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2016 ACCEL Community Research Exchange

Nemours / Alfred I. duPont Hospital for Children

Monday, May 23, 2016



2016 ACCEL Community Research Exchange



The ACCEL program has developed strong partnerships between the University of Delaware (UD), Christiana Care Health System (CCHS), Nemours and the Medical University of South Carolina (MUSC), four institutions with complementary missions to create a regional home for clinical and translational science. ACCEL has and will continue to ACCELeRATE medical research discoveries by establishing seed funding for new research initiatives in clinical and translational medicine, community health and big data analytics, and enabling recruitment of new researchers who work across institutions, bridging clinical and basic research laboratories across and between DE and SC. In addition, ACCEL has established a mentorship and career development program for clinical and translational researchers that will provide opportunities to integrate the efforts of investigators, community members and providers in research project implementation to improve health outcomes.

Nemours is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Nemours designates this live activity for a maximum of 8.50 AMA PRA Category 1 Credits™.

Physicians should only claim credit commensurate with the extent of their participation in the activity.

The State Board of Nursing accepts AMA PRA Category 1 Credit(s)™ for nursing licensure contact hours.

Funding Acknowledgement

Funding for this conference is provided by an Institutional Development Award (IDeA) from the National Institute of General Medical Sciences for the National Institutes of Health under grant number U54-GM104941 with additional generous support from the State of Delaware, the University of Delaware, Christiana Care Health System, Nemours, and the Medical University of South Carolina. The DE-CTR ACCEL logo is a federally registered service mark, Content copyright 2014. All rights reserved

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ACCEL Community Research Exchange Conference May 23, 2016

7:30-7:50am	Registration/Networking/Breakfast	Classroom 4
7:50-8:00am	<p>Welcome!</p> <p>Iman Sharif, MD, MPH, FAAP Lead, Community Engagement and Outreach, ACCEL Chief, Division of General Pediatrics, Nemours</p> <p>Stuart A. Binder-Macleod, PT, PhD, FAPTA Program Director, Principal Investigator, DE-CTR ACCEL</p>	Lecture Hall
8:00 -9:00am	<p>Introduction:</p> <p>Omar Khan, MD, MHS, FAAFP Co-Director, Community Engagement and Outreach, ACCEL Associate Vice Chair, Department of Family & Community Medicine Christiana Care Health System</p> <p>Morning Keynote Address: Community Engagement for Urban Health David Vlahov, RN, PhD, FAAN Dean and Professor, UCSF School of Nursing</p>	Lecture Hall
9:00 –10:00am	<p>Platform Presentations</p> <p>Presentation Session A A Crowd-sourced Social Media Portal for Parents of Young Children with Type I Diabetes: Initial Content Development</p> <p>Video Journaling as a Qualitative Research Methodology</p> <p>A Community Based Participatory Research Approach to Assessing the Value of Community Health Workers in Delaware</p> <p>Applying Trauma-Informed Approach to Community Engagement Principles while Building Prevention Science</p>	Lecture Hall

10:00-10:10am	Break	
10:10-12:00pm	<p>Platform Presentations Presentation Session B</p> <p>Health Service Utilization of Children in Delaware Foster Care</p> <p>Examining Survivors of Cancer and Physical Activity in Delaware (ESCAPADE): Preliminary Findings from a Community-Based Participatory Research Approach</p> <p>Integrating Resources for Managing Childhood Obesity in the Primary Care Setting: A Needs Assessment</p> <p>A Community Driven Approach to Enhance Access to Physical Activity Opportunities</p> <p>Pairing Zoo-Animal Characters with Produce Stimulates Selection Among Children</p>	Lecture Hall
12:15-1:15pm	Author Attended Poster Session	Anthony N. Fusco Sr. Atrium
1:30-2:30pm	<p>Introduction: Anne Wright Senior Director of Community Engagement, Nemours</p> <p>Afternoon Key Note Address: Healing from Adverse Community Experiences: Public Health Strategies to Prevent/Address Trauma Related Violence Howard Pinderhughes, PhD Associate Professor, UCSF School of Nursing</p>	Administration/ Research Building Auditorium

2:30-3:30pm

Introduction: Secretary Rita Landgraf
 Moderator: Ty Jones
 Chair, Community Advisory Council, ACCEL

**Administration
 / Research
 Building
 Auditorium**

**Community Panel: Violence Prevention in Delaware-
 Developing a Research Agenda**

[Brandywine Counseling](#) (Domenica Personti, MS, LCDP, ICADC, ICCDP-D, CPS)

[Cease Violence Wilmington](#) (Coley Harris)

[Children and Families First](#) (Leslie Newman)

[City of Wilmington Mayor's Office](#) (Richard Iardella)

[Delaware Coalition to Dismantle the New Jim Crow](#) (La Vaida Owens-White)

[Eastside Rising](#) (Rev. Terrence Keeling)

[The Achievement Center](#) (Charles Madden, JD, MS)

[The People's Report](#) (Yasser Payne, PhD)

[Wilmington City Council](#) (Hanifa Shabazz)

[Wilmington Youth Leadership Commission](#) (Darion Gray)

[Youth Violence Prevention Program, Christiana Trauma Center](#) (Chaz Molins, MSW, LCSW)

3:30-5:00pm	Concurrent Workshops Trauma Informed Approach: Organizational Culture, Community Prevention and Patient Care <u>Workshop Leaders</u> Jennifer Christofferson, MS Stephen Didonato MS, LPC Sandra Medinilla, MD Chaz Molins MSW, LCSW Leslie Newman Nikole Papas, MPH, CPS	Administration/ Research Building Auditorium
	Participatory Action Research <u>Workshop Leader</u> Yasser Payne, PhD	Classroom 1
	Developing a Community Engaged Research Project <u>Workshop Leaders</u> Heather Bittner Fagan, MD, MPH, FAAFP Brian Rahmer, PhD, MS	Classroom 2
	Incorporating an Evaluation Framework in Your Work <u>Workshop Leaders</u> Allison Karpyn, PhD	Classroom 3
	Using “Big Data Strategies” to Address Violence Prevention <u>Workshop Leaders</u> LeRoi Hicks, MD, MPH Claudine Jurkovitz, MD, MPH Charles Madden, JD, MS Steve Martin MSc, MA	Classroom 4

Key Note Speaker



David Vlahov, RN, PhD, FAAN, Dean and Professor, UCSF School of Nursing

Dr. Vlahov brings experience in inter-professional and interdisciplinary education and research, serving on the faculty as Professor of Epidemiology at Johns Hopkins and Columbia Universities, with adjuncts in medical schools at Cornell, Mount Sinai and New York University. He has also served as co-Director of the Robert Wood Johnson Foundation Health and Society Scholars program. He brings research expertise in epidemiology, infectious diseases, substance abuse and mental health. Dr. Vlahov conducted studies of urban populations in Baltimore for over 20 years and has led epidemiologic studies in Harlem and the Bronx, which have contributed much information on how to address racial/ethnic disparities in health. He received a MERIT Award from the NIH for his research and served on the National Advisory Council on Drug Abuse at the NIH. Dr. Vlahov initiated the International Society for Urban Health (www.isuh.org), serving as its first President, and also served on the New York City Board of Health. Dr. Vlahov is the editor-in-chief of the *Journal of Urban Health*, has edited three books on urban health and published more than 640 scholarly papers. In 2011, Dr. Vlahov was both elected to the Institute of Medicine (now the National Academy of Medicine) and inducted as a Fellow of the American Academy of Nursing. In 2012, he was invited by the Department of Health and Human Services to serve on the National Advisory Council on Nurse Education and Practice. In 2013 he was elected to the Board of Directors of the American Association of Colleges of Nursing. In 2015 he was inducted into the Johns Hopkins University Society of Scholars.

Key Note Speaker



Howard Pinderhughes, PhD, Associate Professor, UCSF School of Nursing

Dr. Howard Pinderhughes is Associate Professor in the Department of Social and Behavioral Sciences, UCSF. He is the author of Race in the Hood: Conflict and Violence Among Urban Youth which examined the dynamics of racial violence in New York City. Dr. Pinderhughes has been conducting research on youth violence and violence prevention in the SF Bay Area communities since 1989. Dr. Pinderhughes worked

with Alameda County to produce the Alameda County Blueprint for Violence Prevention and with the City of San Francisco to co-author their Comprehensive Violence Prevention Plan in 2007. Dr. Pinderhughes is a lead partner with the UNITY Initiative (Urban Networks to Increase Thriving Youth), a CDC funded initiative on violence prevention in the 30 of the largest cities in the United States. He has worked with Boston, Cleveland, Chicago, Minneapolis, Seattle, Oakland, Baltimore and Los Angeles on their development and implementation of comprehensive violence prevention plans. Additionally, he served as Co-PI for the Center on Culture, Immigration and Youth Violence Prevention.

Currently, Dr. Pinderhughes is working on a Kaiser funded study of the impact of violence on communities and has developed a groundbreaking framework to understand community trauma and inform strategies to reduce violence and increase community resiliency. Dr. Pinderhughes' forthcoming book, "Dealing With Danger: How Inner-City Youth Cope with the Violence that Surrounds Them," examines how urban youth in the Bay Area experience various types of violence and the effects of trauma from exposure to interpersonal and structural violence on both these youth and their communities.

Community Panel:Violence
Prevention in Delaware-
Developing a Research Agenda

Brandywine Counseling and Community Services

Brandywine Counseling & Community Services, Inc. (BCCS) is a non-profit behavioral health, and prevention provider with more than 30 years' experience engaging people with substance use and/or mental health disorders, retaining them for successful outcomes in treatment, and referring them to aftercare. In recent years, BCCS has been awarded multiple federal grants, and state contracts, allowing the organization to expand our services into youth treatment and prevention efforts, including public health initiatives, systems of care, and violence prevention, and early intervention.



Domenica Personti, MS, LCDP, ICADC, ICCDP-D, CPS

Domenica Personti is currently the Vice President of Behavioral Health Services for Brandywine Counseling and Community Services, Inc. Domenica obtained her Master's Degree in Mental Health Counseling from Springfield College, after obtaining a Bachelor's Degree in Human Services with a Criminal Justice focus. Domenica is a Licensed Chemical Dependency Professional, a Certified Alcohol and Drug Counselor, a Certified Co-Occurring Disorders Professional-Diplomat, and a Certified

Prevention Specialist. Domenica has worked in the field of Behavioral Health since 1998, within many different modalities of treatment. Domenica has specialized training in alternatives to violence, systems of care, public health models of prevention, medication assisted treatment, justice-involved populations, adolescent services, disease education, and harm reduction. Domenica was trained as an Overdose Prevention Trainer and Naloxone Educator through the DOPE Project in San Francisco, California, which is a model Overdose Prevention Program that is part of the National Harm Reduction Coalition.

Cease Violence Wilmington

About

The Cease Violence - Wilmington Model is a public health approach to violence prevention that understands violence as a learned behavior!

Description

Interrupt transmission:

The Cease Violence - Wilmington model deploys violence interrupters who use a specific method to locate potentially lethal, ongoing conflicts and respond with a variety of conflict mediation techniques both to prevent imminent violence and to change the norms around the need to use violence. Cease Violence - Wilmington hires culturally appropriate workers who live in the community, are known to high-risk people, and have possibly even been gang members, shooters or spent time in prison, but have made a change in their lives and turned away from crime. Interrupters receive specific training on a method for detecting potential shooting events, mediating conflicts, and keeping safe in these dangerous situations.

Identify and change the thinking of highest potential transmitters:

Cease Violence - Wilmington employs a strong outreach component to change the norms and behavior of high-risk clients. Outreach workers act as mentors to a caseload of participants, seeing each client multiple times per week, conveying a message of rejecting the use of violence, and assisting them to obtain needed services such as job training and drug abuse counseling. Outreach workers are also available to their clients during critical moments – when a client needs someone to help him avoid a relapse into criminal and violent behavior. The participants of the program are of highest risk for being a victim or perpetrator of a shooting in the near future, as determined by a list of risk factors specific to the community. In order to have access and credibility among this population, Cease Violence - Wilmington employs culturally appropriate workers, similar to the indigenous workers used in other public health models.

Change group norms:

In order to have lasting change, the norms in the community, which accept and encourage violence, must change. At the heart of Cease Violence - Wilmington's effort at community norm change is the idea that the norms can be changed if multiple messengers of the same new norms are consistently and abundantly heard. Cease Violence - Wilmington uses a public education campaign, community events, community responses to every shooting, and community mobilization to change group and community norms related to the use of firearms.

Impressum:

The Cease Violence - Wilmington Model is a public health approach to violence prevention that understands violence as a learned behavior that can be prevented using disease control methods. The model prevents violence through a three-prong approach:

- 1) Interrupt transmission
- 2) Identify and change the thinking of highest potential transmitters
- 3) Change group norms



Coley Harris

Coley Harris has been a youth intervention specialist for 18 years. He has worked with adjudicated and no-adjudicated youth through the Nationally Acclaimed Project Aware Program. He has also worked with several re-entry initiatives including Strength through Struggle, a released offenders support group. Coley Harris is the co-founder of **Out of the Ashes: where a seed finds life**, which is an artistic healing experience presented in the form of a dramatization of the reconciliation process between his son Ahmarr Melton and he. Coley

has co-founded the My Brother's Keeper Mentoring program, which connects young offenders with mentors and positive role models while incarcerated. This program, which began as a support group developed into a residential program at James T. Vaughn Correctional Center. Coley was the Chief Operations Officer at a local adolescent substance abuse program and has assisted in the strengthening and expansion of this program from one location to 3 sites within 18 months. Coley Harris is currently the Director of Community and Special Programs for an International Human Services program.

Coley has thousands of hours of volunteer service to his credit with local programs such as the Delaware Center for Justice Gun Prevention Program, the Delaware Center for Justice Intensive supervision program, Ferris School, One on one mentoring of young men at Howard R. Young Correctional Institution and many more. Coley is a regular speaker at the University of Delaware's Black American Studies program. He has been a panelist on several panels surrounding re-entry including Delaware State University 5th Annual People of Color Conference on Re-entry. Coley facilitated the Victims Voices Stand Down: Courage to Change street cultural modification program at Howard R. Young Correctional Institution. Coley is currently a student at Delaware Technical and Community College, studying Management Information Systems.

Most importantly, Coley Harris has a commitment to assisting young people to navigate the pitfalls and the challenges of the street. He uses his life experience to show young people how to manage their feelings of hopelessness, anxiety, and apathy. He is currently doing outreach work in the community with the 5 to Live By principles of conflict resolution.

Children and Families First

Children & Families First (CFF) helps children facing adversity on their journey to adulthood. We use proven methods to help families raise their children so they can flourish. Children & Families First strengthens Delaware families by delivering an innovative and effective continuum of community based social services, with child-centered and family-focused programs. In existence for more than 130 years, CFF works with the strength and dedication of the five agencies that, over time, have merged to become CFF: The Children's Bureau of Delaware, Family Service Delaware, Turnabout Counseling and Community Services, The Perinatal Association of Delaware and The Family and Workplace Connection. Services are provided in our five sites located in all three Delaware counties, as well as in homes, schools and other community locations. With a budget of approximately \$19 million, CFF employs 275 staff, and serves approximately 40,000 people each year.

CFF is accredited by the Council on Accreditation of Services for Families and Children (COA). The organization is a member of the Alliance for Children & Families, Children's Home Society of America and is a partner agency of the United Way of Delaware. As part of these affiliations, Children & Families First has been a leader in developing Performance and Quality Improvement initiatives with a well-developed parallel process of tracking both quality improvement issues and outcomes.

Children & Families First believes that strong families form the foundation of strong communities. Our vision is a community where children are nurtured, healthy, and safe; individual are valued; and families are strong and self-sufficient. We do that by providing core services that focus on healthy babies, early childhood, supporting teens, positive parenting, family resources, workplace initiatives, and helping older adults who are raising children.



Leslie Newman

Leslie Newman is in her 10th year as CEO of Children & Families First, having served as Director of Development for 15 year before that. She is a Commissioner for the Child Death Commission and a member of the Delaware Early Childhood Council. Leslie has chaired Delaware's Home Visiting Community Advisory Board since its inception in 2008. In addition, Leslie is President of the Board of the Milton & Hattie Kutz Foundation. She is also an advisor for the Youth

Philanthropy Board, a program of the DE Community Foundation and a member of the Board of Kids Count in DE.

City of Wilmington Mayor's Office

City of Wilmington, Delaware: A Snapshot

Wilmington is the largest city in the state of Delaware, and is centrally located on the mid-Atlantic seaboard and interstate 95 corridors. With a population of just over 70,000, this port city it is easily accessible to Philadelphia, New York, Baltimore and Washington, DC. Steeped in its rich history, going back to the Native peoples, Swedes and Dutch settlers, Wilmington is also well-known for its early residents' involvement in the forming of the nation, as well as in the Underground Railroad.

Both World Wars stimulated the City's industries, which were vital to the war effort. Shipyards, steel foundries, machinery, tanneries and chemical producers operated on a 24-hour basis. Over the years, many corporations sought the benefits of Delaware's liberal tax structure and located themselves in or near Wilmington, firmly establishing the City as a "Corporate Capital" for many decades. Most recently, numerous banks and financial institutions relocated to the area after the Financial Center Development Act of 1981 substantially liberalized the laws governing banks operating within the state.

Today, housing, recreation and business development in the Downtown District, as well as on the Riverfront, have provided Wilmington with renewed, modern vigor. Neighborhoods in and around the City have become energized and active in their work to make the City a place that continues to attract professionals from all industries. Wilmington has been recognized as a nationally top-ranked for seeding small to medium-sized businesses and technology start-ups.

Also, well known as a City of Festivals, Wilmington enjoys a thriving arts scene, all of which contribute to the City's reputation for being a great place to live, work and play.



Richard Iardella is currently the Public Safety Liaison for the City of Wilmington. He has been recognized as an expert in Firearms Trafficking and Undercover Investigations. As a Wilmington Police Detective, he was a Deputized U.S. Marshal assigned to ATF, DEA and the US Attorney's Office for the District of Philadelphia. While Assigned to ATF, Iardella met with then U.S. Senator Joseph Biden's Senior Counsel, to present legislative recommendations to help combat firearms trafficking throughout the state. The recommendations were based on the investigations of the ATF

Firearms Trafficking Task Force, and were subsequently passed through legislation. Iardella is a recipient of numerous awards for his investigative work which includes: a two-time recipient of the Wilmington Police Department's highest award - the Medal of Honor; a two-time recipient of the National Association of Police Organizations (NAPO) award for "Top Cop for the State of Delaware"; ATF Director's Award and Federal Law Enforcement Officers Association (FLEOA) Investigative Excellence Award.

Delaware Coalition to Dismantle the New Jim Crow

The Coalition to Dismantle the New Jim Crow (Non-profit as the operations arm of the parent Building Blocks of Wilmington -- 501-c-3 holder). The Coalition to Dismantle the New Jim Crow was spearheaded by Rev. Paula A Maiorano of the First Unitarian Church of Wilmington and Rev. Dr. Lawrence Livingston, Pastor of Mother African Union Church, the coalition grew out of study groups from local churches that discussed Michelle Alexander's book, The New Jim Crow, Mass Incarceration in an Age of Colorblindness.

Our **Vision** is a society where all members have a fair and equal opportunity for success.

Our **Mission** is to create forums and initiatives to define, clarify, educate, and advocate for solutions to racial discrimination and institutional policies and systems that place minorities and members of impoverished communities at a disadvantage in education, employment, and the criminal justice system in a way that builds hope, opportunity, and success in the quality of life for all citizens.

Primary objectives include:

- Increasing awareness of discriminatory practices and the impact of the unemployment, under-resourced school systems, and mass incarceration in creating underprivileged communities populated by citizens in a contemporary caste like system.
- Initiating programs and actions for fairness of opportunity and changes in laws and policies in employment, law enforcement, and the criminal justice system that place members of minorities communities at a disadvantaged in achieving a better life.

The work of the Coalition to Dismantle the New Jim Crow is done through Action Committees.

Founders

Reverend Lawrence Livingston

Reverend Paula Maiorano

Executive Committee

Reverend Patricia Downing

Reverend Ruben McElrath

Joan W Priest

Charles Singleton

Reverend Richard Speck



**LaVaida Owens White, MSN RN FCN**

LaVaida has more than 40 years nursing experience in a variety of settings of acute and long-term care, rehabilitation, home care and community health. She is currently working in the practice setting of Faith Community Nursing, has served as parish nurse in my congregation for the past 21 years and as Coordinator for the Delaware Region Health Ministries Network, a support network for people of faith who promote whole-person health through faith groups in the communities they serve. Ms. Owens White is a faculty educator for the International Parish Nurse Resource Center and provides instruction for the Foundations of Faith Community Nursing core curriculum for registered nurses and health ministries. As a community activist and life member of the NAACP, engaged in health issues at the state and local levels of government, she is active in several professional organizations, including leadership positions in community-based associations. One of my current interests is in nursing research, exploring a collaborative partnership of community and faith-based organizations in addressing childhood obesity. One characteristic of our nursing profession is the creation of a unique body of knowledge and related skills to guide our practice. Nursing continues to evolve to meet the needs of a changing society and, it is of necessity for nursing research to be an essential component of client care as a scientific discipline.

Central Baptist Community Development Corporation/Eastside Rising



Every Person Valued, Every Person Connected, Every Person Accountable

Central Baptist Community Development Corporation

Central Baptist Community Development Corporation is a recognized 501c3, CDC located in the heart of the Eastside community. It has a board that is emotionally connected with the community and passionately concerned about the community's success. It has a strong connection to the pulse of the community having eighty one percent (81%) of its board comprised of people who live, work, worship or serve on the Eastside Community. Of that eighty one percent, forty percent (40%) are Eastside civic leaders, residents and home owners.

Central Baptist CDC Mission Statement

Our Mission is to provide a structure for community interaction that empowers people to engage in the process of change, which results in the physical, social and spiritual/physiological transformation of their community.

Central Baptist CDC Methodology

We use the principles of asset-based community development, embracing the belief that residents of the Eastside community have the inherent vision and ability to transform our community and bring pride and dignity back to the Eastside

Our asset based approach has brought together Eastside community residents, churches, and community organizations engaged them in a process of community engagement, community involvement and community organizing for the purpose of developing a comprehensive plan to revitalize the Eastside

The results: A committed and organized network of Eastside homeowners, landlords, renters and non-profits working with, and through, The Central Baptist CDC to implement a community developed vision and plan for the revitalization of the Eastside. That plan is known as “**Eastside Rising**”

Eastside Rising

Eastside Rising focuses on three Mutually Reinforcing Pillars

Housing Stabilization

- **Our Vision:** Create a mixed-income community of homeowners and renters economically and emotionally invested in the Eastside
- **Our Goal:** Build, remodel refurbish 135 home ownership opportunities over a five year period

Workforce Development

- **Our Vision:** become a self-sustaining community focused on technical as well as social skills that produces productive citizens and integrates them into the Eastside
- **Our Goal:** In three years train 210 community members for skill-based jobs that results in the employment of 150 community residents

Economic Empowerment

- **Our Vision:** Incubate small businesses in the food industry to improve access to healthy food while supporting entrepreneurship
- **Our Goal:** Grow and/or attract 20 small businesses with intent to employ 50 Eastside community residents.

It is our firm belief, that the implementation of this plan will create a more stable, safe and viable Eastside community, while building community, social capital, excitement, enthusiasm and pride



Rev. Dr. Terrence S. Keeling

Rev. Dr. Terrence S. Keeling comes to the Eastside Community of Wilmington uniquely qualified to serve as a pastor of Central Baptist Church and President/Chief Executive Officer of the Central Baptist Community Development Corporation. His business experience includes over 25 years with F.W. Woolworth Corp. where, as district manager, he was responsible for one of the largest and most diverse urban districts with revenues totaling in excess \$40,000,000. It was there that he gained his reputation of being an urban specialist. His experience also includes “big box” store management where he served as store director of one of Caldor’s large urban stores and Co manager of one of K Mart’s highest volume stores.

Upon being “called” into ministry he entered New Brunswick Theological Seminary where he graduated with a Master of Divinity with concentration in Metro Urban Ministry. He continued his studies at New Brunswick Seminary where he studied practically applied theology through such areas as community organizing, city planning and public policy while earning his Doctor of Ministry degree in Metro Urban Ministry.

His ministerial call has directed him to serve as Young Adults Minister and later Associate Minister at First Baptist Church in Englewood, New Jersey while also serving as Executive Director of The Next Step Project, a division of the First Baptists Church of Englewood’s nonprofit community Development Corporation in Paterson NJ’s young adult mentoring program, and also as Director of Calvary Baptist Community Development Corporation’s Resource Family Initiative. He now serves as Pastor of Central Baptist Church located in Wilmington’s Eastside where his community based application of the gospel which focuses on “whole” as opposed to just “soul salvation,” along with his business experience has resulted in innovative and effective community outreach programs through The Central Baptist C.D.C.

Under his leadership the Corporation has established Urban Acres LLC, which provides locally grown produce to communities designated as food deserts, Eastside Rising Training Center which provides trainees with the soft and technical skills that will insure that they are job ready, Eastside Employment Services LLC, which provides placement of those trainees as well as case management focused on removing the barriers that may hinder applicants success.

Reverend Keeling is also Chairman of The Eastside Blueprint where their asset based approach has resulted in the community developed plan known as Eastside Rising. The plan which is being implemented by the community through the CDC has empowered the Eastside community to provide opportunities for employment, entrepreneurship, affordable housing along with a new sense of pride to the Eastside Community.

The Achievement Center

Our Mission

Founded on the most effective, evidence-based solutions, the mission of the HOPE Commission is to provide rehabilitative programs that promote successful reentry into our community – assessments, workforce development, educational and peer support, behavioral health services and family-reunification programs – all under one roof, allowing members convenient access to essential services. By centralizing these mission-critical services in one location, we are ensuring that members will benefit from an integrated and coordinated approach as we work to reduce recidivism, improve public safety and rebuild Wilmington’s most affected neighborhoods.

What Works – The Principles of Effective Reentry Programs

The HOPE Commission has been very deliberate in researching the most effective reentry programs. We worked directly with offenders via our work in the Southbridge HOPE Zone and the Participatory Action Research project with University of Delaware. We visited and consulted with some of the industry’s most successful and nationally recognized practitioners in designing interventions that are **proven, or evidence-based**, to reduce recidivism. These findings inform our work, which apply these key principles:

Target those offenders at the highest risk for re-offending.

1. ***Enhance intrinsic motivation to change.*** People respond better when motivated as opposed to being persuaded or coerced to change their behavior. Each HOPE Commission staff person and co-located practitioner is trained in Motivational Interviewing, and positive reinforcement and incentives are employed throughout the program. Positive terminology and environment also serve to motivate and differentiate our approach versus traditional corrections – for example “Re-Entry Navigator” rather than the typical “Case Manager” title connotes a positive outcome and comprehensive approach, and differentiates us from the negative experiences most of our members have had in the corrections realm. We also use Peer Support Specialists – people with similar backgrounds and lived experiences - who serve as advocates and positive models of change to our members.
2. ***Use targeted, evidence-based interventions.*** Correctional systems have a long history of assessing inmates for institutional management and community supervision purposes. But when it comes to using this information in the systematic application of program services, most correctional agencies fall short. The Achievement Center’s clinical design is derived from the Texas Christian University (TCU) treatment system curricula. TCU treatment delivery systems have been demonstrated through research to be an evidence-based model with widely shared

consensus amongst correctional professionals to be a practical and effective strategy for reducing recidivism.

3. *Provide a comprehensive approach focused on multiple crime-producing risk factors:* Simply put, the more risk factors present, the greater the risk for committing criminal acts. Targeting four to six criminogenic needs (at a minimum) has been found to **reduce recidivism by 31%**. Conversely, research shows that targeting three or fewer criminogenic needs does not reduce recidivism. Studies have found that duration and intensity of service provisions are linked to positive outcomes, while incomplete or uncoordinated approaches can have negative effects and increase recidivism and victimization. Key criminogenic risk factors:

- Pro-criminal associates and isolation from pro-social associates
- Particular temperament and behavioral characteristics (e.g. egocentrism)
- Weak problem-solving and social skills
- Criminal history
- Negative family factors (i.e., abuse, unstructured or undisciplined environment), criminality in the family, substance abuse in the family
- Low levels of vocational and educational skills
- Substance abuse

How It Works: A Description of Services

A Continuum of Care Model

We provide a continuum of care model, determined to be a critical component of effective reentry (Friedmann, Rhodes, & Taxman, 2009; Taxman, 1998; Taxman, Byrne, & Thanner, 2002). The Achievement Center's continuum of care model includes the following: assessing the offender using a reliable and valid instrument, using the assessment results to drive reentry planning, and continuously evaluating the progress and functioning of the participant as he moves along the continuum. Support services address behavioral health, substance abuse, family reunification, workforce development and job placement, education and training, housing and administrative support.



Charles Madden, JD MS

Charles A. Madden is currently the Executive Director of the Wilmington HOPE Commission. In this role he is responsible for working with municipal, private, non-profit, academia and the legislature to develop solutions to reduce violence in the City of Wilmington. Under Charles' leadership the organization has served as the managing partner responsible for increased civic engagement, decreases in violent crime, increased academic performance and graduation rates for students residing in the Southbridge community of Wilmington. Charles was responsible for the raising over \$1.3 million dollars toward the construction of the Achievement Center. The Achievement Center is a unique partnership with the Delaware Superior Court, the Department of Corrections (DOC), the Division of Substance Abuse and Mental Health (DSAMH), Connections CSP, the Life Health Center, the Delaware Center for Justice and several community based agencies collaborating as Delaware's first and only One-Stop Reentry Center. The HOPE Commission focuses on supporting families and rebuilding communities by supporting high-risk formerly incarcerated men using evidenced based interventions.

Charles was born and raised in Detroit, Michigan but calls Wilmington, Delaware home. Charles has held management positions in the military, corporate, legal and academic sectors. He holds a Bachelor's degree in Behavioral Science, a Master's degree in Human Resource Management and a Juris Doctorate. Charles has 20 years experience in youth program and adult program development. He has designed and facilitated employee enrichment, career progression and leadership development programs for entry-level and executive management career development programs. Charles' legal experience includes providing counsel to corporate and municipal clients on employment law, corporate insurance and professional liability in Delaware, Pennsylvania, and Maryland. He currently serves on the Boards of the American Civil Liberties Union (ACLU), and Prestige Academy Charter School. Finally, but most important, Charles and his wife Eboni are the proud parents of Grafton (age 3) and Giselle (age 2).

The People's Report

Wilmington, Delaware is one of the most violent cities, per capita, in the nation. In 2010 a group of researchers, recruited from the streets of the city, sought to find out why. The People's Report is an ethnographic community needs assessment of two of Wilmington's oldest and most violent neighborhoods: Eastside and Southbridge. The study organized fifteen community residents from these neighborhoods who have experience in the streets and/or criminal justice system as participatory action researchers (PAR), to empirically document the impact of community violence.

Who Participated: The PAR researchers, in cooperation with principal investigator Yasser Payne, Ph.D, worked with a coalition of community partners (The Wilmington Hope Commission, Christina Cultural Arts Center, Metropolitan Wilmington Urban League, University of Delaware, Delaware State University, United Way of Delaware and Wilmington University) to interview over 500 community residents about community violence, and to compile a report from the data.

What Did They Find? Findings strongly suggest that community violence in its many forms is deeply tied to profound notions of structural inequality. Residents report countless incidences of being exposed to physical violence such as knifings and shootings, but also to structural forms of violence like unemployment, poor schooling opportunities, and unhealthy living conditions. In peculiar contrast, the spirit of community residents remains positive. While community residents are overwhelmed with physical violence and blocked opportunity, the data strongly suggests the participants love themselves, love their communities, want to work, and want quality educational opportunities.

What Happens Now? PAR project participants are spreading the word – through the People's Report, a documentary film about the study, upcoming academic publications, and formal presentations of their findings to community and civic leaders. The long-term goal of the project is to combat the root causes of poverty, which has a causal relationship with structural violence. PAR research gathered during the project will be used to inform future city programs and spur further opportunities for community engagement.

To learn more about The People's Report feel free to get a copy of the documentary as well as the executive or full reports of the project, at thepeoplesreport.com.



Yasser Payne Ph. D

Yasser Arafat Payne is an Associate Professor in the Department of Black American Studies at the University of Delaware. Dr. Payne completed his doctoral work at the Graduate Center-City University of New York where he was trained as a social-personality psychologist. Also, Dr. Payne completed a postdoctoral fellowship funded by the National Institute of Drug Abuse (NIH-NIDA) whereby he worked on a re-entry and intervention based research project in

New York City's largest jail, Rikers Island—a project designed to reduce: (1) recidivism, (2) drug use, and (3) other risky behavior leading to HIV/AIDS.

Dr. Payne has organized a street ethnographic research program centered on exploring notions of resilience and resiliency *with* the streets of Black America using an unconventional methodological framework entitled: *Street Participatory Action Research* (Street PAR)—the process of involving members of street identified populations on the actual research team. Challenging the dominant arguments in the literature, Dr. Payne asserts that all of *the streets* of Black and Brown America are in fact, resilient. Also, his research program focuses on Black racial identity, street identity, physical violence, Gangster Rap music and culture as well as the topic of street participatory action research.

Wilmington City Council



Dr. Hanifa G.N. Shabazz, Wilmington City Council

Dr. Hanifa G.N. Shabazz, a native Wilmingtonian raised on the Eastside, was educated by the Wilmington public school system and is a graduate of Wilmington High School. Hanifa raised her three daughters in the Southbridge section of Wilmington and educated them in the public school system. She is very proud of her daughters and 5 grandchildren who reside and own homes in the 4th District.

An entrepreneur with over 25 year's experience, Council Member Shabazz brings a wealth of knowledge to offer the constituency of the 4th District including innovative leadership and positive change. She was the first to implement the Neighborhood Assistance Act where a non-profit organization and that corporation receive the benefit of a 50% tax credit.

In an effort to make the neighborhood streets safer, she conceived the "Light Up the Fourth District" initiative that empowered the community to identify blown, dimming or obstructed street lights in their community. Council Member Shabazz addressed the numerous complaints regarding downtown parking by convening a committee of parking and traffic authorities, and members of the City's administration to take a comprehensive look at parking from a legal, logistics, customer service and convenience perspective. The Parking Summit was attended by business owners, residents, and students.

Her latest efforts led to the development of the Southbridge Coalition for the Sustainable Community which was the first to enter into Delaware's first Community Benefit Agreement with a corporation moving into their neighborhood. She also addressed the pressing economical empowerment issue through developing the PAID Program, a 12-week intensive Preparatory Apprentice Instruction Development Program that assists individuals in successfully passing the various construction trade union entrance exams.

"I look forward to continue working to empower my constituents with access to resources, knowledge of city police and city government, therefore, ensuring they, too, are IN the middle of it all!"

Wilmington Youth Leadership Commission

Our Mission

The Wilmington Youth Leadership Commission (WYLC) is an organization established in the Office of the Mayor committed to developing the next generation of community leaders, public servants, and future professionals in the city of Wilmington. The Commission is a collaborative body represented by youth leaders from various citywide youth organizations, providing them with vehicles to learn to learn about government, participate in the political and legislative process through policy development and representation, and shape public policy by voicing the needs and concerns of Youth in Wilmington. The Commission provides projects, workshops, training, events, trips, and hands-on experience in leadership, team-building, advocacy, youth empowerment, and countless other initiatives to provide youth with the tools to become empowered citizens that will uniquely impact their communities.

Wilmington Youth Leadership Commission

All youth have leadership potential. The WYLC will bring out the leader in YOU! Help create CHANGE in your communities and become the VOICE of the young people!

As a Youth Commissioner, YOU will:

- Understand City Government
- Understand Community Issues
- Understand Effective Communication
- Understand and Exercise Leadership
- Appreciate Differences and Embrace Diversity
- Learn Team Building
- Address Conflict Resolution
- Set Goals and Create Effective Decision Making
- Have Fun during the process!

How to Apply:

Contact the Wilmington Youth Leadership Commission for application materials:
 Darion Gray, Executive Director
 501 N. Madison Street
 Wilmington, DE 19801
 (302) 507-9330
dlgray@WilmingtonDE.gov



Darion Gray is Executive Director of Wilmington Youth Leadership Commission.

Youth Violence Prevention Program, Christiana Trauma Center

3 Youth Violence Prevention Programs

The "Choice Road," program is a 45-90 minute program for adolescents in grades 6-12 which includes the showing of a 15-minute film, "Choice Road: An American Tale." The actors in the film include local students, police, emergency services, and medical professionals. In the film, a 16-year old boy decides to join a gang. He is shot and becomes a quadriplegic. A 'credible messenger' and the program coordinator engage the youth in an open discussion of choices and consequences.

"The Ripple Effect" is a 28 minute documentary filmed at Christiana Care. The documentary depicts scenes from the trauma bay during actual trauma resuscitations. It also includes an honest interview with a patient who talks about his injuries and how personal choices led to these injuries suffered secondary to violence. Medical professionals including physicians, trauma nurses, family support staff and mental health specialists are interviewed throughout the documentary. A medical professional concludes the program with a discussion of the documentary.

"You Only Live Once" (YOLO) is a re-enactment of a trauma in the Virtual Education simulation center at Christiana Hospital. A team of trauma nurses and physicians re-enact the resuscitation of one of our gunshot-wounded patients. The guests will see artificial blood, the insertion of various IVs, a breathing tube and other surgical procedures. This story is true.

It is not the intent of this program to upset or frighten students, but rather to offer them an honest and unrestricted look at the consequences of violence. It is our hope that after participating in this program, students will be less likely to place themselves in situations in which they might become either the victims or perpetrators of violence.



Chaz Molins MSW, LCSW

As a licensed clinical social worker, I have spent my professional career helping others in need. Driven by professional and personal ethics, values and passion, I have worked with the homeless, veterans, children, families, the uninsured, and those suffering from a myriad of behavioral health concerns.

I have been a counselor, research assistant, program creator at AtlantiCare Health System and Christiana Care Health System, Clinical Manager, Program Director of residential treatment facility, and am currently Program Coordinator of **V.O.I.C.E.** (Violence Outreach, Intervention & Community Engagement) with Christiana Care Trauma Department. Because of my history creating the SBIRT (Screening, Brief Intervention & Referral to Treatment) program for Christiana Care Trauma in 2008, I was asked to coordinate violence intervention and prevention efforts.

In order to connect the dots in our community to address the epidemic of violence, I have partnered with truly multidisciplinary partners from the Chief Justice of Delaware Family Court, churches, State Program Managers, University of Delaware Professors, Wilmington Police, social workers, doctors and nurses, the United Way, Boys and Girls Club of DE and Violence Interrupters who canvass the “hot spots” of Wilmington. I also sit on the Board of Directors of the Delaware Coalition against Gun Violence, as Assistant Chairperson.

Awards:

- John M. Templeton, Jr., MD Injury Prevention Research Scholarship (Eastern Association for the Surgery of Trauma, 2016)
- Best Team Design (AtlantiCare Health System, 2004),
- Christine Gorman Memorial Fund Award for academic achievement and contribution to the Graduate School of Social Work (Rutgers 2004),
- George Masterton Award (Rutgers University, Department of Sociology) 2003, for academic achievement, significant contributions to the University and larger communities, and intellectual promise.

Workshops

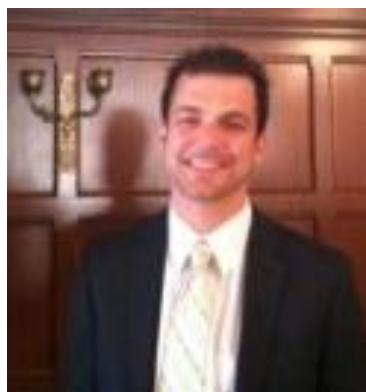
Trauma Informed Approach: Organizational Culture, Community Prevention and Patient Care



Jennifer Christofferson, MS

Jennifer has a master's degree in clinical psychology from Loyola University Maryland. After graduating, she worked at Johns Hopkins School of Medicine in Child and Adolescent Psychiatry, working with children and adolescents with anxiety and depression. Currently, Jennifer is the Program Coordinator at Nemours/ Alfred I. duPont Hospital for Children in the Center for Pediatric Traumatic Stress, where the work focuses on children who have been diagnosed with a medical illness and their families. In this role she supports the development and dissemination of psychosocial screeners and interventions for healthcare providers.

She also supports the delivery of trauma-informed care to children and their families by providing training and resources to healthcare providers.



Stephen Didonato, MS, LPC

Stephen currently is the Program Manager for the Center for Pediatric Traumatic Stress here at Nemours and also holds an Assistant Professor full-faculty position at Philadelphia University in the Community & Trauma Counseling graduate program. Stephen is a licensed professional counselor (LPC) and earned his master's degree in counseling and clinical health psychology from the Philadelphia College of Osteopathic Medicine in 2012.

He is a PhD student in International Psychology with a Trauma specialization at The Chicago School of Professional Psychology. During his practicum year and the two years following his master's degree at the University of Pennsylvania Health System, Stephen's work focused on providing clinical care to children who endured abuse or neglect, primarily sexual abuse, and their families. Following his work at UPHS, Stephen was recruited here to Nemours / Alfred I. duPont Hospital for Children, where he currently serves as the Program Manager of the Center for Pediatric Traumatic Stress. In this role, Stephen works with children who have been diagnosed with a medical illness (cancer, sickle cell disease, congenital heart disease, obesity, etc.) and their families. Stephen also supports the development of family-centered and psychosocially focused screeners and interventions for healthcare providers in pediatric settings. He also trains and provides support/consultation to healthcare providers in pediatric settings nationally focusing on delivering trauma-informed care to children and families.



Sandra P. Medinilla, MD, Medical Director of Violence Prevention at Christiana Care Health System

A trauma surgeon, Sandra P. Medinilla, M.D., is medical director of community violence prevention efforts at Christiana Care Health System. Dr. Medinilla helped launch Cease Violence in Wilmington, a nationally recognized program to prevent gun violence by identifying nonviolent solutions to resolve conflict.

The majority of gun violence victims in the city of Wilmington and the state of Delaware are treated at Christiana Hospital, which sees more than 4,000 trauma patients each year and is the only Level I trauma center between Baltimore and Philadelphia that treats both adults and children.

A public health advocate, Dr. Medinilla completed her bachelor's degree in sociology at Bryn Mawr College in Pennsylvania and earned her master's degree in public health at MCP Hahnemann University School of Public Health in Philadelphia. She earned her medical degree at Temple University, where she remained for her internship and residency in general surgery, serving as chief resident. Before joining Christiana Care in 2012 Dr. Medinilla was a fellow in surgical critical care at the R. Adams Cowley Shock Trauma Center at the University of Maryland Medical Center in Baltimore.

Her career also spans pharmaceutical research, public health education, and occupational health. Dr. Medinilla is a past director of legislative affairs for the American Medical Student Association. She founded Temple University School of Medicine's chapter of Physicians for Human Rights and has worked as a homeless outreach volunteer in Philadelphia.

Dr. Medinilla has presented and published on areas of trauma and surgery including blood clotting, mustard gas exposure and chest trauma



Leslie Newman

Leslie Newman is in her 10th year as CEO of Children & Families First, having served as Director of Development for 15 year before that. She is a Commissioner for the Child Death Commission and a member of the Delaware Early Childhood Council. Leslie has chaired Delaware's Home Visiting Community Advisory Board since its inception in 2008. In addition, Leslie is President of the Board of the Milton & Hattie Kutz Foundation. She is also an advisor for the

Youth Philanthropy Board, a program of the DE Community Foundation and a member of the Board of Kids Count in DE.



Chaz Molins MSW, LCSW

As a licensed clinical social worker, I have spent my professional career helping others in need. Driven by professional and personal ethics, values and passion, I have worked with the homeless, veterans, children, families, the uninsured, and those suffering from a myriad of behavioral health concerns.

I have been a counselor, research assistant, program creator at AtlantiCare Health System and Christiana Care Health System, Clinical Manager, Program Director of residential treatment facility, and am currently Program Coordinator of **V.O.I.C.E.** (Violence Outreach, Intervention & Community Engagement) with Christiana Care Trauma Department. Because of my history creating the SBIRT (Screening, Brief Intervention & Referral to Treatment) program for Christiana Care Trauma in 2008, I was asked to coordinate violence intervention and prevention efforts.

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Nikole Papas, MPH, CPS

Nikole Papas joined Brandywine Counseling and Community Services as Assistant Director of Prevention and Early Intervention Services in November 2013. Prior to that she was with the Leukemia and Lymphoma Society as Patient Services Manager for the Eastern PA Chapter. Nikole also worked for ten years as a Primary Counselor and Family Services Manager at Thomas Jefferson Family Center, an outpatient MAT treatment facility for pregnant and parenting women in substance abuse.

Nikole has specialized in training in the hematologic oncology, HIV, trauma and recovery, maternal and child health, methadone maintenance, MSBR and community education. Nikole has her Master's in Public health with a focus in maternal and Child Health and is a Certified Prevention Specialist.



Anne Kazak PhD, ABPP

Anne E. Kazak, Ph.D., ABPP is co-Director of the Center for Healthcare Delivery Science at Nemours Children's Health System, based at A. I. du Pont Hospital for Children in Wilmington, Delaware. She is also the co-Director of the Center for Pediatric Traumatic Stress, a Treatment and Services Adaptation Center in the National Child Traumatic Stress Network, the Editor-in-Chief of the *American Psychologist* and of *Health Psychology*. Dr. Kazak is a licensed psychologist (DE, PA) and Professor of Pediatrics at the Sidney Kimmel Medical School of Thomas Jefferson University and Adjunct Professor of Psychology at the University of Delaware. Dr. Kazak's experience as a clinician, researcher and administrator has helped to advance integrated (medical, behavioral) care for children and families from a systems perspective. She is a frequent consultant and reviewer on national and international projects related to pediatric psychology. Dr. Kazak is the recipient of many research grants and several awards, including the Cummings American Psychological Cummings PSYCHE Prize (2009) for integrated care. Dr. Kazak received her Ph.D. in Clinical-Community Psychology from the University of Virginia and completed her internship training at Yale University School of Medicine, Department of Psychiatry. Her undergraduate degree was awarded by Smith College.

Kimmel Medical School of Thomas Jefferson University and Adjunct Professor of Psychology at the University of Delaware. Dr. Kazak's experience as a clinician, researcher and administrator has helped to advance integrated (medical, behavioral) care for children and families from a systems perspective. She is a frequent consultant and reviewer on national and international projects related to pediatric psychology. Dr. Kazak is the recipient of many research grants and several awards, including the Cummings American Psychological Cummings PSYCHE Prize (2009) for integrated care. Dr. Kazak received her Ph.D. in Clinical-Community Psychology from the University of Virginia and completed her internship training at Yale University School of Medicine, Department of Psychiatry. Her undergraduate degree was awarded by Smith College.

Participatory Action Research



Yasser Payne Ph. D

Yasser Arafat Payne is an Associate Professor in the Department of Black American Studies at the University of Delaware. Dr. Payne completed his doctoral work at the Graduate Center-City University of New York where he was trained as a social-personality psychologist. Also, Dr. Payne completed a postdoctoral fellowship funded by the National Institute of Drug Abuse (NIH-NIDA) whereby he worked on a re-entry and intervention based research project in

New York City's largest jail, Rikers Island—a project designed to reduce: (1) recidivism, (2) drug use, and (3) other risky behavior leading to HIV/AIDS.

Dr. Payne has organized a street ethnographic research program centered on exploring notions of resilience and resiliency *with* the streets of Black America using an unconventional methodological framework entitled: *Street Participatory Action Research* (Street PAR)—the process of involving members of street identified populations on the actual research team. Challenging the dominant arguments in the literature, Dr. Payne asserts that all of *the streets* of Black and Brown America are in fact, resilient. Also, his research program focuses on Black racial identity, street identity, physical violence, Gangster Rap music and culture as well as the topic of street participatory action research.

Developing a Community Engaged Research Project



Heather Bittner Fagan, MD MPH FAAFP,

Heather Bittner Fagan, is a practicing family physician, an Associate Professor, the Associate Vice Chair for Research in Family & Community Medicine at Christiana Care Health System and Dr Fagan leads the Accel Community Engagement (ACE) awards program and curriculum. Dr. Fagan has made regional and national contributions to research on cancer screening and prevention in primary care and underserved populations as well as community engagement, specifically engaging physicians and their primary care practices. Dr.

Fagan received the American Cancer Society's Cancer Control Career Development Award, which recognizes and develops national leaders in cancer control and prevention, and has received research funding from the National Cancer Institute. Dr. Fagan serves on the institutional review board for Christiana Care and University of Delaware. She is a fellow of the American Academy of Family Physicians and a member of professional organizations including the Society of Teachers of Family Medicine, North American Primary Care Research Group, the Medical Society of Delaware, a board member of the Delaware Academy of Family Physicians and an invited member of the Delaware Health Care Consortium's Early Detection and Prevention Committee.



Brian M. Rahmer, PhD, MS, Director, Community Health Engagement, Women and Children's Service Line; Value Institute Scholar

Brian Rahmer, Ph.D., MS, is the director of Community Health Engagement for the Women and Children's Health Service Line.

His focus within this Christiana Care specialty, established to provide an exceptional experience and optimal health for women, children and families, is on engaging communities across sectors to collectively impact infant mortality disparities driven by social determinants of health.

Dr. Rahmer earned his doctorate in urban affairs and public policy with a concentration in health policy from the University of Delaware School of Public Policy and Administration (SPPA). He has more than a decade of experience implementing, evaluating and advocating for equitable health care. His extensive achievements as a leader in strategic community engagement incorporate the Health in All Policies collaborative approach to improving the health of all people by embodying health considerations into decision-making across sectors and policy areas.

Dr. Rahmer has conducted dynamic modeling, health promotion program design and implementation, policy and network analysis and research to help bring about evidence-informed, community-guided solutions to health inequities. He is passionate about civic engagement around the social and political forces that shape population health to achieve equitable, optimal and lasting outcomes for a healthy society.

Dr. Rahmer is a policy fellow at the SPPA Center for Community Research & Service and a member of the University of Delaware Community Engagement Commission, recognized nationally by the Carnegie Foundation. He is a board member and past chair of the Delaware Coalition for Healthy Eating and Active Living, a statewide collaborative of over 200 partners representing more than 70 organizations across the region; a Healthy Neighborhoods committee member at the Delaware Center for Health Innovation, a CMS State Innovation Model Initiative; and a member of the policy and evaluation group of the Governor's Council on Health Promotion and Disease Prevention.

Dr. Rahmer has presented and advised on national, regional and local health and social policy issues regarding community engagement and social determinants of health. He is a member of the American Evaluation Association, Society for the Study of Social Problems, American Public Health Association, Delaware Public Health Association, Society for Participatory Medicine, and Academy Health.

Incorporating an Evaluation Framework in Your Work



Allison Karpyn, PhD

Dr. Allison Karpyn is Associate Director of the University of Delaware – Center for Research in Education and Social Policy (CRESP). She is interested in understanding healthy food purchasing and consumption behavior, especially among children. Karpyn continues the focus and success she experienced as the Director of Research and Evaluation at The Food Trust in Philadelphia, for 11 years prior to joining CRESP. Her current projects include; a Randomized Control Trial to study levels and efficacy of additional benefits to SNAP recipients when incentives are provided for fruits and vegetables at Farmers Markets, the study of in-store marketing approaches in supermarkets to promote purchase and consumption of healthier options as well as research to understand the impact a new supermarket has on residents in the surrounding community. She has published widely on topics related to school food, supermarket access, healthy corner stores and strategies to develop and maintain farmers markets in low income areas. In addition to her position at the University of Delaware, Dr. Karpyn serves as an Adjunct faculty member at the University of Pennsylvania and is a Center for Public Health Initiatives Fellow. Allison earned her Bachelor's degree in Public Health at The Johns Hopkins University and her Masters and Doctorate degrees in Policy Research Evaluation and Measurement at The University of Pennsylvania.

Using “Big Data Strategies” to address Violence Prevention



LeRoi S. Hicks, MD, MPH, FACP
Vice Chair, Department of Medicine

LeRoi S. Hicks, MD, MPH, FACP serves as Vice Chair of the Department of Medicine and Section Chief of General Internal Medicine at Christiana Care. As Section Chief Dr. Hicks supervises the Divisions of Hospital Medicine and Ambulatory Medicine. His work with both divisions includes educational, clinical and quality initiatives such as interdisciplinary rounding and process redesign. Additionally he is responsible for supervising and mentoring our Ambulatory General Internal Medicine faculty and serves as Medicine’s lead physician on the Wilmington Hospital campus.

Dr. Hicks graduated from Indiana University School of Medicine and earned a Master of Public Health degree with a focus on Clinical Effectiveness from the Harvard School of Public Health. He completed his Internal Medicine (primary care) residency and was chief resident at Mount Auburn Hospital in Cambridge, MA. He completed a fellowship in general medicine and faculty development at Brigham and Women’s Hospital, where he served as a hospitalist from 1999-2011. He became the chief of Hospital Medicine at the University of Massachusetts, in 2011, where his team won four Champions of Excellence Awards for growth, financial sustainability (x2) and high quality care. In addition, Dr. Hicks served as co- Director of the Health Disparities Research and research faculty to the Community Health Innovation and Research (CHIRP) Programs for the Harvard Catalyst. His research has been related to three areas: (1) The effects of patients’ racial and cultural background on the treatment and clinical outcomes of chronic disease; (2) the development and assessment of interventions aimed at improving quality of medical care and the reduction of disparities in care; and (3) community-based participatory research to identify and address healthcare disparities. He is nationally known for his research on health care disparities. He serves on the National Council of the Society of General Internal Medicine, has been an NIH grant reviewer, and is a former editor and reviewer for multiple medical journals.



Charles Madden, JD MS

Charles A. Madden is currently the Executive Director of the Wilmington HOPE Commission. In this role he is responsible for working with municipal, private, non-profit, academia and the legislature to develop solutions to reduce violence in the City of Wilmington. Under Charles' leadership the organization has served as the managing partner responsible for increased civic engagement, decreases in violent crime, increased academic performance and graduation rates for students residing in the Southbridge community of Wilmington. Charles was responsible for the raising over \$1.3 million dollars toward the construction of the Achievement Center. The Achievement Center is a unique partnership with the Delaware Superior Court, the Department of Corrections (DOC), the Division of Substance Abuse and Mental Health (DSAMH), Connections CSP, the Life Health Center, the Delaware Center for Justice and several community based agencies collaborating as Delaware's first and only One-Stop Reentry Center. The HOPE Commission focuses on supporting families and rebuilding communities by supporting high-risk formerly incarcerated men using evidenced based interventions.

Charles was born and raised in Detroit, Michigan but calls Wilmington, Delaware home. Charles has held management positions in the military, corporate, legal and academic sectors. He holds a Bachelor's degree in Behavioral Science, a Master's degree in Human Resource Management and a Juris Doctorate. Charles has 20 years experience in youth program and adult program development. He has designed and facilitated employee enrichment, career progression and leadership development programs for entry-level and executive management career development programs. Charles' legal experience includes providing counsel to corporate and municipal clients on employment law, corporate insurance and professional liability in Delaware, Pennsylvania, and Maryland. He currently serves on the Boards of the American Civil Liberties Union (ACLU), and Prestige Academy Charter School. Finally, but most important, Charles and his wife Eboni are the proud parents of Grafton (age 3) and Giselle (age 2).



Claudine Jurkovitz, MD, MPH

Dr. Jurkovitz is Senior Physician Scientist in the Value Institute at Christiana Care and Investigator in the Epi/Biostat core of the Delaware ACCEL Center for Translational Research. As such she helps Physicians, Residents and young Investigators to develop their research projects and analytical plan and works closely with the Value Institute data management team. She is also a member of the steering committee of the INBRE Bioinformatics Network of Delaware (BiND) and co-Director of the INBRE Biostatistics and Epidemiology Core.

As a Nephrologist Epidemiologist she has actively developed her own research interests, mostly in the field of chronic kidney disease (CKD) and health services research. She is currently the PI of the ACCEL-funded Big Data Pilot grant: "Linking Data for Kidney Care", which goal is to build a CKD registry in the State of Delaware by linking electronic health records to (1) predict hospitalizations in patients with CKD and (2) examine the transition from pediatric to adult care in young adults with CKD.

From December 2005 to July 2012, she was the Director of Operations of the Christiana Care Center for Outcomes Research (CCOR). As such, she supervised the day-to day management of the center, and worked closely with Dr. Weintraub (CCOR Director) and the Director of Biostatistics to establish research priorities.

Prior to working at Christiana Care, she was Assistant Professor of Medicine at Emory University in Atlanta. While pursuing her research interest in the prevention of progression of kidney disease, she also became an active member of the Institutional Review Board (IRB) and was later nominated vice chair of the Emory University IRB.

Dr. Jurkovitz is deeply committed to public health and to the prevention of CKD progression as evidenced by her 2004-2012 appointment to the Steering Committee for the Kidney Early Evaluation Prevention Program (KEEP) - a nation-wide screening program for kidney disease - and as chair of the Prevention Committee of the National Kidney Foundation Medical Advisory Board of Georgia in 2005.

**Steven S. Martin, MSc, MA**

Steven S. Martin, MSc, MA is a Senior Scientist at the Center for Drug and Health Studies at the University of Delaware and Co-Chair of the Evaluation KCA of the DE-CTR *ACCEL* program. He was educated at Harvard College, the London School of Economics and the University of Michigan. He was a teacher/researcher at the University of Michigan, Baylor College of Medicine, the University of Kentucky and the University of Delaware. His research interests include health services delivery and research on substance abuse, health surveillance, prevention, treatment and evaluation research. He is a PI/Co-PI for several NIH, NIJ and SAMHSA awards on treatment, HIV, health services delivery, prevention, and translational research. In Delaware, he directs the administration of statewide surveys for the CDC's YRBS and YTS surveys as well as the statewide school survey of Alcohol, Tobacco, and Other Drugs, and Health. He has published over 130 articles on substance abuse, delinquency, attitudes and behavior, and methodology. He co-directs the Evaluation KCA of the DE-CTR *ACCEL* Program with Dr. Barret Michalec.

KCA 4.2 Community Engagement and Outreach Program Leadership



Iman Sharif, MD, MPH, MS

Iman Sharif is the lead for KCA 4.2, Community Engagement and Outreach. She is Chief, Division of General Pediatrics at Nemours/Alfred I duPont Hospital for Children, and Professor of Pediatrics at the Sidney Kimmel Medical College of Thomas Jefferson University. Dr. Sharif received her medical degree at New York University School of Medicine (1993), completed residency training in Social Pediatrics at Montefiore Medical Center in the Bronx, NY (1996), and completed a Fellowship in Health Disparities at the Bronx Center for Reducing and Eliminating Health Disparities (2006). Her research has always stemmed from clinical care, and has spanned health literacy, pediatric literacy promotion, child and adolescent media exposure, asthma, childhood obesity, underserved children, and the identification of and reduction of health disparities. Honors include election to the New York Academy of Medicine (2006), the Society for Pediatric Research (2006), and American Pediatric Society (2012). Dr. Sharif has been funded by the NIH for work to enhance doctor-patient communication, and served as the Medical Director for the Center for Medicare and Medicaid Innovation award, Optimizing Health Outcomes for Children with Asthma in Delaware. Her vision for KCA 4.2 is to create a strategy for the dynamic exchange of information between community stakeholders and academicians/researchers to produce research that ultimately leads to the achievement of health equity for all Delawareans.



Krishna White, MD, MPH, Chief, Adolescent Medicine

Krishna White is a pediatrician and adolescent medicine specialist at duPont Hospital for Children. A graduate of Eastern Virginia Medical School in Norfolk, VA, Dr. White completed her residency in pediatrics at The Children's Hospital of Philadelphia and served her fellowship in adolescent medicine at Children's National Medical Center, Washington, DC. Dr. White is certified by the American Board of Pediatrics in pediatrics and adolescent medicine. Her interests include reproductive health and foster care.



Heather Bittner Fagan, MD MPH FAAFP,

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Omar Khan, MD MHS,

Omar Khan serves as Physician Leader for the Primary Care & Community Medicine Service Line at Christiana Care Health System, which includes the primary care specialties and several ambulatory medical subspecialties. He also serves as Medical Director for Community Health and the Eugene duPont Preventive Medicine & Rehabilitation Institute at CCHS. He serves as Co-Director, Community Engagement & Outreach Component for the *ACCEL* program, and Associate Director of the Delaware Health Sciences Alliance.

A Delaware native and graduate of Wilmington friends School, Dr. Khan received his BA from the University of Pennsylvania; MD from the University of Vermont; and MHS from the Johns Hopkins School of Public Health. He also completed a mini-fellowship in Geriatrics from the Johns Hopkins University School of Medicine. He has served on the faculty of the University of Vermont, University of Pennsylvania, Johns Hopkins University, and Jefferson Medical College.

Dr. Khan serves on several editorial boards and national groups, including past service on the Executive Board of the American Public Health Association and continues as Chair of International Health for APHA. He is President-Elect of the Delaware Academy of Medicine

and Past-President of the Delaware Academy of Family Physicians. In addition to over 65 peer-reviewed publications, he has co-authored 4 books in the area of community and global health, including 'Readings in Global Health' (co-edited with Sir Michael Marmot); 'The End of Polio?' (with Tim Brookes); and 'Megacities & Global Health' (a collaboration including Dr. David Vlahov). He has served as President of the Delaware Academy of Family Physicians; is Secretary of the DE Academy of Medicine; and President of the DE Public Health Association. He has chaired several conferences in community and global health, including 2 past ACCEL Community Engagement events.



Yasser Payne Ph. D

Yasser Arafat Payne is an Associate Professor in the Department of Black American Studies at the University of Delaware. Dr. Payne completed his doctoral work at the Graduate Center-City University of New York where he was trained as a social-personality psychologist. Also, Dr. Payne completed a postdoctoral fellowship funded by the National Institute of Drug Abuse (NIH-NIDA) whereby he worked on a re-entry and intervention based research project in

New York City's largest jail, Rikers Island—a project designed to reduce: (1) recidivism, (2) drug use, and (3) other risky behavior leading to HIV/AIDS.

Dr. Payne has organized a street ethnographic research program centered on exploring notions of resilience and resiliency *with* the streets of Black America using an unconventional methodological framework entitled: *Street Participatory Action Research* (Street PAR)—the process of involving members of street identified populations on the actual research team. Challenging the dominant arguments in the literature, Dr. Payne asserts that all of *the streets* of Black and Brown America are in fact, resilient. Also, his research program focuses on Black racial identity, street identity, physical violence, Gangster Rap music and culture as well as the topic of street participatory action research.



Carolyn Jenkins, DrPH RD APRN FAAN

Carolyn Jenkins is the Ann Darlington Edwards Endowed Chair and Professor at the College of Nursing, Medical University of South Carolina. She received her Master of Science in Nursing and a Master of Science in Nutrition. Her Doctor of Public Health is from the University of South Carolina. She serves as the Director of the Center of Community Health Partnerships, and is Co-Director of Community Engagement for the South Carolina Clinical and Translational Research Institute. She directs the statewide training program for

Community Engaged Scholars which has resulted in ROI of \$46 for each \$1 invested in the Program. Dr. Jenkins' 36-year career is dedicated to working with communities to improve health outcomes related to diabetes and its complications (amputations, hypertension, and strokes), including communities in Ghana and Nigeria. In collaboration with others, Dr. Jenkins works to maintain funding the Diabetes Initiative by the South Carolina State Legislature and has influenced the passage of a statewide bill establishing a minimal level of care for persons with diabetes and reimbursement for diabetes education. She led diabetes community efforts in Charleston and Georgetown Counties where amputations have been reduced by 56% in African Americans with diabetes with an estimated annual cost savings of about \$2 million per year. Dr. Jenkins is Co-PI for **ACCEL**.



Tyrone Jones (CAC Chair)

Tyrone Jones has been working for more than 15 years for Delawareans through the offices of Senator Tom Carper, Metropolitan Wilmington Urban League, and most recently through Astra Zeneca's Community Alliances and Delaware Government and External Affairs offices. This work has been about establishing relationships and bringing agencies together to advocate for better living circumstances and the improvement of patient/community relationships.

**Peggy Geisler, MA, (CAC Co-Chair)**

Peggy Geisler holds a BA in Clinical Psychology from University of Maryland and her MA in Clinical Psychology from Salisbury University. She is the owner and senior consultant of PMG Consulting LLC, who works with not-for-profits on infrastructure, strategic planning, and training as well as conducts community based programs in both Maryland and Delaware. Ms. Geisler currently is the Executive Director of the Sussex County Health Promotion

Coalition. She has 20 years' experience in the not-for-profit field and has received numerous awards for her community based work. She currently serves as a board member on Delaware Health Eating and Active Living, sits on the Governor's Council on Health Promotion and Disease Prevention, sits on the State Health Improvement Planning Committee for mental health, is a graduate from Leadership Delaware 2012 and is a member of the United Way of Delaware Southern Advisory Committee. Peggy also serves as Chair of the ACCEL DE-CTR Community Advisory Committee.

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A Crowd-Sourced Social Media Portal for Parents of Young Children with Type 1 Diabetes: Initial Content Development

Jessica Pierce, PhD; Tim Wysocki, PhD, ABPP

Background: Parents of young children (YC; < 6 years) with type 1 diabetes (T1D) experience distress that can impede optimal T1D care. Social media may facilitate timely, meaningful, and needed parent-to-parent support. This study describes the content development of a social media portal (SMP) designed by parents, for parents of YC-T1D.

Objective: We engaged separate "Crowds" of parents and health care providers and used crowdsourcing methodology to identify sources of distress and care burden that uniquely affect these parents. This information will populate the content of our SMP which will then be tested in a RCT.

Engagement Plan: Systematic creation of the SMP reflects the input of numerous stakeholders. Parent Crowd participants drive the SMP content and are the primary decision makers, while HCPs are advisory. Six family advisors also serve on the research team. The two Crowds will iteratively review and approve all SMP components.

Methods: Parent Crowd participants are 170 parents of YC-T1D currently <10 years old, diagnosed with T1D at <6 years old, recruited via T1D websites and Nemours EMR. HCP Crowd participants are 31 pediatric HCPs recruited nationally through personal contact and colleague nominations. Open-ended questions regarding parental burden and emotions, impact on the YC-T1D and other family members, and health care interactions were "posted" to Parent and HCP Crowds via separate groups on www.yammer.com.

Results: Qualitative analysis overseen by an expert consultant organized responses into a social-ecological model of systemic influences that impact YC-T1D (child, parents, family, social circle, and community). Within each level of influence, over 150 themes and relevant examples were organized into a "taxonomy" of content areas. Multiple iterations of the framework were distributed to Parent and select HCP Crowd participants to provide feedback, yielding a final content taxonomy.

Conclusions: This taxonomy will guide stakeholder driven design of SMP structure and function. Once tested, the SMP may be an evidence-based, robust method for improving T1D management and outcomes that would be constantly accessible worldwide; based upon the collective wisdom of multiple stakeholders; archived, searchable, and rated for feasibility and efficacy by parent-users; and focused on the unique needs of the YC-T1D population.

A Community Based Participatory Research Approach to Assessing the Value of Community Health Workers in Delaware

Brian Rahmer, PhD, MS; Nora Katurakes, MSN, RN, OCN; Venus Jones; Luisa Ortiz-Aponte, BA; Trincia Griffin; Grecia Caceres

Background: Few studies examine patient perception of CHW value in relation to which the context of the community health work being carried out. Across Delaware, Community Health Worker (and CHW-like) programs vary considerably in terms of job description, remuneration, and structural relationships to intended beneficiaries, health care delivery systems, governmental agencies and community based organizations. Broad system level policy goals of better CHW integration and alignment with population health activities may be better understood through a community-based participatory research strategy that includes multiple perspectives, including CHWs and the people in the communities they serve.

Engagement Plan: Along with institutional partners, two CHWs and two patients/community members, were fully engaged members of the research team. They trained with the PIs using the MUSC Are We Ready Toolkit and completed CITI training. All members of the research team engaged in the multi-session DEPICT participatory analysis process and tailoring of results and recommendations for deliberative dissemination.

Objective: Most CHW programs in Delaware are grant funded projects that address a particular chronic disease or disparity. Funding agencies determine the deliverables or outcomes to measure the value of CHWs. However, the value of CHWs from the community and patient perspective is unknown and currently unmeasured. We aim to better understand how patients and family members value their interactions with Community Health Workers and apply this evidence to developing training, implementation and evaluation efforts currently evolving across the state.

Methods: Four focus groups (2 in NCC, 1 in Kent County, 1 in Sussex County) completed were completed. Three iterative sessions of participatory content analysis were completed following the DEPICT framework. These sessions included community members and community health workers. Final stage of a comprehensive activity systems analysis is underway using a CHAT process. Initial results have been presented to the research team and an engagement process for dissemination is underway.

Relevance: Results may inform local policy for implementing various provisions of Patient Protection and Affordable Care Act, including applied care coordination for patient-centered medical homes, intervening on the social determinants of health, community health and disease prevention. Results and recommendations will be presented to joint working-groups of the Healthy neighborhood and Workforce & Education committee of the Delaware Center for Health Innovation as statewide curriculum and training requirements are developed for CHWs through broader healthcare transformation initiatives.

Examining Survivors of Cancer and Physical Activity in Delaware (ESCAPADE): Preliminary Findings from a Community-Based Participatory Needs Assessment

Michael Mackenzie, PhD; Sean Hebbel, MSW; Ines Crato; Lanie Pires; Scott Siegel, MS

BACKGROUND: Given poor exercise adoption and adherence in cancer survivors, investigation of the determinants of physical activity and the translation of this research into education, interventions, and programming is paramount.

OBJECTIVE: A community-based participatory research (CBPR) approach is currently being used to develop a physical activity needs assessment for Delaware cancer survivors and service providers. This CPBR approach is intended to identify physical activity and cancer care priorities within the state and guide the development of strategies and programming to improve the quality of physical activity in cancer care.

ENGAGEMENT PLAN: The current study engages key stakeholders at the University of Delaware and in the community including cancer survivors and their support networks, health service providers, community-based services, and state government. These efforts build community infrastructure in addressing physical activity disparities in cancer care and support further research and other community-wide collaborations across organizations and institutions.

METHODS: Key informant interviews are currently being iteratively analyzed via process of inductive thematic analysis by both academic and community investigators. All findings will be "verified" with the community-based "physical activity in cancer care" team prior to reporting/dissemination. These findings will then be combined with existing literature to create a physical activity needs assessment for Delaware cancer survivors.

RESULTS: To date we have contacted 68 key informants. Of these contacts 38 people have accepted our interview requests. The team has completed 32 interviews. Of these interviews, 10 have undergone preliminary coding. Emerging themes are related to: 1) perceptions of care provider and cancer survivor knowledge about physical activity in relation to cancer and its treatment, 2) barriers to physical activity access and participation during cancer treatment and recovery, 3) how physical activity may be offered across the cancer treatment continuum within Delaware.

CONCLUSIONS / RELEVANCE: Greater knowledge and action concerning physical activity at the community-level is essential to improving population-level cancer outcomes. This innovative community-based needs assessment will ensure broad impact and the highest potential for knowledge translation in the Delaware cancer community, building upon and expanding Delaware's capacity to improve physical activity awareness, participation, and programming for cancer survivors.

Video Journaling as a Qualitative Research Methodology: Voices and Partners

Judith W. Herrman, PhD, RN, ANEF, FAAN; Christopher Moore, BA; Mellissa Gordon, PhD;
Brian Rahmer, PhD, MS; Barbara Habermann, PhD, RN, FAAN

Background: Traditional research with young men provides many challenges, threatening the validity of the findings. New and innovative approaches are needed to capture authentic teen perceptions related to personal responsibility, decision-making, and sexual behavior.

Engagement Plan: Young men, as part of a research advisory group, guided the development of the study components, informed study methods, and partnered with researchers in the interpretation of data through member checks and focus group analysis.

Objective: The purpose of this component of a larger, mixed methods study was to evaluate the Wise Guys program using the Video Journaling technique.

Methods: Twenty young men who completed the Wise Guys program were given iPad devices with video capability and directions on the study. The participants were charged with taking videos of their daily life while considering how Wise Guys and the lessons learned impacted their lives through the lenses of directive questions. Over the course of three weeks participants received text message reminders, questions to guide their videos, and encouragement to be creative and to video every few days. Videos were downloaded to a passcode protected drop box. Videos were merged such that each participant had one video. Videos were analyzed using NVivo software to guide the content analysis and assessment for emergent themes.

Results: The young men expressed that Wise Guys provided them with communication and relationship skills. They discussed how the program impacted their thoughts on masculinity, respect for women, and the consequences of unsafe sexual behavior and parenting during the teen years. They expressed engaging in safer sexual practices and in goal-setting for the future with the realization that today's behaviors may affect their ability to reach their future potential.

Conclusions & Relevance: Video Journaling provided a medium for accessing rich data from young men. This is especially true with regard to the sensitive nature of the data, the active engagement in daily technology and social media, and the varying levels of verbal expressiveness of teens. Video journaling may be an effective method to provide voice to marginalized populations.

Applying a Trauma-Informed Approach to Community Engagement Principles while Building Prevention Science

Lauren Camphausen, BA; Noel Sincere Duckworth, BS; Courtney Winkler, BS.Ed; Melinda Dubinski, MSW; and Bethany Hughes, MA

As intimate partner violence (IPV) prevention is an emerging field of study, there is a limited evidence base of effective strategies, especially those that focus on outer layer factors and determinants of health. This project seeks to generate practice-based evidence on promising primary prevention strategies that move beyond a traditional focus of individual and relationship change. One strategy is aimed at engaging and empowering youth to identify and ameliorate community disorder elements within their neighborhood (i.e., graffiti, litter, neglected and/or unsafe spaces, etc.) to ultimately increase community connectedness. The second strategy is focused on adoption of policies and practices and improving climate to mitigate dating violence within a youth-serving organization. Evaluation of this project utilizes both an empowerment evaluation and community collaborative approach. Community-based partners participate in all aspects of the evaluation: planning, data collection, data analysis and review, data-informed improvements, and dissemination of findings and results. The evaluation is a mixed-methods approach and incorporates use of quantitative data collection/data sources (surveys, policy scans, and environmental observations) and qualitative sources (focus groups, student PhotoVoice projects, and key informant interviews). Furthermore, the evaluation incorporates process-focused data collection (program facilitator journals, meeting minutes) to understand core implementation components and facilitate shared ownership in the evaluation process. While data collection is in its early stages, preliminary analysis of facilitator journals, staff/student surveys, and organization observations have revealed a shared finding across both strategies around the critical need to address trauma (individual, community, and organizational) in order for implementation of prevention efforts to be effective, meaningful, and sustained. Collective change at the community or organizational level, in the midst of trauma, requires an investment of time and effort that build trust in a collaborative process. Employing an empowerment evaluation and community collaborative approach in evaluation of locally-based strategies increases the likelihood of producing useful results and sustainable prevention efforts and yielding strategies which have meaningful impact grounded in community and organizational context. Findings emerging from a project built on shared ownership and community wisdom ensure the utility and relevancy of results and increase the probability of dissemination and long-term sustainability of implementation. As intimate partner violence (IPV) prevention is an emerging field of study, there is a limited evidence base of effective strategies, especially those that focus on outer layer factors and determinants of health. This project seeks to generate practice-based evidence on promising primary prevention strategies that move beyond a traditional focus of individual and relationship

change. One strategy is aimed at engaging and empowering youth to identify and ameliorate community disorder elements within their neighborhood (i.e., graffiti, litter, neglected and/or unsafe spaces, etc.) to ultimately increase community connectedness. The second strategy is focused on adoption of policies and practices and improving climate to mitigate dating violence within a youth-serving organization. Evaluation of this project utilizes both an empowerment evaluation and community collaborative approach. Community-based partners participate in all aspects of the evaluation: planning, data collection, data analysis and review, data-informed improvements, and dissemination of findings and results. The evaluation is a mixed-methods approach and incorporates use of quantitative data collection/data sources (surveys, policy scans, and environmental observations) and qualitative sources (focus groups, student PhotoVoice projects, and key informant interviews). Furthermore, the evaluation incorporates process-focused data collection (program facilitator journals, meeting minutes) to understand core implementation components and facilitate shared ownership in the evaluation process. While data collection is in its early stages, preliminary analysis of facilitator journals, staff/student surveys, and organization observations have revealed a shared finding across both strategies around the critical need to address trauma (individual, community, and organizational) in order for implementation of prevention efforts to be effective, meaningful, and sustained. Collective change at the community or organizational level, in the midst of trauma, requires an investment of time and effort that build trust in a collaborative process. Employing an empowerment evaluation and community collaborative approach in evaluation of locally-based strategies increases the likelihood of producing useful results and sustainable prevention efforts and yielding strategies which have meaningful impact grounded in community and organizational context. Findings emerging from a project built on shared ownership and community wisdom ensure the utility and relevancy of results and increase the probability of dissemination and long-term sustainability of implementation.

Health Service Utilization of Children in Delaware Foster Care, 2013-2014

Katie Gifford, MS ; Catherine Zorc, MD, MSHP, MAT; Erin K. Knight, PhD, MPH; Mary Joan McDuffie, MA

Background: In June of 2014, the Delaware State Legislature formed a Task Force on Health of Children in Foster Care, due to the higher potential for unmet healthcare needs in this vulnerable population. The Task Force included representatives from key agencies and community partners, and was co-chaired by a medical doctor affiliated with Nemours and a representative from the Delaware Department of Services for Children, Youth and Their Families (DSCYF). For data analysis, the Task Force contracted with The Center for Community Research & Service (CCRS) at the University of Delaware.

Objective: This study was the first of its kind to examine the health care utilization patterns among children in foster care in Delaware using Medicaid claims data. The data analysis serves as a baseline and informs efforts to improve the healthcare of children in foster care. The findings were reported to the Task Force in order to guide their recommendations to the State Legislature.

Methods: Medicaid claims data from children in foster care was linked with demographic information and characteristics about foster care placements from DSCYF. Data examined included diagnoses, patterns of utilization and costs for 1,458 children in foster care compared to other children in Medicaid (n=124,667) during 2013 and 2014.

Results: Children in foster care had similar emergency department utilization, but higher rates of outpatient behavioral health visits and psychotropic drug prescriptions. Entry into foster care was associated with increased utilization of overall healthcare services, including well-child care. However, just 31% of those new to foster care met the American Academy of Pediatrics guidelines for a preventive screening in their first 30 days.

Conclusions/Relevance: Two key findings emerged: the need to focus on early screening and timely preventive health visits, and the importance of integrating behavioral health into primary care. Stakeholders should look for ways to improve these areas, possibly through a "medical home" model which promotes coordination of care. In addition to providing a basis for the recommendations by the Task Force to the State Legislature, these results provide a baseline for potential longitudinal research on outcomes for this vulnerable population.

Integrating Resources for Managing Childhood Obesity in the Primary Care Setting: A Needs Assessment

Samareh G. Hill, MD; Thao-Ly T. Phan, MD, MPH; Lloyd N. Werk, MD, MPH; George A. Datto, MD; Diane J. Abatemarco, PhD, MSW

Background: Pediatric primary care providers play a critical role in preventing and treating obesity yet often lack the resources and support systems to provide effective care to children with obesity.

Objective: This study aimed to identify perceived system-level barriers to managing obesity in the primary care setting and resources desired by primary care providers to enhance their management of obesity.

Methods: A cross-sectional survey was electronically administered to 159 primary care physicians, advanced nurse practitioners, and registered nurses from 25 practices within a large pediatric primary care network. 19 items were rated on a 5-point Likert scale based on the degree to which they were perceived to be a barrier to obesity management or the degree to which they were considered to be helpful as an integrated resource for obesity management. The frequency of survey responses for which an item received a rating of 4 or 5 were calculated. Chi-square analyses were performed to compare survey responses based on provider characteristics.

Results: Survey response rate was 70% (n = 112), with the majority of respondents being female (81%), a physician (53%), pediatric-trained (97%), and without prior training in obesity management (78%). Time constraints during well visits (86%) and lack of ancillary staff (82%) were the most frequently reported system-level barriers to obesity management. Information on community resources (92%), an on-site dietitian (89%), and an on-site exercise physiologist (85%) were the resources most frequently identified as being potentially helpful to obesity management if integrated in the primary care setting. Providers with no prior obesity training as compared to those with prior obesity training were more likely to identify an on-site psychologist (61% vs. 33%, $p = 0.03$) and information on community resources (95% vs. 81%, $p = 0.05$) as potentially helpful resources. Providers over the age of 45 were more likely to report that community resources (98% vs. 85%, $p = 0.04$) would be helpful, whereas providers under the age of 45 were more likely to report that electronic health record tools (85% vs. 62%, $p = 0.02$) would be a helpful resource.

Conclusions: Primary care providers reported a desire for community resources and on-site ancillary staff to assist in the management of childhood obesity within the patient-centered medical home

A Community Driven Approach to Enhance Access to Physical Activity Opportunities.

Kristin Maiden, PhD; James E. Parker II

Background: In response to community identified needs for increased access to physical activity opportunities in economically disadvantaged communities, Nemours received the CDC-Partnerships to Improve Community Health award. The intervention focuses on rehabilitation of open/green space in a tri-park community along the Route 9 Corridor. The goal is to engage the community by working with New Castle County to develop strategies to increase opportunities for physical activity.

Engagement Plan: The PICH initiative is a true partnership between Nemours and New Castle County. Roles, responsibilities, decision making authority and proper compensation are detailed in executed contracts. Evaluation plans were created in collaboration to ensure community driven approaches that are meaningful to continued park efforts and foster effective communication between all partners, stakeholders and community members.

Objective: To create a community driven revitalization plan for the Tri-park area based on community input and need.

Methods: The tri-park area has 3,021 residents; 96% Black/AA and 17% poverty. The Park Survey Short Questionnaire (RAND) was completed by 167 residents and the System for Observing Play and Recreation in Communities (SOPARC) was completed at the main hub park.

Results: 69% of respondents graded current park facilities C, D or F. Accessing the park is easy (94.6%), but safety, mainly crime/violence is a concern for over 40%. 51% of respondents would not allow their child in the parks alone. SOPARC indicates park use is limited mostly to basketball and swimming with low use overall, especially among younger children. Top community identified needs are walking/bike path, organized sports, updated playground equipment, park lighting and fitness classes.

Conclusion/Relevance: Opportunities for physical activity are severely limited due to current conditions and safety concerns. Community resident input significantly attributed to a well vetted plan to improve park facilities and increase access to safe, physical activity opportunities. Revitalizations were approved in the county capital budget for completion by June 2016 with follow-up data collection scheduled for August. Data will be disseminated locally, nationally and through peer reviewed manuscripts. This project not only provides access to physical activity opportunities, but also heightens community connectedness which can benefit this community for generations to come.

Pairing Zoo-Animal Characters with Produce Stimulates Selection among Children

Allison Karpyn, PhD; Michael Allen; Serita Porter, MA; Samantha Marks BS; , Nicole Filion;
D. Layne Humphrey, MS; Ai Ye , MS; Henry May, PhD; Meryl Gardner, PhD

Introduction: The University of Delaware examined the hypothesis that children would be more likely to select fruits (apple slices, bananas, and oranges) and vegetables (baby carrots) when paired with a zoo-animal character image than when available without the character image.

Approach: Tested in a randomized experiment using counter-balancing, products were arranged on two tables at two separate family fun nights held at a local zoo. Animal character produce pairings were manipulated by placing one of two animal characters (tamarin or iguana) next to two of the four fruit or vegetable selections at each table, and by changing the produce image featured with the animal image to match the paired produce item.

Results: Findings showed that pairing a tamarin or iguana alongside a produce item increased its likelihood of selection. In total, 755 produce selections were made. Results show that children are 66% more likely to choose a fruit or vegetable snack when paired with an animal.

Discussion: Future research is needed to understand more about the underlying mechanisms that make the animal-food pairings effective. In this case, the unconditioned stimulus (Tastimal) arouses a positive affective response to the conditioned stimulus (target food). This would result in children finding the snack more appealing when they see that it is associated with an animal. The cause may also be behavioral: being involved in a fun, interactive process of choosing a produce item could maintain the children's interest for longer and at deeper levels.

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27	Development of a High-Throughput Screening Assay to Discover Nonsense-Suppressing Compounds for Treating Rett Syndrome	Asmita Kumar, PhD Katherine Drake Andrew D. Napper, PhD
28	The Tumor-Suppressive and Potential Clinical Applications of miR-34a in Ewing Sarcoma	Nancy S. Vetter, BS E. Anders Kolb, MD Valerie B. Sampson, PhD
29	Kidney Disease in Children and Young Adults with Sickle Cell Disease	Divya G. Moodalbail MD Bonita Falkner MD
30	Understanding and Preventing Lower Limb Amputations at Christiana Care Health System	Bryan Taylor, BS Pete Lodato, MPH Bailey Ingraham, MS Beth Ivey Fenton McCarthy, MS, MD Ralph Ierardi, MD Tim Gardner, MD
31	The Management of Head Injury in the Delaware Trauma System: A Longitudinal Study	Joseph Piatt, MD, FAAP Diane Hoschstuhl, MSN, RN, NP-C Steven Murphy, MD, FAAP
32	Selective Cytotoxicity of Zardaverine in Embryonal Rhabdomyosarcoma from Costello Syndrome Patient	Donna M. Cartledge, PhD Katie M. Robbins, MS Katherine M. Drake, BS Rachel Sternberg, BS Deborah L. Stabley, BS Karen W. Gripp, MD E. Anders Kolb, MD Katia Sol-Church, PhD Andrew D. Napper, PhD

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