THE BASSETT RESEARCH INSTITUTE (BRI)

2017 YEAR IN REVIEW

“We do clinical and rural community health research, program evaluation and education”
The Bassett Research Institute Mission

“The Bassett Research Institute conducts research to understand and improve the health and well-being of individuals and rural populations. We develop strategies to improve health care delivery, prevent illness and manage chronic disease in support of the Bassett Healthcare Network’s mission.”

Web Site: http://www.bassett.org/education/research-institute/
Email: research.institute@bassett.org
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Note from our Director</td>
<td>2</td>
</tr>
<tr>
<td>Institutional Review Board/Office of Sponsored Programs (IRB/OSP)</td>
<td>3</td>
</tr>
<tr>
<td>Center for Rural Community Health</td>
<td>4</td>
</tr>
<tr>
<td>• 5210</td>
<td>5</td>
</tr>
<tr>
<td>• Creating Healthy Schools &amp; Communities (CHSC)</td>
<td>6</td>
</tr>
<tr>
<td>• Rural Health Education Network Otsego, Schoharie, Montgomery Counties (RHENSOM)</td>
<td>8</td>
</tr>
<tr>
<td>• Living Well</td>
<td>10</td>
</tr>
<tr>
<td>• Strong Hearts, Healthy Communities</td>
<td>11</td>
</tr>
<tr>
<td>• LongROAD</td>
<td>12</td>
</tr>
<tr>
<td>The Northeast Center for Occupational Health and Safety: Agriculture, Forestry and Fishing (NEC)</td>
<td>13</td>
</tr>
<tr>
<td>Center for Population Health</td>
<td>14</td>
</tr>
<tr>
<td>Center for Clinical Research</td>
<td>18</td>
</tr>
<tr>
<td>Center for Biostatistics</td>
<td>20</td>
</tr>
<tr>
<td>Center for Evaluating Rural Interventions (CERI)</td>
<td>23</td>
</tr>
<tr>
<td>E. Donnall Thomas Resident Research</td>
<td>28</td>
</tr>
<tr>
<td>Research Celebration Week at Bassett</td>
<td>31</td>
</tr>
<tr>
<td>College Student Research Interns</td>
<td>32</td>
</tr>
<tr>
<td>Columbia/Bassett Medical School Student Research</td>
<td>33</td>
</tr>
<tr>
<td>2017 Medical Resident Research Rotation</td>
<td>33</td>
</tr>
<tr>
<td>New Staff</td>
<td>34</td>
</tr>
<tr>
<td>Publications</td>
<td>35</td>
</tr>
<tr>
<td>Lectures and Presentations</td>
<td>36</td>
</tr>
<tr>
<td>Invited Guest Speakers</td>
<td>38</td>
</tr>
<tr>
<td>Media Coverage</td>
<td>38</td>
</tr>
<tr>
<td>Grant Applications Submitted</td>
<td>40</td>
</tr>
</tbody>
</table>
Our BRI 2017 Year in Review will take you on a quick tour of what we did in 2017 and where we are headed. We invite you to be a part of the journey, as a study participant, volunteer, clinical researcher, community member or visitor.

So where is the BRI headed? We continue to build our research infrastructure with new research assistants, new Center names as well as new software for online surveys and databases (i.e. REDCap and Qualtrics) that facilitate data collection and analysis across the BRI. We have transitioned from functional teams to six centers within the BRI department at the Bassett Medical Center. We are determined to securely extract meaningful electronic medical record data in order to evaluate future research opportunities, write grants and contribute to the evidence base for improving clinical care. Through team science and multi-disciplinary approaches to big (i.e. community and population based) research questions we tackle, the BRI has achieved and will continue to achieve a high level of research productivity. The year 2017 ended with just about 20 publications, with six that include students and residents as authors.

Looking back, 2017 was momentous for one of our faculty, Paul Jenkins, PhD who leads the Center for Biostatistics. Dr. Jenkins received an honorary doctor of medicine degree from Umeå University in Umeå, Sweden, that was bestowed upon him on October 21, 2017. This honor reflects many years of collaboration Dr. Jenkins has had with researchers at Umeå University studying obesity related mortality in the US and Sweden. Apart from the degree, Dr. Jenkins received a beautiful and distinguished piece of regalia, a photo of which you will find under the Center of Biostatistics in this report.

BRI contributed to the education of several medical and surgical residents, medical students and college students through its training programs (E. Donnell Thomas Resident Research Program, Columbia-Bassett Medical student research and summer student programs). We continue to mentor two of our own PhD candidates, Melissa Scribani and Pamela Tinc, who are feverishly working on their dissertation work to earn degrees from Umeå University.

Given there are many as yet untapped research interests, expertise and talents of the Bassett clinical staff, the BRI will continue to support the research interests of our clinical colleagues, whatever their field, by providing support in grant writing, program evaluation, data analysis, publication and dissemination of results. Through increased networking designed to connect scientists and stakeholders across our health system, the region and the northeast, the BRI will continue to foster collaborative partnerships with other academic institutions as well as community-based partnerships.

We will continue to provide large research projects with the rural counterpart that they need to generalize their research and that we need to reap the advantages of academic collaboration, i.e. grant funding, capacity building, content expertise and training opportunities for junior faculty, residents and students.

Please also check out our meticulously updated web pages, peruse our intriguing publications or simply take the elevator to the fourth floor of building 6 and look at our publication and media clothesline on the bulletin board. Enjoy the BRI 2017 Year in Review.

Anne Gadomski MD, MPH
BRI Director, Attending Pediatrician
anne.gadomski@bassett.org
The Institutional Review Board is comprised of eleven voting members and eleven alternate members of varying backgrounds, in addition to the Chair and Vice-Chair of the Board. The Board is charged with providing a complete review of research activities commonly conducted by investigators within the Network. The Board meets at least once per month on the first Tuesday of every month. It is responsible for conducting an initial review process, a continuing review process and for maintaining a record of all IRB activities, in accordance with the HHS regulation for the Protection of Human Subjects as defined by the Code of Federal Regulations (45 CFR 46 and 21 CFR 50, 56).

At the end of 2017, there were 134 active protocols approved for research activities within the network. During 2017, twenty-three new protocols were approved, 6 of which were clinical trials and 17 of which were non-experimental studies analyzing existing datasets or using qualitative or qualitative methods for collection and analysis of primary data. Thirty-two protocols were completed and terminated in the course of 2017. Other recent activities of the Board included responding to a request for emergency use exemption, clarifying IRB requirements for case studies and quality improvement projects, and preparing operating procedures for projects of multisite studies that will be using a central IRB (CIRB). As of December 2017, the National Cancer Institute (NIC) CIRB was established as the IRB of record for multiple NCI-sponsored clinical research projects at the Bassett Cancer Center.

The Office of Sponsored Programs submitted 11 grant applications in 2017 and provided support for 15 active grant programs and 3 pass through awards. A review of practices and policies was undertaken to ensure that our programs follow the uniform administrative requirements detailed in 2CFR part 200. A review of Sponsored Project software packages was undertaken and a final product selected for installation in 2018. This platform simplifies sponsored project lifecycle management from proposal creation to award close-out. Users have access to all project data which delivers transparency to each phase of our research projects, improving decision making and overall productivity. This system will also assist in streamlining the OSP records database making it more user-friendly and easier to navigate.
The Center for Rural Community Health was established in 2011 to work with state and local public health resources and with Bassett health professionals across the region to better understand the serious health challenges affecting the people in Bassett’s catchment area and to design and test community-based strategies to address these challenges. In seeking to enrich health access and opportunities for individuals, the Center also looked at surrounding health resources, schools, and local businesses to see what infrastructure already exists and can be built upon in collaboration with the Center. Major projects of the Center in 2017 continue to reflect its ongoing commitment to these goals, with programs that notably span the full age range.

Who We Are

Senior Research Scientist: David Strogatz, PhD
Health Promotion Disease Prevention Specialist: Thomas Hohensee, MA
Senior Health Educator: Lynae Wyckoff, MS
Health Educator: Doris Hill, BS
Supervisor Rural Health Education Network: Kristin Pullyblank, MS, RN
Community Health Project Coordinator: Christine Burrington, BS
Research Coordinators: Ida Baker, MA, Andrew Johnson, BS
Research Assistants: Melinda Robinson, BS, Jane Keane, Winnie Atim, BS
Administrative Assistant: Marcia Kozubek, BA

CENTER FOR RURAL COMMUNITY HEALTH PROGRAMS:

I. 5210
II. Creating Healthy Schools and Communities (CHSC)
III. RHENSONM
IV. Living Well
V. Strong Hearts, Healthy Communities
VI. LongROAD
I. 5210 Every Day! LEAD: Christine Burrington, BS

5-2-1-0 Every Day! is modeled after 5-2-1-0 Let’s Go initiated in Maine to help kids and families eat healthy and be active. An important feature of the program from Maine is its emphasis on partnering with six sectors of the community: preschool, school, after school, worksites, healthcare, and community groups to give a consistent message to kids and their families about a healthy lifestyle.

The BRI began a pilot version of the 5-2-1-0 program in two communities in 2013, Delhi and Edmeston, where the presence of school-based and community-based health centers, as well as a history of engagement in wellness issues with schools, worksites and community groups was already established. The program was extended to two more communities, Morris and Cobleskill, in 2015. To enlist the help of all sectors in the 4 communities, mini-grants in the amount of $200-$2000 were offered to stimulate sustainable activities that promote the goals of 5-2-1-0.

2017 marks the completion of some 5-2-1-0 projects in Morris and Cobleskill and 2018 marks the continuation 5-2-1-0 activities in all four communities. Coordinating with Pathfinder Village, a center for working with young adults with developmental disabilities, a Fruit and Vegetable Prescription Program is being piloted. In Morris and Edmeston, families who qualify for Free and Reduced Lunch with 1 or more children who are overweight are given $15-$25 per week to order fresh produce online from the Pathfinder Produce Market. Cooking/nutrition classes are given to introduce the use of new fruits and vegetables into the menu. In Cobleskill, activities centered around food preparation included chef’s demos at the local farmers’ market, offering cooking/budgeting classes to families, a Jr. Iron Chef Competition for Middle and High School students, and making pasta with the 4th graders for Enrichment Day at Radez Elementary School.

Surveys to determine 5-2-1-0 knowledge and behaviors were administered to the schools in 4th, 5th, 6th, 8th, 9th, and 10th grades at different intervals. Post surveys were administered in Fall of 2017. Parent Phone Surveys were completed in December of 2017 to evaluate 5-2-1-0 behaviors at home. Analysis of all this data will reveal the success of this childhood obesity prevention strategy.

This research is funded by Stephen C. Clark Foundation and an American Heart Association Community Impact grant.
II. Creating Healthy Schools and Communities (CHSC)  LEAD: Thomas Hohensee, MA

The Center for Rural Community Health entered the third year of a five year public health initiative – Creating Healthy Schools and Communities (CHSC) – funded through the New York State Department of Health (NYSDOH) to reduce major risk factors for obesity, diabetes, and other chronic diseases. The grant is one of 25 statewide projects working in 85 high-need school districts and associated communities statewide. We are conducting this work in partnership with the grant’s lead agency, the Research Foundation for SUNY, at SUNY Cobleskill. Our goal is to implement multi-component evidence-based policies, place-based strategies, and promising practices to increase demand for and access to healthy, affordable foods and opportunities for daily physical activity in five regional school districts and surrounding communities.

School strategies include:
1. Revise, implement, and assess local wellness policies to improve the school environment.
2. Establish Comprehensive School Physical Activity Programs (CSPAP).
3. Increase access to healthy, affordable foods and increase school districts’ ability to meet federal Healthy, Hunger-Free Kids Act of 2010 nutrition standards for foods sold outside of school meals.

Community strategies include:
1. Increase access to healthy, affordable foods in communities.
2. Increase adoption and use of food standards and procurement policies that increase healthy foods in community sites and settings.
3. Adopt and implement Complete Streets policies, plans, and practices to increase access to opportunities to walk, bike, and roll.

Our work is supported by the Obesity Prevention Center for Excellence (OPCE), led by JSI Research & Training Institute, Inc. (JSI) to strengthen the CHSC initiative’s collective impact by providing technical assistance, training, resources, and a network to collaborate.

A highlight of this year’s work was a full-day workshop for school stakeholders designed to provide tools and resources to build a culture of academic success through physical activity in schools. The program, “Achieving Academic Success through Comprehensive School Physical Activity Programs,” brought together teachers, staff, administrators and school wellness team members and featured state and national experts to build physical activity into the school day and involve students, teachers and the community.

This research is funded by New York State Department of Health Contract #DOH01-C30370GG-3450000
The CHSC grant was also part of a planning team that brought in Mark Fenton, national expert on healthy living by design, to facilitate a series of five community workshops across the region that addressed the economic, environmental and public health impact of healthy community design. The workshop brought together community leaders to focus on goals: including a unique sense of community design to support healthy choices, maximize physical activity, encourage mixed-use development, invest in active transportation solutions, and promote access to healthy food.

The grant also organized the inaugural “Ride On! For Complete Streets” bicycle event which was held in September 2017, beginning and ending at the Richfield Springs Central School. The ride was a multi-distance bicycle ride for cyclists of all ages and skills and funds were raised to support local municipalities in implementing Complete Streets policies.
III. Rural Health Education Network of Schoharie, Otsego and Montgomery Counties (RHENSOM)  LEAD: Kristin Pullyblank, MS, RN

Rural communities are enmeshed in a vicious cycle of resource scarcity, poor health outcomes, lost productivity and lack of economic growth. Through collaboration with community organizations, county health departments, healthcare systems, and funding from NYS DOH, the Rural Health Education Network of Schoharie, Otsego and Montgomery Counties is dedicated to serving the health needs of our communities through innovative, evidence-based programming and initiatives. Key areas of work in 2017 focused on creating systems and environments that help prevent and manage obesity and its related chronic diseases, children’s dental health initiatives and nutrition education programming. Highlights include:

Prevent and Manage Chronic Diseases

- In February, 2017, RHENSOM awarded 4 school districts (Worcester, Schenevus, Richfield Springs and Edmeston) with the Excellence in School Wellness Award, which provided financial support for school wellness initiatives.

- In March, RHENSOM organized, sponsored and facilitated the annual School Nurse Symposium on the topic of Adverse Childhood Experiences, featuring David Wallace, Dana Roman and Katherine Russell, all noted experts in the field of childhood trauma.

- RHENSOM worked closely with the Living Well team to facilitate the chronic disease self-management workshops throughout the Bassett region, enrolling approximately 200 patients in the program.

- Collaborated with Montgomery County Public Health to offer tai chi for arthritis and fall prevention at multiple community centers, reaching dozens of senior citizens.

- Partnered with MVPHIP and CHSC to support the Ride On! for Complete Streets cycling event in September. 50 enthusiastic cyclists took the rode in support of downtown revitalization and making streets safe and accessible to all users. RHENSOM provided financial support in the form of mini-grants for communities to implement Complete Streets changes.

- Worked with numerous partners on a regional Great American Smoke Out campaign, reaching hundreds of Bassett employees as well as community members.

- Provided staff support for the UpClose Cardiac Surgery Program in collaboration with the Bassett Department of Surgery. This program educates nearly 1000 students a year on the importance of establishing heart-healthy lifestyle behaviors early in life.

This research is funded by New York State Department of Health Contract #D0H01-C028715
Nutrition

- Supported the Jr. Iron Chef Competition (April 1) where 23 middle and high school teams from the RHENSOM region went to SUNY Cobleskill for the championship cook off.
- Coordinated and/or facilitated the development of three after-school cooking clubs in area schools.
- Provided financial support to the Fruit and Vegetable Prescription Program organized by 5-2-1-0 in two food desert communities.

Children’s Dental Health

- Hundreds of school children received dental health education from three dental educators in the field. Continue to promote National Children’s Dental Health Month campaign in February through social media and partnering with community-based organizations that provide services to young children (HeadStarts, Opportunities for Otsego, etc).
- The RHENSOM oral health coordinator continued to work with pediatric primary care clinics to fully integrate the oral health risk assessment and fluoride varnish application into their practices.

RHENSOM also recently overhauled its website. Go to www.rhensom.org for updates on recent initiatives, a quarterly newsletter, and events calendar.

Inaugural “Ride On For Complete Streets” fundraiser bicycle ride – Richfield Springs

Start of the Inaugural “Ride On For Complete Streets” in Richfield Springs.

This research is funded by New York State Department of Health Contract #D0H01-C028715
IV. Living Well  LEAD: Lynae Wyckoff, MS

The Living Well Program began at the end of 2016 with funding from the Small Health Care Provider Quality Improvement Program of the US Health Resources and Services Administration (HRSA). Through the provision of evidence-based chronic disease self-management (CDSM) and diabetes self-management (DSM) workshops, the program seeks to increase well-being and reduce preventable hospitalizations and ED visits by guiding patients with chronic conditions (e.g. diabetes, hypertension, heart disease, musculoskeletal conditions, mental health conditions) to be more engaged in their health care. In this first phase of the Living Well Program, workshops are being offered for patients referred from the local Bassett primary care clinics in eight communities located across four counties (Chenango, Herkimer, Madison and Otsego). The program is being delivered with the support of trained program leaders from collaborating organizations (RHENSOM, Madison County Rural Health Council, Herkimer County HealthNet) and meets at local sites such as libraries and churches. In 2017, 155 individuals completed the workshops in either CDSM or DSM. Preliminary data on participants who completed the first cycle of DSM workshops revealed improvements in self-reported measures of diabetes-related distress and diabetes self-management behaviors as well as levels of hemoglobin A1c and LDL cholesterol.

In addition to the ongoing implementation and evaluation of the Living Well Program in the eight current sites, we are pursuing additional funding to expand the program in 2018 to include sites in Schoharie and Delaware counties and to add one additional site in each of Otsego and Madison counties. We are also adding the series of workshops on Chronic Pain Self-Management (CPSM) to the Living Well Program beginning in Fall 2018.

The Living Well Program seeks to increase well-being and reduce preventable hospitalizations and ED visits by guiding patients with chronic conditions.

---

BRI Staff and Living Well Workshop Leaders Lynae Wyckoff, Jane Keane, Kristin Pullyblank

The Living Well program is funded by the Health Resources and Services Administration, DHHS grant #G20RH30132 and New York State Department of Health Contract #D0H01-C028715
V. Strong Hearts, Healthy Communities LEAD and Principal Investigator: David Strogatz, PhD

The Bassett Research Institute has collaborated with Cornell University in conducting Strong Hearts, Healthy Communities (SHHC), a study to test community-based strategies for reducing risk of cardiovascular disease in rural areas of the United States. The intervention is designed for sedentary and overweight or obese women aged 40 or older, who attend exercise and nutrition classes twice a week for 24 weeks that use experiential learning principles and include aerobic exercise, progressive strength training and healthy eating practices. In addition, participants develop and carry out a community engagement project to positively affect cardiovascular health in their community. The initial phase of SHHC was a community-randomized trial beginning in 2015 and 2016 in 16 medically underserved rural towns (12 in Montana, 4 in New York) with 194 participants enrolled. Compared to women in the control communities, women in the intervention communities experienced statistically significant improvement in weight loss and in a composite measure of cardiovascular risk at the end of the 24 week study period. Extended follow-up of these women is continuing to determine if group differences will be maintained.

A new phase of SHHC began in 2017, using lessons learned from the first phase to enhance the intervention protocol and modify the study design. In this phase, the community-randomized trial is being conducted exclusively in upstate New York at 14 sites in 11 medically underserved rural towns (nine in the Bassett region), with a total enrollment of 182 women. Preliminary results at the midpoint of the 24 week intervention show a significantly greater reduction in weight, and waist and hip circumference for women in the new phase of SHHC compared to women from the first phase of the SHHC intervention at the same point in time. Evaluation of the new phase of SHHC will be completed in 2018.

The intervention is designed for sedentary and overweight or obese women aged 40 or older, who attend exercise and nutrition classes twice a week for 24 weeks that use experiential learning principles.
VI. The Longitudinal Research on Aging Drivers (LongROAD) Study

The Longitudinal Research on Aging Drivers (LongROAD) Study is a multi-site cohort study of factors that predict the ability of older adults to continue driving safely (and factors that preserve quality of life when older adults reduce or discontinue driving). The LongROAD Study is funded by the American Automobile Association Foundation for Traffic Safety and began the enrollment of 3000 65-79 year old adult drivers in August 2015 at five sites (Cooperstown; Baltimore MD; Denver CO; Ann Arbor MI; San Diego CA). The study’s lead institution is the Mailman School of Public Health of Columbia University, and other participating institutions besides the Bassett Research Institute are the Johns Hopkins University, the University of Colorado, the University of Michigan Transportation Research Institute and the University of California at San Diego.

Each of the five sites has enrolled approximately 600 study participants from local primary care clinics, and information being collected includes detailed measurements of physical and cognitive functioning; health conditions and medications; the condition and safety features of participants’ vehicles; and driving-related behaviors. Data sources include in-person interviews and examinations; medical and motor vehicle department records; and GPS measurements of driving patterns from devices installed in each participant’s primary vehicle. With the support of primary care providers, we recruited Bassett study participants from the primary care health centers in Cherry Valley, Cobleskill and Cooperstown. Baseline assessments were completed in March 2017, and the driving experience of these adults is being followed for the years 2017-2019 in the first phase of the LongROAD Study. The first peer-reviewed publication about the LongROAD Study appeared in 2017 in the journal Injury Epidemiology and the first symposium on the study was held in July 2017 at the World Congress of the International Association of Gerontology and Geriatrics in San Francisco, CA.
THE NORTHEAST CENTER FOR OCCUPATIONAL HEALTH AND SAFETY: AGRICULTURE, FORESTRY AND FISHING (NEC)

The Northeast Center for Occupational Health and Safety (NEC), is an agricultural education, research, and prevention center funded by the National Institute for Occupational Safety and Health (NIOSH). NEC aims to reduce occupational injuries in agriculture, forestry, and commercial fishing (AFF) sectors in the Northeastern US, from Maine through West Virginia. NEC is awarded funding in five-year cycles, with the most recent cycle starting in September 2016.

During 2017, CERI conducted quarterly data collection with NEC researchers to track project progress and documented intermediate outcomes as well as success stories. Working closely with NIOSH, CERI also assisted in drafting the NIOSH-published Program Performance One-Pager document (PPOP) for the NEC.

See NEC Year in Review for full report.

Senator Charles Schumer (D-NY), advocate for AFF programming, attends a ROPS promotional event in New York with NEC Deputy Director, Erika Scott, PhD (left), and NEC National ROPS Coordinator Becky Russell.

NEC Project Coordinator Rebecca Weil (far right) and NEC Director Julie Sorensen, PhD (3rd from right), working with lobstermen in Pigeon Cove, Massachusetts to develop improved life-jacket designs.

This work is funded by CDC/NIOSH through a center grant # U54 OH007542-16 “The Northeast Center for Occupational Health and Safety: Agriculture, Forestry and Fishing” Dr. Julie Sorensen (PI).
Mohawk Valley Population Health Improvement Program promotes the Triple Aim – better care for individuals, better population health and lower health care costs - through convening of community stakeholders for data-driven prioritization of health challenges. MVPHIP convenes a board and workgroups to address health priorities affecting the entire region (Fulton, Herkimer, Montgomery, Otsego and Schoharie counties). The focus is upon using evidence-based strategies outlined in the New York State Prevention Agenda, which aims to promote health and reduce health care disparities. The program also serves as a resource to the Delivery System Reform Incentive Payment (DSRIP) program’s Performing Provider Systems (PPS) and State Health Innovation Plan (SHIP). The Mohawk Valley region is one of 11 regions across the state served by PHIPs that are designated and funded by the New York State Department of Health.

Regional Priorities:
MVPHIP regional priorities address social determinants of health and aim to build environments that promote positive healthy life choices, thereby encouraging individuals to become key players in their own health. Social determinants are the conditions into which people are born, grow, live, work and age. They include factors like income, education, employment, health behaviors (e.g., eating healthy and exercising), social support networks, the physical environment (e.g., safe neighborhoods, affordable housing, and access to fresh food), as well as, access to health care.

The board and stakeholders have selected three regional priorities – behavioral health, obesity, and opioid abuse. Subsequently, separate workgroups have been formed focusing on each priority utilizing New York State Prevention Agenda recommended interventions or promising practices. The MVPHIP also collaborates with partners throughout the region to expand the delivery and to promote the sustainability of Chronic Disease Self-Management Programs.

Who We Are
Principal Investigator: John May, MD
PHIP Supervisor: Aletha Sprague, BS
Research Assistants: Brittney Watkins, MA, Bonita Gibb, BS

PHIP grant is funded by the New York State Department of Health #DOH01-C30188GG-3450000
Behavioral Health

The behavioral health workgroup has focused on two priorities. First, they identified a health disparity among men in seeking mental health services and completion of suicide. Based on the CDC’s National Center for Injury Prevention and Control 2015 Suicide Facts at a Glance, males take their own lives at nearly four times the rate of females and represent 77.9% of all suicides. In 2011, middle-aged adults accounted for the largest proportion of suicides (56%), and from 1999-2010, the suicide rate among this group increased by nearly 30%. During the 2017 New York State Public Health Association’s annual meeting, Bonita Gibb presented her poster on Man Therapy. Man Therapy is a promising practice which targets men ages 25-54 utilizing humor to reduce stigma and tackle issues like anxiety, depression, and divorce. Ms. Gibb won the “Members Choice Award” for her poster.

Second, the workgroup approved a survey to be administered to school professionals to understand resources needed to address children’s social determinants of health. The survey will be shared with workgroup members, schools, and community based organizations providing services to the schools, and organizations creating directories which could be utilized by school staff. The group has been exploring opportunities to bring trauma informed care and Youth Mental Health First Aid to the region as interventions to Adverse Childhood Experiences.

Chronic Disease Self-Management Program

The New York State Department of Health awarded the MVPHIP funds to expand and sustain Stanford’s evidence-based Chronic Disease Self-Management Program throughout the region. The MVPHIP co-hosted peer leader training and helped to recruit participants. The MVPHIP is also responsible for providing support for delivering the workshops including reimbursement for programmatic costs like advertising, meeting space, peer leader stipends, and participant incentives. Changes to the Electronic Medical Record in five of the region’s six hospitals now facilitate referrals to these community-based programs.

Obesity

The obesity workgroup selected “Complete Streets” as their primary intervention. According to Smart Growth America, Complete Streets is designed to enable safe access for all modes of transportation including buses, pedestrians, bicyclists, motorized scooters, Amish buggies, and for individuals of all ages and abilities. When a municipality adopts a Complete Streets policy, it allows municipal planners and engineers to incorporate any number of changes to the community such as: sidewalks, bike lanes (or wide paved shoulders), special bus lanes, comfortable and accessible public transportation stops, frequent and safe crossing opportunities, median islands, accessible pedestrian signals, curb extensions, narrower travel lanes, roundabouts, etc. These changes can happen over time as other state or local projects are being implemented.

PHIP grant is funded by the New York State Department of Health #DOH01-C30188GG-3450000
In October 2017, the MVPHIP hosted Mark Fenton, a national public health, planning, and transportation consultant, an adjunct associate professor at Tufts University’s Friedman School of Nutrition Science and Policy to the region. During his visit, Mr. Fenton conducted six workshops around the region titled “Community Design for Economic, Environmental, and Public Health.” These workshops had participants thinking about how programs, projects, and policies like Complete Streets could improve the health of the economy, people, and the environment. Participants were able to visualize changes in their community through “pop-up” demonstration projects. In the pictures below, Mr. Fenton demonstrates how to create temporary visual changes to street design during walk audits.

MVPHIP plans to provide Complete Street resources and funding opportunities to interested municipalities and community members throughout the region.

**Opioids**

In March 2017, the board and stakeholders selected opioids as a third regional priority. The MVPHIP hosted an event, “The Changing Face of Addiction” by presenter Robert Rosolanko, LMSW, MBA, CASAC. Mr. Rosolanko has 10 years of experience in the Chemical Dependency field and discussed his personal experiences with alcohol and heroin addiction and recovery. During the event participants had the opportunity to join the opioid workgroup. The MVPHIP hosted a workgroup utilizing the “Advancing Prevention Project’s Preventing Non-Medical Prescription Opioid Use and Overdose” factsheet as a framework. The framework describes opioids and includes risk and proactive factors, and related interventions by domain and ties in with the New York State’s Overarching Objective 2.1.2 to reduce the percentage of youth ages 12-17 years reporting the use of non-medical use of painkillers. (Baseline: 5.26% 2009-2010, NSDUH)

PHIP grant is funded by the New York State Department of Health #DOH01-C30188GG-3450000
Cultural Competency and Culturally and Linguistically Appropriate Service (CLAS)

The MVPHIP is dedicated to furthering CLAS standards. In 1990, the Office of Minorities was mandated by Congress to address the disparities that language and culture create in health care. In 2000, CLAS standards were developed and then enhanced in 2013. These standards provide a strong framework from which organizations can provide a higher quality of services to minority populations, and policies to assist the provider with implementing strategies to overcome language and cultural barriers. The MVPHIP held trainings, hosted guest speakers, and worked closely with our region’s Delivery System Reform Inventive Payment program (DSRIP) to address the needs of regionally identified disparate populations. Some of our events included filmmaker Roy Germano, cultural competency training from the Mohawk Valley Resource Center for Refugees, and poverty simulations.

Data and Visualization

Mohawk Valley Population Health Improvement Program utilizes primary collection and secondary data sources to identify health needs and disparities, to assist with priority selection, and to track changes over time.

Primary Data Collection: Youth Risk Behavior Survey

The MVPHIP board and stakeholders reviewed existing data to determine any regional primary data collection needs. County level Youth Risk Behavior Survey (YRBS) data was a recognized need. The CDC collects state level YRBS data allowing for comparisons to the state indicators. The YRBS tracks behaviors that contribute to the leading causes of mortality and morbidity in youth: unintentional injuries and violence, sexual behaviors, alcohol and other drug use, tobacco use, dietary behaviors, physical activity, obesity and asthma. In the Spring of 2016, the MVPHIP collected Otsego County YRBS data and in the fall of 2016 Schoharie County data was collected. Otsego and Schoharie data were publicly reviewed and posted on the MVPHIP website. In the spring of 2017, the MVPHIP collected Herkimer County YRBS data. Plans are being made to collect data in Fulton and Montgomery counties.

Secondary Data Sources: MVPHIP Website

The MVPHIP.org website provides access to extensive secondary data sources. The indicators are charted and compared to state averages, county values, NYS Prevention Agenda and Healthy People 2020 goals. It lists prior values and graphs trends. These indicators were essential in compiling many of the region’s local hospital and health departments’ 2016 Community Health Needs Assessments and can be utilized for research projects and grant submissions. Data from the website has proven useful to various stakeholders in their efforts to secure grants and other external funding.
CENTER FOR CLINICAL RESEARCH (CCR)

Who We Are

Medical Director: Merle Myerson, MD, EdD, FACC
Nursing Supervisor: Jennifer Victory, RN, CCRC
Nurse Facilitators: Catherine Gilmore, RN, CCRC; Julie Tirrell, RN; Jennifer Amsden, RN
Research Assistant: Bonnie Snyder, BS, MPAS

What we do

Industry Trials & Registries
Investigator Initiated Studies
Resident Research Projects
NIH Funded Studies

Who we serve

Local Physician Investigators
Study Participants
Resident Physicians
Students

Current Areas of Research

Cardiology: Atrial fibrillation, Biomarkers in CAD & valve disease Lipid abnormalities
Rheumatology
Orthopedics
Bariatric Surgery
Spine Surgery
Diabetes Care in Prime Care
Youth Baseball Injuries
ICU Care
CENTER FOR CLINICAL RESEARCH (CCR)

CCR Space includes:

• Consolidated research nurse/coordinator office area
• A dedicated CCR exam room
• Phlebotomy and lab processing area

CCR Study Activity for 2017:

• 9 New Studies Initiated
• 4 Studies Completed
• 17 Currently Active Ongoing Studies
**CENTER FOR BIOSTATISTICS**

Center for Biostatistics (CFB) provides study design assistance and data analysis in support of the overall mission of the Bassett Research Institute. The CFB collaborates with all divisions of the Bassett Research Institute, as well as various other departments of Bassett Healthcare Network.

The center is directed by Paul Jenkins, PhD. Dr. Jenkins completed his doctorate in statistics in 1993. The staff of the computing center consists of a junior research investigator/statistician (Melissa Scribani, MPH) data analyst (Nicole Krupa, BS), and research assistant, Jossy John, MPH, with assistance from Moira Riley, PhD, junior research investigator.

Services provided by the CFB include writing methods and analysis sections of grant proposals, comprehensive data management, statistical analysis, interpretation of study results, database building, assistance with developing experimental designs, manuscript writing and review, as well as mentorship of students ranging from the bachelors through doctoral levels.

In 2017, the center staff expanded to include two research assistants, Jossy John, MPH, and Danielle Denny, MA.

Ms. John earned a Master of Public Health from Southern Connecticut State University in May 2017. She previously served as an intern in the division of Epidemiology and Healthy Homes at the New Haven Health Department in New Haven, CT. Ms. John brings experience in data collection, data analysis, report writing, creating infographics, and epidemiology to the center team. Ms. Denny received her Master’s degree in Psychology at Mount Holyoke College. Her previous work experience includes areas of human services and higher education, working at the Otsego County Department of Social Services, Springbrook, and at Mount Holyoke College in Massachusetts as a lab instructor for statistics and research methods. Ms. Denny brings rich experience in teaching, data collection, qualitative and quantitative data analysis, and scientific writing and editing to the team.

The center maintains more than 35 large databases (as of 2017) relating primarily to research in obesity, cancer, heart disease, health behaviors, and orthopedics. Center staff also conduct analyses on large national databases including the CDC’s National Health Examination Survey (NHANES), the Behavioral Risk Factor Surveillance System (BRFSS), the Statewide Planning and Research Cooperative System data (SPARCS), the NYS Office of Alcoholism and Substance Abuse Services (OASAS), among others. During 2017, center staff co-authored nine peer-reviewed manuscripts, published in occupational health journals, substance abuse journals, primary care journals, and clinical medicine journals.

All members of the Center for Biostatistics are proficient in Statistical Analysis Software (SAS) as well as a variety of survey/data collection platforms and database programs, including Qualtrics and REDCap.

---

**Who We Are**

**Director:** Paul Jenkins, PhD  
**Junior Research Investigator/Statistician:** Melissa Scribani, MPH  
**Junior Research Investigator:** Moira Riley, PhD  
**Data Analyst:** Nicole Krupa, BS  
**Research Assistants:** Jossy John, MPH, Danielle Denny, MA
The CFB staff also contributed to more than a dozen abstracts that were presented at national and international meetings, including the European Association for the Study of the Liver (EASL) International Liver Congress in Amsterdam, the American College of Gastroenterology meeting in Chicago, the American Association for the Study of Liver Diseases meeting in Washington D.C., the European Society of Cardiology Congress on Preventive Cardiology (EuroPrevent) in Málaga, Spain, and the American Evaluation Association Annual Meeting in Washington D.C.

Another important function of the CFB is maintaining the long-standing collaboration with researchers in the Department of Epidemiology and Global Health at Umeå University, Umeå, Sweden. This twenty-five year collaboration has produced numerous peer-reviewed articles, presentations, and funded grants in the areas of chronic disease prevention, obesity, and primary health care delivery. In April 2017, Ms. Scribani presented data from this collaboration in a moderated poster session at the European Society of Cardiology’s European Congress on Preventive Cardiology (EuroPrevent) in Málaga, Spain. This presentation focused on the association between obesity and premature cardiac death in Swedish versus U.S. Cohorts.
In October 2017, Dr. Paul Jenkins was appointed as an honorary doctor at the Faculty of Medicine at Umeå University for his long-standing, productive collaboration with the University. This honor recognized Dr. Jenkins’ significant contributions to the University through mentorship and teaching of faculty and students, assistance in procuring numerous research grants, and co-authoring more than 30 peer-reviewed publications with University colleagues. At the ceremony, Dr. Jenkins delivered a presentation entitled “Severe obesity and increased premature mortality: a comparison of populations from the U.S. and Sweden”, noting the different patterns of obesity-related premature death in the two countries. This high accolade is awarded to only two scientists each year, and Dr. Jenkins shared the stage with Dr. Emmanuuelle Charpentier, a microbiologist and world leader in genetic engineering.

Additional abstracts – Presenter noted in bold.


Karn Wijarnpreecha, Melissa Scribani, Patompong Ungprasert, Nancy Merrell, Pascale Raymond. Non-invasive fibrosis markers are independent predictors of mortality among U.S. adults with nonalcoholic fatty liver disease. Presented at the annual meeting of the European Association for the Study of the Liver (EASL), Amsterdam, Netherlands, April 2017.

Karn Wijarnpreecha, Melissa Scribani, Patompong Ungprasert, Nancy Merrell, Pascale Raymond. Smoking and metabolic syndrome components are independent predictors of mortality in patients with chronic liver disease in the United States. Presented at the annual meeting of the European Association for the Study of the Liver (EASL), Amsterdam, Netherlands, April 2017.


CENTER FOR EVALUATING RURAL INTERVENTIONS (CERI)

The Bassett Evaluation Study Team (BEST) started in 2011 has grown, so it became a Center of its own called the Center for Evaluating Rural Interventions (CERI). CERI conducts internal evaluations as well as external evaluations commissioned under contract varying in scope from small BRI-specific projects, to multi-county New York State-funded projects, to a federally-funded multi-institutional research center (NEC/NYCAMH). CERI provides services including refining evaluation question(s), partnering in program planning, creating systems that incorporate measurement and real-time reporting, assisting stakeholders in understanding data and writing evaluation sections for grants. CERI uses a variety of evaluation techniques including logic models, timelines, focus groups, social network analysis, cost analysis, and data visualization to conduct our evaluations and present findings to stakeholders. CERI takes a developmental evaluation approach to program evaluation, which means it maintains an active role in program development and implementation by working closely with program directors and staff to understand quarterly evaluation data and apply these results to improving program implementation. CERI uses brief feedback reports to allow multiple stakeholders to track progress, make adjustments and communicate as implementation proceeds.

Who We Are

**Director Bassett Research Institute:**
Anne Gadomski, MD, MPH

**Junior Research Investigator/Statistician:**
Melissa Scribani, MPH

**Research Coordinator:** Nancy Tallman, BS

**Junior Research Investigator:** Moira Riley, PhD

THE CENTER FOR EVALUATING RURAL INTERVENTIONS PROGRAMS:

I. Learn the Signs. Act Early.
II. Gender Wellness Center
III. MV PHIP Evaluation
IV. Workforce Resilience
I. Learn the Signs. Act Early  LEAD: Anne Gadomski, MD, MPH

In 2017, CERI completed its evaluation of the “Learn the Signs. Act Early” (LTSAE) research study funded through the University of South Carolina's Centers for Disease Control (CDC)-funded Disability Research and Dissemination Center. Our objective was to measure the effectiveness of the LTSAE educational materials in increasing parent engagement in developmental monitoring during well child visits. Using a mix of quantitative and qualitative methods, we found that parents receiving LTSAE materials reported greater awareness of milestones. Parental engagement regarding development increased post-LTSAE. Building upon these study findings, Dr. Riley submitted a HRSA grant to investigate whether more active means of engaging parents in their child’s development will improve parental involvement in developmental enhancement and increase detection of developmental delay.

This research is funded by the Centers for Disease Control through the Disability Research & Dissemination Center, University of South Carolina (USC) School of Medicine, grant #5U01DD001007
II. Gender Wellness Center

In September 2016, FoxCare’s Gender Wellness Center (GWC) was funded by a Clinical Scholars grant from the Robert Wood Johnson Foundation (RWJF) to establish a Transgender Center for Excellence in the Bassett Healthcare Network. In 2017, CERI worked with the GWC to conduct focus groups that were used to assess patient needs within the transgender community served by the GWC. In addition, CERI evaluated 12 cultural competency trainings provided by the GWC in order to assess change in participant knowledge and attitudes before and after trainings. These assessments are used to improve trainings and gather more information about what other types of trainings should be provided to the Bassett Healthcare Network. A pediatric registry was set up to answer ten research questions and 113 patients were recruited into this registry in 2017. The map below illustrates how far patients travel to receive care at the GWC. Results were presented at two conferences: the 16th Trans Health Conference, Philadelphia, PA, and the 2017 National Transgender Health Summit in Oakland, CA. In October, Dr. Riley presented her focus group analysis at the American Evaluation Association annual meeting in Washington, DC. In 2018, CERI will continue to provide evaluation support to the GWC by conducting a social network analysis, continuing training evaluations, recruiting for and analyzing the pediatric patient registry, presenting data and writing papers and grants.
III. MVPHIP

CERI has been evaluating the Mohawk Valley PHIP since its inception. MVPHIP is a data-driven effort to mobilize a variety of stakeholders to improve regional population health in seven counties. CERI conducts surveys of stakeholder engagement and collaboration at stakeholder meetings and workgroups, tracks board participation and performs annual social network analysis to assess changes in the level of stakeholder engagement and community collaboration. These data are presented to board members to help them visualize and foster stakeholder engagement. The graphics below show how well MVPHIP board members understand the MVPHIP regional identity and how the level collaboration among MVPHIP board members has evolved over time.
IV. Workforce Resilience

During the implementation of the Patient Protection and Affordable Care Act of 2010, the IHI’s Triple Aim became part of the nation’s strategy for US healthcare: improving the patient experience, improving population health and reducing the per capita cost of healthcare. Serving a rural population with high healthcare disparities has unique challenges related to the large geographic region including poor availability of qualified personnel and the geographic, social/collegial and educational isolation of professional staff. This is in addition to other social determinants of health that are typical of more urban areas of high healthcare disparity. Owing to growing demands, burdensome tasks and increased stress experienced by many clinicians, physicians and other members of the healthcare workforce report alarmingly high rates of burnout. More than 50% of US physicians report significant symptoms of burnout, a rate more than twice that among professionals in other fields. Nurses and other healthcare professionals are also experiencing high rates of burnout. Burnout is associated with lower patient satisfaction, reduced healthcare outcomes and increased costs in addition to a significant personal toll on clinicians themselves (including high rates of depression and suicide).

CERI has been instrumental in assessing the problem of burnout within the Bassett Healthcare Network and in the development of interventions to improve workforce health, resiliency and engagement as part of the strategy to improve the patient care and population health in our region. Dr. Caroline Gomez Di Cesare joined the team in January 2017. CERI is using validated internal and external tools to identify priority focus areas. Using the literature to identify high value interventions as well as developing collaborations with other institutions, we are developing a program of organizational and individual options to improve health, resiliency and engagement. In 2018, CERI will continue to support workforce resiliency as programs are implemented, impacts are assessed and findings are applied to further improve program implementations. The data analysis from these assessments will be presented in venues including the Alliance of Independent Academic Medical Centers (AIAMC) National Collaborative meetings, as well as in peer reviewed publications and grant applications.
In recognition of Dr. Thomas’ remarkable achievements while at Bassett, a program designed to stimulate research interest among our residents has been named in his honor.

4 new Projects – 10 Active Projects

Ethan Talbot, MD  
Principal Investigator: Erik Riesenfeld, MD  
New 2017

Dr. Talbot’s project, “ICU Liberation: Does Enhanced Patient Mobilization Improve Outcomes?” was approved for funding October 5, 2017. Final IRB approval has been received and ten accelerometers have been purchased to measure change in mobilization of ICU patients. Barbara Petersen and Craig Gecewicz, the clinical nurse champions, have attended the early mobilization course at Johns Hopkins University in order to plan the implementation of the intervention in the Bassett ICU. The team began using the devices November 30, 2017 to measure baseline mobilization. Data will be collected from this baseline group for approximately five months.

Konika Sharma, MBBS  
Principal Investigator: James Dalton, MD  
New 2017

Dr. Sharma’s project, “Is a Hand-Held Non-Mydriatic Fundus Camera Superior to Referred Dialated Eye Exams for the Screening and Detection of Diabetic Retinopathy in a Primary Care Setting?” was approved June 29, 2017. The Retina Vue device purchased for this study arrived in November 2017 and data collection is planned for 2018.
E. DONNALL THOMAS RESIDENT RESEARCH PROGRAM

Andrew Powers, MD
Principal Investigator: Eric Mooney, MD
New 2017

Dr. Power’s project entitled “Injury Etiology, Prevalence and Sequelae Among Elite Youth Baseball Players,” was approved May 25, 2017. Molly Mooney, a summer student research assistant, along with the nurses from the BRI’s Center for Clinical Research enrolled subjects during the summer of 2017. Over 50 participants were enrolled at the conclusion of the baseball season in Cooperstown. Follow-up calls to the players are underway. The data is being analyzed and the plan is to write and submit a manuscript in February 2018.

Umair Iqbal, MBBS
Principal Investigator: Abdulhadi Affan Quadri, MD
New 2017

Dr. Iqbal’s EDT funded research project entitled, “Can Use of Bismuth Subsalicylate in Clostridium Difficile (C.Diff) Patients Decrease the Length of Stay and the Time to Resolution of Symptoms?” was approved December 22, 2017. The study will start in early 2018. Dr. Iqbal will be presenting results of this project at the 2018 E. Donnall Thomas Resident Research Day.

Dr. Iqbal was the winner of the 2017 Outstanding Resident Research Project for 2017 for his poster presented at the 2017 EDT Resident Research Day entitled, “Does Syncope Predict Mortality in patients with Acute Pulmonary Embolism? A Retrospective Review.” As a result of this research, Dr. Iqbal’s paper with the same title was published in the Journal of Medical Research. Dr. Iqbal presented a talk on his research project at Interdepartmental Grand Rounds on Thursday, June 15, 2017 in the Clark Education Auditorium at Bassett Medical Center, Cooperstown, NY.

Benjamin Dao, MD
Principal Investigator: Randolph Hutter, MD
Approved 2016

Note: Dr. Dao assumed the role of Resident Researcher in June 2016. The project was originally approved May 6, 2016 with Ibrahim Sayyid, MBBS as Resident Researcher. The proposal is entitled, “Role of Podocan and Wnt Pathway in Accelerated Coronary Artery Disease.” A total of 549 patients of the target 900 have been enrolled. Samples were sent to Baylor for analysis in December 2017 and a target date of February 2018 has been set for abstract submission and manuscript preparation.

Kanjit Leungsuwan, MD
Daniel Katz, MD
Approved 2015

Note: Namadha Panneerselvam, MBBS was the Resident Researcher on this project until June 2017. At that time Dr. Leungsuwan assumed the Resident Researcher position for this study.

The proposal entitled, “Clinical Protective Value of Podocan and WNT Pathway Regulatory Molecules on Maladaptive Left Ventricular Response in Aortic Stenosis,” and was originally approved October 9, 2015. The study progress has been slow due to inadequate referrals for CMR.
Dr. Wijarnpreecha’s project entitled, “Predictors of Mortality in Chronic Liver Disease” was approved November 10, 2016. As a result of this research project, Dr. Wijarnpreecha received a full International Liver Congress (ILC) travel award as a Young Investigator to give an oral presentation of his abstract at the largest hepatic conference in Europe. Dr. Wijarnpreecha’s abstract: Wijarnpreecha K, Raymond P, Scribani M. Smoking and metabolic syndrome components are independent predictors of mortality in patients with chronic liver disease in the United States, was presented at the International Liver Congress in the Netherlands April 19-23, 2017. In addition, his paper entitled, Noninvasive fibrosis markers and chronic kidney disease among adults with nonalcoholic fatty liver in USA was published in the European Journal of Gastroenterology and Hepatology using data from this research.

Dr. Fatima’s proposal entitled, “Podocan and Wnt Pathway in the Development of Aortipathy in Bicuspid Valve Disease” was approved May 23, 2016. She will be working with Dr. Jenkins (Biostatistics/Data Director) to do a power calculation on one or several of the most important outcomes of her study. She is awaiting the sample analysis from Baylor to be able to write and submit an abstract in February 2018.

Note: Dr. ElBebawy assumed the Resident Researcher status on this project in June, 2016. In January 2016, Resident Researcher Dinesh Voruganti, MBBS, the original Resident Researcher, presented the proposal entitled, “Clinical Predictive Value of Podocan and Wnt Regulatory Molecules in Accelerated Coronary Artery Disease” to the EDT Committee. As with the other three podocan studies, once the sample analysis is returned from Baylor, Dr. ElBebawy will begin manuscript preparation.

Dr. Sanguankeo’s project entitled, “The Association between Weight and Albuminuria, in US population NHANES 2013-2014” was approved March 8, 2016. The project entails statistical analysis using a CDC database and The ANDRE system. Dr. Sanguankeo is in the process of compiling a manuscript for publication. Dr. Sanguankeo’s abstract entitled, “Association Between Weight, Abdominal Obesity, and Albuminuria: Results from NHANES 2013-2014” was selected for a poster presentation at the American Society of Nephrology (ASN) meeting in November, 2016 which was held in Chicago, IL.
RESEARCH CELEBRATION WEEK AT BASSETT
MAY 8-12, 2017

In 2015, the BRI expanded the poster displays to highlight other areas of research conducted throughout the Bassett Healthcare Network, in addition to the E. Donnall Thomas (EDT) Resident Research program. The first year was deemed a complete success and “Celebrating Research at Bassett” has evolved into a yearly function. Posters are displayed in the clinic lobby, with each day of the week representing a different group. The week-long display offers an opportunity to inform and update staff, patients and the public of the varied projects, ongoing studies and research accomplishments at Bassett.

Monday, May 8: NEC/NYCAMH – 12 posters displayed covering farm, fishing and logging safety studies. Poster authors were on-hand during lunchtime to answer questions and discuss their research.

Tuesday, May 9: BRI – 10 posters displayed with research topics ranging from opiate abuse to aging drivers. Poster authors were on-hand during lunchtime to answer questions and discuss their research.

Wednesday, May 10: E. Donnall Thomas Resident Research – Poster presentation/reception and judging. All residents were required to be at their posters (4-6pm) prepared to discuss their research and answer any questions. This year’s winner was Dr. Umair Iqbal for his poster entitled, “Does Syncope Predict Mortality in patients with Acute Pulmonary Embolism? A Retrospective Review.”

Thursday, May 11: Nursing Research Evening – Nursing Research Poster winners for 2017:

Professional/Non-Student
Kristin Pullyblank, MS, RN, Bassett Research Institute, “Strong Hearts, Healthy Communities: a rural community-based cardiovascular disease prevention program.”

Graduate Student
Omaimah Qadhi, RN PhD Candidate, Decker School of Nursing, Binghamton University, “The Experience of the Families of Intensive Care Unit Patients in Saudi Arabia with Critical Illness and Decisional Regret.”

Undergraduate Student (Tie)

Friday, May 12: Medical School Students – The Columbia-Bassett Medical School students displayed 6 posters featuring their research projects.
Megan Carney, a Colgate University student, worked on Complete Streets doing a walking audit of local communities, which tied into the MVPHIP obesity work group goals. Megan’s role was to use GIS to analyze current street design in five rural Central New York towns. She utilized world aerial imagery to display current sidewalk infrastructure in each town, as well as important economic and cultural spaces, such as hospitals, grocery stores, schools, and shopping areas. The maps she created will be incorporated into Bassett Healthcare’s Complete Streets program, which aims to reduce regional obesity rates by promoting safer streets that encourage increased pedestrian activity.

Michael Kern, a sophomore at Binghamton University is studying nursing. He worked at NYCAMH on the injury surveillance study and personal floatation device (PFD) study. Michael also assisted with HealthWorks screenings.

Molly Mooney, a LeMoyne College student, worked on recruiting subjects in the ED who had had baseball injuries. Molly assisted the nurses in the Center for Clinical Research in recruiting participants for this E. Donnall Thomas funded baseball injury study.

Sean Mebust attends Amherst College. He split his summer workload between NYCAMH studies with Erika Scott, PhD, and the LongROAD project with David Strogatz, PhD. For LongROAD, Sean did some additional data abstraction from the DMV driving records and worked with Dr. Strogatz on the development of two conference presentations. At NYCAMH, Sean assisted in the design and development of two Access databases for visual review of 25,000+ pre-hospital care reports. He also participated in the development of Bayesian methodological approach to screening pre-hospital care reports.

Kristen Ratliff, an Amherst College student spent her summer working on a research program conducted by Dr. Merle Myerson to assess adequacy of pre-exercise screening for high school students.

Jonathan Santiago, a Colgate University student, collaborated with Dr. Richard Brown and Dr. Ellen Kraly to determine the best way to measure the spread of opioid epidemics in New York State. Jonathan applied ArcGIS software to analyze and map spatial distribution patterns with 3-digit zip codes looking at morbidity related to opioid usage in rural areas. He is preparing to submit a paper to medical journals and will potentially branch into future research projects.
The BRI conducted a pilot program offered to the PGY1 medical residents to orient them to research opportunities at the BRI. Each Wednesday afternoon, beginning July 12 through September 20, a resident met with BRI staff. The afternoon was divided into five, half-hour increments during which the resident met with the lead on a particular research topic. The schedule and information covered was as follows:

**Beth Worden** – E. Donnall Thomas Resident Research Program
- Research does not equate to QI
- How to submit an EDT application for resident research
- Publication guidelines and acknowledging EDT funding

**Jennifer Victory, RN** – Nurse Supervisor Center for Clinical Research (CCR)
- CCR function and facilities
- Resident’s role in research
- CCR nurse role in research
- Patient recruitment guidelines

**Heidi Johnson, CIP** – Program Manager, IRB
- IRB certification process for investigators
- IRB approval process for proposals
- How to distinguish whether IRB oversight is needed, i.e. research vs QI project vs exemptions

**David Strogatz, PhD**, Research Scientist – Director, Rural Community Health

**John May, MD**, Research Scientist (alternate)
- Research design

**Paul Jenkins, PhD** – Director, Center for Biostatistics

**Melissa Scribani MPH**, Biostatistician (alternate)
- Formulating a research question
- How can the Center assist your project

*The ten residents who participated were:*
- Kanjit Leungsuwan, MD*
- Poly Lertjitbanjong, MD
- Maryam Khavandi, MD*
- Amrat Kumar, MBBS
- Kara Watthanasuntorn, MD
- Asis Shrestha, MBBS
- Haisam Abid, MBBS
- Mahyar Afroz, MD
- Kristin Baker, MD
- Javeria Zaidi, MBBS

*K became Resident Researchers on funded research projects later in 2017*
BRI WELCOMES NEW STAFF

Jane O’Bryan, MPH worked as a volunteer at the BRI during the summer of 2016 and returned in February 2017 as a temporary Research Assistant I on the Gender Wellness Center grant funded by Robert Wood Johnson.

Jane Keane joined the BRI March 1, 2017 as a Research Assistant I assisting the Center for Rural Community Health group.

Winnie Atim has a Bachelor’s in Public Health from Syracuse University and joined the BRI in November 2017 as a Research Assistant I working in the BRI’s Center for Rural Community Health.

Jossy John, MPH from Southern Connecticut University, joined the BRI Center for Biostatistics as a Research Assistant I in November 2017.
BIBLIOGRAPHY/PUBLICATIONS 2017


Lectures and Presentations 2017


Scribani M: “Severe obesity and increased circulatory mortality: a comparison of populations from the U.S. and Sweden.” Moderated Poster, formal presentation of the information to a group of people, in addition to the poster display session for the conference. 2017 EuroPrevent Conference of the European Society of Cardiology, Malaga, Spain. April 6, 2017.


Gibb B: “Man Therapy Using Humor to Normalize Mental Health Help-Seeking Behaviors for Men in the Mohawk Valley” Poster presentation, New York State Public Health Association (NYSPHA) Annual Meeting and Conference, the High Peaks Resort in Lake Placid, NY, April 27, 2017.


Myerson M: Speaker and Moderator: “Cholesterol Management.” State Department of Health, Bureau of Chronic Diseases Conference bringing together partners from NY State working to address population health approaches to cholesterol management, Albany NY, June 14, 2017.


**LECTURES AND PRESENTATIONS 2017**


Strogatz DS: “Small Health Care Provider Quality Improvement Program: Background and Initial Results.” Bassett Regional Medical Directors Meeting, Bassett Medical Center, Cooperstown, NY, October 2017.


INVITED GUEST SPEAKERS 2017

David Wallace, LCSW-R, La Salle School: “Understanding ACEs: Mobilizing schools to support traumatized youth”
Katherine Russell, BS, Case Manager for Newborn Follow-Up Program, Albany Medical Center: “ACEs” Dana Roman, MS, LMHC: “Creating a Trauma Informed School Culture” 2017 School Nurse Symposium (sponsored by RHENSOM), SUNY Cobleskill, March 9, 2017


Mark Fenton, Adjunct Associate Professor at Tufts University’s Friedman School of Nutrition Science and Policy and former host of the “America’s Walking” series on PBS television: “Healthy Community Design.” Bassett Research Institute Grand Rounds, Bassett Medical Center, Cooperstown, NY, June 7, 2017.

Hasanat Alamgir, MBA, PhD, Associate Professor and Chair of Health Policy and Management, New York Medical College School of Health Policy and Management, Valhalla, NY: “How many work-related injuries requiring hospitalization among sawmill workers in British Columbia are claimed for workers’ compensation?” Bassett Research Institute Grand Rounds, Bassett Medical Center, Cooperstown, NY, August 8, 2017.

Guohua Li, DrPH, MD, Finster Professor of Epidemiology and Anesthesiology and founding Director of the Center for Injury Epidemiology and Prevention Columbia University, Mailman School of Public Health, NY, NY: “The Opioid Epidemic: Trends, Risk Factors and Control Strategies,” Bassett Research Institute Grand Rounds, Bassett Medical Center, Cooperstown, NY, August 15, 2017.

MEDIA COVERAGE

• Myerson M: “Snow Shoveling and Your Heart” WUTR (ABC-TV) segment, January 4, 2017.


• Congratulations to Christine Burrington (right) and the Bassett Research Institute for receiving the American Heart Association Community Impact Grant to fund the “Fruit and Vegetable Prescription Project” in the amount of $4,000. Utica Observer Dispatch, April 2017.

• Congratulations to Bonita Gibb, Research Assistant II at the Bassett Research Institute. Her poster entitled, “Man Therapy Using Humor to Normalize Mental Health Help-Seeking Behaviors for Men in the Mohawk Valley” was selected for presentation at the upcoming New York State Public Health Association (NYSHPA) Annual Meeting and Conference on Thursday, April 27, 2017 at the High Peaks Resort in Lake Placid, NY. Bonita is part of the Mohawk Valley Population Improvement Program (MVPHIP) group. Plattsburgh Press Republican, April 30, 2017.
MEDIA COVERAGE


• “Creating Health Schools and Communities program receives funding through NY DoH Research Foundation for SUNY Cobleskill.” Daily Star, In Our Opinion segment, July 1, 2017.

• Merle Myerson, MD, EdD, FACC, FNLA (right) at July 29, 2017 Press Conference, Baseball Hall of Fame Induction Weekend: with Mr. Rod Carew, Hall of Fame member. Discussion on prevention of heart disease.


• Paul Jenkins, PhD (right): Received honorary doctorate from Umeå University School of Medicine, October 21, 2017


• Dr. Paul Jenkins gives a presentation about his work on a long-term study with Umeå University in Sweden at Bassett Medical Center in Cooperstown. Erin Jerome, Staff Writer, The Daily Star. November 21, 2017.

• Myerson M: Bassett Health Network “Info-Mercials” for Television: Women’s Heart Health (Featured at various dates throughout 2017).
## Grant Applications Submitted in 2017

<table>
<thead>
<tr>
<th>Granting Agency</th>
<th>Application Title</th>
<th>Principal Investigator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Health and Human Services</td>
<td>Engaging Communities in Developing a Commercial Fishing TWH Initiative</td>
<td>Julie Sorensen, PhD</td>
</tr>
<tr>
<td>Robert Wood Johnson</td>
<td>Hospital and Community Partnering for Prevention of Cardiovascular Disease in Rural Upstate New York: The Firehouse Alliance</td>
<td>Merle Myerson, MD, EdD, FACC</td>
</tr>
<tr>
<td>National Institutes of Health</td>
<td>Impact of childhood pet dog exposure on youth mental health and weight</td>
<td>Anne Gadomski, MD, MPH</td>
</tr>
<tr>
<td>National Institutes of Health</td>
<td>Efficacy of Canine Assisted Therapy as an Adjunct Treatment for Childhood Anxiety</td>
<td>Anne Gadomski, MD, MPH</td>
</tr>
<tr>
<td>National Institutes of Health</td>
<td>Stress Buffering Effects of Animal Assisted Therapy for Children with Anxiety</td>
<td>Moira Riley, PhD</td>
</tr>
<tr>
<td>Centers for Disease Control and Prevention – ERA</td>
<td>Implementing ROPS Programs: Key Factors in OSH Evidence-Based Practice Adoption</td>
<td>Julie Sorensen, PhD</td>
</tr>
<tr>
<td>Robert Wood Johnson</td>
<td>Building Trust with Transgender Patients</td>
<td>Moira Riley, PhD</td>
</tr>
<tr>
<td>National Institutes of Health</td>
<td>Efficacy and safety of home-based telehealth approach to cardiac rehabilitation in rural upstate NY</td>
<td>Merle Myerson, MD, EdD, FACC</td>
</tr>
<tr>
<td>Health Resources &amp; Services Administration</td>
<td>Rural Health Care Outreach to Improve Self-Management of Chronic Pain</td>
<td>David Strogatz, PhD</td>
</tr>
</tbody>
</table>