Challenging Issues in Community Health:
The Role of Research

Friday, November 30, 2012; 8:30 AM - 3:30 PM
Hoagland Pincus Conference Center, Shrewsbury, MA

Posters

1. **Patient Engagement and the PCMH: A Pilot Survey in Four Clinical Settings**
   Carole Upshur UMMS/DFMCH; Lee Hargraves, DFMCH; Achankeng Afiadata, Azra Borogovac, Julianna Clough, Jonathan Eisenberg, Josephine Harrington, Caitlin Lawrence, John Madore, Navine Nasser-Ghodsi, Jennifer Perez, Melissa Pergakis, Andrew Piper, Matthew Sloan, and Karen Tanner (Clinical/Translational Research Pathway student 2nd year Clerkship team)

   The Patient Center Medical Home (PCMH) is designed to improve quality outcomes for primary care and specifically to better manage patients with chronic conditions. Most health care sites are struggling with how to best implement PCMH and some preliminary changes in delivering patient care have had mixed results. One critical factor in the PCMH is to engage and activate patients. What most practices do not do is collect information directly from patients about facilitators and barriers to engaging with their medical care. The student team, under the guidance of Drs. Upshur and Hargraves designed a survey to be collected from high risk registry and other patients or child caregivers to tap health self-efficacy, use of care, barriers to use of care, and interest in group visits or care coordination. The results of the pilot survey will be presented.

2. **Stressing the Hormone: Biological and Psychosocial Factors Associated with Chronic Stress**
   Kymberlee M. O’Brien, UMass Boston; Jerrold Meyer, UMass Amherst; Edward Tronick, UMass Boston; Celia L. Moore, UMass Boston

   Chronic stress has been associated with a constellation of deleterious psychological and physical health outcomes. We collected cortisol form hair (CORT) to assess chronic stress retrospectively for 3 months’ time (3cms). Over two studies from the UMass Boston campus and the local community, we recruited in t1: 134 adults (ages 18-67; M = 29.49, SD = 12.48) and t2: 145 adults (ages 18-30, M = 22.56, SD = 3.54) to participate on two studies assessing objective biological stress (via hair cortisol), subjective perceived stress (via self-reports), psychosocial factors, and health indicators. In follow-up Study 2, we also included indices of perceived discrimination, cardiovascular parameters, and affective vigilance. Results: t1: CORT levels were positively associated with Total perceived stress and one health indicator: systolic blood pressure. An SES by Race interaction predicted both higher CORT and perceived stress, although higher SES did not always confer the expected benefit of higher SES: minorities in high SES had the greatest CORT, systolic blood pressure, and lowest self-rated health. *Results: t2: Perceived stress measures and new measures of discrimination were negatively associated with well-being and health. Higher racial/ethnic pride was associated with better health, but also increased daily discrimination and waist-to-hip ratio. The SES by Race interaction was again associated with Total perceived stress and minorities in higher SES reported greatest Total stress. Minorities also showed the greatest vigilance. Specifically, African-Americans had the longest latencies for social devaluation words during a modified Stroop, the greatest city stress, and the greatest pride/identity for heritage group.
3. Sleep Quality among Employees in Long-Term Care Centers: The Contribution of the Work Environment
Yuan Zhang, Department of Nursing, University of Massachusetts Lowell; Laura Punnett, ScD, Department of Work Environment, University of Massachusetts Lowell; Geoffrey Philips McEnany, PhD, Department of Nursing, University of Massachusetts Lowell

Background: Poor sleep quality is common problem among nursing staff. Sleep disruption has been related to shift work, gender and age, but other possible predictors in the work environment have been largely ignored. Methods: This is a cross-sectional study of employees’ working conditions and sleep quality. Self-administered questionnaires were collected with employees in 18 nursing homes located in Maryland and New England between January, 2007 and November, 2008. Working conditions assessed include physical conditions (physical demands, safety climate, violence at work), and psychosocial conditions (psychological demands, social support, and work-family conflict). Results: Employee sleep quality was significantly associated with both physical and psychosocial working conditions. An index of work organization stressors included all six associated factors was built with dichotomizing them at the median value to standardize the weighting. Poor sleep quality increased with the increase of work organization stressors (Chi-square=56.36, p<0.001, trend p<0.01). Poisson regression model showed prevalence ratio of poor sleep quality increased by 23% for each unit of increase in work organization stressor (PR=1.23, p<0.01), after adjustment for age, gender, race, marital status and shift work. Additionally, Poisson regression model showed work-family conflict (PR=1.72, p<0.01) and violence at work (PR=1.74, p<0.05) significantly predicted poor sleep quality among employees. Blacks reported better sleep quality than whites (PR=0.52, p<0.05); and night shift employees reported worse sleep quality than day shift employees (PR=2.15, p<0.05). Conclusion: This study suggests that effective workplace intervention programs must address work organization features in order to improve employee sleep quality.

4. Assessing Sleep Quality and Health Among Brazilian Immigrants in Massachusetts
Geoffry Phillips McEnany, UMass Lowell; Eduardo Siqueira, UMass Boston; Elisa Garibaldi, Massachusetts Alliance of Portuguese Speakers; Linda Foley, (PhD student) UMass Lowell; Department of Nursing

Introduction: This study represents the second phase of pilot work to explore sleep and medical comorbidity among Brazilian immigrants in Massachusetts. The first phase of this work involved focus groups with community members coupled with quantitative measures of disordered sleep and excessive daytime sleepiness. Quantitative measures and focus group results revealed both sleep pathology and excessive daytime sleepiness with related functional impairments. The current study aims to collect objective pilot data related to sleep, sleep dysregulation and medical health from members of two communities that are heavily populated with Brazilian immigrants in Massachusetts. Methods: After consent was obtained, hemoglobin A1c and lipids were tested. BMI was calculated and blood pressure was measured. Participants completed the Pittsburgh Sleep Quality Index, Epworth Sleepiness Scale and a general health questionnaire. Actigraphic data was collected for a week. The study utilized convenience sampling. Fifty participants engaged the study. Results: Results showed that the group demonstrates several pathological indices of sleep deprivation: Mean PSQI: 11.02; Mean ESS: 10.96; Mean BMI: 28.78; Mean sleep efficiency index: 79.2; Mean wake after sleep onset: 51.9 minutes; Mean total sleep time: 6.6 hours. The mean A1c was 0.08 below the cutoff score for prediabetes and was 5.62. Further analysis of the data is underway to determine the nature of the relationships among the variables. Conclusion: Given the issues with excessive work schedules, risk for
poor sleep quality/duration, socioeconomic stressors and irregular access to healthcare, Brazilian immigrants represent a group that is at risk for significant negative health outcomes.

5. Acute Urinary Retention After Cesarean Delivery
Padma Kandadai, MD, UMass Memorial, Obstetrics & Gynecology; Venkatesh Kandadai, MPH, Children's Hospital of Philadelphia; Michael Flynn, MD, MHS, UMass Memorial Medical Center, Obstetrics & Gynecology

Objective: To identify obstetric and anesthetic parameters that may predispose patients to acute urinary retention after cesarean delivery. Methods: A retrospective case-control study including women who had urinary retention (UR) after cesarean delivery (CD) between January 2003 and December 2011 at our institution was performed. Potential cases were identified using billing data and CPT codes for CD and ICD-9 codes for UR. Cases were confirmed using direct chart review. We used the International Continence Society definition of acute UR; “painful and full bladder with inability to urinate.” A 2:1 ratio of controls to cases was used. A comprehensive obstetric database at our institution, established in April 2006, was used to identify controls for each case after April 2006. For cases prior to January 2006, controls were identified using billing data and CPT codes for CD and ICD-9 codes for CD indications (malpresentation, obstructed labor, trial of labor after prior CD, and elective CD) and for pre-eclampsia. Controls who delivered within 6 months of the case and were matched for age, order of CD (primary or repeat), indication for CD, and use of magnesium sulfate. Once controls were identified, those occurring closest in time to the case were selected for analysis. Patient demographics, obstetric parameters, pre-delivery and surgical anesthetics, postoperative pain management, and catheter management was gathered from chart review. Fisher exact tests and Wilcoxon rank-sum tests were conducted to determine differences in medical parameters, postoperative pain and catheter management between cases and controls. A modified Poisson multivariate regression with robust error variances was used to estimate the relative risk for significant predictors. Results: Of 9,376 CD’s during the study period, 45 cases of UR were identified, for an overall incidence rate of 0.47%. Six cases were excluded due to missing charts and data. Five cases were excluded because a diagnosis of UR was not confirmed by the definition above, leaving 34 cases for analysis. The mean age of cases and controls was 31 and 32, respectively. All cases were managed with a Foley catheter. One case required prolonged self-catheterization. There were no significant differences in age, race, BMI, parity, CD order, trial of labor after CD, pre-eclampsia, duration of catheter use, use of spinal anesthesia, use of intrathecal morphine, PCA use, or duration of PCA use. There was a significant difference in gestational age (p=0.01) and a diagnosis of diabetes approached significance (p=0.09). When included in a multivariate model and adjusted for gestational age, a diagnosis of diabetes was significantly associated with UR (RR=1.86, 95% CI 1.02, 3.38, p=0.046). All diabetics required insulin and all but one were pregestational. Conclusions: After matching for obstetric factors, only diabetes increased UR risk. Duration of catheter use, labor-related anesthetics and postoperative pain medications had no effect on UR. Because of the relatively infrequent occurrence of this important complication, combining data from multiple institutions may improve the ability to continue to define risk factors.

6. Puerto Rican Teen Views of Teen Pregnancy and Births in Holyoke, MA
Nancy J Gilbert, Adjunct Faculty, UMass Amherst

The aim of this qualitative study was to gain knowledge about perceptions related to teen pregnancy and birth held by Puerto Rican teens living in Holyoke, MA., knowledge from this study serves as a foundation for future research and to inform policy, practice and programs
that serve Puerto Rican teens. Although Massachusetts has the third lowest teen birth rate in
the nation, teen birth rates in Holyoke have been consistently the highest in the state for over
two decades. Holyoke represents a vulnerable community where 54% of families with children
under 18 years live below the poverty level and 48.7% of the population is Latino. The
Ecological Model provided the framework for this study which used a series of 8 focus groups to
gather data from male and female high school students. The findings indicate that Puerto Rican
teens in Holyoke regard: teen pregnancy as a problem with negative outcomes, sexual and
reproductive health education as a necessity for all teens and pre-teens, and social factors as
either contributing to or preventing teen pregnancy. Most importantly, teens want their voices
heard. The problem of teen pregnancy and birth requires a comprehensive approach.
Interventions focused solely on individuals are not likely to have powerful or sustained effects.
The findings of this study can assist community health professionals build collaborative teams
and develop a combination of interventions addressing individual, interpersonal, community and
societal levels needed for risk reduction in vulnerable communities.

7. Participatory Action Research and Young Adults with Psychiatric Disabilities: The
Learning & Working During the Transition to Adulthood Rehabilitation Research &
Training Center
Jonathan Delman, UMass Department of Psychiatry, UMass Medical School

The Transitions RTC is a SAMHSA/NIDRR funded center that aims to: Improve the supports for
youth and young adults, ages 14-30, with serious mental health conditions who are trying to
successfully complete their schooling and training and move into rewarding work lives. The
project developed out of an effort in Massachusetts to create opportunities for young adult
driven and informed research, training, and dissemination of usable materials that would be
used by policy makers, providers young adults and family members. The RTC has continued
this emphasis on participatory action research (PAR) in several main ways: 1) hiring an
Associate Director of Participatory Action Research, 2) hiring and integrating four young adults
into the center as project/research assistants, 3) developing an active social media presence.
The RTC has been recognized as a national PAR model, exemplified by a young adult driven
research study on the challenges of college for young adults with mental health conditions and
having developed popular "tip sheets" for other young adults seeking to achieve educational
and employment goals. Along with the RTC’s PAR structure, this poster will also address the
challenges faced in maintaining PAR fidelity, the basic principles of best achieving PAR fidelity,
and positive outcomes of PAR integration into the RTC. What are the challenges facing both
RTC leadership and young adult staff in working collaboratively to achieve goals? Are there
special supports young adults with serious mental health conditions need to work at research
center? What specific training do young adult staff receive to learn how to conduct research?
How does the center use social media to better understand the perspectives of young adults?

8. Proposal in Development: Piloting Internet Boot Camp as a Therapeutic Intervention
for Low Income Seniors
A. James Lee, UMass Lowell; Lisa Abdallah, UMass Lowell; Patrick Scollin, UMass Lowell (ret.);
Ruth Remington, Framingham State; Carol McDonough, Umass Lowell; Neil P. Morrissey,
Umass Lowell

Our proposal builds on the experience of a colleague (Dr. Patrick Scollin) in launching an
Internet “boot camp” eight years ago at a Lowell, Massachusetts not-for-profit long-term care
facility, now known as D’Youville Life and Wellness Community. Both long-term care and “day
health” clients were introduced to Internet-based communication and information resources—
email, Skype, social media (e.g., Facebook), information searching (e.g., Google), online gaming, and video tutorials (e.g., YouTube). Dr. Scollin initially delivered this intervention himself, and subsequently involved UMass Lowell health professional students. D’Youville’s Internet “boot camp” continues to be well received by its clients and is strongly supported by management. A half-time employee now supervises computer, Internet and related AV services within a dedicated room at D’Youville’s nursing home. As a pilot investigation, preparatory to a subsequent randomized trial, we would like to investigate the quality of life and other health-related benefits associated with offering an Internet “boot camp” program to the aged who are not already Internet “savvy.” Both D’Youville and a similar Lawrence organization serving low-income elders, Mary Immaculate Nursing and Health Care/Services, have agreed to participate in such a study. To avoid computer maintenance issues and undue complexity, we would use “cloud”-based Chromebooks. Program efficacy would be evaluated using the Quality of Life Index in a two-group pre-post evaluation design, relating quality of life changes in different domains to training time and Chromebook usage after controlling for demographic and other baseline measurements. The feasibility of including a matched control group remains under consideration.

9. Springfield Farm to Preschool Program: An Evaluation Study
Toni L. Jenkins, Department of Nutrition, UMass Amherst; Eva Laznicka, Department of Nutrition, UMass Amherst; Timothy Paradis, Department of Nutrition, UMass Amherst; Jessica Collins, Director of Special Initiatives, Partners for a Healthier Community, Inc., Springfield; Joan Lowbridge-Sisley, Community Health Project Coordinator, Partners for a Healthier Community, Inc.; Gloria DiFulvio, Department of Public Health, UMass Amherst; Elena Carbone, Department of Nutrition, UMass Amherst

Introduction: Springfield, Massachusetts is a community with areas of low economic opportunity working to combat childhood obesity and other health-related problems. The Springfield Farm to Preschool (F2P) program provides fresh produce to preschool children and their families and exposes preschoolers to fresh fruits and vegetables and healthy eating habits. Objective This evaluation project was conducted to determine how effective the Springfield F2P program is in increasing preschool children’s intake of fruits and vegetables. Methods: Four sites in the Springfield area were purposefully selected to represent a range of participation in the F2P program. Two vegetables (green beans and carrots) and one fruit (peaches) were specifically targeted because they are commonly served at each site. After an initial visit to assess the process and flow of the lunchtime food service, three additional visits were made at each site. The three phases of this project are: 1) plate waste evaluation after the lunchtime meal; 2) observations of preschool children’s mealtime behaviors; and 3) interviews and/or surveys with school administrators, foodservice staff and teachers about the benefits and challenges of the F2P program. Results: Data collection is still underway. Preliminary review of the data suggests that involvement in the F2P program may increase preschoooler’s consumption of fruits and vegetables but other factors such as cooking method may play an important role. Additional data will be collected through interviews to provide further understanding. Conclusion: Data from this evaluation will provide insight into children’s food practices and may enhance the adoption of F2P programs statewide.

10. Classroom Naps Benefit Spatial Learning in Preschool Children
Laura Kurdziel, Neuroscience and Behavior Program, University of Massachusetts Amherst; Brian Long, Psychology Department, University of Massachusetts Amherst; Wilbeth Lugo Morales, Postbaccalaureate Research Education Program, University of Massachusetts,
Amherst; Rebecca M. C. Spencer, Psychology Department, University of Massachusetts Amherst; Neuroscience and Behavior Program

In efforts to promote future academic success, preschools are increasing curriculum demands, often at the expense of naptime. The aim of this study was to determine whether preschool children (2 years 9 months – 6 years) gain an academic benefit from a mid-day nap. To begin to understand the function of naps, we also examined nap architecture, and how these nap components relate to cognitive function in preschool children. Forty preschool children were taught to locate images on a grid of 9, 12, or 16 locations, depending on the child’s age. Recall was probed after a classroom nap and after an equivalent interval of wake. Recall was also tested the following morning, after nighttime recovery sleep. Nap physiology was recorded and scored for sleep stages from an additional 8 children. Naps protected memory for spatial locations relative to a 10% decay in memory observed over an equivalent waking interval (t(38) = 2.46, p = 0.019). This effect remained the following morning (t(22) = 2.183, p = 0.04). Sleep spindle density, often considered a marker of learning and plasticity, trended towards a negative correlation with performance on the spatial task (r = -0.656, p = 0.078). Therefore, children with worse initial performance on the task had more spindles in the subsequent nap. The results of this study provide direct evidence for a benefit of napping on memory in preschool-aged children. This study has the potential to influence policies and guidelines regarding nap opportunities in local preschool centers.

11. The Affordable Care Act and Health Disparities: Preventative Health and Community Based Services
Semira Semino-Asaro, RN, MS, Doctoral Student, University of Massachusetts Boston, College of Nursing & Health Sciences; Laura L. Hayman, PhD, RN, FAAN, Associate Dean for Research, Professor of Nursing, College of Nursing and Health Sciences, Associate Vice-Provost for Research, University of Massachusetts Boston

Purpose: This poster will focus on governmental efforts to address persistent health disparities in the United States over the last three decades, culminating in various provisions of the Patient Care and Affordable Care Act of 2010 (ACA) that pose potential solutions. These health disparities relate to access, cost, and quality related barriers that contribute to the persistence of poor health outcomes for cardiovascular disease, diabetes, obesity, cancer, and behavioral health conditions. The significance of Title IV of the ACA, Prevention of Chronic Disease and Improving Public Health will be illustrated in relation to addressing these health disparities. Focus: Specific provisions of Title IV of the ACA that focus on community based preventative services will be outlined in the context of addressing access, cost, and quality related barriers and addressing health disparities. Conclusion: Incremental, progressive and systemic changes made over the last several decades through a continuous dialogue between the health science clinical and research community and their public health agency partnerships helped create the context for the ACA in 2010. Community based preventative healthcare is a key element of the legislation. Implications: Health practitioners, educators, and researchers must utilize opportunities afforded by the ACA to mitigate health disparities and to participate in health promotion efforts benefiting the population of the United States as a whole. Increased familiarity with the Title IV provisions aimed at improving community based preventative health and achieving greater understanding of health disparities is essential in achieving this goal.

12. Mobile Pantry of Lowell Survey
Leland K. Ackerson, University of Massachusetts Lowell; additional authors are Krista Bobola, Antje Brisbin, Kathleen McCabe, Shawn Patterson, Nancy Sok, Christine Soundara. These
individuals are all former students who have graduated from the University of Massachusetts Lowell.

The Mobile Pantry (MP) program of the Merrimack Valley Food Bank in Lowell, Massachusetts provides supplementary food to ensure that their clients have a sufficient amount of appropriate foods for a nutritious diet. The purpose of this project was to assess the effectiveness of MP services and explore opportunities for providing more healthful foods. The project was a descriptive cross-sectional study surveying MP clients, who are homebound, low-income elderly and/or disabled individuals residing in Greater Lowell. The survey took place between October 10 and November 16, 2011. Participation was anonymous and voluntary. The primary client from each of 77 households out of 309 responded to the questionnaire. Most of the respondents were white, female, and over age 65. Most respondents agreed strongly that with MP’s aid they ate more fruits, vegetables, and healthy foods; ate a balanced diet; were more physically and socially active; and generally felt healthier. Most respondents also stated that they would skip more meals and spend less on other necessities if they did not have help from MP. The program may be essential for the health, nutritional well-being, and food security of the low-income elderly and/or disabled in the Greater Lowell community. The results of this study may be utilized to improve MP services and food variety.

13. Healthy Homes Asthma Survey
Leland K. Ackerson, University of Massachusetts Lowell; additional authors are John Corbacio, Amy Delgado, MaryAnn Ford, Nicole Giaquinto, Sandra Nabanja, JaysonAnn Wright, all of whom graduated in May 2012 from the University of Massachusetts Lowell.

Asthma is a serious health concern among older adults in Massachusetts, the age group with the highest number of deaths due to asthma. The objective of this research is to investigate the prevalence of asthma and respiratory illness as well as the presence of environmental respiratory irritants in public senior housing. A total of 57 survey participants were recruited from social events for senior citizens sponsored by the Lowell Housing Authority. A paper survey was used to collect data regarding respiratory health and the presence of respiratory irritants in the homes. The study found that a large portion of the study participants has one or more respiratory ailments, and the majority of the participants have respiratory irritants present in their homes. Seniors living in public housing may benefit from residential respiratory health interventions.

14. Using Fidelity Assessments and Chart Audits to Increase Suicide Screening Rates
Mardi Coleman, UMass Medical School Emergency Medicine Research; Victoria Creedon, Research Assistant, University of Massachusetts Medical School Emergency Medicine Research; Donna L Lesperance, MA, Research Project Director, University of Massachusetts Medical School Emergency Medicine Research; Taryn Kennedy, MD, Clinical Director, Marlborough Hospital Emergency Department; Edwin D. Boudreaux, PhD, Professor, Departments of Emergency Medicine and Psychiatry, University of Massachusetts Medical School Emergency Medicine

The CDC ranks suicide as the 10th leading cause of death. To address this issue, some hospital emergency departments are conducting universal suicide screening. We report on how the ED-SAFE study worked with a hospital emergency department’s performance improvement (PI) team to improve suicide screening rates and related chart documentation. The hospital ED trained 29 nursing staff to (1) conduct universal suicide screening using the Patient Safety Screener (PSS) and (2) document screening results in the chart. Over 30 weeks, ED-SAFE
research staff conducted 3 or 4 brief fidelity assessment interviews per day with ED patients to determine if patients reported being asked the PSS questions. The PI team conducted random chart audits to monitor PSS chart documentation rates. The PI team used chart audits and fidelity assessment results to develop interventions to increase screening rates and accurate documentation. In the first 2 weeks, fidelity assessments showed 43% of interviewed patients reported being asked all the PSS questions, but chart audits indicated screening rates of 63% (7-3 shift), and 66% (3-11 shift). The PI team used small incentives and individual feedback to address low screening and fidelity rates. In the last 2 weeks, fidelity rates increased to 73%, and chart audit screening rates to 89% (7-3 shift), and 74% (3-11 shift). Behavior is unlikely to change unless individuals receive specific and timely feedback. Fidelity assessments and chart audits provided the PI team with data to provide nurses with rewards or specific feedback about the need to improve.

15. Develop Non-Invasive Methodologies to Identify risky Children for Type 1 Diabetes
Chaoxing Yang, Ph.D., UMass Medical School

Type 1 diabetes occurs mostly in children, a devastating disease with dangerous complications. Insulin therapy helps patients stay alive, but it is not a cure. The best way to treat a disease is prevention. Because the causes and early signs of T1D are still not clear, there is no prevention strategy, no screening biomarkers and system currently available. My research goals are to identify the early signs and biomarkers at molecular level using an animal model. These biomarkers will be validated vigorously for human. We are at the stage that we could detect early signs in T1D developing animals, and may also found a prevention strategy. To understand the biology will take a long time, with the fast increasing rate of T1D, I feel an urgency that we should to apply our data to practical use as soon as possible. We will develop a screening system, which is child- and parent-friendly, convenience, fast, safe, economical. Even before we identify a biomarker, we can test whether the sample collection method we chose will work in the real world. When the biomarker is available, it can go into the screening system and benefit children immediately. We will also develop a diagnostic method using the latest technology, which is also child-friendly, non-invasive, with emphasis on accuracy. The ultimate goal is to establish disease prevention-oriented research strategies and prevention-oriented risk screening and diagnostic systems for human. T1D risky children can be identified, and precautionary care may contribute to prevention.

16. Survival Outcomes of Black and White Children with Acute Lymphoblastic Leukemia
Ijeoma Julie Eche, PhD (c), FNP-BC, CPON, University of Massachusetts Boston; Laura L. Hayman, PhD, RN, FAAN, Associate Dean for Research, Professor of Nursing, College of Nursing and Health Sciences, Associate Vice-Provost for Research, University of Massachusetts Boston

Purpose: Advances in treatment modalities have improved survival outcomes (SO) for children with acute lymphoblastic leukemia (ALL); however, race/ethnic differences have been observed. The aim of this systematic literature review, guided by Ganong’s (1989) theoretical framework, was to describe and compare SO for Black and White children with ALL. Methods: 58 articles were retrieved using CINAHL and PubMed. Inclusion criteria included English language, articles from January 1, 1995 to January 1, 2010, children with ALL, and research articles that focused on SO in Black children with ALL. Exclusion criteria included non-research articles, editorials, literature reviews, and subjects > 19 years. Results: Six articles met the inclusion criteria. SO in Black children with ALL were poor compared to White children with ALL. The 5-year survival rate was 75% with a standard deviation of 1.3% in White children with ALL; the survival rate for
Black children with ALL was 54.4% with a standard deviation of 4.0%. In early treatment era (1970s -1980s) and recent treatment era (1980s -1990s), SO in Black children with ALL were suboptimal compared to White children with ALL. SO improved between eras in both Black and White children with ALL. After adjusting for demographic variables, Black children with ALL had a 49% (p < 0.001) higher adjusted risk of death than White children with ALL. Conclusions: Future research should examine socio-ecological influences on racial and ethnic disparities in SO for children with ALL.

17. Quality Improvement for Colorectal Cancer Screening at the Lowell Community Health Center
Catherine Elie, Lowell Community Health Center; Lynette Mascioli, MPH, Lowell Community Health Center; Rin Kong, RN, Lowell Community Health Center; Sokethea Kim, CMA, Lowell Community Health Center; Angela Nannini, PhD, FNP-C

Introduction: Federally Qualified Health Centers care for the nation’s underserved and have unique challenges when providing preventative health care and screenings. Poverty, language barriers, and transportation are just a few of the barriers that create a low priority for preventative screening with families and individuals. An integrative team quality improvement project was one approach to provide a preventative screening that was evidence based and effective. Problem: The USPTF in 2002 strongly recommended that all adults age 50 and older be offered colorectal screening. The screening method chosen remains variable, as there is patient choice, cost, risk considerations and timing variability. Lowell Community Health Center (LCHC) has five unique primary care sites. The site for Lowell’s Southeast Asian population, United Nations refugee’s and asylee’s is The Metta Center. The unique challenges for Metta when providing screening services, in particular colorectal cancer screening is multifactorial. As a Metta center QA project, we noted hemoccult stool cards had inconsistent return rates and sporadic documentation. Methodology: Utilizing a Plan Do Study Act systems theory framework, a multidisciplinary team of providers and support staff formalized a protocol for fecal occult blood home test (FOBT) care. A process flow was developed to coordinate patient care for FOBT (including language specific patient instructions). Conclusions: The integrated team approach to Metta’s patient population for FOBT protocol demonstrated a positive linear trend for FOBT tracking and documentation. The most significant change was the contribution to patient safety, meeting FQHC performance measures and providing care by utilizing evidence based guidelines.

18. An On-Line Social Networking Intervention to Promote Physical Activity in Adult Immigrants
Cynthia Ferrara, University of Massachusetts Lowell; Casey Moran, University of Massachusetts Lowell; Rebecca Krieger, University of Massachusetts Lowell; Allison Fahey, University of Massachusetts Lowell; Evan Maloof, University of Massachusetts Lowell; Leland Ackerson, University of Massachusetts Lowell

Sedentary behaviors contribute to a number of major health problems associated with “lifestyle” diseases including heart disease, obesity, and diabetes. An inactive lifestyle may be particularly concerning among new immigrant populations. While many immigrants may arrive to the US accustomed to high levels of physical activity in their native countries, levels of physical activity tend to decrease with acculturation to American society. Immigrants often have perceived or tangible barriers to exercise such as lack of available facilities, limited economic resources, or adjustment to new weather patterns. Such limitations may put immigrants at increased risk for developing chronic disease. This study aims to examine the feasibility and effectiveness of an 8-
week intervention on increasing physical activity in an ethnically diverse immigrant population. Participants will be recruited from classes of English for speakers of other languages (ESOL) at the Lowell Adult Education Center. Focus groups were conducted to help with the development of the intervention. Intervention testing at baseline and 8 weeks will include height, weight, and a study survey examining physical activity behaviors, knowledge of the benefits of exercise, social support for exercise, and internet and social media use. The intervention will use a social networking website, newsletters, and healthy living information to educate participants about the benefits of exercise and opportunities for physical activity in the Lowell area. The results of this study will help in the development of effective interventions to promote physical activity in ethnically diverse adult groups.

19. **Community Built Environment and Multilevel Social Determinants of Obesity: Evidence from China**
Libin Zhang, College of Nursing and Health Sciences, University of Massachusetts Boston; Laura L. Hayman, Professor, Department of Nursing, Associate Dean for Research, College of Nursing and Health Sciences, University of Massachusetts Boston and Associate Vice Provost for Research; Tim F. Liao, Professor, Department of Sociology, University of Illinois at Urbana-Champaign

The obesity epidemic has been consistently observed in both developed and developing countries. However, effects of the community built environment on multilevel social determinants of obesity remains unknown in developing nations. We synthesized literature on socio-economic (SES) gradients in health and income inequality effects on health and analyzed data from 2006 China Health and Nutrition Survey (N=9,586) to understand how multilevel social determinants of obesity varied by different types of built environments assessed by the presence/absence of local fast food restaurants and sports facilities. At the individual level, adjusting for demographic characteristics, top quintiles of income and wealth were positively associated with obesity (OR=1.45 and 1.31, respectively, p<0.01), whereas education and manual occupation were negatively associated with obesity (OR=0.73, p<0.05 and OR=0.72, p<0.01, respectively); however, relative income had no significant effect on obesity. At the community-level, adjusting for community characteristics, income inequality was inversely associated with obesity (OR=0.93, p<0.001). When stratified by built environmental contexts, multidimensional SES effects on obesity varied across contexts; however, inequality effects on obesity remained significant and consistently negative (OR ranged from 0.92 to 0.94, p<0.001). Education and income effects were pronounced in communities with the presence of fast food and absence of sports facilities. Patterns of SES and inequality affecting obesity risks in developing countries can be uniquely different from that in developed societies. To the best of our knowledge, this is the first study reporting consistently strong negative effects of inequality on obesity, opposite of Wilkinson’s income inequality hypothesis of health in developed countries.

20. **A Parent Focus Group to Inform Improving Access to Adolescent Reproductive Health Services and the Prevention of Teen Pregnancy: A Community Participation Study**
Dorothy Brewin PhD, CNM, University of Massachusetts Lowell; Ainat Koren, PhD, RN, University of Massachusetts Lowell, School of Health and Environment, Department of Nursing; Angela L. Fortenbacher, RN, BSN, University of Massachusetts Lowell, School of Health and Environment, Department of Nursing; Andrea Laskey, RN, and Melanie Priestly, MS, Lowell Community Health Center
Background In 2009, Lowell’s teen birth rate was 53 per 1,000 teens age 15-19 more than double the Massachusetts 2009 rate of 19.6. Teen births occur disproportionately to the most vulnerable teens, with racial and ethnic disparities being common. Methods A focus group qualitative methodology was used to capture the subjective experiences of parents of pre-teen and teen parents to explore adolescent utilization of reproductive health services and the issue of teen pregnancy. Focus group interviews (FGI) enabled the researchers to gather rich and detailed information. A diverse group of 10 women who met the selection criteria agreed to participate. Results Parents thought teen pregnancies occurred for a variety of reasons with peer pressure, lack of sex education and family discussion of sexuality, pressure from mate and cultural influences being the most common. When exploring barriers to accessing sexual health services, lack of transportation, teen invincibility, denial that they could get pregnant, misconceptions and faulty information were identified as contributing to teen pregnancies. Suggested solutions were: enhance parental communication with teens using techniques such as “car talk” and “backyard sharing”; include preteen and teen sexual health discussions in pediatric visits; involve other community groups working with youth; normalize the discussion of sexual health and encourage absence. Conclusions The focus groups results will guide the building of teen programs that focus on specific characteristics of risk and resilience, the adolescent-parent relationships and youth development to build a community based intervention to prevent teen pregnancy and improve teen sexual health.

21. Capacity Building, Community Engagement and Data Collection: An Exemplar Model for CBPR

K. Viswanath, PhD, Principal Investigator, Dana-Farber Cancer Institute, Harvard School of Public Health.

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2. Mayor’s Health Task Force, Lawrence, MA
3. Harvard School of Public Health, Boston, MA

PURPOSE: To provide an exemplar model of community engagement and capacity building to address health disparities at the community level. OBJECTIVE: To illustrate the feasibility and mutual benefits achieved by engaging students in research activities METHODS: In collaboration with our community partners in Lawrence, Massachusetts, we recruited and trained 16 high school and community college students to conduct a population - based survey for Project IMPACT, a community-based participatory research (CBPR) project whose goal is to mobilize community groups to change the public agenda on health and tobacco-related disparities. We held a two-day intensive training for both students and community-based supervisors on survey methods and administration. We also provided ongoing coaching and support during the survey administration period. RESULTS: Between August and December 2011, students successfully administered 925 fully completed and 66 partially completed surveys in 11 Lawrence neighborhoods. CONCLUSION: This example of community capacity building demonstrates both the feasibility of this type of partnership and serves as an exemplar model for CBPR.
Chioma Nnaji, Multicultural AIDS Coalition; Augustus Woyah, Multicultural AIDS Coalition; Alice Kiwanuka Kavuma, Multicultural AIDS Coalition; Akwasi, Duah, UMass Worcester Graduate School of Nursing; Carol Bova, UMass Worcester Graduate School of Nursing

Sub-Saharan Africa bears the largest burden of HIV infection in the world; with 23 million people living with HIV infection. The number of Africans moving to the U.S. has grown to over 1.5 million. Massachusetts (MA) is home to more than 66,000 African immigrants. MA has an increasing number of black non-US born adults with HIV infection. However, the actual number of African immigrants with HIV is unknown due to inconsistent reporting criteria. Additionally, little is known about how best to provide HIV education and health promotion activities for this growing population. Africans for Improved Access (AFIA) is a program of the Multicultural AIDS Coalition (MAC). AFIA is the first program in Massachusetts specifically focusing on HIV prevention, education and screening services to African immigrants in this State. One of the innovative programs developed by AFIA is the African Health Cup (AHC). The AHC is a soccer tournament held annually that capitalizes on Africans' love for soccer with the goal of celebrating culture and increasing awareness about HIV and reducing stigma by "couching" HIV testing and prevention education within the realm of general health promotion activities. This poster will describe the AHC intervention, the MAC/AFIA/UMass CBPR partnership and the preliminary findings of a survey administered during the AHC in July 2012 that measured access to care, satisfaction with the AHC intervention, attitudes towards HIV testing and HIV-related stigma among 140 African immigrants living in Massachusetts.

23. Lesson Learned in Conducting School Health Research in Massachusetts
Mary Jane O'Brien, Massachusetts School Nurse Research Network and Boston Public Schools; Marie DeSisto MA, School Nurse Research Network (MASNRN) and Waltham Public Schools; C. Lynne McIntyre, MASNRN and Dotwell; Katherine O'Neill, MASNRN and Framingham Public Schools; Anne Sheetz, MASNRN and MA DPH

The Institute of Medicine (2007) and the Robert Wood Johnson Foundation (RWJF) (2010) recognized that the school environment plays a role in shaping children's health and health behaviors, and school health services are positioned to model these approaches. The majority of school health services are school nurse (SN) managed (RWJF, 2012; Schainker, 2005), but a research gap exists linking school health services with improved student outcomes (Hootman, 2002; Lear, 2007). In Massachusetts, the student health research question ideally has roots in the expertise of the SN. The researcher conducting a school-based student health study interacts with SNs and administrators in school districts that vary by the type and number of health staff, as well as district location and size. These variables confound the research design in terms of structure and process. IRB issues and permission for research conduction in the school district are particularly vexing. Consent of parents and assent of children are required, and SNs participating in the research must complete human subjects training. Massachusetts School Nurse Research Network (MASNRN) was founded in 2004 by a group of SN experts to conduct school based research. The 100 members of MASNRN have conducted studies across the state and within school districts on asthma, availability of epinephrine for anaphylaxis, bullying, immunizations, training modules and mental health. Particular lessons learned from the unique experience of conducting research in schools are presented.
24. Implementing Clinical Care Management in Primary Care Practices
Jeanne Cohen, Commonwealth Medicine/University of Massachusetts Medical School; Sai Cheralala, Commonwealth Medicine, UMass Medical School; Christine Johnson, Commonwealth Medicine, UMass Medical School; Judith Steinberg, Commonwealth Medicine, UMass Medical School

The Massachusetts Patient Centered Medical Home Initiative (MA PCMH) is a statewide, multi-payer demonstration that seeks to transform 46 primary care practices into PCMHs. Clinical care management of high-risk patients is a key element of the PCMH and a new service for most primary care practices. Training for practices in the MA PCMH includes the clinical care manager (CCM) role, identification/tracking of highest-risk patients, care plan development/implementation, care coordination, and communications. Content is delivered through learning collaborative sessions, monthly webinars and practice-based transformation facilitation. Assessment of progress towards implementation is made through practice-based data on clinical care management measures and self-assessment of transformation. At year one of implementation, averages for measures such as percentage of patients who received timely follow-up after hospitalizations and ED visits range 37%-63% with 35-40 of 46 practices reporting. The challenges that have hampered implementation include lack of: (1) EMR/registry functionality, (2) hospital to practice notification systems, (3) clarity of the CCM role and workflow, (4) risk stratification criteria for high-risk patients, and (5) adequate resources to support this service. An important lesson learned is that engaged leadership is critical to successful clinical care management implementation. Next steps include refinement of the practice-based self-assessment that is used as a monitoring and QI tool, and a pilot to study the coordination of payer-based and practice-based clinical care management.

25. Ex-Smokers' Stories
Tina Grosowsky, UMass Medical School; Barbara Grimes-Smith, UMass Medical School; Gregory Seward, UMass Memorial Healthcare

Tobacco use is the single most preventable cause of death in the United States. Although tobacco use has declined in the United States, 19.3% or 45.3 million of the adult population continues to smoke and use other tobacco products. Among individuals with behavioral health disorders, about 50% smoke. Quitting smoking can be hard. Finding ways to help smokers quit is both a unique challenge and opportunity for public health practitioners. Storytelling is emerging as a powerful tool for health promotion in vulnerable populations. Story telling is a way that we make sense and meaning out of the world and our lives. Evidence suggests "that storytelling may offer a unique opportunity to promote evidence-based choices in a culturally appropriate context."1 This allows people to connect with another person’s story and take it on as their own. Studies show that utilizing real patients’ stories helps to promote believable behavior change. Therefore, the goal of this project was to share the stories of individuals who have successfully quit smoking, in order to highlight and celebrate their success and to provide motivation for those still struggling to quit. In celebration of the tobacco free campus anniversary, the Central MA Tobacco-Free Community Partnership, and the UMass Memorial Medical Center/UMass Medical School's Tobacco Free Initiative partnered in the Ex-Smokers' Hall of Fame- a program of the Massachusetts Department of Public Health. In the Hall of Fame, 15 ex-smokers that work at the UMass Medical School, UMass Memorial Health Care, or affiliated organizations, were interviewed and shared their “personal smoking cessation narrative” (their quit story). This included information about how they quit, how long they have been smoke free, what cessation methods (if any) they used, what motivated them to stay quit, and any advice for smokers who want to quit.
26. Healthy Homes for All: Improving Children’s Health in Diverse Communities
David A. Turcotte, University of Massachusetts Lowell; Susan Woskie, University of Massachusetts Lowell; Stephanie Chalupka, Worcester State University; Rebecca Gore, University of Massachusetts Lowell; Emily Vidrine, University of Massachusetts Lowell; Fred Youngs, University of Massachusetts Lowell; Heather Alker, University of Massachusetts Medical School

This presentation describes an intervention research partnership between the University of Massachusetts Lowell, the Lowell Housing Authority, Community Teamwork (community action agency), Coalition for a Better Acre (community development corporation), Lowell Community Health Center, and Merrimack Valley Housing Partnership (home buyers education program), funded by a HUD Healthy Homes Demonstration Program grant. Our project aimed to demonstrate how community education and interventions with diverse families improve the health of asthmatic children. Methods: We conducted interventions in homes of diverse, low-income families with at least one doctor diagnosed asthmatic child, 14 or under. Health and environmental assessments included survey questionnaires, visual observations, dust sampling and air flow measures for exhaust ventilation. Interventions included healthy homes education, green cleaning alternatives, HEPA vacuums, mattress and pillow covers, commercial cleaning of homes, integrated pest management (IPM), and installation or repair of exhaust fans. Results: 160 interventions; ER visits decreased by 81%; asthma attacks decreased by 76%; episodes of wheezing decreased by 66%; doctor’s office visits decreased by 65%. Asthma scales scores increased: 23% (Physical Health); 20% (Emotional Health Child); 10% (Emotional Health Family). Both parametric and nonparametric methods all found significant improvements in the pre to post intervention measures of these health and asthma indicators. Conclusions: Findings suggest that culturally and linguistically appropriate multidimensional interventions within the homes of diverse low-income families will improve health outcome for asthmatic children.

27. Safe Patient Handling and Occupational Safety and Health in Home Care
Pia Markkanen, University of Massachusetts Lowell (UML); Margaret Quinn, DWE - UML; Catherine Galligan, DWE – UML; Laura Punnett, DWE– UML; Susan Sama, DWE-UML; Natalie Brouillette, DWE-UML; Daniel Okyere, DWE-UML; Anila Bello, DWE-UML; Chuan Sun, DWE-UML; Angela Laramie, Occupational Health Surveillance Program (OHSP), Massachusetts Department of Public Health (MDPH); Letitia Davis, OHSP-MDPH

Objectives: To characterize occupational safety and health (OSH) hazards, promising practices, preventive interventions, and worker-patient health and safety linkages related to patient handling in home care (HC). Background: Although HC is one of the fastest growing industries in the U.S., little consideration has been given to the home as a workplace or to HC OSH hazards. The Safe Home Care Project is a National Institute for Occupational Safety and Health-funded study designed to address this gap by systematically identifying OSH hazards among HC aides, quantifying their risks, and identifying preventive interventions. Methods: We conducted 12 focus groups and 24 face-to-face, in-depth interviews of HC aides agency managers, trade association directors, union representatives, and HC patients. Focus groups and interviews were audio-recorded and transcribed. The transcripts were coded using NVivo software. Results: With respect to OSH and patient handling, homes have important differences from and similarities to institutional settings such as hospitals and nursing homes. HC aides work in isolation with no one to assist in the event of a patient fall or other patient handling situation. Most homes have no patient handling devices and existing devices have limitations for
home use. Conclusions and Recommendations: Home environment design an important consideration for patient and worker safety. Installation and use of safe patient handling devices in the HC setting is essential. Safe patient handling interventions in HC should be aimed at reducing hazardous exposures while preserving or enhancing the meaningful job aspects as well as safe and quality care for the patient.

28. Comparison of Completion Rates of Colorectal Cancer Screening in a Community Health Center: gFOBT v. FIT

Michelle Olivieri, BBA, Greater Lawrence Family Health Center; Kim Sprunck-Harrild, MSW/MPH, Dana Farber; Molly L. Greaney, PhD, Dana Farber; Anthony Valdini, MD, MS, FACP, FAAFP, GLFHC; Stephen Buttenwieser, MD, GLFHC; G. Dean Cleghorn, EdD, GLFHC

The Greater Lawrence Family Health Center, GLFHC, is the second-largest community health center in Massachusetts, and has been caring for residents of Lawrence and its neighboring communities for nearly 30 years. The aim for this project is to compare completion rates for two take-home colon cancer screening tests. GLFHC currently utilizes the gFOBT (guaiac fecal occult blood test), which requires patients to take three stool samples, and includes medication and diet restrictions prior to taking samples. The FIT (fecal immunochemical test), a slightly more expensive, yet more specific test for colon cancer screening, requires one fecal sample, and does not include any diet or medication restrictions prior to taking the sample. Partnering with Dana-Farber Cancer Institute, gFOBT and FIT tests will be distributed in an alternating fashion monthly (month 1 - FIT; month 2 - gFOBT, etc). Patients will be surveyed six weeks after distribution of home tests on their level of understanding, comfort, difficulty, and likelihood of repeating respective tests in the future. We are currently in month two of the project. Surveys are being administered, and it is estimated that the project will last eight to ten months. Completion rates for both tests will be compared. Outcomes will be rates of return and survey responses. Issues discussed will be challenges in regards to project set-up and organization, funding deadlines, communication setbacks, and issues in administering patient surveys.


Kerri Federico, PharmD Candidate 2013, Massachusetts College of Pharmacy and Health Sciences; Carroll-Ann Goldsmith, DSc, School of Pharmacy, Massachusetts College of Pharmacy and Health Sciences

Data collected from 2011-2012 in three New Hampshire schools indicated that 8th grade students were self-medicating with non-prescription medications, but were not fully aware of how to do so both safely and accurately. While improvements in medication literacy were noted in data collected immediately after a presentation on the topic, further investigation was needed to determine if students retained the information on non-prescription medication safety over time. Five months after participating in an assessment before and after a presentation on non-prescription medication safety, students were administered the same assessment. Retention survey results were compared in a group-wise analysis to the initial pre-presentation and post-presentation results. P-values <0.05 were considered significant. Forty-eight students completed the retention survey. Thirty-one (64.6%) reported taking a medication within the past month; 35.5% were unsupervised. Comparing retention to post-presentation responses, there were statistically significant declines in total percent correct (retention, 74%, vs. post-presentation, 84%; p = 0.0244) and in percent correct in: knowledge about proper medication storage (retention, 67%, vs. post-presentation, 96%; p=0.0003), and identifying medication
expiration dates (retention, 71%, vs. post-presentation, 93%; p=0.0047). Compared to pre-presentation knowledge, students retained improved literacy skills after 5 months in all areas. Students retained some drug facts label literacy skills 5 months after learning this information, but declines in knowledge were evident, particularly with regard to storage and expiration dates. Efforts should be made to improve retention of this important information; these efforts may include more time spent on practice.

30. Conceptualizing the Definition of Community in the Social Media Age: Implications for Research
Sheryl LaCoursiere, PhD, FNP-BC, APRN, University of Massachusetts Boston; Elizabeth Rose Gallagher, MS, RN, University of Massachusetts Boston

Community has traditionally been conceptualized as a group of persons living and/or gathering in one place. The advent of social media has opened many new venues for individuals to congregate, and carry out various aspects of their lives. Research involving communities can examine both quantitative and qualitative aspects of persons' lives and health conditions, and is not bound by individuals necessarily in physical proximity. Research can focus on individuals within communities, or the groups themselves (LaCoursiere, 2003). Social media communities can be fixed or fluid, and may augment in-person groups, or have their own unique identity. This poster will examine how the definition of community can be conceptualized in the age of social media, and implications for both quantitative and qualitative research. Generalizability of community research using social media will be explored. References: LaCoursiere, S. (2003). Research methodology for the Internet: External validity (generalizability). Advances in Nursing Science, 26, 257-73.

31. Resettlement Challenges to Iraqi Youth Mental Health in Worcester
Carmel Salhi, Harvard School of Public Health

Background: Following the Refugee Crisis in Iraq Act in 2007, the number of Iraqi refugees resettled in the U.S. increased drastically over the following 2 years. Worcester and Central Massachusetts has recently resettled several hundred Iraqi refugees between 2006 and 2009, the majority of which are families with children under the age of 18. This study examines how family and community relationships may influence the mental health of Iraqi refugee adolescents that have resettled in Worcester. Methods: This study used semi-structured, in-depth qualitative interviews with 12 Iraqi families. Interviews were conducted in Arabic, with interviewers gender-matched to the parent. This study implemented a community based participatory research (CBPR) process which, in addition to shared decision-making by academic and community partners, worked with the iterative nature of qualitative research to improve validity and reliability of the findings. Findings: Despite escaping difficult living situations in places such as Syria or Jordan, or the threat of violence in Iraq, many families faced difficult circumstances for resettlement and reintegration in Worcester. Iraqi parents’ expectations did not match the reality of finding jobs in a challenging economy and the amount of assistance that would be provided. Faced with an unfamiliar environment and culture, the ongoing mental health problems caused by the war, and challenges to in social relationships for children, including bullying, youth mental health is an area of high concern for this population.
32. Narrative Video to Enhance Research Literacy among Disadvantaged Populations

Lauren Powell, Graduate Student, University of Massachusetts Medical School; Suzanne Cashman, University of Massachusetts Medical School; Laura Hayman, University of Massachusetts Boston; Heather-Lyn Haley, University of Massachusetts Medical School; Milagros Rosal, University of Massachusetts Medical School; Monica Wang, University of Massachusetts Medical School; Stephenie Lemon, University of Massachusetts Medical School

Background: Racial and ethnic minorities and persons of low socio economic status (SES) are under-represented, yet important groups to engage in health related research. A historical legacy of exploitation and discrimination has resulted in mistrust of the health care systems and research particularly among African Americans and Latinos. As a result, members of these groups experience numerous barriers to research participation. One potential barrier is a diminished understanding of the benefits and risks for themselves and society of participating in research, termed “research literacy”. Narrative tools such as storytelling, in which persons from similar backgrounds share their personal stories in order to promote behavior change, hold promise as an intervention strategy for improving research literacy. Objectives: This project proposes to develop storytelling videos of experiences of previous research participants who are members of under-served populations: racial and ethnic minorities and/or individuals of low SES. Methods: The storytelling videos will include testimonials of experiences of research participants with the aims of improving research literacy in under-served populations and subsequent recruitment into research studies. Specific activities will include: 1) Conducting focus groups with previous research participants to inform the development and implementation of storytelling videos; 2) Developing storytelling videos, using members of a variety of racial, ethnic and low SES backgrounds who have had positive experiences in research projects; 3) Disseminating storytelling videos to community-engaged researchers to use in study recruitment; and 4) Evaluating the impact of the storytelling videos. Implications: Community engaged approaches are critical to enhancing racial and ethnic minority research participation. This type of approach can lead to the development of culturally responsive recruitment and researcher cultural competency.

33. Lawrence Latino Health and Well-being Project

Martha Cruz, Greater Lawrence Family Health Center; Martha Velez, Lawrence Council on Aging; Angeline Garcia, Lawrence Council on Aging; Esther Albuquerque, Lawrence Council on Aging; Phil Merriam, UMass Medical School; Milagros Rosal, UMass Medical School; Stephenie Lemon, UMass Medical School

The Lawrence-UMASS Health Partnership is a research collaborative comprised of community-based organizations (CBOs), city government, a medical school and a local community health center with the goal to improve the health of Latinos living in the city Lawrence. Recent priorities of the Partnership include understanding and addressing stress and mental health issues experienced by Latinos in Lawrence. These issues first emerged during the previous Lawrence Latinos Diabetes Prevention Project (LLDPP), which was a randomized controlled trial that demonstrated the effectiveness of a culturally tailored diabetes prevention lifestyle intervention. LLDPP interventionists observed that stress and depressive symptoms were frequent obstacles to intervention attendance. In response, a focus group was conducted that included members of the partnership in order to gain a better understanding of the stressors experienced by Latinos. The data gathered from the focus group suggested that common stressors were largely related to social determinants of health, including economic status, social isolation, family difficulties, and immigration-related challenges. The results of the focus group helped to inform a current NIMH-funded study: the Lawrence Latino Health and Well-being
Project. The goal of this observational research study is to document culture-specific stressors, understand associations between these and mental health, and examine how these relate to health care utilization among Latinos. A total of 600 Latino residents of the Greater Lawrence area, age 21 and over, English and Spanish speaking will be enrolled. The results will be used to guide healthcare service providers and community-based organizations develop programs to improve the health of the Latino community.

34. Doing Ethnography: Learning with Refugee Families about Mental Health and Psychosocial Resources
Madeleine Currie, University of Massachusetts Medical School; Norma Ware, Harvard Medical School; Toni Tugenberg, Harvard Medical School; Stevan Weine, University of Illinois – Chicago

Refugee youth and families are a group known to be at risk for a variety of psychosocial problems, often associated with trauma experienced during the course of migration (Ehntholt & Yule, 2006; Ellis et al., 2008). From a prevention standpoint, we need to know more about the social contexts of mental health to better understand protective resources adolescent refugees and their families may draw on, which promote psychosocial resilience (Miller et al, 2008). In light of the dearth of studies investigating the social contexts of mental health for this group, a methodological concern also exists: how to effectively study the contexts that promote mental health among adolescent refugees. To investigate this question, we conducted a two-year ethnography with 37 African refugee families with adolescent children in the Chicago and Boston metro areas. Data consists of interviews and field observations with parents, adolescents, siblings, and adolescents’ service providers. We drew on research methods developed in previous ethnographic research, and also integrated perspectives from developmental and community psychology to tailor research design and data collection to the population and topic (resources promoting psychosocial resilience among adolescent refugees and their families). Findings focus on how to implement research design to capture cross-cutting perspectives among refugee families and their communities, for the purpose of learning about protective social factors that promote mental health among adolescent refugees and their families.

35. Case Study of a Research-To-Practice Toolkit for Participatory Worksite Health and Safety
Suzanne Nobrega, MS, University of MA Lowell, Department of Work Environment; Michelle Robertson, PhD, Liberty Mutual Research Institute for Safety; Robert Henning, PhD, University of CT Storrs Campus, Department of Psychology; Nicholas Warren, ScD, University of CT Health Center; Laura Punnett, ScD, UMass Lowell, Department of Work Environment

Researchers in the Center for the Promotion of Health in the New England Workplace (CPH-NEW; http://www.uml.edu/research/centers/cph-new/), a CDC Center for Excellence supported by the NIOSH Total Worker Health Initiative, have been conducting field studies with a common goal: To evaluate the effectiveness of a grass-roots, participatory approach to worker health improvement, linking health promotion (helping employees adopt healthier lifestyles) with workplace health and safety interventions (using ergonomics to improve tools, equipment, procedures, and work organization). The CPH-NEW Research to Practice (R2P) Toolkit represents a translation of CPH-NEW research instruments, methods and findings into practical program materials and protocols useful to practitioners and consultants with responsibilities in workplace safety and health promotion. The Toolkit provides step-by-step instructions, instruments and guides for assessing a wide range of work-related health concerns and for facilitating participatory intervention planning by front line employees, with support and
consultation from company managers. The CPH-NEW R2P Toolkit explicitly targets the combination of workplace policy/environment changes and individual health promotion efforts for greater health improvement impact. The CPH-NEW R2P Toolkit was field tested with four employer organizations representing public/private sectors, large/small organizations, and blue/white collar workers. This poster will present the experience of one of the R2P Toolkit field test sites, in which a group of maintenance technicians from a real estate management firm successfully used Toolkit materials to generate meaningful improvements in working conditions, reducing stress and overheating. Program structure, intervention design and planning process, and quantitative and qualitative evaluation outcomes are presented. Henning, R.A., Warren, N.D., Robertson, M., Faghri, P., Cherniack, M. Workplace health protection and promotion through participatory ergonomics: An integrated approach. Public Health Rep 2009; 124 S1:26-35.

36. Stressing the Hormone: Biological and Psychosocial Factors Associated with Chronic Stress
Kymberlee M. O’Brien, UMass Boston; Jerrold Meyer, UMass Amherst; Edward Tronick, UMass Boston; Celia L. Moore, UMass Boston

Chronic stress has been associated with a constellation of deleterious psychological and physical health outcomes. We collected cortisol form hair (CORT) to assess chronic stress retrospectively for 3 months’ time (3cms). Over two studies from the UMass Boston campus and the local community, we recruited in t1: 134 adults (ages 18-67; M = 29.49, SD = 12.48) and t2: 145 adults (ages18-30, M = 22.56, SD = 3.54) to participate on two studies assessing objective biological stress (via hair cortisol), subjective perceived stress (via self-reports), psychosocial factors, and health indicators. In follow-up Study 2, we also included indices of perceived discrimination, cardiovascular parameters, and affective vigilance. Results: t1: CORT levels were positively associated with Total perceived stress and one health indicator: systolic blood pressure. An SES by Race interaction predicted both higher CORT and perceived stress, although higher SES did not always confer the expected benefit of higher SES: minorities in high SES had the greatest CORT, systolic blood pressure, and lowest self-rated health. *Results: t2: Perceived stress measures and new measures of discrimination were negatively associated with well-being and health. Higher racial/ethnic pride was associated with better health, but also increased daily discrimination and waist-to-hip ratio. The SES by Race interaction was again associated with Total perceived stress and minorities in higher SES reported greatest Total stress. Minorities also showed the greatest vigilance. Specifically, African-Americans had the longest latencies for social devaluation words during a modified Stroop, the greatest city stress, and the greatest pride/identity for heritage group.

37. Community-Based Research through Engaged Community and University Partners: The Lawrence, Mass. Experience
Vilma Lora, YWCA of Greater Lawrence/City of Lawrence Mayor’s Health Task Force/CHNA 11; Stephenie C. Lemon, PhD, University of Massachusetts Medical School; Milagros C. Rosal, PhD, University of Massachusetts Medical School

We all want to have the most up-to-date data information about our community but it is often impossible to collect this information without proper staffing support and expertise. Partnerships with academic institutions represent an optimal opportunity for communities to obtain meaningful data through collaborative research that could help identify and address health disparities, and stimulate community change. As in any partnership, there are benefits and challenges associated with this collaborative work, particularly when research studies take place
in minority, underserved communities, such as Lawrence, Mass., making it ideal for research. Without clearly stated and well-established partnership agreements, communities may experience research fatigue. This workshop presentation will showcase Lawrence’s collective journey and experience in partnering with academic institutions, the significant value and benefits achieved through collaborative research, challenges encountered and overcome, and the lessons learned. These community-academic affiliations have led to the engagement of thoughtful community–based participatory research and the implementation of systemic and policy changes, including the establishment of the Research Initiative Working Group of the City of Lawrence Mayor’s Health Task Force, group that developed a set of guiding documents and core principles of a partnership approach to research conducted in Lawrence, adopted by the Lawrence Board of Health Department.

38. "Introducing Clinical Trials to Families: Research for Children & Adolescents with Mood Disorders" Video.
Celia Brown, The CANDI Lab (Child & Adolescent Neurodevelopment Initiative) at UMass Medical School Child Psychiatry Division

This video was developed to provide general information to help families explore the option of participating in a clinical trial. Three families and their children describe why they chose to participate in a clinical trial and describe their experiences. Health care providers provide information about what clinical trials are; why they are done; the benefits of participating; how participants are protected from harm; and issues for families to consider when making a decision about whether to participate in a trial. The video was produced by the University of Massachusetts Medical School Child Psychiatry Division with funding from the Parker-Rubenstein Family Fund. There are two videos on the DVD: One is a 17 program titled "Introducing Clinical Trials to Families". The second 4 minute program is titled "So What About Placebos". We plan to show the videos continuously during the poster session. We expect most symposium attendees will be unable to devote 17 minutes to view the entire program, but we wish to at least introduce this resource to all. The entire DVD can be viewed on the CANDI website: www.umassmed.edu/psychiatry/candi.

39. Injury Prevention Center Program Description
Esther Borer, UMass Memorial Medical Center

The poster has pictures and descriptions of all of our community outreach programs. It is an opportunity to showcase what the Injury Prevention Center does.