



ACCELERATE HEALTH CARE

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

Community Research Exchange Conference

University of Delaware, Clayton Hall
Monday, March 12, 2018



**Delaware Health
Sciences Alliance**

2018 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.

Funding for this conference is provided by an Institutional Development Award (IDeA) from the National Institute of General Medical Sciences for the National Institutes of Health under grant number U54-GM104941 with additional generous support from the State of Delaware, the University of Delaware, Christiana Care Health System, Nemours, and the Medical University of South Carolina.

www.de-ctr.org
U54-GM104941



**Delaware Health
 Sciences Alliance**

The Delaware Health Sciences Alliance (DHSA) was established in 2009 with four founding partners—Christiana Care Health System, Nemours/Alfred I. duPont Hospital for Children, Thomas Jefferson University and the University of Delaware. The Alliance enables partner organizations to collaborate and conduct cutting-edge biomedical research, to improve the health of Delawareans through access to services in the state and region, and to educate the next generation of health care professionals. The DHSA's unique, broad-based partnership focuses on establishing innovative collaborations among experts in medical education and practice, health economics and policy, population sciences, public health, and biomedical sciences and engineering.

This conference is co-sponsored by the Delaware Health Sciences Alliance (DHSA).

www.dhsa.org

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CME/CEU Credits

Pick-up Your Certificate at the Registration Table

This Live activity, ACCEL Community Research Exchange, with a beginning date of 03/12/2018, has been reviewed and is acceptable for up to 4.00 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.

This conference was approved for 4 continuing education units (CEU) by The National Association of Social Workers, Delaware Chapter (NASW-DE).

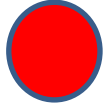


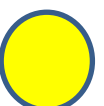

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ACCEL Community Research Exchange Conference March 12, 2018

7:30am	Registration/Networking/Breakfast	LOBBY
8:00- 8:15am	<p>Welcome <i>Omar Khan, MD, MHS, FAAFP</i> President & CEO, Delaware Health Sciences Alliance; Physician Leader, Academic Programs & Partnerships, Christiana Care; Associate Professor of Family & Community Medicine, Thomas Jefferson University; Co-Director, DE-CTR ACCEL, Community Engagement & Outreach Core</p> <p>Invited Guest <i>Lt. Governor Bethany Hall-Long</i></p> <p>Introductory Remarks <i>Stuart A. Binder-Macleod, PT, PhD, FAPTA</i> Principal Investigator and Program Director, DE-CTR ACCEL; Associate Deputy-Provost for Clinical and Translational Research & Edward L. Ratledge Professor of Physical Therapy, University of Delaware</p>	101 A&B
8:15 -9:15am	<p>Keynote Presentation: Addressing Health Disparities Through Researching the Human Genome <i>Georgia M. Dunston, PhD</i> President & CEO, Whole Genome Science Foundation, Inc.; Professor Emeritus, Department of Microbiology, Howard University College of Medicine; Founding Director, National Human Genome Center, Howard University</p>	101 A&B
9:15 –10:15am	<p>Platform Presentations- Session A</p> <p>Moderator: <i>Mia Papas, PhD</i> Principal Investigator, DE-CTR ACCEL Program at Christiana Care; Director, Health Services Research, Value Institute, Christiana Care</p> <p>Consultation for Addiction Services: Identifying Characteristics Associated with Substance Use Disorder Treatment Attendance and Retention <i>Alexa J. Meinhardt, BA; Tanya Bracey, MS, CADC</i></p> <p>Provider and Parent Reactions to Changes in the Nutritional Quality of Food Served in Childcare Settings in Delaware: A Mixed Methods Study <i>Nicole Slesinger, MS(c); Laura Lessard, PhD, MPH</i></p> <p>Reducing Health Disparities in Breast Cancer Through Community Engagement <i>Jennifer Sims-Mourtada, PhD</i></p> <p>Wilmington Under Pressure: Creating and Innovative Stop the Bleeding Program Using PAR methodology <i>Darryl Chambers, MS and Sandra Medinilla, MD</i></p>	101 A&B
10:15-10:45am	Poster Session/Break	LOBBY
10:45-11:15am	<p>Platform Presentations- Session B</p> <p>Moderator: <i>Lee Pachter, DO</i> Co-Director, DE-CTR ACCEL, Community Engagement & Outreach Component; Director, Community Clinical Integration, Nemours</p> <p>The Division of Developmental Disabilities Services (DDDS) HealthMatters Pilot Study: Delaware's Road Map for Engaging Adults with Intellectual and /or Developmental Disabilities in Health Promotion <i>Jo Ann Abbott, DNP, MSN, RN</i></p> <p>The Looking Glass: Insight into Homeless Elders' Barriers to Care <i>James M. Ellison, MD; Loretta Consiglio-Ward, MSN</i></p>	101 A&B

11:15- 12:00pm	<p>Community Panel <u>Chair (s):</u> <i>Marlene Saunders, DSW, MSW</i> DE-CTR ACCEL, Community Advisory Council Chair</p> <p><i>Rita M. Landgraf</i> Professor, Practice and Distinguished Health & Social Services Administrator in Residence; Director, UD Partnership for Health Communities</p> <p><u>Community Panelists:</u> <i>Shea Robinson</i> Breast Cancer Survivor and Chair, Sickle Cell Committee</p> <p><i>Leslie Evans Johnson</i> Patient and Advocate for Sickle Cell Disease</p>	101 A&B
12:00-12:15pm	<p>Invited Guest <i>Delaware Governor Hon. John Carney</i></p>	
12:15-12:30pm	Lunch (grab lunch in lobby, go to workshop)	
12:30-2:30pm	Concurrent Workshops	
Rm. 101 A&B 	<p>Health Disparities As the focal theme of the conference this year, this workshop will connect individuals working in similar research-community areas via roundtable organization to provide a networking and resource sharing opportunity. <u>Workshop Leaders:</u> <i>Georgia M. Dunston, PhD; Krishna White, MD, MPH</i>, Co-Director, DE-CTR ACCEL, Community Engagement & Outreach Component; Division Chief, Division of Adolescent Medicine & Pediatric Gynecology, Nemours</p>	
Rm. 120 	<p>Community-Engaged Research 101 As community engaged research is expanding in popularity and priority, this session will discuss and exemplify the guiding principles of Community-based Participatory Research and Community-Engaged Research, highlighting on why team science is increasingly crucial in translational research. <u>Workshop Leaders:</u> <i>Carolyn Jenkins, DrPH, RD, APRN, FAAN</i>, Co-Director, DE-CTR ACCEL, Community Engagement & Outreach Component; Professor and Ann Darlington Edwards Endowed Chair, Medical University of SC; <i>Claudine Jurkovitz, MD, MPH</i>, Lead, DE-CTR ACCEL, Biostatistics, Epidemiology and Research Design (BERD) Core; Senior Physician Scientist, Value Institute, Christiana Care</p>	
Rm 121 	<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 evaluation, theory as an evaluation framework, and logic modeling. We will also discuss methods to incorporate evaluation into your programs, such that data can drive decision-making. <u>Workshop Leaders:</u> <i>Susan Giancola, PhD</i>, Associate Director of the Center for Research in Education and Social Policy, University of Delaware</p>	
Rm. 119 	<p>Investing in the Future: Connecting New Investigators with Community Partners Community members will do an introduction and share their experiences working with researchers including identifying challenges and the benefits of engaging the community in research. The workshop looks to identify sustainable pathways for building partnerships between researchers and community members and advancing research that supports the needs of our communities. <u>Workshop Leaders:</u> <i>Robert Akins, Jr., PhD, FAACP, DM, FAHA</i>, Lead, DE-CTR ACCEL Mentoring, Education, and Career Development Core; Principal Scientist, Director of the Ctr. for Pediatric Clinical Research and Development, Nemours; <i>Heather Bittner Fagan, MD, MPH</i>, Lead, DE-CTR ACCEL, Community Engagement & Outreach Core; Associate Vice Chair of Research, Family & Community Med., Christiana Care</p>	
Rm. 124 	<p>Translational Research in Practice: Using Participatory Action Research (PAR) 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>Darryl Chambers, MS</i>, Associate Professor in the Department of Sociology and Criminal Justice, University of Delaware; <i>Sandra Medinilla, MD</i>, Trauma Surgeon and Medical Director, Christiana Care</p>	
3:00-5:00pm Community Advisory Council and ACCEL Leadership Meet-and-Greet <i>light refreshments will be served</i>		Location: TBA



Omar Khan, MD, MHS, FAAFP, Conference Chair, is President & CEO of the Delaware Health Sciences Alliance and Physician Leader for Partnerships and Academic Programs at Christiana Care Health System. He is also Associate Professor of Family & Community Medicine at Thomas Jefferson University.

A Delaware native, 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, and Johns Hopkins University.

Dr. Khan has served several roles of increasing responsibility at Christiana Care. His preceding role was Physician Leader of Primary Care & Community Medicine, overseeing the clinical activities of several departments. He has also been the Medical Director of the Eugene du Pont Preventive Medicine Institute at Christiana Care, and Associate Vice Chair of the Department of Family Medicine.

Dr. Khan is a practicing physician with particular interests in health administration, applied research, medical education, and global health partnerships. He has served on several editorial and other boards, including the Executive Board of the American Public Health Association, Chair of International Health for APHA, and the Education Committee of the Consortium of Universities for Global Health (CUGH). 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 80 scientific publications, he has co-authored 5 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 several DHSA Global Health symposia and previous ACCEL Community Engagement conferences.



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 the Administrative Core. Dr. Binder-Macleod is the Associate Vice President 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, an M.M.Sc. in Physical Therapy from Emory University, and his 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 25 years of continuous NIH research funding and has served as chair and member of numerous NIH review panels. He is also a Program Director for an NIH-funded inter-institutional K12 training program for junior faculty to acquire the research skills necessary to become independent investigators.

Keynote Speaker



Georgia M. Dunston, PhD, is Professor Emeritus and former chair of the Department of Microbiology, Howard University College of Medicine; founding director of the National Human Genome Center (NHGC) at Howard University (HU), and former Director of Molecular Genetics in the NHGC. Dr. Dunston received the BS degree in Biology from Norfolk State University; MS degree in Biology from Tuskegee University, and PhD degree in Human Genetics from the University of Michigan. She did post-doctoral work in Tumor Immunology at the NIH in the Laboratory of Immunodiagnosis, National Cancer Institute. She was founder and director of the Human Immunogenetics Laboratory at HU and has published extensively on genetic variation in human major histocompatibility complex antigen system and other common markers of disease susceptibility in African Americans. She served on the National Advisory Council for the National Institute of Environmental Health Sciences; the Genetic Basis of Disease Review Committee for the National Institute of General Medical Sciences, and the National Academy of Sciences Review Committee on Human Genome Diversity Project. Her research on human genome variation in disease susceptibility and health disparities has been the vanguard of efforts at Howard University to build national and international research collaborations focusing on the genetics of diseases common in African Americans and other African Diaspora populations. Under Dr. Dunston's leadership, the NHGC has been instrumental in bringing multicultural perspectives and resources to an understanding of knowledge gained from the Human Genome Project and research on human genome variation. She currently co-leads a biophysics research and interdisciplinary development group (BRIDG) formed in the NHGC 2nd decade that is exploring functional aspects of single nucleotide polymorphisms (SNPs), common variation and population genetics from first principles of thermodynamics and statistical physics (i.e., "genodynamics"). Her passion is building community-academic partnerships that connect the African Diaspora to the global genome revolution in knowledge on human identity in precision medicine and population health. The NHGC research agenda for NexGenGenomics addresses the power of genome variation and population diversity for probing the biology of health disparities in achieving the U.S. Public Health Service goals of "Healthy People 2020".

Platform Presentation Moderators



Mia Papas, PhD, 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.



Lee Pachter, DO, is the Director of Community & Clinical Integration in the Department of Pediatrics at Nemours/AI duPont Hospital for Children, and professor of pediatrics at the Sidney Kimmel Medical College at Thomas Jefferson University. Lee's research has focused on the sociocultural determinants of child health and health care, childhood stress and adversity, health disparities, racial discrimination and child health, and children's behavioral health. He is co-chair of the Philadelphia ACEs Task Force, and editor-in-chief of the *Journal of Developmental & Behavioral Pediatrics*. Lee also serves as a Co-Director for the DE-CTR ACCEL, Community Engagement and Outreach component.

Community Panel



Marlene Saunders, DSW, MSW, Chair of DE-CTR ACCEL Community Advisory Council (CAC), is a social worker, social work educator and administrator. Her efforts have focused on maximizing relationships to enable people from diverse backgrounds to work together to achieve social justice for everyone. She has pursued this goal as a former executive director of the National Association of Social Workers, Delaware Chapter, as a former chairperson for the Department of Social Work of Delaware State University and a member of the NAACP, State Conference's Housing and Economic Development Committees.



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.



Shea Robinson, is the Co-Founder of the James L. Faucett III Sickle Cell 5K Walk/Run and the Committee Chair. She serves as the Liaison of the Sickle Cell Anemia Pillar at Bank of America under the Disability Advocacy Network (DAN) which was established to heighten the awareness of the disease within the corporation. She is an avid member of her church, Heaven's Gate Ministries, since 2006, serving as the lead minister under her Pastor. She was honored with the President's Volunteer Service Award from former President Barack Obama for her volunteer service in the community and nominated at her job for the Global Diversity and Inclusion Award. Shea recently became a published author under the book project of Married to the Ring. Shea resides in Bear, DE with her husband Eric and two children Kiana and James IV. She is currently pursuing her degree in Business Administration with a concentration in Health Services at Stayer University. Volunteering and giving to others is a huge passion for Shea. One of her greatest accomplishments is beating breast cancer.



Leslie Evans Johnson, is a Sickle Cell Disease Advocate for Adults. In 2015, she became passionate to advocate for these individuals since, she herself was diagnosed at the age of five with the chronic disease. Knowing firsthand the daily challenges that adults with the disease face, especially young women, her belief is that informing others who have the disease or trait, as well as those who do not, will bring awareness to the community. The physical, mental and employment disparities are the areas that are most targeted. Since Sickle Cell is a continuous daily fight, her goal is to make sure they receive the proper medical direction and care to maintain "reasonable" good health. Leslie is a graduate of Delaware State University with a BS degree in Early Childhood Education. She has worked in the private, parochial and public school systems and has over thirty years of experience. She is a member of many organizations and committees, with Tova Community Health Board Member being one of the most influential. She received the Advocacy Award in 2016 during Tova Community Awards Night. Leslie is also the health adviser at her church and is a member of the health committee in her sorority (Alpha Kappa Alpha Sorority, Inc.). More recently, Leslie is having some physical challenges and complications due to Sickle Cell. Her main focus is to continue her efforts to bring more awareness and one day, researchers will find a cure to "Break the Sickle Cycle".

Workshop Leaders

Health Disparities



Georgia M. Dunston, PhD
See Bio, Pg. 7



Krishna White, MD, MPH, 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.

Community-Engaged Research 101



Carolyn Jenkins, DrPH, RD, APRN, FAAN, 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 DE-CTR ACCEL Community Engagement and Outreach component.



Claudine Jurkovitz, MD, MPH, has been Senior Physician Scientist in the Value Institute at Christiana Care since July 2012 and lead of the Epidemiology/Biostatistics core of the Delaware ACCEL-Center for Translational Research (CTR) since October 2017. As such she helps Physicians, Residents and young Investigators at Christiana Care and other ACCEL-CTR Institutions to develop their research projects and analytical plan and works closely with the Value Institute data acquisition and biostatistical teams. She was recently appointed Director of the Centralized Research Support Network (CRSN), a newly developed INBRE core, which goal is to develop mechanisms to leverage existing infrastructure such as the Delaware ACCEL-CTR with expertise in epidemiology, study design, biostatistics, community-based participatory research and patient engagement and to make these services available to the INBRE network's biomedical investigators. She is also a member of the steering committee of the INBRE Bioinformatics Network of Delaware (BiND). As a Nephrologist Epidemiologist, Dr. Jurkovitz 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 an Eugene Washington PCORI award "Engaging Stakeholders for a Patient-Centered Research Agenda for Chronic Kidney Disease in Delaware". The goal of this project is to build a network of patients that can provide guidance to researchers in the field of kidney disease.

From December 2005 to July 2012, Dr. Jurkovitz 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 the Center's Director to establish research priorities.

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

Incorporating an Evaluation Framework in Your Work



Susan P. Giancola, PhD, joined CRESP in 2017 after working over 20 years as an evaluator in both academia and private business. Her career has largely been focused on research and evaluation of programs to improve human services, as well as developing evaluation methods that can be embedded within programs.

Dr. Giancola graduated from the University of Pennsylvania's Graduate School of Education with a Ph.D. in Education. Her graduate work focused on policy research, evaluation, and measurement. She received her B.S. in Systems Engineering from the University of Virginia and a Masters of Management in Business Administration from Penn State. Dr. Giancola has taught courses both the undergraduate and graduate level in areas such as program development and administration, research methods, and evaluation.

Dr. Giancola's current work focuses on developing methodological processes to embed evaluation into human services programs, such that program development can be driven by reliable and valid information and impact findings can be properly interpreted. Much of her work employs theory-based

methods, not to replace rigorous research designs, but rather to supplement, in order to better understand implementation and effectiveness. She has worked with the U.S. Department of Education to create a framework to assist educators in embedding evaluation into their program; the resulting model is presented in a guide titled *Evaluation Matters*. Dr. Giancola is currently under contract with Sage Publications to write a textbook based on the embedded evaluation model.

Recent and current evaluations include an examination of the impact of full-day versus half-day kindergarten, including the effectiveness of each for English-language learners and students who begin kindergarten with reading deficiencies; formative and summative evaluations of multiple programs intended to improve diversity in the STEM fields; a follow-up study examining the long-term impact of an early reading intervention; and an investigation of the relationship between college readiness and high school reading and mathematics course sequencing.

Investing in the Future: Connecting New Investigators



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.



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

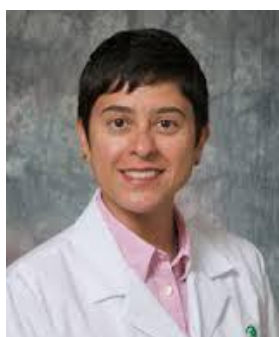
environment at Nemours and has established cross-campus, multi-disciplinary Mentoring and Advisory programs to support clinical and translational scientists. His research focuses on the development of regenerative therapies for pediatric diseases, especially congenital and acquired diseases of muscularized 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).

Translational Research in Practice: Using Participatory Action Research



Darryl Chambers, MS, BA, 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.



Sandra Medinilla, MD, is a Trauma Surgeon and Medical Director of community violence prevention efforts at Christiana Care Health System. She has helped launch Cease Violence in Wilmington, a nationally recognized program to prevent gun violence by identifying nonviolent solutions to resolve conflict. The majority of gun violence victims in the city of Wilmington and the state of Delaware are treated at Christiana Hospital, which sees more than 4,000 trauma patients each year and is the only Level I trauma center between Baltimore and Philadelphia that treats both adults and children. Her career also spans pharmaceutical research, public health education, and occupational health.

Dr. Medinilla is a past director of legislative affairs for the American Medical Student Association. She founded Temple University School of Medicine's chapter of Physicians for Human Rights, and has worked as a homeless outreach volunteer in Philadelphia. She is currently leading Wilmington Under Pressure, a joint partnership between PAR project and Christiana Care Health System to train communities on Bleeding Control in Wilmington, DE.

KCA 4.2 Community Engagement and Outreach Leadership/Core Team



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



Carolyn Jenkins, DrPH, RD, APRN, FAAN
See Bio, Pg. 10



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



Lee Pachter, DO
See Bio, Pg. 8



Brian Rahmer, PhD, MS, served as Director of Community Health Engagement for the Office of Health Equity at Christiana Care Health System, and was a Co-Director for the Community Engagement and Outreach component over the lifespan of the DE-CTR ACCEL award. 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



Krishna White, MD, MPH
See Bio, Pg. 10



Marlene A. Saunders, DSW, MSW (CAC Chair)
See Bio, Pg. 9



Jennifer Passarella, MBA (c), is a Program Manager within the Department of Family and Community Medicine at Christiana Care Health System. Ms. Passarella manages the Community Engagement and Outreach component of the Delaware Clinical and Translational Research (DE-CTR)/ ACCEL program. She also serves on the Evaluation Core. Most recently, Ms. Passarella became the Program Manager for the Delaware Health Sciences Alliance. She holds a Bachelor's of Science degree in Biology from Rutgers University and is currently pursuing a Master's in Business Administration at the University of Delaware.



Nicole Harrington, BS, is a Program Coordinator/Research Assistant within the Department of Family and Community Medicine at Christiana Care Health System. Ms. Harrington provides research assistance for the Community Engagement and Outreach component of the Delaware Clinical and Translational Research (DE-CTR)/ ACCEL program. She also supports evaluation efforts for a number of different community-based programs within her department. She holds a Bachelor's of Science degree in Neuroscience from the University of Delaware and is currently pursuing a Master's in Public Health at the University of Massachusetts Amherst campus



Holli Zerhusen, is a Medical Secretary II/Research Assistant and has worked at Nemours Alfred I. duPont Hospital for Children for over 4 years providing administrative support to the Division of General Pediatrics and the Community Engagement and Outreach component of the Delaware Clinical and Translational Research (DE-CTR)/ ACCEL program. Ms. Zerhusen is currently pursuing her Bachelor's degree in Health Sciences at Wilmington University.

Community Advisory Council (CAC)



Marlene A. Saunders, DSW, MSW (CAC Chair), is a social worker, social work educator and administrator, her efforts have focused on maximizing relationships to enable people from diverse backgrounds to work together to achieve social justice for everyone. She has pursued this goal as a former executive director of the National Association of Social Workers, Delaware Chapter, as a former chairperson for the Department of Social Work of Delaware State University and a member of the NAACP, State Conference's Housing and Economic Development Committees.



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



Gwendoline B. "Gwen" Angalet, PhD, is the CEO of GBA Consulting, a management consulting firm, providing professional services to clients in the public and not-for-profit sectors to help them to lead and manage change and achieve improved results and lasting impact. Current projects include efforts to increase supports to children, youth, and their families living in the City of Wilmington to achieve academic success, promote positive development, and prevent violence. Gwen's career in public service spans over three decades, most of which was in leadership and management roles in the Delaware Department of Services for Children, Youth and Their Families and Nemours Health and Prevention Services. Additionally, she serves on the boards of community non-profit organizations, including the Wilmington Hope Commission.



Aguida Atkinson, MD, FAAP, is a Pediatrician in Wilmington DE with Nemours Alfred I. DuPont Hospital for Children, and affiliations through Christiana Care Health System and St. Francis Hospital. She has participated in research and publications focused on childhood obesity. Dr. Atkinson has served on the Board of Directors of Children & Families First in Delaware, is on Delaware's Oral Health Coalition, and keeps the board of the American Academy of Pediatrics informed of the latest oral health information and recommendations.



Frank Hawkins, has been with AIDS Delaware for 17 years where he serves as the Director of Education & Outreach. Frank has implemented many programs to reach various populations in the City of Wilmington. He has been featured in many publications for the work that he is doing to halt the spread of HIV. One programs is the "Do The Right Thing 4LIFE" program, which targets barbershops and beauty salons in the City of Wilmington to reach the African-American community. Part time Frank works for the YMCA Resource Center as the Program Specialist for the Alcohol Drug Prevention program and "Back on Track" program.



Marsha T. Horton, PhD, is Interim Dean for the College of Education, Health and Public Policy at Delaware State University where she is responsible for administrative leadership for the Departments of Education, Nursing, Public & Allied Health Sciences and Social Work, as well as for the Centers for Student Advising and for Health Promotions. Dr. Horton is on the Board of Directors for the Delaware Foundation for Science and Mathematics Education, the DSU Early College High School and Sweet Briar College. She was named a *Living the Legacy Honoree* by the National Council of Negro Women and on two different occasions, was honored as an Outstanding Young Woman of America.



Tricia Jefferson, RD, LDN, is Director of Healthy Living and Strategic Partnerships, for the YMCA of Delaware. In her current role she gives oversight to the Association Healthy Living Department, helping to lead various healthy living initiatives throughout the state including the YMCA's Diabetes Prevention Program, Corporate Membership, and the YMCA's Healthy Lifestyles Behavior Change program. She serves as a lead on various steering committees throughout the state, including the Counsel of Health Promotion and Disease Prevention (beverage) committee. She also serves for Delaware's Dietetic Association, and co-chairs Healthy Kids Delaware.



Richard E. Killingsworth, MPH, Mr. Killingsworth is currently the Director of the Center for Public Private Partnerships in Health at the University of Delaware where he is also an Associate Professor in the College of Health Sciences – Department of Behavioral Health and Nutrition. The Center was recently created to provide national leadership to enable and advance public private partnerships through facilitation, collaboration, and innovation for improved health outcomes. Mr. Killingsworth earned his Bachelor of Science in Community Health Education from Indiana State University and his Masters of Public Health in Public Health Education from Indiana University. His professional aspiration is to see public health provide stronger leadership in public/private partnerships that may catalyze better solutions to address emerging issues affecting our nation's health and well-being.



Charles A. Madden, JD, MS, Charles A. Madden, JD, MS, recently joined Connections Community Support Programs, Inc. as the Executive Vice President for Business Development and Corporate Affairs. In this role he is primarily responsible for evaluating the agency's strategic position in its target markets, and developing and implementing strategies to form partnerships, affiliations to better serve our target populations. He is the former Executive Director of the Wilmington HOPE Commission where he was responsible for working in partnership with municipal, private, non-profit, academia and the legislature to develop solutions to reduce violence and improve the quality of life for Wilmington's underserved communities. Under Charles' leadership the Wilmington HOPE Commission launched and managed the Achievement Center, Delaware's first and only "One-Stop" reentry center supporting formerly incarcerated men and their families. He holds a Bachelor's degree in Behavioral Science, a Master's degree in Human Resource Management and a Juris Doctorate.



Leslie Newman, is in her 7th year as CEO of Children & Families First, having served as Director of Development for 15 year before that. She is a Commissioner for the Child Death, Near Death and Stillbirth Commission and a member of the Delaware Early Childhood Council. In addition, Leslie is President of the board of the Milton & Hattie Kutz Foundation. She is also an advisor for the Youth Philanthropy Board, a program of the DE Community Foundation and a member of the Board of Kids Count in DE.



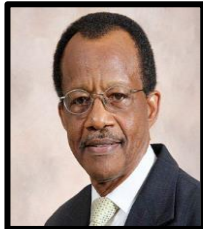
LaVaida Owens White MSN, RN, FCN has more than 40 years nursing experience in acute and long-term care, rehabilitation, home care and community health. She is currently working in the practice setting of Faith Community Nursing, and as Coordinator for the Delaware Region Health Ministries Network. Ms. Owens White is a faculty educator for the International Parish Nurse Resource Center and instructor for the Foundations of Faith Community Nursing core curriculum. As a community activist and life member of the NAACP, she is active in leadership positions in community-based associations. One of her current interests is in nursing research, exploring a collaborative partnership of community and faith-based organizations in addressing childhood obesity.



Ann Phillips, is Executive Director of Delaware Family Voices, Inc. and Director of the HRSA/MCHB grant funded Family to Family Health Information Center which focuses on helping families of children with special health care needs. Delaware Family Voices is the official state chapter for National Family Voices; Federation of Families; and Parent to Parent USA. She is also project director for the Statewide Family Network grant with a focus on the families of children with mental/emotional or behavioral issues. In addition, Ann is currently a member of a dozen committees and organizations all associated with care for people with disabilities and the challenges facing their families.



Shay Scott, MA, is currently the Fund Development Director for Henrietta Johnson Medical Center. She received her Bachelor of Science in Public Health Administration at Richard Stockton College of New Jersey and a Masters in Management and Leadership at Liberty University in Lynchburg, Virginia.



Harold Stafford, is CEO of the Stafford Firm, consultations for government, public and private sectors, including Not-for-Profits. He has been active in Delaware government acting as the former Secretary of Labor, Director of Administration, and Director of the Delaware Economic Development Office. He also worked in varying capacities for Delaware's Department of Correction, as Human Services Planner for Delaware Office of Management, Budget, and Planning, and, outside of Delaware as the Community Developer for West Philadelphia Mental Health Consortium. Mr. Stafford has worked as a mentor for Big Brothers/Big Sisters and served on the Board of Directors for Dover Inter-City Cultural League, First State Community Action Agency, Delaware Curative Workshop, DE Parents Association, Delaware State University Research Foundation, and Jobs for Delaware Graduates.



Matthew Stehl, is a Corporate Communications Manager for Highmark Blue Cross Blue Shield Delaware. He has more than 20 years of experience spanning the government, non-profit management, fundraising and public relations fields. Prior to joining Highmark Delaware Mr. Stehl served as Executive Director for the National Alliance for Mental Illness (NAMI) in Delaware where he managed a program that provided affordable housing for 250 people with mental illness in 60 homes throughout Delaware. Previously, Mr. Stehl was State Director for Best Buddies Pennsylvania. Best Buddies is an organization that provides one-to-one friendships for people with intellectual and developmental disabilities. Mr. Stehl managed offices in Philadelphia and Pittsburgh, chapters in 50 high schools and colleges, and more than 4,000 Pennsylvania volunteers. He also was responsible for increasing and diversifying funding to expand Best Buddies programs. Mr. Stehl is a lifelong Delawarean and proud graduate of Salesianum School and the University of Delaware.



Sandra Medinilla, MD, is a Trauma Surgeon and Medical Director of community violence prevention efforts at Christiana Care Health System. She has helped launch Cease Violence in Wilmington, a nationally recognized program to prevent gun violence by identifying nonviolent solutions to resolve conflict. The majority of gun violence victims in the city of Wilmington and the state of Delaware are treated at Christiana Hospital, which sees more than 4,000 trauma patients each year and is the only Level I trauma center between Baltimore and Philadelphia that treats both adults and children. Her career also spans pharmaceutical research, public health education, and occupational health. Dr. Medinilla is a past director of legislative affairs for the American Medical Student Association. She founded Temple University School of Medicine's chapter of Physicians for Human Rights, and has worked as a homeless outreach volunteer in Philadelphia.

KCA 4.2 Community Engagement and Outreach Program Support



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Program and Conference Manager
Christiana Care Health System



Nicole Harrington, BS
Program Operations Coordinator
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Holli Zerhusen
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Thank you to our volunteers!!!

Deena Chisholm

Yamina Hayman

Mary Mcelwain

Elizabeth Nolan

Terry Pedicone

Dave Pedicone

Suzanne Purfield

Erin Riegel

Platform Presentation Abstracts

Session A:

Abstract 1

Consultation for Addiction Services: Identifying Characteristics Associated with Substance Use Disorder Treatment Attendance and Retention

Alexa J. Meinhardt, BA; Tanya Bracey, MS, CADC; Claudine Jurkovitz, MD, MPH; Kimberly Williams, MPH; Beverly Wilson, MS; Cheryl Botbyl; Terry Horton, MD

Abstract: Background: Opioid misuse/abuse is a growing epidemic. Over 15% of hospitalized patients are diagnosed with a substance use disorder (SUD). Capitalizing on the hospital as a reachable moment and promoting community treatment may help combat the opioid epidemic. Objective: This study aims to describe patients assessed by Christiana Care's physician-led consultation service and determine whether outcomes differ between men and women. Our goal is to identify subgroups of patients who would benefit from specific interventions to encourage community treatment attendance. Methods: We conducted a retrospective analysis of patients admitted to Christiana Care and seen in SUD consultation from November 2015 to October 2017. Outcomes were defined as leaving against medical advice (AMA) and transitioning to community treatment. Results: Of the 299 patients seen, 55% were male, 74% White, 21% Black, and 7% Hispanic/Latino. Mean age was 41.7 ± 12.8 years, with males older than females (44.4 vs. 38.4, $p=0.006$). Half of the patients had a mental health diagnosis (58% of females vs. 43% of males, $p=0.009$). A majority used heroin (82% of males vs. 85% of females, $p=0.260$). The AMA rate was 17%; females left at higher rates (21% vs. 13%, $p=0.063$). In total, 62% scheduled community treatment; of those, 70% attended the first visit and 54% were still attending at 30 days (55% of males vs. 53% of females, $p=0.869$). Conclusion/Relevance: Heroin-using medical service patients seen by the consultation service had high transition rates to community treatment. Gender-specific measures should be explored to improve hospital retention and transitioning to community treatment.

Abstract 2

Provider and Parent Reactions to Changes in the Nutritional Quality of Food Served in Childcare Settings in Delaware: A Mixed Methods Study

Nicole Slesinger, MS(c); Laura Lessard, PhD, MPH; Emily Toal; Alexa Hirschberg

Abstract: Background: The majority of young children (under age 5) in the United States spend time in non-parental care settings such as childcare centers. Recent changes to the Child and Adult Care Food Program (CACFP) require more healthful food to be served in these settings. This is in response to concern over the nutritional quality of the foods that were served and a growing focus on childhood obesity. Little research has explored how childcare staff explain these changes to parents and parent attitudes towards the healthier menu. Objective: To explore how providers discuss the CACFP changes with parents and their perception of parent attitudes towards the changes. Methods: A survey was administered to all CACFP providers in Delaware during fall 2017 ($n=154$), assessing their expectations of parent response to the changes. From these surveys, purposive sampling was used to create a panel of providers to participate in a four month qualitative follow-up study exploring their experience implementing the new meal pattern ($n=7$). Results: Prior to the changes taking place, over 87% of survey respondents anticipated that parents of children at their facility would support the new changes. Interviews showed that few centers actively prepared parents for the new food changes. Of those that did, parents shared concern for the types of food offered and took a period of time to adjust to the regulations. Conclusions/Relevance: The findings have wide implications for health policy, suggesting that more attention be paid to communicating policy changes to parents.

Abstract 3

Reducing Health Disparities in Breast Cancer Through Community Engagement

Jennifer Sims-Mourtada, PhD; Nora Katurakes, RN, MSN, OCN; Pat Swanson, BSN; Heather Bittner-Fagan, MD, MPH; Margot Savoy, MD; Zohra Ali-Khan Katts, MS, LCGC; Diana Dickson-Witmer, MD; Ramya Varadarajan, MD

Abstract: **BACKGROUND:** Triple negative breast cancer (TNBC) is an aggressive cancer that more often affects younger women and African Americans (AA). Delaware is among the states with a high incidence of TNBC. Moreover, breast cancer incidence is rising among AA women within the state with over a third of cases being of the TNBC subtype. Despite aggressive screening efforts, AA women are more often diagnosed with late stage disease and have higher breast cancer mortality than Caucasians. **ENGAGEMENT PLAN:** With a goal of reducing breast cancer incidence, decreasing health inequalities and improving outcomes for all women in Delaware, the breast cancer research program at the Helen F Graham Cancer Center convened leaders in the African American and breast cancer communities to form the Breast Cancer Community Research Advisory Board (CRAB). **METHODS:** The CRAB identified its first initiative as a two point community educational program: 1) Dissemination of information on TNBC and breast cancer prevention 2.) Increasing the participation of AA women in clinical trials and translational research. The board developed an educational toolkit/presentation which was piloted at two community events. Volunteers from the community were recruited to serve as trainers. **RESULTS:** The final presentation, 'The story of Brenda', uses a story format about a young AA woman's questions regarding her diagnosis of TNBC and breast cancer in general. Feedback from the pilot events was extremely positive and recommendations from pilot groups were incorporated into the presentation and supplementary material. Fifteen community volunteers were recruited to serve as community trainers. Our next steps are to initiate the train the trainer classes and integrate the presentation into community events. **CONCLUSIONS:** Based on the community response to help further develop this program, it appears our initial efforts have resulted in a strong community connection. The input of the CRAB dramatically altered the approach for dissemination of information. Much of the program's success was in listening and acting on the CRAB's suggestions regarding the need and format for community education. Through this program, we hope to build relationships and foster trust, communication and transparency between researchers and the community to eliminate disparities in breast cancer.

Abstract 4

Wilmington Under Pressure: Creating and Innovative Stop the Bleeding Program Using PAR methodology

Darryl Chambers, MS and Sandra Medinilla, MD

Abstract: Launched in October of 2015, Stop the Bleed is a national awareness campaign and a call to action intended to train, equip and empower bystanders to help in a bleeding emergency before professional help arrives. In recognition of the increasing incidence of gun violence in Wilmington and encouraged by community requests for such training, Wilmington Under Pressure (WUP) is a program designed to teach community members most affected by gun violence to be calm and effective under pressure. By reducing hemorrhage prior to the arrival of professional first responders, it is possible that we can reduce morbidity and mortality from extremity-related gunshot wounds. Although WUP may not improve the conditions in which people can be healthy, it will contribute to conditions in which people can literally stay alive. Leaders in the community who are already doing conflict-mediation work are crucial to the success of this program as organizers and credible messengers. CHRISTIANA CARE is partnering with Wilmington Street PAR (PAR) members who already doing peace-keeping work in these neighborhoods. PAR is comprised of 11 highly motivated and skilled individuals who are credible messengers and will organize and facilitate this sensitive program. Teaching hemorrhage control will be a catalyst to encourage discourse on violence reduction and promote trust and camaraderie within the community. PAR will help create, facilitate and evaluate WUP. The expected outcomes are that WUP participants will: 1) learn basic bleeding control 2) be more confident in their abilities and have less fear to help a victim of gun violence 3) delegate responsibilities and help control a scene after a neighborhood shooting to assist first responders. Expected outcomes which may not manifest within one year but may be consequences of the program may include: 1) improved relationships between first responders and the community and 2) decreased amounts of blood transfusions required once the survivor reaches a hospital. Although no results are currently available, our discussion will rely on the process of creating an innovative solution to the usual "top down" approach to traditional trauma research and the benefits of PAR.

Session B:

Abstract 5

The Division of Developmental Disabilities Services (DDDS) HealthMatters Pilot Study: Delaware's Road Map for Engaging Adults with Intellectual and /or Developmental Disabilities in Health Promotion

Jo Ann Abbott, DNP, MSN, RN

Abstract: Background: In Delaware, ~ 50% of adults with a disability are inactive and have ~ 1.5 times higher prevalence of one or more chronic medical conditions compared to those that are active. To address this disparity, a HealthMatters™ (HM) Program (PILOT), an evidence-based health promotion (HP) curriculum developed specifically for adults with Intellectual and/or Developmental Disabilities (AIDD), was first implemented by HM-trained DDDS Staff. Engagement Plan: This PILOT modeled HM tools for engaging AIDD and their 'Supports' i.e. their direct care professionals, their families and their Primary Care Providers (PCP) during the AIDD-appropriate HM curriculum. Based on the PILOT's process evaluation, the plan proposes to sustain the engagement of these 'Supports' beyond the 12-week curriculum by providing access to the HM training webinar and workbook as well as DDDS expertise for these 'Supports'. Objective: To develop a HM implementation plan for AIDD in Delaware based on the retrospective analysis by DDDS of the PILOT using Process Evaluation and SWOT analysis methodologies. Methods/Results: Process Evaluation of engagement or 'reach' included: the 12-week curriculum attendance of the 10 adults with IDD participants (80%); their primary healthcare providers (PCPs) response rates (100%); and blinded survey of the HM-certified Staff Trainers. The PILOT'S 'fidelity' was assessed by concordance (63%) with HM Curriculum. Supportiveness of the PILOT'S environment ('setting') for HP was assessed by HM-validated surveys of facilities-related needs (2/7 available) and organizational policies in place (5/30). The PILOT'S implementation 'costs' were ~\$300/participant including Staff training and time. Conclusions/Relevance: In the context of statewide HM implementation for AIDD, the SWOT analysis-based conclusions are: high participation rates and staff satisfaction would support its feasibility and efficacy; concordant fidelity would suggest few DE-specific adaptations needed; opportunities identified to sustain HP goals thru greater engagement of families, PCPs, DDDS and community-based homes. Of importance, high diastolic BPs (>80mmHg) decreased in 3 of 4 PILOT participants lowering their stroke and heart attack risks, and costs, over their lifetime. Given published evidence and the PILOT'S relatively low cost per participant, statewide adoption of HM, and its HP goals, will likely reduce yearly health care costs more than its program costs.

Abstract 6

The Looking Glass: Insight into Homeless Elders' Barriers to Care

Loretta Consiglio-Ward, MSN; James M. Ellison, MD; Linda Brittingham, LCSW; Ellen Joyce Plumb, MD; Joel Harris

Abstract: Background: Homeless elders are increasing in Delaware (DE), with complex health issues and limited access to care. They visit the ED frequently and comprise much of the ED use by our homeless population¹ and many inpatient admissions². St. Patrick's Center, on the east side of Wilmington, serves a group of impoverished older adults, including many homeless. Engagement Plan: We have engaged St. Patrick's and its 'guests' in interviews conducted by Jefferson Branch Campus medical students, CHRISTIANA CARE Family Medicine and Social Services Departments. Objectives: 1) To perform a health needs assessment of the homeless elders at St. Pat's for social determinants of health, chronic diseases, and barriers to their preventive and ongoing health care. 2) To identify the highest priority and/or most common needs of Wilmington's largest accessible group of homeless elders while providing learning opportunities for health care students. Methods: We will interview 50-100 homeless elders at St. Pat's, an estimated 2.5-5% of Delaware's homeless elders, using a health needs assessment adapted from the EASY-Care assessment for community-dwelling older people³ and Camberwell Assessment of Need for the Elderly (CANE)⁴. A series of questions administered by supervised students elicit data about health needs and barriers. Participation is voluntary and requires consent. Results: In 41 completed interviews, the most frequently reported medical conditions are: hypertension (63%), joint/back pain (53%), dentition (38%), depression/mental health (33%), diabetes (28%). Safety concerns: feel unsafe (26%), feel threatened (35%), have been a victim/witnessed violence the last year (26%). More than half (55%) feel anxious, frightened or worried. Eight tested positive for dementia with mini-cog. Two had no health insurance. Most frequently reported barriers: unable to pay deductibles, lack of transportation, fear/mistrust. Conclusions/Relevance: Barriers to care of serious chronic illness in this population can be addressed to make screening and care more available.

Poster Presentation Abstracts

Addiction

Poster 18

Implementation of an Opioid Withdrawal Clinical Pathway on an inpatient medical service

Kimberly D. Williams, MPH; Beverly Wilson, MS; Jo Melson, MSN, RN, FNP-BC; Erin Booker, LPC; Sherry Hausman, MPH, CHES; Jeffrey Reitz, PharmD, MPH, BCPS, BCOP; Claudine Jurkovitz, MD, MPH; Terry Horton, MD

Abstract: Background: Opioid-related inpatient hospital stays are increasing at alarming rates. Unidentified and/or poorly treated opioid withdrawal may be associated with inpatients leaving against medical advice (AMA) and increased health care utilization. Objective: To better understand the prevalence of this issue while improving clinical outcomes, we developed and implemented an Opioid Withdrawal Clinical Pathway to screen and treat withdrawal in medical service inpatients. Methods: The Pathway is comprised of a screening instrument administered to all admitted medical patients to identify withdrawal risk; use of the Clinical Opiate Withdrawal Scale (COWS) to monitor withdrawal symptoms/severity; and a Suboxone-based treatment protocol. Pathway implementation involved programming changes to the EHR and physician order entry systems; provider education about the pathway and withdrawal; ongoing addiction medicine specialist consultation. Outcomes measured included withdrawal screening rates, identification of withdrawal risk, Suboxone prescriptions, leaving AMA, and hospital readmissions. Results: Between December 2016 and September 2017, 70% (30,084/42,952) of admitted patients were screened. Of those, 3% (990/30,084) were identified as at risk for withdrawal and 23% (262/990) as in active withdrawal (COWS score \geq 8). Of patients discharged with ICD10 opioid withdrawal diagnosis, 46% (90/196) received Suboxone; 12% (23/196) left the hospital AMA; 3% (12/196) and 6% (12/196) readmitted within seven and 30 days, respectively. Conclusions/Relevance: Our study demonstrates a process for successfully implementing a pathway to screen and treat medical inpatients for withdrawal. Lessons learned include the need to continuously assess fidelity to the process by monitoring screening rate, and the importance of a robust/automated continuous training for new staff.

Cancer

Poster 2

Investigating the Tumor Microenvironment of Triple Negative Breast Cancer

Nicole J. Flynn, Ugochukwu Amadi, Rajasekharan Somasundaram, Jennifer Sims-Mourtada

Abstract: Triple negative breast cancer (TNBC) is an aggressive form of breast cancer more likely to affect women of African American descent. African American women who develop TNBC also tend to have worse outcomes than women of other racial demographics. Currently, there is a need for improved, targeted therapy for TNBC. A hallmark of TNBC is high levels of infiltrating lymphocytes. Although high levels of infiltrating B lymphocytes are present in TNBC, their role in progression of this disease is unclear. IgG4 is a subclass of the IgG antibody and is the least abundant in healthy human serum, but is increased in cases of chronic inflammation. As IgG4 expressing B cells have been shown to be associated with poor outcomes in other aggressive cancers such melanoma, glioblastoma and pancreatic cancer, we sought to determine the expression of IgG4 in TNBC. We performed immunohistological staining of IgG4 on paraffin-embedded tissue microarrays from 75 treatment-naive TNBC specimens obtained from women who underwent surgical resection of their tumors at the Helen F Graham Cancer Center and Research Institute from 2006-2007. We found that 69% of TNBC cases contain IgG4+ cell infiltration. Moreover, the presence of IgG4+ cells is significantly correlated with poorer progression free (p<0.0003) and overall survival (p<0.0001) as determined by a Log-rank (Mantel-Cox) test. These findings indicate the presence of an immunosuppressive B cell population. Further investigation may lead to development of diagnostic tools or targeted therapy for the improvement of TNBC outcomes across all demographic backgrounds.

Poster 5***Informed Decision Making in Lung Cancer Screening***

Heather Bittner Fagan, MD, MPH; Ronald Myers, PhD; Nicole Harrington, BS; Anett Petrich, RN, MSN; Claudine Jurkovitz, MD, MPH; Mauren Wood, LPN; Zugui Zhang, PhD; Nora Katurakes, RN, MSN, OCN; Cynthia Griffin, MS, RN, CPHQ, CCM

Abstract: Background: Lung cancer is the leading cancer killer in the United States. Based on the National Lung cancer Screening trial (NLST), the United States Preventive Task Force recommended use of low dose CT scans (LDCT) to screen for lung cancer in high risk individuals; high risk individuals are defined as people between the ages of 55 and 80 years old, with a 30 pack year history of smoking, who either currently smoke or quit less than 15 years ago. The Center for Medicare and Medicaid Services (CMS) includes lung cancer screening as a benefit but requires that 'a beneficiary must receive a written order for LDCT lung cancer screening during a lung cancer screening counseling and shared decision making visit.' Objective: To test the feasibility of a telephone-delivered decision intervention to facilitate shared decision making about lung cancer screening among primary care patients who were either current or former smokers. Community Engagement: Prior to implementation we conducted key informant interviews with patients describing the intervention. We also engaged the practice physicians in key decisions such as the method to communicate results and preferences related to referral to the lung health screening program. Methods: A research assistant contacted patients by telephone to assess eligibility for lung cancer screening. Eligible patients were consented and completed a baseline questionnaire. A trained decision counselor contacted participants by telephone and completed a decision counseling session using an online software application (Decision Counseling Program© (DCP)) to clarify preference for undergoing a LDCT screening. After 30 days, a research assistant contacted the enrolled participants to complete a post questionnaire and after 90 days, the research assistant implemented a chart audit of the enrolled participant's medical records to confirm screening status. Results: From a pool of 829 current and former smokers, we were able to enroll 28 participants, 19 current smokers and 9 former smokers. Participants who completed the DCP were more likely to complete LDCT screening (p=0.03). Smoking status was a significant indicator of DCP completion with former smokers being more likely to complete than current smokers (p=0.02). Conclusions: Case-finding, identifying eligible participants for lung cancer screening from primary care EMR data is challenging especially for former smokers. More efficient methods are needed to identify patients who are eligible for lung cancer screening. Using the DCP appears to be feasible for decision making in LDCT screening and promotes lung cancer screening but more research is needed to assess the impact of the DCP on screening use.

Cardiovascular

Poster 4***Cognitive screening in an outpatient heart failure clinic: Preliminary data***

Alice V. Ely, Ph.D.; Kimberly Williams, MPH; Courtney Condiracci

Abstract: Background: Heart failure (HF) is a chronic condition and one of the leading causes of hospitalization and readmission. Research suggests that cognitive impairment is a prevalent characteristic of HF, and may contribute to early readmission as it is frequently unrecognized or underreported. Objective: To assess the cognitive function of HF patients in the outpatient setting. Methods: Patients completed the Montreal Cognitive Assessment (MoCA) and provided demographic and medical information during a routine outpatient visit to the Heart Failure Specialty Clinic at Christiana Hospital. Results: Data collection is underway. Analysis of preliminary data revealed that 72% (13/18) patients screened positively for possible cognitive impairment, with 44% (8/18) falling below recommended thresholds for HF patients. Controlling for age, left ventricle ejection fraction (EF%) was significantly associated with MoCA score ($F = 4.67, p = 0.047$) indicating that the lower a patient's EF%, the worse they scored on the MoCA. Conclusions & Relevance: Our preliminary findings suggest that cognitive impairment may be prevalent in outpatient HF patients, and that cognitive difficulties may be worse in those with more severe HF, as measured by a low EF%. If these trends persist with a larger sample size, our results will demonstrate the need for regular cognitive screening in the outpatient setting to facilitate early intervention by coordinated care teams that will support self-care management and decrease potential hospital admissions, thus providing a significant benefit to HF patients and their caregivers.

Poster 22***Family psychosocial care model for congenital heart disease: A crowdsourced study***

Erica Sood, PhD, Sinai Zybiewski, MD, Stacey Lihn, Trent Neely, MEd, Cheryl Brosig, PhD, Abigail Demianczyk, PhD, Elizabeth Lucey Boyle, BSN, Conrad Williams, MD, Jena Tanem, MS, Emily Delaplaine, MSW, Jennifer Christofferson, MS, Amy Randall, MS, Melanie Toth, Anne Kazak, PhD, ABPP

Abstract: Background: Following diagnosis of and surgical intervention for congenital heart disease (CHD), one-third of parents report post-traumatic stress, which further impact the developmental/behavioral trajectories for these vulnerable infants. Objective: This study applied online crowdsourcing methods to collaborate with stakeholders to develop a family-based psychosocial care model for CHD. Engagement Plan: We formed a stakeholder advisory council (SAC) consisting of four community stakeholders (parent leaders from three national CHD organizations) and six clinician stakeholders (interdisciplinary healthcare providers across four cardiac centers). The SAC meets by web-conference twice monthly. Decisions regarding study design, methodology, recruitment and retention are made collaboratively. Stakeholders partner in the interpretation of results. Methods: 'Crowds' of CHD parents (purposely selected for diversity) and community leaders were recruited through electronic word-of-mouth and social media. Queries on best practices, barriers, and opportunities in psychosocial care were posted to each crowd (37 to parents, 32 to leaders) over six months via Yammer social networking site. Queries were structured within nine domains (prevention/intervention of mental health problems, peer-to-peer support, etc.). Responses were coded and analyzed using qualitative methods to inform development of a psychosocial care model. Results: Parent participants (N = 106) were diverse with regard to gender (30% male), socioeconomic status (42% high school educated), race/ethnicity (17% minority), and US region. CHD leader participants (N = 16) represented five CHD community organizations. Consistent themes emerged across all nine domains. Parents desired enhanced preparation for the family impact of CHD, formalized processes for peer-to-peer connections, encouragement to partner in their child's hospital care, and increased mental health supports. CHD community leaders desired training/education on parent mental health issues and greater collaboration between CHD organizations, healthcare providers, and mental health providers to optimally support CHD parents. Conclusions/Relevance: A psychosocial care model for CHD that targets parent-reported needs and is acceptable/feasible to stakeholders could prevent or reduce parental traumatic stress and improve outcomes for these vulnerable infants. Through its community engaged methodology, this study demonstrates the importance of partnering with parents to improve care and outcomes for children with CHD and their families. Preliminary results have been disseminated to both academic and community audiences.

Community Health

Poster 6***Development of the Community Health Workforce in Delaware: Implementation of a Sustainable CHW Training and Certification Program***

Carla P. Aponte, MS; Nicole A. Harrington, BS; Kathy Cannatelli, MS; Christopher Moore, BS, LSSGB

Abstract: The State of Delaware, through ongoing transformation work supported by the CMMI State Innovation Models and the Delaware Center for Health Innovation, has identified the creation of a sustainable Community Health Worker (CHW) training, certification, and workforce development as a priority. As such, Christiana Care Health System has made a commitment to this work by leading an effort to formalize, demonstrate and validate the CHW model through development and implementation of CHW training. Objectives for the CHW project include developing and implementing a CHW curriculum in alignment with the state recommendations; evaluating the curriculum's impact through improved self-efficacy, knowledge and confidence of participants; and, illustration of the impact of CHWs in systems across Delaware. A seven-session core competency training with practical application components were created and applied and follow-up education modules specific to community-defined topics will be shared. A pre/post-assessment has been conducted to measure content area knowledge and, community-engaged self-efficacy. Feedback on course content and instructor methods, along with qualitative analysis of common themes will be collected. Additionally, annual meetings with policymakers, community members, and system leaders will be assembled to get feedback on the impact of the CHWs in their community. Data will be presented on the outcomes of the curriculum on CHWs as well as their work for community members and organizations across the state. This presentation will illustrate the impact of this work so far, along with the value of meaningful partnerships and collaborations between community members, CHWs, and health delivery systems to improve population health.

Poster 10***Delaware Medical Orders for Scope of Treatment Initiative***

Timothy E. Gibbs, MPH Kate Smith, MD, MPH John Goodill, MD Susan DelPescio, Esq. Kathleen McNicholas, MD, JD

Abstract: The Delaware Medical Orders for Scope of Treatment (DMOST) program is designed to improve the quality of care people receive at the end of life by translating patient/resident goals and preferences into medical orders. The DMOST form is based on communication between the patient/resident, Health Care Agent or other designated decision-maker and health care professionals that ensures informed medical decision-making. Honoring patient preferences is a critical element in providing quality end-of-life care. To enable physicians and other health care providers to discuss and convey a patient's wishes regarding cardiopulmonary resuscitation (CPR) and life-sustaining treatment, this coalition is working to create statute and regulations that can be used statewide by health care providers and facilities as the legal equivalent of an inpatient Do Not Resuscitate (DNR) form. DMOST provides a single document that functions as an actionable medical order and transitions with a patient through all health care settings in order that their wishes for life-sustaining treatment and CPR will be clearly indicated. The DMOST statute, House Bill 64 (sponsored by Representative Michael Barbieri and co-sponsored by Senator Bethany Hall-Long), was passed on May 7, 2015 and signed into law by Governor Jack Markell later that month on May 28, 2015. DHSS has tasked the Delaware Academy of Medicine (DAM) with developing and directing the implementation of the DMOST program in Delaware. Aspects of this program include: education of the public and providers; training of providers; a monitoring program and measurement of effect and impact of the form's use.

Poster 7***Intergenerational associations between parent's adverse childhood experiences and offspring child health outcomes***

Pachter, LM, Wang, X, Boyle-Steed, KH, Le-Scherban, F

Abstract: Background: Adverse Childhood Experiences (ACEs) robustly predict future morbidity and mortality. Research is just beginning to investigate intergenerational effects. We hypothesize there are intergenerational associations between parent ACE exposure and worse child health, health behaviors, and health care access and utilization. Methods: We linked data from two population-based cross-sectional telephone surveys in Philadelphia, PA, that asked parents about their past exposure to ACEs (2012-2013 Philadelphia ACE Survey) and their child's health (2012 Southeastern Pennsylvania Household Health Survey). Participants were 350 parent-child dyads. Logistic regression models adjusted for parent and child characteristics. Parent ACE score summarized indicators of parents' childhood adversity. Child health outcomes were poor overall health status, asthma diagnosis, obesity, low fruit and vegetable consumption, any soda consumption, inadequate physical activity, excessive television watching, no health insurance, no usual source of health care, and no dental exam in past 12 months. Results: Of adult participants, 80% were female and 45% were non-Latino black. 85% of parents had experienced ≥ 1 ACE and 18% had experienced ≥ 6 ACEs. In adjusted models, each additional parent ACE was associated with higher odds of poor child overall health status (OR 1.19, 95% CI 1.07-1.32), asthma (OR 1.17, 1.05-1.30), and excessive television watching (OR 1.16, 1.05-1.28). Conclusions: Our results suggest that the full scope of the health effects of ACEs is not limited to the exposed individual, and point to the need for a two-generation approach to addressing the social determinants of child health.

Poster 20***Partnership for Research: Engaging Stakeholders to Identify Patient-Centered Research Questions***

Holly Archinal, BA; Alexa Meinhardt, BA; Heather Bittner-Fagan, MD, MPH; Nancy Scott, MS; Shay Scott, MA; Steven Scott; William Murray; Joanne Smith, RN; Timothy Gibbs, MPH, NPMc; Kate Smith, MD, MPH; Nicole Harrington, BS; Sarahfaye Dolman, MPH; Claudine Jurkovitz, MD, MPH

Abstract: Research Objective: To identify patient-centered research questions and outcomes related to chronic Kidney Disease (CKD), we established a community partnership including patients, health care providers and researchers with a goal of learning and working together to define an impactful research agenda. Study Design: We formed a community-academic workgroup comprised of clinicians, CKD patients, and researchers focused on building a consensus about important questions and outcomes. Together, we organized a conference in 2016 with

moderated workshops where approximately 80 stakeholders and community members proposed a total of 122 questions. Those were categorized into themes and their frequency analyzed. From our community-academic workgroup, a core team of 9 stakeholders participated in a 6-week research training course specifically designed to foster collaboration between academic and community investigators. Through this course, we clarified our vision, mission, competencies and expectations. Didactic education advanced our knowledge in community-based participatory research, protection of human subjects, quantitative and qualitative analysis, and evaluation science. Following the research training, a series on monthly forum discussions was organized to enhance our understanding of patient-centered outcomes research, comparative effectiveness and security of data. Finally, we organized a second conference in 2017, based upon themes that were prioritized during the forum discussions. **Principal Findings:** From the 122 questions identified at the initial 2016 conference, 19 themes were identified, the top three being CKD education, communication/care coordination, and medication/treatment concerns. Using the top themes, our community-academic workgroup built and disseminated a questionnaire asking patients to rank 20 research questions. We collected 127 questionnaires but only 66 were completed appropriately and can be used for analysis. **Conclusions:** We were able to establish a network of stakeholders who are prepared to facilitate community engagement in research. Our efforts have identified a list of priority questions and outcomes, which will be a strong foundation for any patient-centered outcomes research, such as that funded by the Patient-Centered Outcomes Research Institute. Members of the community-academic workgroup were active participants in learning, community outreach, and study design and formed essential relationships for a longitudinal research agenda that will be salient and impactful to patients with CKD and their caregivers.

Poster 23

Promoting Health and Independence among Adults with Intellectual Disability Through Guided Exercise

Iva Obrusnikova, PhD Haley M. Novak, BS Albert R. Cavalier, PhD

Abstract: Persons with intellectual disabilities (ID) have significantly lower levels of physical fitness and physical activity (PA) (Barnes et al., 2013). This can affect their physical functioning and put them at a higher risk for obesity (Hsieh et al., 2014). Carefully structured progressive resistance training (PRT) has been shown to improve muscle strength and functional skills among adults with ID (Shields et al., 2008), which are both important for promoting PA. However, data on sustainability of the PRT benefits after withdrawal of the program are missing. Using the principles of self-efficacy (Bandura & Simon, 1977), we proposed to develop a systematic PRT program titled PRT-POWER (Progressive Resistance Training for EmPOWERment) that would not only promote participant's health outcomes but also their independence and personal empowerment (Zimmerman, 2000). The objective of the first phase of the PRT-POWER development was to create and validate the PRT-POWER Familiarization program for this population that promotes independent performance of commonly used PRT tasks. **Methods:** The program incorporates two technology-based instructional strategies: (a) iPad visual activity schedules and (b) systematic prompting that incorporates iPad video prompts to ensure consistency, independence, and visual feedback. The effectiveness of the strategies was tested in three separate single-subject studies collectively involving six adults with moderate ID and three adults with mild ID. **Results:** The data in the three studies demonstrated that, regardless of the severity of ID or the exercise setting, within only six and eight sessions, the participants with mild and moderate ID, respectively, were capable of mastering at least 90% of steps of five muscle strengthening exercises. Their performance was maintained two weeks after the intervention and was generalized into a different fitness setting. In all three studies, the program was considered very effective (effect sizes of .80-1.00) (Scruggs et al., 1987). **Conclusions/Relevance:** In the second phase of the development, the team implemented reinforcement strategies (e.g., goal setting) in the PRT-POWER and is testing the program's effectiveness on health outcomes, PA, independence, and personal empowerment in a clinical trial with 42 adults with ID. This project has allowed us to create community-research infrastructure in preparation for large-scale multi-site research.

Poster 24***Delaware Plan4Health***

David Edgell, AICP; Michelle Eichinger, MS, MPA; Tim Gibbs, MPH, NPM-c; Mary Ellen Gray; Patti Miller; Bill Swiatek; Ann Marie Townshend

Abstract: Background: Plan4Health is a Centers for Disease Control and Prevention (CDC) funded partnership with the American Planning Association (APA) and the American Public Health Association (APHA). It seeks to advance public health through local and state coalitions by leveraging known skills and using evidence-based strategies. The initiative granted \$180,000 to Delaware to fund and implement a systems change approach to the way in which comprehensive plans are updated to include considerations for health and equity in Kent County and the City of Dover. Objective: Using feedback from the community, the Plan4Health team sought to create land use, design, and policy guidelines for planners and public health professionals seeking to increase access to healthy food, and build spaces that encourage physical activity. Data Collection: The first phase of the Plan4Health project included data collection from household surveys, health equity assessments on land use and policies, oversampling in targeted zip codes within Kent County, and a county-wide mapping analysis of health data such as walkability, bike-ability, trail and sidewalk availability, and food desert locations. The team held stakeholder planning meetings in a rural area of Kent County, and an urban part of the City of Dover to discuss design and policy guidelines with public health and government officials, the public, and other interested parties. Results: The Plan4Health team assembled guidance documents for the City of Dover and Kent County's Comprehensive Plans, which included planning and policy priorities and design renderings of new public spaces taking into account these suggestions. The recommendations suggested incorporating public health issues like demographics, land use, community design, community facilities, transportation, economic development, housing, and agriculture into future comprehensive plans. Dissemination: These plans were made available to county and city officials, and to the public (find the Kent County Final Report at <http://deplan4health.org/wordpress/>). The information was disseminated by social media, in publications including the Delaware Journal of Public Health, and orally (2017 Active Living Research Conference).

Poster 25***Measuring Team Communication through the Application of the Team STEPPS® Framework***

Surekha Bhamidipati, MD; Lisa Clayton, MBA, BSN, RN; Rick Caplan, PhD; Tze Chiam, PhD

Abstract: Background: In hospitalized medicine patients, Inter Disciplinary Rounds (IDR) have been described to improve outcomes by improving teamwork and communication. However, there is no consensus on measurement of team communication for feedback and improvement. Objective: Train IDR teams and unit leaders in the application of Team STEPPS® principles (Team Strategies and Tools to Enhance Performance and Patient Safety) and a modified Team STEPPS® survey to measure team performance. Methods: Four units were conducting IDR in our 900 bed tertiary medical center in DE. IDR largely had a clinical focus and included a free flowing, subjective discussion. To focus IDR on planning the hospital stay, we applied the Team STEPPS® principle of shared mental model; that is team leader (physician) stating what needs to be accomplished prior to discharge (goals) and an Anticipated Discharge Date (ADD). We trained over 25 unit leaders to observe, coach teams and rate team performance using a modified Team STEPPS survey. We measured team performance as effectiveness and efficiency. We utilized two measures of effectiveness. Discussion of goals and ADD; marked as "0" if not discussed or "1" if discussed. IDR was marked as complete for a score "1" for both measures, total of 2 and partial for a score of "1" in either measures, incomplete for a score of "0" in both measures. Efficiency was measured by amount of time spent per patient round. Effectiveness over time was assessed with Spearman's correlation. Linear regression was used to evaluate efficiency over the levels of effectiveness. Results: There were a total of 165 observations over a period of 6 months. 98 complete, 45 partial and 22 incomplete IDR. Effectiveness did not change significantly over time. There was a ½ minute decrease in time spent rounding going from incomplete to partial and partial to complete IDR. Conclusions: While IDR tends to default to a subjective, clinical conversation, it is possible to apply the framework of Team STEPPS® and objectively modify and measure IDR performance. While this sample size is small, it appears that improving team effectiveness through training may improve team efficiency as well.

Genetics

Poster 1

Human Gene Editing with Synthetic CRISPR/Cas9

Kelly Banas, Natalia Rivera-Torres, Eric B. Kmiec

Abstract: CRISPR/Cas9 and single-stranded DNA oligonucleotides (ssODNs) have been used to direct the repair of a single base mutation in human genes. Here, we design a novel method to increase the precision of RNA guided genome editing in human cells by utilizing a synthetic CRISPR/Cas9 ribonucleoprotein (RNP) complex. The RNP is assembled in vitro and used to induce a double-stranded break at a specific site surrounding the mutant base designated for correction by the ssODN. We have utilized a mutant eGFP gene, bearing a single base change rendering the expressed protein non-functional, as an integrated single copy target in HCT 116 cells. We observe significant gene correction activity of the mutant base, promoted by the RNP and single-stranded DNA oligonucleotide and validated by genotypic and phenotypic readouts. We demonstrate that all individual components of this gene editing system must be present to obtain successful gene editing. Sorted corrected and uncorrected cells were placed into 96-well plates to generate clonally expanded cell populations, which were then harvested for DNA analysis. The DNA sequence of both corrected and uncorrected populations revealed that within the negative population, heterogeneity, in the form of insertions and deletions, is readily observable in approximately half the clones. This genetic variance is not seen in the positive population indicating that genetic surgery of the mutant base has taken place in a precise and efficient fashion. The appearance of DNA heterogeneity indicates that on site mutagenesis as a form of collateral damage of RNP/ single-stranded DNA directed gene editing is present in cells that do not exhibit the desired and selected phenotype. Our work indicates that this type of collateral damage exists in the population of cells targeted, specifically the genome alteration by CRISPR/Cas9 gene editing, even when catalyzed by an RNP complex.

Geriatrics/Rehabilitation

Poster 8

Development of a Multispecialty Comprehensive Community Falls Prevention Program- SAFE STEPS

Lynsey Brandt, MD, PharmD Margaret Guest, DO Angel Godek, MSN, RN, ONC Elaine 'Pip' Concklin, MS Michelle Ritona, CRNP James Ellison, MD, MPH

Abstract: Background: Falls are the leading cause of death from injury among people over 65, accounting for approximately 9,500 deaths annually. Non-fatal falls lead to serious injuries such as hip fractures, themselves associated with a high mortality rate. Fall-related injuries and fear of falling compromise the independence of older adults. Despite this epidemic, there are no multispecialty physician practices in the tristate area providing a community-based fall prevention program. Objective: To determine whether a multispecialty program (Safe Steps) could decrease the reported incidence of falls in community dwellers by 50% within an 8-week period. Methods: We implemented a multispecialty program involving physicians from physical medicine and rehabilitation and geriatrics. The team also included a nurse practitioner, nurse navigator, exercise physiologist, social worker, medical assistant, and office assistant. Utilizing the Center for Disease Control's evidence-based Stop Elderly Accidents, Death and Injury-STEADI- initiative, we developed a comprehensive and collaborative office evaluation to identify and treat modifiable risk factors for patients in the community. During the collaborative appointment, patients are evaluated by a geriatrician, a physiatrist, and other members of the Safe Steps team. The assessment includes a detailed history and physical, reviewing and managing medications, assessing postural hypotension, vision, home safety, cognition, bone health, fear of falling, gait, strength, and balance. Results: We observed a greater than 50% decrease in total repeated falls in a population of 55 patients. The number of total falls decreased from 276 to 20 within an 8-week time frame. Patients expressed satisfaction with their experience in the Safe Steps program. Conclusions/ Relevance: A multispecialty visit provides an innovative health care experience with exceptional patient satisfaction and desired outcomes. There is a tremendous need and value for this multispecialty physician collaborative approach for this population in our community. We need to focus our attention and expertise on fall prevention within our community before patients reach our hospital doors. Our next step is to establish a pathway for both hospital-based and community partners to identify at risk individuals and to intervene with the Safe Steps Program. As the program expands, our community population health impact will be substantial.

Poster 19***Evaluation of a homebound patient cohort to determine the relation of advance care planning, and interest in palliative care, to functional status and quality of life*****Linsey O'Donnell, Leslie Stalnaker, Amanda Taylor**

Abstract: Background: 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. Engagement Plan: A partnership was formed with the Visiting Nurse Association (VNA) of Christiana Care Health System (CHRISTIANA CARE). 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. Objective: The goals of this survey are to identify the prevalence of AD in a homebound population in Delaware, to compare patient's quality of life to functional status, and to understand the attitudes and knowledge of palliative care in the community and if these variables relate to quality of life. Methods: 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. It 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. Results: Three-hundred and thirty one patients completed the survey, with a mean age of 71. Of these only 17% knew what palliative care was, but when described, 80% were interested in this type of service. Only 42% of patients had an advance directive, but 77% had identified a POA or decision maker, and 80% had talked to a loved one or doctor about their wishes. There was no statistical difference between patient's reported quality of life and functional status. Patients with a higher QOL score had more discussions with physicians and loved ones about their care plans and more had named a decision maker. Conclusions/Relevance: It is unclear if patients had an improved quality of life because of talking with their family about their end of life decisions, further study will be necessary to determine causation. However, it is known that palliative care can change the experience of chronic illness for patients and their families, and 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.

Nutrition**Poster 9*****Tastimals Cartoon Characters and Healthy Food Choices at the Brandywine Zoo*****Allison Karpyn, PhD; Michael Allen, MBA; Nicole Filion; Sara Grajeda, PhD ; Dreisen Heath; D. Layne Humphrey, MEd; Amanda O'Keeffe; Katherine Tilley; Tara Tracy**

Abstract: Background. Settings (e.g., schools) that can influence food choices are generally a focus of public health interventions that address high obesity rates. Recreational venues' concession stands have not been tested, although they provide convenient access to affordable food, and can affect food choices. Zoos in particular 'represent a major opportunity to engage children with live animals, biological science, and conservation.' Engagement Plan. The Tastimals project represented an innovative opportunity to create a logical connection among fun at zoos, animal care, and children's health. Brandywine Zoo staff were equal and willing partners from the project's start, assisting with program development, survey design, research implementation, and results publication. Zoo Executive Director Mike Allen presented the poster, 'Tastimals: Connecting Healthy Foods to Healthy Delawareans' at the 2017 Association of Zoos and Aquariums (AZA) conference. Objective. The Tastimals project evaluated the effects of the Brandywine Zoo's concession stand offerings on healthy food choices and assessed the impact of the pairing of Tastimals animal characters with healthy food choices. Methods. Previously tested Tastimals animal cartoons promoted healthy concession items at the Brandywine Zoo (average annual visitation: 85,000) through alternate-week pairing with healthy foods on the menu board. Additional Tastimals marketing included A-frame signs and window clings. Surveys and concession sales data

facilitated evaluation of the intervention on total sales, visitor perceptions of the Zoo, and purchase of specific healthier snack and meal items. **Results.** Over 400 healthy food items were sold during the eight-week intervention. Quantities of healthy food choices were significantly higher during the weeks Tastimals characters were displayed. Overall, healthy foods represented 10% of food items and 5% of sales. **Conclusions/Relevance.** The Tastimals project is one of many solutions that integrate modern techniques into efforts to increase demand for healthy foods. Twelve million children participate annually in educational activities at the US' 229 AZA-accredited zoos and aquariums, a unique and potentially powerful mechanism to affect healthy food choices. Further recognition of this positive healthy food - animal character relationship is evidenced by inclusion of Tastimals in the pending funding application to USDA, 'Realizing a Community's Collective Impact to Improve Fruit and Vegetable Consumption.'

Women's Health

Poster 11

Acceptance of LARC Immediately Postpartum after Medicaid Reimbursement Policy Change

Nathalie Torres, BS; Dominique Medaglio, PharmD, MS; Steve Martin, MSc, MA; Michael Rendall, PhD; Karen Antell, MD, MPH; Siri Holton, MD; Matthew Hoffman, MD, MPH, FACOG; Susan Wilson, MD

Abstract: **Background:** Long acting reversible contraception (LARC) is first-line for contraception and has been shown to be safe and effective when inserted immediately post-partum (IPP). Barriers to LARC utilization however are common, including access and cost. Following a recent Delaware policy change, women with Medicaid are now able to receive an IUD or implant immediately postpartum at no cost. **Objective:** The primary aim was to describe the rate of uptake of LARC in the immediate post-partum setting after the recent Delaware Medicaid policy change. **Methods:** This is a prospective cohort study of post-partum women with Medicaid coverage. Participants needed to be 18 years or older in age, within 7 days of delivery, and able to consent in English or Spanish. Surveys were given to participants in person. **Results:** A total of 518 women were included for study, with the majority of women being black/African American, aged 25 or under, and their most recent pregnancy was unplanned. 215 (42%) received a LARC device prior to discharge. Etonogestrel implants were the most common selection of LARC. Women who accepted LARC had a higher average count of previous pregnancies. They also stated at a higher rate that they would not be happy if they became pregnant in the next 12 months. **Conclusions/Relevance:** This is one of the first studies to estimate the uptake of LARC IPP in the Medicaid population. Presently, this Medicaid policy is actively implemented in one hospital. These promising findings support expanded policy implementation at all Delaware hospitals where deliveries occur.

Pediatrics/Adolescents

Poster 12

Geographic and socioeconomic determinants of pediatric asthma encounter rates in Delaware

Sam Stubblefield, MD

Abstract: **Background:** Asthma is the most common non-infectious cause of pediatric hospital admission and a common cause of pediatric morbidity. While genetic and epigenetic factors modify asthma severity, geographic, demographic, and social factors likely play a role as well. **Objective:** We sought to create a novel way of targeting asthma prevention interventions to populations at high risk for excess asthma-related healthcare use (ARHU) through the use of geographic information services (GIS) methods combined with data from the American Community Survey (ACS) and the National Emissions Inventory (NEI). **Methods:** Using the EMR of our hospital we identified patients with pediatric emergency department (ED) visits or asthma hospitalizations during 2013. We used the NEI to identify emitters for 3 pollutants associated with asthma severity. We calculated rate of asthma encounters and used regression analysis to examine the top quintile of asthma encounter rates and ACS estimates for several socio-economic and demographic markers. **Results:** Asthma encounter rate ranged from 0-100 per thousand. In multivariate analysis we found no correlation between the socio-economic markers and encounter rate. We found no correlation between total emissions or presence of an emitter in a census tract and encounter rate. **Conclusions/ Relevance:** We found no relation between emissions as identified in the NEI or socio-economic factors and ARHU. We will incorporate state Medicaid data, making our dataset more robust. If we find areas of increased ARHU, they could be areas for targeted interventions.

Poster 13***Real Talk: How a Small Sex-Ed Program Reaches Teens Through SBHCs Across the State of Delaware*****Christopher C. Moore, BA, LSSGB, Nicole A. Harrington, BS, Kelly Marra-Conner, Delsy Morales, BS, Terry Casson-Ferguson, MS, Paul Braden**

Abstract: Delaware may be the second smallest state in the U.S.; however, it is currently dealing with some big issues. According to the 2015 Youth Risk Behavior Survey, teens in the state are more likely to have sex at a younger age, with more partners and with less protection. The Alliance for Adolescent Pregnancy Prevention (AAPP), a small, but mighty band of sexual health educators, works to reduce the number of Delaware teenagers who are sexually active, become pregnant and become teen parents. In collaboration with the state's School-Based Health Centers (SBHC), AAPP coordinates and implements consistent, message-driven educational programs statewide for young people and their families. This partnership is a direct result of implementing programming in-school; and, while this may not seem unique, it is an essential component in addressing the sexual health needs of the adolescent population. This illustrates the importance of public health partnerships in the community, which is especially important in a state as geographically diverse as Delaware. The state, divided into 3 counties ranges from urban to rural, and the needs of each county differ dramatically. In spite of this adversity, AAPP works collaboratively with more than 2 dozen SBHS to leverage resources in order to facilitate programming. AAPP addresses sexual health through two evidence-based programs: Be Proud! Be Responsible! and Making Proud Choices! In addition, AAPP implements the male responsibility curriculum Wise Guys, categorized as 'promising' by the Centers for Disease Control. Through community partnerships like AAPP and the SBHCs, teens are empowered to make healthier sexual choices.

Poster 14***Partnering with the Community to Improve Pediatric Dental Care: A Collaboration between Reeds Refuge and Christiana Care*****Linda Brittingham ACM, CCM, CCMHC, LCSW, Bette Rybinski, CDA, Linda Brennan-Jones, BA, BLS, Susan Pugliese, DDS, Lynn M Collins, DDS, Helene McHale, Cora Reed, Fred Reed, Elizabeth Bridwell**

Abstract: Reeds Refuge is a community agency providing daycare plus a safe and positive outlet for inner city children of all ages in the 19802 zip code. Carelink Community met Reed's Refuge through community based events. A tour of the Wilmington Hospital was offered. During the tour, it was noted that the children they serve were not receiving dental care. It was identified that although the children had insurance coverage for dental and CHRISTIANA CARE Oral Maxi-facial and Hospital Dentistry had the ability to care for more children, there was a care access issue. After collaboration between Reeds Refuge and Christiana Care, a process was created to link the children served at Reeds Refuge to CHRISTIANA CARE dental care. Reeds Refuge obtains consent to act as the child's Decision Maker for dental services plus medical history and parental consent for dental treatment. Transportation is provided by Reeds Refuge and their staff member stays with the child during the procedure. Communication is facilitated between Reeds Refuge, the CHRISTIANA CARE dental office, and the child's parent so all have the same understanding on services given and the treatment plan. Parents are kept engaged and provide consent at all points in the process. In the seven weeks Reeds Refuge has brought children for dental care, they have filled 21 appointment slots. The children seen have ranged in age from one to fourteen years old. All were receiving dental care for the first time Dental education is provided to teach the children how to care for their oral health and this education is brought back to the parents. Some of the children's dental issues were severe enough to require oral surgery and those surgeries were scheduled. Once care is established, ongoing treatment or preventative care appointments are made at the end of each visit. This is a positive collaboration for all involved as the children receive dental services, dental residents receive training in pediatric dentistry, and parents are able to obtain dental care for their child without missing work. Childhood dental care is critical to lifelong oral health, preventing many associated health issues and improving quality of life.

Poster 15***Comparing fNIRS-Based Cortical Activation Patterns during Interpersonal Synchrony Tasks Between Children with and without Autism Spectrum Disorder (ASD)*****W.C. Su, M. Culotta, and A.N. Bhat**

Abstract: Background: Children with ASD show impairments in imitation/interpersonal synchrony (IPS). Previous fMRI studies found abnormal activations over mirror neuron system (MNS) of children with ASD. By using functional near-infrared spectroscopy (fNIRS) we were able to investigate cortical activation during natural social interactions. Objectives: Our aim was to compare MNS activation between children with and without ASD during IPS tasks. Our long-term goal is to identify neurobiomarkers for ASD and to develop interventions targeting such neurological impairments. Methods: Sixteen children with ASD, and 17 typically developing children (TD) were included. Each child wore a cap embedded with two 3x3 fNIRS probe sets that covered the bilateral MNS regions, including inferior frontal gyrus (IFG), superior temporal sulcus (STS), and inferior parietal lobe (IPL). The children were seated face-to-face with an adult social partner. The task involved cleaning up blocks into a container in 3 conditions: a) Watch (W): observed the adult cleaning up blocks, b) Do (D): cleaned up the blocks on their own, and c) Together (T): cleaned up the blocks along with the adult by matching the block location/color/shape. Eighteen trials (6 per condition) were collected in a random order. The oxy-hemoglobin response of the fNIRS signal was analyzed to study differences activation patterns between groups, conditions, hemispheres, and MNS regions. Results: Both groups showed greater activations in D and T compared to the W condition. By collapsing across groups, there was greater activation in T than the D condition in the left but not the right hemisphere suggesting the right hemisphere is more sensitive to the social component of the movements. The between-group difference was only found in certain brain regions. TD showed greater activation in IFG and STS than IPL, whereas children with ASD had similar activation across three regions suggesting impaired selective activation in ASD. Lastly, children with ASD has decreased activation in the IFG and STS regions compared to TD. Conclusions: Our findings support MNS impairments in ASD. Although children with ASD were able to modify the level of activation across conditions similar to TD; they showed decreased and impaired selective activation across MNS regions.

Poster 16***Comparing fNIRS-Based Cortical Activation Patterns during Communicative Gestures Between Children with and without Autism Spectrum Disorder (ASD)*****McKenzie Culotta, Wan-Chun Su, Anjana Bhat**

Abstract: Background: Children with ASD have difficulty using communicative gestures and also show concurrent abnormal activation in the Mirror Neuron Systems (MNS). Functional near-infrared spectroscopy (fNIRS) is a neuroimaging tool that allows for naturalistic gestural communication between people. Objectives: We compared MNS activation between children with and without ASD as they performed communicative gestures with an adult partner. Methods: 16 TD and 15 ASD children (ages 6-12) wore an fNIRS cap embedded with 3x3 probe sets covering bilateral MNS regions including the inferior parietal, superior temporal and inferior frontal cortical gyri. Each child sat before a partner. The gestural task involved 3 conditions: a) Watch (W): child observed adult's gestures, b) Do (D): child performed a gesture on their own c) Together (T): child performed the gesture in synchrony with the adult. 18 trials were collected, 6 per condition using a randomized block design. The oxy-hemoglobin response was analyzed to study differences between groups, tasks, hemispheres, and regions. Results: TD and ASD groups have different patterns of activation across conditions and regions. For condition differences, the TD group had highest activation in the Do, followed by Together, and lastly, Watch. The ASD group had the highest activation in the Together compared to the Do and Watch. Children with ASD showed greater activation than TD controls in the social conditions (W and T) but not during solo movement execution (D) suggesting that social contexts were challenging for them. As to regional differences, the TD group had highest activation in the superior temporal gyri or the social observation regions. In contrast, the ASD group showed highest activation in the precentral/inferior frontal gyri or the motor control/goal-related regions and not the social observation regions. Inferior frontal activation was greater in the ASD group. Conclusions: Children with ASD had higher cortical demands during social observation/synchrony and higher activation in motor/goal-related compared to TD controls. In contrast, TD controls had greater activation in social regions. These findings may explain why communicative gestures can be challenging for children with ASD. __

Poster 17***Heart Rate Variability Descriptions and Associations in Children with Severe Brain Impairment*****Dodds, C.B., Gellert-Jones, M., Cormack, C., Mensah, N.**

Abstract: Background: Approximately 4% (n=400,000) of the 13 to 18% of children having special healthcare care needs are children with severe brain damage.¹⁻⁴ In addition to multiple central nervous system impairments such as seizure, movement restrictions, spasticity, pain, visual impairment, and/or cognitive deficits⁵⁻¹⁰, indications are that these children display autonomic nervous system impairments characterized by greater sympathetic dominance. This is associated with chronic 'fight or flight' behaviors and decreased heart rate variability (HRV).^{11,12} Associations also seem to exist between HRV values and scores on cognitive awareness assessments. Objective: To describe resting HRV and compare associations between resting HRV values and 1) total scores of the Pediatric Glasgow Coma Scale and 2) total scores of the Pediatric Awareness and Sensory Motor Assessment (PASMA) in children with severe brain impairment. Methods: As part of the PASMA validation study and over 10 days, HRV data was collected on 36 children with severe brain impairment during administration of 5 PASMA, a newly developed cognitive awareness assessment under study for validation. Scores for 5 Pediatric Glasgow Coma Scale (PGCA) were also collected. Using root mean square of successive differences (RMSSD), which is a time-domain HRV component and reflects HRV-robustness by capturing vagal-cardiac outflow¹³, descriptive statistics will be analyzed. Correlational statistics will analyze associations between RMSSD values and total scores of the PGCS and PASMA. Results: It is expected that children with severe brain impairment will display lower resting HRV values than published values for children without disability. Associations between RMSSD and PGCS and PASMA total scores are expected to demonstrate a strong positive correlation. Conclusion: Limited information concerning HRV values in children with severe brain impairments exist. If preliminary evidence exists that HRV is lower in this population of children, then further exploration and comparisons with children of typical development may be warranted. Evaluation of gender and age difference in children with severe brain impairment may also be informative. Information gained from correlations between HRV and cognitive awareness assessments may offer preliminary prognostic evidence that could be further examined.

Poster 21***Geography seems to be a factor that determines the outcome of transition for children with sickle cell disease into adult programs*****Nina Anderson, RN, DNP., Samir Ballas, MD, FACP.,**

Abstract: The transition of patients with sickle cell disease (SCD) from pediatric to adult care providers represents a milestone in their lives. Major concerns among adolescents and young adults about transition include taking responsibility for self, making own decisions, cost of medical care, fear of suboptimal pain management, and reluctance to leave known providers. The reasons that cause this surge in mortality after transition are not well known. The role of geographical variations in the same country that affect the outcome of transition is examined in two major metropolitan cities include Philadelphia, PA¹⁰ and Atlanta, GA.¹¹ In Philadelphia, 90 adolescents and young adults with SCD were followed prospectively for 10 years (1994-2004) after transition from the pediatric sickle cell program at St. Christopher Hospital to the adult sickle cell center at Thomas Jefferson University Hospital. The rate of death in Philadelphia was highest in patients with SCD-SS type where 17 out of 65 patients (26%) died within the 10 years after transition. Complications of SCD after transition included stroke, acute chest syndrome, avascular necrosis, leg ulcers, anxiety, depression, priapism and multi-organ failure. About one-third of the patients developed persistent pain between vaso-occlusive crises. In Atlanta, 387 adolescents and young adults records were reviewed retrospectively for 10 years (1996-2006). Most important among these is that the rate of death in Atlanta was overall much lower than that in Philadelphia: 5.8% in Atlanta versus 22.2% in Philadelphia during the 10 years after transition. The major cause of death in Atlanta was iron overload due chronic organ damage. The care systems available to the youth in the two cities differ because the Georgia Comprehensive Sickle Center at Grady provides emergency care 24 h a day 7 days a week and has had an active transition program since 1985. Other possible causes include the warmer weather in Atlanta, the cultural and psychosocial community fabric in Atlanta may be more attentive to the problems associated with SCD and the genetic types of SCD in Atlanta may include those that are known to be associated with milder disease. These types include the Senegalese haplotype that is more common in Southern USA. In the Philadelphia area the Benin haplotype, known to be associated with more severe disease, is most common.

Violence Prevention

Poster 3

Measuring the Efficacy of Violence Prevention using Hospital-based Resuscitation Re-enactment: YOLO (You Only Live Once)

Deena Chisholm, Chaz Molins, Richard Caplan, Peter Lodato

Abstract: Background: Victims of gun violence treated at Christiana Care Health System's (CHRISTIANA CARE) Level One Trauma Center have more than tripled since 2000. In 2017 alone, there have been an unprecedented 32 homicides and 166 victims of firearm violence in Wilmington. 'You Only Live Once: YOLO' is a hospital-based violence prevention program that is a re-enactment of a trauma resuscitation inside CHRISTIANA CARE's Virtual Education and Simulation Training Center designed to offer young people an honest and unrestricted look at the consequences of gun violence. There is a paucity of evidence on the impact of hospital based violence prevention programs such as YOLO and young people's attitudes are currently unknown. Objective: To implement and evaluate an evidence-based program designed to measure the attitudes about firearms and violence in students that attended Christiana Care's YOLO. Methods: For the 2016-2017 schoolyear, a pre and post-test was administered to students from schools that participated in a YOLO session. With appropriate consent prior to YOLO session and ~4-weeks post YOLO sessions, a total of 234 pretests and 136 posttests were completed using a REDCap version of the Attitudes Towards Gun and Violence Questionnaire (AVGQ), a reliable and validated assessment tool. Results: An interim statistical analysis on this ongoing program was conducted on the 102 valid matched pairs. Participants both male and female were equally split; 63% were African American, 14% Hispanic, 12% White, 2% Native American and 9% 'Other.' Most students were 7th and 8th graders (80%), with a mean age of 13.85 years old. The data did not show any significant change in student's attitudes toward firearms and violence post intervention. Conclusion/Relevance: As currently evaluated we see no significant change in attitude. As the study evolves we will use a mixed method approach to enrich and enhance the data. Current tools may not be appropriate for post millennial youth.

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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.

Funding for this conference is provided by an Institutional Development Award (IDeA) from the National Institute of General Medical Sciences for the National Institutes of Health under grant number U54-GM104941 with additional generous support from the State of Delaware, the University of Delaware, Christiana Care Health System, Nemours, and the Medical University of South Carolina.

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U54-GM104941



**Delaware Health
 Sciences Alliance**

The Delaware Health Sciences Alliance (DHSA) was established in 2009 with four founding partners—Christiana Care Health System, Nemours/Alfred I. duPont Hospital for Children, Thomas Jefferson University and the University of Delaware. The Alliance enables partner organizations to collaborate and conduct cutting-edge biomedical research, to improve the health of Delawareans through access to services in the state and region, and to educate the next generation of health care professionals. The DHSA's unique, broad-based partnership focuses on establishing innovative collaborations among experts in medical education and practice, health economics and policy, population sciences, public health, and biomedical sciences and engineering.

This conference is co-sponsored by the Delaware Health Sciences Alliance (DHSA).

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