At the Kent School of Social Work, our scholarship addresses the social problems that plague our time, and is an integral part of everything we do. Our faculty and staff are engaged in research across a wide range of social issues with primary goals of promoting social justice and improving the wellbeing of individuals, families, communities and our society as a whole. A brief summary of the range of our research is provided below, but to get a sense of its breadth and depth, detail on each research project is provided in the second half of this directory. There you will be able to see the array of federal, state and local public agencies, and foundations who are investing in this work, and the teams of researchers collaborating on each project, both within Kent School and with partners in other universities and the communities in which we work.

**Research Impacting Children and Families**

Faculty at Kent School have been engaged in research related to a wide variety of topics related to children and families, including:

- interventions to promote social/behavioral and academic outcomes to support learning for children and adolescents in schools;
- universal, standardized screening and functional assessment and data-informed treatment for children in out-of-home care;
- co-occurring substance use and child maltreatment;
- expressed emotion and suicide disclosure in adolescents;
- relationship-focused teen pregnancy prevention;
- diagnosis and treatment of autism spectrum disorder;
- LBGT adolescent health; and,
- community resource education and evidence-based treatment related to childhood trauma and paternal involvement of non-resident fathers.

![Federal & Non-Federal Awards](chart.png)
Research Impacting Health and Mental Health Disparities and Wellbeing of Adults
Kent School researchers are engaged in several studies focused on adults, including:

- identifying and addressing health disparities, including quality of life for dementia caregiving dyads;
- dementia and physical disablement processes among aging Latinos;
- community health navigation, home assessment and care planning for older adults;
- incarcerated older adults’ experiences with health, and quality of life;
- intervention strategies for older adults who have been impacted by HIV/AIDS including grandparents raising grandchildren in Vietnam;
- the use of computerized cognitive behavioral therapy for the treatment of depression in primary care;
- addressing interpersonal and cultural factors that influence adjustment to cancer;
- police shootings and unarmed black males;
- the intersection of women’s high-risk behaviors and the criminal justice system; and,
- common factors in couples and family therapy.

Research Impacting Communities, Organizations and System
Kent faculty and staff are studying approaches targeting the mezzo and macro levels as well, including:

- workforce interventions to reduce child welfare worker turnover;
- organizational supports to promote evidence use to improve private child and family serving agency performance;
- youth development workers’ professional development needs;
- the role of social media to transform social norms and attitudes;
- preservice teacher development of trauma-informed practices;
- community- and agency-based response to human trafficking; and,
- building trauma-resilient communities to address community violence and inequities.
In 2018, Kent School had a total externally funded research portfolio of $31.5 million, with $4,527,870 in new funding received this year. Our patterns of Federal versus Non-Federal sources of research funding as well as total annual awards over time are displayed in the tables provided here.

This Research Directory is organized in such a way to outline the research focus of each of our faculty members, the impact of their research and a list of recent publications. In the second half of the document, a summary of each research project is offered, including funding source and the Kent team and external collaborators involved in each. With collaborative, community-based research being our primary focus, our work typically is undertaken by a team, often involving members of the community and representatives from human service organizations we are studying. Multidisciplinary research is underway bringing social work together with public health, education, medicine and others.

David Jenkins
Dean

Crystal Collins-Camargo
Associate Dean for Research
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An overarching area of my research is implementation science, the study of methods to promote the adoption and integration of evidence based practices, interventions and policies into real world settings such as child welfare, health, and mental health.

Becky Antle’s research interests center around family relationships and include topics such as child welfare, interpersonal violence, relationship education, and the impact of medical and mental health issues on the family. In the area of child welfare, she has conducted a number of research studies on Solution-Based Casework practice and comorbidities of child maltreatment (e.g. domestic violence and substance abuse). She has also developed a comprehensive model of training evaluation for child welfare that has been utilized for multiple federal and state grants in the area of practice models, couple/family relationships, adoption and family formation, independent living, and medication management for children in care.

In the area of professional development in child welfare, she has completed research on supervision, training reinforcement, specialized educational programs, virtual office configurations, cultural competency, recruitment and retention, and trauma screening/assessment. Similarly, she has researched the use of relationship education as a strategy to prevent interpersonal violence and promote child well-being among high-risk populations through programs on healthy relationships, pregnancy prevention, and fatherhood.

A second major area of her research interests is health and mental health. She is currently completing a dissemination study of the use of computerized cognitive behavioral therapy for the treatment of depression in primary care. She has also conducted research on evidence-based approaches to other health/mental health conditions such as schizophrenia, cancer, obesity and HIV.


Owen, J., Antle, B., & Barbee, A. P. (2014). Does adherence to relationship education curriculum relate to participants’ outcomes?


Currently, Dr. Adrian Archuleta is an Associate Professor and coordinator of the Mental Health Specialization in the MSSW program. Substantively, Dr. Archuleta’s research focuses on the social and psychological determinants of acculturation and acculturative stress leading to well-being among immigrants, refugees, and later generational ethnocultural groups. More specifically, Dr. Archuleta’s work explores the contribution of cultural change and social and psychological well-being (e.g., social connectedness and social capital) on the stress and psychological distress experienced by Latinos and Latinas across various social contexts. Dr. Archuleta’s training and methodological interest involve psychometrics and instrument development as well as traditional and electronic survey administration.

Dr. Archuleta has served as Co-PI and provided cultural competency expertise on studies funded by the Department of Health and Human Services and the Substance Abuse and Mental Health Administration. His role on these grants has focused on helping research teams engage cultural groups traditionally underrepresented in research, and adapting evidence-based interventions for implementation with culturally diverse groups. These grants have focused on providing and evaluating services to survivors of torture, testing various evidence-based trauma interventions with youth (i.e., foster care, military families, and refugees), and developing culturally and contextually specific domestic violence interventions for Latinas. Building on his interest in wellbeing and mental health, Dr. Archuleta is currently a CO-PI on the Older Adults in Kentucky Prisons Study (OAK) which is a state-wide study seeking to understand incarcerated older adult’s experiences with health, quality of life, and justice-related experiences.

**RESEARCH INTERESTS**

- Acculturation
- Acculturative Stress
- Minority Mental Health
- Social Networks
- Social Capital
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Healthy relationships are central to successful communities, organizations, groups, families and individual lives.

In order to ensure that the child welfare workforce serving vulnerable children and families across the nation does so in partnership, using a respectful, cultural, solution focused and trauma-informed lens, Dr. Barbee and her collaborators engage systems in developing, adapting, implementing and evaluating child welfare casework practice models. In addition, they are currently studying the efficacy of 10 workforce interventions including job redesign, Title IV-E education, selection testing, the selection process, onboarding, changing organizational culture and climate, enhancing supportive supervision, utilizing Resilience Alliance, examining telework, and use of technology to determine which ones reduce staff turnover and improve child outcomes.

In order to install interventions the team assesses the capacity of organizations to engage in major change efforts and works to ensure that the leadership is on board, the organization is healthy, and infrastructure and resources are in place to support implementation. This work is beginning to be applied to related workforces.

Finally, Dr. Barbee is currently working to prevent child maltreatment directly through the delivery and evaluation of Love Notes aimed at enhancing positive relationship and social support skills, reducing intimate partner violence, high risk sexual behavior, sexual coercion, the spread of disease, and pregnancy in youth who are disconnected from their homeland, society, family and peers.


Child welfare services are provided through the efforts of both the public systems mandated to serve families and private agencies which offer a range of services for those children and families. Children and families served by the child welfare system deserve effective services from the system mandated to help them. These agencies, however, are struggling to identify organizational and frontline practices that improve system, worker, and client outcomes. Dr. Collins-Camargo studies an array of strategies with which public and private child and family serving agencies could improve their work with these families to promote child safety, permanency, and well-being.

Dr. Collins-Camargo’s research focuses on organizational interventions primarily, such as clinical supervision, quality improvement and contracting strategies, and promoting use of data in organizational and practice decisions, which support frontline practice and ultimately improve organizational and client outcomes. She also studies inter-organizational relationships and collaboration to promote collective impact. She is currently leading Kentucky’s implementation of standardized screening for trauma and behavioral health needs of children coming into out-of-home care and functional assessment to drive case planning and selection of evidence-based treatment. This intervention is also designed to provide agency and system-level data to assess service array capacity and relationship between child characteristics, treatment and outcomes. Her research team is also studying how private child and family serving agencies can best promote the use of evidence to improve practice and outcomes for their clients.

**RESEARCH INTERESTS**

- Public/private partnership in child welfare
- Organizational and managerial practice
- Permanency and wellbeing for children in out-of-home care
- Evidence-informed practice
- Organizational supports for evidence use

*If we want to improve outcomes for children and families, we must support organizations as they seek to use data to inform practice on the client and organizational level.*
“Our work has illuminated the relationship between public and private child welfare agencies, enabling the field to address management and interagency dynamics issues to promote system reform and collective impact. Our efforts to understand organizational supports and strategies for data-informed decision-making and evidence-informed practice help the field seek positive outcomes for children and families.”


Adverse childhood experiences negatively influence youth functioning and warrant system-wide, trauma-sensitive approaches in order to improve the wellbeing of high risk youth populations.

Dr. Shantel Crosby's research focuses on wellbeing and adverse childhood experiences among youth who are court-involved or at risk of court-involvement, with particular emphasis on youth of color. She examines trauma and behavioral/socioemotional health among this population and explores trauma-informed responses to maladaptive youth behaviors. She is also interested in examining innovative practices and interventions across child-serving systems that address negative youth behavior and trauma symptomatology.

Dr. Crosby is currently the principal investigator for a project, funded by the Robert Wood Johnson Foundation, exploring the school experiences of trauma-exposed students. This study examines secondary survey and focus group data from trauma-exposed high school in order to both understand their lived experiences and to also test a trauma-informed school intervention to improve student well-being. Dr. Crosby has also partnered, as co-principal investigator, with faculty from the College of Education at the University of Louisville to pilot a trauma-informed curriculum for undergraduate teacher candidates in order to address the paucity of pre-service teacher training on childhood trauma.

**RESEARCH INTERESTS**

- Childhood trauma and wellbeing
- At-risk youth
- Trauma-informed practice
- Innovations in school practice
- Trauma-informed teaching
Shantel Crosby
Recent Publications


*West = Previous surname
In order to ensure health equity for all people, we must value people equally and address avoidable inequalities by assuring the conditions for optimal health.

According to the World Health Organization, the toxic combination of bad policies, economics, and politics is in large measure responsible for the fact that a majority of people in the world do not enjoy the good health that is biologically possible. Within the context of our aging population, which is expected to increase from 40 million to 70 million by 2030, it is important to address these disparities and social injustices to ensure that we will be able to care for our aging population.

Not only do we need to increase the workforce to deliver services to an aging population, we also need to create health equity in our society by challenging the social determinants of health that are preventing older adults from enjoying good health. Also, societal barriers need to be broken down that prevent many older adults with chronic conditions from getting the care they need.

Dr. Faul’s research focuses on four critical needs in the field of aging and chronic disease management: 1) the high prevalence and disproportionate impact of chronic conditions on marginalized people in our society; 2) the lack of health self-management and prevention programs that address cultural influences and the influences of the complex systems on people’s health; 3) the need for sophisticated multilevel explanatory methodologies in social work and health research to analyze pathways to effective health behavior; and 4) the need for health professional researchers and practitioners to help fill the workforce gap for our aging society.

RESEARCH INTERESTS

- Health Equity
- Health Disparities
- Determinants of Health
- Aging
- Palliative Care
Anna C. Faul
Recent Publications


Dr. Frey’s research focuses on removing barriers to learning through promotion, prevention, and treatment of children within the context of schools. These services are typically conceptualized at the primary, secondary, and tertiary levels; consistent with a public health model. Dr. Frey’s four most significant contributions have been in the areas of school-based mental health, school social work services, the First Step Next early intervention program, and motivational interviewing in school settings.

Dr. Frey has contributed to the expansion of the First Step Next intervention to be more effective for improving social competency and reducing challenging behavior for students with the most severe behavior problems and with students in preschool settings. He is the senior author of homeBase, an intervention to improve positive parenting, as well as the Motivational Interviewing Training and Assessment System -- which has a variety of school-based applications. He has a successful record of disseminating research findings, having had over 80 peer-reviewed articles and chapters accepted for publication since becoming an Assistant Professor in 2000.

Dr. Frey recently served as the PI for a goal 2 Institute for Education Sciences (IES) development grant (R324A080137/-PD/PI: Frey) and as a co-investigator for a 5-year NICHD-funded efficacy trial (1R01HD055334-01A2/-PD/PI: Feil). He is currently serving as key personnel (PI and Co-I) on two goal 3 IES grants (R32A150179- PD/PI: Frey and R324A150221/-PD/PI: Feil), and serves as the lead mental health consultant for the Jefferson County Public School’s early childhood program.


Dr. Frey's primary interest is in the intersection of family processes and suicide prevention. Her research utilizes both quantitative and qualitative methods to explore the role of stigma and family interactions following a loved one’s disclosure of suicidal ideation or behavior. Dr. Frey’s work has demonstrated links suggesting disclosure and subsequent family reaction predict depression symptoms and the interpersonal needs that predict the desire to die. Moreover, she found that individuals with a lifetime history of suicidal behavior perceived the highest rates of stigma from close family members, which was the best predictor of subsequent depression symptoms compared to stigma from other sources (e.g., therapists, nurses, clergy.) Dr. Frey is currently the principal investigator for a grant funded by the American Foundation for Suicide Prevention that examines the effect of parental expressed emotion on adolescent disclosure of suicide ideation and how they impact treatment adherence moving forward.

Dr. Frey’s previous and current work emphasize the important role of family members during the recovery process for suicide attempt survivors. As a licensed clinician and family scientist, Dr. Frey aspires to conduct research that has clear implications for both family life educators and mental-health service providers. All too often, the family environment is considered a treatment context only for children and adolescents, which limits our efforts in treating suicidal behavior within adults. Dr. Frey advocates for examining the family’s role in experiences leading up to suicidal behavior and the assets families can provide in the treatment process for individuals of all ages.

**RESEARCH INTERESTS**

- Family processes
- Mental health
- Mixed methods research
- Suicide stigma
- Suicide-related communication
Laura M. Frey
Recent Publications


Dr. Maurice N. Gattis is engaging in research regarding health disparities, lesbian, gay, bisexual and transgender (LGBT) populations, homelessness and adolescent risk behaviors. His primary work focuses on the role of contextual factors (e.g., family, peers, school, stigma, and discrimination) on negative psychosocial outcomes (e.g., mental health and substance use. He has done studies that involve primary data collection in Toronto, Milwaukee, and Louisville.

Currently, Dr. Gattis is involved on funded research teams examining the microbiome, human trafficking, LGBT adolescent health and the Black Ball scene. In 2018, Dr. Gattis received a $5,000 grant from JustFundKY to continue collecting and disseminate data regarding a LGBT adolescent health campaign.

RESEARCH INTERESTS

- Lesbian, gay, bisexual, and transgender populations
- Health disparities
- Homelessness
- Intersectionality
Maurice N. Gattis

Recent Publications


Gattis, M., Sacco, P., & Cunningham-Williams, R. (2012). Substance Use and Mental Health Disorders among Heterosexual Identified Men and Women Who Have Same-Sex Partners or Same-Sex Attraction: Results from the National Epidemiological Survey on Alcohol and Related Conditions. *Archives of Sexual Behavior, 41,* 1185-1197.


Peer-reviewed Book Chapters:


Research has the potential to change lives for justice involved individuals, their families and the communities in which they reside.

Dr. Golder’s scholarship focuses on the intersection of women’s high-risk behaviors (substance use; HIV risk; law-breaking) and the criminal justice system as well as aging adults within the criminal justice system. The overall goal of both lines of research is the development of interventions that promote optimal health and functioning for justice involved women and men.

**RESEARCH INTERESTS**

- Justice involved women and men
- High-risk behavior
- Aging among criminal justice populations
- Violence & victimization
Seana Golder

Recent Publications


“The major impact of Dr. Golder's program of research has been to provide empirical data that identify the risk and protective factors associated with women's engagement in high-risk behaviors. Dr. Golder's research has generated seminal research on the needs and challenges faced by victimized women on probation and parole.”
Substance use disorders are chronic health conditions associated with harmful personal and societal outcomes, though effective treatments allow many people to experience full recovery.

Dr. Hall’s research is broadly focused on establishing predictors of substance use and developing and evaluating effective interventions. He currently serves as the evaluator for Kentucky’s Sobriety Treatment and Recovery Teams (START), a child welfare intervention for families with co-occurring substance use and child maltreatment. The START program evaluation is currently funded through the Administration for Children & Families Title IV-E Child Welfare Waiver awarded to the Kentucky Department for Community Based Services. Previous studies of the program have shown that children in families served by START are removed from the home at about half the rate of comparison families. Additionally, a recent study led by Dr. Hall’s team demonstrated that medication-assisted treatment improved child welfare outcomes.

Dr. Hall also has a longstanding research interest in the epidemiology of the nonmedical use of prescription drugs, particularly in understudied population (e.g., rural Appalachians; institutionalized youth; women on probation and parole). A previous study established distinct subtypes of nonmedical prescription drug users. Subsequent work described the relationship of psychological distress (e.g., PTSD) and physical health status (e.g., pain symptoms) on nonmedical prescription drug use.

RESEARCH INTERESTS

- Co-occurring substance use & child maltreatment
- Nonmedical use of prescription drugs
- Intervention development
- Evaluation


**“More U.S. citizens die from overdose than automobile accidents or firearms. Additionally, of the 21 million people in the U.S. who meet criteria for substance use disorder, fewer than 10% receive treatment, and many of those treatments will not be evidence-based. Our research aims to address these issues by elucidating factors that lead to substance use disorder and documenting effective interventions.”**
Dr. Harris’s research goals are to improve and extend intervention strategies for older adults who have been impacted by the HIV/AIDS epidemic. Her expertise is qualitative methodology (Ethnography and Grounded Theory), but she also uses quantitative methods in her research.

Over the past decade, Dr. Harris has worked closely with international NGOs such as Save the Children, the International Rescue Committee, World Relief and the International Medical Corps to support psychosocial interventions and research. Her international work includes studies on grandparents raising grandchildren due to the HIV/AIDS epidemic in Vietnam.

Domestically, her research interests involve the improvement of service delivery for persons over the age of 50 living with HIV/AIDS. She is currently studying the state of HIV/AIDS care and prevention for older adults among aging service providers (long term care facilities, assisted living facilities and independent living communities) in order to understand the most effective strategies to meet the needs of this growing population.
Lesley M. Harris
Recent Publications


Van Zyl, M. A., & Harris, L. M. (2018). Provider Responses to Patients with Chronic Conditions Who Follow a Plant-Based Diet. Families in Society, 1044389418810239


Emlet, C.A., Harris, L.M., Brennan, D., Furlotte, C., Pierpaoli, C. (2016). “I’m happy in my life now, I’m a positive person”: Approaches to Successful Aging in Older Adults Living with HIV. Ageing & Society. doi: 10.1017/S0144686X16000878


“My work has assisted in the development of several interventions impacting older adults affected by HIV/AIDS, both domestically and internationally. Through my partnership with Save and the Children, my work has led to the development of “Empathy Clubs” also known as support groups for grandparents raising grandchildren due to HIV/AIDS in Northern Vietnam. In Louisville, I have worked closely with the House of Ruth and the Kentucky Care Coordination Program (KCCP) to develop trainings and interventions for social workers and health care professionals on how stress and stigma impact engagement in care among older adults living with HIV.”
Preparation of students to work on interprofessional teams and development of the social work and nursing workforce is essential to the practice of quality palliative and hospice care.

Dr. Head worked as both a nurse and social worker at a large hospice program in multiple roles before entering academics: home hospice nurse, director of quality and compliance, and director of staff development and community education. She entered doctoral studies in 2002 due to her interest in teaching on the college level and doing research related to palliative care and oncology. Her dissertation developed an instrument to measure financial well-being as a component of quality of life for cancer patients. Upon receiving her PhD from the Kent School of Social Work, Dr. Head was appointed as a faculty member in the School of Medicine.

For several years, Dr. Head focused on use of telehealth to assist patients in managing the side effects of active cancer treatment. She has since led the grant-funded development of interprofessional curriculums in palliative care and community-based geriatric care. She has also studied job satisfaction in hospice and palliative nursing assistants and nurses as well as compassion fatigue and compassion satisfaction in palliative nurses and social workers with the goal of improving work environments and self-care. She has taught end of life care to nurses nationally and internationally through the End of Life Nursing Education Consortium.

RESEARCH INTERESTS

- Interprofessional education in palliative care
- Financial impact of a cancer diagnosis
- Development and specialty certification of hospice and palliative social workers
- Workforce enhancement for hospice and palliative social workers and nurses
- Telehealth in palliative care
“As a result of our grant work, nursing, social work, medical, pharmacy and dental students at the University of Louisville are now involved in interprofessional educational activities. We will be influencing interprofessional education on a national level with our current grant to prepare faculty teams for this work. As a result of the Moore foundation grant, there will be a specialty certification program established for hospice and palliative social workers.”
Scholarly discussions of issues facing couples, parents, grandparents, and blended families must include the experiences of sexual minorities.

Dr. Jenkins’ research is broadly focused on understanding the lived experiences of individuals and family forms that suffer from marginalization or lack detail in academic and professional literature. Most frequently, his research examines the lives of sexual minorities as individuals, couples, parents, and grandparents and the issues that impact them. Historically, since sexual orientation is often not included in census data, Dr. Jenkins has interviewed marginalized individuals and couples across the United States to better understand their experiences to compare and contrast with those most frequently included in scholarly publications.

Dr. Jenkins also has a scholarly interest in the interventions offered to these individuals and families. He hopes his research shapes evidence-based policies and services designed to reach these individuals and their loved ones.

RESEARCH INTERESTS

- Individual and family marginalization
- Health disparities
- Couples and family therapy
- Substance abuse and recovery
- Therapeutic interventions


Scholarship designed to build healthy therapeutic & familial relationships and understand the commonalities underlying the ties that bind the professions of social work and marriage and family therapy.

Dr. Eli Karam provides a model for the application of research to practice within the field of marriage and family therapy (MFT). His areas of study include identifying the common factors leading to change in MFT and bridging the scientist-practitioner gap in MFT research and training. Common factors refer to all techniques and therapeutic change mechanisms that transcend various models and are related to successful outcomes. All of Dr. Karam’s scholarly interests have been stimulated by his real-world interactions with underserved client populations and the micro-practice of social work and MFT.

Outside of psychotherapy, his research areas center on healthy relationship education for at-risk families, adults and youth, as well as the integration between the disciplines of social work and MFT. Dr. Karam also disseminates his work to the lay public through print and television media in order to accomplish valuable public education.

**RESEARCH INTERESTS**

- MFT common factors
- Therapeutic alliance
- Social work/MFT integration
- MFT research & practice integration
- Healthy relationship education
Eli A. Karam

Recent Publications


Karam, E.A. (2013). Journey of the Pre-Clinical Fellow: Surefire suggestions to survive (even thrive) as a young professional. Family Therapy (AAMFT), 12(3). 93-99.


Each day an estimated 1,650 Americans are expected to die of cancer. About 1.7 million new cancer cases are expected to be diagnosed this year (ACS, 2017). More than 15.5 million Americans with a history of cancer are alive today.

Dr. Kayser’s research focuses on 1) the understanding of interpersonal and cultural factors that influence the adjustment to cancer and 2) how to make system changes to improve the delivery of cancer prevention programs and psychosocial care to cancer patients and their caregivers. She conducts research on cancer-related stress with individuals, couples, and families both in the United States and internationally. Her recent research addresses the critical need for effective cervical cancer prevention programs for subpopulations that are at high risk for cervical cancer. Using a Community-based Participatory Research approach, she has launched two projects to prevent cervical cancer in rural Kentucky and in inner-city Louisville.

A Fulbright-Nehru Distinguished Chair Award (2018) gave her the opportunity to work with psychologists and social workers at a large Cancer Institute in Chennai (Madras), India. Her work focused on building the research capacity of the psycho-oncology services. She collaborated with her colleagues on a study to understand the level of cancer-related distress, predictors of distress, and how to address the distress, given limited resources and high volumes of patients treated at the Cancer Institute. She also taught a course on health inequities to social work students at Stella Marist College. (More information about her work in India can be found at https://indiafulbright2018.com)

**RESEARCH INTERESTS**

- Psychosocial oncology
- Cancer and interpersonal relationships
- Couple-based interventions
- Cancer disparities
- International psychosocial oncology
Karen Kayser
Recent Publications


Head, B., Harris, L., **Kayser, K.**, Martin, A. & Smith, L (2018) As if the disease wasn’t enough: Coping with the financial consequences of cancer, Supportive Care in Cancer. 26, 975-987. DOI:10.1007/s00520-017-3918-y

Head, B., Harris, L., **Kayser, K.**, Martin, A. & Smith, L (2017) As if the Disease Wasn’t Enough: Coping with the Financial Consequences of Cancer, Supportive Care in Cancer. DOI 10.1007/s00520-017-3918-y


“By addressing the complex psychological and social issues (psycho-social) issues related to cancer, my research has the potential impact of improving the lives of not only the cancer patient/survivor but the partners and family members who accompany the patient on their cancer journey. Much of my research has been translated into clinical interventions, such as the Partners in Coping Program (PICP), a psychosocial intervention to assist couples coping with breast cancer.”
Dr. Lawson’s work is aimed at creating international collaborations that improve understanding and amelioration of social and health problems particularly at the local level.

While social work has been concerned with issues of international import (poverty, refugees, war, etc.) for many decades, there has been less emphasis on developing long lasting international university relationships that allow for mutual understanding and problem solution at the regional and local level. International exchange and transfer of knowledge is critical to addressing issues arising in communities worldwide. Individuals from diverse backgrounds interacting internationally fosters improved competence in all facets of social work practice.

Dr. Lawson’s research and scholarly activity over the past 40 years has focused on similarities and differences between cultures and under what conditions a viable transplant of ideas and programs may take place. This has led to successful two-way adaptation of approaches, models, methods, programs and education in many countries. Involving students has been a vital component in his work as they are the future of our world community.

**RESEARCH INTERESTS**

- International relations
- Social work education
- Social & health policy
- Cultural understanding


Transformational, trauma-informed leadership qualities positively relate to successful implementation of trauma-informed organizational change, employee job retention, and overall employee health and wellbeing.

Dr. Middleton is an Associate Professor in the Kent School of Social Work at the UofL and Director of the UofL Human Trafficking Research Initiative. Dr. Jennifer Middleton’s research, teaching, and service activities all focus on partnering with communities to develop trauma-informed approaches to working with children and families impacted by trauma, substance abuse, and other adverse childhood experiences. In addition, her collaborative efforts aim to address the cumulative impact of working with traumatized populations on the professionals and organizations who serve them. Dr. Middleton leads multiple federally-funded, interdisciplinary research projects examining the impact of trauma-informed organizational change interventions within systems of care that serve sex trafficked populations and address community violence within refugee, Tribal, urban, and rural community contexts. She recently completed a five-year $3.9M federal grant project that created a trauma-informed system of care for children directly impacted by the opioid epidemic.

Dr. Middleton is currently the Director of Implementation for a new five-year $5M SAMHSA grant aimed at addressing community violence, trauma, and inequities in west and south Louisville. Dr. Middleton is also the Principal Investigator of two recently funded research projects which aim to address child sex trafficking: 1) Project STAAR: Survivors of Trafficking Creating Art, Advocacy, and Resilience, a qualitative study which utilizes photovoice methods to explore the lived experiences of child sex trafficking survivors, and 2) Project PIVOT: Prevention and Intervention of Victims of Trafficking, a comprehensive case review of all reported child sex trafficking cases over a 5-year period in Kentucky. Middleton is an active member of numerous local, state, national, and international human trafficking initiatives and is fully trained in the Sanctuary Model®. During her forensic social work career, Dr. Middleton interviewed and provided services to over 4,000 sexually exploited and trafficked children and youth.

RESEARCH INTERESTS

- Trauma-informed child welfare and forensic social work
- Adverse childhood experiences (ACEs)
- Domestic minor sex trafficking
- Intersection between sexual violence and substance abuse
- Trauma-informed organizational change
- Vicarious traumatization among helping professionals
“Our community-engaged research has made a significant contribution to both social work and the multidisciplinary fields of child welfare and traumatic stress studies. A particularly important contribution has been our work on the construct of secondary traumatic stress/vicarious trauma and a related line of inquiry, child trafficking. Our collaborative work on trauma, trauma-informed care, and the Sanctuary Model has advanced the field in ways that are helpful to victims of trauma and those that work to help victims recover and heal.”


At some point in our lives, we will all be either caregivers or care recipients.

Dr. Moon’s research centers on the study of physical and mental health of older adults, the consequences of stress related to caregiving of people with chronic illness (e.g., early-stage Alzheimer’s disease) and the transition of care within a family context. The goals of my research are to enhance their quality of life and to reduce health disparities among racially and culturally diverse older adults and their families. I have worked on several projects addressing the complex ways in which social factors affect health and well-being.

Dr. Moon has been expanding her caregiving research by investigating disparities in health, mental health and life experiences among racially and culturally diverse older adults and their caregivers (CGs). For example, the estimated number of families with a member with Alzheimer’s disease and other dementias in the U.S. is predicted to more than double between 2013 and 2050. Prior research has shown that race, age, income, education, and chronic conditions could be possible risk factors of dementia. Given that more than a quarter of the older adult population in the U.S. is projected to be of ethnic or racial minority status by 2030, dementia among these groups is of significant concern. Also the under-researched population of immigrants with dementia merits attention given the demographic changes in the U.S. population (prevalence of dementia-5.4 millions in 2013 to more than double by 2050, increase in the number of immigrants-2.7 million in 1990 to more than 16 million by 2050. It is important to understand whether the prevalence and incidence of dementia among immigrant and US-born older adults may differ and whether dementia has differential impact on their CGs, and to inform possible recommendations for culturally sensitive and sustainable care interventions and policies for CGs of immigrant older adults.
“My contributions to social work and gerontology have focused on enhancing quality of life of both older adults and their caregivers and reducing health disparities among racially and culturally diverse older adults and their families.”


In Dilemmas of Black Faculty at Predominantly White Institutions in the United States: Issues in the Post-Multicultural Era Dr. Moore and her colleagues discuss experiences as professors in predominately white universities (PWIs). Black faculty members are numerically underrepresented in the professoriate. On PWI campuses, their experiences have been mixed in terms of salary disparities, being tracked into disciplines and departments that some view as marginal and status assaults and ongoing stigmatization ranging from police harassment to collegial harassment.

The Black church serves as a coping and survival mechanism and continues to be a type of family where Blacks receive social support and affirmation. As an institution, it is second in importance only to the family within the Black community. In recent years the issue of child sexual abuse within religious institutions has come to light. Dr. Moore’s research focuses on its incidence within society and how the Black church can become a safe haven against the sexual violation of children.

Many service providers and their organizations do not have adequate knowledge of culturally diverse people and their worldview. However, with increasing cultural diversity, it will become more likely that service providers and recipients are of different backgrounds. She co-authored a text, Social Work Practice with Culturally Diverse People, in acknowledgment of the need for practitioners to be equipped with cultural knowledge and cross-cultural skills. She is also concerned about self-care practices among social work students and family caregivers.

**RESEARCH INTERESTS**

- Police and the Unarmed Black Male
- African American Faculty
- The African American Church
- Caregivers
- Self-Care & Social Work Students
- Social Work Practice
Sharon E. Moore
Recent Publications


Books


Research indicates that increased paternal involvement is associated with improved outcomes for children and families.

Dr. Perry’s research efforts center on the intrapersonal, interpersonal, and external factors that influence men's involvement in the lives of their children and families, as well as the impact of that involvement on the well-being of the family. The findings of his research have pointed to the tools, resources, and experiences that shape men's ability to be involved fathers, the role that mothers play in facilitating or truncating fathers' involvement, and social service providers' attitudes toward engaging fathers. The findings of Dr. Perry’s research have also highlighted the relationship between fathers’ provision of instrumental and affective support and positive outcomes for families, such as fewer behavioral problems in children and lower levels of reported maternal stress.

With regard to the potential impact of his work, Dr. Perry is interested in not only understanding the factors that encourage or discourage fathers' involvement in the family, but ultimately, participating in projects to enhance the quantity and quality of their involvement. Consistent with his interest, Dr. Perry’s most recent project involves him serving as the PI on 4 Your Child, a federally funded project that provides responsible fatherhood, healthy relationship, and economic self-sufficiency services to non-resident fathers across several counties in Kentucky. To date, over 700 fathers have been recruited into the program and preliminary data analysis indicate that fathers increase their parenting knowledge and report more empathy for their co-parents over time.
**Armon R. Perry**

**Recent Publications**


Dr. Prost aims to promote health and quality of life among criminal justice system stakeholders including incarcerated persons, their caregivers, criminal justice professionals, and administration. She pursues this aim using both quantitative and qualitative methods such as focus groups and cognitive interviews to develop and refine standardized measures aimed at capturing quality of life alongside criminal justice system stakeholders. Her future efforts include the development, implementation, and evaluation of tailored interventions aimed at enhancing quality of life among these groups.

Dr. Prost’s primary substantive area of research is examining quality of life among persons with justice-involvement and the relationship between correctional health care, quality of life, and justice-related outcomes. Dr. Prost is the PI on the Older Adults in Kentucky (OAK) Prisons Study alongside Drs. Golder and Archuleta (Co-PIs) at the Raymond A. Kent School of Social Work. The OAK study is a mixed-methods, longitudinal effort aimed at identifying and describing the 1) health, quality of life, and justice-related experiences of incarcerated older adults and the 2) strengths and barriers of programming and services for incarcerated older adults in each of the 12 Kentucky state prisons.

Dr. Prost is also working with interdisciplinary partners at the College of Charleston and Florida State University to identify and describe services for justice-involved persons with chronic and terminal illness in prisons including access and utilization of compassionate release and characteristics of prison hospices throughout the United States. She is also the PI on the Quality of Life in Law Enforcement Officers (LEOQOL) Study. Alongside partners at the Florida State University Institute for Family Violence Studies and the University of Texas at Austin, the study seeks to examine independent and interactive relationships among stress, trauma, adaptive and maladaptive coping, and quality of life in law enforcement officers. The study also seeks to compare self-reported quality of life among various criminal justice professional groups and to examine viability and factor structure of several standardized measures.


Dr. Rote’s research integrates the life course paradigm with psychosocial models to investigate the health of adults in mid- and late-life. Research on older adults examines racial/ethnic disparities in health and well-being with a special emphasis on older Latinos. Dr. Rote is currently the PI on a grant funded by the National Institute on Aging (R03, 2018-2020, PI) that addresses “Dementia and Physical Disablement Processes among Aging Latinos.” Preliminary results highlight the importance of early life factors (education, occupation, and family size) for gendered pathways to dementia-related disablement in the Mexican-origin population.

Dr. Rote’s research on health in midlife focuses on the risk and protective factors of family caregivers to older adults, and documents racial/ethnic differences in caregiving intensity and well-being. Dr. Rote, along with Dr. Heehyul Moon, was recently awarded a seed grant from the Kent School of Social Work to examine sources of stress and resiliency for African American dementia caregivers in Louisville, KY. Outcomes of the project include tailoring dementia care services and outreach to diverse caregivers in Louisville, KY and increasing dementia caregivers awareness of formal resources and self-care strategies.
“The older adult population in the U.S. is rapidly growing and becoming more diverse. At the same time, demographic and economic shifts are making it more difficult for families to provide the needed care to older adults with limited cognitive and physical health. More research is needed to describe how intervention strategies can take into account diversity in aging and caregiving.”

Moon, H., Rote, S., & Hailey, B. (In Press). Factors that Contribute to Remaining in the Community among Older Adults: Findings from the National Study of Caregiving (NSOC) and National Aging and Trend Study (NHATS). Aging & Mental Health


Dr. Sar’s research focus is on identification of factors and practices for the improvement of quality of life of vulnerable families and children. The emphasis is on community-based research utilizing multiple perspectives and methodologies to better understand child and family functioning and wellbeing in the context of the broader community and societal conditions and circumstances.

Currently, Dr. Sar is the Principal Investigator of the SAMHSA funded and NCTSN partnered Center for Promoting Recovery and Resilience (CPRR) (2012-present) which partners with community based child serving organizations to provide evidence-based trauma informed interventions to traumatized children and adolescents as well as SAMHSA funded Youth Mental Health First Aid (YMHFA) for Allied Professionals (2018-present). As Director of the Credit for Learning Program (CFL) since 2002, in partnership with the state child welfare training branch, he has been instrumental in the development and delivery of the curriculum for the Child Welfare Workforce.

Dr. Sar has been funded by the U.S. Office of Refugee Resettlement that established The Survivors of Torture Recovery Center (STRC) which concentrated on providing comprehensive torture survivor centered services for refugees and immigrants (2012-2018), the U.S. Administration for Children and Families, Family and Youth Services Bureau to develop and evaluate Culturally Specific Trauma Services for Spanish Speaking Refugees and Immigrant Families Impacted by Domestic Violence (2013-2017), by the Administration for Children & Families, Department of Health & Human Services (DHHS) to implement a demonstration project that promoted academic stability and success of foster youth in 6th thru 8th grade at risk for dropping out of school (2012-2014), by the U.S. Office of Juvenile Justice and Delinquency Prevention (OJJDP), to investigation of the effectiveness of a developmental mentoring model as an intervention/prevention strategy for juveniles of varying levels of risk among middle school youth (2011-2013) and Training and Evaluation of Preventing child maltreatment and juvenile delinquency through evidence based community education and intervention (2007-2009), and by the U.S. Children’s Bureau to implement and evaluate the strengthening marital relationships and post adoption services through community of care teams (2006-2011).

RESEARCH INTERESTS

- Trauma informed care, interventions, and evidence based practices
- Child welfare education, training and evaluation
- Child and family functioning and wellbeing
- Implementation of evidence based practices in community settings
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Cancer care that includes palliative care provided by an interdisciplinary team best meets the whole person needs of ALL those affected by cancer.

Dr. Schapmire serves on the faculty of the University of Louisville’s School of Medicine and the Kent School of Social Work. As a long time oncology and palliative care social worker. She is co-investigator on two Health Resources and Services Administration grants aimed at development of an interdisciplinary gerontology curriculum for learners in medicine, nursing, social work, dentistry, and pharmacy. She is also a co-investigator on a National Cancer Institute grant funding the development of training program for 160 health science educators to provide interprofessional education in oncology palliative care at 35-50 institutions across the nation. This project aims to help students of the health sciences at these institutions learn the skills and knowledge essential for providing effective team-based, patient-centered palliative oncology care. As a co-investigator on the $7.5 Million Kentucky LEADS Collaborative, she and her team are dedicated to reducing the burden of lung cancer in Kentucky and beyond through development, evaluation, and dissemination of novel, community-based interventions to promote provider education, survivorship care, and prevention and early detection.

Her past research includes a National Institutes of Health grant focused on development of an interdisciplinary oncology palliative care curriculum for schools of medicine, social work, nursing and chaplaincy residency programs and an American Cancer Society-funded study of emotional distress in older adults with cancer.

**RESEARCH INTERESTS**

- Psychosocial care of cancer survivors and their families
- Gerontology
- Health disparities
- Palliative care
- Survivorship
- Inter-professional education


Schapmire, T. J. Head, B. A., & Faul, A. C. (2012). "Just give me hope": The lived experiences of Medicaid patients with advanced cancer. Journal Of Social Work In End-Of-Life & Palliative Care, 8(1), 29-52. doi:
The U.S. population of persons age 65 and older currently is 12% and expected to grow to 20% by 2030. Approximately 7.9% of Kentucky elders will have a stay in a nursing facility annually. Over 23,000 persons reside in long-term care facilities (LTC) in Kentucky on any given day.

Until 2008, there were no user-friendly models for Long Term Care preparedness planning. Since that time, we have created training and planning resources for the state’s 289 LTC facilities. Additionally, our research focuses on the diffusion of innovation in LTC disaster preparedness to protect from and respond to disasters that affect one of our most vulnerable populations. We have brought LTC together with regional healthcare coalitions, disaster response agencies, and supported an infrastructure across Kentucky capable of responding to local, regional, or statewide disasters.

We also have created innovative training models in LTC quality of care and quality of life for LTC managers, staff, regulators and partners such as the KY LTC Ombudsman Program, Quality Improvement Organizations and the Centers for Medicare and Medicaid Services and engaged LTC state associations in joint planning for person-centered care initiatives. National partnerships include the Centers for Medicare and Medicaid Services, FEMA, and multiple state regulatory entities. Training contracts include the KY Department for Public Health, State Survey Agencies in Kentucky and five additional states in the Southeast.

We develop and manage programs that are national leaders in aging, Kentucky nursing home (long term care) emergency preparedness, and long term care quality of care/quality of life for Kentucky and five additional states in the Southeast and the Centers for Medicare and Medicaid Services.


“Southeastern U.S. long term care facilities are better trained in the “best clinical practices”, are increasing their quality of care to residents and are keeping them safer in disasters.”
Dr. Sterrett-Hong’s program of research seeks to highlight ways to decrease health disparities affecting marginalized youth. Her scholarship sits at the intersections of youth health and development, interpersonal relationships, and implementation science. One main area of Dr. Sterrett-Hong’s research examines the influence of intergenerational relationships and ecological contexts on the psychosocial functioning of adolescents/young adults. For example, she has co-authored empirical research articles on associations between improvements in romantic relationship-oriented behaviors and youth psychological functioning, and on family and extended family protective factors from community violence among low-income youth. In addition, Dr. Sterrett-Hong has conducted multiple studies related to the role of social networks in the mental and sexual health of young sexual minority men of color, including a recent photovoice-based needs and strengths assessment conducted through a partnership with members of the LGBT people of color performance communities (e.g., Drag and House-Ball scenes) in Louisville.

Dr. Sterrett-Hong’s second area of research is related to the implementation of evidence-based treatments. She has co-authored papers and given presentations on the process and cost-effectiveness of family therapy interventions in child welfare and mental health systems. She also has helped conduct studies on the implementation of evidence-based treatments in mentoring, as well as in substance abuse treatment programs.


Dr. Storer’s research investigates primary prevention approaches to ameliorating adolescent dating abuse, sexual assault, and community violence, particularly among vulnerable and socially underrepresented populations. Her recent scholarship has documented the representation of dating violence in spaces intentionally marketed to youth including social media and young adult novels. Her research agenda investigates how population-level factors influence youth’s meaning-making processes regarding dating and domestic violence. A significant focus of her work focuses on addressing the upstream and contextual determinants of dating violence and identifying pathways to support optimal adolescent development and well-being.

Dr. Storer’s recent investigation of the feminist-based hashtags #WhyIStayed and #WhyILeft illustrates the potential for social media sites to facilitate the development of a virtual commons that centers center the voices and experiences of underrepresented populations and function as viable tools to influence public perception regarding gender-based violence. Further, through her community-based collaboration with African American youth in the urban South, Dr. Storer has raised the importance of identifying the community-level and situational factors that contextualize teen’s conceptualizations of and responses to violence in their social environments.

**RESEARCH INTERESTS**

- Primary prevention of adolescent dating abuse
- Digital technologies & social media
- Social determinants of health frameworks
- Low-opportunity and vulnerable youth
- Qualitative analysis of “big data”


Dr. Winters research focuses attention on the relative effectiveness of different types of services provided through behavioral health, juvenile justice, and child welfare systems to children and adolescents involved in these systems. His overarching question is what works, under which circumstances. Dr. Winters research is grounded in equity and social justice. Equity issues within child serving systems are well known, with youth of color being disproportionately represented in child welfare and juvenile justice, but at times lacking equal access to publicly funded services. Dr. Winters research agenda addresses this problem by focusing attention on services for marginalized youth through identification of gaps in service delivery and trends with regard to effective services.

Dr. Winters worked on projects focused on services for system-involved youth that were funded by the National Institutes of Health, the Annie E. Casey Foundation, and a large behavioral health agency. In addition, he worked on a project focused on a sanctions and rewards system for justice-involved youth funded by the Office of Juvenile Justice and Delinquency Prevention. Currently, Dr. Winters is PI on a grant titled ‘The Louisville youth development workers needs assessment project’, which will explore the challenges faced by youth development workers, describe the professional needs of youth development workers, and construct a theoretical framework for working with youth development workers.
Andrew Winters
Recent Publications


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“My research impacts practice through service access, and policy by addressing what services are effective under which circumstances, promoting opportunities for prevention and drawing attention to ineffective system reactions.”

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Encyclopedia entries/Reports:


Dr. Pamela Yankeelov’s scholarly pursuits have primarily focused on program evaluation specifically in the areas of health care for older adults, child welfare, post-divorce education programs and student academic outcomes. Recently, her research is focused on new health care delivery strategies for older adults living with chronic disease in rural areas. In the US, 25% of older adults (³ 65 years) live with diabetes (National Diabetes Statistics Report, 2017), 66% of older adults are diagnosed with multiple chronic conditions, and 95% of the health care costs for older adults is for chronic diseases (CDC, 2013). By 2030, it is expected that 1 in 5 Americans will be an older adult (U.S. Census Bureau, 2014).

Yankeelov views chronic diseases, like diabetes, as public health problems which require innovative individual, clinical and population-based system approaches, supported by academic initiatives for the management and prevention of complications. Her research aims to honor the vulnerable older adult population by giving voice to their needs and solutions through the use of participatory action research-oriented methodologies. She also studies patient outcomes associated with innovative, interdisciplinary, primary care, person-centered, coordinated care solutions which address the social, psychological and biological determinants of the older adults’ health.

RESEARCH INTERESTS

- Older adults
- Health disparities
- Social determinants of health
- Chronic disease management
- Care coordination
“Interdisciplinary, coordinated care solutions can lead to better outcomes for vulnerable, older adults.”

**Pamela A. Yankeelov**

Recent Publications


Since 2004, Dr. Yingling has worked with children with autism spectrum disorder (ASD) and their families in home, community, and university-based settings. Informed by this work, she is dedicated to improving individual and family outcomes by evaluating and enhancing access to treatment for the estimated 1 in 68 children with ASD. Dr. Yingling’s current work primarily focuses on Medicaid-funded behavioral treatment and demonstrates a substantial time-lag between diagnosis and onset of early intensive behavioral intervention (EIBI), as well as underutilization of EIBI. Her work points to racial-ethnic and neighborhood inequities in the age of specialized treatment receipt and EIBI utilization trajectories. It also highlights parents’ perceived challenges to utilization of EIBI (e.g., competing time demands of school and other therapies).

These studies suggest that despite improvements in health coverage of treatment for ASD through Medicaid and state insurance mandates, access and utilization remain imperfect. At minimum, underutilization serves as a red flag to Medicaid administrators that large scale implementation of EIBI may require an investment of time and resources in areas other than direct provision, such as parent education, provider recruitment strategies, and intersystem collaboration between schools and health providers. Further research is warranted to identify barriers to treatment access and utilization and underlying factors that contribute to inequities. Given the importance of high utilization to promote optimal outcomes for children and families, efforts to increase access and utilization are imperative.
Recent Publications


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The Center for Family and Community Well-Being (CFCW) at the University of Louisville Kent School of Social Work advances the well-being of vulnerable populations through the development and dissemination of evidence-based practices, technology driven innovations, and research to address complex social problems such as violence and trauma, poverty, injustice, and disparities in health and mental health. The Center offers a unique hub for the translation of research into practice and partnership into synergy.

Over the past academic year of revitalization efforts, the CFCWB has accomplished the following:

1. Selection and initiation of two pilot projects with the opportunity to generate revenue for the Center:
   a. Curriculum Development Project: In partnership with Dr. Laura Frey, the Center is developing a manualized curriculum for Family Navigation of Suicide Risk, with the plan to offer a national training in this curriculum in August 2019 to a target audience of 40-50 professionals.
   b. Technology Development Project: In partnership with Dr. Maurice Gattis, the Center is developing a web site (metroloulgbtq.org) that identifies resources for the LGBTQ population in Louisville, as well as a trans-friendly bathroom finder and policy alert feature. The initial community assessment is underway with the Metro Public Health Department to identify these resources through an on-line survey and focus groups.

2. Development of the Center Symposium Series with nationally recognized speakers on evidence-based practices and key areas of scholarship: The first of these symposiums and professional development opportunities was provided in the fall of 2018 on a nationally recognized evidence-based practice for the treatment of families involved in the behavioral health and child protection systems. The 2019 schedule will include a speaker on human trafficking in May, as well as others on trauma and topics TBD.

3. Outreach and response to community organization solicitation for research and program evaluation services: The Center has been contacted by and drafted proposals for the following community-based organizations.
   a. Prevent Child Abuse Kentucky (PCAK) offers a range of services to vulnerable families and children. PCAK has negotiated a contract with the CFCWB to do the following: 1) Review of existing data analysis and reports; 2) Advanced analytics and additional report development; 3) Training of PCAK staff in data analysis and reporting. There has been an expressed intention to offer additional years of funding for this data analytic support.
   b. Key Assets offers a residential, therapeutic, and support services to special needs children in out of home care. Key Assets has negotiated a contract with the CFCWB to do the following: 1) Operationalization of outcome measures and data collection methods; 2) Analysis of outcome data and reporting for various audiences; and 3) Administrative oversight, advanced analytics and collaborative research development. There has been an expressed intention to offer additional years of funding for this data analytic support.
   c. Maryhurst offers a variety of therapeutic services to at-risk girls in residential and outpatient settings. Maryhurst has a contract with the CFCWB to assist with logic model planning and outcome data identification; data integration and analysis of standardized assessment data from the state system; conducting an agency-wide assessment of trauma informed care; collecting data on the effectiveness and funding needs of an intensive outpatient approach; and assistance with post-discharge data collection. There has been discussion of additional evaluation needs upon completion of these projects.
d. Recovery Court: Recovery Court offers a comprehensive case management approach for parents with substance use issues whose children have DCBS involvement. The goal is to support the recovery of parents to avoid termination of parental rights when possible and appropriate. The CFCWB will 1) operationalize outcome measures and data collection methods. CFCWB will work with Recovery Court to confirm or modify these outcome measures as needed, as well as to determine specific methods to be used to collect these data elements. This will include training of staff in data collection, putting measures online if applicable, and developing data collection manuals; 2) Manage data collection processes with data elements coming from multiple sources (different providers/agencies, administrative data, chart file review, etc.) This will also serve to monitor fidelity of data collection; 3) Analyze outcome data and produce reports for various audiences.

e. Cedar Lake: Cedar Lake offers a range of services to adults with intellectual and developmental disabilities and expressed a need to collect data on national core indicators for quality of care for agencies serving this target population. The CFCWB will 1) Develop survey/interview guide to collect data on national core indicators; 2) Provide training in data collection procedures; and 3) Analyze and report the data from the survey/interview process.

4. Grant Writing Activities: The Center has been awarded or is developing proposals in the following area with more being added on a regular basis.

a. Provost: The Center received a Provost grant in partnership with UofL Counseling Center to provide psychoeducational groups in key areas of needs for student mental health including depression, anxiety, trauma, and relationship issues. These groups will serve as a diversion option for those on the waiting list or those not needing traditional counseling services.

b. University of South Florida: Request to develop psychoeducational interventions in an on-line format to meet the mental health needs of on-line students at USF. Seeking foundation funding to support this initiative.

c. Dibble Institute: In response to letter of interest, invited to submit a proposal to evaluate the Mind Matters psychoeducational curriculum on trauma and resiliency skills for at-risk youth.

d. NIH P30: Center will provide tracking and evaluation services for a translational research center grant on toxicology, with a special emphasis on rural health disparities in housing and environmental exposure as well as community engagement strategies.

e. NIH R21: Center conducting pilot research (focus groups) to explore barriers to participation in a health behaviors intervention among rural patients for a grant on pre-surgical health behaviors in oncology that will include motivational interviewing and rural engagement strategies.

f. Acceptance Journeys: Working with Dr. Gattis, Harris, and Sterrett-Hong to prepare a foundation grant proposal to implement the Acceptance Journeys model of a mass media anti-homophobia campaign for HIV prevention.

g. Safety Training: Working with Dr. Middleton and community partners who have developed a human trafficking curriculum for students to identify a funding source to support the manualization and evaluation of this curriculum.

h. Substance Use Prevention and Mentoring: Worked with Dr. Emma Sterrett-Hong to submit a SAMHSA grant in partnership with public schools, Big Brothers/Big Sisters, and agencies such as Maryhurst and Boys and Girls Haven to provide mentoring and evidence-based substance use prevention services to target geographic areas at risk for certain substances.
A cancer diagnosis has a tremendous impact, not only on the patient, but the entire family/social network. Advances in early detection and targeted therapies have created opportunities for patients to live longer with cancer than in the past. Cancer is a chronic condition that must be managed over the course of the lifetime. Because of these advances, addressing cancer survivorship for the entire family is an emerging component in psychosocial oncology care.

The purpose of my research is to examine how caregivers and patients make meaning out of the cancer experience, specifically looking at women diagnosed with head and neck cancers and the impact on their relationships. The intent is to use this information to design interventions that will be easily accessible and meet the needs of the patient and caregiver. People with cancer should not face cancer alone and neither should their loved ones.
Funding Source: U.S. Department for Health and Human Services, Administration on Children and Families, Children's Bureau flow through to Eastern Kentucky University


Team/Partners: Anita P. Barbee, Joyce Borders, Jim Guinn, and Katy Henry

Abstract: The project began in 1992 as collaboration between the Kentucky Cabinet for Health and Family Services and the Kent School’s Dr. Rod Barber. The purpose of the assessment is to see if new workers, veteran workers, and supervisors are learning knowledge and skills in training and are then able to apply this learning in the workplace. The Louisville Child Welfare Training Evaluation Model is used to examine the impact of worker, trainer, supervisor, co-worker and other workplace variables on workers' willingness and ability to enjoy training, learn during training, transfer that knowledge to the field, and positively affect outcomes for children in the areas of safety, permanency, and well-being. Tests were originally administered in the classroom and participants completed them during the training. Now pretests are on-line. Post-tests are moving on-line.

Main Findings: We have consistently found throughout the years that new workers come in with some level of knowledge (workers score an average of 71% on pre-tests) and leave training with a significant increase in knowledge (workers score an average of 83% on post-tests) and that learning is enhanced when classroom training is spread out with on-the-job components in interim weeks (Yankeelov, Barbee, Barber, & Fox, 2000).

Funding Source: U.S. Department of Health and Human Services, Medicaid, flow through to Eastern Kentucky University

Funding Period: 2017 - 2018, 2018-2019 (funded annually since 1999)

Kent School Team: Anita Barbee, Joyce Borders, Jim Guinn and Jenny Taylor

Abstract: The purpose of this project is to evaluate the training provided to family support workers within the Kentucky Cabinet for Health and Family Services. The scope-of-work on this project has been to assist with curriculum development, developing, executing, analyzing, and reporting pre- and post-tests of training content, and writing behavioral anchors that align with each curricula. Trainees in Medicaid, SNAP, Kentucky Works are measured on their knowledge of the training content before and after training. In addition, a pre-training questionnaire is completed that addresses several measures, including gender, race, education, length of employment, geographic location, rank/position, perceived job satisfaction, learning readiness, personality traits, and supervisor and co-worker support.

Main Findings: We have consistently found throughout the years that workers come in with very little knowledge of this specialized field (workers score an average of 50% on pre-tests) and leave training with a significant increase in knowledge (workers score an average of 90% on post-tests).

We found that there are significant relationships between the education level, personality type, and job satisfaction of workers and learning (Sullivan, Antle, Barbee & Egbert, 2009).
Funding Source: U.S. Department of Health and Human Services, Administration on Children and Families, Family and Youth Services Bureau

Funding Period: 2017-2019

Kent School Team: Anita Barbee, Becky Antle, Laura Frey, Jennifer Middleton, Bibhuti Sar, Carol Frame, and Emily Hall

Abstract: The Kentucky CHAMPS: Sexual Risk Avoidance Education Program builds on the work our team conducted, with OAH funding, from 2010-2016 delivering and testing the efficacy of a relationship focused, teen pregnancy prevention curriculum, Love Notes. In order to achieve the SRAE goal to educate youth on how to voluntarily refrain from non-marital sexual activity and prevent other youth risk behaviors, the UL team is engaged in several key activities. Our team has already enhanced messages in the Love Notes curriculum about self-harm, and alcohol and drugs, and has add information about how to detect impending sexual coercion and human trafficking. We have also written a version of the curriculum that is inclusive of LGBTQ youth. LGBTQ youth reported that this is the first time they were exposed to a program that was made for them, not just adapted. We have trained over 180 youth. We have also trained 89 facilitators, many of whom are embedded in 14 private child welfare, juvenile justice community based organizations and schools in Jefferson and the surrounding counties in how to deliver Love Notes with fidelity to help us train youth now and to sustain the effort when the grant funding comes to an end. In all, we plan to reach 1,080 minority, foster and juvenile justice involved youth by the end of the grant. In order to guarantee that youth are receiving Love Notes with fidelity, we have given facilitators tools, training, technical assistance and CQI feedback so that they can execute the program with fidelity and in high doses to target youth. The project is using performance measures to ensure high quality and will evaluate the outcomes of the project comparing responses before the intervention begins to immediate post-intervention and at a three month follow up period. One goal is to better understand what aspects of the curriculum impact reductions in risky sexual behavior and pregnancy.

Funding Period: 2016 - 2021

Partners: Kent School, University of Nebraska-Lincoln Center for Children, Family and the Law, University of Colorado-Denver, Kempe Center, and the University of Tennessee, Center for Behavioral Health, the University of California Los Angeles, Luskin School of Public Administration.

Kent School Team: Anita Barbee, Becky Antle, Martin Hall, Jenny Taylor, Katy Henry, and Lisa Purdy, in collaboration with Michael Cunningham, Department of Communications

Abstract: The Children’s Bureau awarded $15 million to a consortium of five universities and three consulting firms for a Quality Improvement Center for Workforce Development (QIC-WD) in October 2016. The lead university with a focus on workforce interventions is the University of Nebraska-Lincoln, the lead on research and evaluation is the University of Louisville (for about $2 million), the lead on implementation is the University of Colorado-Denver, the lead on organizational culture and climate is the University of Tennessee and the lead on data visualization and data management is UCLA. The QIC-WD is conducting efficacy trials in 8 jurisdictions across the US to evaluate which workforce interventions work in reducing staff turnover and enhancing child and family outcomes in various settings. In addition, the QICWD will develop a catalog of workforce research and interventions in child welfare settings, a workforce development framework and other tools to help child welfare agencies retain staff.

Currently the team is completing the needs assessments, refining the interventions, developing implementation plans and evaluation plans for the 8 site studies and two cross-site studies.
DCBS Screening and Assessment Project

P.I. CRYSTAL COLLINS-CAMARGO

Funding Source: Kentucky Department for Community Based Services

Funding Period: 2018 - 2019

Partners: Advanced Metrics Systems

Kent School Team: Drs. Collins-Camargo and Antle, Lizzie Minton and Nathan Verbist

Abstract: The University of Louisville Kent School of Social Work maintains and manages a subcontract with Advanced Metrics System (AMS) to provide access to Kidnet for Kentucky Community Mental Health Centers (CMHCs), Private Child Caring, Private Child Placing Agencies (PCC/PCPs) and approved private providers to enter Child and Adolescent Needs and Strengths data and CANS Assessment Reports to be made available to DCBS workers in i-TWIST. The team works with DCBS officials as needed to assess and attempt to address the extent to which Kidnet is meeting their needs, and negotiate with Advanced Metrics Systems Kidnet enhancements and customizations at the request of DCBS to the extent that funds are available.

The team serves as the liaison between AMS and DCBS to assess the extent to which Kidnet and its interface with i-TWIST is meeting their needs, and works toward optimal functionality. The team conducts CANS training for clinicians as needed and provides technical assistance and consultation to behavioral health clinicians and DCBS staff associated with the functional assessment process, selection of evidence-based treatments and incorporation of CANS results in to case planning and decision-making. The team reviews DCBS and Kidnet data to track provider agency compliance with completion of the CANS, and work with DCBS staff and provider agencies to improve service delivery.

The team analyzes the data collected related to screening and assessment, as well as relevant data in the DCBS management information system to provide results of use to the Department and other state agencies in understanding the experiences and needs of children in out-of-home care and the treatment modalities used with this population, and assessing safety, permanency and wellbeing outcomes for these children.
Funding Source: US Department of Health and Human Services DHHS(90CO1118)

Funding Period: 2013 - 2019

Partners: Kent School, KY Department for Community Based Services & Department of Behavioral Health, Eastern Kentucky University, and Kentucky Partnership for Families and Children


Abstract: Kentucky struggles with promoting the social-emotional well-being of children served by the child welfare system. In primarily rural areas, access to behavioral health services is limited. The child welfare population is not systematically screened for behavioral health needs. Children in out-of-home care (OOHC) and those placed in adoptive homes often receive services in the absence of a functional assessment to drive treatment and have limited access to evidence-based treatment.

This project includes reconfiguring infrastructure, and inter- and intra-agency procedures to support a flexible evidence-based continuum of interventions to meeting the behavioral health needs of children in out-of-home care (OOHC): universal behavioral health screening for children in OOHC by Department for Community-Based Services staff; functional assessment of children in OOHC in private child care agencies and community mental health centers using standardized instruments; assessment-driven case planning and evidence-based treatment to identified children; and, systematic progress monitoring. On the organizational level the project is generating a significant depth of data on the trauma experiences and behavioral health needs of children in OOHC and the treatment modalities provided to them which will enable data-informed decision-making and capacity-building on the system level.

Preliminary project evaluation results are very promising. On a system level increased levels of inter-agency collaboration and readiness to provide trauma-informed care have been observed over time. In addition, children receiving the SAFESPACE interventions have better permanency and well-being outcomes as compared to children who did not during the same time frame.
Mixed Methods Study of Organizational Supports Used by Private Child and Family Service Agencies: Improving Performance with Evidence

P.I. CRYSTAL COLLINS-CAMARGO

Funding Source: William T. Grant Foundation.

Funding Period: 2016 - 2019

Partners: Emmeline Chuang, Fielding School of Public Health, University of California Los Angeles, Crystal Collins-Camargo, Kent School of Social Work, University of Louisville, and Bowen McBeath, School of Social Work, Portland State University

Background: Effective use of research evidence by practitioners can reduce disparities in costs and quality of care and improve the outcomes experienced by vulnerable children and families. Unfortunately, despite significant resource investment, research-to-practice gaps persist. Organizational investment in supports such as technical infrastructure, and linkage and exchange efforts may facilitate access to and use of different types of research evidence by frontline practitioners. However, the extent to which child welfare agencies currently invest in organizational supports or other formal strategies for promoting research evidence use is unknown. Nor is there clarity as to the contextual and organizational factors associated with agency use of such supports.

Research Aims or Questions: What organizational supports are private child welfare agencies using to facilitate research evidence use? What are the contextual, organizational, and managerial factors affecting child welfare agency use of such supports? How does the presence or absence of such supports affect use of research evidence by staff at multiple levels of the organization?

Research Methods: Study activities will occur in two phases. In Phase 1, quantitative survey data collected from managers of private child welfare agencies in six states identified organizational supports currently being used by private child welfare agencies and the contextual, organizational, and managerial factors associated with their use. In Phase 2, data from Phase 1 was used to identify a purposive sample of 12 agencies for in-depth case studies. Key informant interviews supplemented by review of agency-provided documents will provide insight into each agency’s strategic priorities, motivation for investing in organizational supports for evidence use, and facilitators and barriers to doing so. Semi-structured interviews with managers and focus groups with frontline staff will clarify the specific ways in which identified supports affect use of research evidence by staff at different levels.
Funding Source: UL TSJR Consortium in the amount of $12,726; partners include Shelley Thomas & Penny Howell from the UL College of Ed, as well as JCPS

Funding Period: Funded for 1 year

Kent Team: Shantel Crosby

Abstract:
Approaches to classroom management, including those in teacher education, are often reductionist, color blind, and ineffective in diverse classrooms. Importantly, classroom management is a significant concern among preservice (Pereira & Gates, 2013) and practicing teachers (Milner & Tenore, 2010). Other factors contribute to classroom management styles that negatively impact diverse students, creating conditions that contribute to disproportional discipline practices and perpetuate the school to prison pipeline (Raible and Irizarry, 2010). These include teachers’ views about students and their beliefs about (Martin & Sass, 2010) and reliance on policies such as Zero Tolerance and police as school resource officers (American Civil Liberties Union, 2008). To address these concerns this multiyear project includes transdisciplinary professional development and research in order to reach “across disciplines, colleges, and beyond academia” (CCTSJR CFP, 2017) in support of preservice teacher development of trauma-informed practices using intersectional, humanistic, supportive, community based approaches (Watson & Battistich, 2006).
Geriatric Workforce Enhancement Program (GWEP)

P.I. ANNA FAUL

Funding Source: The Health Resources and Services Administration of the Department of Health and Human Services

Funding Period: 2015 - 2018

Kent Team: Anna Faul, Samantha Cotton, Joe D’Ambrosio, Barbara Head, Katherine Linzy, Tara Schapmire and Pam Yankeelov, and in partnership with the Schools of Medicine, Dentistry, Nursing, and the Law School, as a part of the Institute for Sustainable Health and Optimal Aging

Abstract: GWEP addresses the following needs in 6 rural counties of KY: 1) the shortage of the geriatric and primary care health workforce; 2) the need to train a health care workforce that can deliver culturally appropriate services to the growing Hispanic population; 3) the difficulties experienced in decreasing the chronic disease burden in rural KY; 4) the lack of supportive rural environments to promote health, specifically for the older rural populations; and 5) the need for ADRD Supportive Education and Resources.

GWEP will serve older adults 65+ in KY, living in the rural counties of Hart, Metcalfe, Barren, Bullitt, Henry and Shelby Counties with an additional special emphasis on Spanish speaking older adults. These counties represent underserved rural areas in KY.

The project has a threefold purpose: 1) to develop an interprofessional education center at the University of Louisville Institute for Sustainable Health and Optimal Aging, that educates and prepares students and professionals from medicine, nursing, social work, dentistry, pharmacy, and community health partners, to function within a transformed integrated patient-centered geriatric primary care and community based service delivery system; 2) to focus the education on creating a workforce that improves the patient experience and clinical outcomes, reduces the cost of care, and improves the work life for those delivering care, and 3) to create ADRD¬friendly communities through ADRD education and training of clinical staff, community partners, persons with dementia, and caregivers.

The goals of the project are to: 1) Transform clinical training environments with the development and delivery of an Interdisciplinary Curriculum for Geriatric Education (ICGE); 2) Transform primary care sites to deliver Integrated Patient-Centered Geriatric Primary Care and Community Based Services (IPC-GPC-CBS) to older adults 65+ with two or more chronic conditions; and 3) Provide training and community engagement resources to create ADRD¬friendly communities in the geographic area served.

The study will use Kirkpatrick’s Training Evaluation Model to assure that student learning is transferred to clinical sites in order to transform them to Integrated Patient-Centered Geriatric Primary Care sits where clinical health care teams work in an integrated fashion with community health teams to deliver coordinated care to older adults. Learners will be students and professionals from medicine, social work, nursing, dentistry, pharmacy and law, one pharmacy fellow, medical residents, direct care workers, community organizers, peer mentors, community volunteers, patients, families, and caregivers.

To transform primary care sites in the 6 counties to deliver Interdisciplinary Patient Centered Geriatric Primary Care and Community Based Services (IPC-GPC-CBS), collaborative partner agreements were established with primary care sites to start the process of transformation in year 1. These sites are Glasgow Family Medicine Clinic serving the counties of Barren, Hart and Metcalfe, Shelby Family Medicine and Mercy Medical in Shelby County, KY River Medical Partners in Henry County, UofL Geriatrics Home Case Practice in Bullitt County. To facilitate community health team engagement, collaborative partnerships were established with KIPDA and Barren River Area Agencies on Aging and Independent Living. For more information, see: http://www.optimalaginginstitute.org/flourish-network
Funding Source: The Health Resources and Services Administration of the Department of Health and Human Services

Funding Period: September 2017—September 2021

Kent Team: Anna Faul, Adrian Archuleta, Samantha Cotton, Joe D’Ambrosio, Lesley Harris, Tom Lawson, Katherine Linzy, Tara Schapmire, Emma Sterrett-Hong, and Pam Yankeelov, in partnership with the Schools of Arts and Sciences, Education, Medicine and Nursing, as a part of the Institute for Sustainable Health and Optimal Aging

Abstract: The goals and measurable objectives are: Goal 1) To expand BH student placements to provide integrated BH-PC services to VOAs as part of the Flourish Care Coordination Model; Goal 2) To enhance the training in BH prevention and clinical interventions; Goal 3) To enhance the service delivery of the Enhanced Flourish Model; and Goal 4) To develop qualified graduates of which a) 90% of the students successfully demonstrate competencies in delivering BH services as part of the Enhanced FM within the context of 12 transformed BH-PC service-oriented sites and b) 75% of students who earned the Professional Certificate becoming employed within one year in BH positions in vulnerable rural areas, with 30% providing integrated BH-PC services.

RITN plans to impact employment possibilities by demonstrating the value of integrated BH-PC by: 1) building on 7 years of working relationships with the rural PC sites, 2) using the Project ECHO system known for connecting remote health teams for education and consultation using case-based learning accompanied with CE hours, 3) using telehealth to meet the needs of patients, and 4) teaching the PCPs reimbursement models for integrated BH-PC including co-located and telehealth services, with assistance from Qsource, that have the potential to impact the clinical improvement activities and advancing care information categories of the MIPS score. RITN will also infuse career development and job placement services throughout the curriculum in an effort to support students in their pursuit of integrated BC-PC opportunities. By recruiting diverse students, training them using didactic and experiential methods to deliver BH interventions in new and expanded BH student placements, while working to influence the employment landscape, it is expected 104 new professionals will not only be prepared to deliver BH interventions to rural VOA and Hispanic populations in KY, but will have opportunities to do so.

For more information, see

http://www.optimalaginginstitute.org/flourishinternship
Funding Source: KIPDA Area Agency on Aging and Independent Living

Funding Period: September 2017—August 2018

Kent Team: Anna Faul, and Joe D’Ambrosio, as a part of the Institute for Sustainable Health and Optimal Aging

Abstract:
Older adults, caregivers and persons with disabilities living in Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer or Trimble county, are invited to participate in a Community Needs Assessment conducted by the UofL Institute for Sustainable Health & Optimal Aging and sponsored by the KIPDA Area Agency on Aging and Independent Living. This research study allows community voices to be heard in planning future social services that will be available from KIPDA in your community. More information can be found at (http://www.optimalaginginstitute.org/KIPDA)
Funding Source: Kentucky Fund for the Arts

Funding Period: January 2017—March 2018

Kent Team: Anna Faul, and Joe D'Ambrosio, as a part of the Institute for Sustainable Health and Optimal Aging

Abstract: Creative engagement has shown to have positive effects on general health, age-related cognitive functioning, balance, mental health, use of medications and overall well-being of older adults (Castora-Binkley, Noelker, Prohaska, & Satariano, 2010). Clinicians and other professionals from the medical community are increasingly working side by side with arts professionals in both healthcare and community settings. Globally, the arts are emerging as an important and integral component in the improvement the health and wellness of individuals. Arts in healthcare programs and creative arts therapies have been applied to a vast array of health issues to improve overall health outcomes, treatment compliance, and quality of life (State of the Field Committee, 2009).

Given the positive effects of art as shown in the literature, the purpose of this project is to create an innovative and transformative program engaging the power of the arts to improve health and wellness of older adults. This project will incorporate the arts into the lives of older adult veterans and the students who will be infused within the program to provide an intergenerational component within the study.

This project is a collaboration between the Institute for Sustainable Health & Optimal Aging and the Fund for the Arts. The project builds on the ability of the Fund for the Arts to build a stronger community by integrating Arts into everyone’s lives. Since 1949, the Fund for the Arts has raised more than $290 million and invested those dollars to maximize the impact of the Arts on economic development, education and quality of life. Further, the initiative builds on the ability of the University of Louisville Institute for Sustainable Health & Optimal Aging to engage older adults in initiatives that promote the capacity to function across many domains – physical, functional, cognitive, emotional, social, and spiritual – to one’s satisfaction and in spite of one’s medical conditions (Brummel-Smith, 2007). Building upon the strength and legacy of the Louisville arts community, this uniquely collaborative effort will highlight not only existing work happening in the arts and healthcare arena but also create a vision for partnerships that can improve the health, well-being and quality of life of older Louisville residents.

The goals of this project parallel the goals of the National Initiative for Arts & Health in the Military (Rollins, 2012):

1) To advance the policy, practice, and quality use of the Arts as tools for improved health and wellness of older adults in the Louisville community.

2) To raise visibility, understanding and support of the use of the Arts in the promotion of health and wellness of older adults in the Louisville community.

3) To demonstrate the use of the Arts as a tool for health available to older adults in the Louisville community.

The focus of this program will be to fill in the identified gaps in evidenced-based research on the benefits of using artists and performers in the promotion of health and wellness (National Initiative for Arts & Health in the Military, 2012). Given this, the following are the primary research questions:

1. What type of art exposure will have the maximum benefits in terms of health and well-being?

2. What type of art participation will have the maximum benefits in terms of health and well-being?

3. Is exposure and participation in arts needed to receive maximum benefits in terms of health and well-being?

4. What frequency of art exposure/participation will have the maximum benefits in terms of health and well-being?
The Development and Evaluation of the VIKINGS Educational Curriculum

P.I. ANNA FAUL

Funding Source: Department of Veteran Affairs

Funding Period: January 2017—February 2018

Kent Team: Anna Faul, Barbara Gordon, Lori Paris, and Pam Yankeelov, as a part of the Institute for Sustainable Health and Optimal Aging

Abstract:
The VIKINGS educational curriculum is a series of four online modules that enhance awareness and increase utilization of Veteran services. Funding for this curriculum is provided by a grant from the Department of Veterans Affairs.

The Vikings Curriculum is run by the Kentuckiana Veterans Integration Coalition. The Coalition works to ensure Veterans have access to the services and support they need to maintain healthy, active and independent lives by increasing community knowledge of resources, access to service and care coordination. Key partners of the Coalition include the Kentuckians Regional Planning and Development Agency (KIPDA) and the UofL Institute for Sustainable Health & Optimal Aging. For more information, see www.optimalaginginstitute.org/vikings
Compassionate Cities Index

P.I. ANNA FAUL

Funding Source: AmeriCor and City of Louisville

Funding Period: 2016-2018

Kent Team: Anna Faul, and Joe D’Ambrosio, as a part of the Institute for Sustainable Health and Optimal Aging

Abstract: The purpose of this study is to develop an index that measures compassion levels in a city. The study builds on the work of the researchers, the International Charter for Compassion and the International Compassionate Cities Movement. As more cities and communities aim to prioritize compassion and commit to the Compassionate Cities Movement, the need for a standardized measurement tool to evaluate compassion has grown. The study will lead to the development of a Compassion Index that is reliable and accurate for measuring the prevalence of compassion in cities.

In developing the proposed index the researchers examined other multidimensional measures of quality of life and wellbeing, in particular the Bhutan Gross National Happiness Index. The Gross National Happiness Index measures the quality of a country in a more holistic way than just the Gross Domestic Product and promotes that the beneficial development of human society takes place when material and spiritual development occur simultaneously to complement and reinforce each other (Ura, 2012). The researchers also reviewed the Development Counselors International list of the top 10 compassionate cities and the indicators used by them to develop this list (O’Brien, 2013), the compassion metrics of The CompassionNET movement (San Antonio Compassion, 2016), the Gallup Healthways Well-Being Index (Gallup World Poll, 2016), the Social Progress Index (Social Progress Imperative, 2016), the Resilience Capacity Index (Foster, 2011), the AARP Livability Index (AARP, 2015), the Opportunity Index (Opportunity Index, 2015), the OECD Better Life Index (OECD, 2015), the Distressed Communities Index (Economic Innovation Group, 2016), and the STAR Rating (STAR Community Rating System, 2015).

The focus of the proposed research study will be to validate and standardize an index that measures compassion at the city level. The study will look at compassion through nine domains: psychological wellbeing, health, education, community disparities, governance, business compassion, community vitality, ecological resilience, and standards of living. The Index will utilize objective contextual data which will be gathered through public and partner databases for objective measures. The additional survey component of the index will measure subjective individual data focused on individual indicators of compassion including forgiveness, empathy, hope, guilt, spirituality, and sense of belonging.
Funding Source: Jefferson County Public Schools

Funding Period: 2018-2019

Kent Team: Andy Frey, Kiersten Bills, Laura Johnson, Blake Skidmore, and part time staff and students

Dates: 2018-2019

Abstract:
Dr. Frey contracts annually with Jefferson County Public School’s early childhood program to provide mental health consultation services. The goals of these services are to: (1) enhance awareness and understanding of mental health and social and emotional development; (2) support positive social and emotional development of children through universal and targeted strategies; and (3) assist in securing appropriate mental health services for children and families according to need.
Efficacy of First Step Next and homeBase for Tertiary-Level Students with Disruptive Behavior

P.I. ANDY FREY

**Funding Source:** US Department of Education, Institute of Education Sciences (R32A150179)

**Funding Period:** 2016-2020

**Kent Team:** Andy Frey, Shantel Crosby, Tara Korflage, Ally Miller, Kiersten Curry, Laura Johnson, Blake Skidmore, and part-time staff and students

**Abstract:** The purpose of this project is to conduct a study to determine how potent the First Step Next and homeBase interventions are for improving social/behavioral and academic outcomes to support learning and to identify the utility of the interventions, and the degree to which they are feasible and practical for implementation in schools. The research is being conducted in several school districts in Kentucky and Indiana. First Step Next is a collaborative intervention program, delivered by a behavioral coach and lasting approximately three months, that is geared for regular classroom settings (preschool through third grade) and designed to help at-risk children get off to the best start possible in their school careers. homeBase is a home visitation intervention, based on motivational interviewing, designed to improve parenting skills. We are employing a randomized 2 x 2 factorial design. Specifically, we will systematically vary the levels of two factors, First Step Next (factor 1) and homeBase (factor 2). We will randomly assign 400 children to one of four experimental groups: (a) First Step NEXT only, (b) homeBase-only, (c) First Step NEXT -plus-homeBase, and (d) usual care. The aims for this study are to (1) examine the magnitude of immediate, pre-post effects for First Step NEXT -only, homeBase-only, and First Step NEXT -plus-homeBase interventions; (2) examine the maintenance of gains for the First Step NEXT -only, homeBase-only, and First Step NEXT -plus-homeBase interventions; (3) examine mediators and moderators of student-level intervention effects and the relationship among implementation measures and change parent and teacher outcomes and (4) identify facilitators and barriers to adoption, implementation, and sustainability of First Step NEXT and homeBase within and across schools. Outcomes include teacher and parent reported measures of social skills and problem behaviors; academic performance; and parent motivation, efficacy, and competence.
**Preschool First Step Next: An Efficacy Replication Study**

**P.I. ANDY FREY**

**Funding Source:** US Department of Education, Institute for Education Sciences (R324A1502216)

**Funding Period:** 2015 -2020

**Kent Team:** Andy Frey, Shantel Crosby, Kiersten Bills, Laura Johnson, Tara Korfhage, Blake Skidmore, and part-time staff and students

**Abstract:** The purpose of this project is to conduct a study to determine the effectiveness the First Step Next intervention is for improving social/behavioral and academic outcomes to support learning in preschool settings. The research is being conducted in Jefferson County Public Schools (Louisville, KY) and in several Head Start programs in Oregon. First Step Next is a collaborative intervention program, delivered by a behavioral coach and lasting approximately three months, that is geared for regular Head Start and Pre-K classroom settings and designed to help at-risk children get off to the best start possible in their school careers. First Step Next includes a direct social skill instruction component and a classroom management component. Sixteen preschool centers (8 in Oregon and 8 in Kentucky will be recruited to participate in each of three years. One child from each classroom will be recruited to participate, and centers will be randomly assigned to the First Step Next or business as usual comparison group. Children from the First Step Next intervention group will also receive a booster in kindergarten. Teachers in the centers randomized to the comparison condition will not receive any training and their students will receive business-as-usual services and instruction. Teachers in the business as usual comparison condition will receive training in the First Step Next intervention and implementation support after post-test data has been collected. Outcomes include teacher and parent reported measures of social skills and problem behavior and direct assessments of student academic performance.
Parental Expressed Emotion and Suicide-Related Disclosure in Suicidal Adolescents

P.I. LAURA M. FREY

Funding Source: American Foundation for Suicide Prevention
Funding Period: October 2018–September 2020
Kent School Team: Laura M. Frey, David Goldston (External Mentor), Emily Adkins, Jessica Curry

Abstract: To be able to assist someone in getting assistance for suicidal thoughts or behavior, the gatekeeper or loved one needs to know that the individual is feeling suicidal; often, one of the primary ways we know when someone is feeling suicidal is when they share or disclose that information. Nonetheless, factors such as the fear of stigmatizing or unsupportive reactions may lead some individuals to conceal their suicidal thoughts or behavior. Family members are often recipients of disclosure, yet existing family dynamics and stigma towards suicide may likely provoke unhelpful reactions. As part of a long-term research agenda to better understand how we can create a safe family environment for disclosure and to develop interventions that reduce unhelpful family dynamics that impact treatment for suicide, the purpose of this pilot study is to examine the relationships between suicide-related disclosure, expressed emotion in families, and correlates of treatment involvement for suicidal adolescents. Suicide-related disclosure—in this case, the disclosure of current suicidal ideation or behavior—will be explored as an important aspect of soliciting support and asking for help. The Specific Aims of this study are (a) to determine how rates of disclosure differ between adolescents with ideation only and those who have attempted suicide, (b) to examine whether family expressed emotion predicts how adolescents disclose suicidal thoughts or behavior, and (c) to test whether expressed emotion and disclosure have a direct effect on correlated outcomes of treatment involvement and suicidal thoughts and behaviors at follow-up.

To address these aims, at least 150 eligible adolescents will be recruited through referrals from Norton Children’s Hospital and through medical record reviews of patients currently treated at the facility. Adolescents and at least one parent per participant will complete baseline assessments within 48-72 hours of arrival to the hospital. Assessments will include a brief battery of survey instruments as well as an in-depth interview with adolescents and parents separately. Follow-up assessments including questionnaires and structured interviews will be completed at two and four months following baseline assessments. Interviews will assess follow-through with treatment recommendations, adolescent functioning, and suicide-related disclosure practices. Findings from this study will be used to develop a family-based intervention or modify existing interventions in order to target the aspects of expressed emotion that impact disclosure and treatment adherence specifically.
Funding Source: DHHS—Children’s Bureau through the Kentucky Department for Community Based Services (DCBS)

Funding Period: 2012-2018

Kent Team: Martin Hall, LeAnn Howell and Eric Schneider, in collaboration with George Higgins, UofL Department of Criminal Justice

Abstract: In Kentucky, nearly 90% of children three years and younger in out-of-home care have risks to safely due to parental substance abuse. To address this need, the Children’s Bureau has provided funding for the Department for Community Based services (DCBS) to establish a new Sobriety Treatment and Recovery Team (START) program in Daviess County, Kentucky. Currently, only 50% of DCBS clients in Daviess County in need of substance abuse treatment receive such services. START pairs specially trained child protective services workers with peer support specialists, comprehensive behavioral health treatment, parenting supports, and community wrap-around to deliver an evidence-based intervention guided by the Model of Change and implemented with a system-of-care approach. START is designed to keep children safe in permanent homes and nurture their wellbeing; to promote sobriety, recovery and parental capacity among substance-using parents; and to build community capacity for recovery supports to address co-occurrence of child maltreatment and substance abuse. The program evaluation includes a formative evaluation for program improvement, and a summative evaluation consisting of a strong quasi-experimental design to assess program impacts.
Funding Source: Kentucky Cabinet for Health and Family Services

Funding Period: 2014-2019

Kent Team: Martin Hall, Anita Barbee, Laura Beard, Amy Brooks, Jennifer Dixon, Eric Schneider, and Jeanelle Sears

Abstract: This expansion of START is funded by the Administration for Children and Families IV-E Child Welfare Demonstration Project. To increase capacity and better respond to Kentucky’s opioid epidemic, the Cabinet will expand START teams in the following counties: Jefferson, Kenton, and Boyd. Additionally, a new START program will be established in Fayette County. The evaluation for this project will include the first randomized controlled trial of the START Program. START is a treatment model focused on families with co-occurring child abuse/neglect, and substance use problems. START is an intensive intervention model that integrates addiction services, family preservation, community partnerships and best practice in child welfare.
Project Period: 2017 - 2018

Kent Team: Karen Kayser, in partnership with Scott LaJoie, PhD, MA, MSPH, (Public Health, University of Louisville), Hee Yun Lee, PhD, MSG, MSW (Social Work, University of Alabama), and Diane Harper, MD, MPH, MS (Medicine, University of Michigan).

Abstract: The goal of this study is to conduct a community needs assessment in rural counties of Kentucky and inner-city communities in Louisville that have been identified as areas with a high risk for cervical cancer. Cervical cancer is preventable and treatable. Rates of cervical cancer nationwide have been decreasing over the past decade due to early screening and the vaccination. Yet disparities still exist, especially among African-Americans and rural Appalachia communities. Kentucky continues to have the highest rates of incidence and deaths from cervical cancer in the nation.

ECHO® Project for Cervical Cancer and HPV Prevention in Rural Kentucky
The overall goal of this project is to establish an ECHO® hub serving Federally Qualified Health Clinics (FQHC) in the rural regions of Kentucky with the highest incidence and mortality rates of cervical cancer. The ECHO™ model which stands for Extension for Community Healthcare Outcomes is a hub-and-spoke knowledge sharing network. It is based on the principles of using technology to leverage scarce resources, sharing best practices, case-based learning to address complex problems, and monitoring important health outcomes. Our aim is to use the ECHO model to 1) build the skills of an interdisciplinary team (primary care physician, nurse, social worker, and community health worker) to provide an innovative preventive intervention to women who are at risk for cervical cancer and 2) train community health workers in an evidence-based approach to educate women about primary HPV screening, the USPSTF sponsored guideline and about the HPV vaccination. In 2018, we received a grant from the Kentuckiana Cancer Research Foundation to launch a pilot of the research program.

Promoting Cervical Cancer Screening and HPV Vaccination among African American Women
An intermural grant from the Social Justice Consortium (UofL) has assisted us in launching a project to reduce disparities in cervical cancer screening and prevention. Using a community-based participatory research (CBPR) approach, we are drawing on experiences and insights of key stakeholders in West Louisville to develop a culturally appropriate, theory-driven intervention to promote actions shown to prevent cervical cancer. Specifically, we will involve community members who can help develop and deliver educational materials that are effective at increasing knowledge, attitudes and behaviors.
Funding Source: Baylor University, NIH-R01

Project Period: 2017-2019

Kent Team: Karen Kayser and Alyssa Middleton, in partnership with Hoda Badr, PhD, Baylor College of Medicine

Abstract: Lung cancer (LC) is the leading cause of cancer mortality in the United States (US). Patients with advanced LC experience higher rates of physical and emotional distress relative to those with other cancers and this impacts their families who play a key role in providing care and emotional support. Despite efforts to provide patient-centered, family-focused care in cancer care programs, LC families are often unprepared and lack the resources for caregiving. They have low self-efficacy for managing symptoms at home, report high rates of emotional distress and physical problems.

This study seeks to test the efficacy of a psychosocial intervention to empower lung cancer caregivers and improve their quality of life. The program, called CareSTEPS, provides skills training in six domains that are central to the caregiving role: self-Care, Stress management, symptom management, Effective communication, Problem-solving, and Social support. Using a randomized controlled design, caregivers are randomly assigned to either CareSTEPS or usual medical care condition. The primary aim of the study is to determine the impact of the CareSTEPS intervention on caregiver self-care behaviors, physical and emotional well-being, and satisfaction with care.
A Fulbright-Nehru Distinguished Chair Award gave Dr. Kayser the opportunity to live and work in Chennai, India for four months (January – May, 2018). During this time, she collaborated with the psycho-oncology practitioners and researchers at the Cancer Institute (WIA). The aims of her work were to:

1) develop and implement a research protocol for monitoring and assessing the delivery of psycho-social care
2) teach research skills to psycho-oncology students, practitioners and faculty
3) disseminate information on psychosocial issues and improving care through lectures, workshops, and public talks.
Abstract:
Cancer remains the leading non-accidental cause of death for children in the United States. According to the American Cancer Society, in 2017, 15,270 children aged 19 and under were diagnosed with cancer, and 1,790 died of cancer. Many more will struggle with their diagnosis both during and long after treatment has ended. It is important for these children and their families to have a compassionate, competent and well-trained team of health professionals providing care. The National Consensus Project on Quality Palliative Care states that social workers should always be part of palliative care teams, which provide care to reduce suffering and enhance the quality of life, regardless of the outcome of treatment. Palliative care teams work alongside primary care teams, and a social worker’s role is to provide support, advocate for the patient and family members, assist in reducing symptoms and discussing grief, bereavement and end of life care and plans.

Oncology social workers require specialized skills and training in a number of areas in order to provide the best care for pediatric patients and their families. Being comfortable having conversations about death and dying, understanding the cancer diagnosis along with pain and symptom management, and advocating for the patient and family’s wishes all while being sensitive to family dynamics, cultural traditions and spiritual beliefs are skills that are critical, but not often taught. Social workers have reported feeling unprepared for their work with the seriously ill and dying and noted that master’s level training and continuing education options in this area were insufficient. Studies have shown few training programs for social workers in end of life care exist, and experts recommend the development of these types of training, both in undergraduate and graduate programs as well as via continuing education. Since that time, end of life care certificate programs have been developed, but few are social work specific and none focus specifically on children. Also lacking is feedback from oncology social workers about what they need or want in order to best prepare them for and support them in their work in pediatric palliative care.

This study will assess the role of pediatric oncology social workers. Specifically, (a) identifying the core tasks, knowledge and skill sets that are essential for pediatric palliative care practice, (b) conducting a job analysis survey of pediatric oncology palliative social work, (c) developing an outline of skills and knowledge needed for a pediatric palliative social worker and (d) identifying gaps in social work education and on the job training. Data collected will delineate the skills and knowledge needed for the practice of pediatric oncology palliative care. The information will guide the development of competencies and curriculum to enable social workers to provide quality palliative care services to children with cancer and their families.
Project PIVOT: Prevention and Intervention of Victims of Trafficking

P.I. JENNIFER MIDDLETON

**Funding Source:** Kentucky Children’s Justice Act Task Force Grant ($100,000)

**Funding Period:** 2018-2019

**Kent Team:** Dr. Jennifer Middleton serves as the Principal Investigator and Rianna Ayala and Emily Edwards are the Research Assistants for the project.

**Abstract:** Project PIVOT represents a new partnership (consortium) among the Kentucky Department for Community Based Services (DCBS), University of Louisville, Kentucky Office of the Attorney General and others including the Kentucky Association of Sexual Assault Programs, Kentucky Association of Children’s Advocacy Centers and the Catholic Charities Human Trafficking Program to name a few. The consortium will partner to improve the ability to identify child welfare-involved sex trafficking victims in Kentucky and to promote safety, permanency, and well-being outcomes for children who have been the victims of sex trafficking. The overall goal of the PIVOT project is two-fold: 1) to increase awareness of the issue of human trafficking within the child welfare population; and 2) to improve the ability of systems to appropriately and effectively respond to human trafficking within the child welfare population, in a manner which limits additional trauma to the child victim. In order to inform the work of the project, the PIVOT research team will conduct a comprehensive case file review of the 582 child trafficking cases reported to DCBS from 2013-2018 in order to answer the primary question: What happens to child trafficking cases in the child welfare system? In addition, Project PIVOT will develop and implement the new Trafficking Policy Advisory Council (TPAC), which will include service providers for homeless/runaway youth and school personnel along with law enforcement, juvenile probation/parole and detention program staff, social service providers and group homes/foster homes/residential treatment programs. The goals of the TPAC are: 1) to create cross-agency interactions and facilitate better communication related to child trafficking cases, 2) increase the knowledge of state-level agency personnel regarding child trafficking, 3) create a unique mix of law enforcement, service providers, child welfare workers, juvenile justice providers, school providers and providers for homeless and runaway youth to: a) better understand the role of each service provider related to trafficking victims within the Kentucky child welfare system, b) work collaboratively to close gaps in services for child trafficking victims, and c) to increase collaboration on specific cases that are shared between agencies. Upon completion of the project, findings and recommendations of the TPAC will be shared with key legislators, the Office of the Governor, and the Commissioners.
Creating a Trauma Resilient Community in Louisville, Kentucky

P.I. JENNIFER MIDDLETION, SHANTEL CROSBY

**Funding Source:** Substance Abuse and Mental Health Services Administration ($5,000,000)

**Funding Period:** 2018-2023

**Kent Team:** Drs. Jennifer Middleton and Shantel Crosby serve as the Principal Investigators; Drs. Heather Storer, Crystal Collins-Camargo, and Bibhuti Sar are Co-Investigators; Robin Cook is the Research Manager.

**Abstract:** The Louisville Metro Trauma Resilient Community (TRC) Initiative is a city-wide program that seeks to promote resilience and equity for Louisville’s youth and families disproportionately affected by trauma, systemic inequities, violence and civil unrest. The TRC Initiative will utilize a comprehensive, community-based approach consisting of 1) trauma-informed system of care capacity building, 2) trauma-responsive community, first responder, and referral source education, 3) trauma-focused youth and family centered, evidence-based interventions, and 4) community-led project development to help youth and their families overcome the effects of trauma. Specifically, this project will 1) enhance leadership and systems capacity to create and sustain a trauma-informed system of care, 2) increase knowledge and skills of personnel who make referrals and provide services to children and families regarding trauma, racial inequity, community violence, and related services, 3) provide trauma-focused intervention services to children and their families exposed to community violence, and 4) evaluate the impact of the project on consumers of this proposed project.

The TRC Initiative will develop a community-engaged leadership advisory board to increase trauma awareness among community leaders, enhance outreach and training across multiple sectors, and identify the effects of adverse community experiences. Additionally, TRC will engage in trauma-informed community and referral source training (e.g., Youth Mental Health First Aid) in order to develop a common language, build engagement within the community, and establish a safe communication process for all collaborators to follow. Project-related activities, services, and outreach efforts will target West and South Louisville communities, where youth and families disproportionately affected by trauma, violence, systematic inequities and civil unrest reside. By the completion of the project, 200 clinicians will have been trained in evidence-based trauma interventions, 400 children and their families in West and South Louisville will have been provided trauma treatment, 200 first responders, volunteers, and community service providers will be trained in the Youth Mental Health First Aid model, 40 service providers, public school officials, and leaders will become local trainers in the Trauma Resilient Community® model, and 50 community agencies serving youth and families exposed to community violence and trauma will have become trauma-informed, including 12 “backbone” agencies that will become certified Trauma Resilient Community® organizations. Project evaluation findings will be disseminated through presentations and publications.

This project is managed by the Mayor’s Office for Safe and Healthy Neighborhoods. The University of Louisville’s Kent School of Social Work will oversee implementation of the Trauma Resilient Communities Model and evaluation of the project. Additional partners include: the National Center for Trauma Resilient Communities, Centerstone Kentucky, the Collective Care Center at Spaulding University, the University of Pittsburgh School of Medicine, the Treatment and Services Adaptation Center for Resilience, and Boys and Girls Clubs of Kentuckiana.
Culture of Care among African American Caregivers of people with dementia

P.I. HEEHYUL MOON

Funding Source: Korean American Social Work Educator Association

Funding Period: 2018-2019

Kent Team: Heehyul Moon, Sunshine Rote

Abstract: The current study aims to use focus groups with local caregivers to (1) identify and describe cultural values and beliefs about dementia caregiving; (2) examine the influence of culture, and other social factors on the type of help caregivers seek when caring for their loved one with dementia or memory loss; and (3) investigate the influence of social factors, in particular the role of culture, on physical functioning, general health, and depression of caregivers.
Dementia Care in Kentucky: Exploring Needs of African American Caregivers of Older Adults with Dementia

P.I. HEEHYUL MOON

Funding Source: Kent School of Social Work, University of Louisville

Funding Period: 2018-2019

Kent Team: Sunshine Rote, Heehyul Moon

Abstract: We discovered with our first round of research conducted with a local Church that dementia caregivers would like more discussion of self-care strategies. Our next step in the project is to conduct more groups with African American caregivers to discuss self-care and other factors that can alleviate caregiver burden and provide information on tangible resources available to caregivers from the Area Agency on Aging and Alzheimer’s Association. During the focus group, there will be short survey asking about knowledge about dementia, caregiving, and demographics. Findings from this study can lead to the development of culturally sensitive interventions that are appropriate and acceptable for older adults with dementia and their caregivers in KY.
Public Child Welfare Certification Program (PCWCP)

P.I. ARMON PERRY

Funding Source: Kentucky Cabinet for Health and Family Services, through contract with Eastern Kentucky University

Funding Period: 2016-2017, 2017-2019

Kent Team: Lisa Barrett and Armon Perry

Abstract: The Public Child Welfare Certification Program (PCWCP) has been implemented by the Kentucky Cabinet for Health and Family Services and eleven university undergraduate social work programs in order to better serve the children and families in Kentucky.

The goal of this program is to fill the ranks of Child Welfare Workers with the most competent and well-trained workers who can provide high quality services immediately following employment. The Cabinet has partnered with the Universities to offer Bachelor Social Work juniors and seniors their academic program in conjunction with participating in the Cabinet's child welfare training curricula prior to graduation. These students are provided in-state tuition, a stipend and must complete a two year employment commitment with the Cabinet upon successful completion of the program.
Funding Source: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Family Assistance (90FK0074-01-00)

Funding Period: 2015-2020

Kent Team: Armon Perry, Becky Antle, Anita Barbee, Cheri Langley, Walter Murrah, Emma Sterrett-Hong, and Danielle Whiteside

Abstract:

Father’s involvement in their children’s lives has received increased attention in recent years. In response, support has grown for responsible fatherhood programs aimed at improving the quantity and quality of fathers’ involvement. The Stepping Up 4 Yourh Child project is one such program that will go beyond traditional fatherhood programs by integrating the provision of responsible parenting, economic stability, and relationship education services to fathers at risk for paternal disengagement.

Specifically, through Stepping Up 4 Your Child, non-custodial fathers in Clay, Daviess, Elliott, Hardin, McCracken and Owen Counties, will be provided with a comprehensive, solution-oriented program featuring group based parent education and individualized case management to help them achieve financial independence, increase their parenting skills, and develop a co-parenting alliance with their children’s mother. Given that each of these focus areas have all been cited as three of the strongest predictors of paternal engagement, Stepping Up 4 Your Child and the results from its evaluation have significant implications for families across Kentucky, as well as practitioners, researchers, and policy makers interested in responsible fatherhood.
Funding Source: Fatherhood Research & Practice Network

Funding Period: January 1, 2017—June 30, 2019

Kent Team: Armon Perry, in partnership with Aaron Rollins, UofL Urban Affairs, and Ebony O’Rea from the community

Abstract: Fathers’ involvement in their children’s lives has received increased attention in recent years. In response, support has grown for responsible fatherhood programs aimed at improving the quantity and quality of fathers’ involvement. Research on these programs has concluded that factors such as fathers’ parenting skills, co-parenting relationship quality, and socioeconomic status all impact fathers’ ability to contribute to their children’s growth and development. Using this previous research as a foundation, the 4 Your Child project was awarded a New Pathways for Fathers grant from the Office of Family Assistance to integrate the provision of responsible parenting, economic stability, and relationship education services to fathers at risk for paternal disengagement. The current study serves as a complement to 4 Your Child by recruiting the custodial mothers into parent education workshops to teach them the skills that fathers are learning in 4 Your Child. Subsequent to the mothers’ workshops, both parents are provided with assistance in developing a mutually agreed upon parenting plan.
Funding Source: March of Dimes Kentucky

Funding Period: 2018-2019

Kent Team: Armon Perry

Abstract: This project will recruit up to 30 (15 mothers and 15 fathers) unmarried co-parenting dyads who are neither cohabitating, nor romantically involved, but are identified by Healthy Start staff as having an amicable co-parenting relationship. These co-parents will be engaged in in-depth qualitative individual interviews soliciting their experiences, perspectives and opinions about how to establish, cultivate, and maintain functional co-parenting relationships. The findings from these interviews will be used to inform future trainings with Healthy Start and March of Dimes staff who are interested in more fully engaging fathers in maternal and child health services.
Older Adults in Kentucky (OAK) Prisons Study

P.I. STEPHANIE PROST

**Funding Source:** Raymond A. Kent School of Social Work Seed Grant

**Kent Team:** Stephanie Grace Prost, Seana Golder, and Adrian Archuleta

**Partners:** Kentucky Department of Corrections Divisions (KYDOC) of Adult Institutions and Re-entry Services

**Background:** The KYDOC saw a 30% increase in the population of adults age 55 and over between 2012 and 2016 (Crime and Justice Institute, 2017). These individuals face numerous vulnerabilities related to health and well-being in prison including functional decline, limited mobility, hypertension, diabetes, chronic obstructive pulmonary disease, and substance use and post-traumatic stress disorders born of pre-incarceration and carceral setting factors. The cost of care for adults age 80 or older is estimated at eight times higher than the cost of care for younger incarcerated adults (<79; Fellner & Vinck, 2012) and nearly 30% of the 2017 annual per inmate cost to incarcerate in KYDOC was related to health care. Some researchers have estimated that states could save an average of $66,294 annually for each older adult released (Chettiar et al., 2012).

**Aims:** The mixed-methods, longitudinal study aims to identify and describe the 1) Health, quality of life, and justice-related experiences of incarcerated older adults and the 2) Strengths and barriers of programming and services for incarcerated older adults in each of the 12 Kentucky state prisons.

**Methods:** Surveys, focus groups, and institutional record reviews will be used to meet the aforementioned descriptive aims. Both older adults and their peer caregivers will be interviewed face-to-face. The older adult survey contains demographic, health, and justice-related questions and standardized measures (e.g., Older Adult Resources and Services Questionnaire (OARS); Patient Health Questionnaire 9 (PHQ-9); World Health Organization Quality of Life Questionnaire (WHOQOL). The peer caregiver survey includes caregiving characteristic queries (e.g., number of care recipients served, length of time providing care) and standardized measures (e.g., Death Anxiety Scale (DAS); PHQ-9). Ten focus groups will be facilitated, one of each of the following stakeholder groups at the Kentucky Correctional Institution for Women (KCIW) and the Kentucky State Reformatory (KSR): older adults, peer caregivers, contracted nursing personnel, correctional officers, and KYDOC staff/administration. Cross-sectional, institutional record review includes both medical (e.g., prescriptions ordered/dose, inpatient/outpatient hospitalizations) and justice-related variables (e.g., length of current incarceration, length of current sentence, associated charges, disciplinary infractions). Multifaceted recidivism data will also be collected once annually for 5 years post initial interviews (e.g., presence/absence of arrest post-release; if re-arrested, charges).

Findings from this study are anticipated to support development, implementation, and evaluation of a tailored intervention used to increase incarcerated older adults’ quality of life, decrease recidivism, and reduce care costs for the KYDOC.
Dementia and Physical Disablement Processes among Aging Latinos

P.I. SUNSHINE ROTE

Funding Source: National Institutes of Health, National Institute on Aging. R03

Funding Period: 2018-2020

Kent Team: Dr. Sunshine Rote, PI and her external collaborator Jacqueline Angel

Abstract: The Latino population is rapidly aging and by 2050 will represent over 20% of the older adult population in the U.S. At the same time, the burden of dementia in the older Latino population is expected to increase from around 200,000 cases in 2000 to as many as 1.3 million cases in 2050, with many more suffering from milder degrees of cognitive impairment. A further stress on the Latino and specifically Mexican-origin population is high poverty rates. Close to 27% of older Mexican Americans in the U.S. live below the poverty line which is over double the rate for older adults in general (Administration for Community Living, 2014). Disparities in dementia raise serious public health concerns; yet, there have been surprisingly few longitudinal studies on the role of dementia and cognitive impairment for physical disablement processes in the Mexican-origin population. Understanding how dementia shapes physical disablement pathways and identifying factors that slow down or speed up disablement will lead to a better understanding at which point geriatric public health intervention is most needed. We propose to employ a longitudinal cohort study of 3,050 older Mexican-origin individuals the 1993/94-2016/17 Hispanic Established Populations for the Epidemiologic Studies of the Elderly (H-EPESE). First, we will use nine waves of survey data to 1) describe the long-term patterns of dementia and cognitive impairment for a prospective cohort of older Mexican Americans. Growth Mixture Modeling (GMM) is used for this part of the analysis. Then, we will 2) estimate the role of dementia and cognitive impairment for changes in physical disablement processes over twenty years of study data. Finally, we will 3) assess differences in dementia-related physical disablement within the group by gender, socioeconomic status, and sociocultural factors. The proposed research will lead to a better understanding of long-term health change for Mexican Americans in late life and an estimation of how many Mexican Americans with dementia need support in late life. Ultimately, our objective is to develop and evaluate a new empirical model to describe long-term patterns of dementia for physical disablement processes that can be replicated with other segments of the aging population to determine the extent of need for specialized long-term support services.
Funding Source: Metro Louisville

Funding Period: 2016-2018

Kent Team: Bibhuti Sar, Adrian Archuleta, Jim Guinn, Tom Lawson, Pam Ratcliffe and Pam Yankeelov

Abstract:

Funding provided to establish the Survivors of Torture Recovery Center — STRC in Metro Louisville, Kentucky. The Center will provide:

- Survivor centered services
- Education, training, and evaluation
- Promote collaboration among systems of care for torture survivors.

By completion of the initiative, 600 torture survivors will have been screened and provided one or more core services (medical, mental health, social, legal). Three hundred professionals (i.e. physicians, nurses, social workers, social service caseworkers) will have received training on the unique aspects of service delivery to torture survivors. Three hundred persons from within the refugee communities and outside of the refugee communities will have received an educational program/informational materials on survivors of torture and the program of recovery.

A final report will be disseminated through presentations and publications on the project’s impact, and lessons learned from the establishment and delivery of services through the Survivors of Torture Recovery Center — STRC.
Abstract

Metro Louisville’s Center for Promotion of Recovery and Resilience (CPRR) will utilize a comprehensive, community based approach consisting of 1) capacity building, 2) community and referral source education, 3) child/youth centered evidence based trauma focused interventions, and 4) consumer feedback and evaluation to help children and youth (military, refugee, or maltreated and sexually exploited and trafficked) overcome effects of trauma. Specifically, this project will 1) increase knowledge and skills of personnel who make referrals and provide services to children regarding trauma and related services, 2) provide trauma focused intervention services to military children, refugee children, and children victimized by abuse, neglect and exposed to family violence, and 3) evaluate the impact of the project on consumers of this proposed project. By the completion of the project, 100 providers will have been trained in evidence based trauma interventions (e.g. TF-CBT, CBITs, FOCUS), 575 children and their families will have been provided trauma treatment and education, and 50 community agencies serving children and youth will have become trauma informed. A final report will be disseminated through presentations and publication on the project’s impact and lessons learned on how to best respond to the needs of traumatized children and youth.
**Funding Source:** Department for Health and Human Services (DHHS), Title IV-E funding to Eastern Kentucky University

**Funding Period:** 2016-2018

**Kent Team:** Bibhuti Sar, Lisa Barrett, Kim Wadlington, Katy Radmacher, and Nathan Redd.

**Abstract:** The Credit for Learning Program (CFLP) is an innovative partnership between the Kentucky Cabinet for Health and Human Services, University of Louisville, University of Kentucky, Western Kentucky University, and Eastern Kentucky University to enhance the professional development of public child welfare workers in the Commonwealth of Kentucky. This program offers new and tenured protection and permanency workers the opportunity to take graduate social work courses and earn graduate-level credit as non-degree graduate students while fulfilling the professional development requirements for employment. A teaching team consisting of a university instructor and trainer utilizes a combination of face-to-face (lecture, group discussion, exercises, video and audiotapes) and online sessions (Blackboard) to deliver the courses. Process and outcome evaluations are ongoing to assess knowledge transfer by frontline child welfare workers into their work of protecting children from maltreatment.
Funding Source: Substance Abuse and Mental Health Administration (SAMHSA)
Funding Period: 2018-2021

Kent Team: Bibhuti K. Sar

Abstract
Children and adolescents at risk for or experiencing mental health problems are served by allied professionals (i.e. before and after school counselors, activity planners, recreation counselors, and the like) in agencies such as after school programs, neighborhood/community centers, but studies show that these professionals do not always receive training on screening and assessment of mental health problem or make referrals for services based upon evidence-based practices (NCTSN, 2005). This is of much concern in Metro Louisville as there is no ongoing dedicated community wide program in Metro Louisville to familiarize and educate allied professionals about mental health awareness specific to children and adolescents in the context of providing services to them (i.e., education, recreation, afterschool programming). Therefore, the Kent School of Social Work at the University of Louisville will utilize a comprehensive, community engagement strategy consisting of 1) assembling a community invested mental health awareness advisory board, 2) capacity building focused on increasing the number of Youth Mental Health First Aid certified instructors in the community, 3) engaging the community through education and recruitment, 4) training of Youth Mental Health First Aid (YMHFA) to allied professionals/frontline staff, and 5) feedback and evaluation over the next three years. The following outcomes will have been achieved: 400 allied professionals will have been taught to implement YMHFA, 30 allied professionals will have been certified to teach YMHFA, and 30 community agencies serving children and youth will have become knowledgeable about mental health awareness and the need for YMHFA trainings. A final report will be disseminated on the project’s impact and lessons learned on how to best respond to the needs of children and youth at risk for or experiencing mental health problems.
Quality Improvement Initiative Using Clinical Practice Guidelines

P.I. BETTY SHIELS

Funding Sources: Alabama Medicaid Agency, Georgia Department of Community Health, Grant #16051G; Kentucky Cabinet for Health and Family Services, Grant # P02 723 1600004042; Mississippi Department of Health, Division of Medicaid, South Carolina Department of Health and Human Services and State of Florida, Agency for Health Care Administration; CMS Project Numbers: Alabama 2015-04-AL-UOL-0303; Florida 2015-04-FL-UOL-0303; Georgia 2015-04-GA-UOL-0303; Kentucky 2015-04-KY-UOL-0303; Mississippi 2015-04-MS-UOL-0303; South Carolina 2015-04-SC-UOL-0303

Funding Period: June 30, 2015—September 30, 2017 (AL, GA, KY, MS, SC) November 1, 2017—September 30, 2020 (FL)

Kent Team: Betty Shiels, Amanda Forsting, Diana Jester and Brenda Williams, in collaboration with the UofL Medical School Continuing Education and Professional Development Program

Abstract: The goal of this project is to improve the quality of care of nursing home residents in six Southeastern U.S. states by increasing the knowledge and skills of certified nursing home health care professionals and direct care staff as well as key stakeholders across the six participating states in the access to and application of the most current clinical practices. Six states in CMS Region IV have identified the need to increase skills and knowledge of health care professionals and direct care staff in the 1,944 certified nursing homes in Alabama, Florida, Georgia, Kentucky, Mississippi and South Carolina. All six states have recorded below average performance on a variety of CMS quality measures and a number of the states have reported worsening deficiency citation experience while the national average has been improving. AMDA – The Society for Post-Acute and Long-Term Care Medicine is a leading provider of clinical curriculum development for medical providers and physician assistants in the United States. Their Clinical Practice Guidelines (CPGs) are published for AMDA members and will be used to implement this project through a password-protected website made available at no charge to the participating nursing homes.

This project will provide 1,944 certified nursing homes access to the AMDA CPGs in six states in CMS Region IV through a password-protected website developed and managed by the University of Louisville, Kent School of Social Work. The website will be available exclusively in the six states and the key stakeholders; CPGs which cover twenty-one clinical conditions ranging from Urinary Tract Infections to Pain Management to Diabetes among eighteen other topics; Additional resources from AMDA including a series of templates for CNA and nursing staff to identify changes in resident condition and communicate the changes in an effective, concise manner to physicians to expedite diagnosis and/or treatment recommendations, thereby improving quality of care to the resident and lessening the need for hospitalizations; Availability of all CPGs and other AMDA resources to at no charge to direct care CNH staff and health care professionals thus offering cost-effective staff training resources leading to improved health care delivery; Further dissemination of clinical best practices, and professional development materials will be available on the website to key stakeholders including State survey staff, LTC Ombudsman programs, Region IV Federal survey staff and Quality Improvement Organizations in the six states; and, a continuing education program offering CME/CEs for the CPGs to four professions: Medicine, Nursing, Social Work and Nutritionists/Dieticians.
Funding Source: U.S. Department of Health and Human Services, Office of Assistant Secretary for Preparedness and Response, and the Center for Disease Control, through the Kentucky Department for Public Health

Funding Period: 2016-2018

Kent Team: Betty Shiels, Amanda Forsting, Diana Jester and Brenda Williams

Abstract: The Kentucky Emergency Preparedness for Aging and Long Term Care (LTC) Program develops emergency preparedness tools for and provides training to licensed nursing homes’ staff and organizations serving vulnerable elders across KY. Program staff serve on the KY Hospital Preparedness Program regional coalitions for issues of concern to long term care and functional and access needs populations. During times of emergencies, program staff also support the KY Department for Public Health Preparedness Branch and ESF # 8 by providing technical assistance on behalf of long term care and serving as a resource to the State health Operations Center.

Program partners include:

- KY Department for Public Health Preparedness Branch
- KY Hospital Association
- KY Division of Emergency Management
- KY Office of Inspector General
- KY Community Crisis and Response board (KCCRB)
- KY Board of Emergency Medical Services
- KY LTC Ombudsman Program

The KY LTC Emergency Preparedness Manual was developed as a template for nursing homes in Kentucky to establish planning or augment existing emergency preparedness plans. It includes a crosswalk to existing emergency preparedness recommendations for nursing homes made by the Centers for Medicaid and Medicare Services. Additional information is developed as new events occur in Kentucky and new areas of emphasis emerge, such as medical surge planning and transportation planning.
**The Role of Social Supports in Addressing the Financial Burden of Cancer**

P.I. LISA SMITH

**Funding Source:** American Cancer Society

**Funding Period:** 2016-2018

**Kent Team:** Lisa Smith, Karen Kayser, Barbara Head and Lesley Harris

**Abstract:** It is evident that the costs of cancer treatment are exorbitant and individuals living with cancer are at risk of experiencing cancer-related financial burden. Research has shown that cancer-related financial stress influences patients' medical decision-making, forcing them to make hard financial sacrifices to pay for their care and/or forgo medical treatment. Patients have reported losing their housing, belongings, monetary savings or retirement funds and filing for bankruptcy. This burden adds to the cancer experience by affecting patients' quality of life and increasing their anxiety and psychological distress.

We are on the cusp of understanding the complexity of cancer-related financial burden. Through this Mixed Methods approach, we hope to gain insight into the cancer patients' experiences with financial burden in relation to their social support. The qualitative branch of this study uses grounded theory techniques to analyze 26 interviews with participants who self-reported cancer-related financial burden. Through the theoretical lenses of Systems and Social Support theories, interviews were explored identifying the types of social support received and their providers. The quantitative branch will expand on this information by examining the experiences of a large sample population. It will also attempt to understand the role of social support as a mediating or moderating variable as viewed through the theoretical frameworks of Stress and Coping Theory, and the Stress Hypothesis. Access to 150 participant responses will be obtained by using an online survey disseminated through five cancer-related organizations.

The benefits of social support are evident; however, preliminary findings suggest that patients may not receive, access, or request support for their cancer-related financial burden. This study will inform current social work practice by identifying social support that may lessen financial strain, and barriers to accessing forms of social support. Results will guide oncology social workers by providing knowledge that can be used to meet daily challenges of patients with financial concerns.
Funding Source: Department for Health and Human Services (DHHS), Cabinet for Health and Family services, Eastern Kentucky University, Title IV-E Administrative Support/Targeted Case Management/CBCAP

Funding Period: 2014-2018

Kent Team: Emma Sterrett-Hong, Dannette Baker, Dennie Carter, and Karol Inmon

Abstract: The University of Louisville is a member of the University Training Consortium network comprised of Eastern Kentucky University, Kentucky State University, Morehead State University, Murray State University, Northern Kentucky University, University of Kentucky, University of Louisville, and Western Kentucky University. The services of the University of Louisville’s UTC range from New Employee Orientation to conference planning & coordination. The UTC provides for the Cabinet for Health and Family Services with the guidance & support needed to assure the quality of the family services system for Kentucky’s families. THE Consortium approach to Social Services professional training allows for the maximum use of resources to provide the most effective delivery of needed services to children & families of the Commonwealth. The University of Louisville plays a major role in the preparation of social service professionals through their graduate & undergraduate degree programs. With this Consortium between CHFS, EKU & UofL plus the other six state universities, a collaboration exists for significant involvement of higher education participation in CHFS staff training.
Louisville Youth Development Workers Needs Assessment Project

Funding Source: Kent School of Social Work Research Pilot/Seed Grant Funding

Funding Period: 2018-2019

Kent Team:
Andrew M. Winters, Ph.D., Rebecka Bloomer, MSSW, CSW, in partnership with Aishia A. Brown, Ph.D with the University of Louisville Department of Health Promotion and Behavioral Sciences in the School of Public Health and Information Sciences

Abstract:
The purpose of the Louisville youth development workers needs assessment project is to explore challenges faced by youth development workers, describe the professional needs of youth development workers, and construct a theoretical framework for working with youth development workers. The Louisville Metro Government Office of Youth Development (OYD) serves as a resource and advocacy voice for the community on information about youth programs and training opportunities for people who work with youth. OYD is one of very few entities in Louisville that focuses on providing supports and resources to youth development workers. Aside from training evaluations, OYD has no comprehensive way to assess the professional needs of youth development workers in Louisville. The central research question is: How do youth development workers in Louisville describe their professional challenges and needs? To answer this research question, the project team will use in-depth interviews and focus groups with youth development workers in partnership with the OYD. This project is innovative in the following ways:

- Engaging a population of community members who have the power to influence the well-being of youth
- Creating a strategic process to assess the professional needs of youth development workers that can be replicated in other communities
- Creating a theoretical framework for working with youth development workers, a critical need in youth development research and practice

The Research team will utilize the data from this project to support a grant proposal to the National Institute of Health (NIH), Community Partnerships to Advance Research.
UNIVERSITY-WIDE COLLABORATIVE RESEARCH
Funding Source: National Institutes of Health

Funding Period: 2015-2019

Kent Team: Becky Antle, in partnership with UL School of Medicine, Department of Psychiatry, Depression Center

Abstract: Computer-assisted cognitive-behavior therapy (CCBT) for depression in primary care will be evaluated in a trial with 300 patients randomly assigned to CCBT or treatment as usual (TAU). The study will disseminate a therapy method found to be effective in psychiatric settings into primary care - a setting where there have been significant problems in delivery of adequate, evidence-based treatment for depression. The form of CCBT used in this study is designed to increase access to effective therapy, provide a cost-effective method, and be a sustainable model for wide-spread use in primary care.

In order to deliver therapy in a practical manner that can be replicated in other primary care practices, patients with significant symptoms of depression will receive treatment with an empirically supported computer program and an associated mobile application that build cognitive-behavior therapy skills. Support for CCBT will be provided only by telephone and/or e-mail contact with a care coordinator. No face-to-face treatment with a cognitive-behavior therapist will be included in the treatment program.

Outcome will be assessed by measuring CCBT completion rate, comprehension of CBT concepts, and satisfaction with treatment; in addition to ratings of depressive symptoms, negative thoughts, and quality of life. An exploratory analysis of possible predictors, mediators, and moderators of outcome will be conducted. Finally, the cost-effectiveness of CCBT and TAU will be compared. These data should help clinicians, health care organizations, and others plan further dissemination of CCBT in primary care.
Transforming Learning Communities: A Multiyear Project Supporting Teachers of Adolescents

Dr. Shantel Crosby collaborating with faculty from the College of Education and Human Development and Jefferson County Public Schools

Approaches to classroom management, including those in teacher education, are often reductionist, color blind, and ineffective in diverse classrooms. Importantly, classroom management is a significant concern among preservice (Pereira & Gates, 2013) and practicing teachers (Milner & Tenore, 2010). Other factors contribute to classroom management styles that negatively impact diverse students, creating conditions that contribute to disproportional discipline practices and perpetuate the school to prison pipeline (Raible and Irizarry, 2010). These include teachers' views about students and their beliefs about (Martin & Sass, 2010) and reliance on policies such as Zero Tolerance and police as school resource officers (American Civil Liberties Union, 2008). To address these concerns this multiyear project includes transdisciplinary professional development and research in order to reach “across disciplines, colleges, and beyond academia” (CCTSJR CFP, 2017) in support of preservice teacher development of trauma-informed practices using intersectional, humanistic, supportive, community based approaches (Watson & Battistich, 2006).

African American Older Adults Living with HIV: Exploring Stress, Stigma, and Engagement in HIV Care

Dr. Lesley Harris in collaboration with faculty from the School of Public Health and Information Science and the School of Nursing

The purpose of this mixed methods study is to examine the effects of stigma and perceived stress on engagement in care for older African Americans living with Human Immunodeficiency Virus (HIV). With the major advances in HIV treatment, HIV has become more of an acute than chronic disease. This transition has led to the lifelong need for medical care and therefore, proper engagement in care is essential for individuals living with HIV. Individuals who are engaged in care are more likely to initiate antiretroviral therapy early, adhere to their medications, and have better health outcomes compared to those who are not engaged in care (Mugavero, 2013). As the population living with HIV ages, it is critical to understand factors that facilitate or pose barriers to recommended care-engagement, particularly race, stigma, and stress. As African Americans are the racial/ethnic group most affected by HIV (CDC, 2013), this study aims to develop a greater understanding of the needs of older African American adults living with HIV/AIDS in Louisville, Kentucky. In addition, we will examine how stigma and stress may impact their engagement in health care. This study that will be guided by the Comprehensive Health Seeking and Coping Paradigm (CHSCP; Nyamathi, 1989) which posits that personal and environmental factors combined with one’s cognitive appraisal of their situation can influence health care compliance and health seeking behavior.
Louisville House Ball Community

Drs. Emma Sterrett-Hong and Maurice Gattis in collaboration with faculty from the School of Public Health and Information Science and the Department of Women and Gender Studies/Pan African Studies

Young ethnic minority sexual minority men and transgender women face multiple types of stigma, discrimination, and victimization, and yet strengths exist among this population that support resilience in face of this societal and systemic oppression. The purpose of this study is to join with members of the Louisville House Ball Community, which consists of ethnic minority sexual minority men and transgender women, to learn about the strengths and needs of members. We plan to examine the positive aspects of the House Ball community that make it a source of support for many sexual minority men and transgender women. In addition, we seek to work with LHBC members to identify the concerns that are most important to them, to seek remedies to those concerns that are acceptable to them, and to partner with them in disseminating the information learned.

Improving the Educational Outcomes of Homeless Youth in Jefferson County, Kentucky

Dr. Heehyul Moon in partnership with the Jefferson county public school district, the team will assess the school mobility of homeless students in efforts to inform strategies to support academic achievement in homeless families.
LGBTQ Adolescent Health in Louisville: A Community-Based, Mixed-Methods Approach to Identifying and Addressing Local Priorities

Dr. Maurice Gattis in collaboration with faculty from the College of Public Health and Information Science

While LGBTQ adolescents are more visible than ever, they face stark health disparities due to social stigma and a lack of culturally competent health care services. Some general LGBTQ adolescent health resources have been disseminated by national organizations, but these are not always appropriate for Louisville’s unique blend of Southern and Midwestern culture. Although we have a vibrant LGBTQ community, very little is known about the health needs of LGBTQ young people locally. Constructing and disseminating effective health-related services and resources requires us to consider the community’s information needs, existing resources, capacity, and culture. The purpose of this research is to engage a diverse range of LGBTQ young people and adult stakeholders on the topic of LGBTQ adolescent health. This will provide us with an evidence base upon which to create a community-informed, comprehensive health communication campaign.

Project STAAR: Survivors of Trafficking Creating Art, Agency, and Resilience

Drs. Jennifer Middleton, Maurice Gattis and Lesley Harris collaborating with faculty from the Speed School of Engineering, the School of Medicine and the Department of Criminal Justice

The collaborative will partner to improve the ability to identify child trafficking victims in Kentucky and to promote safety and well-being outcomes for children who have been the victims of trafficking by 1) documenting and sharing the lived experience of survivors of human trafficking in Louisville through the use of photovoice methods, 2) engaging survivors in critical conversations surrounding personal and community issues in order to inform research and mobilize change, 3) identifying opportunities for improved identification of victims in three research-informed contexts, technology, transportation, and LGBTQ outreach), 4) ascertaining potential gaps, systemic issues and opportunities for enhanced training and investigation, 5) building transdisciplinary cohorts of human trafficking researchers (e.g., faculty, undergraduate students, graduate students), 6) creating and promoting university-community partnerships that address trafficking, and 6) evaluating project performance, evidence of project impact and success, and contributions to knowledge base.

Elucidating the Stories of Wellbeing among the West Louisville Community: A Phenomenological Study

Dr. Emma Sterrett-Hong in collaboration with faculty from the the College of Education and Human Development

This grant application entitled, Elucidating the Stories of Wellbeing among the west Louisville Community: A Phenomenological Study outlines a research program directed toward acquiring new knowledge and understanding of culturally-relevant definitions of wellbeing. The focus of the current research study is germane to the University of Louisville’s Cooperative Consortium on Transdisciplinary Social Justice Research (CCTSJR) given its focus on alternate and under examined narratives that describe wellbeing and healthy coping of Black American adults living in west Louisville. This research is a purposeful and genuine attempt to flatten the hierarchy between university researchers and west Louisville community members. This research also is intentional in compiling a transdisciplinary team comprised of racial, ethnic, and culturally diverse minority faculty, students, and community members. Taken together, these efforts are both consonant with a social justice focus and transdisciplinary focus. The knowledge garnered from this project could enhance important positive partnerships between the university and the west Louisville community.
Funding Source: Executive Vice President for Health Affairs, Grants/Contracts and Endowments

Funding Period: 2014—current

Abstract: The University of Louisville Institute for Sustainable Health & Optimal Aging empowers older adults to flourish by building collaborative community networks of research, education, innovation, and practice. Our approach to transforming the way we age is unique both conceptually and functionally. Conceptually, we approach aging as an opportunity, not a disease, for both individuals and communities. At a functional level, we apply a transdisciplinary approach to all our initiatives, research, and programs with the goal of de-siloing the aging field.

The following faculty are employed by the Institute with a combination of Institute, grants/contracts and endowment (Smock):

Dr. Anna C. Faul, Kent School of Social Work, Executive Director – Institute, grants/contracts
Dr. Joseph D’Ambrosio, School of Medicine, Director of Innovation – Institute, grants/contracts
Dr. Christian Furman, School of Medicine, Medical Director – Institute, grants/contracts, endowment
Dr. Pamela Yankeelov, Kent School of Social Work, Director of Research – Institute, grants/contracts

Additionally, 16 faculty across campus from the School of Medicine, School of Dentistry, School of Nursing, Law School, School of Education, and School of Arts and Sciences are supported for a percentage of their effort with a combination of grants/contracts and endowments.

In the previous section, active research awards associated with the Institute and Kent School of Social Work faculty were described under Dr. Anna Faul as the PI. In addition to these awards, The Institute also manages projects funded by Passport Health, the National Cancer Institute, the National Institute of Aging, and the National Science Foundation. All these projects focus on interdisciplinary collaborations between all disciplines focused on the well-being of older adults.

The Institute annually offers interdisciplinary educational opportunities within the community, for example the Optimal Aging Conference, the Optimal Aging Lecture Series, the Clinical Retreat for Interdisciplinary Training and the Optimal Aging Month.

For more information, see: www.optimalaginginstitute.org
Funding Source: U.S. Department of Health and Human Services, Center for Medicaid Services through the Kentucky Department of Medicaid Services

Funding Period: 2016–2018

Kent Team: Drs. Becky Antle and Crystal Collins-Camargo, in collaboration with faculty from the School of Medicine’s Child and Adolescent Health Research Design and Support Program

Abstract: The Child and Adolescent Health Services Research Unit and the Kent School of Social Work at the University of Louisville were tasked with the following:

Identify mechanisms through which various data might be shared across Medicaid and DCBS to improve care, reduce costs, and reduce burden for the DCBS personnel caring for the families. To comply with the federal regulations to develop a Health Care Oversight and Coordination Plan for children being served by DCBS, UofL will collaborate with leaders within Kentucky DCBS and Medicaid to:

1. Define and pilot a processes to improve access to needed health information;
2. Develop and pilot a process to improve access to professional consultative services;
3. Develop and pilot a process, using existing data, to identify children who are at greatest risk (e.g. Medications are given “off-label,” receiving multiple, concurrent psychotropic medications including antipsychotics, no medical diagnosis documented to justify prescribing pattern, etc.) informed by the literature and national professional standards for best practices;
4. Develop, pilot, and evaluate a process to provide education related to behavioral and/or mental health problems and treatments, including medications, to DCBS staff to improve care delivery;
5. Engage MCOs to identify children that meet the criteria for an expert review in lieu of existing prior authorization processes when requested.; and,
6. Establish an advisory board to provide guidance for the implementation of processes to safeguard the use of PM for children in foster care.
Funding Source: UofL Internal Funding

Kent Team: Drs. Becky Antle, Maurice Gattis, Seana Golder, and Emma Sterrett-Hong in collaboration with faculty from the Schools of Medicine, Dentistry and Public Health and Information Science

Abstract: The overarching goal of the proposed project is to identify potential links between social determinants, microbiome and the prevalence/prognosis of select diseases, which in the long-term can be employed to manage community and individual health via personalized medicine. Three specific aims are proposed.

Aim 1. To establish a core administrative structure that will oversee the organization and functioning of the Institute.

Aim 2. To develop databases on social determinants, health history and microbiota genome/metabolome/inflammatory signatures of patient populations.

Aim 3. To mine the databases and identify associations between social determinant profiles, microbiome signatures and disease susceptibility/prognosis.

Impact: We expect that successful completion of the above Aims will provide sufficient pilot data that will form the basis of a collaborative big data grant application to the NIH and will establish U of L as a global database Center for Community-based Metagenomics. This unique approach will allow us to involve the community in University research and bring interdisciplinary centers together to improve health.
Kent Team: Drs. Jennifer Middleton, Lesley Harris, Laura Frey, and Maurice Gattis in collaboration with faculty from the Department of Criminal Justice, Speed School of Engineering, Brandeis School of Law, and the School of Medicine along with an array of community partners.

Abstract: The Human Trafficking Research Initiative (HTRI) is an interdisciplinary, community-engaged research partnership between faculty at the Kent School of Social Work and faculty from the Department of Criminal Justice. The Human Trafficking Research Initiative is staffed by UofL academics and researchers, as well as community research partners including law enforcement and victim service providers. Dr. Jennifer Middleton (Associate Professor, Kent School of Social Work) serves as the Director of the Initiative. The goal of the Initiative is to be a central source of research on human trafficking to inform the decisions made by those who contact victims, survivors, and perpetrators of human trafficking including law enforcement, prosecutors, educators, medical services, and social services. Research disseminated from the Initiative will significantly contribute to the knowledge base regarding human trafficking by introducing innovative research methodologies and unique partnerships in the development of new knowledge.

Current Projects:
- Project PIVOT: Prevention and Intervention of Victims of Trafficking, a 1-year, $100K grant project funded by the Kentucky Children’s Justice Act Task Force;
- Project STAAR: Survivors of Trafficking Creating Art, Agency, and Resilience, a 3-year, $75K grant funded by the UofL Consortium for Transdisciplinary Social Justice Research;
- The Trauma Resilient Community (TRC) Initiative, a 5-year, $5M SAMHSA ReCAST grant project which focuses on addressing community violence and promoting resilience in Louisville, KY;
- The YES Study: The Youth Experiences Survey of Justice-Involved Youth in Kentuckiana; and
- Human trafficking-specific consultation on additional federally funded projects.
Kent Team: Affiliated faculty Drs. Barbara Head and Tara Schapmire are each engaged in an array of research associated with psychosocial oncology, palliative care and interprofessional education research, education and service projects.

National Cancer Institute R25 CA203637-01A1. Pfeifer & Head (Co-PIs) 03/14/17–02/28/22

Training in Interprofessional Education for Palliative Care in Oncology.

The goal of this project is to develop a critical mass of competent equipped oncology educators skilled in the development and implementation of interprofessional education for palliative oncology care. Through faculty development webinars and materials, a train-the-trainer workshop, ongoing educational activities and mentoring by experienced interprofessional educators, 160 health science educators (representing the fields of medicine, nursing, social work and chaplaincy) from 35-50 institutions will develop the skills, knowledge and resources to overcome barriers to IPE and teach oncology palliative care and teamwork to students of multiple disciplines.

Bristol-Myers Squibb Foundation. Kentucky Lung Cancer Survivorship Program. Study (PI) 09/01/14–08/31/18

The aims of this program of research are to develop and evaluate programs for primary care providers, patients/caregivers, and lung cancer screening programs to improve lung cancer survivorship and quality of life in Kentucky and beyond.


Passport Medicaid Program. An Innovative Improved Health Outcomes Program. Pfeifer (PI) 03/01/10–12/15/17

The goal of this project is to fund numerous local community based projects aimed at improving health outcomes for Medicaid recipients and the uninsured.