CONVERGING SCIENCES SUMMIT
UNITING MINDS TO ADVANCE HEALTH

CSS2015 • COMMUNITY ENGAGEMENT AND POPULATION HEALTH
APRIL 27, 2015 • STUDENT ACTIVITIES CENTER • STONY BROOK UNIVERSITY

PROGRAM
Our program today builds on the strengths and collaborative spirit of our campus community to continue a tradition established in 2011 by the School of Nursing, under the inaugural leadership of Lee Anne Xippolitos, Corrine Jurgens, Adriann Combs and Dan Roberts. The summit is a biennial event, with leadership rotated and shared across the Health Science Schools. The first Summit, “Evidence Based Practice During Healthcare Reform” was followed in 2013 with “Advancing Health Outcomes: The Intersection of Health and Technology.”

In this 3rd multidisciplinary Converging Sciences Summit, organized by the School of Health Technology and Management, the Program in Public Health and the School of Nursing, we celebrate the work of faculty and students from Stony Brook and beyond. We showcase the community partnerships they have helped form to improve health and reduce health disparities that persist in underserved marginalized and minority communities.

This conference is generously supported by several active contributors as partners, sponsors, and technical supporters representing diverse schools, colleges, and programs across the Stony Brook University campus, including: the School of Health Technology and Management, the School of Medicine, the School of Nursing, the School of Dental Medicine, the School of Social Welfare, the College of Arts and Sciences, the College of Business, the College of Engineering and Applied Science, and the Program in Public Health. This is a testament to the commitment of our campus community to working towards access to care, services and education for all members of our society.

Specifically, we must thank all the program committee and staff, with particular thanks to: Annie Rohan, School of Nursing; Mary Hoffmann, Alumni Relations; LeeAnn Iassogna, Center of Excellence in Wireless and Information Technology (CEWIT); Chelsea Tollar and David Saenz, Program in Public Health; Catherine Gropper, Occupational Therapy; Veronica Kaulinis, undergraduate intern from the College of Business; Eric Leung, photographer and undergraduate in Information Systems, CEAS; and Diana Hannah, Ann Brody and Heather Leger in Conference and Events services. We thank Corrine Jurgens for providing a preconference workshop, Developing Effective Abstracts and Posters and for organizing the juried poster session with Erin Vasudevan. We thank those on our Program Committee who recruited presenters and provided peer review of the abstracts and the student ambassadors who are volunteering their time to make sure the summit runs smoothly.

Special thanks to Frank Kronenberg for the pre-conference workshop, Jam Session: How Are We Doing Together? A Dynamic Workshop on Developing Academic-Community Partnerships for Population Health. In addition to the pre-conference workshop, this Summit also launched a 12-month mentoring program intended to promote community-engaged research matching a senior researcher or community leader with a junior scholar committed to health improvements. A description of the Mentoring Program is included in this program book, with more details on our web site. We thank the mentors, Alberto Guzman, Sharon Martino, Eva Rodriguez and Gloria Viboud for joining us today.

We gratefully acknowledge the National Institute of Health’s, National Institute on Minority Health and Health Disparities for the R13 award 1R13MD009449-01 that has supported, in part, both the Summit, the pre-conference workshop and the mentoring program.

Enjoy this opportunity to engage with colleagues, share your thoughts, and create new partnerships for collaboration. We look forward to seeing you all again in 2017 when the School of Dental Medicine leads the 4th Converging Sciences Summit.
AGENDA

MONDAY • APRIL 27

8:00 AM-9:00 AM  REGISTRATION AND CONTINENTAL BREAKFAST

9:00 AM-9:15 AM  OPENING REMARKS Dr. Samuel L. Stanley Jr., Dr. Kenneth Kaushansky, Dr. Pamela Block  • AUDITORIUM

9:15 AM-10:15 AM  MORNING PLENARY PANEL
Stony Brook World Trade Center - Health Program: A Model Partnership of Professional and Lay Communities  • BALLROOM A

10:30 AM-11:30 AM  BREAKOUT SESSION ONE

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<td>Madness to Medicalization to Mad Pride</td>
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<td>PART II Ideal Patient Outcomes and Satisfaction: Best Practices for Acute and Community Care</td>
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11:45 AM-12:30 PM  POSTER SESSION  • BALLROOM B

12:30 PM-1:15 PM  LUNCH  • BALLROOM A

1:30 PM-2:30 PM  AFTERNOON PLENARY PANEL
Creating a Health Career Pipeline for Students in Long Island’s High-Needs Schools  • BALLROOM A
From AIDS to Ebola: Lessons Learned and Unlearned  • AUDITORIUM

2:45 PM-3:45 PM  BREAKOUT SESSION TWO

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<td>Health and Interventions for Youth and Young Adults</td>
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4:00 PM-4:45 PM  CLOSING DIALOGUE AND AWARDS See Page 23 for Full Agenda  • AUDITORIUM

5:00 PM-6:00 PM  POST-SUMMIT MENTORING PROGRAM RECEPTION  • ROOM 303

Program CSS2015
BREAKOUT SESSION ONE

Health and Community from Local to Global Contexts • ROOM 303
Tavora Buchman, Celina Cabello • Nassau County Department of Health
A Public Health System Approach to Identifying Prevention Priorities for a Local Health Department

Julio Carrion, Comlan Missih • Stony Brook University
Hispanic Communities of Suffolk County in Long Island: A Steadily Growing Population in Need of Information and Access to Healthcare

Carolyn Coburn, John Shandra, Michael Restivo • Stony Brook University, SUNY Geneseo

Brooke Ellison • Stony Brook University
Community Engagement and Stem Cell Research: A New Paradigm for Bioethics and Public Policy

Madness to Medicalization to Mad Pride • AUDITORIUM
Rachel McDonald • College of William and Mary
College Student Voice, Mental Health, and Active Minds: A Narrative Inquiry Study

Cassandra Evans • Stony Brook University
From Madness to Medicalization to Mad Pride: Does the Evolution of Monikers Help People Avoid Stigma Factors for Schizophrenia?

Sean Getty • Stony Brook University
Evidence-Based Practices to Facilitate the Recovery of Individuals with Mental Illness

Quality & Options across the Heart Disease Continuum • ROOM 305
Sobia Ali Faisal • Stony Brook University, Toronto UHN
Peer Navigators to Promote Cardiac Rehabilitation Enrollment: Preliminary Results of a Pilot Randomized Controlled Trial

Kenneth Faulkner • Stony Brook University
Mild Cognitive Impairment in Heart Failure with Preserved Ejection Fraction

Jaiby Augustine, Kathleen Shurpin • Stony Brook University
Promoting Advance Care Planning in Patients with Heart Disease: A Quality Improvement Study

The Role of Rehabilitation and Wellness in Pediatric Cancer Survivors • ROOM 302
Mitra Varedi • Stony Brook University
The Need for Rehabilitation in Pediatric Cancer from Diagnosis to Survivorship

Susan Miale • Stony Brook University
The Role of Rehabilitation in Acute Care Pediatric Oncology

Raymond McKenna, Susan Miale • Stony Brook University
Development of a Community-based Wellness Program for Pediatric Survivor of Cancer

PANEL • The Black Church: The Stakeholder Addressing African-American Healthcare • ROOM 304
Eloise Tyler • Clara Cantrell Clemmons Assistance Center
The Black Church: The Stakeholder Addressing African-American Health Care

Ann Stephens • Essence of Life Health Education and Resource
Cancer Screening and Education in the African American Community

Helen Morris Jackson • Broken Vessel
The Black Church Response to the Inequity of Health Care for African-Americans

PART I • Ideal Patient Outcomes and Satisfaction: Best Practices for Acute and Community Care • ROOM 306
Lynn Hallarman, Denise Snow • Stony Brook University
Adding the Legal Advocate to Patient Care: A Proven Strategy to Address Social Determinants of Health in Caring for Cancer Patients

Frances Edwards • Stony Brook University
What is the Impact of the Flu Mask Protocol on Influenza Vaccine Acceptance Rates?

Sandra Bastidas, Marie Marino • Stony Brook University
Does Providing Information About What To Expect in the Emergency Department Improve Patient Satisfaction?
BREAKOUT SESSION TWO

PART II • Ideal Patient Outcomes and Satisfaction: Best Practices for Acute and Community Care • ROOM 302

John Brittelli, Craig Lehmann • Stony Brook University
Decreasing Hospital Admissions of Nursing Home Residents

Veronika Dolar, Azad L. Gucwa, Chao Ye, Stephanie Epstein • LIU Post, North Shore LIJ
Antibiotic-resistant Organisms in Skilled Nursing Home Facilities and the Five-star Quality Rating System

Craig Lehmann • Stony Brook University
Catalyzing Technology Innovation to Improve Compliance

VENTure Think Tank: Policy and Technology Innovation for Ventilator Users • ROOM 303

Stephen Smith • Stony Brook University
The Role of the Respiratory Therapy Practitioner in the Home Care Setting

Mary Squillace • Stony Brook University
VENTure Think Tank: Occupational Therapy

Susan Miale • Stony Brook University
Physical Therapy and Mechanical Ventilation

John Brittelli • Stony Brook University
History of Mechanical Ventilation

Health and Interventions for Youth and Young Adults • ROOM 305

David Hensen, Pamela Linden, Anita Dowd-Neufeld • PRAAT, Stony Brook University, FREE
The Use of Animal Assisted Therapy to Enhance Physical Activity in Adults with Developmental Disabilities

Susan Glodstein • Stony Brook University
A Plan to Implement Suicide Prevention in Teens and Young Adults from Evidence Based Practice Findings

Erik Flynn, Lisa Johnson, Carrie-Ann Miller • Stony Brook University
Development of Community Partnership with High Need School Districts

Lisa Endee, Russell Rozensky, Stephen Smith • Stony Brook University
Development of a Prevention of Distracted Driving Curriculum for High School Students

Fit Families for Life: An Interdisciplinary Program Promoting Healthy Lifestyle Changes in Suffolk County Families • ROOM 306

Peter Morelli • Columbia University
Historical Perspective of Two Programs Developed to Address Cardiovascular Health and Combat Obesity

Shabana Humayon • Stony Brook University
Fit Families for Life: The Role of Families and Communities in Promoting Healthy Lifestyle Changes

Joanne Cesiro • Stony Brook University
A Complementary Approach to Stress Reduction and Health Promotion for Families

Sharon Martino • Stony Brook University
Fit Kids and Fit Families for Life: Research Findings and Future Directions

Thinking through Space: Human Geography as a Tool for Engagement • AUDITORIUM

Michele Friedner • Stony Brook University
Thinking through "Deaf Space: Towards Inclusive Spaces"

Michael Leverett Dorn • Stony Brook University
Urban Magic in an All Too Familiar Suburban Space

Maria Milazzo • Stony Brook University
Pediatric MS Camp as a Place for Temporary Magic

Kathleen McGoldrick • Stony Brook University
The Dreaded 'Because I Want to Help People': Teaching Disability Studies in a Non-Traditional Major

WORKSHOP • Babel Success: Restorative Play with Dance and Adults with Spinal Cord Injury • ROOM 304

Amy Sullivan, Kai Sherman • Stony Brook University
ANNOUNCING THE 2015-2016 CSS MENTORING PROGRAM PARTICIPANTS

Congratulations to the scholars selected to participate in the 2015-2016 Converging Sciences Summit Mentorship Program. Mentors and mentees who applied to this program were paired based on shared interests and goodness of fit to work together over the next 12 months. The selected mentee/mentor matches are listed below. These scholars will collaborate to address community health needs doing a project that is likely to make a significant impact while providing a valuable mentoring opportunity. We thank the mentors for sharing their expertise and time to participate in this program, and congratulate the mentees for being selected.

MENTEES
Jennifer deBeer Charno
Margarita Espada
Dr. Shabana Humayon
Rachel McDonald

MENTORS
Dr. Gloria Viboud
Dr. Eva Rodriguez
Dr. Sharon Martino
Dr. Alberto Guzman

PLENARY PANELS

STONY BROOK WORLD TRADE CENTER - HEALTH PROGRAM: A MODEL PARTNERSHIP OF PROFESSIONAL AND LAY COMMUNITIES
Evelyn Bromet, Sean Clouston, Adam Gonzalez, Janet Lavelle, Benjamin Luft

This symposium will describe the Stony Brook World Trade Center Health Program, a collaboration involving Stony Brook Medicine, labor unions, and other community groups on Long Island. Dr. Luft will describe the history, community roots, goals, and organizational structure of the program. Ms. Lavelle will discuss the integration of mental health care with the medical monitoring and treatment program and the identification and treatment of PTSD. Drs. Bromet and Clouston will outline the ongoing research program on health, cognition, and physical functioning. Dr. Gonzalez will describe the implementation and evaluation of the Mind-Body Treatment Program.

CREATING A HEALTH CAREER PIPELINE FOR STUDENTS IN LONG ISLAND’S HIGH-NEEDS SCHOOLS
Brooke Ellison, Deborah Firestone, Erik Flynn, Jeannie Guglielmo, Lisa Johnson, Carrie-Ann Miller

The School of Health Technology and Management’s Center for Community Engagement and Leadership Development (CCE) responds to needs in education, healthcare and social change by building relationships across Stony Brook University and the community. Its hallmark program, Health Careers Academic Readiness and Excellence (HCARE), is an educational program with a special emphasis on the allied health professions, delivered to 9th through 12th graders in the high-needs school districts of Amityville, Brentwood, William Floyd, and Wyandanch, and the Sovereign Unkechaug Nation. H Care also incorporates academic skill development, SAT preparation, and college readiness in its curricula, and serves as a mechanism to deliver innovative programming designed by CCE faculty and staff. For its Converging Sciences panel presentation, the CCE will detail HCARE’s history, delivery model, and emphasis on relationship-building.

FROM AIDS TO EBOLA: LESSONS LEARNED AND UNLEARNED
Ivan Arroyo, Lisa Diedrich, Dario Gonzalez, Rachel Kidman

HIV/AIDS is a condition of particular relevance to marginalized and minority populations on Long Island and beyond. What can we learn from our decades long experience with HIV/AIDS to give us insight into the Ebola Epidemic? Research in this area highlights the intersections of race, gender, stigma, class, sexuality, and disability as well as regional disparities and challenges faced across the life span. The plenary panelists highlight historical and current examples of community engagement related to HIV/AIDS on Long Island and its relevance to HIV/AIDS and Ebola across the globe.
A • HEALTH AND COMMUNITY FROM LOCAL TO GLOBAL CONTEXTS
Session Chair: Annie Rohan

A Public Health System Approach to Identifying Prevention Priorities for a Local Health Department
Tavora Buchman, Celina Cabello • Nassau County Department of Health
tbuchman@nassaucounty.ny.gov • ccabello@nassaucounty.ny.gov

New York State Department of Health’s Prevention Agenda charged Nassau County Department of Health (NCDOH) to identify health priorities. Historically, NCDOH relied on quantitative data for its health assessment. To better understand the community’s perception and improve planning efforts, this year, a public health system approach was used. Hospitals, community based organizations (CBOs), associations, and academia were invited by NCDOH to collaborate based on the need for common priorities. Quantitative analysis identified distribution of health outcomes and qualitative analysis revealed community’s perception. Residents were surveyed and key informant interviews contributed data. During 2013, planning meetings took place. 100% of county hospitals participated, 17 CBOs were interviewed and 1,070 residents responded to the survey. Quantitative data indicated that rates of chronic disease were significantly higher in underserved communities. Residents ranked chronic disease as the most important health concerns. 76% of CBOs identified chronic disease as a priority. Mapping results led to identifying priorities. The partnership established obesity prevention and access to quality chronic disease preventive care and management in both clinical and community settings, as priorities. An inventory of existing programs provided the foundation for the improvement plan moving forward. Agency investment in the method and plan provided for sustained partnership.

Hispanic Communities of Suffolk County in Long Island: A Steadily Growing Population in Need of Information and Access to Healthcare
Julio Carrion, Comlan Missih • Stony Brook University
julio.carrion@stonybrookmedicine.edu • nalmac2@gmail.com

The Hispanic population in N.Y.S, and towns and counties on Long Island has been constantly increasing for the past 20 years according to the U.S. Census Bureau. This has been particularly noticeable in Farmingville, a hamlet located in the Suffolk County of L.I., in which the Hispanic population has increased up to 50% during the past two decades. Among these, the undocumented and illegal immigrants are now a focal point of attention due to their current living conditions, lack of health literacy and access to medical and dental care. To this end, a survey was conducted in the town of Farmingville to assess the need for primary dental care in the underserved population and the effects of cultural background, language barriers and limited access to health services in relation to health literacy. The vast majority of individuals have had dental related problems for years. At least 25% of respondents have visited the dentist once a year. Lack of access to dental care was associated to their immigration status, no transportation and not having dental insurance. Overall, most have less than high school or no education, and low-income status. Minority Hispanic communities experience disparities in access to health services and information.

B • MADNESS TO MEDICALIZATION TO MAD PRIDE
Session Chair: Pamela Block

College Student Voice, Mental Health, and Active Minds: A Narrative Inquiry Study
Rachel McDonald • College of William and Mary
rlmcdonald@email.wm.edu

Due to effective pharmaceuticals and modern treatments plans, increasing numbers of college students with mental illness are being admitted to and graduating from institutes of higher learning (Tosevski, Milovancevic & Gajic, 2010). While this presents improved opportunities for students who might previously not have had the opportunity to attend college, it also presents challenges for the colleges and universities they choose to attend. Conducting research to develop holistic approaches for working with students with mental health issues is crucial. This presentation will serve as the basis for future work in community engagement and stem cell research.

Carolyn Coburn, John Shandra, Michael Restivo • Stony Brook University, SUNY Geneseo
carolyn.coburn@stonybrook.edu • john.shandra@stonybrook.edu • mike.restivo@gmail.com

We review the contested role World Bank reproductive health lending may have on maternal mortality in Sub-Saharan Africa. We use a two-way fixed effects regression model to analyze data for a sample of thirty-four Sub-Saharan African nations from 1990 to 2005. In doing so, we find that when a Sub-Saharan African nation receives a World Bank reproductive health loan it tends to have lower levels of maternal mortality than when it does not receive such a loan despite arguments to the contrary. However, we also find that when a Sub-Saharan African nation receives a World Bank structural adjustment loan it tends to have higher levels of maternal mortality than if it does not receive such a loan, thereby offsetting any gains associated with reproductive health loans.

Community Engagement and Stem Cell Research: A New Paradigm for Bioethics and Public Policy
Brooke Ellison • Stony Brook University
brooke.ellison@stonybrook.edu

The field of bioethics has focused on the autonomy-driven, principlistic approach, and this framework has served the field well. However, as science moves steadily toward therapeutic translation, it is valuable to incorporate the input and involvement of community members into the research process. Embryonic stem cell research is a key site at which to address community engagement as a component of bioethics, and this is the case for several reasons. First, this research is moving rapidly toward clinical translation, which will necessarily involve the public. Second, this field has been caught in misunderstanding, which requires engagement to address. This research project is designed to bring community engagement into stem cell research, through assessing the engagement strategies employed by researchers. It will also seek to understand stem cell research as a sociocultural construct shaped by public policy and debate. For its presentation, I plan to highlight community engagement strategies utilized by stem cell researchers and organizations, and how they have contributed to public involvement in science. In addition, I plan to analyze secondary data, to assess the intersection of stem cell science and society. This presentation will serve as the basis for future work in community engagement and stem cell research.
illness is vital to improving best practices for Colleges and Universities, as well as for improving the overall college experience for students. In this Narrative Inquiry, the researcher will explore the following topics and questions with a student who is a member of the non-profit mental health advocacy organization called Active Minds: Can participating in a self-advocacy group such as Active Minds result in positive outcomes for college students, such as a decrease in self-stigma, increased levels of self-advocacy, and help-seeking behaviors? How can student voice paint a picture of the experience of college students with mental illness? Results of this study include the effects of stigma on higher education outcomes, the impact of student advocacy groups, and the importance of interdisciplinary mental health research.

From Madness to Medicalization to Mad Pride: Does the Evolution of Monikers Help People Avoid Stigma Factors for Schizophrenia?
Cassandra Evans • Stony Brook University
cassandra.evans@stonybrook.edu

For centuries a blanket methodology to “madness” and insanity marginalized, institutionalized, and erased individuals with mental disabilities. Movement away from asylums led to untreated illness, later treatment and wellness, while contemporarily, a further iterative approach is the “Mad Pride” movement. (Facts and problem statement) While Mad Pride may erase binaries of sane/insane or illness/health while honoring the uniqueness of everyone’s mental health, caution is warranted for the newly-diagnosed individual with psychotic disorders. (Purpose) This poster focuses on the evolution of Mad Pride, its aims to eliminate disparity, increase access to education, and promote public acceptance of individuals with psychiatric disabilities, and how these may work in conjunction with or alternative to psychiatry. (Methods) A review of history evaluating philosophical and medical approaches to madness, insanity, illness, health and Mad Pride is presented. (Discussion) Though evolved, medical approaches to psychosis are still not always patient-centered. Questions remain as to how best educate the public in addressing mental health, episodic psychotic experiences and environmental risk factors. (Importance) Therefore, individuals and their caregivers need to understand symptoms associated with psychotic disorders, how medication may benefit acute psychotic episodes, but may also consider Mad Pride as an additional approach to chronicity.

Evidence-Based Practices to Facilitate the Recovery of Individuals with Mental Illness
Sean Getty • Stony Brook University
sean.getty@stonybrook.edu

The Substance Abuse and Mental Health Services Administration (2011) has identified that the focus of mental health programs must be based in recovery in order to promote well-being and meaningfulness to life. Although recovery is a person-centered process, there is a need to utilize evidence based practices in order to fully embrace the recovery paradigm (Rosen and O’Halloran, 2014). Although evidence-based practice is not a new concept in psychosocial treatment, there continues to be a struggle to integrate it into practice (Menear and Briand, 2014). This presentation will introduce the audience to evidence-based practices that can be applied to treating individuals with severe mental illness. An overview of the core concepts of each of these practices will be provided as well as where more information can be gathered regarding each of these evidence-based approaches.

C • QUALITY & OPTIONS ACROSS THE HEART DISEASE CONTINUUM
Session Chair: Corrine Jurgens

Peer Navigators to Promote Cardiac Rehabilitation Enrollment: Preliminary Results of a Pilot Randomized Controlled Trial
Sobia Ali Faisal • Stony Brook University, Toronto UHN
sobia.ali-faisal@uhnresearch.ca

Despite its proven benefits, cardiac rehabilitation (CR) remains under-utilized, especially among women. Replicating a trial conducted at Stony Brook, this pilot investigates peer support as a means of increasing patients’ CR enrollment. METHODS: This is an ongoing single-blind, 2 parallel-arm, allocation-concealed trial being conducted in Ontario. Females who previously completed CR were trained as peer navigators (n=2). Consenting clinically eligible cardiac patients are randomly assigned to either a peer navigation (PN) or usual care (UC). PN includes a bedside educational visit by a peer, a mailed post-discharge get well card, and a call at home from the same peer. The primary outcome of CR enrollment is assessed 8 weeks later. RESULTS: To date, 81 (57.4%) patients have consented (mean age=62.79±14.9; n=22, 27.2% female). Of the 25 (31.3%) participants for whom outcome assessment has been completed, 11 (44.0%) PN participants were referred to CR vs. 10 (40.0%) UC (p=0.36). Of the referred patients, 2 (18.2%) PN have enrolled in CR vs. 4 (40.0%) UC (p=0.36). Study enrollment will continue until 248 sample size, with preliminary outcomes available by May 2015.

Mild Cognitive Impairment in Heart Failure with Preserved Ejection Fraction
Kenneth Faulkner • Stony Brook University
kenneth.faulkner@stonybrook.edu

Background: Mild cognitive impairment (MCI) is common among patients with heart failure with reduced ejection fraction (HFrEF). As a result, self-care capacity is reduced. Although heart failure with preserved ejection fraction (HfPfEF) is as prevalent, little is known about MCI in this population. Therefore, exploring the presentation of MCI in patients with HfPfEF is important. Methods: Seven electronic databases were searched for studies evaluating MCI in patients with HfPfEF using the keywords “heart failure,” “ejection fraction,” and “cognition.” Databases were also searched for relevant studies by five researchers who study MCI in patients with HF. Sixteen articles met inclusion criteria. Results: Global cognitive impairment is as prevalent in HfPfEF as in HFrEF. Individuals with HfPfEF experience deficits in memory, attention, and psychomotor speed. Patients who have diastolic dysfunction without heart failure experience MCI, suggesting that MCI precedes progression to heart failure. Ejection fraction is a poor predictor of cognitive function in this population. Conclusions: A model explaining the mechanism of MCI in HfPfEF is needed. Consistent use of instruments and defining criteria will improve cross-comparison. Large, representative samples will improve our ability to generalize. Longitudinal studies will enhance our understanding of MCI and the effects on outcomes.
ABSTRACTS

Promoting Advance Care Planning in Patients with Heart Disease: A Quality Improvement Study
Jaiby Augustine, Kathleen Shurpin • Stony Brook University
jaiby.augustine@stonybrookmedicine.edu • kathleen.shurpin@stonybrook.edu

Background: Despite cardiovascular disease being the number one cause of death, advance directives are infrequently used in this population. The Patient Self-Determination Act (PSDA) took effect in 1991 to protect patients’ autonomy and limit unnecessary suffering. Although hospitals fulfill the required PSDA documentation, patients lack understanding of advance directives, and Advance Care Planning (ACP) is seldom used. Purpose: The purpose of this study is to examine the effect of a nurse practitioner (NP) -led promotion of ACP for hospitalized adult patients. Theoretical Framework: The Shuler NP Model and the Self-Determination Theory informed this study. The NP is uniquely positioned to facilitate the patient’s autonomy through Shuler’s approach. Method: A longitudinal case-control design is used in a convenience sample (n=120) of hospitalized patients with cardiovascular disease. An NP will educate and encourage patients to identify and document a Health Care Proxy (HCP). Medical records of patients admitted prior to initiating the intervention (n=60) will be compared to those receiving the intervention (n=60). A chi-square analysis will be used to examine the HCP completion rates. Results and Conclusion: Results are pending. Findings suggest NPs are effective in identifying and leveraging opportunities to facilitate ACP communication.

D • THE ROLE OF REHABILITATION AND WELLNESS IN PEDIATRIC CANCER SURVIVORS
Session Chair: Iris Fineberg

The Need for Rehabilitation in Pediatric Cancer from Diagnosis to Survivorship
Mitra Varedi • Stony Brook University
seyedeh-mitra.varedi-kolaei@stonybrook.edu

Although cancer in children is considered rare in the United States, it is the leading cause of death due to disease among children beyond infancy. In 2014, it is estimated that 15,780 children and adolescents, between 0 and 19 years-old, will be diagnosed with cancer in the United States, and 1,960 will die of the disease. The most common types of pediatric cancer include leukemias, brain and central nervous system tumors, and lymphomas. As of January 1, 2010, there were approximately 380,000 survivors of childhood and adolescent cancer. The number of survivors will continue to increase, given that the incidence of childhood cancer has been rising slightly in recent decades and the survival rate has been steadily improving as well. Survival, however, is with a “cost”. Late effects as a result of disease process and/or the aggressive treatment regimens can include heart damage, second cancers, lung damage, infertility, cognitive impairment, growth deficits, hearing loss, and more. Two-thirds of those who survive pediatric cancer face at least one chronic health condition. One quarter of survivors face a late effect that is considered severe or life-threatening including the increase likelihood of suffering from an additional cancer.

The Role of Rehabilitation in Acute Care Pediatric Oncology
Susan Miale • Stony Brook University
susan.miale@stonybrook.edu

In the traditional rehabilitation referral model, doctors, nurse practitioners and physician assistants refer children to rehabilitation if they display significant and obvious physical impairments or if they undergo orthopedic surgery. Children with subtle impairments resulting from the cancer itself and from oncological interventions are often overlooked, even in facilities that specialize in cancer care. The speaker will discuss the creation and implementation of a screening tool to identify children in this group and obtain referrals for the appropriate discipline in the acute care pediatric oncology setting. The speaker will also highlight the impact of this screening tool on the success and overall growth of the rehabilitation program and on the quality of care of young persons with cancer. Finally, the speaker will discuss the evidence for therapeutic intervention in this population.

Development of a Community-based Wellness Program for Pediatric Survivor of Cancer
Raymond McKenna, Susan Miale • Stony Brook University
raymond.mckenna@stonybrook.edu • susan.miale@stonybrook.edu

Late effects resulting from pediatric cancer and the associated aggressive treatment regimens negatively affect the child’s quality of life and can persist into adulthood. As a result, there is a clear need for survivorship programs that can help address these late effects. Comprehensive community-based wellness programs can provide interventions to help minimize these late effects and improve the overall quality of life of pediatric survivors. The speaker will discuss the development of such programs, Play Fit-Stay Fit, a fun and dynamic program for child survivors aged 4-18 years of age. This evidence-informed program was developed through the collaboration of medical, academic, and community personnel and addresses the fitness, nutrition, and psychosocial needs of pediatric survivors and their families.

E • PANEL • THE BLACK CHURCH: THE STAKEHOLDER ADDRESSING AFRICAN-AMERICAN HEALTH CARE
Session Chair: Thomasina Brown

The Black Church: The Stakeholder Addressing African-American Health Care
Eloise Tyler • The Clara Cantrell Clemmons Assistance Center
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In the area of health care it has been well documented that African-Americans across the board have a higher rate of health disparities than other ethnic groups. In addition they also are disproportionately the victims of inadequate healthcare, especially those with disabilities. The African-American/Black Church is the strongest and most influential institution for African-Americans. It is the stakeholder who attends to the needs of African-Americans from a spiritual perspective serving the whole person (mind, body and spirit). It seeks not only to do whatever is necessary to help improve the quality of life of all of its congregants; but of all African-American men, women and children. The composition of the African-American/Black Churches who are located on Long Island and the New York City metropolitan area vary in denomination affiliation, physical and membership size and various other ways. Whether small or mega they have been serving from the cradle to the grave and in doing so they are involved in every aspect of their members’ lives. As they operate as stakeholders they have witness the devastating effects of the kind of healthcare that African-Americans are receiving and seeks to change this by partnering with the healthcare community.
Cancer Screening And Education In The African American Community
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African-Americans, men and women are in serious need of cancer care services such as education, screening and other cancer related support services for breast, colon and prostate cancer. African-Americans across the board are dying at an alarming higher rate than other ethnic groups from these cancers. The African-American community still finds itself extremely challenged when it comes to dealing with cancer for various reasons. For many, especially those who attend church, their faith is what sustains them when they encounter difficulties such as a health crisis. While the Black Church is the supplier of faith it is also the change agent who is struggling to address life issues such as healthcare. It knows well how cancer affects the lives of people of color, especially those who are economically challenged. It however is also being able to find the resources that it knows is needed to provide education, and screening to help lower the risk of cancer and save lives in the African-American community, especially in this difficult economic time. The Black Church will continue to do what it can as it stay true to its purpose of serving the whole person.

The Black Church Response to the Inequity of Health Care for African-Americans
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This presentation is empirically based upon a working relationship in various venues among African-Americans. The income disparity within the poor African-American Community creates neighborhoods that are overweight or obese. For many African-Americans “diet” is a way to lose weight; it doesn’t focus on the healthy aspect of a diet. Dinner focus is on foods that taste good and is filling. Their stomach may be full but their body is lacking proper nutrition. The bodega provides breakfast: a bag of chips and a quarter-water (a 4oz bottle of colored water). The health and welfare of African-American families are at risk. There’s a problem when a student eats (lunch or dinner) and lacks the healthy aspect of a diet. Dinner focus is on foods that taste good and is filling. Dinner focus is on foods that taste good and is filling. Their stomach may be full but their body is lacking proper nutrition. The bodega provides breakfast: a bag of chips and a quarter-water (a 4oz bottle of colored water). The health and welfare of African-American families are at risk.

F • PART I • IDEAL PATIENT OUTCOMES AND SATISFACTION: BEST PRACTICES FOR ACUTE AND COMMUNITY CARE
Session Chair: Dan Roberts

Adding the Legal Advocate to Patient Care: A Proven Strategy to Address Social Determinants of Health in Caring for Cancer Patients
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While it is now accepted knowledge that social determinants are the largest predictors of health outcomes, little progress has been made to combat this issue. Food and housing insecurity play a much greater role in care than was thought. For example, cancer patients with housing or inadequate food resources are three times more likely to miss appointments. In some settings, a diagnosis of cancer carries an 80% loss of employment which in turn has a cascading effect on access, treatment and quality of life. Nationally, health care providers are increasingly partnering with legal advocates to address these socio-economic barriers through Medical Legal Partnerships (MLPs). The Stony Brook Palliative Care Services/ PLAN Project MLP with eight years of experience can show the MLP reduces suffering, facilitates appropriate and timely discharge and enhances provider ability to advocate for patients. The purpose of this paper is to share that data and highlight patient stories to show how this innovative and cost effective model can be used as a template in other aspects of care to successfully address social determinants of health.

What is the Impact of the Flu Mask Protocol on Influenza Vaccine Acceptance Rates?
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Annual vaccination is the most important measure to prevent seasonal influenza infection. Achieving high influenza rates of healthcare providers and patients is a critical step in preventing healthcare transmission of influenza from healthcare providers to patients and healthcare providers yet influenza vaccine acceptance rates remain low. New York State recently implemented a regulation requiring all unvaccinated personnel to don a surgical mask in areas where patients are located to minimize the risk of transmitting influenza. The purpose of this study is to identify if the new regulation achieved a positive impact on influenza vaccine acceptance rates without the need for mandatory vaccine regulations. A survey was used to examine the knowledge, attitudes, perception and the willingness of healthcare personnel to wear a surgical mask while working who decline influenza vaccine. Retrospective chart reviews were performed to calculate vaccine acceptance rates within the healthcare system during the 2012-2013 immunization season and compare the 2013-2014 vaccination rates to identify if an identified variation can be associated with the flu mask regulation and determine if the change in behavior was based on the perception of consequence.

Does Providing Information About What To Expect in the Emergency Department Improve Patient Satisfaction?
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Background: As the gateway to the hospital, patient satisfaction in the Emergency Department (ED) is of paramount importance to hospital administrators. Patient satisfaction is an important indicator for measuring quality of health care. Emergency Departments are working diligently on improving patient satisfaction as reimbursement is based on patient satisfaction scores. Objective: To implement an Evidence-based practice strategy known to increase patient satisfaction scores in the ED. A welcome brochure in a large suburban ED was created to explain the ED process from arrival to discharge or admission. Methods: Data sources included searches through Pub Med, CINAHL and a manual search of references. Articles consisted of studies that reported a performance improvement strategy focusing on patient satisfaction in the Emergency Department setting. Evidence-based strategies that did not show a positive performance improvement were excluded. Results: Pending. Conclusion: There is a moderate amount of evidence supporting performance improvement interventions for improving Emergency Department patient satisfaction. Informing patients of what to expect during an Emergency Department visit has shown to improve the patient experience.
Decreasing Hospital Admissions of Nursing Home Residents
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In this day and age a hospital is a very dangerous place for the elderly to be. With hospital infection rates out of control, hospital admissions and readmissions of nursing home residence need to be reduced or eliminated. 45% of patients hospitalized with pneumonia are classified as Health Care Associated Pneumonia (HCAP). Being Nursing home residence is an independent predictor for increased mortality from HCAP (Depuydt 2010). This in addition to the affordable care act which penalizes hospitals for readmissions makes prevention of HCAP crucial. 80% of nursing home residents with pneumonia exhibit 3 or less respiratory symptoms. This asymptomatic pneumonia allows the infection to go unnoticed until it progresses to when hospital admission is required. We have developed a stick on monitor about the size of a half dollar that attached to the patient’s chest and tracks the respiratory rate, cough frequency, head of bed angle and body temperature, all of which are risk factors and early signs for pneumonia. This device transmits via blue tooth to a central monitoring system and through algorithms predicts the possible of a patient being at risk for pneumonia. A chest x-ray or antibiotics may be started early enough to avoid hospital admission.

Catalyzing Technology Innovation to Improve Compliance
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Providing healthcare into day’s world is a challenge within itself. This is especially true for the growing aging population age 65 and over. A population that has increased from 35.5 million in 2002 to 43.1 million in 2012 (a 21% increase) and is projected to increase to 79.7 million in 2040. This population is the catalyst and driving force for delivering high impact technologies that will improve health care outcomes. One of the major issues is medication non-adherence. Half of the 3.2 billion annual prescriptions dispensed in the United States are not taken as prescribed. Numerous studies have shown that patients with chronic conditions adhere only to 50-60 percent of medications as prescribed, despite evidence that medication therapy improves life expectancy and quality of life. There are approximately 125,000 deaths per year in the United States that are linked to medication non-adherence. Between 33 and 69 percent of medication-related hospital admissions in the U.S. are due to poor adherence, with total cost estimates for non-adherence ranging from $100-300 billion each year including costs for additional doctor visits, emergency room visits, hospital admissions, and additional medicines. This presentation describes the potential impact of home based medication manager developed at Stony Brook.
ABSTRACTS

I • HEALTH AND INTERVENTIONS FOR YOUTH AND YOUNG ADULTS

Session Chair: Sharon Ray

The Use of Animal Assisted Therapy to Enhance Physical Activity in Adults with Developmental Disabilities

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Adults with developmental disabilities (DD) have a higher likelihood of being obese, physically inactive and at risk for diabetes (CDC, 2014). Lack of motivation is a factor in a sedentary lifestyle (Haverman, et al., 2010). In 2014 a planning team convened consisting of diverse SBU disciplines, including social work, occupational therapy and athletic training, as well as two community organizations - one serving adults with DD and another that trains handler/dog animal assisted therapy (AAT) teams. Wohlfarth, et al. (2013) found that incorporating dogs in programs for overweight individuals may help to motivate them to undertake physical exercise and promote sustainable lifestyle changes. The planning team aims to design a novel intervention that will increase access to physical activity for adults with developmental disabilities and determine the effectiveness of animal assisted activity in increasing physical activity and psychological well-being in adults with DD. The strength of the design is the unique contribution of each discipline to the strategy of increasing physical activity within a vulnerable population. The team intends to submit a proposal for funding in 2015 which reflects scientific rigor, including large sample size, randomized groups and replicable methodology.

A Plan to Implement Suicide Prevention in Teens and Young Adults from Evidence Based Practice Findings

Susan Glodstein • Stony Brook University
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Suicide Prevention in the teenage and young adult population is a national problem. According to the National Institute of Mental Health, suicide is the third leading cause of death for people ages 15-24 or accounts for over 14 percent of all deaths in the United States in 2009. The Center for Disease Control (2009) reports 1,852 teens between 13-19 years old died by suicide in the United States and 2,702 young adults ages 20-24 died by suicide in the United States. Our teens and young adults require intervention to prevent suicide. The suicide of a young male, who was part of a camping community as a camper and counselor has prompted an advanced practice psychiatric nurse to examine evidence based practice related to suicide prevention and suicidal behavior. The Registered Nurses Association of Ontario created a nursing best practice guideline called Assessment and Care of Adults at Risk for Suicidal Ideation and Behavior (2009). This presentation will focus on strategies to educate teens and young adults about suicide prevention.

Development of Community Partnership with High Need School Districts

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University-Public School partnerships can be effective vehicles to prepare underserved high school students for careers and higher education. Following the success of the HCOP summer academy for high school students in high need school districts, the SHTM’s Center for Community Engagement and Leadership
A B S T R A C T S

Development partneried with four Suffolk County schools to create the HCARE program. HCARE is an educational program delivered in Amityville, Brentwood, William Floyd, Wyandanch and the Sovereign Unkechaug Nation. HCARE is committed to creating a more diverse and competitive applicant pool of under-represented individuals in grades 9 through 12 to pursue careers in the allied health professions. This is accomplished through academic skill development, SAT preparation and college readiness delivered in identified high schools by CCE HCARE faculty five days per week. Partnership development among HCARE faculty and schools was possible due to attitudes of respect and listening to the needs of partners. An identified liaison at each school and the support of the public school governance played significant roles in the collegial partnership. Parent and community meetings provide information and build community support. The HCARE program is scheduled for expansion in 2015.

**Development of a Prevention of Distracted Driving Curriculum for High School Students**

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Distracted driving is a major public health problem, particularly among novice drivers. Drivers between 18 and 20 have the highest incidence of crash or near-crash experience (23%) (National Traffic Safety Administration, 2012), and distracted driving is the third leading cause of teen fatalities (InjuryFacts, 2014). The most common driving risks are passenger distraction, nighttime driving and cell phone use. In 2014, faculty from the SHTM, SSW and the WISE program collaboratively developed a Prevention of Distracted Driving curriculum. It is implemented through HCARE with SBU faculty in four high-need high schools in Suffolk County. A grant secured a distracted driving simulator that enhances users’ ability to recognize and respond to hazards using technology that mimics distracted experience in low risk scenarios. Delivered over two days, the didactic and experiential program utilized three faculty-led stations: walking while distracted, simulated driving while texting, and drowsy driving. Additional modules introduced students to the roles that allied health professionals perform following accidents caused by distracted driving. Recognizing the potential for long term trauma following accidents, a mental health component was developed that explores evidence based trauma treatment. Pre and post program evaluations have been developed and are pending CORIHS approval for 2015 curriculum delivery.

**J • FIT FAMILIES FOR LIFE: AN INTERDISCIPLINARY PROGRAM PROMOTING HEALTHY LIFESTYLE CHANGES IN SUFFOLK COUNTY FAMILIES**

Session Chair: Lisa Muratori

**Historical Perspective of Two Programs Developed to Address Cardiovascular Health and Combat Obesity**

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National obesity rates have stagnated for 6 to 19 year-olds (16.9%) and adults 20 years or older (34.9%), yet 32.4% of youth in New York State are overweight/obese. Parental obesity likely influences child obesity due to shared genes or environmental factors, yet there is a paucity of family-centered programs. In response to obesity and poor cardiovascular health among children referred to a pediatric cardiology practice, an interdisciplinary program of exercise, nutrition and behavioral modification was developed (Fit Kids for Life) in 1999. Nearly 750 children have participated in the program since inception. Recently this program has expanded to include parents and siblings. Key aspects of the program include: inclusive safe atmosphere to promote participation, AAP practice guidelines, interdisciplinary leadership and strong mentoring for a wide variety of students (medical, physical therapy and athletic training) who will be the future healthcare providers. This talk will review causes / consequences of obesity, followed by a historical review of the development and growth of the Fit Kids for Life and the Fit Families program. Literature review as well as case histories will be used to expand the role of interdisciplinary programs in the fight to combat obesity.

**Fit Families for Life: The Role of Families and Communities in Promoting Healthy Lifestyle Changes**

Shabana Humayon • Stony Brook University shabana.humayon@stonybrook.edu

Background: A community is defined as a network of people with a common agenda, cause and goals. Families play a vital role in shaping behavior linked with obesity in children and the current epidemic of obesity needs family centered programs for the weight management of children and adolescents. However, there is a paucity of successful family centered prevention and treatment programs available in Suffolk County. Fit Families for Life (FFFL) represents an interdisciplinary community of health care professionals who are committed to teaching children and their parents and siblings about healthy lifestyle habits. Purpose: This talk will review the comprehensive approach (FFFL) to childhood obesity that includes an interdisciplinary group of healthcare professionals as well as the family. Methods: Literature review, case reports and photo voice techniques will be used to deliver the importance of family centered programs to combat the obesity epidemic. Results: Families report several barriers as well as facilitators to engaging in a healthy lifestyle. FFFL offers an alternative treatment approach for families to engage in. Discussion/Importance: Programs like FFFL emphasize the need for prevention and treatment that is family centered. FFFL accommodates the ecologies of families thereby empowering families in the process.

**A Complementary Approach to Stress Reduction and Health Promotion for Families**

Joanne Cesiro • Stony Brook University joanne.cesiro@stonybrook.edu

Background: Obesity is a complex disorder that increases risk of cardiovascular disease, diabetes and certain cancers. Contributing factors include decreased physical activity and increased caloric intake. Sleep habits and stress levels have been implicated as causative factors. Yoga is a psycho spiritual tradition that encompasses physical poses, breathing techniques, and meditation. Recently yoga has been researched as a complementary treatment for hypertension, diabetes, COPD, coronary heart disease, and obesity. Yoga has been shown to attenuate stress and anxiety and improve self-esteem and quality of life. The positive impact yoga has on these factors makes this complementary treatment appropriate for obesity as well as other chronic diseases. Purpose: This talk will present preliminary data from small focus groups of participants in the Fit Families program who participated in a yoga program. Methods: small group interviews, reflective journals, self-esteem and anxiety self report questionnaires. Results: Families report enjoying yoga and that for many was a first time doing yoga. Parents report immediate improvement in “stress” after sessions. Discussion: Yoga is an effective tool for reducing stress and may contribute to a healthy lifestyle / weight loss. Future studies needed to determine adequate frequency /duration of yoga for long term effect on stress/obesity.
Fit Kids and Fit Families for Life: Research Findings and Future Directions
Sharon Martino • Stony Brook University
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In this presentation I will draw upon the work that I have done in pediatric MS clinics and a pediatric MS camp to argue that it is important for clinicians and researchers to attend to spatial dynamics in and in relation to places. I will analyze two spaces in particular, the clinic and the camp, and I will provide an in depth discussion of how these two spaces can be seen as being produced through different social, political, and economic dynamics. In doing so I will demonstrate that attending to space can help improve service provision in medicine, public health, and social service provision as well as aid researchers looking at social dynamics in these spaces. This presentation will draw on qualitative data and human geography theory.

The Dreaded ‘Because I Want to Help People’: Teaching Disability Studies in a Non-Traditional Major
Kathleen McGoldrick • Stony Brook University
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Theoretical debates over the academic department Disability Studies is most aligned with can go on for days, but most disability studies scholars agree that it does not fit within health science. After decades of struggle to establish a social model of disability and disengage with the medical sphere, why would anyone consider such a thought? Not only do many disability activists fail to see the synergy between the two areas of study, but the thought of such collaboration is often considered no less than treason. At one point, this conclusion and practice seemed logical, but presently … we respectfully disagree. Ironically, Disability Studies began in health and rehabilitative sciences. In order to build its pedagogical foundation, it was important for Disability Studies to develop independently from medical and rehabilitation arenas. However, now that Disability Studies is secure in its own theoretical discourse, it is time to venture back into health science and chip away at attitudes and perceptions of health and rehabilitative services. This panel will discuss the development, structure, and challenges of a Disability Studies concentration in a Health Science major; the curriculum across the lifespan continuum, addressing social, employment, developmental, and aging issues so students understand that disability is not a static experience but one that evolves throughout a person’s life. We will also discuss the results of an alumni study including 51 respondents examining perceptions of the curriculum in four areas: practice and/or post-graduate study, comfort level interacting with people with disability, confidence level in ability to work with people with disability, and awareness of disability issues. So, while the bright young faces in class on the first day seek to help people, the focus behind a Disability Studies concentration in a Health Science major strives to shift their thinking from the ableist view of disability as an inherent lacking within an individual to one that sees the universal capabilities of all who receive the supports necessary to foster independence.

Pediatric MS Camp as a Place for Temporary Magic
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In this presentation I will draw upon the work that I have done in pediatric MS clinics and a pediatric MS camp to argue that it is important for clinicians and researchers to attend to spatial dynamics in and in relation to places. I will analyze two spaces in particular, the clinic and the camp, and I will provide an in depth discussion of how these two spaces can be seen as being produced through different social, political, and economic dynamics. In doing so I will demonstrate that attending to space can help improve service provision in medicine, public health, and social service provision as well as aid researchers looking at social dynamics in these spaces. This presentation will draw on qualitative data and human geography theory.

ABSTRACTS

K • THINKING THROUGH SPACE: HUMAN GEOGRAPHY AS A TOOL FOR ENGAGEMENT
Session Chair: Pamela Block

Thinking through “Deaf Space:” Towards Inclusive Spaces
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In this paper I will outline the concept of “Deaf Space” in order to introduce the value of thinking about and through spatial dynamics. “Deaf Space” as a concept stresses the importance of foregrounding the creation of inclusive spaces across different axis of difference. “Deaf Space” is more than just about accessibility for deaf people in specific places, it is about the importance of recognizing and cultivating what is unique about deaf people. This will be primarily a theoretical presentation although I will end with a discussion of what a consideration of “Deaf Space” means for thinking about and creating other kinds of inclusive spaces.

Urban Magic in an All Too Familiar Suburban Space
Michael Leverett Dorn • Stony Brook University
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Prof. Dorn will introduce the session by describing the focus of the panel and discussing a few provocative ideas advanced by contemporary urban sociologists and geographers. The utility of these ideas will be demonstrated through examination of an all-to-often overlooked modern building type: the academic medical center. Often designed by renowned architects and, in due time, housing curious and evolving assemblages of human and non-human actors, these places both shape the people and other animals who occupy them and are shaped by these occupants. The presentation will feature architectural imagery collected by Dr. Dorn in the summer of 2009 to document his family’s first impressions of Stony Brook and surrounding communities. Keywords: Lefebvre; loose space; eco-urbanity; urban social theory.

L • WORKSHOP • BABEL SUCCESS: RESTORATIVE PLAY WITH DANCE AND ADULTS WITH SPINAL CORD INJURY
Workshop Chair: Amy Sullivan

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This presentation describes work in creative and restorative play at SBU during the 2013 and 2014 summer programs of Empower Spinal Cord Injury, Inc. SBU Associate Professor Amy Yopp Sullivan worked with 10–11 individuals living.
with spinal cord injuries using the unconventional Babel Technique, which she has developed. According to co-founder of Empower, Jessica Goodine, “With Amy, they learn how to express themselves and demonstrate feelings through movement which they may have lost touch with, due to their injury and paralysis.” The presentation will include an overview of the work, how it is situated in Laban’s theory of Space Harmony, and a short performance of Babel as an artistic and creative expression. This work follows suit with current breakthroughs defining the potential of dance therapy as a significant modality for spinal cord injuries. Deepti Aggawal, head of the lifestyle management department of the Indian Spinal Injuries Centre said, ‘The benefits of dance therapy -- both psychologically and physically has been identified since long. But it is for the first time that is has been introduced in a healthcare centre under strict medical supervision. Needless to say the results have been amazing.”

(Vinod Karan Singh, 11/28/14)

**POSTER SESSION**

**Medication Knowledge in Pediatric Patients with Inflammatory Bowel Disease**

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Medications used to treat pediatric patients with inflammatory bowel disease (IBD) have a wide range of potential adverse side effects. Educating parents and patients regarding their medications may improve compliance by raising awareness of potential side effects. IBD patients require lifelong medications. Non-compliance places them at a higher risk of disease exacerbation and complications. Increasing knowledge of the action of their medications and side effects may help patients feel as partners in their care and result in improved compliance. 16 patients and parents participated in the survey. Questions included: type of medication taken (drug class), specific medications taken and to list at least one side effect for each medication. 22 surveys were completed. Survey revealed both patients and parents had limited medication knowledge. 5 patients identified one side effect, 3 of 11 parents identified one side effect. Those on steroids knew common side effects. Overall, the survey results conveyed a gap in effectively educating patients and their families. As commonly done with pediatric vaccines providing parents with a written fact sheet may markedly improve compliance. Providing an educational session with a medication fact sheet may improve knowledge, therefore improve compliance and result in sustained clinical remission.

**Binge Eating Disorder and Personality in Pre-surgical Bariatric Patients**

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Participants characterized by low extraversion were positively correlated with binge eating patterns (Claes et al., 2013). Moreover, emotional eating was associated with low extraversion in a clinical sample of obese males and females, while restrained eating was associated with high extraversion (Elfhag & Morey, 2008; Gade et al., 2014). The aim of this study was to assess personality differences between pre-surgical bariatric patients who either do or do not endorse behaviors associated with binge eating disorder or do not endorse in these behaviors. 239 patients completed the Eating Disorder Examination Questionnaire (EDE-Q) and the Million Behavioral Medicine Diagnostic (MBMD). An independent samples t-test was conducted to compare coping styles between participants that endorsed behaviors meeting criteria for eating disorders and those who did not. Preliminary analysis suggests a significant difference between introversion in those who endorsed in these behaviors and those who did not.

Results suggest a relationship between introversion and binge eating disorder. Findings on personality may indicate adherence to weight guidelines given by healthcare providers. Future research should be done on the relationship between other personality traits and patients who endorse in eating disorder behaviors.

**How Do You Put Your Baby to Sleep Safely?**

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Background: Modeling behavior to reduce the risk of Sudden Infant death (SIDS) requires participation of parents and health care providers (HCP). The American Academy of Pediatrics (AAP) (2011) identified a strong association between newborn sleep position, sleeping environment and SIDS. Objective/Methods: A random review of 300 well newborn and crib audits were completed March-May 2014 by observation. Data collected included: caregiver; newborn sleep position; swaddling; crib position and environment. All patient and staff information were de-identified. Results: Observations (254/300) were analyzed and found: newborns sleeping in a crib 52% (132); held by an adult 43% (110) and in the bed 5% (12/254) of the time. Incorrect positioning was identified 22% (56); newborn positioning in crib 15% (21/110); held by a sleeping adult 19% (21/108) or co-sleeping 3% (9). Analysis of the infant’s environment identified; infant’s swaddled correctly 60% (122/203); crib positioned flat 34%; and 12% with no additional items in the crib. Conclusion: An education program will be developed to translate the AAP guidelines on Safe Sleeping Practices for HCPs, parent education and a culture of modeling. HCPs have a unique opportunity to influence parent behavior beginning at birth and continuing through the hospital stay.

**Hands-On Clinical Workshops Enhance Short and Long-term Retention of Medical Concepts in Adolescents**

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The Science and Research Awareness Series (SARAS) at SBUMC is a summer program introducing adolescents to different biomedical fields. To examine the efficacy of hands on instruction on retention, a vital signs workshop was conducted and a survey performed in the 2014 SARAS. A cohort of 120 participated in an interactive presentation on vital signs, were paired and instructed to record the vital signs. They completed pre-, immediate post-, and 2 week post workshop questionnaires which required listing vital signs, factors affecting them, and whether these were subjective or objective. Data analysis revealed the following. Pre: None correctly listed four or more vital signs and pain was never identified as one of the vital signs. Immediate Post: 100% of students correctly listed four or more vital signs. Two week Post: A 25.9% increase in listing of three or more vital signs compared to the pre-questionnaire was observed. Increases in listing of individual vital signs are: Respiratory rate (56.2%), Temperature (74.3%), Blood Pressure (33.3%) and Pain (100%), 98% listed all five vital signs and the factors that affect them correctly after 2 weeks. These results suggest that teaching and learning with hands on workshops may enhance knowledge retention in adolescents.
A B S T R A C T S

Identifying Patients at Risk for Respiratory Deterioration within 24 hours of Admission
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Background: Patients hospitalized with respiratory diagnosis are at increased risk for adverse outcomes. Approximately 50% of rapid response team (RRT) events are for respiratory decompensation. Early recognition and intervention has potential to avert RRT events. Purpose: The purpose of this study is to explore the quality of assessment of hospitalized patients at risk for respiratory deterioration within twenty four hours of admission. Theoretical Framework: Roger’s theory Diffusion of Innovation informed this study. It uses a problem-solving approach to identify problems in a specific situation and specify a solution facilitate adoption of a system change. Method: A retrospective analysis will be conducted to examine the quality and documentation of respiratory and risk assessment in adult patients (n=100) with a RRT within 24 hours of admission. Variability and comprehensiveness of the respiratory assessment and modified early warning score (MEWS) and will be examined. Endpoints include RRT events, cardiac arrest or transfer to higher level of care or death. Results: Pending. Preliminary analysis suggests documentation of vital signs and respiratory assessment is suboptimal. Conclusions & Implications: Improving assessment and documentation of respiratory status and MEWS in patients at risk for respiratory deterioration has potential to inform appropriate unit selection based on patient acuity.

Can a Home-based EMDR Program Reduce Fibromyalgia Impact? A Pilot Study
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The purpose of this study was to investigate the feasibility of a home-based EMDR (eye movement desensitization and reprocessing) program to reduce fibromyalgia impact. Originally developed for post-traumatic stress disorder, EMDR therapy focuses on neutralizing the patient’s disturbance (e.g. pain, fatigue) by directing their attention to an external stimulus. Three external stimuli (techniques) were used in the present study: alternating ear auditory tones, alternating hand taps and side-to-side eye movements. A randomized controlled design was used wherein twenty-nine patients (96.6% female) with physician diagnosed fibromyalgia were randomly assigned to home-based EMDR with daily web diaries or a “cross-over” control condition. The 3-month EMDR program consisted of a program booklet, instructional DVD, and a MP3 player with headphones. Participants were instructed to try all three techniques, then to use all or any one technique at their preference. Participants were assessed at baseline and 3 and 6 months. Control condition participants were provided the treatment program after their 3-month follow-up. Outcome assessments included the Brief Pain Inventory-Short Form, Pain Catastrophizing Scale, Beck Anxiety Inventory, and Beck Depression Inventory. We hypothesize that the EMDR program will significantly reduce pain and fatigue impact, such that fibromyalgia patients can better control their symptoms.

To What Extent Do NP Attitudes and Beliefs Regarding Obese Patients as Measured by the NEW Attitudes Scale Effect Clinical Outcomes as Measured by Self-reported Practice?
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Background: With obesity reaching epidemic proportions in the United States and its direct impact on other chronic health conditions it is imperative for nurse practitioners to understand the complexity involved in treating the adult obese patient in order to effectively reverse this trend. To deliver competent, evidence based care it is important to have appropriate knowledge, attitudes and practices regarding the treatment of obesity in adults. While there is a plethora of research evaluating physician’s knowledge, attitudes and practice regarding the obese patient little research exists regarding nurse practitioners, their practice and impact. Determining what they know and how they practice will help identify deficiencies and will ultimately lead to recommendations for improved practice. Purpose: To ascertain nurse practitioners knowledge, attitudes and self-reported practice regarding the adult obese patient. Methods: An online questionnaire will be used to collect demographic data on the nurse practitioner and will assess knowledge and attitudes using the NEW (Nutrition, Exercise and Weight Management) Attitudes Scale and an investigator developed survey will be incorporated in the questionnaire to gather information regarding nurse practitioner practice. Data will be collected via SurveyMonkey. Results/Conclusions: Pending completion of this project.

A Journey of Challenges with Medication Reconciliation
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Background: Hospitalized patients are at risk for unintentional medication errors. On average, hospitalized patients potentially incur at least one medication error per day. Improving accuracy of medication reconciliation is one strategy used by hospital systems to prevent errors. Purpose: To identify the accuracy of electronic medication reconciliation upon admission compared to discharge. Theoretical Framework: Rogers’ theory of Diffusion of Innovations informs the factors of medication reconciliation discrepancy enhancing systems change. Review of Literature: Medication reconciliation emphasizes evaluating and improving medication regimen throughout the continuum to reduce patient harm. Few authors have studied medication discrepancies on admission to discharge using electronic medication reconciliation. Patient safety is a challenge. Recent studies demonstrated that pharmacist-intervention enhanced medication reconciliation improved patient outcomes, safety and reduced healthcare costs. Potentially, a false sense of security is incurred with use of electronic technology. Method: A retrospective electronic chart review (n=200) will be conducted at a tertiary Hospital, between July 2014 and December 2014 using data extraction tool. Medication reconciliation conducted at admission and discharge will be examined via electronic chart reviews for medication discrepancies for patients admitted from emergency department to cardiology and medical surgical units. Results: Preliminary results suggest medication discrepancies exist with electronic medication reconciliation.

Adherence to Vision Care Guidelines for an Annual Dilated Eye Exam in the Patient with Type 2 Diabetes
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Background -Diabetic retinopathy is the leading cause for preventable blindness in adults and the number of people diagnosed is expected to double by 2020. The economic burden continues to grow as costs for preventable com
Background: Military Sexual Trauma is a term used by the Veterans Health Administration that refers to sexual assault or repeated, threatening sexual harassment. All Veterans are screened using the MST screening questionnaire. The Air National Guard mandates an annual, self-report, web-based health assessment that excludes MST screening. Purpose: Incorporate an MST screening questionnaire into the web-based health assessment to detect, refer and treat. Affected Community: Air National Guardsmen. Methods: TBD. Results: TBA. Conclusion: Recognizing that survivors of MST do not disclose their experiences unless directly asked, it is important to implement an MST screening program into the Air National Guard’s annual web-based health assessment as an intervention.

Bridging the Gap: Asking the Questions about Military Sexual Trauma in the Air National Guard
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Interprofessional collaboration is essential for providing quality health care in the 21st century. In the 2013, the Schools of Nursing and Dental Medicine established a Partnership to Advance Collaborative Education (PACE) whereby students and faculty from both schools participated in multiple interprofessional educational experiences. Prior to implementation of PACE and again at the conclusion, 24 APRN students and 42 DDS students completed assessments regarding their perceived readiness and ability to participate in interprofessional team-based care. Results indicate that at the completion of PACE, students were significantly more knowledgeable about interprofessional education, they were more confident in their ability to communicate and collaborate, and they felt prepared to work effectively in interprofessional teams (p < .01). Student feedback highlighted specific themes: Recognition that both APRN’s and dentists are primary care providers; APRN and DDS students can enhance their knowledge, strategies and approaches to patient care by working together, and interprofessional teams ensure care of the whole patient which lead to improved patient outcomes. Building effective teams is critical to promoting patient-centered care that is high quality, safe, and effective. This project represents an important step in leveraging interprofessional partnerships to foster collaborative education in an academic medical center.

Partnership to Advance Collaborative Education (PACE)
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Numerous fields of study contribute to the body of knowledge of early childhood development. Dissemination of information to parents, professionals, educators and policy makers may enhance a child’s participation in society. The ILC identified the need to 1) create professional relationships across systems of care, 2) identify needs unique to their population, and 3) increase awareness of the importance of a child’s social emotional development. Cross-disciplinary collaboration consisted of representatives from Stony Brook University and organizations addressing needs of the 0-3 population. Suffolk County ILC received a grant to 1) foster cross-disciplinary collaboration among individuals and systems of care that address the needs of the birth to 3 population, 2) develop a resource for families and professionals to support early childhood social-emotional functioning. The Suffolk County ILC developed a Resource Guide highlighting resources that addresses a child’s social-emotional functioning. The Resource Guide was distributed at a meeting that included a talk by a member of the Psychology Department of Stony Brook University. A measure of centralization demonstrated an increase of 5% over a 3 month period. The Suffolk County ILC demonstrates the power of cross-disciplinary collaboration. The next step is to obtain funding for a Spanish translation.

How Will Changes in Medical Care Delivery Benefit the Underserved?
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The Patient Centered Medical Home Model (PCMH) will be explored for issues of efficiency and access. Changes in health care will affect patients, providers and the underserved. I plan to present an overview of the studies on this model to determine if it will reduce the health disparities in racial/ethnic minority groups and improve the quality of care. Disparities in health care can be caused by vulnerable populations receiving lower quality of care. This would include lack of a regular provider and access to routine screening for prevention. The PCMH model would facilitate a regular provider, empower the patient to be involved in their care and address prevention and screening. Many Safety Net Health Centers (SNHCs) provide primary care for the underserved, minority and low income populations. These centers are in the process of adopting the PCMH model. Some unique challenges have been encountered by the SNHC conversion to a PCMH model such as increased staff turnover, providing care for medically complex patients and creating predictable and continuous funding streams. The benefits of participating in the PCMH model include improved staff satisfaction, patient care and outcomes.

Assessing Perceptions of Respiratory Therapy Professionals: Staffing Needs and Scope of Practice
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With the changing health care environment, the role of the respiratory care practitioner is evolving. Our study will evaluate respiratory therapy staffing needs and the role of practitioners in clinical settings in New York State and nationally. Specifically, we are interested in determining how professionals in practice perceive their clinical role, including opportunities and challenges to expanding their scope of practice. After IRB approval, we developed a survey instrument, through SurveyMonkey, that has been distributed, via email, to the
ABSTRACTS

members of the American Association for Respiratory Care, in cooperation with the New York State Society for Respiratory Care and New York Downstate Association for Respiratory Therapists. Thus far we have received over 400 responses and anticipate an additional 100. We expect the data to provide information on staffing, retention, raising the academic standard for new respiratory therapists entering the field to a bachelor's degree and expanding the scope of practice through the development of a Master's level curriculum. After data analyses are completed, summary findings may be reported in the aggregate to share the results with our professional organization through a scholarly article and professional conferences. We feel that this survey will be instrumental to the future of our practice.

Pain-Associated Stressor Exposure and Cortisol Values at 37 Post-Conceptual Weeks for Infants in Neonatal Intensive Care
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Background: Cortisol is an important mediator in the relationship between prolonged stress and subsequent disease and disability. NICU stress may give rise to neuroendocrinologic adaptations that underlie difficulties in learning and development for a population of children that already bears a high burden of disease. Purpose: This research examined the relationship between cortisol levels and painful exposures in premature infants who received extended NICU care. Methods: A descriptive, cross-sectional design was used to examine relationships between recurrent skin-breaking procedures and hours of assisted ventilation and cortisol and 17-OHP levels at 37 post-conceptual weeks of age. Results: Fifty-nine premature infants were collectively exposed to over 3350 painful procedures and over 17,000 hours of assisted ventilation. The greatest number of individual painful exposures was 230+ and no infant was exposed to less than 20 procedures (mean = 57). There was significant negative correlation between recurrent pain-associated stressor exposure and levels of 17-OHP at 37 post-conceptual weeks of age (r = -0.232, p = 0.039). A trend was identified for differences in 17-OHP levels between infants with the highest and lowest pain-associated stressor exposure (U = 68.5, p = 0.068). Recurrent painful exposures may be an important factor in explaining variance of 17-OHP levels at 37 post-conceptual weeks of age.

Transformation of 5q-Syndrome to Chronic Myelogenous Leukemia with a Novel Complex BCR/ABL1 Translocation with Rapid Transformation to Acute Myelogenous Leukemia
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We report a case of a 72 year old female who initially presented in August, 2010 with Myelodysplastic Syndrome (MDS). G-banded chromosome analysis of bone marrow (BM) revealed a deletion of part of chromosome 5 (i.e. del(5)(q12q33)), confirmed by FISH. A diagnosis of MDS with isolated 5q deletion was made. In June 2014 she was found to have increased blasts on BM. Cytogenetic and FISH analysis of unstimulated blood (UB) revealed the 5q-, and a complex BCR/ABL1 translocation [i.e., 45,XX,t(9;15;22)(q34;p10;q11.2)]. In July 2014 the blasts and the complex translocation persisted. Molecular testing demonstrated a p210 BCR/ABL1 transcript. Flow cytometry revealed 18% blasts. These results indicated that the patients' MDS transformed to chronic myelogenous leukemia (CML) with rapid transformation into acute myelogenous leukemia (AML). Transformation from MDS to CML has rarely been reported. To our knowledge transformation with this complex translocation has never been described. This case demonstrated the importance of monitoring the aging population who are at risk for progressive disease. The case also illustrated the interdepartmental collaborative work between hematology, the bone marrow transplant unit, flow cytometry, molecular genetics and cytogenetics is needed to make this complex diagnosis and needed to treat this patient effectively.

The Role of Physical Therapists in the Assessment of Overweight and Obesity
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Background: Obesity has grown into a major public health issue over recent decades. Body mass index (BMI) and measurement of waist circumference are the most commonly used indicators of overweight and obesity, are easy to assess, and are strongly correlated to health risks such as cardiovascular disease, diabetes, stroke, and arthritis. Purpose: To determine the prevalence of BMI and waist circumference assessment by physical therapists (PTs) during initial patient examinations. Method: Survey of licensed PTs currently engaged in adult patient care in a variety of practice settings across the US. Results: Preliminary data reveal less than 10% of PTs in all practice settings include an assessment of BMI or waist circumference in their initial examination. In the acute care setting, BMI is often documented upon admission by medical personnel, but BMI and waist circumference are rarely included in the PT initial exam. Conclusions: PTs, as experts in physical activity, are in an ideal position to intervene with individuals that present with a comorbidity of overweight or obesity. Assessment of BMI and waist circumference should be routine components of the initial examination to document objective data, facilitate a conversation about health risks, and to promote a weight management intervention plan.

Identification of Community Acquired-Methicillin Resistant Staphylococcus Aureus Epidemic Clone USA300 Using Genetic Markers
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Methicillin-resistant Staphylococcus aureus (MRSA) is a virulent organism that can cause a variety of illness from mild skin infections to rapidly progressing life-threatening diseases. In the last decade, there has been an explosion in the number of MRSA associated with community settings (CA-MRSA), especially by the epidemic strain USA300. As infections caused by USA300 strains have poorer prognosis than other MRSA infections, it is important to be able to promptly diagnose such infections. Here we used a collection of 20 MRSA isolates. For each isolate we determined the antibiotic susceptibility pattern, the genotype (spa type), and presence of pvl, and ACME genes arcA and opp3. Based on their spa type, 8 isolates could be classified as USA300 (t008, t024, and t022); 87% of those contain the pvl gene and 62% were either ACME type I (arcA positive and opp3 positive) or II (arcA positive and opp3 negative). No particular antibiotic resistant pattern was associated with USA300. We conclude that the presence of pvl is a suitable genetic marker for the identification of CA-MRSA USA300, whereas ACME type is not. A larger number of MRSA isolates are necessary to confirm the value of pvl as a marker for USA300 clone.
Home-based Mirror Therapy for Rehabilitation of Hemiparetic Lower Limb Post-Stroke: A Pilot Study
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Background: Mirror therapy (MT) is a relatively new therapy for hemiparesis. MT involves performing movements with the nonparetic limb while watching its mirror reflection superimposed over the (unseen) paretic limb. This creates the illusion of improved movement capacity on the paretic side. Upper limb MT improves paretic arm function post-stroke, but little is known about the effects of lower limb MT. Purpose: To determine whether a home-based form of MT is an effective treatment for lower limb hemiparesis post-stroke. Methods: A custom made MT device and a DVD providing training instructions was used. Seven participants with stroke trained at home two times per day, 5 days per week for four weeks. Results: Voluntary control of the more affected ankle improved significantly from baseline (pre-training) to post-training (p<0.05). There was no significant change in walking speed from baseline to post-training; however, improvement was noted at the 1-month follow-up. Conclusion: Overall, we found that lower limb MT improved voluntary control of the paretic ankle. MT may also contribute to improved walking speed over time. This pilot study is a first step towards establishing a home-based therapy for gait rehabilitation post-stroke, and may be especially beneficial for those with limited access to rehabilitation.

Factors Influencing Breastfeeding Initiation (BI) in Women Who Chose Formula Feeding in Their First Child
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Identification of factors that influence BI may provide data that influences provider ability to effect a women’s decision to initiate breastfeeding. A secondary analysis of the Infant Feeding Practices II study was performed on the subset of women who did not breastfeed their first child then initiated breastfeeding in subsequent children. Multiple variables were analyzed for significance between non-initiation of breastfeeding in the first child and breastfeeding subsequent children. Factors associated with BI after non BI in the previous child include the family support for breastfeeding: paternal, maternal and maternal grandmother, the mother’s perception of professional’s support including mother’s and infant’s doctor and birth center staff. Maternal variables included mother’s perception of value of formula compared to breast milk, and attending breastfeeding class. Other factors negatively associated with BI included use of pacifiers at the birth center and offering formula gift packs. Understanding the family influence on BI and the importance of provider and staff influences as well as the value of breast milk as compared to formula on BI initiation rates needs to be emphasized and further evaluated to improve breast milk as the primary feeding choice.

Pharmacology Update: Medication Safety across Transitions of Care
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Background: One-fifth of Medicare beneficiaries are rehospitalized within 30 days and more than one-third within 90 days. Very often, the cause of this rehospitalization is due to confusion of the new medication regiment, not having the ability to pick up the medication, or lack of knowledge of the medication including side effect profile. Purpose: Insuring accuracy and continuity of pharmacotherapy during transition of an individual’s care from one healthcare environment to another (transitions of care) is an ongoing challenge for the interdisciplinary health care team. Elements of Presentation: Identifying existing standards, strategies and models used to promote medication safety across the health care setting. Discuss clinical examples that illustrate how medication safety principles are implemented. Conclusion: Utilizing identified principles will help increase patient compliance with medication regimen, increase comprehension of purpose of medication, and ultimately prevent hospitalization.

Translating Neurorehabilitation Concepts to the Human: Are the Arms Speaking with the Legs?
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Neuronal networks in the human cervical spinal cord (propriospinal neurons) descend through several spinal cord segments to project into the lumbosacral spinal cord. Functionally, these projections are purported to mediate coordination between the upper and lower extremity during locomotion. After a spinal cord injury (SCI), disruption of these pathways alters the arm-leg coordination. For example, after an incomplete SCI, an absence of arm swing is associated with a decrease in overground walking speed. Several studies from basic science indicate that these connections are partly responsible for the spontaneous recovery of leg function. Here, I ask the question: Can the long propriospinal connections be entrained to activate neuronal networks via upper extremity training? In effect, can upper extremity training enhance lower leg function? Affected-Community: Persons with an incomplete SCI. Methods: Rodents were experimentally paralyzed at the thoracic cord and trained using their forelimbs and hindlimbs or trained on their hindlimbs alone or allowed to recover spontaneously. Results: Dramatic improvements in leg function were observed in injured animals trained to step with both their forelimbs and hindlimbs. Conclusion: Motor training that involves the use of upper extremity facilitates recovery of lower leg function to a much greater extent after a SCI.

Strengthening Veterans Treatment Court Programs in NYS
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Veteran’s Treatment Courts are problem solving courts designed to administer therapeutic jurisprudence to veterans involved in the criminal justice system. In 2013, the NYS Unified Court System received a three-year federal grant to study seven of NYS’s VTCs. The SBU School of Social Welfare is a partner in a research team consisting of a specialist in quantitative analyses of problem solving court data, a psychiatrist specializing in PTSD, and a social worker who is also a veteran. A graduate social work student contributes to data management and analysis. The project goal is to conduct a comprehensive program evaluation from two downstate urban areas (Brooklyn and Queens), two upstate urban areas (Buffalo and Rochester), one upstate rural areas (Batavia) and two downstate suburban areas (Nassau and Suffolk County). Quantitative and qualitative data is being collected through interviews with three populations: court teams (judge, prosecutor, defense, veteran’s justice officer, mental health and substance abuse treatment providers, and probation officers), veteran mentors, and veteran defendants. Veteran participant data is collected through electronic court records and include demographics, treatment utilization and court program trajectory. The final report will be disseminated and information will be used to strengthen the VTCs in New York State.
Effects of Psychosocial Factors and Social Stigma on Children with Dyslexia
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Children with dyslexia are negatively stigmatized by the larger population due to their struggles with social interaction and academic school work (Lisle, 2011). Dyslexia is a common learning disability that occurs in people with average intelligence, causing this to be an “unseen disability.” Due to being “unseen,” it is often undiagnosed until later in child development when the child displays difficulty with academic activities (Dyslexia At a Glance, 2015). Naturally, children compare themselves to their peers and develop a perception of themselves. Due to this phenomenon, exhibiting academic difficulties can lead a child with dyslexia to develop low self-esteem (Burden, 2008). Research has shown that having a strong support system can help the child understand...
their disability as well as promote a more positive self-image in the child (Terras, Thompson, & Minnis, 2009). The importance of psychosocial supports align with the shift in current research towards creating an inclusive school environment to foster learning in children with dyslexia (McNulty, 2003). The goal of occupational therapists in this population would be to address inclusion and equal opportunity for those with dyslexia through raising awareness, education, and advocating for those who have dyslexia.

Impact of Disabilities in the Workforce
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According to Davis, disability management is an active process of minimizing the impact of impairment on the individual's capacity to participate competitively in the work environment (2005). Increasing employment, retention and promoting the placement of individuals with disabilities in the workplace are important goals for rehabilitation professionals. Employers have displayed concerns over both real and perceived barriers to hiring and retaining employees with disabilities. Previous studies have shown promoting awareness of negative attitudes toward individuals with disabilities in the workplace is critical to eliminating barriers to employment. In addition, Solovieva, Walls, & Dowler (2010), described the importance of Personal Assistance Services as a facilitator in helping individuals with disabilities in increasing productivity by overcoming physical and social barriers at the workplace. Efforts to educate and inform employers regarding the ease and benefits of workplace accommodations may provide increased opportunities for disabled individuals to join or rejoin the workforce. Occupational therapists can help individuals with a disability join or rejoin the workforce by identifying barriers, acting as a mediator and educator between employer and employee, and implementing effective workplace accommodations for those with a disability in the workplace.

Promoting Community Reintegration of Returning Military Veterans
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Over 2 million military personnel have been deployed from the United States to Iraq and Afghanistan since 2001 (Cogan, 2014). A majority of these veterans return home with mental and physical limitations. This can create obstacles for community reintegration. The Center for Military Health Policy Research reported 18.5% of returning service members has been diagnosed with PTSD or depression. In addition, 19.5% of returning veterans experienced a traumatic brain injury (RAND, 2008). According to Chappell (2013), the rate of suicide in the U.S. military surpassed combat deaths. It has been calculated that there were 349 suicide related deaths in 2012 alone (Chappell, 2013). These diagnoses can create difficulty with certain occupations. Some of the areas of their lives that are commonly affected include relationships, work/school, driving, and leisure activities. It is imperative to implement more resources for military veterans to facilitate community reintegration. A lack of treatment resources has been a common barrier for military members and veterans seeking assistance (Plach & Sells, 2013). By enabling the military service members easier access to the help they need we can assist them to have smoother transition. Veterans expressed that their freedom is the most important part of returning home. However, their ability to participate in the occupations that are most meaningful to them is limited due to their unaddressed underlying issues (Plach & Sells, 2013). Occupational therapists can provide individualized treatment to the vast needs of this population in order to increase their occupational freedom.

Promotion of Sports Participation and Its Impact on Psychosocial Factors in Individuals with Disabilities
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Sports can be defined as “an activity involving physical exertion with or without a game or competition elements, with a minimal duration of 30 min for at least two times a week, and where skills and physical endurance are either required or improved” (Jaarsma, Dijkstra, Geertzen, & Dekker, 2014). Approximately two-thirds of individuals with physical disabilities do not participate in sports, whereas just over one-third of people without disabilities do not participate in sports (U.S. Department of Health and Human Services, 2010). The staggering difference between the two populations presents evidence of barriers to sports participation for individuals with physical disabilities. Knowledge about barriers to and facilitators of sports participation for individuals with various physical and cognitive disabilities is needed. Healthcare providers find that these individuals are resistant to sport opportunities because of the internal barriers (i.e. depression, poor self-esteem) and external barriers (transportation, accessibility, available opportunities). Increased sports participation can help to address these barriers and provide psychosocial benefits to people with various disabilities on both an individual and community level. Occupational therapists involvement is needed to encourage and support individuals in sports exploration, develop/improve performance skills, adapt the individual/environment, and provide opportunities to participate in various sports on a competitive or recreational level.

Playground Accessibility for Children with Physical Impairments
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Play is recognized as a child’s primary occupation and has a pivotal role in the development of physical, social, emotional and intellectual skills. In many communities, playgrounds serve as platforms to facilitate the child’s mastery of these skills and foster community connectedness. Children with physical impairments, however, are often excluded from full participation in play experiences due to inaccessible landscape characteristics, poor organization of space, and non-universal equipment design within playgrounds (Yantzi et al., 2010). As of 2012, federal requirements under the Americans with Disabilities Act (ADA) necessitate the use of equipment, materials and designs that provide children with physical impairments the same play opportunities as their non-impaired peers. However, these guidelines apply strictly to the development of new playgrounds, not to existing ones, and while some playgrounds may meet ADA requirements, there exists a gap between meeting these regulations and meeting individual needs. These needs would be supported by a shift from Accessible Design, based solely on technical standards and enforced regulations, to Universal Design, based on the practice of community-focused inclusion, wherein the environment is made to “fit the child, regardless of their abilities, rather than expecting the child to fit into the existing environment” (Burke, 2015, p.84).

Lack of Social Supports for Mothers with Disabilities
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“You need a whole community to raise a child”, said by Toni Morrison, expresses the reality that women, with or without a disability, are in need of a variety of social supports to be successful mothers (Morrison, n.d.; National Council on Disability Website, 2012). Mothers rely on both formal and informal supports to help them with their caregiving responsibilities. Formal supports include healthcare providers, education, social groups such as “Mommy and Me”
ABSTRACTS

Disaster Preparedness: Ensuring Inclusion of All Levels of Ability
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Since the 1980’s, disability inclusion has been discussed and debated among professionals in various arenas including: education, transportation, and employment (DePauw and Doll-Tepper, 2000). Despite an increasing national awareness of disaster preparedness and risk reduction, several large U.S. cities fail to incorporate the needs of those with disabilities into their preparations. Disasters pose particular challenges in the daily lives of persons with chronic impairments and diseases, which are not limited to people who are blind, deaf, and those who use adaptive devices, equipment, or service animals (National Council on Disability, 2006). Accessible plans must be made in the areas of emergency communication services, transportation, and mass shelter and food. In order to best prepare for a potential disaster, it is imperative that occupational therapists and individuals with disabilities are given the opportunity to take part in the planning process and “not be seen merely as victims to be rescued.” (National Council on Disability, 2006; Willard & Schell, 2013). Individuals with chronic impairments, and those that work with them, offer a unique perspective into the planning of accessible disaster services and education of caretakers, as part of a more complete disaster preparedness plan that can be simulated, refined, and successfully executed during future emergencies.

Factors Associated with Heart Failure Readmissions from Skilled Nursing Facilities
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Background: the course of advanced Heart failure (HF) is characterized by progressive clinical deterioration reflected in frequent hospital admissions, with associated high healthcare costs. Annual expenditures for HF are estimated to be as high as $53 billion by 2013. Transfer to Skilled Nursing Facilities (SNF) and Nursing Homes (NH) for recuperative care after hospitalization is one strategy to limit hospitalizations. Patients may be discharged too soon because of the need to reduce hospital length of stay. As a result, 25% of patients are still symptomatic at time of discharge. Despite guideline-driven pharmacological therapies and careful transitional care, the rates of preventable re-admission remain unacceptably high in the SNF populations. Purpose: The objective of this study is to identify factors affecting re-admissions of HF patients residing in SNF or NH within 30-days. Methods and Results: Retro prospective research design methodology will be used to examine clinically relevant data available in electronic medical records. Available data analysis will be done using simple logistic regression and multiple logistic regressions. Results pending.

The Association Between Sleep Duration and Obesity Among School-aged Children: Results at the Intersection of Race/Ethnicity and Sex
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Background: The increasing prevalence of childhood obesity in the United States is associated with a range of health risks both in childhood and throughout life. Recent research has associated chronic short sleep duration as a determinant of childhood obesity. While existing research has suggested that short sleep is more strongly associated with obesity among males, few scholars have examined whether the association between sleep duration and obesity varies at the intersection of race/ethnicity and sex. Our study examines the association between sleep duration and obesity by race/ethnicity and sex among children aged nine. Methods: We used data from the age 9 wave of the Fragile Families and Child Wellbeing Study, a longitudinal cohort study of children residing in twenty metropolitan cities in the United States. Logistic regression models were used to analyze the hypothesized associations between sleep duration and obesity. Interaction effects were examined by plotting the estimated likelihoods of obesity regressed on hours of sleep by race/ethnicity (White, Black, and Hispanic). These models were stratified by sex. Results: Results showed that, after adjusting for covariates, each hour increase in sleep duration was associated with increased severity of CI (OR=1.97; 95% CI= 1.52-2.54; p< 0.001). In sex-stratified analyses, ACE severity was only predictive of CI severity among females (OR=1.74; 95% CI= 1.52-2.54; p< 0.01 and 4.99; 95% CI= 2.60-9.58; p<0.001). Conclusion: This study broadens existing research among Holocaust victims and combat veterans showing that trauma may be a determinant of CI in the general population.

The Association Between Adverse Childhood Experiences and Cognitive Impairment Later in Life
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Background: Studies of veterans and holocaust survivors consistently find an association between experiences of trauma and rapidity of cognitive aging. However, to date no studies have examined the effects of adverse childhood experiences (ACE) on cognitive functioning later in life. Methods: Data came from the 2011 Behavioral Risk Factor Surveillance System (BRFSS) survey. Cognitive Impairment (CI) was assessed using self-reported indicators of poor memory, confusion and memory loss, and of cognitive limitations. ACE were measured using the standard ACE self-report questionnaire, which examines exposure to violence or household dysfunction before age 18. Multivariate logistic regressions were used to examine the association between ACE and CI. Analyses were also stratified by sex. Results: Moderate and severe ACE was associated with increased severity of CI (OR=1.55; 95% CI= 1.08-2.03; p=0.006 and 3.97; 95% CI= 2.31-6.83; p<0.001). Violence during childhood was associated with increased severity of CI (OR=1.97; 95% CI= 1.52-2.54; p< 0.001). In sex-stratified analyses, ACE severity was only predictive of CI severity among females (OR=1.74; 95% CI= 1.52-2.54; p< 0.01 and 4.99; 95% CI= 2.60-9.58; p<0.001). Conclusion: This study broadens existing research among Holocaust victims and combat veterans showing that trauma may be a determinant of CI in the general population.
Standing Balance in People with Trans-tibial Amputation Due to Vascular Disease: A Scoping Review

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Balance control is an essential part of motor activities. The presence of a trans-tibial amputation (TTA) could limit the ability to control balance due to the loss of structures below the knee as compared to healthy individuals. However, depending on the cause of amputation balance control might be affected differently. Pre-existing sensory deficits, i.e. diminished sensation at the residual limb and the intact leg, in people with TTA due to vascular disease (diabetes, PVD) (TTA-vascular) could reduce the feedback coming from the lower extremities and further alter the deficit of balance control in this population as compared to people with TTA due to trauma (TTA-trauma). The literature on balance control in people with TTA-vascular is limited. The purpose of this paper is to review literature and determine if balance control in people with TTA-vascular is altered as compared to people with TTA-trauma and healthy individuals. An initial electronic database search yielded 40 articles. Upon review, 6 articles were selected. Limited evidence suggests that balance control is affected greater in people with TTA-vascular than in people with TTA-trauma.