Back to the Future: 100 Years of Public Health in CT and Beyond!

CT Public Health Association
2016 Annual Conference

November 10, 2016
Anthony’s Ocean View, New Haven, CT
Cover pictures

Top left: Volunteer health and sanitation workers wash their hands after the great flood of 1936, Hartford, CT

Top middle: From left to right, CT state epidemiologists Dr. Matt Cartter, George Cooper, and Pat Checko discuss an infectious disease outbreak, 1985

Top right: Dr. John T. Black, first Commissioner of the CT Department of Public Health (1917-1922)

Bottom right: New Haven Hospital ward, early 1900s

Bottom left: Katherine Kelley State Public Health Laboratory, 2016
Welcome to the 2016 CPHA Annual Meeting and Centennial Celebration, Back to the Future – 100 Years of Public Health in CT and Beyond!

This year’s conference promises to enhance your knowledge with an exploration of innovation, research, and policy over the last 100 years, and to renew your commitment to promoting Connecticut’s public health with a look into how the state is preparing for the future. Our educational program includes sessions designed to address the educational and training needs of public health professionals, students, and partners. In addition to the educational program, you will also have the opportunity to network with colleagues from around the state and visit our exhibitors to learn more about their programs and services.

We are very pleased to welcome Dr. Camara Jones, President of the American Public Health Association and research director with the National Center for Chronic Disease Prevention and Health Promotion, as our keynote speaker. Dr. Jones is a family physician and epidemiologist whose work focuses on the impact of racism on the health and well-being of the nation. We are also excited to welcome Dr. Raul Pino, Commissioner of the Connecticut Department of Public Health, as moderator for our afternoon panel on opioid abuse. Dr. Pino has considerable public health and community health expertise, previously serving as DPH’s Deputy Commissioner and Director of the City of Hartford Department of Health and Human Services.

We’d like to thank our exhibitors, advertisers and sponsors for supporting this conference; our partner schools and agencies for providing funding so their students and employees could attend today; and our members, committees, and volunteers whose tireless efforts keep CPHA going. Finally, a special thank you to our Program Committee and everyone who assisted in planning, organizing, and promoting this centennial celebration.

Looking back over the past century, we can be proud of the seminal role that CPHA has played in advancing the public health profession and improving health, access, and outcomes in Connecticut. But even more than its initiatives or programs, CPHA’s greatest legacy lies in its people – the fellowship among professionals and students from diverse backgrounds, specialties, and ages. These people will be CPHA’s staying power for the next 100 years as we continue to provide leadership for the promotion of health and prevention of disease.

I encourage you to join us for the Networking Happy Hour and Poster Session beginning at 4pm, with live music sponsored by the CPHA Board.

Enjoy the conference!

Best Wishes,

Brittany C. Allen, JD

President
2016 Annual Meeting and Conference of the Connecticut Public Health Association

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Jeff Shaw, Director-At-Large; CT Association of Nonprofits  
Jill Spineti, Director-at-Large; The Governor’s Prevention Partnership  
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**Program Committee**

**Chair** – Laura King, Yale New Haven Health  
Joan Ascheim, CT Department of Public Health  
Amber Butler, Western CT Health Network  
Patricia Checko, CT SIM Consumer Advisory Committee  
Michael Craven  
Loretta Ebron, Optimus Health Care  
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Millie Seguinot, SW AHEC  
Roza Tammer, CT Department of Public Health  
Melissa Touma, CT Department of Public Health

**Conference Goals and Objectives**

After attending this conference, individuals will be able to:

- Understand how public health policies and programs influence health throughout life, from healthy babies to healthy aging.
- Identify evidence-based strategies that can reduce health disparities and improve community health outcomes.
- Recognize successful efforts to bridge current gaps in health and public health infrastructure.
- Promote the formation of collegial professional networks and the exchange of ideas among members of the public health community.
- Celebrate 100 years of achievements by Connecticut’s public health professionals.
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Schedule of Events

8:30am | Registration
9:00am | Welcome/President Message
  Brittany Allen, President, CPHA
9:10am | Keynote Speaker and Q&A
  “Achieving Health Equity: Tools for a National Campaign Against Racism”
  Camara P. Jones, MD, MPH, PhD
President, American Public Health Association
10:10am | Exhibitor Session
10:25am | Concurrent Breakout Session I

Session A: Bridging the Gap Between Community and Healthcare (Rose Room)

Community-Clinical Linkages for Asthma Care in 2016 –the CT Asthma Initiative
  o Elizabeth Beaudin, PhD, CT Hospital Association
Community Health Workers: The Bridge to Improved Health and Enhanced Healthcare Delivery in Connecticut
  o Bruce Gould, MD, FACP, University of Connecticut School of Medicine
Leveraging University-Community Partnerships for Innovative Health Change in New Haven, CT
  o Alycia Santilli, MSW, Southern Connecticut State University
  o Sandy Bulmer, PhD, Southern Connecticut State University

Session B: Healthy Aging (Paradise Room)

A Connecticut Center for Healthy Aging Population Health Management Model
  o Wendy Martinson, MSN, RN, Hartford Healthcare
  o Patty O’Brien, CDP, Hartford Healthcare
  o Nancy Becker, MA, CMC, Hartford Healthcare
  o Monica Leone, RN, Hartford Healthcare
GOT Care! Geriatrics Outreach and Training with Care: Changing the Landscape of Care of Older Adults by Improving Health Outcomes and Quality of Life through an Innovative Interprofessional Partnership
  o Catherine Rees, MPH, Middlesex Hospital
  o Rachel Eyler, PharmD, BCPS, University of Connecticut
  o Catherine Medina, PhD, MA, LCSW, University of Connecticut
  o Jason Cassesse, MA, St. Luke’s Community Services
  o Matthew Raider, MD, Middlesex Hospital
Session C: Cross-Sector Approaches to Regional Health and Assessment (Lily Room)

- Mark Abraham, *Data Haven*
- Jeryl Topalian, *Norwalk Hospital*
- Andrea Boishevain, *Stratford Health Department*
- Karen Brown, *Fairfield Community Foundation*

11:25am | **Break**
11:35am | **Rapid Fire/Roundtable Session**

**Rapid Fire Session (Lily Room)**

Caring for the Other: Diversity and Disparity
- Nkemdilim Chi Anako, MPH, *St. Francis*

The Moderating Role of Treatment Engagement on the Relationship between Neurocognitive Impairment and Antiretroviral Treatment (ART) Adherence
- Roman Shrestha, MPH, *UConn*

Modeling the Influence of Neurocognitive Impairment on HIV Risk Reduction Behaviors Among Drug Users in Treatment
- Michael Copenhaver, PhD, *UConn*

Increasing Targeted Behavioral HIV Prevention Strategies for High-Risk Young Men who Have Sex with Men
- Kristina Brower, BS, *SCSU*

The Story of a Laboratory: The Greenwich Department of Health Laboratory and the Unfolding of Public Health in America
- Doug Serafin, MS, MPH, CHES, *Town of Greenwich Department of Health*

Know Your Numbers – Bringing a Community-Based Health Screenings to the Underserved Population in the Greater Bridgeport Region
- Gina Smith, MA, CHES, *Yale New Haven Health System*

Hey Baby, Can you Hear Me?: Two Decades of Successful Newborn Hearing Screening
- Amy Mirizzi, MPH, *CT Department of Public Health*

Roundtable Session (Rose Room)

Maternal and Child Oral Health
- Leigh-Lynn Vitukinas, RDH, MSDH, *CT Dental Health Partnership*
- Beasha Bartlette, BA, *CT Dental Health Partnership*

Bathroom Bills: The Public Health Implications of Legislating Access by Gender
- Diane Verrochi, RN, MSN, *University of Hartford*

It Takes a Village to Turn from Brown(field) to Green(field)
- Patrice Barrett, MPH, *City of Middletown*

Frequencies and Distribution of Active Design Land-Use Policies in Municipal Plans of Conservation and Development in CT
- Frederick Musante, MPH

Using the State Innovation Waiver to Fill ObamaCare’s Coverage Gaps in CT
- Cara Passaro, *UConn*

Sweeter than Sugar: The Case for Warning Labels and Taxes on Sugary Drinks
- Roberta Friedman, ScM, *Friedman Consulting*

The Time for a New Cancer Conversation is Now!
- Ashley Emerson, MA, *SCSU*

12:20pm | **Networking Lunch**
- CPHA Business Meeting
- CPHA History Presentation

1:30pm | **Panel**

“Tackling the Opioid Epidemic at the Federal, State, and Local Levels”

- **Moderator:** Raul Pino, MD, MPH, *CT Department of Public Health*
- **Panelist:** David Fiellin, MD, *Yale University*
- **Panelist:** Robert Heimer, PhD, *Yale University*
- **Panelist:** Sean Scanlon, Senator Murphy’s Office
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- Panelist: Mark Jenkins, Greater Hartford Harm Reduction Coalition

2:55pm | Concurrent Breakout Session II

Session A: Infectious Disease (Rose Room)
A Large Outbreak of Shiga toxin-Producing *Escherichia coli* Among Visitors to a Goat Farm, Connecticut, 2016
  - Paul Gacek, MPH, CPH, *CT Department of Public Health*

Model Community Response to Lyme Disease Prevention and Education
  - Neeta Connally, PhD, MPH, *Western Connecticut State University*
  - Amber Butler, MPH, *Western Connecticut Health Network*
  - Jennifer Reid, BS, *Ridgefield Health Department*

Session B: Local Health Cross-Jurisdictional Resource Sharing (Lily Room)
Building Evidence to Improve the Infrastructure of Local Public Health: A Study
  - Jennifer Kertanis, MPH, *Farmington Valley Health District*
  - Debbie Humphries, PhD, MPH, *Yale School of Public Health*
  - Justeen Hyde, PhD, *Veterans Administration*

Session C: Children’s Health (Paradise Room)
Integration of a Children’s Mental Health Prevention Initiative in a School System in CT
  - Pamela Higgins, MS, MPH, CPH, *Springfield College*

Concussions: Current and Emerging Evidence and Implications for Public Health
  - Vicky Graham, MS, ATC, LAT, *Head Zone Concussion Care*

Partners in LIFE: Development, Implementation, and Evaluation of a Couples-Based Relationship-Strengthening HIV/STI Prevention Intervention for Adolescent Parents
  - Valen Grandelski, BA, *Yale School of Nursing*

3:55pm | Evaluations & Door Prize Drawing
4:00pm | Poster Session

Networking Happy Hour

Business Meeting Agenda

12:20PM | Lunch Seating & Serving
1:00PM | Lunch and Business Meeting
  - Brittany Allen, President, *CPHA*
  - Accept CPHA Committee Reports
  - Accept Treasurer’s Report
  - Election Results

Keynote Speaker Biography

Camara P. Jones, MD, PhD, MPH
President, American Public Health Association

Dr. Jones is research director on social determinants of health and equity in the Division of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion. Dr. Jones received her BA degree (Molecular Biology) from Wellesley College, her MD from the Stanford University School of Medicine, and both her MPH and PhD (Epidemiology) degrees from the Johns Hopkins School of Hygiene and Public Health. She also completed residency training in general preventive medicine (Johns Hopkins School of Hygiene and Public Health, Baltimore, Maryland) and in family practice (Residency Program in Social Medicine, Bronx, New York). Dr. Jones is a family physician and epidemiologist whose work focuses on the impact of racism on the health and well-being of the nation. She seeks to broaden the national health debate to include not only universal access to high quality health care but also attention to the social determinants of health (including poverty) and the social determinants of equity (including racism). As a methodologist, she has developed new ways for comparing full distributions of data (rather than means or proportions) in order to investigate population-level risk factors and propose population-level interventions. As a social epidemiologist, her work on race-associated differences in health outcomes goes beyond documenting those differences to vigorously investigating the structural causes of the differences. As a teacher, her allegories on
race and racism illuminate topics that are otherwise difficult for many Americans to understand or discuss.

**Panel Biographies**

**Moderator: Raul Pino, MD, MPH**  
*Commissioner, CT Department of Public Health*  
Raul Pino is Commissioner of the Connecticut Department of Public Health. He brings considerable public health, administrative and community health expertise to the position. Prior to his current appointment, Pino served as deputy commissioner under the leadership of DPH Commissioner Jewel Mullen. Earlier he was director and assistant director of the City of Hartford's Department of Health and Human Services, where he managed the budget and oversaw labor relations, public health preparedness, code enforcement and the management team. Commissioner Pino has been an epidemiologist for the DPH Sexually Transmitted Diseases Control Program and worked at the Institute for Community Research, the Hispanic Health Council and Hartford Hospital. He is a member of the American Public Health Association and National Hispanic Science Network on Drug Abuse.

**David Fiellin, MD**  
*Professor of Medicine, Yale University*  
Dr. Fiellin has focused his scholarly work on the interface between primary care, HIV and addiction. He conducts research on the transfer of treatment strategies, including opioid agonist maintenance with methadone and buprenorphine, from specialized settings to office-based, primary care, Emergency Department and HIV specialty settings. He is the recipient of the Nyswander/Dole Award from the American Association for the Treatment of Opioid Dependence and the Annual Award from the American Society of Addiction Medicine in 2008. He has served on the White House Office of National Drug Control Policy (ONDCP), Drug Control Research, Data, and Evaluation Advisory Committee, and the World Health Organization and United Nations Office on Drugs and Crime Technical Guideline Development Group for psychosocially-assisted pharmacologic treatment of opioid dependence.

**Robert Heimer, PhD**  
*Professor of Epidemiology, Yale University*  
Dr. Heimer's major research efforts include scientific investigation of the mortality and morbidity associated with injection drug use. Areas of investigation include syringe exchange programs, virus survival in syringes, hepatitis B vaccination, hepatitis C transmission risks, overdose prevention and resuscitation, and pharmacological treatment of opiate addiction. His research combines laboratory, operational, behavioral, and structural analyses to evaluate the effectiveness of intervention programs in preventing the negative medical consequences of injection drug use. Dr. Heimer is Director of the Interdisciplinary Research Methods Core at Yale’s Center for Interdisciplinary Research on AIDS (CIRA). His current work focuses on the contexts and consequences of drug abuse in the U.S. and Russia and attempts to provide health and prevention practitioners with information needed to assist their educational and advocacy efforts.

**Sean Scanlon**  
*Senator Murphy's Director of Community Affairs, State Representative for Guilford/Branford*  
Sean Scanlon, State Representative for Guilford/Branford and the Director of Community Affairs for Senator Chris Murphy, is also a member of the Connecticut General Assembly’s Public Health Committee and works closely with legislatures to expand Connecticut’s efforts to combat the opioid epidemic. Having co-sponsored and led the effort to pass Public Act 15-198, requiring prescription drug abuse education for doctors and other prescribers and allowing pharmacists to provide life-saving anti-overdose drugs like Narcan over the counter, Scanlon has made prescription drug abuse a focus of this time in the General Assembly. He was elected to the Connecticut General Assembly on November 4, 2014 and is currently serving his first term. In 2009 Sean joined the staff of then-Congressman Chris Murphy and
worked as a community liaison before serving as Field Director on the Congressman's successful re-election campaign in 2010 and his campaign for U.S. Senate in 2012.

**Mark Jenkins**  
Founder/CEO, Greater Hartford Harm Reduction Coalition

Mark Jenkins has worked in the field of Harm Reduction and Public Health for the past eighteen years. He has delivered innovative prevention/interventions to the most vulnerable members of communities in central Connecticut. Mr. Jenkins started in the field as an AIDS Risk Reduction Outreach Worker (ARROW) for the Perception programs in Willimantic. In his subsequent work with Community Renewal Team (CRT) and the Hispanic Health Council he further cultivated progressive strategies for reaching and delivering services to our most difficult-to-reach populations. The breadth and depth of his connection with folks on the street and the service community has made Mark a well-respected and widely known individual in this field. He has presented nationally and internationally about best practices for working with the drug using community.

**Community Clinical Linkages for Asthma Care in 2016 - The CT Asthma Initiative**

The Connecticut Asthma Initiative (CAI) was launched in January 2015 as a collaborative among 27 Hospital-Community Partnerships across the state, with a vision that no one should die of asthma or be required to limit his or her life unnecessarily due to the disease. Connecticut Hospitals are working closely with champions from local community organizations to ensure the best-possible care is provided while moving the focus of care from the hospital into the community. Public Health Leaders will benefit from an in-depth understanding of how hospitals are implementing Population Health to improve patient care through integration with community-based and public health colleagues.

**Elizabeth Beaudin, PhD**  
**Connecticut Hospital Association**

Elizabeth Beaudin, RN, PhD is the Senior Director, Nursing, Health, and Workforce at the Connecticut Hospital Association (CHA). She works with the CHA team on multiple initiatives including those on health equity and health improvement. Liz, who joined CHA in 2001, is CHA’s key nursing resource and works closely with hospital leaders of patient care/clinical services across the state. She began her career as a critical care staff nurse and held a variety of leadership positions in hospitals from first-line to executive level over 25 years. Liz received her bachelor’s and master’s degrees in Nursing at the University of Connecticut (UConn) and her PhD in Nursing, also at UConn.

**Community Health Workers: The Bridge to Improved Health and Enhanced Healthcare Delivery in Connecticut**

The United States has some of the worst health outcomes among highly industrialized countries despite spending far more per capita for
healthcare than any other country. Community health workers (CHWs) have been used effectively in many parts of the world to provide the bridge between individuals, families, neighborhoods and public health institutions and healthcare delivery systems to improve healthcare access and optimize health for some of the most vulnerable and underserved populations. Many states, including Connecticut, recognize this and are thus trying to build the capacity of their CHW workforces. As part of Connecticut’s State Innovation Model (SIM), the CHW Workforce Development Initiative aims to help further integrate CHWs into the delivery of care in the state and boost the vital work that they are already doing. The SIM CHW Initiative will outline the path that Connecticut is taking to develop this critical public health profession.

Bruce Gould, MD, FACP
Associate Dean for Primary Care, University of Connecticut School of Medicine
Dr. Gould, Professor and Associate Dean for Primary Care at the UConn School of Medicine, has earned a reputation as an advocate for public health, primary care, and preventive medicine. He also serves as director of the Connecticut Area Health Education Center (AHEC) Program, medical director of Hartford’s Department of Health and Human Services, and medical director of the Transforming Clinical Practices Initiative of the Community Health Center Association of Connecticut (CHCACT). A primary care general internist, Dr. Gould is also the founder of and adviser to the Mobile Free Migrant Farm Workers Clinic, which has served Connecticut’s migrant farm worker population since 1998.

Luisa Casey, CHW
Southwestern CT AHEC
Luisa Casey joined Southwestern AHEC as a trained and experienced Community Health Worker (CHW) from New Haven County to provide hands-on support to the State Innovation Model (SIM) CHW initiative. Luisa has volunteered her time in the past and present at the Ronald McDonald House, Christian Community Action, Inc., and Yale-New Haven Hospital in New Haven, CT performing as a community liaison and interpreter, outreach worker, patient navigator and clinical technician assistant. Luisa complemented her experience by earning a CHW Certificate of Completion from Gateway Community College in 2015. She is also training in Mental Health First Aid, Community Interpretation and nurse assisting.

Leveraging University-Community Partnerships for Innovative Health Change in New Haven, CT
The Bridgeport Hunger Action Network’s Food Policy Council was established in 2012 to address equal access to healthy food in all Bridgeport neighborhoods. This group, in collaboration with the local health department and community partners, created a Food Action Plan for their diverse community. Our presenters will share innovative linkages between health care, economic development, neighborhood organizing and hunger outreach efforts and how these linkages were formed. Learn about real life examples of challenges in overcoming health disparities and achieving social justice through collaboration.

Alycia Santilli, MSW
Director, Community Alliance for Research and Engagement, Southern CT State University
Alycia Santilli is the Director of the Community Alliance for Research and Engagement (CARE) at Southern Connecticut State University (SCSU). CARE was started at the Yale School of Public Health and, in September 2016, entered a partnership with SCSU to expand its work. Alycia joined CARE shortly after its inception in 2007 and has been integral in providing administrative oversight and strategic direction for the organization, rising to a leadership position. Alycia brings research skills in survey design; recruitment of hard-to-reach study participants; project management; training lay-people in research, including data collection; IRB and data collection protocol development; and dissemination of research results to the community.
Sandy Bulmer, PhD
Dean, School of Health and Human Services, Southern CT State University

Dr. Sandra Minor Bulmer, professor of public health, is the dean of the School of Health and Human Services. Since fall 2014, in her role as interim dean, Bulmer has focused on building a community environment within the School, expanding inter-professional activity among faculty and students, increasing resources for high-demand degree programs, and developing new programs that address workforce needs in the state of Connecticut. Under her leadership the Department of Nursing initiated reforms to their admissions process, the Exercise Science Department created and launched a new degree program in respiratory therapy, and the Social Work Department is creating a new doctoral degree program.

Session B: Healthy Aging
Moderator: Jenna Lupi, MPH
SIM Program Management Office, State of CT

Jenna works in the state of CT SIM program management office. The SIM is a 4-year initiative under the affordable care act intended to improve population health capabilities, reduce the cost of healthcare, and improve care quality. Prior to her current position, she worked on economic development for the city of Milford as part of the Zoom Fellowship, and as the Hartford County Navigator Coordinator during the initial rollout of the health insurance marketplace in CT. She holds her MPH from Emory University.

A Connecticut Center for Healthy Aging Population Health Management Model
The silver tsunami is upon us. Americans are aging at a rapid rate and with this growth comes increased chronic conditions including Alzheimer’s disease and related dementias. This places a tremendous burden on our healthcare system both in cost and available services. The need for links to aging in place resources is immense. Our Connecticut seniors struggle to navigate the complex medical and social support system. Community resources can be a mystery for many in this population and can be challenging to identify and access. The Connecticut Center for Healthy Aging has developed a model of care to help seniors and their family members identify community resources to help them age safely in place, at no cost. The model is an interdisciplinary approach to identify the medical and social needs for this population. The model includes prevention and education, personal assessments for medical and social needs, coaching for caregivers of persons with Alzheimer’s disease/dementia, and linking them to long term services and supports to assist them in living at home as long as possible while also improving their overall quality of life.

Wendy Martinson, MSN, RN
Program Director, CT Center for Healthy Aging

Wendy Martinson has been a nurse for 26 years with expertise in program development. She is also the Director of Care Transitions with Hartford Healthcare at Home and a professor at the University of Hartford where she teaches public health and healthcare reform to Master in Nursing students. She has presented both locally and nationally at many conferences and has several poster presentations highlighting care transitions, reducing readmissions and building a community Dream Team.

Patty O’Brian, CDP
Hartford Healthcare

Patty O’Brian is a certified dementia practitioner with a passion for working with patients and families with Alzheimer’s disease and related dementias. She provides training for both staff and caregivers on best practices to enhance communication between the person with a dementia and both the formal and informal caregiver. Prior to working at the CT Center for Healthy Aging she was at the Alzheimer’s Association for 7 years and provided recreational therapy programs in skilled nursing facilities.

Nancy Becker, MA, CMC
Hartford Healthcare

Nancy Becker is a Resource Coordinator at the CT Center for Healthy Aging. She is certified in
Certified Care Manager through NACCM. She is a train-the-trainer for the Care Transition Intervention, a CHOICES counselor, and a LIVE WELL facilitator. She has had numerous presentations throughout the community setting and has a real passion for helping people age safely in place.

**Monica Leone, RN**
**Hartford Healthcare**

Monica Leone is a Transitional Care Registered Nurse at Hartford Healthcare at Home. She has worked in many different areas in the healthcare arena but is passionate about caring for people in their home. She is certified in Integrated Care Partners Chronic Disease Management and is a LIVE Well Facilitator.

**GOT Care! Geriatrics Outreach and Training with Care: Changing the Landscape of Care of Older Adults by Improving Health Outcomes and Quality of Life through an Innovative Interprofessional Partnership**

Nationally, and in Connecticut, the older adult population continues to expand requiring new models of care that meet their unique needs. Using an innovative interprofessional university-hospital-community partner collaborative, the health and social needs of vulnerable community-dwelling older adults, including veterans, are addressed through coordinated in-home comprehensive assessment, care coordination and follow-up. Included in this process is a focus on workforce development in geriatrics, given the national shortage for students in the fields of nursing, dental medicine, pharmacy, physical therapy, social work and family medicine. The outcomes for this project have demonstrated improvements in Triple AIM objectives (improved quality, patient satisfaction; reduced cost; improved population health), as well as improving provider satisfaction. The hope is to inform CMS on new models of care for vulnerable older adults.

**Catherine Rees, MPH**
**Middlesex Hospital**

Catherine Rees, MPH is the Director of Community Benefit at Middlesex Hospital in Middletown, CT. She joined Middlesex Hospital as an Administrative Fellow in 2006, jointly completing her fellowship along with a position in Community Benefit and Service Excellence. As Director of Community Benefit, her responsibilities include oversight of the Hospital’s community benefit program, conducting community health needs assessments, developing CHNA implementation plans, and acting as liaison for community collaboratives. Since 2009, a focus on geriatrics has been a Middlesex Hospital Community Benefit organizational goal. Ms. Rees serves as Middlesex Hospital’s project manager for the GOT Care! initiative.

**Catherine Medina, PhD, MA, LCSW**
**University of Connecticut**

Catherine Medina, PhD, MA PHIL, LCSW is an Associate Professor at the University of Connecticut School of Social Work, Puerto Rican and Latino Studies Project. She is the Chair of the substantive area in Aging and teaches in the Policy/Practice sequence. Dr. Medina teaches courses in macro practice, finance and policy analysis, and contemporary practice with diverse populations (multidimensional lens to health disparities). She is the author of several articles on health, health disparities and HIV, focusing on African American and Latino communities and Aging. Her global scholarship has been to develop social work practice in Vietnam. Her current focus of research interests is on health disparities, aging and Policy Advocacy. Dr. Medina serves as Social Work faculty for the GOT Care! initiative.

**Matthew Raider, MD**
**Middlesex Hospital**

Dr. Raider has 34 years of experience as a physician and is board certified in Family Practice and Geriatrics. He has been the Medical Director and Attending Physician at eight skilled nursing facilities throughout his career, including multiple years of experience precepting physicians in the Middlesex Hospital Family
Aging; Directors
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at the CUNY Graduate Center in Manhattan and an Adjunct Professor of Sociology at various colleges and universities in the New York City area, including Fordham University, CUNY Queens College, and Iona College.

**Session C: Cross-Sector Approaches to Regional Health and Assessment**

Last year, over 16,000 randomly-selected adults living in every town in Connecticut participated in the DataHaven Community Wellbeing Survey’s in-depth interviews on well-being, health, economic security, and quality of life. In addition to being the largest neighborhood-level well-being survey in the United States, the program takes a unique approach to relationship building and community development in the field of public health. The results revealed new information about the health status of Connecticut's diverse neighborhoods - where health varies far more by ZIP code than it does by town or county - and partners are taking action based on the survey's findings.

**Moderator: Patricia Checko, PhD, MPH**

**CT SIM Consumer Advisory Committee**

Patricia J. Checko’s outstanding public health career spans four decades and includes many local, state and national leadership positions. She began her public health career as an Infectious Disease Research Assistant at Yale University in 1964, moving on to work as a microbiologist at Hartford Hospital and then squarely into the public health arena as Director of the Epidemiology Program at the Connecticut Department of Public Health. She held this position for over ten years before shifting her focus to the AIDS epidemic in 1988 when she became Epidemiology Chief for the AIDS Division. In 1996, she was appointed Director of Health for the Bristol-Burlington Health District where she completed another prolific decade of public health service, tackling the dizzying array of issues faced by local health departments with a characteristically pragmatic and direct style, and an evidence-based scientific approach that was distinctive for her time.

**Rachel Eyler, PharmD, BCPS**

*University of Connecticut*

Rachel Eyler, Pharm.D., graduated from the University of Michigan College of Pharmacy. She completed a Pharmacy Practice residency at St. Joseph Mercy Hospital in Ann Arbor, MI, and a nephrology fellowship at University of Michigan College of Pharmacy. She is currently an Assistant Clinical Professor at the University of Connecticut School of Pharmacy, and works on the Acute Care for the Elderly Unit at Yale-New Haven Hospital. In 2013 she was awarded an American Foundation of Pharmaceutical Education (AFPE) geriatrics fellowship.

**Jason Cassese, MA**

*St. Luke’s Community Services*

Jason Cassese, MA is a graduate of St. John’s University with a major in Sociology. He also holds an MA in American History from Southern Connecticut State University and is currently an MSW student at the University of Saint Joseph specializing in health, mental health, and geriatric social work. Jason recently completed a social work internship at St. Luke’s Community Services under the statewide Gatekeeper Program and the agency’s VETS4VETS program. Jason is also a certified CHOICES Counselor within the Senior Resources Area Agency on Aging; the current Vice-President of the Board of Directors of the Middlesex Area Interagency Council (MAIC); a Research Assistant in the University of Saint Joseph’s Department of Social Work and Latino Community Practice; a Graduate Assistant in the University of Saint Joseph’s Center for Academic Excellence; and Editor and Principal Researcher for the University of Saint Joseph’s “Digest of Medical Information for Social Workers.” Prior to entering the field of Social Work, Jason was a doctoral student in the Department of Sociology
2016 Annual Meeting and Conference of the Connecticut Public Health Association

Mark Abraham
*DataHaven*

Since 2009, Mark Abraham has served as the Executive Director of DataHaven, a non-profit organization that partners with local and state government agencies, academic and health care institutions, philanthropy, and community organizations to collect, share, and interpret public information about Connecticut. In his role at DataHaven, Mark has served on local, state, national, and international advisory committees that seek to improve the use of data for cross-sector community action. In 2014, Mark was honored with an "Impact Award" from the international Community Indicators Consortium, and was elected to the Executive Committee of the National Neighborhood Indicators Partnership of the Urban Institute in Washington, DC. From 2014 to 2017, Mark is serving as a Fellow of the W.K. Kellogg Foundation in Battle Creek, Michigan, as part of a national cohort focused on Racial Equity. Mark’s professional work and interest in sharing information about cities has led him to attract over 50,000 followers to his personal Twitter account, @urbandata.

Jeryl Topalian, MS,
*Western Connecticut Health Network*

Jeryl Topalian is currently the Administrative Director of Planning for Western Connecticut Health Network (WCHN). Norwalk Hospital affiliated with Western Connecticut Health Network in January 2014, and Jeryl assumed network planning responsibilities at that time. She has extensive operational and financial experience as well as a key understanding of service line development, physician strategy, and strategic planning and development. Jeryl has been a member of the management team at Norwalk Hospital since 1986. After joining Norwalk Hospital as the Chief Clinical Dietitian, Jeryl held various management roles in the Food and Nutrition Department including administrative director. Subsequently, she assumed the role of administrative director for the departments of Pediatrics, Obstetrics and Gynecology, Anesthesiology and Surgery in addition to her leadership role in Food and Nutrition Services. Jeryl developed the Service Line Director role at Norwalk Hospital, serving in this role for Women’s and Children’s Services for ten years. She was promoted to Executive Director, Planning and Business Development, a position she has held since 2008.

Andrea Boissevain, MPH
*Stratford Health Department*

Andrea Boissevain has been the Director of Health for Town of Stratford since 2010, which was recently awarded national accreditation. The Stratford Health Department is only the 3rd department in CT to receive such recognition. She serves the Immediate Past President of the CT Association of Directors of Health, where she is a strong advocate of the use of local data as a means of informing Community Health Improvement Plan strategies. Andrea is an active member of Primary Care Action Group, a coalition consisting of two local hospitals, two federally qualified health centers and six area local health departments dedicated to championing health improvement in Greater Bridgeport area. She also serves as co-chair of the steering committee of Get Healthy CT, one of the CHIP workgroups that focuses on eliminating obesity, a health priority for Stratford as well as the region.

Karen Brown, MPNA
*Fairfield County’s Community Foundation*

Karen R. Brown is the Vice President of Innovation and Strategic Learning at Fairfield County’s Community Foundation. In this position, she is responsible for keeping the Community Foundation abreast of trends and best practices in the community foundation/place-based funder fields and for promoting both internal and external learning, innovation and thought leadership. Karen also provides philanthropic advisory services to donors who have established charitable donor advised funds at the Community Foundation. Karen is a Board Member of the Support Center for Nonprofit Management/Partnership in Philanthropy (New York). She holds a Master’s degree in Public and Nonprofit Administration.
from the Robert F. Wagner Graduate School of Public Service at New York University and a B.A. from Brown University, where she was elected to Phi Beta Kappa.

Roundtable Session
Abstracts & Biographies

Moderator: Richard Melchreit, MD
CT Department of Public Health
Dr. Richard Melchreit is the Coordinator of the Healthcare Associated Infections Program in the Connecticut Department of Public Health. He joined the state health department in 1986, and has been in his current position since March 2008. He served in the Infectious Disease Section, planning the response to large-scale epidemics and bioterrorism for five years, the Department’s AIDS Division for 16 years, and the Family Health Section for two years. A pediatrician, Dr. Melchreit graduated from Wesleyan University (B.A. Biology) in 1977, and the University of Connecticut School of Medicine in 1981 (Doctor of Medicine).

Moderator: Diane Frankel-Gramelis
Yale School of Public Health
Diane is the Public Health Practice Manager at Yale University School of Public Health and an Adjunct Educator at Southern Connecticut State University. Recipient of the 2009 J Phillip Smith Outstanding Teacher of the Year Award, the 2010 Excellence in Community Service Award and the 2015 United Way Community of Caring. Diane has a Bachelors in Health Education and a Masters in Public Health Education. She has been designing and implementing health and wellness programs for over 30 years.

Maternal and Child Oral Health
Good oral health is important for women during pregnancy and throughout their lives. During pregnancy, women’s bodies undergo complex physiological changes that can adversely affect oral health. These changes in pregnancy increase the risk of dental caries, periodontitis and pregnancy gingivitis. Other studies have shown an increased risk for preterm birth and low birth weight associated with periodontal infections.

According to the Centers for Disease Control and Prevention, tooth decay is one of the most common chronic conditions of childhood in the United States. Left untreated, tooth decay can cause pain and infections that can lead to problems eating, speaking, playing and learning. Dental disease is almost entirely preventable and with public awareness and community outreach, we will see a reduction in oral diseases and the costs associated with it.

Leigh-Lynn Vitukinas, RDH, MSDH
Connecticut Dental Health Partnership (CTDHP)
Leigh-Lynn Vitukinas, RDH, MSDH is the Outreach Coordinator for CTDHP, promoting preventive oral health, oral health education and the dental home concept to the State’s Medicaid population. She holds a Masters in Dental Hygiene with a focus on public health and education from the University of Bridgeport. She has over ten years of clinical dental hygiene experience working in private practice, periodontal, cosmetic and pediatric offices. She has been an adjunct and clinical professor at the University of Bridgeport teaching senior clinic, practice management, and radiology dental hygiene program. She developed, planned and implemented an international service-learning outreach program where she brought dental hygiene students to Roatan, Honduras. Students provided dental hygiene services in a make shift clinic, and hiked the Colonias to provide dental hygiene education and give fluoride treatments.

Beasha Bartlette, BA
Connecticut Dental Health Partnership
Beasha Bartlette, BA graduated from the University of Connecticut with a Bachelor of Arts degree in Public Health/Maternal and Child Health. Prior to joining the CTDHP, she was a Medical Case Manager & Program Supervisor at Central Area Health Education Center, Inc. (AHEC) for the Ryan White Program. At Central AHEC, Inc., she provided case management services to individuals living with HIV/AIDS: assisting clients in accessing services, such as crisis intervention, legal advocacy and counseling for medical and mental health needs. Beasha also worked as a Program Coordinator
for the Fetal and Infant Mortality Review Program (FIMR). Beasha is passionate about volunteering in the community, donating time to organizations such as the American Cancer Society and Mothers Against Drunk Driving. Beasha is also an active member of the Hartford Alumnae Chapter of Alpha Kappa Alpha Sorority, Incorporated.

**Bathroom Bills: The Public Health Implications of Legislating Access by Gender**

North Carolina may have grabbed the headlines around transgender access to public bathrooms, but this issue is hardly new. Connecticut passed legislation in 2011 to protect the civil rights of transgender people, and the bathroom debate was part of that legislative process as well. What is often lost in this discussion is the impact of this sort of legislation on the health of the transgender population. This session will provide participants with the opportunity to evaluate existing data documenting health disparities and risks for assault, discuss the relative merits of various approaches, and develop strategies to ensure equitable public health policies in this area.

**Diane Verrochi, RN, MSN**

*University of Hartford*

Diane Verrochi is a nursing faculty at the University of Hartford. She holds a graduate certificate in LGBT Health from Drexel University and is pursuing a graduate certificate there in Epidemiology and Biostatistics. She has conducted and presented research on the healthcare experiences of the LGBT population in Connecticut.

**It Takes a Village to Turn from Brown(field) to Green(field)**

The US Environmental Protection Agency estimates there are over 450,000 brownfield properties in the country, defined as abandoned or underutilized land sites where reuse is complicated by real or perceived contamination. These sites can offer new economic and human health assets to communities if reused and are a focus of current and future city planning and public health programs. The Centers for Disease Control and Prevention ATSDR awards brownfield land reuse grants to cities for planning how to best redevelop these properties to improve community health. Inherent in the grant award is the implementation of a four-step ATSDR Action Model designed to bring together the ideas and voices of government officials, supporters(stakeholders) and residents, while considering the physical and mental health of the community, environmental health issues associated with harmful exposures, economic issues, and overall community concerns and quality of life. The City of Middletown, CT received an ATSDR land reuse grant for federal fiscal year 2015-16 to develop new community green space from current brownfield properties. They engaged stakeholders, consultants, and others to examine the health issues, corresponding community health benefits from this redevelopment, and what public health data were needed to support these efforts. It was a broad and multi-faceted public health project with extensive citizen outreach and education, and rewarding outcomes in constructing and collaborating with a multi-disciplinary community team in previously unrealized ways.

**Patrice Barrett, MPH**

*City of Middletown*

Patrice Barrett has been working as the outreach and grant coordinator on the CDC ATSDR brownfield land reuse project in Middletown CT entitled “Middletown on the Move.” She has a MPH in Environmental Health from the Boston University School of Public Health and has done public education and research on safe urban garden soil use. She has taught public health courses at the university level in Idaho and Georgia. Patrice has participated in community non-profit volunteer work in a variety of areas, and found it useful experience to have when forming and collaborating with multi-disciplinary stakeholder committees.
Frequencies and Distribution of Active Design Land-Use Policies in Municipal Plans of Conservation and Development in Connecticut

An epidemic of obesity has led public health research to focus on how the built environment land-use policies and regulations affects physical activity. Obesity-related chronic diseases have a detrimental effect on health. More physical activity tends to reduce an individual’s risk for obesity. Research shows that “active design” policies incorporated in land-use planning have a positive effect on increasing physical activity and decreasing obesity. Connecticut makes land-use planning the responsibility of its 169 cities and towns. State statutes require each community to adopt a Plan of Conservation and Development (POCD) as a guide for future development. Before considering revising statutes to encourage active design policies, research was needed to measure the frequency and distribution of those policies that already exist. A policy scan of POCDs measured eight active-design land-use policies that promote physical activity. POCDs of 158 communities downloaded from municipal web sites were included in the policy scan, a 93 percent participation rate. Census data for the communities was used to group them into quartiles based on four demographic characteristics: population, median household income, percentage of nonwhite population, and poverty level. Statistical testing showed that higher frequencies of active design policies tended to be associated with communities with larger populations, lower median household incomes, larger nonwhite populations, and higher poverty rates, which are characteristics of urban built environments.

Fred Musante, MPH
Fred Musante has been a news reporter in Connecticut for more than 40 years, and has written for the New York Times, the Bridgeport Post/Telegram, the Waterbury Republican-American, the Valley Independent Sentinel, and Patch.com. In December 2015, he received his MPH degree from Southern Connecticut State University, focusing on obesity and the built environment, environmental health, public health communications, health promotion, and public health policy.

Using the State Innovation Waiver to Fill ObamaCare’s Coverage Gaps in Connecticut

Despite the major insurance expansions under the Affordable Care Act, significant under-recognized coverage gaps exist, even in states like Connecticut, which expanded Medicaid. Similar to non-expansion states like Texas, this gap is located at the income levels where Medicaid eligibility ends and health insurance marketplace (exchange) eligibility begins. But rather than the vast coverage gap that exists between the extremely poor and the moderately poor in non-expansion states, Connecticut’s gap is more narrow and stems from income eligibility fluctuations and high out-of-pocket costs in marketplace plans that cause people to “churn” between Medicaid and the marketplace, disrupting access to care. Connecticut could address this gap by using a state innovation waiver to fund a Medicaid-like program to cover people have too much income for Medicaid but too poor to afford the steep out-of-pocket costs of marketplace coverage.

Cara Passaro
University of Connecticut
Candidate for Juris Doctor/Master of Public Health, 2017

This presentation is based on a draft article Cara recently submitted to the Connecticut Public Interest Law Journal. In addition to being enrolled in the joint degree program, Cara has worked on health and human services policy issues, including Affordable Care Act implementation, at the Connecticut General Assembly for almost ten years.

Sweeter than Sugar: The Case for Warning Labels and Taxes on Sugary Drinks

One of the great victories in public health history is the passage of taxes and warning labels on cigarettes. In recent years, a “new
tobacco” has been identified as a public health menace: sugary drinks. Advocates around the country are taking a page from the cigarette wars, in an effort to pass legislation which would use warning labels to educate the public about the risks of consuming sugary drinks, and would tax sugary drinks in order to reduce consumption and raise much-needed funds for chronic disease prevention. A rigorous and sizeable body of evidence connects the consumption of added sugar and the risk of diabetes, obesity, and tooth decay. Sugar-loaded drinks are the single largest source of added sugar in our diets today, making them especially problematic. In addition, they are heavily marketed to children, especially to Black and Hispanic children and teens. Jurisdictions across the country continue to file legislation to tax and apply warning labels to sugary drinks, despite fierce and well-funded opposition from the beverage industry. In this session, we will explore the basics of sugary drink warning label and tax legislation; the similarities and differences between these strategies and those used on tobacco; the science supporting the call to reduce consumption of these beverages; and the progress such legislation has made, including in Connecticut.

Roberta Friedman, ScM
Public Health Food and Obesity Policy Consultant

Roberta R. Friedman, ScM, now in private practice, was the Director of Public Policy at UConn’s Rudd Center for Food Policy & Obesity from 2007-2015. She writes policy briefs and other background materials to educate federal, state, and local policy makers, organizations, and advocates on the science supporting those food and nutrition policies that have the potential to create real change. At Rudd, she worked on a variety of policies to reduce consumption of sugary drinks, including taxes. Prior to her time at Rudd, Ms. Friedman was the Program Director at the Massachusetts Public Health Association, where she coordinated efforts to pass legislation to improve school nutrition, and worked with several New England- and state-wide coalitions to develop obesity prevention strategies.

The Time for a New Cancer Conversation is Now!

Would you recognize a cancer symptom? This question is the beginning of a New Cancer Conversation. At this point in history, 1 in 2 men and 1 in 3 women will be diagnosed with cancer in their lifetime. The people suffering most from this alarming reality are 15-40 year olds who have not seen improvement in survival rates since 1975. The main culprit influencing this devastating statistic is delayed diagnosis. As a society, we are used to engaging with cancer through the lens of diagnosis, treatment, survivorship or death. It is time to take a proactive approach and talk about how to defeat cancer by detecting it early. Join this New Cancer Conversation to learn about one of the most effective and underutilized tools that we have to defeat cancer - early detection. Learn from a panel of young adult cancer survivors who teach you the 3 steps to early detection for cancer and other diseases. You will be empowered to be an active member of your healthcare team and inspired to act. This public health endeavor is changing behavior and saving lives.

Ashley Emerson, MA
Southern Connecticut State University

Ashley Emerson is an international development public health practitioner with years of experience building partnerships to create sustainable solutions to public health needs. Working both within the for-profit and not-for-profit sectors, Ashley has successfully managed issues related to strategic planning, organizational development, fundraising and coalition building. Ashley’s expertise is in enhancing collaboration for organizations, individuals, and communities in low-resource settings with a focus on maternal and infant health, access to basic need, and early cancer detection.
Caring for the Other: Diversity and Disparity

The field of public health is expanding and the demand for center for health equities in the health care system is greater than ever. These centers and facilities are essential to create innovative public health interventions and make changes on a population level from a unique perspective. Part of those intervention and changes should be language services. Limited or no access to language services resources for patients in health care setting poses a threat to health equity and promotes health inequality. This problem can lead to decreased quality of care and potential safety risks. The problem of miscommunication due to limited English proficiency in patients needs to be eliminated and a comprehensive language services program provides such.

Nkemdilim Chi Anako, MPH
St. Francis Care
Chi comes from a background heavy in health promotion after working on a secondary analysis on the New Haven Family Alliance Street Outreach Worker Program which was an outreach program that worked with young Black males and female who were at high-risk for youth violence. Through applying her knowledge from professional literature and her public health skills, she was able to develop and implement results and recommendations regarding behavioral changes in the participants involved in the program. She holds a Master’s Degree in Public Health with a concentration in Health Promotion from Southern Connecticut State University and a Bachelor’s of Science in Molecular Cell Biology from the University of Connecticut.

The Moderating Role of Treatment Engagement on the Relationship between Neurocognitive Impairment and Antiretroviral Treatment (ART) Adherence

Prior research has recognized neurocognitive impairment (NCI) and treatment engagement as important predictors of ART adherence. No studies to date, however have explored the possible ways and the extent to which a similar outcome can occur when these factors operate together, particularly among people who use drugs (PWUDs). This study sought to answer whether treatment engagement moderates the relationship between NCI and ART adherence. 116 HIV-positive opioid-dependent individuals enrolled in a methadone maintenance treatment (MMT) and reporting drug- and/or sex-related HIV risk behaviors were recruited from MMT clinic in New Haven, CT. Participants completed an audio-computer assisted self-interview (ACASI) that measured NCI (Brief Inventory of Neurocognitive Impairment), ART adherence (Visual Analog Scale) and treatment engagement. An ordinary least squares regression-based path analytic framework was used to test whether treatment engagement (moderator) moderates the relationship between NCI (predictor) and ART adherence (outcome). Results: Results showed that NCI (B=-.745, p=.004) was negatively associated with ART adherence. The interactive effect between NCI and treatment engagement was significantly associated with ART adherence (B=.086, p=.023), which supports the moderation effect. Post hoc analyses revealed that at low levels of treatment engagement, NCI was significantly negatively associated with ART adherence, while at high levels of treatment engagement, the relationship was non-significant.

Roman Shrestra, MPH
University of Connecticut Health Center
Roman is a doctoral student in public health program at the University of Connecticut Health Center. His research interests include HIV/AIDS and sexually transmitted diseases, health care disparities, and program evaluation. His current research involves developing an evidence-based bio-behavioral intervention that incorporates tools specifically designed to accommodate the disruptive impact that neurocognitive impairment (NCI) may have on HIV risk reduction behavior and medication adherence among high risk people who use drugs (PWUDs). He also
works as a research assistant for the “Secondary HIV prevention and adherence among HIV-infected drug users” project under the direction of Dr. Michael Copenhaver.

**Modeling the Influence of Neurocognitive Impairment on HIV Risk Reduction Behaviors Among Drug Users in Treatment**

Background: Although it is well established that people who use drugs (PWUDs) are characterized by significant neurocognitive impairment (NCI), there has been no examination of how NCI may impede one’s ability to accrue the expected HIV prevention benefits stemming from an otherwise efficacious intervention. We incorporated a theoretical Information-Motivation-Behavioral Skills (IMB) model of health behavior change to examine the potential influence of NCI on HIV prevention outcomes as significantly moderating the mediation defined in the original model.

Methods: 304 HIV-negative opioid-dependent individuals newly enrolled in a methadone maintenance treatment (New Haven, CT) and reporting drug- and/or sex-related HIV risk behaviors completed an audio-computer-assisted self-interview (ACASI) that measured IMB-related components and NCI. The IMB model-based measures of NCI (nciIMB models) were developed and fitted for drug- and sex-related HIV risk reduction variables (i.e., clean needle use and condom use) separately. Using structural equation modeling in Mplus, the moderated mediation models were tested for each corresponding risk reduction behaviors.

Results: The nciIMB models for both drug- and sex-risk reduction outcomes resulted in good fitting indices (CFI: ≥0.95, TLI: ~0.95, and RMSEA values: <0.05). Clean needle use was significantly associated with HIV risk reduction information (β=0.11), motivation (β=0.17), needle cleaning skills (β=0.12), and the information x NCI interaction (β=-0.25). Similarly, condom use was predicted by HIV risk reduction information (β=0.12), motivation (β=0.19), condom application skills (β=0.12), and the information x NCI interaction (β=0.30). The significant interaction effects supported the assumptions of moderated mediation exerted by NCI within each model.

**Michael Copenhaver, PhD**
University of Connecticut

Dr. Copenhaver is an Associate Professor of Health Promotion in the Department of Allied Health Sciences and the Department of Psychology, a PI at the Institute for Collaboration on Health, Intervention, and Policy (InCHIP), and a licensed clinical psychologist. He conducts NIH/NIDA-funded research aimed at developing and adapting evidence-based behavioral HIV prevention interventions for optimal use in clinical settings (drug treatment, prison) where high risk drug users may be more effectively reached. Dr. Copenhaver has been a PI at InCHIP since 2002.

**Increasing Targeted Behavioral HIV Prevention Strategies for High-Risk Young Men who Have Sex with Men**

New infections of HIV occur among young men who have sex with men (YMSM) more than any other population in the United States, particularly YMSM of color. Epidemiological data demonstrates the progression of the HIV epidemic towards YMSM on urban college campuses. HIV testing and subsequent treatment is a critical step in reducing HIV transmission. Yet, rates of testing in this population continue to be lower than ideal to prevent new HIV infections. Using the Health Belief Model as a theoretical framework, the aims of this study were to: 1) develop a better understanding of attitudes and knowledge among YMSM about HIV transmission, testing and treatment and; 2) develop targeted HIV prevention messages on college campuses. In-depth, qualitative interviews were conducted with nine YMSM and results showed that this population is minimally aware of their personal HIV-risk behavior, the strong existence of stigma, and recommendations for educational and
promotional outreach of Pre-exposure prophylaxis (PrEP) and testing information through social media sites.

**Kristina Brower, MPH, BS**  
*Southern Connecticut State University*  
Kristina was an MPH student and Graduate Assistant in the Department of Public Health at Southern Connecticut State University. She received her Bachelors of Science in 2014, and her Masters in Public Health in May 2016. Her area of research while a graduate student was in HIV prevention in YMSM, MSM, and heterosexual males on college campuses. She is currently working on a manuscript regarding the research compiled in ‘Increasing Targeted Behavioral HIV Prevention Strategies for High-Risk Young Men who Have Sex with Men’ with Dr. Jean Breny.

**The Story of a Laboratory: The Greenwich Department of Health Laboratory and the Unfolding of Public Health in America**

The Greenwich Department of Health Laboratory celebrated its centennial in 2014. Laboratory activities in Greenwich have always reflected the development of public health in America. From the Sanitary Awakening of the 19th century to bioterrorism preparedness in the 21st, the Greenwich Lab has played a role. The slideshow will also cover: the founding of a health department in 1914 with a laboratory, a nurse and a veterinarian; the flu pandemic of 1918; a female microbiologist in 1920; evaluation by Yale’s Dr. Hiscock in the 1920’s; screening of recruits for TB during WWII; “Silent Spring” and the beginnings of the environmental movement; and the laboratory today. After viewing the slideshow, participants will be able to describe the role of the laboratory in public health, state some major milestones of public health in America, and sing the patriotic jingle that the Greenwich Health Department used to encourage people to avoid spreading influenza virus in 1918.

**Doug Serafin, MS, MPH, CHES**  
*Town of Greenwich Department of Health*  
A native of Connecticut, Mr. Serafin obtained a master’s degree in microbiology from Quinnipiac University, and a master’s in public health from Southern Connecticut State University. A Certified Health Education Specialist, he is interested in developing the role of laboratories in educating communities and promoting health.

**Know Your Numbers – Bringing a Community-based Health Screenings to the Underserved Population in the Greater Bridgeport Region**

Coordinated by Bridgeport Hospital and St. Vincent’s Medical Center, the community-based Know Your Numbers campaign encourages area residents to see their regular primary care doctor for important health screenings to help prevent heart disease and diabetes. For underserved individuals with no personal physician, free screenings are provided at churches, food pantries, soup kitchens, and various other locations throughout Bridgeport and participating towns. The campaign draws from the best ideas of population health and delivers information about risk factors and screenings to community residents rather than making them seek it out. Screenings take place throughout the year, with the majority held in February during American Heart Month. Screenings include body mass index (BMI), waist circumference, blood pressure, cholesterol, blood sugar and A1C, which are all important indicators for prevention of heart disease and diabetes. The Know Your Numbers campaign has partnered with the Greater Bridgeport Council of Churches to use information from the screenings to help improve the quality of food donated to local soup kitchens and food pantries. In addition, overall health profiles of the soup kitchen and food pantry clients are developed. The ability to show site managers specific information on the overall health of their patrons has allowed us to link the types of food served and the health impact on the community.
Gina Smith, MA, CHES
Yale New Haven Health System
Gina Smith, MA, CHES, graduated from East Carolina University (in Greenville, NC) with both her BS in Health Education and Promotion and MA in Health Education. She has been a Certified Health Education Specialist for 12 years. From 2005-2010, she served as the Eastern Regional Coordinator for the North Carolina Folic Acid Campaign/March of Dimes, where she coordinated birth defects prevention education in a 29-county region. Since then she worked with for Yale University at the Center for Perinatal, Pediatric, and Environmental Epidemiology on the National Children’s Study and the Yale-Griffin Prevention Research Center as the coordinator for the Valley Initiative to Advance Health and Learning in Schools (VITAHLS), a childhood obesity prevention initiative in four school districts. She is currently the Community Health Improvement Coordinator for Yale New Haven Health System.

Hey Baby, Can You Hear Me?: Two Decades of Successful Newborn Hearing Screening

Hearing is vital for language development which significantly affects educational and life success. Connecticut passed legislation to require universal newborn hearing screening in 1999. Hospitals' newborn care protocols were expanded to include infant hearing screening, parent notification and reports to CT DPH for statewide monitoring. Since then, Connecticut has experienced tremendous success in reducing delays in deafness diagnosis and enrollment in early childhood support services. The importance of this public health success in advancing early screening and evaluation processes and services for deaf and hard of hearing children and their families will be discussed.

Amy Mirizzi, MPH
CT Department of Public Health
Ms. Mirizzi has coordinated the Connecticut Early Hearing Detection and Intervention (EHDl) program since 2008. She was hired by the Connecticut Department of Public Health in 2005 to conduct EHDl tracking and surveillance. Ms. Mirizzi is responsible for overseeing statewide universal newborn hearing screening, policy development, technical support to hospitals and diagnostic testing centers, consultation on database design and development to support data collection, tracking, and surveillance as part of the public health system, provider and family education and outreach, and ongoing program evaluation. She is the Principal Investigator for two federal EHDl grants. Ms. Mirizzi is a member and past chair of the CT EHDl Task Force.

Concurrent Breakout Session II
Objectives and Biographies

Session A: Infectious Disease
Moderator: Roza Tammer, MPH, CIC
CT Department of Public Health
Roza Tammer received her MPH from the Yale School of Public Health (YSPH) in Epidemiology of Microbial Disease (EMD) in 2012. There, she held a research assistantship with the Connecticut Emerging Infections Program (EIP) at YSPH, in addition to performing work for the New Haven Health Department, Brown University’s Rhode Island Hospital, and several departments within YSPH. She completed a year-long applied epidemiology fellowship with the California Epidemiologic Investigative Service (Cal-EIS) program, and from 2013 to 2015, Roza held the position of Healthcare-Associated Infections (HAI) Surveillance Coordinator at the New Hampshire Department of Health and Human Services. Currently, Roza is the NHPD Epidemiologist with the Connecticut Department of Public Health’s HAI Program.

A Large Outbreak of Shiga toxin-Producing Escherichia coli Among Visitors to a Goat Farm, Connecticut, 2016

Background: On March 24, 2016, the CT DPH identified a cluster of five culture-confirmed Shiga toxin-producing Escherichia coli (STEC) infections. A joint investigation involving the DPH, Centers for Disease Control and Prevention
(CDC), CT Department of Agriculture (DoAg), and the local health district (LHD) was initiated. Methods: Active case-finding was conducted and all reported cases of STEC were interviewed by telephone using standardized questionnaires. A confirmed case was defined as a laboratory-confirmed E. coli O157 infection in an individual with the outbreak pulsed-field gel electrophoresis (PFGE) strains, and or someone with HUS during March and April 2016. Environmental and goat fecal samples were collected and tested at the DPH State Laboratory. Results: A total of 50 confirmed E. coli O157 cases have been linked to the outbreak with onset dates ranging from 3/7 to 4/16. Case-patients ranged in age from 10 months to 50 years (median 5 years); there were 9 (18%) adults, 41 (82%) children <18 years of age and among these, 27 (66%) were 5 years or less. Conclusions: In this outbreak, greater than half of the case-patients were under the age of 5 years. This group is particularly at risk for acquiring infection due to factors such as hand-to-mouth habits and insufficient hand hygiene. Special attention and education should be targeted at this most vulnerable group.

Paul Gacek, MPH, CPH
CT Department of Public Health
Paul is a field epidemiologist in the Infectious Disease Epidemiology Program at the Connecticut Department of Public Health. Some of his duties are to lead and oversee epidemiological investigations of food-borne disease and suspect cases/clusters of disease that could be due to biological agents, acute disease outbreaks and other diseases of public health importance. Paul coordinates investigative activities with other partners at the local, state, and federal levels. Prior to working for the Connecticut Department of Public Health Paul completed a two-year fellowship program with the Council of State and Territorial Epidemiologists in Applied Infectious Disease Epidemiology, where he was assigned to the Connecticut Department of Public Health. Paul earned a Master’s in Public Health from the University of Connecticut, and he is Board Certified in Public Health by the National Board of Public Health Examiners.

Model Community Response to Lyme Disease Prevention and Education
This session will describe collaborative efforts between a community hospital, a state university and an evidence-based tick-borne disease prevention program run through a local health department, and other community members to end Lyme disease and other tick-borne diseases. Established in 2008, the Ridgefield, Connecticut-based BLAST prevention program encourages residents to bathe or shower soon after coming indoors; look for ticks and rashes; apply repellents; spray their yard; and treat their pets. In response to community concern about the disease and lack of advancement in tick-borne disease research, Danbury Hospital in Danbury, Connecticut created the first hospital-based registry of patients with Lyme disease in the United States in 2010. Western CT State University in Danbury, Connecticut opened the Tick Research Laboratory to conduct research on the ecology of the deer tick and disease prevention in 2011. For the past several years, these three institutions have been cooperating to deliver consistent prevention messaging. More recently, an ethnographic research firm partnered with the trio to conduct an ethnographic study focused on the awareness and prevention of Lyme disease and other tick-borne diseases. Through this partnership and in conjunction with other local and national partners, insight has been gained about the practices and perceptions of the public, thereby informing more effective community outreach. After this session, participants will be able to describe a model community response to end Lyme disease, with a focus on elements applicable to and feasible within their own community.

Neeta Connally, PhD, MPH
Western Connecticut State University
Dr. Neeta Connally is an assistant professor of biology at Western Connecticut State University. Her primary research interests focus upon the
backyard prevention of Lyme and other tick-borne diseases in the northeastern US. She holds Master of Science in Public Health from Tulane University School of Public Health and Tropical Medicine, as well as a Ph.D. in entomology from the University of Rhode Island. Prior to joining the faculty at WCSU, Dr. Connally was an associate research scientist working on Lyme disease prevention at Yale School of Public Health. Her research program is housed at the Tick-borne Disease Prevention Laboratory at WCSU, where she oversees entomological components of various studies aimed at preventing Lyme and other tick-transmitted infections.

Amber Butler, MPH
Western Connecticut Health Network
In her role as a Lead Research Associate at Danbury Hospital in Danbury, Connecticut, Ms. Amber Butler oversees the Western Connecticut Health Network Lyme Disease Registry. In addition to researching this poorly-understood disease, Ms. Butler provides community outreach and tick-borne disease education to the public and healthcare providers. She earned her Master of Public Health degree from Emory University with a concentration in prevention sciences.

Jennifer Reid, BS
Ridgefield Health Department
Ms. Jennifer Reid has directed the BLAST Lyme Disease Prevention Program since its creation by the Ridgefield Health Department in 2008. She previously served as co-chair of the Town of Ridgefield’s Lyme disease community task force, Lyme Connection, and is a long-standing member of the Western CT Council of Governments (WESTCOG) Tickborne Disease Task Force, a planning organization representing 18 municipalities in Western and Southern Connecticut. Ms. Reid is a member of the Public Tick IPM Working Group and is actively involved in community-based prevention research. She earned her BS in Health Promotion/Community Health from Western CT State University.

Session B: Local Health Cross-Jurisdictional Resource Sharing

Moderator: Elaine O’Keefe
Yale University
Elaine O’Keefe is Executive Director of the Office of Public Health Practice and Center for Interdisciplinary Research on AIDS, and Director of the CT-RI Local Performance Site of the New England Regional Public Health Training Center, at Yale School of Public Health (YSPH). O’Keefe worked in governmental public health for 25 years including 14 as a local Health Director. Her work at YSPH focuses on academic-practice partnerships encompassing public health workforce development and applied research initiatives. She is co-founder of the CT Public Health Practice Based Research Network (PBRN) and investigator on PBRN studies.

Building Evidence to Improve the Infrastructure of Local Public Health: A Study of the Effects of Resource Sharing Among Local Public Health Jurisdictions by the CT and MA Public Health Practice-based Research Networks
Public Health Systems and Services Research (PHSSR) is a field of study that examines the organization, financing and delivery of public health services within communities, and the impact of these services on public health. Public health practice based research networks (PBRNS) are the engine for this research. CT has an established PBRN that was formed in 2009 by the CT Association of Directors of Health (CADH) in collaboration with the Yale School of Public Health, UConn and Southern CT State University public health programs, and other partners. The CT PBRN has engaged in ongoing collaboration with academic researchers to conduct applied studies of the structure, delivery, cost and quality of local public health services in CT. This session will include: 1) a brief overview of the work of the CT PBRN to date; 2) the salient findings and implications of this work for public health practice, and 3) a detailed presentation of the most ambitious PBRN project to date, “The Effects of Cross-jurisdictional Resource Sharing
on the implementation, scope, and quality of local public health services” that was undertaken jointly by the CT and MA PBRNS with the goal of adding to our knowledge on effective and efficient service delivery models for small jurisdictions and variations in the cost of local public health services by jurisdiction size and service delivery model.

**Jennifer Kertanis, MPH**  
*Farmington Valley Health District*  
Jennifer Kertanis is Director of Health for the Farmington Valley Health District which serves 10 towns and 110,000 people. She is the former Executive Director of CADH, and previously worked for the CT Department of Public Health as an Environmental Epidemiologist. She is a co-founder of the CT Public Health Practice Based Research Network (PBRN) and has served as a co-investigator on multiple PBRN studies including a joint CT-MA PBRN study on regional service sharing arrangements.

**Debbie Humphries, PhD, MPH**  
*Yale School of Public Health*  
Debbie Humphries is an instructor in Epidemiology at the Yale School of Public Health and has a broad background in public health practice and research. She has collaborated with community organizations and local health departments in CT on myriad research projects related to health inequities and health outcomes, with particular expertise in building capacity of community and public health agencies to engage in research. She is a major contributing scientist for the CT PBRN and has served as Principal Investigator on several related studies including a joint CT-MA PBRN study on regional service sharing arrangements.

**Justeen Hyde, PhD**  
*Veterans Administration*  
Justeen Hyde is a medical anthropologist whose research has focused on understanding interpersonal, social, cultural, and contextual experiences that influence health and public health systems in the United States. She is an instructor in medicine at Harvard Medical School and a health services researcher at the Center for Healthcare Outcomes and Implementation Research at the Veterans Administration in Bedford, MA. She is also the Director of the Massachusetts Public Health Research Network (PBRN), a collaboration between local and state public health practitioners and academics that is designed to strengthen public health services and systems through research. She has served as the Principal Investigator on multiple studies conducted by the MA PBRN including a current study on the effects of regional service sharing across local public health jurisdictions, relative to quality, breadth and costs of public health services in CT and MA.

**Session C: Children’s Health**

**Moderator: Joan Ascheim, MSN**  
*CT Department of Public Health*  
Ms. Ascheim holds a Master’s Degree in nursing from the University of Virginia and has practiced in public health for over twenty-five years. She has served in a variety of public health leadership positions, including the Maternal and Child Health Bureau Chief, the administrator for Family and Community Health Services, the chief for the Bureau of Public Health Systems, Policy and Performance and the Senior Deputy Director for the New Hampshire Division of Public Health Services. She currently serves as the Performance Improvement Manager for the Connecticut Department of Public Health. She has served on a number of national committees and provided consultation to the Robert Wood Johnson, Turning Point Performance Management National Excellence Collaborative, the Public Health Accreditation Board, and the Association of State and Territorial Health Officials, Performance Policy Committee and the Senior Deputies Committee.

**Integration of a Children’s Mental Health Prevention Initiative in a School System in Connecticut**

Background/Purpose: Identifying Children and Responding Early (iCARE) is a system that identifies children who are at risk of behavioral health problems and provides, evidence-based,
culturally competent preventive interventions. We evaluated the integration of this early identification, assessment, intervention, and referral initiative into one community’s school-based mental health service delivery system.

Methods: Teachers, social workers, parents, and the Ministerial Alliance, a faith-based group of African-American churches were trained in assessment, positive behavioral support and community referral activities. Children between the ages of 6 and 11 in two elementary schools were assessed between 2009 and 2014. Quantitative measures included frequencies of universal screening and paired t-testing of ICARE student and parent Ohio Scales assessment scores. Systems change and community ownership was measured through qualitative reports and analysis of the future funding.

Findings: A total of 1177 children were screened of which 21% identified as at-risk, and 15% were referred to interventions. Children experienced a significant decrease in problem severity (p=.0012) and an improvement in functioning (p=.0088). Parent and caregiver stress decreased and they also reported high satisfaction with the program. A school data team and community collaborative partnership remains integrated into the system. The school system will assume partial funding for ICARE beginning in the 2015-16 school years.

Pamela Higgins, MS, MPH, CPH

Springfield College

Pamela S. Higgins is an assistant professor of health science in the school of Health Science and Rehabilitation Studies at Springfield College, where she develops and teaches various public health and health science graduate and undergraduate courses including Introduction to Public Health, Principles of Epidemiology, Global Health, Health Care Disparities, Cultural Competency in Health Care, and Health Law. Pam's professional focus is in public health research, program development, implementation, and evaluation. Prior to joining the faculty at Springfield College, was involved in national and local primary care evidenced-based practice implementation efforts for screening and brief intervention studies and pediatric asthma management, and has led community-based health care needs assessments for Middlesex Hospital and St. Francis Hospital and Medical Center.

Concussion: Current and Emerging Evidence and Implications for Public Health

Mild traumatic brain injury (mTBI), or concussion has received significant attention in the medical and popular press over the past decade. There are an estimated of 1.6 to 3.8 million sports-related concussions per year in the U.S. In the 2014-2015 academic year, 7.8 million student-athletes participated in high school sports. Over 2.5 million of those student-athletes participated in contact or collision sports. Concussions account for 8.9% of all sports-related injuries among high school athletes. From 2001 to 2013, 9.8% of all playground injuries sustained by children ≤ 14 y in the U.S. were traumatic brain injuries, most of the mTBI. Individuals who return to contact sports activity before full recovery face increased risk for re-injury. Potential negative outcomes from early return to sports include second impact syndrome, protracted recovery, long-term degenerative conditions, mild cognitive impairment, early onset Alzheimer’s disease, and chronic traumatic encephalopathy. The long-term physical damage to professional football and hockey players has received a great deal of public attention. The cumulative effects of head trauma are concerns of athletes at every level. The benefits of physical activity and participation in organized sports are numerous and well-known. The widespread media attention to the issue of in sport has had the unintended consequence of frightening some parents into not allowing their children to participate in sports.

Vicky Graham, MS, ATC, LAT

Head Zone Concussion Care

Vicky Graham is an athletic trainer and educator with a diverse background in intercollegiate and secondary school athletics, and outpatient sports medicine rehabilitation. She has extensive
experience in the clinical management and rehabilitation of concussion, and has presented to community and professional groups on topics related to concussion. Vicky is currently the Program Director at Head Zone Concussion Care in Shelton, and President of Sports Safety Consulting. She is the District 1 Secretary of the National Athletic Trainers’ Association, and a Past-President of the Connecticut Athletic Trainers’ Association. She continues to be active in advocating for athlete safety, injury prevention, and regulatory issues affecting ATs. She is a graduate of Bowling Green State University, earned a Master’s degree at the University of Tennessee, and is currently completing her dissertation in the University of Idaho Doctor of Athletic Training program.

**Partners in LIFE: Development, Implementation, and Evaluation of a Couples-Based Relationship Strengthening HIV/STI Prevention Intervention for Adolescent Parents**

From 2011 – 2014, a multidisciplinary research team conducted a pilot randomized control trial of the Partners in LIFE intervention, funded by the National Institute of Mental Health (Grant #5R34MH094354-02). Partners in LIFE was a couples-based, relationship-strengthening HIV/STI prevention intervention for adolescent parenting couples aged 14-25 years in New Haven, CT. This 15-session intervention, based on Emotion-Focused Therapy and Attachment Theory, was delivered in a group format by two trained facilitators and included topics on communication, emotion regulation, intimacy, conflict resolution, sexual risk, and family planning. The goals of this risk reduction intervention were to reduce sexual risk, improve relationship functioning, and improve parenting skills. Forty-nine adolescent parenting couples were recruited from New Haven and randomized to participate in either the Partners in LIFE intervention group or the Nurturing Families control group. Couples were given an assessment at baseline, immediately after the intervention, and 4 months after the intervention. A process evaluation of the intervention was also conducted. This session will address the challenges and successes of the development, implementation, and evaluation of this public health intervention. Lessons learned from this project will be shared in an effort to aid public health practitioners in CT in developing, implementing, and evaluating interventions for the populations they serve.

**Valen Grandelski, BA**

**Yale University School of Nursing**

Valen Grandelski has 4 years of experience in the public health research field and currently works as the Project Manager for the Intergenerational Blood Pressure Study and the Office for Diversity and Inclusion at the Yale School of Nursing. Prior to the Yale School of Nursing, she worked as a research assistant with the Advancing Relationships and Community Health (ARCH) research group at the Yale School of Public Health on several research projects, including Partners in LIFE. Valen earned her BA in Healthcare and Health Disparities from the University of Connecticut. Currently working on her Master of Public Health degree at Southern Connecticut State University, Valen’s research interests are public health intervention development, implementation and evaluation with the aim of achieving health equity.

**Poster Presentation Session**

**Large Disparity in Diabetes Mortality in CT: An Ecological Study**

Amanda Durante, PhD, MSc; Fawatih Y. Mohamed-Abouh, MD, MPH

**University of Connecticut Health Center**

In Greater New Haven, diabetes mortality was shown to be considerably higher for less wealthy towns and city neighborhoods. This study aimed 1) to estimate the correlation between community income and diabetes mortality throughout CT and 2) to consider the use of mapping to visualize any diabetes disparity. Diabetes mortality was defined as the 2008-2012 annualized age-adjusted diabetes-related mortality rate (ICD10 codes E10-E14 multiple cause) for each town/city. Estimates were
abstrated from the DPH website which excluded communities with less than 15 deaths. Economic status was defined as the average town/city per capita income from the 2010 US census. The correlation between income and diabetes mortality was calculated using the Spearman’s correlation coefficient. Diabetes mortality and income in each community were presented on a map. Both variables were grouped on a 4-level scale determined using the Jenks natural breaks algorithm. The diabetes mortality varied widely from 21 to 146 per 100,000. There was a strong negative correlation between diabetes mortality and income (-0.71, p<0.0001). The map was helpful in visualizing this substantial disparity. Further analyses are needed to identify the differences between wealthier and poorer communities that may lead to poorer diabetes outcomes.

**Hereditary Breast and Ovarian Cancer Screening and Risk Assessment Practices**

Erin Hoffman; Amy Griffin, Yale University
Beverly Burke; Ava Nepaul, CT Department of Public Health

The Connecticut Department of Public Health Genomics Office (DPH-GO) was established in 2008 upon recognition of the increasing role of genomics in the detection, prevention, and treatment of disease. A specific goal of the DPH-GO is to reduce the burden of breast and ovarian cancer in Connecticut by targeting women at high risk for inherited forms of the disease, as well as their healthcare providers. Part of this goal involves increasing the understanding of statewide trends regarding family health history collection and BRCA genetic counseling referrals. The Consultation Center at Yale was hired to gather information from DPH Breast and Cervical Cancer Early Detection Program (BCCEDP) providers via key informant interviews to learn how they currently assess for risk of hereditary breast and ovarian cancer with their patients. The key informant data was used to provide recommendations to enhance health history collection and genetic counseling referrals. These recommendations extend beyond the BCCEDP providers and could be adopted by primary care sites.

**Water Under the Bridge: E. coli Monitoring of the Scantic River (CT)**

Kirsten Martin, PhD; Lindsey Stefens; Joanna Keyes; Cristina Alevras
*University of St. Joseph*

The Scantic River Watershed Monitoring Program began in 2010, and focused on monitoring water quality at all road crossings of the Scantic River. Beginning in spring of 2015, the Scantic River Watershed Association and the East Windsor American Heritage Rivers Commission partnered with the Connecticut River Watershed Council and the University of Saint Joseph to begin a limited E. coli monitoring program of the river. E. coli is a gastrointestinal bacterium naturally found in waterways, but high levels of E. coli can be hazardous to human health. Between 2015 and 2016, five sites in East Windsor, CT were sampled weekly. Air temperature, water temperature, and pH were recorded at the time of collection. Samples were then processed at the University of Saint Joseph using the Colilert method. The relative “health” of the sample was classified according to the CT River Watershed Council’s “Is it clean” website. Levels exceeding 575 cfus per 100ml are deemed unhealthy for swimming and boating. This level was met or exceeded several times during the two years of this study. The poster presentation will discuss the health impacts of E. coli contamination, a comparison of “unhealthy” designation, the testing methodology, and a summary of the results.

**The Impact of New Haven Land Trust Community Gardens on Members**

Kelley Meier, MPH
*Southern CT State University*

The aim of this study was to examine the impact community gardens have on their members. New Haven Land Trust (2015), a nonprofit organization, is dedicated to the cultivation of land in order to create healthier communities for their residents. With fifty community gardens, New Haven Land Trust is working to improve the
health and well-being of their gardeners. New Haven Land Trust recognizes the importance of community gardens and their ability to increase the dietary intake of fresh fruits and vegetables, to improve access to fresh produce, and to strengthen community ties, however they lack the data required to support their beliefs. For this purpose, a self-report survey was created and distributed to various New Haven Land Trust garden plots that asked adult gardeners how their participation in their local community garden program impacted their lives. The main findings this study discovered was that individuals increased their consumption of, and access to, fresh produce, developed relationships, and were very satisfied with their community gardening program. In addition, this study on community gardens helped us improve our understanding of the interaction between environment and community health, as well as effective community garden methods that can be used for health promotion.

**Trends in Obesity and Overweight Among Undergraduate Students at a Northeastern Public University**

Marian Evans, MD, MPH; Victoria Zigmont, PhD, MPH; Sandra Bulmer, PhD

**Southern Connecticut State University**

Background: Excess weight and BMI in college students may contribute to overweight and obesity in later adulthood. Objectives: To examine trends in BMI among undergraduates at a northeast public university between 2012-2016. To discuss implications for a multidisciplinary intervention approach to obesity prevention programs on the college campus. Methods: Stratified random sampling was used with a modified CORE Alcohol and Drug Survey. Surveys contained questions about demographics (age, gender, year in college), whether trying to lose weight, self-reported weight, and height. Complete data surveys were combined (n=2,981). To evaluate trends in BMI category, and demographics, Spearman’s Rank Order test was used. Results: BMI increased from 2012 – 2016. Groups with increasing BMI included males (rS= 0.099, p=0.002), females (rS= 0.078, p=<0.001), and Sophomore (rS= 0.129, p<0.001) or Seniors (rS= 0.074, p=0.034). Non-traditional undergraduates (over 25 years of age) had no increases in BMI. Students who reported trying to lose weight (rS= -0.203, p<0.001) had decreasing BMI. Conclusions: Future studies are needed to better understand the factors contributing to increasing trends of overweight and obesity among college students. An early multidisciplinary intervention approach to obesity prevention is needed in hopes of achieving “health for all” in later adulthood.

**Condom Use is not Related to Sexually Transmitted Infection Diagnosis among Adults in the United States: Recommendations for Improved Condom Use Measurement**

Valen Grandelski; Monica Farinella, DO, AOBIM, CMI; Jean Breny, PhD, MPH; Victoria Zigmont, PhD, MPH

**Southern Connecticut State University**

This cross-sectional study aimed to examine the relationship between condom use in the past 12 months and laboratory diagnosis of a sexually transmitted infection (STI - chlamydia, herpes simplex virus 2, or HIV) among a nationally representative sample of U.S. adults ages 20-39 years. Data from 2005-2014 of the National Health and Nutrition Examination Survey (NHANES) were used to construct a multivariable logistic regression model for the outcome of any STI diagnosis, adjusted for age, race/ethnicity, gender, education, annual family income, age at first sex, and number of sex partners in the past 12 months. Condom use was not related to a STI diagnosis. Both women and Non-Hispanic Blacks were found to be at significantly higher risk for a STI diagnosis compared to their male and Non-Hispanic White counterparts. Being older, having lower family income, having lower education levels, having sex at a younger age, and having more than one sex partner in the past 12 months were all significantly associated with greater odds of a STI diagnosis. Standardized methodologies for measuring condom use are required to better understand the relationship between condom use and a STI diagnosis and to
develop effective public health interventions to prevent STIs.

**Food Insecurity Among Undergraduate Students at Southern Connecticut State University and Opportunities for Future Programming on Campus**

Victoria Zigmont, PhD, MPH; Peggy Gallup, RN, MPH; Stephen Monroe Tomczak, PhD, MSW  
Southern Connecticut State University  
Undergraduate college students at SCSU are not immune to food insecurity. A random sample of undergraduate college students answered a question on food security for the first time in 2016 (n=812). Thirty percent of these students had some degree of food insecurity, which equally affected males and females, and students regardless of year in school. Those who were food insecure were more likely to have mental health issues, lower grades, and also appeared to have a less healthy diet. We will present these findings, and current programs on campus that address food insecurity, as well as opportunities to expand such programs on college campuses.

**Conectando la Comunidad (Connecting Communities) Initiative: Building Health Literacy and System Navigation Skills Among Certified Application Counselors, Community Health Workers and Hispanic Persons of Color**

Maritza Bond, MPH; Denise Smith, BS, CHW, PN  
Eastern CT AHEC  
The Eastern CT Area Health Education Center, Inc. Conectando la Comunidad initiative, funded by The CT Health Foundation, provides training and technical assistance for Certified Application Counselors, Community Health Workers and others to increase health insurance enrollment, improve health literacy and build health system navigation skills among Hispanic Communities of Color. Our data indicates that 33% of Hispanic Persons of Color have below average understanding of the “importance of a healthy lifestyle” or “why having health insurance is important”, 36% have below average understanding of “the importance of having a primary care provider” and 68% have below average or no understanding of “when to use primary care or the ER”, “how to determine if a provider is right for their family” or “the next steps after having an appointment”. In response, the Conectando la Comunidad Initiative:  
1. Identifies health and health insurance literacy barriers,  
2. Trains enrollment assistants in Centers for Medicaid and Medicare Services (CMS) Coverage to Care and consumer engagement methods,  
3. Evaluates the effectiveness of Coverage to Care with Limited English Proficiency and immigrant families, and  
4. Recommends Coverage to Care implementation strategies in challenging insurance enrollment and health literacy education settings

**Analysis of the Effectiveness of Risk Based Approach to Reducing Foodborne Illness**

Amanda Drost, University of St. Joseph  
In 2015, the CDC reported there was a total of 19,119 foodborne illness outbreaks throughout the United States. Twenty-five of those outbreaks were reported in the State of Connecticut. Outbreaks of illness account for 373,531 reported illnesses, 14,681 hospitalizations, and 337 deaths nationwide. Local health departments, and districts, are responsible for inspecting food service establishments. They enforce safe food handling practices according to state and federal guidelines. Food inspectors are responsible for enforcing proper cooking and holding temperatures, clean food contact surfaces, and proper hand washing within food service establishments. The town of Manchester, Connecticut additionally reports their inspection findings to the Food and Drug Administration (FDA) via a voluntary national food regulatory program. The goal of the FDA database is to identify the most commonly identified risk factors which contribute to foodborne illness. The author will present these findings from the data collected by the Manchester Health Department. The findings will highlight the trends occurring in 2014-2016, analyzing any reductions in behaviors that are constituted as risk factors for foodborne illness, and subsequent reduction in foodborne illness outbreaks, if any.
Opportunities, Challenges, and Lessons Learned: Chesprocott Health District Internship Experience

Francesca Testa, BA
Southern Connecticut State University

The internship experience in graduate public health programs provides an intensive and comprehensive application of public health skills acquired at the master’s level. Graduate public health students learn to apply relevant, interdisciplinary skills, collaborate with public health professionals, and work to ensure a competent public health workforce in relation to the Essential Services of Public Health. An MPH internship was completed in the summer of 2016, at Chesprocott Health District in Cheshire, Connecticut. The scope of the internship included responsibilities in health education, emergency preparedness, and environmental health. At the conclusion of the internship, accomplishments, challenges, and lessons are described in relation to the competency measures of the internship experience. This poster will present future recommendations and advice for graduate public health students looking to pursue their own internship experience in the community. This information may also be useful to community agencies and potential preceptors that provide internships to public health students or are considering providing internship opportunities.

Unintentional Drug Overdose Deaths in Connecticut: Preliminary Findings From the Connecticut Violent Death Reporting System

Heather Clinton; Susan Logan, MS, MPH
CT Department of Public Health

Background: Unintentional drug overdoses (UDO) are a major public health problem. In 2015, Connecticut became part of the Centers for Disease Control and Prevention’s National Violent Death Reporting System (CTVDRS). This study describes the CTVDRS and results from UDO. Methods: UDO demographic and circumstance data were abstracted from 2015-16 medical examiner reports. Results: 805 of the 1,174 (69%) UDO deaths were analyzed. 59% of victims were white, non-Hispanic males with a mean age of 41±13 years. 91% of deaths involved opioids and 42% of victims had a documented history of current or past prescription opioid and/or heroin abuse, yet only 19% of all victims had ever received treatment for a substance abuse problem. Conclusions: The results highlight major risk factors associated with UDO deaths and potential groups at increased risk. The CTVDRS is an important surveillance tool to guide prevention programs and policy.

Qualitative Evaluation of a Peer Health Mentoring Program in Corrections

Sara Namazi, University of Connecticut

BACKGROUND Correctional officer (COs) health declines rapidly within the first few years of employment, and programs designed to improve CO health are limited. The Health Improvement Through Employee Control II (HITEC-II) project used participatory action research to develop and evaluate targeted health interventions for COs. In 2014, a Health Mentoring Program (HMP) was implemented in departments of corrections in a Northeastern state. METHOD During orientation, officer cadets were paired with trained mentors (senior COs). The HMP was evaluated after 1 year using focus groups conducted with mentors and mentees. Four focus groups on the mentoring experience, mentor training, and program improvement and sustainability were conducted separately with eleven mentors and mentees. RESULTS Most common topics mentors and mentees discussed were job training, work-family balance, finances, stress management, and workplace incivility. Suggestions for improving the HMP included pairing mentors and mentees on similar shifts and slots, forming a mentor support network, and holding refresher trainings for mentors and mentees. Aspects that contributed to program sustainability were supervisor support, a committee overseeing mentoring activities, and regular involvement by HITEC staff. CONCLUSION Focus groups were able to reveal a number of key considerations for implementing a successful health mentoring program in corrections.
Preliminary Results for the Predictors of Inadequate Follow-Up of Mammograms in Hispanic/Latinas

Beth Jones; Steven Parra
Yale School of Public Health

Background: Breast cancer is the most common cause of cancer death among Hispanic/Latina patients. Similar to non-Hispanic Black women, Hispanic/Latina women are more likely to be diagnosed with later stage breast cancer and experience worse survival rates when compared to non-Hispanic White women. This study was focused on identifying predictors of inadequate follow-up of abnormal mammograms in this culturally diverse Hispanic/Latina population.

Methods: We established a prospective cohort of Hispanic/Latina women, aged 40-75, living in Connecticut, and studied their screening experience over a 2-4 year period (n=1570). Inadequate follow-up was defined as patients receiving a diagnostic mammogram after 3-9 months of an abnormal mammogram, dependent on BI-RADS score. Multivariate logistic regression was performed to identify predictors of inadequate follow-up. Results: Multivariate regression provided statistically significant results (p < 0.05) for measures of patient BMI, self-rated health, and pain experienced during mammograms.

Conclusion: While inadequate follow-up of abnormal exams undermines the potential benefits of mammography screening for all women, the observed differences in this study may have implications for the persistent ethnic differences in breast cancer stage at diagnosis and survival. More research is needed to identify factors that contribute to poor follow-up among Hispanic/Latina women.

Place Matters: A comparison of hospital encounter rates to cross-sector population well-being measure
Amanda Erlwein, Southern CT State University
Mark Abraham, DataHaven

There is growing evidence in the direct relationship between quality of built environment and quality of overall health. The proposed poster will be a comparison of health outcome data, acquired from CHIME data on hospital encounter rates, and the 2015 DataHaven Community Wellbeing Survey. The information from DataHaven’s 2015 Community Wellbeing Survey was obtained through a cross-sectional survey of all 169 cities and towns in Connecticut. The participants included adults 18 + (n = 17,000). A description of this study will include reported rates of satisfaction in environmental aspects of communities such as, condition of public spaces, walkability of neighborhoods, quality of housing and location of goods and services. Levels of perceived safety and susceptibility within those cities will also be analyzed as possible variables affecting health outcomes. CHIME data were acquired and analyzed for the purposes of a Community Health Needs Assessment conducted by 8 regional hospitals. The CHIME data contains information on hospital encounters related to conditions such as diabetes, cardiovascular disease and accident/injury.

Live Music

Josi Davis

Josi Davis is a dynamic vocalist and multi-instrumentalist with 200+ annual appearances throughout New England. Josi commands an extensive repertoire of jazz and blues infused originals and an eclectic collection of hits from 70 years of pop, rock, blues and the great American, British and French Songbooks. Whether she is performing solo or with her band, Josi’s appearances are intimate, entertaining and captivating. Compared to Carole King, Laura Nyro, and her contemporaries Diana Krall and the late Amy Winehouse, every show is full of eloquent stories, humor and superlative musical prowess.

Committee Reports

Advocacy Committee
Outgoing Chair, Colleen O’Connor
Incoming Chair, Jenna Lupi

The Advocacy Committee advocates its public health initiatives by educating members,
policymakers and public constituencies. The 2016 Session saw the passage of many bills with implications for public health in Connecticut. Some notable bills that were signed into law include: **HB 5350**, An Act Concerning DPH’s Recommendations on Fluoridation of the Public Water Supply, **SB 70** An Act Concerning Telehealth Providers, **HB 5053** An Act Concerning Opioids and Access to Overdose Reversal Drugs, **HB 5335** An Act Concerning DPH’s Recommendations for Revisions to the Statutes Regarding HIV, and **SB 20** An Act Concerning Carrying a Firearm While Intoxicated or Under the Influence of Alcohol. The Advocacy Committee is currently assessing priorities for the upcoming 2017 Session and will be developing educational materials and information sheets on the topic areas of highest priority. The Committee will also prepare testimony in support of or against legislation as is determined by the group, will connect with legislators over important public health concerns, and will engage CPHA membership in the legislative process.

**Communications Committee**

*Outgoing Chair, Jenna Lupi*

*Incoming Chair, Bidisha Nath*

The Communications Committee manages the CPHA e-newsletter and blog. The Committee publishes 4 issues of CPHA e-newsletter each year offering its members timely updates regarding committee activities, member news, educational and networking opportunities, and legislative advocacy. The Committee also maintains the Association’s website, which received 9,678 unique visitors and 14,198 total visits from all 50 states and the District of Columbia, and 136 towns within Connecticut in the last year. CPHA’s presence on Facebook and Twitter also continues to grow, with 399 Facebook "Likes" and 729 Twitter followers as of October 19, 2016.

**Health Education Committee**

*Chair, Linda Mako*

*Co-Chair, Laura King*

*Purpose:* A forum for the exchange of information. An opportunity to educate the public health workforce and other health professionals by increasing the competency, skills and performance as they relate to the core public health essential services. The Committee serves as a networking opportunity for public health professionals that are employed in a variety of settings.

*Activities:* The Health Education Committee meets three to four times a year via WebEx. The meeting is held from 9:00 am – 12:00 pm. Meetings begin with (2) one-hour programs on a variety of health topics or skill ability topics of interest to the group. The remainder of the meeting involves networking, sharing of ideas, best practices and job opportunities.

*Goal:* The goal of the Health Education Committee is to offer networking opportunities to Connecticut health educators in addition to offering CHES credits for attending education sessions. *Members:* Members of the Health Education Committee.

**Membership Committee**

*Chair, Morgan Spencer*

The CPHA Membership Committee recruits new members, works to retain current membership and promotes the efforts of the other CPHA Committees. As of October 2016, there are just under 300 members. This past year, we increased Committee membership to 12 persons and continue to meet quarterly. The Committee strives to provide its members with opportunities for: professional and career development, networking with other members and participating in public health advocacy efforts. New and existing members are continuously updated on CPHA activities and important public health issues at both the local
2016 Annual Meeting and Conference of the Connecticut Public Health Association

and national level. Nearly 35 percent of CPHA members are students. With this information, the Committee continues to focus its recruitment efforts on student members becoming professional members. The Committee continues to contact all graduating student members to encourage them to become individual, professional members and spoke at student events around the state (i.e. new student orientations and student organizational meetings) about the benefits of CPHA membership. Ongoing goals include maintaining the CPHA membership database throughout the year; informing members about the benefits of being a CPHA member; hosting an annual networking event; recruiting one member from each of the 169 towns in CT; and continue to increase membership.

Mentoring Committee
Chair, Cyndi Billian-Stern
In 2007, CPHA’s formed Mentors on Request (MOR) (formerly the Mentoring Organization Registry) with seven members. Today, the MOR has 44 organizational members representing higher education, local and state health departments and non-profits. Together they work to develop youth and undergraduates as future public health leaders, advocates, and knowledgeable citizens.

MOR Accomplishments in 2016

- Worked with colleagues on our Advisory Board to make the high school Public Health 101 curriculum free and available to all on the web at publichealth101skills21.org. The PH 101 course expanded to East Hartford and to New Haven’s Academy of Law, Public Safety and Health at Hillhouse High School.
- Organized its most successful National Public Health Week (NPHW) 2016, reaching over 3900 students from 75 communities. Key to this accomplishment was Area Health Education Center staff from across the state. The MOR was feature in The Nation’s Health for this activity.
- Updated our “Public Health Video Festival” to include timely topics (e.g. zika) PowerPoint presentation, making it easier for our classroom mentor to present on a variety of public health topics.
- Developed a new Health Literacy blended curriculum with UConn MPH graduate students Fawatih Mohamed and Rabale Hasan and educator, Darlene Clark of the New Britain High School Medical Careers program. The curriculum is in Google Doc form and available online by request.
- Placed a CT River Academy (East Hartford environmental science magnet school) student with Kenny Foscue, DPH, for a capstone project that nurtured the development of the CTRA indoor air quality program.
- Connected several public health classroom mentors and project advisors. Below is a partial list: Mentors: American Cancer Society, DPH, Yale Medical School, UConn Occupational Medicine, UConn Epidemiology, Health and Equity, LLC, Danbury Health and Human Services, Central CT AHEC, CT Sleep Lab) Educators and Students: Hartford Health Professions and Nursing Academy (Hartford), CT River Academy (East Hartford), Metropolitan Business Academy (New Haven), Law, Public Safety and Health Academy (New Haven), and high schools in Manchester, East Hartford, and Cheshire, Community Health Workers program of Capitol Community College.

MOR Plans for 2017

In response to growing requests for career and project mentors for undergraduates majoring in public health, the MOR Advisory Committee, has begun recruiting MOR mentors to focus on this “older” population. We are currently completing a survey of undergraduate public health
2016 Annual Meeting and Conference of the Connecticut Public Health Association educators to better understand the scope and needs of these students.

Additionally, we are seeking funding to complete and evaluate our curriculum, **Health Literacy: Don’t Leave High School Without It!** with a goal of making a three-week curriculum available to all high schools. Our pilot schools for 2016-17 will cover **greater Hartford/New Britain:** East Hartford, Hartford, Manchester, CT River Academy and New Britain High Schools.

*We welcome your ideas, contributions and willingness to help make this next generation the healthiest yet. Join us on our listserv, on Twitter @cbillian, and/or as an organizational member. Cyndi Billian Stern, MA, MPH, CPHA MOR Chair*

**Program Committee**  
**Chair, Laura King**

**Purpose:** The Program Committee’s purpose is to plan CPHA events, particularly the Annual Conference and the Semi-Annual Event. This year is the 100th anniversary of CPHA. The Board of Directors selected the theme: “Back to the Future – 100 years of Public Health and Beyond.” The annual conference this year will celebrate with an exploration of public health innovation, research, and policy in Connecticut over the last 100 years and how the state is preparing for the future.

**Goal:** The goal for the Program Committee is to hold an educational, timely, interesting, and well executed annual conference relevant to the varied disciplines that comprise the current and future public health workforce.

**Activities:** The program committee held monthly, bi weekly and weekly teleconference meetings guided by the program chair. Through collaborated the committee organized the 100th anniversary event with a different venue, new format, and more focus on a networking event. The venue was chosen based on feedback and recommendations from previous conferences. First there was a call for abstracts indicating different presentation options – Rapid Fire, Roundtable, Breakout Sessions, Panel. After abstracts were accepted, a sub-committee established an agenda and determined where each presentation would fit best. The committee extended invitations to Federal, State and Local Politicians to participate. Dr. Camara Jones, MD, MPH, PhD, President, American Public Health Association was asked to be keynote speaker for the Centennial Celebration. Finalized items included conference content; publicity materials and the program; coordination of recruitment and selection of posters; budget, food, registration and logistics; recruitment of session organizers and volunteer staff; CHES application and credits; and the conference evaluation. Members corresponded with other CPHA committees, academic institutions, conference vendors, academic institutions, conference vendors, sponsors, and presenters in order to ensure a well-executed conference. A contract staff person assisted the Committee with numerous support activities.

**Members:** Committee members consisted of public health professionals at local/state health departments, non-profit organizations, community based organizations, academia and other healthcare settings. The Committee Chairs extend sincere appreciation to the CPHA Board and Committee Members for their support and assistance with this year’s annual conference.
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Congratulations CPHA on 100 years of excellence. We wish you many, many more!

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Contact Diane Frankel-Gramelis@yale.edu in the Office of Public Health Practice

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