

## Background

The PATCH program employs a group of teens who are chosen to represent their peers, collaborate to increase awareness of teen health barriers, and encourage open discussions between teens, their parents, and their healthcare providers.

The PATCH program has two aspects: enrichment sessions and workshops. Biweekly enrichment sessions are designed to educate teens on relevant topics such as drugs and alcohol, sexual health, sex trafficking, LGBTQ care, and self-harm. Teens then have the opportunity to present to healthcare providers and peers in a workshop setting where they shed light on barriers commonly seen in adolescent care. Through PATCH to provider workshops, participants are able to understand adolescents' concerns, attitudes, and preferences in healthcare settings and will acquire the confidence and skills to communicate effectively and build relationships with teens. In contrast, peer to peer workshops are designed to empower teen participants to take a more active role in their healthcare and identify resources to maintain healthy lives. PATCH teens are encouraged to serve as a community resource and share their knowledge.



## Purpose

Although many aspects of the PATCH program have been studied, few have examined the social networks of the teens before, during, and after PATCH. Through this project, we hope to...

### Track:

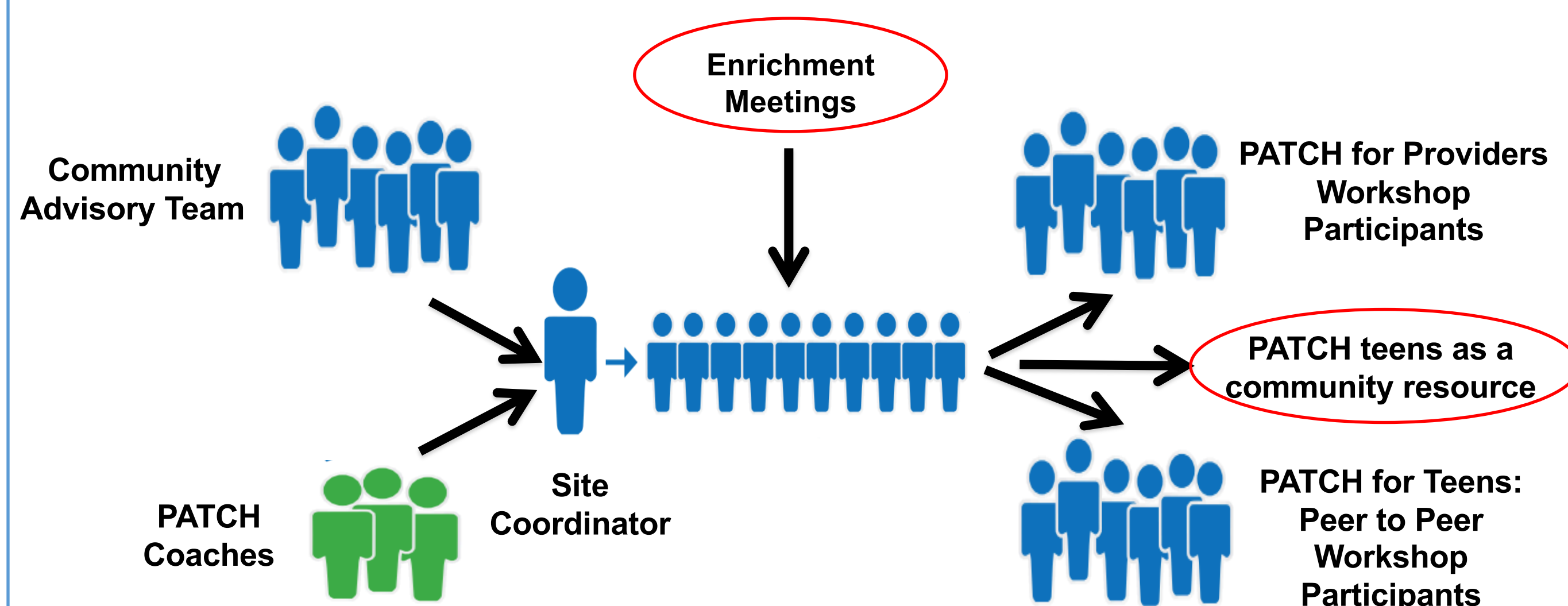
- ❖ How many teens are utilizing PATCH teen's knowledge
- ❖ Who PATCH teens share their information with (i.e. age, gender, race)

### Identify:

- ❖ Topics that teens frequently ask PATCH teens
- ❖ Topics that PATCH teens are unfamiliar with

### Use this data to:

- ❖ Ensure PATCH is reaching all demographics represented in the area schools
- ❖ Guide recruitment for future PATCH teens
- ❖ Construct enrichment meeting topics to meet the needs of the teenage community



**Figure 1: The PATCH Site Architecture illustrates the holistic and collaborative approach to program implementation.**

## Methods

MCW IRB Approval number: PRO00031805

### Qualtrics survey

- ❖ 10 minutes
- ❖ Administered at the beginning (October 2019), middle (January 2020), and end (May 2020) of the 2019-2020 PATCH program
- ❖ Provide dinner when the survey is distributed

### Survey Template:

- ❖ How many months have you been in PATCH?
- ❖ What is your gender/race/age?
- ❖ In the last 2-3 months...
- ❖ What is the most common question you have been asked by your peers?
- ❖ How many people have you given advice to regarding the topics covered in PATCH?
- ❖ What is the most common demographic who you have given advice to?
- ❖ At this point, what topic are you least comfortable with?
- ❖ At this point, what topic are you most comfortable with?
- ❖ Has this changed from the last survey?
- ❖ If so, why did it change?

## Results

### Demographics of participating PATCH teens

- ❖ n=10 teens from local high schools
- ❖ 8F and 2M
- ❖ 8 Caucasian/1 Asian/1 African American
- ❖ Average age: 16

In the last three months, what is the most common health related question you've been asked by your peers?

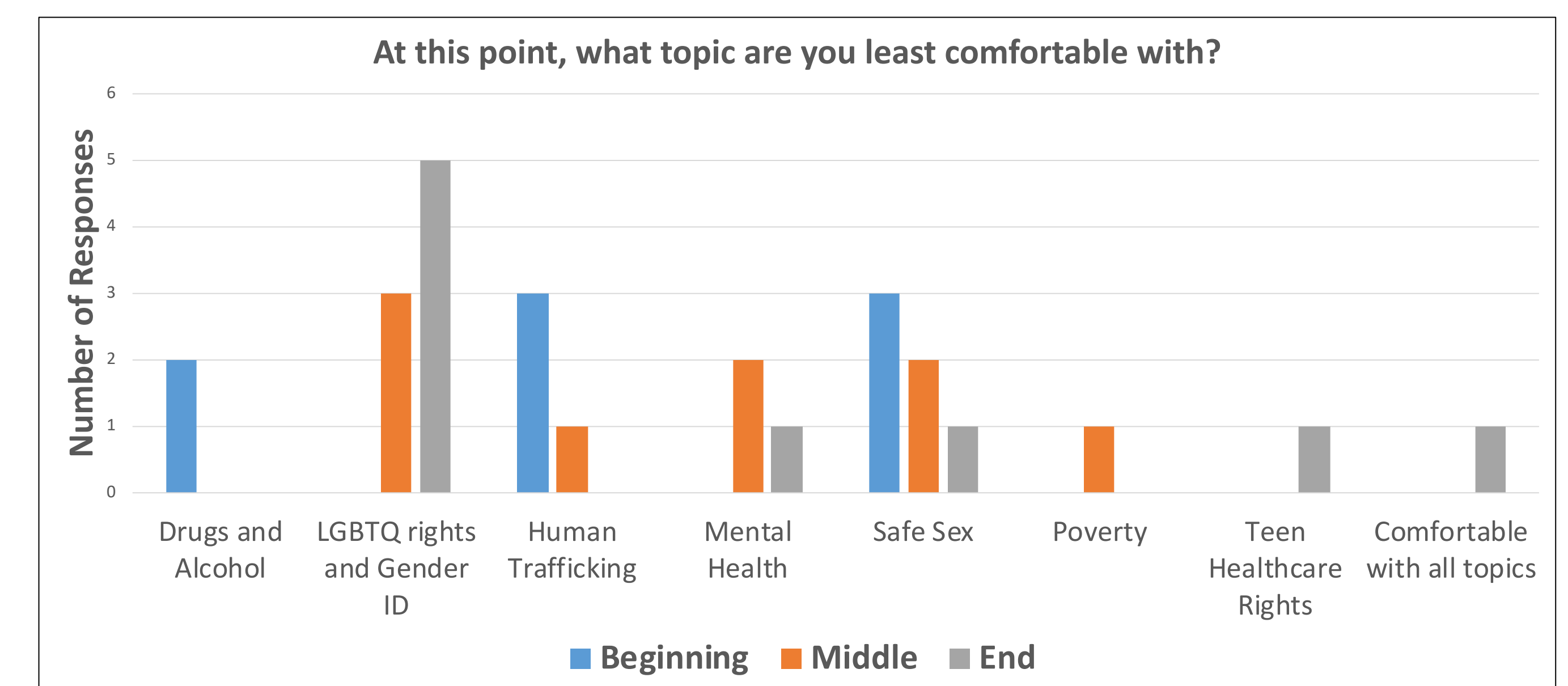
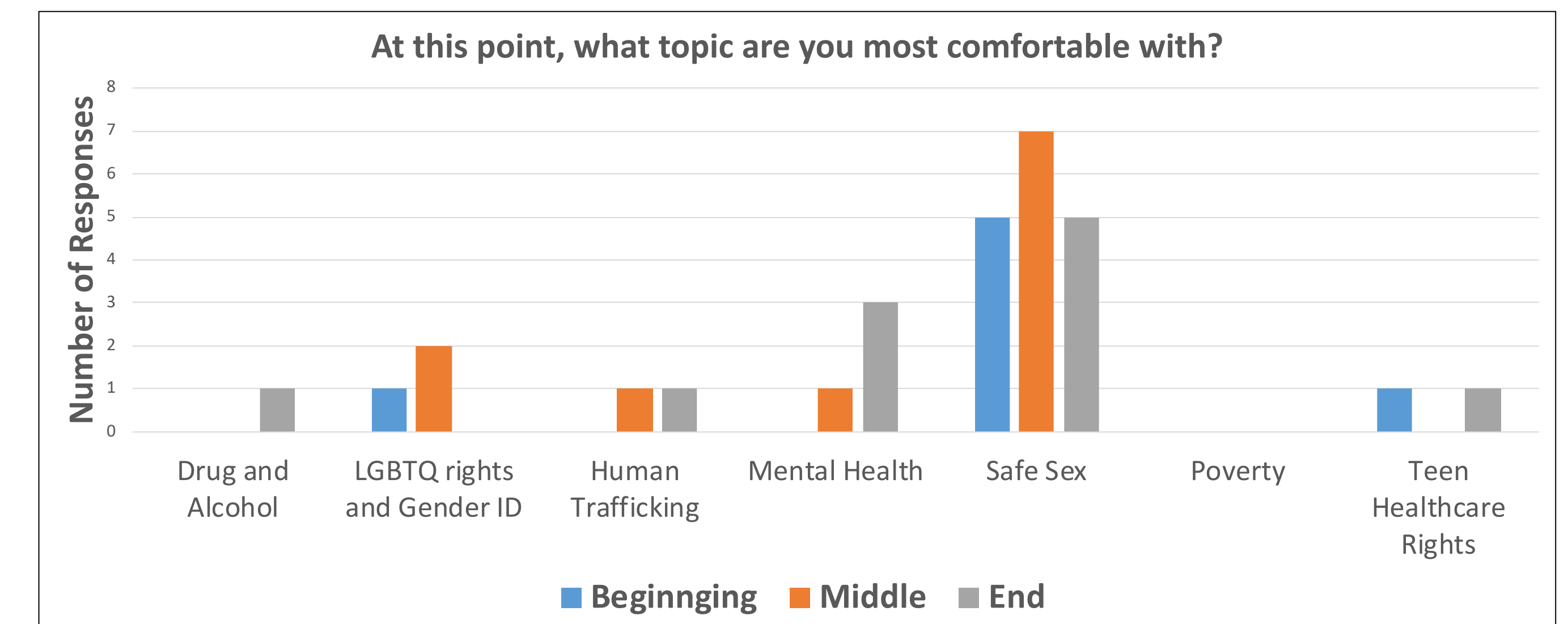
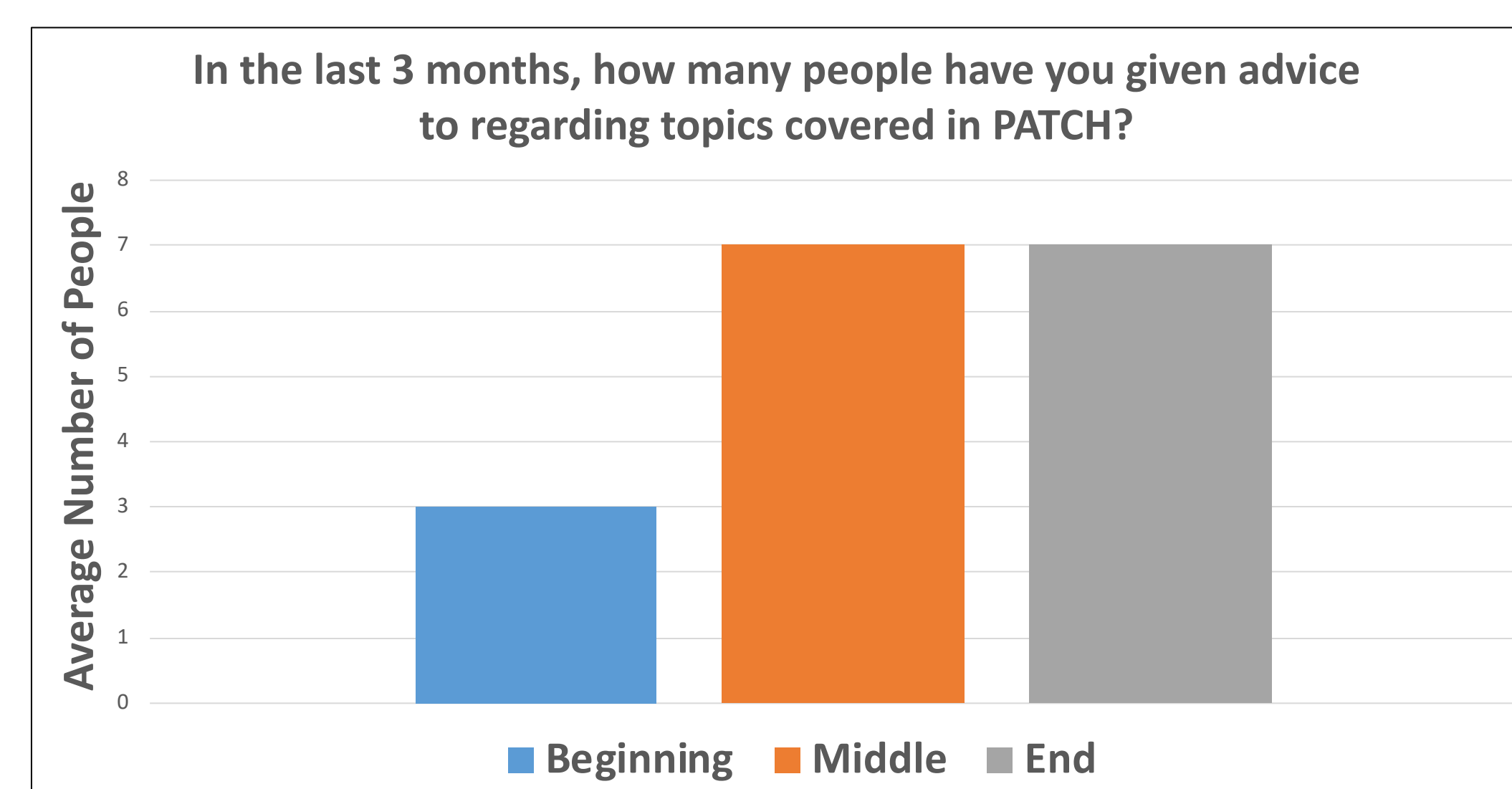
- ❖ "Where can I get free condoms?"
- ❖ "Why is vaping bad?"
- ❖ "Can I be on birth control and safely take plan B?"
- ❖ "How does health insurance work?"
- ❖ "Can I get pregnant on birth control?"
- ❖ "Where can I get free STI testing?"
- ❖ "Should I go to the doctor if I haven't had my period for a few months?"

In the last 3 months, what is the most common demographic that you've given advice to?

- ❖ "white high school students"
- ❖ "white teenagers"
- ❖ "late 40's, white, female (my mom's friends)"
- ❖ "white high school kids"
- ❖ "white females, age 16"
- ❖ "Asian girls"
- ❖ "15-16-year-old white or Asian boys"

Has your answer changed since your participation in PATCH?

- ❖ "Yes, I think I've gotten a lot more comfortable talking about sex health questions because they are so important in a teenager's life."
- ❖ "Yes, because I don't talk about this stuff much outside of PATCH."
- ❖ "As I go through PATCH, I find myself questioning healthcare."
- ❖ "No."
- ❖ "I don't remember."
- ❖ "Yes, I feel like my answers have changed because of the amount of my exposure to these topics the past few months."



## Conclusions

After participating in this study, PATCH teens will:

- ❖ Reflect on who they share their knowledge with
- ❖ Be encouraged to reach out to groups not utilizing their knowledge

Survey results will help the PATCH program recognize who is seeking resources and which resources are being sought after the most. In turn, this will help PATCH identify potential recruitment and curriculum gaps within the program.

### Key takeaways:

- ❖ PATCH teens interact with community members in addition to their peers
- ❖ PATCH teens interact with a narrow spectrum of the teenage population
- ❖ By the end of the program, PATCH teens doubled the number of people they gave advice to
- ❖ By the end of the program, PATCH teens were most comfortable with sexual health and least comfortable with LGBTQ rights and gender identity
- ❖ The PATCH program was successful in broadening the healthcare and advocacy knowledge base of the 2019-2020 cohort of teens
- ❖ PATCH has encouraged the teens to critically evaluate teen health barriers and brainstorm potential solutions

## Future Directions

- ❖ Improve sustainability of PATCH Central WI
- ❖ Develop a similar program for adults
- ❖ Expand data collection to other PATCH sites

## References

- ❖ Scott, John. (2017). *Social Network Analysis* (4<sup>th</sup> ed.). London, England: SAGE Publications.

## Acknowledgements

- ❖ Elizabeth Wendt, PGY1
- ❖ Wisconsin Alliance for Women's Health
- ❖ PATCH Community Advisory Team
- ❖ MCW Community Engagement Grant
- ❖ United Way of Marathon County
- ❖ Advancing a Healthier WI

# “A gay man and a doctor are just like, a recipe for destruction”: How racism and homonegativity influence health care for young Black gay and bisexual men

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 Medical College of Wisconsin, Milwaukee, WI

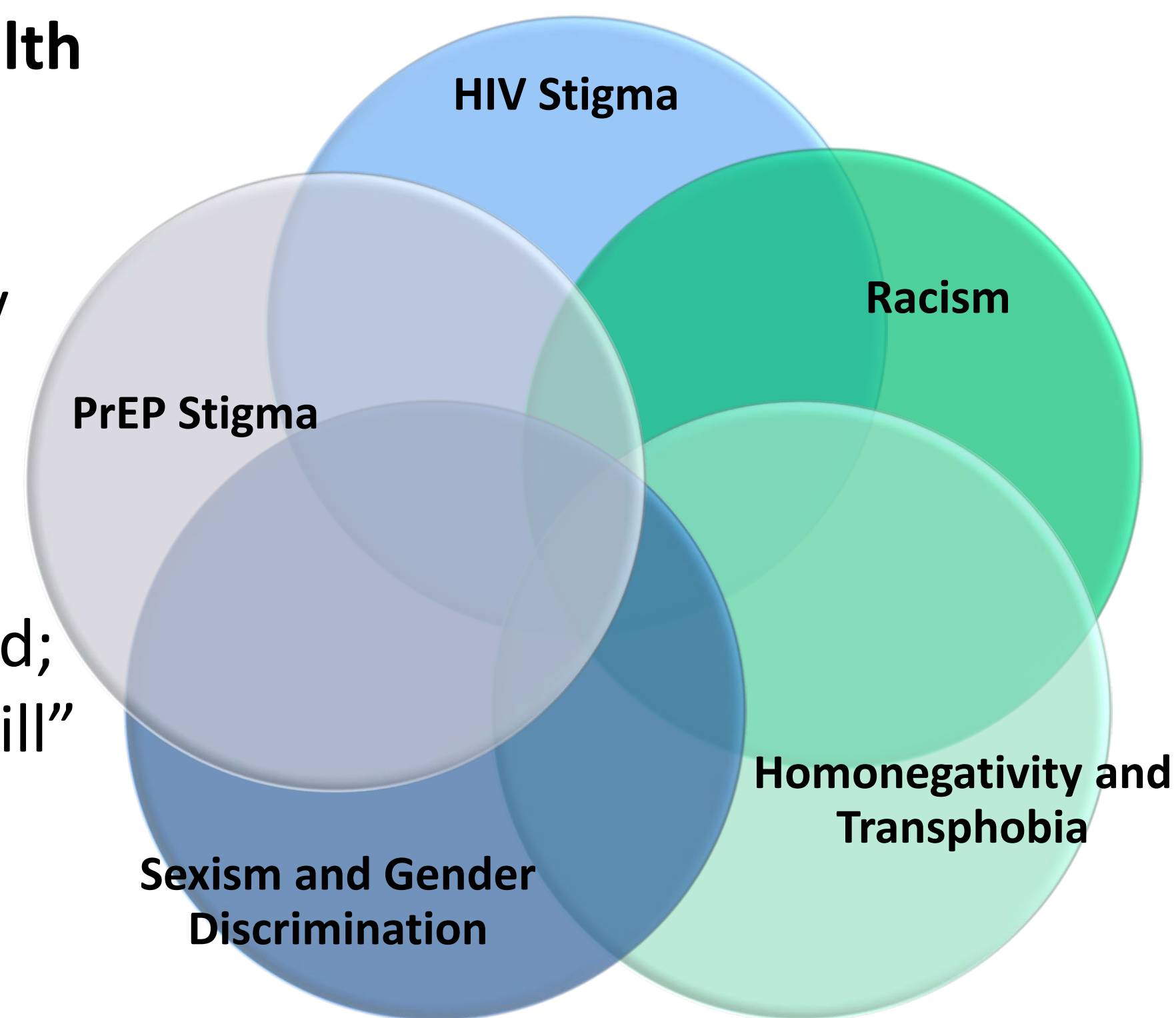
## Background

- HIV pre-exposure prophylaxis (PrEP) uptake continues to lag among young Black/African American gay, bisexual, and other MSM
  - Of the 1.1 million persons estimated to benefit from PrEP, 45% are Black
  - In 2016, nearly 6 times as many white individuals were prescribed PrEP as were Black individuals

One possible reason for disparities in PrEP use is **Intersectional Stigma - the ways multiple stigmas interact and influence health and social outcomes**

Black gay and bisexual men may face racism and homonegativity in multiple areas of their lives

PrEP and HIV are also stigmatized; PrEP has been known as “the gay pill” and PrEP users have been called “Truvada whores”



**Research Question:**

**What How do experiences of racism and homophobia affect perceptions of PrEP among young Black gay and bisexual men?**

## Methods

- 6 focus groups in 4 Milwaukee (N=44)**
  - Inclusion Criteria:** 16-25 years old; Black or African American men; identify as gay, bisexual, or otherwise having sex with men
  - Focus Group Procedures:** Groups were held in community settings and lasted 90 minutes; focus groups were audio recorded and transcribed verbatim; participants received \$50
  - Focus Group Content:** Willingness to use PrEP, perceptions and stereotypes of PrEP users, perceived barriers to PrEP use, healthcare utilization patterns and barriers
  - Data Analysis:**
    - Transcribed focus groups were analyzed using MAXQDA qualitative analysis software
    - Team-based inductive and iterative approach to content analysis

## Results

### “Passive aggressive racism” in health care settings



**P6:** I feel like that long waiting time, that feeling neglected at the hospital, that just all go with the passive aggressive racism that happens in certain states like Wisconsin. Whereas like in the South there’s more direct racism, I feel like in Wisconsin it’s more passive aggressive. Smile in your face, ‘Hey, how you doin’?’ But I’m gonna hold you down, type of racism.

### Structural inequities



**P3:** What about if you in a more, more like metropolitan area, and the majority of that community is White, then I feel like it’s more attention brought to it ‘cuz there’s more money going into these people. And, you know, it’s like if they have, you know, better doctors.

**P4:** They have more knowledge about PrEP. It’s theirs. More like presented to them that it is, and, you know, a clinic in the hood . . . there’s a lot going on in the hood. There’s so much that’s not going on in the hood. Like we don’t have, you know, access to a lot of things, like, you know, dentist places and hospitals. Like we just don’t have the resources that, that White people have basically.

### Homonegativity



**P1:** I don’t want to say it’s all white doctors, ‘cause I’ve had some good ones, but it’s just that they treat gay men like we nasty. . . I even asked, “If you don’t wanna do it, you can bring a woman nurse in here if you want to.” Like, that’s how I felt. It was hemorrhoids, but it was just like, how come they assume that because I’m gay, I’m just nasty? You don’t know the half of it until you become a gay man.

**P2:** Yeah, I just feel like a gay man and a doctor are just like, a recipe for destruction. [Focus group five]

### Patient-provider racial concordance



**P4:** I would feel more comfortable with like a minority as my doctor, like a Black over white. I just feel like, white people don’t know the tea. Like white people don’t know, like, what’s going on in this type of, like, you know, our group. It’s like, you’re not judgmental, but it’s just like they don’t know. Like it’s not easy talking to a white person about stuff that we go through, versus talking to a-

**Facilitator:** So when you say that, you’re meaning more like the stuff we go through, like the social, economic issues? Like I may have come from a single family and somebody may not, I may not have graduated?

**P4:** Yeah, they may not feel like they’re not judging, but you’re feeling judged, like, because, like you’re a doctor, you went to whatever school. Like shit, I’m just getting out here making this amount of money. You know what I’m sayin’? I came from the dirt. It’s like we, it’s the different fabrics. But yeah, we don’t understand each other. Like, we can’t.

## Conclusions

- Racial disparities in PrEP may be partly driven by experiences of racism and homonegativity within health care settings.
- Resistance to PrEP for many participants was rooted in prior experiences of and anticipated negative interactions with physicians and skepticism about the health care system.
- These results highlight the need for several interventions:
  - Increase the diversity of health care providers
  - Partnerships with trusted community agencies where clinic services can be incorporated into existing services located within target communities
  - Change the narrative around PrEP to avoid targeting and stigmatizing young Black men

**To adequately address racial disparities in PrEP we must change the systems**

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## OVERVIEW

Community outreach is an institutional mission at the Medical College of Wisconsin (MCW), which has three campuses spread throughout the state. There are numerous outreach programs established at each location, which are largely run by medical students. These outreach programs are mainly targeted at middle and high school-aged students, focusing on promoting physical wellness and fostering an interest in healthcare-related careers. Extension of these programs to underserved students who may not be able to travel to an MCW site is of particular interest.

Although each MCW campus has plastic anatomical models and fixed anatomical specimens set aside for these programs, both have hindrances for use in community education. Plastic anatomical models are a step removed from actual specimens, and do not fully represent the potential for anatomical variations. Although most engaging, wet formalin-fixed specimens can be irritating to the eyes and respiratory system and must be handled in a well-ventilated environment. Using funding from the Medical College of Wisconsin and the American Association for Anatomy (AAA), we created a small library of plastinated organs to use during community outreach programs.

## METHODS

Plastination was developed and made famous by Gunther von Hagens as a means to preserve biological tissue via polymer infusion. The infusion of polymer into tissues converts these tissues into non-toxic, odorless, long-lasting specimens. The plastination process consists of initial organ fixation in 10% formalin. Fixed organs are then dissected and hemisected to highlight relevant external and internal anatomy. Following dissection, organs are rinsed under running cold water for approximately 2-3 days. After adequate rinsing, organs undergo dehydration via submersion in acetone. Acetone purity is measured incrementally using an acetometer, until readings of  $\geq 98\%$  purity are obtained.

Once appropriate dehydration readings are obtained, NCS10/NCS3 polymer<sup>1</sup> is infused into the organs via vacuum-pressure at  $-25^{\circ}\text{C}$ . Pressure is slowly decreased daily until vacuum pump needle valves are completely closed. Infused organs are cured using NCS6<sup>1</sup>, which is sprayed onto the organs and then vaporized in a curing chamber. Organ curing is complete when excess secretion of silicone and curing agent subsides (Figure 1).

Once plastination is completed, these organs are odorless, non-toxic hardened tissue specimens that do not decay and can be easily transported and handled freely at both on and off-campus environments. For this project, 3 hearts, 3 kidneys, and 3 brains were harvested from body donors enrolled in MCW's Anatomical Gift Registry program and plastinated.

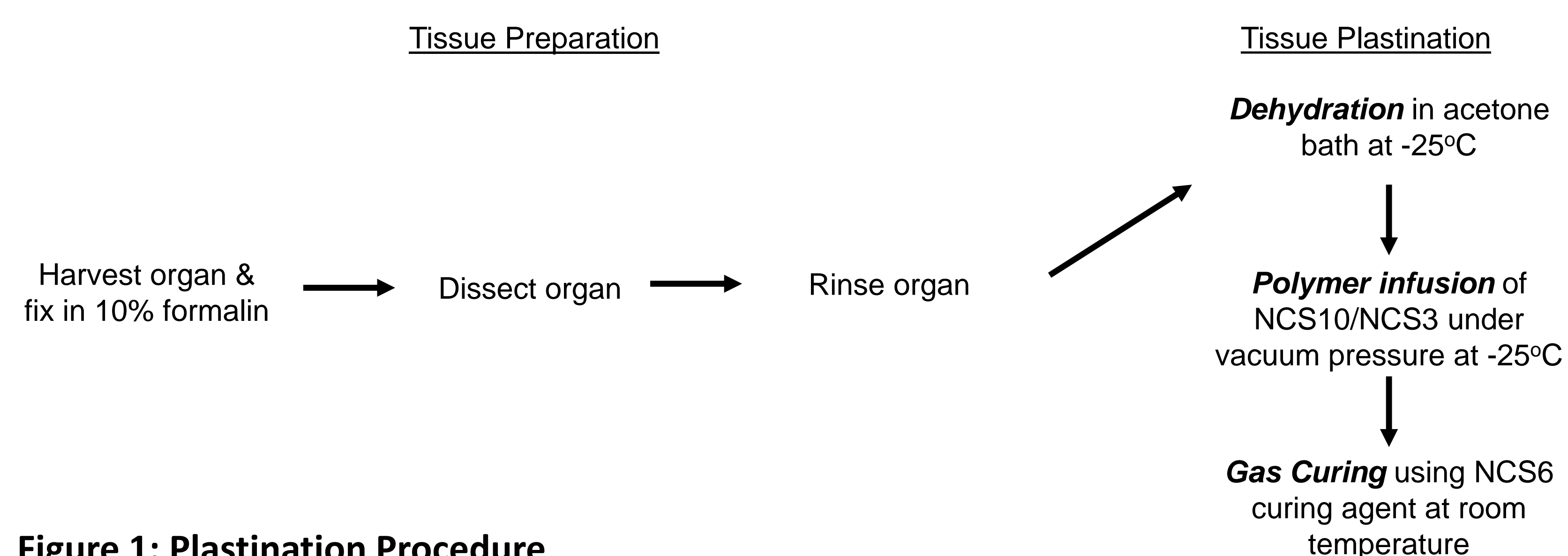
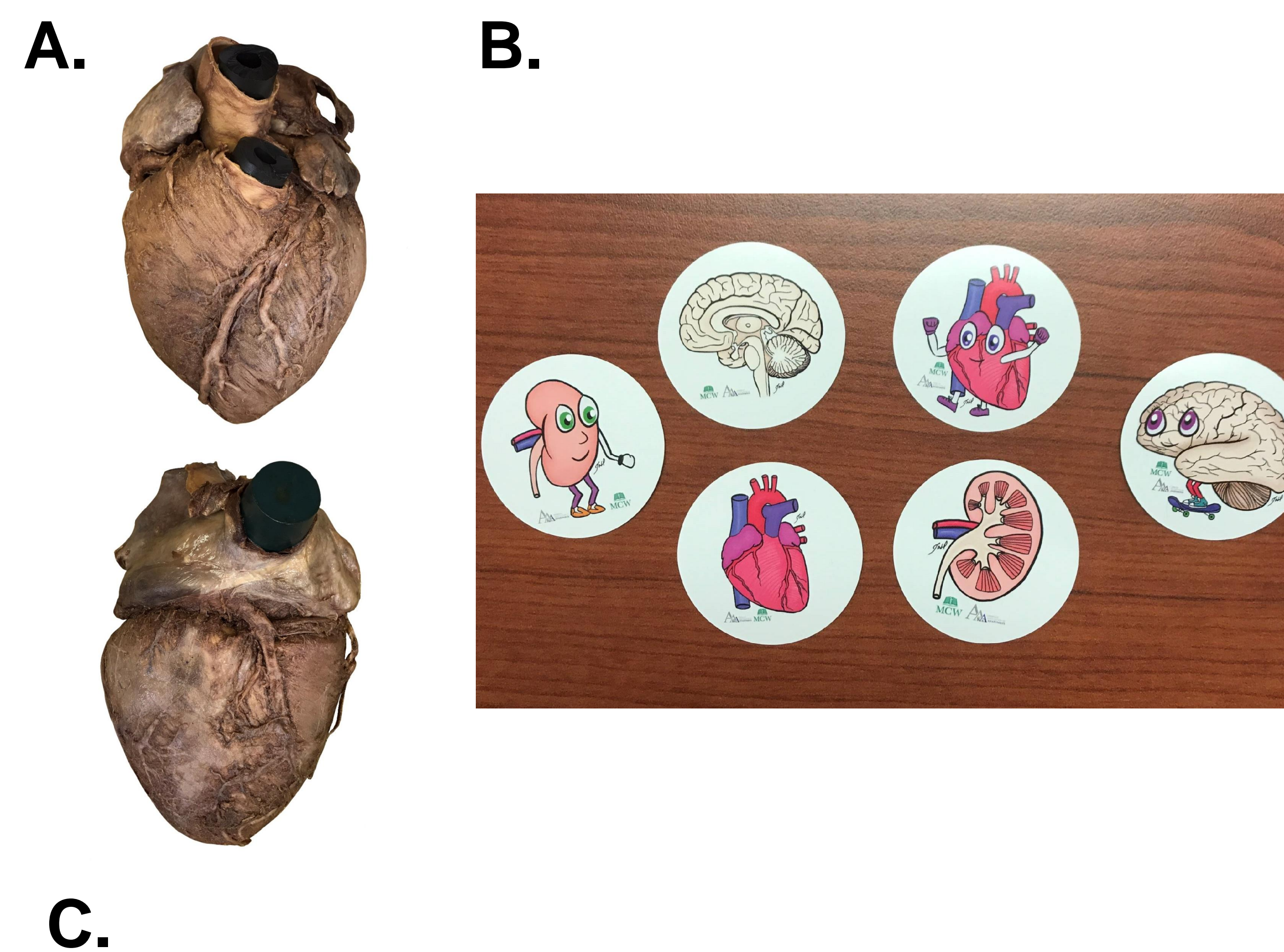


Figure 1: Plastination Procedure

## PLASTINATION KITS

Kits consisting of a plastinated heart, kidney, and brain were compiled following completion of the plastination process. These kits also included educational pamphlets briefly describing the process of plastination and highlighting relevant anatomy of the heart, kidney, and brain at a level appropriate for a lay audience. Stickers of each organ were handed out following completion of community education programs (Figure 2). Pamphlet and sticker artwork by Teresa Patitucci, PhD.

Plastination kits were compiled at MCW-Milwaukee, and disseminated to MCW-Central Wisconsin and MCW-Green Bay regional campuses. Kits were used for community education events hosted by MCW students and faculty. This project was approved by MCW's Institutional Review Board (PRO00036357).



### PLASTINATION

The PLASTINATION technique was invented and made famous by Gunther von Hagens in his traveling Body Worlds exhibits. Plastination is a preservation technique used to infuse polymers such as silicone, epoxy, or polyester into body parts, which converts tissues into hardened, odorless specimens that do not decay.

These specimens are real human tissue and should be treated with the utmost respect. Specimens should be handled gently and photography is strictly prohibited.



The plastinated organs you see here were created from specimens generously donated to the Anatomical Gift Registry at the Medical College of Wisconsin (MCW). MCW has permission to keep organs or tissues from body donors used for this project. Through this program, individuals donate their body to the educational mission of the college, training healthcare professionals across multiple fields and disciplines.

For more information about MCW's Anatomical Gift Registry, please visit: <https://www.mcw.edu/departments/cell-biology-neurobiology-and-anatomy/body-donation>

Thank you for coming!

Please consider filling out a brief 5-minute survey telling us about your experience!

Follow the QR code below or visit [https://mcwscs.csl.milwaukee.com/qa/form/2V\\_470qyG5SRBA1](https://mcwscs.csl.milwaukee.com/qa/form/2V_470qyG5SRBA1)



Data from this survey may be used for a research project to improve educational activities like this in the future. Your participation in this study is voluntary and your response to the survey will be kept confidential. Contact Teresa Patitucci ([tpatituc@mcw.edu](mailto:tpatituc@mcw.edu)) with any questions or concerns!

Organ artwork by Teresa N. Patitucci, PhD. Funds for this project provided by: American Association for Anatomy, Dean's Programmatic Dollars (MCW), and Learning Resource Fund (MCW)



### ANATOMY OF HEART, KIDNEY & BRAIN



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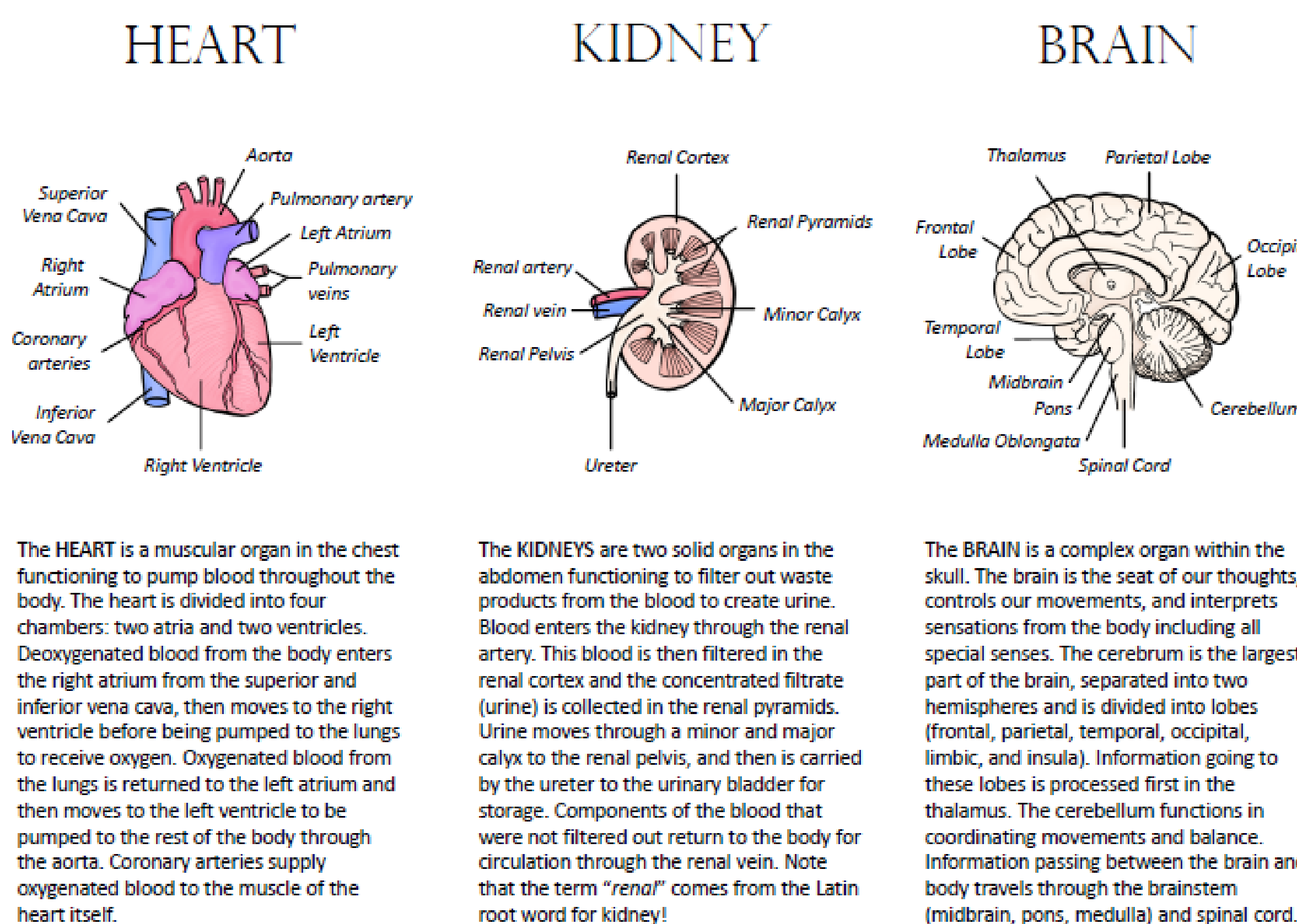


Figure 2: Plastination Kits

Plastination kits were created at the MCW-Milwaukee campus and disseminated to MCW-Central Wisconsin and MCW-Green Bay campuses. (A) Each kit consisted of a plastinated kidney, brain, and heart. A plastinated heart is pictured with superior vena cava, aorta, and pulmonary arteries stuffed to maintain their open shape during the curing process. (B and C) Kits also contained varying sticker designs of each plastinated organ to appease all ages of community participants, and trifold educational pamphlets briefly describing the plastination process and relevant organ anatomy.



Figure 3: Plastinate Use in Community Education  
Pictured here is an MCW anatomist demonstrating heart anatomy with a group of elementary school students at their school's "Science Day". The plastinated organs provided the opportunity to transport organs to this off-site community program, making it easier to interact with community students in multiple settings. This particular specimen shows pacemaker leads in the heart wall, demonstrating a common medical procedure alongside normal anatomy. These programs are ongoing at all MCW campuses throughout the year.

## RESULTS: EVENTS & SURVEYS

To date, MCW community outreach programs showcasing the plastination kits have reached 438 elementary, middle, and high school students across Wisconsin. These programs are ongoing throughout the year at all MCW campus locations. At these events, an MCW anatomy faculty member or medical student highlights relevant anatomy on each organ with learners (Figure 3). There are opportunities for learners to touch or hold each organ and to ask questions.

Following interaction with plastinated organs, program participants are asked to complete a survey about their learning and interactions with these specimens. We are currently collecting and analyzing user perception surveys, evaluating what students learned during their interactions with the plastinated organs, and their preferences for using plastinated vs. wet-fixed specimens. Current survey response rates are low, as it has been a struggle to encourage middle and high schoolers to complete an online survey. However, preliminary feedback from program facilitators has been positive, commenting that plastinated organs provide a beneficial resource for community outreach.

## CONCLUSIONS

- We have begun using plastination for the preservation of biological specimens to be used in MCW-sponsored community outreach programs. The process of plastination results in non-toxic, odorless, decay-resistant biological specimens which can be freely transported and handled outside of an anatomy laboratory.
- Plastination kits generated for use in community outreach programs consisted of a plastinated kidney, brain, and heart. These kits also contained educational pamphlets and stickers which are handed out to community learners.
- These kits were delivered to each of MCW's regional campuses for use in local programs, and have reached 438 students across the state of Wisconsin thus far.
- Although community student completion of surveys is low, preliminary feedback from outreach program facilitators indicates that these plastinates serve as a useful resource for use in community outreach. Given that the majority of our community students are middle and high school students, the lack of survey completion is not surprising. However, we are currently brainstorming ideas to engage students in providing feedback. In the future, we may need to transition to pencil and paper surveys with dedicated time to fill them out for these events.

## REFERENCES

1. Henry, RW. (2007) Silicone Plastination of Biological Tissue: Cold-temperature Technique North Carolina Technique and Products. *Journal of the International Society for Plastination*, (22) 15-19.

## FUNDING

This project is supported by funds from an Education Outreach Grant (AAA) and Dean's Programmatic Dollars (MCW).

# COVID-19 in Wisconsin: A Qualitative Study Examining Wisconsinites Perceptions and Reactions

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Joseph J. Zilber School of Public Health

## Background

**Overview:** In March 2020, the COVID-19 lockdown began in Wisconsin, and the Governor's Safer-at-Home order was instituted. The research team sought to capture Wisconsinites' experiences early in the pandemic.

**Objective:** Examine Wisconsinites' perceptions of and reactions to COVID-19 during the Safer-at-Home order and immediately after its end using a Community-Engaged Inductive Qualitative approach.

## Methods

- Approved by the University of Wisconsin IRB (#20.253)
- Qualitative → Semi-Structured Interviews

### Sampling & Recruitment

- Purposive Snowball Sampling
- COVID-19 posed many unique challenges to recruitment. We worked with community stakeholders to identify interviewees and then incorporated a snowball approach.
- Stakeholder engagement was crucial in establishing trust. → Some participants would not speak with us until after they had spoken with their community leader about the trustworthiness of us and our study.

### Consent Process

- This study only required verbal consent. However, we sent all participants a copy of the consent form ahead of time to review.
- This was to allow time for thorough review of the consent form and for answering any questions.

### Semi-Structured Interview Guide

- Our semi-structured interview guide with built based on Aday and Cornelius's(2), and Blair et al.'s(3), recommendations for interview guide creation.
- There was a total of 20 questions.
- Our interview guide included two sections, one on COVID-19, we asked questions such as, "Describe a typical day while in self-quarantine?" In the second section we shifted the focus to COVID-19 in the context of public health, and we asked questions such as, "What did you think about public health before COVID-19?"
- All interviews were done other the phone and recorded using recording software (*Yeti & Presonus*).

### Analysis

- We conducted a total of 25 interviews.
- We used an Inductive Thematic Analysis approach.
- All interviews were transcribe using *Otter.ai*, and were then verified by M. Hawkins.

## Initial Results

- All participants resided in South-Eastern Wisconsin and 76% (n=19) of the participants resided in Milwaukee County.
- Major themes we identified were:
- **(1) the role of COVID-19 in exacerbating health inequities;**
- **(2) following the Safer-at-Home order due to a sense of societal obligation;**
- **(3) changing impressions of public health; and**
- **(4) the adverse impact of COVID-19 on mental health.**

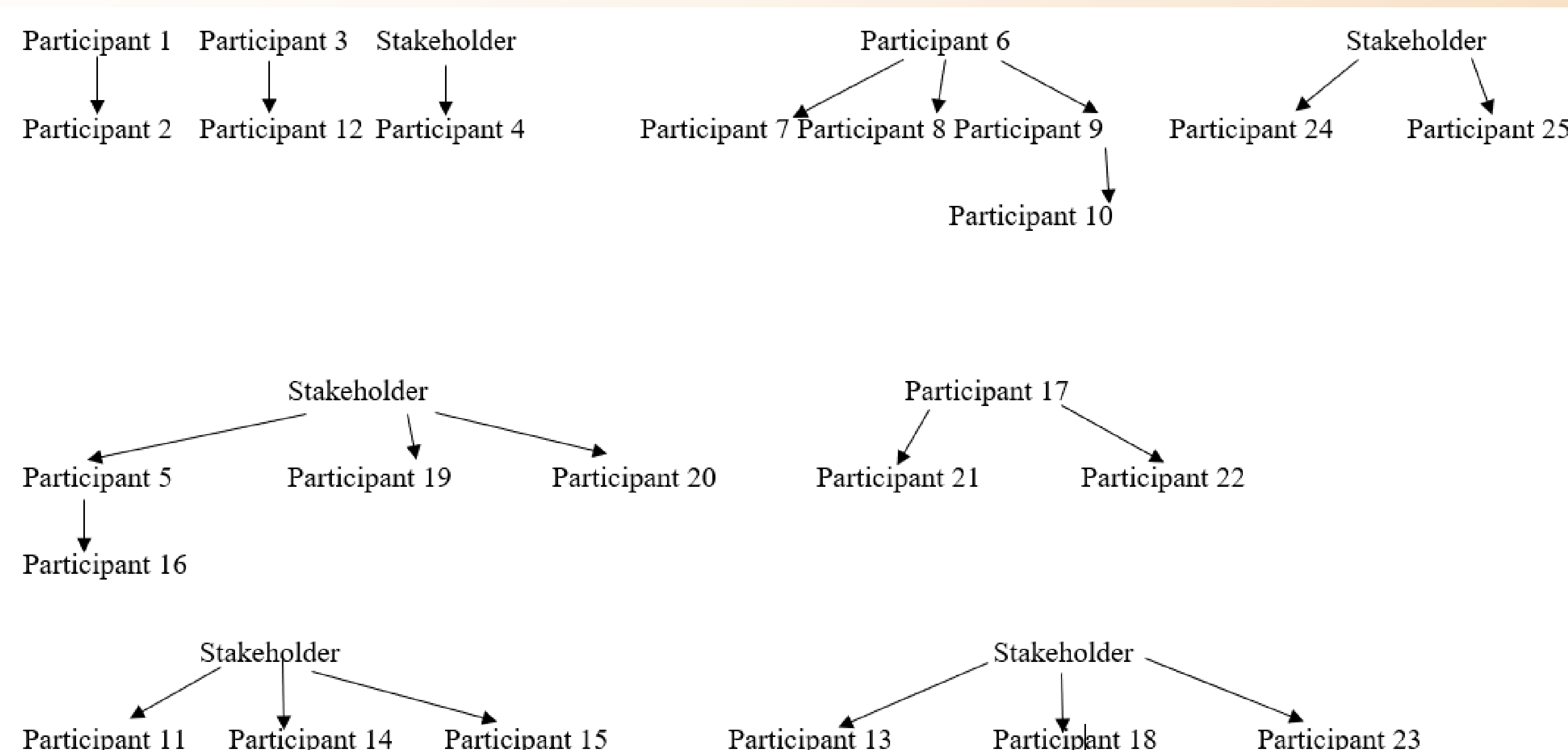
*"so many of the people in the health department now have to focus on COVID, they realized that all these children that were spending, you know, six hours a day at school away from most likely the biggest place where they would get lead poisoning are now back in their homes and potentially being lead poisoned, so it's like this double-edged sword. You know, there's, there's these issues are just like piling on top of each other...But it's also that it's not been taken care of in the past until now. There's just like this kind of, you know, like, it's just piling up on top of each other layers of issues that they have to work through."* - Participant 5

*"To live in a society is to help each other"* Participant 12

*"I think we need to be self-correcting whether we have it (COVID-19) or not.... Let's really be really serious about this....A lot of people may see things differently, but we can have a strong economy but people are getting sicker and sicker. So it doesn't help you in the long run... We should be willing to sacrifice a little bit for the long future."* - Participant 4

*"I think that in the world of public health, yes, the AIDS epidemic, you know, lead poisoning in Milwaukee, those are things that might be kind of on the outskirts of your life. You've heard about it but never been like fully immersed in it. There is no avoiding public health right now for the general population."* Participant 1

Figure 1. Snowball sampling referral chart.



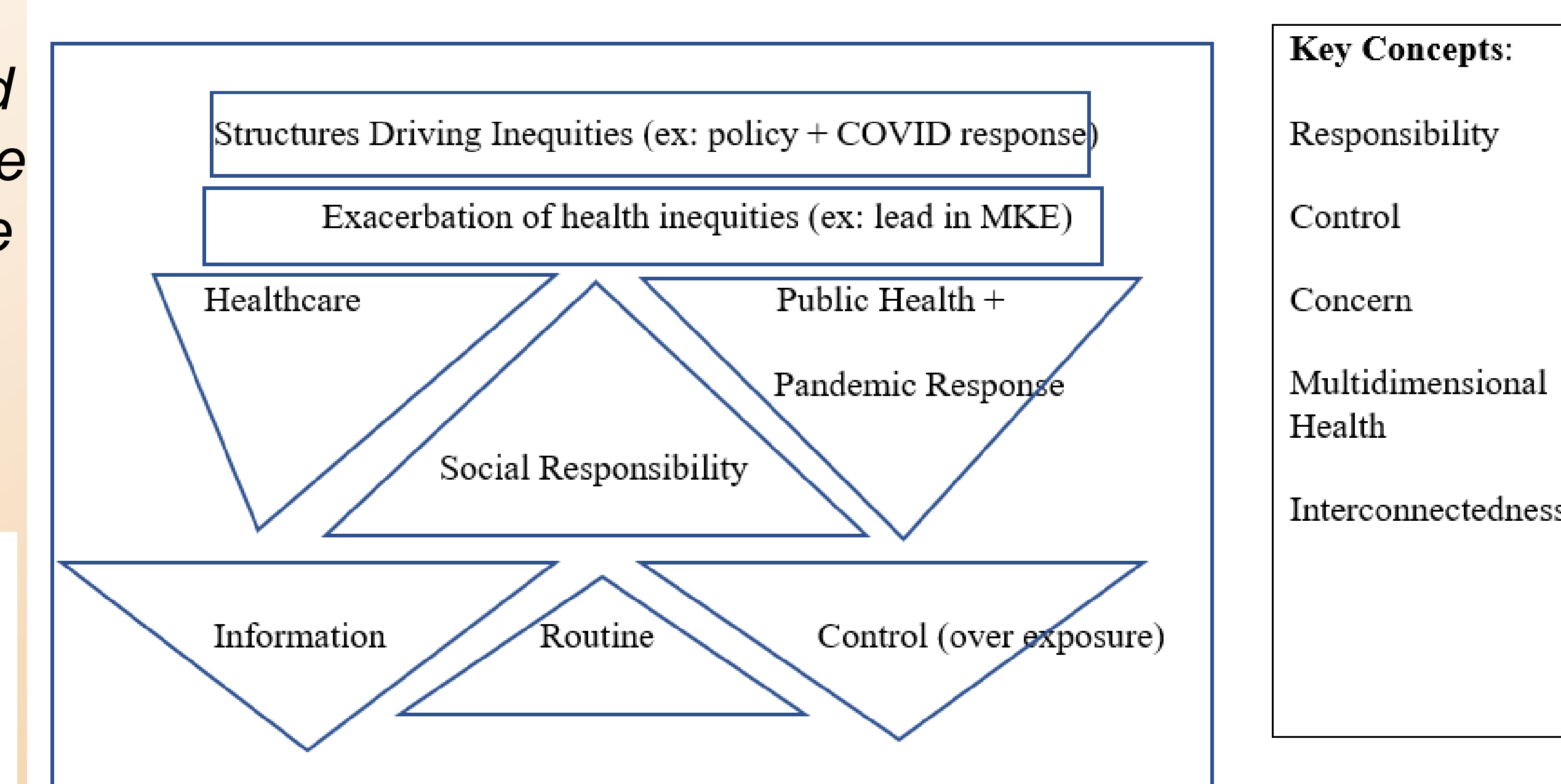
& Anne Dressel, PhD, MLIS, MA, CFPH, Lucy Mkandawire-Valhmu, PhD, RN, Penninah Kako, PhD, RN, & Lance Weinhardt, PhD

*"Sometimes I just use a piece of paper of like what I need to get done for today. And I just tried to stay focus as much as I can. And then now what I've actually started like three days ago of like, setting a cutoff time of like, I don't know, let's say nine o'clock, and then I can like read and like meditate and start trying to like heal in a sense, you know, but prior to that I was just all over the place."* -Participant 17

*"Man, this is this is heavy, it's almost depressing to, to be stuck inside and not have that typical, you know, enjoyment of going out to a restaurant or maybe a concert or something like that, or sporting event to look forward to. And so there's that aspect of it that I think mentally weighs on people and that's been kind of tough."* - Participant 23

## Further Analysis

Figure 2. Thematic Diagram as the analysis continues.



- References
1. Aday LA, Cornelius LJ. Designing and conducting health surveys: a comprehensive guide. John Wiley & Sons; 2006.
  2. Blair J, Czaja RF, Blair EA. Designing surveys: A guide to decisions and procedures. Sage Publications; 2013.

## Present Conclusions

- Understanding Wisconsinites' perceptions of the COVID-19 pandemic can help to inform health policy and future pandemic responses.

## Introduction

- Two-thirds of clinical trial go unfilled, while at the same time socioeconomically disadvantaged groups are underrepresented in trials
- Socioeconomic status, mistrust in the medical system, and lack of access to large trial centers have all been identified as reasons patients don't enroll
- Despite African Americans being at a 5.7 times greater risk of dying from COVID-19 in Wisconsin, they make up <20% of major clinical trial cohorts
- As clinical trials have become the only option for COVID-19 treatment, the urgency to engage communities with trials has never been greater
- Available online tools require either extensive collection of patient information or the advanced medical knowledge to interpret



Figure 1: Assessment of Current Digital Recruitment Tools

## Objectives

- Assess pain points from the clinician perspective by speak to key physicians and observe their interactions with patients during clinical trial recruitment to identify most pertinent decision-making factors
- Complex concepts, such as mechanism of action and prior clinical safety data, for each trial need to be distilled into a library of easily understood concepts, completely eliminating medical jargon
- Website must protect patient data and not collect unnecessary information
- Paclintra.com was developed as an anonymous web-based search tool for patients to discover clinical trials for COVID-19 with unintimidating language adapted by healthcare professionals.

**Paclintra**

A web search platform to empower patients by:

- 1) providing an easy search function with succinct summaries
- 2) educating them about the experimental treatment
- 3) connecting themselves with an optimal clinical trial

Figure 2: Initial Functionality Parameters for Paclintra.com

## Methods

- Physician-patient trial recruitment conversations were observed at Froedtert Hospital
  - We then compiled both the counseling points shared by physicians as well as the most common requests from patients for information
- Data from selected COVID-19 clinical trials were extracted from the clinicaltrials.gov database
  - Studies identified were limited to interventional studies recruiting for COVID-19 within the United States; observational trials were excluded
- A simple search engine website was then created and distributed using social media platforms (e.g. LinkedIn, Twitter, Facebook)
  - Complex concepts, such as mechanism of action and prior clinical safety data, were distilled into a unique library of easily understood concepts, completely eliminating medical jargon

Figure 3: Example Trial Information Page

Trial Name:

Leflunomide in Mild COVID-19 Patients.

Patients will be given leflunomide daily for a maximum of ten days while their symptoms are monitored. You will not receive placebo treatment. The active drug, leflunomide, used in this trial is for experimental use in COVID-19 and its effects in humans have not yet been fully established. However, leflunomide is approved by the U.S. Food and Drug Administration (FDA) for the treatment of adults with rheumatoid arthritis (RA). This study is to examine the safety of high doses of leflunomide in patients with COVID-19 who are not yet hospitalized, but are at risk for disease progression and complications.

Location

Although this study is being conducted and enrolled by the University of Chicago, follow-up/contact will be remote (through telehealth)

University of Chicago  
Chicago, Illinois 60637  
United States

Transportation Assistance: Contact Study Manager  
Safety

- This trial is to test a previously U.S. Food and Drug Administration (FDA) approved rheumatoid arthritis (RA) medication for safety in COVID-19 patients
- Possible side effects seen with leflunomide include diarrhea, infection, headache and rash

Study Eligibility

- 18 years and older
- Men and women
- Confirmed COVID-19 (coronavirus) infection NOT requiring hospitalization
- Mild symptoms such as dry cough, sore throat, congestion, fatigue, muscle pain, and headaches
- Not have chronic kidney disease
- No history of liver or lung disease
- Not be pregnant

Note: You will not receive placebo treatment. You might not be eligible if you have certain medical conditions.

## Results

- A social media launch created a transient large peak in users during the first wave of the COVID-19 pandemic, which quickly dropped off
- Of the trial summary pages, information regarding hydroxychloroquine studies and plasma donation received the most unique views, corresponding to national attention given to these therapies
- Finding invested community partners would draw a more stable group of users and allow survey-based patient feedback—invaluable to improving the design of the website and the addition of more features
- A more engaged user base would reduce the average bounce rate

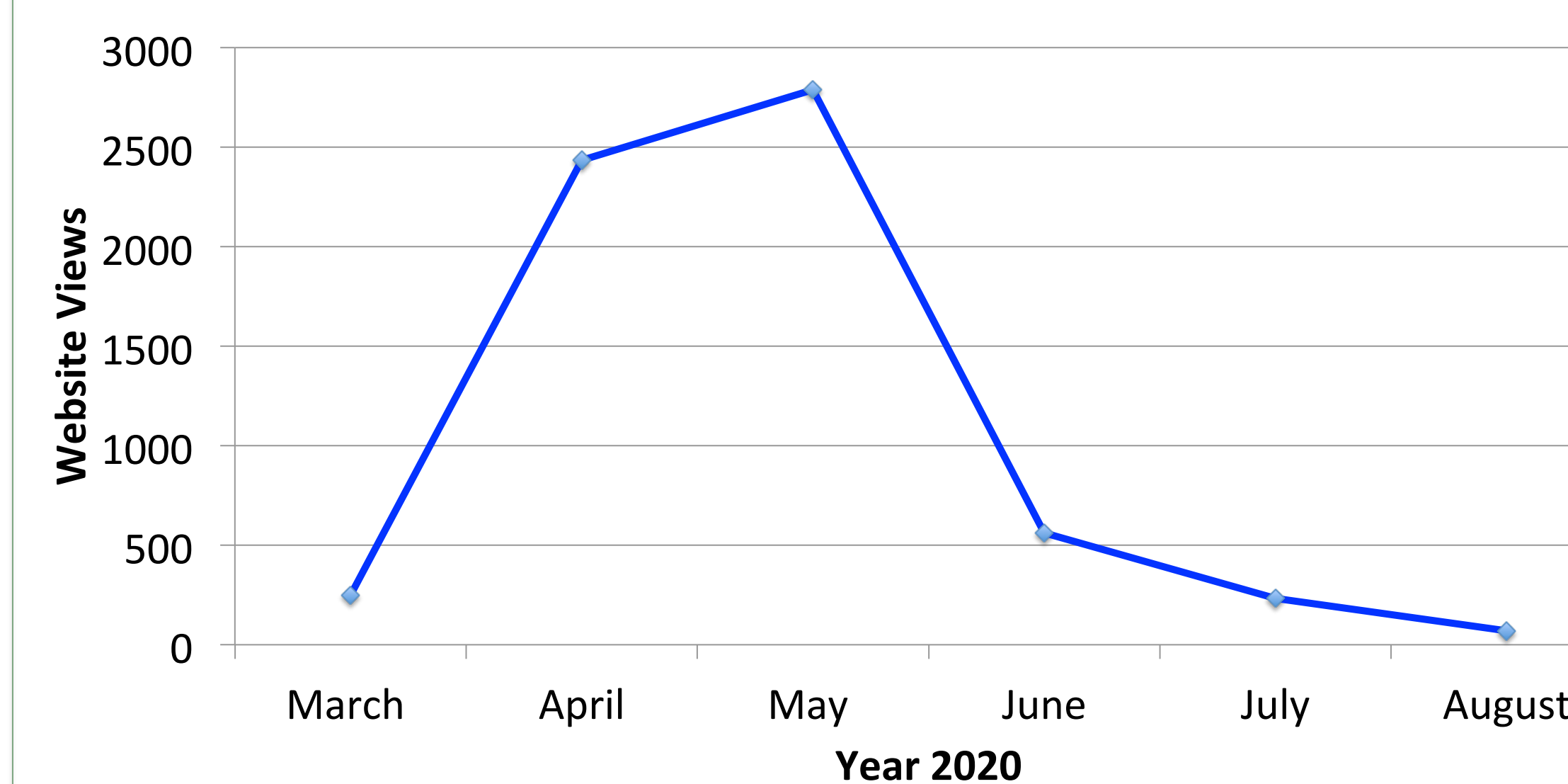


Figure 4: Website Usage Statistics Since Launch in March of 2020

## Conclusions and Future Directions

- A patient-centered clinical trial recruitment strategy could alleviate disparities in clinical trial recruitment demographics
- We identified privacy and ease-of-use as pillars to developing a best-in-class solution.
- Continuing to engage patients and tracking the impact of our website remains a challenge with an anonymous platform.

## Acknowledgments

- A special thank you to Brian Zhu—software engineer from Airbnb—for assisting with website development and funding the web hosting

## Select References

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# MaskUpMKE: The Medical College of Wisconsin's Collaborative Response to the COVID-19 Pandemic in Greater Milwaukee

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## Introduction

In March 2020, the disease outbreak caused by the novel strain of coronavirus (SARS-CoV-2) was declared a pandemic by the World Health Organization and a national emergency by the United States. The virus is transmitted person-to-person through respiratory droplet exposure, and infected individuals can spread the virus even when asymptomatic. Already, there was a shortage of personal protective equipment (PPE) for healthcare workers. After a CDC recommendation for the general population to wear face masks in public to help prevent the spread of COVID-19, the current supply was not going to be sufficient.

In a local response to the crisis, the Saukville-based company Rebel Converting donated enough material to make 1 million face masks comprised of melt-blown polypropylene. Spearheaded by the early collaboration of a trauma surgeon and students at the Robert D. and Patricia E. Kern Institute for the Transformation of Medical Education, the project would quickly be known as "MaskUpMKE.." After the immediate shortage of masks for healthcare workers was addressed, MaskUpMKE produced and delivered millions of face masks to primarily underserved communities and at-risk groups in Milwaukee and throughout Southeast Wisconsin.

## Methodology

MaskUpMKE began with the partnership of Rebel Converting, local non-profits, Milwaukee businesses, and the Medical College of Wisconsin (MCW) as a local crisis intervention initiative in response to the COVID-19 pandemic. Applying a grassroots public health approach, MaskUpMKE strived to quickly harness the energy of volunteers to assemble and distribute face masks and social messaging (radio, television, newspaper, public service announcements, and flyers) to underserved populations in Milwaukee where health literacy, understanding of disease prevention, and needed physical resources are often lacking. In order to focus on preventing the spread of the virus through particularly vulnerable populations, MCW facilitated the prioritization of masks delivered to nursing homes/senior living facilities, homeless shelters, food pantries, food distribution sites, immigrant/refugee leaders, and neighborhood committees.



## Results

Volunteer mask production began in the first week of April 2020 and by April 10<sup>th</sup>, 33,800 masks were delivered by MCW medical students and faculty to community health clinics, homeless shelters, rescue missions, religious centers, the public-school feeding locations, poll workers, and voters. By the end of April 2020, more than 600,000 masks had been delivered to over 100 government and social service agencies. As private-public community partnerships grew to involve the Milwaukee Bucks at Fiserv Forum, UNiTEMKE, United Way, Milwaukee Habitat for Humanity, Code for Milwaukee, Just One More Ministry, and the City of Milwaukee Health Department (among others), mask production and delivery grew exponentially. During May 2020 alone, the formalized project called MaskUpMKE engaged nearly 1,800 volunteers who, through more than 33,000 volunteer hours, delivered more than 1.5 million additional masks to over 500 social services agencies throughout Southeast Wisconsin. By August 14, 2020, the total distribution of masks by MaskUpMKE exceeded 3.2 million.

## Conclusion

MaskUpMKE demonstrates a successful example of a grassroots crisis intervention initiative utilizing a public health approach in effort to curb the spread of COVID-19 in Milwaukee. The project involved many integral components including strategic partnerships, community engagement, intentional social messaging, volunteer efforts, and first-hand educational experiences for medical students. Additionally, it illuminates the unique ways in which medical students, community researchers, and even surgeons can use their leadership skills and approaches to influence their community by responding swiftly and methodically in the face of a crisis. Lastly, MaskUpMKE is a testament to the importance of educating our future health professionals about the basic principles of public health, community engagement, legislation, and advocacy which are often lacking in their curricula.

## Acknowledgements

A special thank you to Joan Weiss, Venus Coates, Andrew Yaspan, Dr. Ryan Spellecy, and Dr. Cassie Ferguson.

Thank you also to medical students Christian Hernandez, Na'il Scoggins, Nathalie Abenzoza, Jayla Watkins, and Drew Stein for volunteering your time and energy to early project coordination and mask deliveries!

April 3, 2020	April 10, 2020	April 20, 2020	April 30, 2020	May 30, 2020	August 14, 2020
Begin volunteer mask production (facilitated by Kern Institute at MCW)	33,800 masks delivered to community health centers and vulnerable populations by MCW students and faculty	Rebel Converting triples initial donation, commits to making 3.5 million face masks	600,000+ masks delivered to over 100 government and social service agencies.	2.1 million masks delivered to more than 500 social services agencies throughout SE Wisconsin.	3.2+ million masks delivered and counting

\*Mask production and delivery grew exponentially as the private-public partnership grew to involve the Milwaukee Bucks, UNiTEMKE, United Way, Milwaukee Habitat for Humanity, and the City of Milwaukee Health Department (among others)

Community partners that received masks from the MaskUpMKE initiative include:

- Federally Qualified Health Centers
- MPS school district – feeding sites
- Metcalfe Community Bridges
- UMOS/Latina Resource Center
- Sherman Park Community Association
- Milwaukee Housing Authority
- Meals on Wheels
- Community Advocates Women's Center
- Next Door Foundation, and many more



## MaskUp Coalition



## Background

An informed public plays a significant role in preventing the transmission of SARS-CoV-2 and mitigating the spread of COVID-19. Immigrant communities are particularly vulnerable to negative health, educational and economic impacts, and different messaging strategies are necessary to consistently reach Hmong and Hispanic communities. The Wisconsin Institute for Public Policy and Service (WIPPS) is leading a community effort to approach communication challenges in an innovative way. The model employs respected and well-connected Community Coordinators (CC) from the Hmong and Hispanic communities, each of whom coordinates a network of community health workers (CHWs). Collaborating organizations including MCW-CW, public health, health systems, resource agencies and community organizations meet at least biweekly with the CCs. Bidirectional communication through CCs and CHWs is occurring in both Hmong and Hispanic communities in Central Wisconsin, but the evolution of these networks has been different. There are similarities in challenges that are faced, but there is also uniqueness. This poster highlights project development and impact in Hispanic communities in Central Wisconsin from May through September 2020.

## Objectives

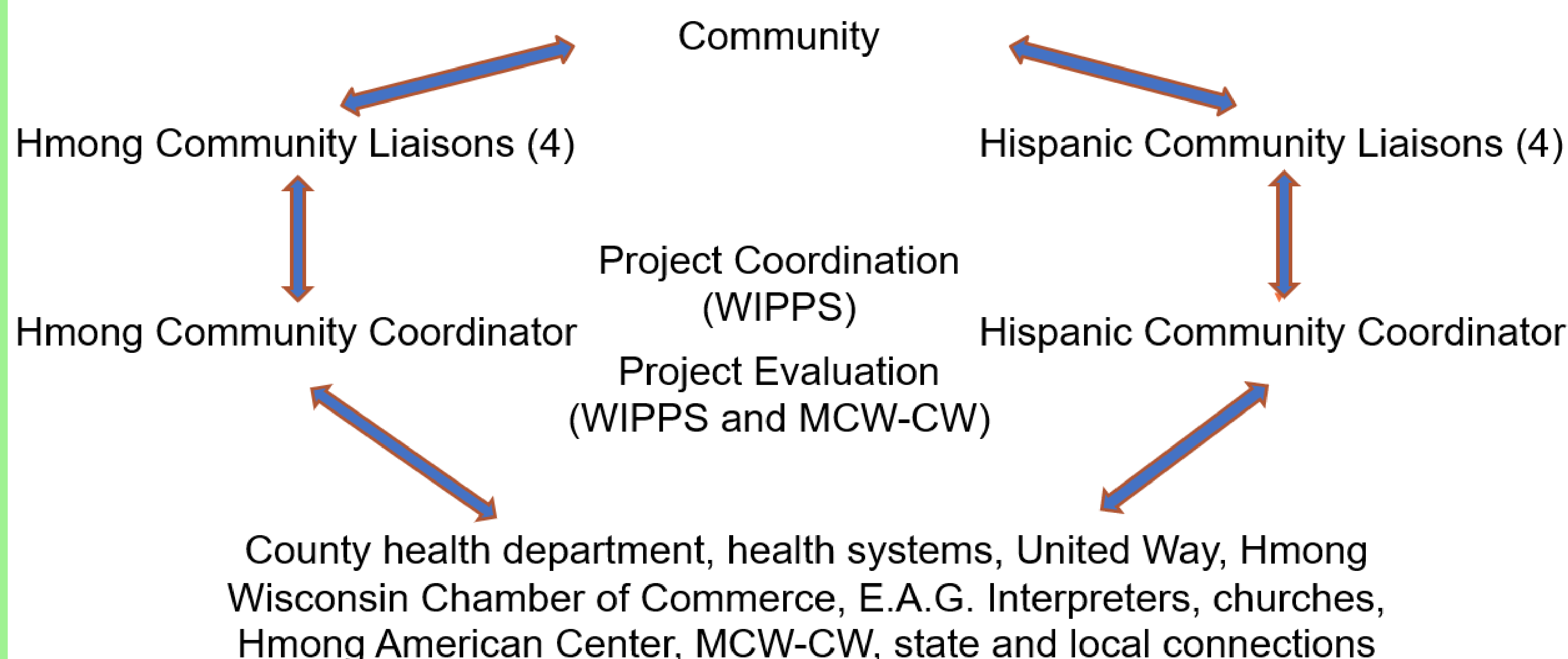
- Strengthen communication channels and facilitate regular information exchange between public health officials, health systems and resource agencies and Hmong and Hispanic communities in Central Wisconsin
- Establish a coordinated network of Hmong and Hispanic community health workers (Community Liaisons)
- Improve health in Hmong and Hispanic communities during the COVID-19 pandemic and beyond



## Methods

May 2020 – Initial CHW training and information gathering  
Project location - Marathon County and surrounding communities

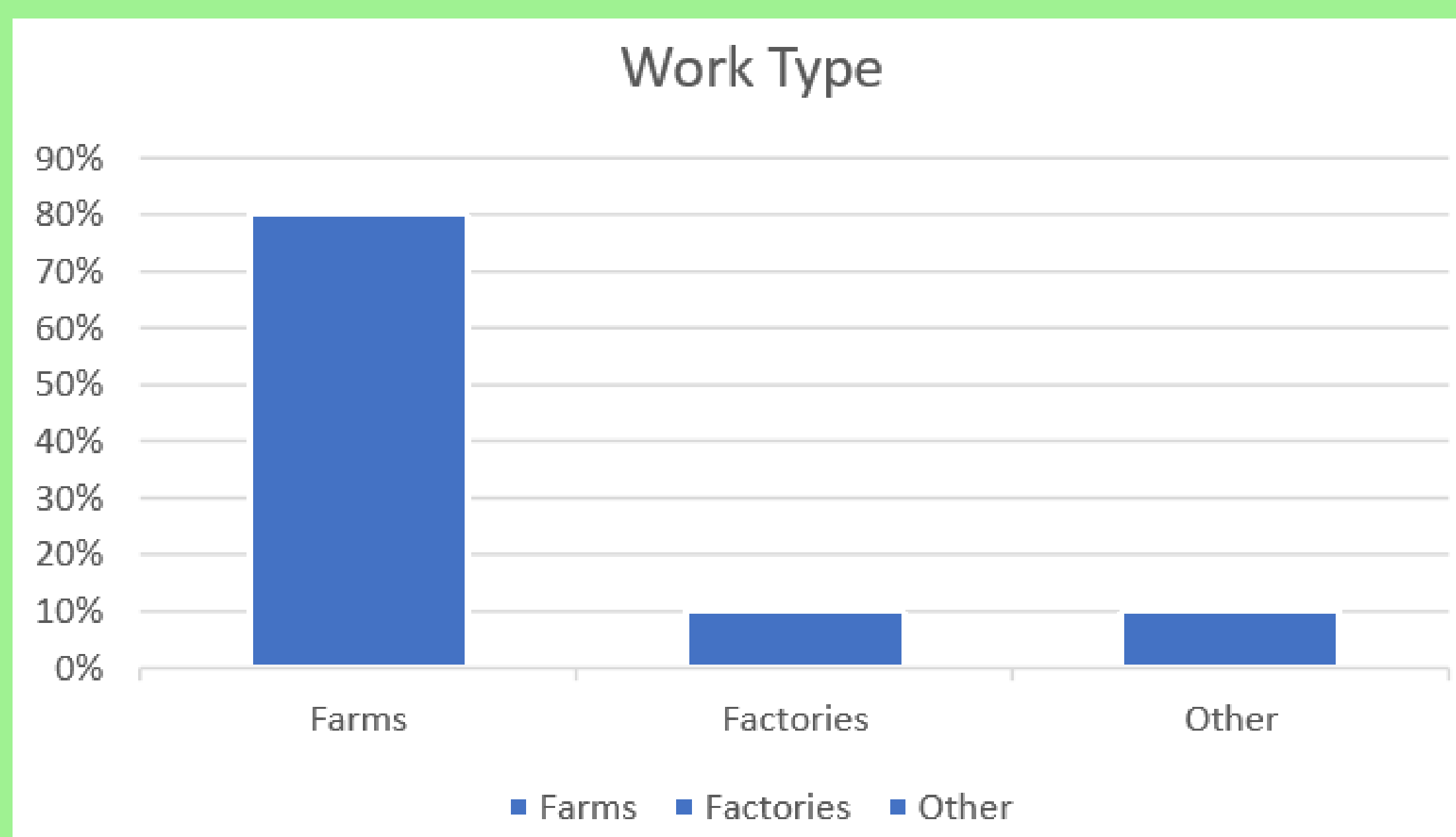
### Communication Model



Data gathering - regular verbal data reports (uploaded into Qualtrics) and stories

## Results

Community connections: farm visits, churches, food distribution events, grocery stores, mobile Mexican Consulate, and food box drop-offs for quarantined families. Assist Marathon County Health Department with trust building, contact tracing, and translation at COVID testing sites.



*"They are afraid to test positive for COVID-19 and lose their employment. The vast majority of Hispanic farm workers and their families live in housing provided by their employers. Being fired also means losing their home."*

**How are you being affected by COVID-19 (ex: financial, social, health, emotions, etc.)? 'In every single aspect.'**

**Do you know about resources in your community?** 7% Yes (3) 93% No (40)

Average level of schooling for adults was 6th grade or lower

People live in the shadows and fear seeking medical care or other assistance.

## Impacts

- Dissemination of COVID-19 prevention tips and information in Spanish (verbal, video, and infographics)
- Grocery delivery to quarantined families
- Modelling mask use, handwashing, physical distancing
- Providing masks and hand sanitizer
- Helping families find resources to assist with rent, food, and more
- Follow-up to check in on families
- Assisted United Way of WI to improve 211 services to Hispanic families
- Gaining understanding of knowledge, behaviors, fears, attitudes and challenges of the community
- Over 500 people reached



## Conclusions & Future Directions

Hispanic CHWs are trusted messengers, candidly spoken to and listened to because of their history with and connection to their communities. Interpersonal and non-written communication platforms are important in this setting of language, literacy and cultural barriers. CCs can be a bridge to facilitate bidirectional communication with the larger community.

- Wisconsin DHS Influenza Community Outreach
- Covering Wisconsin Open Enrollment & Public Charge Rule education
- Primary care access and health literacy
- Grocery store video initiative
- Continued intentional listening

## Acknowledgements

Collaborating Organizations: Marathon County Health Dept, Aspirus, Ascension Wisconsin, Marshfield Clinic Health System, E.A.G. Interpreters Hispanic Outreach, Hmong WI Chamber of Commerce, Hmong American Center, United Way of Marathon County, Bridge Community Clinic, and First Presbyterian Church Free Clinic  
Funding: Community Foundation of North Central Wisconsin/United Way of Marathon County COVID Relief, Aspirus, Ascension WI, AbbyBank Foundation, United Way of Wisconsin, Marshfield Clinic, Northcentral Area Health Education Center, Church Mutual Insurance

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### Objectives

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- Establish a coordinated network of Hmong community health workers (community liaisons)
- Improve health in Hmong and Hispanic communities during the COVID-19 pandemic and beyond



## Methods

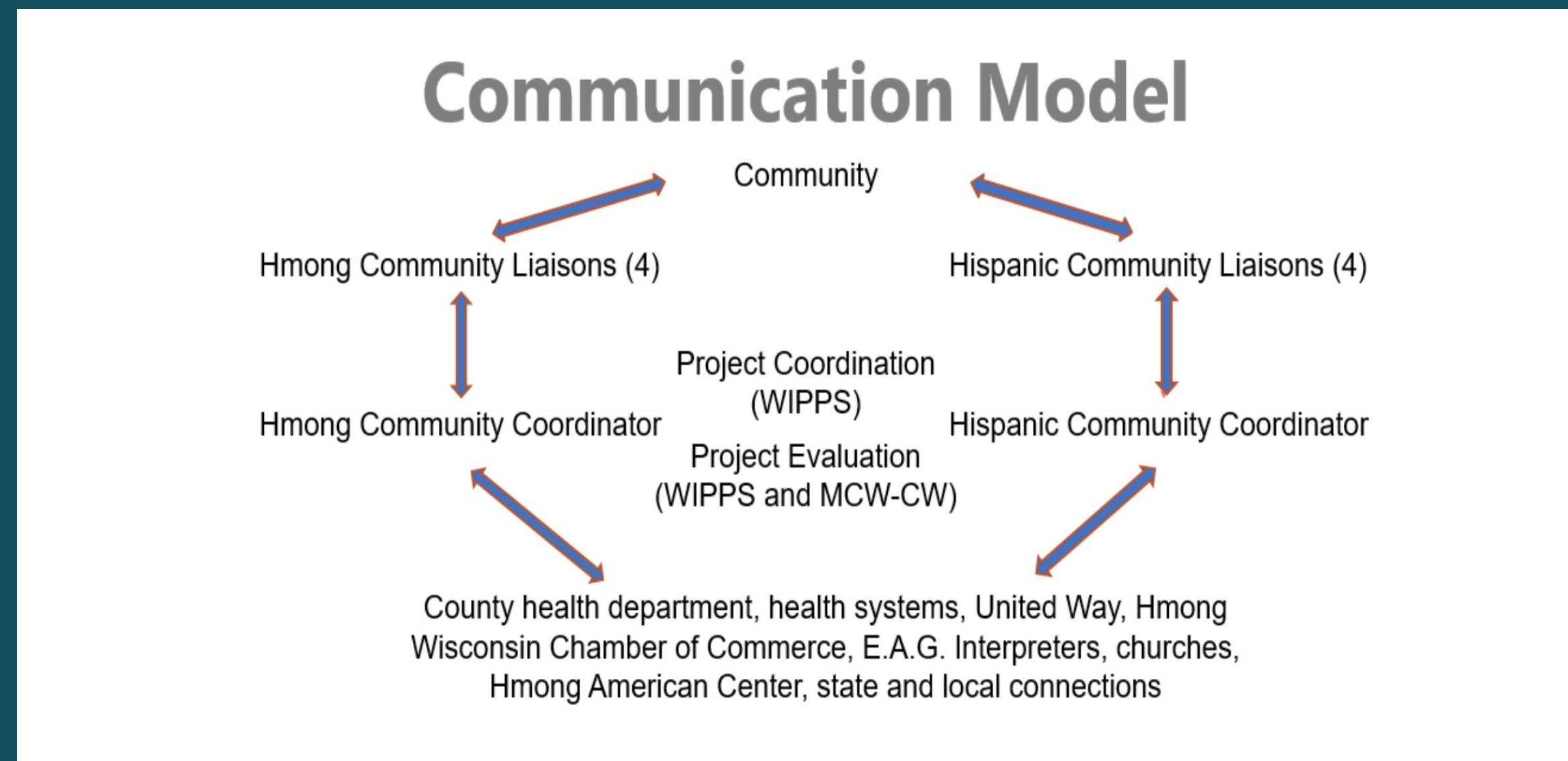


Figure 1

### How worried are you about getting COVID-19?



### How worried are you about a family member getting COVID-19?

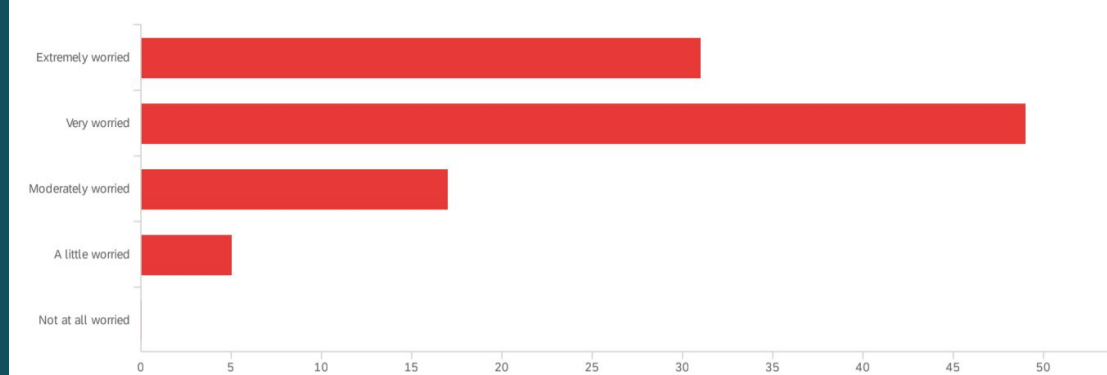


Figure 2

### How are you affected by COVID-19?



## Qualitative Data

### Do you understand what COVID-19 is?

The majority stated that they understood what COVID-19 was. 16 stated that they did not understand COVID-19, but knew it was a "dangerous disease" or "scary." 3 individuals stated they had "okay understanding."

### Where do you get your information about COVID-19?

Majority responded with Internet (unspecified), TV, or YouTube. Others responded with healthcare workers, CDC website, Hmong news, and Facebook.

### Is there anything that is confusing about COVID-19?

15 - 20 respondents felt anywhere from very confused, to some confusion on topics such as what to do when they feel sick, where to go for a test, where to get a check up. Those that responded with no confusion to little confusion reported that they understand COVID-19 protocol, social distancing requirements, and where they would go if they were to feel sick. Many reported that they would go to the Emergency Department if they had symptoms.

"Money is starting to increasingly become in affect with bills rising, my family's well being is always on my mind, and it's becoming increasingly more difficult to keep myself updated on what's going on in today's society."

### Are there additional community resources that would be helpful to you and your family?

Food assistance, local food pantry, rental assistance, "education help with my kids", internet at home, Foodshare funds, "where to go for a check-up if I don't have insurance", kids homework help, "where to get help in Hmong language", "food and money help", "RENT", and mental health resources.

"Aside from money ... I want to keep my family safe from any danger. My father and my youngest brother are both immunosuppressant and cannot handle this virus. My family is doing our best.."

### Lessons Learned

- Importance of trusted sources
- Hesitancy to ask for help
- Resource are difficult to access
- Value of personal communication and non-written materials such as videos
- Shadow populations - undocumented
- Confusion about seeking care for COVID symptoms

## Discussion

### Early impacts

- Connecting with people where they are: businesses, HAC, assistance programs, food giveaways
- Modelling - masks, handwashing, physical distancing
- Stories & connection
- Gained understanding of knowledge, behaviors, fears, attitudes and challenges of the community
- Public Health



## Future Directions

### Wisconsin Department of Health Services Influenza Community Outreach grant

- Influenza and influenza vaccine outreach and education
- Connecting population to affordable and accessible vaccinations.

### Open Enrollment & Health Insurance Outreach

### Primary Care Access project

### Health topic informational sessions

## Acknowledgements

**Partnerships:** Marathon County Health Dept, Ascension WI, Marshfield Clinic Health System, Aspirus, E.A.G. Interpreters Hispanic Outreach, Hmong WI Chamber of Commerce, Hmong American Center, United Way of WI, and Bridge Community Clinic.

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