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Community Engagement and Research Symposium

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CENTER FOR CLINICAL AND TRANSLATIONAL SCIENCE

6th Annual Community Engagement and Research Symposium March 3, 2017 Poster Abstracts

1. **A Pilot Smoking Cessation Study for U.S. Women Living with HIV**

Sun S Kim, University of Massachusetts Boston, Sabreen Darwish, University of Massachusetts Boston Sang Lee, University of Massachusetts Boston Courtenay Sprague, University of Massachusetts Boston; Rosanna DeMarco, University of Massachusetts Boston

Background: Prevalence of cigarette smoking among people living with HIV is two to three times higher than that in the general population. Smokers living with HIV have much higher risk for developing respiratory and cardiovascular diseases and cancers compared to smokers without HIV infection. To be effective, especially for women living with HIV, smoking cessation intervention needs to be intensive and tailored to the specific needs of the women. This study is conducted to test the safety and feasibility of a videoconferencing cessation intervention for women living with HIV across the nation. Methods: The study is a two-arm randomized controlled trial that will be conducted with 50 women living with HIV. Both videoconferencing and telephone counseling arms have eight weekly individualized counseling sessions, each for 30 minutes, in conjunction with active nicotine patches for 8 weeks. Self-efficacy, spirituality, and other motivating factors are explored as part of the intervention. Data collection is scheduled at baseline and three follow-up points (1-, 3-, and 6-months from the target quit day). Survival analyses are conducted to examine the relationship between the intervention condition. Results: The number of participants recruited per month and the rate of retention during the intervention period are reported. The rate of 30 day abstinence is compared between the two arms. The study is currently recruiting participants.

2. **National Network of Libraries of Medicine, New England Region: Advancing medicine & improving public health through access to information**

Mary Piorun, Director, National Network of Libraries of Medicine, New England Region Martha E. Meacham, Education & Outreach Coordinator, National Network of Libraries of Medicine, New England Region Susan Halpin, Education & Outreach Coordinator, National Network of Libraries of Medicine, New England Region Allison Herrera, Technology & Communications Coordinator, National Network of Libraries of Medicine, New England Region Julie Goldman, eScience Coordinator, National Network of Libraries of Medicine, New England Region

This poster discusses and highlights the work of the National Network of Libraries of Medicine, New England Region (NNLM NER). The mission of the National Network of Libraries of Medicine (NNLM) is to advance the progress of medicine and improve the public health by providing all U.S. health professionals with equal access to biomedical information and improving the public's access to information to enable them to make informed decisions about their health. The Program is coordinated by the National Library of Medicine and carried out through a nationwide network of health science libraries and information centers. Through a five-year grant - which has now been awarded four times - based at the University of Massachusetts Medical School and in conjunction with the Lamar Soutter Library, the NNLM NER connects librarians, health professionals, and public health workers with health information in Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont. The resources, educational opportunities, and program goals and outcomes of the NNLM NER over the past 17 years and for the current grant, 2016-2021, are featured in this poster.

3. Understanding barriers and facilitators to bipolar disorder treatment during pregnancy: A formative study

Kathleen Biebel, Padma Sankaran, Lucille Cox, Tiffany A. Moore Simas, Nisha Kini, Holly A. Swartz, Linda Weinreb, & Nancy Byatt

Bipolar disorder among perinatal women (pregnant or within a year of birth) has harmful effects on birth and child outcomes,¹ as well as maternal behaviors including substance use,² suicide, and infanticide.^{3,4} Bipolar disorder is the strongest and best-established risk factor for postpartum psychosis,⁸ which carries a 4% risk of infanticide and a 5% risk of suicide. Treatment of bipolar disorder is particularly complex and challenging during the perinatal period. Bipolar disorder occurs in approximately 1 of 5 perinatal women who screen positive for depression,⁵ and is often undetected, unaddressed or exacerbated through inappropriate treatment.^{6,7} Participants were recruited from a purposeful sample of women from 12 weeks gestation to 24 months postpartum who: (1) scored ≥ 10 on the Edinburgh Postnatal Depression Scale and (2) met DSM-IV criteria for bipolar disorder I, II or not otherwise specified using the Mini International Neuropsychiatric Interview version 5.0. In-depth interviews were conducted with perinatal women with bipolar disorder (n=25) to identify their perspectives on barriers and facilitators to bipolar disorder treatment during pregnancy. Women identified barriers including that psychiatric providers lack the training and experience necessary to treat bipolar disorder during pregnancy, and providers' beliefs that pharmacotherapy is not needed during pregnancy. Identified facilitators included providers' acknowledgement of risks associated with no treatment and provision of psycho-education about pharmacotherapy risks/benefits. Efforts to advance psychiatric providers' knowledge/skills regarding treatment during the pregnancy may improve patient care for pregnant women with bipolar disorder.

4. Development of a Health Promotion Program- Targeting Adolescent Behaviors and Attitudes Toward Prescription Opioids

Amelia DiDomenico-Houghton, Ruth Mori, Leopold-Negron Cruz, Michelle Riley, Melissa M. Silverman, and Nancy Brewer All affiliated with-- Worcester State University Dr. Lilian R. Goodman Department of Nursing

The current opioid epidemic kills an estimated four people every day in Massachusetts and is considered one of the greatest health threats to adolescents. Massachusetts state data indicates opioid addiction is a public health crisis, which requires the development of a health promotion program for adolescents and legislative action. The innovative eight-week middle school-based program Promote Opioid Prevention Program 4 Youth (POPPY) is implemented during Health and Wellness classes. POPPY is based on the Social Cognitive Theory, focusing on environmental and health behaviors. The goals of this distinct program are to: reduce adolescents' misuse of prescription opioid medication, increase adolescents' self-efficacy to make healthy decisions regarding misuse of prescription opioid medication, and to foster an environment conducive to preventing misuse of prescription opioid medication, while building social and self-management skills. The POPPY health promotion program will provide education that leads to development of health-related decision-making skills. Ultimately, healthier decisions lead to a reduction in opioid misuse risk factors such as peer pressure, social influence, curiosity, and experimentation. Protecting youth from health risks is critical to preventing fatalities associated with chronic conditions such as drug addiction that can lead to the onset of other major illnesses later-on in adulthood.

5. Comics and Medicine: Building Collections and Raising Awareness

Matthew N. Noe, MSLS, University of Massachusetts Medical School, Lamar Soutter Library

Graphic medicine, or the use of comics in healthcare, is a growing field within medical humanities that is of particular interest to those concerned with health literacy and medical education. Currently, this field is being explored on several fronts at the Lamar Soutter Library in an effort to provide key resources for study and to build community awareness of the potential uses of comics in medicine. These efforts include a scoping review study funded by the Gold Foundation to determine how comics are currently used in medicine and to what effect; the creation of book club kits on specific medical topics - from cancer to PTSD to LGBTQ health - to be made available to the entire New England region; a growing collection of graphic novels available for borrowing from the library; outreach to area libraries, educators, and researchers who may be interested in the role comics can play in health literacy; the creation of book and citation lists for easy browsing; an ongoing effort to host

speaking events with cartoonists and medical professionals engaged in graphic medicine; and an upcoming webinar to provide an overview of the field to any interested. In the future, we hope to partner with other community members to develop targeted comics to aid those in the community better understand their health.

6. Bridging Medication-Assisted Treatment For Opiate Addicted Individuals Leaving Jail

Maureen Desabrais M.Ed, LADC 1, LSW, Baystate Health; Dominique Simon-Levine, PhD, Allies in Recovery
The Bridge/El Puente program will serve 300 newly released inmates from the Hampden County Correctional Center (HCCC) over 3 years. Inmates have a history of opiate and/or alcohol addiction, and are at high risk or are diagnosed with HIV or HCV. HCCC is now offering medication assisted treatment (MAT), extended release naltrexone (Vivitrol), buprenorphine and methadone, prior to release. Bi-cultural/bi-lingual case managers help inmates to continue or to start MAT once back in the community. This includes bridge prescriptions, addressing insurance issues, setting up first appointment and logistical help with getting to MAT appointments. Additionally, Bridge case managers address the often-large array of other needs newly released people struggle with upon return to the community. Bridge/El Puente is funded by SAMHSA/CSAT. In our second year, we recently obtained IRB approval to examine differences in outcomes between inmates who choose buprenorphine, naltrexone or methadone prior to release from jail and those who reject/are not offered MAT prior to release despite having an opioid use disorder. While many do start MAT once back in the community, we are interested in understanding whether initiation of MAT while in jail significantly improves outcomes.

7. Non-Invasive Tools for Screening Prediabetes and Undiagnosed Diabetes: A Systematic Review

James M. Muchira, MSN; PhD Student, University of Massachusetts Boston, College of Nursing & Health Sciences
2. Laura L. Hayman, PhD, MSN, FAAN; University of Massachusetts Boston, College of Nursing & Health Sciences
3. Eileen Stuart-Shor, PhD, ANP-BC, FAHA, FAAN; University of Massachusetts Boston, College of Nursing & Health Sciences, Seed Global Health, Beth Israel Deaconess Medical Center
Background: Diabetes screening tools identify individuals at risk for diabetes or with undiagnosed diabetes; however, few non-invasive, cost-effective tools screen for pre- or undiagnosed diabetes. The prevalence of pre- and undiagnosed diabetes is highest in resource-constrained settings. Early detection and treatment of diabetes is central to prevention of cardiovascular disease. Objective: To determine the availability and performance of non-invasive tools for screening pre- or undiagnosed type 2 diabetes. Design: We used PRISMA guidelines to conduct a systematic literature review. The search was conducted using CINAHL, MEDLINE, PubMed and Ovid databases; terms included: non-invasive, non-laboratory, diabetes risk score, technology, undiagnosed diabetes, screening, prediabetes. Results: Seventeen articles (2006-2016) which examined 15 different non-invasive tools predicting the probability of having pre- or undiagnosed diabetes met inclusion criteria. Of 15 tools, 7 were identified as high performing based on sensitivity ($\geq 70\%$) and specificity scores ($\geq 60\%$). Best performing tools were Diabetes Risk Calculator, Finnish Diabetes Risk Score, EZSCAN system device, Artificial Neural Network Algorithm, TOPICS Diabetes Screening Score, Leicester Risk Assessment Score and Support Vector Machine Model. Most tools had a fair performance (AUROC ≥ 0.70). Five common risk factors used to predict pre- or undiagnosed diabetes were: age, body mass index, hypertension, family history of diabetes and waist circumference. Conclusions/Implications: Cost-effective, non-invasive screening tools exist and provide a way to identify individuals in resource-constrained settings/communities with pre-and undiagnosed diabetes consequently preventing development of diabetes complications and cardiovascular disease. Future research will determine the optimal tool for use in a resource-constrained community in Africa.

8. Effects of an 8-Month Ashtanga-Based Yoga Intervention on Bone Metabolism in Middle-Aged Premenopausal Women: A Randomized Controlled Study

SoJung Kim¹, Michael G. Bemben², Allen W. Knehans³ and Debra A. Bemben²
¹Department of Physical Therapy, University of Massachusetts, Lowell
²Department of Health and Exercise Science, University of Oklahoma, Norman
³Department of Nutritional Sciences, University of Oklahoma Health Sciences Center, Oklahoma City

Although Yoga has the potential to be an alternative physical activity to enhance bone health, there is a lack of high quality evidence for this type of intervention. The purpose of this study was to examine the effects of a progressive 8-month Ashtanga-based Yoga program on bone markers, areal bone mineral density (aBMD) and volumetric bone characteristics in premenopausal women. Thirty-four premenopausal women were randomly assigned either to a Yoga group (YE, n = 16) or a control group (CON, n = 18). Participants in YE group performed 60 minutes of an Ashtanga-based Yoga series 2 times/week with one day between sessions for 8 months. Participants in CON were encouraged to maintain their normal daily lifestyles. Bone formation (Bone ALP) and bone resorption (TRAP5b) markers were assessed at baseline and after 8 months. aBMD of total body, lumbar spine and dual proximal femur and tibia bone characteristics were measured using DXA and pQCT, respectively. We found that the serum Bone ALP concentrations were maintained in YE, but significantly ($p = 0.005$) decreased in CON after 8 months. No changes in TRAP5b were found in either group. The 8-month Yoga program did not increase aBMD or tibia bone strength variables. The findings of this study suggest that regular long-term Ashtanga Yoga had a small positive effect on bone formation but did not alter aBMD or tibia bone characteristics in premenopausal women. Future Yoga interventions should focus on longer duration and greater frequency to elicit improvements in bone health.

9. Raising Physician Awareness to Reduce Childhood Lead Exposure: The Massachusetts Community Progress Report.

Mariya Fishbeyn

Massachusetts has been at the forefront of childhood lead poisoning prevention, enacting one of the nation's first Lead Laws in the 1970's. The Massachusetts Lead Law is stringent, requiring universal screening of children for lead poisoning multiple times before age three, and the removal or covering of lead paint hazards in all homes built before 1978 where a child under age six lives. Owing to such a robust law, Massachusetts screening rates are high and the prevalence and incidence of lead poisoning has been steadily decreasing since 2000. Despite these successes, there is wide variation in screening and prevalence rates at the community level, with some communities showing a need for a more targeted approach. Additionally, scientific evidence increasingly suggests that even low levels of lead exposure cause severe and irreversible health effects, underlining the fact that lead remains a significant health risk for children in Massachusetts. To address these concerns, Massachusetts DPH has developed a direct mailing tool for physician outreach providing community-specific indicators of childhood lead screening and exposure and highlighting areas of needed improvement in screening, follow-up, and prevention. The Childhood Lead Poisoning Community Progress Report focuses on awareness of the CDC reference level of 5 $\mu\text{g}/\text{dL}$ and the dangers of low-level lead exposure, educating medical providers on their role in preventing lead exposure by screening all children, following proper testing practices, and educating parents on available resources. Qualitative and quantitative approaches will be used to measure the impact of the Community Progress Report over time.

10. After-school Mindfulness: Implementation of Social Emotional Learning for Worcester students

Raquel Castro-Corazzini Director of Youth Services City of Worcester; Meghan McCrillis Doctorate Student University of Massachusetts Amherst

Recreation Worcester is a free year-round out-of-school time program run by the City of Worcester in six public schools. Through after-school programs, students have the ability to engage with program staff and community partners in enriching, athletic, artistic and academic programming. There are currently 471 students enrolled in this program from four elementary schools, one middle school, and one high school. The program employs not only college area students but also high school students from various Worcester Public Schools in order to support workforce development for Worcester youth. The after school program is in its second year and has only become more successful. Based on Governor Baker's Opioid Task Force Action Plan, the Greater Worcester Community Health Improvement Plan's priority area 2.4 aims to 'reduce use of other and emerging drugs among youth and adults.' Under this category, section 2.4.3 wants to increase social emotional learning curricula for youth which, in other programs, has been shown to support positive mental health behaviors which

can lead to a potential interruption of drug-seeking behaviors in the youth populations. In order to implement this priority area, Recreation Worcester has implemented social emotional learning into the afterschool program. Through the implementation of this program, students will gain life skills from five core competencies including 1) self-management, 2) social awareness, 3) relationship skills, 4) self-awareness and 5) responsible decision making. At this point, there has been positive feedback from youth, parents, and staff.

11. ALS Surveillance in Massachusetts: A one-of-a-kind registry for tracking an elusive disease

Vannalyn Abille, Alicia Fraser, Robert Knorr

Background: Amyotrophic Lateral Sclerosis (ALS) is a progressive and fatal neuromuscular disease with an etiology not yet fully understood. The Massachusetts Argeo Paul Cellucci ALS Registry is a unique population-based surveillance system used to monitor the occurrence of ALS throughout the state and to explore possible environmental causes of the disease. **Methods:** The Registry gathers annual reports of ALS cases from physicians, hospitals, and clinics in accordance with state regulations. Medical records are obtained and abstracted for each case, and eligible cases are reviewed by a consulting neurologist to confirm diagnosis. Necessary clinical and demographic information are recorded in a database and used by the Massachusetts Department of Public Health (MDPH) to prepare reports containing community-specific and statewide prevalence and incidence estimates. The data are also used to investigate spatial and temporal patterns and constitute a rich resource for researchers to explore environmental risk factors and whether they may impact disease rates. **Results and Conclusion:** The result is a first-in-the-nation registry that allows for complete ascertainment of all reported cases. From 2007-2011, 826 new ALS cases were reported to MDPH. The age-adjusted incidence rate was 2.2 people per 100,000 per year, and the age-adjusted prevalence rate was 5.6 per 100,000 per year - both comparable to the range of estimates reported in scientific literature. MDPH evaluated ALS occurrence similarly by community and other variables like age and family history. Data are available to inform patient service needs and epidemiologic studies. Researchers can apply for access with the MDPH's IRB.

12. School-Based Pediatric Asthma Surveillance

Frances Medaglia PhD, APRN, BC

School-Based Pediatric Asthma Surveillance Asthma remains one of the most common chronic diseases among children in the United States today. Surveillance is limited to national and state estimates which can vary over time and by population (CDC/NCHS, National Health Interview Survey, 2012). It is estimated that anywhere from 14% to 50% of children with asthma remain undiagnosed. The Massachusetts Department of Public Health's Bureau of Environmental Health (MDPH/BEH) has been conducting a successful and comprehensive statewide school-based asthma surveillance program since 2002. Partnering with school nurses throughout the state, we request aggregate information via a one-page survey. The survey is distributed to all public, private, charter and virtual schools in Massachusetts (n=1800). Variables collected include number of students with asthma by gender, grade (K-8), race/ethnicity and community of residence. Therefore, we can estimate prevalence by school and community. Now entering the 15th year, the program has a near 100% survey response rate. This successful surveillance effort reveals a statewide asthma prevalence of 12.4%, one of the highest rates in the nation and suggests approximately 85,000 students in Massachusetts carry the diagnosis. Furthermore, trends over the last 10 years of data collection indicate asthma to be higher among males than females for this age group (~5-14). School-based pediatric asthma surveillance demonstrates the important role school nurses play in surveillance. The feasibility of using school health records as a secondary data source will be highlighted as a reliable, aggregate, community-based source of data.

13. Worcester Community Project Center: Community Based Research Partnerships in Greater Worcester

Laura Roberts, Worcester Community Project Center, WPI, Corey Denenberg Dehner, J.D., PhD, Assistant Teaching Professor, Director, Worcester Community Project Center, WPI

Every year, WPI's Worcester Community Project Center (WCPC) hosts anywhere from 15-20 projects and 60-80 students to complete projects with community sponsors. Student researchers, working in teams, provide a valuable resource to Worcester area community organizations and civic leaders by conducting a wide variety of investigative, analytical, and planning projects for local organizations that often lack the capacity, time or resources to undertake them independently. Each team of four students devotes approximately 1,000 hours to completing the project, working full-time for two months. The projects result in professional level reports that propose economically feasible, technically feasible, and socially acceptable solutions to the proposed issue or problem. The research team is advised by two WPI faculty members who provide valuable guidance and insight throughout the entire project. Importantly, the WCPC does not define the scope or focus of the projects it undertakes. Ensuring a truly community-based approach, the sponsoring community organizations, local politicians and their constituencies define the problems to which the WCPC responds. Past collaborative research partners have included Abby's House, Ascentria Care Alliance, Dismas House, the Worcester Division of Public Health, the Central Massachusetts Regional Planning Commission, Seven Hills Foundation, Senator James Eldridge, Senator Harriette Chandler, Worcester Regional Chamber of Commerce, and various local non-profit organizations. Visit wpi.edu/+wcpc to learn more.

14. Strategies to Reduce Injuries and Develop Confidence in Elders (STRIDE)

Allison Richards, BA; Peggy Preusse, RN; Lawrence Garber, MD; Anne McDonald, RN; Jerry Gurwitz, MD Meyers Primary Care Institute: A Joint Endeavor of University of Massachusetts Medical School, Fallon Community Health Plan and Reliant Medical Group, Worcester, Massachusetts

The overall objective of the STRIDE study is to evaluate the effectiveness of a fall prevention program administered by a designated RN-level falls care manager. Meyers Primary Care Institute is leading the study at one of 10 national clinical trial sites, located at Reliant Medical Group in Central Massachusetts. Across the U.S., 86 primary care offices are participating in this cluster randomized trial. Enrolled patients are placed into a control or intervention group. Control patients are sent informational materials about falls in the mail. Intervention patients are invited to complete a one-hour falls assessment with our RN-level falls care manager at the clinic site where the patient receives primary care. This study is in progress and still in the enrollment phase. As of now, approximately 4,500 patients are enrolled across all study sites, with 551 at our Reliant sites.

15. Facilitating Access to Health Coverage and Care by Advancing Health Insurance Literacy

Debi Lang, MS, Training & Evaluation Manager, Massachusetts Area Health Education Center (MassAHEC) Network, University of Massachusetts Medical School; Deborah Raymond, AAS, Project Lead, Mass. Enrollment Assister Training, MassAHEC Network, University of Massachusetts Medical School; Suzanne Cashman, ScD, Professor of Family Medicine and Community Health and Director of Community Health, University of Massachusetts Medical School; Jessica Laroche, MS, Director of Evaluation & Strategic Initiatives, Blue Cross Blue Shield of Massachusetts Foundation; Jennifer Lee, MPH, Senior Program Officer, Blue Cross Blue Shield of Massachusetts Foundation; Tina Alu, BA, Associate Director, Cambridge Economic Opportunity Committee; Karen Baumbach, Executive Director, Ecu-Health Care

Although Massachusetts currently has the highest rate of health insurance coverage in the nation, reports suggest health care consumers do not fully understand how their insurance works. Thus, the insured and uninsured populations alike need ongoing support in order to develop health insurance literacy, defined as the degree to which individuals obtain, process, and understand information about health insurance in order to make informed decisions about choosing and using their coverage, which in turn can lead to positive health outcomes. Educating consumers and giving them tools and resources are strategies that advance health insurance literacy. Since 2001, the Blue Cross Blue Shield of Massachusetts Foundation (the Foundation) has awarded over \$5 million to community health centers and community-based organizations throughout Massachusetts, through its Connecting Consumers with Care (CCC) grant program, to conduct outreach, provide education and help consumers enroll in health insurance and access primary care. In 2015, the Foundation

focused its CCC grant activities to improve health insurance literacy and engage consumers to utilize the health care system more effectively. Grantees have collected data on common measures, using adaptable data collection tools (e.g., brief client surveys), to assess changes in clients' knowledge, confidence, and/or preparedness to better navigate complex systems of coverage and care. The poster presentation will discuss: - the importance of health insurance literacy and its relevance to improving population and community health - strategies currently used to increase health insurance literacy among diverse populations, including successes and challenges - how the impact of these strategies was measured - how assessments were designed to reflect consumers' voices

16. The Participatory Action Research Initiative: Engaging research participants to better meet the needs of the communities we serve

Kathleen Biebel, Ph.D., SPARC Amanda Costa, B.A., SPARC

Participatory Action Research (PAR) is an approach to research where the population of study is actively involved in the research process. PAR increases participants' voices and power in the research context (Jason et al., 2004), and emphasizes equitable partnerships between researchers and participants (Ozanne & Saatcioglu, 2008). PAR shares the same core components as patient-centered outcomes research, including meaningful engagement of participants throughout the research process, and addressing questions and concerns most relevant to stakeholders. The UMMS Systems and Psychosocial Advances Research Center (SPARC) is a national leader in conducting PAR with individuals with serious mental health conditions (SMHC). Since 2009, SPARC has conducted 12 studies using PAR principles, published 9 peer reviewed research articles using PAR, and presented 17 papers using PAR at national and international conferences. In 2016, SPARC launched the PAR Initiative, to support SPARC faculty and staff to more actively engage the voice of individuals with SMHC in research. A recent survey of SPARC faculty/staff found high levels of PAR in the development of study materials (100%), research questions (82%), and presenting at conferences (82%). SPARC faculty and staff were less likely to use PAR when publishing academic papers (45%), developing dissemination products (55%) or recruiting study participants (55%). Our long-term goal is to share resources and knowledge gained through the PAR Initiative to enhance the ability of researchers across UMass to work side by side with relevant stakeholders to develop robust research that addresses the needs and concerns of the communities we serve.

The next seven posters (marked with *) are from the Working on Wellness Program (Wow). The Working on Wellness program is a statewide initiative designed to help over 200 participating Massachusetts employers develop, implement and sustain policies and programs to create a supportive work environment and enable employees to engage in healthy behaviors. Working on Wellness is a collaboration among the MA Department of Public Health, Health Resources in Action and AdvancingWellness, and is being evaluated by researchers from the University of Massachusetts Lowell and University of Massachusetts Medical School. It is funded by the Prevention and Wellness Trust Fund as established by Chapter 224 of the Acts of 2012.

17. *Working on Wellness: A Capacity Building Program for MA Employers

Mari Ryan, MBA, MHP, CWP Shioban Torres, Dr PH Claire Santarelli, RD, CDE, LDN Lisa Erck, MS Leslee McGovern, MS, RD, LDN Kathleen McCabe, MPA Kevin Myers, MSPH Erica Pike, MS Tracey Fredricks, MPH Laura Punnett, Sc.D. Wenjun Li, Ph.D. Wen-Chieh Lin, Ph.D.

In recent years, more worksites have shown an interest in offering wellness programs to their employees. However, uptake of worksite wellness programs remains low among certain employer groups, such as small businesses and employers in low wage industries. This poster will highlight the Working on Wellness (WoW) program; an innovative 'capacity building' program designed to help employers across the state implement evidence-based worksite initiatives and policies that foster a healthier work environment. Through a collaborative partnership with the MA Department of Public Health, a public health institute, a cadre of worksite wellness experts, and university researchers, over 150 businesses were recruited to participate in WoW this past year. This poster will describe WoW's innovative framework, the tools and resources available to businesses

(e.g., seed funding, community connections and collaboration, access to a comprehensive online curriculum, and technical assistance), and examine program strengths and weaknesses. The methods used in this model to teach the concepts and skills of building a worksite wellness program will be examined. The evaluation aspects of the program, undertaken by UMass Medical and UMass Lowell will be identified. Lastly, the poster will feature case studies of participating organizations, highlighting the interventions implemented in their worksites to impact employee health. This poster is one of a series of posters on this project presented by the project team: UMass Medical, UMass Lowell, Health Resources in Action and AdvancingWellness.

18. *Program Evaluation Approaches, Successes, and Lessons Learned from the Massachusetts Working on Wellness (WoW) Program

Laura Sefton, MPP on behalf of the WoW team

Introduction: The WoW program is a two-year training program to expand employer-based health promotion and prevention. This methodology poster describes the mixed-method program evaluation design and analysis.

Methods: Data collection instruments were designed to measure key program outputs and outcomes and pre/post-intervention comparisons. Enrollment surveys, satisfaction surveys, and wellness planning and evaluation tools and surveys were designed to capture organizational characteristics, training program quality, employer wellness program and policies, and employee health status and program interests at program initiation and 12-month follow-up for four cohorts of participating organizations. The All Payer Claims Database will be used to examine changes in healthcare utilization and expenditures. Mid-course focus groups with the program team assessed opportunities to improve training efficiency and quality. Follow-up interviews with wellness champions assessed satisfaction, sustainability and future program needs. These qualitative data are examined by main themes to describe contextual factors related to program delivery.

Results: The multi-layered evaluation approach was effective for evaluating this employer training program. The instruments gathered valuable data on employer and workforce characteristics and employee health concerns and program needs. Evaluation activities provided quality monitoring that contributed to satisfaction and effectiveness. Evaluating health impacts proved difficult due to insufficient follow up period. Evaluators had partial success with estimating possible health impacts using existing intervention research literature.

Conclusion: Using a multi-layered, mixed-method evaluation approach has many advantages for process and outcome evaluation. At least two years post-program implementation data is needed to measure health and cost outcomes for worksite wellness initiatives.

19. *Participating Organizations in the Massachusetts Working on Wellness (WoW) Program: Who Are They? What Wellness Programs Are in Place?

Laura Punnett, ScD on behalf of the WoW team

Introduction: Most worksite wellness programs are offered by larger employers and accessed by healthier, more educated workers. Massachusetts WoW program is specifically designed to provide guidance in developing wellness programs, with a focus on smaller employers. We examined characteristics of participating organizations and their wellness policies/activity to evaluate the program outreach and delivery.

Methods: Organizational and workforce characteristics were collected through an enrollment application. An 'environmental scan' characterized baseline health-related policies and programs. Wellness intervention activities planned by employers were also collected. Results: The 205 participating organizations are predominantly non-profit (61%) and highly represented by the healthcare and social assistance sector (33%). As a priority of WoW, about one-half of participating organizations have 200 or fewer employees and two-thirds have low-wage workers. At baseline, about half of participating organizations offered no formal wellness program and few policy/environmental supports to encourage wellness activities. The pooled workforce is 63% women, 61% non-Hispanic Whites, and 60% hourly wage workers. About one-quarter have only a high school education/ GED or less, and 17% work evening, night or rotating shifts. WoW has assisted employers to establish program goals, which were predominantly to improve nutrition, increase leisure-time physical activity, and reduce stress. Discussion and Conclusions: The WoW program has successfully reached and delivered services

to organizations that previously had no formal wellness program and few wellness policies or supportive environments. In particular, this program has reached a large number of small and moderate-size employer organizations, and a substantial number of low-wage, non-college-educated, and racial/ethnic minority workers.

20. *Working on Wellness: Building Capacity through Community Partnerships

Tracey Fredricks, MPH Health Resources in Action, Erica Pike, MS, Health Resources in Action, Shioban Torres, DrPH Claire Santarelli, RD, CDE, LDN Mari Ryan, MBA, MHP, CWP Lisa Erck, MS Leslee McGovern, MS, RD, LDN Kathleen McCabe, MPA Kevin Myers, MSPH Laura Punnett, Sc.D. Wenjun Li, Ph.D. Wen-Chieh Lin, Ph.D.

Establishing a wellness initiative in the workplace is a popular way for employers to attract and retain top talent, reduce health costs, and increase productivity. However, building a comprehensive wellness initiative can put a strain on an organization's time and resources. Working on Wellness (WoW) is an innovative 'capacity building' program designed to help employers across Massachusetts implement evidence-based worksite initiatives and policies that foster a healthier work environment. To broaden the understanding among employers about what influences health, WoW's Community Partnerships component introduces organizations to the notion that businesses can play a key role in building healthy communities. The curriculum describes how employers can join efforts to improve the places where they live, work and play. Businesses are encouraged to incorporate interventions into their worksite wellness programs and policies that show mutually beneficial outcomes between employers and community partners. This poster will introduce tools and resources created through WoW including our approach to introduce community partnerships through our online training modules and our Community Scan assessment tool, which provides a roadmap to consider traditional and nontraditional partners for organization's wellness interventions. The poster will feature case studies highlighting how participants used the Community Scan to find and establish strong partnerships to reach their goals of increasing fruit and vegetable consumption, reducing stress, and increasing physical activity among employees and community residents. This poster is one of a series of posters on this project presented by the project team: UMass Medical, UMass Lowell, Health Resources in Action and AdvancingWellness.

21. *Health Characteristics of Employees Entering a Statewide Public Health Program to Improve Worksite Wellness

Kevin Kane, MS on behalf of the WoW team

Introduction: The Massachusetts 'Working on Wellness' (WoW) program provides training and seed funding to employer organizations to initiate policies and programs that promote a healthy workplace and encourage a healthy lifestyle. We assess employee participants' health risks and their interests in wellness activities for targeting program efforts and for evaluating the program. Methods: Between November 2015 and December 2016, 4 cohorts of employee participants completed a needs and interests survey at the initiation of the program. The survey collected self-reported information concerning health, risk factors, workplace environment and benefits, and worksite policies and programs of interest to participants. Results: Among the 17,219 respondents, 62% were overweight or obese. Only 13% ate the recommended 5 servings of fruits and vegetables daily, and 26% did not exercise for at least 30 minutes at least 1 day per week. In addition, 32% did not get at least 6 hours of sleep each night, and 21% reported unhealthy level of stress. Interest in wellness policies that promote exercise, healthy eating, and stress reduction were endorsed by 68%, 57%, and 59% of respondents, respectively, with 63%, 44% and 56% indicating they would likely participate in such programs. Discussion and Conclusions: These data demonstrate the need for wellness programs that promote healthy eating, exercise, and stress reduction, as well as employees' strong interest in workplace policies and programs that encourage these behaviors. A follow-up survey one year after program initiation is being administered to determine the short-term impact of WoW program.

22. *A Preliminary Method for Estimating Program-related Reduction in Employee Health Care Expenditures for the Massachusetts Working on Wellness (WoW) Program

Wen-Chieh Lin, PhD on behalf of the WoW team

Introduction: The WoW program is designed to improve employee health outcomes through workplace support of healthy behaviors. We illustrate a preliminary model to estimate the program effect on employee health care expenditures. Methods: Program-related reductions in employee health care expenditures were estimated based on likely improvements in healthy eating, leisure-time exercise and stress reduction. The models considered the number of employers targeting these specific areas, the number of employees in each organization, prevalence of the specific risk factors, ranges of success rate in risk mitigation and program-associated decrease in health care expenditures from similar worksite studies in literature. Results: Assuming success rates of 5% and 30% respectively for each of the top three targeted areas, the estimated total reduction ranges from \$0.76 million to \$4.07 million. For every \$1 invested, the program could result in \$0.38 to \$2.04 reduction in healthcare expenditures by assuming an initial investment of \$2 million in the intervention program. Discussion and Conclusions: This preliminary analysis shows the likely ranges of return on investment (ROI) from the WoW program in relation to employee health care cost. The models should be further developed to provide more accurate estimates by including potential cost reductions due to other target areas, synergistic effects of successes in multiple areas, increased productivity and reduced absenteeism. Simulation models should be created to provide estimates along with precision based on employee-level data. However, methodological limitations remain to be addressed for use of intervention effects from randomized trials in ROI estimation in non-randomized practical settings.

23. *Evaluating the Massachusetts Working on Wellness (WoW) Program Implementation: Successes, Challenges, and Recommendations for Improvement

Melissa Wall, MA on behalf of the WoW team

Introduction: The Massachusetts 'Working on Wellness' (WoW) program provides training and seed funding to employer organizations to initiate policies and programs that promote a healthy workplace and encourage a healthy lifestyle. WoW is a partnership between the Massachusetts Department of Public Health (MDPH), Health Resources in Action (HRiA) and AdvancingWellness (AW). We evaluate the WoW program implementation to assess the program delivery and to make recommendations for program improvement. Methods: Over the course of nine months, three group interviews were conducted with HRiA and AW staff during the program delivery period. Qualitative data collected focused on successes, challenges, and recommendations related to planning; recruitment; survey instrument development and administration; data collection; report development, generation and delivery; project management; communication and collaboration. These data have been examined, organized, and reported by main themes, in order to assess contextual factors related to program delivery. Results: Successes, challenges and recommendations were documented. Examples of successes include clearly defined tasks and goals, dedicated team members, positive communication and collaboration, and evidence based evaluation methodology. Challenges include data suppression guidelines, time and customization of employer reports. Recommendations include better guidance for organizations, improving timing of evaluation report delivery, expanding networks, and implementing a solid recruitment plan, customizing outreach. Discussion and Conclusions: Interview data suggested midcourse adjustments that were made to increase efficiency, uptake, and effectiveness for the subsequent cohorts. In addition, documenting successes, challenges, and recommendations, led to several adjustments, particularly in the areas of recruitment, survey design, report generation and delivery and program delivery.

24. Overcoming challenging barriers to community engagement associated with severe and persistent mental illness using evidence-based treatment interventions.

Stefanie Gregware, Andrea Wolloff

Historically individuals who experience severe and persistent mental health symptoms are identified as experiencing chronic symptoms requiring long-term treatment. Treatment of these symptoms typically produces modest results and the focus shifts from achievement of meaningful and desired goals to maintenance of the individual's 'baseline' level of functioning. This leads to a cycle of long-term placement in residential or inpatient settings with relapses resulting in higher levels of care. Individuals trapped in this cycle tend to be

insulated within a system of care and with little connection to the supports and resources in the community at large and few opportunities to engage in meaningful work. Our aim has been to systematically target those symptoms which create the greatest barriers for individuals working to return to living productive and enjoyable lives after the onset of mental health symptoms. To this end, we have worked to implement time-limited, targeted, and evidence-based treatment interventions. We have implemented Dialectical Behavior Therapy, Illness Management and Recovery, Supported Education and Employment, Cognitive Restructuring for Post-Traumatic Stress Disorder, Cognitive Behavior Therapy (CBT) for Psychosis and Recovery-Oriented Cognitive therapy to help individuals decrease self-injury and suicidal ideation, manage symptoms of severe and persistent mental illness, increase access to meaningful and valued work opportunities, and address complex trauma. Utilizing CBT-based interventions for these symptoms, that are historically challenging to treat, is the best way help individuals integrate into their communities and become less reliant the mental health system.

25. Jobs not Jails

Members of EPOCA organization

Why our criminal justice system is in need of reform, how can we make our community safer by providing jobs education and leadership development. sharing resources to lead people to a better life where they can contribute to society and not need handouts. One where they can provide for their families and not be a burden. what can we do to change the narrative of injustice and include a better productive person ready to inspire someone else to do better.

26. Engaging the Latino Community to Increase Awareness of Bone Health in Lawrence, MA

Kelsey Mangano, Jackie Barmashi, Martha Velez, Sabrina Noel

Osteoporosis is an important public health problem in the U.S., increasing risk for fracture. Emerging evidence indicates that Latino adults are at increased risk for osteoporosis, a disease once thought to only affect non-Hispanic white women. This population remains underserved and underrepresented in bone research. There are several barriers to developing and implementing effective research programs, such as lack of communication between community members and researchers to identify mutual priorities and ongoing mistrust within the partnership. Community engagement is beneficial for spreading culturally relevant health information to diverse populations and generating locally relevant data to target priorities of the community members. To increase awareness of bone health, we partnered with the Lawrence Multipurpose Senior Center in Lawrence MA, to design and conduct health fairs to increase awareness and knowledge of bone promoting health behaviors for their community. This was identified as one of the first activities as part of our larger research program to meet the current health priorities of the Latino community. This included games for learning, exercises and samples of foods beneficial to bone health. Heel ultrasound measurements by the Achilles Insight (GE Healthcare) were offered as a health screening. Over 400 participants attended the health fairs and engaged in the program. The success of this program provides a foundation for future mutual exchange between community and academia. Our goal is to continue to engage in long term partnerships to influence knowledge, attitudes, beliefs and behaviors of community members and influence public health structure for osteoporosis prevention.

27. Piloting a Physical Activity Program for Young Children with Autism Spectrum Disorder

Christopher B. Denning, Ph.D. College of Education and Human Development University of Massachusetts-Boston
Richard K. Fleming, Ph.D. Department of Exercise & Health Sciences University of Massachusetts-Boston
Anna Mignon College of Education and Human Development University of Massachusetts-Boston

Children with ASD are less active than their typically developing peers, have delays in motor development, may experience regression in motor development during preschool, and experience limited opportunities to engage in PA (physical activity) through play or organized sports due to social and behavioral concerns (Fournier, Hass, Naik, Lodha, & Cauraugh, 2010; Lang, Koegel, Ashbaugh, Regester, Ence, & Smith, 2010; Lloyd, MacDonald, & Lord, 2011). Physical activity and motor development programs (e.g., running, catching, throwing) that are

adapted based on educational and developmental best practices to meet the needs of children with ASD may address these disparities and provide improved health benefits (Bhat, Landa, & Galloway, 2011). The purpose of this pilot study was to evaluate the feasibility and effectiveness of a community-informed and teacher-delivered physical activity (PA) intervention for improving activity levels, motor development, and classroom behaviors for young children with ASD. Classroom teachers and school administrators were involved in the development of the intervention protocol prior to and after implementation in areas such as selection of appropriate activities, space use, scheduling and adaptations/modifications. The intervention included three components: (a) 10-15 minutes of exercise, (b) 10 minutes of motor development activities, and (c) a 5 minute focused cool down using mediation and yoga. Results from this pilot intervention should provide information about the utility of the intervention and adaptations needed for future iterations. The specific aims of the pilot study were: 1. Determine the effects of the PA program on levels and intensity of aerobic activity, measured at baseline and one day per week throughout the 8-week intervention. 2. Determine the effects of the PA program on social skills and behavior problems, measured at baseline and post-intervention using the Social Skills Improvement System (SSIS: Gresham & Elliott, 2008). 3. Evaluate the contribution of a focus group and teacher feedback forms to optimize the effectiveness of the PA intervention in the school context. 4. Determine whether classroom teachers can implement the intervention as described with fidelity.

28. Association between anterior knee pain with training and personal characteristics in runners

Alexandre Dias Lopes, Justin Walker, Department of Physical Therapy, University of Massachusetts Lowell; - Lyra Clark Department of Physical Therapy, University of Massachusetts Lowell; - Michael Kalenoski, Department of Physical Therapy, University of Massachusetts Lowell

Background: A significant number of recreational runners suffer from a knee injury while still participating. Purpose/Hypothesis: The aim of this study was to verify the association between anterior knee pain (AKP) and training and personal characteristics in runners. We hypothesized that some training and personal characteristics could be associated with the presence of AKP in runners. Methods: A total of 300 recreational runners participated of this study. The inclusion criteria was ere running for at least 6 months and being 18 years of age or older. This study was approved by the Ethics Committee of the University of the City of São Paulo. The first questionnaire contained questions on personal characteristics, training characteristics and the presence of AKP, and the second questionnaire asked on pain and knee function (Anterior Knee Pain Scale, AKPS). Data Analysis: Univariate logistic regression analysis was performed to verify association between participants' characteristics, training characteristics and the presence of AKP. Results/Conclusion: Among 300 participants, 64 (37.9%) reported AKP. The mean duration of pain was 18 (IQ 52.8) months, the mean pain intensity was 4 (IQ 4), and the mean AKPS score was 83.4 (SD 9.3) points. Univariate logistic regression analysis showed that female runners have a higher chance of association with AKP than male runners (OR 2.46, CI 95% 1.39-4.37). BMI ($p = 0.018$) and running distance ($p=0.041$) were shown to have statistically significant differences among female and male runners with AKP. Females were thinner than men and they reported lower mileage per week.

29. Woofster: Engaging Community Members in Dog-Powered Science

Brittney Logan, Jesse McClure, Elinor Karlsson

Darwin's Dogs, a citizen-science project, is studying the connection between canine behavior and genetics. Our goal is to better understand the brain pathways that are disrupted in humans and dogs with psychiatric and neurological diseases. So far, close to 12,000 participants have answered behavior surveys about their dogs, and nearly 5,000 have sent in saliva samples. Given the complexity of behavior, however, we want to gather more objective measures to supplement the behavior survey responses. To do so, we created Woofster, a local community meeting where participants and their dogs engage in a variety of activities to collect objective measures of behavior. Woofster meetings, held monthly, each focus on a specific theme. Over the past four months, for example, our themes have included paw preference, scent detection, nonverbal communication and play. Participants are given a booklet with detailed instructions that guides them through each activity, and asks them to record their results. We then assess the data and feedback that participants provide. Participant feedback is being used to revise our Darwin's Dogs smartphone app, which will include app-based versions of

the most successful Woofster activities, and will be released to all 12,000 Darwin's Dogs participants. With the help of the community members that attend our Woofster meetings, we are improving the Darwin's Dogs app and validating our existing behavioral survey data. We also have an opportunity to engage the community in ongoing UMMS research through fun, interactive and educational activities.

30. Assessment of Diet in Patients with Inflammatory Bowel Disease: A Collaboration of Behavioral and Basic Scientists

Olendzki B, Kohli A, Olendzki E, Lai Y, Maldonado-Contreras A. UMass Medical School

Introduction Clinical research to develop treatment for inflammatory bowel disease (IBD) is focusing on a nutritional regimen restricting certain carbohydrates while incorporating the use of an optimal diet that includes pre- and probiotic foods. Current assessments are not able to measure elements of this nutritional regimen, thus we developed a food frequency questionnaire (FFQ). This FFQ will be utilized in a prospective study of IBD patients following an anti-inflammatory diet (IBD-AID) developed by us and used clinically at UMASS. We will track the bacterial communities inhabiting the microbiome of patients to determine diet-dependent changes, and their relation with patient wellbeing. Objectives 1) Develop an FFQ capable of identifying dietary components important to IBD: prebiotics, probiotics, beneficial nutrient intake, and avoidance of certain foods. 2) Determine diet-dependent changes of the gut microbiome Hypothesis This study will show the microbiome of patients adopting the IBD-AID converge to one or more healthy 'enterotype' signatures, as compared to a non-IBD-AID control group. Experimental design Patients record daily FFQ. Foods and food groups (270) are categorized and grouped according to criteria of interest. Each food has a referent by which the patient can compare their own consumption. A scoring system satisfying dietary guidelines and components of the IBD-AID will be utilized. Twice per week patients collect stool samples for microbiome analysis. Microbiome composition and ecological metrics are compared to identify components influenced by the IBD-AID, and to separate bacterial 'enterotype' signatures of patients before, during and after diet intervention. We are currently recruiting patients.

31. Recruiting Low Income Post-Partum Women into a Weight Loss Trial: In-Person versus Facebook Delivery

Valerie Silfee, Andrea Lopez-Cepero, Milagros Rosal, PhD, Stephenie Lemon, PhD, University of Massachusetts Medical School

Several studies, such as the Diabetes Prevention Program (DPP), have provided foundational evidence for the effect of lifestyle modification interventions on diabetes prevention and weight loss. However, translating these programs to the real-world has proven difficult. There remains a need to increase the feasibility and reach of translational weight loss interventions, particularly among socioeconomically disadvantaged populations.

PURPOSE: To compare the recruitment rate of overweight low income postpartum women into a DPP-adapted behavioral weight loss program delivered in-person versus delivered via Facebook. We hypothesized that the Facebook-based trial may be easier to recruit for as the delivery mode may reduce participant burden (i.e. transportation, child care) compared to the in-person trial. **METHODS:** We compared two 8-week pilot behavioral weight loss trials; one delivered via weekly in-person group sessions and the other delivered entirely via Facebook. Both trials used the same recruitment methods: participants were overweight low income postpartum women within five Women Infants and Children (WIC) clinics in the Worcester, Massachusetts area recruited by nutritionists during routine WIC visits. Inclusion criteria included, childbirth in the previous 6 weeks to 6 months, age 18 or older, a body mass index (BMI) of > 27 kg/m², and obstetric provider approval for participation in the diet and physical activity components of the intervention. Additional eligibility criteria for the Facebook intervention included: 1) ability to use the Internet daily; 2) having a Facebook account; 3) currently using Facebook at least once per week. **RESULTS:** 27 and 29 women participated in the in-person and Facebook pilot trials, respectively. Among eligible women, 62.1% gave permission to be contacted for the in-person trial, and 23.3% enrolled. 58.7% of women eligible for the Facebook pilot agreed to be contacted, and 24% enrolled. **CONCLUSIONS:** Recruitment rates for a Facebook-based weight loss intervention were similar to

that of an in-person intervention, thus both programs may have the same reach. Future efforts are needed to increase reach of weight loss interventions among overweight and obese low income diverse women.

32. Fostering spaces for stakeholder engagement - The Urban Communities Organizing for Climate Resilience Conference of 2016

David Chang, WE ACT for Environmental Justice, Taylor Morton, Environmental Health Fellow

Background: To disseminate/translate research, resources, and strategies to mitigate or adapt to a changing climate, a space for open discussion is needed for various stakeholders to come together. Methods: WE ACT for Environmental Justice, the NIEHS Center for Environmental Health in Northern Manhattan, and the Columbia Center for Children's Environmental Health, convened a one day conference titled 'Urban Communities Organizing for Climate Resilience' to engage scientists, policy advocates, government agencies, community-based organizations and their constituents living at the front lines of climate change to advance science, develop policies, and organize around resiliency efforts; also, the conference aimed to raise awareness around the adverse health outcomes associated with climate change impact. Results/Conclusions: Roughly 200 participants which included undergraduate/graduate students, members from community based organizations across NYC, high school youth, government agency representatives, researchers, and scientists attended the conference. Through keynote speakers, panel discussions with government agency representatives, presentations by researchers and project leads, and breakout sessions, participants were able to not only hear about climate resiliency plans being developed/implemented across New York City but were also able to engage in meaningful discussions around future collaboration. Conferences where community members are the lead in presenting their plans to government agencies, academic institutions, and other community based organizations could foster new opportunities for collaboration, research, and further engagement.

33. #HelpMe Social Media Usage Among Suicidal Adolescents

Brittany P Chapman, BS; Nathalie Nader, BA; Jennifer L Carey, MD Division of Medical Toxicology, Department of Emergency Medicine, University of Massachusetts Medical School, Worcester, MA

Background: Suicide is the third leading cause of death among adolescents between the ages of 10 and 24. Each year, roughly 157,000 adolescents are seen in Emergency Departments nationwide following self-harm attempts. With 92% of adolescents going online daily, communication behaviors, including those related to suicidal ideation and self-harm, may be changing. This study aims to explore use of social media among this population in hopes of identifying targeted self-harm prevention strategies.

Methods: Patients, ages 9-22, presenting to the hospital following a self-harm attempt or with suicidal ideation are eligible. Once medical clearance and consent are obtained, an electronic survey is administered. Survey content focuses on circumstances that brought them to the hospital and use of social media as a form of communication. Additionally, a 'friend request' is sent to review subject's personal social media accounts.

Progress: We have currently enrolled 66 subjects (target: N=100) in our study. Fifty of those subjects (76%) provided access to their personal social media account. Facebook was the most common (51%) followed by Instagram (32%) and then Twitter (17%). Of the fifty-seven subjects (86%) that reported self-harm, twenty-eight (49%) indicated that they thought they were going to die and thirty-nine (68%) wanted to die. Only three subjects (5%) reported posting on social media about their self-harm attempt, however, during preliminary data analysis, several additional subjects commented on feeling depressed or wanting to die.

Future Work: Systematic analysis of all postings to determine whether certain language, content, and conversations are indicative of adolescents at risk.

34. Teen Reality Intensive Driver Education (R.I.D.E.): Experience and Impact on Teenage Drivers

Jonathan Green, MD1, Jeffrey Brady, BA, MSW2, Rachele N. Damle, MD MS1, Pradeep P. Nazarey, MD1, Jeremy T. Aidlen, MD1, Mariann Manno, MD, EdM3, Michael P. Hirsh, MD1 1University of Massachusetts School of Medicine Department of General Surgery, Division of Pediatric Surgery 2 University of Massachusetts School of

Medicine 3 University of Massachusetts School of Medicine, Department of Pediatrics, Division of Pediatric Emergency Medicine

Introduction: In 2013, 2,163 teens in the United States ages 16-19 were killed and 243,243 were treated in emergency departments for injuries from motor vehicle crashes. Prevention efforts aimed at high-risk teen drivers may alter behavior and encourage safe driving habits. Methods: The Teen R.I.D.E program provides at risk teenagers with a 'day in the life' experience of motor vehicle trauma patients. We administered anonymous paper surveys between 2013-2016 to Teen R.I.D.E participants to obtain demographic data and evaluate the program's impact on their driving behavior. The demographic and program evaluations were kept and analyzed separately as they had no identifying information to link one to the other. We retrospectively analyzed survey responses using univariate statistical analysis. Results: A total of 308 participated in the survey, however, 4 were missing the evaluation portion of the survey. The mean age of participants was 16.7 years old and 79% were males. Most respondents (92%) had driving experience (24% permit, 36% junior operator's license and 9.0% license) or attended a driver's education course (57%). The most common offense committed was License/Permit violation (37%). Participants were most impressed with the Traumatic Brain Injury/Trauma presentations (65%). Most teenagers (86%) felt the program would affect their future driving. Driving safely (42%), wearing a seatbelt (19%) and avoiding drinking and driving (16%) resonated most with participants. Conclusion: Teen R.I.D.E offers a valuable experience to at risk teenagers about the dangers of driving. Participants report the multi-faceted program is likely to substantially impact their driving behaviors.

35. Healthy Kids & Families: Overcoming Social, Environmental and Family Barriers to Childhood Obesity Prevention

Amy Borg, MPH, MEd, Christina Haughton, MPH, Kevin Kane, MS, Stephenie Lemon, PhD, Lori Pbert, PhD, Wenjun Li, PhD, Milagros Rosal, PhD

Healthy Kids & Families, the applied research project of the UMass Worcester Prevention Research Center, is testing the impact of a community health worker (CHW)-delivered intervention aimed at helping families overcome barriers to childhood obesity prevention. The intervention addresses social, environmental, and family issues that may pose as barriers to healthy choices. The intervention is compared to a comparison condition consisting of a CHW-delivered intervention aimed at helping families improve positive parenting skills. The intervention and comparison condition are identical in format, Both use multiple delivery modalities to maintain novelty and prevent attrition/burden. These include home visits, telephone contacts, print (literacy sensitive newsletters), social media (Facebook), and community events. Parents and children will complete scheduled assessments at baseline, 6-, 12-, 18- and 24-month follow-up. Study participants are 240 parent-child dyads recruited from nine elementary schools. Inclusion criteria include: adult and their K-6th grade children attending a participating school, have access to a telephone, speak English or Spanish, and plan to live in the neighborhood for at least two years. Exclusion criteria include medical condition or advice from a doctor that precludes the child from walking or eating fruits and vegetables. Healthy Kids & Families is being implemented in racial/ethnically diverse underserved communities in Worcester, Massachusetts. Funded by the US Centers for Disease Control and Prevention, it involves a partnership between UMass Worcester Prevention Research Center of UMass Medical School, the Worcester Public Schools, and Oak Hill Community Development Corporation.

36. IPE Curriculum Development through Community Partnerships

Renee Barrile, University Massachusetts Lowell; JoAnn Moriarty-Baron, University Massachusetts Lowell; Leanna Moran, Summit Eldercare; Sandra Mote, University Massachusetts Lowell; Deirdra Murphy, University Massachusetts Lowell; Kristin Palladino, University Massachusetts Lowell; Susan Woskie, University Massachusetts Lowell

Interprofessional education (IPE) provides an opportunity to improve interprofessional collaboration and patient care. The University of Massachusetts Lowell College of Health Science offers diverse health science programs and is well aligned to pursue a new college initiative for IPE. Developing IPE curriculum is typically fraught with

obstacles including introducing students to positive examples of intercollaborative practice. Establishing a connection with Summit Eldercare was pivotal in jump starting the IPE initiative. Summit Eldercare is a PACE program with Interprofessional practice at the core of their model of care and its design fits the nuances of academia. This pilot project exposed students to the benefits of intercollaborative practice and provided an opportunity for hands on experience with the Summit participants. Students were selected from public health, nursing, nutrition, exercise physiology and medical laboratory science. Key concepts included the importance of best practices for professionalism, roles and responsibilities, teamwork, communication, ethics, and collaborative practice in health care. The syllabus, learning activities and assessment methods were developed across the 5 disciplines and in collaboration with the community partner resulting in mutually beneficial deliverables. Course class time consisted of weekly sessions with the community partner and face to face debriefing with faculty members from each of the various Health Sciences majors. This project generated several positive outcomes including enhanced student insight into the value of IPE as evidenced by the following statement; 'We worked as equals to put the patient first and provide the best possible care.

37. YouthConnect Worcester: Youth Development and Effective, Efficient Collaboration, Two Keys to Improved Community Health

Patricia Flanagan, YWCA Central Massachusetts, Judi Kirk, YouthConnect and Boys & Girls Club of Worcester; Patricia Flanagan, Linda Cavaioli, YWCA Central MA; David Connell, YMCA of Central MA; Liz Hamilton, Boys & Girls Club of Worcester; Gordon Hargrove, Friendly House; Victoria Waterman, Girls Inc.; Sam Martin, Worcester Youth Center; David Forsberg, You, Inc.; Kerry Conaghan, United Way of Central Massachusetts

YouthConnect is a consortium of youth development providers and funders including 8 Executive Partners and over 30 Supporting Partner agencies providing a seamless network of individual and family supports, education, recreation and healthy activity for youth in the Greater Worcester Community. Underserved and isolated youth gain access to a multitude of services improving education, health and family stability, with integrated behavioral health services, embedded in out-of-school time environments. Under a common belief that Youth Development is essential to Community Health, youth outcomes are present in the nine priority areas of Worcester's Community Health Improvement Plan (CHIP). The Consortium provides a powerful, collective voice for youth, and through shared resources, convenes leaders who trust, learn from, share with and support each other, having a positive impact on youth, their families and the Greater Worcester community that they call home. The Consortium has made progress through data sharing, gaining evidence that shows positive impacts on youth along with gaps that need to be addressed. Shared training and professional development generates a cadre of youth workers who understand developmental needs, risks and protective factors, build program planning and implementation skills, network, and share across agencies. Additionally, the program model embeds mental health clinicians within the program environment, providing support for youth and staff, along with resources and referrals as needed. The Consortium, built on proven youth development principles that deliver positive outcomes, continues to lead the way for Greater Worcester, providing access, resources and support for underserved and isolated youth and their families.

38. Sibling Support Program: A Family-Centered Mental Health Initiative

Emily Rubin, MA, UMass Medical School; Emily Lauer, MPH, UMass Medical School; Leah Baigell, MS, UMass Medical School; Jacob Venter, MD, Cambridge Health Alliance; Louis Ostrowsky, MD, Cambridge Health Alliance; Elizabeth Janopaul-Naylor, MD, Cambridge Health Alliance; Greg Barnett, MD, Cambridge Health Alliance; James Mackenzie, MD, Cambridge Health Alliance; Nikhil Patel, MD, Cambridge Health Alliance; Yana Kotlar, LCSW, Cambridge Health Alliance; Adele Pressman, MD, Cambridge Health Alliance

Sibling Support Program: A Family-Centered Mental Health Initiative was developed at the Eunice Kennedy Shriver Center of the University of Massachusetts Medical School. The project is currently implemented at Cambridge Health Alliance in Cambridge, Massachusetts as an IRB-approved research study, and at another Boston-based hospital as a Quality Improvement (QI) initiative. The program was also piloted at Boston Children's Hospital in Boston, Massachusetts. The project explores the impact of mental illness on typically

developing siblings and caregivers of children with psychiatric needs. Project goals: to increase resiliency and mitigate the trauma commonly experienced by siblings of children admitted for psychiatric hospitalization; to build skills, competency and confidence among parents; to help restore family stability post-discharge; to build capacity among medical practitioners. Interventions include psycho-educational groups for caregivers, and sibling support groups for children growing up alongside the patient. Participants complete surveys following the intervention to report on knowledge learned, satisfaction level, and behavioral change anticipated by the participant. Over 1,500 participants have participated in this innovative program that utilizes parent mentors and medical trainees to deliver interventions, with high satisfaction scores among participants. Results suggest that a child's mental illness can be traumatic for family members, and that sharing stories can alleviate the stress and anxiety related to living in a home with a child with mental illness. The program serves as a training rotation for psychiatry residents through Harvard Medical School.

39. Healthy Homes for Children and Older Adults with Asthma

David Turcotte ScD, Emily Chaves, MA, MSc, University of Massachusetts Lowell; Kelechi Adejumo, PT, MSc, University of Massachusetts Lowell

There is a great deal of research supporting the short-term effectiveness and cost savings resulting from in-home multifaceted environmental interventions for asthmatics. These interventions include education about asthma triggers and management by Community Health Workers, providing tools to help reduce home allergens, pest control, and maintenance and repairs that affect indoor air quality. The long-term effectiveness of these interventions has yet to be demonstrated. We aim to re-visit both child and elder research participants we have conducted interventions with in the past to collect environmental and health data which will show us whether these outcomes have been sustained up to 6 years later. We hypothesize that the original interventions will show a sustained improvement over the initial baseline assessment 2-6 years after completion, but that the improvement will decrease with time. We also aim to assess the added benefit of a second hypothesis that providing an intervention 'booster shot' (to children only) will improve the sustainability of asthma health indicators and environmental trigger behaviors. We will begin enrollment in this study during the Spring of this year. Our community partners have included the public housing authority, a community action agency, and a community health center. They have played a crucial role in helping us reach community members and have acted as leaders in outreach and enrollment, providing education and social support, and establishing trust between the university and the research participants. Their continuing assistance and participation in this research study will help to ensure that project goals are met.

40. Connecting Community to Research: A Training Program to Increase Community Engagement in Research

Jennifer Pamphile, Sharon Bak, Nikki Spencer, Ann Han, Tracy Battaglia Women's Health Unit, Section of General Internal Medicine, Evans Department of Medicine, Boston Medical Center and Boston University School of Medicine, Boston, MA

Background: Community Engaged Research (CEnR) as a means to address health disparities has emphasized the necessity for community members to partner with researchers. The Boston University CTSI identified the local need to increase the number and diversity of community members ready and willing to engage in the research process. Methods: Connecting Community to Research (CCR) was designed to train community groups interested in improving the health of their community. Trainings were adapted from existing curricula with input from a 12 member advisory panel. The goal was to help trainees understand the various roles they can play along the research process. In a 1-2 hour training, participants were guided through an introduction to CEnR and learned how sharing their stories could inform research. The training concluded with an evaluation survey and opportunities to get connected to loco-regional projects. Results: From December 2015 to November 2016, 100 participants of diverse backgrounds were trained at 7 sessions: 56% identified as White, 35% African American, and 6% other races. Evaluation data indicated: 94% of trainees understood how research could address a community concern, 82% understood how to use their stories to inform research, and 53% intended

to participate as an advocate in research. Conclusion: These data suggest trainings like CCR can increase the number and diversity of community members willing to engage in research. While this introductory training generated positive results, additional trainings with varying levels of skill development may be needed to further empower community members to engage as partners in research.

41. Outcomes of Stomach and Small Intestine Perforations among Medicare Beneficiaries with Previous Antibiotic Use

Vijay T. Daniel, MD, MPH (1,2) Stacy Sanders, MD, MS, MHA (1,2), Didem Ayturk, MS (1), Heena P. Santry, MD, MS (1,3) 1) Department of Surgery, University of Massachusetts Medical School 2) Surgical Research Scholars Program, University of Massachusetts Medical School 3) Department of Quantitative Health Sciences, University of Massachusetts Medical School

Background: Exposure to antibiotics is one of the most modifiable determinants of microbiota. Little is known about the effect of antibiotics, a proxy for microbiome modulation, on outcomes of stomach and small intestine (SSI) perforations. We examined the relationship between antibiotics and outcomes after SSI perforations in elderly Americans. Methods: A 5% random sample of Medicare beneficiaries (2009-2011) was queried to identify patients with SSI perforations. Previous outpatient antibiotic exposure (0-30, 31-60, 61-90 days prior to admission) was assessed. Clinical characteristics were compared between no previous antibiotic exposure (NPA) and previous antibiotic exposure (PA) patients. Primary outcome was in-hospital mortality. Secondary outcomes included length of stay and 30-day readmission. Univariate and multivariable regression analyses were performed. Results: Overall, 401 patients \geq 65 years had SSI perforations (68.3% with NPA and 31.7 % with PA). Mean age (\pm SD) was 80 years (\pm 8). Overall in-hospital mortality was 13%. There was a significant difference in the rates of mortality (12% in NPA vs. 18 % in 0-30 days PA, 17% 31-60 days PA, and 8% 61-90 days PA, $P=0.002$). After adjustment of other factors, a trend toward increased in-hospital mortality was observed among patients in 0-30 days PA (odds ratio [OR] 2.0, 95% confidence interval [CI] (0.9, 4.7) and was significantly associated with ICU admission (OR 4.3, 95% CI (1.8, 10.2). Conclusions: Recent antibiotics increase illness severity and may increase mortality among elderly patients with SSI perforations. Minimizing exposure to outpatient antibiotics may favorably impact SSI perforation outcomes.

42. Equipped to Thrive

Stephenie McCarthy, Ascentria Care Alliance, Ann Dancy VP of Operations, NH Ascentria Care Alliance, Amy Marchildon Director, Services for New Americans, NH Ascentria Care Alliance; Betsy Burtis Organizational Learning and Development Manager Ascentria Care Alliance; Ailish Donovan Program Manager, Unaccompanied Refugee Minor Program Ascentria Care Alliance; Michael Alden VP and GM, Social Enterprise Ascentria Care Alliance

There are approximately 96 million people in the U.S. today who are in poverty and are eligible for some kind of public supports. Fifty years have passed since the 'War on Poverty' began, and the structural causes of poverty need to be addressed today more than ever. Rising inequality is causing infectious social problems, and government spending in accordance with anti-poverty legislation is unsustainable in its current form.

Traditional services and funding function only as a safety net for individuals and families in our communities who are living in poverty and don't provide the breadth of supportive services needed to fully break the cycle of poverty. By providing direct services, connections to resources and community partners, we aim to build a foundation of support for clients to equip them to exit poverty, manage setbacks on their own, and ultimately thrive. We are developing a research-based framework, tentatively titled the 'Equipped to Thrive empowerment framework tool.' Client-centered services will be provided utilizing a coaching approach supported by this framework. The long term outcomes and impact: increased and sustained security and opportunity, improved and sustained well-being, sustained self-efficacy, and increased capacity to set goals and make and sustain positive life changes. We're engaging with the entire faith community, with businesses and nonprofits, as we refine and shape this research-based framework. Through productive collaborations and partnerships, we aim to create measurable, positive impact that enriches our communities.

43. Chicopee and Springfield School Collaborate with UMass Amherst (UMA): For Alcohol and Opioid Screening, Brief Intervention and Referral to Treatment

Genevieve E. Chandler, PhD, RN; Gloria DiFulvio, PhD; Emma Dundon, PhD, RN, CPNP; Diane Fedorchak, M.Ed.; Dawn Heffernan, MS, RN; Sally Linowski, PhD; Suzanne Rataj, MPH; Donna M. Zucker, PhD, RN

The UMA nursing undergraduate training program, SBIRT: The Power of Nursing to Change Health, builds on a SAMHSA curriculum that is integrated into existing psychiatric/mental health, pediatric/young adult and community nursing courses that incorporate alcohol and substance abuse disorders. Student nurses will apply these new skills in their community and medical/surgical rotations in partnership with the Chicopee and Springfield Public Schools. High School survey data indicate that on average 67.5% of high school students have consumed alcohol with 40.1% indicating one drink in the last 30 days, and another 22.2% having five or more drinks in the last 30 days. Use typically begins during early adolescence and the first alcohol exposure peaking during grades 7 to 9. The SBIRT project has the potential to significantly impact early intervention and treatment for youth in Massachusetts by increasing the number of nurses trained in SBIRT and practicing in the public school. The UMA SBIRT Team completed the first training session October 2016 incorporating EBP into training and evaluation. Subsequent to the first training efforts, the team invited state and regional SAMHSA officials, the MA School Nurses organization and the MA Office of Elder Affairs to participate in SBIRT trainings. Community collaboration is critical to the success of the Power of Nursing to Change Health.

44. Physical Activity and Bone Health in Healthy and Clinical Populations

Sabahat S. Ahmed Joshua E. Johnson Megan E. Mancuso Ying Fang Karen L. Troy

The Musculoskeletal Biomechanics Laboratory's research focuses on understanding how forces applied to the musculoskeletal system can influence bone and joint health and function in adult men and women in health and disease. We utilize a combination of computational modeling, medical image analysis, mechanical testing, and living human subjects in a clinical research setting. Currently, we are recruiting volunteers to participate in several research studies. Women's Bone Health Study: This experiment evaluates the effect of a site-specific, weight-bearing exercise on bone structure and strength at the distal radius. Results will provide a clearer understanding of how bone strains achieved during skeletal loading can increase peak bone mass to prevent osteoporosis later in life. Smoking, Bone Structure, and Fracture Healing: The cardiovascular health burden of smoking is well known. However, smoking may also impact the skeletal system and increase long-term fracture risk. We are quantifying differences in bone microstructure and mechanical strength between smokers and non-smokers. Bone Health after Spinal Cord Injury: In the United States, more than six million people live with spinal cord injury (SCI). SCI causes loss of sensation and motor control. People with SCI experience severe bone loss in their lower limbs, leading to long term fracture risk of 40%. Rowing is used in rehabilitation to improve the bone and overall health of people with SCI. This project uses clinical CT data to quantify the bone changes prior to and after the rowing intervention. Collectively, this research provides the community with information about how to improve bone health.

45. Youth outcomes of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) in the Child Trauma Training Center (CTTC)

Crystallina Montagna, BA, Jessica L. Griffin, PsyD; Jessica Dym Bartlett, M.S.W., PhD; Genevieve Kane-Howse, LMHC; Marybeth Todd, M.S.W.

Objectives: Exposure to trauma among youth is common and can cause behavioral, social and functioning problems. Use of evidence-based trauma treatment can reduce post-traumatic stress (PTSD) symptoms and behavioral problems. This poster highlights the outcomes of youth who participated in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) provided by clinicians who were trained through the University of Massachusetts Medical School (UMMS) Child Trauma Training Center (CTTC). Methods: 308 youth ages 6-18 were enrolled into the CTTC evaluation with a mean age of 11.31 years (SD = 3.5); over half were female (58.1%), the majority were white (62.3%) and 37% were Hispanic. Data was collected by clinicians at three

different time points: baseline, six-months and discharge through REDCap using the following measures: Child Behavior Checklist (CBCL), UCLA PTSD Index and the Social Connectedness survey. Results: The results of the UCLA PTSD Index indicated that youth experienced significantly fewer Re-experiencing (baseline [M = 9.67]; discharge [M = 6.36]), Avoidance/Numbing (baseline [M = 10.55]; discharge [M = 8.63], and Arousal symptoms (baseline [M = 11.46]; discharge [M = 9.02]), as well as less severe symptoms (baseline [M = 33.43]; discharge [M = 24.71]) overall. The CBCL revealed youth experienced fewer Internalizing (baseline [M = 64.51]; discharge [M = 62.18]), Externalizing (baseline [M = 64.51]; discharge [M = 62.18]) and total problem behaviors (baseline [M = 65.48]; discharge [M = 61.82]) overall compared to baseline. Additionally, youth reported significantly better change in Social Connectedness (M = 4.32) compared to baseline (M = 4.06).

46. Developing and Testing a Mobile App for Research: Challenges and Lessons Learned

Winnie Chin, M.S. Department of Public Health University of Massachusetts Lowell; Alicia Kurowski, Sc.D. Department of Public Health University of Massachusetts Lowell; Guanling Chen, Ph.D. Department of Computer Science University of Massachusetts Lowell; Laura Punnett, Sc.D. Department of Public Health University of Massachusetts Lowell

Mobile device applications for data collection are an appealing way to obtain data from study subjects, but researchers who are not computer scientists are probably generally unaware of the effort entailed to develop a mobile app prior to its release. This report describes some unanticipated challenges in the creation of a mobile app and accompanying website whose purpose is to track employees' responses to a workplace change process. The researchers provided an initial specification, used to develop a prototype followed by fine-tuning via specific test cases (visual and written) which had to be prepared by the research team. Students were recruited to test the mobile app via task scenarios that mimicked target-user activities in each user role, prior to pilot testing with on-site users. Substantial time was needed to test across a diversity of mobile devices, platforms, and software versions. Conceptual and mental models of the researcher, developers, and target-users do not necessarily correspond; in-person meetings and synchronous work facilitate more efficient and effective communication than e-mails. In addition to the app itself, the data repository also required design. Additional time was needed to make sure that this functions correctly and records data in the format needed for analyses. Users are easily frustrated by errors and poor design, so testing of both usability and function are essential to achieve acceptance and error-free usage. Researchers aiming to develop a mobile application as a data collection tool should allocate sufficient personnel for usability testing and plan buffer times to avoid project delays.

47. Putting Health Equity Front and Center in Community Health Improvement by Empowering, Listening to, and Respecting Community Voices

Alexis Travis, PhD, CHES, Chief of Community Health, Worcester Division of Public Health Judi Kirk, Director of Community Impact, Boys & Girls Club of Worcester Ashley Stockwell, Academic Health Collaborative of Worcester Coordinator, Worcester Division of Public Health Kristin Bafaro, Executive Director, Coalition for a Healthy Greater Worcester

In 2016, the Worcester Division of Public Health, Coalition for a Healthy Greater Worcester (CHGW), UMass Memorial and Fallon Health, released the 2016 Community Health Improvement Plan (CHIP). The CHIP spans nine priority areas, with 31 objectives and 100 strategies with measurable outcomes. The focus is on social determinants of health, with health equity as the overarching goal. This goal will only be achieved if we empower, listen to, and respect community voices throughout the CHIP implementation process. CHGW presents a mechanism for community participation. A community-based structure which is open, transparent, and provides support in all areas of implementation, is being developed. A Steering Committee of residents and representatives from different sectors provides overall direction. Subcommittees provide support in each of four areas - community engagement, resource and development, research and evaluation, and policy and advocacy. Quarterly meetings in each priority area provide structure for reporting progress being made and requesting support. The Community Engagement subcommittee will work to build and maintain participation for each group which is universally inclusive and representative of the diverse organizations and residents of the region.

The group will create a plan for ongoing community engagement at each stage of the process and in each focus area. The Research and Evaluation subcommittee, in addition to measuring progress for each strategy, will develop benchmarks for evaluating community engagement. We anticipate improved progress toward CHIP outcomes as the community becomes more involved and is more representative of the population, driving momentum toward health equity.

48. Project ACCCES: A Collaboration to develop Capacity for Community-Engaged research in Springfield

Sarah Goff, MD, Kathleen Szegda, Ph.D., MPH, MS, Haley Guhn-Knight, BA, Bettye-Anderson-Frederic, Elissa Griffith-Johnson

Background: Residents of Springfield, Massachusetts experience disproportionately poorer health compared to the rest of the state. Springfield's community of color population (39.5% Hispanic/Latino; 21.6% Black; 2% Asian) experiences high rates of poverty, unemployment, and low educational attainment leading to large health disparities. Objective: The overall objective of the PCORI-funded Project ACCCES is to develop capacity to conduct community engaged research (CEnR) in Springfield that is based on patient and community needs, can be more easily translated, and improves community health. This engagement framework will be applied to development of patient-centered comparative effectiveness research proposals. Methods: In the project's first phase, we conducted focus groups with patients, community organization leaders, and physicians to better understand the most pressing health needs of the community, past research experiences, and important considerations for building community-academic partnerships. We then convened a multi-stakeholder Advisory Board to inform all Project ACCCES activities. In the second phase, we developed and implemented two half-day workshops to give participants the knowledge and tools to conduct CEnR and to begin to build community-academic partnerships in the areas of perinatal/maternal-child health, mental health/substance use, chronic disease/nutrition, and respiratory health. The third phase is currently underway and is focused on convening research partnership action groups that will seek to address Springfield residents' health needs through culturally appropriate interventions. The final phases will entail dissemination of both the process used to develop new collaborations to conduct CEnR in an underserved community and the workshop template, and development of structures to foster sustainability of partnerships.

49. Research and Resistance: A Call for Debate and Regional Organization

Stephen M. Padgett, RN, PhD Assistant Professor College of Nursing University of Massachusetts Dartmouth
The recent US elections revealed stark social divisions in both perceptions and values. The policies of the incoming Trump Administration remain unclear; however, the repeal of the Affordable Care Act, dismantling of the EPA, and campaigns against undocumented immigrants are on the short list of goals. Community health researchers have skills, resources, and connections with at-risk communities. Do we also have an obligation at this historical moment to document the 'facts on the ground' in those communities, and to communicate those results in new and different ways? Many questions need to be addressed, among them: How can we most effectively document what happens to vulnerable populations as federal policies and programs change? What are the more striking - and more subtle - early warning signs? How do we engage the public in discussions of complex and controversial topics? What kinds of information are most useful for policy-makers? How do researchers, teachers, and public health staff - often dependent on public funding and leery of taking overtly 'political' positions - engage with these important issues? The purpose of this poster is to call attention to the urgency of these questions, and to stimulate debate about how to proceed. The design will be interactive; participants will be encouraged to identify their own priorities and resources, write their ideas on the wall, and exchange contact information. A goal of this project would be the creation of a regional network for 'engaged' research coordination and collaboration.