2015 PALMER SYMPOSIUM

Addressing Inequities in Health: From Cells to Communities

SATURDAY, APRIL 11, 2015
Loyola University Chicago • Health Sciences Campus
Welcome to the 28th Annual Ruth K. Palmer Research Symposium - Addressing Inequities in Health: From Cells to Communities. This year’s conference features research focused on deepening understanding of the multi-factorial determinants of health inequities, as well as strategies designed to close the gap on health disparities. We are honored to have presentations from researchers who represent multiple fields of inquiry and who use diverse approaches that range from the molecular to community-based research. Reducing health inequities requires inter-professional knowledge and teamwork in the engagement of individuals, families, and communities. This year’s theme was chosen to complement Loyola University Chicago’s 2015 strategic plan, which focuses on social justice, as achieving health equity not only reduces the burden of disease, but it is right and just.

Linda Janusek, PhD, RN, FAAN
Professor and Niehoff Endowed Chair for Research
Chair, Ruth K. Palmer Scientific Program Committee

CONFERENCE OBJECTIVES
1). Advance understanding of the links between biological, behavioral, social, community, and environmental determinants of health inequities.

2). Provide a forum to disseminate research about the processes underlying the origin and maintenance of health inequities, and interventions based on this knowledge.

3). Identify areas requiring increased conceptual, empirical, and methodological development needed to solve health inequities.

4). Identify opportunities for collaborative interdisciplinary research that addresses health inequities.

ACCREDITATION
This program is being offered through a Joint Providership between Loyola University Health System ONA Provider Unit and Marcella Niehoff School of Nursing. Loyola University Health System (OH-346, 6/1/17) is an approved provider of continuing nursing education by the Ohio Nurse’s Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

5.3 contact hours will be awarded for this program.

The faculty and planners have declared that this educational activity is being presented without the provision of commercial support and without bias or conflict of interest.

Criteria for successful completion and receipt of contact hours for this educational activity include:
(1) Learner’s signature on sign-in sheet
(2) Learner attending the program in its entirety
(3) Learner submitting a completed evaluation form at the end of the activity

Accreditation as a provider refers to recognition of educational activities only and does not imply ANCC Commission on Accreditation, Ohio Board of Nursing or the Ohio Nurses Association approval or endorsement of any product.

PHOTOGRAPHY - Photographs will be taken throughout the Ruth K. Palmer Symposium. If you do not wish to be photographed, please make it known to a member of staff.
Welcome

As Dean of the Marcella Niehoff School of Nursing I extend my warm welcome to the 28th Annual Ruth K. Palmer Research Symposium, *Addressing Inequities in Health: From Cells to Communities*. St. Ignatius Loyola has a famous quote, “Love should show itself in deeds more than in words.” Today the Marcella Niehoff School of Nursing hosts this conference examining inequities in health, giving a voice to those facing health disparities. We ask nurse researchers and nurse practitioners around the nation to gather in the spirit of “Social Justice” to examine disparities in health, disparities in health-care and disparities in health science research. Tackling health disparities will take a team of dedicated health care leaders and scholars who have the ability to make change happen.

We are grateful to Dr. Shirley Moore, who will launch this exciting symposium by discussing tailored and targeted interventions to reduce health disparities. We are honored to have Dr. Moore begin the health disparities dialogue today. In keeping with our commitment to interprofessional collaboration, our speakers span several disciplines and include not only nurse scientists, but also anthropologists, biologists, psychologists, and public health investigators engaged in research that addresses health inequities from the cell to the community. Throughout the day you will learn about diverse and innovative health disparities research that range from gene-environment interactions that underlie the roots of disparity through social determinants of health that influence individual risk and resilience. I hope that this symposium will spark further collaborations and research in the field of health disparities so that, in the words of Ignatius Loyola, we will be inspired towards performing “…. deeds more than words.” If we are to tackle issues of health disparities, we will have to form bold teams that can make a commitment to changing health care.

Enjoy the conference and in some small way, I hope you will become inspired to make a difference.

Sincerely,

Vicki A. Keough, PhD, APRN-BC, ACNP, FAAN
Dean and Professor,
Marcella Niehoff School of Nursing
Welcome

Thank you for joining us today!

We welcome you to the Loyola University Health Sciences Campus. Your attendance at the Marcella Niehoff School of Nursing’s Palmer Symposium enriches this exciting event.

This year, experts in health disparities will engage us in thoughtful discussions about strategies that increase our understanding of health inequities. Our time together will be further enriched by presentations from research colleagues who are working to advance knowledge and improve health in various ways.

You have made a great choice by spending your time with us today. We hope you make the most of your day and enjoy the conversations and networking with like-minded individuals whose professional dedication makes such a difference!

Sincerely,

Linda Brubaker, MD, MS, FACS, FACOG
Interim Provost, Health Sciences Division
Dean and Chief Diversity Officer
Stritch School of Medicine
Welcome to the annual Ruth Palmer Research Symposium!

This year’s symposium is focused on strategies to reduce healthcare inequities. This is such an important subject in light of the changes the healthcare systems are experiencing.

I recently read that over an additional 16.4 million individuals have signed up for coverage under the Affordable Care Act. Despite this change, disparities in receiving care are still huge. As the system changes its model from episodic care to wellness, the whole process for receiving care also has to change. There will need to be closer ties with community services and volunteers to support individuals.

At Trinity Health, each regional facility must implement tactics to address population health. Here at Loyola University Health System, we have become one of the Medicaid and Medicare accountable care entities. With the focus on wellness and prevention the roles of many of our staff will change.

I am very excited to hear Shirley Moore PhD, RN, FAAN present her research, which will help us to develop systems, roles and support mechanisms to reduce the inequities in healthcare. This research is essential as we redesign the health care processes.

Sincerely,

Paula A. Hindle MSN, MBA, RN, CENP
Vice President for Nursing Strategy and Professional Development
Loyola University Medical Center
Program At a Glance

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Shirley M. Moore, RN, PhD is the Edward J. and Louise Mellen Professor of Nursing and Associate Dean for Research, Frances Payne Bolton School of Nursing, Case Western Reserve University, in Cleveland, Ohio. As a biobehavioral nurse scientist, Dr. Moore’s research focuses on cardiovascular risk factor prevention and promotion of healthy lifestyles in children and adults. She is currently conducting a multi-site national study addressing childhood obesity and hypertension in urban, low-income families.

Dr. Moore is the Director of a National Institutes of Health-funded Center of Excellence in Self-Management Research. An important dimension of this center is the FIND Lab, a laboratory that is focused on the Full INclusion of persons with Disabilities in mainstream research. The FIND Lab and offers consultation to research teams about designing and making modifications to research protocols to accommodate persons with disabilities, particularly those related to sight, hearing, cognitive and mobility impairment.

Dr. Moore is a fellow in the National Academies of Practice, the American Heart Association and the American Academy of Nursing.
Christopher Kuzawa, PhD
Professor of Anthropology
Department of Anthropology
Faculty Fellow at the Institute for Policy Research
Northwestern University, Evanston, IL

Dr. Christopher Kuzawa is a biological anthropologist with interests in developmental biology, epidemiology, and evolutionary biology. Kuzawa’s research focuses on understanding how the intrauterine and early postnatal environments shape long-term development and adult health. He collaborates with a large, 30-year ongoing study in the Philippines to explore the long-term impacts of early environments on adult health and the intergenerational impacts of nutritional stress on offspring. His research is funded by the National Institutes of Health, the National Science Foundation and the Wenner Gren Foundation. He received his PhD in anthropology and MSPH in epidemiology from Emory University. He is a Professor in the Department of Anthropology and Faculty Fellow at the Institute for Policy Research at Northwestern University.

Monica Uddin, PhD
Associate Professor of Psychology
Department of Psychology, Behavioral Neuroscience Division and
Institute of Genomic Biology
University of Illinois, Urbana, IL

Dr. Monica Uddin received her B.A. in Human Biology from Stanford University and her Ph.D. in Biological Anthropology from New York University. She is currently an Associate Professor in the Department of Psychology at the University of Illinois Urbana-Champaign (UIUC), where she is also a faculty affiliate of the Carl R. Woese Institute for Genomic Biology and the Neuroscience Program. Prior to joining UIUC, she was an Assistant Professor in the Center for Molecular Medicine and Genetics at Wayne State University School of Medicine and a Research Assistant Professor in the Department of Epidemiology at the University of Michigan. Her work focuses on characterizing molecular phenotypes of stress-related mental disorders, with the goal of identifying robust biomarkers that predict onset and/or course of disease, as well as response to therapy.

Dina Tell, PhD
American Cancer Society Postdoctoral Fellow
Department of Health Promotion
Marcella Niehoff School of Nursing
Loyola University Chicago, Health Science Division, Maywood, IL

Dr. Dina Tell is a post-doctoral research associate in the Marcella Niehoff School of Nursing. Dr. Tell received her BA in psychology from Case Western Reserve University and her PhD in Developmental Psychology, with focus on statistics, from Loyola University Chicago. Since joining Drs. Linda Janusek and Herb Mathew’s research team in 2009, Dr. Tell developed an interest in psychoneuroimmunology and behavioral epigenetics. She currently investigates how early life experiences and social context contribute to the changes in epigenetic regulation of gene transcription to influence behavior and health across the lifespan. In September 2012, Dr. Tell was awarded an American Cancer Society Postdoctoral Fellowship to elucidate the role of life adversity in the risk for inflammation-related behavioral symptom expression in women with breast cancer. The insight gained from this project will allow for development of more tailored and targeted interventions to reduce the burden of symptom distress and inflammatory risk, which can jeopardize cancer control.
Catherine Santiago, PhD  
Assistant Professor  
Director of Children Adapting to Stress and Adversity Lab  
Department of Psychology  
Loyola University Chicago, Chicago, IL

Dr. Catherine DeCarlo Santiago is an Assistant Professor in Clinical Psychology within the Department of Psychology at Loyola University Chicago. Her research program is focused on improving understanding of how children and families manage stressful circumstances and how we can use that knowledge to design helpful programs that promote resilience. She is interested in individual and family adaptation to poverty-related stressors and has studied the impact of stress and trauma, coping, involuntary stress responses, and other factors in this context. In addition, she is focused on cultural and family factors in relation to psychopathology and mental health intervention. She continues to translate this work into interventions in community settings and evaluate their effectiveness.

Regina Conway-Phillips, PhD, RN  
Assistant Professor  
Department of Health Systems, Leadership and Policy  
Marcella Niehoff School of Nursing  
Loyola University Chicago, Health Sciences Division, Maywood, IL

Dr. Regina Conway-Phillips received her MSN in nursing administration and Ph.D. in nursing from Loyola University Chicago. Dr. Regina Conway-Phillips is currently an Assistant Professor in the Niehoff School of Nursing at Loyola University Chicago. There, among other responsibilities, she teaches in both the school of nursing and the undergraduate Health Systems Management programs. Her research focuses on cancer disparities, health disparities, spirituality and breast cancer screening behavior among African American women.

Lena Hatchett, PhD  
Assistant Professor  
Neiswanger Institute for Bioethics  
Stritch School of Medicine  
Loyola University Chicago, Health Science Division, Maywood, IL

Dr. Lena Hatchett is an Assistant Professor in the Neiswanger Institute for Bioethics and Director of Community and University Partnerships. Dr. Hatchett received her PhD in Social/Health Psychology from State University of New York Stony Brook and her post-doctoral training in Community and Prevention Research from University Illinois at Chicago School of Public Health. Her research interests are focused on community-engaged approaches to reduce racial and ethnic health disparities. On-going research includes the Proviso Partners for Health, a multi-sector coalition making policy, systems, and environmental change to advance action on childhood obesity. Dr. Hatchett is currently implementing the Proviso East Entrepreneurial Garden with local schools, organizations, and businesses. Designed for high school students, the program will increase nutrition knowledge and awareness of education and career pathways in the food system.
Fran Vlasses, PhD, RN, FAAN, ANEF  
Associate Professor  
Chair, Health Systems, Leadership and Policy Department  
Marcella Niehoff School of Nursing  
Loyola University Chicago, Health Sciences Division, Maywood, IL  

Dr. Frances Vlasses is an Associate Professor in the Marcella Niehoff School of Nursing, Loyola University Chicago. She received her B.S.N. in Nursing from Villanova University, M.S.N. in Community Mental Health Nursing from the Ohio State University, and Ph.D. with distinction from Loyola University. Her research focuses on how changes in the structure of care delivery has an impact on the clinician's ability to deliver service and how the expanding role of nurses can be instrumental in improving the quality of health care delivery. Dr. Vlasses has professional experience spanning more than 25 years in nursing practice, administration, research, and education, including program development, implementation and evaluation. She is currently Co-Director of the Loyola University Institute for Transformative Interprofessional Education (ITIE) and directs a federal funded practice grant focused on redesigning models of care to nurse led interprofessional teams. (I-CARE-PATH, 1.5m). She is a Fellow in the Academy of Nurse Education and the American Academy of Nursing. In 2014 she was named top 100 health care transformers by the Ohio State College of Nursing.

Lisa Burkhart PhD, RN, MPH  
Associate Professor  
Department of Health Systems, Leadership and Policy  
Marcella Niehoff School of Nursing  
Loyola University Chicago, Health Sciences Division, Maywood, IL  

Dr. Elizabeth (Lisa) Burkhart is an Associate Professor in the Marcella Niehoff School of Nursing, Loyola University Chicago; Health Scientist at the Center of Innovation of Complex Chronic Healthcare at Hines, Veteran’s Administration; and Ambassador in the Institute for Tranformational Interprofessional Education. Her program of research relates to patient centered care from a holistic perspective and measuring its effect on patient and provider outcomes using both quantitative and qualitative methods. Her research spans qualitative grounded theory, psychometric theory validation, secondary data analysis, photovoice participative action research, and program development and evaluation. Her current work involves participating in a team to transform a family medical clinic into an interprofessional collaborative practice and patient centered medical home (I-CARE-PATH, HRSA-funded), while also conducting a needs assessment and evaluation using qualitative (PhotoVoice) and quantitative (PROMIS) measures.
SCHEDULE OF EVENTS • SATURDAY, APRIL 11, 2015

7:45 – 8:30 AM  REGISTRATION
Continental Breakfast and Poster Viewing

MORNING SESSION

8:30 – 8:45 AM  WELCOME
Vicki A. Keough, PhD, RN, FAAN, ACNP, CCR
Dean and Professor
Marcella Niehoff School of Nursing
Loyola University Chicago

Linda Brubaker, MD, MS, FACS, FACOG
Interim Provost Health Sciences
Dean and Chief Diversity Officer, Stritch School of Medicine
Loyola University Chicago

Paula Hinde, MSN, MBA, RN, CENP
Vice President for Nursing Strategy and Professional Development
Loyola University Health System

8:45 – 9:45 AM  KEYNOTE ADDRESS
Using Tailored and Targeted Interventions to Reduce Health Disparities
Shirley Moore, PhD, RN, FAAN
Edward J. and Louise Mellen Professor of Nursing and
Associate Dean for Research
Director, SMART Center
Frances Payne Bolton School of Nursing
Case Western Reserve University

9:45 – 10:20 AM  Epigenetic, Developmental and Intergenerational Influences on US Cardiovascular Health Disparities
Christopher Kuzawa, PhD
Professor of Anthropology
Department of Anthropology
Faculty Fellow at the Institute for Policy Research
Northwestern University, Evanston, IL

10:20-10:40 AM  BREAK AND POSTER VIEWING

10:40 - 11:15 AM  Molecular Imprints of Stress and Trauma across the Life Course
Monica Uddin, PhD
Associate Professor of Psychology
Department of Psychology, Behavioral Neuroscience Division and
Institute of Genomic Biology
University of Illinois, Urbana, IL
11:15 – 11:50 AM  Childhood Adversity and Neighborhood Violence Amplifies Adult Proinflammatory Stress Response: Evidence for Epigenetic Embedding
Dina Tell, PhD
American Cancer Society Postdoctoral Fellow
Department of Health Promotion
Marcella Niehoff School of Nursing
Loyola University Chicago

11:50 AM – 12:00 PM  AWARD PRESENTATION
Sigma Theta Tau, Alpha Beta Chapter Research Grant Awards
Cindi LaPorte, Manager Administrative Services, Loyola University Health System
President, Alpha Beta Chapter

12:00 PM – 1:00 PM  LUNCH AND POSTER VIEWING

AFTERNOON SESSION

1:00 PM – 1:35 PM  Intervening with Elementary School Students Exposed to Trauma
Catherine Santiago, PhD
Assistant Professor
Director of Children Adapting to Stress and Adversity Lab
Department of Psychology
Loyola University Chicago

1:35 PM – 2:10 PM  Exploring Experiences of Breast Cancer Screening Disparity in African American Women
Regina Conway-Phillips, PhD, RN
Assistant Professor
Marcella Niehoff School of Nursing
Department of Health Systems, Leadership and Policy Department
Loyola University Chicago

2:10 PM – 2:30 PM  BREAK AND POSTER VIEWING

2:30 PM – 3:05 PM  Proviso Partners for Health: A Model for Community Engagement to Promote Health Equity
Lena Hatchett, PhD
Neiswanger Institute for Bioethics, Health Sciences Division
Stritch School of Medicine
Loyola University Chicago

3:05 PM – 3:40PM  Representing Community Voices in Evaluation and Knowledge Generation
Fran Vlasses, PhD, RN, FAAN, ANEF
Associate Professor
Chair, Health Systems, Leadership and Policy Department
Lisa Burkhart PhD, RN, MPH
Associate Professor
Department of Health Systems, Leadership and Policy Department
Marcella Niehoff School of Nursing
Loyola University Chicago

3:40 PM – 3:55 PM  SYMPOSIUM EVALUATIONS
1. Early Life Adversity, Depressive Symptoms, and Endothelial Dysfunction in Women Veterans

Karen L. Saban, PhD, RN, APRN, CNRN, FAHA,1,3 Herbert L. Mathews, PhD1,2, Eileen G. Collins, PhD, RN, FAAN5, and Linda Janusek, PhD, RN, FAAN5
Marcella Niehoff School of Nursing1 and Stritch School of Medicine2, Loyola University Chicago, Maywood, IL; Edward Hines Jr. VA Hospital, Hines, IL3

2. Impact of Maternal Childhood Adversity on the Psychological-Inflammatory Profile During Pregnancy

Karen Kotz Fishe, RN, MSN,1 Dina Tell, PhD,1 Herbert L. Mathews, PhD1,2 and Linda Janusek, PhD, RN, FAAN1
Marcella Niehoff School of Nursing1 and Stritch School of Medicine2, Loyola University Chicago, Maywood, IL

3. Epigenetic Profile of Women with Breast Cancer Exhibiting a Proinflammatory Phenotype

Linda Janusek, Ph.D., R.N., FAAN,1 Dina Tell, PhD,1 and Herbert L. Mathews, PhD1,2
Loyola University Chicago, Marcella Niehoff School of Nursing1 and Stritch School of Medicine2, Maywood, IL

4. Chronic Stress and Childhood Adversity Modulate Vagal and Stress-Immune Response to the Trier Social Stress Test in Women with Breast Cancer

Dina Tell, PhD,1 Robert L. Burr, MSEE, PhD,2 Herbert L. Mathews, PhD,1,3 and Linda Janusek, PhD, RN, FAAN1
Loyola University Chicago, Marcella Niehoff School of Nursing, Maywood, IL1; University of Washington, Seattle, WA2; Loyola University Chicago, Stritch School of Medicine, Maywood, IL3

5. Posttraumatic Stress and Oxytocin in Women with a Premature Infant

Lindsey Garfield, PhD, RN,1 Diane Holditch-Davis, PhD, RN,2 Rosemary White-Traut, PhD, RN,3,4 Carmen Giurgescu, PhD, RN,3 C. Sue Carter, PhD,6 Barbara L. McFarlin, PhD, RN,3 Dorie Schwertz, PhD, RN,5 and Julia S. Seng, PhD, RN
Loyola University Chicago, Maywood, IL1; Duke University, Durham, NC2; University of Illinois at Chicago, Chicago, IL3; Children’s Hospital of Wisconsin, Milwaukee, WI4; Wayne State University, Detroit, MI5; University of North Carolina, Chapel Hill, NC6; and University of Michigan, Ann Arbor, MI7

6. Assessing Bone Health in African-American Breast Cancer Survivors

Patricia Sheean PhD, RD,1 Huifang Liang, MD, PhD,2 Linda Schiffer MS, MPH,3 Claudia Arroyo, MPH,3 Karen Troy PhD,4 and Melinda Stolley, PhD5
Marcella Niehoff School of Nursing, Loyola University, Maywood, IL1; Takeda Development Center Americas, Inc.2; University of Illinois at Chicago, Chicago, IL3; and the Worcester Polytechnic Institute, Worcester, MA4
7. Vitamin D Status and Health Outcomes in Women Receiving Care at an Underserved Health Care Center

Jennifer Woo, BSN, MSN, PhD in Nursing Student, and Sue Penckofer, PhD, RN, FAAN
Marcella Niehoff School of Nursing, Loyola University Chicago, Maywood, IL

8. Does the Sunshine Vitamin Impact Cognitive Symptoms in Women with Diabetes?

Sue Penckofer, PhD, RN, FANN,1 Mary Byrn, PhD, RN,1 Williams Adams, MS,2 and Mary Ann Emanuele, MD2
Marcella Niehoff School of Nursing1 and Stritch School of Medicine,2 Loyola University Chicago, Maywood, IL

9. Factors that Impact African American Youth Perceptions Toward Food Choices

Saria Lofton, RN, MSN, PhD Candidate, and Diane B McNaughton, PhD, APHN-BC
Rush University Medical Center, Chicago, IL

10. In Chicago: Is Childhood Obesity Associated with Food Deserts

Chandra D. Logan RN, BSN, MSN
Chicago State University, Chicago, IL

11. Gender Differences in Patient Activation Among Veterans

Bella Etingen, MA, Scott Miskevics, BS, Alex Malhiot, MS, and Sherri L. LaVela, PHD, MPH, MBA
Edward Hines Jr. VA Hospital, Hines, IL

12. Interprofessional PCMH-A Qualitative and Quantitative Approach

Nancy Madsen, RN-BC, PhD in Nursing Student, Mary-Beth Desmond, RN, MA, MSN, AHN-BC, PhD in Nursing Student, Fran Vlasses, PhD, RN, FAAN, ANEF, and Lisa Burkhart, PhD, RN
Marcella Niehoff School of Nursing, Loyola University Chicago, Maywood, IL

13. Secondary Data Collection For Nursing Researchers

Pamela J. Gampetro MS, RN, APRN, PhD in Nursing Student, and Lisa Burkhart, PhD, RN, MPH
Marcella Niehoff School of Nursing, Loyola University Chicago, Maywood, IL


Miriam Tournai, RN, BA, CCRN, TNCC
Loyola University Medical Center, Maywood, IL

15. Psychometric Evaluation of the Beck Depression Inventory in Chronic Pain: A Review

Anitha Saravanan, RN, MSN, PhD in Nursing Student
Marcella Niehoff School of Nursing, Loyola University Chicago, Maywood, IL
16. Being There: Undergraduate Nursing Student’s Perceptions of Nursing Presence

Carol T. Kostovich, PhD, RN, and Jeanne Van Denack, MSN, RN
Marcella Niehoff School of Nursing, Loyola University Chicago, Maywood, IL

17. Effect of NP Visits on Health Outcomes in African American Teens with Asthma

Anne B. Luckose, APN, NP-C, RN, PhD in Nursing Student, Patrick R. Harrison Ph.D., and Barbara Velsor-Friedrich PhD, RN, FAAN
Marcella Niehoff School of Nursing, Loyola University Chicago, Maywood, IL

18. Iowa Model: Changing IV Insulin Therapy in the CV ICU

Colleen M. Kordish, BSN RN, MSN Student, and Cheryl D. Rogers, MSN, RN, CCRN
University of Phoenix, Riverside Medical Center, Kankakee, IL

19. Simulation Learning and Transfer in Undergraduate Nursing Students

David A. Miles, CRNA, MSN, PhD in Nursing Candidate and Lee A. Schmidt, RN, PhD
Marcella Niehoff School of Nursing, Loyola University Chicago, Maywood, IL

20. Patient-Centered Care From the Veteran’s Perspective

Lisa Burkhart, PhD, RN, Alex Malhiot, MS, Carol T. Kostovich, PhD, RN, Stephanie M. Turcios, MPH, Amy E. Binns-Calvey, Sherri L. LaVela, PhD, MPH, MBA, Kevin Stroupe, PhD, Ben Gerber, MD, Saul J. Weiner, MD, and Frances M. Weaver, PhD
Marcella Niehoff School of Nursing Loyola University Chicago, Maywood, IL, Department of Veterans Affairs, Hines, IL, Edward Hines Jr. VA Hospital, Hines, IL, Feinberg School of Medicine, Northwestern University, Chicago, IL

21. Family-Centered Care Perspectives in Older and Younger Family/Caregivers

Sherri L. LaVela, PhD, MPH, MBA, Stephanie M. Turcios, MPH, Alex Malhiot, MS, Bella Etingen, MA, and Scott Miskevics, BS
Edward Hines Jr. VA Hospital; Hines, IL, and the Feinberg School of Medicine, Northwestern University, Chicago, IL

22. Quality of Life in Newly Diagnosed Adults with Atrial Septal Defects

Mary Heitschmidt PhD(c), RN, APN, CCRN, and Rebekah Hamilton PhD, RN
Rush University Medical Center, Chicago, IL

23. What are the Expectations, Attitudes, and Images of New Mothers?

Mary K Adams, MSN, RN, PhD in Nursing Candidate, and Sue Penckofer, PhD, RN, FAAN
Marcella Niehoff School of Nursing, Loyola University Chicago, Maywood, IL
POSTER ABSTRACTS

Early Life Adversity, Depressive Symptoms, and Endothelial Dysfunction in Women Veterans
Karen L. Saban, PhD, RN, APRN, CNRN, FAHA,1,3 Herbert L. Mathews, PhD, RN, FAAN,1 and Linda Janusek, PhD, RN, FAAN3
Marcella Niehoff School of Nursing1 and Stritch School of Medicine2, Loyola University Chicago, Maywood, IL; Edward Hines Jr. VA Hospital, Hines, IL3

Background and Significance: Veterans are at particular risk for cardiovascular disease (CVD) and this may be related to early life adversity. Prior research demonstrates early life adversity promotes inflammation, which contributes to not only depressive symptoms but also to endothelial dysfunction, a precursor to CVD. Compared to female civilians, women Veterans have greater histories of abuse and therefore may be at particular risk for CVD. Purpose: The purpose of this pilot study was to evaluate early life adversity, depressive symptoms, and endothelial dysfunction in women Veterans. Methods and Analysis: A cross sectional sample of women Veterans (mean age=50.47) completed the Childhood Trauma Questionnaire (CTQ) and the Center for Epidemiologic Studies Depression Scale (CES-D). Endothelial function was assessed by measurement of flow-mediated vasodilation using the Peripheral Arterial Tone (PAT) signaling technology, which non-invasively measures arterial tone in peripheral arterial beds. Results: Subjects reported high levels of depressive symptoms that were positively associated with CTQ early life adversity subscales of emotional neglect (r=.669, p=.003), physical neglect (r=.590, p=.013), emotional abuse (r=.768, p=.000), and physical abuse (r=.537, p=.026). Nearly one third of the subjects (29.3%) had demonstrable endothelial dysfunction with Reactive Hyperemia Index (RHI) scores ≤1.67. Conclusions and Implications: These results demonstrate women Veterans to be at particular risk for CVD due to an increased incidence of early life adversity, depressive symptomatology and endothelial dysfunction.

Impact of Maternal Childhood Adversity on the Psychological-Inflammatory Profile During Pregnancy
Karen Kotz Fishe, RN, MSN,1 Dina Tell, PhD,1 Herbert L. Mathews, PhD,1,2 and Linda Janusek, PhD, RN, FAAN3
Marcella Niehoff School of Nursing1 and Stritch School of Medicine,2 Loyola University Chicago, Maywood, IL

Purpose: The primary aim was to examine the relationship between maternal childhood adversity and prenatal levels of stress, depression, and proinflammatory cytokines; and, secondly, to explore the relationship of these variables with neonatal birth outcomes. Significance/Rationale: Increased proinflammatory cytokines during pregnancy are linked to maternal depressive risk and poor birth outcomes. Maternal exposure to childhood adversity and poverty may intensify each of these, predisposing to health disparity in birth outcomes. Methods/Analysis: During their second and third trimester of pregnancy, women (N=64) provided a blood sample to measure the proinflammatory cytokine, TNF-alpha; and completed instruments measuring childhood adversity (Child Trauma Questionnaire), perceived stress (Perceived Stress Scale), depression (Center for Epidemiologic Studies-Depression and Edinburgh Depression Scale) and social support (Social Provisions Scale). Childhood adversity assessed: emotional neglect/abuse, physical neglect/abuse and sexual abuse. Poverty was determined by current household income and number in the household per federal guidelines. Correlations among variables were evaluated and moderation analysis explored interaction effects. Results: Nearly 25% of the sample reported exposure to childhood adversity, and women with greater childhood adversity had increased perceived stress and increased depressive symptoms. Also, women reporting greater depressive symptoms had higher plasma TNF-alpha levels. Moderation analysis
revealed that women exposed to childhood adversity, together with current household poverty, had higher levels of TNF-alpha. Evaluation of relationships with birth outcomes revealed that women with greater childhood adversity and higher TNF-alpha delivered lower birth weight infants. Also, exposure to childhood adversity was associated with lower infant gestational age; however, higher levels of social support moderated (attenuated) this relationship. **Conclusion:** Maternal childhood adversity associates with greater psychological morbidity during pregnancy and poorer neonatal outcomes. **Implications.** Findings emphasize the need for prenatal psychosocial screening to include assessment of childhood adversity and the encouragement of social support to buffer negative effects of childhood adversity on birth outcomes.

**Epigenetic Profile of Women with Breast Cancer Exhibiting a Proinflammatory Phenotype**

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**Purpose:** We recently reported that women with breast cancer who experienced childhood adversity exhibited greater and more prolonged elevations in stress-related behavioral symptoms and circulating proinflammatory cytokines from diagnosis through early survivorship. Here we extend those findings to assess histone post-translational modifications (PTMs) associated with this stress-vulnerable phenotype. **Significance:** For women with cancer, stress-related symptoms erode quality of life, and excess inflammation is associated with impaired cancer control. Thus, understanding the biological basis for this stress-vulnerable phenotype is relevant to the future health of breast cancer survivors. **Methods:** Forty-two women with breast cancer provided blood for immune and epigenetic analysis; and completed stress, depression, sleep, fatigue, and childhood adversity measures. Hierarchical linear modeling was used to analyze trajectories of outcomes, measured from diagnosis to 6-months post-cancer treatment. **Results:** Findings revealed greater childhood adversity related to greater perceived stress, depressive symptoms, fatigue and sleep disturbance. Women with greater exposure to childhood adversity also had greater plasma IL-6 and TNF-alpha levels, as well as peripheral blood mononuclear cell (PBMC) production of both cytokines. Analysis of PTMs demonstrated intranuclear H3K9Ac to be associated with increased IL-6 production by CD14+, TNF-alpha by CD8+ and increased plasma TNF-alpha levels for CD56+ PBMC. H4K8Ac was associated with increased production of and plasma levels of TNF-alpha for CD8+ PBMC. Childhood adversity predicted levels of H3K9Ac in CD56+ and H4K8Ac in CD8+ PBMC at diagnosis. **Conclusions:** These findings demonstrate women with greater exposure to childhood adversity exhibit an epigenetic profile (histone PTMs, H3K9Ac and H4K8Ac) consistent with a proinflammatory phenotype concurrent with stress-related behavioral symptoms, which may underlie stress-vulnerability in women with breast cancer. **Implications:** Childhood adversity may embed an epigenetic profile associated with a proinflammatory phenotype and risk for greater stress-related symptoms in cancer survivors. Future epigenetic profiling has potential to identify stress-vulnerability and provide targeted interventions.

**Chronic Stress and Childhood Adversity Modulate Vagal and Stress-Immune Response to the Trier Social Stress Test in Women with Breast Cancer**

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**Purpose:** In response to a breast cancer diagnosis many women exhibit a stress-vulnerable phenotype, characterized by greater levels of behavioral symptoms and proinflammatory cytokines in response to stress. An anti-inflammatory vagal pathway reduces stress-associated production of proinflammatory cytokines, and this may reduce inflammation-related behavioral symptoms. Here we evaluated whether
vagal-mediated anti-inflammatory processes, chronic stress, and childhood adversity influenced the inflammatory and cortisol response to acute stress. **Significance:** An exaggerated proinflammatory response can intensify behavioral symptom expression and compromise cancer control mechanisms. Thus, it is essential to elucidate underlying biological mechanisms for this stress-vulnerable phenotype to improve health of women during and after breast cancer treatment. **Methods:** Women with breast cancer, who were assessed for chronic stress and childhood adversity, completed the Trier Social Stress Test (TSST) while wearing Holter monitors to capture vagal tone. Salivary cortisol, cytokines, anxiety/affect were measured before, throughout, and after TSST. **Results:** Anxiety, cortisol, and proinflammatory cytokines increased in response to TSST and returned to baseline post-TSST. Greater chronic stress and childhood emotional abuse were associated with decreased vagal tone in response to TSST. Women with suppressed vagal tone during TSST exhibited greater levels of cortisol and IL-6 post-TSST. Additionally, a more suppressed vagal tone at baseline predicted greater increases in IL-1 beta post-TSST. Women with greater chronic stress demonstrated an exaggerated IL-1 beta response to TSST, while emotional and physical neglect were associated with a greater IL-6 and IL-1 beta levels during post-TSST recovery phase. **Conclusions:** Findings demonstrate that women with breast cancer who report greater chronic stress and exposure to childhood adversity exhibit a more intense stress-induced proinflammatory response, which may be mediated by suppression of the vagal tone. **Implications:** Assessment of exposure to childhood adversity and chronic stress can identify cancer patients at risk for greater inflammatory and behavioral responses to cancer-related stress.

**Posttraumatic Stress and Oxytocin in Women with a Premature Infant**

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**Purpose:** The purpose of this pilot was to assess the feasibility of obtaining serial oxytocin blood samples on mothers while infants were in the Neonatal Intensive Care Unit (NICU) and examine the association among posttraumatic stress symptoms, prenatal depressive symptoms, and plasma oxytocin levels in a sample of urban low-income minority women. **Significance/Rationale:** In the United States, 11.38% of infants are born prematurely with over 300,000 infants born low-birth weight. Mothers of premature infants are at greater risk for postpartum posttraumatic stress and depressive symptoms. Variation in the neuropeptide oxytocin has been implicated in peripartal depression, maternal behavior, and regulation of stress responses. **Methods and Analysis:** This pilot consisted of 8 postpartum minority women who completed surveys and had 4 serial blood draws over 1-hour while visiting their infant in the NICU. Analysis included descriptive statistics, correlations, and t-tests. **Results:** 25% of participants reported elevated posttraumatic stress and 50% reported elevated prenatal depressive symptoms. Women with elevated posttraumatic stress had higher depressive symptoms (t_{8}=6.1, p=0.001), higher anxiety (t_{8}=2.6, p=0.041), more worry (r_{8}=0.71, p=0.047). A trend was identified between women with elevated posttraumatic stress and low plasma oxytocin levels (t_{8}=-1.5, p=0.057). Women with greater depressive symptoms tended to have greater anxiety (r_{8}=0.65, p=0.081). **Conclusions:** Low-income mothers with a low-birth weight infant cared for in the NICU that had elevated posttraumatic stress were more likely to have elevated depressive symptoms, anxiety, and worry when compared to mothers that did not have elevated posttraumatic stress. Elevated posttraumatic stress was also related to low plasma oxytocin level. Further research is needed to understand the mechanisms between posttraumatic stress, premature birth, and oxytocin in order to better understand this psychological condition. **Implications:** All women that have a premature infant should be screened for posttraumatic stress and postpartum depression.
Assessing Bone Health in African-American Breast Cancer Survivors
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Purpose: The prevalence of compromised bone health in a sample of exclusively African-American (AA) breast cancer survivors was examined. Significance: Osteoporosis is considered a late effect of breast cancer treatment, yet studies analyze AA breast cancer survivors in aggregate despite known differences in bone mineral density (BMD) by race/ethnicity. Methods: Using a case-control design, AA women previously diagnosed and treated for Stage I-IIIa breast cancer were matched 1:1 on age, race, sex and body mass index with non-cancer population controls (n=101 pairs) from the National Health and Nutrition Examination Survey. Questionnaires and dual energy x-ray absorptiometry scanning were completed. Femoral neck T-scores were used to define normal bone density, low bone mass or osteoporosis applying the World Health Organization cut-points. Results: These overweight/obese survivors were 6.6 (± 4.7) years post-diagnosis, had Stage II (n=46) or Stage III (n=16) disease, and received chemotherapy (76%), radiation (72%) and/or adjuvant hormone therapies (45%). Mean femoral neck BMD was significantly lower in cases vs. matched non-cancer controls (0.85 ± 0.15 vs. 0.91 ± 0.14 g/cm², respectively; p=0.007). The prevalence of low bone mass and osteoporosis was not significantly different between groups (p=0.26), even when restricted to those on adjuvant hormone therapies (n=45 pairs; p=0.75). Using conditional logistic regression, controlling for dietary factors and education, the odds of developing compromised bone health in AA breast cancer survivors was insignificant (OR 1.5, 95% CI 0.52, 5.56). Conclusions: These null case-control findings challenge the clinical assumption that osteoporosis is highly prevalent among all breast cancer survivors, supporting differences by race/ethnicity and potentially body weight. Implications: Routine bone density testing and regular patient-provider dialogue is critical in AA breast cancer survivors to ensure that healthy lifestyle factors (e.g., regular weight-bearing exercises, dietary adequacy of calcium and vitamin D) support optimal skeletal health and to avoid unnecessary pharmacological interventions.

Vitamin D Status and Health Outcomes in Women Receiving Care at an Underserved Health Care Center
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Purpose: Primary aim was to describe prevalence of vitamin D deficiency in medically underserved and predominantly African American and Hispanic women of childbearing age along with associated comorbidities. Significance: Vitamin D deficiency has been reported to be associated with many health conditions such as osteoporosis, hypertension, diabetes and poor pregnancy outcomes. Treatment of vitamin D deficiency and insufficiency using vitamin D supplementation is a simple treatment with minimal cost to the patient and provider. African Americans and Hispanics have a higher incidence of worse health outcomes and concurrently lower levels of vitamin D than Whites. Methods: Retrospective data from women who received care at an underserved healthcare center from June 2008 to June 2014 was de-identified and extracted from the electronic medical record using GE centricity report software. Criteria for inclusion were women who had a serum vitamin D level and a current or previous diagnosis of pregnancy. The following information was also obtained: age, ethnicity, type of insurance, body mass index, comorbidities including diabetes, hypertension, depression and anxiety and pregnancy outcomes. Results: Preliminary results showed that 46% (n=138) were African American and 54% (n=164) were Hispanic. Out of 302 women, only 9% (n=29) had sufficient levels of vitamin D (>30ng/ml), 32% (n=96) had insufficient levels of vitamin D (20-30 ng/ml), and 59% (n=177) had
deficient levels of vitamin D (<20 ng/ml). Evaluation of co-morbidities and its association with study variables is currently in progress. **Conclusions:** This preliminary data will provide information that could translate into clinical treatment guidelines for routine screening of African American and Hispanic women who attend this underserved healthcare clinic and possibly provide some insight to the health disparities that exist in minority women.

**Does the Sunshine Vitamin Impact Cognitive Symptoms in Women with Diabetes?**

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Diabetes symptoms can often be overwhelming to the patient and significantly impact their quality of life. Recent evidence indicates that vitamin D plays an important role in neurocognitive functioning such as memory. The role of vitamin D on these symptoms in persons with diabetes has not been well studied. This proof of concept study examined whether vitamin D supplementation would improve diabetes symptoms and HBA1c in women with type 2 diabetes. The Wilson and Clearly Health-Related Quality of Life model was used since biologic measures and symptoms which impact health-related quality of life were studied. Fifty women with type 2 diabetes (mean age 54) who were depressed (Center for Epidemiologic Studies Depression Scale, CES-D > 16) and low vitamin D levels (<32 ng/dl) participated. A pre-post study design was used. Women were given weekly vitamin D₂ (Ergocalciferol 50,000 IUs) for a period of six months. The Diabetes Symptom Checklist, HBA1c, and vitamin D levels were collected at baseline, three and six months. Ninety two percent of women (n=46) completed all visits. At six months following supplementation, vitamin D levels increased as expected (p<.001), overall diabetes symptom score improved (p <.001), but there was no improvement in HBA1c. Although many diabetes symptoms were alleviated following vitamin D supplementation, those that improved the most from baseline to six months were: difficulty concentrating (35%, p<.001), difficulty paying attention (31%, p=.001), difficulty thinking clearly (30%, p=.001), moodiness (28%, p=.001), being easily irritated or annoyed (28%, p=.002), and overall sense of fatigue (28%, p=.001). These findings indicate that improvement in diabetes symptoms is independent of glycemic regulation following vitamin D supplementation. This suggests that exploration of mechanisms to understand how vitamin D may affect cognitive functioning is needed. Furthermore, the potential to engage persons with diabetes in self-care behaviors if cognitive function improves could be a potential benefit of this cost-effective treatment.

**Factors that Impact African American Youth Perceptions Toward Food Choices**

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**Purpose:** The first aim of this study was to describe African American youth perceptions of healthy and non-healthy foods. The second aim was to identify and describe cultural factors, as guided by the PEN-3 model, associated with food choices of African American youth. **Background:** Overweight and obesity prevalence in African American adolescents (39.8%) continues to outpace all other ethnic groups. Few studies have examined youth preferences for food choice and cultural experiences that influence the BMI status of African-American youth Therefore, in order to direct obesity risk reduction efforts for AA youth, it is important to explore AA youth’s perceptions of healthy and unhealthy food choice. **Methods:** Twenty-three AA adolescents across four different groups used Photovoice, a qualitative visual participatory design that features the use of photography, to engage in discussions in which they describe healthy and unhealthy food choices as well as the influences that drive their food choices. The PEN-3 model was utilized to design the interview guide and facilitate group discussions. At the end of the project, there were youth that created an exhibit that displayed their photographs and ideas about food
choice. **Results:** The youth were able to identify and describe foods that they deemed healthy and unhealthy. The youth were also vocal about the importance and influence of extended family and family traditions on their food choices. Other influences on food choice the youth discussed included the media, gender and peers. **Conclusion:** Study findings support the use of Photovoice and the PEN-3 model to explore culture in obesity prevention and the ability of AA youth to inform the design and implementation of future obesity prevention interventions. **Implications:** The authors concluded with research and practice implications that public health nurses can use when assessing adolescents who are at risk for obesity as well as program implementation.

**In Chicago: Is Childhood Obesity Associated with Food Deserts**

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**Purpose:** This study examined the relationship between overweight/obese children and adolescents, and food deserts in a large urban city. **Significance:** Childhood and adolescent obesity rates have escalated, resulting in Americans seeking plausible causes. Ensuring physical access to supermarkets in low-income neighborhoods has recently become the focus of public health policies designed to improve diets and health. **Methods:** This is a retrospective study utilizing obesity data reported in Jones et al., (2013). The obesity data included grade and middle school students from Chicago Public School (CPS) during the 2010-2011 school years. Chicago community areas were reviewed on community area maps for boundaries, zip codes and census information. The United States Department of Agriculture’s food locator, The Atlas was utilized to determine community food desert status. The association between overweight/obese children and adolescents, and food deserts were analyzed with the use of descriptive statistic and Spearman’s Correlation. SPSS statistical software was used for data analysis with a statistical significance determined at p<0.05. **Results:** This study observed a significant moderate positive correlation between obesity in children/adolescents and food deserts: \( r_s = .34, n = 77, p< .003 \) and a significant moderate negative correlation between childhood/adolescents obesity and family income: \( r_s = -.40, n 77, p< .000 \). **Conclusion:** Findings suggest that school age children/adolescents living in Chicago communities with high a number of food deserts and living with low income families are likely to be overweight or obese. Low family income and food deserts are likely contributory factors to overweight/obesity in school age children/adolescents in Chicago communities.

**Gender Differences in Patient Activation Among Veterans**

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**Purpose:** Compare patient activation between male and female Veterans receiving VA care, and determine if high activation is associated with gender. **Significance/Rationale:** High activation is associated with positive health behaviors and outcomes, and better perceptions of overall healthcare and providers. Literature indicates gender disparities in activation may exist. **Methods:** A mailed survey with Veterans (n=5,314) provided demographics, Veteran characteristics, and the main outcome, patient activation, using the Patient Activation Measure (PAM) (overall activation score and 4 activation stages; 1 being minimal and 4 highest activation). Administrative databases identified chronic conditions and healthcare utilization. **Analyses:** Bivariate analyses compared demographics, chronic conditions, utilization, and activation by gender; multivariate regression identified variables independently associated with being a female (vs. male) Veteran. **Results:** Females had higher average PAM scores (59.72 vs. 56.00, p=0.0008). A lesser proportion of females reached activation stage 3 (22.49% vs. 29.59%, p=0.0061), but a greater proportion reached stage 4 (37.08% vs. 24.63%, p<0.0001). Multivariate analyses revealed high activation (defined as PAM stage 3 or 4) was not associated with female gender [OR=1.09, CI95 0.84 – 1.43, p=0.5165]. With high activation defined as stage 4 only, females were 1.4 times more
likely to achieve high activation [OR=1.35, CI95 1.03 – 1.77, p=0.0316]. **Conclusions:** Females report higher overall activation, and are more likely to reach the highest activation stage (e.g., appropriate behavior modifications made; maintenance/sustainability need improvement). However, more males are making necessary behavior changes and obtaining base-line knowledge of health-related needs. Findings suggest females are less likely to initiate engagement in the health care system, but more likely to follow through with self-management (even during times of stress) once initial steps have been taken. **Implications:** Improvement efforts should focus on narrowing gender disparities in activation (e.g., getting females to become activated in the first place; pushing males toward full behavior change and maintenance).

**Interprofessional PCMH-A Qualitative and Quantitative Approach**
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**Purpose:** Primary aim was to describe the current state of health behaviors and health indicators in an underprivileged community. **Significance:** The Patient Protection and Affordable Care Act (PPACA) was created to address poor health outcomes, intensifying health care costs, and inequalities with access to health insurance in America. One initiative addressing these issues is Interprofessional-Collaborative Redesign and Evaluation for Population Access to Health (I-CARE PATH). **Methods:** Photo Voice, a participatory action research methodology was used to capture snapshots of high school students’ health perspectives, identifying health behaviors, barriers and indicators. Obtainable secondary outcome measures from the EHR and other databases were identified through analysis of available data, which was aligned with HEDIS and ACE measures. Measures identified were validated to ensure the data reflected corresponding concepts. **Results:** Findings from the Photovoice study identified three categories regarding the student’s health choices and health care as (1) influences (2) environment, and (3) health care. Identified preliminary outcome measures provided initial population data. These measures will be used for the longitudinal I-CARE Path study. **Conclusions:** Photovoice proved to be an effective method of evaluating high school students’ perception of their health behaviors. Secondary data is being used to better understand the health status and needs of the clinic population being care coordinated. **Implications:** Findings describe challenges in increasing access to care, wellness care, and care coordination. Photovoice findings illustrate this community’s need to develop programs for the high school population to promote health as prevention to eliminate or reduce developing the need for chronic care in the future. The data gathered through this Photovoice research methodology can inform an interprofessional patient centered medical home care delivery model. Secondary data (outcome measures) can be used to evaluate interprofessional and patient centered care outcomes.

**Secondary Data Collection For Nursing Researchers**
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**Purpose:** The purpose of this exploratory review is to define secondary data sources and describe secondary data analysis methods. The reliability and validity of the data collection methods, data dictionary and the data extraction techniques will be included in this review. **Significance:** Following the Institute of Medicine (IOM) landmark study, *To Err Is Human*, the health care community was charged to improve the quality, safety, efficiency and effectiveness of care with evidence-based practices and system redesigns (1999). Currently, data are collected by healthcare systems in electronic health records during health care delivery. Researchers use this data to conduct secondary data analysis to capture longitudinal
trends on the effectiveness, safety and quality of health care. The technique of secondary data extraction and analysis has been underutilized for nursing research. **Methods:** A review of literature was done to establish whether there was a need to explain a methodology of research not well understood within the medical and nursing domains. PubMed, Economic Literature, Business Source Elite, Business Source Premiere and Health Source-Consumer Edition were searched using the key words of “longitudinal healthcare data”, “method”, “procedure” and “comparative effectiveness research,” published in North America, in an academic journal within the last five years. **Results:** Although journal articles detailed the methods used to identify independent variables, there was a dearth of literature summarizing the current methods used in the collection and analysis. **Conclusions:** Government agencies and private payers utilize secondary data to generate evidence-based practices to improve the quality and safety of patient care. This poster will present a summary of the processes used in the extraction and analysis of secondary data. Nurses should consider this evolving research methodology as a primary or supplemental research method. **Implications:** Nurse Researchers have the opportunity to improve the quality and safety of healthcare with this methodology.

**A Survey of Adult Intensive Care Nurse’s Perceptions of Delirium and Delirium Screening Tool**

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**Purpose:** A study was conducted 6 months after initiation of the Confusion Assessment Method for the Intensive Care Unit (CAM-ICU) screening tool to evaluate ICU nurses’ knowledge and perceptions regarding the use of the delirium screening tool. **Significance:** Critical care nurses are the first to notice changes in patient’s mental status and behavior. Nurses having a useful tool and knowledge of delirium is important for improving patient’s outcomes. **Research Questions:** 1.) Has there been an increase in nurses’ knowledge of delirium in the adult ICU patients?  2.) What are nurses’ perceptions regarding the use of the CAM-ICU delirium screening tool?  3.) What factors have ICU nurses identified as barriers to routine screening?  4.) What factors have influenced nurses’ use of the tool for assessment of delirium? **Method:** A web-based survey was sent to 335 adult ICU nurses. The survey included demographic information, nurses’ perception and knowledge of delirium, use of the CAM-ICU screening tool, and barriers to assessment. **Results:** Nurses’ responses revealed a well understood and easy to use tool. Time was not an issue, and the tool was well supported by nurses, their peers, and nursing leadership. Nurses reported that physicians did not value screening tool results. Physicians were identified as a barrier to screening assessment and treatment. Effect on patient care is not clear. **Implications:** The screening tool was a good tool for delirium assessment but we need to go beyond the tool. Need to better integrate the assessment tool to assist in patient care management. Improving delirium management will lead to improved patient outcomes.

**Psychometric Evaluation of the Beck Depression Inventory in Chronic Pain: A Review**

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**Significance:** Chronic pain coexists with depression. Meta-analysis confirms that depression is a consequence of chronic pain and not a predisposing factor. Although strong evidence supports the use of the Beck Depression Inventory (BDI) to measure depression, there is need for further studies to test the reliability and validity of the tool to assess depression in chronic pain populations. **Purpose:** A review of the literature was conducted to identify studies that assessed the psychometric properties of the BDI-II for measurement of depression in individuals with chronic pain. Inclusion criteria were psychometric studies that focused on chronic pain patients with coexisting depression. **Methods:** OVID, PubMed, and CINAHL data-bases were searched from 1990- 2014, using the terms, ‘reliability’, “validity”, “depression”, “chronic pain” and “BDI-II.” **Results:** Eleven studies were identified to meet inclusion
criteria; levels of evidence ranged from retrospective to quasi-experimental designs. All studies confirmed that the BDI-II has high reliability and all except one concluded that the BDI-II is valid for measuring depression in chronic pain populations. Some studies found that BDI-II demonstrated good construct validity, while others found it demonstrated convergent validity, predictive validity or discriminate validity and some showed high specificity and sensitivity. **Conclusions:** Collectively, the evidence demonstrated that overall the BDI-II has more strengths than limitations and hence a valuable tool to measure depression in chronic pain populations. However, to address psychometric gaps, further research is needed to identify convergent, discriminate, and predictive validity of the BDI-II in individuals with chronic pain. Most prior research using the BDI-II predominately evaluated Caucasian populations. **Implications:** Prospective studies are needed to provide further data to substantiate the validity of the BDI-II in the chronic pain population, especially minority groups. Such knowledge will strengthen the evidence of the clinical utility of the BDI-II to measure depression in diverse groups of individuals with chronic pain.

**Being There: Undergraduate Nursing Student’s Perceptions of Nursing Presence**

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**Purpose:** The purpose of this study was to explore undergraduate nursing students’ perceptions of nursing presence during a medical-surgical clinical rotation. **Significance/Rationale:** Nursing presence is defined as the physical and emotional availability of the registered nurse to the patient. Technological advancements coupled with an emerging nursing workforce comprised of a technology-dependent millennial generation could potentially threaten the emotional connection between nurse and patient. Few studies have explored nursing presence from a student perspective. **Methods and Analysis:** The phenomenon of nursing presence was presented during an undergraduate junior level medical-surgical nursing theory course. Thirty-two students enrolled in this course participated in the study. On the last day of the semester, students responded in writing to 4 open-ended questions asking about their observations of nursing presence during their clinical rotation. Data were coded by 2 nurse researchers, first separately, then collaboratively. The 12 items from the Presence of Nursing Scale-RN “Being With” subscale, representing the emotional connection between nurse and patient, served as the codebook to guide the analysis. **Results:** Narrative comments by students represented all 12 items on the “Being With” subscale. Some elements of “being with” the patient were described frequently (“attentive listening”), while other elements were expressed less frequently (“sensitive to my patient’s beliefs”). **Conclusions:** Junior-level undergraduate nursing students are able to recognize and recount their experiences of nursing presence during a medical-surgical clinical rotation. **Implications:** Teaching undergraduate nursing students to recognize nursing presence can serve as the foundation for teaching patient-centered nursing care delivery. Students were able to identify some nursing presence behaviors more than others. Therefore, additional methodologies, including simulation, for increasing awareness of this phenomenon to students, should be explored.

**Effect of NP Visits on Health Outcomes in African American Teens with Asthma**

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**Purpose:** This study examined the effects of nurse practitioner (NP) health assessment and educational re-enforcement visits on health outcomes in low-income African-American teens with asthma. Nurse practitioner visits were part of a larger randomized controlled trial (n = 135) to determine the effects of an asthma intervention. **Significance/Rationale:** Asthma morbidity and mortality are of particular concern in minority youth living in poverty. School-based nurse practitioners have a unique opportunity to assist
students improve their asthma self-care practices. **Methods:** Adolescents were recruited from five African-American dominant high schools serving low-income areas of Chicago. NP visits included an asthma health assessment and re-enforcement of asthma education and skills necessary to manage asthma. **Analyses:** Descriptive data analyses including nurse practitioner visit data and student asthma health outcomes was performed. Frequencies of all variables were examined. Correlations and t-tests were used to analyze the data. For all analyses, two sided tests and a p value ≤ 0.05 was considered significant. **Results:** The number of NP visits ranged from 1 to 7, with a mean of 3.16. There were significant differences between the number of NP visits and the ability to describe key asthma care aspects such as the identification of asthma medications (p= 0.04). Preliminary results suggest a positive relationship between the number of NP visits and the students’ appropriate use of urgent care versus ER visits (p= 0.08). **Conclusion:** Findings of this study indicated that NP visits had a positive effect on aspects of student’s self-care practices. Teens acquired a higher level of awareness for their resources and intervened appropriately. **Implications:** Nurse Practitioner visits combined with a school-based asthma intervention program have the ability to enhance asthma health outcomes of low-income minority teens.

**Title:** Iowa Model: Changing IV Insulin Therapy in the CV ICU

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**Purpose:** The primary aim was to re-evaluate the intensive insulin therapy (IIT) algorithm used on post-operative cardiac surgery patients using the Iowa Model of Evidence-Based Practice (EBP) to Promote Quality Care. **Significance:** A review of the literature indicates there is a significant increase in hypoglycemic events, morbidity, and mortality with the use of IIT versus conventional insulin therapy. Despite these findings, re-adoption of IIT has been slow in intensive care units across the United States. **Methods:** Using the Iowa Model as a guide, nursing conducted an internal retrospective review of 49 post-operative cardiac surgery patients to identify the baseline rate of hypoglycemic and hyperglycemic events. A pilot project was implemented which replaced IIT with a conventional insulin therapy algorithm. Outcome data was tracked prospectively. **Analyses:** Pilot project data was compared to baseline data. **Results:** A nine month retrospective review of post-operative cardiac surgery patients (n=49) identified at least one hypoglycemic event (BG < 70 mg/dL) in 24.5% (12/49) of patients experiencing IIT within the initial 24 hours post-surgery. There was at least one hyperglycemic event (BG≥180 mg/dL) in 10.2% (5/49) of patients between post-surgery hours 18-24 in this same group. Prospective data collection is ongoing and should be complete 03/30/2015. **Conclusions:** The findings of this project should determine a conceptual pathway other nurses can use to promote patient safety using EBP. **Implications:** This project illustrates how a conceptual nursing model to promote EBP was used to improve nursing practice thus eliminating disparities in patient care.

**Simulation Learning and Transfer in Undergraduate Nursing Students**

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**Purpose:** To develop a substantive theory of simulation learning and transfer to guide the application of simulation education in undergraduate nursing students. **Significance:** Despite the widespread use of simulation learning in nursing education, many questions remain unanswered about how and if this learning transfers to the clinical environment. **Methods:** A classical grounded theory study explored the process of simulation learning and transfer in undergraduate nursing students. A naturalistic design defined the simulation experience and transfer process in depth, with rich and realistic detail. A purposeful sample was selected based on the students’ experience of the basic social process under investigation. Open ended semi-structured interviews were used to encourage discovery. Fifteen interviews have been completed and analyzed to date and some categories are emerging from the data. Data collection was structured and responsive to allow the discovery about the what, how, and meaning of
an event. Data will be collected until saturation is achieved. Data were analyzed using the constant comparison analysis method of Glaser and Strauss (1967). Additional interviews are being conducted and the interviews will conclude when a substantive theory emerges. **Conclusions:** Some preliminary findings suggest that simulation provides an introduction to various skills required for clinical rotations, classroom learning is reinforced with simulation activities, students assume the role of the responsible nurse in simulation, and simulation and clinical fit together. **Implications:** The results of this study are expected to conclude that simulation learning allows nursing students to engage in the deliberate practice of essential nursing skills and fosters the development of problem solving and critical thinking skills.

**Patient-Centered Care From the Veteran’s Perspective**

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**Purpose:** The Institute of Medicine has defined and underscored the importance of patient-centeredness in healthcare. Accordingly, the Veterans Health Administration (VHA) is undergoing a major transformation to improve care delivery. One important aspect of this is an emphasis on providing patient-centered care (PCC). A previous study identified 10 attributes of PCC based on literature and various definitions of PCC. **Significance/Rationale:** To facilitate PCC at VAs, it is important to understand the patient’s perspective. Findings will clarify Veteran conceptualization of PCC in relation to current literature. **Methods:** Using a qualitative design to determine population opinions, 49 participants currently receiving primary care in a patient-aligned care team attended 1 of 8 focus groups. A discussion guide was developed using open-ended questions and probes to elicit responses related to contextual factors affecting patients’ ability to manage their healthcare, patients’ understanding of and preferences for PCC, and awareness of available resources and willingness to use health technologies. Data were transcribed and analyzed independently by two researchers using constant comparative techniques to maximize credibility and fidelity. Final categories were compared with previously identified attributes including: communication, shared decision making, empowerment, holistic care, therapeutic relationship, care preferences, contextual care, environment of care, access to care, and evidence-based care. **Results:** Veterans endorsed these attributes and identified “advocacy” (e.g., persons/resources, such as an unbiased third party, available to support Veterans in various ways) as an additional attribute. “Communication” was expanded to include respect for military service and “access” included use of technology (personal health record/My HealtheVet, secure messaging, telehealth). Veterans expected PCC as a minimal standard of care, but were unfamiliar with PCC as a concept. **Conclusions:** Findings suggest Veterans value advocacy as an additional attribute of PCC and applied other PCC attributes from a military perspective. **Implications:** Findings highlight the importance of PCC application to the Veteran population.

**Family-Centered Care Perspectives in Older and Younger Family/Caregivers**

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**Purpose:** To examine family/caregiver perceptions of family-centered care (FCC) in Veteran Affairs (VA) facilities and to compare perceptions of FCC by family/caregiver age. **Significance/Rationale:** Family/caregiver involvement is integral to the delivery of healthcare yet little is known about perceptions
of FCC, or how age impacts perceptions. **Methods:** Cross-sectional national survey mailed to family/caregivers of Veterans who received care at 8 VA facilities (n=2261). We collected demographic information and used the Family-Centered Care Survey (FCCS) to measure 3 FCC constructs: respect (6 items), collaboration (9 items), and support (5 items). Open-ended questions about family involvement in VA quality improvement efforts and overall family/caregiver experience were asked. **Analyses:** A 4-point scale was used to calculate mean values. Bivariate comparisons, dichotomized by family/caregiver age (60 and older vs. 59 and younger) of demographics and FCC constructs were conducted. Thematic analysis was completed on 3 open-ended survey items. **Results:** In family/caregivers (n=2111) overall FCC subscales were high: respect (3.30), collaboration (3.07), and support (2.99). Older family/caregivers (vs. younger) reported higher average respect (3.36 vs. 3.22, p<0.001), collaboration (3.13 vs. 2.98, p<0.0001), and support (3.06 vs. 2.88, p<0.0001) values. Qualitative findings revealed key themes emerged, several tied to collaboration, respect, support, along with access to care. **Conclusions:** In general, at VA facilities, family/caregivers perceive relatively high levels of FCC, reporting highest on respect and lowest on support scales. Younger (vs. older) family/caregivers reported lower perceptions of optimal FCC. Further, perceptions of FCC were highly influenced by the level of involvement with the care team. **Implications:** Understanding family/caregiver perceptions of FCC can assist healthcare systems in efforts to promote and nourish partnerships between care teams and family/caregivers. Additional efforts related to ‘support’ are warranted for family/caregivers. To address potential disparities, targeted efforts to improve FCC may be aimed toward younger family/caregivers.

**Quality of Life in Newly Diagnosed Adults with Atrial Septal Defects**

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**Background.** An increasing number of adults are diagnosed with congenital heart disease (CHD), yet information about the impact of diagnosis and associated interventional repair techniques is lacking. Since 2001, a cardiac catheterization device closure procedure has been utilized in newly diagnosed adults with CHD who have a secundum atrial septal defect (ASD). The specific aim of this study was to identify, analyze, and report quality of life (QOL) issues in adults diagnosed with an ASD at age 21 years and older who required repair with a device in the cardiac catheterization lab or who had repair with a device in the cardiac catheterization lab up to one-year post procedure. **Methodology.** A cross sectional qualitative approach using thematic analysis guided by the Ferrans QOL conceptual model was used (Ferrans, 1990, 1996). Questions focused on the model’s 4 domains: 1. Health and functioning; 2. Psychological/spiritual; 3. Social and economic; and 4. Family. Responses to open ended questions were written or completed via email either before, one month, and/or up to one year post closure. **Results.** Ten females (83%) and 2 male (17%) completed the study. Age ranged from 22 to 64 years. Eight subjects were white, 2 reported mixed races, 1 was Asian, and 1 was Hispanic. Seven subjects completed questions prior to ASD repair and 5 subjects completed the questions after their ASD was closed in the catheterization lab. The data was analyzed as described by Braun and Clarke (2006) and Hamilton (2012). The QOL conceptual model guided data coding. The data reflected over 78% of the QOL elements found within the 4 QOL domains. Data that didn’t fit with the QOL conceptual model, such as cognition, memory, and death were noted, and tracked separately. **Conclusions/implications.** The Ferrans conceptual model of QOL used to develop questions and analyze data appeared to be appropriate to use as a conceptual model and was reflected in the majority of thematic data categories for this population. Individual responses related to QOL for this population were obtained. The data will be used in a large survey study to identify gaps in understanding the impact of QOL for adults who have had closure of their ASD or are considering it.
Purpose and Background: This purpose of this study is to gain a better understanding about the expectations of new mothers and its impact on their health and quality of life during antepartum and postpartum. Women frequently anticipate birth and motherhood with unrealistic images influenced by friends, family, television, books, and the internet. Evidence indicates a link between maternal expectations, reality, and postpartum depression. Theoretical Framework: A feminist perspective described by Berggren-Clive describes factors such as disappointment and disillusionment which may contribute to postpartum depression and guides the study. Pregnant women develop an image of motherhood along with expectations and attitudes during the antepartum which may be unrealistic, lead to disappointment, and depression in the postpartum. Methods: This descriptive, prospective study will enroll pregnant women during late antepartum (8 to 9 months) and follow them in the early postpartum (1 to 2 months) time periods. Women (n=120) will be recruited from outpatient obstetrician offices within a Midwest suburban medical center. The following variables will be measured: expectations (Parenting Expectations Measure), parental attitudes (Intensive Parenting Attitudes Questionnaire) moods (General Anxiety Disorder-7, Edinburgh Postnatal Depression Screen) and overall quality of life (Ferrans and Powers Quality of Life Index). Planned Analysis: Data collection is currently in progress. Preliminary analysis will be presented and will focus on descriptive data about expectations, attitudes of the women towards motherhood, quality of life, and depression during the antepartum period. Significance: Knowledge gained from this study will help nurses and health care providers better understand the expectations of pregnant women, whereby a discussion of unrealistic expectations during antepartum period may help minimize a negative emotional outcome postpartum.
ABOUT THE RUTH K. PALMER SYMPOSIUM

Each year, health care professionals gather to share the latest information in research at the Ruth K. Palmer Symposium. For decades, this event has addressed matters seminal to nursing research, education, administration, policy, and clinical practice. While this occasion draws a respected panel of speakers and presenters, few are aware that the symposium began with just two sisters: one, a pioneer in nursing education, the other, a philanthropic force among Chicago’s elite. The symposium started as a small gathering, but the legacy of these sisters has endured and woven itself into the fabric of Loyola University Chicago Marcella Niehoff School of Nursing (MNSON). Since its inception, countless numbers of nursing professionals and students have benefited from the symposium endowment, which was established by the late MNSON director Gladys Kiniery in memory of her beloved sister Ruth K. Palmer, heir to the Potter Palmer family fortune.

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