involved on several faculty and state health advisory committees. His community involvement includes Greenwood and Center Grove high school mentorship programs as well as mentoring premed students in research and clinical development.

Deborah Thompson, MPA



For 14 legislative sessions Deborah observed, participated in, and influenced legislative decision making at the Iowa Statehouse. In that time, she developed her own persuasive communication and relationship building style that enabled her to achieve passage of every public health bill her department introduced and to procure 95% of the new appropriations it requested for public health initiatives. Deborah achieved these outcomes by developing strategic and genuine relationships with influencers and persons in positions of power like legislators, legislative staff, Governor's staff, lobbyists, advocates and senior leaders in executive branch agencies. She is the founder of DHT Consulting and Training and describes her style as "Persuasive. Not Divisive."

Schedule at a Glance – Tuesday, April 7, 2020

7:15 – 8:30 AM

Continental Breakfast	Iowa Foyer
Registration	Des Moines Room

8:30 – 10:00 AM

Welcome / Introduction / Keynote – Rosie Ward	Iowa Hall
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10:15 – 11:45 AM

T 1-1	Community Opioid Compliance: It Takes a Village	
T 1-2	Crafting Richer Public Health Messages Workshop	
T 1-3	Navigating Public Health Data: How to Gain Access to What You Need & Share Your Results with Confidence	
T 1-4	Shifting the Paradigm in Diabetes Care: Collaborating Across Disciplines to Address Social Determinants of Health in Linn County	
T 1-5	Strengthening Iowa's Public Health Capacity: Bundling Direct Education, Policy, System and Environmental Approaches for Optimal Impact	
T 1-6	Taking on a Public Health Student: What's in it for You?	
T 1-7	Using State and Local Collaboration to Improve Blood Lead Testing in Clinical and Medical Practices	

11:45 AM – 1:00 PM

Lunch Buffet	Pool Courtyard
Network with Exhibitors	Iowa Hall / Foyer
Poster Presentations	Iowa B
IPHA Annual Membership Meeting	Ballroom South

1:00 – 2:00 PM

T 2-1	Caring for Our Youngest Patients; Re-imagining Developmental Screening Protocols using Standardized Developmental Tools	
T 2-2	Community-Based Approaches Aligning Population Health and Medicine	
T 2-3	Establishing a Medical Cannabis Testing Program in Iowa	
T 2-4	Impacts of Collaborative Design Methodology and Assessment Practice	
T 2-5	See You in 3 Months! Improving Retesting Among Chlamydia Patients at a Local Health Clinic	
T 2-6	Sustaining Iowa's Rural Emergency Medical Services: An Evaluation of Two Counties' Experiences with Systems Development	
T 2-7	The Band-Aids Must Come Off	

Schedule at a Glance – Tuesday, April 7, 2020 - Continued

2:00 – 2:15 PM

Network with Exhibitors	Iowa Hall / Foyer
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2:15 – 3:15 PM

T 3-1	A Case Study in Sharing	
T 3-2	Cancer Survivors in Iowa: Growing Number, Growing Need	
T 3-3	Community-Based Pharmacy HIV Testing Projects	
T 3-4	Finding Funds to Address Social Determinants of Health	
T 3-5	Growing the Farm to School Movement in the Waukee Community School District	
T 3-6	How Do Labor & Delivery Unit Closures Effect Women’s Access to Prenatal & Obstetrical Care in Rural Iowa?	
T 3-7	Iowa Violent Death Reporting System: Finding Ways to Prevent Violent Deaths by Understanding Contributing Circumstances	
T 3-8	Safe to Drink? Iowa’s Contaminated Private Wells	

3:15 – 3:45 PM

Afternoon Break / Poster Presentations / Network with Exhibitors	Iowa Hall / Foyer
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3:45 – 4:45 PM

T 4-1	Access to Community-based Physical Activity & Nutrition Programs for Older Iowans	
T 4-2	How to Win Friends & Influence Disease Rates: Building Partnerships Between Public Health & the Medical Community	
T 4-3	Investigation of Vaping-Associated Acute Lung Injury in Iowa	
T 4-4	It’s Happening Now: Decennial Census 2020 & What It Means for My Community’s Health	
T 4-5	Legalization of Sports Betting & Daily Fantasy Sports & Intentions to Engage in Gambling Behaviors	
T 4-6	Promoting Healthcare Inclusivity: Building Equity Through the Title V Needs Assessment	
T 4-7	Promoting Mental Health Care for Refugees	
T 4-8	Thriving Through a Roof Collapse	

4:45 PM

Adjourn	
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5:30 – 7:00 PM

<ul style="list-style-type: none"> IPHA Awards Reception – separate tickets available at https://iowapha.wildapricot.org/event-3701066 	Jasper Winery
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Schedule at a Glance – Wednesday, April 8, 2020

7:15 AM

IEHA Past Presidents' Breakfast	Westview CS – 2 nd Floor
IPHA Past Presidents' Breakfast	Westview North – 2 nd Floor

7:30 AM

Registration	Des Moines Room
Continental Breakfast & Network with Exhibitors	Iowa Hall / Foyer

8:00 – 9:30 AM

Morning Welcome / Keynote – Dr. Paul Winchester	Iowa Hall
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9:45 – 10:45 AM

W 1-1	Building a Strong Direct Care Workforce	
W 1-2	Congenital CMV: The Most Common Congenital Infection You've Never Heard of	
W 1-3	Creating Healthy Places	
W 1-4	Partnering to Prevent Childhood Obesity in the Early Years	
W 1-5	Putting Science into Action: Farming for Public Health	
W 1-6	The Evolution of the Iowa Well Survey – What the Results Indicate for Private Well Water Quality	
W 1-7	Transforming Brain Health in Our Community	
W 1-8	Vaping: The New Look of Nicotine Addiction	

11:00 AM – 12:00 PM

W 2-1	Answering the Call to Action on Climate and Health	
W 2-2	Bringing Data to Action: Law Enforcement and Public Health Partnership, Linn County, Iowa	
W 2-3	Environmental Contaminants and Reproductive Health: A Deeper Dive – Dr. Paul Winchester	
W 2-4	Got Vaccine? Preventing Disease Outbreaks Using School Immunization Data	
W 2-5	Healthy LifeStars: Empowering Children One Lesson at a Time by Turning Unhealthy Habits into Healthy Lifestyles, through Collaboration, in a Neighborhood Near You	
W 2-6	Make it OK: Reducing Mental Illness Stigma	
W 2-7	Pacific Climate Change Migrants in Iowa: Public Health Implications	

Schedule at a Glance – Wednesday, April 8, 2020 - Continued

12:00 – 1:15 PM

Lunch	Pool Courtyard
Network with Exhibitors & Poster Presentations	Iowa Hall / Foyer
ICPHA Annual Membership Meeting	Westview North – 2 nd Floor
IEHA Annual Membership Meeting	Ballroom South
Student Career Networking Luncheon	Westview CS – 2 nd Floor

1:15 – 2:15 PM

W 3-1	Effective Partnerships: Understanding What Other Sectors Need – And Providing It!	
W 3-2	Expanding Emergency Food Access – Thinking Beyond Food Pantries	
W 3-3	It's Time To Be Brain Injury Informed	
W 3-4	Lessons learned from the Field: Don't Get Caught by the Pooh!	
W 3-5	Pertussis Outbreak in an Unvaccinated Community	
W 3-6	Scientific Communication Approaches to Boost Environmental Health Literacy	
W 3-7	The Effect of the Count the Kicks App on the Rate of Stillbirth	

2:15 – 2:45 PM

Network with Exhibitors & Poster Presentations	Iowa Hall / Foyer
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2:45 – 3:45 PM

Closing Keynote Panel – Deborah Thompson	Iowa Hall
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3:45 PM

Adjourn	
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Tuesday, April 7, 2020 – Detailed Schedule



7:15 – 8:30 AM **Continental Breakfast**

8:30 – 9:00 AM **Welcome and Introductions**

9:00 – 10:00 AM **Keynote – 5 Key Principles to Rehumanize
Your Workplace & Communities**

Rosie Ward, Ph.D., MPH, MCHES, BCC, Certified Intrinsic Coach®

Our world is rapidly changing and becoming increasingly volatile, uncertain, complex, and ambiguous (VUCA). We are living and working in a world where disruption is the norm. While some chaos is necessary because it sparks exploration, growth, and innovation, it also can lead to isolation and dehumanization. Our disrupted world inherently triggers us to show up in life in increasingly disconnected, guarded and reactive ways - especially in the workplace. Many of us spend more time at work than anywhere else, and these dynamics play out more there than anywhere else, leading to toxic environments that have ripple effects on the rest of our lives. In fact, according to Jeffrey Pfeffer's research from his 2018 book, *Dying for a Paycheck*, dehumanized workplaces account for an additional 120,000 deaths per year - making them the 5th leading cause of death in the United States and accounting for 8 percent of our healthcare spend. We have a humanity crisis on our hands! This session will outline 5 key principles essential for rehumanizing our workplaces and communities that restore hope, wellbeing and performance.

10:15 – 11:45 AM **Breakout Sessions**

T 1-1 **Community Opioid Compliance: It Takes a Village**

Nancy Ruzicka, BS, Rph, MBA, MJ, CHC; Denise Hill, JD, MPA

Regardless of the cause of the opioid crisis, Iowa's community of health providers are being called to assist in ending it. This session is designed to arm the public health community with real world cross-discipline perspectives and offer value-added solutions. Long-time health care attorney Associate Professor Denise Hill will engage participants in a comprehensive discussion regarding the latest opioid-related legal and payer developments at the federal, state and local levels. She will also provide practical guidance regarding relevant community and institutional policies and procedures. Pharmacist and Compliance expert Nancy Ruzicka will then share compliance strategies and best practices she has learned over the course of decades of experience as a practitioner, state regulator, and director of compliance with two large Iowa health systems. Discussion about how various providers including physicians, pharmacists, social service organizations, hospitals, long term care facilities, and other organizations can work together to identify individuals who may be struggling with an opioid use disorder or diverting medications. Participants will end the session by working through real world case scenarios. Relevant resources and tools will also be provided.

Tuesday, April 7, 2020 – Continued

T 1-2 **Crafting Richer Public Health Messages Workshop**

Deborah Thompson, MPA; Dennis Tibben, MPA

This session is a must have for the conference. It will introduce Jonathan Haidt's Moral Foundations Theory as provided for in the book entitled, "The Righteous Mind: Why Good People are Divided by Politics and Religion." The session will include methods of working the theory into public health messaging and will provide an opportunity to workshop the lessons learned - not once, but twice! The session will also include advocacy do's and don'ts and is sure to generate enthusiasm for legislative engagement given the expertise and charm of the co-presenters. We possess public health expertise as well as knowledge of the medical field. This will be valuable to the audience as the partnership between the public health and medicine comes full circle under implementation of the Affordable Care Act.

T 1-3 **Navigating Public Health Data: How to Gain Access to What You Need and Share Your Results with Confidence**

Kelsey Feller, MPH; Betsy Richey, MPH, PhD

This presentation will provide an overview of data available from the Iowa Department of Public Health and discuss important confidentiality considerations when working with public health data. Part one will highlight public health data available publicly from IDPH and data available to complete more in-depth analyses through the submission of an application and execution of a data sharing agreement. Information will be provided on how IDPH data requests are reviewed, including some tips and tricks on how to submit a great application and how to get through the approval process as quickly as possible. Part two of this presentation will provide an overview of IDPH's updated Disclosure of Confidential Public Health Information, Records, or Data Policy. Information covered will include making release decisions related to small count sizes, protecting confidentiality when sharing success stories, and other important best practices for ensuring the confidentiality of Iowans while working with valuable public health data. The presentation will conclude with examples and time for audience members to ask questions regarding data availability or the IDPH data request process. County health departments, local boards of health, students, researchers, IDPH staff, and any other entity with a contract or data sharing agreement with the Iowa Department of Public Health would benefit from this information.

T 1-4 **Shifting the Paradigm in Diabetes Care: Collaborating Across Disciplines to Address Social Determinants of Health in Linn County**

Megan Munoz, RN, MSN, CMSRN, CDE; Cynthia Fiester, BSN, RN; Tessa Heeren, MSW

This dynamic presentation summarizes the progression, successes, and challenges of Social Determinant of Health (SDH) care coordination at a system, organization, and patient level. The State Innovation Model (SIM) grant awarded to Linn County in 2016 facilitated the development of My Care Community (MCC). MCC is a community-based, multi-sector coalition with the mission to address Social Determinants of Health for people with diabetes (PWDs). An evaluation using network analysis provides insight into the inter-organizational networks needed to facilitate care coordination at the system level. Through a shared commitment to population health, MCC established a sustainable and collectively purchased referral platform which facilitated the ultimate

Tuesday, April 7, 2020 – Continued

goal of streamlined and systematic access to Diabetes Prevention (DPP) and Diabetes Self-Management Training (DSMT) programs. DSMT programs at an organizational and patient level will be discussed. Misconceptions surrounding DSMT will be challenged, and the actual and potential impact of DSMT on PWDs will be highlighted. This presentation includes opportunity for Q&A, so participants may procure information for development and implementation purposes in their communities.

T 1-5 Strengthening Iowa's Public Health Capacity: Bundling Direct Education, Policy, System and Environmental Approaches for Optimal Impact

Angie Tagtow, MS, RD, LD; Jill Lange, MPH, RD, LD

Obesity is an epidemic in Iowa. More than 35% of adults and almost 18% of teens are obese. Existing efforts, specifically direct education, haven't reversed the trends and with obesity's direct impact on health care expenditures, there's an urgency to implement innovative approaches. Obesity is one of many adaptive challenges facing public health today. Global efforts are encouraging systems thinking, action learning, cross-sectoral partnerships, infrastructure upgrades and workforce capacity building to tackle these challenges. What does that mean and how does that translate locally? This session will offer tools that drive innovation by bundling direct education initiatives with policy (organizational/public), system (simple/complex) and environmental strategies (built/natural). Attendees will describe the myriad of factors that influence behavior; explore the benefits of policy, system and environmental (PSE) strategies; and apply the I+PSE (Individual plus PSE) Conceptual Framework for Action to build innovative strategies that address wicked public health problems. National, state and community-based case studies will highlight multi-level approaches that focus on policy solutions, community development, and partnerships, further building public health capacity, practice-based evidence and impact. Attendees will engage in co-learning and apply the I+PSE Conceptual Framework for Action to their work. Handouts will be provided.

T 1-6 Taking on a Public Health Student: What's in it for You?

Jeneane Moody, MPH; Erin Barkema, MPH, Jennifer Miller

With competing demands and limited resources, how do we expand our public health capacity? Have you shied away from taking on an MPH student because you were concerned about what is required? Are you feeling challenged to find the time and space to think through what you would have a student do? Do you have a defined project (or three) but wonder what skills an MPH student would bring to your organization? This session will provide an update on the new competencies that MPH students demonstrate in their culminating experiences and how they support the work you need to do! Hear a real-life success story about Johnson County Public Health's (JCPH) innovative programming using students to maximize the value of their time performing immunization audits. This task is daunting (over 25,000 records in 2018) but is a vital part of protecting the community's health. Taking advantage of students' enthusiasm and energy has allowed JCPH to achieve impact while saving time and resources. Current JCPH practicum student, Shelly Miller, will be available to share her experiences and insights. Come prepared to engage in facilitated speed rounds of small-group brainstorming to generate ideas of useful student-driven tasks and projects.

Tuesday, April 7, 2020 – Continued

T 1-7 **Using State and Local Collaboration to Improve Blood Lead Testing in Clinical and Medical Practices**

Kevin Officer, CHC; Jason Kessler, MD, FAAP

Lead exposure risks change over time as a toddler becomes more active. A single blood lead test at 12 months of age does not predict what a child's exposure will be over the next few months or years. Iowa data indicates one-year olds were tested at a higher rate (88%) than two (44%) or three (15%) year old children in 2017. Minimum blood lead testing guidelines established by CDC, AAP, Medicaid and IDPH recommend testing at 1 and 2 years of age. The IDPH Childhood Lead Poisoning Prevention Program & Maternal & Child Health program implemented a Quality Improvement (QI) process that employed a PDSA (Plan, Do, Study, Act) cycle and pilot study to gain a better understanding of blood lead testing practices in clinics and medical provider offices for children under 1 – 3 years in age. Over an 8-month period (May to November 2019) rural and urban clinics were surveyed and a pilot study, with financial incentives, was also carried out with FQHCs to further study and acquire data on patient workflow processes. Participants in this session will learn about the QI tools and survey methods used in developing Best Practice Guidelines for blood lead testing in clinics and provider offices. Analisa Pearson, IDPH will highlight the collaboration between the two state programs. Dr. Kessler will discuss Primary Health Care clinics participation in the pilot study and the processes that were put in place to increase testing.

11:45 AM – 1:00 PM **Lunch Buffet**
Poster Presentations
Network with Exhibitors
IPHA Membership Meeting

1:00 – 2:00 PM **Breakout Sessions**

T 2-1 **Caring for Our Youngest Patients; Re-imagining Developmental Screening Protocols using Standardized Developmental Tools**

Brandyce Frink, BA; Michelle Holst, MPA

Popular culture reminds us that change is constant. Instagram is The New Facebook, Tik Tok is the new Vine, and standardized screening is the new way to flag possible developmental delays in children. The 1st Five Healthy Mental Development Initiative supports American Academy of Pediatric recommendations to include developmental screening as a routine component of well-child visits. Early intervention “lays the foundation in childhood and beyond for cognitive functioning; behavioral, social, and self-regulatory capacities; and physical health.” Karoly et al. 2005. Yet, The 2017-2018 National Survey of Children's Health reports only 33.5% of national respondents receiving a developmental screening using a parent-completed screening tool in the past 12 months (9 - 35 months). In Iowa, only 34.2% of respondents reported this opportunity to complete a developmental screening tool. With so many positive outcomes correlated with an early intervention approach, we dive into the challenges of redirecting developmental screening philosophy in healthcare to include standardized tools. The changing healthcare landscape requires sustainable partnerships with public

Tuesday, April 7, 2020 – Continued

health to make this happen. Learn about Iowa's premier population health program (identified as a Promising Practice within the Association of Maternal and Child Health Programs Innovation Station) that works hand-in-hand with primary care to provide a primary care/public health integration approach to ensuring brighter futures for Iowa's children one developmental screening at a time.

T 2-2 **Community-Based Approaches Aligning Population Health and Medicine**

Tara Slevin, BS; Kari Prescott, BA

Iowa's cities, towns and rural areas are involved in a national health transformation process. Our health care providers, including hospitals, clinics, local public health agencies and community-based services are implementing inclusive strategies that align clinical and population health programs. Better care, better outcomes, and affordable cost is the goal and expectation. This presentation will be given by two community health leaders who will review and critically analyze the tools and processes they utilized during the federal State Innovation Model (SIM) project overseen by the Iowa Department of Human Services; administered by the IA Healthcare Collaborative, with the IA Dept. of Public Health and IA Medicaid Enterprise. Their experiences and stories can provide your organization directions needed for integrated sustainable community health.

T 2-3 **Establishing a Medical Cannabis Testing Program in Iowa**

Dustin May, BS; Owen Parker, MPH

In May 2017, Iowa legalized the manufacture and dispensation of medical cannabidiol, and mandated testing of products for quality and safety. The Iowa Department of Public Health (IDPH) was charged with regulatory oversight and the State Hygienic Laboratory (SHL) was charged with providing testing services for this program. Over the next 18 months, IDPH and SHL collaborated to establish a testing program that was both fit for purpose and defensible, to ensure a quality product for public consumption. During the initial ten months, IDPH and SHL collaborated to draft administrative rules for content and contamination. As part of this collaboration, IDPH and SHL drafted the Laboratory Criteria Document, the procedural form of truth for medical cannabidiol testing in Iowa, managed by IDPH. Concurrently with this rulemaking process, SHL validated eight testing methods requiring 1000 SHL staff hours and developed a testing management program aligning with the twelve quality system essentials requiring 1300 SHL staff hours. Finally, in the last three months of 2018, SHL tested 181 medical cannabidiol samples requiring 915 staff hours. The SHL's success in establishing methods for medical cannabidiol testing in Iowa illustrates SHL's unique expertise in helping to guide and establish complex programs. The speed with which Iowa's testing program was developed and implemented speaks to the stakeholder collaboration required to implement state-based cannabis programs.

T 2-4 **Impacts of Collaborative Design Methodology and Assessment Practice**

James Bechtel, MS; Sam Jarvis, MS, CERC

Johnson County Public Health will provide a roadmap for agencies to perform a CASPER assessment using the CDC 3.0 CASPER Guide. Integral to the designed HealthyJoCo approach was collaborative and reflective elements which generated

Tuesday, April 7, 2020 – Continued

information (lessons learned) to make continuous and iterative improvement on the activities initially executed during the Summer 2019 data collection “discovery” phase. The workshop will include an overview of the following: 1) Stage 1 sample selection, 2) tabletop-style Stage 2 sample selection activity, 3) review of the survey tool and GIS-based technology, 4) leveraging partnerships for resource optimization, 5) overview of Incident Command Style functions application to project operations. Ultimately, the audience will learn and be able to demonstrate how to perform a CASPER in their community.

The audience will receive a high-level overview of the first phase of the assessment methodology. During this first phase, several factors that need to be considered during sample frame selection (e.g. resource constraints, coordination, project timing) will be presented. The audience will then participate in an interactive activity to mock Stage 2 sample selection in the style of a tabletop exercise. The activity will utilize a “monopoly” style game board to practice using the tracking sheets and experiencing different scenarios to understand Stage 2 selection. Johnson County Public Health share major components of operations and logistics that lead to the success of the project.

T 2-5 See You in 3 Months! Improving Retesting Among Chlamydia Patients at a Local Health Clinic

Carmin Hutch, RN; Juan Cadenillas, MPH

Chlamydia patients who are treated and become reinfected is common. Staff at Polk County Health Department (PCHD) have been asking ourselves questions about our own chlamydia patients and STI clinic, such as: Do we really know the reasons why our patients get reinfected, and why we see so few of them back for retesting and treatment, according to CDC guidelines? Are there ways our clinic flow, Electronic Medical Records (EMR) and patient counseling could be better leveraged to influence patients to come back for retesting? PCHD is testing a clinic model to increase retesting among chlamydia positive patients. Retesting visits offer an opportunity to providers to prevent spread of infection. In addition, retesting can help to reinforce patient and partner education. However, engaging patients in retesting is a real challenge to PCHD providers. Between years 2016-2018, only 1 in 4 of patients diagnosed with chlamydia at the PCHD-STD Clinic came back for retesting. Most of them coming back either much earlier or later than the CDC recommended interval of 90 days. PCHD efforts in improving this situation have led staff to engage in a process to influence patient behavior. Staff will share with participants the outcomes and lessons learned from this project. PCHD hopes that this model will open doors to a more patient engaging practices and reduce the impact of chlamydia.

T 2-6 Sustaining Iowa’s Rural Emergency Medical Services: An Evaluation of Two Counties’ Experiences with Systems Development

Kerrie Hull, RN; Brian Jensen, NREMT-P

In Iowa, EMS services have struggled to sustain day-to-day operations especially in rural communities. In the fall of 2018, the IDPH received funding from the U.S. Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA), and Rural Hospital Flexibility Program to enhance collaborative

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initiatives that relate to EMS system development for data collection, evaluation of collected data, ongoing protocol development, training, continuous quality improvement and performance improvement programs. Two rural counties applied for and received those funds which allowed them the opportunity to push forward with their plans for improving the EMS system within their counties through systems development. This session will review the public health evaluation conducted to document and share the work that has been done in these communities as well as lessons learned from the county EMS service directors who were involved with system development efforts in their respective communities. The local actions taken by the County EMS stakeholder groups can be used for inspiration and guidance to others who are considering system development work.

T 2-7 **The Band-Aids Must Come Off**

Caprice Jones; Ann McDonough, JD

At the Fountain of Youth Program in Dubuque Iowa a large percent of those we work with are suffering from generational poverty. The vast majority of those we serve come from families that have lived in poverty for more than two generations. Children and adults who live in generational poverty experience low self-esteem, an attitude of despair and dependency on others. Fountain of Youth has been helping children and adults by providing personal and professional development as well as wrap-around community services that are geared towards completing self-chosen goals to assist them in escaping the cycle of generational poverty. We believe the answer is not to solve people's problem for them. Rather, we seek to show them someone cares and to guide them through the overwhelming process of learning to succeed in a world they have only looked at from the outside. Prior to working with us, no one has believed in them and they have had no idea how to believe in themselves nor can they defeat popular beliefs that people cannot change. We teach them that each and every person is a valuable life. At the Fountain of Youth program, we work with those that need the support and knowledge of others who can understand their plight, sometimes experiencing it ourselves. Together we can rip the Band-Aid off the festering sores that result from childhood trauma and compound the challenges of generational poverty, resulting in citizens who are assets to society rather than liabilities.

2:00 – 2:15 PM Network with Exhibitors

2:15 – 3:15 PM Breakout Sessions

T 3-1 **A Case Study in Sharing**

Duane Hendrickson; Jeff Hoffman, MS, CCC-A

Hamilton, Hardin, and Wright counties have been actively exploring cross-jurisdictional sharing (CJS) in their three-county area. A small committee made up of a board of supervisor, board of health member, and the public health administrator from each county has been meeting regularly. In their initial meetings members shared information about their current service delivery and administrative capacity in order to learn more about each other and determine possible areas of sharing. Their goals in sharing

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included; looking for small and big ways to eliminate redundancies and gain efficiencies, looking for ways to improve quality and to be more thoughtful in how they plan for the future. Several opportunities for sharing were identified.

The group followed the process for exploring CJS developed by the Center for Sharing Public Health Services. Of prominent focus has been a commitment to agree on what can and cannot be shared. Knowing that trust is key to any sharing arrangement the group has also worked to develop and maintain trust between the partners at the table. Members were able to keep an open mind about the many ways they could share.

This presentation will include a brief overview of the process developed by the Center for Sharing Public Health Services. Primarily though this session will feature a panel made up of Board of Health members from Hamilton and Hardin counties and a Board of Supervisor from Wright County. The panel members will reflect on what came before formal discussions about sharing, what benefits of sharing have been realized, what the group has struggled with in implementing sharing, and ultimately what next steps have been decided on by the group. The panel will also take questions from audience members who have questions about their process and any outcomes identified.

T 3-2 Cancer Survivors in Iowa: Growing Number, Growing Need

Katie Jones, MPH; Kelly Wells Sittig, CCPH

Nearly 150,000 people living in Iowa are cancer survivors, and the number of cancer survivors in Iowa continues to grow, especially as the number of Iowans age 65 and older increases and more cancer survivors live longer. This training will discuss the demographic trends of cancer survivorship including disparities, healthcare issues including specialist shortages and cancer survivorship care plans, an overview of some of the support programs available, and the role of public health and primary care in supporting cancer survivors.

Topics that will be covered include the importance of transportation, access to care, physical activity, nutrition, tobacco and nicotine cessation, and cancer survivorship care plans for cancer survivors. This interactive presentation will include discussions on how to create a societal understanding of the growing cancer survivor population and issues surrounding cancer survivorship.

T 3-3 Community-Based Pharmacy HIV Testing Projects

Kellie Staiert, MPA

In 2017, 125 Iowans were newly diagnosed with HIV. Twenty eight percent, or 35 of these newly diagnosed patients, had lived with HIV for a significant amount of time before being diagnosed. A person who is diagnosed with AIDS within three months of initial HIV diagnosis is termed a “late tester”. Without testing of, and subsequently receiving treatment for HIV, a person will generally progress to AIDS. Having an AIDS diagnosis within three months of an HIV diagnosis is an indication of a long-standing infection that may have an impact on long-term health outcomes and opportunities to transmit HIV to partners. In Iowa, there are 12 Iowa Department of Public Health funded rapid HIV testing sites and 14 federally qualified health centers (FQHCs) to implement

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routine opt-out HIV testing. However, these sites do not cover all of Iowa's 99 counties nor the 28% of Iowans living with HIV in more rural areas. Existing local pharmacies have the opportunity to provide testing services in areas of Iowa currently lacking services. The objectives of the pilot project are to 1.) provide technical assistance and trainings to support the implementation of HIV screenings within Iowa community-based pharmacies, and 2.) monitor preventative services guidelines and develop the framework for a best practice's manual for community-based pharmacies. In this presentation the methods, results and conclusions will be shared.

T 3-4 **Finding Funds to Address Social Determinants of Health**

Matt McGarvey; Becky Wampler Bland

In Healthy Iowans: Iowans' Improvement Plan 2017-2021, as well as in the counties' Community Health Needs Assessment and Health Improvement Plans (CHNA & HIP), such social determinants of health as poverty, housing, nutrition, economic development, and transportation have been identified as critical to keeping Iowans healthy. However, chasing the funds to support long-term improvements in these social determinants presents challenges because, traditionally, most healthcare dollars are devoted to clinical care, and social determinants of health often are not understood as being inside the health orbit. At the same time, CDC has identified addressing SDOH as a primary approach to achieving health equity through collaboration with other agencies. Representatives from the Iowa Economic Development Authority, Telling Community Initiative, and Wellmark Foundation will discuss grants programs which can be used to support initiatives at the state and local levels.

T 3-5 **Growing the Farm to School Movement in the Waukee Community School District**

Kaitlyn Scheuermann, MPP-D, RDN, LD; Jeannie Allgood

With a passion for providing healthy food opportunities to the rapidly increasing student population while also supporting the local community, the Waukee Community School District collaborated with the local health department to apply for a Farm to School Planning Grant from the United States Department of Agriculture and was awarded funding in June of 2018. This grant was instrumental in structuring the District's Farm to School efforts by embedding known best practices and policy supports early in the planning process. In this session, the Waukee Farm to School team will share their experience in leveraging cross-sector partnerships and developing a strategic plan to support local food procurement, nutrition education, and hands-on agricultural opportunities in the fastest growing school district in Iowa. Through an interactive workshop, participants will brainstorm ideas for growing the Farm to School movement in their local communities and leave the session with tangible tools and resources to support procurement, programming, partnership, and policy efforts, whether they are just beginning or already engaged in the farm to school movement.

T 3-6 **How Do Labor & Delivery Unit Closures Effect Women's Access to Prenatal and Obstetrical Care in Rural Iowa?**

Debra Kane, PhD, RN; Stephanie Radke, MD, FACOG

Since 2000, more than 30 community level hospitals have discontinued their obstetrical services in rural Iowa. Iowa ranks 49th in the United States in obstetrician-gynecologists

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per capita in 2017. With the decreased number of rural labor and delivery units and obstetrical providers, rural Iowa women may face a significant reduction in access to both delivery and prenatal care. Reduced access to care may have negative consequences for maternal and fetal health outcomes. Provisional data for 2016 through 2018 suggests that women who reside in rural Iowa and those with a Medicaid reimbursed delivery are at increased risk for severe maternal morbidity. In order to develop evidence-based interventions, it is important to understand how OB unit closures may affect access to care, and if certain populations are more vulnerable to these changes.

Presenters will report how access to care varies by one of six categories based on the mother's county of residence and county population density. We assessed mothers' prenatal care (PNC) access in each classification category by trimester of PNC and by the adequacy of prenatal care utilization index and stratified PNC initiation and adequacy by delivery payer (Medicaid or other) and race and ethnicity. We used Google Maps to calculate average travel times from mother's zip code of residence to zip code of where she delivered her baby. We examined unplanned births outside a labor & delivery (L&D) unit for rural counties without L&D units by driving time to facility, delivery payer, and race.

T 3-7 Iowa Violent Death Reporting System: Finding Ways to Prevent Violent Deaths by Understanding Contributing Circumstances

Tiffany Conroy, MSW, LISW; Lisa Roth, BA

The Iowa Violent Death Reporting System (IAVDRS) is a CDC-funded statewide surveillance system that collects information on deaths that occur in Iowa resulting from homicide, suicide, unintentional firearm deaths, legal intervention and deaths of undetermined intent. IAVDRS is a multi-source data system from death certificates, medical examiner and law enforcement reports. The system connects information about the "Who, when, where, and how" from data on violent deaths and provides insights about "why" they occurred. The system can capture 600 unique data elements on all types of violent deaths, in all settings, for all age groups. The data collected are abstracted and the de-identified information is entered into the anonymous national violent death reporting system database. The goal of this effort is to aid in the development of public health prevention strategies to reduce violent deaths and save lives. Iowa began collecting data in 2015 for the seven most populous counties. By 2016, IAVDRS expanded to statewide, and surveillance is ongoing. This presentation will offer an overview of the IAVDRS program and highlight notable findings from data collected on violent deaths in Iowa since 2015.

T 3-8 Safe to Drink? Iowa's Contaminated Private Wells

Ingrid Gronstal Anderson, JD

Des Moines Water Works has struggled for years to provide safe drinking water to its customers, battling nitrate contamination from upstream farms. But contamination from agricultural practices may be even worse for the estimated 230,000 to 290,000 Iowans whose drinking water comes from private wells. Between 2002 and 2017, testing revealed unsafe levels of nitrate, coliform bacteria, and fecal coliform bacteria in

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thousands of wells across Iowa. Farms are among the main source of the contamination, especially in rural areas of the state. Almost three-fourths of private wells polluted by these contaminants were in rural counties. Nitrate from fertilizer and animal manure and bacteria from manure applied to farm fields seep through soil or run off poorly protected fields to contaminate drinking water. Contamination of Iowa's private wells poses serious health hazards, including elevated cancer risk and birth defects, yet no state or federal agency requires testing or regulation of private wells. Iowa requires testing only once, for newly dug or repaired wells. Public water systems have strict rules for nitrate and bacteria levels in drinking water, but private well owners are left to deal with harmful pollutants on their own.

Our presentation will show the results of a report on private well contamination by Environmental Working Group and the Iowa Environmental Council. We will provide policy recommendations for how to safeguard rural Iowans from private well contamination.

3:15 – 3:45 PM

**Afternoon Break
Poster Presentations
Network with Exhibitors**



3:45 – 4:45 PM

Breakout Sessions

T 4-1

Access to Community-based Physical Activity and Nutrition Programs for Older Iowans

Tami Swenson, PhD; G. Joseph Sample, MPA

The Area Agencies on Aging (AAAs) serve Iowans with disabilities and older Iowans by coordinating delivery of over 30 different programs to help older Iowans age in place; to prevent abuse, neglect, and exploitation; and to protect and preserve their rights. These home and community-based support services are also provided by the AAAs to caregivers of older Iowans and Iowans with disabilities and, thus, reach both the individuals and their families with services and support. The availability of evidence-based physical activity and nutrition programs by the AAAs varies geographically across the state, and each of the six regional AAA offices have identified service gaps for rural populations that limit access to these programs.

In comparison to the AAAs, both urban and rural local health departments have varying degrees of collaborating, cooperating, coordinating, or networking levels of partnerships with other organizations within their communities to address population health and health promotion activities.

Central to these initiatives for community-wide health improvement is engagement with health providers. The importance of these partnerships between public health and nonprofit hospitals increased in 2013 with the requirement of hospitals to complete a community health needs assessment at least every 3 years and implement strategies to address the identified health needs. The resources available to address population

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health within rural communities are limited by fewer healthcare providers and types of expertise available for local public health to engage with on health improvement initiatives. Gaps within the health infrastructure may result in communities lagging behind in community health and prevention activities that address “upstream” factors.

T 4-2 How to Win Friends and Influence Disease Rates: Building Partnerships Between Public Health and the Medical Community

Chris Frantsvog, MPA; Kim McMains, BA

A good idea, even good marketing, will seldom spur to action the medical providers whose efforts we need to turn the tide on sexually transmitted infections and other diseases. Too often we believe the authority of “Public Health” will get hospitals and clinics to perform better, do more. It won’t. But we have something better than authority, and it’s called influence. And something still better than influence is the goodwill that comes from trusting partnerships with medical providers. Polk County Health department has been engaged in building intentional relationships with medical providers for over three years. These carefully built and maintained bonds allow us to resolve problems quickly, navigate complicated systems more easily, and jointly implement needed performance improvements. This presentation will explain why we embarked on this methodical process, and how it is changing how we think about the partnerships we build and improving the conditions we need in our community.

T 4-3 Investigation of Vaping-Associated Acute Lung Injury in Iowa

Caitlin Pedati, MD, MPH; Ben Williamson

In August 2019, the Iowa Department of Public Health (IDPH) began to receive reports of vaping-associated respiratory illnesses around the state. This emerging issue was particularly challenging given the lack of existing knowledge base and the reported use of a wide variety of products and devices including illicit THC, from largely unknown sources. Early and close collaboration with neighboring states, as well as Iowa clinicians and the State Hygienic Laboratory (SHL) at the University of Iowa were an essential part of this public health response. IDPH first learned of these illnesses from nearby states and was able to proactively share and prepare information for clinicians and public health. IDPH also worked with SHL to obtain products from affected patients. Notably, SHL was one of the first laboratories in the United States that was able to initiate an evaluation of these products for potential contaminants such as pesticides and toxins. Investigating these illnesses required collaboration between health systems, health departments, and patients at the local, state and federal levels. Information that was gathered locally in Iowa was used to help inform national efforts to better understand and ideally prevent these illnesses. This response highlighted some of the challenges and successes involved in the public health investigation of a novel non-infectious issue.

T 4-4 It’s Happening Now: Decennial Census 2020 and What It Means for My Community’s Health

Sandra Charvat Burke, MS

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The Decennial Census of 2020 will be happening at the same time as the Governor's Public Health Conference in April 2020. Too often we don't realize the importance of responding to the Decennial Census and the local impact it has on our community and our community's health. This session offers a look at the what, why, how, and community health impact of the Decennial Census. The session will provide:

- An overview of the questions being asked (and not asked) on the Decennial Census form
- How the Decennial Census designates Race and Hispanic Origin
- A timeline of when to expect the new data and information
- The Constitutional origins and requirements of the Decennial Census
- How the Decennial Census compares with the American Community Survey
- How the Decennial Census impacts community health

T 4-5 Legalization of Sports Betting and Daily Fantasy Sports and Intentions to Engage in Gambling Behaviors

Eric Preuss; Ki Park, PhD

This study examines intention to expand gambling behavior where legalization of sports betting in casinos (SBC) and Daily Fantasy Sport (DFS) using data from a statewide, dual-frame RDD survey in Iowa. From September 2018-January 2019, a total of 1,761 adults were surveyed on their gambling attitudes and behaviors via a computer-assisted telephone interview. The study assessed adults' intention to engage in SBC, and in DFS in the changing legal environment in the state. More specifically, these intentions were more closely examined among those who were identified as "at-risk" gamblers with the Problem Gambling Severity Index (PGSI) in the state. Implications for prevention and treatment of gambling disorder will be discussed.

T 4-6 Promoting Healthcare Inclusivity: Building Equity Through the Title V Needs Assessment

Shalome Musignac Jordan, BS; Tira Mays, MJ, EdM

A key focus of the Iowa Maternal, Child and Adolescent Health Title V needs assessment was to identify the differences in healthcare needs among minorities of different ethnic, cultural, and racial backgrounds; as well as other populations; including low income populations and those who have historically had little or no access to care, who are powerless, and less privileged. Eight priority populations were identified. The Health Equity Advisory Committee (HEAC) consisted of community leaders from across the state. HEAC members were sought from traditional and non-traditional partners, including lay leaders, human rights and with organizations Title V hasn't previously worked. By connecting with the HEAC members to build trusting relationships we gained cultural brokers who could provide a gateway to their communities. These relationships changed every aspect of how the needs assessment was conducted. HEAC provided guidance on the design of data collection, wording of questions, recruitment, data analysis, communication of findings and recommendations on ways to address NPMs and SPMs.

The presenters including Analisa Pearson, Iowa Department of Public Health and Olivia

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Samples, HEAC member, will discuss the approach to engaging the eight priority populations, incorporating community driven strategies into government structures. Additional discussion will include the roles the committee played, and lessons learned from the process.

T 4-7 **Promoting Mental Health Care for Refugees**

Heather Meador, RN; William Story, PhD, MPH

The Iowa Department of Human Services, Bureau of Refugee Services, in partnership with the University of Iowa, and the Linn County Public Health, are in year 3 of a 3-year grant which serves to connect primary care providers and refugees to move toward acceptance and understanding regarding mental health care. This project looked to accomplish the objectives by engaging with three distinct constituencies (refugee communities, primary care/specialty care/mental health treatment providers, and resettlement agencies/front-line refugee serving organizations) in order to better understand the current state of refugee mental health needs and treatment, identify, test and deploy resources to improve refugee mental health treatment outcomes and provide all parties with training and tools to promote sustainability of the improvements. This presentation will review the work that has been accomplished and help to provide information on the vast needs of refugees in regard to mental health care. Barriers of the refugee population seeking mental health services will be reviewed with how to overcome those barriers using culturally sensitive methods. We will also review the various models that providers and community service providers can utilize in helping refugees address mental health needs. We will provide the audience the lessons learned from this project and provide them information on plans for the future of addressing mental health needs for refugees in eastern Iowa.

T 4-8 **Thriving Through a Roof Collapse**

Jodi Willemsen, BA; Brian Hanft, MPH, REHS

This presentation will describe the Cerro Gordo County Department of Public Health's resilience through the disaster management cycle after the roof collapsed on their office space over a weekend. With no access to offices, the department implemented a response by activating its Continuity of Operations Plan. Essential services and employees were identified to report to work on Monday under the incident command structure. That day began with borrowed pens and paper in the training room (Health Department's emergency operations center) at the sheriff's department. Through the COOP, staff implemented prioritization of re-deploying staff and requisitioning resources (e.g. computers, phones and equipment), coordinated alternate methods to access data via a backup server and alternate methods for electronic health record, primary database and correspondence. Emergency spending processes were implemented immediately as all credit cards, access to accounts and the system to procure supplies were gone. Learn the trials and tribulations this Department experienced as the disaster being responded to.

4:45 PM Adjourn

5:30 – 7:00 PM **IPHA Awards Reception – Jasper Winery** – separate tickets available
<https://iowapha.wildapricot.org/event-3701066>

Wednesday, April 8, 2020 – Detailed Schedule

- 7:15 AM** **IEHA Past Presidents' Breakfast**
IPHA Past Presidents' Breakfast
- 7:30 AM** **Registration**
Continental Breakfast
Network with Exhibitors
- 8:00 – 8:30 AM** **Morning Welcome**
- 8:30 – 9:30 AM** **Keynote – Environmental Contaminants**
and Reproductive Health
Paul Winchester, MA, MD



This presentation will review the history and use of environmental chemicals in our society, discuss the current state of human health, and look at disease trends to better assess exposure risks. The molecular effects induced by these exposures will also be discussed and the health concerns they may pose for future generations.

9:45 – 10:45 AM Breakout Sessions

W 1-1 Building a Strong Direct Care Workforce

Di Findley; Barb Weston

One of the largest and highest demand segments of Iowa's workforce is direct care workers (DCWs) and particularly Home Care Aides (HCAs). A strong direct care workforce is vital to: 1) Iowans of all ages and abilities having access to the care and support they need; 2) employers who rely on them; and 3) family caregivers who need their assistance. Worker shortages and high turnover compromise service delivery but it doesn't have to be that way. Participants will discuss recent employer and worker survey findings that highlight the reasons for the workforce challenges but also the proposed solutions that have been identified and vetted by many stakeholders the past few years. Participants will identify as part of the solution and will be provided information, resources, and tools needed to help them take action to bring our collective work to scale... work that will ensure DCWs are paid a livable wage; that they receive high quality competency-based and portable training, and their work is viewed as a respected profession OR as a stepping stone to becoming a licensed nurse, social worker, or other health professional. A DCW will share her first-hand perspectives.

W 1-2 Congenital CMV: The Most Common Congenital Infection You've Never Heard of

Amanda Devereaux, RN, BSN; Joseph Peterson, MD

Congenital CMV (cCMV) is the most common congenital infection, affecting 1 of every 200 babies born each year in the United States. Babies with cCMV can experience a wide range of potential health outcomes including microcephaly, hepatitis, developmental disability, seizures, and hearing and vision loss. cCMV is the leading non-genetic cause of childhood hearing loss. Despite the high prevalence of cCMV,

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awareness and education about cCMV remains low among community members and healthcare providers. In recognition of the high prevalence of cCMV in newborns and the importance of identifying these babies to guide medical follow up, several states, including Iowa, now require targeted cCMV screening for infants who refer on the newborn hearing screen. In Iowa, this law also requires that state and local health agencies develop and publish informational materials on cCMV infection, testing, and potential interventions for cCMV-positive babies. With implementation of targeted cCMV testing in Iowa, public health officials and healthcare providers can benefit from increasing their knowledge of cCMV and sharing this information with families living in the state of Iowa. This presentation will discuss the incidence, prevalence, and possible consequences of cCMV infection. Screening programs and recommended interventions and treatment will be discussed. We will also discuss areas of needed research in the field of cCMV including ongoing clinical trials open to patients in the state of Iowa. Following a short presentation, a multidisciplinary panel discussion will include perspectives from: Kim Piper RN, BS, CPH, CPHG (Iowa Department of Public Health Newborn Screening Program), Dr. Joseph Petersen MD (Otolaryngology Resident, University of Iowa), Amanda Devereaux RN, BSN (parent and CMV advocacy organization representative), and Amanda Schaefer MS, LGC (Genetic counselor, University of Iowa).

W 1-3 Creating Healthy Places

Naura Godar, AIA; Mike Bell, PLA, ASLA

Many community planners are limited in their understanding of how the built and natural environments impacts public health. This presentation is focused on community development and design strategies that link the built and natural environments and human health. This session will provide strategies and tools to execute ecologically-based approaches in community planning & design, enhancing human connections with nature and each other, increasing physical activity, and encouraging healthy people and places.

W 1-4 Partnering to Prevent Childhood Obesity in the Early Years

Erin Olson, MPH; Patti Delger, RDN, LD

This session will provide the opportunity to learn about the newly released Obesity Prevention in Rural Early Care and Education Settings Toolkit created with support from HRSA. The toolkit is meant for a diverse audience of individuals and organizations that directly or indirectly support ECE providers located in rural areas. Participants will learn about practices that have been effective in rural areas, implementation considerations for new or existing programs, ideas for sustainability, and case studies describing how interventions can be adapted to diverse settings. The Child and Adult Care Food Program (CACFP) is a recommended evidence-based strategy for obesity prevention and referenced throughout the Toolkit. CACFP is a federal program supported by the USDA that reimburses for nutritious meals and snacks to eligible children and adults who are enrolled for care at participating ECEs. CACFP has menu requirements, educational materials, trainings, cookbooks, and other valuable online resources that support healthy changes in ECE settings. To help understand disparities and opportunities in CACFP participation, Iowa

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has created a CACFP GIS map that layers information about child care provider location, CACFP participation, food access, and family poverty. In this session we will explore the Iowa CACFP GIS map and look at communities to better understand the needs of children and families in those areas.

W 1-5 Putting Science into Action: Farming for Public Health

Paul Mugge; Andy Dunham

Farming for Public Health is a statewide initiative that aims to highlight a nontraditional group of public health practitioners: farmers. Approximately 50 million pounds of pesticides are applied to corn and beans in Iowa annually. As troubles of escalating pesticide use in Iowa and the Midwest are becoming more visible (weed resistance, pesticide drift, crop damage, etc.), and concerns surrounding water quality and quantity mount, it is important for public health professionals to know that ecologically sound and health promoting agricultural systems and are practiced by innovative farmers and researchers in the state. This session will showcase an expert panel of 2 farmers who are putting agronomic and public health research into practice, demonstrating how upstream solutions can solve for a pattern of cascading environmental health effects that impact all Iowans. This panel will also explore the question: What is the role of public health practitioners in supporting wide-spread adoptions of sustainable agriculture?

W 1-6 The Evolution of the Iowa Well Survey – What the Results Indicate for Private Well Water Quality

Mike Schueller, MS

The Iowa Well Survey (IWS) has been in place since September 2017. Over 2,000 private well samples have been collected in six two-month sampling periods beginning with the initial sampling period. These samples have been collected from wells in a total of 56 counties across the state. The Grants To Counties parameters of E. coli, total coliform bacteria, nitrates and arsenic have been collected from the majority of wells. Several other classes of compounds have been analyzed from a subset of these samples. Manganese was added to sample collections in 2018 as an imminent public health concern. Investigations of contaminants of emerging concerns including additional metals and several classes of pesticides (e.g. neonicotinoid insecticides, chloroacetanilide herbicides, glyphosate) have intermittently been evaluated for these samples. Physical characteristics (e.g. well depth, age, casing depth, casing material) are recorded for each well when known by the well users. Given the number of data points now collected for the survey, an analysis of relationships between, among and within chemical results and physical characteristics of the wells is the focus of this presentation. Relationships/correlations between these variables were examined and will be presented through univariate and multivariate tools. These tools will provide the audience and local environmental health specialists information that may be useful in targeting wells for evaluation that may be of higher risk to public health.

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W 1-7 **Transforming Brain Health in Our Community**

Nancy Van Milligen, MPA; Debi Butler, MA

The Community Foundation of Greater Dubuque pursues system-level changes that support brain health in our community. We are currently working to connect law-enforcement, corrections and legal systems with available brain health resources – facilitating brain health first aid trainings, expanding the use of a “mobile crisis unit”, and helping individuals jailed for misdemeanors and diagnosed with brain health/substance use issues move through the criminal justice systems more quickly. We are also working to establish an Access Center in Dubuque County for individuals with urgent brain health needs. Ann McDonough (Dubuque County Supervisor) and Shannon Lundgren (Iowa House Representative) will join the conversation to highlight the importance of a collaborative approach to identifying, funding and implementing creative system-level solutions. Brain Health Now is dedicated to ending the stigma surrounding the term “mental illness” – encouraging the use of a more accurate description – like brain health. They continue to drive their message through social media, billboards throughout Iowa, yard signs and other materials. They’ve received proclamations from the Governor of Iowa and the Mayor of Dubuque making October Brain Health Awareness month. The Foundation and Brain Health Now are uniquely positioned to do system-level change work by forging partnerships among local leaders to find solutions to regional issues.

W 1-8 **Vaping: The New Look of Nicotine Addiction**

Vickie Miene, MS, MA, LMHC; Kim Merchant, MA

A new trend of nicotine addiction through using electronic cigarettes has recently captured the news media. High rates of new cases of lung disease and fatalities linked to the use of e-cigarettes have developed in recent months. The University of Iowa, Institute of Public Health Research and Policy at the College of Public Health along with collaborative partners that included LiveWELL/Human Resources, Staff Council, Student Government, Student Wellness and community sponsors including the City of Iowa City, the City of Coralville, The Johnson County Public Health Department and the Iowa City Community School District formed a coalition to address the issue. The coalition organized a series of community events to create awareness and to provide accurate and credible information to local area citizens. This presentation will provide information about how the coalition developed. We will share basic information about e-cigarettes, how they work and the most recent data about this issue. We will also share the tools that were developed and disseminated to increase awareness of this emerging health issue. The coalition created opportunities to utilize experts internal to the University of Iowa (UI) and to bring in experts outside of the UI, to the community, through a series of free public lectures that included a keynote address, a panel presentation and ample time for participants to ask questions and become informed on this emerging topic.

11:00 AM – 12:00 PM Breakout Sessions

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W 2-1 **Answering the Call to Action on Climate and Health**

Jill Krueger, JD

In 2019, the U.S. Climate and Health Alliance issued a call to action to address the health impacts of climate change. Numerous public health departments, public health associations, health care systems, and others signed on to the call to action. In this session, participants will learn about the priorities identified in the call to action, as well as legal and policy strategies to advance those priorities at the state and local level. Participants will discuss physical, economic, and cultural criteria they might use to choose from among the possible legal and policy solutions to address specific health impacts of climate change in order to focus on strategies that they believe are the most likely to be both effective in boosting climate resilience and feasible in their communities.

W 2-2 **Bringing Data to Action: Law Enforcement and Public Health Partnership, Linn County, Iowa**

Amy Hockett, PhD, MPH, CHES; Sunshine McDonald, GISP

In the spring of 2019, a unique partnership was formed between Linn County Public Health and Marion Police Department. The goal of this partnership was to find innovative ways to leverage data across multiple sectors and agencies to gain a better understanding of the leading health issues in Linn County. Ready access to data enables a near real-time multi-disciplinary response to issues like mental health crises and opioid overdoses. This presentation will explore the strategies and tools used to establish a mechanism to securely share and visualize data across agencies and sectors. Additionally, the presentation will highlight how the secure platform is used to inform community action and awareness around mental health and drug overdoses.

W 2-3 **Environmental Contaminants and Reproductive Health: A Deeper Dive**

Paul Winchester, MA, MD

This session will dive deeper to reflect on past and current environmental factors on human health and lessons learned. Is this a call to change and the collaborative role of public health to improve our systems to better observe, monitor, identify, and mitigate environmental exposure risks?

W 2-4 **Got Vaccine? Preventing Disease Outbreaks Using School Immunization Data**

Susan Brooks, BS, BSN, RN; Juan Cadenillas, MPH

Any community is susceptible to a disease outbreak. High rates of unvaccinated residents could prevent an effective herd immunity protection. Lack of proper monitoring procedures and tools could also compromise preventive response efforts. Public health agencies should ensure they have access to the most relevant and prompt data to respond to a potential outbreak. During this presentation, staff from Polk County Health Department (PCHD) will share their approach in using their school immunization audit reporting as a tool for monitoring and response to outbreaks. School immunization audits are mandated by the State and can provide a glimpse into the immunization status of students as a whole. However, during a disease outbreak, when time is of the essence, the format of the audit results makes retrieving actionable information time

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consuming and difficult. PCHD is implementing a new approach that will assist PCHD in monitoring and preventing spread of a disease. Using a web-based approach, PCHD staff is capable of quickly generating immunizations reports. The reports contain valuable information about populations missing a specific type of vaccine and schools at most risk. PCHD staff will share lessons learned through the implementation of this new web-based approach. PCHD hopes that the implementation of this new system will help to keep medically fragile residents and the community in general safe.

W 2-5 Healthy LifeStars: Empowering Children One Lesson at a Time by Turning Unhealthy Habits into Healthy Lifestyles, through Collaboration, in a Neighborhood Near You

Josie Hentzen, MPH; Sofie Dollison

Over the course of the last year since the Iowa Institute of Public Health Research and Policy took on the new venture of bringing Healthy LifeStars, a national non-profit organization, to Iowa, the program has been enthusiastically supported in the Iowa City and surrounding area. The program inspires personal responsibility to change unhealthy habits into healthy lifestyles. Using a collective impact model, the strengths of local communities and child serving organizations who are interested in promoting healthy behaviors, build collaborations to deliver the childhood obesity prevention program. In the pilot year of the program, we have successfully implemented the curriculum in afterschool programs in neighborhoods that are under-resourced and underserved. We have also conducted an evaluation to critically examine the program and ensure program fidelity and positive outcomes. The evaluation involved collecting and analyzing information about the program's activities and outcomes in order to improve its effectiveness and to inform programming decisions. This presentation will highlight the results of the evaluation, the expansion of the program, and how to partner with Healthy LifeStars to bring the program to your community. We will also incorporate an interactive element to our presentation by demonstrating a Healthy LifeStars lesson during our presentation so that our audience experiences the program in real time.

W 2-6 Make it OK: Reducing Mental Illness Stigma

Jami Haberl, MPH, MHA; Shelly Rock, RN, BSN, MA

All of us know someone who has suffered from a mental illness. They are our family members, friends and co-workers. One in five adults experiences a diagnosable mental illness in a given year and one in 25 experiences a significant functional impairment along with the illness. Yet despite the high incidence of mental illness, many are ashamed of the condition. Many delay assessment or treatment or mental illness symptoms or illness and may wait 10 years after the onset of mental illness before seeking care. If inadequately treated, such disorders can weaken families and ruin lives. Mental illnesses can also cause a tremendous drain on our community in terms of lost productivity and increased health care expenses. In 2019, the Iowa Healthiest State Initiative launched Make It OK, a community campaign to reduce stigma by starting conversations and increasing understanding about mental illness. The campaign includes a number of tools including videos, marketing materials and trainings to build ambassadors throughout the state. The presentation will address what stigma is and how each of us can take steps to reduce stigma in our networks.

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W 2-7 **Pacific Climate Change Migrants in Iowa: Public Health Implications**

Michele Devlin, PhD

Pacific Islanders are among the most rapidly growing populations in Iowa and the Midwest but are often poorly understood. Many public health and social service organizations in Iowa are challenged on a daily basis with providing culturally appropriate services to this population and other immigrants, but they face significant language, cultural, financial, political, and related barriers to care. Most of these Pacific Island migrants come from former U.S. territories, and by treaty they may live and work in the United States legally. The Marshall Islands and a number of other Pacific nation-states such as Kiribati, Tuvalu, Palau, and the Federated States of Micronesia are submerging under rapidly rising sea levels due to climate change. The loss of habitat, traditional economies, homes, and jobs will force citizens of these islands to seek new lives elsewhere. With legal access to the U.S., Iowa and other Midwestern states are now receiving growing numbers of certain groups of “environmental refugees.” Many are being recruited to work in meatpacking and other jobs in Iowa. This presentation, therefore, will provide an overview of the forced environmental migration that is occurring around the world, and how this is connected to the rise in Pacific Islanders that are moving to Iowa for work. The public health implications of these new migration streams will be discussed, and strategies will be provided for public health professionals to better meet the needs of these vulnerable environmental refugees that now live in the state as newcomers in many communities.

12:00 – 1:15 PM

Lunch

Exhibitor Networking

Poster Presentations

ICPHA Annual Membership Meeting

IEHA Annual Membership Meeting

Student Career Networking Luncheon



1:15 – 2:15 PM

Breakout Sessions

W 3-1 **Effective Partnerships: Understanding What Other Sectors Need and Providing It!**

Kelli Gerdes, EP-C

As public health professionals, we are uniquely capable of bringing together colleagues from many sectors around a common cause. Across the country, shared concerns and closely related goals are translating into effective partnerships – with health systems, business, housing, and education, to name just a few. In those communities, public health analytics, needs assessments, and proven prevention strategies are informing policy and action and providing wide value. But even as many locales are showcasing effective partnerships, others are lagging behind. Too often, key community decisions are being made without the contribution of public health. The benefits of the rigorous knowledge and rich data in the field are sometimes getting lost. There is a gap that must

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be bridged so that the assets and power of public health can reach a larger audience. To open the door to effective partnerships, public health professionals need to understand what matters to other sectors and offer it. In today's session, you'll learn how to start the conversation from the partner's point of view and gain access to a toolkit full of resources and strategies to allow public health professionals to align their vision with that of others and move community health initiatives further and faster together. THE PRHASES (Public Health Reaching Across Sectors) toolkit, spearheaded by the de Beaumont Foundation, builds communication skills and strategies designed for success.

W 3-2 Expanding Emergency Food Access – Thinking Beyond Food Pantries

Aubrey Alvarez, MPA; Steven Williams

With hundreds, if not thousands, of food pantries and free meal sites throughout Iowa, how are 1 in 5 children and 1 in 8 adults still food insecure? During this session, we'll explore opportunities available within every rural, suburban, and urban community to put more quality food where individuals and families are already located.

W 3-3 It's Time To Be Brain Injury Informed

James Pender, LMSW; Maggie Ferguson, MS, CRC, CBIS

Dr. Ross Greene pediatric neuropsychologist, at Virginia Tech University, says "Your explanation guides your intervention." The cognitive and neurobehavioral consequences of a brain injury undermine the ability of individuals to participate in programs conventionally and too often an undiagnosed brain injury leads to poor program outcomes and premature discharge, due to misattribution of behavior by the programs serving them. In this session you will be provided a brief introduction of what constitutes a brain injury, learn how to screen for a brain injury, and be provided with tools to "change your intervention" to improve treatment outcomes when you accommodate for a brain injury.

W 3-4 Lessons Learned from the Field: Don't Get Caught by the Pooh!

Barbara Wilke, MBA, BSN, RN, LSSBB, CPHQ; Gina Anderson, RN, BSN

The aim of this presentation is to summarize *Clostridioides difficile* lessons learned from 17 Iowa acute care hospitals and 66 Iowa Nursing Homes, 1) Participants will understand the primary drivers of *C. difficile* and Antibiotic Stewardship, 2) be able to identify two reasons for diarrhea other than *C. difficile*, and 3) appreciate the impact of CDI to patient/families, and value-based reimbursement. It's about the microbiota! *Clostridioides difficile* (formerly *Clostridium difficile*) is an anaerobic gram-positive, spore-forming, toxin producing bacillus. It is transmitted among humans through the fecal-oral route. In the words of the CDC, "C. diff germs are carried from person to person in poop."

W 3-5 Pertussis Outbreak in an Unvaccinated Community

Lynn Fellingner, RN

Davis County, Iowa is home to a large number of Amish who are unvaccinated or under vaccinated. All vaccine preventable diseases are a threat for this community. In recent

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years, the Amish community has had increased contact with the English nearby, so an emerging concern is the spread of vaccine preventable diseases into the English population. Lynn Fellingner, RN, Manager of Davis County Public Health, will discuss the identification of a pertussis outbreak in the Amish community starting in June 2019. Issues to be highlighted include beliefs prevalent in the Amish community, barriers to diagnosis, treatment, and compliance with recommendations, and communications issues.

W 3-6 Scientific Communication Approaches to Boost Environmental Health Literacy

Jacqueline Curnick, MDP

This interactive workshop will share practical scientific communication and media skills within the framework of Environmental Health Literacy. Appropriately conveying scientific information, which may include data related to environmental health risk, in a way that is understandable, and empowering is an important skill for public health professionals. As we face more public health challenges we will need a population that is competent in environmental health literacy. Multi-media approaches, including video production, photography, podcasts and social media communities have become increasingly important ways to convey scientific information. In addition, these methods have facilitated networks of solidarity among marginalized populations and groups, propelling social movements united around similar challenges or experiences. These approaches can also be used by public health professionals to convey scientific information and enhance environmental health literacy in their own communities. This workshop will provide opportunities for participants to tell their own stories and discuss ideas for programming in their own communities. Participants will learn about best practices in storytelling, including different approaches to storytelling and the value of community-based storytelling activities. The workshop will also provide practical tips related to video production and media relations. Staff from the Environmental Health Sciences Research Center at the University of Iowa will share some recent projects that they have implemented.

W 3-7 The Effect of the Count the Kicks App on the Rate of Stillbirth

Pamela Duffy, PT, PhD, OCS, FAPTA; Lyndi Buckingham-Schutt, PhD, RDN, LD

This presentation reviews the results of a research study about monitoring fetal movement with the Count the Kicks® mobile application (app). The purpose of this study is to assess the effectiveness of the Count the Kicks® stillbirth prevention campaign, including: 1) how expectant women use the Count the Kicks® app during their pregnancy; 2) if the app was effective in helping mothers track their babies' movements; 3) if the app increased awareness of a change in fetal movement, and; 4) if so, the health outcome of their baby (babies). Self-reported survey data from previous app users will be used to evaluate outcomes, including maternal perceptions and risk of stillbirth. The observational paired analysis will be compared to the national stillbirth rate during the same time period. Healthy Birth Day, Inc. (HBD) is the sponsor of this research study. HBD is the nonprofit organization that created the Count the Kicks® stillbirth prevention campaign.

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2:15 – 2:45 PM **Network with Exhibitors**
Poster Presentations

2:45 – 3:45 PM **The Intersection of Leadership, Advocacy, and Talkin’ Pretty**
Deborah Thompson, MPA

Good conversations are the grease to building successful partnerships. Bad conversations are the grit that grinds everything to a halt – just ask Congress! In a time when our country’s leadership feels irrevocably divisive, public health must rise to be leaders in advocacy with a simple solution: good conversations. Join Deborah Thompson and a panel of your colleagues as they explore public health wins and partnerships and the dynamic of the conversations that launched them.

3:45 PM **Adjourn**



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