



3rd Annual Community Engagement and Research Symposium

Community Engaged Research: Exploring the Reach, Impact & Value

**Friday, November 8, 2013; 8:30 AM - 3:00 PM
Albert Sherman Center, UMass Medical School, Worcester, MA**

Posters with Abstracts

1. Quality of Life in Children Dying of Cancer

Ijeoma Julie Ogunlade, FNP-BC, CPON, University of Massachusetts Boston; Jacqueline Fawcett, PhD FAAN, University of Massachusetts Boston

Background: Research findings indicate that children with cancer who died due to treatment-related symptoms experienced disproportionate pain, vomiting, sleepiness, weight loss, poor appetite, and physical fatigue.

These data suggest that palliative care management suitable for adults may not be effective for dying children and their families. Although research findings indicate that terminally ill adults experience suboptimal quality of life (QOL), little is known about the QOL of terminally ill children.

Conceptual Framework: The physiological, self-concept, role function, and interdependence modes of adaptation of Roy's Adaptation Model (RAM) guided this literature review. **Design:** A systematic scoping literature review was done to identify extent of and gaps in literature addressing QOL in terminally ill children with cancer. **Sample:** Sample sizes ranged from 13 to 141 with 1-3 years mean duration of leukemia, lymphoma, solid tumors, or brain tumors. **Setting:** Data were collected at hospitals where care was provided. **Measures:** A coding sheet was used to record literature review findings. **Analysis:** Literature was categorized according to the RAM modes of adaptation.

Results: Children receiving intensive therapies suffered more than those who received less intensive therapies. Ineffective physiological mode responses were physical symptoms, leading to activity limitations, which compromise role function. Ineffective self-concept responses were poor social adjustments. Children dying of treatment-related complications had little or no fun, indicating ineffective interdependence mode responses. **Conclusions and Implication:** Terminally ill children's adaptation is ineffective, which indicates that QOL is compromised. Strategies facilitating adaptive responses and enhancing QOL are needed.

2. Measuring Impact of Increased Access to Fresh Produce on the Greater Worcester Community

Alicia Cianciola and Kristin Bafaro, Community Harvest Project

Community Harvest Project builds an engaged and healthier community by bringing volunteers together to grow fresh fruits and vegetables for hunger relief. In 2012 over 250,000 pounds of fresh produce was distributed through the Worcester County Food Bank network. This year we anticipate 310,000 pounds – over 1 million servings. We seek to better measure, evaluate and share the impact of access to this produce on recipients and the community for improved planning and programming. How can we best

evaluate and meet the community need? How can we better measure or demonstrate the connection between access to fresh produce and improved health? Additionally, how can we better design and evaluate the impact of our farming experience to inspire healthier choices amongst our 9,200 volunteers, 6,000 of which are students? We are also open to partnerships exploring related projects in the community.

3.Social Media and Food-related Information: What are Communities Consuming?

Catherine Wickham and Elena T. Carbone, University of Massachusetts, School of Public Health and Health Sciences, Department of Nutrition

Social Media (SM) has redefined “communities”, expanded communication strategies and opened new channels for food-related information (FRI); however, little is known about how SM is used to access information about food and how it can be used to engage people in food-related health programs. A survey was administered to students at the Gustolab Institute and Scuola Leonardo da Vinci in Rome, Italy. Twenty-seven surveys were collected between May and June 2013. Of those who use SM to find FRI, 68% (n=13) do so weekly and 32% (n=6) use it 1-3 times/day. Among food-related SM users, 61% (n=14) use Facebook, 30% (n=7) Google+, 26% (n=6) Pinterest, 17% (n=4) Twitter, and 13% (n=3) Instagram, YouTube or Other sources. SM sites were used for a variety of activities including: finding recipes, selecting restaurants, finding information about food-related public health issues, posting pictures of food, getting coupons /discounts, looking up nutritional information, or informing decisions about buying/trying a food or beverage. Respondents indicated that SM had at least some impact on decisions to: try new foods (84%, n=16), try recipes (79%, n=15), make dinner reservations (74%, n=12), buy local foods (68%, n=13), or eat an overall healthier diet (53%, n=10). SM enables people to form and develop their own technology-based communities. While there is no question that SM can reach large groups of people, the broader question remains: How can we use this medium to design programs that focus on improving engagement with FRI to create a positive impact on health outcomes in communities?

4.Facilitators and barriers for workplace participatory programs: Perspectives from employees and management in three nursing homes

Yuan Zhang, PhD, RN, School of Nursing, College of Health Sciences, University of Massachusetts Lowell

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Background: There is little published experience regarding how to engage employers and employees successfully for participatory programs, and utilizing participatory approach for an integrated occupational health and health promotion program is quite new.

Methods: A participatory program, linking occupational health and health promotion, was initiated in three nursing homes, with an aim of establishing well-designed and sustainable programs with a broad scope. Employee-based “health and wellness teams” were created with investigator facilitation. After three years, focus groups were conducted with employees, and in-depth interviews of top and middle managers. The socio-ecological model provided theoretical framework for selecting interview questions and data analysis. **Results:** Eight focus groups and eighteen interviews were completed. Factors were categorized into the following themes: intrapersonal (employee motivation and participation); interpersonal (communication; peer pressure); group (presence of wellness champion, function of health and wellness team); organizational (organizational culture and structure, management support, funding/resources); and community (“release time”). Both shared and differing perceptions were identified between employees and managers regarding program facilitators and barriers. Management support, sufficient financial resources, and time release for program participation were the three most important factors for the program. The presence of a functional committee with an active coordinator was seen as essential for communication between employees and managers, and to motivate employee participation. **Conclusions:** Both human and environmental supports for a participatory process are important for program success. Lessons learned from this study are helpful for future participatory programs in nursing homes and other workplaces.

5. Team Up For Health Study: The design of a tailored information system for obesity prevention in a pediatric primary care setting

Julie A. Wright, UMass Boston; Tanya Nixon-Silberg, UMass Boston; Elizabeth Peak, UMass Boston; Bonnie Watson, UMass Boston; Galina Lozinski, Boston Medical Center; Jessica Whiteley, UMass Boston; Angela Beeler, South County Pediatrics, UMass Memorial

Efforts to prevent obesity have included encouraging pediatric clinicians to counsel patients on healthy behaviors using the 5-2-1-0 approach, i.e., 5 servings of fruits and vegetables (FV), 2 hrs or less of screen-time (TV), 1 hr of physical activity (PA) and limited sugar-sweetened beverages (SD). This study designed and evaluated an intervention that delivered tailored patient education materials for 5-2-1-0 behaviors to parents as well as a copy for the provider at the well-child visit. The poster will describe the design of the tailoring system used in a pilot study at a UMass affiliated pediatric practice and baseline data. To date, 25 parents (88% white; 50% reported total household income <40K) with a child aged 4-10 yrs due for a well-child visit agreed to participate, and were randomized to either receive the report at the well-child visit or 1 mo after (delayed treatment). Measures were taken at baseline, post (<48 hr of the well-child), and follow-up (1 mo after well-child). A pre-visit parent questionnaire assessed levels of behavior, stage of change, self-efficacy and perceived importance of 5 behaviors (FV, TV, PA, SD and fruit juice, FJ). These data were used to generate a tailored printed report that included feedback comparing current to recommended levels, and motivational messages for 1 target

behavior. The target was determined by parent's preference or, if none, by the behavior most ready to change. Mixed methods will be used to evaluate the acceptability and feasibility of the tailored report within the context of a pediatric practice.

6. "Not Just Child's Play" Educational 4 part series

Celia Brown, UMass Boston, UMass Child Psychiatry; Sue Loring, Autism Resource Center of Central Massachusetts; Toni Irsfeld and Jessica Griffin, UMMC Child Trauma Training Center; Judi Maguire, NAMI and Wayside Youth & Family; Meri Viano, PPAL; Judith Thomspson, Worcester Public Schools; Jean Frazier and Negar Beheshti, UMass Medical School Child Psychiatry; Bill Cannata, ALEC and Marty Schneier, Kennedy-Donavan Center

"Not Just Child's Play" is a series of four evening presentations and community discussions to address community responses to violence, aggression and bullying, especially for those parenting youth with Special Needs. Held at the Shrewsbury and Worcester Public Libraries topics will include "When to be Concerned About Childhood Agression & What to do About it"; "How to Empower Vulnerable Populations to Deal with Bullying", "Technology & Violent Behavior", and "Be Prepared - Safety & Emergency Planning for Parents Caring for Youth with Special Needs".

7. Examining the Social Determinants of Healthcare Access among Hispanic Latino Immigrants in Boston using Community Engaged Research

Jean Edward, PhD, RN, University of Massachusetts Boston

Despite being one of the largest and fastest growing immigrant populations in the U.S. and in the Boston area, Hispanic Latino Immigrants (HLI) experience significant health disparities as a result of the negative impact of influential social determinants of health, such as access to healthcare services. Developing culturally and linguistically competent interventions to address these social determinants of healthcare access inequities necessitates the use community engaged research. The purpose of this proposed study is to examine the multiple social determinants that lead to disparities in healthcare access among HLI in underserved neighborhoods in the Boston area. The initial phase of this study is to identify and collaborate with community partners focused on improving overall health and social wellbeing of HLI communities in Boston. This phase will help identify the regions of the city and communities that have the greatest need in regards to healthcare access. The second phase of this study will examine the reasons for these disparities utilizing critical ethnography, to aptly represent the voice of HLI. Phase three of this study will focus on translating and disseminating research findings in order to inform innovative community interventions and local and national level policy changes aimed at eliminating healthcare access disparities. Community engaged research is critical in better informing practitioners, educators, researchers and policymakers regarding effective methods to address social determinants of healthcare access among HLI communities in Boston.

8. "Heart Screenings in Young Athletes Identify Risk Factors for Sudden Cardiac Arrest"

Karen Tougas Worcester State University; Stephanie Chalupka, EdD, RN, PHCNS-BC, FAAOHN, Associate Dean for Nursing; Dr. Lillian R. Goodman, Department of Nursing, School of Education, Health and Natural Sciences

Sudden cardiac arrest (SCA) in the young is the leading cause of death in the U.S. afflicting over 300,000 individuals each year. SCA is also the leading cause of death in young athletes during sports participation, and typically the result of undiagnosed structural or electrical cardiovascular disease. Sport's physical exams that include cardiac screenings (EKG, cardiac ultrasound if warranted, and review of family heart history) will assist in identifying those young athletes most at risk for a sudden cardiac arrest.

9. Forging links: bonding with community-based organizations facilitates research-based objectives

Ana C. Lindsay Exercise and Health Sciences Department, University of Massachusetts Boston; Judith A. Salkeld, Dept. of Nutrition, Harvard School of Public Health; Faith D. Sands, Human Development and Family Studies, University of Rhode Island; Mary Greaney, Department of Kinesiology, College of Human Sciences and Services, University of Rhode Island

Grant funding was awarded for investigating childhood obesity prevention and related cultural issues in Latino Family Child Care Home (FCCH) settings in Massachusetts. Family child-care homes have the capacity to care for an estimated 44,214 children; therefore an important part of Massachusetts mixed delivery system of preschool education. These settings can be an important venue for promoting behaviors related to obesity prevention.

Methods: We identified four MA geographic regions with a high prevalence of Latinos in the population, for the purpose of conducting qualitative data collection. To collect information on regulations and training, we targeted various agencies in each region and conducted key informant interviews with at least one representative. We conducted focus groups among Latino FCCH providers and parents to collect information on regional and cultural aspects of nutrition and physical activity (PA) practices. **Results:** We will detail our connections with community entities and describe potential impact that our research, grounded in community settings, may have on shaping MA State policy on childcare nutrition and PA standards.

Conclusion: Our experience reveals that reaching populations in diverse areas of the State where we had no research infrastructure required intense collaboration with community groups and institutions. Partnership with groups and organizations in the community is a valuable and sometimes critical resource for achieving research aims and enhancing results.

10. Evaluation of a Patient Communication Program and Patient Appointment Reminder Calls in a Community Health Center Setting

Deborah Gurewich, Center for Health Policy & Research, UMMS; Heather Posner, Center for Health Policy & Research; Susan Levine, UHealthSolutions, Inc.; Leah Gallivan, Edward M. Kennedy Community Health Center; Parag Kunte, Center for Health Policy & Research

Community health centers across the country struggle with patients who frequently miss appointments. Missed and unused appointment slots represent lost revenue for health centers and disruption in care continuity. The medical home model recognizes these challenges and establishes patient access as a core element, key components of which include more efficient scheduling functions and capacity for same-day appointments. Identifying effective and feasible strategies to reduce the no-show rate is a critical component of these efforts.

The Massachusetts League of Community Health Centers, the University of Massachusetts Medical School, and the Edward M. Kennedy Community Health Center came together to launch a patient communications pilot program that involved outsourcing and centralizing patient communication functions. With grant funding, the collaborators were able to evaluate the effectiveness of the pilot program and the performance of the appointment reminder system. Secondary data sources - call reminder disposition data merged with data on patients and other characteristics - were analyzed to assess the performance of the call reminder system and the factors associated with a patient showing up for an appointment. The collaborators will present their innovative partnership approach and findings on patient demographics and other factors that can result in missed appointments.

11.Improving life for the vulnerable: Mosaic Cultural Complex

Brenda Jenkins, CEO/Co-Founder; Marie Boone, MHS Co-Founder; Teo-Carlo Straun, M.D., Medical Director

Mosaic's Mission: Mosaic Cultural Complex (Mosaic) is a grassroots organization whose mission is to provide the highest level of services, to improve the quality of life for vulnerable populations. We developed the Barbershop Health Network (BHN), an initiative where community health workers and other healthcare professionals go into Worcester area African-American and Latino barbershops to provide targeted health services and education to men of color. **Current Collaborations:** Mosaic currently collaborates with several academic and community based partners to address such issues as violence intervention, cultural-competence in health providers, culturally appropriate approaches to the informed consent process, and innovative methods to increase research literacy in underserved populations. **Future Collaboration Priorities:** Mosaic welcomes the opportunity for future research collaboration initiatives in community-based participatory research to answer critical questions that could impact our response to the disparate health conditions in men of color. Community-based participatory research is research for, by and with the community that is the subject of the research. It involves a partnership between academic researchers and community practitioners. Research can strengthen Mosaic's ability to base its programs on and contribute to new knowledge of methods that have been proven effective. Through this work, Mosaic hopes to contribute to demystifying scientific research in communities of color, and consequently strengthening the network of people in our community who understand how to use research to improve health outcomes for men of color.

12. Building mutually beneficial relationships with community-based organizations as a graduate student

Lauren Powell, UMass Medical School, Department of Behavioral and Preventive Medicine;
Stephenie C. Lemon, Division of Preventive and Behavioral Medicine, UMass Medical School

Introduction: Community-engaged and community-based participatory research, are heralded as ‘gold standard’ research approaches to reduce health disparities. Despite good intentions, true community engaged research collaborations are difficult to achieve. Relationship building can be of particular challenge, especially between academic institutions and community-based organizations (CBO). This challenge is further exasperated when students wish to work with CBOs, but may have limited relationship-building opportunities outside their respective academic institutions. **Purpose:** To provide an overview from the perspective of a doctoral student on how to implement relationship-building strategies with a CBO. **Community-organization:** Mosaic Cultural Complex (Mosaic) is a grassroots organization whose mission is to provide the highest level of services, and to improve the quality of life for vulnerable populations, with a focus on men of color. Mosaic founded the Barbershop Health Network (BHN), an innovative initiative to conduct health screening and prevention messaging in African-American and Latino barbershops in Worcester. **Current Projects:** As a doctoral student, I work closely with Worcester CBO, Mosaic. The multiple capacities in which I work with Mosaic have informed the strategies I have found to be most successful in building a close, mutually beneficial relationship that has resulted in several partnership projects including:

- “Barbershop Conversations: Convene, Converse, Commit” - Albert Schweitzer Fellowship project
- “A Community-engaged and Simulation-based Intervention for Culturally Appropriate Informed Consent”
- “Narrative video to enhance research literacy among disadvantaged populations”

Lessons learned: Strategies for successful relationship building include: consistency, visibility, and accountability. In addition to communication skills, these characteristics have profoundly impacted the symbiotic relationship I have created with Mosaic.

13. Building Interdisciplinary Research: The Cognitive Health of Older Working Adults

Margaret Knight, UMass Lowell, School of Nursing UMass Lowell; Pia Markkanen, Department of Work Environment UMass Lowell; Lisa Abdallah, School of Nursing UMass Lowell; Carol McDonough, Department of Economics UMass Lowell

Nearly half of all pre-retirees expect to continue working into their 70’s and 18% plan on working into their 80’s (Brown, 2003), and in recent years the literature has begun to address experiences of older adults who continue to work after retirement age. A survey by Met/Life Foundation/ Civic Ventures (2008) found that a second career option is highly attractive to workers in the second half of their life. However, the stress of changing careers and learning new skill sets cannot be underestimated, nor can the negative impact of stress on both mental and physical health. Despite this, there are clearly benefits related to continuing to work

beyond retirement age, such as improved financial security, self-esteem and self-confidence (Morrow-Howell, Hinterlong & Sheraden, 2009).

The cognitive health of older workers and its impact on job demands, new learning, and safety in the work environment has not been well studied. This area of research is critical if we are to understand and impact this growing workforce. “Building Interdisciplinary Research: The Cognitive Health of Older Working Adults” will describe potential areas for research using the Social Ecology Model of Health Promotion (McLeroy, Steckler & Burdine, 1992) which is applicable for promoting cognitive health in older working adults and in promoting healthy, safe working environments for older adults (Melillo, 2013). Areas for potential research will be presented through the five inter-related levels of inquiry (intrapersonal, interpersonal, institutional, community, and public policy).

14. Pathways to conducting community-engaged research that informs local, state, or federal policy

Lisa M. Troy, Department of Nutrition, UMass Amherst; Kathryn Kietzman, PhD, MSW, University of California—Los Angeles, Center for Health Policy Research

Share with us your ideas about how community-engaged research may be used in your community or at your academic institution to identify and address a specific community need through policy change. As public health researchers, we’re interested in how community members, researchers across disciplines, and academic administrators value policy-relevant community-engaged research. We define policy-relevant research as studies undertaken to inform or influence public policy but do not directly assess a current policy. For example, research that examines mobile farmers markets on access to fresh fruits and vegetables and related health outcomes, is not evaluating a policy per se but positive study findings may be used to influence state and federal agricultural laws or economic development policies to support maintaining or expanding mobile farmers markets. Our previous qualitative research using focus groups shows that university faculty are personally committed to conducting policy-relevant research despite institutional barriers such as fewer funding opportunities and less value attributed to community-engaged research. From your perspective, 1) What is the value of developing community-academic partnerships to conduct community-engaged research that informs policy? 2) What are some of the challenges to conducting policy-relevant research in the community? 3) What might the roles of multiple stakeholders play to facilitate conducting policy-relevant research in the community? and 4) What else should we be asking to better understand how community-engaged research can inform policy?

15. Teaching Health Information Literacy to Middle School Students: A Community Outreach Project

Carolyn J. Friel, MCPHS University; Irena Bond MCPHS University; Monina Lahoz MCPHS University

This project brings 4 community organizations together to deliver a health information literacy curriculum to middle school students. The community organizations involved with the project are MCPHS University, the Worcester Art Museum (WAM), City of Worcester- Department of Inspectional Services and the Worcester Public School System. The objectives of the project are 1) to improve 6th grade students ability to find and evaluate health information web sites and 2) increase their knowledge of lead poisoning. The teaching strategies include a series of interactive sessions and field trips to solve fictional lead poisoning “medical mystery cases” involving artists with artwork on display at the WAM. Assessment of the project goals was done via a pre- and post- program assessment questionnaire, program evaluation and student worksheets. The sixth grade students improved their ability to correctly identify 5 quality criteria to use for evaluating health information websites (examples “information is current” Pre 24% vs. Post 71%; “has contact address” Pre 38% vs. Post 93%). They also increased their ability to identify lead paint based on the cracking angle of the paint (Pre 60% vs. Post 83%) and their ability to identify objects that may contain lead (example “old paint” Pre-64% vs. Post 100%). This project illustrates the feasibility of developing and delivering a health information literacy program to children through collaboration of public and private entities that share a common interest.

16. Building an Age Friendly Community in Yarmouth, MA

Kathi Bailey, Yarmouth Senior Services

A journey begins in the Town of Yarmouth as the new Director of Senior Services sets out to build an Age Friendly Community. The tools and timeline selected for the plan will be identified. The resources needed in the form of people and funding will be highlighted. Potential measurable outcomes for the Seniors in Yarmouth, Town of Yarmouth and beyond will be listed. Solicitation for input and participation will be invited.

17. Gear Research towards Community-based Neurorehabilitation

Yi-Ning (Winnie) Wu, University of Massachusetts Lowell

Advanced technologies, such as robotics and virtual reality, have gradually yet greatly impacted rehabilitative medicine. These advanced technologies hold potentially positive effects for people with motor impairment caused by adult stroke or childhood cerebral palsy or brain injury. Basic science research in animal models has demonstrated the neural plasticity of a mature brain after insults. This neural plasticity is attained through high intensity rehabilitation. This high intensity rehabilitation involves increased amounts of exercise repetitions over long periods of time. However, the optimal dosage in terms of time and amount of therapy required to engage neural plasticity is still unclear. It appears that solely relying on conventional rehabilitation in the clinical setting is impracticable to harness the neural plasticity. Determining the optimal dosage of rehabilitation needed to enhance motor outcome likewise seems beyond the scope of conventional therapy. Driven by the need for additional rehabilitations, we capitalize advanced the technologies to develop home-based or

technology-based neurorehabilitation beyond the clinical setting. We aim to improve the quality of life of people with disability by providing increased access to neurorehabilitation. By reaching out to the community, we can truly harness this potential. In this poster session, we will introduce our research projects which use robotics and/or video games to enhance the upper extremity motor function of children with cerebral palsy. We are looking for a community organization who might be interested in partnering with us to help design home-based or community-based neurorehabilitation beyond the clinical setting. We are also seeking for the suggestions of steps to shape the research and develop partnership with community organization. Through open discussion with the attendees and all members of the community, we hope that we can gear our research towards well-designed community-based service in the near future.

18. Too Far From The Sun: Culture and Civic Participation Among Worcester's Liberian and Vietnamese Communities

David LeBoeuf, The Initiative for Engaged Citizenship/ Harvard University

This project examines the way that cultural scripts shape civic engagement within two ethnic communities- Vietnamese and Liberians residing in Worcester, Massachusetts. The investigation more specifically examines the following three aspects of engagement:

1. How do cultural scripts shape the conceptualization of civic and political engagement within the respective ethnic communities?
2. How do cultural scripts enhance or inhibit the prospects of political mobilization within the respective ethnic communities?
3. What contextual influences impede the respective ethnic communities' inclusion of political participation and mobilization within their cultural script?

This project is unique in that it explicitly examines political participation as a cultural byproduct of ethnicity. I begin my analysis by illustrating the ways in which respondents from both ethnic communities conceptualize the voting process. I show how this framing of engagement has a direct relationship to previous experiences in their (or their families') nation of origin. I follow this discussion of the role of mobilization within each community. I discuss both the cultural connotations of collective action and the manner in which civic institutions provide a space and a means for this to occur. I overview the varying contextual factors identified by respondents as creating obstacles to civic engagement and how this relates specifically to the development of cultural scripts. I conclude by synthesizing my findings and discussing the implications they have for future directions in understanding and encouraging political participation. This thesis has broader implications for cultural competency training by creating a new theoretical model for culture that is inclusive of historical experiences/trauma and also respects both individual agency.

19. Get the Word Out: Utilizing Traditional and Emerging Tools to Disseminate and Measure the Impact of Your Research

Sally A. Gore, MS, MS LIS, Lamar Soutter Library, University of Massachusetts Medical School

Publishing articles and presenting at conferences are tried and true ways for promoting your research within academic and professional circles, but with changes to scholarly communications and the emergence of many new forms that allow individuals to disseminate information more freely, openly, and quickly, researchers have a host of opportunities to both promote their work to a larger audience and track the impact of their research in a more accurate manner. From article-level metrics (altmetrics) to open access publications to the use of social media, this poster gives an introduction to some of the vehicles available today, how to use them effectively, and where to find support (your librarians can help!) to make your scholarly footprint larger.

20. Female College Student Awareness of Exposures To Environmental Toxins in Personal Care Products and Its Effect on Preconception Health

Lisa Chan RNC-OB, MSN (c), Worcester State University

Background: Exposures to environmental toxins in personal care products raise health concerns for women of childbearing age because many products contain numerous chemical ingredients that have been known to affect reproduction, fertility, preconception health, asthma, and some have been associated with hormone disruption, birth defects, cancers, neurological, and developmental problems. Most consumers are likely unaware of the bio-accumulative and health risks that exposure from daily use of these products pose. **Purpose:** To describe what female students know about environmental toxins in personal care products, and the effects these products may have on preconception health. **Method:** In spring of 2013, 72 Female Students from a New England university were surveyed about their use of personal care products and their knowledge about related preconception health effects. **Results:** Results revealed the prevalence of student exposures to environmental toxins from personal care products, and student awareness of risks related to preconception health. One student commented that, “How will products I use everyday directly affect me in my lifetime?” and another asked, “If products are not safe, why are they sold in the stores?” **Conclusion:** Although students seemed aware of some adverse health effects related to global toxins such as air pollution and water contamination, they seemed less aware of the relative exposures to environmental toxins within their own personal environments. Because health professionals have contact with a broad portion of the population, they play an important role in learning about environmental health topics, and translating the science to their patient populations.

21. Reaching the “Hard-to-Reach” with mobile health applications in Peru

Maria Brunette, Associate Professor, UMASS Lowell Department of Work Environment, College of Health Sciences; Benyuan Liu, Associate Professor, Computer Sciences, UMass Lowell; Bhanu Kaushik, Doctoral student, Computer Sciences, UMass Lowell

Recent advances in mobile computing and body sensing technologies have enabled new ways to practice medicine and promote public health using mobile devices such as smart phones and tablets. These applications include the use of mobile devices in collecting community and clinical health data, delivery of healthcare information, real-time monitoring of patient vital signs, and direct provision of care (via mobile telemedicine). In this poster we will describe a recent experience in partnering for community engaged research in Peru. The partnership seeks to promote maternal and child health via mobile health applications in two study sites. The first site is located in Carabayllo, a town located in the outskirts of the metropolitan area of Lima, the capital of Peru. The second site includes two rural communities in Huancavelica, a region located in the Central Andean region. On both sites, researchers at UMASS Lowell have established partnerships with local researchers and practitioners and are using Community-Based Participatory Research (CBPR) principles in the processes of establishing the partnership and defining the project goals, methodologies and implementation activities.

The poster will place emphasis on the technological and human systems interactions that should be considered when developing mobile applications to address health disparities in general, and maternal and child health in particular. The challenge of this community-based effort lies in the integration of mobile technology into the current socio-technical system in both study sites. Our interdisciplinary research team includes faculty and students from Computer Science, Engineering, Medicine, Public Health, and Obstetrics (OB-GYN). The team is aware that in order to ensure populations can and will use our new technologies, we need to first understand the social and cultural barriers to technology adoption broadly, and to the health devices and applications specifically. Throughout the phases of the project we plan to incorporate a human factors engineering approach –focusing on the individual capabilities and limitations (e.g. health professional and patient)–together with a culturally relevant approach to technology design. The need to become knowledgeable and respectful of the communities’ cultural attributes, beliefs and practices is also discussed.

22. Regional Consortium of Community Engaged Gerontology Researchers

Members of the Regional Consortium of Community-Engaged Gerontology Researchers

The “Regional Consortium of Community-Engaged Gerontology Researchers” was established in May 2013 by a team of gerontological researchers at UMass Lowell to promote community-engaged aging research and to facilitate collaborative relationships among interdisciplinary researchers, faculty and community partners that will advance knowledge and influence policy related to a diverse aging society. Goals of the Consortium include: fostering academic/community partnerships between agencies serving the public health and individual health needs of older adults in the community and gerontological researchers in the academic setting; promoting scholarly discussions about policy issues in the field of gerontology; promoting health, safety, well-being and education of the elder care workforce and their employers; and providing and evaluating education related to care of older adults in the community. Nineteen faculty and community partners from the New England region convened

in May 2013 to brainstorm the potential for collaborative research and to discuss goals of the consortium. A survey of consortium members has been conducted about research interests to facilitate collaborative relationships among interdisciplinary researchers, faculty and community partners. New members are encouraged and a meeting is being planned for November 8, 2013 at 3 PM in the Sherman Center following the UMass Community Engagement and Research Symposium and in December 2013 to advance a research agenda and to further the goals of the Consortium. Researchers, faculty, and community partners with an interest in gerontology are invited to attend.

23. Healthy workplaces: Are Massachusetts employers offering coordinated health promotion and occupational health & safety programs?

Patricia Tremblay, Center for the Promotion of Work in the New England Workplace (CPH-NEW) & Dept. of Work Environment, Univ. of Massachusetts Lowell

Patricia Tremblay*, Suzanne Nobrega*, Letitia Davis†, Elizabeth Erck†, Laura Punnett*, CPH-NEW Research Team

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This study examined worksite health promotion (WHP) and occupational health and safety (OHS) activities by Massachusetts employers, and the extent to which workplaces with programming in one domain were more likely to have the other as well. In 2008, the Massachusetts Department of Public Health surveyed a stratified sample of Massachusetts worksites. A mailed questionnaire was distributed for completion by workplace representatives. Questionnaire items covered worksite characteristics, WHP, and some OHS practices. Among Massachusetts worksites returning the questionnaire, we scored levels of WHP and OHS activity; examined the relationship between activities in the two domains by employer characteristics; and assessed self-reported coordination between them.

The 890 responding worksites had higher scores for OHS (mean = 48% of practices, SD =24%) than for WHP (mean = 20%, SD = 12%). The difference between these scores varied by a factor of two across industry sectors and was smallest for workforces of 100+ employees ($p = .001$). Employers with no unionized workers reported fewer activities in both domains ($p < .0001$). Only 28% of respondents reported always/often coordinating OHS and WHP efforts; these organizations had more activities overall in both domains. Larger and unionized workplaces in Massachusetts were more likely to offer both WHP and OHS programming. Self-reported coordination was somewhat associated with more activity in both domains, although levels of WHP activity varied widely.

24. Engaging line-level employees in design of health promotion/protection interventions

Andrea M. Bizarro, University of Connecticut; Bora Plaku-Alakbarova², Zandra M. Zweber¹, Laura M. Kernan², & CPH-NEW Research Team. ¹University of Connecticut, Storrs, CT, USA
²University of Massachusetts Lowell, Lowell, MA, USA

To address the shortcomings of conventional top-down health promotion programs, the Center for the Promotion of Health in the New England Workplace (CPH-NEW) developed a participatory approach that directly engages line-level employees in designing workplace interventions that integrate health promotion with health protection. This novel program for engaging line-level employees in the design of interventions was implemented at four diverse work sites. Two program structures were tested: a multi-level committee versus a separate steering committee and employee design team.

While both program structures resulted in improvements to employee health, structured interviews and focus groups suggest that organizations implementing the two-component structure experienced more positive impacts including improvements in confidence, communication, and pride as well as development of problem solving skills and health awareness. Organizations implementing the single-component structure reported increased knowledge and awareness of ergonomics due to ergonomic training provided at one of the organizations.

The increased positive feelings of design team members that participated in a two-component structure compared to the single-committee structure support a systems approach to participatory programs by demonstrating improved employee outcomes for line-level employees participating on a design team collaborating with a steering committee, as compared to employees participating in a single committee. Practitioners implementing a participatory design effort should encourage key personnel to allow line-level employees to take an active role in identifying workplace issues and designing potential interventions to address identified issues. Open communication and involvement is crucial to the success of interventions and a long-term, continued effort to improve the overall organization.

25. Field tests of a toolkit for participatory healthy workplace programs

Suzanne Nobrega, Department of Work Environment, University of Massachusetts Lowell
Laura Kernan¹, Bora Plaku-Alakbarova¹, Andrea Bizarro², Clark Calabrese², Michelle Robertson³, Nicholas Warren⁴, Robert Henning², & CPH-NEW Research Team

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Traditional workplace health promotion programs often lack attention to working conditions contributing to poor health and are often implemented without authentic involvement of front-line employees. Prior workplace studies have demonstrated the value of participatory

interventions; however, the instruments and protocols were labor-intensive, rendering them impractical in real-world settings. Our objectives were to develop a practical toolkit for a participatory program and field test it in four varied employer organizations to assess feasibility, ease of use, and effectiveness for engaging front-line employees in designing integrated health protection/promotion interventions. Prototypes of program materials and short survey instruments were used at study sites by program facilitators with prior experience in worksite health promotion. Program start-up included evaluation of employee health/safety issues, program committee formation, and training activities. Facilitators used program tools with management and front-line employees to design interventions incorporating root causes analysis a business case approach. Process data were gathered continuously to assess needs for materials revisions and additional training. Surveys, interviews, and focus groups were collected one year after program start up. Participants reported improved management health/safety awareness, communication, problem-solving, professional confidence, and accomplishment. Additional results will be shared regarding interventions developed, utility of materials, and barriers/promoters of program success. Field tests of a health and safety workplace participatory program toolkit demonstrated the program tools and protocols are feasible, acceptable, require modest time commitment, and can be adapted to a variety of site characteristics. Program materials were judged as useful for facilitating intervention planning and employee participation.

26.Sustainability of participatory health promotion/health protection teams in nursing homes: Comparison of intervention and non-intervention centers

Kotejshyer R Center for the Promotion of Health in the New England Workplace (CPHNEW), University of Massachusetts

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A participatory intervention that sought to integrate health promotion (HP) and occupational health and safety (OSH) was evaluated in three skilled nursing facilities (SNF's) within a single corporation. The success of the intervention was compared to that of a non-participatory HP program in three other SNF's. Success was defined as the ability to integrate HP with OSH; the ability to create change in the work environment; and sustainability over three years.

In-depth interviews and focus groups in all SNF's were analyzed with NVIVO for factors influencing program success: resources, presence of wellness champion, culture of wellness, leadership, staff support, and communication. Presence of factors was tabulated and compared among centers by level of success. On-site observations were examined for post-hoc agreement.

Among the three intervention centers, two met all criteria for success. The third established a participatory team but it was judged a long-term failure due to lack of ability to make change, poor sustainability, and lack of leadership and staff support. Among the three control centers, two of them showed no success. The third had a previously established health promotion program, with some ability to create changes but poor OSH/HP integration.

Our intervention program was successful when there was presence of influential factors. Intervention centers were able to integrate OSH with HP and address various work organization issues (e.g., psychosocial stressors, physical ergonomics). Wellness program organization, breadth of worker participation, and management support had a significant effect on the potential for sustaining the program.

27. Integrated, participatory worklife interventions in corrections: The HITEC study

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Correctional officers (COs) face multiple work-related problems that cause them to be a high risk group for chronic diseases, most notably obesity, hypertension, and depression. COs also have poor sleep and nutrition patterns and face impediments to physical activity at work. Health Improvement Through Employee Control (HITEC), a project of the Center for the Promotion of Health in the New England Workplace (CPH-NEW), observed that these risk patterns and profiles develop early in the officers' careers. The investigators used the NIOSH Total Worker Health (TWH) approach, integrating occupational safety and health with worksite health promotion into intervention design. Comparing two prisons, we implemented one participatory and one top-down program, both directed towards improving CO health. The participatory approach, grounded in Participatory Action Research (PAR) theory, was both feasible and markedly superior to standard best practices in terms of efficacy, workforce enthusiasm, and participation levels. The PAR approach has now been adopted elsewhere in the CT DOC system and has contributed to program sustainability in a volatile and difficult environment. The two study sites continue to develop interventions based on a participatory model; one using an employee-owned, design team approach and the other now using a multi-level Kaizen approach similar to standard problem-solving activities in manufacturing. Continuing to build on the participatory model, we have now added a mentoring program for new cadets. The mentoring program is unique in the corrections field in that it focuses on health and wellness, not career development, and was jointly developed with correctional staff.

28. Loneliness and Depression In Frequent ED Users for Non-emergent Conditions: Primary Care is Not Enough

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Center, Inc.; Sebastian Tong, MD, MPH, Lawrence Family Medicine Residency; Michelle Olivieri, BBA, Lawrence Family Medicine Residency; Tania Peña, Greater Lawrence Family Health Center, Inc.; Hannah Kazal, Lawrence Family Medicine Residency

Context/Objective/Design. In an underserved, mainly Latino urban community, lack of a PCP was theorized to be associated with expensive and unnecessary visits to Emergency Departments. We addressed this issue by monitoring office visits of a superutilizer cohort of patients (n=75), defining “having a PCP” as visiting an assigned clinician twice during year the baseline year, (2011), of a cost-effectiveness analysis. Additionally, using baseline data from study subjects, randomly chosen from 2011 GLFHC “superutilizers,” we measured loneliness and depression - potential predictors of inappropriate ED use. Loneliness, a “subjective feeling of inadequate social/emotional/romantic relationships,” while occasionally a component of depression, isn’t necessarily the same construct. **Participants/Setting:** random sample of 75 adult, non-pregnant, “superutilizers,” who visited two local EDs for non-emergent problems $\geq 4x/year$, subset of 45,000 inner-city Community Health Center (CHC) patients. Instruments: 75 superutilizers completed UCLA Loneliness and PHQ-9 Scales upon intake for a 3-year-intervention and follow-up. **Outcome Measures:** 1) Index year PCP visits 2) initial scores on UCLA Loneliness scale and PHQ-9. Results: 75 subjects had intake measures taken: 18 males, 57 females. Mean age, 44.3 range 21-70. 94% of patients visited their PCPs at least twice in 2011. 56, (74.7%) scored “lonely,” ($>40/80$ on UCLA); 48, (64%) were depressed (PHQ-9 >9); 40 lonely and depressed; 16 lonely (only); 11 neither depressed nor lonely. **Conclusion:** Results show 94% of ED superutilizers identified and utilized a PCP, however, they were overwhelmingly lonely and depressed. Merely having a PCP didn’t eliminate unnecessary ER visits. Future efforts should address depression and include interventions to diminish loneliness.

29.Rethinking Community Engagement through Participatory Action Research Approaches

Kayla Walkling, University of Massachusetts Lowell; Urmitapa Dutta, Ph.D., Assistant Professor of Psychology Faculty Group Member of Peace & Conflict Studies Associate, Center for Women and Work, University of Massachusetts Lowell

Since the 1970s, participatory action research (PAR) has become prevalent in the social science fields as a mode of promoting new discourses between researchers and the researched in service of social change. While PAR encompasses a plethora of creative practices, its main tenet is to position traditional research “subjects” as inquirers. It combines investigation, education, and action to enable participants to employ their knowledge and skills in transformative ways (Brydon-Miller, 1997; McIntyre, 2000). To that end, PAR approaches have great potential as means of engaging communities and enacting social change. The proposed poster will present some key ways in which PAR methods can be leveraged for community engagement. Specifically, it will deal with how to engage diverse populations in participatory dialogue about power differentials between researchers and the researched. The poster will explore how PAR challenges traditional university-community relationships by addressing issues of privilege and authority. The relevance of these methods for working with marginalized populations such as

youth, ethnic and racial minorities, immigrants, women, and low-income populations will be presented. Introducing these populations to PAR can foster the confidence and agency necessary for them to further pursue community interventions for social issues and projects to influence policy changes.

30. The Heart Healthy Initiative for Puerto Rican Adults (HIP) to improve cardiovascular risk: study design and approach

Sabrina Noel, Center for Population Health and Health Disparities, University of Massachusetts; Shirley Tejada, Department of Health Sciences, Northeastern University; Irina Todorova, Department of Health Sciences, Northeastern University; Timothy Bickmore, College of Computer and Information Science, Northeastern University; Katherine L. Tucker, Department of Clinical Laboratory and Nutritional Sciences and the Center for Population Health and Health Disparities, University of Massachusetts Lowell

Puerto Ricans, the second largest US Hispanic subgroup, experience significant disparities for cardio-metabolic risk factors and cardiovascular disease (CVD). Few culturally appropriate interventions that intervene at multiple levels have been developed to promote healthy behaviors and lifestyles and address CVD disparities among older Puerto Ricans. The Heart Healthy Initiative for Puerto Rican Adults (HIP) is a multilevel intervention designed to promote heart healthy behaviors by targeting individual, social/cultural and environmental factors that influence behavioral change. The HIP curriculum was developed using a participatory community approach and includes nutrition, physical activity, stress management and health literacy. Five focus groups involving 28 community members (45-60y) contributed to curriculum development by emphasizing the importance of the cultural meaning of lifestyle behaviors and social relationships. We will examine the efficacy of the HIP program by comparing changes in CVD risk factors and CVD-related outcomes in 150 Puerto Ricans aged 45-60y enrolled in HIP with age- and gender-matched controls receiving standard of care. The 1-year intervention will include weekly group educational sessions and zumba fitness classes offered at community centers in the Greater Boston area. Participants will receive tailored health messages through interactions with an embodied computer agent (ECA). Outcomes include 6-month and 1-year changes in the Framingham Risk Score, cardio-metabolic biomarkers, and CVD-related hospitalizations and medical procedures. We will also assess knowledge, perceptions of, and self-efficacy related to heart healthy behaviors. This program has significant public health implications by targeting multiple CVD risk factors, a major contributor to morbidity and mortality in this population.

31. Adolescent nutritional status and its association with village-level factors in Tanzania

Nozipho Maziya, University of Massachusetts Amherst; Lorraine Cordeiro, MPH, PhD, Department of Nutrition, UMass Amherst; Shanshan Chen, MS, Department of Nutrition, UMass Amherst; Martha Zorn, MPH, UMass Amherst

Contextual factors of a village are associated with undernutrition, after adjusting for individual-level factors. Empirical research has shown that a person's health and well-being is influenced by the social and environmental context in which the individual lives, but very few studies have examined contextual factors influencing undernutrition among adolescents' age groups. Adolescents from resource constrained villages are often exposed to unhealthy environments, with limited access and availability of healthy foods, clean drinking water, sanitary facilities, and health care services, putting them at risk for poor nutritional health. This study investigates the association between village-level factors and undernutrition (BMI for Age < 5th percentile of the WHO reference) among a sample of adolescents, ages 10-19 years (n=670) from 28 villages in Kilosa District, Tanzania. The results showed significant associations between contextual factors and undernutrition. The odds of an adolescent being undernourished were more than twice as likely among villages with low SES compared to villages with middle or high SES (OR: 2.28; CI: 1.429,3.645; P < 0.05). Similarly, community food security was a significant predictor of undernutrition. We observed a positive association between improved nutritional status and dietary diversity, with a unit increase in the number of food groups consumed by households in a village being associated with a 37% decrease in log odds of undernutrition for adolescents living in villages (OR: 0.63; CI: 0.467, 0.847; P < 0.05). This study has demonstrated that both individual-level and community-level characteristics are important predictors of undernutrition in adolescents.

32.Implementing Health Interventions Utilizing Patient Video Narratives/Storytelling: An Intervention Designed to Increase Prenatal Care Access for Hispanic Women

Germán Chiriboga, MPH, UMass Medical School/Quantitative Health Sciences/Center for Health Equity Intervention Research CHEIR; Jeroan Allison MD, MSc UMass Medical School/Quantitative Health Sciences/CHEIR; Richard McManus, MPP, MSW UMass Medical School/Quantitative Health Sciences/CHEIR; Anna C. Pereira UMass Medical School/Quantitative Health Sciences/CHEIR/Worcester State University

Introduction: Patient narratives and storytelling to understand health and behavior change concepts is increasingly being used in health research. The narrative approach offers innovative means to explore health perspectives, tailor health education programs, and address health disparities among minorities. In combination with behavioral theories, patient narratives can be used to develop a systematic approach to translating stories into effective, theory driven interventions for health improvement. To maximize effectiveness, such approaches must be community-engaged throughout all phases of research projects. **Methods:** A systematic process was created to develop a community-based video-based health intervention to increase prenatal care access and patient engagement among Latina women. The intervention production process includes steps ranging from story-development groups to individually video-recorded interviews aimed to gather stories from a diverse group of patients to be disseminated in the community. The video interviews were decomposed into story units, and each story unit was systematically rated and reviewed by a research team and a team of community consultants from the targeted audience. **Results:** The intervention consists of 6 to 8

stories covering topics on prenatal care experience, barriers and obstacles in care, and experience with post-partum care. Preliminary qualitative analysis selects themes such as cultural practices and perspectives, insurance and system navigation issues, etc. The intervention is currently being distributed in multiple states. **Conclusions:** The use of narrative storytelling presents a novel method for conveying information about health behavior change. However, the process of converting videotaped stories into actual health intervention materials should be validated using additional studies.

33.UMass Center for Health Equity Intervention Research (CHEIR): Providing Support to the UMass System in Reducing Health Disparities through Community-Engaged Research

Richard McManus, Department of Quantitative Health Sciences; Chioma Nnaji, UMMS - QHS; German Chiriboga, UMMS - QHS; Sharina Person, QHS; Milagros Rosal, Division of Preventive and Behavioral Medicine; Jeroan Allison, UMMS, QHS

Background: The UMass Center for Health Equity Intervention Research is a NIMHD-funded Center of Excellence and is a partnership of the UMass Medical School and UMass Boston. The goals of CHEIR are to: (1) conduct three community-engaged projects using narrative intervention techniques; (2) provide expert consultation for developing culturally and linguistically responsive interventions; (3) provide biostatistical and data management resources; (4) nurture junior scientists with high-potential nascent ideas; (5) respond to existing community interest and need by increasing research literacy and engagement in research; and (6) provide formal and service-oriented training opportunities to the next generation of health disparity researchers. CHEIR consists of three scientific cores: a Research Core, a Research Training and Education Core, and a Community Engagement Core. **Poster Objective:** To provide information and encourage discussion about the services available from CHEIR's Research Core, which supports study design, implementation, and analysis support to research projects aimed at reducing health disparities. We will also provide information about how to become a CHEIR affiliate. **Conclusion:** CHEIR provides system-wide support to research projects aimed at reducing health disparities. Opportunities exist for current researchers, community organizations, and community members to become more involved in the activities of CHEIR.

34.Engagement of Patient Investigators for Intervention Development – An Example from TRACE-CORE

Daniel J. Amante, University of Massachusetts Medical School, Department of Quantitative Health Sciences; Richard H. Mcmanus, University of Massachusetts Medical School, Department of Quantitative Health Sciences; Molly E. Waring, University of Massachusetts Medical School, Department of Quantitative Health Sciences; Catarina I. Kiefe, University of Massachusetts Medical School, Department of Quantitative Health Sciences

Background: Transitions, Risks, and Actions in Coronary Events – Center for Outcomes Research and Education (TRACE-CORE) is an NHLBI Centers for Cardiovascular Outcomes Research that has recruited a prospective cohort of 2,300 patients hospitalized with acute coronary

syndromes and is following these patients through an in-person interview during hospitalization, five telephone interviews over 12 months, and medical record abstractions through 24 months. We used the TRACE-CORE infrastructure to obtain patient-generated ideas for future research projects. **Methods:** We contacted TRACE-CORE participants who had completed their 12-month interview. During focus groups, participants discussed what could be done to improve post-discharge transitions; feeling empowered and like an active player in their health care decision-making emerged as outcomes important to patients. From focus groups, we recruited 3 TRACE-CORE participants and 1 surviving spouse to serve as “Patient Investigators” to aid us in writing a grant proposal submitted to the Patient Centered Outcomes Research Institute (PCORI); if funded, they will serve as researchers along with UMMS faculty and staff. **Conclusions:** Focus groups identified the key areas to be addressed by a transitional care intervention and helped highlight outcomes most important to patients. Engaging patients in intervention development assures that the research reflects the perspectives of the community of interest, and is increasingly important in the current funding environment.

35. Predictors of Low BMI for Age in Urban and Rural Tanzanian Adolescents

Nicholas Otis Department of Nutrition, UMass Amherst; Lorraine S. Cordeiro, Department of Nutrition, UMass Amherst

Sub-Saharan Africa contains the world’s highest rates of undernutrition at about 25% (FAO 2012). Most of the population-based research on undernutrition is extrapolated from data on children 0-5 years of age. There is little research examining nutritional disparities in adolescent populations, particularly across rural and urban domains. This study examines data from two community-based research projects conducted in Tanzania in 2003-2004. The study proposed to examine differences in the prevalence and determinants of nutritional status between rural and urban adolescents (10-19 years) in Tanzania. We postulate that rural adolescents experience higher rates of undernutrition than their urban peers, and that education is independently and significantly associated with undernutrition among rural adolescents after controlling for confounders.

The purpose of presenting this study in its preliminary stages is to generate dialogue on how to return findings from community-based research back to the country and population from which it was derived one decade after the conclusion of data collection. While I have previously worked in community settings, I have never been involved in translating research findings to community settings. Our research team would like to find ways to bring the research back to the communities in Kilosa and Moshi, Tanzania. My anticipated graduate work will focus on evidence-based health practice in under-resourced communities."

36. Legal Aid for Refugees

Heather-Lyn Haley, UMass Medical School; Valerie Zolezzi-Wyndham, Community Legal Aid; Kevin Abraham, UMMS MS2

Individual level legal advocacy has proven successful in addressing existing barriers to improve the health of refugees in the community; notwithstanding these results, local legal and training data has not been examined for trends which would enable poverty and health focused legal advocates to develop more effective systemic advocacy efforts that might impact refugee health on a large scale.

This project aims to improve understanding of the barriers refugees face obtaining critical support services, benefits and housing at three specific points in the resettlement process: at arrival; seven/eight months after arrival, when federal benefits are reduced; and at two years post-settlement, a period of time over which additional restrictions to benefits come into play and income from employment complicates continued eligibility determinations. To achieve this aim, we are conducting a mixed-method research study of the legal challenges faced within refugee groups at three points in time. This study will rely on quantitative aggregation of data from a review of refugee-related Community Legal Aid case records for the past two years, and in-depth interviews with key informants selected based on review of case records. Preliminary results will be shared.

37. Current Clark University Community Research

James R. Gomes, Director, Mosakowski Institute for Public Enterprise

Clark University's Mosakowski Institute undertakes or sponsors a wide range of research in the community across different issues and academic departments. The goals of these projects include generating new knowledge that can be put into practice to improve people's lives. This poster will provide an introduction to several current programs and the researchers who are leading them.

38. Live Well Springfield (LWS) -- A Community Transformation Initiative: Baseline Survey Results

Elena Carbone UMass Amherst, Dept of Nutrition; Jesse Mushenko-UMass Amherst/Dept of Nutrition; Timothy Paradis -UMass Amherst/Dept of Nutrition; Hannah Stenger -UMass Amherst/Dept of Nutrition; Kathy Wicks -Partners for a Healthier Community, Inc.; Jessica Collins -Partners for a Healthier Community, Inc.; Elaine Puleo-UMass Amherst/Dept of Public Health

Background: In 2012, the Pioneer Valley Planning Commission, on behalf of the City of Springfield, MA, received CDC funding to promote healthy behaviors and health equity via expansion of the Live Well Springfield (LWS) initiative. Strategies include: (1) opening a full-line grocery store, (2) increasing access to fresh produce, (3) increasing RiverWalk and Riverfront Park usage, and (4) creating a comprehensive pedestrian/ bicycle plan. UMass Amherst serves as the evaluation partner. **Methods:** A baseline survey was administered between May and July 2013 by UMass Amherst students and Springfield community members. Questions focused on eating and physical activity behaviors, food access and acquisition, and neighborhood

characteristics. The survey was available in English, Spanish and Vietnamese. **Results:** Of the 312 total surveys collected, 280 were from verified Springfield residents and analyzed. Most (70%) respondents were female, with good distribution across age and ethnic groups. A majority of respondents indicated that fresh fruits/vegetables (85%), whole grains (85%), lean meats (81%), and low sodium foods (72%) were available; however, 62% did not consume the recommended 5 daily servings of fruits/ vegetables. Half the respondents reported walking at least 10 minutes/day at least 3 days/week and 69% felt their neighborhood was safe to walk alone during the day. Few (39%) met the recommended 150 minutes of weekly exercise. Key barriers to purchasing fruits/vegetables were cost, limited quantity, and poor quality.

Discussion: Results will inform future policy advocacy, LWS education programs, and contribute to the LWS media campaign. Further analysis will identify specific needs by neighborhood.

39. Studying Experiences of Racism among African Americans in Tallahassee, Florida: A Community-University Collaboration

Tariana V. Little, University of Massachusetts Medical School; Kourtney K. Collum, University of Maine, Orono

This poster presents on a community-based participatory research (CBPR) project focused on experiences and consequences of structural and interpersonal racism among African Americans in Tallahassee, Florida. Research on discrimination is of growing interest as a factor contributing to health, as a growing body of empirical research links subjective experiences of discrimination, or perceived discrimination, to health disparities. With funding from the National Science Foundation, from July-August, 2013, eight doctoral students from U.S. universities participated in an ethnographic field school coordinated by Dr. Clarence Gravlee from the Department of Anthropology at the University of Florida, in collaboration with community representative Ms. Miaisha Mitchell and other community partners from the Health Equity Alliance of Tallahassee (HEAT). Students lived with host families in the community, received didactic and hands-on training in ethnographic methods including PhotoVoice, participant observation, and semi-structured and structured interviewing, and were immersed in diverse community activities including community garden work, public forums, and political activism. Collaborating with visiting researchers and local leaders, students designed and conducted semi-structured interviews with 24 Tallahassee residents. Unexpectedly, the timing of the field school coincided with high-profile political events in Florida, notably the acquittal of George Zimmerman in the killing of Trayvon Martin. In this poster, we explore the benefits of community-university collaboration from a student perspective, as well as challenges including: harmonizing community and researcher priorities, managing time, building trust, engaging in mutual learning, and equitably distributing resources and authority. We also argue for increased hands-on training in CBPR as part of graduate training.

40. Nutrition Research from Cells to Communities

Nancy Cohen, University of Mass. Amherst Department of Nutrition; Faculty in the Department of Nutrition (professors Beffa-Negrini, Brown, Carbone, Cordeiro, Kim, Liu, Peterman, Ronnenberg, Sibeko, Troy, Wood)

Nutrition is vital for good health and optimal function. Research in nutrition addresses many of the challenges facing society today, including noncommunicable diseases such as obesity and diabetes; food insecurity in US and global communities, and the modification and sustainability of a food supply that meets nutritional needs of diverse populations. Researchers and practitioners from the UMass Amherst Department of Nutrition address these challenges through translational research that spans from cells to communities, with application from industry to individuals. We utilize nutrigenomic research to examine how nutrients and bioactive food components interact with genes, proteins and metabolites to influence inflammation or chronic diseases. We use nutritional epidemiology and biomarkers to understand more about the role of diet and nutritional status in reproductive health and sleep disorders. Our community research addresses nutrition in food insecure populations, food and nutrition policies in children and older adults, and prevention of obesity, and includes partnerships in Lowell, Holyoke and Springfield, Massachusetts. The UMass Extension Nutrition Education Program (NEP) collaborates with more than 100 agencies and provides research-based nutrition education to limited income families and individuals in over 46 Massachusetts communities. Our online MPH Nutrition and online courses facilitate workforce development to address critical public health nutrition issues across the globe. This poster presents the range of work from faculty, students, and NEP; and highlights faculty research areas and emerging priorities for community-based nutrition research. We are interested in establishing collaborations with researchers and community organizations across the Commonwealth toward improved nutrition and health outcomes.

41. Quality of Life of Bhutanese Refugees Recently Relocated in the United States

Ramraj Gautam, Ph.D., College of Health Sciences, School of Nursing, University of Massachusetts Lowell; Barbara Mawn, Ph.D. College of Health Sciences, School of Nursing, University of Massachusetts Lowell; Sarah Beehler, Ph.D. Medical School, University of Minnesota

After living in refugee camps in Nepal for 15 to 20 years, approximately 70,000 Bhutanese refugees have resettled in the U.S. since 2008. Although providing support for mental health needs has been documented in the literature as a successful refugee resettlement strategy, there is very little research on the health of elderly refugees resettled in the U.S. The objectives of the study were to: (1) understand the experience of older Bhutanese refugees adjusting to resettlement in a U.S. city and (2) identify strengths and unmet health needs among these immigrants. The sample included Bhutanese refugee adults, age 50 or greater, who have resettled in the Northeast U.S. region for at least a year. The ethical consideration was approved by the UMass Lowell Institutional Review Board. The study incorporated the phenomenological approach. A purposive snowball sampling was used to recruit study

participants. Nine in-depth, semi-structured interviews were conducted in Nepalese, the native language of the immigrants by a member of the research team. The interviews are being transcribed in Nepali, and then translated into English. A preliminary finding based on field notes and reviewing a few translated interviews will be shared to the symposium participants.

42. Assessing Tobacco Policy and Cessation Perceptions Among Staff in a Behavioral Health Center: Beyond Implementation

Debbie T. Truong, Department of Psychiatry, UMass Medical School, Community Healthlink; Hillary A. Gleason, Department of Psychiatry, UMass Medical School, Community Healthlink; Marie Hobart, Community Healthlink; Nicole Gagne, Community Healthlink; Monika Kolodziej, Department of Psychiatry, UMass Medical School

Implementing tobacco-free policies within behavioral health settings can often be viewed as a daunting task. However, recent case studies have revealed successful measures in applying tobacco-free policies within community health care centers. The rationale behind administering these programs was to emphasize the importance of wellness in staff and clients alike. This paper provides an evaluation on staff perceptions of the tobacco cessation efforts within a behavioral health agency—five years after it first became tobacco free. A short 10-item survey was conducted among staff from different branches of the agency across Massachusetts. Results regarding staff perceptions on the tobacco-free initiative will be discussed.

43. Lawrence City of Promise (metamorphosis)

Victor Martinez, Lawrence CommunityWorks, Bread Loaf; Kate Delaney, El Taller

The poster itself will capture a positive outlook on the city reinforcing the notion that perspective shapes our reality and our mindset of our circumstances can also determine/influence our health. The poster is the starting point of creating an online portal to help both case works and residents in navigating the social service system making it easy to find providers that can tend to health concerns/needs. One element that our website will have is a social service directory and map of local providers and an online forum for people to ask questions about a need they might, so service provider can respond in kind. We also plan to promote positive news, activities, events and publications of good things happening in the city, town they reside, so people feel empowered, pride and safe. Lastly, one of our objectives is to engage local residents to transition from a sedentary lifestyle and be more engaged in local functions.

44. UMass Worcester Prevention Research Center: Partnering to Achieve Optimal Health Among Residents in Worcester

The UMass Worcester Prevention Research Center's vision is to achieve optimal health among residents in Worcester. Based in the Division of Preventive and Behavioral Medicine of UMass Medical School, it uses a team approach to partner with community organizations to improve

health. The Mission of the UMass Prevention Research Center is to establish community, public health, health care and academic capacity to engage in equitable research partnerships for conducting applied public health research targeting physical activity, healthy eating, obesity and associated chronic conditions among Worcester area residents.

45. Conquering Diseases: Engaging our community in research

Sarah Rulnick, UMass Medical School

The UMass Conquering Diseases Program connects our research community and our community of patients, consumers, and community members. The Conquering Diseases Program, an NIH CTSA funded core, is sponsored by the UMass Medical School. We provide a variety of services for researchers and community members. **Services include: Community Resource Center** - Conquering Diseases staff helps community members find studies in their area of interest and helps researchers recruit volunteers for their studies. We list currently recruiting studies on our website; produce a monthly newsletter and attend community events. We welcome the community to our suite where visitors can learn about currently recruiting studies; use the computer to learn about their condition; or just relax with a cup of tea or coffee. **BioRepository** - the BioRepository arm of the Conquering Diseases Program collects blood samples from UMass patients who consent to donating a specimen to be used in research. The de-identified samples are broken down into their components and frozen for future use by researchers. **Volunteer Database** - the Conquering Diseases Program also maintains a database of volunteers from the community who are interested in participating in research studies. A UMass IRB docket number is required in order for researchers to access volunteer contact information. Let us know how we can help you: Sarah.Rulnick@umassmed.edu - 508-856-2556 – UMass, 55 Lake Av, Ambulatory Care Center – 1st Floor, Suite 36