

CALL FOR ABSTRACTS

**Network in Aging of Western New York, Inc.
36th Annual Meeting and Conference**

**Speaker Panel: Dr. Alison Bramer Cummings, Dr. James Pilc, Dr.
Sanford Levy**

“Head to Toe Approach to Wellness: A Complement to Your Body”

**Wednesday, November 2, 2016
8a.m. to 2:30 p.m.**

**The Grapevine Banquet Facility
333 Dick Road, Depew, New York.**

- **About the Speakers:** Alison Cummings graduated from Allegheny College in Western Pennsylvania with a BS degree in Psychology, and is a graduate of "The Fountainhead" Palmer College of Chiropractic. Dr. Cummings completed a grant funded two-year research project titled, "Patient satisfaction, functional ability, perception of pain, and chiropractic care." **Dr. Pilc** graduated from the University at Buffalo with a BS and MD. He currently leads his complementary practice of meditative self-healing and fusion medicine. His journey in Eastern Medicine began after being diagnosed with bone marrow cancer in 2005. He is an author of "Unstuck: the Enlightenment of Medicine." **Dr. Levy** earned a BS in Neuroscience from the University of Rochester and an MD from SUNY at Buffalo. His practice includes "patient-centered health care that addresses the unique interactions among genetic, environmental, and lifestyle causes of complex, chronic illness."

Poster Session:

The purpose of this conference is to encourage dialogue about the aging process and to strengthen the university-community partnership. As part of the conference, a poster session is held. There is a maximum of 10 posters displayed at the conference and a maximum of two students may represent each poster at the conference.

Posters will display EITHER a student's literature review on a particular aging-related issue OR the results of student research that has been conducted in a particular area of aging. Posters will be mixed by themes (e.g. dementia care programs; literature review on dementia caregivers' needs) so that participants can move from one to another, talking with students who have examined current literature or research about a particular issue,

and network with representatives of programs that provide services to older adults and their families who are dealing with related issues. The aim of this intermingled approach is to facilitate dialogue between students and community-based professionals in all areas of aging.

The Network in Aging of WNY, Inc. was founded in 1981 by a network of people committed to improving the quality of life for older persons in Western New York. The Network is a non-profit, voluntary corporation, which brings together individuals and organizations involved in aging and long-term care. Our diverse membership includes: Educators, Health and Social Service Professionals, Community Leaders and Government Agencies.

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Abstract Deadline Date: Friday, October 14, 2016

This event is open to all WNY university and college students who are involved in research or literature reviews on issues relevant to aging in our society.

After submission, an e-mail will be sent to the author acknowledging receipt of abstract. All abstracts will be peer-reviewed. Acceptance and rejection notices will be sent by **Friday, Oct. 28, 2016**. Copies of accepted abstracts will be distributed in conference folders.

Three cash prizes of \$100 each will be given for the best student posters.

All poster presenters must register for the meeting. Registration for the meeting is free for students and faculty. Faculty mentors are encouraged to attend. Lunch is provided for the presenters. All accepted posters must be set up by 8 a.m. and remain displayed until after lunch.

Authors must be present at their posters from 11:15 a.m. – noon.

Poster Format: White tri-fold tabletop poster boards (3' high x 4' wide) for tabletop display or PowerPoint design approximately 36" x 48".

When submitting abstract, provide:

1. Name, department or program, e-mail address and telephone number for the first author and faculty advisor.
2. Major category from attached list (next page) that applies to your presentation.

E-mail abstracts to: Dr. Machiko Tomita, machikot@buffalo.edu.

For questions about abstract submission, please contact Dr. Machiko Tomita, machikot@buffalo.edu or Dr. Marian Deutschman, deutsomt@buffalostate.edu.

For questions about the meeting and registration, please contact

Lisa Boron, Network in Aging Coordinator, 829-3712 or lisaboro@buffalo.edu.

More information about the Annual Meeting can be found on our website:

www.NetworkInAging.com.

To facilitate the review process, please select all categories that apply to your presentation. This information will be used to group posters and community organizations by theme.

- Adult Day Care
- Adult protection and elder abuse
- Alzheimer's Disease
- Anxiety
- Assisted Living
- Assistive Technology
- Caregiving
- Chronic Conditions Associated with Aging
- Death and Dying
- Dementia Care
- Depression
- Disability
- End of Life Care
- Exercise
- Financial Security
- Grandparent-Grandchild Relationships
- Health Promotion
- Home and Community Based Services
- Housing
- Intergenerational Programming
- Legal Issues/Services
- Managed Care
- Minority and Diverse Populations
- Nursing
- Nursing Home Care
- Nutrition
- Outcomes Research
- Pharmacology
- Rehabilitation
- Respite Care
- Retirement
- Rural Aging
- Social Services
- Social Work
- Speech Language Pathology
- Transportation
- Volunteerism
- Widowhood
- Workforce Shortages
- Other _____(please name)

ABSTRACT GUIDELINES

Posters presenting Literature Reviews or Research

Abstracts should include the following information:

- Title, author/s' names, and affiliation of the first author. Titles are limited to a total of 125 characters (including spaces).
- A short statement of the specific problem for study
- Methods (1. research study, 2. literature review)
- Results (1. research findings, 2. literature summary, 3. program details)
- Conclusions
- Abstract text (not including the author block) is limited to 200 words. Single space all typing on the abstract. Include name, affiliation and e-mail of authors. Please indicate if participants are a member of the Network in Aging of WNY.

Examples of Abstract Format

Example 1: Research

Effects of Muscle Rehabilitation on Cardiovascular Fitness in Patients with Osteoarthritis. N.M. Fisher, V.D. Kame, Jr., D.R. Pendergast. Departments of Rehabilitation Science and Physiology, University at Buffalo, Buffalo, NY 14214, nfisher@example.nia.

Maximal aerobic power has been shown to decrease with age and to be even lower in patients with osteoarthritis (OA). Patients with OA have also been shown to have reduced muscle function. The purpose of the present study was to determine if 20 patients with knee OA who underwent only muscle rehabilitation had improved cardiovascular fitness. The subjects were given a maximal graded exercise test prior to and after 3 months of muscle rehabilitation. The exercise program consisted of isometric, isotonic, and endurance knee flexion and extension contractions, 3 times per week. Maximal strength and endurance improved significantly with this protocol. Maximal aerobic power increased from 13.0 ± 2.5 ml kg^{-1} to 20.0 ± 2.2 ml kg^{-1} , while maximal walking speed increased from 2.5 mph to 3.0 mph and exercise time increased from 9.3 ± 1.5 minutes to 14.3 ± 3.2 minutes. Although maximal heart rate and systolic blood pressure (SBP) did not increase, the heart rate (15bpm) and SBP (20 mmHg) at specific $\text{VO}_{2\text{s}}$ was less. It would appear that the reduction in aerobic fitness of patients with knee OA is secondary to their reduced muscle function and can be improved through muscle rehabilitation.

Example 2: Research

The Active Dying Stage: A Profile of Patient-Family-Hospice Team Dynamics.
Waldrop, D.P., School of Social Work, University at Buffalo, 14260.
dwaldrop@example.nia

Hospice care often occurs only during the “active dying” stage of a terminal illness. Short-term utilization of hospice services has been conceptualized as “hyper-acute death care” which challenges professionals to manage symptoms (pain, nausea, delirium) without much time to learn individual preferences. Do families struggle to manage dramatic physical and psychological changes or do they feel relief that situation-specific care became available when it was most needed? Using mixed methods, this study explored dynamics which accompany the active stage of dying in families who had hospice care for less than two weeks. Initially, focus groups and questionnaires were used with 54 hospice professionals. A psychosocial factors checklist (PSFC) of descriptors was developed and subsequently used to guide in-depth interviews with the caregivers of 50 people who were over age 65 and died from cancer. A descriptive profile of the patient-family-hospice team dynamics was developed and has implications for family-centered end-of-life care.

Example 3: Literature Review

Evidence-based Psychosocial Treatment at the End of Life. Waldrop, D.P., School of Social Work, University at Buffalo, 14260. dwaldrop@example.nia

End-of-life care is provided on a continuum which begins with the recognition that death is approaching, accompanies the active dying process and can continue as bereavement care for family members, after the terminally ill person has died. *Purpose.* This paper presents (1) demographics and prevalence (differences in the death experiences of subgroups), (2) themes and nature of the problem (how diagnosis and environment for care influence the dying process), (3) consequences of the problem (emerging definitions of “a good death” and current state of end of life care), (4) empirical evidence (medical and psychosocial characteristics; outcome measures). *Methods:* Systematic keyword searches were conducted in 5 databases and followed by hand searches to locate intervention studies that focused on end of life care and bereavement. *Results:* The findings from studies that included patient and family interventions during the final stages of life as well as interventions, which focused on care during bereavement, are presented. The results of this review indicate that there are as yet, few evidence-based studies of psychosocial treatment in end-of-life care for older adults and their family caregivers. However, rapid developments in the field of end-of-life care are leading to greater possibilities for future outcome-based research.

General Guidelines for Poster Preparation

A poster is a display presentation, which exhibits either the results of a literature review or of a research study. The display reports current research in a way that results can be readily summarized in graphic forms: tables, graphs, pictures, etc. Text is most easily read if it is summarized briefly and organized by using bullet points. Poster authors are asked to be available during the session so that participants can talk with you about your work. This display format facilitates discussion with interested colleagues.

Poster format

Provide a large heading containing the authors and their affiliations in large type at the top of the poster board. All illustrations should be made beforehand. Your illustrations should be easily read from distances of about three feet or more. Charts, drawings and illustrations might well be similar to those you would otherwise use in making slides, but preferably more heavily drawn. All materials and information must appear on the 3' x 4' tri-fold posterboard. Keep visual material simple and clear. Simple use of color can add emphasis. Material should be in large type. Hand-lettered material should be boldly done at least 3/8" high. If using PowerPoint design follow specifications for poster format. Please let us know if you can provide your own poster stand for PowerPoint posters.

Poster suggestions

- Organize your material so it will be presented in a logical and interesting manner.
- State the program objectives and how you will meet the objectives.
- Integrate handouts to enhance and support it.
- Organize material for a clear and obvious flow
- Use large font sizes that can be read from a distance of 3 feet from the poster.
- Use simple color combinations. Printed material generally is most readable in black and white.
- If you use color ensure that the color combinations are not too light or too dark.
- Lettering should be bold, plain and a combination of upper and lower case.
- Tables and graphs should be prepared specifically for display.