Public Health Symposium

Monday, March 18, 2013
6:00 pm - 9:00 pm
Health Sciences Learning Center
750 Highland Avenue
Madison, Wisconsin
Public Health in Practice
An Overview of the Master of Public Health and the Wisconsin Population Health Service Fellowship Program

The Master of Public Health (MPH) Program at the University of Wisconsin-Madison was established in December, 2004. The Program was initiated by a group of interdisciplinary faculty for the purpose of educating and training students and practitioners in public health concepts and methods. The Program was developed to expand and enhance a competent public health workforce that is able to advance the well-being of the citizens of Wisconsin and beyond.

The UW-Madison MPH Program’s strengths include an interdisciplinary approach to public health, practice and evidence-based teaching, a focus on meeting the students’ learning needs, and an emphasis on a population health focused field experience and capstone project. In addition to the eight primary (core) public health faculty, more than 50 public health program faculty and staff members and 50 community faculty participate in the MPH Program through teaching, research, and service.

Students in the MPH Program must complete 42 credits, including 26 credits of required courses. There are six required 3-credit courses, two required 1-credit seminars and a 6-credit, 400-hour field experience. Students complete 16 credits of elective coursework from a list of over 70 interdisciplinary electives across the University campus. Students complete a capstone project, which serves as a culmination of didactic and experiential learning, by writing a scholarly paper and delivering a presentation at one of two semi-annual Public Health Symposia.

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Liz Dorsey
Barbara Duerst
Terrie Howe
Tom Oliver

Special Thanks to...

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Javier F. Nieto
Thomas Oliver
Christopher Olsen
Jonathan Patz
Paul Peppard
Caitlin Pepperell
Elizabeth Petty
Patrick Remington
Gordon Ridley
Susan Riesch
Jeanette Roberts
Laura Senier
Ajay Sethi
Lori Severtson
Kirstin Siemering
Hal Skinner
Kurt Sladky
Karen Solheim
Lisa Steinkamp
Geof Swain
Chet Thomas
Amy Trentham-Dietz
Louise Trubek
James Vergeront
Mark Wegner
Whitney Witt
Bobbi Wolfe
Susan Yackee
Susan Zahner
The Wisconsin Population Health Services Fellowship Program

The primary goal of the Wisconsin Population Health Fellowship Program is to develop the next generation of public health officials and administrators skilled in planning, implementation, and evaluation of public health programs.

The Wisconsin Population Health Services Fellowship Program provides an extension of the student’s public health service and training. The two-year fellowship program, targeted to those who have completed masters programs, preferably in public health and allied sciences, provides applicants with practical field assignments in community based, non-profit, governmental and health service organizations.

Fellowship Staff

Marion Ceraso
Tom Oliver
Geof Swain
Jim Vergeront
Lesley Wolf
<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:00 pm</td>
<td>Introduction &amp; Overview</td>
<td></td>
</tr>
<tr>
<td>6:10 pm</td>
<td>Improving Cultural Sensitivity in Health Care and Hospice Settings for Immigrants with Cancer</td>
<td>Sarah Mroz</td>
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<tr>
<td>6:30 pm</td>
<td>The Wisconsin AIDS/HIV Community Reacts to the First Do-it-Yourself, In-home Test of a Reportable, Communicable Disease</td>
<td>Catie Hawkins</td>
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<tr>
<td>6:50 pm</td>
<td>Engaging WI Hmong in Genetic-based Health Research</td>
<td>Donny Xiong</td>
</tr>
<tr>
<td>7:10 pm</td>
<td>Prescription for Safety: An Injury Prevention Initiative for High Risk Milwaukee Children</td>
<td>Megan Cain</td>
</tr>
<tr>
<td>7:30 pm</td>
<td>Questioning Questions: Creating a Survey for Audience Analysis at the USGS National Wildlife Health Center</td>
<td>Cecile Resop</td>
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<tr>
<td>7:50 pm</td>
<td>Improving the Hospital Built Environment with Healing Gardens</td>
<td>Danna Olsen</td>
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<tr>
<td>8:10 pm</td>
<td>Educating Seniors about Air Pollution in Dane County, Wisconsin</td>
<td>Erin Clements</td>
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</tbody>
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**Preceptors:**
Sara Finger  
Executive Director  
Wisconsin Alliance for Women's Health  
Millie Jones, PA, MPH  
Family Health Clinical Consultant  
Division of Public Health

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**Agenda Room 1335**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:00 pm</td>
<td><strong>Introduction &amp; Overview</strong></td>
</tr>
<tr>
<td>6:10 pm</td>
<td>Jane Sachs - Evaluating What Works for Health: Who Uses it and How?</td>
</tr>
<tr>
<td>6:30 pm</td>
<td>Andrew Walsh - State-based Childhood Obesity Prevention Approaches</td>
</tr>
<tr>
<td>6:50 pm</td>
<td>Anneke Mohr - Lesbian, Gay, Bisexual, and Transgender Health in Wisconsin</td>
</tr>
<tr>
<td>7:10 pm</td>
<td>Akbar Husain - Sexual Minority Youth in Wisconsin: Insights Provided by the Youth Risk Behavior Survey</td>
</tr>
<tr>
<td>7:30 pm</td>
<td>Rashonda Jones - Straw Purchasing Prevention in Milwaukee: A City of Milwaukee Health Department, Office of Violence Prevention Initiative</td>
</tr>
<tr>
<td>7:50 pm</td>
<td>Jessica Johnson - Achieving Wisconsin Pharmacy Quality Collaborative (WPQC) Certification</td>
</tr>
<tr>
<td>8:10 pm</td>
<td>Jessica Sweeney - Rural Wisconsin Hospital Cooperative and the Baby-Friendly Hospital Initiative</td>
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**Fostering Futures’ Effort to Bring Trauma Informed Care to Wisconsin’s Foster System: A Qualitative Analysis of Stakeholder Focus Groups**

**ABSTRACT**
Fostering Futures is a public-private partnership led by Wisconsin’s First Lady, Mrs. Tonette Walker, that works toward a shared mission to make Wisconsin the leader in bringing Trauma Informed Care to foster children. In order to gain an understanding of how best to advance Trauma Informed Care in Wisconsin and to understand what Fostering Futures can do to support the efforts of parents and foster care providers in the state, the First Lady and other Fostering Futures partners convened seven “listening sessions” throughout Wisconsin. Listening Sessions were facilitated to encourage participants to discuss the strengths, challenges and opportunities related to Trauma Informed Care for foster children. Fostering Futures listening sessions were convened in April of 2012. A thematic qualitative analysis of the information gathered during the listening sessions was conducted. This presentation will describe the development of the project, the methodology used, some of the key themes uncovered in the analysis, and the lessons learned over the course of the project.

**BIOGRAPHICAL SKETCH**
Emma Hynes works as a public health professional and health policy advocate to improve the health of women and families in Wisconsin as a Population Health Service Fellow serving the Department of Health Services (DHS) in the Maternal and Child Health Unit and the WI Alliance for Women’s Health (WAWH). Emma’s combined experience at these organizations allows her to play a unique role in the health policy process. Currently, Emma is planning the 4th annual WI Women’s Health Policy Summit, analyzing the impact of Wisconsin’s state budget on women and girls, organizing stakeholders to improve access and affordability of reproductive health services in Wisconsin and working with DPH and WAWH on the Wisconsin Healthiest Women Initiative that is using a life-course perspective to improve system-level women’s health services. In May of 2010, Emma earned both a Masters in Public Health (School of Medicine and Public Health) and a Masters in Public Affairs (La Follette School of Public Affairs) from the University of Wisconsin-Madison. Emma’s past public health and community work includes serving as a patient advocate at the Center for Patient Partnerships (UW-Madison) and working with DHS and University of Wisconsin staff to evaluate the efficacy of Wisconsin’s low-income family health care policy (BadgerCare Plus).
**Agenda Room 1345**

6:00 pm  **Introduction & Overview**

6:10 pm  **Sarah Foster** - Economic Feasibility of Local Procurement in Schools: A Qualitative Analysis

6:30 pm  **Jessica Gartner** - A Survey of Public Health and Midwife Experiences with Plainclothes Communities and Newborn Screening in Wisconsin

6:50 pm  **Kristen Audet** - Planning Ahead

7:10 pm  **Lauren Weeth-Feinstein** - Improving Breast Cancer Screening through Community-Clinical Linkages: A Statewide Study of Screening Practices and Initiatives

7:30 pm  **Amy Papsun** - Screening, Brief Intervention and Referral to Treatment (SBIRT) in Wisconsin: Suggested Solutions to Billing and Privacy Related Barriers To Implementation

7:50 pm  **Elizabeth Sanger** - Transitional Jobs for Health in Wisconsin

8:10 pm  **Sarah Koske** - Assessment of Non-O157 Shiga Toxin-Producing *Escherichia coli* Infection and Surveillance in Wisconsin

8:30 pm  **Emma Hynes** - Fostering Futures’ Effort to Bring Trauma Informed Care to Wisconsin’s Foster System: A Qualitative Analysis of Stakeholder Focus Groups

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**ABSTRACT**

Non-O157 Shiga toxin-producing *Escherichia coli* (STEC) are important emerging foodborne pathogens in the United States (U.S.), and have been implicated in outbreaks as well as sporadic infections. While non-O157 infections typically cause less severe illness than *E. coli* O157:H7, the number of cases is significant; during 2011, in Wisconsin, 121 out of 318 (38%) reported cases of STEC infection were caused by non-O157 STEC. In 2009, the Centers for Disease Control and Prevention (CDC) recommended routine culture for O157 STEC on all acute community-acquired diarrhea samples, as well as testing for non-O157 STEC through screening for Shiga toxin production. The CDC also recommended clinical laboratories forward all stool specimens positive for Shiga toxin to state laboratories for confirmation and further characterization. In 2012, the U.S. Department of Agriculture-Food Safety Inspection Service (FSIS) added six major non-O157 serogroups (O26, O111, O103, O121, O45, O145) to the list of adulterants in beef products, thus making certain products subject to recall if contaminated. Of the 130 clinical laboratories in Wisconsin, 36 test for Shiga toxin production in stool specimens submitted for culture. This project will survey clinical laboratories in the state to gather data on testing protocols in order to characterize the extent to which these laboratories are able to identify and characterize STEC infections through existing surveillance methods. Using epidemiologic data for the last six years, we will describe the demographic and exposure characteristics of patients diagnosed with O157 and non-O157 STEC infections in the state. Finally, this project will evaluate the geographic distribution of reported STEC cases and available laboratory testing over time to demonstrate the public health impact of enhanced STEC surveillance.

**BIOGRAPHICAL SKETCH**

Sarah Koske obtained her Doctor of Veterinary Medicine degree from the UW-Madison School of Veterinary Medicine in 2012, and bachelor’s degrees in Veterinary and Animal Sciences and Writing for Film, TV, and Stage from the University of Massachusetts-Amherst. Her research during veterinary school focused on the pathology and epidemiology of parasitic diseases in fish populations, and the evaluation of cross-species conjugate affinity and methods of cut-off point derivation in arbovirus screening assays. For the past year, Sarah has worked as part of the Surveillance and Outbreak Support Team at the Wisconsin Division of Public Health in the food and water-borne disease group. After graduation, she plans to pursue additional fellowship training in Epidemiology.
**ABSTRACT**

The number of Latino immigrants living in the US with cancer has increased dramatically over the past twenty years and predicted growth in coming years intensifies the importance of addressing racial and ethnic disparities in health care. Immigrant populations face significant challenges navigating the health care system and receiving culturally competent medical treatment and end-of-life care. This project includes information on advocacy work done with a woman from Mexico, her family, and the challenges they encountered from the time of her diagnosis with stomach cancer through her end-of-life care. Her experience clearly illustrates the critical need for system changes to ensure more effective and consistent use of interpreting services and ethnically appropriate care in health care and hospice settings. Targeted interventions designed to decrease disparities can be useful in addressing sociocultural barriers and improving cultural competence.

**BIOGRAPHICAL SKETCH**

Sarah Mroz received a BA in Sociology from UW-Madison in 2007. Her professional background includes project management and outreach for the Alliance of State Pain Initiatives and patient advocacy for the Center for Patient Partnerships. She has also been an advocate and caregiver for a family member with cancer. She is currently the Outreach Program Coordinator for the Wisconsin Comprehensive Cancer Control Program. Her focus is on primary prevention and health disparities.

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**ABSTRACT**

To help get people back to work, the Community Advocates Public Policy Institute has worked closely with Milwaukee lawmakers to create transitional jobs: wage-paying jobs that allow low-income, unemployed men and women to do useful work and support themselves and their families until they are able to find permanent employment in the regular economy. Transitional jobs—in combination with earning supplements, affordable childcare and affordable health care—are key to reducing poverty and increasing employment. In Milwaukee alone, several small-scale transitional jobs programs are already in operation. The Public Policy Institute played a lead role in creating the Wisconsin Transitional Jobs Demonstration Project in 2009 and preserving it two years later. A new biennial budget will be introduced in 2013 and the Institute is now working to continue and expand the Transitional Jobs program. Existing and emerging public health data and research can help explain how Transitional Jobs not only positively impact employment statistics, but also positively impact health. By demonstrating the positive connections between employment and health, the Institute will make the case for continuing and expanding the Transitional Jobs program from a public health perspective.

**BIOGRAPHICAL SKETCH**

Liz Sanger is in the final year of her dual degree program in law and public health. She holds bachelor’s degrees in violin performance and English from UW-Madison. After her undergraduate studies, Liz worked for SmokeFree Wisconsin as a Local Policy Specialist, promoting local smoke-free workplace ordinances and statewide tobacco prevention and control policies. In addition to tobacco prevention and control, Liz has a passion for tackling the social determinants of public health. After graduating this May, Liz is headed to Washington, D.C. to work for the Federal Trade Commission’s Bureau of Consumer Protection.
The Wisconsin AIDS/HIV Community Reacts to the First Do-It-Yourself, In-home Test of a Reportable, Communicable Disease

ABSTRACT
In the early years of the HIV/AIDS epidemic, discussion regarding HIV self-testing was controversial. Many were extremely critical of the concept. Major concerns focused on issues of confidentiality and the potential for suicides if immediate in-person support were not available for those with reactive results. Attitudes changed during the nineties. Subsequently, HIV home collection test kits became available in retail stores in 1997. It was believed that this testing option would increase testing among those who could or would not access other testing methods for various reasons, including stigma and lack of convenience. Pre-market research reported that 19% of high-risk populations said they would use home collection kits, but actual usage rates were around 1%, according to the CDC’s “HIV Testing Survey, 1998-1999.” These low uptake rates may be attributed to a high price point, product placement, the inconvenience of mailing the sample and waiting for results, and limited marketing efforts. OraSure Technologies believes its new HIV self-testing technology addresses the shortcoming of its predecessors. On July 3, 2012 the FDA granted premarket approval for the first complete self-test for the detection of HIV. However, Wisconsin State Statute prohibits the sale of HIV self-use test kits without the approval of the State Epidemiologist. The focus of this capstone project was to assess the points in favor of and against the sale of OraQuick® in Wisconsin, including community support, and the potential impact on individual welfare and public health.

BIOGRAPHICAL SKETCH
Catie Hawkins received a B.A. in Biology from Amherst College in 2001 and a Master in Teaching from the University of Washington in 2004. Prior to her move to Wisconsin, Catie was a science teacher and writing consultant, and continues to enjoy tutoring secondary students. Catie is now pursuing a dual DVM/MPH at the University of Wisconsin-Madison. She has had opportunities to explore her interests in public health and to combine them with her veterinary interests. Specifically, she developed an organic fly spray using essential oils, and researched the inhibitory properties of probiotics on pathogen growth. Last summer, she had a rewarding experience working for the Wisconsin AIDS/HIV program, which was the foundation for her capstone project. Upon graduation, Catie looks forward to developing a career merging her interests in public health, veterinary medicine and education.
Lauren Weeth-Feinstein

Improving Breast Cancer Screening through Community-Clinical Linkages: A Statewide Study of Screening Practices and Initiatives

ABSTRACT
Early detection of breast cancer saves thousands of lives each year, yet state and national mortality statistics reveal that many women are not being screened consistently or effectively for this disease. Primary care physicians (PCPs) play a critical role in patients’ decisions about breast cancer screening; however, providers also differ widely in their adherence to guidelines. Limited local data on PCP beliefs about mammography has been a barrier to developing more effective screening interventions in Wisconsin—especially for underserved populations. With support from the WI Breast Cancer Task Force (WBCTF), the WI Comprehensive Cancer Control Program (WI CCC Program) is conducting a statewide survey of PCP screening attitudes and practices from January 2012 through April 2013. The primary objectives of this study are to assess PCP beliefs regarding effectiveness of various breast cancer screening modalities; compare influence of leading guidelines on clinical practice; assess perceived barriers to breast cancer screening; and determine regional differences in patient demographics. This is the first study in Wisconsin to report on breast cancer screening norms of PCPs and provide baseline data for monitoring the impact of future changes in clinical practice guidelines. This research has strengthened collaborations between WI CCC Program and its health system partners, while analysis of resulting data provides evidence for new interventions to improve breast cancer screening and reduce cancer disparities in Wisconsin.

BIOGRAPHICAL SKETCH
Lauren Weeth-Feinstein has been the Graduate Project Assistant at the WI Comprehensive Cancer Control Program since July 2011. She has over 7 years of professional experience in policy research, project management, and health systems research, including in the US Senate and at a leading international development think tank. A former Fulbright Scholar and Henry Luce Scholar, Lauren has also spent time living overseas (in Morocco and Indonesia) conducting research on gender-based health and educational disparities. Lauren’s current research interests include health care quality assessment, global cancer control, health behavior theory, women’s health, and translational research. She strives to understand both local and upstream determinants of health and illness and contribute to sustainable solutions rooted in community norms and values.
ABSTRACT
A key component of Public Health Emergency Preparedness and Response is communication. During an emergency, responding agencies need to have solid policies and procedures to guide communications. There is no time during an event to create new policies or procedures. After the extreme heat event this summer, a need was identified for updated plans and procedures for communications during a public health emergency. Utilizing new standards set forth by the Centers for Disease Control and Prevention, the Wisconsin Public Health Emergency Preparedness Program has initiated a comprehensive revision of internal and external emergency communications policies and procedures. The new policies more clearly delineate internal alerting of key staff involved in a response; account for emerging technologies and new media; and will allow local public health agencies across the state to more effectively communicate with all partners during a public health emergency. This presentation will demonstrate the process, successes and roadblocks, and future goals of an updated emergency communications policy for public health emergency response communications.

BIOGRAPHICAL SKETCH
Kristen Audet received her MPH from the University of Iowa, College of Public Health and her JD from the University of Iowa, College of Law. She completed her MPH with a practicum at the Johnson County Public Health Department in Iowa City, Iowa, working with the tobacco control program. Kristen also has research and community service experience, including helping to coordinate the Citizen Lawyer Program at the University of Iowa College of Law and organizing and managing service projects for law students. Kristen will complete her Fellowship with the Wisconsin Public Health Preparedness Program at DPH and with the Rural Wisconsin Health Cooperative in Sauk City.
A Survey of Public Health and Midwife Experiences with Plainclothes Communities and Newborn Screening in Wisconsin

ABSTRACT
Providing culturally competent care and services for Plainclothes populations (primarily Amish and Mennonites) requires an understanding of their culture and history. Wisconsin has the fourth largest Amish population in the United States, yet there is limited state institutional knowledge of these populations. This makes planning appropriate public health outreach efforts difficult. The Plainclothes prefer to give birth at home, with midwives or traditional birth attendants. They are at an elevated risk for some rare genetic diseases compared to the broader population, and as such can gain large benefits from Wisconsin’s newborn screening (NBS) panel. The NBS panel is not always administered following Plainclothes births – whether at home or in a clinic/hospital setting. However, many of the genetic disorders prevalent in the community require quick diagnosis and treatment to avoid long-term physical and mental damage, and NBS can help avoid invasive and expensive treatments for a community that does not utilize commercial or public insurance. The survey is being performed to better understand newborn screening practices among the Wisconsin Plainclothes populations, including where screening is happening and the reasons why it may not be. The results of the survey will enable the Division of Public Health and local public health departments to provide better outreach to the Plainclothes populations based on a better understanding of the needs of the communities. As the Amish population in particular continues to expand in Wisconsin, having local information and connections will enhance public health outreach efforts.

BIOGRAPHICAL SKETCH
Jessica Rane Gartner is an MPH/MPA dual degree student. She is a project assistant at What Works for Health, analyzing, assessing, and summarizing research on evidence of effectiveness for programs and policies, with a focus on policies relevant to income, employment, and access to care. She previously served as a research analyst for Wisconsin AHEC and the Department of Workforce Development (DWD) on the State Health Care Workforce Development Planning Grant from the Health Resources and Services Administration (HRSA), establishing the current dynamics of the health care workforce in Wisconsin, as well as identifying exceptional programs and best practices targeted at its expansion.
Improving the Hospital Built Environment with Healing Gardens

**ABSTRACT**
Hospitalization is often associated with pain, unfamiliar procedures and environments, and separation from one’s friends and family - all which collectively add stress and interfere with a patient’s ability to recover from illness. The University of Wisconsin Hospital and Clinics (UWHC) cares for acutely ill patient populations with long lengths-of-stay. It is also located on a medical campus with limited room for physical expansion, thereby restraining the opportunities for inpatients to enjoy outdoor areas or even a view of green space. Many inpatient rooms have views of gravel rooftops, brick walls or parking structures. Previous studies indicate that nature is therapeutic; views of natural settings help patients heal faster. As hospitals strive to become more holistic in their approach to achieving higher levels of patient centered care, gardens which are designed for the specific needs of hospital populations are becoming popular as a way to improve the hospital experience and patient outcomes. UWHC is planning to add highly accessible healing gardens that will facilitate enjoyable physical and occupational therapy sessions, and nurture expanded healthful programming. These therapeutic spaces will complement UWHC’s caring culture, support complete wellbeing and provide a sanctuary for respite.

**BIOGRAPHICAL SKETCH**
Danna Olsen earned her Bachelor’s of Science in Biological Aspects of Conservation and Zoology along with the Nelson Institute’s Environmental Studies Certificate from the University of Wisconsin-Madison. Her work experience includes environmental and pharmaceutical testing and healthcare. She is particularly interested in how the built environment affects health and spends most of her free time as an advocate for sustainable and healthy practices/policies. Danna is on the UW Health Environmental Sustainability Committee and the Health and Healing Committee, an intern for the Wisconsin Environmental Health Network and a board member of the Healthy Lawn Team. In 2012, Mayor Soglin appointed her to the City of Madison’s Committee on Community Gardens as a representative of the Downtown Community Gardens Group. Upon completing her MPH, Danna hopes to work in the field of Environmental Health.

Economic Feasibility of Local Procurement in Schools: A Qualitative Analysis

**ABSTRACT**
Over the past 50 years, childhood obesity rates have steadily increased across the United States. Student consumption of fruits and vegetables leads to healthier eating habits and may decrease obesity in child and adulthood. Farm to School (F2S) programs provide a promising approach to increasing access to fruits and vegetables for students in school and is a Centers for Disease Control and Prevention recommended strategy for doing so. Additionally, F2S programs have potential to impact growers by providing them with new market opportunities. One aspect of F2S programming is local procurement, which is purchasing locally grown foods for use in school meals. Other components of F2S include nutrition and agricultural education, student engagement activities such as classroom taste testing, and school gardens. Recent data collected in Wisconsin on meal pattern changes, specifically local procurement of healthier food options, show that only about 1-3% percent of schools’ total food procurement is local. Understanding distribution models of F2S to help facilitate local purchasing is important for future F2S programming and evaluation. Currently, there is a lack of research surrounding distribution systems for farm to school. This research sought to understand opportunities, challenges, and economic feasibility F2S local procurement. Key informant interviews were conducted with producers and participants in the food service supply chain (n=15). Producer key informants yielded seven key themes and supply chain intermediary key informants yielded six key themes. Shared themes included: (i) Aggregation infrastructure as a F2S success and barrier, (ii) the importance of matchmaking between schools and producers, (iii) producer and consumer relationships and (iv) difficulties balancing supply and demand. This research suggests that future work should focus on matchmaking between schools and producers to help balance supply and demand. Supply chain intermediaries such as brokers, co-ops, and food hubs can help alleviate supply issues by product aggregation and by helping facilitate producers’ planting schedules. Going forward, increasing the amount of local food in school meals has the potential to decrease childhood obesity through increased fruit and vegetable consumption as well as provide economic vitality to farms and communities in Wisconsin.

**BIOGRAPHICAL SKETCH**
Sarah Foster is a project assistant at The Center for Integrated Agricultural Systems, a sustainable agriculture research and outreach center at UW-Madison, that provides training and technical assistance to farm to school programs in Wisconsin. She will graduate with her MPH in May 2013 and plans to continue to work on a dual masters MPA-MPH degrees. She plans to use her public policy expertise to continue work on food systems, policy, and economic development.
ABSTRACT
Poor air quality can aggravate or cause disease and illnesses in anyone, but can be especially
dangerous for vulnerable groups such as older adults. While in Dane County in 2010 there were
only two days where particulate matter caused air quality to be considered “unhealthy for
sensitive groups” (including older adults) a further 15% of days ranked as having “Moderate” air
quality due to particulate matter and ozone. Literature suggests that even these relatively low
levels of air pollution may lead to new diagnoses or worsening of cardiovascular disease,
respiratory conditions such as asthma and chronic obstructive pulmonary disease, diabetes and
strokes. These are common chronic conditions among older adults, and 67% of Medicare
beneficiaries over the age of 65 in 2008 already had at least two chronic health conditions.
Public Health Madison and Dane County wanted to evaluate the level of knowledge older adults
have about air quality and to develop educational materials targeted towards older adult and their
caregivers. A survey was designed and administered at five senior centers, after which a brochure
entitled “The Air You Breathe” was created and distributed to the participating centers. A follow
up visit to the centers involved interviewing attendees about their response to the brochure. The
health department will be able to use these results to help inform future decisions concerning
educating the public about air pollution, and decisions about how to communicate information to
older adult populations.

BIOGRAPHICAL SKETCH
Erin Clements graduated with her BS in genetics from the University of Wisconsin – Madison in
2011, and her interest in public health was developed while working as a research assistant at the
UW Center for Tobacco Research and Intervention. She anticipates graduating in May 2013 and
hopes to continue using her talents to help improve the health of the people of Wisconsin.
Evaluating What Works for Health: Who Uses it and How?

ABSTRACT
During the fall of 2012 an evaluation of the What Works for Health database was designed to assess how user friendly the site is perceived to be; how well users understand the information on the site; and what users do with the information they get from the site. The survey was e-mailed to a group of 1,257 individuals comprised of CHRR state team leads, selected newsletter recipients, and webinar attendees. Data were cleaned and analyzed using a combination of SPSS and excel. Due to the small sample size, analysis was limited to response frequencies. The response rate, defined as respondents who completed at least one question, was 11%. Fifty-one percent of respondents reported that they had not used What Works for Health prior to completing the survey and 49% reported that they had. Responses to questions about the user-friendliness of the site were generally positive, suggesting that the site is relatively accessible. An assessment of how well users understand the information on the site was also completed. Findings suggest that users have a limited understanding of the relationship between the quantity of research on a given strategy and the rating it receives; however, they have a good understanding of the relationship between the general findings of the research on a given strategy and the rating it receives as well as the relationship between the likelihood that the strategy will work and the rating that it receives. Finally, the evaluation assessed what respondents do with the information on the site. Overall, the results suggest that both users’ and non-users’ understanding of what evidence of effectiveness is and what it can be used for is in line with the expectations of the study.

BIOGRAPHICAL SKETCH
Jane Sachs received a B.A. in Psychobiology and Sociology & Anthropology from Swarthmore College and a Masters of Bioethics from the University of Pennsylvania. Her previous work experience includes memory and cognition research with chimpanzees and coordination of Alzheimer's and Parkinson's clinical research trials. Jane is interested in the intersection between Health Policy and Bioethics.

Achieving Wisconsin Pharmacy Quality Collaborative (WPQC) Certification

ABSTRACT
Health care costs and chronic disease incidence continue to rise in the United States, while reimbursement for prescriptions dispensed continues to decline in the community pharmacy setting, pushing some practices toward volume over quality. To counter this change, many pharmacies have begun promoting services to help patients reach their therapeutic goals and to enhance patient safety, while reducing costs of therapy overall. Pharmacists have a unique position in the healthcare setting; they are easily accessible to patients, and possess a great deal of drug knowledge that is often underutilized. Promotion of pharmacist services through medication therapy management (MTM), the practice of assisting other healthcare providers in optimizing drug therapy for patients with regard to outcome and cost, began nearly 20 years ago, but has gained more momentum since the inception of the Medicare Part D in 2003, which allows for an MTM benefit among high-cost patients. Additionally, multiple third party payers value these pharmacy services and reimburse pharmacies for their time through a formalized process. However, the process of submitting claims and documenting interventions of pharmacist professional services can be cumbersome for already overburdened pharmacies. The Wisconsin Pharmacy Quality Collaborative represents a collaborative of payers, community pharmacies and a pharmacy professional organization working together toward a new quality pay for performance structure for pharmacist professional services with the ultimate goal of promoting safe and effective use of medications, while aligning incentives for both pharmacists and payers. For a pharmacy to join the certified network, they must meet a minimum set of characteristics and best practices of which this project seeks to promote. Pharmacy staff will be surveyed on several occasions to work through barriers in implementation, and patient safety improvement will be assessed through a newly developed continuous quality improvement system.

BIOGRAPHICAL SKETCH
Jessica Johnson received a B.S. in Biology and Anthropology and a certificate in African Studies from the University of Wisconsin-Madison in 2006. While completing her PharmD/MPH, she has worked in several pharmacy practice settings, as well as for the Wisconsin Division of Public Health. After graduating in May 2013, Jessica will be relocating to the Milwaukee area to begin her pharmacy career helping an underserved population.
Straw Purchasing Prevention in Milwaukee: A City of Milwaukee Health Department, Office of Violence Prevention Initiative

ABSTRACT
Thirty-four people are murdered with guns every day in America. In the United States, minorities are disproportionately affected by gun violence, with African-Americans having the highest rates of injury and death by firearms. The Office of Violence Prevention (OVP) at the Milwaukee Health Department (MHD) has been working to provide outreach, education, and system coordination to help reduce violence in the City of Milwaukee since 2008. Understanding the tragic consequences of gun violence, one of OVP’s major initiatives was to develop a straw purchasing prevention programming and messaging campaign. Straw Purchasing is defined as purchasing a firearm for someone not legally allowed to own one. After doing some research, the Office of Violence Prevention discovered that straw purchasing is a large problem in Milwaukee. Therefore the Office of Violence Prevention staff conducted focus groups with individuals affected by straw purchasing, in order to acquire community input on developing a campaign to combat straw purchasing in Milwaukee. The results of those focus groups were compiled in the form of a report with recommendations for initiatives and policy changes.

BIOGRAPHICAL SKETCH
Rashonda Jones, a native of Milwaukee, WI received her BS from UW-Madison in Human Development and Family Studies, with a Women Studies certificate. She then went on to receive her MPH, at UW-Madison. Rashonda has a strong interest in Maternal and Child Health and specifically in Healthy Birth Outcomes. Rashonda has completed internships with the Department of Public Instruction (school health and LGBT health), the Department of Health Services (Wisconsin Well Woman Program) and (Healthy Birth Outcomes), Jump at the Sun Consultants (Healthy Birth Outcomes), and Wisconsin AHEC (No Condom? No Way!). Rashonda is currently completing the Wisconsin Population Health Service Fellowship (ending in June, 2013) and is placed with the United Way of Greater Milwaukee and the City of Milwaukee Health Department.
Lesbian, Gay, Bisexual, and Transgender Health in Wisconsin

ABSTRACT
Efforts to address lesbian, gay, bisexual, and transgender (LGBT) health at the Wisconsin Department of Health Services have been bolstered in recent years with the addition of improved data and increased programmatic interest due in part to directives from the Affordable Care Act. This presentation will provide a brief overview of national and state efforts to address LGBT health and will highlight efforts to collect data on health behaviors among LGBT youth and adults in Wisconsin, including results from the 2007-2011 Youth Risk Behavior Survey. Survey results from the YRBS were matched to the health focus areas from the state health plan, Healthiest Wisconsin 2020 and will be used in the forthcoming Healthiest Wisconsin 2020/Minority Health Report. Additional data analysis efforts underway include data on lesbian, gay, and bisexual adults from the 2007-2011 Behavior Risk Factor Surveillance System and data on transgender youth from the 2012 Dane County Youth Assessment.

BIOGRAPHICAL SKETCH
Anneke Mohr is a 2nd year UW Population Health Service Fellow working with the AIDS/HIV Program at the Wisconsin Department of Health Services and the Great Lakes Inter-Tribal Epidemiology Center.

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Sexual Minority Youth in Wisconsin: Insights Provided by the Youth Risk Behavior Survey

ABSTRACT
The addition of the sexual identity question to the 2011 Youth Risk Behavior Factor Survey (YRBS) allowed for a greater understanding of the risky behaviors sexual minority youth engage in. Sexual minority was defined as either engaging in same sex behavior and/or not identifying as heterosexual. Using data from the 2007, 2009 and 2011 Wisconsin YRBS the percentage of sexual minority youth that are engaging in particular behaviors were calculated. In addition, the odds of a sexual minority youth engaging in risky behaviors compared to a sexual majority youth were determined. The behaviors were selected based upon the health focus areas in the state health plan, Healthiest Wisconsin 2020. The results indicate that sexual minority youth have greater odds of engaging in a variety of risky behaviors, even when adjusting for age and sex. Special emphasis needs to be placed on how to ensure that sexual minority youth live healthy and productive lives.

BIOGRAPHICAL SKETCH
Akbar Husain is a public health educator for the Wisconsin Division of Public Health Western Regional Office. His work is focused on assisting local and tribal health departments improve the quality of their health services by evaluating programs and collecting relevant program and health outcome data. Prior to joining the Division of Public Health, Mr. Husain was a University of Wisconsin-Madison Population Health Service Fellow. As a fellow he contributed to several statewide projects including the State of Wisconsin Minority Health Report. Mr. Husain obtained his Master of Public Health from the University of Michigan School of Public Health with a focus on Health Behavior and Health Education.

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