2018 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/
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A NOTE FROM OUR DIRECTOR

I am pleased to present you with the BRI 2018 Year in Review that highlights a remarkable variety of research and other activities completed in 2018. We have many examples of team science and multi-disciplinary approaches to the community and population-based research questions we tackle. Here are just a few.

Early in 2018, Dr. LeCates requested that I assemble a task force that would address ways to address the opioid epidemic within the purview of the Bassett Medical Center in order to complement many community-based efforts. A multidisciplinary task force developed a Comprehensive Opioid Epidemic Strategy (COPES) that includes safe prescribing, medication return, addiction treatment and prevention, and non-opioid pain management. The task force worked rapidly to implement this strategy and many positive results were summarized at a special research grand rounds on 1/15/19. (more on page 26).

Complimentary to developing non-opioid alternatives to pain management, our Center for Rural Community Health expanded its chronic disease self-management programs to include Chronic Pain Self-Management. This expansion was funded by HRSA grant. These groups include 12-16 participants led by two trained peer leaders who meet for 2.5 hours once a week for seven weeks. Participants make weekly action plans, share experiences and help each other solve problems while learning. (more on page 11)

In September 2018, our Center for Evaluating Rural Interventions (CERI) began a five year process of evaluating the Otsego County Systems of Care (SOC) grant funded by Substance Abuse and Mental Health Services Administration. The goal of this five year – $1 million dollar per year – federal grant is to develop a system of care for preventing and treating youth mental health problems and supporting their families. The SOC includes creating clinical linkage through the newly formed Behavioral Health Resource Center (BHRC) located at BOCES, increasing early identification of youth at risk of developing and/or experiencing serious emotional or mental problems or substance abuse, facilitating linkage to services for families and implementing Evidence Based Practices. The BHRC will be the hub for educators, health and service providers, families and students to access an array of resources that will include assessment, treatment, family support, peer services, prevention, early intervention, training, education, juvenile justice support, social services and crisis services. It will be CERI’s job to measure if this enhanced system works. (more on page 27)

Another highlight this year includes an international award. Dr. Pascale Raymond, a gastroenterologist and EDT research mentor, presented Dr. Kam Wijnampute’s research titled “Association between sarcopenia and nonalcoholic fatty liver disease and advanced fibrosis in the United States” as a talk at the United European Gastroenterologist (UEG) conference in Vienna, Austria on 10/22/18. This talk won a best abstract session presentation prize at the UEG.

NYCAMH/NEC (see page 15) continues to be amazing in terms of its productivity applied to a broad range of research in occupational injury prevention for farmers, fishermen and loggers. I encourage you to look at their 2018 Year in Review to appreciate yet another impressive example of team science and multi-disciplinary collaboration. Together with NYCAMH/NEC, the 2018 ended with 32 BRI publications, up ten from last year, with four that included students and/or residents as authors (see page 38). With pride, we display these publications as well as our media on a clothesline on the bulletin board on the fourth floor of building 6. Come take a look and also check out our research posters in the hallway.

Anne Gadomski MD, MPH
BRI Director, anne.gadomski@bassett.org

INSTITUTIONAL REVIEW BOARD (IRB)/ OFFICE OF SPONSORED PROGRAMS (OSP)

Who We Are
Chair, IRB: David Strogatz, PhD
Program Manager, IRB: Heidi Johnson, CIP
Coordinator Dept. Operations, IRB: Diana Birdsall, MA
Administrative Director: Stephen Clark
Business Manager: Melinda Hasbrouck, MBA

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 2018 there were 125 active protocols approved for research activities within the network. During 2018, twenty-one new protocols were approved, 8 of which were clinical trials and 13 of which were non-experimental studies analyzing existing datasets or using qualitative or qualitative methods for collection and analysis of primary data. Twenty-nine protocols were completed and terminated in the course of 2018. In May of 2018, the IRB Office adopted the industry leading IRBNet suite of tools, accessible via the National Research Network, bringing electronic protocol management, on-line submissions and many other important research oversight features to the Bassett Healthcare Network research community. Another significant transition during 2018 was the change in training and certification for ethical conduct of research. The NIH Protecting Human Research Participants training course was no longer available after September 26, 2018 and has been replaced by the online Human Subjects Research courses of the Collaborative Institutional Training Initiative (CITI) Program.

The Research Office of Sponsored Programs submitted 15 grant applications in 2018 and provided support for 17 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. The Research OSP provided guidance and support to the submission of 6 grants external to the Research Institute as well as provided input on federal and state regulatory issues to the organization.

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.
GRANT APPLICATIONS SUBMITTED IN 2018

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<th>Principal Investigator</th>
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<td>Health Resources and Services Administration (HRSA)</td>
<td>Using Cell Phone Technology to Promote Positive Parenting and Developmental Monitoring among Rural Parents of Toddlers</td>
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<td>Disability Research and Dissemination Center (DRDC)</td>
<td>Increasing developmental monitoring and language enhancement using the Milestone Tracker and Talk with Me Baby phone applications</td>
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<td>Administration for Community Living (ACL) Administration on Aging</td>
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<td>NIH-Centers for Disease Control and Prevention</td>
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<td>Pamela Tinc, PhD</td>
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CENTER FOR RURAL COMMUNITY HEALTH

The Center for Rural Community Health was established in 2011 to work with academic partners, state and local public health resources and 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 was also charged to look to surrounding health and social service resources as well as 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 2018 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
Supervisor Rural Health Education Network: Kristin Pullyblank, MS, RN
Health Educator Community Health Services: Allison Corsi, MPH
Community Health Project Coordinator: Christine Burrell, BS
Research Coordinators: Ida Baker, MA, Andrew Johnson, BS
Research Assistant: Melinda Robinson, BS, Jane Keane, Katelyn Tessier, AAS

CENTER FOR RURAL COMMUNITY HEALTH PROGRAMS:

I. 5210
II. Creating Healthy Schools and Communities (CHSC)
III. RHENSOM
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 5210 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 5210.

Coordinating with Edmeston’s Pathfinder Village (a center for training young adults with intellectual and developmental disabilities), a Fruit and Vegetable Prescription (F&VRx) Program was piloted with favorable results. In Morris and Edmeston, families who qualified for Free and Reduced Lunch with 1 or more children with chronic disease related to obesity were given $15-$25 per week to order fresh produce online from the Pathfinder Produce Market. Cooking/nutrition classes introduced the use of new fruits and vegetables into the menu. Redemption of the produce vouchers was 94%, fruit and vegetable consumption increased, and cooking confidence rose. Partnering with SUNY Cobleskill, another F&VRx Program is being offered to families in the Cobleskill-Richmondville School district. A Mobile Market, created and coordinated by Pathfinder Village, will provide an expanded version of the F&VRx program to Medicaid residents of Otsego County.

Encouraging kids to cook continues to be a focus of 5210. In Cobleskill, activities included a Junior Iron Chef Competition for Golding Middle School students and making Chicken Zoodle Soup with the 7th graders for Enrichment Day at Radez Elementary School. At Morris Central School, the greenhouses were upgraded with a new irrigation system and the cafeteria has winter herb towers. Altering the environment to provide access and skills to use fruits and vegetables makes for sustainable behavior change.

II. Creating Healthy Schools and Communities (CHSC) LEAD: Thomas Hohensee, MA

The Center for Rural Community Health entered the fourth 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 83 high-need school districts and associated communities statewide.

We are conducting this work in partnership with the grant’s lead agency, the SUNY Cobleskill Research Foundation. 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.

The grant 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. School Coordinator Tom Hohensee served on a grant Advisory Group to assist JSI with identifying effective grant training and resource needs.

Grant funding continues to provide technical assistance, training and resources to wellness teams in promoting school and community wellness. This year schools were provided with a variety of supplies and equipment to support grant objectives. School districts received retrofit water fountains to promote water in schools, high tunnels and school garden equipment, equipment to promote physical activity before school, after school and during recess, and “Smart Snack” vending machines.

This research is funded by New York State Department of Health Contract #DOH01-C30370GG-3450000
The CHSC grant facilitated work to improve safety at two school entrances promoting Safe Routes to Schools programs. The grant also organized the 2nd annual “Ride On! For Complete Streets” bicycle event in September. Beginning and ending at the Richfield Springs Central School, the event was a multi-distance bicycle ride for cyclists of all ages and skills. Proceeds from the inaugural ride provided the City of Oneonta with funds to purchase bike racks, safety signage and a bike repair station to encourage safe bicycle riding in the city.

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 2018 focused on creating systems and environments that help prevent and manage obesity and its related chronic diseases, children’s oral health initiatives and nutrition education programming. Highlights include:

Prevent and Manage Chronic Diseases

- RHENSOM began to focus its time and resources on the Living Well program, a collaboration between multiple community partners and housed within the Bassett Research Institute. Living Well offers a suite of self-management programs to Bassett patients and other community programs. To find out more, please see page 10 of this report.
- Between January and November 2018, RHENSOM presented the Excellence in School Wellness Award to 6 schools in 5 districts—Amsterdam High School (Greater Amsterdam School District), Milford, Greater Plains Elementary (Oneonta CSD), Valleyview Elementary (Oneonta CSD), Cherry Valley Springfield, and Sidney. This award provides financial support for school wellness initiatives.
- In March, RHENSOM organized, sponsored and facilitated the annual School Nurse Symposium which featured two presentations: “Managing Infectious Diseases in Schools” presented by Cynthia Campbell, FNP and “Empowerment of the School Nurse” presented by Melanye Rockwell RN
- 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 MVPHP 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 Street changes.
- Provided funding to municipalities in Montgomery, Schoharie and Otsego Counties to expand walking trails.
- Provided staff support for the UpClose Cardiac Surgery Program in collaboration with the Bassett Department of Surgery. This program educated nearly 1000 students a year on the importance of establish heart-healthy lifestyle behaviors early in life.

Nutrition

- Supported of the Jr. Iron Chef Competition (April 21) where 24 middle and high school teams from the RHENSOM region traveled to SUNY Cobleskill for the championship cook off.
- Coordinated and/or facilitated the development of three after school cooking clubs in area schools.

Children’s Dental Health

- Worked with Schoharie County to provide dental education in schools
- Provided free fluoride varnish clinic at the Schoharie County Baby Shower in September

Check out our website at www.rhensom.org for updates on recent initiatives and a quarterly newsletter.

This research is funded by New York State Department of Health Contract #DOH01-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 (QI) Program of the US Health Resources and Services Administration (HRSA). Program goals include: 1) utilizing selected evidence-based methods as a framework for QI in the clinical sites, 2) utilizing lessons learned to implement best-practices for chronic disease management in the targeted population, 3) utilizing lessons learned to implement best-practices for patient engagement in the targeted population, and 4) replicating and sustaining successes realized through the QI program after the funding period.

The selected evidence-based interventions: Diabetes Self-Management Program (DSMP) and Chronic Disease Self-Management Program (CDSMP) originally developed by the Stanford Patient Education Research Center serve as the framework for QI in eight clinic sites. Unique to Bassett Medical Center’s “Living Well” self-management programs is an “extra” seventh session, wherein DSMP participants meet with a diabetic nurse educator and CDSMP participants meet with a nutritionist. During the seventh session participants also have the opportunity to enroll in the self-directed, evidence-based Walk with Ease program developed by the National Arthritis Foundation.

Each 7-week program is facilitated by two trained peer leaders who have a chronic condition or have a close connection to someone who does. Peer leaders convene small groups of 12-16 participants once a week for 2.5 hours in a community setting. Peer leaders are recruited by and/or are staff of collaborating regional rural health networks, including RHENSOM, local Offices for the Aging, and affiliate hospitals. In 2018 a 4-day CDSMP and 1-day DSMP cross training were held to train and certify additional peer leaders for programs offered within the Bassett region. Capacity building, partnering and additional funding from DSRIP and Excellus increased the number and location of workshops. Over the course of two years, 21 DSMP and 19 CDSMP workshops were held. This regional approach to chronic disease management has led to 175 participants completing CDSMP, and 199 completed DSMP.

As of December 2018, among the 125 adults with diabetes who have completed DSMP, 2017-2018 clinical data indicate pre/post percentage of A1c > 8% went from 48% to 35%. Results from the Diabetes Distress Scale and Diabetes Self-Management Questionnaire also showed improvements in disease self-management among DSMP participants. Additional results from the participant satisfaction survey indicate 99% of participants have a better understanding of how to manage their health and/or physical activity. Similarly, nearly all participants indicated they valued the time to talk to others during the workshop.

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

Evidence-Based Model Award:

In recognition of the achievements by the Living Well Program, the Federal Office of Rural Health Policy (FORHP) presented Bassett with its Evidence-Based Model Award for the strategic evaluation and implementation of solutions that help improve outcomes for patients struggling with chronic conditions. This award was presented to project director Martha Sunkenberg and Living Well director Lynae Wyckoff at the FORHP annual meeting in Bethesda, MD.

“It really does help being in a group that is facing the same problem. Ideas are helpful from your peers, maybe something you never considered.” – DSMP Participant

Martha Sunkenberg and Lynae Wyckoff receiving the Evidence-Based Model Award from Nisha Patel of the Federal Office of Rural Health Policy

Chronic Pain Self Management:

The accomplishments of the Living Well Program have led to additional funding. In 2018, CRCH received a new three-year grant from HRSA, to deliver the evidence-based Chronic Pain Self-Management Program (CPSMP) to residents living in Chenango, Herkimer, Madison, and Otsego Counties. Additional regional grant awards have allowed for expansion to Schoharie and Delaware Counties. In the second half of 2018, one CPSMP peer leader cross training took place, and 66 participants completed the 6-week program. Preliminary results from the Self-Efficacy Pain Scale, Patient Health Questionnaire 8 (PHQ8), and Roland-Morris Disability Questionnaire show favorable improvements among completers.

Goals for 2019: sustainability plan for DSMP and CDSMP as HRSA QI grant ends; cost benefit analysis of DSMP; innovative recruitment methods; adding additional evidence based interventions (NDPP).

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. The classes 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, functional fitness and the American Heart Association’s Simple 7 score (a composite measure of cardiovascular risk) at the end of the 24 week study period. The primary results from the initial phase of SHHC were published in Obesity in 2018.

A new phase of SHHC was conducted between March 2017 and June 2018, using lessons learned from the first phase to enhance the intervention protocol and modify the study design. In this phase the community-randomized trial was 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 analyses of the Simple 7 scores at baseline and 6 month follow-up indicated no change in the control group (randomly assigned to delayed intervention) but a statistically significant improvement for women receiving the intervention. The Simple 7 components showing the greatest improvement were BMI, physical activity and healthy diet score. These findings have been accepted for presentation at the 2019 annual meeting of the American Heart Association Council on Epidemiology and Prevention; during 2019 additional analyses of the data will be completed for the development of presentations and publications.

VI. The Longitudinal Research on Aging Drivers (LongROAD) Study

Who We Are

Senior Research Scientist: David Strogatz, PhD
Research Coordinator: Andrew Johnson, BS
Research Coordinator: Ida Baker, MA
Research Assistant: Melinda Robinson, BA

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 enrolled 2,990 65-79 year old adult drivers between August 2015 and March 2017 at five sites (Cooperstown; Baltimore MD; Denver CO; Ann Arbor MI; San Diego CA). The study’s lead institution for data management 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 enrolled approximately 600 study participants from local primary care clinics and conducts full or limited follow-up assessments in alternating years. Information 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 and completed baseline assessments in March 2017.

The LongROAD study is funded by the American Automobile Association Foundation for Traffic Safety
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. During 2018 findings from the LongROAD Study have been reported in multiple peer-reviewed presentations and publications on topics such as:

- the prevalence and use of in-vehicle technologies
- how levels of physical function and visual ability are related to self-regulatory driving practices
- the correspondence between self-reported and objective measures of driving frequency, distance, and patterns
- the degree to which older adult drivers have discussions with family members and health care providers about driving safety

The collection and analyses of data are continuing in 2019 and will include driving-related outcomes (e.g., rapid deceleration events, excessive speed, crashes and convictions) in relation to health conditions, medications, and measures of cognitive function. Reports in 2019 will also compare the characteristics of drivers and the driving experience for older adults from rural, suburban and urban environments.

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 has been awarded funding in five-year cycles, with the most recent cycle starting in September 2016.

In 2018, CERI conducted quarterly data collection with NEC researchers to track project progress and documented intermediate outcomes as well as success stories. CERI has also participated in regular interactions with other NIOSH Agricultural Research Centers to collectively assess the impact of these federally funded Centers on farmers, foresters and fishermen’s occupational welfare.

See NEC Year in Review for full report.

The NEC’s NY ROPS Program published an AJPH article in September 2018 highlighting nearly $5 million savings to NY State as a result of the program.

NEC Researchers (Erika Scott, Liane Hirabayashi and Maryellen Driscoll from left to right) at the Fryeburg Fair Woodsmen’s Field Days enrolling loggers in a study and offering cholesterol, glucose and blood pressure screenings. September 30, 2018.

Stakeholders Team Up for Action in New York Dairy (STAND) Meeting, an NEC event that brought nearly 40 NY dairy stakeholders to Cooperstown to develop action steps for supporting NY dairy farmers. December 10, 2018.
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 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 in 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. Social determinants are now recognized as contributing more to overall health outcomes in a population than specifics of clinical care.

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

Behavioral Health

The behavioral health workgroup approved a survey to be administered to school professionals to understand resources needed to address children’s social determinants of health. MVPHIP sent out 3,800 survey invitations and received over 500 responses. 72% of the respondents were teachers or teachers’ aides. 32% indicated that they spoke with parents about how to access community services at least a few times a year. 68% of the respondents felt that the best way for them to help parents was a link for the 211 online community resource directories on the school website. 74% indicated that they wanted professional development related to children’s mental health, community resources, behavior management, Adverse Childhood Experiences, and alcohol and substance use disorders. The workgroup has been exploring presenters for the teachers’ professional development based on these survey responses.

The workgroup reviewed three overarching themes from the Otsego, Herkimer and Schoharie Youth Risk Behavior Survey results. The themes included increase use of electronic cigarettes, electronic bullying especially among females, and suicide attempts that require medical intervention. While the number of students reporting suicide attempts were at or below the state level, the amount of suicide attempts which required medical attention were higher than the state.

Chronic Disease Self-Management Program

The New York State Department of Health awarded the MVPHIP funds to expand and sustain Self Management Resource Center’s evidence-based Chronic Disease Self-Management Program throughout the region. The MVPHIP supported one peer leader training in 2018. The MVPHIP is also responsible for providing support to deliver the workshops including reimbursement for programmatic costs like advertising, meeting space, peer leader stipends and participant incentives, as well as, purchasing materials for future delivery. Changes to the Electronic Medical Record in five of the region’s six hospitals now facilitate referrals to these community-based programs.

The MVPHIP, New York State Department of Health’s Bureau of Chronic Disease, and New York State Office for the Aging co-hosted two hub development meetings to begin plans for sustainability of the self-management programs in the region. During the initial meeting participants heard from Jennifer Raymond, the Chief Strategy Officer for Elder Services of Merrimack Valley and Director of the Healthy Living Center of Excellence (HLCE). HLCE is the Massachusetts statewide hub for dissemination of and contracting for evidence-based self-management programs. Ms. Raymond gave an overview of network models and her experience with the Massachusetts network; additionally, she facilitated a discussion of hub formation in the Mohawk Valley.
**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, and motorized scooters 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.

As a related project and one that builds on the work of the Behavioral Health workgroup, the MVPHIP has begun reviewing communities in the region for Age Friendly Designation by the AARP. According to the AARP’s website, “The AARP Network of Age-Friendly Communities is an affiliate of the World Health Organization’s Age-Friendly Cities and Communities Program, an international effort launched in 2006 to help cities prepare for rapid population aging and the parallel trend of urbanization.” The website goes on to say, “The program emphasizes both the built and the social environment, and helps refine what it means for AARP to have a community presence. The AARP Network of Age-Friendly Communities program is a tool that can be used by AARP staff and others to help local leaders prepare and ultimately change their communities to become great places for everyone to live.” The essential features of age-friendly communities include: outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, and community and health services. Plans will be made to educate local chambers of commerce and municipalities at Age-Friendly design.

The obesity workgroup selected access to healthy food as their second intervention. The MVPHIP proposed developing a regional food system assessment to help guide decision-makers. The MVPHIP will convene county level subcommittees to determine each of the county’s needs related to consumption, production, processing, and distribution of produce and other New York State farm products. The subcommittees will decide on the overall vision and methodology of the food system assessment.

**Opioids**

The board and stakeholders selected opioids as a fourth regional priority. The workgroup identified a need for reaching out to individuals who have been administered Narcan but refuse to be transported to the hospital for further treatment. As a result of the identified need, the MVPHIP is developing a post-Narcan community resource kit which will contain local recovery and detox resources, as well as, information on what to expect post-Narcan withdrawal. The MVPHIP will arrange for the recovery community, the New York State Department of Health and some local opioid task forces to weigh-in on the resources before it is finalized. The resource kit may be piloted with a local EMT and then disseminated more widely.

PHIP grant is funded by the New York State Department of Health #DOH01-C30188GG-3450000
CENTER FOR CLINICAL RESEARCH (CCR)

Who We Are

Medical Director: Merle Myerson, MD, EdD, FACC
Clinical Research Nursing Supervisor: Jennifer Victory, RN, CCRC
Clinical Research Nurses: Catherine Gilmore, RN, CCRC; Anna Schworm, RN; Julie Tirrell, RN, CCRC
Research Assistant: Arpitha Kamala Nanjappa

Staffing Transitions – In 2018 we:
• said goodbye to Jennifer Amsden, RN and Bonnie Snyder
• welcomed Anna Schworm, RN and Arpitha Kamala Nanjappa
• hosted Summer Research Intern Kristen Ratliff (Amherst College)

Our Work

Industry Trials & Registries
Investigator Initiated Studies
Study Participants
Local Physician Investigators
Collaborating Investigators from Other Institutions
Grant Funded Studies
Resident Physicians

Current Areas of Research

Cardiology: Lipid disorders, Biomarkers in CAD and valvular disorders, Atrial Fibrillation
Rheumatology
Pulmonology
Bariatric Surgery
Rare Disease Treatment
ICU Care
Diabetic Retinopathy

Who we serve

Local Physician Investigators
Resident Physicians
Collaborating Investigators from Other Institutions

CENTER FOR BIOSTATISTICS

Who We Are

Director: Paul Jenkins, PhD
Junior Research Investigator/Statistician: Melissa Scribani, MPH
Research Informatics Analyst: Nicole Krupa, BS
Research Assistant: Jossy John, MPH

The Bassett Research Institute 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, Ph.D. Dr. Jenkins completed his doctorate in statistics in 1993. The staff of the center consists of a junior research investigator/statistician (Melissa Scribani, MPH), research informatics analyst (Nicole Krupa, BS, promoted from data analyst in 2018), and research assistant, Jossy John, MPH.

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.

The center maintains more than 35 large databases (as of 2018) 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. Ms. Krupa serves as the Bassett Research Institute’s expert in data requests involving the Bassett Healthcare Network electronic medical record system (EPIC).

During 2018, center staff co-authored 14 peer-reviewed manuscripts, published in occupational health journals, substance abuse journals, primary care journals, orthopedic journals, gender health 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.

The CFB staff also contributed to more than a dozen abstracts that were presented at national and international meetings, including United European Gastroenterology Week in Vienna, Austria, the International Liver Congress Meeting in Paris, France, Digestive Disease Week in Washington, DC, and the American Heart Association meeting in Chicago, Illinois.

Dr. Jenkins presented work on the cost-effectiveness of ROPS (rollover protective structures) at the National Occupational Injury Research Symposium in Morgantown, West Virginia.
The Center for Evaluating Rural Interventions (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 federally-funded multi-institutional grants (NEC/NYCAMH, Otsego County System of Care). 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, surveys and data visualization to conduct our evaluations and present findings to stakeholders.

That is all well and good, but what is evaluation? Michael Scriven, an evaluation expert, defines evaluation as a systematic process to determine merit or value, i.e. assessing the success of a project or program in meeting its objectives. Evaluations can be about program development, implementation improvement, determining the impact or outcome(s) of a policy or program, or accountability/oversight. When you want to know if a program, intervention or special project works in real world settings, call an evaluator. Stakeholders use evaluation findings to inform decisions about whether to continue, expand, or end a program.

CERI takes a developmental, or formative, approach to program evaluation. That approach equates to maintaining an active role in program development and implementation by working closely with program directors and staff to understand what the objectives of the program are, how the program is being implemented, whether the program is doing what it is supposed to be doing, and what results are being generated by the program. Perhaps most importantly, evaluation seeks to know, can the results be attributed to the program? To answer those questions, CERI uses brief feedback reports to allow multiple stakeholders to track progress and make adjustments as implementation proceeds.

I. MVPHIP Evaluation
CERI has been evaluating the Mohawk Valley PHIP since its inception in 2015. 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 also how the level of collaboration among MVPHIP board members has evolved over time.
II. Gender Wellness Center

Starting in September 2016, FoxCare's Gender Wellness Center (GWC) has been 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 2018, CERI worked closely with the GWC to build its pediatric registry by enrolling patients and building this database in order to answer ten research questions. At present, 157 patients ages 8 to 21 years are enrolled in the registry, and several abstracts have been presented at national and international conferences. The registry work has led to one publication that describes how the registry was designed, and another (in review) that reports on the high prevalence of non-suicidal self-injury among transgender youth. In 2019, 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. In addition to registry work, Drs. Carolyn and Chris Wolf-Gould have co-authored a chapter in a book on transgender care.

III. Learn the Signs. Act Early

In 2018, 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. This evaluation led to an abstract presentation at the Pediatric Academic Societies meeting in Toronto, May 2018, and a publication in the Journal of Developmental and Behavioral Pediatrics titled "Impact of “Learn the Signs. Act Early.” (LTSAE) materials on parental engagement and doctor interaction regarding child development.”

The GWC is funded by the Robert Woods Johnson Foundation Clinical Scholars Program 9/1/16-8/31/19

Funded by the Disability Research and Dissemination Center (DRDC) through its Cooperative Agreement Number SU01DD001007 from the Centers for Disease Control (CDC) and Prevention
IV. The Comprehensive Opioid Epidemic Strategy (COPES)

Opioid overdose is a leading cause of death for people < 50 years old, and also has devastating effects across the age spectrum. The Comprehensive Opioid Epidemic Strategy (COPES) Task Force for the Bassett Medical Center convened at the BRI in January 2018 to implement its response to this epidemic. Task force members included James B. Anderson, PhD (Chair) DSRIP/Regional Ops, Richard Brown, MD Psychiatry, Anne Gadowski, MD, MPH BRI/Pediatrics, Nick Hellenthal, MD Surgery/Research, Joe Sellers, MD Regional Ops, Amanda Winans, PharmD, Pharmacy, and Roxanne Lewin, MD Psychiatry. This multi-disciplinary group met monthly through the year in order to implement the COPES that included education, prevention, and treatment.

Treatment options included expanding the highly successful medication assisted treatment (MAT) program piloted in Cobleskill to Cooperstown and points west. Through on-site Project ECHO training, this project increases access to buprenorphine for addiction care provided by primary care clinicians. COPES also included increasing access to naloxone for overdose reversal. An automated best practice advisory (BPA) and naloxone co-prescribing Smartset for patients meeting high-risk criteria for opioid overdose was integrated into the Bassett electronic medical record. Safe prescribing of opioids was promoted through prescriber education, co-prescribing Smartset for patients meeting high-risk criteria for opioid overdose was integrated into the Bassett electronic medical record. Safe prescribing of opioids was promoted through prescriber education, reducing amount of opioids prescribed after certain surgeries and analyzing opioid use following C-Sections. Bassett electronic medical record. Safe prescribing of opioids was promoted through prescriber education, reducing amount of opioids prescribed after certain surgeries and analyzing opioid use following C-Sections. COPES also included installing medication disposal being prescribed at the time the prescribing order is being entered. This will alert prescribers to avoid MME reductions. In addition, a morphine milligram equivalent (MME) in line calculator is being developed to display the MME for youth ages 5 to 21 years will be served through the newly formed Behavioral Health Resource Center (BHRC) located at the Otsego Northern Catskill Board of Cooperative Educational Services (ONC BOCES) in Milford.

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The goals of the SOC include creating clinical linkage through increasing early identification of youth at risk of developing and/or experiencing serious emotional or mental problems or substance abuse, facilitating linkage to services for families, and implementing Evidence-Based Practices. The BHRC will be a hub for educators, health and service providers, families and students to access an array of resources that will include assessment, treatment, family support, peer services, prevention, early intervention, training, education, juvenile justice support, social services, and crisis services. Over the four years of the SOC expansion, the BHRC will serve 300-400 youth each year, and CHOICES will serve 50-100 families annually. Additional annual activities (family driven, approximately 200 per year; youth-guided, approximately 100 per year) and High Fidelity Wrap Around (approximately 30 annually) are planned. It will be CERI’s job to measure whether this enhanced system works.

CERI will conduct data collection, entry, and analysis to evaluate the SOC social network and a cultural competence self-assessment survey will include all SOC partners. In addition, CERI will enter all individual client data upon entry into CHOICES or BHRC to assess whether the SOC is meeting its service goals. These data will also be entered in the National Outcome Measurement database that SAMHSA uses to compare SOC’s across the nation. Lastly, CERI will closely follow the implementation of the SOC as it relates to its logic model shown left.

Funded by U.S. Department of Health & Human Services Substance Abuse and Mental Health Services Administration (SAMHSA)
VI. 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: To improve the patient’s experience of care, improve health populations and reduce the per capita cost of healthcare. With growing demands, burdensome tasks and other increased stressors in healthcare, the healthcare workforce suffers from alarmingly high rates of burnout, including more than 50% of US physicians who report significant symptoms of burnout. Burnout is associated with lower patient satisfaction, poorer healthcare outcomes and increased healthcare costs. Burnout also exacts a significant personal toll on organizations’ human resources (including high rates of depression and suicide).

Caring for and serving rural populations with high healthcare disparities presents additional unique challenges including large geographic areas, poor availability of qualified personnel and the geographic, social / collegial and educational isolation of professional staff. These challenges compound other social determinants of health typical of more urban high healthcare disparity areas. Given the population’s need for care, preventing burnout and retaining a healthy healthcare workforce is of paramount importance.

CERI, in collaboration with the Center for Biostatistics, the Bassett Healthcare administration and the Department of Medical Education, has been instrumental in assessing the problem of burnout within Bassett Healthcare and in the development of interventions to improve workforce health, resiliency and engagement. Engaging a healthier and more resilient workforce is part of the larger strategies to improve patient care and population health in our region. Led by Dr. Caroline Gomez Di Cesare, the team is using validated internal and external tools to identify priority focus areas. By using the literature to identify evidenced-based high value interventions, collaborating with other institutions, and soliciting feedback from employees, we are designing and implementing multiple organizational approaches to educate the workforce and to improve health, resiliency and engagement.

Accomplishments in 2018 included work to increase education of the workforce through a variety of venues such as CME conferences, the restructure and redesign the Employee Heath Committee with an increased focus on employee wellbeing, and providing new opportunities for collegial celebrations and networking. In 2018, we continued to work closely with residents to design and implement a trainee-driven wellness plan (ResWell). We presented a poster outlining the ResWell program at the Association of Independent Academic Medical Centers Annual Meeting in April 2018. As a recipient of the William F. Streck, MD, Fellowship in Health Policy and Management, Dr. Gomez-Di Cesare attended and presented our work at the 2018 International Conference on Physician Health in Toronto, Canada. Dr. Gomez-Di Cesare also collaborated with the Medical Society of the State of New York Committee on Physician Wellness and Resiliency to publish an article in the Journal of Hospital Administration 7:52-59, 2018, “Physicians’ electronic health records use at home, job satisfaction, job stress and burnout.”

In 2019, Dr. Gomez-Di Cesare will continue collaboratively to educate, advocate for changes at an organizational level, implement strategies and assess impacts on workforce wellbeing and satisfaction, using the data for further strategy iterations.

E. DONNALL THOMAS RESIDENT RESEARCH PROGRAM

Bassett scientists E. Donnall Thomas, Joseph Ferrebee and David Blumenstock pioneered innovation research in bone marrow transplantation, performing the world’s first human organ transplant at Bassett in 1956. Dr. Thomas, who was Physician-in-Chief at Bassett from 1955 to 1963, received the Nobel Prize in Medicine in 1990 for his work in transplantation.

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.

Chair: Anne Gadomski, MD, MPH

PAST PRESENTATION LOCATIONS
E. DONNALL THOMAS RESIDENT RESEARCH PROGRAM

2018: No New Projects – 9 Active Projects

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

Dr. Talbot’s project, “ICU Liberation: Does Enhanced Patient Mobilization Improve Outcomes?” was approved for funding October 5, 2017. After IRB approval ten accelerometers were purchased to measure change in mobilization of ICU patients. Barbara Petersen and Craig Gacewicz, the clinical nurse champions, 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 was collected from this baseline group for approximately five months. At the E. Donnall Thomas Resident Research Poster Session on May 1, 2018 Dr. Talbot presented his preliminary data with his poster entitled, “ICU Liberation: Planning, Hurdles, and Implementation.” His poster received 2nd place in the judging.

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

Dr. Sharma’s project, “Is a Hand-Held Non-Mydriatic Fundus Camera Superior to Referred Dilated 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 began in 2018. The goal was to enroll 50 patients and that goal was met by July 2018. Dr. Sharma presented her poster (of the same title) at our E. Donnall Thomas Resident Research Poster Session on May 1, 2018 held at the Bassett Medical Center, Cooperstown, NY.

Andrew Powers, MD
Principal Investigator: Eric Mooney, MD
Approved 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 were completed and the data has been analyzed. Dr. Powers presented his poster with the same title as his project at the E. Donnall Thomas Poster Session held at Bassett Medical Center in Cooperstown, NY, May 1, 2018. Dr. Powers has written and submitted two abstracts and acceptance is pending on both.

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

Dr. Iqbal’s EDf 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. Dr. Iqbal presented his poster entitled, “Adjuvant use of Bismuth subsalicylate for the treatment of Clostridium difficile infection” at the E. Donnall Thomas Poster Session held at Bassett Medical Center in Cooperstown, NY on May 1, 2018. The study concluded in July 2018.

30 31
E. DONNALL THOMAS RESIDENT RESEARCH PROGRAM

2018: No New Projects – 9 Active Projects

Kam Wijarnpreecha, MBBS
Principal Investigator: Pascale Raymond, MD
Approved 2016

Dr. Wijarnpreecha’s project entitled, “Predictors of Mortality in Chronic Liver Disease” was approved November 10, 2016. The data produced from this project has given Dr. Wijarnpreecha the opportunity to develop several abstracts and poster presentations, as well as a journal article, and has received International attention. 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 her 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.

In 2018 Dr. Wijarnpreecha was awarded Young Investigator bursary, granted by the EASL Organizing Committee as the presenter of the abstract “Associations between Sarcopenia and Nonalcoholic Fatty Liver Disease and Advanced Fibrosis in the United States.” The International Liver Congress was held in Paris, France, April 11-15, 2018.

This same poster won the E. Donnall Thomas Resident Research Award for Outstanding Research for 2018 held at the poster session on May 1, 2018 at the Bassett Medical Center, Cooperstown, NY and was accepted for presentation at Digestive Diseases Week (DDW) held at the Walter E. Washington Convention Center, Washington DC, June 2-5, 2018.

In addition, Dr. Wijarnpreecha was awarded a travel fund from the United European Gastroenterology (UEG) group to give an oral presentation entitled, “Sarcopenia and NAFLD.” UEG Week was held in Vienna, Austria, October 20-23, 2018. Dr. Wijarnpreecha was unable to attend; however Pascale Raymond, MD, Attending Gastroenterologist at Bassett Medical Center and Principal Investigator on this study, was able to present in Dr. Wijarnpreecha’s place. It should be noted that Dr. Raymond received the abstract session award for “Best Abstract Oral Presentation” at the Vienna Meeting.

Kara Watthanasuntorn, MBBS
Principal Investigator: Randolph Hutter, MD
Approved 2016

Note: Dr. Watthanasuntorn assumed the Resident Researcher status on this project January 2018 from Dr. ElBebawy. She presented her poster entitled, “Role of Podocan and Wnt pathway in Accelerated Coronary Artery Disease” at the E. Donnall Thomas Resident Research Poster Session on May 1, 2018 at the Bassett Medical Center, Cooperstown, NY. As with the other three podocan studies, sample analysis was returned from Baylor in June 2018. Dr. Watthanasuntorn plans to submit an abstract to the AHA 2019 session for presentation.
E. DONNALL THOMAS RESIDENT RESEARCH PROGRAM

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

Dr. Dao assumed the role of Resident Researcher in June 2016 on the study entitled, “Podocan/Wnt pathway in coronary artery disease.” 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. Dr. Dao presented his poster entitled, “Association of WNT modulators and atherosclerosis: novel risk factors for acute coronary syndromes” at the E. Donnall Thomas Resident Research Poster Session held at Bassett Medical Center, Cooperstown, NY, May 1, 2018. Earlier in 2018, samples were sent to Baylor for analysis and returned in June 2018. Dr. Dao’s poster entitled, “Comparing the Association of DKK-1, A Wingless (Wnt)-Regulatory Molecule, and CRP-1 with Cardiovascular Risk Factor Profile and Coronary Plaque Burden in Patients with Coronary Artery Disease,” was presented at the 2018 AHA meeting held November 10-12 in Chicago, IL.

Saeeda Fatima, MBBS
Principal Investigator: Daniel Katz, MD
Approved 2016

Dr. Fatima’s proposal entitled, “Podocan and Wnt Pathway in the Development of Aortopathy in Bicuspid Valve Disease” was approved May 23, 2016. She worked with Dr. Jenkins (Biostatistics/Data Director) to do a power calculation on several of the most important outcomes of her study. On May 1, 2018 she presented her poster entitled, “Epidemiology of Infective Endocarditis in rural Upstate New York, 2011 – 2016” at the E. Donnall Thomas Resident Research Poster Session held at the Bassett Medical Center, Cooperstown, NY and received 3rd place in the judging. Dr. Fatima’s poster entitled, “Wingless (wnt) Signaling Pathway Molecules Dickkopf-related Protein 1 Correlates Inversely with Proximal Aortic Diameter and Left Ventricular Remodeling in Patients with Bicuspid Aortic Valve” was presented at the 2018 AHA meeting held November 10-12 in Chicago, IL.

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,” was originally approved October 9, 2015. The study progress had been slow due to inadequate referrals for CMR, however adequate data was acquired and as a result Dr Leungsuwan’s poster entitled, “DKK-1, A Wingless (wnt)-Regulatory Molecule, Identifies Maladaptive Left Ventricular (LV) Remodeling in Aortic Stenosis (AS)” was accepted and presented at the 2018 AHA meeting held November 10-12 in Chicago, IL.

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, April 30: NEC/NYCAMH – 10 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 1: 8 Resident Scholarly and Case Studies were displayed. This was the first year this group presented posters and it was very well attended and a welcome addition. They are planning to continue their participation in 2019.

Wednesday, May 2: E. Donnall Thomas Resident Research – 12 Posters for presentation/reception and judging. All residents are required to be at their posters (4-6pm) prepared to discuss their research and answer any questions. This year’s winner was Dr. Karn Wijarnpreecha for his poster entitled, “Associations between Sarcopenia and Nonalcoholic Fatty Liver Disease and Advanced Fibrosis in the United States.”

Thursday, May 3: Nursing Research Evening – Nursing Research Poster winners for 2018: Professional/Non-Student
Kristin Pullyblank, MS, RN, Bassett Research Institute, “Implementation of community-based diabetes self-management workshops in a rural healthcare setting.”
Graduate Student
Karen Driskill BSN, RN, SUNY Delhi, “Music Thanatology: “A Non-Pharmacological Intervention for Pain Control at End of Life.”
Undergraduate Student
Siobhan Muscanelli, RN, SUNY Delhi, “Can Those with Addiction Benefit from Complementary and Alternative Medicine?”

Friday, May 4: Bassett Research Institute – 12 posters displayed. A wide range of research topics were displayed and included research on older drivers, diabetes self-management, transgender youth, the fruit and vegetable prescription program and other posters reviewing the BRI’s current research. Authors were on-hand during lunchtime to answer questions and discuss their research.
Kimberly Leon, Columbia Bassett Medical School student class of 2020, worked with Dr. Gadomski and the Gender Wellness group (Drs. Carolyn and Christopher Wolf-Gould) on their Robert Woods Johnson funded Center of Excellence program. Kim was first author on one poster and contributed to two other posters. All three posters were presented at the World Professional Association for Transgender Health (WPATH) 25th Scientific Symposium, Buenos Aires, Venezuela. November 6, 2018.

Leon K, O’Bryan J, Scribani M, Tallman N, Wolf-Gould C, Gadomski A: “Prevalence and Predictors of Non-Suicidal Self-Injury Among Transgender and Gender Expansive Youth at a Rural Gender Wellness Clinic.”


O’Bryan J, Scribani M, Leon K, Tallman N, Wolf-Gould C, Gadomski A: “Quality of Life Measures Among Transgender and Gender Expansive Youth at a Rural Gender Wellness Clinic.”

During 2018, under the direction of Robert C. Whitaker, MD, MPH, Director of Research and Research Education Columbia-Bassett, the research program set up the computing infrastructure required to secure research data and obtain remote access to those data for students and staff. In the summer of 2018, three Columbia-Bassett students from the class of 2021 helped analyze qualitative data collected as part of a random assignment impact evaluation of a professional development course (“Enhancing Trauma Awareness”) for early childhood educators.

Medical Student Research Mentorship

Summer 2018  Samuel B. Burnim, MSc, Columbia-Bassett Program, [Qualitative impacts of “Enhancing Trauma Awareness” for early childhood educators]

Summer 2018  Allison M. Saunders, Columbia-Bassett Program, [Qualitative impacts of “Enhancing Trauma Awareness” for early childhood educators]

Summer 2018  Ellen L. Meyers, Columbia-Bassett Program, [Qualitative impacts of “Enhancing Trauma Awareness” for early childhood educators]
In 2017 the BRI conducted a pilot program offered to the PGY1 medical residents to orient them to research opportunities at the BRI. The eleven Residents who participated in the pilot program offered enthusiastic comments. As a result of the positive feedback, the program was added to the 2018-2019 PGY1 Resident schedule. Each Wednesday afternoon beginning August 8, 2018 and continuing through April 2019, a resident met with BRI staff for five, half-hour increments. The schedule and information covered was as follows:

Beth Worden – E. Donnall Thomas Resident Research Program
- Research is not 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
- When 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, Director Population Health (alternate)
- Research design

Paul Jenkins, PhD – Director, Center for Biostatistics

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

Seven residents participated in 2018
August 8: Marissa Tan, DO
August 15: Nadir Siddiqui, MBBS
August 22: Omid Shah, MBCHB
August 29: Anu Shukla, MBBS
September 12: Vijay Sekar, MBBS
September 26: Harshith Thygaturu, MBBS
November 21: Nancy Bethuel, MD

Maryam Khavandi, MD presenting her poster at the Lipid Association Meeting, Las Vegas, NV, April 27, 2018

*Kristin Baker, MD, Kanjit Leungsuwan, MD, Maryam Khavandi, MD and Kara Watthanasantorn, MD were 2017 PGY1 Medical Residents who participated in this pilot program and became Resident Researchers on BRI research projects during 2018.


INVITED GUEST SPEAKERS 2018

Erin Summerlee, Food and Health Network Director, Rural Health Network of South Central NY State: “South Central NY Fruit & Vegetable Prescription Program: Integrating Local Food to Improve Patient Health.” Bassett Research Institute Grand Rounds, Bassett Medical Center, Cooperstown, NY, May 15, 2018.


MEDIA COVERAGE


Kristin Pullyblank, MS, RN, RHENSOM supervisor/Bassett Research Institute Meeting with Senator Seward on Advocacy Day

Gadomski, A, Gibb, B. “Do Children With Cats Have More Mental Health Problems?” Study reports kids with cats are more likely to suffer from attention problems. Psychology Today, March 22, 2018.

Hohensee T. Richfield Springs School, “Instead of an afterschool meeting, the Health and Wellness Club met as a lunch bunch and shared a family-style meal.” West Winfield Star February 28, 2018.


MEDIA COVERAGE


Wyckoff, L. “HRSA Recognizes Success of Rural Quality Improvement Projects.” https://ruralhealthinfo.org/news/27341/full-storyutm_source=racupdate&utm_med... Bassett’s Living Well Program for patients with Diabetes or other Chronic Condition was awarded the Evidence-Based Model Award from HRSA at the HRSA Annual Grantee Conference in Washington DC, July 17, 2018.


Sorensen, J, Scott, E. “43rd annual CNY Farm Progress Show kicks off in Mohawk.” WKTV Channel 2: Utica, NY, September 12, 2018.


Hohensee, T. “New Unatego vending machine offers students health snacks.” The school wellness committee, with the help of Bassett liaison Tom Hohensee, secured $4,500 to buy state-of-the-art machine through the state Creating Healthy Schools and Communities program. The Daily Star: Oneonta, NY, September 26, 2018.
MEDIA COVERAGE


Burrington, C. “Pathfinder Village and the Bassett Research Institute will use a $201,000 grant from the Leatherstocking Collaborative Health Partners to launch a new Mobile Market program.” The Daily Star: October 21, 2018.


Gadomski, A. “Otsego County awarded funding for mental health services in schools through a Systems of Care expansion grant.” Otsego County Board of Representatives Press Release: Cooperstown, NY, October 11, 2018.

Gadomski, A. “Clinical Psychologist Dr. James Anderson speaks to medical students from St. George’s University about a treatment program for opioid addiction at Bassett Medical Center in Cooperstown.” The Daily Star: Oneonta, NY, October 18, 2018.
