



Abstract Catalog



2023 Community Engagement Poster Session

Hosted by the Office of Community Engagement (OCE)

Thursday, November 9, 2023
9:30 A.M. – 12:30 P.M.

Medical College of Wisconsin - Milwaukee
Alumni Center

Table of Contents

Table of Contents	2
Welcome Letter	3
Abstracts	4-80
Meet Our Faculty & Staff	81
View Biannual Report	82
Definitions That Guide Our Work	83
References	86
Connect With Us	87



knowledge changing life

Office of Community Engagement

Welcome to the 9th Annual MCW Community Engagement Poster Session

As the Senior Associate Dean for Community Engagement at the Medical College of Wisconsin (MCW), it gives me great pleasure to welcome you to our 9th annual Community Engagement Poster Session!

The last year has highlighted how we can prioritize the needs of community and work towards health equity. We had the opportunity to grow our programming to provide immersion experiences for learners and scholars, and spotlight individuals and organizations that exemplify community engagement. We are grateful that we can continue to gather with this poster session to showcase the important work of our students, staff, faculty, and community and academic partners.

Community engagement, one of MCW's four missions, is richly embedded in our programs and throughout our centers, institutes, and departments. The Office of Community Engagement is proud of the many ways in which the "art and science" of community engagement is demonstrated across all MCW campuses and throughout Wisconsin, as well as the expertise and commitment by our faculty, staff, students, and community and academic partners. We are fostering future leaders by leveraging the expertise, deep work, and mentorship offered by these practitioners. It is only through genuine partnerships, and mutual, longstanding commitments to the communities we serve, that MCW can impact lives and play a role in improving health in Wisconsin.

We trust this event will provide insight into how we can be better partners, improve our programs, and have a greater impact on health. We hope the exemplars of engaged work that are displayed during this session will nurture partnerships and catalyze new projects and partner opportunities.

We continue to encourage people to innovate in how we engage each other, for the overall health and benefit of the communities we serve.

Thank you for contributing to leadership and excellence in community engagement and promoting the health of the community through education, research, and patient care!

Sincerely,

Staci Young, PhD

Senior Associate Dean for Community Engagement

Director, Office of Community Engagement

Inaugural Faculty Director, ThriveOn Collaboration

Associate Director, Community Outreach and Engagement, MCW Cancer Center

Professor, Department of Family and Community Medicine

Director, Center for Healthy Communities and Research

ABSTRACTS

TITLE:	Wellness Wonderland
AUTHORS:	Sabrina Ali, MD, All Saints Family Medicine Residency Program; Tyler Kolstad, DO, All Saints Family Medicine Residency Program; Jeffrey Galloway, DO, All Saints Family Medicine Residency Program
ABSTRACT:	<p>Background: Untreated mental health conditions have serious implications, including suicide, homicide, and worsening of chronic diseases. This is especially true in underserved populations, such as in Milwaukee. This inspired All Saints Family Medicine Residency to host a mental health fair called "Wellness Wonderland" on August 19th, 2023. The fair targeted the local community which predominantly consists of persons of color with significant barriers to mental health care.</p> <p>Objective: The goal of this fair was to de-stigmatize mental health struggles, stimulate healthy discussions, provide mental health resources, teach adults/children how to deal with stress/emotions via an array of techniques, and to have fun. An additional goal was to have at least 100 members of the community participate.</p> <p>Methods: Multiple local businesses and organizations supported this event which allowed it to be free to participants. Numerous stations were setup including mental health resources, art therapy, meditation, yoga, nutrition, breathing exercises, positive affirmations, and fire safety. Participants collected raffle tickets at each station and traded them in for backpacks, school supplies, food, to play carnival games, and to enter a gift card raffle. Pre- and post-surveys were provided to participants regarding their understanding of mental health, strategies to cope, and connection to physical health.</p> <p>Results: Greater than 200 members of the community came out to participate. Following the event, participants shared how they would continue to utilize techniques they learned at the fair during times of stress. Others shared how they lost loved ones to mental illness and expressed gratitude for shedding light on this topic. Analysis of survey results is pending.</p> <p>Conclusion: Participants were engaged, inquisitive, candid about their mental health struggles, and eager to learn coping strategies. Based off the number of community members who participated, as well as the testimonials provided, we consider this event to have reached its goals.</p>
SUBMITTER:	Ali, Sabrina
TOPIC AREA:	Behavioral Health

TITLE:	Building a Sustainable Cancer Prevention Program in Partnership with an Urban Public Recreation System
AUTHORS:	Estefania Alonso, BS, MCW-Milwaukee; Laura Pinsoneault, PhD, Evaluation Plus; Jamila Kwarteng, PhD, MCW-Milwaukee; Sandra Contreras, BS, MCW-Milwaukee; Margaret Tovar, MPH, MCW-Milwaukee; Patricia Sheean, PhD, MCW-Milwaukee; Kathleen O'Connell, PhD, MCW-Milwaukee; Ana Karen Manriquez Prado M. Prado, BS, MCW-Milwaukee; Melinda Stolley, PhD, MCW-Milwaukee
ABSTRACT:	<p>Cancer is the second leading cause of death in Wisconsin with higher mortality rates in the African American and Hispanic/Latinx populations. Accessible and affordable programming to address cancer risk is necessary for cities such as Milwaukee, where communities are under-resourced and disproportionately affected by segregation. The Total Wellness (TW) program offers alternatives to these barriers. It was developed through a partnership between an academic cancer center and Milwaukee Recreation (MKE Rec). The intervention focuses on increasing cancer-related knowledge and improving nutrition and physical activity patterns to reduce cancer risk. The program promotes adherence to the American Cancer Society Guideline for Diet and Physical Activity for Cancer Prevention by following a weekly workbook guided by a trained MKE instructor. TW is divided into three 8-week sessions with twice-weekly classes that begin with a 30-minute informational session on topics such as cancer risk and screening, strategies for behavior change, and plant-based cooking demos, followed by supervised exercise with strength training. To evaluate the intervention, class registrants were invited to participate in quasi-experimental assessments in each session which included surveys and physical assessments. The RE-AIM framework was used to assess implementation. Reach: TW classes were offered every season with 151 total registrations. Efficacy: Significant improvements were noted for physical activity, diet, weight, blood pressure, sit-to-stand, hand grip strength, walking distance, and cancer knowledge. Adoption: Two community sites offer the program each season. Implementation: Four instructors (2 bi-lingual) have been trained to teach TW, and program content is available in English and Spanish. Maintenance: TW registration is integrated into the MKE Rec system, teacher training is manualized, registration has been consistent for 6 seasons, and class participant satisfaction is high, as reflected in satisfaction surveys and testimonials. Results support the feasibility, potential efficacy, and sustainability of integrating cancer prevention programming into public recreation systems.</p>
SUBMITTER:	Alonso, Estefania
TOPIC AREA:	Patient Care/Patient Education

TITLE:	Utilizing an Environmental Justice Framework in Developing Partnerships to Prevent and Mitigate Water Lead Poisoning Among Milwaukee's Most Vulnerable Populations
AUTHORS:	Ronald Anguzu, MCW-Milwaukee; Sharon Adams, Community Water Services (CWS); Nancy C. Dunham, PhD, University of Wisconsin School of Medicine and Public Health; Debra Taylor, Community Water Services (CWS); Danielle T. Washington, Community Water Services (CWS); Holly Hannis, City of Milwaukee Health Department; Richard Diaz, Coalition on Lead Emergency (COLE); Carissa Hoium, Children's Health Alliance of Wisconsin; David Nelson, PhD, MS, MCW-Milwaukee; John Meurer, MD, MBA, MCW-Milwaukee
ABSTRACT:	<p>Background: Environmental justice is defined as "the fair treatment and meaningful involvement of all people, regardless of race...or income with respect to...regulations and policies that affect the environment and/or public health." In 2023, Community Water Services initiated a water lead testing feasibility project in the city's most economically challenged neighborhoods. Project implementation has clarified the need to use a broad perspective in order to fully address the problem.</p> <p>Objective: We describe some lessons learned in developing and sustaining community-led partnerships to address the problem of lead exposure and poisoning in Milwaukee household water.</p> <p>Methods: An environmental justice framework informs our approach to developing collaborative partnerships to prevent and abate lead exposure in affected neighborhoods. The core tenets of this environmental justice framework are: (i) shared leadership by community and investigators; (ii) research priorities set by those affected; (iii) shared funding; (iv) data collection done in a culturally appropriate and ethically sound manner; (v) collective data ownership; (vi) communication/dissemination of results; (vii) advocacy for action/policymaking; (viii) sustainability planning.</p> <p>Results: Key implementation lessons learned involve the need to: (i) identify unique sites and approaches for participant recruitment; (ii) be adaptable in implementing methods of water sample collection and testing; (iii) obtain validation of test results; (iv) develop effective results dissemination methods and parental education on lead poisoning dangers, prevention, and treatment options; (v) involve other advocacy groups and healthcare providers/systems in this public health issue; (vi) and provide leadership in advocating for public policy solutions.</p> <p>Conclusion: An environmental justice framework for addressing pervasive issues of lead exposure offers effective strategic direction in mitigating the problems of lead poisoning in Milwaukee.</p>
SUBMITTER:	Anguzu, Ronald
TOPIC AREA:	Social Determinants of Health

TITLE:	An Exploration of Maternal Health from the Perspective of Black Women
AUTHORS:	Alexia Austin, MCW-Milwaukee; Leslie Ruffalo, PhD, MS, MCW-Milwaukee
ABSTRACT:	<p>Background: In the United States, maternal mortality rates have been on the rise since 1999 across all races, but disproportionately affecting non-Hispanic Black women as defined by the World Health Organization (WHO), maternal mortality is the number of annual deaths related to or aggravated by pregnancy or management of pregnancy and childbirth. Maternal morbidity is defined as health problems that occur during pregnancy and/or childbirth and frequently leads to maternal mortality. The WHO acknowledges that most maternal deaths are preventable. Research has shown that quality care would have prevented death in most cases. A study published in Women's Health Issues in 2020 explored the impact of perinatal care on Maternal Morbidity. While all the participants had traumatic experiences, Black and Hispanic women felt that a lack of quality care was the root cause. Understanding the needs of Black women can lower the risk of maternal morbidities that lead to disproportionately high maternal mortality rates.</p> <p>Objective: To identify strategies that will improve the quality of care for perinatal Black women through the lens of the socioecological framework for health.</p> <p>Methods: We conducted one-time one-on-one interviews with Black women who have had an adverse birthing experience. We used open coding strategies and thematic analysis techniques to analyze our data. Results To date, we've conducted 3 interviews and are in the process of recruiting at Meta House. Our next goal is to reach out to Doula programs such as Birth Outcomes Made Better (BOMB) for possible collaboration. Preliminary findings revealed the following four key themes: 1. Lack of quality care 2. Unmet needs 3. Lack of information 4. Patient characteristics.</p> <p>Conclusion: The results of this study will be important in developing strategies that will decrease maternal mortality rates of Black women in the United States and are applicable to care for all women/birthing people.</p>
SUBMITTER:	Austin, Alexia
TOPIC AREA:	Patient Care/Patient Education

TITLE:	Lunch and Learn: Assessing the Effectiveness of a Lead Poisoning Education Session
AUTHORS:	Joseph Benbow, BS, MCW-Milwaukee; Lisa Zetley, MD, MCW-Milwaukee
ABSTRACT:	<p>Background: Lead poisoning continues to impact the health and development of young children despite decades of knowledge and intervention. Recent U.S. Government legislation targeted at reducing the incidence of lead poisoning indicates its importance amongst current public health goals. Therefore, it is important to ensure that health providers are educated on lead policies to ensure proper treatment and interventions for those affected.</p> <p>Objective: This study was developed to increase lead poisoning knowledge amongst care coordinators within Care4Kids (C4K) to improve outcomes for foster children enrolled in the program.</p> <p>Methods: Care coordinators were recruited via email and notified of the opportunity to voluntarily join a research project about lead poisoning. Participants were surveyed about their care coordination questions and baseline knowledge was measured using the pre-intervention tool. A presentation was developed around knowledge gaps, current research, and WI population-level data. The intervention was held virtually via an online platform, with the opportunity for synchronous and asynchronous viewing. An anonymous post-session survey was then distributed electronically to the measure information acquired and increase in comfort level with the topic. Results were analyzed using the Mann Whitney U Test.</p> <p>Results: Quantitative analysis yielded statistically significant ($P < .05$) results across categories demonstrating an increase in lead poisoning knowledge and comfort in coordination of care.</p> <p>Conclusion: Lunch and learn format was successful in addressing lead poisoning knowledge and care coordination gaps in Care4Kids health care coordinators. Future research could assess similar outcomes in other populations, such as medical students, child welfare case managers and other care coordination providers serving high-risk populations.</p>
SUBMITTER:	Benbow, Joseph
TOPIC AREA:	Health Education

TITLE:	Social Determinants of Health and Outpatient Emergency Department Utilization by Firearm Injury Survivors in Milwaukee
AUTHORS:	Elise A. Biesboer, MD, MCW-Milwaukee; Amber Brandolino, MS, MCW-Milwaukee; Jonelle Campbell, MS, MCW-Milwaukee; Jessica Prom, MCW-Milwaukee; Hamsitha Karra, MCW-Milwaukee; Nana Danso, MCW-Milwaukee; Mary E. Schroeder, MD, MCW-Milwaukee
ABSTRACT:	<p>Background: Traumatically injured patients traditionally have poor outpatient follow-up with increased rates of emergency department (ED) utilization. The objective of this study was to assess social determinants of health (SDOH) in firearm injury survivors to determine the impact on ED utilization post-discharge.</p> <p>Methods: Inpatient firearm injury survivors were invited to participate in a survey near the time of hospital discharge. The survey was comprised of 38 questions which focused on access to a communication device, healthcare and mental healthcare engagement, housing, social support, transportation, personal finances, employment, and health literacy. Demographic, injury and ED utilization information was abstracted from the patient's electronic health record. Survey results were compared between those who utilized the ED and those who did not to determine the impact of SDOH on ED utilization.</p> <p>Results: A total of 100 patients were surveyed, the majority of whom were male (81%), Black (83%), and had public insurance (81%). Within 14 days of discharge, 27% of patients returned to the ED. Factors associated with ED utilization included not having a primary care provider ($X^2=4.87$, $df=2$, $p=0.027$), not having family or friends for help ($X^2=5.11$, $df=2$, $p=0.024$), and not being able to read at a level that allows them to understand their medical care ($X^2=5.96$, $df=2$, $p=0.015$).</p> <p>Conclusion: Prior healthcare engagement, social support, and health literacy were all important factors in post-discharge ED utilization for firearm injury survivors. Trauma providers can focus on improving access to healthcare and relationships in healthcare, as well as addressing health literacy during the discharge process to help prevent early ED utilization.</p>
SUBMITTER:	Biesboer, Elise
TOPIC AREA:	Social Determinants of Health

TITLE:	Analyzing Perceived Life Threat in Trauma Patients
AUTHORS:	Morgan E. Blaser, BS, MCW-Milwaukee; Alexis Bradt, BS, MCW-Milwaukee; Elise A. Biesboer, MD, Froedtert Hospital; Amber Brandolino, MS, MCW-Milwaukee; Yara Hamadeh, MCW-Milwaukee; Sehr Khan, MD, Froedtert Hospital; Kathleen Williams, MD, Froedtert Hospital; Mary E. Schroeder, MD, Froedtert Hospital
ABSTRACT:	<p>Introduction: Standard practice for trauma resuscitation involves quickly evaluating and treating the patient, often with little explanation to the patient. Post-Traumatic Stress Disorder (PTSD) already affects approximately 25% of trauma patients, and often the traumatizing resuscitation process may contribute to this. Additionally, a patient's perceived life threat, or the belief that their life is in danger, is associated with an increased risk of developing PTSD. The longer a patient believes their life is in danger, the higher the risk of developing PTSD. The objective of this study was to evaluate local trauma patients' perceived life threats and emotions during the trauma resuscitation process.</p> <p>Methods: Patients who underwent a trauma activation were interviewed on their experience of the resuscitation process prior to hospital discharge. Questions assessed how frightened they were to lose their life, their perception of their injury severity, and symptoms related to PTSD. Descriptive statistics were used to evaluate participant demographics and survey responses.</p> <p>Results: 193 patients were interviewed. The mean age was 39, with an average hospital length of stay of 8.9 (SD=11) days. Most patients (88%) were frightened they would be severely injured. While 66% of the patients had some degree of fear for their lives, more than 1/3 reported "extreme fear" for loss of life. Moreover, 77% of participants perceived their injury was "severe" or "very severe," and 83% endorsed at least one symptom of PTSD.</p> <p>Conclusion: Most trauma patients perceive they are at risk of losing their life and will be left with a severe injury. The perceived life threat that patients feel correlates with further risk of developing PTSD. We are currently implementing change during resuscitations to address a patient's emotions and perceived life threat immediately upon arrival, with the objective of reducing their risk of PTSD.</p>
SUBMITTER:	Blaser, Morgan
TOPIC AREA:	Behavioral Health

TITLE:	Expanding Access to Mental Health Resources for Young Adults Living in Poverty in Milwaukee Through Listening and Learning From Our Community
AUTHORS:	Julie Bonner, MD, Marquette University; Stacey Lerret, PhD, MCW-Milwaukee; Lee Za Ong, PhD, Marquette University; Hobart Davies, PhD, University of Wisconsin-Milwaukee; Art Serna, City on A Hill; Mike Totoraitis, City of Milwaukee Health Department; Dennis Skrajewski, Wisconsin Association of Free and Charitable Clinics; Kayla Jackson, AmeriCorps; Ellie Thorstenson, AmeriCorps
ABSTRACT:	<p>Background: The mental health and emotional well-being of young adults requires a focus on research, needs assessment, support, services, and funding at a local and state level. The public health urgency of addressing the mental health of young adults living in poverty demands and benefits from a collaborative, multi-disciplinary approach to maximize effectiveness and create sustainable change.</p> <p>Objective: This pilot project addresses mental health and access to healthcare for the most socially vulnerable populations in Milwaukee within the larger context of the social determinants of health and the socioecological mental health and well-being model through creation of a consortium.</p> <p>Method: This collaboration uses the community based participatory action research model and strategically leverages institutional, organizational, population and personal strengths to build a sustainable partnership. This is a collaborative process that equitably involves all stakeholders (community, providers, etc.) recognizing the unique strengths of each member.</p> <p>Results: We created a consortium including members of an interdisciplinary team and young adults representing Marquette University, University of Wisconsin-Milwaukee, Medical College of Wisconsin, City of Milwaukee Health Department, Wisconsin Association of Free and Charitable Clinics, and City on a Hill. Our team first completed a Consortium Alignment Experience co-led by community and academic team members, to ensure commitments and refine the goals and outcomes of the work. We subsequently developed and organized the consortium into three interdisciplinary teams including young adults: 1) Creating Sustainable Consortium, 2) Community Engagement, and 3) Mental Health Access. Our team also collected and analyzed data from the pilot focus groups of young adults local to the community to identify barriers to access and prioritize efforts for additional young adult engagement.</p> <p>Conclusion: The collaboration between local universities and community organizations provides an opportunity to collaborate and address poverty in Milwaukee by empowering the community and creating solutions to advance health equity.</p>
SUBMITTER:	Lerret, Stacey
TOPIC AREA:	Child or Adolescent Population

TITLE:	Period Poverty Within John Muir Middle School
AUTHORS:	Paige M. Boruch, BS, MCW-Central Wisconsin; Erin R. Gruber, BS, MCW-Central Wisconsin; Amy Prunuske, PhD, MCW-Central Wisconsin
ABSTRACT:	<p>Background: During 2021-2022, the Ambassadors of Diversity (student organization at John Muir) assessed the quality of pre-existing menstrual product dispensers throughout John Muir. They found that some bathrooms had zero products, some dispensers had expired products from 1998 and 2002, and other bathrooms had no dispensers. John Muir had only 2 functional dispensers with non-expired products. In October 2022, the Ambassadors of Diversity implemented a pilot program where free menstrual supplies were offered in all female and gender-neutral bathrooms. The work of the Ambassadors of Diversity sparked our interest in a community-engaged research opportunity on period poverty.</p> <p>Problem Statement: We sought to determine if menstruating students at John Muir have regular access to menstrual supplies. Additionally, are there ill effects of not having regular access to period products?</p> <p>Methods: A Qualtrics survey was sent out to John Muir students who identify as female.</p> <p>Results: Results showed 17% of respondents didn't have enough menstrual supplies. 70.4% have felt anxious or worried about not having enough menstrual supplies. 31.7% of students have missed class due to limited access to menstrual supplies. Free responses were allowed at the end of the survey. Some responses included "why can't menstrual products be free because many can't afford it" and "it's really stressful when you're on your period and don't have supplies".</p> <p>Conclusion: Students having limited access to menstrual supplies with possible mental health implications was evident within John Muir. The pilot program at John Muir has received very positive feedback from current students, staff, and visiting community members. After presenting all data and findings to the principals of the Wausau School District, there was a strong desire to offer complementary menstrual products in additional schools. Logistical and financial planning will occur during the 2023-2024 school year to expand this program.</p>
SUBMITTER:	Boruch, Paige
TOPIC AREA:	Diversity, Equity & Inclusion

TITLE:	Phase 1 Evaluation of the Community Component of 414LIFE - Milwaukee's Community Gun Violence Prevention and Intervention Program
AUTHORS:	Amber Brandolino, MS, MCW-Milwaukee; Kaylin M.B. Campbell, MA, MCW- Milwaukee; Leilani Lopez-Blasini, MS, MCW-Milwaukee; Carissa W. Tomas, PhD, MCW-Milwaukee; Stephen Hopkins, MCW-Milwaukee; Cornelius Hall, MCW-Milwaukee; Jessica Butler, MCW-Milwaukee; Lynn Lewis, MCW-Milwaukee; Constance Kostelac, PhD, MCW-Milwaukee
ABSTRACT:	<p>Purpose: 414LIFE is the Cure Violence adaption in the City of Milwaukee to address gun violence. To assess how well the program met its overarching goal to "Stop the shooting, stop the violence," the first evaluation of the program was conducted this year on the program's hospital and community components. This presentation will focus on the input/outputs and outcomes of community-based programming.</p> <p>Methods: Two main evaluation questions guided this analysis. First, what was the community-level and individual-level reach of the program, and second, to what extent did participants demonstrate a reduction in violent behavior following program engagement? Data to address these questions comes from administrative program records (2018 - present) and the site's Cure Violence Global database (August 2021-present). A mixed methods approach was utilized. Quantitatively, conflict mediations, outreach efforts, and the goals and needs of participants are descriptively analyzed. A thematic analysis is being conducted on reported success stories from team members, with anonymous emblematic quotes highlighted.</p> <p>Results: A total of 314 individuals participated in the program, and 199 participated specifically in school-based workshops. Outreach workers conducted 65 community and public education events, 87.7% of which were in partnership with other local organizations. Violence interrupters conducted 1,365 hours of conflict mediation for 157 interruptions, a mean of 8.7 hours per mediation. Success stories from violence interrupters and outreach workers indicate complex circumstances precipitating potential violence with conflict mediations lasting weeks to months. Team members also provided resources rooted in social determinants of health.</p> <p>Implications: Gun violence interruption and prevention programming requires significant time and resource investment by team members to reach those at risk for gun violence and to facilitate non-violent outcomes. This work details the input of gun violence interrupters to elucidate factors of their work which contributes to violence mitigation.</p>
SUBMITTER:	Brandolino, Amber
TOPIC AREA:	Social Determinants of Health

TITLE:	Community Engagement Summer Series for Students: A Program Description and Evaluation
AUTHORS:	Kristine Burke, MPH, MSW, MCW-Milwaukee; Bryan Johnston, MD, MCW-Milwaukee; Heidi Keeler, PhD, University of Nebraska Medical Center; Leslie Ruffalo, PhD, MS, MCW-Milwaukee; Sarah O'Connor, MS, MCW-Milwaukee; Staci Young, PhD, MCW-Milwaukee
ABSTRACT:	<p>Introduction: To provide an opportunity for medical students to learn about community engagement (CE) and community engaged research (CEnR), the MCW Office of Community Engagement (OCE), in collaboration with the Medical Student Summer Research Program (MSSRP) and the University of Nebraska Medical Center (UNMC), offered a virtual Medical Student Community Engagement Summer Series.</p> <p>Problem: Understanding CE and CEnR is important to address social determinants of health (SDOH) and resulting health disparities. Physicians are more likely to meet the challenges of societal issues and be more effective practitioners when they understand CE. Thus, it is critical that medical education is infused with CE to understand SDOH and address health disparities.</p> <p>Methods: A virtual series was developed and conducted for a total of 68 students from MCW and UNMC medical students since 2021. During the series (3 sessions in 2021, 4 sessions in 2022 and 2023), sessions were co-led by an MCW/UNMC faculty member and community partner and focused on principles of CE. After each session, participants were asked to provide feedback about the session, their learning, the speakers, and further interest.</p> <p>Results: Survey results were analyzed. Response rates varied, with an average of 44% of attendees responding to the survey. At least 90% of respondents strongly or somewhat agreed that each session was worthwhile. At least 90% of respondents strongly or somewhat agreed they learned something they will use in practice/profession. Students noted enjoying small group discussions and learning from community partners and indicated interest in ongoing learning opportunities.</p> <p>Conclusion: It is important to develop medical students competent in understanding CE principles to expand their ability to impact community health. This program offers a model to do so.</p>
SUBMITTER:	Burke, Kristine
TOPIC AREA:	Health Education

TITLE:	Immersing into the Community: How Community Engagement Can Support an Understanding of the Social Determinants of Health
AUTHORS:	Kristine Burke, MPH, MSW, MCW-Milwaukee; Sarah O'Connor, MS, MCW-Milwaukee; Rebecca Bernstein, MD, MCW-Milwaukee; David Nelson, PhD, MS, MCW-Milwaukee; Leslie Ruffalo, PhD, MS, MCW-Milwaukee; Bryan Johnston, MD, MCW-Milwaukee; Staci Young, PhD, MCW-Milwaukee
ABSTRACT:	<p>Introduction: The MCW Office of Community Engagement supported an immersion program for researchers, clinicians, and community-based professionals interested in holistically understanding the Social Determinants of Health (SDOH). Individuals involved in their community through any form of civic participation provide direct benefits to the community.</p> <p>Problem: SDOH continue to be a hurdle for health in the United States. However, formal civic participation opportunities that focus on SDOH are limited. The Community Engaged Scholars Immersion Program was designed to fill this gap.</p> <p>Methods: An immersion experience was developed by the MCW Office of Community Engagement during 2022 and 2023. Instructors were community partners offering real-world experience. This program was offered for 3.5 days in 2022 (16 participants) and 2023 (23 participants) after the success of the inaugural program in 2019. Participants completed daily surveys and at the end of the week participated in a focus group to discuss how the program impacted their learning and competency in understanding and researching SDOH.</p> <p>Results: Results from the surveys and focus groups were analyzed for overall satisfaction with the program and themes of learning. 100% of the survey respondents (n=21) found the program worthwhile. Participants stated that learning about SDOH was enhanced by hearing real stories and practice methods from actual community partners. All participants stated they learned something during the immersion program that could be used in practice.</p> <p>Conclusion: This study supports that an immersion experience influences a researcher's ability to understand and explore SDOH effectively.</p>
SUBMITTER:	Burke, Kristine
TOPIC AREA:	Social Determinants of Health

TITLE:	A Transdisciplinary Team Approach to Understanding Cancer Disparities in the Transgender/Nonbinary Population
AUTHORS:	Tobi A. Cawthra, MPH, MCW-Milwaukee; Michael Munson, FORGE; Chandler Cortina, MD, MCW-Milwaukee; Laura Pinsoneault, PhD, Evaluation Plus; Andrew Petroll, MD, MCW-Milwaukee; Melinda Stolley, PhD, MCW-Milwaukee
ABSTRACT:	<p>Little data is available about the impact of cancer on the transgender and nonbinary (TNB) population. However, several known contributors to cancer health disparities- including low SES and discrimination- disproportionately impact TNB individuals. Further, cancer disparities are complex, requiring an approach that engages those with diverse expertise including biology, behavior, and the socio-cultural and physical environments, and importantly, a lived experience. To effectively engage these varied perspectives, we must continue to increase capacity for community and academic partners to equitably collaborate and create innovative solutions. We propose a process bridging the gap in understanding between community and academic partners, expanding capacity to collaborate, and building knowledge to create a social action and research agenda, to reduce TNB cancer disparities. To achieve this, we formed a transdisciplinary (TD) work group with diverse cultural, social, and scientific contexts to engage in this process. We used intentional strategies to engage new partners through stakeholder mapping. This work group recently began meeting and is beginning to build shared knowledge along with increasing openness, respect, trust, and stability, all needed for mutual learning. This work is adapted from previous efforts of Community and Cancer Science Network (CCSN), which grounds its work in three principles: deep equity, systems thinking, and the integration of biology to policy perspectives. In addition to developing a social action and research plan, we expect to see changes among group members, including increased trust, cognitive shifts, and a greater understanding of how diverse partners can effectively collaborate. Our TD work group can contribute to understanding factors influencing cancer disparities in the TNB population and achieve positive health outcomes while creating an environment that blends the knowledge of all contributors and creates an equitable voice for all participants to contribute to designing viable solutions to eliminate TNB cancer disparities.</p>
SUBMITTER:	Cawthra, Tobi
TOPIC AREA:	Cancer Research/Evaluation

TITLE:	Strengthening Transdisciplinary Teams Through Developmental Evaluation: Learnings from a Multi-Year, Multi-Project Initiative
AUTHORS:	Tobi Cawthra, MPH, MCW-Milwaukee; Laura Pinsoneault, PhD, Evaluation Plus; Alexis Krause, MPH, MCW-Milwaukee; Jenelle Elza, RN, American Cancer Society; Kim Kinner, MA, American Cancer Society; Melinda Stolley, PhD, MCW-Milwaukee
ABSTRACT:	<p>Cancer disparities are complex problems requiring a deep understanding and strong collaboration from diverse perspectives across the academic and non-academic spectrum (community members, community-based organizations, policymakers) to identify sustainable solutions. The Community and Cancer Science Network (CCSN) initiative is a multi-project transdisciplinary network of more 150 partners focused on addressing statewide cancer disparities. CCSN grounds its approach in the principles of deep equity, systems change, and the integration of biology to policy. Diverse transdisciplinary collaborations do not occur organically, often need facilitation and benefit from ongoing assessment and support. We utilize a developmental evaluation (DE) process, through an external evaluator, to continually assess how we build and sustain strong teams and solutions. DE supports social innovations by working with program leaders to focus on learning and adaptation. As CCSN has grown, DE allowed us to continually adapt our approaches. DE provided our team with tools and strategies to help us understand the process and elements for successful leadership of transdisciplinary teams. This approach provided data allowing us to understand a pattern of collaboration challenges and ways to prepare for and mitigate barriers. As the network has grown, DE helped us refine and adapt tools to assess team progress and openness to collaboration, create teams with new voices and perspectives and shape our understanding of successful transdisciplinary teams. We will show evidence of how these tools have positively impacted our ability to engage community and academic partners in authentic transdisciplinary collaborations over a four-year, and multi-project effort. Transdisciplinary Collaboration involving community and academic partners offer great promise for innovative approaches to cancer disparities. These unique collaborations may need additional support and guidance. Developmental evaluation provides tools to allow leaders to adapt to the needs and changes within complex teams.</p>
SUBMITTER:	Cawthra, Tobi
TOPIC AREA:	Cancer Research/Education

TITLE:	Meeting Them Where They Are: A Community Partnership to Addressing Mental Health in Children Impacted by Trauma
AUTHORS:	Melissa Chiu, MD, Children's Hospital of Wisconsin; Krista Parran, MD, Children's Hospital of Wisconsin; Brooke Cheaton, MBA, Children's Hospital of Wisconsin; Frances Kaczor, MSW, APSW, Children's Hospital of Wisconsin; Patricia Marik, PsyD, Children's Hospital of Wisconsin; Kellie Snooks, DO, Children's Hospital of Wisconsin
ABSTRACT:	<p>In the pediatric ICU, we care for children who have been victims of violence. Children who survive violence are at higher risk of experiencing post-traumatic stress disorder, have higher odds of substance use and dependence, and continued victimization as adults. For children who experience violence, recovery means not only healing from physical injuries but also learning to cope with emotions after traumatic events. Our partner, Project Ujima, is a local organization built to reduce the consequences of youth violence by implementing a unique model of trauma-informed care. Representatives from Project Ujima have found that the children and families they support need more information and hands-on tools to cope with emotions related to traumatic events. In collaboration with Project Ujima, we developed the concept of mental health "kits" that would provide children and families with tangible coping mechanisms after traumatic events. The Mental and Behavioral Health team at Children's Wisconsin compiled evidence-based and developmentally appropriate materials to address these concerns. The kits included crisis resource handouts, information about PTSD, and coping activities written for children and adolescents and their adult caregivers. We were awarded an internal grant that funded 400 kits to distribute in 2023-2024 academic year. We started distributing kits to eligible families in August 2023 in the emergency department by our social work colleagues and in the community by Project Ujima staff. This project demonstrates the strength of community-academic partnerships. These kits were informed by a community-partner identified need. Our partners provided invaluable expertise as we created these kits that we hope are helpful to children and families. Importantly, we leaned on the trust that Project Ujima has developed with the community to be a reliable academic partner in this project.</p>
SUBMITTER:	Chiu, Melissa
TOPIC AREA:	Behavioral Health

TITLE:	The Impact of a Collaborative Work Group Model to Reduce Breast Cancer Disparities in Racine County
AUTHORS:	Adrienne Cobb, MD, MS, MCW-Milwaukee; Kailey Taebel, MPH, YWCA Southeast Wisconsin; Jada Proctor, YWCA Southeast Wisconsin; Anjishnu Banerjee, PhD, MCW-Graduate School; Debra Foley, PT, OTR, YWCA Southeast Wisconsin Collaborative Work Group; Faith Ogungbe, MS, YWCA Southeast Wisconsin Collaborative Work Group; Karen Fetherston, YWCA Southeast Wisconsin Collaborative Work Group; Marva Johnson, YWCA Southeast Wisconsin Collaborative Work Group; Tracie Feest, MBA, YWCA Southeast Wisconsin Collaborative Work Group; Jennifer Knight, MD, MS, FACP, MCW-Milwaukee
ABSTRACT:	<p>The Racine YWCA Southeast Wisconsin Collaborative Work Group (CWG) is a part of the broader CWG Initiative within the Community and Cancer Science Network (CCSN). The overarching goal of the Racine CWG (RCWG) is to identify a community-driven solution to reduce breast cancer disparities in Racine County. The RCWG has been meeting since September 2022 and is comprised of community members, academics, and medical professionals, all with personal and/or professional experience related to breast cancer. The RCWG utilizes a transdisciplinary approach to better understand breast cancer disparities in Racine County. Establishing trust amongst the work group members has resulted in deep interpersonal connections and equalized power dynamics which has been vital to the RCWG's success. The RCWG has participated in activities consistent with Human-centered design and systems thinking to identify factors that contribute to breast cancer disparities amongst Black women in Racine County. These activities included a data walk, a root cause analysis, and participation in a World Café style event. As a result, the RCWG members identified areas of focus including systemic racism, access to care, and health education that informed the development of a community-driven solution. The RCWG has demonstrated the importance of engaging individuals with diverse perspectives to achieve a common goal. Community members from Racine have been able to provide unique and valuable perspectives about what may or may not work in their community. Academic members have advised which methods and processes may work best for the desired outcomes. Medical professionals have provided contemporary and medically accurate information related to the cancer continuum. Survivors have shared personal lived experiences with group members that highlight opportunities to improve health outcomes. Collectively, the RCWG has worked together to achieve their shared goal of creating an equitable and community-driven solution to improve breast cancer outcomes in Racine County.</p>
SUBMITTER:	Taebel, Kailey
TOPIC AREA:	Cancer Research/Evaluation

TITLE:	Relationship Between Marathon County's 2022 Food Insecurity and Mental Health Indices
AUTHORS:	Reilly A. Coombs, MS, MCW-Central Wisconsin; Alexandra E. Reischman, MD, MCW-Central Wisconsin
ABSTRACT:	<p>Background: Rural communities have fewer food outlets that sell quality, affordable and nutritious foods. These food deserts can leave individuals and families to face food insecurity. Food insecurity has been linked to poor mental health and is suggested to be a risk factor for depression, anxiety, and stress. Individuals in rural communities face multiple barriers to receiving mental health care and are less likely to access these services. Some areas of rural Central Wisconsin lack both resources.</p> <p>Objective: The aim of this study was to evaluate Marathon County's 2022 Food Insecurity and Mental Health Indices and determine their relationship.</p> <p>Method: A cross-sectional analysis was performed on 15 zip codes in Marathon County using mental health index and food insecurity data from the Marathon County Pulse database. A Spearman's correlation coefficient was used to analyze the correlation between the county's food insecurity index and mental health index using SPSS software version 29.</p> <p>Results: 3 (20%) zip codes had a food insecurity index value greater than the country's average index value. 5 (33%) zip codes had a food insecurity index relative rank of 5 (greatest need) when compared locally. 2 (13%) zip codes had a mental health index greater than the country's average index value. 2 (13%) zip codes had a mental health index relative rank of 5 (greatest need) when compared locally. We found a moderate, positive correlation between the food insecurity and the mental health indices, $r(1) = 0.581$, $p = 0.023$.</p> <p>Conclusion: There are areas of Marathon County experiencing food hardships and poor mental health. This study suggests that there is a moderate, positive correlation between food insecurity and mental health in Marathon County. More research needs to be done to better understand the specific needs and barriers of these communities to address these disparities.</p>
SUBMITTER:	Coombs, Reilly
TOPIC AREA:	Social Determinants of Health

TITLE:	Housing Instability and Related Stressors of People Living with HIV in Indiana
AUTHORS:	Reilly A. Coombs, MS, MCW-Central Wisconsin; Valerie Reist, BS, Health Plus Indiana; Leeah Hopper, MPH, Health Plus Indiana
ABSTRACT:	<p>Background: Safe, stable housing is a basic need; it is difficult to care for one's mental and physical health without it. Housing stability is more than protection from the elements; it's having a choice when one moves the ability to pay for utilities, food, and other necessities without spending most of one's paycheck. Individuals with unstable housing experience more stress and worse health outcomes.</p> <p>Objective: This study aimed to understand the housing stability of the clients (clts) and assess their stress related to housing.</p> <p>Method: A survey was designed by research staff and given to all clts of Health Plus Indiana. Responses were analyzed.</p> <p>Results: 19 individuals were included in this study with a median age of 50.5 years (range 26-65). Over half identified as male (12, 63%). Clts identified as: White (9), Black/African American (8), Multiracial (1), Hispanic (1). Two (11%) clts said they currently do not have a steady place to live, and five (26%) admitted to currently having a place to live but were worried about losing it in the future. Eight (42%) clts were worried that in the next two months they may not have a place to live. Three (16%) clts said there was violence or conflict in their dwelling. Four (21%) clts said their health or safety was at risk at the place they were staying, and two of them did not have any other place to go. Four (21%) clts said that in the last 12 months, a utility company threatened to turn off services. Most clts were stressed to some degree in the last year about not having money for utilities, rent, or food.</p> <p>Conclusion: Safe, stable housing is inextricably linked to a person's mental and physical health. Without stability, clts experience stress due to the uncertainty of their future housing.</p>
SUBMITTER:	Coombs, Reilly
TOPIC AREA:	Social Determinants of Health

TITLE:	Efficacy of Equine-Assisted Therapy on Stress-Reduction
AUTHORS:	Marissa L. Davis, MCW-Green Bay
ABSTRACT:	<p>Hippotherapy, or equine-assisted therapy, combines the emotional benefits of working with horses with physical and occupational therapy. While previous studies have demonstrated improvement in physical outcomes such as balance and gait, there is a significant knowledge gap regarding the emotional benefits of this therapeutic approach. Exploring this topic also shed light on the fact that people with disabilities are underrepresented in research. Exceptional Equestrians is a facility in De Pere, Wisconsin that agreed to partner with hopes of gaining insight into the impact of equine-assisted therapy on stress reduction in children with special needs while also promoting inclusion of all people in the field of research. Fifteen faculty-selected participants completed surveys before and after equine-assisted therapy on three separate occasions. Parents and/or guardians completed the identical survey for their perception of the participant's mood state. The surveys were condensed versions of the Profile of Mood States Questionnaire and included visual aids to assist in participant understanding. The questionnaire asked how calm, relaxed, content, worried, tense and upset the participant was on a scale of 0-4. Selection criteria included ability to express emotions and age between 7-17 years. The participant's and guardian's average responses for each emotion pre- and post-therapy were analyzed with a one-tailed, paired t-test (n=15, t critical: 1.76 and p=0.05). There was a statistically significant difference for all emotions except participant-reported "content" and "upset." Limitations to this study include small sample size (n=15) and the variable understanding of the words used in the standardized survey. Participant and guardian-reported data demonstrated that equine-assisted therapy resulted in participant stress reduction. This therapeutic approach reduced negative feelings of "worry" and "tension" by as much as 10% and increased positive feelings of "calmness" and "relaxation" by as much as 20%.</p>
SUBMITTER:	Davis, Marissa
TOPIC AREA:	Behavioral Health

TITLE:	Students Understanding Principles of Research Education Through Medicine, Engineering, and Science (SUPREMES)
AUTHORS:	Dusanka Djoric, PhD, MCW-Milwaukee; Denise Perea, BSc, MCW-Milwaukee; Jim Hokanson, PhD, MCW-Milwaukee
ABSTRACT:	<p>Students Understanding Principles of Research Education through Medicine, Engineering, and Science (SUPREMES) is an academic-year program that provides high school students with experience in biomedical research in laboratories of established faculty at the Medical College of Wisconsin and its affiliate institutions. The program aims to shape well-rounded student researchers through reading and understanding scientific journal articles, practicing scientific literacy and rigor through hands-on research, writing about, and presenting their findings, all of which will promote their success in a health-science related field. The program involves lectures, workshops, and hands-on training in the fall, and participation in a hypothesis-based research project during the spring semester that culminates in a poster presentation at the SUPREMES Symposium. Since the program's inception in 2016, there has been a continued interest in SUPREMES as evidenced by number of both new applications and high schools encouraging students to apply. The student pool is comprised of approximately equal number of juniors and seniors, but female applicants dominate overall. E-mail advertisements and in-person presentations are offered to schools to promote the program and recruit students. With engagement and application support, the program has recruited students from the Milwaukee Public School District (MPS), home to a large proportion of under-represented student populations. However, the student drop-out rate (due to transportation limitations, timing of program, other barriers) and the diversity index (probability that two individuals chosen at random, come from different ethnic and racial backgrounds; greater index indicates higher diversity) for the program (37.7 %) indicate that we have more work to do to recruit and retain students from under-represented groups. Our program's outcome data shows that students that complete the SUPREMES program retain an interest in STEM and pursue STEM/healthcare related majors in college; additionally, SUPREMES students return to MCW to participate in college-level programming at the institution.</p>
SUBMITTER:	Djoric, Dusanka
TOPIC AREA:	Child or Adolescent Population

TITLE:	Inclusive Play: Toys For All - Leveling the Playing Field by Adapting Toys with Therapy Switches for Children with Developmental Impairments
AUTHORS:	Andrew Donahoe, Marquette University; Molly Erickson, BS, Marquette University; Vladimir Bjelic, MS, Penfield Children's Center; Gerald F. Harris, PhD, MA, MS, Marquette University
ABSTRACT:	<p>Overview: The Inclusive Play: Toys For All (Inclusive Play) program is a collaboration between Penfield Children's Center (Penfield) and the Orthopedic Rehabilitation Center at Marquette University (OREC (MU, MCW)) that produces free switch-adapted toys for the greater Milwaukee area. Children with developmental impairments do not always have the muscle tone or fine motor skills necessary to use small buttons or knobs on typical toys. To meet this need, off-the-shelf toys are modified to use therapy switches that replace these activation methods. Adapted toys are a tool for both therapy and recreational settings so these children can play, communicate independently, and grow stronger connections with their environment. Aim: Inclusive Play aims to make a wide variety of adaptive toys available at no cost in the greater Milwaukee area.</p> <p>Method: After prototypes were tested, the OREC (MU, MCW) engineer trained MU students to modify toys. During annual toy build days, the MU students then lead a group of high school students through the process to adapt individual toys. Following inspection, toys are transferred to Penfield for redistribution to local organizations.</p> <p>Results: With 29 high school students and 14 college students, Inclusive Play has modified 136 toys with 8 unique designs for distribution to over 10 user locations at no cost. The toys were distributed to community organizations including Milwaukee Public Schools and the Penfield Therapy Department. In addition, the toys established Kohl's Building Blocks Learning Library so that families can borrow the adapted toys.</p> <p>Conclusion: The success of the 2022 build days has allowed children to play and receive therapy with a greater number and variety of accessible toys. For the upcoming 2023 build days, a total of 240 toys are projected to be adapted by an increased number of MU, and high school students in addition to Marquette's Occupational Therapy students</p>
SUBMITTER:	Donahoe, Andrew
TOPIC AREA:	Child or Adolescent Population

TITLE:	PLAY: Improving Healthcare for Children with Law Enforcement Involvement
AUTHORS:	Jasmine C. Dowell, MD, MCW-Milwaukee; Megan Schultz, MD, MCW-Milwaukee
ABSTRACT:	<p>Background: Medical encounters with law enforcement involvement (LE-encounters) can be challenging for healthcare workers. Studies in adult medicine found interactions between healthcare workers and LE are often contentious. Additionally, perceived collusion between healthcare workers and LE impairs therapeutic relationships with patients. Pediatric LE-encounters are further complicated by ethical, medical, and legal considerations specific to minors. Unfortunately, pediatric health equity and justice literature regarding LE-encounters is scant. We created the Pediatrics-Law Enforcement Alliance for Youth (PLAY) partnership to address this gap locally.</p> <p>Objective: Partner with Children's Wisconsin (CW), Wauwatosa Police Department, Milwaukee County Juvenile Detention Center, and Legal Action Wisconsin to evaluate and implement process improvements in pediatric LE-encounters.</p> <p>Method: Current state assessment via retrospective chart review of 2022-2023 LE-encounters in the CW Emergency Department (ED) and pulse surveys of healthcare workers at PLAY partner institutions. We used these findings to strategize quality improvement interventions.</p> <p>Results: From 2022 to 2023, LE-encounters increased by 23.8% in the CW ED despite overall ED encounters declining by 9.7%. Patient legal status and safety plan was only documented by Public Safety in 24% of ED LE-encounters. Surveyed healthcare workers reported moral distress, negative impact of LE presence on medical care, frustration with conflicting messages from hospital leadership and LE officers, and a desire to better understand staff and patient rights during LE-encounters.</p> <p>Conclusion: Our work highlights need for guidance, documentation, and data-tracking in pediatric LE-encounters. PLAY addressed these needs by: (1)-aligning hospital policy with legal statutes, CW values, and trauma-informed care, and (2)-leveraging CW information systems to improve Public Safety documentation and generate real-time data reports. Next steps include forming a medicolegal partnership with Legal Action Wisconsin to educate patients, healthcare workers, and LE on best practices for respecting patient rights during medical encounters and maintaining a safe healthcare environment.</p>
SUBMITTER:	Dowell, Jasmine
TOPIC AREA:	Child or Adolescent Population

TITLE:	Social Factors Associated with Utilization of COVID-19 Relief Funding at an Urban Health Center
AUTHORS:	Jessie E. Duarte, BS, MCW-Milwaukee; Lauren Bauer Maher, MD, MCW-Milwaukee
ABSTRACT:	<p>Background: The COVID-19 pandemic disproportionately affected communities of color in Wisconsin and nationwide. The Sixteenth Street Community Health Centers (SSCHC) serves a predominantly Hispanic/Latino patient population. SSCHC established a Patient Relief Fund to provide emergency financial support for basic needs to patients who did not qualify for stimulus funds or other public assistance. SSCHC also distributed Ryan White HIV/AIDS Program (RWHAP) COVID-19 CARES Act funds and Milwaukee Rent Assistance Program (MRAP). Economic stability, and in this case poverty, food security, and housing stability, are social determinants of health.</p> <p>OBJECTIVES: The primary objective of this study is to describe the demographic, family, and social factors associated with fund-utilizing individuals. The second objective is to perform subgroup analysis of patients who utilized funds more than once, looking for any trends in these factors. The third objective is to perform a subgroup analysis for those who had multiple types of needs.</p> <p>METHODS: A retrospective data fund and Electronic Health Record chart review was performed to explore factors associated with individuals who were given relief funds at some point from April 2020 to April 2021 (n=363).</p> <p>RESULTS: The majority of those who received aid were female, primarily Spanish-speaking, Hispanic, and uninsured. Most of the aid relief went towards rent assistance followed by aid towards utilities. Patients who utilized funds more than once were older than those who received aid once (p=0.014). For patients with multiple types of need vs. one type of need, they were more likely to be older (p=0.037), speak Spanish (p=0.027), and be uninsured (p=0.011).</p> <p>CONCLUSION: These descriptive statistics and results will help SSCHC, stakeholders, and community partners better understand the demographics and social determinants of patients who had to rely on emergency relief funds. These emergency funds helped address housing instability, food insecurity, and utility help needs.</p>
SUBMITTER:	Duarte, Jessie
TOPIC AREA:	Health Care Access/Quality

TITLE:	Challenges and Assets to Rural Wisconsin Obstetric Care
AUTHORS:	Madeline G. Edgerly, BA, MCW-Milwaukee; Leslie Ruffalo, PhD, MS, MCW-Milwaukee
ABSTRACT:	<p>Background: Women living in rural communities experience worse health outcomes compared to their urban counterparts, and the gap between the demand for obstetric care and the supply of obstetricians continues to grow. Over the past ten years in Wisconsin, eleven rural hospitals have closed their labor and delivery units, and this decline will likely persist.</p> <p>Objective: This study seeks to understand the barriers and facilitators to labor and delivery in smaller Wisconsin communities and identify quality improvement strategies that will support not only the rural obstetric workforce, but more importantly the patients they are serving.</p> <p>Methods: We conducted one-time, one-on-one interviews with rural-based family medicine and OB-GYN physicians to glean their perspectives on challenges and opportunities that they face in the provision of high-quality obstetrical care. We asked our physician participants to describe current and future quality improvement initiatives aimed at reducing rural obstetric health disparities. We audio recorded all interviews and used thematic analysis techniques to generate results.</p> <p>Results: We interviewed 21 physicians who currently practice or have practiced obstetrics in rural Wisconsin hospitals, consisting of ten OB-GYN physicians and eleven family medicine physicians. Nine physicians have been practicing rural for under 5 years; six for 5-10 years; two for 11-20 years; and four for over 20 years. Our thematic analysis revealed 17 primary codes associated with subcodes. Our analysis emphasized: 1) Patient Safety Programs and Training, 2) Staffing, 3) Rural Obstetric Care Challenges and Limitations, and 4) Transferring Patients.</p> <p>Conclusion: Future considerations in rural obstetric care will involve hands-on education for obstetric teams, agreements with larger hospitals, and retention of a strong obstetric team committed to the community. Implementing training programs to supplement lower annual deliveries and creating a network of support among colleagues and health systems is imperative to sustain and build Wisconsin's rural obstetric care.</p>
SUBMITTER:	Edgerly, Madeline
TOPIC AREA:	Health Care Access/Quality

TITLE:	Socioeconomic Influence on Total Knee Arthroplasty Outcomes
AUTHORS:	Mark Ehioghae, MSc, MCW-Milwaukee; Sebastian Frontera-Rodriguez, BS, University of Puerto Rico Medical School; Bianca Duah, BS, University of Rochester School of Medicine; Aman Andemichael, BS, Rutgers School of Medicine; Mina Botros, MD, University of Rochester School of Medicine; Rishi Balkissoon, MD, University of Rochester School of Medicine
ABSTRACT:	<p>Background: Total knee arthroplasty (TKA) is crucial for end-stage knee osteoarthritis, yet persistent outcome disparities persist, with socioeconomic factors as suspected contributors.</p> <p>Objective: This systematic review assesses socioeconomic factors' impact on TKA outcomes, elucidating the relationship between these variables and specific TKA results.</p> <p>Methods: Our search spanned MEDLINE, PubMed, Cochrane Library, and EMBASE, using keywords like "disparities," "arthroplasty," "knee," and "socioeconomic status." Included studies (1989-2022) focused on adult osteoarthritis patients in the US, published in English. Adhering to PRISMA guidelines, quantitative and qualitative analyses followed independent blind abstract screening and systematic full-text reviews.</p> <p>Results: Examining 25 studies revealed consistent associations between socioeconomic factors and TKA outcomes. African American patients had longer length of stay (LOS) and poorer patient-reported outcome measures (PROMs) than White patients. Conversely, White patients with private insurance, lower ASA scores, and CCI had shorter LOS. African American patients were more often discharged to inpatient rehabilitation and skilled nursing facilities, with higher readmission rates. Economically disadvantaged communities had elevated Medicaid patient readmission rates, and one study reported increased complications and readmissions for African Americans. WOMAC two-year scores strongly correlated with community poverty and education, impacting pain scores.</p> <p>Conclusion: Socioeconomic factors significantly influence TKA outcomes, with insurance type, socioeconomic status, race, education, and location pivotal in TKA access and outcomes. Disparities disproportionately affect racial/ethnic minorities and lower socioeconomic groups.</p> <p>Practical Applications: Prioritizing patient education initiatives targeting communities with lower education levels is essential. Disseminating information on early intervention for knee osteoarthritis, TKA benefits, and post-operative care instructions can enhance patient understanding and compliance. Quality improvement programs should meticulously track disparities, establish performance metrics, and implement evidence-based interventions. Collaborative community partnerships can offer resources like transportation, rehabilitation, and healthcare guidance, ensuring equitable access to care.</p>
SUBMITTER:	Ehioghae, Mark
TOPIC AREA:	Social Determinants of Health

TITLE:	Successful Triad Partnership Model Between STRYV365, Milwaukee Schools, and MCW Addresses Youth Facing Adverse Childhood Experiences and Promotes Resiliency
AUTHORS:	Cordelia R. Elaiho, MPH, MCW-Milwaukee; Elizabeth Liverman, MCW-Milwaukee; Madison McGuire, MCW-Milwaukee; Abbey Stoltenburg, MA, MCW-Milwaukee; John R. Meurer, MD, MBA, MCW-Milwaukee
ABSTRACT:	<p>Background: Exposure to adverse childhood experiences (ACEs) impacts youth health and well-being. Trauma informed programming and social-emotional learning (SEL) may decrease the impacts of ACEs. STRYV365, a non-profit based in Milwaukee, developed programming to address ACEs through coach mentors and fun games. Through the MCW Institute for Health and Equity, a triad partnership between researchers, STRYV365, and Milwaukee schools was developed to evaluate STRYV365 programming within schools.</p> <p>Objective: The triad partnership aims to address ACEs through positive childhood experiences, SEL, and better student coping skills.</p> <p>Methods: STRYV365 peak team coaching, and Brain Agents videogame were implemented in four Milwaukee Schools. Students in grades 5-9 complete surveys at three points throughout the school year. Students, teachers, and school administrators were interviewed regarding their experience with the programming. Qualitative analysis of interview transcripts was performed by the MCW and STRYV365 researchers and core themes were identified.</p> <p>Results: Preliminary results suggest STRYV365 peak team and Brain Agents improved relationships, increased positive childhood experiences, and promoted SEL and coping skill use. Analysis of teacher and school administrator focus groups suggested positive impacts on student behaviors, student-teacher relationships, school culture, and surprisingly teacher-teacher relationships. Schools wanted more information about programming to increase school engagement, better communication, and "de-escalation strategies" to address fights and cyberbullying.</p> <p>Conclusion: Our triad partnership between STRYV365, Schools, and MCW successfully implemented trauma informed programming to create positive childhood experiences and to improve resilience. This partnership required expert communication and thoughtful planning. Following student and school feedback, we have refined our survey, improved the Brain Agents game, and will enhance the peak team intervention to address school-specific concerns, and expand teacher training. Our future goals include expanding the interventions to more schools and youth, while creating sustainable pathways for the interventions with school champions and investors.</p>
SUBMITTER:	Elaiho, Cordelia
TOPIC AREA:	Child or Adolescent Population

TITLE:	Analyzing Effectiveness of In-Person and Virtual Mentoring through a Medical College of Wisconsin Medical Student Mentoring Program with Adolescents Who Have Significant Adverse Childhood Experiences (ACEs)
AUTHORS:	Drake Giese, BS, MCW-Central Wisconsin; Katherine Ernste, BA, MCW-Central Wisconsin; Sindhu Donepudi, BS, MCW-Central Wisconsin; Shannon Young, EdD, Enrich, Excel, Achieve Learning Academy; Jeffrey Fritz, PhD, MCW-Central Wisconsin; Jeffrey Amundson, PhD, MCW-Central Wisconsin
ABSTRACT:	<p>Purpose: A near-peer mentoring program for students with elevated ACEs at Enrich Excel Achieve Learning Academy (EEA) and medical students at the Medical College of Wisconsin (MCW) was established in 2019. In past years, mentors were to plan and coordinate mentee meetings, with the option to meet in person or online. Post-COVID-19 pandemic, in-person meetings were emphasized. With that in mind, the 2022-23 academic year program focused on organizing monthly in-person meetings for all mentors and mentees.</p> <p>Methods: 14 EEA students with significant ACE scores were mentored by medical students throughout the 2022-23 academic year. Scheduled mentoring sessions were in-person each month for 30 minutes for the entirety of the academic school year. If mentors could not attend the scheduled session, they were required to reschedule their meeting themselves. This is contrasted with past mentor-led sessions which could be in person or online and were self-reported by the mentors. Mentees were surveyed at the beginning and end of the school year to monitor progress in the program, and this data was compared to past, similar data. Questions focused on their support system and comfort asking for help.</p> <p>Results: Compared to past years, the implementation of scheduled mentoring sessions increased mentor and mentee interest. While the ACE scores were still high among EEA students, about 88%, the implementation of in-person events made a difference. 93.3% of students reported they had someone to reach out to for support in 2023, compared to 73% in 2021, before the in-person sessions.</p> <p>Conclusions: The mentoring initiative successfully fostered positive relationships in students with high ACE scores, specifically with the in-person meetings. As mentoring programs are developed, in-person sessions should be strongly considered. Encouraging in-person meetings can be used to develop the program at EEA, but also be considered with other mentoring programs.</p>
SUBMITTER:	Giese, Drake
TOPIC AREA:	Child or Adolescent Population

TITLE:	Days of Learning with Back to The Kitchen Series: Bridged Health, Medicine and Community Engagement to Impact Health Disparities
AUTHORS:	Yvonne D. Greer, DrPH, RD, CD, Y-Eat Right-Nutritional Consultant for Healthy Living; Kelsey Heindel, MCW-Milwaukee; Kairee Larson, MCW-Milwaukee; David Nelson, PhD, MS, MCW-Milwaukee
ABSTRACT:	<p>Background: The Milwaukee County Organizations Promoting Prevention (MCOPP), a local health promotion coalition, was invited to partner with the Wisconsin Department of Health Services Chronic Disease Prevention Program (CDPP) on a Center for Disease Control Diabetes and Heart Disease Prevention and Management Grant focused on education and outreach to underrepresented groups.</p> <p>Objectives: 1) To create virtual spaces for culturally relevant health communication, skill-building, and resource sharing with both the community and clinicians; 2) To highlight the many cultural assets within the community that are making positive impacts on health disparities.</p> <p>Methods: Used social media to create health communication programming, including the Days of Learning Podcast Series, with guest interviews focused on health, wellness, medicine, community engagement and how these influence chronic disease risks in our communities, and the Back to the Kitchen (BTTK) Series, which featured healthy food demonstrations by community partner, Y-EAT Right, posed nutrition reflection questions to viewers, and featured discussions with community health and wellness champions from Milwaukee’s diverse communities.</p> <p>Results: Increased awareness and access to self-measured blood pressure programs and hypertension resources within community settings, including community health worker support, with 1,365 podcast episodes all-time plays. Enhanced community-clinical linkage to promote referrals to Diabetes Self-Management Education and Support services or the Healthy Living with Diabetes Program. Average views (Facebook & YouTube) for each BTTK series of 2,652. Post BTTK evaluation survey revealed: that the series motivated participants to make changes in eating habits (100%); feel better informed about their health and well-being (90%); eat more fruits/vegetables (90%) and whole grains (70%); share session recordings with others (77%); sought more health information (70%).</p> <p>Conclusion: This project was successful at creating safe, trusting spaces for continued community conversations, knowledge exchanges, and skill-building which fostered bi-directional learning, culturally relevant health communication, and resource sharing.</p>
SUBMITTER:	Greer, Yvonne
TOPIC AREA:	Health Education

TITLE:	Advancing Equity in Maternal and Child Health: Creation of a Doula Partnership
AUTHORS:	Margaret B. Hackett, MPH, MCW-Milwaukee; Seema Menon, MD, MCW-Milwaukee; DeAnna Tharpe, Wisconsin Doulas of Color Collective; Callie Bednarek, MCW-Milwaukee
ABSTRACT:	<p>Background: Milwaukee has the highest Black infant mortality in the nation, even while white infant mortality remains below average. Amidst this crisis, interventions by doulas have been shown to improve birth experience and health behaviors, leading to a reduction in poor birth outcomes like prematurity - particularly among people of color. Yet, doula services are largely inaccessible due to lack of coverage. Therefore, we propose to connect individuals most vulnerable to poor birth outcomes with doula services.</p> <p>Objective: To increase connection to supportive birth services among vulnerable individuals in Milwaukee by creating a partnership between Wisconsin Doulas of Color Collective (WiDOCC) and Froedtert/MCW OBGYNs and their patients. This partnership emphasizes a doula workforce representative of the communities they serve.</p> <p>Methods: 1. Establish readiness among OBGYNs to partner with doulas 2. Recruitment/training of doulas with WiDOCC 3. Recruitment of pregnant individuals using established risk factors specific to Milwaukee through chart review/referral 4. Qualitative analysis assessing birth outcomes and program satisfaction among providers, doulas, and patients</p> <p>Results: 1. Two listening circles between OBGYNs and doulas were conducted, focusing on understanding doula training, and establishing the boundary of advocacy and clinical care. An implicit bias training program will be available to the obstetrics team 2. 20 doulas were recruited, trained, and completed certification. 3. To date, 47 pregnant individuals have been screened, 16 have been accepted and matched. 4. Database collecting birth outcome information and program satisfaction surveys have been created and will be administered after delivery. To date, no participant has delivered.</p> <p>Conclusion: Reducing Black-White birth outcome disparities relies on both clinical intervention and emotional support in pregnancy. This project aims to use this principle, connecting individuals at the highest risk for adverse birth outcomes with doula services by removing the cost barrier - meeting the goal of reducing birth outcome disparities in our community.</p>
SUBMITTER:	Hackett, Margaret
TOPIC AREA:	Child or Adolescent Population

TITLE:	Engaging Historically Marginalized Communities: D.R.IV.E-Ing the Implementation of Culturally Responsive Research Recruitment Practices
AUTHORS:	Jennifer Harris, MEd, Social Development Commission; Terri DeRoon-Cassini, PhD, MCW-Milwaukee; Lucas Torres, PhD, Marquette University; Sydney Timmer-Murillo, PhD, MCW-Milwaukee; Carissa Thomas, PhD, MCW-School of Pharmacy; Jordan Janusiak, MCW-Milwaukee; Fahimeh Mohebbi, University of Wisconsin-Milwaukee; Kaylen Vine, MS, MCW-Milwaukee; Jessica Krukowski, MS, MCW-Milwaukee; John Mantsch, PhD, MCW-Milwaukee
ABSTRACT:	<p>Overview: Structural factors have led to socioeconomic disadvantages that impact health and perpetuate racial and ethnic health disparities. Studies suggest that various factors, including historic abuses like the Tuskegee study, may have undermined minority groups’ trust in medical research, as measured by survey questions and focus groups. However, the goal of the present analysis is to offer more information on designing studies that will increase the participation of minorities in health-related research studies.</p> <p>Objective: As the Social Development Commission (SDC) is in the process of reinvigorating its research arm, The Institute on Poverty and Systemic Racism (in partnership with Marquette University, University of Wisconsin-Milwaukee, and the Medical College of Wisconsin) piloted the Dismantling.Racism.InVigorating.Equity (D.R.IV.E) Out Racism Research Study to investigate the impact of racial discrimination on health. Using geospatial analysis to examine the impact of structural racism/discrimination on physical and mental health across various neighborhoods, the research team recruited individuals who are 18 years or older, receiving services from SDC, and who identify as being African American. Participants signed informed consent documents and then completed the preloaded survey in Redcap where they answered questions about their individual experiences with racism and or trauma. In addition, consideration was given to creating a culturally responsive research study recruitment plan that ensured the necessary support and dignity were provided to community members throughout the recruitment and research study procedures.</p> <p>Hypothesis/Results: We hypothesize that community members meeting the criteria of the D.R.IV.E. Out Racism Together Research Study may be hesitant to participate, however, due to trust and relationships developed via CR-SDC community engagement efforts—community members will participate and consider future research opportunities.</p> <p>Recommendations: When creating a research recruitment plan, it is important to ensure the research team understands cultural norms and the historic abuses BIPOC communities have experienced in research participation. It is ideal that the recruitment team has a shared cultural identity or experience recruiting participants from diverse communities. Moreover, centering the dignity of the research participants by preparing support for the trauma that the recruitment or participation in the study may trigger. CR-SDC was prepared with on-call mental health professionals throughout the duration of participant recruitment and study participation.</p>
SUBMITTER:	Purdle, Star
TOPIC AREA:	Diversity, Equity & Inclusion

TITLE:	Perceptions of Breastfeeding in The Workplace
AUTHORS:	Heather C. Heyrman, MCW-Green Bay; Emma N. Ellis, MCW-Green Bay
ABSTRACT:	<p>The benefits of breastfeeding, for both mom and baby, are endless. Yet 60% of women stop breastfeeding sooner than they have planned. One of the leading causes for women to stop breastfeeding earlier than planned includes workplace policies and lack of support from their employers. This study aims to investigate workplace perceptions of breastfeeding/pumping at a company with a supportive breastfeeding policy in place. The project was conducted with Encompass Early Education and Care Center. A poster was placed in the staff break room with a link and QR code to a survey. Employees could voluntarily access our survey where they were asked a series of questions regarding breastfeeding/pumping perceptions at Encompass including time and private space to breastfeed/pump and locations to store milk. Results and data were analyzed. A total of 18 of the 24 employees participated in our study. None of the employees were actively breastfeeding/pumping at the time of survey distribution. Even though only 59% of employees reported that they knew an employee that had breastfed/pumped at their workplace, all the employees knew of a designated location to breastfeed/pump. The overwhelming majority knew of a place to store breastmilk and felt like employees had time during the workday to breastfeed/pump. An established company policy for breastfeeding/pumping can lead to positive perceptions regarding breastfeeding for all employees, not just those who previously or actively are breastfeeding/pumping, and can help create positive workplace environments for those breastfeeding.</p>
SUBMITTER:	Heyrman, Heather
TOPIC AREA:	Diversity, Equity & Inclusion

TITLE:	A Qualitative Analysis of the Impact of Complimentary Sunscreen Dispensers with Educational Placards on the Milwaukee Community
AUTHORS:	Alyssa M. Jobe, MCW-Milwaukee; Jacqueline Tran, MCW-Milwaukee; Sophia Neman, MCW-Milwaukee; Sarah Emma, MCW-Milwaukee; Karolyn A. Wanat, MD, MCW-Milwaukee
ABSTRACT:	<p>Background: Daily sunscreen use reduces the risk of melanoma by 50%. However, most of the population does not apply sunscreen daily due to barriers including cost, convenience, and knowledge gaps. The Community Sun Protection Program was established by medical students at MCW to address and analyze these barriers. This is an ongoing program supplying complimentary sunscreen dispensers with educational signs to five community sites in Milwaukee County. The Milwaukee County Zoo, Zablocki Golf Course, Neighborhood House, South Shore Kitchen and Beer Garden, and Wilson Park Pool were chosen based on response to outreach and pre-established relationships. This study aims to understand the community sites' perceptions on free sunscreen dispensers.</p> <p>Methods: Nine free sunscreen dispensers were installed at five community sites. An educational sign with an optional survey for users to complete was attached to each dispenser. After several months of use, four site managers were interviewed.</p> <p>Results: Four of the community site managers were interviewed in the fall of 2022. All managers reported an overall positive theme of the dispenser program and free as an important aspect to the community sites and their customers. Other themes identified include accessible (¾), community engagement (¾), educational (2/4), new (2/4), novel (2/4), exciting (2/4), and useful (¼). The managers reported the community gave positive feedback (¾), requested refills (2/4), and asked questions such as the type and source of sunscreen (2/4). Each location reported different populations (children, teenagers, or adults) benefiting most at their location.</p> <p>Conclusion: Community members and site managers expressed a positive outlook on the sunscreen dispensers in this pilot study. Receiving the dispensers for free was highly important to the managers. This suggests cost is a barrier for users, but also for community sites. By continuing to offer free and accessible sunscreen, this may incentivize more frequent use.</p>
SUBMITTER:	Jobe, Alyssa
TOPIC AREA:	Health Education

TITLE:	Suicide and COVID-19: Analyzing Suicidal Behaviors in Youth after COVID-19 Related Deaths in the Community
AUTHORS:	Karolina Kalata, BS, MCW-Milwaukee; Sara Kohlbeck, PhD, MCW-Graduate School
ABSTRACT:	<p>According to the Wisconsin Data and the Wisconsin Suicide Prevention Plan released in 2020, suicide among Wisconsinites increased 40% from 2000 to 2017 where teens and young adults were more likely to have thoughts of suicide than any other age group. This increase in Wisconsin suicides does not consider the recent COVID-19 pandemic and the mental health effects on this population. According to the same data, one in six public high school students in Wisconsin reported suicidal thoughts in 2017, and this group has high incidence of hospitalization for self-harm. Therefore, suicidal behaviors including attempts, ideations and intentions need to be considered in this study. The hypothesis is that, because of the social disruption and neighborhood-level stressors of the COVID-19 pandemic, zip codes in Milwaukee County that experienced disproportionately high rates of COVID-19 deaths will also demonstrate higher rates of suicidal behaviors among youth ages 11 to 24. Linear regression analysis will be conducted and examined for association to quantify the relationships between COVID-19 related deaths and suicidal behaviors in each Milwaukee County zip code. If certain zip codes in the Milwaukee County are identified to have been significantly impacted by COVID-19 related deaths and exhibit increases in youth suicidal behaviors, we can further investigate the demographics of the zip code regions evaluating for race, ethnicity, and socio-economic factors. Analyzing data on suicidal behaviors among youth ages 11-24 among zip codes in Milwaukee can ultimately be categorized by pre-high school, during high school and post-high school age sets highlighting schools and resources in each zip code that were cut or shut down due to COVID-19. Data collection and extraction is currently still in progress.</p>
SUBMITTER:	Kalata, Karolina
TOPIC AREA:	Behavioral Health

TITLE:	Assessing Youth Adult Equity
AUTHORS:	Kristin J. Kappelman, MA, Milwaukee Succeeds; Clintel Hasan, MA, Milwaukee Succeeds
ABSTRACT:	<p>The Youth Adult Equity Ladder was developed to encourage youth and adults to examine why and how young people participate throughout their communities. The Ladder contains 8 descriptive rungs, but no standard method to measure where an organization may land on the rungs existed. The High School Success Data Workgroup, facilitated by Milwaukee Succeeds and in support of the Youth Forward Milwaukee Coalition, created a tool for organizations to self-assess their youth-adult equity. This assessment tool was piloted by 19 organizations in early 2023. Results indicated that while organizations reported some evidence of youth and adults having ownership of outcomes and being recognized for participation in activities, additional work is needed to ensure that youth and adults have roles in creating change and safe, supportive environments are established for both groups. Feedback received from the pilot will be incorporated into an updated assessment tool, which will be launched in early 2024. The ultimate goal of this assessment is to create a document outlining local organizations that are exemplars of youth-adult equity.</p>
SUBMITTER:	Kappelman, Kristin
TOPIC AREA:	Child or Adolescent Population

TITLE:	Milwaukee Public Schools STEM Fair: Inspiring the Next Generation of Scientists
AUTHORS:	Alexis Knotek, MCW-Graduate School; Denise Perea, MCW-Milwaukee; Dusanka Djoric, PhD, MCW-Milwaukee
ABSTRACT:	<p>The American Society of Microbiology (ASM) awarded the Community Science Grant for use towards an exhibition at the Milwaukee Public Schools (MPS) STEM Fair. The MPS STEM Fair is an excellent platform to reach diverse K-12 students from over 50 schools in the Milwaukee community. The goal was to provide a hands-on activity to introduce students to the field of microbiology in an engaging way. Using the funds awarded from ASM, a binocular compound lab microscope and set of slides prepared with an array of intriguing specimens including bacteria, fungi, human tissue, and insects were purchased. In the exhibit, use of the microscope was demonstrated for students, and then students were allowed to select specimens of interest and operate the microscope themselves. To gauge the impact of this activity, students and their parents/teachers were surveyed on their interest in the microscope activity and microbiology. Demographic information was also collected to determine the reach of impact. Of the 80+ students who participated in the activity, 66 completed the survey. The majority of participants were from under-represented minority populations and participants indicated the activity was engaging and easy to follow. There was also high interest in having microscopes in the classroom and having a microbiologist visit the classroom. 4 of 5 teachers who participated expressed interest in future coordination of student activities in the classroom. This activity successfully reached a diverse population of Milwaukee area students and put the Medical College of Wisconsin (MCW) on the map for MPS students, specifically sparking an interest in microbiology and setting the stage for future collaboration within the schools.</p>
SUBMITTER:	Knotek, Alexis
TOPIC AREA:	Child or Adolescent Population

TITLE:	Analysis of Wisconsin ADRC Falls Prevention Programs
AUTHORS:	Brooke Koehn, BS, MCW-Green Bay; Jenna Loefer, BS, MCW-Green Bay
ABSTRACT:	<p>Falls are a common occurrence in the aging population, often resulting in devastating consequences. Interventions including home assessment and exercises are proven to prevent falls. Despite EMS services receiving calls for thousands of falls yearly, many ADRCs within Wisconsin are unable to successfully connect with individuals who have fallen. This study aims to evaluate five Wisconsin ADRC organizations' referrals and methodologies in place to contact a customer after a fall. Contact was initiated with program coordinators at ADRC of Brown County, Winnebago County, Kenosha County, Door County, and La Crosse County. Willing participants with an established falls prevention program participated in an interview to obtain 1.) the number of referrals and acceptances in each county and 2.) information regarding current practices and perceived barriers to obtaining referrals/ acceptances. Data results were analyzed by comparing the ratio of referrals to client acceptances between different ADRC organizations as well as discussing perceived barriers in each county to ascertain why these differences may exist. Data results were analyzed by comparing the ratio of referrals to acceptances between ADRC organizations as well as discussing perceived barriers in each county to ascertain why these differences may exist. The results showed Brown County (BC) has significantly higher acceptance rates for ADRC assistance ($p < .05$) in 2022 and an improvement in number of referrals and referral acceptance since 2020. When considering referral rate after a fall, Door County's rate is significantly higher ($p < .05$) than other counties. BC's higher acceptance rates may be due to new practices implemented over the last year that are unique to BC. This, along with the development of an EMS user-friendly online referral form, may explain longitudinal trends in BC. Regarding Door County's high referral rate, researchers suspect this may be due to a better community understanding of the ADRC and its mission.</p>
SUBMITTER:	Koehn, Brooke
TOPIC AREA:	Health Care Access/Quality

TITLE:	"It Takes a Village": Reflections from Participants After a Hispanic Community-Based Health Promotion Program
AUTHORS:	Bethany Korom, MCW-Milwaukee; Meghan Malloy, MCW-Milwaukee; Caroline Remmers, MCW-Milwaukee; Elizabeth Welsch, MCW-Milwaukee; Mari Cevilla, United Community Center; Zecilia Alamillo-Roman, United Community Center; Daniela Torres, United Community Center; Kelly Dione, University of Wisconsin-Madison; David Nelson, PhD, MS, MCW-Milwaukee
ABSTRACT:	<p>Background: Previous studies have examined the beneficial impact of culturally informed, community-based health programs within the Hispanic community on physical activity (PA) levels. There is a need for longer term follow up to determine the impact on family and individual habits over time.</p> <p>Objective: To explore long-term impacts of a community-based PA and nutrition program, Families Inspired Together 4 Youth Empowered to Succeed (FIT4YES), that continue to influence family health habits and child development.</p> <p>Methods: Three focus groups were held in Milwaukee, WI at the United Community Center with Hispanic parent participants of the FIT4YES program three years after program conclusion. The discussion around the lasting impact of FIT4YES was facilitated using a semi-structured guide of open-ended questions. Group discussions were audio recorded, transcribed, and translated from Spanish when necessary. Four student researchers utilized a grounded theory qualitative approach to identify common themes.</p> <p>Results: 16 parents (N=16) spoke about the program. Three overarching themes emerged from the transcripts indicating that cultural exposure, relationships, and self-growth were necessary for families to sustain the healthy behaviors promoted in FIT4YES. Parents discussed increased comfort levels with school sport participation, shared experiences with community members, and improved skill utilization.</p> <p>Conclusions: This groups previously published model was adapted to a "post-program" state that incorporates the new themes and sub-themes with the social-ecological model. Although the FIT4YES program ended, multiple ideals instilled by the program continued due to the common themes illustrated from the focus groups. This study utilized a community check-in approach to gain insight into the long-term impacts of the FIT4YES program. Three recommendations for the creation of community-based health programs are proposed: utilize culturally appropriate, dynamic components based on the intended community; understand the strength of the program is dependent on each individual component; and incorporate an anchor institution for consistency and trust.</p>
SUBMITTER:	Korom, Bethany
TOPIC AREA:	Patient Care/Patient Education

TITLE:	Battling the Bottleneck for Autism Spectrum Disorder Diagnosis: Primary Care Diagnosis for Children With Obvious Signs
AUTHORS:	Kathleen Koth, DO, FAACAP, MCW-Milwaukee; Mary Carlson, PhD, Marquette University; Leah Jepsen, MSW, Mental Health America; Norah Johnson, PhD, CPNP-PC, FAAN, Marquette University; Sarah Lehman, BA, Marquette University; Amy Leventhal, PhD, Next Step Clinic; Amy Van Hecke, PhD, Marquette University
ABSTRACT:	<p>Background: Training primary care providers (PCPs) to diagnosis obvious cases of autism spectrum disorder (ASD) is growing but these training programs are not currently widely implemented (1).</p> <p>Objective: To implement and evaluate the Tennessee STATM (2) (Screening Tool for Autism in Toddlers & Young Children 24-36 months old) in two Wisconsin training cohorts (WI-STAT) for PCPs and family navigators (FN).</p> <p>Method: In this implementation study, English speaking PCPs and FNs were trained and assessed pre, post and 6 and 12 months later for: knowledge of screening / diagnosis of ASD, current practice and intention to diagnose ASD, attitudes on appropriateness of ASD diagnosis in PC, and comfort level with ASD. Data analysis used SPSS Descriptives.</p> <p>Results: Most participants were white females with a mean 8.4 years of experience in their roles, which included family medicine physicians, clinical psychologists, family nurse practitioners, family medicine doctor residents, and psychotherapists. After the WI-STAT training, the providers reported comfort identifying the risk of ASD and discussion it with families. They were also likely to independently screen for ASD and have discussions with families about it. They felt most comfortable connecting families to speech therapy. The second group, which is still ongoing, includes 4 primary care providers and 7 family navigators.</p> <p>Conclusion: Results for cohort one reveal comfort and intention to discuss, screen and diagnose ASD with families in primary care. The 6 and 12 month and FN data will be collected, and cohort two data will be analyzed to further evaluate the implementation of the WI-STAT.</p>
SUBMITTER:	Johnson, Norah
TOPIC AREA:	Child or Adolescent Population

TITLE:	Need to Address Trauma Exposure and Mental Health for Those Seeking Emergency Rental Assistance
AUTHORS:	Jessica Krukowski, MS, Marquette University; Jennifer Harris, MEd, Social Development Commission; Sydney Timmer-Murillo, PhD, MCW-Milwaukee; Carissa Tomas, PhD, MCW-Milwaukee; Kaylen Vine, MS, Marquette University; Starkita Purdle, Social Development Commission; Jordan Janusiak, MCW-Milwaukee; Fahimeh Mohebbi, MS, University of Wisconsin-Milwaukee; Amir Masoud Forati, PhD, University of Wisconsin-Milwaukee; Rina Ghose, PhD, University of Wisconsin-Milwaukee
ABSTRACT:	Housing insecurity and exposure to violence disproportionately affect Black people from Milwaukee Wisconsin. The Social Development Commission (SDC), a community action agency, provides services including Milwaukee Emergency Rent Assistance (MERA) to families who have experienced financial loss. Mental health services at the SDC are still developing. Taking a socioecological approach, we explored how individual experiences (e.g., violence exposure) interact with community factors (e.g., housing insecurity) to influence mental health. As such, the current community-research partnership assessed the prevalence of exposure to violence in a community sample receiving MERA. Black adults (N=86) completed mental health and exposure to violence measures. A majority (84%) reported exposure to violence in the last year (M=5.1, SD=4.5 types of violence). Further, violence exposure was significantly related to symptoms of anxiety $r(84)=.42$, $p<.001$ and significantly related to symptoms of depression $r(84)=.34$, $p=.07$ and PTSD $r(32)=.33$, $p=.001$. Given the elevated rates of violence and the relationship to mental health, intervention services for social determinants of health, such as housing, may be an important access point for mental health services. Additionally, programs providing emergency housing assistance could enhance service by screening for trauma exposure and linking mental health services.
SUBMITTER:	Krukowski, Jessica
TOPIC AREA:	Social Determinants of Health

TITLE:	Using Geospatial Data-Guided Community Engagement to Optimize Responses to the Opioid Crisis
AUTHORS:	Cassandra M. Laibly, MS, MCW-Graduate School; Amir Forati, PhD, University of Wisconsin-Milwaukee; Peter Brunzelle, Project WisHope; John Mantsch, PhD, MCW-Milwaukee; Rina Ghose, PhD, University of Wisconsin-Milwaukee
ABSTRACT:	<p>Background: The persistent increase in overdose deaths coupled with fluctuations in the effectiveness of community responses highlight the need for novel, equitable, community-engaged and data-guided approaches that will optimize responses to the opioid crisis. Such approaches will be particularly important in diverse and segregated urban communities that face heightened socio-economic inequalities and health disparities.</p> <p>Objective: To combat the complex opioid crisis in Milwaukee, Wisconsin, we formed a multi-disciplinary and community engaged collaboration that includes academics and key stakeholders from governmental agencies and non-profit organizations.</p> <p>Methods: Our framework incorporates community-engaged qualitative data with quantitative, geospatial 'big' data modeling and visualization to form a nuanced, multi-scalar 'precision epidemiology' approach. Qualitative data are gathered through a series of community listening sessions initiated to better understand the role of key influential factors. These qualitative assessments of the factors affecting overdose and recovery are gathered through a peer network by community stakeholder partners. These sessions provide rich, experiential qualitative data, enabling us to bridge our data gaps. Through discourse analysis, we can identify emerging themes, issues, barriers.</p> <p>Results: Thus far, our qualitative data have provided deep insights into topics such as divergent patterns of substance misuse across communities, recent trends in overdoses and influential factors, barriers to accessing harm reduction resources, issues of trust, the intersection between overdoses and mental health and successful interventions and strategies to improve public awareness. These conversations provide rich local knowledge into community experiences and will guide governmental policy making.</p> <p>Conclusion: Through this data-guided and community-engaged framework, the outcomes from the project have provided actionable data that can be used to increase the effectiveness of interventions and influence policy decision making in Milwaukee County. This newly innovated framework has the potential for application in other diverse and segregated urban communities facing similar health disparities.</p>
SUBMITTER:	Laibly, Cassandra
TOPIC AREA:	Health Education

TITLE:	Assessing the Impact of a Diversity, Equity, and Inclusion Dermatology Workshop Series for Underrepresented Medical Students
AUTHORS:	Jenna T. Le, BS, MCW-Milwaukee; Jacqueline Tran, BS, MCW-Milwaukee; Flavia Pantoja, BS, MCW-Milwaukee; Valerie Carlberg, MD, MCW-Milwaukee; Stephen Humphrey, MD, MCW-Milwaukee
ABSTRACT:	<p>Lack of diversity in dermatology is attributable to lack of mentorship, awareness, socioeconomic barriers, implicit bias during interviews and more. Medical students at the Medical College of Wisconsin (MCW) organized a four-part pilot workshop series to promote awareness, mentorship, and scholarship in underrepresented students in medicine pursuing dermatology. In this study, we evaluate the impact and effectiveness of this workshop series. First- and second-year medical students in diversity and inclusion organizations at MCW were recruited via email to participate in the program. After program completion, all participants (n=9) were invited to complete an anonymous feedback questionnaire. Six of nine (67%) participants responded. Qualitative data was collected via free-response questions and analyzed to identify common areas of critique or praise. Quantitative data was scored via the Likert Scale to determine workshop effectiveness. Based on preliminary data on the effectiveness of individual workshops, the informational research workshop scored the highest (4.8), followed by one-on-one mentor meetings (4.5), and the introduction to dermatology informational session (4.2). Common areas of positive feedback included the intimacy of a small cohort size, increased access to mentorship and networking, and increased accessibility to dermatology-specific advice. One student noted the importance of "building connections to move forward in the field." Another student noted "group size...was conducive for good learning without feeling overwhelming." Half of students (n=3) reported being more interested in dermatology after program completion. Students reported an overall positive experience as participants of the program. Increasing pressure to accrue publications as a dermatology applicant may have contributed to the research workshop scoring highest in effectiveness by students. Student appreciation of the guidance and insider knowledge provided by faculty mentors highlights potential difficulties connecting with dermatology faculty outside of the program. Future efforts to improve the workshop series are underway, with emphasis on increasing mentorship and research opportunities.</p>
SUBMITTER:	Le, Jenna
TOPIC AREA:	Diversity, Equity & Inclusion

TITLE:	A Patient Forward Approach To Enhancing Cancer Survivorship: Development Of A Physical Activity Program Intervention To Manage Fatigue In Chronic Myeloid Leukemia (CML) Patients
AUTHORS:	Jessica Liu, BS, MCW-Milwaukee; Kelly Clohesy, MOT, OTR/L, MCW-Milwaukee; Ehab Atallah, MD, MCW-Milwaukee; Kathryn Flynn, PhD, MCW-Milwaukee; Whitney A. Morelli, PhD, MCW-Milwaukee
ABSTRACT:	<p>Background: Advancements in the treatment of chronic myeloid leukemia (CML) have allowed for drastic increases in survival outcomes with tyrosine kinase inhibitors (TKI) as the preferred therapy. However, a persistent and distressing side effect of TKI's is fatigue. Despite data illustrating successful fatigue mediation through physical activity (PA), only 8% of cancer survivors meet PA guidelines.</p> <p>Objective: Evidence indicates personalized interventions result in increased uptake and effectiveness. Therefore, our objective is to use a patient-centered approach to determine the needs and preferences of patients with CML taking a TKI for the development of a PA program to manage fatigue symptoms.</p> <p>Methods: Participants completed an online survey that evaluated their preferences for a PA program. Descriptive statistics are reported to indicate preliminary results for patients' program needs and preferences.</p> <p>Results: On average, participants (N=23) were 54 ± 14 years old, 57.1% male, and 90% white. Quantitative data from our needs and preferences questionnaire reveals that post-diagnosis, 50% of participants have trouble performing PA and 55% are now unable to engage in the same activities they did pre-diagnosis. Features participants most desire in a PA program include utilization of a wearable activity tracker, feedback on their activity level, educational materials on the benefits of exercises and how to perform exercises, activity reminders, goal competitions, and the ability to share data with their care provider. All participants indicated interest in testing our program once developed.</p> <p>Conclusions: CML patients taking TKI's report challenges in performing PA. The needs and preferences survey illustrates the demand for a personalized approach in the successful promotion of PA for this population. Our future work will pair these results with the qualitative analysis of patients' program preferences, self-reported fatigue, and longitudinal measurements of their physical activity via a wearable activity tracker to develop a personalized PA program.</p>
SUBMITTER:	Liu, Jessica
TOPIC AREA:	Cancer Research/Evaluation

TITLE:	Diversity, Equity, Inclusion, and Belonging in Medical Education Curriculum for Responsible Community-Academic Partnerships
AUTHORS:	Sophia M. Ly, MS, MCW-Milwaukee; Swathi Prasad, MD, Children's Hospital of Wisconsin; David Nelson, PhD, MS, MCW-Milwaukee
ABSTRACT:	<p>Background: Medical curricula that do not incorporate inclusive content and language or acknowledge inequities within the healthcare system impact students' ability to care for and competently and equitably treat a diverse range of patients. Medical schools have recently begun working with students to incorporate more inclusive, culturally humble, and anti-racist curricula. However, as work is often accomplished in silos, there is no standardized way for medical schools or students to critically examine curricula for gaps and growth. With an ongoing push for change, we decided to create a checklist to ensure that academic institutions are responsible social partners and both review and track changing curricular pieces to verify that the new curriculum changes are addressing the needs of students and patients.</p> <p>Methods: We met with Medical College of Wisconsin (MCW) students who had worked on an Antiracist Curriculum assessment and interviewed six influential players in academic leadership involved in medical education curriculum development at multiple institutions. We also started a multi-database scoping literature review to better define the gaps in large-scale medical education diversity, equity, inclusion, and belonging (DEIB) work to identify what interventions help define themes and goals in the final checklist.</p> <p>Results: The formal literature search found 1,134 results, not excluding duplicates. We determined our inclusion and exclusion criteria. Thus far, two blinded reviewers have reviewed 150 studies. Key player interviews, along with beginning the scoping review, demonstrate that a focused checklist to review and evaluate the DEIB threads in medical school curricula will fill a gap in a growing space. Moreover, no previous scoping review has been done on DEIB in medical education curricula to define other gaps in this space. Additional meetings and final review and conclusions are still in progress</p>
SUBMITTER:	Ly, Sophia
TOPIC AREA:	Diversity, Equity & Inclusion

TITLE:	Fostering Community and Wellbeing Among Health Professionals Through Melodies at MCW
AUTHORS:	Jennifer Mackinnon, MD, MM, MCW-Milwaukee; Krish Vasudev, MCW-Milwaukee; Eshaan Vasudev, MCW-Milwaukee; Alex Chen, Milwaukee Youth Symphony Orchestra
ABSTRACT:	<p>Overview: The "Melodies at MCW" program at the Medical College of Wisconsin (MCW) seeks to enhance the well-being of faculty, students, staff, and healthcare workers by creating a sense of togetherness and appreciation through musical engagement.</p> <p>Problem Statement or Objective: Recognizing the unifying power of music and its capacity to elevate well-being, 'Melodies at MCW' features violin performances during lunch hours in non-clinical spaces. Held during the summer months, the program not only offers a soothing break atmosphere but also celebrates the invaluable contributions of healthcare workers.</p> <p>Methods: To gather insights on participant experiences, an online survey was administered using user-friendly QR codes. The survey comprised six optional questions:</p> <ul style="list-style-type: none"> -Enhancing lunchtime experience and creating a positive atmosphere. -Fostering a sense of community. -Likelihood to recommend the program. -Stress reduction and well-being during lunch. -Meaningful expression of gratitude to healthcare workers and staff. <p>Results: 67 respondents to the online survey</p> <p>Conclusion: Data analysis, using both quantitative and qualitative methods, highlighted the program's positive impact on the MCW community. 'Melodies at MCW' successfully promotes communal well-being and unity, leveraging musical experiences and gratitude.</p>
SUBMITTER:	Mackinnon, Jennifer
TOPIC AREA:	Patient Care/Patient Education

TITLE:	Qualitative Analysis of Regional Campus Stakeholders' Perceptions of the Benefits of Community Engagement for Medical Students
AUTHORS:	Lucas Mathson, MCW-Milwaukee; Corina Norrbom, MD, MCW-Central Wisconsin; Amy Prunuske, PhD, MCW-Central Wisconsin
ABSTRACT:	<p>Introduction: Regional medical campuses are being established to meet the needs of the community with an emphasis on community engagement. Establishing relationships with community partners is a critical step in community engagement. Following the creation of a new medical campus, the purpose of this study was to conduct interviews with community stakeholders to gather their perspectives on community needs as well as desired medical student characteristics.</p> <p>Methods: This study utilized a descriptive qualitative design inspired by grounded theory. A purposive sample was identified for semi-structured interviews that were audio-recorded and transcribed verbatim. Data analysis consisted of inductive thematic analysis with open line-by-line coding and theme identification.</p> <p>Results: A total of 31 community stakeholders were interviewed as part of this study. Thematic analysis of the interview transcripts yielded 3 themes related to desired medical student characteristics. These themes were compassion through perspective, effective communication, and value of the community-healthcare partnership.</p> <p>Discussion: Stakeholder interviews identified desired medical student characteristics while also detailing how community engagement in medical education can provide an opportunity for further development of these characteristics. Response to the stakeholder interviews has included adjustments to a longitudinal, community engagement course as well as increased efforts to build trust with minority populations. Further efforts to acknowledge community partnerships and effectively disseminate results of community engagement projects are needed to grow the connection between the regional medical campus and the local community</p>
SUBMITTER:	Mathson, Lucas
TOPIC AREA:	Health Care Access/Quality

TITLE:	Impact of Structural Racism and Discrimination on Community Health
AUTHORS:	Fahimeh Mohebbi, University of Wisconsin-Milwaukee; Amir Masoud Forati, University of Wisconsin-Milwaukee; Rina Ghose, University of Wisconsin-Milwaukee; John Mantsch, MCW-Milwaukee; Madeline Marie Campbell, University of Wisconsin-Milwaukee
ABSTRACT:	<p>Structural racism/discrimination (SRD) plays a critical role in creating health disparities and poor health outcomes in historically marginalized communities in the USA. Racial segregation in cities is a direct result of SRD. People living in these segregated areas are more likely to face economic and social disadvantages, environmental hazards, and lack of access to healthcare (Flint and Novotny, 1997). Moreover, these neighborhoods often lack essential resources like quality education, job opportunities, and healthcare facilities (Williams et al., 2016, NIMHD, nih.gov). We used the socioecological model of health as a lens to explore how various factors at the individual, community, and societal levels affect health (Bronfenbrenner, 1977). To delve deeper, we employed machine learning to identify patterns related to mental health risks in different areas. In simpler terms, machine learning helps us sift through complex data to find local trends that can influence mental health. Our analysis pinpointed six significant factors affecting mental health: the rate of smoking, lack of health insurance, poverty, lack of sleep, employment status, and age. We also using artificial neural networks and the k-means clustering method identified three distinct geographic areas that represent low, moderate, and high collective mental health risk factors. Strikingly, Black and Latinx communities were overrepresented in high-risk areas. This evidence strongly suggests that health disparities are deeply rooted in structural inequalities and societal factors, which are also geographically concentrated. In addition to this, we used other machine learning tools to create a Physical Health Index, which is a measure based on several indicators of physical well-being.</p>
SUBMITTER:	Mohebbi, Fahimeh
TOPIC AREA:	Social Determinants of Health

TITLE:	Understanding Variation in Drug Overdose Mortality Across Diverse Communities in Milwaukee County
AUTHORS:	Fahimeh Mohebbi, University of Wisconsin-Milwaukee; Rina Ghose, University of Wisconsin-Milwaukee; Amir Forati, University of Wisconsin-Madison; Constance Kostelac, MCW-Milwaukee; Peter Brunzelle, Project WisHope; John Mantsch, MCW-Milwaukee
ABSTRACT:	<p>Background: As the opioid crisis continues to impact individuals, families, and communities, a better understanding of community level factors that influence drug overdose mortality is critical for identifying high-risk populations and geographic areas and guiding interventions and policy measures to mitigate harm.</p> <p>Objective: In partnership with Project WisHope, the largest peer-support organization in SE Wisconsin, we examined variation of drug overdose mortality rates across different communities in Milwaukee County and engaged peer community members to better understand our results.</p> <p>Methods: Datasets of the precise locations of fatal and non-fatal overdoses from 2018 through 2021 were provided by the Milwaukee County Medical Examiner and Office of Emergency Management and hosted on the DataShare platform at MCW. Overdose mortality rates (fraction of overdoses that were lethal) were determined across Milwaukee County census tracts and trends over time were examined and compared to predicted values. WisHope peer community members were engaged in two 90-minute virtual meetings.</p> <p>Results: Overall, overdose mortality varied across Milwaukee neighborhoods and was highest in Latinx communities and lowest in White communities. Communities with higher and lower mortality rates than expected were identified. Higher risk communities were younger, less employed, poorer, less educated, more digitally divided, had higher incarceration rates, and had a higher prevalence of mental and physical disorders. Emerging hotspots neighborhoods for high overdose mortality risk were identified. These neighborhoods were predominantly Black and poorer with lower educational attainment and employment, poorer mental and physical health, higher incarceration rates, and less housing stability. Community observations from engagement sessions were recorded and will be presented.</p> <p>Conclusion: Overdose mortality rates vary significantly across Milwaukee communities and appear to be influenced by racialized disparities. A framework that enables the identification of challenged communities and guides community members, support organizations, and policymakers is needed.</p>
SUBMITTER:	Mantsch, John
TOPIC AREA:	Social Determinants of Health

TITLE:	Housing Dependence and Domestic Violence Related Homicide
AUTHORS:	Daniel E. Monge, MSP, University of Wisconsin-Milwaukee
ABSTRACT:	<p>Background: The recently published 2022 End Domestic Abuse Wisconsin Homicide Report indicates domestic violence-related homicides (DVRH) have been increasing statewide over the past 20 years. From a public health perspective, the focus of this project is on the intersection of domestic violence and housing dependence or housing insecurity which can lead to DVRH.</p> <p>Methods: A collaboration with The Asha Project (ASHA) took place to investigate the ecosystem within which DVRH occurs to create maps to visualize the dynamics. The initial investigation was done in the form of a literature review and an analysis of the Milwaukee area and broader Wisconsin DVRH data. In partnership with ASHA, data was used to develop a comprehensive stakeholder's map exhibiting services provided and groups served, as well as a systems map expressing the complexity of the cause-and-effect loops involved.</p> <p>Results: The stakeholder's analysis allowed us to identify the gaps and duplicity around housing assistance, and the populations served to better focus the approach to assisting survivors. The systems map helped visualize hypothesized cause-and-effect loops around domestic violence (DV) and identify ways to intervene and aid DV survivors. From a community health lens, these issues are deeper than surface-level criminality may reflect and have a wide range of consequences and implications for both an individual's well-being and the well-being of entire communities. These literature-based maps have helped inform ASHA's approach and response to housing assistance which includes attempts to alleviate DV survivors' housing dependence and help to remove them from immediate physical harm.</p> <p>Conclusion: Next steps include deepening understanding of how housing dependence or the fear of homelessness and financial dependence impacts DV victims. Future research will be conducted to investigate how large an impact housing insecurity and financial dependence have on keeping DV victims in harmful relationships; how this informs nonprofits or governmental agencies' strategies; how to address DV survivors' fears of homelessness or destitution; explore community-based approaches and culturally informed practices.</p>
SUBMITTER:	Monge, Daniel
TOPIC AREA:	Social Determinants of Health

TITLE:	Uptake and Acceptability of High-Resolution Anoscopy in the Prevent Anal Cancer Self Swab Study (NCT03489707)
AUTHORS:	Jenna Nitkowski, PhD, MCW-Milwaukee; Anna R. Giuliano, PhD, Moffitt Cancer Center, and Research Institute; Tim Ridolfi, MD, MCW-Milwaukee; Elizabeth Chiao, MD, MD Anderson Cancer Center; Maria E. Fernandez, PhD, The University of Texas Health Science Center at Houston School of Public Health; Vanessa Schick, PhD, The University of Texas Health Science Center at Houston School of Public Health; Michael D. Swartz, PhD, The University of Texas Health Science Center at Houston School of Public Health; Jennifer S. Smith, PhD, Gillings School of Global Public Health, University of North Carolina at Chapel Hill; Alan G. Nyitray, PhD, MCW-Milwaukee
ABSTRACT:	<p>Background: Anal cancer disproportionately affects men who have sex with men (MSM) living with HIV, yet currently there are no consensus screening guidelines. Research is needed on uptake and acceptability of different screening methods to inform screening.</p> <p>Objective: To investigate whether home-based versus clinic-based anal cancer screening was associated with HRA uptake and to examine HRA acceptability.</p> <p>Method: The Prevent Anal Cancer Self-Swab Study recruited MSM and trans persons 25 years and older in the Milwaukee, Wisconsin area to participate in an anal cancer screening study. Participants were recruited via social media, flyers, advertisements in local businesses and clinics, and a voluntary referral program. A community advisory board of sexual minority men from the community provided feedback on study recruitment and interpretation of findings. Eligible participants were randomized to either a home-based or clinic-based group. Home participants were mailed an anal self-swab kit and clinic participants received anal swabbing from a clinician at their choice of five community clinics. All were asked to attend high-resolution anoscopy (HRA) one year later, a clinical procedure that detects precancerous anal lesions. Between 2020 and 2022, 240 participants were randomized to the study. Using participant survey data from those who engaged in baseline screening (n=196), we examined factors associated with HRA uptake and assessed HRA acceptability.</p> <p>Results: 62.8% of participants attended HRA, with no difference between home and clinic (p=0.13). In the clinic arm, persons living with HIV (PLWH) had lower HRA attendance (42.9%) versus HIV-negative participants (73.3%) (p=0.03), and Black non-Hispanic participants had lower HRA attendance (41.7%) compared to White non-Hispanic participants (73.1%), (p=0.04); however there were no significant differences in HRA attendance in the home arm. Increasing age was associated with a lower likelihood of reporting HRA pain.</p> <p>Conclusion: Mailed home-based anal self-sampling may support HRA attendance in an equitable manner.</p>
SUBMITTER:	Nitkowski, Jenna
TOPIC AREA:	Cancer Research/Education

TITLE:	"It's OUR Club:" McGovern Park Senior Center's Participant-Led Leadership Nurtures Authentic, Life-Enhancing Community for Seniors.
AUTHORS:	Tinuola Oladebo, MS, MCW-Milwaukee; Paul Williams, MA, Housing Authority of the City of Milwaukee; Marie G. Sandy, PhD, University of Wisconsin-Milwaukee
ABSTRACT:	<p>Purpose: This study was conducted at the request of the City of Milwaukee Housing Authority, Milwaukee County Department on Aging, Serving Older Adults (SOA), and Milwaukee County Parks by a faculty member and master's student in a partnering higher education institution. The purpose of this project was to 1) learn more about McGovern Park Senior Center, and 2) solicit recommendations on the types of activities current participants may be interested in accessing in the future.</p> <p>Method and Frame: The researchers helped frame the study utilizing a strengths-based appreciative inquiry approach (e.g., Cooperrider, 2008). They followed the primary tenets of community-based research (Wallerstein et al., 2021) by seeking consensus on the research purpose, protocol design, including approval of all questions posed to participants, and reporting back to participants on the initial analysis to confirm the findings. Because the purpose of this study was designed to inform programming rather than contributing to generalizable knowledge, this study was exempt from Institutional Review Board approval. The Planning team, McGovern Staff and OSA Board approved two forms of data collection: 1) Survey: distributed at the at the McGovern Park Senior Center Resource Fair on Friday, June 23, 2023 (N=60 completed surveys) 2) On-site interviews & group conversations on Wednesday, June 28, 2023 (N=20 individuals interviewed). Questions included on both the survey and the interview protocol were approved by all stakeholders.</p> <p>Findings: Participant-led leadership drives programming, empowers participants, builds intense loyalty, and cultivates an authentic community. These practices have been sustained over more than ten years through numerous staff changes, indicating they are deeply embedded in organizational culture. Recommendations for future programming indicate emphasis on lifelong learning participants, and physical and mental wellness. There is concern that their "beloved community" may face financial cuts. All data was presented first to research participants and McGovern Staff.</p>
SUBMITTER:	Sandy, Marie
TOPIC AREA:	Health Care Access/Quality

TITLE:	VaxFax: Understanding COVID-19 Vaccine Hesitancy Among Milwaukee's African American Community.
AUTHORS:	Monique L. Plears, MPH, MCW-Milwaukee; Broderick Pearson, MCW-Milwaukee; Juan Flores, MCW-Milwaukee; A. Noel Rosado, MCW-Milwaukee; Olivia Algiers, MPH, MCW-Milwaukee; Jennifer L. Walsh, PhD, MCW-Milwaukee; Katherine Quinn, PhD, MCW-Milwaukee; Yuri Amirkhanian, PhD, MCW-Milwaukee; Jeffery A. Kelly, PhD, MCW-Milwaukee; Progressive Community Health Centers VaxFax Team
ABSTRACT:	<p>Background: African Americans have been disproportionately burdened by COVID-19, with high rates of complications, hospitalizations, and death. However, rates of vaccination remain low; just 51% of eligible African Americans in Milwaukee County received a booster, compared to 70% of whites.</p> <p>Objective: VaxFax is a collaboration between MCW and Progressive Community Health Centers to identify factors influencing COVID-19 vaccination decisions among African Americans in Milwaukee.</p> <p>Method: Between March and December 2022, we conducted 86 in-depth qualitative interviews with individuals who were 1) 18 years of age or older; 2) living in the City of Milwaukee; and 3) self-identified as Black or African American (or multi-racial). We used purposive sampling to obtain diversity in age, gender, and vaccination status. Individuals were recruited at community events, barbershops, and other community-based settings. Interviews lasted approximately 1 hour, and participants received \$50. Interviews were audio-recorded, transcribed, and coded using MAXQDA.</p> <p>Results: Participants' ages ranged from 19 to 72 years. Over half (55%) were female and 45% were unvaccinated. Using thematic analysis, we identified four key themes that represent COVID-19 vaccination hesitancy: 1) The constant flood of information from health authorities, governments, and media outlets was often overwhelming and confusing; 2) Rapid changes in guidelines and recommendations contributed to a sense of uncertainty; 3) Deep-rooted mistrust of vaccines, healthcare institutions, and medical professionals fueled continued medical mistrust; 4) Booster shots sparked questions regarding the necessity and effectiveness of the COVID-19 vaccine.</p> <p>Conclusion: Our findings highlight the need to develop stronger public health messaging systems that streamline information and recommendations to reduce uncertainty and confusion. Furthermore, intentional efforts are needed to build provider-community trust, including collaborative research and engaging community members in vaccination efforts.</p>
SUBMITTER:	Plears, Monique
TOPIC AREA:	Diversity, Equity & Inclusion

TITLE:	Identifying and Mitigating Systemic and Cultural Barriers to Preventative Care in the Hmong and Myanmar Populations
AUTHORS:	Leah C. Poulos, MCW-Milwaukee; Velinka Medic, MCW-Milwaukee; Judy E. Kim, MD, MCW-Milwaukee
ABSTRACT:	<p>Preventative care involves life-saving measures, such as routine vision and diabetic retinopathy screenings, that facilitate early detection of disease. Significant disparities in preventative care exist for many racial and ethnic groups in the US, yet limited information exists for subgroups- specifically the Hmong and Myanmar populations. The main goal of this project was analyzing health screening and focus group data from the Milwaukee Consortium for Hmong Health with two aims: to quantify and assess the utilization of vision screening services in the Hmong and Myanmar populations and to determine cultural and systemic barriers to accessing and partaking in vision screening and ophthalmic care. Comparative and qualitative (ANOVA, t-test, 2x2 tests of independence) analysis of survey data was conducted and focus group data was analyzed for recurring themes. Significant differences existed for age and having a dilated eye exam within two years, passing the risk assessment and passing vision screening. Significant interactions between ethnicity, age and having a dilated eye exam within two years; and age, sex, and passing vision screening existed as well. Non-significant differences were observed between Hmong (n = 40) and Myanmar (n = 78) populations regarding age, sex, ophthalmic care, passing the risk assessment and vision screening. Notably, an association was observed between ethnicity and passing vision screening. Thematic analysis highlighted barriers to care, both physical (e.g., cost, transportation) and "invisible" (e.g., discrimination stemming from primary language; insurance and immigration status; religious and cultural beliefs; health literacy). This project is ongoing and will include further data collection to gain insight into the diagnoses, treatments and follow-up appointments made after vision screening. These findings will provide the baseline level of vision screening utilization in the Hmong and Myanmar populations in Milwaukee, which is currently unknown, and be used to mitigate the gaps in healthcare equity experienced by them.</p>
SUBMITTER:	Poulos, Leah
TOPIC AREA:	Health Care Access/Quality

TITLE:	The Fragmentation of Healthcare for Uninsured Patients and Consequences for Specialty Care Access
AUTHORS:	Jessica L. Prom, MCW-Milwaukee; Christine Rogers, MCW-Milwaukee; Andrew Labott, MCW-Milwaukee; Anjna Nair, MCW-Milwaukee; Mary E. Schroeder, MD, MCW-Milwaukee
ABSTRACT:	<p>Background: Free clinics predominantly provide primary care services to uninsured populations. As a result, patients are typically required to search outside of their free clinic healthcare home for specialty or higher acuity services. Referrals to these services can prove difficult for patients and lack of insurance can compound this struggle.</p> <p>Objective: The aims of this study were to understand the needs, available resources, coinciding barriers, and rate of completion for specialty and non-primary healthcare services of the uninsured population in Milwaukee.</p> <p>Methods: A retrospective cohort study was conducted via chart review of patients referred for specialty care at the Saturday Clinic for the Uninsured (SCU) in 2022. Patient referrals were divided based on whether the care could be provided in-house at SCU or required an external referral to a fee-for-service health system. Completion rates for each were calculated and analyzed via chi-squared test.</p> <p>Results: Three-hundred eight patients met inclusion criteria. Of these patients, 235 (76.2%) were referred to in-house specialty services and 73 (23.7%) were referred to other locations. The most frequent specialty referrals in-house were psychiatry (23.9%), ophthalmology (21.0%), and dermatology (18.8%); in contrast, the most frequent outside referrals were imaging (30.4%) and gastroenterology procedures (23.2%). The difference in completion rate of specialty referrals was statistically significant with in-house specialty referrals having a 58.7% completion rate and outside specialty referrals having a 37.0% completion rate ($\chi^2=10.58$, $df=1$, $p<0.01$). Common barriers to access were providing financial and identifying information, navigating new health systems, and cost.</p> <p>Conclusions: We found that patients had a higher success rate of completing specialty care referrals at their community free clinic home. These data support the continued growth of specialty and non-primary care services in the free clinic setting and further development of streamlined community partnerships with health system providers in the Milwaukee area.</p>
SUBMITTER:	Prom, Jessica
TOPIC AREA:	Health Care Access/Quality

TITLE:	Anesthesiologists and Community Engagement: A Scoping Review of the Literature
AUTHORS:	Caroline Remmers, MCW-Milwaukee; Meghan Conroy, MCW-Milwaukee; Bethany Korom, MCW-Milwaukee; Meghan Malloy, MCW-Milwaukee; Rita Sieracki, MLS, MCW-Milwaukee; Stacy Fairbanks, MD, Advocate Aurora Sinai Hospital, Milwaukee, WI; David Nelson, PhD, MS, MCW-Milwaukee
ABSTRACT:	Millions of individuals require anesthesia services each year. Although anesthesia-associated mortality rates have declined, anesthetic-related morbidity remains high, particularly among vulnerable populations. Disparities in perioperative screening, optimization, surveillance and follow-up contribute to worse outcomes in these populations. Community-engaged collaborations may be the essential ingredient needed for anesthesiologists to improve disparities in anesthetic outcomes and prioritize the needs of patients and communities. This scoping review seeks to examine the available literature on community engagement among anesthesiologists to identify gaps and seek opportunities for future work. This review was conducted according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews. OVID Medline, Scopus, and Web of Science Core Collection were searched to identify sources that employed or recognized community-engaged strategies and involved the work of anesthesiologists. Sources were selected based on inclusion criteria and consistent data was extracted from each paper for compilation in a data chart. The initial search generated 1230 articles of which 16 met criteria for inclusion in the review. An updated search of the literature and reference scan of included sources resulted in 7 additional articles being included. The sources were grouped according to overarching themes and methods utilized and ultimately categorized according to the spectrum of public participation developed by the International Association for Public Participation. This spectrum includes five levels: inform, consult, involve, collaborate, and empower. This review identified five sources at the inform level, eight studies in consult, zero in involve, seven in collaborate, and three in empower. Results indicate that most initiatives representing deeper levels of community engagement occur internationally. Efforts that occur in the United States tend to emphasize engagement of individual patients rather than communities. There is a need to pursue deeper, more meaningful community-engaged efforts within the field of anesthesiology at a local and national level.
SUBMITTER:	Remmers, Caroline
TOPIC AREA:	Health Care Access/Quality

TITLE:	Exploring Patient Preferences for Telehealth at a Community Free Clinic
AUTHORS:	Adam Rich, BS, MCW-Milwaukee; Delaney Cairns, BS, MCW-Milwaukee; Marie Balfour, MD, UC-Irvine Internal Medicine; Staci Young, PhD, MCW-Milwaukee
ABSTRACT:	<p>Background: The increased utilization of telehealth programs nationally has created a need to better understand and meet patient preferences with virtual care. This utilization also includes safety net clinics meeting a community need to address access to care. The Saturday Clinic for the Uninsured (SCU) is a free clinic that exclusively serves uninsured patients in the greater Milwaukee area. In response to the COVID pandemic, SCU launched a Telehealth program to serve patients remotely, offering both phone call and video call appointments.</p> <p>Objective: Better understand patient preferences for phone call versus video call appointments.</p> <p>Methods: From 2/2021 to 8/2023 a 7-question optional survey was sent via text message to all patients following their telehealth appointment date. The survey was hosted on Qualtrics, and the link sent through CareMessage, both HIPAA-compliant platforms. A reminder text was sent 1 week later. Surveys were completed remotely and submitted anonymously. Question responses were either nominal scale or open-ended. Nominal scale responses were evaluated for proportions and open-ended responses were evaluated for trends.</p> <p>Results: To date 354 surveys have been sent, with 70 responses (19.7% response rate). Of those, 66 (95%) completed a phone call while 4 (5%) completed a video call. 62 (89%) reported having access to a video camera. When asked about their preferences for a follow-up appointment, 43 (61%) reported preferring a phone call appointment, 8 (11%) a video call appointment, and 19 (27%) no preference.</p> <p>Conclusion: The majority of patients prefer phone rather than video call appointments. This suggests that, in order to address the needs of patients in the communities they serve, free clinics should be offering multiple appointment modalities. Future work will further explore patient preferences for different types of appointments and compare care between in-person and virtual patients.</p>
SUBMITTER:	Rich, Adam
TOPIC AREA:	Health Care Access/Quality

TITLE:	Leveraging Community-Based Resource Centers to Support Healthy Food Access Through the Cultivating Community Program.
AUTHORS:	Leslie Ruffalo, PhD, MS, MCW-Milwaukee; Beth Heller, MS, Wello, Inc.; Natalie Bomstad, MPH, Wello, Inc.; Wendy Hanson, MPH, Wello, Inc.; Kerry Scanlan, MCW-Milwaukee; Jake Dyer, PharmD, MCW-Pharmacy School
ABSTRACT:	<p>Introduction: Despite advances in understanding the systemic barriers to healthy food access, diet-related health problems continue to disproportionately affect low-income communities of color. It is essential that new approaches to increasing access to healthy food look to community-led solutions because the individuals living with these challenges are best equipped to surface effective solutions.</p> <p>Methods: We distributed locally-sourced produce boxes on a bi-weekly basis to local community-based resource centers. Each box also contained \$10 in Double Your Bucks market incentives. Our program evaluation strategy included both quantitative (# of boxes distributed, pounds of produce distributed) and qualitative (key informant interviews) measures.</p> <p>Results: In Season 1 of our program, we distributed 160 produce boxes to community members across three resource centers for a total of 11,500 pounds distributed. Qualitatively, key informants indicated the following strengths of the program: 1) Increased consumption of vegetables, 2) enhanced family connections due to the collective interest in eating healthier, and 3) the ease of accessing produce at the resource center. Reimagining the use of Double Your Bucks and navigating the farmers market signified opportunities for improvement. Additionally, participants noted the usefulness of education to prepare and store vegetables and understanding how the program supports local farmers.</p> <p>Conclusion: Resource Centers can serve as effective and trusted spaces to distribute produce to community members. Future research should investigate if the Center can also be an effective channel for the delivery of other health promotion services including preventative healthcare, vaccines, and other social services.</p>
SUBMITTER:	Ruffalo, Leslie
TOPIC AREA:	Social Determinants of Health

TITLE:	Inconsistent & Unprepared: How Family Caregivers and Older Adults Experience Hospital Discharge
AUTHORS:	Leslie Ruffalo, PhD, MS, MCW-Milwaukee; Melinda Kavanaugh, PhD, MSW, LCSW, University of Wisconsin-Milwaukee; Kathy Gale, PhD, University of Wisconsin-Milwaukee; Lisa Bittman, MSW, Aging and Disability Resource Center of Waukesha County; Mary C. Smith, Aging and Disability Resource Center of Waukesha County; Diane Ehn, MS, Froedtert Hospital; Annette Garcia, DNP, RN, ACNS-BC, Froedtert Hospital; Judith Amorsen, Eras Senior Network; Courtney Barry, PsyD, MS, MCW-Milwaukee
ABSTRACT:	<p>Family caregivers and older adult patients report confusion, inconsistency, and a lack of preparation for post-discharge activities after a hospital stay, leading to hospital readmissions. This multi-disciplinary research project investigated how family caregivers, older adult patients, and hospital clinical and administrative staff experienced the hospital discharge process at a midwestern hospital system. The research team brought together expertise in community-engaged research and bridged multiple specializations, including personal family caregiver experience, community service expertise, community engaged research leadership, and instruction of medical students and social work students. Together, we conducted semi-structured interviews with family caregivers, older adult patients, and hospital personnel via video conference and telephone. We analyzed the data using open coding strategies and principles of thematic analysis. Themes included the importance of the timing of discharge planning, communication between all systems and individuals included in the discharge process, a lack of clarity regarding the roles in the process, inconsistent identification of the family caregiver, conflicting priorities, and the impact of medication errors. Implications are (1) each organization within the older adult/family caregiver system must determine their role in the post discharge process including the type of services and resources that support older adults and family caregivers and (2) the current system of healthcare, public sector, and community must determine how to adapt and change to support older adults and their family caregivers during the post-discharge period.</p>
SUBMITTER:	Ruffalo, Leslie
TOPIC AREA:	Health Care Access/Quality

TITLE:	Cultural Variables Underlying Obesity in Asians: Implications For Understanding Cancer Risk Behaviors In Filipinos
AUTHORS:	Lisa Sanchez-Johnsen, PhD, MCW-Milwaukee; Jacob Less, BS, Rush University Medical Center, Midwestern University Arizona College of Osteopathic Medicine; Angela R. David, BS, Rush University Medical Center, University of California, Los Angeles; Nicole Aniceto, MPH, Rush University Medical Center; David J. Sedillo, MD, Rush University Medical Center; Irma Rodas, BA, Rush University Medical Center; Sandra L. Gomez, PhD, RD, Rush University Medical Center; Sumihiro Suzuki, PhD, Rush University Medical Center; Annabelle Santos Volgman, MD, Rush University Medical Center; Melissa Palma, MD, Filipino Young Leaders Program (FYLPRO)
ABSTRACT:	Obesity is associated with 13 different types of cancers (Steele et al., 2017) and in 2014, overweight-and obesity-related cancers accounted for 40% of all cancers that were diagnosed (Steele et al., 2014). Moreover, there are significant disparities associated with obesity in the United States. Filipino Americans are disproportionately affected by higher obesity rates compared to other Asian American groups (Bates et al., 2008; Maxwell et al., 2012). Filipino immigrants are also at increased risk for hypertension and diabetes due to higher central adiposity (higher waist circumferences) and increased fat intake compared to other racial/ethnic groups (Vargas & Jurado, 2015). The purpose of this poster is to describe the design and development of an ongoing pilot study examining how cultural variables (e.g., acculturation, acculturative stress, ethnic identity and cultural values) contribute to the understanding of disparities in modifiable risk factors (e.g., diet, physical activity, body image) associated with overweight or obesity among Filipino adults. The study aims to: 1) develop culturally appropriate materials and measures to successfully assess diet, physical activity and body image, 2) examine the feasibility and acceptability of selected questionnaires administered during planned interviews, and 3) obtain pilot data that can be used to guide a future larger study with Filipinos. In partnership with the Filipino Young Leaders Program (FYLPRO) and Filipino Health Community Advisory Board members, this study will enroll 25 Filipino Americans and immigrants, ages 18-65, with body mass index 18.5 kg/m ² . Participants will complete an interview focused on health, culture, diet, physical activity and body image. Additionally, objective measures (e.g., weight, height, body fat) will be collected. This research study is a work in progress. The poster describes the development of a study that will inform future community-based, culturally tailored cancer risk reduction interventions focused on overweight and obesity among Filipino adults.
SUBMITTER:	Sanchez-Johnsen, Lisa
TOPIC AREA:	Cancer Research/Evaluation

TITLE:	Community-Engaged Cancer Risk Reduction in Latinxs and LGBTQ Communities: Leveraging Strengths and Resources to Develop Culture-Centered Dissemination Activities
AUTHORS:	Lisa Sanchez-Johnsen, PhD, MCW-Milwaukee; Irma Rodas, BA, MCW-Milwaukee; Frank Medina, BA, The University of Chicago; Carlos Rosas, PhD, MCW-Milwaukee; Jacqueline Guzman, PhD, MCW-Milwaukee; Carmen Garcia, MS, Puerto Rican Cultural Center
ABSTRACT:	<p>Background: Smoking is a significant problem among Latinx adults, with varying rates among Latinx subgroups as high as 35% and 23% among Puerto Rican and Mexican men, respectively. Moreover, a recent study reported that self-identifying Hispanic lesbians, gay, or bisexual individuals were 1.5 to 2 times more likely to currently smoke than straight individuals.</p> <p>Objective: 1) describe how data from the NIH-funded (R21CA143636) Latino Men's Health Initiative (LMHI)-a community-based, cross-sectional study on the role of cultural factors underlying ethnic disparities in overweight/obesity among Puerto Rican and Mexican men in Chicago led to a dissemination and outreach activity on cigarette smoking and tobacco education among Puerto Ricans and Latinx LGBTQ communities; and 2) to issue a call to action to develop community-engaged approaches to decrease cigarette smoking in Puerto Rican and LGBTQ communities.</p> <p>Methods: In the LMHI, we found high rates of smoking in Puerto Rican (46%) and Mexican (29%) men. In response to the high rates of smoking in Puerto Ricans, we developed outreach activities that were disseminated across various settings, in conjunction with our community partners.</p> <p>Results: First, guided by Community-Based Participatory Research (CBPR) principles, we collaborated with community partners to develop and disseminate bilingual, culturally-tailored informational material on tobacco and smoking in Puerto Ricans. Second, we developed community seminars focused on smoking and tobacco use in Puerto Ricans and Latinx LGBTQ populations. Third, five seminars were conducted in healthcare centers and other community-based settings focused on Latinxs.</p> <p>Conclusion: We will describe the implications of these activities and reflect on the usefulness of leveraging data from current studies, such as the LMHI, to respond to emergent community needs. Finally, we will issue a call to action to develop community-engaged approaches to decrease disparities in cigarette smoking in Puerto Ricans and Latinx LGBTQ populations.</p>
SUBMITTER:	Rodas, Irma
TOPIC AREA:	Social Determinants of Health

TITLE:	Effects of Equine Assisted Services and Therapies on the Physical Health of Patients with Mild to Moderate Stages of Alzheimer's and Forms of Dementia
AUTHORS:	Breanna Schara, MCW-Green Bay
ABSTRACT:	<p>Dementia is a disease that affects all facets of life for both patients and their caregivers. A worrisome aspect is the lack of cure for the disease; therefore, treatments aim to improve and maintain the social, emotional, and physical health of patients. Equine therapy has proven to be a useful tool in the improvement of emotional and cognitive well-being of people from varying circumstances. This study aims to determine the physical effects of equine therapy on persons with mild to moderate forms of dementia. This project was conducted at Beaming Inc. with assistance from their Riding in the Moment program coordinators. Surveys assessing physical changes over the duration of 4 months, with scheduled sessions approximately once weekly, were completed at the beginning and at the end of this time period. Results and data were analyzed. The results showed that equine therapy improved patients' weekly active hours and days exercised with no significant difference in falls or fear of falling, completion of activities of daily living, or need for assistive ambulation device. Additional qualitative data also revealed a notable change in motivation levels and confidence of participants. Overall, equine therapy appears to have an effect on physical health of persons with mild to moderate dementia improving motivation and activity levels but may not have a quantifiable impact on coordination and balance. It would be of interest to see if a longer duration of therapy would have a greater effect, although the progressive nature of the disease could interfere.</p>
SUBMITTER:	Schara, Breanna
TOPIC AREA:	Behavioral Health

TITLE:	Cancer Health Education in High Schools: A Qualitative Analysis of Student Gains
AUTHORS:	Melinda Stolley, PhD, MCW-Milwaukee; Kathleen O'Connell, MSW, PhD, MCW-Milwaukee
ABSTRACT:	<p>Background: Cancer disparities are prevalent in Milwaukee, Wisconsin. Community member feedback highlighted the importance of cancer education in reducing these disparities. Extension into alternative venues, such as high schools, can provide an innovative way to promote and provide cancer health information.</p> <p>Objective: The Cancer Health Education Curriculum (CHEC) provides high school students with an overview of cancer biology, cancer risk factors, early detection and screening methods, cancer treatment, survivorship, and cancer disparities. To reinforce their learnings, students complete a group project focused on a particular topic of interest (i.e., nutrition and cancer, treatments for blood cancers, alcohol and cancer, Milwaukee-area cancer disparities).</p> <p>Methods: Integrated into the curriculum is a Service-Learning project in which students disseminate the information they learn to the community via a booth at the class-sponsored "Cancer Health Fair," a 30-second public service announcement, or sharing their information with five friends and/or family members. Previously we published the effects on knowledge, beliefs, and behaviors. In this presentation, we examine if outcomes differ by type of Service-Learning project. We also explored students' perceptions of anticipated and achieved gains before and after the curriculum, as well as community feedback on the Service-Learning component.</p> <p>Results: Qualitative data analyses showed the most predominant response themes from the "gains" question included 1) understanding cancer better, 2) decreasing fear, 3) wanting to make healthy behavioral changes, 4) gaining skills to talk with family and friends about cancer. Overall, pre- and post-survey responses demonstrated that students did gain what they had hoped to gain at the beginning of the curriculum.</p> <p>Conclusion: Study results also support the feasibility of integrating cancer education, leveraging a Service-Learning requirement, and the potential for such programs to impact friend/family communications related to cancer.</p>
SUBMITTER:	O'Connell, Kathleen
TOPIC AREA:	Cancer Research/Education

TITLE:	System of Health and Wellness for Teachers and Teens (SWIFTT): Coalition Between Milwaukee Public Schools (MPS), Marquette, UW-Whitewater, and MCW to support K-12 Health and Physical Education Teachers
AUTHORS:	Abbey Stoltenburg, MA, MCW-Milwaukee; Leslie Ruffalo, PhD, MS, MCW-Milwaukee
ABSTRACT:	<p>Background: Health, physical education, and wellness (HPEW) teaching staff are key to student well-being though efforts to retain them need improvement. Programs informing teachers about students' trauma may improve self-reported distress, compassion, and student-teacher relationships to mediate teacher burnout. Online stress reduction training can improve mood disorder symptoms suggesting online platforms may improve teacher wellbeing. The SWIFTT program developed by community partners and MCW aims to provide resources to support HPEW staff and student wellbeing.</p> <p>Objectives: 1) Explore HPEW teacher satisfaction of SWIFTT model and resources; 2) Share findings with MPS educational leaders to revise platform for broader dissemination to all HPEW teachers.</p> <p>Methods: MPS HPEW teacher participants were recruited via email in Summer 2023 and completed a 4-hour review of SWIFTT resources, initial survey, and a 30-45-minute Zoom interview. Interview transcripts were open coded by two researchers to create interim code books. Thematic analysis identified general themes related to improving SWIFTT.</p> <p>Results: Four HPEW teachers were interviewed and surveyed. 75% liked the SWIFTT website and podcasts. 50% liked, 25% strongly liked, and 25% neither disliked nor liked SWIFTT website resources. Participants desired improved website navigation, and wanted additional well-being supports for teachers, and plan to use SWIFTT resources for PD, self-care, and future classroom applications. Teachers thought wellness impacted how they interacted with others and apply trauma-informed education in their interactions with students. Teachers were aware of factors leading to burnout.</p> <p>Conclusion: Overall, HPEW teachers appreciated the SWIFTT platform and plan to apply SWIFTT resources in the upcoming school year. Areas of improvement related to website navigation and additional wellness supports. In the future, we will interview more participants, develop a teacher resiliency and wellness evaluation strategy, and map it to Kirkpatrick's four levels of program evaluation. We will also incorporate teacher suggestions to future SWIFTT resources and improvements.</p>
SUBMITTER:	Stoltenburg, Abbey
TOPIC AREA:	Health Education

TITLE:	Deficiency of b-Arrestin2 Exacerbates Neuronal Activity in Response to Angiotensin II in the Subfornical Organ (SFO)
AUTHORS:	Eden E. Tan, Brookfield Central High School; Natalia M. Mathieu, MCW-Graduate School; Curt D. Sigmund, PhD, MCW-Milwaukee
ABSTRACT:	<p>The brain renin-angiotensin system (RAS) is known for its regulation of the cardiovascular metabolic system. Angiotensin II (Ang II) is the primary product of the RAS, which exerts its effects through the angiotensin type 1 receptor (AT1R). Chronic Ang II signaling can be a causative and detrimental factor of hypertension. b-arrestins are known adaptor proteins that terminate Ang II. We hypothesized that activation of b-arrestin in the brain counterbalances the detrimental effects of the canonical pathway during hypertension. We employed global b-arrestin1 and b-arrestin2 knockout (KO) mice and evaluated blood pressure in response to angiotensin infusion into the brain. We found that only b-arrestin2 KO mice showed an exaggerated pressor response. Further, we evaluated which brain regions were involved and found higher neuronal activation in the subfornical organ - an important region involved in blood pressure regulation. These studies recapitulate the benefits of activating b-arrestin within the brain and set a foundation to develop new targets into novel therapies for hypertension.</p>
SUBMITTER:	Tan, Eden
TOPIC AREA:	Child or Adolescent Population

TITLE:	Brain Doctors: Evaluating a Mental Health Initiative for Elementary School Students
AUTHORS:	Parnika Telagi, BS, MCW-Milwaukee; Jessica Liu, BS, MCW-Milwaukee; Bryan Johnston, MD, MCW-Milwaukee
ABSTRACT:	<p>Overview: Brain Doctors is a community project developed to enhance third-graders' understanding of mental health, emotion recognition in themselves and others, conflict resolution, and community wellness. We developed and implemented an interactive curriculum at two Milwaukee elementary schools.</p> <p>Objective: Our goals for this program were developed alongside our community partners. We want students to learn to express their feelings and employ healthy coping mechanisms through discussion and interactive examples.</p> <p>Methods: We designed and implemented two interactive one-hour sessions at each school. The first session focuses on identifying emotions and mindfulness. The second focuses on empathy and community wellness. We used pre- and post-session assessments consisting of eight multiple-choice questions. We also collected satisfaction surveys at the end of each session. All data collected was anonymous.</p> <p>Results: Overall correct responses for the pre-session assessment were 89.33% and 90.70% for the post-session assessment. There was no significant difference between pre- and post-session responses. The majority of students answered "YES! Absolutely" during the satisfaction surveys for the following questions: Did you have fun? Did you like how much you were able to talk? Did you like the activities you did? Will you share what you learned with your family and friends? When asked if they were bored during this lesson majority of students answered "No, not at all".</p> <p>Conclusion: There was no significant difference between the overall correct responses between pre- and post-session assessments. There was a significant increase in facts about emotions and a significant decrease in identifying emotions. Although most areas did not show significant gains, and some even showed drop-offs, it is encouraging that some significant gains were seen and that students indicated enthusiasm for this program. This pilot study reinforced our hope that elementary students and medical students are well-positioned to engage in emotional wellness education in this manner.</p>
SUBMITTER:	Telagi, Parnika
TOPIC AREA:	Child or Adolescent Population

TITLE:	Location, Location, Location? Impact of Geographic Proximity on Emergency Department Utilization for Non-Emergent Visits
AUTHORS:	Parnika Telagi, BS, MCW-Milwaukee; Praval Telagi, BS, University of Illinois at Urbana-Champaign, Computer Science; Kevin McGurk, MD, Froedtert Hospital
ABSTRACT:	<p>Overview: Social determinants of health, including transportation, impact healthcare access and can affect emergency department (ED) use for non-emergent needs. Residents from communities in Milwaukee County with a higher social vulnerability index (SVI), meaning more socioeconomic vulnerability, have longer drives to urgent care centers (UC) and shorter public transits to EDs. The association between SVI, transportation times, and ED utilization is unknown.</p> <p>Objective: Our study aims to characterize relationships between transportation times, socioeconomic status, and ED utilization for non-emergent visits in Milwaukee County.</p> <p>Methods: Data from the Milwaukee Health Care Partnership was used to calculate the percentage of non-emergent ED visits from 2019-2020. Non-emergent visits were defined by the validated NYU-EDA classification system. A Google Maps application programming interface was used to compute commute times. SVI data was used from the Center for Disease Control and Prevention. RStudio was used to statistically measure correlations between SVI, commute times, and ED utilization.</p> <p>Results: 52.28% of ED visits in Milwaukee County from 2019-2020 were non-emergent. Shorter commutes via public transit were associated with increased ED utilization for non-emergent issues. Proximity to EDs and UCs was otherwise not meaningfully correlated with ED use. There was a significant positive correlation (0.85) between SVI and the percentage of non-emergent ED visits, indicating that ED utilization for non-emergent complaints is higher in more socially vulnerable communities.</p> <p>Conclusion: UCs aid in healthcare delivery for non-emergent medical concerns but are less accessible to those from more vulnerable areas in Milwaukee County. While public transit access was associated with increased ED utilization, no significant relationship was identified between UC proximity and ED use for minor illnesses and injuries. SVI was strongly associated with ED use for non-emergent visits. Our findings suggest that non-emergent ED utilization is primarily a function of socioeconomic vulnerability rather than location or transportation times.</p>
SUBMITTER:	Telagi, Parnika
TOPIC AREA:	Social Determinants of Health

TITLE:	Ubuntu Ethics as a Tool for Catholic Charities Refugee Integration in Wisconsin, United States
AUTHORS:	Ifeoluwapo A. Tolorunju, MSP, University of Wisconsin-Milwaukee; Claire M. Reuning, MA, Catholic Charities - Refugee and Immigration Service
ABSTRACT:	<p>The concept of Ubuntu helps groups stick together on issues critical to any community's survival, but it has generated debate about its applicability. In this presentation, we examine how the Ubuntu ethics can help refugees and receiving-community members in Wisconsin, USA, adjust to their new lives as neighbors. This study adopts qualitative methods, including interviews conducted with field notes, to understand how the resettlement of refugees from Asia and Africa and their American counterparts can benefit from Ubuntu. Refugees bring valuable experiences to the receiving community, but limited English language proficiency and formal education are barriers that hinder their perception as positive contributors. While American society is often characterized as individualistic, it is worth noting that the country's emphasis on the dignity of the human person aligns with the principles of Ubuntu. Part of its findings indicate that adopting an Ubuntu framework for refugees can counteract the perceived social or cultural risk that refugees may pose to Americans who lack personal experience interacting with them. The study demonstrates that implementing the Ubuntu framework within the community can yield numerous benefits, fostering social cohesion, cultural understanding, and overall community growth.</p>
SUBMITTER:	Tolorunju, Ifeoluwapo
TOPIC AREA:	Social Determinants of Health

TITLE:	Building Bridges through Community Engagement: Developing Family Medicine Residents as Community Health Educators
AUTHORS:	Catherine Tronccone, PsyD, MCW-Milwaukee; Rebecca Lundh, MD; Bryan Johnston, MD, MCW-Milwaukee; David Songco, PsyD, MCW-Milwaukee
ABSTRACT:	<p>Background: Teaching family medicine (FM) residents to lead community health education groups enables reaching a larger number of patients, meeting patients where they are, and supporting communal sharing of experience/best practice. These skills are not intuitive. Teaching residents to facilitate these groups enables better patient education, improves patient outcomes, and enhances professional development. Previously, FM residents from an MCW family medicine residency have facilitated health education groups at Meta House, a nonprofit organization that supports women during recovery from substance use disorder, as a community medicine experience.</p> <p>Objective: Meta House leaders expressed a need for consistent facilitation of their patients' health education group by health professionals and FM residency faculty identified this as an opportunity for FM residents to develop skills in community health education with structured curricula.</p> <p>Method: FM residencies partnered with a community organization to develop programming to meet their mutual needs. Curricular and implementation structure was created for FM residents to support their facilitation of the health education groups, including enrichment in group facilitation, community health education, and community engagement skills. Stakeholders provided feedback about the experience through surveys, reflection forms, informal methods and group discussion.</p> <p>Results: Key components for successful community engaged curriculum implementation include stakeholder engagement, needs assessment, and continuous feedback mechanisms. Techniques for enhancing patient care via patient-centered communication include active listening, empathy, and collaboration.</p> <p>Conclusion: FM physicians must be effective and empathetic communicators in varied circumstances. This program ties community-based health education to proficient patient-centered communication skill development. This approach enables a more holistic view of patient experiences while fostering stronger ties with the community.</p>
SUBMITTER:	Lundh, Rebecca
TOPIC AREA:	Health Education

TITLE:	Harps of Comfort: Virtual Music Sessions for Critically Ill Patients
AUTHORS:	Hannah Ulatowski, MCW-Milwaukee; Jennifer Popies, APNP, Froedtert Hospital; Katherine Rembalski, APNP, Froedtert Hospital; Jennifer Cichon Mackinnon, MD, Froedtert Hospital
ABSTRACT:	<p>Patients suffering from severe COVID-19 often face a challenging array of symptoms including anxiety, dyspnea, and loneliness. Effective management of these symptoms requires a multimodal approach, combining both pharmaceutical and non-pharmaceutical interventions. In March of 2020, Dr. Jennifer Mackinnon recognized the need for such a service within the COVID-19 patient population. She reached out to a fellow music-thanatologist saying, "I am a harpist and doctor. I want to see how we can bring music into the ICUs." The primary objective was to create a novel pathway for delivering virtual music sessions, aimed at alleviating symptoms in COVID-19 patients. By September 2020, harpists were available on-call from Monday to Friday, between 12:00 PM and 5:00 PM, to provide music sessions for patients with COVID-19 on ECMO in one ICU. In the fall of 2021, the program expanded to include additional ICUs and cater to various critically ill patient populations. Quantitative data of bedside RN and Harpist perception of patient benefit was obtained through an optional anonymous survey. Nurses reported notable improvements in various aspects, including reduced restlessness, decreased anxiety, improved respiratory distress, and a decrease in tachycardia/ectopy as observed on patient monitors. The delivery of live music sessions via mobile devices appears to be a promising approach to address the challenge of reaching critically ill, and at times, isolated patients. This modality holds the potential to enhance the patient experience by mitigating anxiety, dyspnea, and loneliness. Furthermore, it brings comfort to the concerned family members of these patients.</p>
SUBMITTER:	Ulatowski, Hannah
TOPIC AREA:	Health Care Access/Quality

TITLE:	The Effectiveness of Housing Interventions on Reducing Inpatient Admissions, Length of Stay, and Costs for Patients Experiencing Homelessness: A Systematic Review
AUTHORS:	Parsia Vazirnia, BS, MCW-Milwaukee; Shivani Kumar, BS, MCW-Milwaukee; Ajiel Basmayor, BS, MCW-Milwaukee; Amarpreet Mahil, BS, MCW-Milwaukee; Melina Chavarria, BS, MCW-Milwaukee; Sophie M. Voss, BS, MCW-Milwaukee; Sanjay Bhandari, MD, Froedtert Hospital; Joni Williams, MD, MCW-Milwaukee; Greg Stadter, MPH, Milwaukee Health Care Partnership
ABSTRACT:	<p>Background: The Milwaukee Health Care Partnership's Housing is Health (HIH) program has navigated over 250 individuals and families into permanent supportive housing since 2019, but the program's effect on subsequent hospital utilization and cost is not well understood.</p> <p>Objective: The purpose of this study was to assess if housing navigation programs related to inpatient or emergency room discharges reduced hospital readmissions, length of stay, and administrative costs for patients experiencing homelessness as defined by HUD (Housing and Urban Development).</p> <p>Methods: A systematic review of the literature was done according to the PRISMA 2020 guidelines. Standardized search terms were inputted into 4 different databases: PubMed, Ovid, Web of Science, and SIREN. The researchers included studies from 2010 and later given alignment with the 2009 HEARTH Act, which allocated significant federal resources for housing navigation programs. Inclusion criteria included adults 18 years or older, inpatient and emergency room settings, studies looking at housing interventions, studies reporting quantitative data, and original studies. Exclusion criteria included families (versus individuals), studies not in English, outside of the United States, not published in an academic journal, before 2010, and studies not compliant with other inclusion criteria.</p> <p>Results: 482 articles were yielded across all 4 databases. However, only 25 articles met our inclusion and exclusion criteria. Eighteen articles, or 72%, showed significant reductions in hospital readmissions due to housing interventions. Five articles, or 20%, showed significant reductions in length of inpatient stays. Twelve articles, or 48%, showed significant reduction in hospital administrative costs for patients experiencing homelessness.</p> <p>Conclusion: Housing intervention programs can have an impact on hospital re-admissions, length of stay, and administrative costs for patients experiencing homelessness. These results will help the HIH program show the value of its work and will also directly inform future strategies for improving health outcomes in patients experiencing homelessness.</p>
SUBMITTER:	Vazirnia, Parsia
TOPIC AREA:	Social Determinants of Health

TITLE:	Coping Alone: The Roles of Social Support And Racial Discrimination On Drug And Alcohol Abuse
AUTHORS:	Kaylen T. Vine, MS, Marquette University; Carissa Tomas, PhD, MCW-Milwaukee; Sydney Timmer-Murillo, PhD, MCW-Milwaukee; Lucas Torres, PhD, Marquette University; Jessica Krukowski, MS, Marquette University; Starkita Purdle, University of Wisconsin-Milwaukee; Jordan Janusiak, BS, MCW-Milwaukee; Jennifer Harris, MA, Social Development Commission; Fahimeh Mohebbi, MS, MCW-Graduate School; Amir Masoud Forati, MS, MCW-Graduate School
ABSTRACT:	<p>Racism and discrimination are harmful to the physical and mental health of Black Americans. When lacking the social support to cope in healthy ways, some individuals may turn to less helpful coping strategies, like substance use, to manage through the pain of these harmful experiences. In Milwaukee - one of the most segregated metropolitan areas in the U.S. - this may be especially true. The researchers investigate in the current study if social support may buffer against the negative impacts of racism that can contribute to increased substance use. Data collection for this study is still ongoing; however, at the time this was written, 200 Black Americans living in Milwaukee County and also seeking services at the Social Development Commission, a community action agency, were asked to complete a series of questionnaires. These questionnaires included questions about discrimination (Perceived Ethnic Discrimination Questionnaire), social support (MOS Social Support Scale), drug abuse (Drug Abuse Screening Test-10), and alcohol use (Alcohol Use Disorders Identification Test-10). Moderation analyses were conducted, controlling for sex, education, age, and income. Our initial findings suggest discriminatory experiences are associated with more alcohol use, and for those with lower social support, more drug abuse. At the time of the presentation, an update of our findings will be provided with posed considerations for what this may mean for our community. However, from the findings thus far, researchers, community members, and policymakers should consider avenues for mitigating the adverse impacts of racial discrimination by bolstering social support through increased community connectedness. That may be through community engagement initiatives, investing in inclusive practices, constructing housing environments that promote community connectedness, maintain public spaces, normalize social connectedness, or other community-led solutions.</p>
SUBMITTER:	Vine, Kaylen
TOPIC AREA:	Diversity, Equity & Inclusion

TITLE:	Determining Factors that Facilitate vs. Hinder Access and Participation in Treatment for Patients with a Substance Use Disorder and Areas for Community Engagement Influence
AUTHORS:	Alexa M. Weber, MCW-Milwaukee; David Nelson, PhD, MS, MCW-Milwaukee
ABSTRACT:	<p>Medication-assisted treatment (MAT) is an evidence-based treatment option for patients with a substance use disorder (SUD) that utilizes medications to reduce withdrawal and cravings or to block the effects of a substance. Many patients with addiction also face other difficulties like trauma, poverty, or housing insecurity, which can create challenges to patients seeking treatment. This study explored things that help vs. hinder patient access to and participation in treatment for their SUD, ways physicians can use community engagement to support more positive outcomes, and how to gauge the success of a treatment program, all through the lens of the Socio-Ecological Model, which considers the interplay between individual, relationship, community, and societal factors. The data set included 21 primary interviews and 30 secondary interviews. The most mentioned barriers to treatment included drug use among social circles, past negative healthcare experiences, and lack of transportation or housing, while the most noted facilitators included intrinsic motivation for recovery, a non-punitive, harm reduction-focused physician, and the use of MAT such as suboxone, sublocade, or vivitrol. Interviewees listed various ways physicians can exert influence through community engagement, though the most common involved educating people at each level of a population about addiction, harm reduction, and treatment options in hopes of increasing empathy and reducing the stigma surrounding SUD. Regarding metrics for success in an SUD treatment program, the most common response was that success is defined by the patient and their goals. While these interviews were conducted with individuals from diverse personal and professional groups who have different experiences when it comes to addiction, their responses were incredibly similar, indicating that these barriers and facilitators are commonly seen and experienced. This topic remains an area for further investigation, where results can be implemented into a treatment program to determine the outcomes.</p>
SUBMITTER:	Weber, Alexa
TOPIC AREA:	Social Determinants of Health

TITLE:	Physician Perspective on Drug Addiction
AUTHORS:	Zoe Weller, MCW-Green Bay; Alexa Bonneville, MCW-Green Bay
ABSTRACT:	<p>Background: Drug addiction is a devastating problem worldwide, as there is no simple solution. Data from the CDC indicate that there were an estimated 100,306 drug overdose deaths in the United States last year, an increase of 28.5% from the previous year. Physicians play a crucial role in the treatment of addiction at all stages, from screening for and having conversations about substance use to actively treating and utilizing community resources for patient referrals.</p> <p>Methods: Primary Care and Emergency Medicine physicians received an awareness video made with Jackie Nitschke Center along with a pre and post-video survey. Additionally, alumni of Jackie Nitschke Center were surveyed to identify discrepancies in care and potential action areas.</p> <p>Results: Two statements had statistically significant differences from the pre video to post video survey. "Hearing the stories of those who experienced an active addiction helps me empathize with them" had a change from 73% to 88% of physicians surveyed agreeing to this statement ($p=0.0071$, $\alpha = 0.05$). Additionally, "I feel comfortable talking about drugs and alcohol with my patients" had a change from 78% to 70% of physicians surveyed agreeing to this statement ($p = 0.0073$, $\alpha = 0.05$).</p> <p>Conclusions: This study demonstrated that sharing the stories of those who have faced addiction is effective in increasing physician empathy and demonstrated an area for improvement in physician education and the possibility for a future partnership with local resources such as Jackie Nitschke Center in the future.</p>
SUBMITTER:	Weller, Zoe
TOPIC AREA:	Behavioral Health

TITLE:	Assessing the Impact of Housing Insecurity and Threat of Eviction on Health
AUTHORS:	Jonathan Wong, MCW-Milwaukee; Alexis Goss, MD, ProHealth Care; Camdin Gray, MD, MCW-Milwaukee; Michael Mazzone, MD, Waukesha Family Medicine Residency at ProHealth Care; Andrew Labott, MCW-Milwaukee; David Nelson, PhD, MS, MCW-Milwaukee
ABSTRACT:	<p>Background: Living under the threat of homelessness produces significant health challenges. We investigated how the threat of eviction affects a person's life and health and what role physicians play in securing safe, stable, and affordable housing.</p> <p>Purpose: To ascertain what the perceived impact housing security has on health and how primary care physicians can help those at risk for eviction.</p> <p>Methods: This study used interviews with patients selected from multiple primary-care clinics in Wisconsin. Patients were selected based on a 5-question screening protocol developed by the researchers based on the literature. Patients were interviewed using a semi-structured qualitative interview format. Responses were recorded, transcribed verbatim, and analyzed for theme emergence.</p> <p>Results: We interviewed 6 total participants thus far with more planned for the future. Major themes that emerged were 1) suboptimal living conditions contributing to poorer physical health, 2) issues with landlords causing increased psychological stress, 3) putting up with suboptimal housing to be closer to resources, 4) unstable relationships with the surrounding environment increasing psychological stress and physical safety, 5) psychological stress of living with risk of eviction and unstable housing, 6) importance of housing as a "home," 7) importance of social support, and 8) uncertainty regarding physicians/healthcare's role in securing housing stability.</p> <p>Conclusions: Safe, stable, and affordable housing profoundly impacts people's lives and health. There is a clear positive impact on psychological and physical health. More interviews are required to determine this benefit further. Identifying participants' beliefs regarding how unstable housing affects their health and how they feel physicians could support them will allow us to develop strategies for healthcare facilities to implement to secure these resources for patients.</p>
SUBMITTER:	Wong, Jonathan
TOPIC AREA:	Social Determinants of Health

TITLE:	Collaborative Work Groups - Authentic Community Collaboration to Reduce Wisconsin's Breast and Lung Cancer Disparities
AUTHORS:	Staci Young, PhD, MCW-Milwaukee; David Frazer, MPH, University of Wisconsin-Center for Urban Population Health; Tim Meister, MA, MCW-Milwaukee; Tobi Cawthra, MPH, MCW-Milwaukee; Laura Pinsoneault, PhD, Evaluation Plus; Felicia Fairfield, Wisconsin Women's Health Foundation; Claire Piehowski, MPH, Wisconsin Women's Health Foundation; Jada Proctor, YWCA Southeast Wisconsin; Kailey Taebel, MPH, YWCA Southeast Wisconsin; Melinda Stolley, PhD, MCW-Milwaukee
ABSTRACT:	<p>Authentic community collaboration creates space for a deeper understanding between researchers and community partners and is critical to solving cancer disparities. Collaborative Work Groups (CWG) brings researchers and community partners in collaboration to address breast and lung cancer disparities statewide using a transdisciplinary approach to understand cancer disparities and create solutions. CWGs are engaged in several Wisconsin communities working to uncover the complex factors that drive breast and lung cancer disparities. Guided by a human-centered design process, the groups are defining the local scope of the problem, integrating diverse perspectives into root cause analyses, and designing solutions that will target the disparities. As part of data gathering to inform community level priorities, three CWGs collaborated to host a World Café event, a methodology for facilitating a large group dialogue, focused on breast cancer disparities. The CWGs invited community members, breast cancer survivors, health care providers, health professionals, and advocacy organizations from three different counties to attend. 80 attendees gathered at small tables centered around various topics including mammography access and process, social factors, co-morbidities, screening, insurance, and treatment to discuss and record ideas. Following three rounds, a representative of each table reported the findings to the entire group. A graphic recorder captured the discussion, table notes were preserved, and attendees provided feedback on the meeting. Open coding validated the graphic recorder. Results of the World Café provided CWGs with data on community priorities. A World Café event is an effective methodology for collecting robust data on solutions for multi-county efforts. CWGs can contribute to eliminating cancer disparities in communities through a human centered design process that integrates diverse sectors with knowledge of biology, behavior, and the socio-cultural and physical environments, and creates an equitable voice for all participants to contribute to designing viable solutions.</p>
SUBMITTER:	Meister, Tim
TOPIC AREA:	Cancer Research/Evaluation

TITLE:	Mental Health Outreach in Urban Faith-Based Communities: Are They Working?
AUTHORS:	Hasanat O. Yusuf, BS, MCW-Milwaukee; Matthew Jandrisevits, PhD, MCW-Milwaukee
ABSTRACT:	<p>The consequences of mental illnesses may be long lasting in racial/ethnic minority groups who mainly live in urban areas. These communities face barriers to receiving mental healthcare and often turn to their faith-based communities for support. It is unclear if mental health outreach efforts in these communities address religious people's unique perceptions and needs and/or fail to improve mental health access for them. The hypothesis is if these programs address urban faith-based communities' perceptions of mental illness and their mental health needs, then members of urban congregations will be more receptive to these programs and find them helpful in improving mental health at their congregation. Surveys were distributed to congregations in Milwaukee which asked congregants their thoughts on mental illness and mental health outreach programs. Results show that most participants view mental illness as being comparable to physical illness and not the result of religious/spiritual failings. Most participants are willing to seek mental health care if they needed it, but their top three barriers to receiving it are: the high cost of mental health care, the lack of culturally competent providers, and the lack of spiritual/religious based providers. Participants who chose these barriers found the following strategies to be helpful: offer presentations on coping skills, anxiety, depression, suicide, traumatic events, and substance use, assist families who are helping family and friends living with a mental illness, and offer classes to reduce stress through meditation or prayer. It is advisable that congregations provide and promote these strategies to help address these barriers.</p>
SUBMITTER:	Yusuf, Hasanat
TOPIC AREA:	Behavioral Health

TITLE:	Assessing the Impact of a Clinical Continuity Track (CCT) Program for Patients with Chronic Conditions at the Saturday Clinic for the Uninsured
AUTHORS:	Maie Zagloul, MCW-Milwaukee; Buruj Mohammed, MCW-Milwaukee; Baila Khan, MCW-Milwaukee; Staci Young, PhD, MCW-Milwaukee
ABSTRACT:	<p>The Clinical Continuity Track (CCT) at the Saturday Clinic for the Uninsured (SCU) is a specialized program that aims to provide individualized, patient-centered care to those diagnosed with chronic conditions. The program matches a student doctor with an individual patient to act as an advocate and provide continuity; the patient sees this student doctor for routine follow-up visits and monthly check-ins between appointments. The CCT program distinguishes itself from the typical workings of SCU, where patients are seen by a different care team at every appointment. This project aims to assess the impact of the CCT program. We hypothesize that patients enrolled in the CCT program would have improved health outcomes and satisfaction due to its patient-centric and longitudinal nature. We identified nationally accepted standards of care for managing and monitoring the following chronic conditions: diabetes, hypertension, hyperlipidemia, chronic kidney disease, and coronary artery disease. A retrospective chart review of CCT patients was performed; health data was collected pre- and post-enrollment. As an example, for patients with diabetes, we examined frequency of testing and values for HbA1c, lipid panel, and urine microalbumin, referrals for a dilated eye exam, and blood pressure screenings. This data will be analyzed to assess whether patients received care that meets national standards and whether there was a change in target outcomes pre- and post-enrollment. A patient satisfaction survey was also created and will be conducted to assess the patient experience. We anticipate that enrolling patients with chronic conditions into the CCT program will yield chronic disease monitoring that is more consistent with national standards and improved target outcomes. We also anticipate that patients will be more satisfied with their clinic experience. We expect the results of this study will inform changes to clinic procedures clinic procedures and the CCT program to improve patient care.</p>
SUBMITTER:	Zagloul, Maie
TOPIC AREA:	Patient Care/Patient Education

Meet Our Faculty & Staff



Staci Young, PhD
*Sr. Associate Dean
for Community Engagement*



Rebecca Bernstein, MD
*Associate Professor
Family & Community Medicine*



Kristine Burke, MPH, MSW
*Program Coordinator III
Office of Community Engagement*



Yesica Desarden
*Program Coordinator II
Office of Community Engagement*



Zeno Franco, PhD
*Associate Professor
Family & Community Medicine*



Kelsey Heindel
*Program Coordinator III
Office of Community Engagement*



Ayo Idowu, MBA
*Business Operations Coordinator
Office of Community Engagement*



Jai Lor
*Administrative Associate
Office of Community Engagement*



David Nelson, PhD, MS
*Professor
Family & Community Medicine*



Sarah O'Connor, MS
*Program Director
Office of Community Engagement*

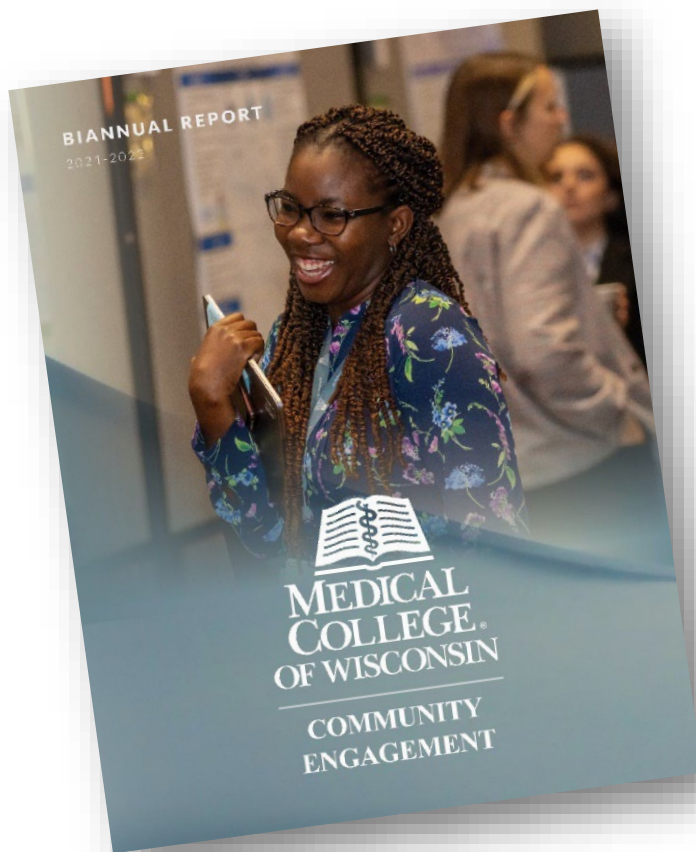
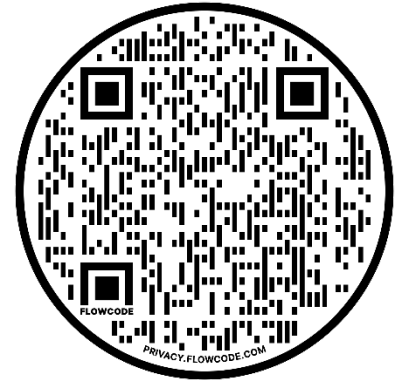


Leslie Ruffalo, PhD, MS
*Associate Professor
Family & Community Medicine*

View the MCW Office of Community Engagement's 2021-2022 Biannual Report

Visit: <https://bit.ly/3FJBL3s>

Or scan the QR code to view our biannual report.



Definitions That Guide Our Work

Anti-Racist Institution is an institution that has committed to identifying and changing its role in the systemic accumulation of disadvantages for one group(s) to the advantage of another group(s), based on persisting racist beliefs, with a sustained focus on racism that impacts Black Indigenous People of Color (BIPOC).¹

Black Indigenous People of Color (BIPOC) is a phrase used to identify people who are Black, Latinx, Asian, and Indigenous peoples (see the definition for People of Color [POC]). “Two letters, for Black and Indigenous, were included in the acronym to account for the erasure of Black people with darker skin and Native American people,” according to Cynthia Frisby, a professor of strategic communication at the University of Missouri School of Journalism.² Its use is still evolving and contested by some activists.¹

Collaboration is a “process by which groups come together, establishing a formal commitment to work together to achieve common goals and objectives” through joint ownership of the work, risks, results, and rewards.³

Community is “a group of individuals organized into a unit or manifesting some unifying trait or common interest. Community need not be defined solely by geography. It can refer to a group that self-identifies by age, ethnicity, gender, sexual orientation, special interest, faith, life experience, disability, illness, or health condition; it can refer to a common interest or cause, a sense of identification or shared emotional connection, shared values or norms, mutual influence, common interest, or commitment to meeting a shared need.”⁴

Community-Academic Partnership is “partnership that leverages the strengths of both community and academic partners to answer community health problems.”⁵

Community Based Participatory Research (CBPR) is a “collaborative approach to research that equitably involves, for example, community members, organizational representatives, and researchers in all aspects of the research process.”⁶ “CBPR begins with a research topic of importance to the community with the aim of combining knowledge and action for social change to improve community health and eliminate health disparities.”⁷

Community Capacity Building is “an increase in community groups’ abilities to define, assess, analyze, and act on health or any other concerns of importance to their members.”⁸

Community-Engaged Dissemination is “a way to distribute and integrate research evidence and evidence-based practice within communities and service systems.”⁹

Community-Engaged Research (CErR) is “a process of inclusive participation that supports mutual respect of values, strategies, and actions for authentic partnership of people affiliated with or self-identified by geographic proximity, special interest, or similar situations to address issues affecting the well-being of the community or focus. . . . [It] is a core element of any research effort involving communities which requires academic members to become part of the community and community members to become part of the research team, thereby creating a unique working and learning environment before, during, and after the research.”¹⁰

Community Engagement is “collaboration between institutions of higher education and their larger communities (local, regional, state, national, global) for mutually beneficial exchange of knowledge and resources in a context of partnership and reciprocity.”¹¹

Community Outreach is “the ways faculty, staff, and students collaborate with external groups in mutually beneficial partnerships that are grounded in scholarship and consistent with [the] role and mission” of their professional appointment.¹²

Community Service is co-curricular or extracurricular service that is done apart from or in addition to academic or professional duties.¹³

Culture is the shared attitudes, values, beliefs, practices, goals, aesthetic standards, linguistic expression, patterns of thinking, behavioral norms and styles of communication which a group of people has developed to assure its survival in a particular environment and characterize a group.¹

Cultural Competence is the capacity to function effectively with various cultures and successfully navigate a multicultural, global society. On an organizational level, it assumes the capacity to creatively utilize a diverse workforce for meeting business goals, achieving the mission, and enhancing performance.¹

Cultural Humility is the “ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the person.” Cultural humility is different from other culturally based training ideals because it focuses on self-humility rather than achieving a state of knowledge or awareness.¹

Equality is about ensuring that every individual has an equal opportunity to make the most of their lives and talents.¹

Equity is the assurance of conditions for optimal access and opportunity for all people, with particular focus on promoting policies, practices, and cultural messages that eliminate differential negative outcomes for people from historically subordinated groups.¹

Health is broadly defined as a “state of complete physical, mental, and social well-being, and not merely the absence of disease.”¹⁴ It is “a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities.”¹⁵

Health Disparities refer to “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”¹⁶

Health Equity means that “everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. . . . For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups.”¹⁷

Human-Centered Design is “a problem-solving technique that puts real people at the center of the development process, enabling you to create products and services that resonate and are tailored to your audience’s needs.” Community-centered design set the stage for shared governance and people-focused design consideration.¹⁸

Inclusion (Organizational Inclusion) is the co-creation and continual nurturing of a culture in which all people experience respect, belonging, access to opportunity, and influence through the integration of many cultural backgrounds, ideas, perspectives, and approaches to the work. An inclusive culture can produce learning, innovation, excellence, and mutual benefit throughout the missions of MCW and the communities we serve.¹

People of Color (POC) is a phrase used to identify people who are Black, Latinx, Asian, and Indigenous peoples— not to be confused with “colored” (a pejorative because of its historical context); the phrase now frequently is used instead of “minority.”^{1,19}

Population Health is “the health outcomes of a group of individuals, including the distribution of such outcomes within the group.”²⁰

Pronouns are words that “refer to either the people talking (‘I’ or ‘you’) or someone or something that is being talked about (like ‘she’, ‘it’, ‘them’, and ‘this’). Gender pronouns (he/she/they/ze etc.) specifically refer to the person you are referring to.” “Asking and correctly using someone’s pronouns is one of the most basic ways to show your respect for their gender identity.”²¹

Public Health has the mission of “fulfilling society's interest in assuring conditions in which people can be healthy.”²² “Public health promotes and protects the health of people and the communities where they live, learn, work, and play.”²¹ “Public health works to track disease outbreaks, prevent injuries, and shed light on why some of us are more likely to suffer from poor health than others.”²³

Racial Equity is having full participation and access to the benefits and institutions of society free from discrimination for all people. These include health care, education, safe and affordable neighborhoods, sustainable employment, and the right to vote.¹

Racial Inequity is “when two or more racial groups are not standing on approximately equal footing.”²⁴

Racism is “a marriage of racist policies and racist ideas that produces and normalizes racial inequities.”²⁴

Racist Ideas are “ideas that suggest one racial group is inferior or superior to another racial group in any way.”²⁴

Racist Policies are “measures that produce or sustain racial inequity between racial groups.”²⁴

Social Determinants of Health are “the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, and political systems.”²⁵

Social Justice is “the view that everyone deserves equal rights and opportunities—this includes the right to good health.”²² Elimination of oppression and the “isms” to create a full and equal participation of all groups in a society where the distribution of resources is equitable and all members are physically and emotionally safe and secure.¹

Translational Science is “the field of investigation focused on understanding the scientific and operational principles underlying each step of the translational process.”^{26,27}

Translational Science Spectrum is a continuum of “activities where critical insights are passed between research modalities so that biomedical discoveries can lead to tangible improvements in human health.” Basic science discoveries are “translated” to generate clinical insights which then are developed to inform implications for clinical practice which then lead to implications for population health. Levels of the spectrum are often identified by “T-levels”²⁸ which correspond to the following:

- T0—Basic Scientific Discovery
- T1—Translation to Humans
- T2—Translation to Patients
- T3—Translation to Practice
- T4—Translation to Population Health
- T5—Improved Global Health

REFERENCES

1. Medical College of Wisconsin. MCW anti-racism, equity, diversity, and inclusion glossary. <https://www.mcw.edu/departments/office-of-diversity-and-inclusion/resources/anti-racism-equity-diversity-and-inclusion-glossary>
2. Garcia SE. Where did BIPOC come from? *The New York Times*. July 17, 2020. <https://www.nytimes.com/article/what-is-bipoc.html>
3. National Association of County and City Health Officials. Pulling together: a guide to building collaboration at hazardous waste sites. 2008. <https://www.naccho.org/programs/environmental-health/hazards/pulling-together>
4. CDC/ATSDR Committee on Community Engagement. *Principles of Community Engagement*. Centers for Disease Control and Prevention; 1997.
5. Ahmed SM, Maurana C, Nelson D, Meister T, Young SN, Lucey P. Opening the black box: conceptualizing community engagement from 109 community-academic partnership programs. *Prog Community Health Partnersh*. 2016;10(1):51-61.
6. Israel BA, Schulz AJ, Parker EA, Becker AB. Review of community-based research: assessing partnership approaches to improve public health. *Annu Rev Public Health*. 1998;19(1):173-202.
7. W. K. Kellogg Foundation. An effective approach to understanding communities. 2009. <https://www.wkcf.org/news-and-media/article/2009/01/an-effective-approach-to-understanding-communities>
8. Labonte R, Laverack G. Capacity building in health promotion, Part 1: for whom? and for what purpose? *Crit Public Health*. 2001;11(2):111-127.
9. Holt CL, Chambers DA. Opportunities and challenges in conducting community-engaged dissemination/implementation research. *Transl Behav Med*. 2017;7(3):389-392.
10. Ahmed SM, Palermo AG. Community engagement in research: frameworks for education and peer review. *Am J Public Health*. 2010;100(8):1380-1387.
11. Carnegie Foundation for the Advancement of Teaching, American Council on Education. The elective classification for community engagement. Accessed June 26, 2022. <https://carnegieelectiveclassifications.org/the-2024-elective-classification-for-community-engagement/>
12. University of Colorado Office for Outreach and Engagement. Outreach and engagement definition. 2010. <https://outreach.colorado.edu/about/definition>
13. Eastern Illinois University. Info for EIU faculty/staff. https://www.eiu.edu/volunteer/faculty_staff.php
14. World Health Organization. Constitution of WHO Principles. 1948. <https://www.who.int/about/governance/constitution>
15. World Health Organization. The 1st International Conference on Health Promotion. 1986. <https://www.who.int/teams/health-promotion/enhanced-wellbeing/first-global-conference>
16. U.S. Department of Health and Human Services. Health equity in healthy people 2030. <https://health.gov/healthypeople/priority-areas/health-equity-healthy-people-2030>
17. Braveman P, Arkin E, Orleans T, Proctor D, Plough A. *What Is Health Equity? And What Difference Does a Definition Make?* Robert Wood Johnson Foundation; 2017.
18. Landry L. What is human-centered design? *Harvard Business School Business Insights* blog. 2020. <https://online.hbs.edu/blog/post/what-is-human-centered-design>
19. Malesky K. The journey from “colored” to “minorities” to “people of color.” *Code Switch*. National Public Radio. March 30, 2014. <https://www.npr.org/sections/codeswitch/2014/03/30/295931070/thejourney-from-colored-to-minorities-to-people-of-color>
20. Kindig D, Stoddart G. What is population health? *Am J Public Health*. 2003;93(3):380-383.
21. University of Wisconsin-Milwaukee. Gender pronouns. <https://uwm.edu/lgbtrc/support/gender-pronouns/>
22. Walker B Jr. The Future of Public Health: The Institute of Medicine's 1988 Report. *J Public Health Policy*. 1989;10(1):19-31.
23. American Public Health Association. What is public health? <https://www.apha.org/what-is-public-health>
24. Kendi IX. *How to Be an Antiracist*. One World; 2019.
25. World Health Organization. *A Conceptual Framework for Action on the Social Determinants of Health*. July 2010. <https://www.who.int/publications/i/item/9789241500852>
26. U.S. Department of Health and Human Services. *Creating Partnerships, Improving Health: The Role of Community-Based Participatory Research*. Agency for Healthcare Research and Quality; 2003.
27. National Center for Advancing Translational Sciences. Transforming translational science. 2019. <https://ncats.nih.gov/files/translation-factsheet.pdf>
28. Harvard Catalyst. Clinical and translational research spectrum. <https://catalyst.harvard.edu/pathfinder/>

Stay Connected!

Visit <https://www.mcw.edu/departments/community-engagement>, email us at communityengagement@mcw.edu, or scan the QR code with your cell phone camera to stay up-to-date on upcoming events and programs.



Thank you to all presenters and attendees for joining us for the 2023 Community Engagement Poster Session! For an electronic version of this abstract catalog, please go to <https://www.mcw.edu/departments/community-engagement/mcw-engage/community-engagement-poster-session>