



THE UNIVERSITY OF ARIZONA

**Mel & Enid Zuckerman
College of Public Health**

Spring 2019 MPH Internship Conference

Friday, April 12, 2019

1:00pm – 5:00pm

**Drachman Hall
Phoenix Biomedical Campus**

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Acknowledgements

All of our wonderful internship sites
throughout the state, nation, and world with
whom we work to improve the state of public health

The students and faculty of MEZCOPH,
who are central to the success of the MPH Program

The Office of Student Services and Alumni Affairs
for their outstanding efforts, support, and encouragement

Internship Conference Volunteers

We would like to thank all of the volunteers for their time
and effort in making this a wonderful event

Conference Planning Committee

Sidney Thigpen | Ruvini Samarasinha | Manpreet Sahnun |
Joey Fong | Alexandra Shilen | Alexandrina Wallace | Erica Aguirre

Office of Student Services and Alumni Affairs

Kim Barnes
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Schedule of Events

1:00p-5:00p: Student Internship Presentations
Tucson-Drachman Hall A;
Phoenix-Biomedical Campus Building 2

Session I: Drachman Hall, Room A112
Session II: Drachman Hall, Room A116
Phoenix Building 2, Room 2306
Session III: Drachman Hall, Room A118
Session IV: Drachman Hall, Room A120
Session V: Drachman Hall, Room A122
Session VI: Phoenix Building 2, Room 2206

4:30 – 5:30PM: Reception
(Walkway of Wellness, Tucson)

Presenters

Name	Concentration*	Room**	Time	Page
Leslie Appleton	MD/MPH	A116/Phx 2306	1:40	38
Natalia Billias	HSA	A116/ Phx 2306	3:00	42
Kasey Busick	EPI	A112	1:00	25
Amarsanaa Byambadorj	FCH Global	A120	1:00	57
Elizabeth Capaci	FCH Global	A120	1:20	58
Joseph Casillas	HBHP	A122	1:00	67
Collin Catalfamo	EPI	A122	3:00	73
Arianna Cook	MD/MPH	Phx 2206	3:20	80
Peter Do	PHP	A116/Phx 2306	2:20	40
Mary Duthie	EPI	A112	1:20	26
Lidielisa Esquivel	EPI	A122	1:40	69
Devan Gengler	HBHP	A112	2:00	28
Timothy Giblin	PHP	A116/ Phx 2306	1:00	36
Casey Giblin	PHP	A116/ Phx 2306	2:40	41
Paola Gonzalez Martinez	HBHP	A118	2:00	50
Jennifer Gresko	HBHP	A118	2:20	51
Annie Haguma	PHP	Phx 2206	4:20	83
Tanner Heckle	MD/MPH	Phx 2206	2:20	77
Joel Jimenez	EPI	A122	2:00	70
Rachel Leih	FCH Global	A120	3:40	65
Derek Liu	EOH	A120	2:00	60
Joy Luzingu	One Health	A120	1:40	59
Teresa Mangaoang	EPI	A122	2:40	72
Casey McKaughan	One Health	A122	1:20	68
Savanah McMahon	MD/MPH	Phx 2206	2:40	78
Caitlin Meyer Krause	FCH MCH	A120	3:20	64
Niraly Patel	PHPM	A118	3:00	53
Gretchen Peterson	EPI	A120	3:00	63
Bridget Ralston	MD/MPH	Phx 2206	3:40	81
Brian Robles	PHP	Phx 2206	4:40	84
Dagoberto Robles	EPI	A120	2:20	61
Krista Romero-Cardenas	PHPM	A116/Phx 2306	4:00	45
Stephanie Rosen	PHP	Phx 2206	4:00	82
Sherilyn Salefsky	MD/MPH	Phx 2206	3:00	79
Ruvini Samarasinha	FCH Global	A118	1:00	47
Kiran John Sardar	FCH Global	A112	3:40	33

Allison Seitz	FCH MCH	A118	3:40	55
Maxwell Short	EPI	A120	2:40	62
Amy Slay	PHPM	A116/Phx 2306	2:00	39
Samantha Smith	HSA	A116/Phx 2306	3:20	43
Kristina Souders	EPI	A122	2:20	71
Rishab Srivastava	BIOS	A112	2:40	30
Joshua Steinberg	PHPM	A118	3:20	54
Regina Stetkevich	FCH MCH	A112	1:40	27
Tatiana Tomich	HBHP	A112	3:20	32
Maria (Rocio) Torres	FCH Global	A118	1:20	48
Dora Valencia Gomez	FCH Global	A112	3:00	31
Kimberly Wang	FCH Global	A118	2:40	52
Brock Wiley	HSA	A116/ Phx 2306	3:40	44
Bonnie Wolf	FCH Global	A112	4:00	34
Emily Wolfenden	MD/MPH	A116/Phx 2306	1:20	37
Angela Wu	MD/MPH	A118	1:40	49
Sophia Yatsenko	HBHP	A122	3:40	75
Hanna Zarnegin	HBHP	A122	3:20	74
Lili Zhou	BIOS	A112	2:20	29

*Concentrations and Dual Degree Designations

BIOS – Biostatistics

EOH – Environmental and Occupational Health

EOH IH - Environmental and Occupational Health Industrial Hygiene Track

EPI – Epidemiology

FCH MCH - Family and Child Health, Maternal and Child Health Track

FCH GLOBAL - Family and Child Health, Global Health Track

HSA – Health Services Administration

HBHP - Health Behavior Health Promotion

MD/MPH- Medical Doctor/Master of Public Health

PHP - Public Health Practice

PHPM – Public Health Policy & Management

**Rooms:

All “A” rooms listed are found on the first floor of Drachman Hall.

Phoenix presentations are located in Biomedical Campus Building 2, Rooms 2306 and 2206.

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Presenter Schedule

Time	Session I A112	Session II A116/PHX 2306	Session III A118	Session IV A120	Session V A122
1:00	K. Busick	T. Giblin (Phx)	R. Samarasinha	A. Byambadorj	J. Casillas
1:20	M. Duthie	E. Wolfenden (Phx)	M. Torres	E. Capaci	C. McKaughan
1:40	R. Stetkevich	L. Appleton (Phx)	A. Wu	J. Luzingu	L. Esquivel
2:00	D. Gengler	A. Slay (Phx)	P. Gonzalez Martinez	D. Liu	J. Jimenez
2:20	L. Zhou	P. Do (Phx)	J. Gresko	D. Robles	K. Souders
2:40	R. Srivastava	C. Giblin (Phx)	K. Wang	M. Short	T. Mangaoang
3:00	D. Valencia Gomez	N. Billias (Tuc)	N. Patel	G. Peterson	C. Catalfamo
3:20	T. Tomich	S. Smith (Tuc)	J. Steinberg	C. Meyer Krause	H. Zarnegin
3:40	K. Sardar	B. Wiley (Tuc)	A. Seitz	R. Leih	S. Yatsenko
4:00	B. Wolf	K. Romero-Cardenas (Tuc)			

Phoenix Only

Time	Session VI Phx 2206
2:20	T. Heckle
2:40	S. McMahon
3:00	S. Salefsky
3:20	A. Cook
3:40	B. Ralston
4:00	S. Rosen
4:20	A. Haguma
4:40	B. Robles

Session I

(Drachman Hall, Room A112)

- 1:00 PINAL COUNTY PUBLIC HEALTH SERVICES DISTRICT, STD PROGRAM EVALUATION. **K. Busick.** Tucson. MPH Internship Committee Chair: K. Pogreba-Brown PhD, MPH. Site and Preceptor: Pinal County Public Health Services District - Clancey Hill, MPH.
- 1:20 USE OF DEATH RECORDS IN DISEASE SURVEILLANCE IN MONTANA. **M. Duthie.** Tucson. MPH Internship Committee Chair: K. Ernst PhD, MPH. Site and Preceptor: State of Montana Department of Public Health and Human Services - Stacey Anderson, MPH.
- 1:40 AN ASSESSMENT OF WORK-LIFE BALANCE IN RESIDENT PHYSICIAN FAMILIES WITH CHILDREN AT THE UNIVERSITY OF ARIZONA. **R. Stetkevich.** Tucson. MPH Internship Committee Chair: P. Haynes PhD. Site and Preceptor: The Office of Graduate Medical Education, the University of Arizona - Mari Ricker, MD, FAAFP.
- 2:00 DEVELOPMENT OF “THE DYNAMIC DESK” WORKSITE WELLNESS WORKSHOP SERIES. **D. Gengler.** Tucson. MPH Internship Committee Chair: P. Haynes PhD. Site and Preceptor: Wellness Council of Arizona - Sarah Mincheva, BS.
- 2:20 RACIAL AND ETHNIC MINORITIES WERE ASSOCIATED WITH LESS PRESCRIPTION OPIOID USE BEFORE AND AFTER LOWER EXTREMITY AMPUTATION IN US MEDICARE. **L. Zhou.** Tucson. MPH Internship Committee Chair: M. Bell PhD. Site and Preceptor: College of Medicine, University of Arizona - Tze-Woei Tan, MBBS, FACS.
- 2:40 THE LINK BETWEEN BASELINE INERTIAL GAIT SENSOR MEASURES AND 1-MONTH CHANGE IN PATIENT-REPORTED DISABILITY OUTCOME IN SPINE OSTEOARTHRITIS PATIENTS FOLLOWING SPINE STEROID INTERVENTION: A RETROSPECTIVE COHORT STUDY. **R. Srivastava.** Tucson. MPH Internship Committee Chair: D. Roe DrPH. Site and Preceptor: Banner UMC, University of Arizona - Michael P. Dohm, MD.

- 3:00 PARTICIPATION WITH THE NATIONAL CANCER INSTITUTE OF ARGENTINA, THE T1 RESEARCH PROJECT AND THE CREATION OF A VIRTUAL TRAINING MODULE FOR T1 SURVEYORS. **D. Valencia Gómez.** Tucson. MPH Internship Committee Chair: I. Ramos MD. Site and Preceptor: Instituto Nacional del Cáncer - Buenos Aires, Argentina - Paula Granda MS & Alejandro Di Sibio MD.
- 3:20 MOTIVATION AND ROADBLOCKS IN BEHAVIOR CHANGE FOR THE NUTRITARIAN WOMEN'S HEALTH STUDY. **T. Tomich.** Tucson. MPH Internship Committee Chair: S. Parker DrPH, MS. Site and Preceptor: Nutritarian Women's Health Study, Northern Arizona University - Dr. Jay Sutcliffe, PhD, RD.
- 3:40 THE USE OF ELECTRONIC MEDICAL RECORDS (EMRS) IN A STUDY ON PRENATAL CARE UTILIZATION BY REFUGEE WOMEN AT MARICOPA INTEGRATED HEALTH SERVICES, PHOENIX. **K. Sardar.** Tucson. MPH Internship Committee Chair: D. Taren PhD. Site and Preceptor: Maricopa Integrated Health System, Phoenix - Jeanne Nizigiyimana. MA, MSW.
- 4:00 INVENTORY OF HEALTHY EATING PROGRAMS IN SOUTHERN ARIZONA. **B. Wolf.** Tucson. MPH Internship Committee Chair: D. Taren PhD. Site and Preceptor: Tucson City of Gastronomy - Jonathan Mabry, PhD.

Session II

(Drachman Hall, Room A116 | Phoenix Building 2, Room 2306)

- 1:00 PUBLIC HEALTH POLICY TRACKING AND ADVOCACY IN THE ARIZONA LEGISLATURE. **T. Giblin.** Phoenix. MPH Internship Committee Chair: D. Campos-Outcalt MD, MPA. Site and Preceptor: The Arizona Public Health Association - Will Humble, MPH.
- 1:20 STRONG START FOR MOTHERS AND NEWBORNS: IMPACT ON OBSTETRIC TRIAGE VISITS. **E. Wolfenden.** Phoenix. MPH Internship Committee Chair: M. Moe Bell MD. Site and Preceptor: Maricopa Integrated Health System - Maria Manriquez, MD.
- 1:40 HEPATITIS C VIRUS KNOWLEDGE, ATTITUDES AND PRACTICES AMONG ARIZONA PROVIDERS. **L. Appleton.** Phoenix. MPH Internship Committee Chair: M. Moe Bell MD. Site and Preceptor: Arizona Department of Health Services - Lisa Villarroel, MD, MPH.
- 2:00 HEALTH POLICY IN ARIZONA: EXPLORING MEDICAID BUY-IN AS A MECHANISM TO MAKE HEALTH CARE MORE AFFORDABLE. **A. Slay.** Tucson. MPH Internship Committee Chair: J. Gerald MD, PhD. Site and Preceptor: Arizona House of Representatives - Alan Eder, MPP & Brenden Foland, MPA.
- 2:20 ONE-N-TEN MPOWERMENT PROGRAM: HIV PREVENTION EDUCATION IN LGBTQ+ YOUTH. **P. Do.** Phoenix. MPH Internship Committee Chair: G. Barker MBA, PhD. Site and Preceptor: One-n-ten - Joel Mills.
- 2:40 NUTRITIONAL ENVIRONMENT AND POOR HEALTH INDICATORS: A BIOMEDICAL INFORMATICS APPROACH. **C. Giblin.** Phoenix. MPH Internship Committee Chair: G. Barker MBA, PhD. Site and Preceptor: Phoenix VA Healthcare System - Hamed Abbaszadegan, MD, MBA.
- 3:00 OPTIMIZING HEALTH SERVICE DELIVERY OF PEANUT ALLERGY PREVENTION TO COMMUNITY HEALTH CENTERS THROUGH QUALITY IMPROVEMENT METHODS. **N. Billias.** Tucson. MPH Internship Committee Chair: G. Barker MBA, PhD. Site and Preceptor: University of Arizona Asthma & Airway Disease Research Center - Heather Cassell, MD & Lynn Gerald, PhD, MSPH.

- 3:20 A STUDY OF BARRIERS TO SURGICAL CARE FOR INDIVIDUALS WITH PARKINSON'S DISEASE. **S. Smith.** Tucson. MPH Internship Committee Chair: G. Barker MBA, PhD. Site and Preceptor: Banner University Medical Center Tucson – Department of Neurology - Willard S. Kasoff, MD, MPH.
- 3:40 IMPROVING THE QUALITY OF ONCOLOGY PROGRAM SERVICES. **B. Wiley.** Tucson. MPH Internship Committee Chair: G. Barker MBA, PhD. Site and Preceptor: Tucson Medical Center - Stephanie Boreale, BA.
- 4:00 IDENTIFYING PUBLIC HEALTH'S ROLE IN THE LEGISLATIVE PROCESS. **K. Romero-Cardenas.** Tucson. MPH Internship Committee Chair: J. Gerald MD, PhD. Site and Preceptor: Phoenix, AZ - Heather Carter Ed.D.

Session III

(Drachman Hall, Room A118)

- 1:00 UNDERSTANDING BARRIERS TO IMPROVING ACCESS TO WATER, SANITATION, AND HYGIENE IN RURAL TANZANIA. **R. Samarasinha.** Tucson. MPH Internship Committee Chair: A. Kilungo PhD. Site and Preceptor: Maji Safi Kwa Afya Bora Ifakara (MSABI), Tanzania - Askinia Lyambal.
- 1:20 META SALUD DIABETES: A PILOT STUDY OF A COMMUNITY HEALTH WORKER INTERVENTION TO PREVENT CARDIOVASCULAR DISEASE AND ITS COMPLICATIONS AMONG HISPANIC ADULTS WITH DIABETES. **M. Torres.** Tucson. MPH Internship Committee Chair: M. Moore-Monroy MA. Site and Preceptor: Mariposa Community Health Center - Tomas Nuno, PhD.
- 1:40 RACIAL/ETHNIC DISPARITIES IN COLORECTAL CANCER SCREENING IN ARIZONA. **A. Wu.** Tucson. MPH Internship Committee Chair: J. Gerald MD, PhD. Site and Preceptor: University of Arizona Cancer Center - Zeenat Mahal, MD, DrPH, MS.
- 2:00 MIDTOWN FARM HEALTH IMPACT ASSESSMENT. **P. Gonzalez Martinez.** Tucson. MPH Internship Committee Chair: M. Moore-Monroy MA. Site and Preceptor: Flowers & Bullets Collective - Jesus (Tito) Romero.
- 2:20 SAFETY AND INJURY PREVENTION IN CIRCUS ARTS. **J. Gresko.** Tucson. MPH Internship Committee Chair: M. Moore-Monroy MA. Site and Preceptor: Circus Academy of Tucson - Katherine Tesch.
- 2:40 UNDERSTANDING MEMBER WORKFLOW, REFERRAL PATTERNS, AND COMORBIDITIES AMONG MEMBERS OF CODAC'S MAT CLINIC. **K. Wang.** Tucson. MPH Internship Committee Chair: N. Yuan PhD, MPH. Site and Preceptor: Medication Assisted Treatment Clinic at CODAC - Steve Lee DBH, M.Div, MS, LPC.
- 3:00 DEVELOP A SECOND YEAR FRAMEWORK FOR THE ARIZONA FIRST RESPONDERS INITIATIVE. **N. Patel.** Tucson. MPH Internship Committee Chair: D. Derksen MD. Site and Preceptor: Arizona Center for Rural Health - Alyssa Padilla, MPH and Joyce Hospodar, MBA, MPA.

- 3:20 SYSTEMATIC REVIEW ON THE EFFECTS OF IMPLEMENTING A COMMUNITY PARAMEDICINE PROGRAM. **J. Steinberg.** Tucson. MPH Internship Committee Chair: K. Schachter MD, MBA. Site and Preceptor: The Arizona Center for Rural Health - Bryna Koch, MPH.
- 3:40 EVALUATION OF PEER-ASSISTED LEARNING STRATEGIES IN A FIRST GRADE AFTER-SCHOOL PROGRAM. **A. Seitz.** Tucson. MPH Internship Committee Chair: V. Nuño PhD, MSW. Site and Preceptor: Boys and Girls Club of Metropolitan Phoenix - Channing Laguna.

Session IV

(Drachman Hall, Room A120)

- 1:00 EVALUATION OF THE SAFE DATES PROGRAM AT THE SOUTHERN ARIZONA AIDS FOUNDATION. **A. Byambadorj.** Tucson. MPH Internship Committee Chair: J. Ehiri PhD, MPH, MSc. Site and Preceptor: Southern Arizona AIDS Foundation - Violet Krieger, MS.
- 1:20 ENHANCING CONTINUITY OF HIV CARE IN ARIZONA AND SONORA. **E. Capaci.** Tucson. MPH Internship Committee Chair: J. Ehiri PhD, MPH, MSc. Site and Preceptor: Arizona AIDS Education and Training Center - Alyssa Guido, MPH.
- 1:40 IDENTIFYING MOSQUITO LARVAL HABITATS IN SUBURBAN MARICOPA COUNTY, ARIZONA. **J. Luzingu.** Tucson. MPH Internship Committee Chair: K. Ernst PhD, MPH. Site and Preceptor: Cities of Chandler and Gilbert, Maricopa County, Arizona - Kathleen Walker, PhD.
- 2:00 EVALUATION OF MAGNETIC ION-EXCHANGE (MIEX®) RESINS IN POTABLE WATER REUSE. **D. Liu.** Tucson. MPH Internship Committee Chair: P. Beamer PhD. Site and Preceptor: WEST Center - Minkyu Park, PhD, MS.
- 2:20 THE BENEFITS OF TAI CHI PRACTICE ON HEALTH AND SYMPTOMS ASSOCIATED KNEE OSTEOARTHRITIS: A COMPREHENSIVE REVIEW OF SYSTEMATIC REVIEWS AND PILOT INTERVENTION STUDY. **D. Robles.** Tucson. MPH Internship Committee Chair: Z. Chen PhD, MPH. Site and Preceptor: The University of Arizona - Michael Dohm MD.
- 2:40 CHARACTERIZATION OF RIFAMPIN-RESISTANT TUBERCULOSIS ISOLATES BY GENOTYPIC AND PHENOTYPIC CONCORDANCE IN ARIZONA. **M. Short.** Tucson. MPH Internship Committee Chair: K. Ellingson PhD. Site and Preceptor: Arizona Department of Health Services - Kristen Herrick, MPH.
- 3:00 RYAN WHITE HIV/AIDS PROGRAM STANDARDS OF CARE RESEARCH IN SANTA CLARA COUNTY. **G. Peterson.** Tucson. MPH Internship Committee Chair: R. Harris PhD, MPH. Site and Preceptor: Santa Clara County Health Department - Supriya Rao, MPH.

- 3:20 EXPLORING BIRTH PREFERENCES AND DELIVERY OPTIONS TO IMPROVE BIRTH OUTCOMES. **C. Meyer Krause**. Tucson. MPH Internship Committee Chair: B. Duncan MD. Site and Preceptor: El Rio Health - Greta Gill, CNM.
- 3:40 PREPARATION FOR A COLLABORATIVE STUDY ON ASSISTING WIC-ELIGIBLE MOTHERS IN MONITORING AND DETECTING RAPID AND/OR EXCESSIVE WEIGHT GAIN IN THEIR INFANTS TO DETECT AND PREVENT CHILDHOOD OBESITY. **R. Leih**. Tucson. MPH Internship Committee Chair: B. Duncan MD. Site and Preceptor: Children's Medical Center - Jessica Schultz MD.

Session V

(Drachman Hall, Room A122)

- 1:00 AN INVESTIGATION OF THE UNIQUE CHALLENGES FOR HOMELESS WOMEN & CHILDREN IN PIMA COUNTY. **J. Casillas.** Tucson. MPH Internship Committee Chair: M. Moore-Monroy MA. Site and Preceptor: Pima County Community Development and Neighborhood Conservation Department - Jennifer Felix, MSW.
- 1:20 PINAL COUNTY 2017-2018 INFLUENZA SEASON REVIEW. **C. McKaughan.** Tucson. MPH Internship Committee Chair: K. Pogreba-Brown PhD, MPH. Site and Preceptor: Pinal County Health Department - Clancey Hill, MPH.
- 1:40 IMPLEMENTATION OF YOUNG LEADERS RISE SUMMER ACADEMY IN SANTA CRUZ COUNTY. **L. Esquivel.** Tucson. MPH Internship Committee Chair: E. Jacobs PhD. Site and Preceptor: Nogales, AZ - Maya Donnelly.
- 2:00 INVESTIGATION OF REPORTED SICK BUILDING SYNDROME AT THE UNIVERSITY OF ARIZONA. **J. Jimenez.** Tucson. MPH Internship Committee Chair: K. Ellingson PhD. Site and Preceptor: University of Arizona Risk Management - Steve Holland, M.S.
- 2:20 ASSESSING VARIATION IN SMOKING-RELATED SYMPTOMS BY HORMONAL CONTRACEPTIVE USE IN PREMENOPAUSAL WOMEN. **K. Souders.** Tucson. MPH Internship Committee Chair: E. Jacobs PhD. Site and Preceptor: University of Arizona College of Medicine, Department of Family & Community Medicine - Alicia Allen, PhD, MPH.
- 2:40 PATH TO WELLNESS: COMMUNITY ENGAGEMENT FOR CHRONIC DISEASE PREVENTION. **T. Mangaoang.** Tucson. MPH Internship Committee Chair: E. Jacobs PhD. Site and Preceptor: National Kidney Foundation of Arizona - James Ivie, PhD, LCSW.
- 3:00 EVALUATING THE STRENGTH OF ASSOCIATION OF HUMAN PAPILOMAVIRUS INFECTION WITH PENILE CARCINOMA: A META-ANALYSIS. **C. Catalfamo.** Tucson. MPH Internship Committee Chair: L. Dennis PhD, MS. Site and Preceptor: Mel and Enid Zuckerman College of Public Health, University of Arizona - Heidi Brown PhD, MPH.

- 3:20 THE ADAPTATION AND EVALUATION OF HEALTHY2BME SUMMER CAMP. **H. Zarnegin.** Tucson. MPH Internship Committee Chair: D. Garcia PhD. Site and Preceptor: Canyon Ranch Center for Prevention & Health Promotion, Collaboratory for Metabolic Disease Prevention & Treatment - Nicole Bergier, BA.
- 3:40 A SHORT MESSAGING SERVICE (SMS) LIFESTYLE BEHAVIOR CHANGE BASED INTERVENTION IN LATINA CANCER SURVIVORS. **S. Yatsenko.** Tucson. MPH Internship Committee Chair: C. Thomson PhD, RD. Site and Preceptor: University of Arizona Collaboratory - Angela Yung BS, RD.

Session VI

(Phoenix Building 2, Room 2206)

- 2:20 POLICY IMPLICATIONS FOR MIDWIFE SCOPE OF PRACTICE LEGISLATION. **T. Heckle.** Phoenix. MPH Internship Committee Chair: M. Moe Bell MD. Site and Preceptor: Arizona Department of Health Services - Megan Whitby.
- 2:40 A MULTIVARIATE LOGISTIC REGRESSION ANALYSIS OF ENVIRONMENTAL RISK FACTORS FOR DEATH FROM MELANOMA IN ARIZONA. **S. McMahon.** Phoenix. MPH Internship Committee Chair: M. Moe Bell MD. Site and Preceptor: University of Arizona College of Medicine - Phx, Arizona Department of Health Services - Mark Fischione, MD.
- 3:00 PHYSICAL, EMOTIONAL/PSYCHOLOGICAL, AND SEXUAL ABUSE ANALYSIS BASED ON VICTIM CHARACTERISTICS. **S. Salefsky.** Phoenix. MPH Internship Committee Chair: M. Moe Bell MD. Site and Preceptor: University of Arizona College of Medicine - Phoenix - Khaleel Hussaini, PhD.
- 3:20 THE EVALUATION OF THE EFFECTS OF THE MOVE+ VS STAND+ INTERVENTIONS IN THE WORKPLACE ON SNACKING. **A. Cook.** Phoenix. MPH Internship Committee Chair: M. Moe Bell MD. Site and Preceptor: Arizona State University - Dr. Matthew Buman, PhD.
- 3:40 EXPANSION OF THE FORENSIC NURSING EXAMINATION TO SCREEN FOR TRAUMATIC BRAIN INJURY FOLLOWING INTIMATE PARTNER VIOLENCE. **B. Ralston.** Phoenix. MPH Internship Committee Chair: M. Moe Bell MD. Site and Preceptor: HonorHealth Forensic Nursing - Charles Finch, DO.
- 4:00 NEW ROOTS AQUAPONIC GREENHOUSE PILOT PROGRAM: A PROGRAM EVALUATION AND SUSTAINABILITY ANALYSIS. **S. Rosen.** Phoenix. MPH Internship Committee Chair: C. Rosales MD, MS. Site and Preceptor: International Rescue Committee - Jessalynne Howard, MPA & Beth Anne Martin, MA.
- 4:20 VALLEY FEVER AWARENESS POSTER CONTEST. **A. Haguma.** Phoenix. MPH Internship Committee Chair: C. Rosales MD, MS. Site and Preceptor: Arizona Department of Health Services - Guillermo Adame, MPH.

4:40

HEALTH IMPROVEMENT PARTNERSHIP OF MARICOPA COUNTY: TELLING A STORY. **B. Robles**. Phoenix. MPH Internship Committee Chair: C. Rosales MD, MS. Site and Preceptor: Maricopa Department of Public Health - Seth Fritsch, MPH.

**Session I:
1:00 – 4:20**

Drachman Hall, Room A112

Abstracts

PINAL COUNTY PUBLIC HEALTH SERVICES DISTRICT, STD PROGRAM
EVALUATION. **K. Busick.** Tucson. MPH Internship Committee Chair: K. Pogreba-
Brown PhD, MPH. Site and Preceptor: Pinal County Public Health Services District
- Clancey Hill, MPH.

Introduction: The interview to elicit partner information from index cases of sexually transmitted diseases is the cornerstone of partner services. By collecting this information, getting partners in for treatment, and providing education, the cycle of disease can be disrupted and future infections prevented. As case numbers continue to rise across the nation however, current interviewing methods may not be effective in helping achieve these goals. New methods should be tested to attempt to improve these processes. Methods: A novel webcam method for interviewing index gonorrhea cases was tested in an effort to determine if the STD program partner elicitation and risk factor collection practices could be improved. In order to better understand the burden of disease in Pinal County, case data was analyzed, additional collection forms were created, and research was conducted to determine potential additional methods for interviewing cases. Results: In testing the webcam interviewing method it was found that there were too many obstacles for the method to be successfully and consistently used. Analysis of demographic data gave no clues on trends within the county, however numbers reflect the national problem, continuing to grow. Additional forms and alternative uses of technology may be used to improve current processes at the health department. Conclusions: The webcam method for partner elicitation is not feasible in its current format and is not recommended as an option moving forward. While no obvious trends in data were found, this may be due to a limited data set for risk factors. Improvement of current collection processes and the implementation of less personal technology may result in a more effective overall program.

USE OF DEATH RECORDS IN DISEASE SURVEILLANCE IN MONTANA. **M. Duthie.**
Tucson. MPH Internship Committee Chair: K. Ernst PhD, MPH. Site and
Preceptor: State of Montana Department of Public Health and Human Services -
Stacey Anderson, MPH.

Background: An effective surveillance system is vital for reporting accurate disease mortality rates in any area. In the past, death records have been used as a measure of determining if all fatal reportable diseases have been captured and recorded. Methods: Using the death records from 2012-2016 in the state of Montana, the mortality counts due to infectious reportable conditions were compared and matched to those found in the surveillance system (MIDIS). Those were then analyzed and categorized to determine which areas were least recorded and determine weaknesses in MIDIS. Results: Only 16% of the deaths due to infectious reportable causes found via death record search were also captured by MIDIS. An additional 37% were reported as cases, but their outcome as death was never recorded. This left 47% not captured by MIDIS in any form. The primary reportable cause of mortality not captured by the MIDIS database was hepatitis C. Conclusion: An assessment of death records identified a significant gap in the fatalities reported into the MIDIS reportable disease surveillance system. While a large percentage were hepatitis C deaths, additional reconciliations must be done to ensure accuracy on mortality counts in the state of Montana. It is not possible to determine if these were diseases that were only diagnosed upon death or if they were never reported despite a previous diagnosis.

AN ASSESSMENT OF WORK-LIFE BALANCE IN RESIDENT PHYSICIAN FAMILIES WITH CHILDREN AT THE UNIVERSITY OF ARIZONA. **R. Stetkevich**. Tucson. MPH Internship Committee Chair: P. Haynes PhD. Site and Preceptor: The Office of Graduate Medical Education, the University of Arizona - Mari Ricker, MD, FAAFP.

Background: Among resident physicians, burnout is prevalent and those with children experience unique challenges balancing home and work life. We conducted an assessment of resident physicians with children at the University of Arizona College of Medicine-Tucson to examine home and work-related factors influencing work-life balance and risk for burnout and wellbeing. A summary of results including a literature review and recommendations was provided to Graduate Medical Education. Methods: Seven residents and their spouses were interviewed regarding work-life balance, parenthood, burnout, wellbeing, and resources for parents. Twenty-six residents responded to an online, voluntary, anonymous survey sent through GME containing 3 validated survey instruments related to work-life balance, burnout and wellbeing (the Work-Family Conflict Scale, Quality of Life Scale, and the Physician Wellbeing Index). Results: Results from the interviews supported the emergence of three themes: (1) challenges with work-life balance, (2) mindful separation of home and work, and (3) satisfaction with parenthood. Residents who completed the survey perceived below average work-family conflict, average quality of life and below average levels of distress. Although they were somewhat satisfied with their overall work-life balance, they still reported multiple challenges balancing their work and home life. Conclusions: Quantitative assessment indicated few work-life challenges. Qualitative assessment indicated that parenthood increases work-life challenges for resident physicians but also confers benefits. Training programs can offer resources to residents who are parents to improve work-life balance and address the factors that contribute to work-life conflict.

DEVELOPMENT OF “THE DYNAMIC DESK” WORKSITE WELLNESS WORKSHOP SERIES. **D. Gengler.** Tucson. MPH Internship Committee Chair: P. Haynes PhD. Site and Preceptor: Wellness Council of Arizona - Sarah Mincheva, BS.

Introduction: The Wellness Council of Arizona (WELCOAZ) is a non-profit organization dedicated to workplace health promotion in partnership with healthcare providers, businesses and leaders across Arizona. WELCOAZ offers wellness workshops, health coaching and lifestyle challenges targeting nutrition, physical activity, stress management and self-care. There is an increasing need for workplace wellness programs for sedentary employees that address these target areas. Methods: A literature review of worksite wellness programs targeting nutrition, physical activity, stress management and self-care was conducted and integrated with expert interviews from the 3 WELCOAZ Associate Directors. This review of evidence-based practices and expert recommendations was used to develop a 3-part workshop series, “The Dynamic Desk”, an intervention designed to educate and encourage healthy behaviors related to the work environment, stress, nutrition and physical activity. Deliverables included: a PowerPoint presentation and training guide for each workshop, handouts, and a promotional flyer. Results: “The Dynamic Desk” presentations, trainer’s guide, handouts and flyer were reviewed and adopted by the WELCOAZ Associate Directors and Executive Director. “The Dynamic Desk” materials align with existing WELCOAZ guidelines and format, facilitating implementation. The series will be introduced to current organizations partnered with WELCOAZ, starting with the largest employers (i.e. Pima County and City of Phoenix) and employers with a large number of desk-bound employees. Conclusions: Holistic workplace wellness programs are important tools for health promotion and can reach a large audience. “The Dynamic Desk” series will assist WELCOAZ in improving the health of sedentary employees through engagement, education, and behavior change.

RACIAL AND ETHNIC MINORITIES WERE ASSOCIATED WITH LESS PRESCRIPTION OPIOID USE BEFORE AND AFTER LOWER EXTREMITY AMPUTATION IN US MEDICARE. **L. Zhou.** Tucson. MPH Internship Committee Chair: M. Bell PhD. Site and Preceptor: College of Medicine, University of Arizona - Tze-Woei Tan, MBBS, FACS.

Objectives Although racial disparities exist in access to health care and management of multiple health conditions including chronic pain, whether they exist in perioperative pain management is not well-studied. This study aimed to examine the impact of race/ethnicity on prescription opioids use following lower extremity amputation. **Methods** This retrospective cohort study included data from a 5% national sample of fee-for-service Medicare beneficiaries who underwent lower extremity amputations from 2011-2016. We used multivariate logistic regression, with generalized estimating equations to account for repeated measurements over time, to estimate the odds of prescription opioids use within 6-months before and after lower extremity amputation across different racial/ethnic groups (white, African American [AA], Hispanic, Native American [NA], and others), adjusting for sociodemographic and health status factors (e.g., Elixhauser index). **Results** Among 5,252 eligible beneficiaries who underwent major and minor amputations, 3,632 (69%) were whites, 1,163 (22%) were AAs, 217 (4%) were Hispanics, 89 (2%) were NAs, and 151 (3%) were other races. AAs (OR=0.73,95%CI=0.65-0.83), NAs (OR=0.63,95%CI=0.42-0.94), Hispanics (OR=0.48, 95%CI=0.37-0.61), other races (OR=0.54,95%CI=0.39,0.75) were associated with significantly lower odds of opioids use compared to white beneficiaries before amputation and after amputation (AAs: OR=0.79,95%CI=0.71,0.88; Hispanics: OR=0.68,95%CI=0.55-0.84; and other races: OR=0.62,95%CI=0.46-0.83). **Conclusions** Racial disparities exist in the use of prescription opioids before and after lower extremities amputations in Medicare. AA and other minorities have a 21% to 52% lower odds of receiving prescription opioids following major or minor amputation, compared to whites.

THE LINK BETWEEN BASELINE INERTIAL GAIT SENSOR MEASURES AND 1-MONTH CHANGE IN PATIENT-REPORTED DISABILITY OUTCOME IN SPINE OSTEOARTHRITIS PATIENTS FOLLOWING SPINE STEROID INTERVENTION: A RETROSPECTIVE COHORT STUDY. **R. Srivastava**. Tucson. MPH Internship Committee Chair: D. Roe DrPH. Site and Preceptor: Banner UMC, University of Arizona - Michael P. Dohm, MD.

Introduction: This retrospective cohort study was part of a longitudinal study done at Banner UMC South Campus of University of Arizona (Tucson) in January 2015-August 2016. Our study aimed to assess the relationship between dual task gait measures (gait velocity, stride length, and double support) and 1-month change in patient-reported Oswestry disability scores from the widely utilized Oswestry Disability Index in 117 patients aged 24+ with spine arthritis while adjusting for covariates age, sex, and BMI at baseline before spine steroid injection. Methods: Multivariable linear regression was performed for each gait measure with pre-specified covariates against 1-month change in Oswestry scores. The model with the highest Adjusted R², Predicted R², and gait measure with lowest standard error was set as the primary model. Sensitivity analyses were then performed on this primary model by removing influential observations and performing Markov Chain Monte Carlo (MCMC) Imputation if the data were missing at random (MAR). Results: The model containing gait velocity with sex and BMI was found to be the most related to 1-month change in Oswestry scores, and was thus set as the primary model with Adjusted R²=0.5; Predicted R²=0.39; estimate of -34; 95% CI (-55, -14). However, sensitivity analyses showed our model was not robust to influential observations or MAR data. Discussion: While gait velocity was one of the designated gait parameters most related to Oswestry scores, sensitivity analyses tempered our expectations of the relationship. For future directions, we suggest measures to take in re-conducting the study with larger sample size to determine the actual relationship between any of the pre-specified gait measures and change in Oswestry disability scores in spine arthritis patients at 1 month or later follow-ups.

PARTICIPATION WITH THE NATIONAL CANCER INSTITUTE OF ARGENTINA, THE T1 RESEARCH PROJECT AND THE CREATION OF A VIRTUAL TRAINING MODULE FOR T1 SURVEYORS. **D. Valencia Gómez**. Tucson. MPH Internship Committee Chair: I. Ramos MD. Site and Preceptor: Instituto Nacional del Cáncer - Buenos Aires, Argentina - Paula Granda MS & Alejandro Di Sibio MD.

ABSTRACT: Breast cancer is the most common cancer among women in Latin America, with the highest rates of the disease found in South America. Argentina, a country with universal health care, cancer preventative services and provision of cancer early diagnostic services, has the second highest mortality rate for breast cancer in the South American continent. The age-standardized incidence of breast cancer in Argentina is 73 in 100,000 which is the highest breast cancer incidence in South America. Despite the provision of preventive and diagnostic services, 30% of breast cancer tumors are diagnosed at advanced disease stages. The National Cancer Institute of Argentina and the Plan for National Prevention and Control of Breast Cancer in Argentina are working towards reducing cancer mortality and cancer incidence at a national level. This is being addressed by maintaining three objectives: quality control, disease monitoring and coverage. The National Cancer Institute and the Institute's Plan for National Prevention and Control of Breast Cancer sustain their objectives through various avenues, one of which is investigational research for implementation. The Time 1 Survey study is currently being implemented to characterize the time-frames and barriers that Argentinian women face from the time of discovery of breast cancer signs and symptoms to the time a consult within the public healthcare system is first completed. One of the essential elements of a survey implementation study, is the training of surveyors. The goal of this summer internship work was to prepare the surveyors to successfully implement the T1 survey in their respective hospitals and increase survey success. Here, we present evidence that the training of surveyors is a positive component of survey implementation, especially when working at national level.

MOTIVATION AND ROADBLOCKS IN BEHAVIOR CHANGE FOR THE NUTRITARIAN WOMEN'S HEALTH STUDY. **T. Tomich.** Tucson. MPH Internship Committee Chair: S. Parker DrPH, MS. Site and Preceptor: Nutritarian Women's Health Study, Northern Arizona University - Dr. Jay Sutcliffe, PhD, RD.

The aim of this research was to create and utilize a validated survey to collect both quantitative and qualitative data on participants' motivation for behavior change with regard to diet among the participants of the Nutritarian Women's Health Study (NWHS). The Nutritarian Women's Health Study (NWHS) is a longitudinal intervention and opt-in study on the effect of the Nutritarian diet (plant-based, nutrient dense diet) on overall health. The study also examines the occurrence, recurrence, and progression of chronic diseases (including all forms of cancer, diabetes, heart disease, and stroke). It is an entirely online trial with about 2,500 women participants currently enrolled from across the United States. The intervention requires that participants partake in an educational program, learning about the benefits of eating a whole food, plant-based diet. Through the review of existing literature, a protocol for creating the survey was developed. The drafted questionnaire with 10 focused questions was tested, edited, and approved by the P.I. before being administered to the 2,500 participants within the study. The participants were given 1 month to complete the survey. Responses were collected from 1,160 participants and included both quantitative and qualitative data. The qualitative responses from the sample population (n<50% compliant) were then coded and analyzed. For greater levels of reliability, two separate investigators coded for prevailing themes within the responses. These codes were then compared and will be used to create future resources aimed at aiding participants to improve diet adherence and behavior change. Results showed that the majority of the participants were motivated to adhere to the diet because of an overall desire for health, for weight loss, and disease prevention.

THE USE OF ELECTRONIC MEDICAL RECORDS (EMRS) IN A STUDY ON PRENATAL CARE UTILIZATION BY REFUGEE WOMEN AT MARICOPA INTEGRATED HEALTH SERVICES, PHOENIX. **K. Sardar**. Tucson. MPH Internship Committee Chair: D. Taren PhD. Site and Preceptor: Maricopa Integrated Health System, Phoenix - Jeanne Nizigiyimana. MA, MSW.

The state of Arizona is among the top 10 resettlement states in the US and has received over 60,000 refugees since the US Refugee Act of 1980. Refugees face a myriad of social, economic, and psychological problems and pregnant refugee women are particularly at risk for adverse health outcomes for themselves and the baby. The Refugee Women's Health Clinic (RWHC) founded in 2008 is an initiative by the Maricopa Integrated Health System (MIHS) in Phoenix to provides culturally competent and linguistically appropriate health services to refugee women through their use of Cultural Health Navigators (CHNs) who are multi-lingual, bi-cultural refugee women working in conjunction with doctors and staff to provide integrated team-based patient management. My internship primarily involved extracting retrospective obstetric health data of refugee women from EPIC, the Electronic Medical Record (EMR) system used at MIHS and entering that data into a survey designed specifically for the ongoing study. While EMRs are used extensively in high-income countries like the US, according to the WHO 2015 survey on e-Health, only 57 of 125 countries (46%) reported having some sort of national EMR system. Other internship responsibilities included data cleaning, merging of old and new survey data and a literature review to update the manuscript for publishing the results of the study. The objective of the study is to examine the association of refugee status with prenatal care utilization patterns (Adequacy of Prenatal Care Utilization or APNCU Index) and maternal and neonatal delivery outcomes such as delivery complications, birth weight, gestational age at the time of delivery etc. I will present the steps that were used for data collection and data cleaning and share some of the preliminary results of the study.

INVENTORY OF HEALTHY EATING PROGRAMS IN SOUTHERN ARIZONA. **B. Wolf.**
Tucson. MPH Internship Committee Chair: D. Taren PhD. Site and Preceptor:
Tucson City of Gastronomy - Jonathan Mabry, PhD.

Following Tucson's designation as a UNESCO Creative City of Gastronomy in 2015, the 501(c)(3) Tucson City of Gastronomy (TCOG) was created to carry out the objectives of the UNESCO Creative Cities Network, to celebrate the diversity of the region's food infrastructure, to help the food community continue to thrive, and to raise community awareness of resources that exist in Southern Arizona. This internship project was developed to help TCOG understand the status of healthy food programming in Southern Arizona to help shape its future projects in this area. An inventory was conducted that included a broad definition of programs that promote healthy eating, including food production, distribution of food to low-income individuals, and education around not only nutrition but also culturally important and appropriate food. Approximately 20 meetings took place with organizational representatives to better understand the organizations' programs, their existing collaborations, and visions for the future. Snowball sampling was a successful strategy, as initial meetings led to many more contacts and ideas for additional areas to pursue. Some conflicting information came from these meetings, as some organizational representatives saw the benefit of the inventory, while others questioned its utility. Further, some saw a role for TCOG in improving organizational collaboration, while others believed that it should originate from the organizations themselves. Through this exploration, it became clear that Southern Arizona has an immense number of organizations and programs that promote healthy eating, and they collaborate extensively. It also became clear that for this community (or any community) to have a healthy food system or to be able to provide healthy food for its citizens long-term, food justice must be the focus.

Session II:
1:00 – 4:20

*Drachman Hall, Room A116 /
Phoenix Building 2, Room 2306*

Abstracts

PUBLIC HEALTH POLICY TRACKING AND ADVOCACY IN THE ARIZONA LEGISLATURE. **T. Giblin**. Phoenix. MPH Internship Committee Chair: D. Campos-Outcalt MD, MPA. Site and Preceptor: The Arizona Public Health Association - Will Humble, MPH.

Introduction: Public health policy controls the way that healthcare is distributed to the community, from federal and state resources. Each year the Arizona Public Health Association sifts through hundreds of bills in the Az legislature to find public health related policy to track it through the legislative process, and to advocate for its passing into law. Methods: Once a list of bills on the legislative floor was constructed, each bill was tracked from week to week through its different legislative committees. If updates are made regarding a bill, they are entered into the capitol's legislative session computer system. Information was collected each week and compiled into a master data table which contained the current status of the bill. Certain bills were advocated for through the capitol's 'request to speak' program. A policy report was also constructed to inform stakeholder groups about the innerworkings of one bill. Results: Many different bills that support public health policy were passed through their initial body of representatives. In the senate 15 bills were passed, and in the house 9 bills were passed of the 92 bills being tracked. They were then transmitted to the opposite legislative body for review and approval. If bills make it through both legislative bodies, they are transmitted to the governor for approval into law. Conclusion: It was determined that advocating for certain bills helps them obtain the necessary changes and approval from the legislative bodies. This was seen when bills were being discussed in different committees, and experts would explain the importance of a particular bill. Informed lawmakers were more likely to approve bills that had been discussed in detail. These bills will go on to hopefully improve the health status of many Arizonans in the future.

STRONG START FOR MOTHERS AND NEWBORNS: IMPACT ON OBSTETRIC TRIAGE VISITS. **E. Wolfenden**. Phoenix. MPH Internship Committee Chair: M. Moe Bell MD. Site and Preceptor: Maricopa Integrated Health System - Maria Manriquez, MD.

Introduction: The Strong Start for Mothers and Newborns Initiative was launched in 2012 as an effort to enhance prenatal services via a maternity medical home model of care. Previous data analysis showed an increase in the average number of OB Triage visits among SS participants compared to controls. Methods: This retrospective chart review was a subgroup analysis of high-frequency OB Triage users ($n > 2$ visits) among SS participants ($n = 87$) and non-SS controls ($n = 48$). Chief complaints were categorized by those that were medically similar and would require similar hospital resources. Complaints were further categorized using the OBCU Obstetrical Triage Acuity Scale, with levels of acuity 1-5 representing the range of high acuity (level 1) to low acuity (level 5). Results: Visits for labor complaints comprised 30% of all triage visits, followed by testing (17%) and abdominal/pelvic pain (16%). Likelihood of presenting to Triage with a labor related complaint was 0.55 ($p = 0.003$) in the SS cohort compared to controls. Using a linear mixed effects model, acuity score of SS complaints decreased by -0.033 ($p = 0.43$) per visit, compared to -0.052 ($p = 0.31$) in controls. Odds of presenting to Triage with a labor related complaint remained highest over time (OR 0.68) ($p = < 0.001$). Conclusions: High-frequency OB Triage users most commonly reported labor complaints upon intake, followed by testing and abdominal/pelvic pain. Members of the SS cohort were nearly half as likely to present to OB Triage with labor related complaints overall, however they presented with higher acuity complaints over time. Further research is necessary to remotely differentiate abdominal/pelvic pain complaints from those indicating labor, and to determine best practices to manage non-labor complaints outside of an acute care setting.

HEPATITIS C VIRUS KNOWLEDGE, ATTITUDES AND PRACTICES AMONG ARIZONA PROVIDERS. **L. Appleton**. Phoenix. MPH Internship Committee Chair: M. Moe Bell MD. Site and Preceptor: Arizona Department of Health Services - Lisa Villarroel, MD, MPH.

Background: There are roughly 80,000 people infected with hepatitis C in Arizona. Despite effective cures for HCV, treatment uptake remains low. We investigated whether the knowledge, attitudes and practices (KAP) of Arizona providers regarding HCV serve as a barrier to care for patients. Methods: We used a 40-question standard KAP survey, with up to four additional conditional questions. Questions were entered into Qualtrics and distributed through eight AZDHS and county-specific email listservs. Results: 77 participants completed the survey. True or false questions were converted to a binary scale with “1” representing a correct answer. Other knowledge questions were analyzed qualitatively. Attitudes questions were converted to a numerical score (1-5), with a 5 representing the most empathetic response. Practices questions were converted to a binary scale or analyzed qualitatively. Only 24% of providers answered all knowledge questions correctly. 71% of providers feel that HCV screening falls under their scope of practice. Despite feeling confident about who to screen for HCV (average Likert = 4.16), only 41% of respondents routinely screen for HCV. Most respondents preferred not to treat HCV as they felt that was outside their scope of practice (53%). The most common reason for lack of treatment was insurance coverage or cost concerns. Discussion: We showed that AZ providers have inadequate knowledge of HCV that drives insufficient clinical practices, despite believing HCV to be a public health threat. Their unfamiliarity with HCV and inherent biases towards some of these patients is in direct opposition to their perceptions regarding their own capability and comfort levels in caring for these patients, indicating a further gap in their awareness of HCV and the vulnerability that this patient population faces.

HEALTH POLICY IN ARIZONA: EXPLORING MEDICAID BUY-IN AS A MECHANISM TO MAKE HEALTH CARE MORE AFFORDABLE. **A. Slay.** Tucson. MPH Internship Committee Chair: J.Gerald MD, PhD. Site and Preceptor: Arizona House of Representatives - Alan Eder, MPP & Brenden Foland, MPA.

Policy development is a core function of public health that serves to protect and promote population health. The Arizona Legislative Internship provides students with an opportunity to facilitate public policy. Interns summarize bills and conduct policy research for legislators, and engage stakeholders in the policy-making process. In addition, policy staff are also tasked with researching topics legislators would like to learn about to help them form policy. One such area some Arizona legislators are interested in is Medicaid Buy-in programs. For the last couple years, Arizona has had only one health insurance provider per county on the Health Care Insurance Exchange for most of the state, and typically in rural areas. Some constituents say that health care insurance on the Exchange is too expensive or unaffordable. One solution people have proposed is to implement a Medicaid Buy-in program. A Medicaid Buy-in program would allow people unable to obtain employer-based health insurance to purchase a state Medicaid insurance plan at a lower premium than what is available on the Exchange. In order to inform the members of the Arizona House of Representatives about Medicaid Buy-in programs and its implications to the state, a policy report, brief, and presentation were conducted. Information in the report and presentation included: the populations who would and wouldn't benefit from a Medicaid Buy-in program, a summary of what policies and actions other states are doing and have done, and policy recommendations for Arizona. Based on the information provided, Arizona legislators can use this information to propose and pass the future policy to improve the Exchange and thus, the health of Arizona residents.

ONE-N-TEN MPOWERMENT PROGRAM: HIV PREVENTION EDUCATION IN LGBTQ+ YOUTH. **P. Do.** Phoenix. MPH Internship Committee Chair: G. Barker MBA, PhD. Site and Preceptor: One-n-ten - Joel Mills.

BACKGROUND: The U.S. Department of Health & Human Services has proposed to end the human immunodeficiency virus (HIV) epidemic by employing practices that target affected populations. Gay and bisexual men of all races and ethnicities are affected, but African American and Latino men are at greatest risk. This project focuses on adapting the Centers for Disease Control and Prevention's (CDC) Mpowerment Program. Mpowerment is a successful HIV prevention education model that addresses the needs of gay and bisexual men older than 18. The One-n-ten Mpowerment Program is a CDC pilot program designed for LGBTQ+ youth between the ages of 11 and 24. **METHODS:** The internship consisted of assisting the program coordinator in creating a One-n-ten education curriculum that measured the retention of information about HIV prevention through the use of pretests and posttests. **RESULTS:** There have been four successful sessions that included two PowerPoint lectures and two Jeopardy activities. The 25 youth participants scored an average 91% in posttest scores compared to their average pretest scores of 66%. PowerPoint lecture activity resulted in the best scores when compared to the Jeopardy activity. **CONCLUSIONS/RECOMMENDATIONS:** The pilot program improved the knowledge of HIV prevention among youth at One-n-ten. Although, the program proved to be successful in delivering program outcomes, there remain opportunities in advancing prevention amongst youth. HIV education is complex and becomes more difficult when targeted for youth. There are limited HIV prevention programs among youth today and there are no set standards on prevention education. Therefore, the One-n-ten Mpowerment staff should research all topics about HIV prevention, even adult-related material, and mold the information to make it appropriate for their youth program.

NUTRITIONAL ENVIRONMENT AND POOR HEALTH INDICATORS: A BIOMEDICAL INFORMATICS APPROACH. **C. Giblin**. Phoenix. MPH Internship Committee Chair: G. Barker MBA, PhD. Site and Preceptor: Phoenix VA Healthcare System - Hamed Abbaszadegan, MD, MBA.

INTRODUCTION: Studies have shown that as much as 60% of health is related to social determinants of health and environmental factors. Poor health indicators have been linked to consuming food prepared outside the home. The goal of this project is to utilize an EMR and a biomedical informatics approach in coordination with the Phoenix VA to determine if there is an association between nutritional environment and poor health indicators of BMI, HbA1c, and hypertension. METHODS: 21,052 food permits were obtained from Maricopa County Environmental Services on 12/14/2018. 11,564 records remained after systematic data cleaning. Permits were classified into categories of: grocery store, convenience store, restaurant, and restaurant subcategory of fast food. Geolocations were obtained from Google's Cloud Computing platform. ArcGIS was used to create point density heat maps on a relative scale and constant scale to visually display food deserts and food swamps. Patient EMR data was sourced from the Phoenix VA healthcare population. 2,350 patient records were selected based on HbA1c levels indicating diabetes mellitus 2 and an absence of other disease based on a Charlson comorbidity index. A Python program was used to assign a count of different types of food permits within various radii of each patient. The impact of nutritional environment on health indicators will be assessed with statistical analysis. RESULTS: A significant association between minimum distance to a convenience store and BMI was confirmed and a trend towards a significant association was found between grocery store density and BMI. CONCLUSION: This project shows that density of convenience stores and grocery stores in an individual's nutritional environment have the greatest impact on health indicators as opposed to restaurants and fast food locations.

OPTIMIZING HEALTH SERVICE DELIVERY OF PEANUT ALLERGY PREVENTION TO COMMUNITY HEALTH CENTERS THROUGH QUALITY IMPROVEMENT

METHODS. **N. Billias.** Tucson. MPH Internship Committee Chair: G. Barker MBA, PhD. Site and Preceptor: University of Arizona Asthma & Airway Disease Research Center - Heather Cassell, MD & Lynn Gerald, PhD, MSPH.

Food allergies continue to increase in prevalence every year. Peanut allergy has become a significant public health concern because it is the primary reason for food-related anaphylactic reactions that result in death. University of Arizona Asthma and Airway Disease Research Center's primary focus is to provide tools for preventative medicine to community healthcare centers. This project works to develop and improve the dissemination of the evidence-based peanut allergy prevention program based on the National Institute of Allergy and Infectious Diseases (NIAID) guidelines. Methods: By utilizing the Total Quality method of PDSA, we will increase awareness and understanding of the standard guidelines from NIAID to El Rio's pediatric providers. An online pre-assessment survey was distributed to evaluate current barriers and accessibility to this program for providers. Results: Approximately 44% of the 36 providers surveyed responded to the assessment (n=16). This was a representative sample and we obtained information about the knowledge, beliefs, and attitudes towards the peanut prevention program. About 69% were able to identify what increases the risk of a peanut allergy. Over 56% of the respondents were aware of a peanut prevention program yet most agreed that the program seemed unsafe and unfeasible, but they did agree upon the benefits due to the positive outcomes shown in research. Only 27% of the providers refer peanut diagnosed pediatric patients to a pediatric allergist, but 73% responded "sometimes." Conclusion: A PDSA cycle was performed with the internal team and will be used to begin a marketing campaign for this evidence-based program, designed to overcome identified barriers. The goal was to increase community awareness for this program through education and increase peanut allergy referrals at El Rio

A STUDY OF BARRIERS TO SURGICAL CARE FOR INDIVIDUALS WITH PARKINSON'S DISEASE. **S. Smith.** Tucson. MPH Internship Committee Chair: G. Barker MBA, PhD. Site and Preceptor: Banner University Medical Center Tucson – Department of Neurology - Willard S. Kasoff, MD, MPH.

Introduction: Parkinson's disease (PD) affects nearly one million Americans. The goals of my project are to identify whether individuals with PD are being informed of surgical-treatment by their primary care providers and to determine patients' overall attitudes towards surgical care. I developed a survey that was designed to identify the barriers associated with pursuing care for their PD. My internship site was located at Banner University Medical Center Tucson – Department of Neurology. Methods: To obtain data, I attended three PD support groups – one in Yuma, AZ and two in Tucson, AZ. At each of these support groups, I gave a presentation about the project, described the survey, asked for their participation, and distributed consent forms and surveys. I received a total of 36 completed surveys. After each support group, I input the survey results into Excel. Results: The data show the reluctance to pursue surgical care for PD stem from being afraid of surgery or complications from surgery (28%), PD isn't severe enough (28%), waiting for newer treatments (14%), afraid surgery wouldn't help PD (14%), and stigma of having an implant (14%). Furthermore, the participants' listed the following as the most important factors in deciding about surgery: knowing they could communicate with the surgeon before and after the surgery (83%), knowing that surgery would be done in the most technologically advanced way (81%), knowing the risks and benefits (81%), PD doctors' recommendation (78%), and knowing surgery would be done quickly and efficiently (78%). Conclusion: The results of this survey were beneficial to identify the factors that limit or prevent individuals with PD from pursuing surgical care. It is important to address these factors to improve health outcomes and quality of life in this population.

IMPROVING THE QUALITY OF ONCOLOGY PROGRAM SERVICES. **B. Wiley.** Tucson. MPH Internship Committee Chair: G. Barker MBA, PhD. Site and Preceptor: Tucson Medical Center - Stephanie Boreale, BA.

Introduction: The goal of this internship was to improve the quality of services for the Tucson Medical Center oncology program. This was accomplished by assisting with the accreditation of the pancreatic cancer program, working with administration on the strategic planning for the oncology program, performing a QI process to reduce LOS and changing eligibility criteria for the breast oncology grant program. Methods: For accreditation, a gap analysis was performed and a project plan was developed for National Pancreas Foundation accreditation. For the strategic planning process, a presentation was developed regarding the status and direction of the oncology program. To reduce LOS, a root cause analysis to identify discharge delays was undertaken. For the breast oncology grant program, a meeting was held with Pima County to learn about the Well Woman program and a gap analysis was completed. Results: The NPF application has been completed and the program is awaiting accreditation status. For strategic planning, the presentation was given to the executive board and they decided that the consistent growth of the oncology program justified the need to hire of a full time director. To reduce LOS, nurses will start asking patients about their cancer history during intake. For the breast oncology program, eligibility requirements for the TMC program now match the Well Woman program. Conclusion: The NPF accreditation for the pancreatic cancer program should help elevate the quality of care provided by this program. A full time director for the oncology program was hired as a result of the strategic planning presentation. The QI process may reduce LOS by decreasing gaps in care delivery for oncology patients. Eligibility changes for the breast oncology program should allow patients a smoother transition of care.

IDENTIFYING PUBLIC HEALTH'S ROLE IN THE LEGISLATIVE PROCESS. **K. Romero-Cardenas**. Tucson. MPH Internship Committee Chair: J. Gerald MD, PhD. Site and Preceptor: Phoenix, AZ - Heather Carter Ed.D.

Public health policy shapes social and structural environments at the national, state and local level. Telemedicine is a technological advancement that could expand access to health care, while lowering cost and improving quality. Currently, many states lack the regulatory framework to ensure parity across in-person encounters and telemedicine visits. Funding new public health initiatives requires a strategic approach that brings stakeholder and policy-makers together to solve problems. Despite an upfront cost for technology and infrastructure, telemedicine can be a cost-effective approach to increase access to care as many Arizonans must travel many miles or wait many months to see a specialist. Achieving reimbursement parity between in-person encounters and telemedicine visits could improve their access to care while saving medical costs. SB 1089 would expand coverage equivalency to include payment of healthcare services billed by telemedicine practices. SB 1089 has passed the Senate Health and Services Committee and passed the House Health Committee with a 7-0 vote. Now, the bill must pass through the Rules Committee and the Committee of the Whole (COW) before being sent back to the Senate for a final vote. If SB1089 passes these milestones then it will be sent to the Governor's desk to be signed into law.

**Session III:
1:00 – 4:00**

Drachman Hall, Room A118

Abstracts

UNDERSTANDING BARRIERS TO IMPROVING ACCESS TO WATER, SANITATION, AND HYGIENE IN RURAL TANZANIA. **R. Samarasinha**. Tucson. MPH Internship Committee Chair: A. Kilungo PhD. Site and Preceptor: Maji Safi Kwa Afya Bora Ifakara (MSABI), Tanzania - Askinia Lyambal.

Access to Water, Sanitation, and Hygiene (WaSH) is crucial to disease reduction and better health outcomes in populations. Poor handwashing alone poses significant health threats, contributing to diarrheal and parasitic diseases, and malnutrition for children under age five. Improving WaSH can lead to increased survival and better child development. Handwashing with soap is estimated to reduce diarrheal episodes by 47% (Curtis, 2003). Unfortunately, only about 4% of mothers and 5% of children use soap during handwashing after using the toilet in Tanzania (Hooks, 2008). Barriers to proper handwashing include financial limitations, accessibility, and availability of soap and clean, safe water. In the long run, these limitations shape behavior and cultural norms related to handwashing practices. Several methods were employed to gain a holistic view of handwashing in rural Tanzania, ranging from focus groups, health facility observation, water quality assessment, and discussion with a local non-profit partner focused on water access (Maji Safi kwa Afya Bora Ifakara [MSABI]). Information collected informed the development of the hand-washing training manual for rural Tanzania (Helping Hands: A Handwashing Manual for Rural Tanzania) to be used by local WaSH organizations to educate the community on proper handwashing practices and benefits. In addition to the manual, a video was filmed for MSABI to garner stakeholder support, grant funding, showcase water access services, and show the impact to the community. With limited government resources, gaining external funding to lower costs of services in low-income communities is crucial to providing access to sustainable, clean water sources.

META SALUD DIABETES: A PILOT STUDY OF A COMMUNITY HEALTH WORKER INTERVENTION TO PREVENT CARDIOVASCULAR DISEASE AND ITS COMPLICATIONS AMONG HISPANIC ADULTS WITH DIABETES. **M. Torres.** Tucson. MPH Internship Committee Chair: M. Moore-Monroy MA. Site and Preceptor: Mariposa Community Health Center - Tomas Nuno, PhD.

Meta Salud Diabetes (MSD) is a quasi-experimental pilot study conducted in partnership with community health workers (CHW) from Mariposa Community Health Center in Nogales in the Fall of 2018. The research project assessed the impact of the CHW intervention on clinical outcomes of cardiovascular disease (CVD) in Hispanics with diabetes. The MSD internship consisted of a 13-week educational program delivered in Spanish addressing healthy lifestyle promotion and disease management. Quantitative data was collected pre and post intervention to measure clinical, behavioral, and psychosocial risk factors for CVD. The preliminary results of the t-test analysis of the sample size of n=11 at baseline and n=9 at post-intervention reported decreases in clinical factors such as Hba1c (7.14 to 6.79), blood pressure (131/82 to 126/79), BMI (32.1 to 31.7), weight (190.1 to 189.3 lbs), and total cholesterol (160 to 157), though not statistically significant ($p>0.05$). Conversely, triglycerides increased more in magnitude (218 to 240) but remained in the high triglyceride category. The monitoring and evaluation of the implementation of the MSD curriculum through surveys and weekly observations revealed that the intervention was well received by participants and staff as the curriculum included culturally relevant components. The assessment of the effectiveness of this community-based participatory approach generated future recommendations for quality improvement, including the need for the development and implementation of a large-scale intervention to reduce diabetes disparities in Arizona.

RACIAL/ETHNIC DISPARITIES IN COLORECTAL CANCER SCREENING IN ARIZONA. **A. Wu.** Tucson. MPH Internship Committee Chair: J. Gerald MD, PhD. Site and Preceptor: University of Arizona Cancer Center - Zeenat Mahal, MD, DrPH, MS.

Introduction Colorectal cancer (CRC) is preventable through screening and despite increasing rates of screening overall, racial/ethnic disparities still exist. The objective of this study was to investigate factors that affect racial/ethnic differences in CRC screening among the Arizona population. Methods Arizona Behavioral Risk Factor Surveillance System data from 2012, 2013, 2014, and 2016 were analyzed with logistic regression modeling to examine the association between race/ethnicity and covariates with being up-to-date on CRC screening according to the US Preventive Services Task Force guidelines for adults aged 50 to 75. Results Compared to non-Hispanic whites, American Indian/Alaska Native (unadjusted odds ratio [OR]=2.52, 95% CI=1.76-3.61), Asian/Pacific Islander (OR=2.02, 95% CI=1.24-3.31), and Hispanic (OR=1.69, 95% CI=1.37-2.09) groups had higher odds of not being up-to-date on CRC screening. Adjusting for demographics, socioeconomic status, lifestyle behaviors, and health care access attenuated the results in most racial/ethnic groups but could not fully explain the disparities between non-Hispanic whites and American Indian/Alaska Natives (adjusted OR= 2.19, 95% CI=1.09-4.39). Conclusion Limited health care access, low educational attainment, being unmarried, and being self-employed are significant risk factors for not being up-to-date on CRC screening. However, lower screening rates for American Indian/Alaska Natives could not be explained by adjusting for these relevant risk factors. Further research is needed to explore other unique contributors in this specific population such as culture, language, and personal beliefs.

MIDTOWN FARM HEALTH IMPACT ASSESSMENT. **P. Gonzalez Martinez.** Tucson. MPH Internship Committee Chair: M. Moore-Monroy MA. Site and Preceptor: Flowers & Bullets Collective - Jesus (Tito) Romero.

Background: The internship focused on implementing a Health Impact Assessment (HIA) for the non-profit organization Flowers & Bullets Collective (FBC), whose mission includes improving the overall wellbeing of the Barrio Centro and Julia Keen communities through art and environmental sustainability projects. The objectives of the HIA aimed to assess potential health impacts of their Midtown Farm project. Methods: Data on the demographics, neighborhood characteristics, and current health outcomes of the communities were extracted from the US Census Bureau, MapTucson GIS, and CDC databases. A literature review was conducted on urban community gardens and their health impact on low-income communities in the U.S. CBPR methods were used to collect the perspectives of FBC on the impact of the Midtown Farm on overall health and wellbeing of their community. Technical assistance was provided to organize FBC goals and objectives for the farm. Results: The literature review (n=25) identified various positive impacts of urban farms such as increased consumption of fruits and vegetables, reduced stress, improved social connections, and community empowerment. The review provided the foundation for anticipating health impacts of the Midtown Farm. The project included working with FBC members to develop a number of products including a Midtown Farm impact graphic and logic model. These products specify FBC goals, objectives, and activities which will guide current and future program planning and evaluation. Conclusion: The Midtown Farm can positively impact the health of the community through several mechanisms. Further program evaluation is needed to determine how the farm will impact environmental factors and health outcomes after the completion of the farm and full implementation of program activities in the Summer of 2020.

SAFETY AND INJURY PREVENTION IN CIRCUS ARTS. **J. Gresko.** Tucson. MPH Internship Committee Chair: M. Moore-Monroy MA. Site and Preceptor: Circus Academy of Tucson - Katherine Tesch.

Abstract: Background: In Tucson, Arizona, circus arts classes are available at the Circus Academy of Tucson (CAT). The studio provides a safe space to participate in an alternate form of physical activity compared to traditional sports. Classes offered include aerial, contortion, and juggling. There is relatively little information regarding safety and injury prevention in circus and aerial arts. The project assessed current safety standards at CAT and reviewed current literature and resources to identify enhancements to safety and injury prevention policies and practices at CAT. Methods: A literature review, inspection of the CAT site, class observations, and interviews with parents/instructors were conducted. The assessment was conducted using community based participatory research methods. Results: Six academic journal articles, two documents from public access, a book written for aerialists and American Circus Educators (ACE) Safety Guidelines were included in the literature review. Nine parent interviews and seven instructor interviews were completed. Parents found the program to be safe. Primary concerns in the parent interviews were dehydration or overuse injury related to circus. Instructor interviews found that the policies and procedures ensured a safe environment. Several instructors suggested a need for more safety mats or padded floors as an enhancement to safety. Conclusion: Practicing circus arts provides many health benefits but may increase risk of injury that is comparable to other high impact traditional sports if not practiced safely. The results of the assessment revealed the high standards for safety and injury prevention at CAT. Some recommendations include reviewing the guidelines of ACE and obtaining more crash mats. More research should be conducted on circus safety standards.

UNDERSTANDING MEMBER WORKFLOW, REFERRAL PATTERNS, AND COMORBIDITIES AMONG MEMBERS OF CODAC'S MAT CLINIC. **K. Wang.** Tucson. MPH Internship Committee Chair: N. Yuan PhD, MPH. Site and Preceptor: Medication Assisted Treatment Clinic at CODAC - Steve Lee DBH, M.Div, MS, LPC.

Opioid use and overdose has been a health crisis in the United States during the past decade. In Arizona, CODAC Health, Recovery, and Wellness Inc is a subrecipient of the Arizona Opioid State Targeted Response grant to increase capacity and capability to serve those with an opioid use disorder. The primary purpose of the internship was to assess referral patterns and comorbidities among CODAC members. The secondary purpose was to understand how a member interacts with the agency and how information is included in the electronic health record. The intern became familiar with the process of an intake assessment and electronic forms that were commonly used. Data on demographics, referral patterns, and physical comorbidities were abstracted by a form that was developed by the intern and submitted to the agency's database analyst. Data from 815 members from 1/1/2018 to 6/27/2018 were abstracted to analyze the referral patterns. Out of 815 members, 80.9% of the members were self-referrals. To identify demographics and physical comorbidities, those without a primary care provider at CODAC were excluded leaving 191 members used for data analysis. The most prevalent comorbidities include anxiety (45.6%) and mood disorders (37.7%), hepatitis (15.7%), hypertension (11.0%), and asthma (7.9%). The most self-reported conditions include tobacco use (46.6%), chronic pain (20.4%), and hepatitis C (15.2%). High rates of mood affective and anxiety disorders, tobacco use, and hepatitis were documented. A major limitation identified was inconsistent data entry. Recommendations for improving data entry include ensuring that forms have easy to access areas for prompts with clear expectations or options for intake assessors. Improving the data collection methods is important for surveillance of health conditions and evaluation of programs.

DEVELOP A SECOND YEAR FRAMEWORK FOR THE ARIZONA FIRST RESPONDERS INITIATIVE. **N. Patel.** Tucson. MPH Internship Committee Chair: D. Derksen MD. Site and Preceptor: Arizona Center for Rural Health - Alyssa Padilla, MPH and Joyce Hospodar, MBA, MPA.

Background: In June 2017, Governor Ducey declared a statewide opioid emergency and in January 2018, the Arizona Opioid Epidemic Act was enacted. Arizona Department of Health Services (ADHS) partners with The University of Arizona Center for Rural Health (AzCRH) to train first responders including law enforcement and Emergency Medical Services (EMS) personnel to recognize opioid overdose, administer Naloxone, and learn to screen, briefly intervene, and refer for treatment (SBIRT-EMS) those identified with opioid use disorder. Objective: This project created an implementation plan to train first responders to recognize opioid overdose, administer Naloxone, form community partnerships, and coordinate with other Naloxone distribution, training, and administration programs in the Arizona. Methods: Arizona opioid overdose morbidity and mortality was researched using ADHS and other data and interviewing key staff involved in the project. Community partnerships were formed in-person, by email, and at local and statewide meetings. A visual summary of Naloxone programs was provided during these trainings and meetings. Results: A Gantt chart of the project's second fiscal year included meetings, email correspondence, interviews, workplans, and comparison documents and identified objectives, activities, and timelines for the project. The chart framework includes the three program areas: the statewide Naloxone delivery system, opioid overdose recognition and Naloxone administration training programs, and the SBIRT-EMS curriculum pilot program. Conclusion: The second year implementation framework illustrates the partners, Naloxone distribution, training, timelines, and communication to increase the number of first responders trained to administer Naloxone in Arizona.

SYSTEMATIC REVIEW ON THE EFFECTS OF IMPLEMENTING A COMMUNITY PARAMEDICINE PROGRAM. **J. Steinberg**. Tucson. MPH Internship Committee Chair: K. Schachter MD, MBA. Site and Preceptor: The Arizona Center for Rural Health - Bryna Koch, MPH.

The increasing prevalence of chronic disease, the accessibility of health care, the patterns of under- and over-utilization of care, the uninsured and underinsured, and rising health care costs are all important health care system issues in the United States. Community paramedicine programs are frequently cited as one possible solution to addressing access to health care. However, there is not a large body of research on the effectiveness of these programs in improving health outcomes. The purpose of this review was to find the existing research published on community paramedicine, evaluate the quality of the research performed, and propose avenues for further research. After completing a review of the existing literature, 10 research articles on community paramedicine matching the search criteria were revealed and reviewed. While these studies demonstrated that community paramedicine had positive outcomes for both community and individual health, further research using more rigorous methodologies is recommended. Recommended areas of focus for new research include: the effect of community paramedicine programs on managing specific conditions, using the available data on community paramedicine in the US to conduct further randomized controlled trials, conducting meta-analyses of the randomized controlled trials produced, and more research into the cost effectiveness of community paramedicine.

EVALUATION OF PEER-ASSISTED LEARNING STRATEGIES IN A FIRST GRADE AFTER-SCHOOL PROGRAM. **A. Seitz**. Tucson. MPH Internship Committee Chair: V. Nuño PhD, MSW. Site and Preceptor: Boys and Girls Club of Metropolitan Phoenix - Channing Laguna.

Background: Low literacy is associated with poor health outcomes, including disease markers, general health status, and low use of health resources. Low literacy prevention ensures students have a strong reading foundation early in their academic careers. The internship implemented and evaluated the Peer-Assisted Learning Strategies (PALS), an evidence-based supplemental literacy program that uses peer-tutoring to improve reading accuracy, fluency, and comprehension. Methods: Eleven first grade students participated in the PALS program, which involved lessons structured into five distinct activities: saying letter sounds, sounding out words, reading sight words, reading small passages, and partner reading. Students attended the program 2-4 times per week for 40 minutes per session. The total program duration was 15 weeks. The evaluation for this program was a reading test, where students were asked to read the final story presented in the PALS lessons. Students' times, number of errors, and number of times they were stuck or asked for help were recorded. Evaluation was done at three points: baseline, 7 weeks, and 15 weeks. Results: Of those 11 first graders, eight showed overall improvement in reading times, seven showed overall improvement in number of errors, and five showed overall improvement in number of times they were stuck or asked for help. Conclusion: With adaptations, PALS is a feasible and effective program for an after-school setting.

**Session IV:
1:00 – 4:00**

Drachman Hall, Room A120

Abstracts

EVALUATION OF THE SAFE DATES PROGRAM AT THE SOUTHERN ARIZONA AIDS FOUNDATION. **A. Byambadorj.** Tucson. MPH Internship Committee Chair: J. Ehiri PhD, MPH, MSc. Site and Preceptor: Southern Arizona AIDS Foundation - Violet Krieger, MS.

Background: Since 2015, after receiving funding from Arizona Department of Health Services, the Youth Life Project (YLP) team of Southern Arizona AIDS Foundation (SAAF) has been teaching Safe Dates program in high schools in Tucson. Between 2016 and 2018, a total of 919 students (52 cohorts/classes) participated in the program. Evaluation surveys were collected throughout the program. However, due to lack of human resources YLP was not able to analyze the collected data. The goal of this internship was to create database and analyze the surveys that were collected during the Safe Dates program so that results could be used to improve program implementation. Methods: 676 climate surveys and 768 satisfaction surveys were entered into the Google Excel sheet and Word Excel sheet. Demographics included 70% Hispanic/Latino and 24% sexual minority individuals. STATA 15.1 was used to perform frequency, prevalence, and p-value of data sets. Results: Satisfaction survey: 97% of students indicated that they were satisfied with Safe Dates program. Further, 87% indicated that their knowledge of dating abuse and healthy relationship enhanced, and 67% noted that their conflict management skills increased. Climate survey: At the beginning of the program, over 50% of students answered they did not know community resources for dating abuse. Out of the 65% of students who had been on a date before, 52.3% indicated that they had experienced psychological dating abuse, 30% had experienced physical abuse, and 16.3% had experienced sexual assault. Conclusion: YLP should include more exercises on conflict management and communication skills, as well as physical interactive activities, and include discussion topics based on the climate survey results. Overall, satisfaction with the program was high among the students.

ENHANCING CONTINUITY OF HIV CARE IN ARIZONA AND SONORA. **E. Capaci.**
Tucson. MPH Internship Committee Chair: J. Ehiri PhD, MPH, MSc. Site and
Preceptor: Arizona AIDS Education and Training Center - Alyssa Guido, MPH.

Introduction: In partnership with the Arizona Department of Health Services – Office of Border Health, the Arizona AIDS Education and Training Center collaborated with over 20 partners agencies across the U.S. and Sonora to coordinate a 2-day symposium aimed at increasing understanding of HIV care systems along the border and developing an opt-in HIV Meet & Greet program for patients living with HIV who are repatriated to Mexico. Methods: Representatives from over 20 agencies participated in the event with the objectives of identifying barriers and facilitators to maintaining continuity of care, developing community and inter-agency HIV networking opportunities, and development of preliminary recommendations for a pilot program to facilitate linkage of care between Arizona and Sonora. Results: The symposium laid the groundwork for further collaborative efforts and the development of a HIV Meet & Greet Protocol. More than 40 health service providers participated on Day 1: Tour of Sonoran HIV Care Facilities and Day 2: Bi-National HIV Care Continuity Symposium. A directory was created to share contact information for all attendees to build upon collaborative efforts moving forward. Evaluations demonstrated an increase in knowledge level and ability to provide quality HIV services. 100% of attendees indicated that the event content was either “good” or excellent” in regards to usefulness to their daily practice. Conclusion: The continued participation of partners for the development of future protocols that ensure access to HIV care for those repatriated to Mexico is significant with regard to border health. Lessons learned included the importance of collaborative efforts towards enhancing HIV care continuity along the border region and experience of the process involved in organizing and evaluating a binational event.

IDENTIFYING MOSQUITO LARVAL HABITATS IN SUBURBAN MARICOPA COUNTY, ARIZONA. **J. Luzingu.** Tucson. MPH Internship Committee Chair: K. Ernst PhD, MPH. Site and Preceptor: Cities of Chandler and Gilbert, Maricopa County, Arizona - Kathleen Walker, PhD.

Background Among more than 40 species of mosquitoes found in Arizona, *Aedes aegypti*, the vector of Zika virus, dengue, chikungunya and yellow fever has been present in the southwestern United States since approximately 1994. For effective implementation of mosquito control efforts, it is crucial to understand the distribution of mosquito species between and within communities and to identify mosquito habitats. This internship was part of a CDC-funded project designed to obtain information about the effectiveness of control strategies currently implemented by the Maricopa County Vector Control to reduce indices of *Ae. aegypti* mosquitoes. **Methods** The objective of this internship was to identify key larval habitats following implementation of standard mosquito control activities such as insecticide spray and larvicide application in Maricopa County. The study sites were in the cities of Chandler and Gilbert. Participants were recruited using flyers in study neighborhoods with high *Ae. aegypti* trap counts. Larval checks were conducted in participating households to identify key habitats of the immature stage of the mosquitoes. **Results** In total, 45 backyards were surveyed from which 6 were positive for mosquito larvae. From 150 wet containers checked, 12 were positive with *Aedes aegypti* larvae and 4 with *Culex* larvae. Fountains were the most frequent water containers that harbored *Aedes* larvae but there was wide variability in sites harboring mosquitoes including flowerpots/saucers and plastic buckets. **Discussion** Larval habitats in a very affluent part of Arizona where routine control is implemented are quite varied. Community members need to be trained to recognize a range of these sites to exercise control. **Conclusion** Proper management of water containers may reduce *Aedes* larval population in Maricopa County

EVALUATION OF MAGNETIC ION-EXCHANGE (MIEX®) RESINS IN POTABLE WATER REUSE. **D. Liu.** Tucson. MPH Internship Committee Chair: P. Beamer PhD. Site and Preceptor: WEST Center - Minkyu Park, PhD, MS.

This internship was conducted at the Water, Energy and Sustainable Technology Center with the Snyder Research Group to gain skills in water quality analysis, treatment, and reuse. Increased demand of reliable water resources has led to the implementation of potable water reuse programs such as the Orange County Groundwater Replenishment System (GWRS) in California, and around the world. Multiple barrier approaches consisting of ultrafiltration (UF, or microfiltration), reverse osmosis (RO, or nanofiltration [NF]), and UV-advance oxidation has been used as a standard in water reuse due to excellent barrier against organic contaminants and pathogens. However, such treatment is energy intensive due to RO membrane fouling. UF has been widely employed as pre-treatment for RO, but total organic carbon (TOC) removal is minimal (~20%) and sometimes insufficient to minimize RO membrane fouling. As an alternative, we propose using magnetic ion exchange (MIEX) resin. MIEX resins have strong base functionality, and allow exchanging of weak organic acid ions at neutral pH such as humic substances, which are major fractions of membrane fouling. The objective of this study is to investigate potential applications of MIEX in water reuse. It was found that as bed volume increased, cumulative TOC removal increased for tested wastewater effluents, but TOC removal rate decreased. Small beads of MIEX were more effective than larger in organic test parameters of removing TOC, total fluorescence and UVA254. Removal of negatively charged trace organic compounds such as diclofenac, acesulfame, sulfamethoxazole, and gemfibrozil was also observed. In addition, substantial NF membrane fouling reduction was observed with MIEX-treated wastewater effluent compared to non-treated effluent, indicating its potential use in NF fouling control.

THE BENEFITS OF TAI CHI PRACTICE ON HEALTH AND SYMPTOMS ASSOCIATED KNEE OSTEOARTHRITIS: A COMPREHENSIVE REVIEW OF SYSTEMATIC REVIEWS AND PILOT INTERVENTION STUDY. **D. Robles.** Tucson. MPH Internship Committee Chair: Z. Chen PhD, MPH. Site and Preceptor: The University of Arizona - Michael Dohm MD.

Introduction: Osteoarthritis (OA) is the most prevalent form of arthritis and is one of the top ten causes of disability worldwide. Tai Chi, a mind-body exercise, has been associated with improving knee OA associated symptoms such as pain and symptoms associated with a variety of health conditions. The first objective of this study is to assess the health benefits associated with Tai Chi in knee osteoarthritis patients. The second objective of this study is to review the diverse health benefits of Tai Chi and summarize our findings. Methods: We developed a pilot study where patients with knee OA will practice 90-minute Tai Chi 3 times a week for a 12-week period (8 modified forms from Yang Style). The primary outcome is motor function assessment via wearable inertial sensors LEGSys™ at baseline, during the intervention, and after 12-weeks. The secondary outcomes include pain and function scores, mindfulness, sleep quality, changes in Magnetic Resonance Imaging (MRI) of the brain and knee, and changes in body composition. We also developed a comprehensive review of systematic reviews to assess the health benefits of Tai Chi. The literature review was conducted using PubMed, EMBASE, MEDLINE, Cochrane Library, CINAHL, AMED, PsycINFO, Scopus, Web of Science, and PROSPERO from inception to December 2018. Results: The Institutional Review Board approved our pilot study and participants are currently being recruited. Our review was registered in the international prospective register of systematic reviews PROSPERO. A total of 872 articles were obtained. After screening the title and abstract, 338 articles remained. Finally, after a full-text screening, data extraction for 213 articles is currently in progress. Conclusion: Our clinical trial and systematic review are currently in progress.

CHARACTERIZATION OF RIFAMPIN-RESISTANT TUBERCULOSIS ISOLATES BY GENOTYPIC AND PHENOTYPIC CONCORDANCE IN ARIZONA. **M. Short.** Tucson. MPH Internship Committee Chair: K. Ellingson PhD. Site and Preceptor: Arizona Department of Health Services - Kristen Herrick, MPH.

Background: Mycobacterium Tuberculosis (TB) is a bacterium that causes over a million deaths per year globally. Of concern, over 500,000 individuals have acquired drug-resistant TB in the past five years. Rifampin is the primary drug used to treat TB and is becoming less effective with the rise in TB drug resistance. The standard drug susceptibility test (DST) used to identify rifampin resistance takes weeks, whereas new molecular tests (NAA/rpoB) can identify mutations in the rpoB resistance gene within days. The purpose of this study is to compare the validity and efficiency of the NAA/rpoB test compared to the current standard DST in Arizona. Methods: Inclusion criteria were, isolates must have been from Arizona TB cases and tested with both DST and NAA/rpoB platforms. All cases were reported to the Arizona State Department of Health Services and testing was done at the Arizona State Laboratory. Analyses were conducted with Statistical Analysis Software (SAS). Results: A total of 256 isolates fit the inclusion criteria. The NAA/rpoB had a positive predictive value of 54% and a negative predictive value of 99.5% compared to the standard DST. The NAA/rpoB test demonstrated 97% specificity and 85% sensitivity. The turnaround time for the NAA/rpoB test results averaged 1.9 days, whereas standard DST averaged 47 days. Conclusions: The results of this study show that the molecular test can accurately detect susceptibility to rifampin more than 4 weeks faster than the current standard DST at the Arizona State Department of Health Services. These findings suggest the potential for getting TB patients appropriate treatment sooner than with standard DST. Future studies can assess the feasibility of deploying the NAA/rpoB and should examine diagnostic validity among various clinical and epidemiological subgroups.

RYAN WHITE HIV/AIDS PROGRAM STANDARDS OF CARE RESEARCH IN SANTA CLARA COUNTY. **G. Peterson.** Tucson. MPH Internship Committee Chair: R. Harris PhD, MPH. Site and Preceptor: Santa Clara County Health Department - Supriya Rao, MPH.

Human Immunodeficiency Virus (HIV) is a chronic illness whose progression to life-threatening Acquired Immunodeficiency Syndrome (AIDS) can be mitigated with antiretroviral medications when taken consistently and when other health needs are met. The provision of meals, transportation, emergency housing, and other essential services for HIV-positive individuals otherwise unable to afford them has been made available through the federally-funded Ryan White HIV/AIDS Program (RWHAP). While the Health Resources and Services Administration (HRSA) has published basic guidelines for delivery of RWHAP services, individual counties determine specific Standards of Care (SOC) for their providers who seek RWHAP funds. This internship aimed to develop updated SOC guidelines for the services provided by Santa Clara County Health Department (SCCHD) under the RWHAP funding. Methods & Results: This internship involved research and literature reviews for standards of care being utilized in other counties throughout the United States using documents published online by County or State Health Departments. In consultations with epidemiologist Supriya Rao on the needs and best fit for Santa Clara County, guidelines were reviewed and revised for two service areas. The primary outcome was production of a set of up-to-date SOC guidelines that incorporated specific changes in state SOC requirements for the county. Separate SOC guidelines were completed for two of the planned service categories: food and outpatient services and each category included over six specific requirements that will be mandated for use by SCCHD providers. Conclusion: Developing an updated set of SOC guidelines will ensure the provision of high-quality services that match current needs of AIDS patients living in the county.

EXPLORING BIRTH PREFERENCES AND DELIVERY OPTIONS TO IMPROVE BIRTH OUTCOMES. **C. Meyer Krause**. Tucson. MPH Internship Committee Chair: B. Duncan MD. Site and Preceptor: El Rio Health - Greta Gill, CNM.

Introduction: Birth center prenatal care and delivery are shown to have improved maternal and infant birth outcomes for women without medical complications and should be utilized for women who prefer this method of delivery to improve population health. This internship project aims to understand birth preferences of patients and the design for prenatal care and delivery at a Federally Qualified Health Center (FDHQ). Pregnant women are randomly assigned or choose based on personal recommendations, without considering medical risk factors to one of three options for prenatal care: the OB/GYN clinic with physicians, the Midwifery Clinic (MC), and the underutilized Birth Center (BC) with midwives. Most patients without medical complications, deliver at a local hospital, while those receiving midwifery care can deliver at BC. The goal of the project is to explore patient preferences and the FDHQ's prenatal care system to improve patient outcomes by matching patient preferences and medical risk factors to the care team. Methods: Semi-structured interviews were conducted with women at MC where most patients deliver at a hospital but medically qualify for BC delivery. From the preliminary data, surveys were created and completed by pregnant patients. Results: Results show that only 55% of those interviewed and surveyed are aware of BC. In addition, 54% were interested or maybe interested in delivering at BC. Nearly 47% desired an unmedicated birth and an additional 10% were undecided. Discussion: The lack of knowledge of BC by medically qualified and interested patients adds to the underutilization of BC. Asking initial screening questions and providing information prior to prenatal care can guide patients to their appropriate care team and place of delivery. Utilization of BC and patient health would potentially improve.

PREPARATION FOR A COLLABORATIVE STUDY ON ASSISTING WIC-ELIGIBLE MOTHERS IN MONITORING AND DETECTING RAPID AND/OR EXCESSIVE WEIGHT GAIN IN THEIR INFANTS TO DETECT AND PREVENT CHILDHOOD OBESITY. **R. Leih.** Tucson. MPH Internship Committee Chair: B. Duncan MD. Site and Preceptor: Children's Medical Center - Jessica Schultz MD.

Infants who experience rapid weight gain in the first year of life are over three times more likely to become overweight or obese later in life. It has been well-reported in the literature that conversations between physicians and mothers about growth monitoring are minimal, including in a recent study conducted by MEZCOPH faculty in which WIC-enrolled Latina mothers reported limited conversations with physicians about child overweight status. This study seeks to understand whether prevention-based initiatives focused on empowering mothers to track and address rapid and/or excessive infant weight gain can assist them with successfully identifying and preventing progression to obesity. Maternal growth monitoring is a novel approach to potentially prevent childhood obesity because growth monitoring is generally the sole responsibility of the physician. This internship project focused on preparing materials for the future research study. A unique paper-based growth monitoring chart was updated and improved utilizing both feedback from a focus group of Medical Assistants at Children's Medical Center and literature from the CDC, WHO, and American Academy of Pediatrics. A corresponding web-based phone app was developed, both to enhance maternal tracking of infant growth beyond the paper-based chart and to assess the efficacy of a simplified growth-tracking format. Additional deliverables to assist with the future study include a training video for participants and an implementation plan outlining the elements necessary to apply for grant funding and launch the future study. The ultimate goal is that the monitoring tools created will assist families with building health literacy and confidence in their capacity to track and support their infant's healthy growth and prevent childhood obesity.

**Session V:
1:00 – 4:00**

Drachman Hall, Room A122

Abstracts

AN INVESTIGATION OF THE UNIQUE CHALLENGES FOR HOMELESS WOMEN & CHILDREN IN PIMA COUNTY. **J. Casillas**. Tucson. MPH Internship Committee Chair: M. Moore-Monroy MA. Site and Preceptor: Pima County Community Development and Neighborhood Conservation Department - Jennifer Felix, MSW.

Introduction Homelessness is an ongoing public health concern. The most recent PIC count (Point-in-time), revealed 1380 homeless individuals in Pima County. The population of homeless women and children are often undercounted due to social, legal, logistical and political factors. The work conducted in collaboration with Pima County Community Development and Neighborhood Conservation Department was a continuation of previous research projects. The goal of this internship was to collect and interpret data to contribute to the strategic plan to address homelessness in Pima County and to understand the unique challenges and assets of homeless women and children in the county. Methods Surveys were adapted from the Community Assessment Report & Program Plan (December 2017 by Cecy Cuevas and Samantha Reznik) for maintaining continuity between projects. This survey instrument was tailored to identify barriers to accessing services for currently homeless mothers and attitudes towards peer support. Surveys were available in English and Spanish and administered to homeless mothers and service providers at 3 support sites. Results A total of 59 surveys were completed, 17 from service providers, 42 from homeless women. Initial results include: 56.4% stated it was their first time in a homeless shelter; the average length of stay was 7.72 months; 30.8% of the women indicated that eviction or foreclosure led to homelessness; 41% attributed eviction/foreclosure to reduced work hours/laid-off; 24% of attributed eviction/foreclosure to domestic violence; 63% of the women had lived with family, friends, in a vehicle, or motel/hotel since becoming homeless. Conclusion The results of the assessment will be used to inform funding decisions and will contribute to the ongoing strategic plan at Pima County CDNC to end homeless in Pima County.

PINAL COUNTY 2017-2018 INFLUENZA SEASON REVIEW. **C. McKaughan**. Tucson. MPH Internship Committee Chair: K. Pogreba-Brown PhD, MPH. Site and Preceptor: Pinal County Health Department - Clancey Hill, MPH.

Influenza is an endemic as it comes every year. Pinal County strives to improve public opinion of influenza and therefore improve interventions, especially with a One Health perspective. It is central to first understand how unusually high the numbers of flu cases were in the 2017-2018 flu season in Pinal County compared to the past seasons. It gave the research context as it was an extremely elevated flu season while also providing the unique perspective of seeing how a county health department handles both elevated and average flu seasons. Death certificates and positive flu results through MEDSIS were compared for all the residents of Pinal County during the 2017-2018 influenza season. The new data set was analyzed for any significant findings. To achieve the internship objectives, the software used were Microsoft Excel and SAS Enterprise Guide. The new data set was categorized by each individual case by analyzing the ICD code found on their death certificates which explained the cause of death. 70 cases with viable data were used in the analysis. Inclusion criteria included being Pinal residents who passed away and tested positive for the flu within three months of their death. Using the CDC guidelines, only 14 patients would be considered as “death by flu.” The data revealed that 40 patients tested positive for influenza within one month from the date they passed away. These cases represent a large percentage of the total amount of cases which indicates influenza might have been an aspect of their declining health while not considered the main cause of death. Public Health Preparedness should focus on the potential of an influenza outbreak based on the burden of disease, likelihood it could occur, and the current inability to provide medical care for every resident during an emergency.

IMPLEMENTATION OF YOUNG LEADERS RISE SUMMER ACADEMY IN SANTA CRUZ COUNTY. **L. Esquivel.** Tucson. MPH Internship Committee Chair: E. Jacobs PhD. Site and Preceptor: Nogales, AZ - Maya Donnelly.

Santa Cruz County (SCC) is a predominantly Hispanic community where 22% of families live under the federal poverty line and the median household income is \$39,630. With less than 25% of residents having a bachelor's degree, students often lack proper guidance and financial support to attend college. Young Leaders RISE is a pilot health education program that was created to provide high school students in SCC an interactive health sciences summer program to increase students' interest in pursuing higher education in a health-related career. RISE was a 5-day program that consisted of recreational outdoor activities to promote exercising among youth, public health seminars addressing current health issues, and college workshops to launch students' college searches. The purpose of RISE was to expose students to real world problems and to introduce new career options to consider. The seminars were meant to inspire and encourage students at a young age to find a career they are passionate about and pursue their goals. After the culmination of the program, 87% of students agreed that RISE had influenced them in considering a health-related career for the future and 71% went on to express an interest in working in limited-resourced communities. Concerning exercising habits, 100% of students agreed that they would continue exercising. RISE's main interest was making the program enjoyable and providing an interactive learning environment that is open for discussions. Post-assessment surveys demonstrated that 97% of students would recommend the program to their peers, and 92% rated RISE as 'better than usual.' In the first year of the program, there were 47 participants and Young Leaders RISE hopes to continue the program every summer to reach more students in hopes of increasing college graduation rates in SCC.

INVESTIGATION OF REPORTED SICK BUILDING SYNDROME AT THE UNIVERSITY OF ARIZONA. **J. Jimenez**. Tucson. MPH Internship Committee Chair: K. Ellingson PhD. Site and Preceptor: University of Arizona Risk Management - Steve Holland, M.S.

Sick Building Syndrome (SBS) is a term used to describe acute health effects reported by building occupants experiencing symptoms that seem to be related to time spent in the building, when no other specific illness can be diagnosed. Several employees working out of a building on the University of Arizona Main Campus, Steward Observatory, have been reporting sinus, respiratory, and other SBS symptoms that they strongly believe to be associated with contaminants in their work environment. A risk management team for the University issued a request for partners in MEZCOPH to conduct an investigation to determine whether or not the reporting of symptoms at Steward Observatory is abnormal for a University building, and to determine what the potential causes of any symptoms may be. Data was collected from University employees subscribed to a listserv for Steward Observatory, and from employees subscribed to a listserv for Gold-Simpson, which was used as a control. Data was collected via a modified questionnaire based on the validated Örebro MM040, the standard tool used for assessing SBS symptoms in workplaces. This tool was altered to include a partial section of Dwyer and Ganster's 22-item scale for assessing levels of job control, a psychosocial variable that has been associated with SBS in recent literature. Two sample tests will be used to assess whether or not there is statistically significant differences in reported SBS symptoms, reported environmental risk factors, and reported job control between the two buildings. Linear regression models will be used to assess the relationship between individual risk factors and SBS symptoms reported. A multiple linear regression model will be used to describe the adjusted effects of workplace, job control, and reported environmental risk factors on reported SBS symptoms.

ASSESSING VARIATION IN SMOKING-RELATED SYMPTOMS BY HORMONAL CONTRACEPTIVE USE IN PREMENOPAUSAL WOMEN. **K. Souders**. Tucson. MPH Internship Committee Chair: E. Jacobs PhD. Site and Preceptor: University of Arizona College of Medicine, Department of Family & Community Medicine - Alicia Allen, PhD, MPH.

Introduction A reported 75% of female smokers want to quit smoking but are unsuccessful. Preliminary research suggests that fluctuating smoking-related symptoms (SRS) caused by hormonal variations may make smoking cessation more challenging for women. This study aimed to examine menstrual cycle variability in SRS among premenopausal women using hormonal contraceptives compared to those who do not. Methods The study sample was recruited using targeted Facebook advertisements (n=103). All participants were premenopausal women, ages 18-35, who smoked ≥ 5 cigarettes per day. Participants were identified as naturally cycling (n=30), monophasic oral contraceptive users (n=34), or Depo-Provera users (n=39). Ecological Momentary Assessment (EMA) methods were used to collect daily information on smoking behaviors and SRS. Participants also completed dried blood spot cards once a week, providing lab values on hormone levels and nicotine markers throughout the menstrual cycle. Results Preliminary analyses of reported daily cravings, stress, and premenstrual pain suggest that there are differences in SRS across the menstrual cycle by hormonal contraceptive use, with greater SRS variance in naturally cycling women compared to oral contraceptive and Depo-Provera users. Investigation of other reported outcomes is still underway, as are lab analyses of dried blood spot samples. Conclusion Initial findings support previous research suggesting that oral contraceptives and Depo-Provera may stabilize SRS throughout the menstrual cycle, and thereby promote successful quit attempts in premenopausal women. In the long-term, this research may provide the foundation for a novel intervention for smoking cessation through the prescription of hormonal contraceptives.

PATH TO WELLNESS: COMMUNITY ENGAGEMENT FOR CHRONIC DISEASE PREVENTION. **T. Mangaoang**. Tucson. MPH Internship Committee Chair: E. Jacobs PhD. Site and Preceptor: National Kidney Foundation of Arizona - James Ivie, PhD, LCSW.

The National Kidney Foundation of Arizona has developed an intervention model called Path to Wellness (PTW) that cultivates community engagement for chronic disease prevention. The model is comprised of recurring cycles of outreach, screening and follow up. PTW provides a free comprehensive health screening to the community. These screenings are a part of an ongoing research study for individuals that are at risk for heart disease, diabetes, and kidney disease. In this intervention, the MPH intern assisted in managing data collected from program participants and further identified opportunity areas for protocol design. The intern's primary goal was the development of the follow-up phase of the intervention. The intern refined the follow-up questionnaire, and formulated data sheets that automatically coded data collected from the screening phase then analyzed descriptive data regarding the screened population. Program participants of PTW included a large proportion of participants from traditionally underserved populations. The majority of the participants had no health insurance and no regular doctor or clinic. The overall health assessment from screening at the time of the internship showed that more than half of the participants were either overweight or obese, a quarter already had diabetes, a quarter suggested signs of hypertension and a quarter of the participants showed evidence of kidney damage. Path to Wellness is a useful intervention model that does not just screen and diagnose participants; but also includes connecting participants to primary care resources to which they often do not have access, or of which they are unaware. The project introduced the intern to many aspects of public health such as community outreach, collaboration with other agencies, and patient services.

EVALUATING THE STRENGTH OF ASSOCIATION OF HUMAN PAPILLOMAVIRUS INFECTION WITH PENILE CARCINOMA: A META-ANALYSIS. **C. Catalfamo**. Tucson. MPH Internship Committee Chair: L. Dennis PhD, MS. Site and Preceptor: Mel and Enid Zuckerman College of Public Health, University of Arizona - Heidi Brown PhD, MPH.

Introduction: Human papillomavirus (HPV) is a common sexually transmitted infection that is strongly associated with cervical cancer. A link to penile cancers has been suggested. We sought to assess the strength of association of HPV infection with penile cancer by meta-analysis. Methods: A literature search to identify population-based studies evaluating the risk of HPV infection with penile cancer was conducted via PubMed, Google Scholar, and Web of Science databases through January 2019. Studies included in the pooled analyses needed to present odds ratios (ORs) comparing penile cancer cases to non-cases by HPV exposure status. They were stratified by (1) type of HPV, (2) test used to determine past HPV infection, and (3) the penile cancer type. Pooled analyses were conducted for each stratum with at least 2 independent studies using fixed-effects and random-effects models. Results: While 9 articles representing 6 studies fit the inclusion criteria, there were only 5 independent studies identified for pooled analysis. Two or three studies reported strata for invasive cancer with HPV16 based on serologic response to L1 virus-like particles and self-reported anogenital warts infection with both in situ and invasive carcinoma. HPV16 (pooled odds ratio (OR) = 2.5 [95% confidence interval (CI): 1.6, 3.9]) and anogenital warts (pooled OR = 7.1 [95%CI: 4.4, 11.5]) were associated with penile cancer. Conclusion: The pooled ORs indicate HPV infection is associated with penile cancer, however the 95% CIs are wide due to the small number of studies pooled. More population-based studies are needed to provide support for the increased ORs observed between HPV infection and penile cancer.

THE ADAPTATION AND EVALUATION OF HEALTHY2BME SUMMER CAMP. **H. Zarnegin.** Tucson. MPH Internship Committee Chair: D. Garcia PhD. Site and Preceptor: Canyon Ranch Center for Prevention & Health Promotion, Collaboratory for Metabolic Disease Prevention & Treatment - Nicole Bergier, BA.

Introduction Healthy2BMe is a summer camp to empower underserved and refugee children ages 7-11 years to improve their overall wellbeing through educational, supportive, and engaging public health-themed camps. Methods Sixty-three campers (n=26 girls; n=32 boys) participated in 4-weeks of camp in 2018. Quantitative data was collected from campers who completed both pre-post questionnaires. Data was collected through post camp/90-day follow-up parent questionnaires from 18 parents/guardians. The questionnaire format used visual methods to accommodate low literacy levels. Quantitative and qualitative data was collected in the following categories; knowledge, attitudes, and behaviors in relation to diet, physical activity, sun safety, hand washing, smoking/tobacco use, and kindness. Qualitative data was collected to refine the curriculum to be inclusive of all literacy/language abilities. Results Ninety-two percent (n=58) of campers completed both pre-post questionnaires. Eighteen parent post camp questionnaires were completed and 15 completed the 90-day follow-up. When comparing pre and 90-day follow-up parent questionnaires, increases in children's knowledge and attitudes towards healthy foods, fruit and vegetable consumption, physical activity, and hand washing was observed. There was no change in the measure of kindness. In response to qualitative data collected, two example videos to implement the curriculum were created and pilot tested, but not formally assessed. This method may be utilized within future camp sessions for children with limited English proficiency. Conclusion Healthy2BMe resulted in significant improvements of children's knowledge and attitudes towards healthy behaviors short-term. Future directions should determine if these improvements can be sustained long-term and impact overall health.

A SHORT MESSAGING SERVICE (SMS) LIFESTYLE BEHAVIOR CHANGE BASED INTERVENTION IN LATINA CANCER SURVIVORS. **S. Yatsenko**. Tucson. MPH Internship Committee Chair: C. Thomson PhD, RD. Site and Preceptor: University of Arizona Collaboratory - Angela Yung BS, RD.

Background Cancer, obesity, diabetes and cardiovascular disease are prevalent in the Latino population. Informal caregivers provide more than half of care to cancer survivors and are at increased risk for chronic conditions. Evidence-based guidelines by the American Cancer Society are designed to address risk of cancer and chronic disease by promoting healthy lifestyle behaviors. The purpose of this study was to test feasibility and acceptability of text messages about cancer preventive health behaviors to cancer survivors and caregivers residing in Southern Arizona. Methods Participants received 28 messages over a 2-week period. Messages were translated to Spanish and tailored for cultural relevance. Two messages were sent daily, followed by a polling message assessing acceptability. Content included diet, stress management, and physical activity tips. 75% of the messages utilized an informative approach, while 25% utilized a motivational/emotional approach. Survivors and caregivers received the same text messages. Participants completed a semi-structured exit interview by telephone. Results 14 cancer survivors and 6 caregivers participated in this study; 78% Hispanic, 5% African American, and 17% Caucasian. Motivational/emotional and informative lifestyle behavior change messages were found useful and culturally appropriate by 85% of participants and 100% of participants reported texting as a preferred form of communication. Qualitative data from exit interviews is undergoing thematic analysis to inform the next iteration of messages. Conclusion Cancer survivors and their informal caregivers need cost-effective, low-burden solutions to increase awareness of healthy lifestyle behaviors. In this study Latina cancer survivors and caregivers found lifestyle behavior text messages to be useful and non-intrusive.

**Session VI:
2:20 – 5:00**

Phx Building 2, Room 2206

Abstracts

POLICY IMPLICATIONS FOR MIDWIFE SCOPE OF PRACTICE LEGISLATION. **T. Heckle.** Phoenix. MPH Internship Committee Chair: M. Moe Bell MD. Site and Preceptor: Arizona Department of Health Services - Megan Whitby.

Purpose: Recent legislation allows the Arizona Department of Health Services to write and enforce the Midwifery section in the Scope of Practice rules. This project evaluates the safety of vaginal birth after cesarean (VBAC) for planned home births versus planned hospital births. Methods: This was a review of birth certificate data for women who gave vaginal birth, from July 1, 2014 to June 30, 2018, after one cesarean section, and their respective offspring. Data was described in four groups based on the provider and location of the attempted VBAC: physicians in hospital, CNM/CM in hospital, CNM/CM in home or birthing center, and CPM/LM in home or birthing center. Data included maternal demographics, maternal risk factors for poor outcomes, and characteristics of the labor course (Table 1), as well as maternal and neonatal outcomes (Table 2, Table 3). Results: In this four-year period, 6,971 low-risk VBACs were attempted in Arizona and 1,219 resulted in a repeat cesarean. Women who underwent planned home birth were more likely to have an education level of high school or greater ($p < 0.001$) and to pay with private insurance or self-pay ($p < 0.001$). Women who elected hospital births by physicians were more likely to have induction of labor ($p < 0.001$), augmentation of labor ($p < 0.001$), epidural during labor ($p < 0.001$), and antibiotics during labor ($p < 0.001$). Hospital births by physicians were less likely to result in successful NSVD ($p < 0.001$) and more likely to result in repeat cesarean ($p < 0.001$). Conclusion: Only 78 VBACs have been attempted by CPMs or LMs at home or in a birthing center, and many variables did not show differences between groups due to the small number of subjects. We hope to strengthen our data as more VBACs are performed in Arizona to provide evidence-based recommendations for Scope of Practice policy.

A MULTIVARIATE LOGISTIC REGRESSION ANALYSIS OF ENVIRONMENTAL RISK FACTORS FOR DEATH FROM MELANOMA IN ARIZONA. **S. McMahon**. Phoenix. MPH Internship Committee Chair: M. Moe Bell MD. Site and Preceptor: University of Arizona College of Medicine - Phx, Arizona Department of Health Services - Mark Fischione, MD.

Melanoma is a devastating cancer that arises when melanocytes divide in an uncontrollable manner; the most commonly known risk factor is sun exposure. This malignancy can spread to nearly any tissue within the human body and is of particular interest to the Arizona Department of Health Services (ADHS) due to the high levels of sunlight Arizona residents experience. Our objective was to identify potential associations between environmental factors (such as county of residence, gender, and military status) and melanoma as a cause of death compared to all other causes of death among Arizona residents who were diagnosed with invasive melanoma at some point in time and died between 2008-2015. This was a retrospective case-control study based on death certificates. Data was collected and linked from both the Electronic Death Registry System (including DAVE) and the Arizona Cancer Registry for a total of over 3,000 cases. Thus far, we have found a negative association between military service and melanoma as a cause of death compared to any other cause of death. We have also found that females were more likely than males to have died from their melanoma rather than from another disease. These associations are guiding the development of our two deliverables, namely our promotional materials for Arizona physician offices and our recommendation report. Once we find the most significant associations, we additionally intend to publish our findings.

PHYSICAL, EMOTIONAL/PSYCHOLOGICAL, AND SEXUAL ABUSE ANALYSIS BASED ON VICTIM CHARACTERISTICS. **S. Salefsky**. Phoenix. MPH Internship Committee Chair: M. Moe Bell MD. Site and Preceptor: University of Arizona College of Medicine - Phoenix - Khaleel Hussaini, PhD.

Purpose: About 25-35% of women and 7-16% of men experience abuse in their lifetime. In this study, patient characteristics and associated diagnoses were evaluated with respect to the patient's gender in order to evaluate for differences between female and male victims. Methods: Data from the Healthcare Cost and Utilization Program (HCUP) from Arizona in 2007-2012 were evaluated. There were 3369 cases of abuse retrospectively evaluated – 2836 cases of physical abuse, 55 cases of emotional abuse and 478 cases of sexual abuse. Results: There is a statistically significant increase in average age for the patients diagnosed with emotional abuse (62.1 years old) versus physical abuse (47.4 years old) or sexual abuse (43.0 years old). Other significant findings include: an elevated occurrence of psychosis as a chronic condition in victims of emotional abuse (26.5%) and sexual abuse (25.4%), increased number of chronic conditions in patients diagnosed with emotional abuse (5.68), and increased number of surgeries (24.5% of patients) and procedures required (1.41) in patients diagnosed with physical abuse. The five most commonly associated diagnoses are superficial injuries/contusions, intracranial injuries, skull/facial fractures, crushing/internal injuries and other fractures. All of these are seen most in patients with physical abuse. Skull and facial fractures are three times more common in females who suffered from physical abuse than males (16.6% of females and 5.66% of males). Conclusions: While the analysis of this data does not point to any specific criteria that can help to identify and protect patients at risk for abuse, additional research should be performed to further understand the associated factors, the roles these factors play in abuse victims, and the effect of screening male patients for abuse.

THE EVALUATION OF THE EFFECTS OF THE MOVE+ VS STAND+ INTERVENTIONS IN THE WORKPLACE ON SNACKING. **A. Cook**. Phoenix. MPH Internship
Committee Chair: M. Moe Bell MD. Site and Preceptor: Arizona State University - Dr. Matthew Buman, PhD.

Introduction: Snacking habits could be contributing to the prevalence of obesity. Snacking patterns can be influenced by the workplace environment. Research on workplace sedentary interventions has been conducted, but there is currently little data on their impact. The purpose of this study is to determine the effect of workplace sedentary interventions on snacking and explore the nutritional value of snacks. Methods: The Move+ and Stand+ interventions were implemented into 24 worksites in Phoenix, AZ and Minneapolis/St. Paul, MN. Snacking data was collected through the ASA24 Recall System at 0, 3, and 12 months. Data was separated into snacks including and excluding plain water. Mean outcomes were calculated for calories, protein, total fat, carbohydrates, sugar, iron, vitamin D, and cholesterol on a per snack basis. A linear mixed model was used to compare the Move+ vs Stand+ snacking outcomes over 0, 3, and 12 months. Results: There was a significant difference in calories and total fat between Move+ timepoints 3 months and 12 months in snacks excluding plain water, but this was determined to not be clinically significant. There was no other significant difference found in mean outcomes or the linear mixed models for Move+ and Stand+ groups. By discussing Recommended Dietary Allowance values, snacks were found to contribute between 5%-15% to protein and carbohydrate RDAs. With an average individual eating 2.2 snacks per day, participants were eating between 267 kcals to 323 kcals in snacks per day. Conclusion: Although the sedentary interventions did not significantly impact snacking, these interventions do have the potential to burn a significant amount of calories over time as well as fight sedentary behaviors. Overall, this study provides needed data on snacking patterns in the American workforce.

EXPANSION OF THE FORENSIC NURSING EXAMINATION TO SCREEN FOR TRAUMATIC BRAIN INJURY FOLLOWING INTIMATE PARTNER VIOLENCE. **B.**

Ralston. Phoenix. MPH Internship Committee Chair: M. Moe Bell MD. Site and Preceptor: HonorHealth Forensic Nursing - Charles Finch, DO.

Introduction: Intimate partner violence (IPV) causes harm to an estimated 42 million victims each year. Routine forensic examination excludes specific evaluation of traumatic brain injury (TBI), thereby missing an opportunity to diagnose and offer treatment. This project was designed to determine whether TBI signs are detected in IPV patients using existing forensic nursing protocols at the HonorHealth Mesa Family Advocacy Center. Methods: A retrospective review was performed on 19 strangulation cases collected over 31 days in June and July 2017 at the HonorHealth Mesa Family Advocacy Center. TBI signs and symptoms were cataloged from medical records to infer the incidence of TBI and inform an expansion of the nursing exam. Data were combined to determine frequency of symptoms, signs, and mechanisms of injury. Results: Retrospective review identified a predominance of young (average age 32.3), female (89.5%) patients with obstetric history (76.5% with 1 or more pregnancy), presenting with symptoms including lightheadedness (84.2%), headache (78.9%), difficulty breathing (78.9%), and throat pain (68.4%). Subjective mechanism of injury included strangulation (100%), blow to the head with the perpetrator's hand (52.6%), and fall to the ground (36.8%). Discussion: TBI signs and symptoms are common in victims of IPV as indicated by our sample population. Our team proposes expansion of the exam to ensure detection of TBI signs in IPV victims. The proposed expanded exam integrates near point of convergence, balance, and hand-eye coordination into the evaluation of IPV victims. By detecting TBI signs early, community efforts can guide patients towards recovery, appropriate treatment options and successful return to society.

NEW ROOTS AQUAPONIC GREENHOUSE PILOT PROGRAM: A PROGRAM EVALUATION AND SUSTAINABILITY ANALYSIS. **S. Rosen.** Phoenix. MPH Internship Committee Chair: C. Rosales MD, MS. Site and Preceptor: International Rescue Committee - Jessalynne Howard, MPA & Beth Anne Martin, MA.

INTRODUCTION: The International Rescue Committee (IRC) is a global humanitarian nonprofit organization with a long history of aiding refugees in crisis. The IRC's New Roots team recently developed the Aquaponic Greenhouse Pilot Program (AGPP), which aims to empower refugees with limited access to land to grow their own food and create a livelihood. The AGPP was founded in April 2016, but due to lack of funding, the project was mostly abandoned after completion. At the beginning of this internship, there was no commercial structure to sell the food grown on site, a large amount of waste generated, limited resources, and zero educational material. **METHODS:** Building on prior work involving community stakeholder input, program evaluation was implemented with the intention of improving the effectiveness of the AGPP program and restoring the site to safely employ refugees and serve as an educational site. A literature search was conducted to review financial and environmental sustainability; assess program design of various aquaponic gardens; increase baseline knowledge of aquaponic systems, and develop a series of recommendations to improve economic and environmental sustainability and profitability of the AGPP. **RESULTS:** The deliverables consisted of a comprehensive aquaponics manual intended to shape future curriculum and a literature-based sustainability analysis with recommendations intended to yield positive sustainability outcomes for the AGPP. **CONCLUSION:** The program evaluation based instructional manual coupled with the literature review revealed that while Aquaponic greenhouses are novel and more sustainable than traditional greenhouses, the IRC's New Roots team should implement the recommendations outlined in the sustainability analysis to improve the environmental and economic sustainability of the AGPP site.

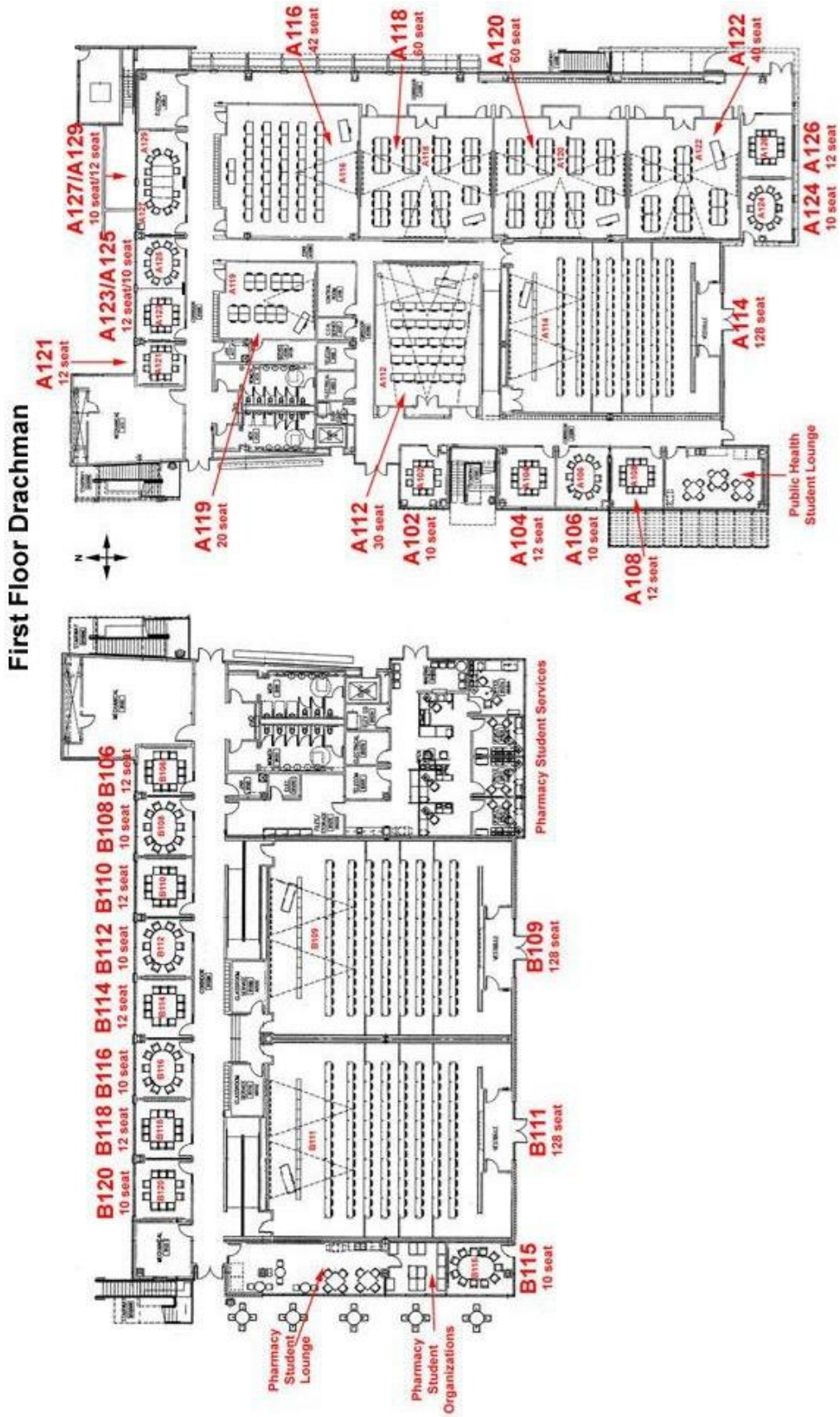
VALLEY FEVER AWARENESS POSTER CONTEST. **A. Haguma.** Phoenix. MPH Internship Committee Chair: C. Rosales MD, MS. Site and Preceptor: Arizona Department of Health Services - Guillermo Adame, MPH.

INTRODUCTION: The Arizona Department of Health Services (ADHS) is a public health organization that aims to promote, protect, and improve the overall health and wellness of individuals and communities in Arizona. Every year, the Infectious Disease Epidemiology Services Program, housed within the Office of Infectious Disease Services, focuses on implementing strategies that raise awareness for coccidioidomycosis (also known as Valley Fever) in Arizona. The fungus, *Coccidioides* spp., is the causative agent of Valley Fever. *Coccidioides* predominantly grows in soils located in Arizona, southern and central California, parts of Nevada, New Mexico, Texas, Utah, Washington, and Central and South America. Until recently, two-thirds of all Valley Fever cases in the United States originated in the state of Arizona. The overarching goal of the internship was to create a poster contest geared towards raising Valley Fever awareness throughout Arizona. The objectives of the internship consisted of the following: 1) Raise awareness and educate the public about Valley Fever, 2) Learn and implement effective and innovative public health messaging about Valley Fever, and 3) Outreach to communities and to build partnerships. **METHODS:** Messages about Valley Fever were developed using the scholarly and grey literature about Valley Fever. These messages were placed on each poster submitted to ADHS. **RESULTS:** Since this is the first Valley Fever Awareness Poster Contest, results will be obtained by measuring the number of poster entries, visits to contest webpage, and comparing visits to valley fever webpage before and after the start of the contest. This information will allow us to measure the impact of valley fever awareness. **CONCLUSION:** There is a need for increased awareness about Valley Fever as it is an endemic condition in Arizona.

HEALTH IMPROVEMENT PARTNERSHIP OF MARICOPA COUNTY: TELLING A STORY. **B. Robles.** Phoenix. MPH Internship Committee Chair: C. Rosales MD, MS. Site and Preceptor: Maricopa Department of Public Health - Seth Fritsch, MPH.

Introduction: The Maricopa Department of Public Health (MCDPH) aims at fostering collaborative relationships between its community partners. The Health Improvement Partnership of Maricopa County (HIPMC) is a coalition comprised of various private, academic, and non-profit organizations, including MCDPH, whose purpose is to address key health issues affecting residents of Maricopa County. In addition, HIPMC also aims at creating a process for engaging external collaborative work efforts that align with the HIPMC's mission. Purpose: The purpose of this internship is to develop and evaluate the county's approach to data collection within its HIPMC members and propose evidence-based frameworks that will increase partner participation during later phases of the project. Methods: A mixed methods approach was utilized to contact the target group of 12 steering committee members. Emails were sent and phone calls made to distribute the survey tool and collect data on members who responded. Results: Out of the twelve steering committee members, two responded to the survey inquiry. A total of 16% (n=2) of the leadership provided feedback, a much lower outcome than anticipated. Conclusion: For the county to have greater engagement with its members, the survey tool should be standardized and measurable. We should also consider its member's priorities as individual organizations. Using a quality improvement approach, and existing frameworks (RE-AIM, GRADE, ICOH, etc.), the survey tool can be restructured and distribution strategies developed to increase the response rate in the next phase of this project.

Drachman Hall Map



The MPH Internship Experience

From the inception of the Master of Public Health Program in 1993, the internship experience has been one of the most impactful and practical part of the program's curriculum. In the fall of 1999, MPH faculty determined that students needed a formal setting for making their oral presentations. A committee comprised of faculty, students, and student services professionals was formed to develop an appropriate presentation venue. In November 1999, the MPH Program debuted its first MPH Internship Conference. The format of the conference, held each fall and spring, is similar to that of a professional or scientific meeting.

Since its establishment, the MPH Internship Conference has grown in stature and significance to the Mel and Enid Zuckerman College of Public Health (MEZCOPH). The College uses this event as a public health networking tool by inviting public health practitioners, partners, and alumni throughout the state. The key to its success lies in the student participation. The MPH Internship Conference is a student-facilitated production. Students coordinate the multitude of details involved in its planning, promotion, and culmination; student presentations are its foundation.

Through contributions they have made and the benefits they have gained, the Internship Conference reflects the indelible handprint of MEZCOPH students on public health projects and agencies throughout the world.



THE UNIVERSITY OF ARIZONA

**Mel & Enid Zuckerman
College of Public Health**