A Message from the President

Welcome to the 2015 CPHA Annual Meeting and Conference!

Once again, CPHA is proud to offer public health professionals, students, and partners an exciting conference with a full lineup of exceptional speakers and presentations. This year’s theme, Healthy By Design, focuses on how we can improve health outcomes from the ground up by creating health-conscious communities and working with partners to address health disparities. Designing strategies that incorporate public health goals result in a more diverse, active, and healthy population. It is our responsibility to use these tools to combat chronic disease and health inequity head-on.

We are very pleased to welcome Dr. David Katz, founding director of the Yale Prevention Research Center and Associate Professor at the Yale School of Medicine, as our keynote speaker. Dr. Katz has dedicated his career to preventive medicine and is a leading authority on nutrition, weight management and chronic disease. We are also excited to have Robert Miller, Director of Health for the Eastern Highlands Health District (2015 Plan4Health grant recipient), join us as moderator for our afternoon plenary session.

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’d like to thank our exhibitors, advertisers and sponsors for supporting this conference. Additionally, we’d like to thank SCSU and UConn Health for providing funding so their students could attend today.

As many of you know, CPHA went through a transition last year, merging from two entities into one. The successful completion of this merger has allowed CPHA to broaden our vision and mission in order to more directly address Connecticut’s public health concerns. With this in mind, over the past year CPHA has been developing an updated strategic plan. In addition to CPHA’s ongoing activities, we will focus our efforts over the next two years on the following goals:

1. Enhancing Public Health Education;
2. Promoting Health Through Advocacy; and
3. Strengthening Membership and Organizational Capacity.

The outstanding work of CPHA’s committees, staff, and volunteers inspired our strategic plan. I’d like to take a moment and highlight some of CPHA’s achievements over the past 12 months. The Mentoring Organization Registry (MOR) led its most successful outreach effort during this year’s National Public Health week, reaching over 2,500 students. CPHA hosted a very moving Networking and Awards Breakfast in May with inspirational speeches from our recipients and presenters. We joined the Eastern Highlands Health District’s Plan4Health coalition and the CT State Health Improvement Coalition’s advisory council. CPHA has also been in discussions with the Community Health Workers Association (CHW) of Connecticut for a CHW section.

Finally, a special thank you to our Program Committee and everyone who assisted in planning, organizing, and promoting this year’s conference.

Best Wishes,

Brittany C. Allen, JD
President
2015 Annual Meeting and Conference of the Connecticut Public Health Association

CPHA Board of Directors

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President-Elect – Jonathan Noel, University of Connecticut Health Center
Immediate Past-President – Kathi Traugh, Yale School of Public Health
Secretary – Morgan Spencer, University of Connecticut Health Center
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Representative of the CT DPH; CT DPH
Barbara Dingfelder, Ex-Officio; Program Committee Co-Chair, CT DPH
William Faraclas, Ex-Officio, Faculty Representative; Southern Connecticut State University
Steve Huleatt, Ex-Officio; Finance Chair; West Hartford-Bloomfield Health District
Paul Hutcheon, Director-At-Large; Town of Killingworth Health District
Laura King, Ex-Officio; Health Education Committee Chair, Program Committee Co-Chair
Jenna Lupi, Ex-Officio, Communications Committee Chair; ZOOM Foundation
Linda Mako, Ex-Officio; Health Education Committee Co-Chair; Aetna
Richard Melcreit, Director-At-Large; CT DPH
Colleen O’Connor, Ex-Officio; Advocacy Chair;
Public Health Consultant
Tracey Scraba, Director-At-Large; Aetna
David Skoczulek, Director-At-Large; Ambulance Service of Manchester, LLC.
Jill Spineti, Director-At-Large; The Governor’s Prevention Partnership
Kristin Sullivan, Ex-Officio; CT DPH
Carolyn Wysocki; Ex-Officio, Representative of CT Association of Boards of Health

Program Committee

Committee Co-Chair – Barbara Dingfelder, Connecticut Department of Public Health
Committee Co-Chair – Laura King
Joan Aschiem, Connecticut Department of Public Health
Loretta Ebron, Optimus Health Care
Sandra Gill, Connecticut Department of Public Health
Jonathan Noel, UConn Health Center
Jordana Frost, Eastern Highland Health District
Alyssa Israel, Eastern Highlands Health District
Tara Lutz, University of Connecticut, Division of Student Affairs
Millie Sequinot, AHEC

Conference Goals and Objectives

After attending this conference, individuals will be able to:

- Describe how policies, systems, and environmental changes can be applied to improve the public’s health
- Identify evidence-based strategies that engage communities to improve health outcomes and explain how they work and are applied effectively
- Explain how collaboration with nontraditional partners support the improvement of population health and wellness
- Promote the formation of collegial professional networks and the exchange of ideas among members of the public health community

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<tbody>
<tr>
<td>8:00am</td>
<td>Registration</td>
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<tr>
<td>8:30am</td>
<td>Welcome/President Message</td>
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<td>Brittany Allen, President, CPHA</td>
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<td>8:35am</td>
<td>Commissioner’s Message</td>
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<td>Jewell Mullen, MD, MPH, MPA, Commissioner, Connecticut</td>
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<td>Department of Public Health</td>
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<tr>
<td>8:40am</td>
<td>Morning Keynote Speaker</td>
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<td></td>
<td>“Forks in the Road to Health”</td>
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<td></td>
<td>David L. Katz, MD, MPH, FACP, FACPM, Co-Founding Director, Yale</td>
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<td>University’s Prevention Research Center</td>
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<td>9:30am</td>
<td>Break</td>
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<td>9:45am</td>
<td>Morning Breakout Session I</td>
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<td>Using the “Shaping Policy for Health” Analysis Tools to Improve Birth</td>
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<td>Outcomes (Ballroom E/D)</td>
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<td>• Marijane Carey, MSW, MPH, Carey Consulting</td>
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<td>• Jordana Frost, DrPH, MPH, CPH, March of Dimes</td>
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<td>• Erin Jones, MS, LPC, March of Dimes</td>
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<td>• Rebecca Allen, MPH, CT Community for Addiction Recovery</td>
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<td>• Kim Radda, RN, MA, Institute for Community Research</td>
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<td>• Ruth Goldblatt, DMD, FAGD, FASGD, DABSCD, UConn School of Dental</td>
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<td>• Linda J. Ferraro, RDH, BS, CT DPH Office of Oral Health</td>
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<tr>
<td>10:45am</td>
<td>Break</td>
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<td>11:00am</td>
<td>Morning Breakout Session II</td>
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<td>Community Health Workers Achieving the Triple Aim and Health Equity</td>
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<td></td>
<td>(Ballroom E/D)</td>
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<td>• Rumana Rabbani, BA, Apollo Consulting Group</td>
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<td>• Meredith Ferraro, MS, Southwestern AHEC, Inc</td>
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<td>• Jacqueline Ortiz Miller, Community Health Worker Consultant</td>
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<td>2016 SHIP Action Agenda: Where do you fit in? (Connecticut)</td>
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<td></td>
<td>• Andrea L. Boissoevain, MPH, Director of Health, Stratford</td>
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<td>• Marijane Carey, MSW, MPH, Carey Consulting</td>
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<td>• Victoria Liquori, Public Health Student</td>
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<td>• Judith R. Dicine, JD, Housing Matters, State of Connecticut</td>
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### 2015 Annual Meeting and Conference of the Connecticut Public Health Association

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<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>12:00pm</td>
<td>Networking Lunch</td>
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<td>1:00pm</td>
<td>CPHA Business Meeting</td>
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<td>1:15pm</td>
<td>Break</td>
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<td>1:25pm</td>
<td>Plenary Session</td>
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<td></td>
<td>“Lighter, Quicker, Cheaper (LQC)...and Healthier Approaches to Placemaking”</td>
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<td>Kate Rube, VP, Project for Public Spaces</td>
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<td>Jennifer Smith, Program Manager, Downtown Providence Parks Conservancy</td>
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<tr>
<td>2:05pm</td>
<td>Break</td>
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<tr>
<td>2:15pm</td>
<td>Afternoon Breakout Session</td>
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#### Dual Session I (Connecticut)

**Designing Healthy Workplaces using the CPH-NEW Health Workplace Participatory Program**

- Jennifer Margaret Cavallari, ScD, CIH, UConn Health Division of Occupational and Environmental Medicine

**Taking the “Prevention Component” To Your Community**

- Neal Lustig, MPH, Health Director, Pomperaug Health District
- Loryn Ray, MPH, Director, Services for the Elderly, Woodbury
- Cindy Kozak, RD, MPH, CDE, Diabetes Prevention and Control Program, CT DPH

#### Dual Session II (Ballroom E/D)

**Gender and Sexual Minority (LGBT+) Healthcare Satisfaction in CT**

- Diane Verrochi, MSN, RN, University of Hartford
- Donna Caplin, MSN, RN, University of Hartford
- Janis Booth, RN, LGBT+ Advocacy

**Raising Awareness of Health Disparities through Film**

- Stanley Bernard, PhD, Southern Connecticut State University
- Marian Evans, MD, MPH, Southern Connecticut State University

#### Dual Session III (Woodbury)

**Managing Asthma in School Children: Bridging the Lines of Communication between School Nurses and Clinicians**

- Christine R. Langton, MSW, MPH, CT Children’s Medical Center
- Jessica Hollenback, PhD, AE-C, CT Children’s Medical Center

**Designing a School-based Childhood Obesity Prevention Initiative**

- Gina Marie Smith, MA, Yale-Griffin Prevention Research Center
- Judith A. Treu, MS, RD, Yale-Griffin Prevention Research Center

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<th>Time</th>
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<tbody>
<tr>
<td>3:30pm</td>
<td>Evaluations &amp; Door Prize Drawing</td>
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<td>4:00pm</td>
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### Business Meeting Agenda

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<tbody>
<tr>
<td>12:00PM</td>
<td>Lunch Seating &amp; Serving</td>
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<tr>
<td>1:00PM</td>
<td>Lunch and Business Meeting</td>
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<td>Brittany Allen, President, CPHA</td>
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<td>• Accept CPHA Committee Reports</td>
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<td>• Accept Treasurer’s Report</td>
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<td>• Strategic Planning Update</td>
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<td>• Election Results</td>
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**Keynote Speaker Biography**

**David L. Katz, MD, MPH, FACPMA, FACPM**

**Founding Director of Yale University’s Prevention Research Center**

Dr. Katz, a founding director of Yale University's Prevention Research Center and an Associate Professor (adjunct) of Public Health Practice at the Yale University School of Medicine. Dr. Katz is recognized globally for expertise in nutrition, weight management and the prevention of chronic disease. He has delivered addresses in numerous countries on four continents, and has been acclaimed by colleagues as the "poet laureate" of health promotion. He is an Associate Professor (adjunct) of Public Health Practice, and formerly the Director of Medical Studies in Public Health, at the Yale University School of Medicine. Dr. Katz directs Yale University's Prevention Research Center which he co-founded in 1998.
As director of this clinical research laboratory dedicated to chronic disease prevention, Katz has served as Principal Investigator for numerous community and clinical trials, and has acquired and managed well over $20 million in research funds.

Dr. Katz earned his BA from Dartmouth College, his MD from the Albert Einstein College of Medicine, and his MPH from the Yale University School of Public Health. He is board-certified in Internal Medicine, and Preventive Medicine/Public Health.

Plenary Speaker Biography

Kate Rube
Vice President, Project for Public Spaces

Kate Rube is a Vice President at Project for Public Spaces, a New York City-based non-profit planning, design and educational organization dedicated to helping people create and sustain public spaces that build stronger, healthier, and more vibrant communities. Kate manages the organization’s transportation program, developing technical assistance and trainings to foster more livable transportation networks, streets, and transit stops. Kate’s background is in urban planning and transportation, with former jobs as the Policy Director for Smart Growth America and the Active Design National Training Manager for a CDC-funded peer mentoring network of county health agencies. She has a degree in Community Planning from the University of Maryland and is completing a second graduate degree in Transportation Engineering this year from the City College of New York.

Jennifer Smith
Program Manager, Downtown Providence Parks Conservancy

As Program Manager for the Downtown Providence Parks Conservancy (DPPC), Jennifer Smith focuses on bringing high quality, accessible arts, cultural, educational, and recreational programming to public audiences, building partnerships, and fostering ownership and positive uses of the space by the community as a key part a larger revitalization effort.

Ms. Smith’s purview includes management of Food Truck and Farmers Markets as well as public art, an Open Air Reading Room and downtown Providence’s only playspace at the Imagination Center in Burnside Park. In 2013 she established the “Healthy Families on the Plaza” summer program to infuse public programming with health promotion strategies in collaboration with the Mayor’s Healthy Communities Office. The DPPC also advocates for a pedestrian-friendly urban environment with a modern public transit system and reduced barriers to active transportation. Her eclectic career includes over fifteen years’ experience in planning, researching and evaluating education and public health programs with diverse audiences, with a special focus on community programs. Jennifer earned a Master’s Degree in Education from Harvard University and a Bachelor of Arts in English Literature and Women’s Studies from Clark University. The DPPC is a partnership of private and public sector organizations that have come together to transform Kennedy Plaza (and the surrounding parks) in downtown Providence into a lively public square, rich with activity.

Moderator: Robert Miller

Robert Miller’s professional experience includes 28 years in the field of local governmental public health. He is currently the Director of Health for the Eastern Highlands Health District (EHHD), a position he has held for the past 18 years. Robert is one of the founding members of the EHHD’s Community Health Action Response Team (CHART), a cross-sector community coalition established in 2008 that aims to identify and implement sustainable policy, systems, and environmental changes which promote healthy behaviors in the local community. Robert is a registered sanitarian and holds a Master of Public Health degree from UCONN.
Morning Breakout Session I Objectives and Biographies

Using the "Shaping Policy for Health analysis tools to develop an action-oriented Plan to Improve Birth Outcomes

Charged by the Department of Public Health with proposing recommendations that could lead to improved birth outcomes, a coalition of over 80 stakeholders set out to prioritize evidence-based strategies according to expected impact, and feasibility. This session will describe the systematic process and tools used by the Coalition to Improve Birth Outcomes to identify, prioritize, and organize recommendations resulting in the State Plan to Improve Birth Outcomes.

Marijane Carey, MSW, MPH
Carey Consulting

Marijane Carey is the principal of Carey Consulting, a 24 year old consulting firm specializing in public health and human services that focus on serving women and children. Marijane has worked with state agencies; private non-profits, advocacy organizations; community health centers; hospitals; and community foundations. Her substantive knowledge in human service and health care delivery systems complements her in-depth experience leading and managing projects and coalitions.

Jordana Frost, DrPh, MPH, CPH
State Director of Program Services, March of Dimes

Jordana Frost serves as the State Director of Program Services for the March of Dimes and is a doctoral candidate and instructor at Boston University where she is focusing on perinatal health services. She holds a Master’s in Public Health with a focus on Maternal and Child Health. As a member of the Connecticut Coalition to Improve Birth Outcomes, she has been instrumental in leading the coalition’s highly participatory process. Jordana also practices as a childbirth doula, helping families achieve optimal intrapartum care and birth outcomes.

Erin Jones, MS, LPC
Regional Director of Program Services, March of Dimes

Erin Jones currently serves as the Regional Director of Program Services for the March of Dimes. With more than 18 years’ experience in health care, behavioral health, community outreach and advocacy. Erin earned her bachelor’s degree in Sociology from Saint Joseph’s College and her master’s degree of science in Clinical and Counseling Psychology at Central Connecticut State University and is currently attending law school at Yale University. She is a licensed practicing counselor.

Rebecca Allen, MPH
Connecticut Community for Addiction Recovery

Rebecca Allen is a recent graduate of UConn’s MPH program. During her time as a student, she interned with the March of Dimes and started working with the Connecticut State Coalition to Improve Birth Outcomes. She used her work with the coalition as the basis for her final capstone project. Rebecca has worked in the behavioral health field for more than 15 years and is currently employed by the Connecticut Community for Addiction Recovery (CCAR) as a program manager. She is passionate about working with people who struggle with alcohol and/or other addictions and plans to use her MPH education to improve treatment outcomes for this population that faces stigma and is, many times, marginalized in our society.

Moderator: Joan Ascheim, MSN
Performance Improvement Manager, 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...
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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. Ms. Asheim is a 2004 graduate of the Northeast Regional Public Health Leadership Institute and is certified in Six Sigma and Lean. She has served on a number of national committees and provided consultation to: the Robert Wood Johnson Foundation, Turning Point Performance Management National Excellence Collaborative; the Public Health Accreditation Board (PHAB); and the Association of State and Territorial Health Officials, Performance Policy Committee and the Senior Deputies Committee.

**Improving the Oral Health of Older Adults: From the Individual to the State**

Oral health (OH) is directly related to overall health and well-being. Improving oral health knowledge and behaviors and access to care is of great importance to older adults, as oral infections are risk factors for cardiac infections, stroke, and aspiration pneumonia and can affect the overall management of diabetes.

**Kim Radda, RN, MA**
*Research Associate, Institute for Community Research*

Kim E. Radda, R.N., M.A., anthropologist, and registered nurse, is a Research Associate at the Institute for Community Research. She has conducted extensive research on substance abuse, HIV risk, and the health and mental health of older adults, rural women’s social and economic roles in Mexico, and developed and implemented arts-based interventions with older adults and at-risk individuals to tell their stories. Ms. Radda is a graduate of Greater Hartford Community College, the University of Connecticut, and the Women’s Leadership Institute of the Hartford Seminary. She holds an appointment as Clinical Instructor in the Department of Community Medicine and Health Care at the UConn School of Medicine and is a member of the UConn Health Center IRB. She is a currently Co-Investigator on an NIDCR-funded oral health study, Community Liaison for the Community Engagement in Research Program/Community Research Alliance, and Co-Chair of ICR & IRB and Older Adult Oral Health Consortium.

**Ruth Goldblatt, DMD, FAGD, FASGD, DABSCD**
*University of Connecticut School of Dental Medicine*

Ruth Goldblatt, DMD, FAGD, FASGD, DABSCD graduated from the UConn School of Dental Medicine in 1990 and completed a General Practice Residency at St. Frances Hospital in 1991. After 6 years in private practice, she joined a mobile long term care practice for 7 years. In 2001, she returned to UConn to teach. She currently works in oral medicine and diagnosis, treatment planning, and special needs and geriatrics at the dental school. She sits on local, state, and national committees involving access and oral health planning. She is Council Chair for Geriatrics within the Special Care Dental Association. Dr. Goldblatt participates in two nationally funded research projects involving older adults: a NIH funded 5 year clinical trial called Good Oral Health: a bi-level Intervention to Improve Older Adult Oral Health a HRSA funded grant with the UConn School of Nursing entitled Geriatric Outreach and Training with Care (GOT CARE!).

**Linda Ferraro, RDH, BS**
*CT Department of Public Health, Office of Oral Health*

Linda J. Ferraro, R.D.H., B.S. worked as a dental hygienist in private practice for 8 years before pursuing a career in Public Health Dentistry. After practicing at a community health center, she became the Director of The Dental Center of Stamford, a not-for-profit, free standing dental...
Inception
Director and Meredith Executive diverse Aging Moderator: Requires Dental Rehabilitation Practice, and workforce, Spring Other Sciences and and public health Northwestern Merecato in Scienices and and teaches at Housatonic Community College and has taught at Touro College and NYU.

Increasing Healthy Food Access through Community Collaboration

- Understand how disparate community partners can join in efforts around health equity social justice framework
- Understand tools developed and how to use to measure success in reaching program priorities
- Offer lessons learned from an urban core in accomplishing goals through shared decision making

Michelle McCabe, MA
Director of Community Engagement and Food Access, Council of Churches Greater Bridgeport

Ms. McCabe holds a Bachelors of Arts (Vassar College, 1991) and Masters of Arts (University of Texas, Austin, 1994). In 2008, Ms. McCabe began her career in food access and policy as a grassroots advocate in Fairfield, CT. As a member and chair of a PTA committee, Fuel For Learning Partnership, Ms. McCabe successfully organized a group of parents and students to improve school meals in the district. Ms. McCabe is implementing a new vision for the Council’s work in hunger outreach and advocacy. The Council allocates funds to thirty-nine independent feeding programs in Greater Bridgeport. Ms McCabe is seeking to improve the nutrient density of the foods using sustainable, structural methods (gleaning, community education on donations, linkages to community gardens). Ms. McCabe established an alliance with residents of a low-income housing development, in order to bring fresh food, cooking and nutrition information, and job-related programming to the community.

Cristina Sandolo
Executive Director, Green Village Imitative

Cristina joined Green Village Initiative in March 2015. As Executive Director, she is leading the organization towards creating social, economic and environmental change through a unified
network of urban farms, community gardens and school gardens in Bridgeport, CT. She believes that cultivating young leaders of social justice, nurturing the farming and gardening movement across the city for maximum impact, and creating a robust food culture can lead to long-term change. Previously, Cristina spent almost 7 years at Wholesome Wave, a non-profit focused on creating a vibrant, just and sustainable food system. There, she launched and developed food access initiatives that now inform national-level policy and continue to impact the food system and communities across the country.

**Raquel River-Pablo**  
*Founder, Council of Churches Greater Bridgeport*  
Chef Raquel Rivera-Pablo graduated with highest honors from the Institute of Culinary Education after completing her externship at the legendary Le Bernardin in NYC. In 2009, Chef Raquel created her own cooking business—A Pinch of Salt, offering hands-on cooking instruction on the preparation of delicious and healthy meals at home. Since moving to Bridgeport in 2013, Chef Raquel has shared her knowledge with the community through work with Cooking Matters and the Council of Churches of Greater Bridgeport, as well as providing technical assistance to Bridgeport’s six farmers markets. Chef Raquel is passionate about educating communities on the importance of healthy cooking, understanding nutritional information and shopping on a budget. Raquel is working with Council of Churches Greater Bridgeport to improve nutrient density of foods at food pantries and soup kitchens and Chairs Bridgeport Food Policy Council’s Farmers Market Subcommittee.

**Kristin duBay Horton, MPH**  
*Director, City of Bridgeport Health Department*  
Kristin duBay Horton has dedicated her career to achieving health equity for more than 20 years, focusing on healthy food access as a social justice issue since 2004. As a founding member of Bridgeport’s REACH Collaborative and co-chair of the Bridgeport Alliance for Young Children Ms duBay Horton has utilized a social determinants of health model for her work. She was appointed Bridgeport’s Director of Health and Social Services in 2010. In 2011 she partnered with local hospitals to establish Get Healthy CT Coalition. Partnering with suburban communities – Primary CARE Action Group collaboratively assessed the needs of a metropolitan area. She worked with community partners to establish Bridgeport’s Food Policy Council in 2012 which continues to achieve equal access to healthy food in all of Bridgeport’s neighborhoods. Kristin is also partnering with her husband to raise three daughters in Bridgeport.

**Moderator: Sandy Gill**  
*Program Consultant, Healthy CT 2020: State Health Improvement Coalition*  
Sandy has been working with the Healthy CT 2020: State Health Improvement Coalition since November, 2014. She has over 21 years of local health experience from her previous work in Columbus, Ohio. As the former Chronic Disease Prevention Project Director for Columbus Public Health, Sandy gained extensive experience in coalition building and collaborative strategic planning to address the implementation of policies, systems, and environmental changes in the settings of community, worksites, schools and healthcare at both the state and local levels. From 2009-2013, she represented the City of Columbus as a member of the NACCHO Big Cities Consortium of Chronic Disease Prevention Directors. Sandy has been an active member of the CPHA conference planning committee since 2014.

**Morning Breakout Session II Objectives & Biographies**

**Community Health Workers Achieving the Triple Aim and Health Equity**

Trusted frontline public health personnel, community health workers (CHWs) improve population heath, care experience, and per-capita cost. Their work and a health in all policies framework are vital to advance health equity.
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The Affordable Care Act (ACA) recognizes CHWs; however, they are often not recognized by healthcare organizations, community outreach programs, or policy makers.

Rumana Rabbani, BA
Healthcare Consultant, Apollo Consulting Group
Rumana Rabbani was born in Bangladesh where there are critical issues of healthcare delivery. The experiences she had allowed her to witness first-hand critical public health, healthcare quality and access issues, such as lack of clean drinking water, vaccinations, and preventive and primary care. These personal exposures allow her to better empathize with individuals from marginalized, socio-economic populations, and thus, has been a significant influence for her passion to work at the intersection of healthcare and public health. She received her Bachelor’s degree from Harvard University, and has taken courses at Yale School of Public Health (YSPH) with a focus in Healthcare Policy. Rumana has worked at Children’s Hospital Boston (CHB) where she helped coordinate and manage internal teams with researchers and physicians at the Christopher A. Walsh Laboratory. Rumana then went on to work at the Nursing Career Lattice Program; she worked to help lessen the disparity between the populations treated and the lack of representation of these patients in the CHB work force. She has been working as a healthcare consultant at a boutique consulting firm with a focus on analyzing the effects of the Patient Protection Affordable Care Act (PPACA) healthcare delivery programs within pharmacy and managed care networks. She has also helped develop a proposal of Federally Qualified Health Center market opportunity that took into consideration changes due to PPACA legislation. Rumana has worked as a Research Assistant for a Principal Investigator at Leonard Davis Institute of Health Economics at Wharton. Through this work she has built familiarity with complex policy topics and legal nuances; received exposure to the potential relationships between policy initiatives and outcomes for population health and healthcare systems; and designed data collection and coding systems to streamline policy information sharing from diverse resources. Previously, Rumana presented research work with her team members in collaboration with Southwestern Area Health Education Center and YSPH at the American Public Health Association (APHA) conference. The goal of their research was to gain insight about the employment of CHWs in healthcare reform programs and to make recommendations about sustainable payment models for this workforce from the public and private payer perspectives. Her team has also received an award for their abstract from the Public Health Education Health Promotion section of APHA. Rumana is a member of the Community Health worker section Nominations committee and Governing Councilor of the CHW section within APHA. She is a board member of the New England Regional Health Equity Council (NERHEC), co-chair the Leadership and Governance Committee, a member of CHW subcommittee, and the State-Innovation-Model ad hoc Committee. Currently, she is conducting research with her colleagues from NERHEC about sustainable payment models for CHWs in New England for presentation at APHA. Rumana is currently a graduate student at the Health Policy and Management Program at Gillings School of Public Health. Her future goal is to intern for an organization such as the Cleveland Clinic Fellowship program in order to learn how to execute programs that better achieve the PPACA goal of delivering high quality, accessible care while containing costs. Rumana believes an important component for this goal would entail the incorporation of CHW roles into community outreach program(s) within the Cleveland Clinic model in order to achieve the goals of the Triple Aim. She would also like to help marginalized women gain access to healthcare and attain health equity through the improvement of social determinants of health interventions.

Meredith Ferraro, MS
Southwestern AHEC, Inc
Meredith C. Ferraro, MS has served as Executive Director of Southwestern AHEC since its
JACQUELINE REHABILITATION PRACTICE

Connecticut, The Community Health Worker (CHW) Practice, requires integration of Ergonomics and Clinical Practice, which are important considerations in public health publications. Spring 2005, she was honored with the Leadership and Advocacy Award by the National Association of Community Health Workers. Over the years, she has been involved in numerous organizations, including the American Public Health Association’s Community Health Worker Section, and in November 2014, was named Chair of the Nominations Committee. She is also a fellow with Community Health Worker Common Core 3 Project, where she has served as a co-editor of the 1998 Special Issue entitled: “Tissue Repair: Recent Findings and Directions.” Other publications include: Community Health Workers: Utilization to Address Disparities in Access to Health Care, National AHEC Bulletin, Spring 2005, and on other topics including Keeping Kids Smiling in Bridgeport, CT, “VDT Ergonomics - Upper Extremity Assessment Requires A Holistic Approach” and Hand Rehabilitation in Principles of Orthopedic Practice, McGraw-Hill.

Jacqueline Ortiz Miller
Community Health Worker Consultant

Jacqueline Ortiz Miller is a Community Health Worker Consultant in Hartford, CT. In Connecticut, she is a current member-at-large of the Connecticut Community Health Worker Association, Connecticut Public Health Association. She is also a member of the Multi-Cultural Health Network and sits on many community organization tables that address health disparities that lead to social determinants to accessing healthcare services in her community. On a national level, she is also a member of the American Public Health Associations’ Community Health Worker Section, and in November 2014, was named Chair of the Nominations Committee. She is also a fellow with Community Health Worker Common Core 3 Project, where she is a fellow and co-chairs an Advisory Committee of Community Health Workers across various states. This is a National study led by Dr. Lee Rosenthal, and Carl H. Rush that is currently looking at the Scope of Practice and Roles and Skills for CHW workforce in an effort to provide a contemporary list that incorporates the growth of the CHW workforce. She is also a member of the New England Coalition of Community Health Workers. Jacqueline has been a Community Health Worker for 6 years. As a Public Health Worker, she is very passionate about her community, its challenges, and strives towards bridging the gaps to accessing healthcare services within her community of Hartford. With respect to her workforce, she advocates to bring awareness of the value and integrity of the CHW workforce locally and nationally. Jacqueline enjoys her work, and is guided by a quote from Pablo Picasso that says “The meaning of life is to find your gift, and the purpose of it is to give it away.”

Moderator: Millie Seguinot
Community Health Worker Project Coordinator

Millie joined the staff of Southwestern Area Health Education Center in the capacity of Community Outreach Worker in September of 2006. She is involved in the implementation of the Immunization Action Plan Program for the agency, and providing data support for the Connecticut Immunization Registry and Tracking System (CIRTS). Also, it is her responsibility to promote all the other programs at SW AHEC. She has been growing in the profession and received two promotions since she is been with AHEC; first as a Sr. Community Outreach Worker and second as a Community Health Worker Project Coordinator. In her new role she was responsible to make sure that eligible children of immigrant families enrolled and stay enrolled in the HUSKY Program. At this moment, Millie is the President of the Community Health Worker Association of Connecticut. She has extensive experience working with multicultural and
Alyssa Norwood, JD, MPH
Project Manager, CT’s Legislative Commission on Aging

Alyssa Norwood is Project Manager for Connecticut’s Legislative Commission on Aging, a nonpartisan public policy and research office of the Connecticut legislature. Among other initiatives, she spearheads the Commission’s livable communities initiative, helping community leaders shape places that support residents across the lifespan. She also writes policy briefs, fact sheets and provides other information to elected officials on wide-ranging, aging-related issues. She formerly served as a Health Program Associate at the Connecticut Association of Directors of Health. Prior to that, she was an attorney in Robinson and Cole’s tax practice. She has worked for numerous health policy organizations, including the Connecticut Health Foundation, Medical-Legal Partnership Project, and Center for Medicare Advocacy. Alyssa earned her Juris Doctor with honors and her Master of Public Health Degree in Health Law and Policy from the University of Connecticut. She earned her Bachelor of Arts degree cum laude in Biology from Harvard University.

2016 State Health Improvement Plan

ACTION Agenda: Where Do You Fit In?

- Identify priority objectives for at least three focus areas of the 2016 ACTION Agenda
- List at least three areas public health professionals can align their efforts with the 2016 ACTION Agenda
- List at least three ways to get involved.

Andrea L. Boissevain, MPH
Director, Stamford Health Department

Andrea Boissevain has been the Director of Health for Town of Stratford since 2010. Presently serving as the President of the CT Association of Directors of Health, she is a strong advocate of sharing CHA-CHIP best practices across the state. 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. Andrea earned a BA from Vassar College (biology) and a M.P.H. from Yale School of Public Health and has over 20 years of environmental and human health risk assessment consulting experience.
Marijane Carey, MSW, MPH

Carey Consulting

Marijane Carey is the principal of Carey Consulting, a 24 year old consulting firm specializing in public health and human services that focus on serving women and children. Marijane has worked with state agencies; private non-profits, advocacy organizations; community health centers; hospitals; and community foundations. Her substantive knowledge in human service and health care delivery systems complements her in-depth experience leading and managing projects and coalitions.

Victoria Liquori, BS

Public Health Student

Victoria Liquori is a 2015 graduate of Boston University’s Sargent College of Health and Rehabilitation where she earned a Bachelor of Science degree in Human Physiology. This past summer, Victoria was a special project intern for Dr. Richard Melchreit at the Connecticut Department of Public Health. She was the co-convener of the Healthy CT 2020 Infectious Disease Action Team. She’s currently attending Southern Connecticut State University where she is pursuing a Master of Public Health Degree. Victoria is currently employed by the North Haven Board of Education and works as a Job Coach in the North Haven Transition Partnership. Victoria currently resides in North Haven with her family.

Judith R. DiCine, JD

Supervisory Assistant Prosecuting Attorney, Housing Matters

Supervisory Assistant Prosecuting Attorney for Housing Matters for the State of Connecticut, Division of Criminal Justice, Office of CT’s Chief State’s Attorney, has over 25 years of experience in “Housing Matters”; which includes enforcement and criminal prosecution of violations of state and municipal fire, building, health and related safety laws as well as landlord-tenant criminal disputes. She is an appointed Executive Committee member (2015-2017 term) for the Healthy CT 2020: State Health Improvement Coalition. Attorney DiCine is the 2012 recipient of ICC’s prestigious “Affiliate of the Year Award” in recognition of her service to the ICC and her commitment to the development of codes and standards in the interest of public safety. She has expertise in legal enforcement avenues available to prevent injuries from the fire hazards associated with Hoarding Disorder. Attorney DiCine is a part-time Practitioner In Residence at the University of New Haven’s Henry C. Lee School of Criminal Justice and Forensic Sciences, instructing undergraduate and graduate courses in the areas of Criminal Law, Criminal Procedure and Evidence, and Fire Protection Laws.

Moderator: Sandy Gill

Project Consultant, Healthy CT 2020: State Health Improvement Coalition

Sandy has been working with the Healthy CT 2020: State Health Improvement Coalition since November, 2014. She has over 21 years of local health experience from her previous work in Columbus, Ohio. As the former Chronic Disease Prevention Project Director for Columbus Public Health, Sandy gained extensive experience in coalition building and collaborative strategic planning to address the implementation of policies, systems, and environmental changes in the settings of community, worksites, schools and healthcare at both the state and local levels. From 2009-2013, she represented the City of Columbus as a member of the NACCHO Big Cities Consortium of Chronic Disease Prevention Directors. Sandy has been an active member of the CPHA conference planning committee since 2014.
Afternoon Breakout Session Objectives & Biographies

Dual Session I
Designing Health Workplaces using the CPH-NEW Healthy Workplace Participatory Program

- Describe Total Worker Health and the Center for the Promotion of Health in the New England Workplace (CPH-NEW) approach to worker wellness
- Identify the evidence for integrating occupational safety and health protection with health promotion to prevent worker injury and illness and to advance well-being
- Describe the CPH-NEW Healthy Workplace Participatory Program including survey and planning tools

Jennifer Margaret Cavallari, ScD, CIH
UCONN Health, Division of Occupational and Environmental Medicine

Dr. Cavallari is a Certified Industrial Hygienist and occupational epidemiologist. She received her doctorate in Environmental Health from Harvard School of Public Health in 2007 where she also completed a post-doctoral fellowship. Since 2012, she has been an Assistant Professor within the Division of Occupational and Environmental Medicine at UConn Health. As a member of the Center for the Promotion of Health in the New England Workplace team, she assists in the creation of evidence-based interventions that protect and promote health. Dr. Cavallari has a broad range of experience in designing, implementing, analyzing and presenting occupational epidemiology studies. Her current research focuses on not only recognizing exposure and disease, but identifying how to prevent disease through workplace interventions.

Taking the “Prevention Component” to Your Community

- Identify and summarize a variety of Public Health Initiatives, including Chronic Disease Self-Management Program, Diabetes Self-Management Program, and others.
- Learn about alternative models of public health work, besides Environmental Health, that are valuable to their populations.

Neal Lustig, MPH
Community Development Specialist,
Department of Economic and Community Development

Mr. Lustig has been serving as Director of Health since 1988 for the Pomperaug Health District. The District is a three town full time – full service local health department in Connecticut. He is responsible for all District Affairs and Budgets and is most interested in Vaccination Programs and Public Health Prevention Programs, and the support necessary to maintain that capacity. Mr. Lustig is co-chair of the Connecticut Immunization Coalition, formerly the Flu and Pneumonia Coalition of the Connecticut Lung Association. He has presented at the National Immunization Conference and the National Association of City and County Health Officials (NACCHO), along with several Connecticut conferences. Mr. Lustig has developed vaccination tracking, marketing, and billing databases in Filemaker Pro and distributed them throughout Connecticut, which enabled numerous health districts to maintain and sustain capacity. Additionally he wrote the “Local Health Billables Manual” as part of the CDC Funded “Billing Initiative” in 2012. He is presently on the Board of Directors of the Connecticut Association of Directors of Health and a member of the NACCHO/CDC Antiviral Distribution Task Force. Mr. Lustig is a graduate of Southern Connecticut State University and the Yale School of Medicine (MPH) Public Health Program.
Loryn Ray, MPH
Director of Elderly Services, Town of Woodbury

Loryn Ray is the Town of Woodbury’s Director of Elderly Services. In that role, she oversees the Senior Center programs and services. The Senior Center serves Woodbury residents age 60 and better with health services, nutrition programs, transportation, social services, and lifelong learning and enrichment programs at the Center. Additionally, the Center serves as the local focal point for information and referral services on aging related issues to caregivers, family members and other interested people. Loryn holds degrees in Music Therapy from Ohio University, and a Masters of Public Health from Southern CT State University. She has used her background in public health and health promotion to build a strong base of health and wellness related programs at the Woodbury Senior Center. Currently, the Center serves a membership of over 1000 seniors with 23 varied exercise classes per week, as well as courses in falls prevention, recognizing the difference between depression and dementia, coping with chronic illness, and much more. Innovative programs include “clean and green” cooking classes, weekly therapeutic massages, a foot care clinic, and an on-site dental cleaning clinic. Loryn lives in Woodbury with her family. True to her belief that aging well requires an open pursuit of new challenges, she earned her Black Belt degree in Tang Soo Do at age 49, and is currently learning to play the cello.

Cindy Kozak, RD, MPH, CDE
Diabetes Prevention and Control Program, CT Department of Public Health

Cindy Kozak, RD, MPH, CDE – Diabetes Prevention and Control Program – Community, Family and Health Equity Section, CT Dept. of Public Health - She received both her undergraduate and Masters in Public Health from the University of CT. She is currently the coordinator of the Diabetes Prevention and Control Program at the CT Dept. of Public Health where she oversees the Diabetes Prevention and Control Program that is part of a larger CDC “SHAPE” grant. At the Dept. of Public Health she oversees the Stanford Chronic Disease Self-Management Program and the Diabetes Self-Management Program as well as Diabetes Prevention efforts for type 2 diabetes. Her goal is to bring diabetes and diabetes prevention initiatives to the underserved to achieve clinical-community linkages.

Moderator: Sandy Gill
Project Consultant, Healthy CT 2020: State Health Improvement Coalition

Sandy has been working with the Healthy CT 2020: State Health Improvement Coalition since November, 2014. She has over 21 years of local health experience from her previous work in Columbus, Ohio. As the former Chronic Disease Prevention Project Director for Columbus Public Health, Sandy gained extensive experience in coalition building and collaborative strategic planning to address the implementation of policies, systems, and environmental changes in the settings of community, worksites, schools and healthcare at both the state and local levels. From 2009-2013, she represented the City of Columbus as a member of the NACCHO Big Cities Consortium of Chronic Disease Prevention Directors. Sandy has been an active member of the CPHA conference planning committee since 2014.

Dual Session II
Gender and Sexual Minority (LGBT+) Healthcare Satisfaction in Connecticut

This session focuses on the results of a qualitative study in order to better understand the unique healthcare needs of those who identify as lesbian, gay, bisexual, transgender, or other gender or sexual minorities in the state. Results also identify areas of improvement for providers to better serve all patients of all identities.
Diane Verrochi, MSN, RN  
*University of Hartford*

Diane received her Associates Degree in Nursing from Three Rivers Community College and her Masters of Science in Nursing (public health track) from the University of Hartford, where she now teaches as adjunct faculty. Her primary area of research is health disparities, particularly those experienced by the gender and sexual minority population. She is an active member of the Gay and Lesbian Medical Associations Nursing Section.

Donna Caplin, MSN, RN  
*University of Hartford*

Donna has been a registered nurse in CT for the past 40 years, and has experience in critical care, emergency, maternal/child health, and local and state public health. Research activities include assisting in the investigation of injection practices of IDU in CT cities, primary researcher in a published study of the CT homecoming experiences of OIF/OEF veterans, primary researcher in a CT study about the public’s perception of public health, and co-researcher for the featured topic for this application. Donna has presented research at both national and regional conferences, and is an adjunct professor at the University of Hartford, teaching graduate nursing students in the public health track.

Janis Booth, RN  
*LGBT+ Advocacy*

Born in Connecticut six decades ago and given the name James, Janis Booth attended St. Mary’s Hospital School of Nursing and graduated with a Diploma in Nursing and a license to practice Nursing. In the mid-seventies, she entered the USAF as a commissioned officer and spent the bulk of her active duty at Edward’s Air Force Base as a critical care nurse. She returned to civilian nursing and eventually was working in medical research where she adopted using these silly new electronic toys called microcomputers. She made a career shift into the software and database development field. Janis is the father of three sons in their twenties.

Raising Awareness of Health Disparities through Film

Dr. Bernard received his PHD from Columbia University. He has recently completed serving on a three years grant received from the Boston Public Health Commission, entitled, Reach, Undoing Racism One Policy at a Time . Dr. Bernard is a Kellogg Fellow and was the Executive Director of the Park Project in Bridgeport, CT.

Marian Evans, MD, MPH  
*Southern Connecticut State University*

Dr. Evans has served in full and part-time adjunct faculty capacity at SCSU. She is a former Director of Health for the City of Bridgeport and served as the community liaison to the Reach, Undoing Racism One Policy at a Time funded through the CDC and the Boston Public Health Commission. She is a CT Health Leadership Fellow, founding member of the New England Racial Justice and Health Equity Collaborative, member of the Greater New Haven Green Fund board, and the New Haven Environmental Justice Network.

Moderator: Tara Lutz  
*Graduate Student, University of Connecticut*

Tara is a graduate student pursuing her Ph.D. in public health at UConn. She completed her M.P.H. at UConn and is also a Certified Health Education Specialist (CHES). Her current research interests include topics in sexuality, sexual health, and comprehensive sex education.
2015 Annual Meeting and Conference of the Connecticut Public Health Association

as part of health promotion for individuals with intellectual and/or developmental disabilities.

Dual Session III
Managing Asthma in School Children: Bridging the Lines of Communication between School Nurses and Clinicians

Building Bridges is a school-based asthma program with a primary goal of improving school attendance for students with asthma by improving asthma control. The program is designed to facilitate a team approach in controlling the child’s asthma through increased communication between parents, school nurses, and primary care clinicians.

Christine R. Langton, MSW, MPH
CT Children’s Medical Center

Over the course of 19 years Ms. Langton has worked with Connecticut Children’s Medical Center, the University of Connecticut and several non-profit agencies in Hartford and New Haven, CT in various capacities supporting research, evaluation and grant review efforts. Ms. Langton is currently the program manager for Hartford Building Bridges for Asthma program which is a community-based participatory research project being implemented in 10 Hartford public schools with the goal of reducing school.

Jessica Hollenback, PhD, AE-C
CT Children’s Medical Center

Dr. Hollenback is the Director of Asthma Programs in the Asthma Center at the Childrens Center for Community Research and is an Instructor in the Department of Pediatrics at the University of Connecticut, School of Medicine. Dr. Hollenback is a certified asthma educator and a junior investigator in clinical and translational community-based research. Dr. Hollenback’s research interests are in dissemination and implementation of effective pediatric asthma programs and in translating laboratory.

Designing a School-Based Childhood Obesity Prevention Initiative

An unprecedented epidemic of childhood obesity now threatens our nation’s public health. Schools can serve as an effective vehicle in the fight against obesity as they provide access to students, parents, and school staff. The Valley Initiative to Advance Health and Learning in Schools (VITAHLS) is a comprehensive school-based childhood obesity prevention partnership between the Yale-Griffin Prevention Research Center at Griffin Hospital and four Naugatuck Valley school districts.

Gina Marie Smith, MA
Education Specialist, Yale-Griffin Prevention Research Center

Gina Smith is a Research Associate at the Yale-Griffin Prevention Research Center. In this role, she serves as the Project Coordinator for the Valley Initiative to Advance Health and Learning in Schools (VITAHLS) a school-based childhood obesity prevention initiative with four schools in the Lower Naugatuck Valley. She has more than ten years of experience in managing and coordinating community-based health programs and over 12 years of experience in health education. Her prior work experience includes a Research Associate role at the Yale University Center for Perinatal, Pediatric, and Environmental Epidemiology and as Eastern Regional Coordinator for the North Carolina Folic Acid Campaign (March of Dimes), were she coordinated and delivered birth defects prevention education in 29 counties in rural Eastern NC.

Judith A. Treu, MS, RD
Research Associate, Yale-Griffin Prevention Research Center

Judy Treu is a Research Associate at the Yale-Griffin Prevention Research Center who has served as project coordinator for school-based interventions in Independence MO and New Haven CT. Her areas of interests include nutrition and physical activity promotion, obesity prevention, and health communication. She has several years of experience in developing,
implementing, and evaluating health promotion programs for children and adults. Judy is a registered dietitian with undergraduate training in health science from the State University of New York, College at Brockport, graduate training in nutrition from the Pennsylvania State University, and prior work experience in nutrition education and research at the Pennsylvania State University and University of Massachusetts.

**Moderator: Loretta Ebron**  
*Community Health Worker, Optimus HealthCare*

Mrs. Loretta D. Ebron an accomplished Community Health Worker with 18+ years of experience and knowledge as an educational health advocate, lay health educator, and community health representative. Demonstrates the ability to connect and navigate both community and individuals in aiding outcomes in education on how to promote healthy communities and wellness. Having served as a Senior Community Worker and an educator with Optimus Health Care Inc. She is fully committed and dedicated to bringing wellness, improving the quality of the SBHC’s and developing sustainable program for families and youth of urban areas. Presently Loretta is the instructor for the Community Health Workers, curriculum at Housatonic Community College in Bridgeport CT while serving as VP of the Community Health Workers Association of Connecticut. Loretta Ebron is the mother of three and the grandmother of three. One of her favorite quotes are:

“Never be afraid to raise your voice for honesty and truth and compassion against injustice and lying and greed. If people all over the world...would do this, it would change the earth.” — William Faulkner
urban and rural Federally Qualified Health Centers encounter when seeking as described by FQHC personnel. METHOD Data was obtained by a literature search of barriers nationally and eight conversational interviews with dental directors at FQHCs. RESULTS This project found that the dental directors believed that oral health and poverty culture, the cost of care, the structure of the reimbursement system, lack of transportation, access to providers, health literacy levels, and lack of access to child care were some of the most common barriers that hinder patients from accessing and utilizing oral health services. CONCLUSION The issue of barriers for oral health care is multi-factorial and without a single solution. The difference between the dental provider’s expectations of patient behavior and patients’ understanding and ability to meet those expectations was the most important and prevalent barrier to oral health care. The project determined that oral health barriers between rural and urban FQHCs are more similar than they are different.

Health Policy Proposal: Medication Therapy Management (MTM) for Medicaid/CHIP Program Recipients in Connecticut
Kaitlin Olson, MSN, RN, University of Hartford
Jessica Worroll, MSN, RN, University of Hartford

BACKGROUND Medication-related morbidity and mortality is a public health problem related to ineffective and unsafe consequences of medication use. METHOD Pending legislation of Proposed Bill 6157, An Act Concerning Medicaid Therapy proposes that the Medicaid Program in the State of Connecticut will reimburse pharmacy services for a minimum of three face-to-face MTM encounters between a pharmacist and patient. RESULTS MTM will improve patient medication adherence, treatment outcomes, and reduce Medicaid costs associated with rehospitalization of patients. A pilot study showed that use of MTM services has the potential to save an estimated 60 million healthcare dollars per annum for five percent of the CT Medicaid/CHIP population (Smith, Giuliano, & Starkowski, 2011). CONCLUSION Public health professionals are encouraged to seek future innovative, cost effective solutions to improving safety and quality within healthcare referring to the MTM policy as an example. MTM services will optimize the response to medications and manage treatment-related medication interactions or complications. Lack of Medicaid payment in Connecticut (CT) for Medication Therapy Management (MTM) services compromises the Medicaid recipient’s quality of care and increases healthcare costs.


Choosing Wisely Patient Educational Material Review
Jing Marrero, University of Connecticut, School of Medicine; Cyrus Safizadeh, University of Connecticut, School of Dental Medicine; Ken Lin, University of Connecticut, School of Pharmacy; Nicole Cottle, Quinnipiac University

An interprofessional team of Urban Service Track scholars examined antibiotic use and the Choosing Wisely educational materials in addressing this issue. The project focused on rhinosinusitis, a condition encountered clinically by all members of the interprofessional team and one of the leading reasons for antibiotic prescriptions in the United States. Three focus groups were conducted in Hartford, Middletown, and Bristol, Connecticut asking
participants about antibiotic overuse and the Choosing Wisely educational materials. Follow up interviews were then conducted to further discuss antibiotic stewardship and the effectiveness of the Choosing Wisely campaign on individual practices. Clinicians discussed similar feedback of patient expectations and defensive medicine driving antibiotic prescription. Participants gave meaningful feedback regarding the patient education material that was reported back to Consumer Reports for use in developing the educational handouts made available to the public. Healthcare providers recognize the problem of antibiotic overuse and suggested patient education as a method to address this growing problem. All participants believe patient education is an important component of their role in antibiotic stewardship and the Choosing Wisely material can help with this.

**Hijacked Innocence: School Nurses' Role in Prevention of Domestic Minor Sex Trafficking**

Lauren B. Kelly, *University of Hartford*

**BACKGROUND:** Domestic minor sex trafficking (DMST), or commercial sexual exploitation of children (CSEC), occurs at an alarming rate here in the United States. The demand for underage prostitutes and desire to generate billions of dollars in profits motivates traffickers to continually recruit new victims. Vulnerable adolescents may fall prey to these exploiters. **PROBLEM:** To date, legislation and law enforcement have had limited success in decreasing the incidence of DMST. Therefore, we must follow a public health model, focusing upstream toward prevention. Because of their status as trusted healthcare providers and educators, school nurses are ideally positioned to bring awareness to the issue and to promote safety and prevention. Recent data, however, suggests that many feel inadequately prepared to handle DMST. **PURPOSE:** Utilizing available resources, school nurses can become familiar with the issue of sex trafficking, including the tactics of predators, identification of at-risk youth, and early recognition of signs of exploitation. **IMPLICATIONS:** Working collaboratively with other school professionals (health teachers, counselors, and social workers), school nurses could develop sex trafficking prevention programs. They might also raise awareness among other school personnel, parents, and members of their communities, ultimately reducing victimization. Key words: commercial sexual exploitation, CSEC, domestic minor sex trafficking, DMST, prevention, school nurse.

**A Descriptive Analysis of Sporadic Salmonella Serotypes and Risk Factors in Connecticut, 2012-2014**

Tamara Rissman, *Southern Connecticut State University*

**BACKGROUND** Sporadic infections account for approximately 95% of foodborne infections, yet most information available regarding potential sources and transmission of Salmonella are from outbreak data. The main objective of this study is to describe the population demographics, illness manifestations, food and environmental exposures associated with the different Salmonella serotypes causing sporadic cases of salmonellosis in Connecticut. **METHOD** This is a cross-sectional study using data from FoodNet, which looked at the Salmonella serotypes that most affect the people of Connecticut and the associated risk factors for those serotypes. **RESULTS** There were 1365 incident cases of salmonellosis 2012-2014, of which 1267 (93%) were sporadic cases. Sixty Salmonella serotypes were seen in Connecticut during the time period; 5 serotypes accounted for 50% of the sporadic salmonellosis cases: Enteriditis, Typhimurium, Newport, S. I4,5,12:- and Infantis. Crude incidence rates for sporadic salmonellosis in 2012 and 2013 were 11.9 per 100,000 persons; in 2014 it was 11.6 per 100,000 persons. Of the 27 food variables and 16 environmental exposures, consumption of chicken, eggs, fresh fruit, eating out of the home, exposure to dogs, cats and well water were experienced most frequently. **CONCLUSION** Results of this analysis may be useful in designing educational and
Abstract: HIV/STDs are prevalent in the adolescent Hispanic community (CDC, 2014). These sexually transmitted, infectious diseases can have lifetime sequella. Many middle and high schools in the United States include sexual education as part of the school curriculum. These and other supplemental educational programs tailored to at-risk youths have had mixed effectiveness in decreasing HIV and other STD risk behaviors in Latinos, for whom cultural factors can contribute to increased risk (Latino Commission on Aids, 2010). Given the importance of family and community in Hispanic culture (Lescano, 2009), do family-based programs have either a direct or indirect effect on adolescent HIV/STD incidence. A literature review illustrates the important role parents have in controlling adolescent HIV/STD incidence. The implication for the APRN or other primary care provider in clinical practice is the necessity to incorporate parents in conversations about sexual health during routine adolescent preventative care.

Knowledge and Perceptions of Undergraduate Students Regarding the Physician Assistant Profession
Mark Volpe, MPH, PA-S, Yale School of Medicine, Physician Associate Program; Sandra Bulmer, PhD, Southern Connecticut State University; Chandra Kelsey, BS, Southern Connecticut State University

Physician assistants (PAs) are healthcare providers licensed to practice medicine under physician supervision in the United States. Despite the increasing popularity and utility of the profession, knowledge of the role of PAs remains scarce among many segments of the population. The purpose of this study was to determine the knowledge and perceptions of the PA profession among undergraduate students, as well as what factors are associated with better knowledge and perception of the profession.

Factors associated with physical activity participation among workers at six Connecticut manufacturing companies.
Lisa Rusch, MS, University of Connecticut Health Center; Jennifer Garza, ScD, University of Connecticut Health Center; Alicia Dugan, PhD, University of Connecticut Health Center; Martin Cherniack, MD, MPH, University of Connecticut Health Center; Jennifer Cavallari, ScD, CIH, University of Connecticut Health Center

Effective workplace physical activity (PA) interventions need to address factors relevant to the intervention group. The objective of this study was to identify factors associated with PA participation and walking among manufacturing workers. Demographic, health-related, and work-related factors were assessed via questionnaire among 758 workers from six Connecticut manufacturing companies. Chi square analysis was used to identify statistically significant factors associated with meeting the national PA guidelines of more than 150 minutes weekly and with meeting the guidelines through walking in non-exercisers. PA guidelines were met among 36% (n=277) of workers. Numerous factors were significantly associated with PA participation including demographic (younger age, male, education); workplace (first shift, work-life balance, increased job tenure, time standing at work); and health-related (decreased musculoskeletal pain, increased social support). In the remaining 64% (n=490) of the cohort that did not meet the PA recommendations, 56% (n=274) met the guidelines through walking. Fewer factors (increased time standing at work and procedural justice, and decreased general stress and exhaustion) were significantly associated with walking. Effective PA interventions should consider the many and different factors that encourage PA participation as well as encourage non-exercisers to walk.
Changing Haiti: Promotion of Ethanol Cookstoves-Field Testing and Survey Evaluation of Ethanol Cookstoves in Haitian Households and Haitian Street Food Vendors.
Melissa O’Gorman, MPH, New York Medical College; Padmini Murthy, MD, MPH, MS, CHES, FRSH, New York Medical College; David Stillman, PhD, Public-Private Alliance Foundation; Jeanne Betsock Stillman, MSPH, Public-Private Alliance Foundation

BACKGROUND Haiti’s reliance on charcoal and wood for cooking has contributed to a Poverty-Respiratory Disease Deforestation Trap. Women and children are most susceptible based on their familial role. The health, economic viability, and biodiversity are being negatively impacted as a result. The use of solid fuels, primarily for cooking, has been estimated to be responsible for 4.3 million premature deaths per year. Much of this is preventable by the adoption of clean and efficient cookstoves and new fuel technologies. METHOD This study is designed as a non-randomized open informed feasibility pilot trial of new ethanol cookstove use in Haiti. Thirty Haitian households and five hot-food street vendors will be included. RESULTS As part of study enrollment baseline assessments on household demographics information on cooking practices, types of fuels used with traditional cookstoves and self-reported health information will be collected. After initial training and introduction to proper ethanol cookstove use an intervention period will begin to assess time dependent changes in cooking preference or cooking habits, willingness to pay for cookstove and fuel and any self-reported health changes in cooking with the new ethanol cookstoves compared to traditional cookstoves Participants will be surveyed after week 1 and after 3 weeks of use. CONCLUSION The outcomes of this field test/consumer trial will support ethanol cookstove adoption thereby contributing to ethanol cookstove design and suitable for manufacturing. Adoption of clean cookstoves is essential to combating the poverty-respiratory disease-deforestation trap in Haiti.

Using Participatory Action Research to Improve Sleep among Connecticut Correctional Supervisors
Sara Namazi, MS, University of Connecticut Health Center; Alicia Dugan, PhD, University of Connecticut Health Center; Martin Cherniack, MD, MPH, University of Connecticut Health Center

BACKGROUND The poor health of correctional employees is an important but overlooked research topic and there are few interventions that effectively improve their health. To address this, the Health Improvement Through Employee Control II (HITEC-II) project applies participatory action research to study correctional officers’ health and develop interventions. In 2014, the Connecticut Correctional Supervisors Council partnered with the HITEC-II research team with the goal of improving the correctional supervisors’ health. METHOD Tools from the Center for the Promotion of Health in the New England Workplaces on-line toolkit were used. The Healthy Workplace Survey, distributed at 19 Connecticut correctional facilities, was used to assess supervisors’ health and determine intervention priorities. The Intervention Design and Analysis Scorecard (IDEAS), a seven-step intervention planning tool, was used to generate intervention ideas, then evaluate, rank, and select interventions for implementation. RESULTS Poor sleep was identified as the greatest health concern among correctional supervisors, and the IDEAS tool was used to developed interventions to improve sleep quality and quantity. Planned interventions include a guided meditation and a sleep hygiene checklist of mind/body and environmental solutions for improving sleep. CONCLUSION Future work will concentrate on finalizing intervention design and planning for implementation and evaluation of sleep interventions.
Factors Associated with Self-Care in Older Prisoners
Deborah Noujaim, University of Connecticut; Lisa Barry, PhD, MPH, University of Connecticut

BACKGROUND: Inmates >50 years (older inmates) are the fastest growing segment of the prison population and have high rates of chronic medical illness. Because the majority of inmates return to the community, adequate self-care is essential for managing health. We determined factors associated with self-care in a sample of older inmates in Connecticut. METHOD: After obtaining informed consent, we conducted interviews and chart reviews. Study participants (n=167) responding that they were “not at all”, “a little”, or “fairly” confident in managing their own health and/or asking a doctor about their health-related concerns were considered as having poor self-care. Factors associated with self-care (p<.10) in bivariate analyses were entered into a logistic regression model. RESULTS: The study sample had an average age of 57.2Â± 6.7 years, was 66% male and 62% expected to be released within 5 years. After controlling for age, gender, and number of chronic conditions, participants with poor self-care were more likely to be depressed (OR = 5.0, 95% CI 2.1, 12.2) and have poor hearing (OR=3.1, 95%CI 1.4, 6.9). CONCLUSION: Identifying factors associated with poor self-care in older prisoners may inform the development of interventions focused on maximizing self-efficacy and promoting self-care in this vulnerable population.

Pilot-Testing a WIC/HS Collaboration in New Britain, CT: Lessons Learned
Jocelyn Perez, University of St. Joseph; Michele Wolff, University of St. Joseph; Marilyn Lonczak, Connecticut Department of Public Health; Grace Whitney, Head Start Collaboration Office; Katie Martin, PhD, University of St. Joseph

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and Head Start (HS) programs both serve low-income women and children up to the age of five years old, who are at risk for health disparities. Many families can participate in both WIC and HS, however many families drop out of WIC before enrolling into HS, or before the child reaches the age of one or two. This project was created to produce a new system of collaboration between the WIC and Head Start sites in New Britain, CT. Through the administration of monthly surveys of WIC and HS staff, we tracked collaboration activities over one year. Results from the pilot showed that between 70-100% of WIC survey respondents reported collaborating with HS. A system to share data was put into place, and a co-location site was established at HS. This partnership is based on the belief that families can benefit from co-enrollment in both WIC and HS programs, and that staff can work together more effectively if they collaborate with each other. Additional noteworthy lessons learned are being used to guide the implementation of a larger system of collaboration throughout the state based on this pilot.

Making the Invisible Visible: Latin American Women with Undocumented Status and Their Experiences of Intimate Partner Violence
Mayte Restrepo, MA, MPH, University of Connecticut Health Center; Jane Ungemack, PhD, University of Connecticut Health Center

Background: Very little is known about intimate partner violence (IPV) among undocumented migrants. This qualitative study investigated the experiences of IPV among Latin American women with undocumented legal status living in Connecticut, including how their undocumented status has affected their vulnerability to interpersonal violence and the barriers they encounter to access social and legal services. Method: In-depth interviews were conducted with 11 Latina women who were receiving services from IPV programs in CT. Results: This study provides a rich narrative description of these women’s IPV experiences, their motivations and experiences in migrating to the U.S., the strategies they employ to keep their children and themselves safe, and the factors that influence their help-seeking behaviors. The women’s stories show how their legal status
makes them highly vulnerable to IPV due to fear of deportation and loss of their children, poverty, partners’ use of their legal status to control them, language barriers, and social isolation. Conclusion: This study describing IPV experiences of Latina women of undocumented status highlights factors that make them especially vulnerable to IPV and the barriers that contribute to their continued victimization. The role that police, social, healthcare and legal services can have in helping these women are discussed.

**Access to Open Space Mitigates Health Care Costs of Chronic Diseases in 13 Connecticut Towns**

Julia Anderson, *Yale University*; Spencer Meyer, *Yale University*; Jeannette Ickovics, PhD, *Yale University School of Public Health*; Kate Gilstad-Hayden, *Yale School of Medicine*

Background: Access to parks, open space, and recreational facilities (POS) can reduce chronic disease prevalence and costs. Using avoided cost and cost-benefit analyses, we show that investments in POS can mitigate rising healthcare costs for several chronic diseases. Method: We identified the reduction in prevalence of chronic disease using results from Ickovics et al (in review). We examined the annual per-person cost of health-related complications measured in relation to park access using the Center for Disease Control Cost Calculator. We calculated annual savings in medical expenditure by downsampling CDC state average populations treated for each chronic disease to the study area, based on Census population data. We determined the annual avoided costs, associated with access to POS, and projected potential additional savings from further investments in POS. Results: We currently save $46.8 million by providing access. We could save another $5.7 million by increasing access. Annual park management costs are currently only $12.8 million, making up 27% of health care savings. Conclusion: Our findings provide estimates of avoided and potential costs savings from reductions in chronic disease for people with access to POS. Health care, public health organizations, and recreational businesses alike have opportunities to reduce financial burdens through further POS investment.

**KHAIR 2014 Program Evaluation**

Marian Evans, MD, MPH, *Southern Connecticut State University*; Deb Risisky, PhD, *Southern Connecticut State University*; Tressa Spears-Jackson, MS, *Community Health Network of CT Foundation*; Elvin Melendez, *Community Health Network of CT Foundation*

BACKGROUND Self-esteem in youth is one indicator of behavioral and mental health. Studies indicate a high level of self-esteem is associated with success in school, later life, and positive healthy behaviors. In 2008, Community Health Network of CT Foundation, Inc., (CHNCTF) launched KHAIR (pronounced “care”) to increase self-esteem in greater New Haven youth. The program is a two-part model conducted over three months combining one-on-one personal appearance coaching and mentoring, with six life-skills workshops.

METHOD: The Rosenberg Self-Esteem Scale was used to assess self-esteem pretest and posttest. A posttest survey was used to assess the six Life Skills workshops. Data gathering and analysis was performed, IRB approval obtained from SCSU, an evaluation report was produced and submitted to CHNCTF.

RESULTS: The report reveals that the KHAIR program overall is a highly diverse, and successful self-esteem program, with high satisfaction noted by the participants.

CONCLUSION: Areas of programmatic and process improvement are noted in the recommendations of the report for the agency to consider.
Supporting Intervention Design with Community-Based Participatory Research: A Case Study of the Hartford Mobile Market

Renee Hamel, University of Connecticut; Nicole Seymour, University of Connecticut; Jasmin Haynes, University of Connecticut

In November 2014, the Hartford Mobile Market, a 39-foot retrofitted bus was launched to address the lack of access to affordable and high quality produce in many Hartford neighborhoods. It is a year-round mobile produce market for targeted low-income neighborhoods, bringing fresh fruits and vegetables into areas with limited healthy food access. In order to understand the needs of the community for the design and operations of the Hartford Mobile Market, graduate interns from Hartford Food System and Hispanic Health Council utilized community-based participatory research (CBPR). CBPR was utilized as an equitable research partnership approach to address the lack of access to quality produce in Hartford. By engaging residents through targeted focus groups, the community’s knowledge was used as an asset contributing to community investment and sustainability of the intervention. Currently operating at 8 locations, the Hartford Mobile Market is one piece of a solution to address the gap in quality, affordable, healthy food in Hartford.

Neonatal Abstinence Syndrome: An Emerging Public Health Concern in Connecticut

Cynthia Fortner, MPH, University of Connecticut

My project focused on the increased incidence of Neonatal Abstinence Syndrome (NAS) in Connecticut as well as the United States. My poster will illustrate the rates of NAS seen across the country and in CT. My research documents the explosive growth of opioid prescriptions, linking it to the increased dependence on opioids and increased incidence of NAS. The poster will also focus on the special needs of babies with NAS as well as the non-pharmacologic treatments that increase positive outcomes for the drug dependent mother-child dyad. I have developed a fact sheet for NAS and will have that available for conference members.

Early sexual debut: a risk factor for STIs/HIV acquisition among a nationally representative sample of adults in Nepal

Roman Shrestha, University of Connecticut Health Center; Pramila Karki, University of Connecticut; Michael Copenhaver, University of Connecticut

While early sexual debut is highly prevalent in Nepal, its link to sexually transmitted infections (STIs/HIV) risk factors has not been explored at a national level. The objective of this study was to assess potential association between early sexual debut and risk factors for STIs/HIV acquisition, including sexual risk behaviors, sexual violence, and teenage pregnancy among adults in Nepal. Data were taken from the nationally representative Nepal Demographic Health Survey (2011), which employed a two-stage complex design to collect data. A sample of 12,756 adults (ages 15-49 years) were included. Multivariate logistic models were conducted, adjusted for demographic characteristics, to assess the association between early sexual debut and STIs/HIV-related risk factors. The prevalence of early sexual debut in this sample was 39.2%, with a mean age of coital debut at 17.9 years. After adjusting for potential confounders, individuals with early sexual debut were significantly more likely to report a history of STIs (aOR:1.19; 95% CI:1.06-1.35) and had a significantly higher risk profile, including having multiple sex partner (aOR:2.14; 95% CI:1.86-2.47), inconsistent condom use (aOR:0.72; 95% CI:0.61-0.86), paid for sex (aOR:1.61; 95% CI:1.14-2.27), a history of sexual violence (aOR:1.99; 95% CI:1.63-2.43), and teenage pregnancy (aOR:12.87; 95% CI:11.62-14.26). Individuals who have early sexual debut are more likely to engage in risk behaviors that place them at increased risk of STIs/HIV acquisition. STIs/HIV prevention strategies should aim at delaying sexual debut to decrease the disproportionate burden of adverse health
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outcomes, including STIs/HIV, among individuals in Nepal.

Going beyond the basics of charitable food; Healthy choice food pantry replication
Kaci Seibert, University of St. Joseph
Katie Martin, University of St. Joseph

In the past, charitable foods from food pantries consisted of mainly processed foods high in sodium, sugar and fat, but innovative food pantries, although far from the norm, have started to offer more healthy food options. A movement to shift food pantries away from their traditional food handout structure and more toward addressing the root causes of hunger among clients is beginning. A pilot food pantry called Freshplace in Hartford CT that offers fresh food and case management is being replicated in additional pantries. This project involves formative research to collect and analyze data from one food pantry, literature reviews on healthy food pantry programs, and recruitment of additional food pantries to shift toward the innovative food pantry model. Traditional food pantry clients were surveyed and results concluded that over half would like to choose their own foods, and over half would also like to meet with a case manager monthly, both of which occur at Freshplace. To date, three food pantries have begun to replicate the Freshplace model and offer additional client services, like case management. A process evaluation will document how feasible it is for traditional pantries to convert to the innovative food pantry model.

Committee Reports

Advocacy Committee
Co-Chair, Colleen O’Connor

The Advocacy Committee advocates its public health initiatives by educating members, policymakers and public constituencies. The Committee provided detailed analysis and updates during the 2015 “long” session. The 2015 legislative priority areas included Prevention, Public Health Infrastructure and Health Equity. The Committee supported the following bills: HB 6949 – An Act Concerning Childhood Vaccinations (signed into law 7/2/15); HB 6283 – An Act Regulating Electronic Nicotine Delivery Systems and Vapor Products (signed into law 7/6/15); SB 18 – An Act Establishing a Taskforce to Study Hoarding (passed Senate, tabled for House calendar). The Committee opposed the provisions of the Governor’s budget that eliminated the annual transfer from the Master Tobacco Settlement to the CT Tobacco and Health Trust Fund, effectively eliminating funding for CT’s tobacco elimination programs and the CT Quitline. The Committee monitored the following bills: SB 995 – An Act Concerning the Department of Public Health’s Recommendations Regarding Funding for Municipal health Departments and Health Districts and HB 6932 – An Act Concerning Paid Family and Medical Leave. The Committee also sent out action alerts, collaborated with members and partners, and maintained relationships with CT General Assembly leadership.

Communications Committee
Chair, Jenna Lupi

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. This year, the Committee also worked to increase CPHA blog posts with new contributors and topics. It is the hope of the Committee to continue increasing the number of posts over the coming year to further engage the public health community in a more interactive way. The Committee also maintains the Association’s website, which received 9,107 unique visitors and 13,478 total visits from all 50 states and the District of Columbia, and 132 cities within Connecticut in the last year. CPHA’s
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presence on Facebook and Twitter also continues to grow, with 370 Facebook "Likes" and 627 Twitter followers as of October 13, 2015.

**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 the second Wednesday of April, June, September and November. Refreshments and networking occur from 8:45 am – 9:00 am. 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 consist of public health professionals who work in local/state health departments, non-profit and not-for-profit organizations, community based organizations, clinical practice, academia and other healthcare settings.

**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 2015, there are just under 300 members. This past year, we increased Committee membership to 10 persons and continue to meet quarterly. CPHA’s enhanced member database and website have allowed for better tracking of membership. Members continue to set private logins and manage their own membership profile, join groups, manage invoicing, etc. 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 and national level. Nearly 30 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, Pamela Kilbey-Fox*  
*Consultant, Cyndi Billian-Stern*

In 2007, CPHA’s Mentoring Committee formed the [Mentoring Organization Registry (MOR)](http://www.morph.org) with seven members. Today, the MOR has 40 organizational members representing higher education, local and state health departments and non-profits. Together they work to realize the vision that all Connecticut high school
students graduate with knowledge and skills to become future leaders, advocates, volunteers, and/or educated citizens who support public health.

**MOR Accomplishments in 2015**

- Established an [Advisory Committee](#) to attract new members from groups beyond public health, especially our educational partners
- Organized its most successful National Public Health Week (NPHW) during April 2015, reaching over 2500 students from 70 communities through 30 MOR volunteers.
- Trained mentors on using our “Public Health Video Festival” PowerPoint presentation.
- Presented to the Commission on Health Equity in July
- Established a new partnership with Goodwin College to provide a new place for the MOR to meet and connect with greater Hartford high school and college teachers and students.

**MOR Plans for 2016**

At our September meeting, we reviewed our Annual Plan and agreed to develop MOR- High School partnerships that focus on student-driven Health literacy and/or Healthy by Design projects. Our priority schools for 2015-2016 will cover greater Hartford/New Britain: East Hartford, Hartford, Manchester, CT River Academy, and New Britain High Schools. Plans include:

- Developing Health Literacy units to support high school requirements for capstones and health education
- Working with UConn MPH students to implement a pilot health literacy program in Manchester High School
- Developing model capstone experiences in environmental health at CT River Academy

- Holding **professional development for teachers** with Education Connection to showcase: **Public Health: Capstones with a Social Conscience.**

**Kudos to MOR mentors:**

**Southwest AHEC** under Joan Lane’s direction, reached the most high school students during NPHW, and accomplished this, in part by using MOR ambassador training tools, available online.

**Chris Willems,** Connecticut’s first high school Public Health101 teacher received the CPHA Hiscock Award for his commitment and excellence in teaching public health education, now its fourth year at Metropolitan Business academy. Michele Stewart-Copes (Health Equity LLC and the Black Woman’s Health Council) and The New Britain Health Department worked with 14 New Britain High School students to complete public health capstones in obesity prevention and asthma, earning students one health credit.

We welcome your ideas, contributions and willingness to help make this next generation the healthiest yet. Join us on our listserv and/or as an organizational member. Pamela Kilbey-Fox, MPH and Cyndi Billian Stern, MA, MPH

**Program Committee**

*Chair, Barbara Dingfelder*

*Co-Chair, Laura King*

**Purpose:** The Program Committee’s purpose is to plan CPHA events, particularly the Annual Conference and Membership Meeting and Semi-Annual Event. The CPHA Board of Directors selected the 2015 theme, “Healthy by Design,” which established the broad focus for the conference. In collaboration with Kathi Traugh, Past-President 2014, a breakfast meeting was coordinated to recognize the 2015 CPHA Award recipients.
Goal: The goal for the Program Committee is to hold educational, timely, interesting and well executed events relevant to the varied disciplines that comprise the current and future public health workforce.

Activities: Based on feedback and recommendations from the 2014 Program Committee, a call for abstracts was developed, approved by the Board of Directors, and was issued to garner recommendations from potential presenters from various affiliated networks and stakeholders. The committee co-chairs reviewed the abstracts and followed up with the committee members to approve the abstracts selected for presentations. All of the individuals who submitted abstracts were thanked and notified if they were accepted or declined. After the selection of the abstracts, the committee met bi-weekly from the end of March through October 2015 to coordinate the program and details for the conference. Finalized items included: conference content; publicity materials and the program; coordination of recruitment and selection of student 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, 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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2015 Community Wellbeing Survey enabling us to complete in-depth interviews with nearly 17,000 randomly-selected adults living in every city & town in Connecticut, about issues related to family economic security, community vitality, infrastructure, and health. Visit DataHaven and partners for neighborhood-level results this fall.

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