



ACCELERATE HEALTH CARE

*Delaware Clinical and Translational Research
(DE-CTR) ACCEL*

Community Research Exchange Conference

University of Delaware, Clayton Hall
Monday, May 15, 2017



2017 ACCEL Community Research Exchange



The ACCEL program has developed strong partnerships between the University of Delaware, Christiana Care Health System, Nemours and the Medical University of South Carolina, 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.

This Live activity, ACCEL Community Research Exchange, with a beginning date of 05/15/2017, has been reviewed and is acceptable for up to 5.75 Prescribed credit(s) by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Funding Acknowledgement






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ACCEL Community Research Exchange Conference May 15, 2017

7:30am	Registration/Networking/Breakfast	LOBBY
8:00- 8:15am	<p>Welcome! <i>Omar Khan, MD, MHS, FAAFP</i> Conference Chair Co-Director, DE-CTR ACCEL, Community Engagement & Outreach Comp.</p> <p>ACCEL & CEO: The Next 5 Years <i>Stuart A. Binder-Macleod, PT, PhD, FAPTA</i> Program Director, Principal Investigator, DE-CTR ACCEL</p>	101 A&B
8:15 -9:15am	<p>From Community Partners in Care to the Health Neighborhood Initiative: Translating NIH-funded Science into Policy & Public Health Impact <i>Bowen Chung, MD, MSHS</i> Associate Professor-in-Residence, in the Department of Psychiatry and Biobehavioral Sciences, Harbor-UCLA Medical Center</p> <p><i>Loretta Jones, MA,ThD</i> Founder and CEO of Healthy African-American Families (HAAF)</p>	101 A&B
9:15 –10:15am	<p>Platform Presentations- Session A Moderator: <i>Heather Bittner Fagan, MD, MPH, FAAFP</i> KCA Lead, DE-CTR ACCEL, Community Engagement & Outreach Component</p> <ul style="list-style-type: none"> ▪ Validation of the Pediatric Awareness and Sensory Motor Assessment (PASMA) Involving Academic and Community Investigators <i>Cynthia Dodds, PT, PhD</i> ▪ Increasing Access to Empirically-validated Interventions for Autism Spectrum Disorder: Dissemination of PEERS into Community Health Settings <i>Laura Dewey, PhD</i> ▪ Assessing Delaware Parents' Knowledge, Attitudes And Preferences About Long Acting Reversible Contraceptives For Teens Using Participatory Action Research <i>Krishna White, MD, MPH</i> ▪ Evaluation of A Homebound Patient Cohort For Knowledge And Interest In Palliative Care And Reported Well-Being <i>Linsey O'Donnell, DO, Leslie Stalnaker, MPH, Amanda Cooper, DO, MS</i> 	101 A&B
10:15-11:00am	Poster Session/Break	LOBBY
11:00-12:00pm	<p>Platform Presentations- Session B Moderator: <i>Matthew Swanson, MBA</i> Chairman Delaware Center for Health Innovation</p> <ul style="list-style-type: none"> ▪ Toward more inclusive school-based public health surveys: Increasing participation of youth with disabilities in the Youth Tobacco Survey <i>Elizabeth Dubravcic, MLHR, CPH, Steven Martin, MA, MSc, Patricia Maichle</i> ▪ Instilling the Art of Happiness in Community Dwelling Older Adults <i>Steven Goodwin, PhD, Katie Greenawalt, Jennie Turner, Vicki Sheraton, Elizabeth Orsega-Smith, PhD, MS</i> ▪ Family psychosocial care model for congenital heart disease: A crowdsourced study <i>Erica Sood, PhD</i> 	101 A&B

	<ul style="list-style-type: none"> Understanding Community Needs in Wilmington and Claymont, Delaware <i>Alexa Meinhardt, Jaclyn Natalone, Maggie Norris Bent, MPA, Mia A. Papas, PhD</i> 	
12:00-12:20pm	<i>Kara Odom Walker, MD, MPH, MSHS</i> Secretary Delaware Department of Health and Services	101 A&B
12:20-12:45pm	Lunch	
12:45-2:15pm	<p>Behavioral Health Panel Moderator: <i>Jim Martin, CPSS (Moderator)</i> Council Chairperson, Governor's Advisory Council of Division of Substance Abuse and Mental Health</p> <p><i>Rita M. Landgraf</i> University of Delaware</p> <p><i>Gerard Gallucci, MD, MHS</i> Delaware Department of Health and Social Services</p> <p><i>Mandell Much, PhD</i> Director of Clinical Services, Aquila of Delaware, Inc.</p> <p><i>Bowen Chung, MD, MSHS</i> Associate Professor-in-Residence, in the Department of Psychiatry and Biobehavioral Sciences, Harbor-UCLA Medical Center</p> <p><i>Loretta Jones, MA, ThD</i> Founder and CEO of Healthy African-American Families (HAAF)</p>	101 A&B
2:15-4:00pm	Concurrent Workshops	
Rm. 121 	<p>Patient-Centered Outcomes Research and Chronic Kidney Disease (CDK) The ability to incorporate vast pools of patient data can greatly improve the ability to predict and manage hospitalization and other disease trends. This workshop will discuss a successful Eugene Washington PCORI Engagement Award around involving key community stakeholders and data systems to increase the amount and quality of data available to produce invaluable treatment options and success rates. <u>Workshop Leaders:</u> <i>Claudine Jurkovitz, MD, MPH, Mia A. Papas, PhD</i></p>	
101 A&B 	<p>Investing in the Future: Connecting New Investigators Developing, new investigators will be positioned at roundtables and will pitch their research to community partners, as they rotate around the room during a timed-session. This workshop looks to build new partnerships among researchers and community members to generate research that targets the needs of our community. <u>Workshop Leaders:</u> <i>Heather Bittner Fagan, MD, MPH, FAAFP, Carolyn Jenkins, DrPH, RD, APRN, FAAN, Robert E. Akins, Jr., PhD, FAACP, DM, FAHA</i></p>	
Rm. 122 	<p>Translational Research in Practice: Using Participatory Action Research (PAR) to Examine Health, Substance Abuse, Violence and Life Chances in Wilmington Health, substance abuse, and violence are key areas identified through community needs assessments and that need attention from all to make an impact across the community. This workshop will address current PAR research being conducted in Wilmington and how you can put your research into practice. <u>Workshop Leaders:</u> <i>Yasser Payne, PhD, Darryl Chambers, MS, BA, Steven S. Martin, MSc, MA,</i></p>	
Rm. 119 	<p>Behavioral & Mental Health - Kindness & Hospitality: Creating safe and welcoming spaces in the community As the focal theme of the conference this year, this workshop will include shared stories, current research, resources/tools to use, and will be led by two community members, who have been instrumental in creating a safe place for all in the road to recovery. <u>Workshop Leaders:</u> <i>Jim Martin, CPSS, Bryce Hewlett, MA</i></p>	
Rm 124 	<p>Incorporating an Evaluation Framework in Your Work This interactive session will support participants in their quest to turn data into action. We will explore some nuts and bolts about data presentation, research design and storytelling as an approach to sharing impacts. <u>Workshop Leaders:</u> <i>Allison Karpyn, PhD</i></p>	



Omar Khan, MD, MHS, FAAFP

Omar Khan, MD, MHS, FAAFP 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 Christiana Care. 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 as Chair of International Health for APHA. He is President-Elect of the Delaware Academy of Medicine, President of the Delaware Public Health Association and a 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’. He has chaired several conferences in community and global health, including previous *ACCEL* Community Engagement events.



Stuart Binder-Macleod, PT, PhD, FAPTA

Stuart Binder-Macleod, PT, PhD, FAPTA is the Principal Investigator and Program Director of the DE-CTR Accel Program, as well as the Lead for KCA 2.0. Dr. Binder-Macleod is the Associate Vice-Provost for Clinical and Translational Research and Edward L. Ratledge Professor of Physical Therapy and Interdisciplinary Graduate Program in Biomechanics and Movement Science at the University of Delaware. He is also the immediate past chair of the University of Delaware’s Physical Therapy Department. Dr. Binder-Macleod received a BS in Physical Therapy from the State University of New York at Buffalo, M.M.Sc. in Physical Therapy from Emory University, and PhD in Physiology from the Medical College of Virginia. He was the 2010 recipient of the American Physical Therapy Association Section on Research’s

John H.P. Maley Award for Outstanding Contributions to Leadership in Research and is a Catherine Worthingham Fellow of the APTA. Dr. Binder-Macleod has enjoyed over 20 years of continuous NIH research funding and has served as chair and member of numerous NIH review panels. He is also the Program Director and Principal Investigator for an NIH funded T32 training program that is designed to train physical therapists to become scientists and leaders in rehabilitation-related research and the Program Director for an NIH-funded inter-institutional K12 training program for new investigators to acquire the research skills necessary to become independent investigators in rehabilitation approaches

Our invited guest speakers are part of a team who won the 2014 Team Science Award from the Association for Clinical and Translational Science

Keynote Speakers



Bowen Chung, MD, MSHS

Bowen Chung, MD, MSHS, is an Associate Professor-in-Residence in the Department of Psychiatry and Bio-behavioral Sciences at the David Geffen School of Medicine at UCLA, an Adjunct Scientist at the RAND Corporation, an Investigator at the Los Angeles Biomedical Research Institute, and a Research Scientist at Healthy African American Families II. Dr. Chung is currently an attending child and adolescent psychiatrist for the Los Angeles County Department of Mental Health at Harbor - UCLA Medical Center in Torrance, CA. He received his undergraduate education at Williams College with a B.A. in English Literature, his M.D. at the Mount Sinai School of Medicine and his M.S.H.S. at the UCLA School of Public Health. His research has focused on studying approaches for the financing and delivery of health services to improve health outcomes for adult chronic diseases such as depression in partnership with under-resourced, minority communities.



Loretta Jones MA, ThD

Loretta Jones MA, ThD, is the founder and CEO of Healthy African American Families II (HAAF). Her career as a civil rights activist, health policy advocate, and social architect has spanned more than 40 years. Dr. Jones is an Associate Professor at Charles R. Drew University of Medicine & Science (CDU) in the Community Faculty Prefix Series. Dr. Jones also serves on the University of California Los Angeles Institutional Review Board and is a member of the University of North Carolina, Chapel Hill CTSA External Advisory Board. She was the first African American non-medical woman to be a lead author in JAMA. She is also published in *Ethnicity & Disease*, and is a co-author on more than 60 peer-reviewed articles. This year President Obama implemented the Precision Medicine Initiative (PMI) and Dr. Jones was selected to serve on the National Institutes of Health Precision Medicine Institutional Review Board. She is a current and past co-investigator of numerous NIH and CDC research projects, including Community Partners in Care and Witness4Wellness, for which she received the 2015 UCLA Landmark Program of the Year Award, the 2015 Community Campus Partnerships for Health Award and the 2014 Team Science Award from the Association for Clinical and Translational Science and the American Federation for Medical Research. She also received the Robert Wood Johnson Clinical Scholars Program (RWJCSP) Award for Dedication and Service to the RWJCSP. Dr. Jones received the Goodwill African Focus Incorporated Lifetime Achievement Award and African Family Induction Certification Award in April 2016. In honor of this momentous occasion, she received Certificates of Recognition from Los Angeles City Councilman Curren D. Price Jr. and Senator Holly J. Mitchell, as well as a Certificate of Commendation from Los Angeles County Board of Supervisor Mark Ridley-Thomas. She received the Global Officials of Dignity (G.O.D.) Diane Watson Community Service Award in 2015, and was given the inaugural Ruth Roemer Social Justice Leader Award by the University of California, Los Angeles (UCLA) Fielding School of Public Health, the Dr. Nelle Becker-Slaton Pathfinder Award from the Association of Pan-African Doctoral Scholars, and the American Public Health Association (APHA) Community Based Public Health Caucus (CBPHC) Tom Bruce Award in 2014. She's been the recipient of the Charles R. Drew University of Medicine & Science President's Award, the NAACP William Montague Cobb Award, the Black Caucus of Health Workers of the American Public Health Association (APHA) Community Service Award, and the National Community-Based Organization Network (NCBON) Lucille Webb Award. These are just a few of her many honors and awards for her work in community.

Platform Presentation Moderators



Heather Bittner Fagan, MD, MPH, FAAFP

Heather Bittner Fagan, MD, MPH, FAAFP, is a practicing family physician and researcher. Dr. Fagan is an Associate Professor at Thomas Jefferson University in Philadelphia, the Associate Vice Chair for Research in Family & Community Medicine at Christiana Care Health System, and is the lead of the Delaware ACCEL CTR Community Engagement and Outreach component. Dr. Fagan has made regional and national contributions to research on cancer screening and shared decision making in primary care and underserved populations. She has also made regional and national contributions on methods of community engagement, specifically engaging physicians and their primary care practices and building community-academic teams. 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 (IRB) for Christiana Care and the 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.



Matthew Swanson, MBA

Matt Swanson is an innovator and entrepreneur in Wilmington, Delaware. Since 2013, he has been leading Innovative Schools, a nonprofit engine for importing and launching innovative education initiatives within Delaware. Early in his career, corporate experience focused on finance and technology initiatives in New York and Los Angeles eventually led to his launch of a successful entrepreneurial venture, FineStationery.com, in 1999. A pioneer in internet strategy and technology innovation, FineStationery.com revolutionized

the consumer experience and overall reach of the online print industry and, in 2003, he was recognized as a finalist for the Ernst & Young "Entrepreneur of the Year" Award. After growing to employ more than 100 Delawareans, FineStationery was sold and became a division of NASDAQ-listed 1800Flowers in 2013. In addition to his current work at Innovative Schools, in 2014, Matt was selected to serve as Chairman of the Delaware Center for Health Innovation which is overseeing the implementation of a multi-year program to drive statewide transformation of the healthcare system. Besides serving as board advisor to several startup companies, Matt teaches as an adjunct professor at the University of Delaware, Lerner School of Business. Matt received his BS degree in political science from the University of Vermont and an MBA from the Wharton School of Business at the University of Pennsylvania. Matt currently lives in Wilmington with his wife Maggie and his four children.



Kara Odom Walker, MD, MPH, MSHS

Dr. Kara Odom Walker was sworn in as Secretary of the Delaware Department of Health and Services on Feb. 6, 2017. As Secretary, she leads the principal agency charged with keeping Delawareans healthy, ensuring they get the health care they need in a fast-changing world, and providing children, families and seniors with essential social services including food benefits, disability-related services, and mental health and addiction treatment. She oversees one of the largest departments in Delaware's government with an annual budget of more than \$2 billion.

As Secretary, Dr. Walker chairs the Health Fund Advisory Council, and is a member of the Delaware Health Care Commission and the Delaware Center for Health Innovation Board.

Secretary Walker previously worked as the Deputy Chief Science Officer at the Patient-Centered Outcomes Research Institute (PCORI), a nonprofit, nongovernment organization in Washington that is authorized by Congress to improve evidence available to help patients, caregivers, employers, insurers and policymakers make informed health care decisions. She managed the Institute's research investments, which totaled \$1.6 billion in 2016, toward a planned total of \$2.5 billion by 2019. She formerly taught Family and Community Medicine at the University of California, San Francisco, as an Assistant Clinical Professor, and has worked with several national organizations to advocate for health equity and for access to quality health care in minority and underserved populations, including the National Medical Association, the Student National Medical Association and the American Medical Association. Dr. Walker has been recognized for leadership by Harvard Business School's Program for Leadership Development, American Medical Association and the National Medical Association.

A Caravel Academy high school graduate, she earned her bachelor's degree in chemical engineering from the University of Delaware and her medical degree from Jefferson Medical College in Philadelphia. She has a Masters of Public Health from the Johns Hopkins School of Public Health and a Masters in Health Services Research from the University of California, Los Angeles, School of Public Health, where she also completed a post-graduate fellowship in the Robert Wood Johnson Clinical Scholars program. She is a board-certified family physician and has provided direct patient care in many primary care settings, including those for uninsured and underserved populations. She has published research papers on physician workforce issues, health care organization and delivery.

Secretary Walker envisions a Delaware community in which all citizens have the opportunity to access quality, affordable health care in order to attain their optimal health, while working to reduce the cost of that care. She believes in a DHSS that is efficient and effective in terms of service delivery, and is responsive to all Delawareans, including seniors, individuals with disabilities, and people suffering from addiction, serious mental illness or homelessness so they can live and thrive in their communities.

Behavioral Health Panel



Jim Martin, CPSS

Jim Martin is a consumer and peer in recovery who was once homeless in Delaware 8 1/2 years ago staying at various homeless shelters across Delaware, as well as, living outdoors for a while. Jim stayed at the House of Joseph, Sojourners Place, and the Casa San Francisco. For the past 8 years of his recovery, he has lived in over 23 “three-quarter” sober living houses. He serves as “house pilot” who initiates and sets up these new sober housing programs and stabilizes the new location. He is a community organizer and advocate for vulnerable populations in Delaware. His most recent 3 projects have been the Shawnee House in Milford with 11 sober beds, the Haven at the Peer Men’s House in Seaford with 6 beds and the New Street House for Men with 11 sober beds in Georgetown. Since 2009, Jim Martin's house piloting activities have provided over 150 affordable sober beds for men and women in 3/4 recovery housing who otherwise would be roofless or homeless. For one year, Jim served as the State Housing Committee Chairman of the Oxford House of Delaware program when the program saw tremendous growth in new houses. For the past 6 years, Jim Martin helped to initiate and is now serving as the Director for the A.C.E. Peer Resource Centers in Seaford, DE and Georgetown, DE. With now over 500 peer center members, Jim’s works to assist other peers in finding housing, securing employment and making new sober friendships. For the past 4 years, Jim has served on the Governor’s Advisory Council to the Division of Substance Abuse and Mental Health and currently serves and Chairman of the Council. Jim also serves on the Advisory Board for the Delaware Psychiatric Center Hospital and has served on the new Healthy Neighborhoods Committee under Delaware’s Center for Health Innovation.



Rita M. Landgraf

Rita Landgraf joined the University of Delaware’s College of Health Sciences in early 2017 as professor of practice and distinguished health and social services administrator in residence. She also serves as director of the UD Partnership for Healthy Communities, a cross-college, cross-state initiative. Prior to joining the faculty at UD, she served as Cabinet Secretary of the Delaware Department of Health and Social Services from Jan. 22, 2009 through Feb 6, 2017, under Governor Jack Markell’s administration. As Secretary, she led the principal agency charged with keeping Delawareans healthy, ensuring they get the health care they need, and providing children, families, individuals with disabilities and seniors with the essential services they depend on. She managed one of the largest departments in Delaware’s government, with an annual budget of more than \$2 billion. Under her leadership, DHSS has provided a wide range of services -- from health care to child care to benefits assistance -- all while helping to coordinate the state’s response to health care reform efforts; advancing community supports for Delaware’s fast-growing older population, persons with serious and persistent mental illness and individuals with disabilities; and increasing prevention, treatment and recovery services to combat the state’s ongoing addiction epidemic. She led the State of Delaware’s successful efforts to meet the requirements of the Settlement Agreement it entered into with the U.S. Department of Justice with the goal of promoting recovery and community integration of individuals with Serious and Persistent Mental Illness. The USDOJ recognized Delaware for being the first state to achieve this level of transformation within the stated five-year timeframe. Rita currently serves on the Board of the Delaware Center for Health Innovation, the Executive Advisory Boards of the National Alliance on Mental Illness (NAMI) Delaware and atTAcK addiction. She is a former executive director of the National Alliance on Mental Illness (NAMI) Delaware and of The Arc of Delaware, which advocates for people with intellectual and developmental disabilities. She is also a former president of AARP Delaware.



Gerard Gallucci, MD, MHS

Gerard Gallucci, MD, MHS is the Medical Director of the Delaware Department of Health and Social Services. He is a graduate of Columbia College (NY), the George Washington School of Medicine (DC), and the Johns Hopkins Bloomberg School of Public Health (Baltimore). He completed his psychiatry residency at Johns Hopkins and a NIH-sponsored fellowship in psychiatric epidemiology at the Johns Hopkins Bloomberg School of Public Health. His clinical and research interests are in public psychiatry, psychiatric epidemiology and the mental health aspects of developmental disabilities. He holds faculty appointments at Johns Hopkins (Department of Psychiatry at the Johns Hopkins School of Medicine and the Department of Mental Health at the Johns Hopkins Bloomberg School of Public Health), The Sidney Kimmel Medical College (Thomas Jefferson University) and Drexel University College of Medicine. He is currently the Designated Institutional Officer for the Delaware Psychiatry Residency Program.



Mandell J. Much, PhD

Dr. Mandell J. Much is a licensed psychologist with 31 years of experience working with adolescents and adults with substance use, psychiatric, and co-occurring disorders. He has been the Director of Clinical Services for Aquila Behavioral Health/ARGO Institute for the past 26 years. He holds a Masters Degree in Clinical Psychology from West Chester University and a Doctoral Degree in Counseling Psychology from Temple University. Dr. Much specializes in Substance Use Psychology and Forensic Psychology. He is a past president of the Delaware Psychological Association and former two-term Council of Representatives member of the American Psychological Association, the governing body of APA. Dr. Much was appointed by former Governor Markell to the Adult Corrections Healthcare Review Committee and continues to serve as the representative for Psychologists on this committee. He has presented at numerous local and national conferences on a broad range of topics related to addiction, developmental psychology, family therapy, assessment, ethics, trauma, and collaborative care



Loretta Jones MA, ThD

See Bio, Pg. 7



Bowen Chung, MD, MSHS

See Bio, Pg. 7

Workshop Leaders

Patient-Centered Outcomes Research and Chronic Kidney Disease



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. In April 2016, she and her team received a PCORI Eugene Washington Engagement Award to fund the project: "Engaging Stakeholders for a Patient-Centered Research Agenda for Chronic Kidney Disease in Delaware". The goals of the Eugene Washington Engagement Awards are to facilitate expansion of patient-centered outcomes research/clinical comparative effectiveness research (PCOR/CER) and to encourage active integration of patients, caregivers, clinicians, and other healthcare stakeholders as members of the research process (www.pcori.org).

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. 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.



Mia Papas, PhD

Dr. Papas is director of Clinical Research and Health Outcomes within the Christiana Care Health System Value Institute. Papas' leadership responsibilities include providing mentorship to Value Institute investigators and scholars, as well as expert service line consultation. She is known to many at Christiana Care for her work as a research mentor and consultant in Emergency Medicine. She has taught numerous courses in the fields of epidemiology, public health, biostatistics and applied data analysis. She is an active member of the American Public Health Association and the American College of Epidemiology.

She has had a long-standing interest in the science of population health with several focused interests, including maternal and child health, cancer control and prevention, and health disparities. The central theme across these three areas of investigation is the application of epidemiologic methods to identify the social and behavioral characteristics of communities and

individuals that influence population health. Papas is actively engaged in research focused on the role of maternal dietary factors in influencing child obesity, premature mortality among those with severe mental illness, and health disparities experienced by those with physical and emotional disabilities.

Her analytical expertise includes experimental and observational study designs, big-data analytic methods, the assessment of validity and reliability of screening tools, sample size and statistical power, the analysis of longitudinal data, hierarchical linear modeling, the use of geographic information systems in understanding the effect of place on health and health behaviors, factor analysis, survival analysis, and multivariate logistic and linear regression.

Investing in the Future: Connecting New Investigators



Heather Bittner Fagan, MD, MPH, FAAFP
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Robert E. Akins, Jr., PhD, FAACPDM, FAHA

Robert E. Akins, Jr., PhD, FAACPDM, FAHA is a Principal Scientist, Director of the Center for Pediatric Clinical Research and Development, and Head of Tissue Engineering and Regenerative Medicine Research at Nemours. He is an Adjunct Professor at the University of Delaware. Dr. Akins received both his bachelor's and doctoral degrees from the University of Pennsylvania. He was the first American honored as a fellow of the Japan Foundation on Aging and Health, and he is an inaugural Fellow of the American Heart Association Council on Cardiovascular Surgery and Anesthesia. He is recipient of a Delaware INBRE Summit Award, was named "Neuroscientist of the Year" in 2013 by the DE Society for Neuroscience to honor his efforts to expand neuroscience research and education, and was recently named Researcher of the Year for 2014 at Nemours. Dr. Akins has served on multiple editorial boards, scientific advisory committees, and NIH and VA review panels. Since 2009, he has worked extensively to integrate basic and translational research into the clinical environment at Nemours and has established cross-campus, multi-disciplinary Mentoring and Advisory programs to support clinical and translational scientists. His research focuses on the development of regenerative therapies for pediatric diseases, especially congenital and acquired diseases of muscularized tissues, and his work has been generously supported by the Swank Foundation, the Nemours Foundation, NASA's Biotechnology and Cell Science Program, and the National Institutes of Health (NHLBI, NICHD, and NIGMS).



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, MUSC's CTSA. 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-I for *ACCEL Community Engagement KCA*.

Translational Research in Practice: Using Participatory Action Research to Examine Health, Substance Abuse, Violence, and Life Chances in Wilmington



Yasser Payne, PhD

Yasser Arafat Payne is an Associate Professor in the Department of Sociology and Criminal Justice with a Joint Appointment with the Department of Africana Studies. 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.



Darryl Chambers, MS

Mr. Darryl Chambers is a native of Wilmington, Delaware. Recently, he completed his Master's degree in Criminology from the University of Delaware, and has a Bachelor of Arts in Sociology from the University of California Davis. Currently, Mr. Chambers is the Senior Graduate Researcher at the Center for Drugs and Health Studies (CDHS) where he is pursuing a Ph.D. in Criminal Justice.

Mr. Chambers has participated in numerous local, city, and statewide community oriented program. In 2008, Mr. Chambers was a member of the Wilmington HOPE Commission Street Outreach Program. The following year, he was the Lead Associate Research on The Wilmington Street Participatory Action Research (PAR) Project. In 2014, Governor Jack Markell appointed Mr. Chambers to serve on the Wilmington Public Safety Strategies Commission. Currently, Mr. Chambers is the Executive Director of the Youth Empowered to Strive and Succeed (Y.E.S.S.) Program, the Program Coordinator for the Mentoring, Employment, Education, and Trust (M.E.E.T) Program, and the Co-Chair of the CDC Community Advisory Council.



Steven S. Martin, MSc, MA

Steven Martin 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/research 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.

Behavioral & Mental Health, Kindness & Hospitality: Creating safe and welcoming spaces in the community



Jim Martin, CPSS

See Bio, Pg. 10



Bryce Hewlett, MA

Bryce has been and advocate and activist for Mental Health services for Delaware consumers for much of his professional career. He was project development specialist at National Mental Consumers Self-Help Clearinghouse and the executive director of Delaware Consumers Recovery Coalition. More recently, he serves as director for Delaware programs for Mental Health Association of Southeastern Pennsylvania (MHASP) developing peer support centers in all three counties across the state. Bryce Hewlett has consistently helped on the front lines of providing direct services to Delawareans struggling with Behavioral Health challenges. He is now serving as the Delaware Director of Peer Run programs in Delaware. He also served for many years as the Executive Director of the DCRC. (Delaware Consumer Recovery Coalition)

Incorporating an Evaluation Framework in Your Work



Allison Karpyn, PhD

Dr. Allison Karpyn is Senior Associate Director of the University of Delaware at the Center for Research in Education and Social Policy (CRESP) and Associate Professor in the Department of the Human Development and Family Studies at the University Delaware. Dr. Karpyn, in her 18 years of practice, has published widely in journals including Pediatrics, Preventive Medicine and Health Affairs on program evaluation methods, topics related to school food, supermarket access, food insecurity, healthy corner stores and strategies to develop and maintain farmer's markets in low income areas. In addition to her position at the University of Delaware she is a Fellow at the University of Pennsylvania's Center for Public Health Initiatives. 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.

KCA 4.2 Community Engagement and Outreach Program Leadership



Heather Bittner Fagan, MD, MPH, FAAFP
See Bio, Pg. 8



Omar Khan, MD, MHS, FAAFP
See Bio, Pg. 6



Brian Rahmer, PhD, MS

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.



Krishna White, MD, MPH

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.



Carolyn Jenkins, DrPH, RD, APRN, FAAN
See Bio, Pg. 14



Yasser Payne, PhD
See Bio, Pg. 14



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 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 and businesses on infrastructure, strategic planning and training as well as conducts community based planning in both Maryland and Delaware. She is a licensed Consultant for the Standards for Excellence Institute for Maryland Association of Nonprofits and Delaware Alliance for Nonprofit Advancement.

Peggy is the current Statewide Project Director for Delaware Center for Health Innovation for the Healthy Neighborhoods component of Health Transformation work in Delaware. The Healthy Neighborhood is designed to address social determinants of health and to accelerate integration of Delaware's care delivery system into communities to improve population health. As Project Director for Healthy Neighborhoods, Peggy will design, implement and oversee the Healthy Neighborhoods across the state of Delaware.

In addition, Peggy oversees the project management of the Sussex County Health Coalition, a well-established nonprofit consisting of a 175-organization membership whose mission is to strategically improve the health and well-being of children, youth and families in Sussex County, Delaware. She has 25 years of experience in the not-for-profit field and has received numerous awards for her community based work. She has served in a leadership capacity on the boards of Delaware Healthy Eating and Active Living (DE HEAL) and the Delaware Governor's Council on Health Promotion and Disease Prevention. Peggy is a graduate from Leadership Delaware and Co-chair of Delaware ACCEL. Peggy also sits on the Reinventing Delaware's SVE Committee and the UD Cooperative Extension Family & Consumer Sciences Statewide Advisory Council and United Way of Delaware's Board of Directors.

KCA 4.2 Community Engagement and Outreach Program Support



Christopher Moore, BA, LSSGB
Senior Program Manager, Community Health
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Christiana Care Health System



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Dana Thompson, MPH
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Holli Zerhusen
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Platform Presentation Abstracts

Validation of the Pediatric Awareness and Sensory Motor Assessment (PASMA) Involving Academic and Community Investigators

Cynthia Dodds, PT, PhD, Marianne Gellert-Jones, MA, CCC-SLP, Diane Gallagher, PhD

As the number of children with severe brain damage and complex disabilities increases, validation of appropriate outcome tools, such as the Pediatric Awareness and Sensory Motor Assessment (PASMA), becomes more imperative to better guide health, education, participation, and quality of life (QOL). Without appropriate tools for interprofessional team members to identify and measure the subtle abilities and behaviors of children with severe brain damage and complex disabilities, opportunities are missed so that participation and QOL is diminished. A validated PASMA will help interprofessional team members to better examine and measure cognitive awareness and associated sensory and motor behaviors as well as guide interventions for an often-challenging population of children with severe brain damage.

The lack of measurement tools to assess cognitive awareness and sensory motor capabilities of children with severe brain damage is recognized by academic (AI) and community investigators (CI). This proposed study, examining validation of the PASMA between an academic investigator at the Medical University of South Carolina and community investigator at HMS School, will create a strong academic-community partnership, improve and validate the PASMA, translate the PASMA into clinical use, enhance education, rehabilitation, participation, and QOL for children with severe brain damage, and facilitate larger externally funded projects.

Proposal objectives: 1) continue investigation of the PASMA's construct and concurrent criterion validity by means of Rasch analysis and correlation with heart rate variability (HRV) and the Pediatric Glasgow Coma Scale (PGCS) and 2) train an interprofessional healthcare team member from HMS School for Children with Cerebral Palsy (community partner) in PASMA's administration and interpretation in order to become an independent community engaged researcher.

Sixteen children with severe brain damage attending HMS School will be assessed using the PASMA administered by the AI and CI. Eight children were assessed in November 2017 and 8 will be assessed in June 2018. Statistical analyses include Rasch analysis (rating scale analysis, item/person fit), repeated measures mixed models (relationships between the PASMA to the PGCS and HRV), Cohen's kappa coefficient (inter-rater reliability between AI and CI) will be calculated following data collection.

Increasing Access to Empirically-validated Interventions for Autism Spectrum Disorder: Dissemination of PEERS into Community Health Settings

Laura Dewey, PhD and Cathy Rose, LPCMH

Autism spectrum disorder (ASD) is a lifelong neurodevelopmental disorder marked by significant impairment in social communication and interaction and presence of restricted, repetitive patterns of behaviors and interests. A recent needs-assessment of families affected by ASD in the state of Delaware identified a critical need for social skills interventions among parents of children with ASD (Rhoton & Ekbladh, 2012; University of Delaware, 2013).

This research project aims to build capacity for social skills interventions for ASD for adolescents in community treatment settings across the state. Clinicians from Nemours will partner with Delaware Guidance Services for Children and Youth, Inc (DGS), a community mental health agency, in order to provide social skills group intervention to adolescents and their caregivers in an outpatient clinic setting. The Program for the Education and Enrichment of Relational Skills (PEERS), a social skills group program developed at UCLA (Laugeson and Frankel, 2010), will be utilized; this program uses a clinic-based model that includes a concurrent parent group throughout the one-hour per week, 14-week intervention. A certified PEERS trainer (Susan Veenema, M.Ed.) from the University of Delaware will provide two-days of formal education on PEERS to the DGS staff.

Objectives include: 1) Build capacity for ASD interventions by providing formal education to

clinicians in PEERS, and 2) Assess caregiver and adolescent outcomes following participation in PEERS regarding social skill symptoms, parenting stress, and family quality of life. Methods include; 12 DGS clinicians will attend PEERS training, clinicians will complete pre and post surveys assessing their perception of implementing a social skills group intervention for families affected by ASD, up to 80 families will be recruited to participate in PEERS at 4 DGS locations in spring 2017, and caregivers will complete pre and post surveys assessing parenting stress, adolescent social skills, and family quality of life.

This project will create opportunities for the expansion of evidence-based social skills interventions for ASD in community settings. The data from a community mental health setting can be compared to the data from the hospital-based PEERS groups and the school-based PEERS groups to determine differences in outcomes. As PEERS grows, randomized controlled trials can be conducted between PEERS and other interventions, such as family-based Cognitive Behavior Therapy (CBT). Additionally, other community partners with investment in ASD can be research collaborators, such as Autism Delaware. Overall, the dissemination of PEERS will serve to bridge the gap between underserved regions and populations.

Assessing Delaware Parents' Knowledge, Attitudes, and Preferences About Long Acting Reversible Contraceptives for Teens Using Participatory Action Research

Jessica Walters, MD, Krishna White, MD, MPH, Jane Bowen, MHS, Sarah Vater, MD, Aniah Coley, Jeannette Fennimore, Andrea Miller

Unintended teen pregnancy continues to be a problem in both the United States and in Delaware. Long acting reversible contraception (LARC) methods have been shown to be the most effective form of birth control for women of all ages. However, many places where Delaware teens receive reproductive health care did not provide LARC for teens at the start of this study. The specific aims of our project were to reveal current knowledge, attitudes and beliefs that Delaware parents of teens have about LARC, to understand parental preferences about administration of LARC and to disseminate results to the public to help decrease barriers to LARC for teens.

A participatory action research approach was used. This project was headed by an academic principal investigator (PI) and community co-investigator. We recruited a diverse group of community researchers who are parents of teens and they participated in all phases of our project. Focus group participants were recruited using snowball sampling via social networks, affinity resource groups of a hospital, and a workforce development program. Four group discussions were lead by community researchers and the PI using a 36-question discussion guide that was developed using the integrative behavioral model. Two researchers used a values coding process to code data independently (manually and with NVivo 8). The researchers then met with the research team to identify emerging themes and resolved discrepancies by consensus. The 46 parent participants were predominately female (90%) and 50% were white, 30% African American, and 20% Hispanic. The majority thought their teens were sexually active (24%) or possibly sexually active (28%). Preventing teen pregnancy was salient although a double standard between parents of boys and girls became apparent. A key theme that emerged was the importance of prevention of sexually transmitted infections (STIs) and this was considered as important as preventing teen pregnancy. Another theme was the need for access to confidential birth control in settings such as school based health centers (SBHCs) and family planning clinics for teens of other parents but not necessarily theirs. While accepting of birth control in SBHCs, parents were concerned about LARC provision in SBHCs due to concerns about lack of a sterile environment and personnel available in an office or hospital, privacy, and young teen access. Parents could list all methods of birth control including LARC but were not familiar with all methods. The advantages of LARC mentioned were effectiveness and ease of use. The disadvantages were increased STI risk, hormonal/body changes, and worries about infertility.

Most of the parents in our study had limited knowledge of LARC. They were aware of its benefits but were uneasy about actual and perceived side effects. They were receptive to birth control for teens in all health care settings but had concerns with LARC being provided in SBHCs. Many participants expressed a desire for communication and involvement with their teen's birth control decisions but understood the need for confidential services. Most importantly they want to be reassured that LARC providers also emphasize STI prevention.

Evaluation of a Homebound Patient Cohort for Knowledge and Interest in Palliative Care and Reported Well-Being

Linsey O'Donnell, DO, Leslie Stalnaker, MPH, Amanda Cooper, DO, Naomi Stump

Palliative care (PC) is specialized medical care for patients with serious illness that focuses on a patient's quality of life and goals of care. Options for PC in the community are limited, especially for patients who are homebound. Understanding more about patients' needs relating to palliative care is essential in determining programs and services that can be offered to best meet the needs and wishes of the community. A partnership was formed with the Visiting Nurse Association (VNA) of Christiana Care Health System. The employees of the VNA are trusted community ambassadors that serve the homebound patient population in Delaware by providing nursing, social work, and therapeutic services.

The goals of this survey are to identify the prevalence of AD in a homebound population in Delaware, to compare patient's actual health status to their self-reported health status, and to understand the attitudes and knowledge of palliative care in the community. All VNA patients who reside in New Castle County, Delaware, were eligible to participate. Patients were contacted by phone to complete the survey or to schedule a home visit for the survey, which could be completed by the patient or a caregiver. The survey tool measured patient knowledge about palliative care and the prevalence of advance directives and advance care planning. Patients also completed the Missoula-VITAS® Quality of Life Index, a validated measure of the patient's quality of life. This index will be compared to the Karnofsky Performance Status Scale, a clinical assessment of illness burden and functional status.

Preliminary findings from the first 50 patients surveyed demonstrate that approximately 66.0% of patients reported that their quality of life was "good" or the "best possible". Although only 24.0% of patients knew what palliative care is, 82.0% said that they would be interested in palliative care after hearing the definition. In regards to advance care planning, 27 out of 50 patients (54.0%) stated that they had an advance directive or living will completed, while 76% (38 out of 50) stated that they had a decision maker or power of attorney selected.

Palliative care can change the experience of chronic illness for patients and their families, while advance care planning is an important tool for patients to ensure that they receive the medical care consistent with their goals. Both of these initiatives work to provide the right care, at the right time, in the right way for each individual patient. Engaging the community through research efforts plays a key role in understanding the care wishes of our neighbors and can guide future program development and identify knowledge gaps and areas for community education.

Toward more inclusive school-based public health surveys: Increasing inclusion of youth with disabilities in the Youth Tobacco Survey

Elizabeth Dubravcic, MLHR, CPH, Steven S. Martin, MA, MSc, Patricia Maichle, Jane Donovan, MS, Eileen Sparling, EdM

School-based health surveys such as the Youth Risk Behavior Survey (YRBS) and the Youth Tobacco Survey (YTS) provide the informational basis for designing youth prevention and intervention strategies. Stronger health education curricula in turn give all youth, including students with disabilities (SwD), relevant information and tools to make healthy choices and lead healthy, productive lives in the community. Little is known about SwD health information needs because health surveys do not assess disability status. Furthermore, SwD participation in the surveys is limited by sampling protocols that exclude classrooms with more than 50% of students enrolled in special educational programs (SEP50+). The impetus for the study came from the disabilities community, who are included on the project Advisory Panel and engaged in all aspects of this exploratory research. The Panel has helped define project objectives, and provided insight on issues relating to accommodations and the educational support system. They were instrumental in obtaining accommodations data, identifying pilot sites, designing disability screening questions and interpreting the findings. They have made recommendations regarding protocol changes, implications for further research and dissemination of the study findings.

Objectives: (1) Assess the extent to which SwD are excluded from the YTS based upon current sampling protocols; (2) Explore the feasibility of surveying excluded groups of students using a standard YTS, with or without accommodations; (3) Develop a disability status indicator and pilot it using Delaware's 2016 YTS; (4) Develop recommendations for changes in CDC's health survey protocols that allow for greater inclusion of SwD while maintaining survey integrity and student anonymity.

Literature reviews and key informant interviews related disability status indicators and use of accommodations in surveys; analysis of DOE published and non-published data on student enrollments, disabilities and accommodations; collection of additional administrative data in 2016 YTS to assess actual inclusion of SEP50+ classrooms in the sampling frame; development of an electronic version of the YTS, embedded with signed interpretation video clips (ASL); pilot administration of YTS survey (with or without accommodations) among three sub-populations of students with disabilities, with follow-up student feedback sessions; development and piloting of a two-item disability indicator in the 2016 YTS.

In 2016, 14% of high school students were receiving special educational services. Of these, we estimate that 68% were included in the YTS sampling frame. Surveys piloted with or without accommodations among selected groups of students in excluded classrooms/programs found comparable participation, comprehension and completion rates.

By demonstrating the feasibility of administering the YTS to populations of students currently outside the sampling frame, this study paves the way for using more representative, inclusive samples and thereby improving the utility of the public health youth surveys.

Family Psychosocial Care Model for Congenital Heart Disease: A Crowdsourced Study

Erica Sood, PhD, Sinai Zyblewski, MD, Stacey Lihn, Trent Neely, Allison Karpyn, PhD, Jessica Pierce, PhD, Timothy Wysocki, PhD, ABPP, Melanie Toth, Amy Randall, Anne Kazak, PhD, ABPP

Congenital heart disease (CHD) is the most common birth defect and a leading cause of birth defect-related illness and disability. Following CHD diagnosis and surgery, one-third of parents report traumatic stress, which further impacts developmental and behavioral trajectories for these vulnerable infants. There are no formal standards for the psychosocial care of families impacted by CHD. Community-engaged research is needed to identify a family-based psychosocial care model that is acceptable and feasible to all stakeholders.

A 9-person stakeholder advisory council consisting of parents, CHD community leaders, and healthcare providers (HCPs) was formed to guide methodological decisions and interpretation of results. Information about the study is shared and major decisions are made collaboratively and inclusively with all research partners. This study aims to apply online crowdsourcing methods to the development of a family-based psychosocial care model for CHD. Three "crowds" of stakeholders are recruited through electronic word-of-mouth and social media: 20 CHD community leaders, 100 CHD parents, 50 HCPs. The research team will pose multiple waves of queries on best practices, barriers and opportunities in psychosocial care via Yammer, a private social networking site. Crowd responses will be extracted and coded using qualitative research methods. Qualitative themes will inform the development of a psychosocial care model for families of infants with CHD. Model components will be iteratively refined until crowd consensus determines the model is acceptable, feasible and meaningful.

The community leader crowd enrollment target was exceeded in 72 hours, reflecting community engagement with this topic. Thirteen queries have been posted to this crowd to date, with average response rates of 81%. Emerging themes include the impact of low CHD community awareness on parent stress and available supports and the need for greater collaboration between CHD organizations and care centers toward the common goal of family support. Parent and HCP Crowd recruitment will begin in Spring 2017. A psychosocial care model for CHD that targets parent-reported needs and is acceptable and feasible to stakeholders has the potential to prevent parental traumatic stress and improve developmental/behavioral outcomes for infants with this highly prevalent birth defect.

Understanding Community Needs in Wilmington and Claymont, DE

Alexa Meinhardt, Jaclyn Natalone, Maggie Norris Bent, MPA, Mia A. Papas, PhD

There is growing recognition of the strong correlation between social determinants and community health outcomes. Despite efforts to address these issues, Delawareans living in underserved communities continue to experience poor health outcomes. The Healthy Neighborhoods Project, a partnership between Westside Family Healthcare and the Delaware Center for Health Innovation, provides a formal approach for organizations to develop and implement strategies that improve community health. As part of the community planning process, a neighborhood-level community needs assessment was conducted in the urban areas of Wilmington and Claymont, Delaware to identify the strengths and resources available within specific neighborhoods. Guided by the precede-proceed model, this investigation helped communities prioritize their health targets and determine barriers that hinder meeting these targets. A survey was administered to residents in the communities to understand concerns from a local perspective, and a resource library was developed that identified all available community health promotion activities. Activities were divided into themes including maternal/child health, chronic disease prevention/management, and mental health/addiction. Programs were divided among these themes, with 255 locally available programs and an additional 56 that could be accessed statewide. The locations of each program were mapped using a Smartsheet feature that allows for visualization of programs by theme. Community health indicators for the Wilmington and Claymont neighborhood revealed poor health outcomes with an increased prevalence of obesity (29.7%), smoking (18.9%) and infant mortality (6.9 per 1,000 live births). Although there are many programs targeting the Wilmington and Claymont neighborhood, community health indicators are poor. It is important to understand how this community utilizes health promotion programs and determine current unmet needs. Understanding the social determinants of health from a unique community-based perspective will aid in developing health promotion programs to successfully meet the goals of this initiative.

Instilling the Art of Happiness in Community Dwelling Older Adults

Steve Goodwin, PhD, Elizabeth Orsega-Smith, PhD, MS, Katie Greenawalt, Jennie Turner, Vicki Sheraton

The population of older adults is increasing exponentially such that by 2030 older adults will comprise 20% of the population. As the US population ages, late life depression becomes more of a public health problem. Depression is associated with increased mortality and decreased physical, cognitive, and social functioning, thereby reducing independence.

The Art of Happiness course was an 8-week intervention with the goals of enhancing positive mental well-being and decreasing negative mood states in older adults. The feasibility study was conducted at 2 local senior centers. At each site, the senior center director/activity director played a vital role in recruitment and engagement of members. Each 90 minute class examined a different topic each week: (1) defining happiness, (2) stress management, (3) reflecting on happiness, (4) compassion and human connection, (5) forgiveness, (6) transforming suffering, (7) mindfulness, and (8) humor. Participants were provided, The Art of Happiness by the Dalai Lama and Howard Cutler, and a journal to complete homework assignments. Each class included lecture and discussion that focused on their homework assignment and that week's topic. Pre and post questionnaires assessed gratitude, life satisfaction, depression, stress, mindfulness, arousal states, and subjective happiness, as well as some general demographic and health information.

The 31 participants who completed the course were mostly married (43.8%), female (87.5%) and Caucasian (91%) with a mean age range of 74 years of age (range: 53-93). Paired t-tests showed significant improvements in participant's subjective happiness ($p < .0001$), satisfaction with life ($p < .05$), PHQ9 depression scores ($p < .001$), the Activation-Deactivation Adjective Check List (AD/ACL)- subscores of tension ($p < .0001$) and tiredness ($p < .0001$), and overall mindfulness ($p < .005$).

This suggests that partnering with local senior centers and presenting this type of course may have a positive impact on the quality of life and mental well-being of older adults. These positive mental states may assist in remaining independent with the potential to reduce burden on family members. These findings warrant further research in order to foster positive aging and mental well-being in older adult populations.

Poster Presentation Abstracts

Shades of Wellness: Infusing Health Education with Art for a College-Age Population

Carla Aponte, MS, Christopher Moore, BA, LSSGB, Erica Aust, Terry Casson-Ferguson, BS, Delsy Morales, BS, Paul Braden, Simone Erskine, Nicole Purdy

The Department of Family and Community Medicine, Community Health and Preventive Medicine (CHPM) and the Delaware College of Art and Design (DCAD) partnered to present students with a three-week program covering topics pertinent to their everyday wellness. The first session, focused on reproductive health, was a safe forum for students to learn, share and ask questions about contraceptives, STIs and sexuality. The second, looking at relationships, was provided a series of learning opportunities and interactive lessons to provoke thought around what constitutes healthy and unhealthy relationships. The last session which focused on stress management was created as a way to categorize and understand everyday stress, while learning basic coping tools to manage it. Each interactive, 90-minute workshop combined lecture with opportunities for practical application. In addition, CHPM staff collaborated with DCAD staff to identify health education objectives which the school has to meet and incorporate them into each session. This was especially critical during the session focused on healthy relationships where defining and addressing consent and assault was critical. Based on post survey results the majority of attendees felt (1) they learned something new and (2) were open to more sessions addressing their health. However, further success of these sessions was demonstrated through the inclusion of art into each lesson plan. By incorporating some form of artistic expression into ice breakers or brain storming sessions, CHPM staff was able to engage students in a more thoughtful dialogue around sensitive topics which might otherwise be difficult to address. This paper will highlight the successes and lessons learned from this series of workshops, while capturing the qualitative results - in a variety of forms - which signal to the impact of collaborations like this.

Predicting Pediatric Asthma-Related Admissions Using Public Air Quality Data

Steve Hoover, MS, Muge Capan, PhD, Rachel Kraft, Kristen Miller, DrPH, Rebecca Kowalski, Robert Locke, DO

Pediatric asthma emergency department (ED) and hospital admissions correlate with poor air quality. Little has been done to predict impending rates of asthma admissions based on air quality measures and use those predictions to improve coordination of preventative care in the community. To predict rates of pediatric asthma-related ED admissions in advance utilizing public air quality data and geographic location, and to create a web application utilizing air quality and prediction models that facilitates preventative interactions by care managers/providers to patients at high-risk of an asthma-exacerbation.

Data for pediatric asthma-related ED admissions were extracted from the one pediatric hospital in Delaware from 2010-2015. Air pollutants data was extracted from a public air quality-monitoring network. Weekly admission rates were modeled using time series regression and random forests. Variables included lags of admissions, patient demographics, air pollutant measures, and seasonal variables. The models accurately predicted pediatric asthma-related ED admissions, with the inclusion of air pollutants significantly improving model performance. We prototyped a web application providing real-time predictions to facilitate targeted interventions to patients in high-risk geographic areas in the community prior to an asthma exacerbation.

Predictive models show the impact of environmental factors on asthma-related admissions. Techniques for predictive modeling are generalizable to other disease states sensitive to changes in air quality. User-friendly, real time interactive apps may allow care managers to use predictions in the community to target interventions within specific zip codes prior to an exacerbation risk period.

A Community Driven Approach to Enhance Access to Healthy Living Opportunities

Kristen Maiden, PhD, Gina Crist, MS, CHES, Kate Dupont Phillips, MPH

In response to community identified needs for increased access to physical activity and healthy eating opportunities in economically disadvantaged communities, Nemours received the CDC-Partnerships to Improve Community Health (PICH) award. The intervention focuses on implementation of evidence and practice-based strategies for chronic disease prevention in Wilmington and the Route 9 corridor.

The PICH initiative is a partnership between Nemours and community-based organizations focused on community driven revitalization efforts, specific to healthy living--farm stands, corner stores and park revitalization. Roles, responsibilities, decision making authority and compensation are detailed in executed contracts. Evaluation plans were created in collaboration to ensure approaches that are meaningful to continued efforts and foster effective communication between all partners, stakeholders and community members. Evaluation results are shared with community partners and at community meetings to demonstrate how resident input has and continues to shape the initiative.

The total population of the intervention area is 73,218; greater than 51% Black/AA and 30% poverty. An intercept survey; designed specifically for this intervention; was completed by 421 community residents at baseline (2015) and 357 residents at follow-up (2016). Yearly trends were analyzed using chi-square and non-parametric testing where appropriate.

Results indicate statistically significant increases in the following three areas: People buying fruits or vegetables at healthy corner stores (15.5 to 26.3%); People eating vegetables 3 or more times daily (11.3 to 18.9%); People being physically active 3 or more times per week: 68 to 79% among African Americans, 70 to 80% among non-Hispanics and 68 to 76% among women.

Increasing access to healthy living opportunities, specifically healthy foods and physical activity, can impact the likelihood of participation in healthy behaviors. Data is showing positive trends and while there is not a single driver of this trend, the increase in access points is likely a contributing factor. Data will be disseminated locally, nationally and through peer reviewed manuscripts.

Camp FRESH: Improving the Health of Urban Youth through Education and Advocacy

Christopher C. Moore, BA, LSSGB, Kathy Cannatelli, MS, Omar Khan, MD, MHS, FAAFP

Camp FRESH educates at-risk teens in Wilmington, Delaware, on how to improve nutrition and increase physical activity. Camp FRESH addresses each of these issues over the span of 8 weeks each summer, giving 54 youth an opportunity to learn and share with the ultimate goal of improving their overall health and the health of their families and greater community. Through education sessions organized around these topic areas and opportunities for practical application (i.e. Cooking demos, exercise groups, presentations), Camp FRESH teens reported an increase in fruit and vegetable consumption (from 1.88 to 2.2 per day); a decrease in fast food consumption (from 2.22 to 2.04 days per week); and an increase in physical activity (from 1.94 to 2.51 days per week). In addition, Camp FRESH addresses mental and sexual health issues, offering access to Licensed-Clinical Social Workers and referrals to appropriate community resources. Through Camp FRESH, we have demonstrated success in developing and sustaining an impactful, innovative, adolescent health program, specifically targeting an underserved population. This benefits the health of the participant and the family - and ultimately, public health.

Project MY PLAN: Year 2

Kay McLean-Grant BSN, MSN, CPNP, Philinda Mindler, MSW, Christopher C. Moore, BA, LSSGB, Kathy Cannatelli, MS

Recently, the significant reduction in the teen pregnancy and birth rates in the US has been both dramatic and encouraging. According to the Journal of Adolescent Health, increased contraceptive initiation and continued use among teens is recognized as the primary reason for this improvement. Sexually transmitted infection rates, however, remain high in the teen population. Many adolescents are unaware of their birth control options, where they can receive confidential services, and STI prevention strategies. Extensive research indicates that peer programs are an effective teen education method. School-based Health Centers (SBHCs) are a natural conduit for these services. In Delaware, 16 SBHCs are managed by Christiana Care Health System and provide reproductive health services including birth control initiation and condom distribution to adolescents in a supportive environment. This provides an efficient, effective way to reduce financial and transportation barriers. In addition, education is also critical in this work. As such, in September, 2015 Christiana Care partnered with Adolescent Resource Center (ARC) to develop and administer a peer education group at two local high schools, which would address reproductive health from multiple angles - from education and awareness to accessing services and understanding birth control options. In addition, peer educators from the University of Delaware also attended several sessions and have added an additional layer of support and role modeling for the high school peer educators. Data was collected regarding student scores on a reproductive health information quiz of knowledge. Now, in its second year, McKean High School's peer group continues to show the impact of this collaborative effort, including: development of curriculum to assist students gain accurate reproductive health knowledge, teen-friendly training materials for peer educator role acquisition, successful role adaptation by students, and peer educator leadership and participation in numerous school and community outreach events. By observation, teens respond positively to peer education with active and enthusiastic engagement.

True Colors: The Impact of SBHC Support on Gay-Straight Alliances for Delaware's LGBT Youth Population

Christopher Moore, BA, LSSGB, Kay McLean-Grant, BSN, MSN, CPNP

Christiana Care Health System's School-Based Health Centers (SBHC) have long been a safe space for teens, especially those who identify as lesbian, gay, bisexual or transgender (LGBT). As such, the SBHCs in New Castle County, Delaware, have been a natural partner in the formation of Gay-Straight Alliances (GSAs). Since 2011, Christiana Care's SBHCs have played a key role in forming, collaborating with, and in many cases sustaining 15 of the state's 39 active GSAs. Formation and sustainability is only a piece of this relationship, though. According to the Centers for Disease Control, youth who identify as LGBT are 64% more likely to experience depression, suicidal thoughts and substance abuse. According to a CDC report in 2015, LGBT youth are more likely to engage in sexual risk-taking behaviors including earlier age, have more partners, combine substance use and sexual activity, and report lower rates of condom usage.

In Delaware, LGBT youth report higher incidence of risky sexual choices, with less protection, than their straight-identified peers; and, are more likely to use drugs and alcohol (YBRS, 2015). These statistics reiterate the role of the SBHCs as the resource for these young people. SBHCs support LGBT youth in accessing comprehensive medical and mental health care, treatment and education which support a healthy lifestyle. These reproductive healthcare services promoted by the SBHC include hormonal birth control initiation for LGBT adolescent females, condom use encouragement and dispensing and confidential STI and HIV testing. Restrictions surrounding the ability of Delaware SBHCs to provide these reproductive health services are being reviewed, and in some cases eliminated, increasing the ability to adequately address the unique needs of the Delaware LGBT adolescent population. In addition, SBHC leadership and staff are involved in a variety of efforts which have resulted from the formation of these GSAs, including a task force on mental health for LGBT teens. This work highlights the critical part SBHCs play in meeting the needs of this and many at-risk teen populations, serving them with more than just care, but also a safe space to learn, express themselves - and most importantly, just be.

Impact of an Active Living CBPR Program in Diverse Ethnic Populations

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Data from 2011 BRFSS show physical activity and health disparities exist among underserved populations with Black and Hispanic populations not meeting the physical activity guidelines (58.8% and 59.8%, respectively) as compared to Caucasian populations in the United States. Due to the disparities in health behaviors and outcomes between populations, it is important to utilize a community-based participatory research (CBPR) effort to allow communities to have input and be engaged in the community programs. Nutrition education and physical activity promotion programs such as those offered through Cooperative Extension Services often target vulnerable communities. We investigated the outcomes of a 7 month pilot intervention program in these diverse populations.

41 adults (≥ 18 years-old) were enrolled in this pilot seven-month CBPR team based challenge program that utilized Cooperative Extension's educational programs (tailored to the Hispanic or African American Community). Participants completed questionnaires at baseline and program end. Demographics, health-related status (smoking, weight, chronic conditions, health insurance), physical activity staging, physical activity self-efficacy, and PA participation were assessed.

Of the 41 participants who completed the program, 13 identified as Hispanic and 28 as African American. The mean age for was 46.7 ± 15.3 years and 78% of participants were female. There were significant pre-post changes in Godin physical activity ($p < 0.0001$), number of days in PA for 30 minutes ($p < 0.001$), physical activity staging ($p < 0.01$), and BMI ($p < 0.01$).

This suggests that a CBPR project that utilizes cooperative extension partnerships in diverse ethnic communities may result in changes in both behavior and in health.

Molecular Changes of the Liver During Aging and its Effect on the Liver's Response to Injury

Sanath Patil, Rajanikanth Vadigepalli, PhD

Identifying the molecular changes that occur in the liver due to aging and how that impacts liver regenerative response to injury is key to understanding the reason behind elderly liver deficiencies and slower regeneration. The liver is plagued by an increase in diseases which is often linked to a delayed regenerative response. As a result there are two outcomes: there must be an issue causing the delay in the initiation of the regeneration process or the regenerative process is generally slower in the elderly.

By comparing the molecular responses of young and old mice in response to liver hepatectomies at different time points, liver regeneration processes may occur differently in older and younger mice. There are many hypotheses that talk about the reason for this delay in hepatic regeneration in the elderly population, but this study will encompass how the delay in regeneration occurs with aging. During this research, gene sets from the lab at Jefferson University were compared. Up regulated genes after a partial hepatectomy were compared to downregulated genes after partial hepatectomy. Later, these genes were compared at 4 crucial points of comparison in young and old mice to see which genes were acting up and where they were acting up: old mice upregulation and downregulation and young mice upregulation and downregulation.

This finding of several genes show that there are certain genes that are lacking in old mice and even sometimes lacking in young rates. Through this research on mice, a variety of genes were found which were either only present in young or only present in old, suggesting that there is an issue in the initiation of the regeneration process. With the changed genes between old and young mice, scientists can work to further interpret these genes and use them to look at a bigger model in humans comparatively.

HIV Program Communication: A Pilot to Improve HIV Inpatient Clinical Care and HIV Outpatient Health Outcomes

Deborah Kahal, MD, MPH, Lee Preininger, PharmD, Shveta Singh-Patel, DO, Susan Szabo, MD

People living with HIV/AIDS (PLWHA) are living longer with increasing medical co-morbidities and disproportionately high hospitalization rates. Our pilot project between the HIV Community Program and inpatient healthcare teams at Christiana Care Health System aims to improve provider communication to positively impact healthcare metrics.

Effective 2017, we began providing an "HIV Program Communication" to inpatient teams caring for admitted HIV Community Program patients. Upon receipt of electronic notification of admissions, an EMR communication is written by HIV Community Program physicians that includes ART regimen, pertinent medications, co-morbidities, CD4 count, HIV viral load, and immunizations. Patients are followed virtually. Prior to discharge, a final note confirms HIV discharge medications and scheduled outpatient follow-up. A retrospective chart review will compare pilot patients and historical admissions. Data collection will include demographic data, HIV disease status pre- and post-admission, outpatient follow-up, 30-day readmission rates, and characterization of medication errors.

There were 37 unique admissions during the initial pilot period (1/7/2017-3/3/2017). Demographic data: Male (57%); African American race (73%); Mean age (57 years); Mean CD4 count (477 cells/ μ L); HIV/HCV co-infection (51%); HIV virologic suppression (73%); Retention in HIV care (89%). Medication errors occurred in 30% of admissions and in 17% of discharges. All medication errors were corrected during the admission, at discharge, or within 48 hours of discharge. All patients received follow-up appointments at time of discharge. We hypothesize that this pilot communication program will result in improved transitions of care, adherence with outpatient visits, virologic suppression, decreased readmission rates, and medication errors.

Project Connect: Helping Inpatient Tobacco Users Stay Quit After Discharge with Bedside Visits from Trained Volunteers

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In-patient hospital care represents a window of opportunity to initiate smoking cessation. However, lack of cessation support on discharge limits the extent to which initial abstinence becomes sustained cessation. To address this gap in care, we evaluated the efficacy of a systems-based smoking cessation program-Project Connect-designed to provide a continuity of smoking cessation care from bedside back to the community.

Between Feb-Sept 2016, hospital-trained volunteers (former smokers, retired nurses, health behavior science students) administered a brief, smoking cessation protocol based on the ASK-ADVISE-CONNECT model to active smokers admitted to pilot units at Christiana Hospital. If the patient accepted, a fax-referral form was submitted to the Delaware Quitline to initiate cessation services within 72 hours of discharge. All patients were contacted for follow-up at 3 months post-discharge.

A total of 852 tobacco users were identified on admission. The sample was 40% female, 74% white, 56 years of age, with an average of 5.3 comorbidities. Of the 623 DE residents visited at the bedside, 194 (31%) were fax referred to the DE Quitline and of those, 35% (67/194) accepted services from the DE Quitline. Of all patients visited at the bedside, 38% completed the follow-up survey and of those, 43% (102/235) reported no tobacco use within 30 days.

Project Connect is a novel approach to link patients to evidence-based treatment for tobacco use. Costs are kept low by using trained volunteers and connecting patients to a state-funded Quitline that offers free cessation medications and counseling.

Unmet Legal Needs: What We Don't Know About Our Patients

Caprice A. Torrance, MA, Susan Smola, JD, MBA, Robert L. Hayman, Jr., LLM, JD

Social and economic problems can largely impact a person's health and wellbeing, but many of these challenges may be mitigated with legal interventions. Understanding and building awareness of patients' legal needs holds promise to improve health outcomes. To understand the unmet legal needs of patients and how often they seek legal services.

Community Legal Aid Society, Inc. (CLASI), a non-profit law firm, administered a legal needs assessment survey with a face-to-face questionnaire to 169 patients from the Department of Women and Children's Services at Christiana Care Health System in April 2015. Questions focused on housing, finances, public benefits, children, and health insurance.

Nearly all respondents were women (95.3%), Black (43.0%) and in their twenties (47.3%). 40.1% reported income under \$20,000, and 18.0% indicated that they had a disability or chronic health condition. Many concerns were social and financial: 71.9% worried about having funds to pay bills, 55.7% worried about safety or violence in their neighborhood, 28.0% felt their housing environment was unsafe or unhealthy and 23.8% indicated their public assistance benefits had been terminated or denied. However, only 12% ever discussed their concerns with an attorney.

There is an evident gap in the need for legal services and the utilization of legal consultation. Many of these needs can have an impact on health and accessing health care. Having the awareness of the unmet legal and social needs of their patients, may give providers a new perspective on how they deliver healthcare to them.

Ancient Practice, Modern World: Integrating Mindfulness and Mandalas in School-Based Health Centers in Delaware

Patricia Yancey, APRN, CNP, Julie Chiquoine, APRN, CNP, Mary Stephens, MD, MPH

Calming of the mind and attention to the present are ancient practices which have been buried amidst the stressful chaos of modern life. Mindfulness, purposely paying attention, brings awareness to an experience that creates space and allows for thoughtful response rather than an impulsive reaction. The Mandala, which is a Sanskrit word for 'circle' or 'completion', has a long history of being a reflection of the inner self. Use of the Mandala provides the opportunity to utilize creativity as a tool in therapy to help adolescents understand their mental health issues, gain confidence, improve self-esteem and reduce anxiety and stress. Most teenagers experience almost constant demands for their attention and have neither time nor skill for introspection and reflective processing of emotions and situations. With the inherent risk of being a teenager, integration of these modalities in school-based health centers provides students with tools that can be used throughout their lifespan. These ancient practices implemented as health promotion techniques are beneficial to the mind, body, and spirit. Integration of mindfulness training, along with use of Mandalas in therapeutic setting, in schools, has demonstrated student improvement in well-being, academics (both attention and memory), social skills, and emotional regulation¹. In Delaware's School-Based Health Centers, an established mindfulness curriculum consisting of 20 sessions was implemented with a group of at-risk high school students (N=20) during their senior year. Upon completion, a post-survey revealed mindfulness helped in some aspect of their life for 90% of the participants. Mindfulness techniques were used to focus better in the classroom (75%), calm down when upset (55%), make decisions (50%), fall asleep (50%) and to be happier where they live (40%). All participants thought that every student should learn mindfulness and 95% plan to use mindfulness in the future.

Transforming an Adolescent Medicine Practice in a Children's Hospital to Provide Same Day Access to LARC's

Krishna White, MD, MPH, Beth I. Schwartz, MD, Robyn Miller, MD, Christine Dipaolo, NP, CRNP

Pediatricians continue to see the majority of teens in need of contraception for pregnancy prevention and for a variety of medical reasons. Traditionally, insertion of long-acting reversible contraception (LARC) methods, including intrauterine devices (IUDs) and implants has not been considered a pediatric skill. This changed in October 2014, when the American Academy of Pediatrics recommended LARC methods as the first-line contraceptives for adolescents. The adolescent medicine practice in this Mid-Atlantic children's hospital provided hormonal implants but referred patients for IUD insertions. This project documents the evolution of a pediatric adolescent medicine practice into one that adopts the tiered LARC-first approach to contraceptive counseling, provision and provides same day access to LARC methods.

The adolescent medicine practice attended a two-day 10-hour training aimed at transforming the practice to provide immediate access to the full range of contraceptive options. This training was for front desk staff, medical assistants, nurses, and providers and was provided by a non-profit organization contracted by the state to train practices to offer same day access to the full range of contraceptive options for patients who desire contraception. The training emphasized a tiered approach to contraceptive counseling starting with the most effective methods first. Adolescent providers were precepted on insertion of intrauterine devices by a newly hired fellowship-trained pediatric and adolescent gynecologist. A retrospective chart review was conducted to determine changes in contraceptive method provision during the six months after the training compared with the same six-month period in the previous year. Same day insertion is defined as insertion on any visit other than a procedure visit.

During the six months after the training, 71 IUDs were placed in a variety of settings including the clinic (56), outpatient sedation unit (5), OR (8), and inpatient (2). The age range of patients who received an IUD was 10-20. The payor mix for those who had IUDs was 53% private insurance, 46% Medicaid, and no uninsured patients. 35 % of devices were placed by adolescent providers. Fifteen (21%) were same day insertions (8 new patients). There were three IUD removals during this time: two for breakthrough bleeding and one for partial expulsion and bleeding. There were 3 expulsions, no cases of pelvic inflammatory disease, and no perforations. The number of hormonal implant insertions also increased with 71 total insertions, 69% same day (27 new patients) compared with 42 insertions, 48% same day (4 new patients) during the 2015 time period.

This study shows that six months after a comprehensive practice training emphasizing a tiered approach to contraceptive counseling, same day access to LARCs, including IUD insertions, can increase in a children's hospital adolescent medicine practice. This rapid change required multiple practice changes and was facilitated by having an onsite preceptor and technical and quality improvement support from a non-profit company

Early Identification of Cognitive Deficits in the Stroke Population

Tara Babe, OTD, OTR/L, Catharine Kelly, OTR/L

Stroke affects more than 795,000 individuals per year, and is the leading cause of disability in the United States. It is estimated that the total cost of stroke in America ranges from 15 to 30 billion dollars annually. Studies have shown that up to 94% of these individual's post-stroke have unidentified deficits which may include, but are not limited to; cognition, language, visual acuity, visual-spatial neglect, hearing, and depression. The prevalence of ongoing cognitive impairment in particular can be as high as 80%, with lingering deficits demonstrated in a majority of cases at one month, and up to 47 % at three months. Many of these individuals are discharged with minimal or no services greatly affecting long term functional outcomes in the home and community environment. Given the impact cognition can play in the recovery process, and the evidence that demonstrates these deficits are often present even after 3 months, it is imperative to develop intervention strategies that will address this issue long term. Currently there are no studies available that assess this particular relationship. The proposed study will seek to determine the impact early identification

of cognitive deficits in the acute stroke population has on functional ability and quality of life in individuals over 12 months. This study will be a continuation of a project that implemented the use of a standardized cognitive assessment the Oxford Cognitive Screen. This assessment serves as a guide to support recommendations for ongoing services and supports at discharge for individuals with a diagnosis of stroke admitted to Christiana Care Health System. The proposed study will follow individuals admitted through the Christiana Care stroke unit over the course of one year. The object of the study is to demonstrate the impact early identification of cognitive deficits has on quality of life, and functional ability. This will be measured through the use of the Quality of Life Inventory (QOLI) and the Boston University Activity Measure for Post-Acute Care (AM-PAC) at three months, six months, and one-year post stroke to assess functional ability and quality of life.

Sepsis Survivor Network

Kristen Miller, DrPh, MSP, Muge Caplan, PhD, Dani Mosby, MPH, Becca Kowalski, Rachel Kraft, Brett Schuchardt, BS, MS, Sandy Schwartz, MD, Jake Seagull, Ken Catchpole, Ryan Arnold, MD, MS

Life after sepsis can be challenging and have long-last effects that are not totally understood by physicians. Over 1.4 million people survive sepsis each year in the United States, and many survivors bear the unmistakable signs of sepsis (amputation, organ dysfunction and failure). Sepsis awareness can and does save lives, yet only 55% of American adults have ever heard the word.

The Sepsis Survivors Network is a community of patients and families who are looking to speak to other survivors after sepsis or septic shock. We aim to connect survivors with other survivors and our clinical research team. This work represents a collaboration with Sepsis Alliance, a charitable organization run by a team of dedicated laypeople and healthcare professionals who share a strong commitment to battling sepsis.

The objective is to help sepsis survivors and families connect with other septic survivors and physicians to restore their lives and to provide support and resources to survivors and their caregivers. This network plays an active role in our research through meaningful involvement, providing unique insight into the research process - from design and conduct to dissemination. The ultimate goal is to raise sepsis awareness among both the general public and healthcare professionals and to develop novel methodologies and innovative solutions to engineer the future of sepsis care.

We ask survivors and caretakers to tell their story, including discovery interviews, post-recovery details, invited talks with providers at various locations, and to provide feedback on educational materials and patient-centered outcomes.

To date, we have roughly a dozen sepsis survivors and caretakers in the network who are assisting in the development of recruitment, education, support, and research materials.

In partnership with Sepsis Alliance, we give a voice to the millions of people who have been touched by sepsis - to the survivors, and the friends and family members of those who have survived or who have died. A network of sepsis survivors who can give their perspective on their illness may hold another perspective not traditionally applied in research.

Prevalence of Adverse Childhood Experiences Among Adults in Delaware

Caprice A. Torrance, MA, Kimberly D. Williams, MPH, Elizabeth J. Brown, MD, MSHP, Kristen Olson, Andrea Miller, Leslie Newman, Mia A. Papas, PhD

Adverse childhood experiences (ACEs) interfere with social, emotional and behavioral development and are associated with diminished adulthood outcomes and shorter life span. More than two-thirds of the US population has experienced at least one ACE, making toxic childhood stress a major public health concern. Recent research suggests that those impacted by toxic stress can recover through interventions that build skills and resilience. To understand the distribution of ACEs within Delaware and their impact on the community, we examined how the prevalence of ACEs affects the odds of engaging in risky health behaviors

and developing chronic diseases. The sample consisted of 2,415 adults who participated in the 2015 Delaware Household Health Survey. Logistic regression models explored associations among ACEs, health, and chronic health after adjusting for age, race/ethnicity, gender and educational attainment.

The prevalence of ACEs ranged from 4.6%-31.8%. Parental separation or divorce (31.8%) and substance abuse (20.4%) were the most prevalent whereas criminal behavior in the household (7.6%) and physical neglect (4.6%) were the least. A majority (55.1%) experienced at least one ACE with 13.2% experiencing severe ACEs (defined as ≥ 4). Experiencing severe ACEs significantly increased the odds of risky behavior and chronic diseases.

A high prevalence of ACEs in Delaware calls for increased investment in programs targeting prevention and intervention strategies. Regional programs are educating school districts on trauma informed care. These results can further inform present and future efforts that aim to engage with children who are at risk of experiencing ACEs.

Systematic Prompting Promotes Mastery of Muscle-Strengthening Exercise in Individuals with Intellectual Disabilities: A Path to Community Participation

Iva Obrusnikova, PhD, Haley Novak, Albert Cavalier, PhD, MA

Individuals with intellectual disabilities (ID) have lower levels of PA and muscle strength compared to the general population (Frey et al., 2008). The most commonly reported barriers to their physically active lifestyles have been limited community PA opportunities and environmental resources. Further, many accessible PA programs fail to promote their perceptions of mastery, which may undermine their motivation to participate in PA (Bandura, 1997). Research provides evidence that carefully structured progressive resistance training (PRT) has the potential to improve muscle strength in this population (Shields et al., 2008). However, even though ACSM (2009) requires that a proper form of exercises be learned before resistance is progressively increased, detailed information on the strategies used to achieve task mastery and guarantee high levels of performance in individuals with ID is lacking. One of the effective instructional strategies to promote task acquisition has been the system of least to most prompts (SLMP) (Van Laarhoven, 2007).

We have been actively working on creating an infrastructure and environment in the community for a large-scale intervention study with this population. This led to the creation of PINACL (Partners for Inclusive and Active Community Lifestyles). The purpose of this study was to examine the degree to which the SLMP including video prompts promotes mastery of muscle-strengthening exercises in adults with ID, and how it generalizes to a community setting.

This study utilized a multiple-baseline-across-participants single-subject design with a convenience sample of three adults with mild ID. The dependent measure was the percentage of exercise steps completed without prompting. Secondary analyses examined the exercise steps that required more intrusive prompting to promote mastery. Mastery was defined in this study as achieving at least 90% of all exercise steps.

The staggered data demonstrated all participants achieved mastery of the five exercises after the introduction of SLMP in a community-based setting (final performance ranged 90-100%), which was maintained two weeks after the SLMP withdrawal and generalized into a YMCA fitness room. Stability of performance was achieved in all participants within eight days. Using the percentage of non-overlapping data (Scruggs et al., 1987), the treatment was considered very effective for all participants and exercises (all were 1.00).

The study supported the effectiveness of the SLMP including video prompts in promoting exercise mastery in adults with mild ID. The data and the protocols will be used to design a 12-week PRT program for the population.

Research That Matters: Engaging Chronic Kidney Disease Stakeholders to Identify Patient-Centered Research Questions

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Chronic Kidney Disease (CKD) is highly prevalent in the United States and leads to numerous comorbidities. By merging multiple electronic health records we have created a large registry of patients with CKD in Delaware. To enrich this registry, we aimed to identify patient-centered research questions and outcomes of interest to patients, payers, and physicians in Delaware as well as to define what additional data would be important for patient-centered outcomes research (PCOR) regarding CKD.

We hosted a conference in September 2016 with morning speakers followed by moderated afternoon workshops where stakeholders proposed questions and outcomes of interest. There were 5 workshops centered on CKD, 1 on transplantation, and 1 on dialysis. Groups were assigned based on preference. Moderators encouraged all group participants to propose questions. Keywords were assigned to each question then categorized into themes. The themes frequency was analyzed. We also examined themes shared across workshops.

We collected a total of 122 questions: 91 from the 5 CKD groups, 10 from the transplant group, 7 from the dialysis group, and 14 write-ins from morning participants unable to stay for the workshops. From these 122 questions, 19 themes were identified: CKD education (17 questions), communication/care coordination (15), medication/treatment concerns (12), transplantation (11), CKD progression (10), CKD screening (9), Care systems issues (8), social determinants of health (6), physical activity (5), access to care (5), comorbidities (4), quality of life (4), mental health (4), caregiver/family concerns (4), acute kidney injury diagnosis (4), dialysis related issues (3), nutrition issues (3), CKD prevention (2), and CKD awareness (2). Eleven questions were related to multiple themes and 5 questions were not related to any of the above themes. Several themes were shared across workshops. Among the themes with at least 9 questions, the treatment/medications theme was raised in 7 workshops although all of the 12 questions related to treatment/medications were different from each other. The CKD education theme was raised in 6 different workshops. The communication/coordination of care, transplantation, CKD progression, and screening themes were raised in 5 different workshops.

Questions related to CKD education and communication/coordination of care were most frequent and were shared across multiple workshops. Despite being in geographically distinct groups, stakeholders raised common concerns: how to educate patients, physicians, and the community about CKD; how to improve communication between patients and providers; and how to improve communication and coordination of care between providers.

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