Efficacy of equine-assisted therapy on stress reduction

Marissa Davis

INTRODUCTION

Incorporating horseback riding into various forms of therapy has gained popularity across the country and strives to aid people with special needs. The physical benefits have been demonstrated with studies reporting improvement in dynamic balance and gait in patients recovering from strokes and those with multiple sclerosis (Han et al. 2012), (Muñoz-Lasa et al. 2011). Objective information is needed regarding the emotional benefits of these programs.

Exceptional Equestrians (EE) is a facility in De Pere, Wisconsin where professionals provide equine-assisted therapy to children with cognitive and physical disabilities. EE agreed to partner in hopes of gaining insight into the emotional benefits of these programs.

PURPOSE

Objectively measure the impact of equine-assisted therapy on stress reduction and mood states in children with disabilities while promoting inclusion of those with special needs in the field of research.

METHODS

Faculty-selected participants completed surveys assessing emotions before and after equine-assisted therapy on three separate occasions. Their 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 (POMS) Questionnaire and included visual aids to accommodate the participants (Figure 1). Selection criteria included intellectual ability to express emotions and age between 7-18 years.

RESULTS

Figure 2. Participant self-reported impact of equine-assisted therapy on mood states. The participant's average response for pre- and post-therapy were analyzed with a one-tailed, paired t-test. n=15. t critical: 1.76. p=0.05.

Table 1. Participant self-reported average percent change of mood states. t critical one-tailed: 1.76. p=0.05

<table>
<thead>
<tr>
<th>Mood State</th>
<th>Average Change (%)</th>
<th>t stat</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calm</td>
<td>14.7%</td>
<td>3.24</td>
<td>0.00296</td>
</tr>
<tr>
<td>Relaxed</td>
<td>20.3%</td>
<td>3.73</td>
<td>0.00112</td>
</tr>
<tr>
<td>Content</td>
<td>5.28%</td>
<td>1.52</td>
<td>0.0748</td>
</tr>
<tr>
<td>Worried</td>
<td>-5.00%</td>
<td>1.790</td>
<td>0.0476</td>
</tr>
<tr>
<td>Tense</td>
<td>-8.33%</td>
<td>2.65</td>
<td>0.00959</td>
</tr>
<tr>
<td>Upset</td>
<td>-3.06%</td>
<td>1.75</td>
<td>0.0511</td>
</tr>
</tbody>
</table>

Table 2. Guardian-reported average percent change of mood states of participants. t critical one-tailed: 1.76. p=0.05

<table>
<thead>
<tr>
<th>Mood State</th>
<th>Average Change (%)</th>
<th>t stat</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calm</td>
<td>13.6%</td>
<td>2.98</td>
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<tr>
<td>Relaxed</td>
<td>18.3%</td>
<td>4.40</td>
<td>0.000300</td>
</tr>
<tr>
<td>Content</td>
<td>11.9%</td>
<td>3.90</td>
<td>0.00808</td>
</tr>
<tr>
<td>Worried</td>
<td>-7.78%</td>
<td>2.61</td>
<td>0.0104</td>
</tr>
<tr>
<td>Tense</td>
<td>-10.8%</td>
<td>3.19</td>
<td>0.00328</td>
</tr>
<tr>
<td>Upset</td>
<td>-3.06%</td>
<td>1.85</td>
<td>0.0426</td>
</tr>
</tbody>
</table>

CONCLUSIONS

There was a statistically significant difference between all pre- and post- equine-assisted therapy mood states except participant-reported "content" and "upset." All the guardian-reported mood states were statistically significant, demonstrating visible improvement in the participant's mood and stress level. Limitations to this study include small sample size (n=15) and the variable cognitive ability of the participants to understand the wording of the standardized survey.

Participant-reported calmness and relaxation improved by 14.7% and 20.3%, respectively (Table 1). Similarly, guardian-reported perception of participant's relaxation and calmness improved by 13.6% and 18.3%, respectively (Table 2).

REFERENCES


INTRODUCTION
Drug addiction is a devastating problem worldwide, as there is no simple solution. Data from the CDC’s National Center for Health Statistics 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 those battling an active addiction as the alcohol and substance abuse screening questions can be crucial in detecting the early stages of an addiction or an active addiction.

PURPOSE
As future physicians, the goal of our study is to identify and address gaps in medical management of substance use to better serve our future patients.

METHODS
Primary Care and Emergency Medicine physicians received an awareness video made with the Jackie Nitschke Center along with a pre and post video survey. Materials were sent via email. Qualtrics was used to create surveys and collect data. Partners at Bellin Health provided the lists of subjects. Additionally, alumni of the Jackie Nitschke Center were surveyed to identify discrepancies in care and potential action areas.

REFERENCES

CONCLUSIONS
- All participants surveyed believe that addiction to drugs or alcohol is a chronic health condition.
- Nearly all of the alumni surveyed reported that addiction had some impact on their physical and mental health, which is where the role of the physician is especially important.
- Sharing the stories of those who have faced drug and alcohol addiction is effective in increasing physician empathy which is the first step towards improving health care for those facing and in recovery from drug and alcohol addiction (p = 0.0071, α = 0.05).
- Our study found that physicians felt less comfortable talking about drugs and alcohol with patients after viewing the awareness video (p = 0.0073, α = 0.05). Hearing directly from those in recovery could have made physician participants realize they may need some development of this skill. This could demonstrate an area of improvement for physician education and the possibility for a partnership with local resources such as Jackie Nitschke Center in the future.

RESULTS
* indicates statistically significant change from pre to post survey
Housing Instability and Related Stressors of People Living With HIV/AIDS in Indiana

Reilly Coombs, MS¹, Valerie Reist, BS², Leeah Hopper, MPH²
¹Medical College of Wisconsin-Central Wisconsin, Wausau, WI
²Health Plus Indiana, South Bend, IN

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.

Housing Instability/Homelessness in People Living With HIV/AIDS (PLWHA) Is Associated With:
- Delayed & Poorer Access to Medical Care
- Decreased likelihood of receiving optimal antiretroviral therapy
- Poorer adherence to therapy
- Lower CD4 Counts
- Higher HIV Viral Loads

HIV Facts
- In 2021, an estimated 1.2 million people had HIV.
- Men accounted for the majority of (25,900, 81%) of estimated HIV infections in 2021.
- Gay, bisexual, and other men who reported male-to-male sexual contact accounted for the highest percentage of estimated HIV infections in 2021 (32,100, 66%).
- Racial and ethnic minorities continue to be more adversely affected accounting for the majority of new HIV cases in 2021 (22,300, 81%).
- Stable housing is associated with viral suppression and lower rates of HIV transmission.
- When a person living with HIV is on effective treatment, it lowers the level of HIV in the blood (viral load). When the viral load is undetectable, it is not able to be transmitted to another individual.

Undetectable=Untransmittable

Methods
A survey was designed by research staff and given to all clts of Health Plus Indiana. Responses were analyzed.

Objective
This study aimed to understand the housing stability of our clients (clts) and assess their stress related to housing.

Results
- 19 individuals were included in this study
- Median age of 50.5 years (range, 26-65 years old)
- 9 (47%) identified as White, 8 (42%) identified as Black/African American, 1 (5%) identified as Multiracial, 1 (5%) identified as Hispanic
- 2 (10%) clts said they currently do not have a steady place to live
- 5 (26%) clts said they currently have a place to live but were worried about losing it in the future
- 8 (42%) clts stated they are worried that in the next two months they may not have a place to live
- 3 (16%) clts said there was violence or conflict in the place they stayed the night prior to filling out the survey
- 4 (21%) clts said their health or safety was at risk at the place they were staying and 2 of them said they did not have any other place to go
- 4 (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

Conclusion + Impact
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, ability to pay utilities, rent, and purchase food.

Interventions to Improve the Health of Unhoused/Marginally-Housed PLWHA and Decrease Viral Loads

Acknowledgements
A sincere thank you to Valerie Reist, Leeah Hopper, and all staff of Health Plus Indiana for their continued advocacy, leadership, and alliance to the PLWA in Indiana and beyond.

References
Students Understanding Principles of Research Education through Medicine, Engineering, and Science (SUPREMES)
Dušanka Djorić, PhD,1,2 Denise Perea, BSc. Ed.,1 and Jim Hokanson, PhD1

1Joint Department of Biomedical Engineering, Medical College of Wisconsin and Marquette, Milwaukee, WI, 2Department of Microbiology and Immunology, Medical College of Wisconsin, Milwaukee, WI

Program Data

**Academic year**

<table>
<thead>
<tr>
<th>Academic year</th>
<th>Number of applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014-2015</td>
<td>20</td>
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<tr>
<td>2015-2016</td>
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<tr>
<td>2020-2021</td>
<td>25</td>
</tr>
<tr>
<td>2021-2022</td>
<td>30</td>
</tr>
</tbody>
</table>

**Number of high schools represented**

- Number of local high schools represented was determined based on accepted students for each academic year. (V) SUPREMES program was placed on pause for the 2020-2021 academic year; students were not admitted into the program and the number of represented institutions is drawn from the complete applicant pool. (P) The 2021-2022 academic year experienced Covid-19 restrictions and only 13 students could be admitted into the program. MPS, Milwaukee Public Schools.

**Gender identity distribution of students participating in the SUPREMES program**

Fig 4. Distribution of accepted students was assessed across 7 academic years. (,) The 2020-2021 academic year experienced Covid-19 restrictions and only 13 students could be admitted into the program. (*) The 2021-2022 academic year experienced Covid-19 restrictions and only 13 students could be admitted into the program.

**Academic year**

<table>
<thead>
<tr>
<th>Academic year</th>
<th>Number of students</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014-2015</td>
<td>20</td>
</tr>
<tr>
<td>2015-2016</td>
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<tr>
<td>2016-2017</td>
<td>26</td>
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<td>2017-2018</td>
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<td>2018-2019</td>
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<td>2019-2020</td>
<td>30</td>
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<tr>
<td>2020-2021</td>
<td>25</td>
</tr>
<tr>
<td>2021-2022</td>
<td>30</td>
</tr>
</tbody>
</table>

**Future Directions and Goals**

- Actively recruit students from diverse high schools
- Improve advertising materials and communication with area high schools
- Provide application support (i.e., assistance with application, personal statement)
- Engage with local high schools through seminars and luncheons to further encourage STEM careers

**Program Benefits**

- Benefit to student:
  - Active participant on a scientific research team
  - Increased scientific literacy through advanced training in research, manuscript writing, and presentation of findings
  - Networking opportunity (recommendation letters for college)
  - Exposure to additional career opportunities

- Benefit to preceptor:
  - Highly motivated and trained research team member
  - No cost
  - Potential for scientific publications
  - Outreach opportunity to cultivate our future researchers

**Acknowledgements**

Current support for SUPREMES has been provided by the Joint Department of Biomedical Engineering MCW and Marquette and Children’s Research Institute at the Medical College of Wisconsin. Study data were collected and managed using REDCap electronic data capture tools hosted at the Medical College of Wisconsin and REDCap project supported by Clinical and Translational Science Institute grant support (UL1TR001442).
Inclusive Play: Toys For All – Impact and Outcomes of Adaptive Toy Use in Therapy

Andrew Donahoe, Molly Erickson, Vladimir Bjelic, and Gerald F. Harris

Program Overview
The Inclusive Play: Toys For All is a collaboration between Penfield Children's Center (Penfield) and the Orthopaedic & Rehabilitation Engineering Center at Marquette University (OREC (MU, MCW)) that produces free switch-adapted toys to the greater Milwaukee area. Off-the-shelf toys are modified to use therapy switches to replace the activation methods of some toy features. The toys are then used in therapy for children with developmental impairments so they can play and communicate independently while growing stronger cognitive connections with their environment.

Each toy's wiring creates a distinctive behavior which will affect how the toy functions relating to input:
- Single press
- Sustained press
- Combination of both

Method
- To assess the program's outcomes, limitations, and impacts, interviews were conducted with 5 professionals who have worked with inclusive play toys. They were asked questions about their experiences, session goals, toy effectiveness, and how they use different toy behaviors.
- Their backgrounds include:
  - 2 Physical Therapists
  - 1 Speech Language Pathologist
  - 1 Special Education Teacher
  - 1 Occupational Therapist
- Experience using adapted toys as a therapy tool ranged from 30+ years to 6 months, with their first experience being the Inclusive Play toys. In total, those interviewed see a range of 18-25 patients a week and use the toys 1-4 times a week for each patient.

The professions were asked questions in these 4 categories:
- Background (work & toy experience)
- Therapy goals (what is achieved by using toys)
- How toys are used (functionality & goals)
- Reflection (limitation & future toy suggestions)

Results

What Were Your Main Goals with Inclusive Play?
- Add New Motivation Tools
- Increased Toy Variety

What Expectations Do You Have When Using Toys?
- Displaying More Engagement
- Meeting Developmental Milestones
- Increased Social Interaction

How are Adaptive Toys Used in Therapy?
- Motivational Tools
- Building Strength/Range of Motion
- Building Communication and Interaction
- Cause and effect training

How Does a Child's Attitude Change With a Toy Present?
- Excitement
- Increased Attention

Common responses when asked:
1. Which toy was most popular: 4/5 answered it varies with every child.
2. How they used the different toy behaviors during therapy: 3/5 answered the bubble machine and fan give valuable sensory feedback especially for children with blindness.
3. What they would want to see in the future: 3/5 answered functional toys like the drink dispenser allow for more interaction within family.

Adaptive Toys in Therapy
Speech, Physical, and Occupation therapy offer tailored interactions with children based on individual abilities, demanding a broad range of unique toys. The availability of a variety of toys increases the likelihood of productive therapy sessions that account for a child's interest and ability level.

- Toy success is measured by engagement and interaction.
- Toys are used as motivation and a vehicle for therapy.

What Should Future Toys Address?
- Wider Age Range
- More Toy Variety
- More Functional Tools

Next Steps
The professionals interviewed expressed a need for more diversity in future adapted toys. They explained it is important that there are toys to choose from that fit a range of situations, so there are always options that will work for each child. Emphasis on toy variety for different interests and abilities was mentioned over 15 times in the 5 interviews.

Additionally, the professionals mentioned catering to the interests of older children and developing toys with “real life” functionality, such as the drink dispenser and fan.

The professionals specifically listed the following categories as areas they would like to see expanded:
- Remote control toys
- Electric toothbrushes
- Kitchen equipment
- Outdoor toys

Acknowledgments
Inclusive Play: Toys For All would like to thank all the professionals featured in the interviews. We would also like to thank the donors for their generous contributions to this program, especially Kohl’s Building Blocks for their extra support in providing free adaptive toys to children who need them.
Mental Health Outreach in Urban Faith-based Communities: Are They Working?

Tobi Yusuf, BS, Matthew Jandrisevits, Phd
Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin, Milwaukee WI

Results (n = 115)

- Most participants view mental illness as being comparable to physical illness and not the result of religious/spiritual failings. Not all participants were aware of mental health outreach programs held at their congregation. Lastly, it is advisable that congregations provide and promote these mental health promotion strategies to help address barriers that may prevent their members from seeking mental health care.

Discussion

- Most participants view mental illness as being comparable to physical illness and not the result of religious/spiritual failings. Not all participants were aware of mental health outreach programs held at their congregation. Lastly, it is advisable that congregations provide and promote these mental health promotion strategies to help address barriers that may prevent their members from seeking mental health care.

Background

The consequences of mental illnesses may be longer lasting in racial/ethnic minority groups (1) who mainly reside in urban areas. These communities face barriers to receiving mental healthcare (2) 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.

Hypothesis

If mental health outreach 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.

Methods

Surveys were distributed to several religious congregations in Milwaukee which asked questions about congregant's demographics, personal and perceived congregational beliefs about mental illness, willingness to seek mental health care, barriers to mental health care, exposure to mental health outreach programs, and thoughts on how helpful outreach programs were or would be at their congregation.

Survey inboxes:
- Milwaukee Zen Center
- Krishna Temple
- ISM
- All People's Gathering
- Evolve Church
- Islamic Center of Milwaukee

Acknowledgements

This research was funded by the SAMS/MSSRP fellowship at the Kern Institute. We would also like to thank the following congregations for allowing us to distribute our survey: Milwaukee Ken Center, Krishna Temple, St. Marks Episcopal Church, All People’s Gathering, Evolve Church, and the Islamic Center of Milwaukee.

References

Milwaukee Succeeds is committed to elevating youth voice and empowering youth who are directly impacted by issues in our education system to be active decision-makers when it comes to identifying solutions. As we work with partners, we discovered the need to assess where organizations are when it comes to youth-adult equity.

Much like climbing a ladder, this conceptual framework represents a series of ascending rungs, each signifying a distinct level of youth engagement, influence, and partnership. At its core, this assessment tool seeks to empower organizations, schools, and community programs to introspectively evaluate the extent to which they genuinely include and respect the voices of young individuals. It provides a vital feedback mechanism, allowing these entities to measure their progress and identify areas where they excel and, equally importantly, where improvements are needed. In doing so, Milwaukee Succeeds aims to foster a future where youth are not mere spectators in their own lives but active, empowered participants in shaping their present and future.

The "Youth-Adult Equity Ladder Assessment" aims to help organizations:
1. Evaluate their current status on the Youth-Adult Equity Ladder, gauging youth engagement and influence.
2. Identify strengths, weaknesses, and areas for growth in youth-adult partnerships.
3. Advance equity initiatives by fostering a culture of continuous improvement and youth empowerment within organizations.

Using Ray Hart’s original research around Youth Adult Equity, the High School Success Data Workgroup developed a brief assessment to help organizations measure where they were on the ladder. We suggested that participants complete the assessment as a group/team, instead of individually, and give enough time for discussion. While we weren’t ready to assess organizations as to their exact rung, participants received a score (out of 40 points) that helped them judge their progress, along with reflection questions to guide discussion.

With a goal of 10, 19 organizations completed the assessment. 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.

• Using the feedback we received from our partners, we’ve modified the assessment to be more clear and concise.
• We’re developing a handbook to help organizations as to how they can improve youth adult equity.
• “Badging” participating organizations on our website!
Adverse Childhood Experiences (ACE) are defined as experiencing or witnessing violence, abuse, neglect, and other adverse events through childhood. To foster more meaningful relationships, mentor styles were compared based on if mentees felt they had a someone who they could talk to.

The goal of the mentoring program is to create a positive relationship through the COVID pandemic, mentoring styles at EEA have varied from in-person, virtual, and hybrid. To foster more meaningful relationships, mentor styles were compared based on if mentees felt they had a someone who they could talk to.

Introduction

Purpose

- Adverse Childhood Experiences (ACE) are defined as experiencing or witnessing violence, abuse, neglect, and other adverse events through childhood.
- As a child's ACE score increases, school performance declines and long term health outcomes worsen.
- To mitigate effects of ACEs, a near-peer mentoring program for K-12 students with elevated ACEs at Enrich Excel Achieve Learning Academy (EEA) in Wausau, WI.
- The goal of the mentoring program is to create a positive relationship.
- Through the COVID pandemic, mentoring styles at EEA have varied from in-person, virtual, and hybrid.

Methods

- Medical students were matched with a student from EEA to mentor monthly for 1 year.
- Meetings were at least 30 minutes.
- ‘21-‘22 school year meetings were optional, in-person or online due to the COVID pandemic. Meetings were coordinated between the mentor and mentee via email.
- ‘22-‘23 school year meeting were mandatory in person, and were scheduled at the same time for all mentor/mentee relationships.
- For all meetings, mentors were provided a Leader in Me activity guide to foster interactions between the students.
- Goal of establishing a positive relationship.
- Mentees surveyed at beginning and end of school year focusing on their support system and comfort seeking help.

Results

Conclusions

- The mentoring initiative has been successful in fostering positive relationships in students with high ACE scores.
- Increase of 20% of mentees who received in-person scheduled mentoring felt they had someone to talk to compared to optional in-person mentoring.
- In-person mentoring more effectively develops relationships.
- With increased school engagement, we hope future complications of high ACE scores can be mitigated.
- The mentoring program will continue for the upcoming school year and focus on continuing in-person meetings, and striving to create a more impactful mentoring program.

Limitations

- The mentoring program has shown efficacy, but data is strictly qualitative.
- Future studies can be strengthened by evaluating quantitative characteristics such as attendance, grades, and health pre- and post-mentoring.
- Data is only representative of children at EEA in the mentoring program.
- Future studies can be strengthened by assessing the same characteristics with:
  - students in EEA not being mentored.
  - students that are not going to EEA but within the same school district participating in mentor programs.

Sources


Special Thanks

A Special Thanks to Medical College of Wisconsin - Central Wisconsin campus and the Enrich, Excel, Achieve Learning Academy, as well as Dr. Jeff Fritz, Dr. Shannon Young for their work on the EEA-MCW mentoring program.
Phase 1 Evaluation of the Community Component of 414LIFE – Milwaukee's Community Gun Violence Prevention and Intervention Program

Amber Brandolino, MS, Kaylin M. B. Campbell, MA, & Leilani Lopez-Blasini, MS, Carissa W Tomas, PhD, Stephen Hopkins, Cornelius Hall, Jessica Butler, Lynn Lewis, & Constance Kostelac, PhD
Comprehensive Injury Center & 414LIFE, Medical College of Wisconsin, Milwaukee, WI

Background

414LIFE is Milwaukee’s community- and hospital-based, violence intervention program adapted from Cure Violence and HVIP

Priority neighborhoods:
Garden Homes (Jan 2022 end)
Historic Mitchell Street (March 2022 end)
Old North Milwaukee & Walker’s Point (current)

Methods

Program inputs, activities, & mediation data collected since program start in October 2018 through December 2022 from:
• Cure Violence Global database
• Focus groups, interviews
• Program records

Results

1. Detect potentially violent events and interrupt them to prevent violence through trained credible messengers.
   a) 257 total mediations in which most were completely or conditionally resolved (70.4%)
   b) Staffing ranged from 11-13 roles since program start
2. Provide ongoing behavior change and support to the highest-risk individuals through trained credible messengers.
   a) Most participants were Black males aged 26.3 years (average)
3. Change community norms that allow, encourage, and exacerbate violence in chronically violent neighborhoods to healthy norms that reject the use of violence.
   a) 110 community activities, of which 66.4% were in priority neighborhoods (e.g., public education, providing resources, building community partnerships)

Conclusion

414LIFE was well implemented as a Cure Violence adaptation.

a) Full support from dedicated data & evaluation team. Monthly reports on case load, success stories, mediations, community activities, city incidents. Annual full-program evaluation process.
Determining Factors that Facilitate vs. Hinder Access and Participation in Treatment for Patients with a Substance Use Disorder and Areas for Community Engagement Influence

Alexa Weber, BS and David Nelson, PhD
Department of Family and Community Medicine

Background

- Medications for substance use disorder (MSUD) uses medications like suboxone, buprenorphine, and methadone to reduce withdrawal and craving symptoms or to block the effects of a substance.
- Many patients with a substance use disorder (SUD) face other comorbidities such as untreated mental health diagnoses, trauma, poverty, or housing insecurity.
- These challenges create barriers to seeking treatment, like lack of transportation, fear of stigmatization, or time constraints.
- Implementing MSUD services into a primary care setting, such as a Family Medicine Clinic, attempts to minimize the number of appointments a patient makes and the number of providers they see, potentially resulting in greater engagement in treatment.

Specific Aims

1. Determine barriers and facilitators to SUD treatment at the following levels of population: patient, family, physician, care setting, health system, community, society, and globe.
2. Identify how physicians can use community engagement to maximize facilitators and minimize barriers.
3. Express how to measure treatment plan or program success.

Methods

- Conducted one-time primary interviews with healthcare workers in addiction medicine (11), social workers who support individuals with an SUD (3), community organizations that serve individuals with an SUD (3), and patients in recovery for their SUD (6)
- Transcribed primary interviews to a notepad for patient comfortability and ease of conversation then transferred to computer
- Interpreted results from secondary audio recordings
- Transferred to computer
- Patient interviews (30)
- Coded responses

Results

Barriers (n=51)
- Lack of transportation (26)
- Lack of housing (27)
- Low prevalence of treatment providers (25)
- Surrounded by drug use in social circles (24)
- Past healthcare trauma (24)
- Poverty lack of employment (24)
- History of trauma/violence/other life stressors (24)
- Poor insurance coverage (20)
- Lack of insurance (18)
- Punitive/abstinence-based physician (17)
- Co-occurring mental health concerns (17)
- Lack of family/social support (15)
- Neurobiology of addiction (15)
- Societal stigma surrounding SUD (15)
- Clinic in inaccessible location (14)
- Stigma in care setting (14)
- Daily dosing of methadone clinic (14)
- Fear of treatment (14)
- Use of incarceration for drug offenses (13)
- Decreases in living (12)
- COVID (12)

Successes (n=15)
- Patient retention (7)
- Patient achieving their goals for treatment (7)
- Increased functionality in patient’s life (6)
- Established patient-provider trust (5)
- Patient still alive (3)
- Less harmful drug use (4)

Facilitators (n=51)
- Non-punitive/harm reduction-focused physician (25)
- Longitudinal relationship with provider (23)
- Use of medications for treatment (20)
- Social supports on-site (17)
- Positive patient-provider relationship (16)
- Treatment in a primary care clinic (16)
- Peer support specialists (16)
- Family support for treatment (15)
- Word-of-mouth referral (15)
- Change in environment/social circle (15)
- Welcoming clinic environment (14)
- Flexible scheduling (13)
- Community Engagement (n=21)
- Educate other providers (12)
- Partner with community organizations (12)
- Improve medical school SUD education (10)
- Educate care team and front desk staff (10)
- Establish better continuity of care (10)
- Educate community members (10)
- Provide resources (8)
- Advocate with treatment programs to all patients (8)
- Bring MSUD to the community (8)
- Advocate for harm reduction-focused policy (8)
- Advertise treatment services (7)
- Educate family members (6)
- Assess all patients for SUD risk (6)
- Educate patients (6)

Discussion

- The most barriers to access and engagement in treatment were found at the community level, but so were the most facilitators.
- For the barriers listed at the physician level, most professionals noted the lack of physicians providing MSUD, while most patients described a negative experience with a physician.
- Among the listed facilitators to SUD treatment, many described the impact a positive patient-physician relationship can have on treatment outcomes.
- The most common response to how to use community engagement involved educating those around us to reduce stigma and shift blame away from the patient.
- There was no one overwhelming metric for the success of a program, though most described the goals of a patient-centered treatment plan.

Recommendations

- Future studies should differentiate barriers vs. facilitators between professionals and patients to identify if there is a discrepancy.
- All patients in this study were being seen for MSUD in primary care clinics, future studies would benefit from interviewing patients receiving treatment within inpatient settings or methadone clinics as well.

Acknowledgements

Thank you to MCW’s Department of Family and Community Medicine for funding this project. Thank you to Dr. Nelson for all his incredible support and guidance along the way. Thank you to each of the wonderful professionals who took the time to chat with me as well as connect me to other individuals and resources. Thank you to every patient interviewed who was generous enough to open up and share their story with me.

References

"It Takes a Village": Reflections from participants after a Hispanic community-based health promotion program
Bethany Korom, Meghan Malloy, Caroline Remmers, Elizabeth Welsch & David Nelson
Medical College of Wisconsin, Milwaukee, WI, USA

Introduction

- Physical activity among Hispanic and other minority adolescents in the U.S. lag White, non-Hispanic adolescents.
- Culturally informed, community-based health programs have a beneficial impact on physical activity levels.
- There is a need for longer term follow up to determine the impact on family and individual habits over time.
- UCC: United Community Center. A long-standing organization supporting Hispanic youth and families on Milwaukee's south side for over 50 years, with a vision to empower the Hispanic community to achieve their fullest potential.
- FIT4YES: Families Inspired Together 4 Youth Empowered to Succeed. Community-based health promotion program introducing new activities, nutrition education sessions, and family promotion program.

Methods

- Community-based focus groups were held in Milwaukee, Wisconsin at the UCC with Hispanic parent participants of the FIT4YES program three years after program conclusion: N=16
- Semi-structured guide of open-ended questions to facilitate discussions
- Grounded theory qualitative approach was used to code the transcripts and identify overarching themes

Findings

-立即之后
-3年后

Conclusions

We propose three recommendations for the development of community-based health promotion programs:

1. Multiple components are needed for the success of a program that must be dynamic to meet the community’s needs in a culturally appropriate way.
2. The lasting strength of a program is dependent on the strength of the individual components that will differ based on the individual organization and the community in which it is based.
3. An anchor institution is vital for a longstanding effect, allowing consistency and trust within the community.

References


Study aim:
To conduct participant check-ins to explore aspects of FIT4YES that continue to influence family health habits and child development

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<th>Community</th>
<th>Organization</th>
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<td>United Community Center</td>
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Figure 1: "It's about being healthy:" Community-Based Health Promotion Model. Version 1. The creation of this novel model was based on themes that emerged from family interviews that allowed for the success of the FIT4YES program. Our model integrates the levels of the social-ecological model (SEM) with aspects of the FIT4YES program that were necessary to empower participants to engage with healthy behaviors within each level. Each of the factors included are linked to create a funnel effect down to the individual level allowing for behavior change to try new and healthy things.

Figure 2: "It takes a village:" Community-Based Health Promotion Model. Version 2. This model integrates the levels of the SEM with three overarching themes and associated sub-themes that emerged from the analysis of the focus group interviews when discussing the lasting impact of the FIT4YES program on family behaviors three years after program conclusion. Each theme is built on top of each other to build towards the highest level: Ownership of health and culture. The absence of themes within the organization level demonstrates the lack of formal programming during this time. Each level’s colors blend to demonstrate the flexibility and integration of each level with the next.
Our goal was to provide a hands-on activity to introduce students to the field of microbiology in an engaging way.

The Milwaukee Public Schools (MPS) STEM Fair is an excellent platform to reach diverse K-12 students from over 50 schools in the Milwaukee community.

The American Society of Microbiology (ASM) awarded the Community Science Grant for use towards an exhibition at the MPS STEM Fair.

### Methods

1) Attain funding from ASM
2) Design interactive activity for MPS Students
   - 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.
   - Use of the microscope was demonstrated for students, and then students were allowed to select specimens of interest and operate the microscope themselves.

3) Survey participants to determine impact of the activity
   - Demographic information was also collected to determine the reach of our impact.
   - To gauge the impact of this activity, students and their parents/teachers were surveyed on their interest in the microscope activity and microbiology.
   - Assessed interest future activities in the classroom.

### Results

> 85% of participants agreed the activity was engaging and easy to follow.

> 75% of participants belong to minority, under-represented populations.

### Conclusions & Future Directions

- This activity successfully reached a diverse population of Milwaukee area students.
- The majority of participants agreed the activity was engaging and easy to follow.
- This activity put the Medical College of Wisconsin (MCW) on the map for MPS students, specifically sparking an interest in microbiology.
- Using connections gained through this activity, future collaborations can be arranged to continue engagement with MPS students.
- Engaging with students through the MPS STEM Fair may be an effective way to grow interest in MCW programs for middle and high school students.

### Acknowledgments

We would like to thank the Department of Biomedical Engineering for hosting the exhibitor table at the Milwaukee Public School STEM Fair and sharing this space for our activity.

We would like to thank the Milwaukee Public School District for hosting the MPS STEM Fair and allowing us to showcase this activity.
A transdisciplinary team approach to understanding cancer disparities in the transgender/nonbinary population

Tobi Cawthra, 1 Michael Munson, 2 Chandler Cortina, 1 Laura Pinsoneault, 2 Andrew Petroll, 1 Melinda Stolley 1

1Medical College of Wisconsin, 2Forge, 3 Evaluation Plus

BACKGROUND
Little data is available about the impact of cancer in the transgender and nonbinary population. However, several known contributors to cancer health disparities—such as low SES and discrimination—disproportionately impact transgender and nonbinary (TNB) individuals.

To effectively address, we must engage those with diverse expertise including knowledge of biology, behavior, and the socio-cultural and physical environments.

We propose a transdisciplinary (TD) work group with diverse cultural, social and scientific contexts that engages in a collaborative process that
- facilitates openness, respect and trust, and
- bridges any gaps in understanding between community and academic partners,
- grows capacity to collaborate, and
- builds knowledge to create a social action and research agenda, including patient-centered and comparative effectiveness research to reduce TNB cancer disparities.

With the Froedtert & MCW Inclusion Health Clinic, a primary and specialty care clinic focused on the LGBTQ+ community, we are adapting our approach from previous work of the Community and Cancer Science Network (CCSN). CCSN is a transdisciplinary network focused on addressing statewide cancer disparities through authentic and sustainable collaborations between academia and community in Wisconsin.

CCSN is grounded in three principles: deep equity, systems thinking, and the integration of biology to policy perspectives.

CCSN INITIATIVE FRAMEWORK

Now in its fourth year, CCSN encompasses five projects guided and supported through the transdisciplinary framework by a leadership structure, known as the Integration Hub.

CCS Projects

The projects are:
1) Research & Community Scholars - a curriculum for biomedical researchers and community members to address mistrust and misunderstandings of disparities
2) Mammographic Quality - development of a shared measurement system to improve mammographic quality
3) Collaborative Work Groups - design and implement community-based action plans to address breast and lung cancer disparities
4) Understanding Prostate Cancer Disparities - workshop explores the potential causes and solutions for prostate cancer disparities in the state
5) Understanding Cancer Disparities in the Transgender/Nonbinary Population -

FUTURE DIRECTION
- Test tools, standardize, and create toolbox for future work
- Following development of final plan, determine partners for future collaborations, secure funding, and implement solutions.

Sources:

IMPLEMENTING OUR PRINCIPLES:

INTEGRATING BIOLOGY TO POLICY

Integration of biology to policy: Consider all factors
- Engage perspectives not on the team
- Facilitate discussions and connections between team members
- Create and revisit root causes of cancer disparities analysis
- Involve all the discussion
- Ask questions

SYSTEMS THINKING

Systems thinking: Examining patterns
- Asking why
- Consider and explore connections
- Surface and test assumptions

INNOVATE

Determining a Solution/Strategy
Team uses data produced during Incubate phase to brainstorm solutions.
Potential solutions are assessed through a strategy screen.

Aim 1: Create a TD team with diverse expertise in basic/laboratory, clinical, and population health research and the TNB community members, community-based organizations, and health clinics serving TNB populations.

TD team with diverse expertise

Stakeholder map

Host webinar, link on community partner website, outreach in newsletter and social media

Identify researchers with an interest/work on topic

Team leaders:
- 1 non-profit leader & clinician researcher
- 4 community members
- 4 health care providers
- 1 community provider, 3 from Inclusion Health Clinic
- 3 researchers

Collaboration Readiness Survey

A 12-item scale that examines an individual’s perceptions and beliefs about collaboration, adapted from the Transdisciplinary Tobacco Use Research Centers (TTURC) Initiative Researcher Survey.

Sample Collaboration Readiness Items (n=10, range = 1=7)

Optimistic project will lead to outcomes that wouldn’t have occurred without collaboration
Collaboration stimulates me to change my thinking.
I find that when I work with teams, I often take on most of the work.
I make time to give collaborations the attention they require.
Generally, I find that people I collaborate with are open to feedback.
Generally, I feel I can trust people I am collaborating with on a project.

Mean 6.8 ± 0.9
Mean 6.0 ± 0.7
Mean 5.7 ± 1.1
Mean 5.2 ± 1.1
Mean 4.7 ± 3.3
Mean 4.7 ± 3.4

INOCULATE

Host discussion sessions with community and academic audiences; share information with team

Build team cohesion through ice breakers/informal conversations during team meetings

Create feedback loops across community and academic audiences

Cultivate relationships & networks

Build capacity at multiple layers

Aim 2: Facilitate engagement across disciplines to co-learn and generate a conceptual model of cancer disparities among TNB populations and co-create a PCOR/CER agenda

INNOVATE

Determining a Solution/Strategy
Team uses data produced during Incubate phase to brainstorm solutions.
Potential solutions are assessed through a strategy screen.

Aim 3: Disseminate the team’s social action and research plan in community town halls and in clinical and academic settings.
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 also face multiple barriers to receiving mental health care and are less likely to access these services.

The aim of this study was to evaluate Marathon County's 2022 Food Insecurity and Mental Health Indices and determine their relationship.

There are areas of Marathon County experiencing food hardships and poor mental health. This study suggests there is a moderate, positive correlation between food insecurity and mental health in Marathon County.

This research will inform community partners and county stakeholders about county wide disparities. With goals to engage the community to determine solutions.

Further research can be done to better understand the specific disparities and barriers these community’s face in accessing mental health care and food.

Methods

A cross-sectional analysis was performed on fifteen zip codes in Marathon County using mental health index and food insecurity data from the Marathon County Pulse database. A Spearman's correlation coefficient (to determine if there was a relationship between the two variables) was used to analyze the correlation between the county’s food insecurity index and mental health index using SPSS software version 29.

Results

- 3 (20%) zip codes had a food insecurity index value greater than the countries 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 countries 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, Correlation Coefficient= 0.581.*

Objective

The aim of this study was to evaluate Marathon County’s 2022 Food Insecurity and Mental Health Indices and determine their relationship.

References

Analyzing Perceived Life Threat in Trauma Patients

Morgan Blaser BS, Alexis Bradt BS, Elise A Biesboer MD, Amber Brandolino MS, Yara Hamadeh, Sehr Khan MD, Kathleen Williams MD, Mary E Schroeder MD

Department of Surgery, Division of Trauma and Acute Care Surgery, Medical College of Wisconsin, Milwaukee, WI

**Background**

**Trauma Resuscitation**

- **Airway MD**
- **Respiratory Therapist**
- **Dox Right**
- **Dox Left**
- **Trauma Nurse**
- **Trauma Tech**
- **Scribe**
- **Trauma Team Leader**

- Quickly discard the patient
- Head to toe exam to evaluate the patient
- Perform lifesaving, often invasive procedures
- Often retraumatizes the patient and leads to symptoms of PTSD

**Methods**

- Survey of 193 trauma patients at Froedtert Hospital
- Surveyed on their experiences from time of injury through admission
- Assessed on level of fear for their life and if they were experiencing symptoms of PTSD

**Results**

<table>
<thead>
<tr>
<th>Number of Patients</th>
<th>% of Patients</th>
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<tbody>
<tr>
<td>Total</td>
<td>193</td>
</tr>
<tr>
<td>Men</td>
<td>117</td>
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</tbody>
</table>

**Average Age: 39**

**Race**

- White 40%
- Black 15%
- Hispanic 15%
- Asian 5%
- Other 25%

**Mechanism of Injury**

- Fall 10%
- MVC 15%
- GSW 10%
- MCC 5%
- Ped Struck 5%
- Stab 5%
- Other 25%

**Discussion**

- Perceive they are at risk of losing their life
- Perceive that their trauma will leave them with a severe injury
- Don’t realize they are okay until after surgery or admitted to hospital
- Patient’s Perceived Life Threat + Retraumatization of Trauma Resuscitations → Increased risk of developing PTSD

**Future Work**

- Implementation of an Assurance of Safety (AOS) to provide improved trauma informed care to the community
- Survey and measure patient outcomes after implementation
- Analyze provider burnout and the impact of AOS on burnout

**Results**

- Time:
  - At scene before any first responders: 23 (11.5%)
  - When EMS arrived/ambulance: 32 (16%)
  - In the emergency room: 45 (22.5%)
  - After surgery/in inpatient room: 75 (37.5%)
  - Still didn’t know they were going survive: 6 (3%)
A Patient Forward Approach to Enhancing Cancer Survivorship: Development of a Physical Activity Program Intervention to Manage Fatigue in Chronic Myeloid Leukemia (CML) Patients.

Jessica Liu B.S., Kelly Coheseysy MOT, OTR/L, Ehab Atallah, MD, Kathryn Flynn, PhD, Whitney A. Morelli, PhD

Department of Physical Medicine and Rehabilitation, Medical College of Wisconsin

Background

- Fatigue is a frequently reported sequelae of Tyrosine Kinase Inhibitor (TKI) therapy in CML patients. 
- According to the American College of Sports Medicine, cancer survivors should aim for a minimum of 150 minutes of moderate intensity aerobic activity each week.
- Despite data illustrating successful fatigue mediation through physical activity (PA), only 8% of cancer survivors meet physical activity guidelines.
- Therefore, our objective is to better understand the specific needs and preferences of CML patients and their barriers to PA for the creation of a personalized and tailored physical activity program intervention to manage fatigue.

Methods

- Patients were recruited through CML advocacy websites, FH-MCW CRDW, and Facebook.
- Eligible participants completed surveys that evaluated their barriers to PA and preferences for a PA program through multiple choice and open-ended questions.
- Participants wore an ActiGraph activity monitor to measure baseline physical activity and answered fatigue symptom prompts using an ecological momentary assessment (EMA) smartphone app over a 7-day period.
- Descriptive statistics are reported to indicate patients’ program preferences, physical activity levels, and fatigue.
- Open ended survey questions were evaluated using a thematic content analysis approach.

Results

**Theme 1: Symptoms Inhibit PA**

- Fatigue
- Pain
- Muscle Aches

**Theme 2: CML Patients Perceive a Lack of Time**

- Work
- Caregiver Responsibilities

**Theme 3: CML Patients Experience Mental Barriers to PA**

- Physical ability insecurities
- Fear of Injury

**Theme 4: CML Patients Require Social Support**

- Communication with other CML patients
- Family/Friends to exercise with

**Theme 5: CML Patients Require External Motivation/Encouragement**

- Accountability
- Goal Setting
- Positive Reinforcement
- Reminders of the impact of PA on health

Impactful Quote

"Starting my TKI was an intense experience for me. I had so many side effects that made me feel out of touch with my body. Exercising again has felt really empowering and helped me bridge the mind-body connection. It’s helped me feel like my body is my own again, and that I have the skills to cope with being chronically ill.”


Conclusions

- CML patients taking TKI's face barriers to performing physical activity.
- The needs and preferences survey illustrates the demand for a personalized approach in successful promotion of physical activity for this population.
- Further, our objective measures of physical activity and fatigue symptoms reveals highly sedentary behavior, to a level that is drastically lower than even other cancer survivor groups.
- Intervention in this population is imperative to reducing fatigue and enhancing quality of life.

Future Work

- Results from this project will be used to develop an empirically designed and tailored physical activity program for patients with CML taking TKI's to reduce fatigue, enhance survivorship, and increase quality of life.
- Future work will assess the efficacy of the resulting program and explore potential biological mechanisms of fatigue.
Perceptions of Breastfeeding in The Workplace

Heather Heyrman, M3. Emma Ellis, M3
Medical College of Wisconsin – Green Bay

Introduction

The benefits of breastfeeding, for both mom and baby, are endless. For baby, breastfeeding is the best source of nutrients, increases immunity, and helps protect against short and long-term illness. For mom, breastfeeding can increase the bond with the baby as well as decrease the risk of ovarian and breast cancer, type II diabetes, and high blood pressure.

Currently, the Fair Labor Standards Act through the U.S. Department of Labor requires “employers to provide reasonable break time for an employee to express breast milk…Employees are entitled to a place to pump at work, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public.”

Yet 60% of women stop breastfeeding sooner than they have planned. One of the leading causes for women to stop breastfeeding earlier is because of inadequate workplace policies and lack of support from their employers.

Purpose

The purpose of this study is to investigate perceptions of breastfeeding/pumping in a workplace with an established workplace policy to support breastfeeding mothers.

Methodology

A poster was distributed to each staff member at one of the Encompass Early Education and Care centers. The poster contained information regarding our study and a link and QR code to a Qualtrics survey. The first page of the survey asked a variety of demographic questions. The second page asked questions specific to the participants’ personal perceptions to breastfeeding/pumping in their workplace. These questions focused on if employees have time, a private space, and location to store breastmilk.

Results

• We originally reached out to eight area school districts to be apart of the study. Most of these school administrations failed to respond to our invitation to participate. Four school district initially agreed to participate, but ultimately decided participation was not in the best interest of their institution. Only one of these districts had additional workplace policies, beyond the federal law, to support breastfeeding employees in their handbooks we could access. This policy was added a few weeks after we had initially reached out to the district.

• A total of 18 of the 24 employees at Encompass participated in our study.

• All 18 participants were female.

• There were no actively breastfeeding/pumping employees at the time of the survey distribution.

Conclusion

Overall, the perceptions of breastfeeding/pumping at Encompass Early Education and Care center are very positive. Even though only 59% of employees reported that they knew an employee that had breastfed/pumped at their workplace and there were no actively breastfeeding/pumping employees, all the employees knew of a designated location for 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.

Future Direction

Gather data from a workplace that does not have an additional workplace policy to support breastfeeding women above the federal law to be able to compare data obtained in this study.

Acknowledgements

• The Brown County Breastfeeding Coalition and Sara Lornson RN, BSN of the DePere Health Department.

• Angela Nackers, Ashley Gumieny, and all the employees at Encompass Early Education and Care.

Resources


www.hipxchange.org/breastfeedingdatareport.htm
Suicide and COVID-19: Analyzing Suicidal Behaviors in Youth after COVID-19 Related Deaths in the Community

Karolina Kalata, M1, Sara Kohlbeck, PhD, MPH, Michelle Pickett, MD
Medical College of Wisconsin, School of Medicine

**Background**
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 and ideations need to be considered in this study.

**Hypothesis**
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.

**Methods**
Data on suicides and COVID-19 related deaths with the associated zip codes will be obtained from the public Milwaukee County Medical Examiner. Data on suicidal attempts, suicidal behaviors and suicidal ideations will be collected from the trauma registry and medical records at Froedtert Hospital and Wisconsin Children’s Hospital. The project will demonstrate a conceptual model to account for the impact of death on the individual and community level and how the impact of racial segregation and social health disparities in society can influence outcomes. Linear regression analysis will be conducted to quantify the relationships between the variables and examine an association.

**Expected Outcomes**
We expect the project to demonstrate the impact COVID-19 related deaths on youth suicidal behaviors. 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 to further investigate the education systems and resources in place during this time. Data collection and extraction is currently in progress.

**Importance**
The additional need to assess COVID-19 responses in our communities and what areas in Milwaukee were disproportionally affected will contribute to the ongoing research of the effects of Milwaukee’s history of segregation and zip code areas demonstrating the need for additional resources.

**Future Implications**
Categorizing suicidal behaviors by zip codes may reveal pandemic. Further analysis of the lack of resources and effective education in these areas. Abstracts, poster presentations and publications may result from this work which can contribute to the ongoing research around the mental health effects of the COVID-19 impact of COVID-19 on certain areas in the Milwaukee County can contribute to the city’s ongoing issue of concentrated poverty and health disparities.

**Acknowledgements**
I would like to acknowledge mentorship and support from Dr. Sara Kohlbeck, PhD, MPH.
I also want to thank the Office of Community Engagement and the Dr. Michael J. Dunn Fellowship for funding this experience.

**References**
Meeting Them Where They Are: A Community Partnership to Addressing Mental Health in Children Impacted by Trauma

Melissa Chiu¹, Krista Parran¹, Brooke Cheaton², Frances Kaczor³, Patricia Marik³, Kellie Snooks⁴
¹ Medical College of Wisconsin Affiliated Hospitals; ² Project Ujima; ³ Children’s Wisconsin; ⁴ Medical College of Wisconsin

The Problem
- Children are victims of violence in our community
- After trauma, stress and emotions can be hard to cope with
- Community partners requested information and hands-on tools to support mental health

Project Partners
Project Ujima:
- Community organization, help victims of violence throughout our community
- Services to children and adults
- Provide comfort, advocacy, and support programs during and after hospitalization

Psychology, Children’s Wisconsin:
- Experts in pediatric mental and behavioral health
- Have experience working with families who have experienced violence

Social Work, Children’s Wisconsin:
- Assist patients and families with navigating resources

Kit Contents
1. Coping strategies card deck with fidget spinner or stress ball
2. Handouts about stress responses and coping strategies for families and children
3. Handouts about mental health crisis resources in the Milwaukee area
4. Added Intimate Partner Violence resources

Reception
- 400 kits were created
- Distribution began August 2023
- 57 kits distributed to date
- Community champions for distribution
- Paired emotional management tools

Acknowledgements
The authors wish to thank Project Ujima staff, CW social workers, trauma service and Dr. Mike Levas for their collaboration on this project.

Generous funding provided by the Steigleder Grant for Community and Global Health in Pediatric Critical Care Medicine.
Period Poverty within John Muir Middle School

Paige Boruch; Erin Gruber; Amy Prunuske PhD
Medical College of Wisconsin, 8701 W Watertown Plank Rd, Milwaukee, WI 53226

Background

Period Poverty Definition
A general term used to describe the menstrual health needs a woman lacks, such as access to clean hygiene products and safe and private facilities to use the products.

Fight against Period Poverty in Other States
16 states across the US have mandated free access to menstrual products in schools and other public places.

Period Products in Schools

Period Products in Schools by State

Fight against Period Poverty at John Muir
2021 - 2022 School Year
Ambassadors of Diversity assessed the quality of pre-existing menstrual product dispensers. Findings included non-functional dispensers and expired products. There were only 2 functional dispensers in the entire school that had non-expired products.

![Example of Menstrual Products Provided](image)

2022 Ambassadors
1988 Tampon

Ambassadors of Diversity presented their findings to John Muir administration.

2022 - 2023 School Year
Ambassadors of Diversity implemented a pilot program where free menstrual supplies were offered in all female and gender-neutral restrooms. The company Aunt Flow was used.

Methods

A Qualtrics survey was sent to middle school students who identified as female. The survey aimed to assess the extent of period poverty at the school and its impact on mental health and class attendance.

Results

![Period Poverty Survey Results](image)

How old were you when you first got your period?

- 9 years old: 8.0%
- 10 years: 26.0%
- 11 years: 36.0%
- 12 years: 20.5%
- 13 years: 6.0%

When problems on your period do you have enough supplies?

- Yes: 66.0%
- No: 33.0%

Do you ever feel anxious or worried about not having period supplies when you get your period?

- Yes: 70.0%
- No: 29.0%

Have you ever missed class because you didn’t have enough period supplies?

- Yes: 33.0%
- No: 67.0%

Conclusions

Students having limited access to menstrual supplies was evident within the middle school. In addition to limited access, results showed possible mental health and class attendance implications.

The Period Poverty Pilot Program was seen as a success by the current students, staff, and several visiting students and community members.

All data collected by the Medical College of Wisconsin - Central Wisconsin and findings by the Ambassadors of Diversity was presented to all Principals within the Wausau School District. Overall, the Principals showed a strong desire to implement a similar program in additional schools. Logistical and financial planning to expand this program will occur during the 2023-2024 school year.

All findings have been shared with the United Way of Wausau. This included one presentation to current United Way employees and another presentation to other individuals affiliated with the United Way and bettering the Wausau area.

Future Directions

Continue conversations with Wausau School District throughout the 2023 – 2024 school year about implementing free period products in additional schools.

Recruit additional Medical College of Wisconsin - Central Wisconsin students to continue our work addressing Period Poverty in the Central Wisconsin area. Once new students have been recruited, advise students on how to attempt to expand the program to additional school districts.

Continue conversations with United Way about addressing Period Poverty within the Wausau and surrounding areas.

Quotes from Current John Muir Students

"I get lazy and usually forget stuff sometimes, and I have to ask people for quarters in the school bathroom when I forget"

"I think it would be a great idea to make sure we have period products in the bathroom in case of emergencies"

"I would like to see more products in the bathroom and have someone available to help you out in the bathroom if needed"

"Girls need extra supplies in the bathroom, it’s really stressful when you’re on your period and don’t have supplies, having supplies in the bathroom would be really helpful!"

Resources


OCE hosted a 3.5 day immersive experience for participants interested in community engagement. Instructors were community partners with real-world experience and MCW faculty. 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.

**Introduction**

The Office of Community Engagement (OCE) supported the Community Engaged Scholars Immersion Program, an opportunity 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 [1].

SDOH continue to be a hurdle for health in the United States [2]. However, formal civic participation opportunities that focus on SDOH are limited. The Community Engaged Scholars Immersion Program was designed to fill this gap.

**Methods**

- OCE hosted a 3.5 day immersive experience for participants interested in community engagement.
- Instructors were community partners with real-world experience and MCW faculty.
- 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.

**Results**

- 16 participants in 2022 and 23 participants in 2023.
- 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.

**Conclusion**

This study supports that an immersive educational experience influences a practitioner’s ability to understand and explore SDOH effectively.

**References**


Understanding Variation in Drug Overdose Mortality Across Diverse Communities in Milwaukee County

John Mantsch¹, Rina Ghose², Peter Brunzelle³, Constance Kostelac¹, Cassandra Laibly¹, Courtney Geiger¹, Madeline Campbell², Fahimeh Mohebbi², Amir Forati²

¹Medical College of Wisconsin, ²University of Wisconsin-Milwaukee, ³Project WisHope, ⁴City of Milwaukee Health Department

Introduction

- We first examined overdose mortality rates (overdoses that are fatal) using data available via the Milwaukee Overdose Dashboard.
- Using incident reports and mortality data from the Milwaukee Medical Examiner and Office of Emergency Management from 2016-2022, we defined overdose mortality rates across Milwaukee at the census tract level (after demographics were factored in and over 1,985 fatal and 17,476 nonfatal overdoses were factored in).
- To identify neighborhoods displaying higher mortality than predicted, we use a machine learning-based approach (Integrated Nested Laplace Approximation) to define standardized mortality ratios (SMRs) for each tract.
- Using socioeconomic and demographic data obtained from the U.S. Census Bureau’s website (census.gov).
- Geospatial and spatiotemporal Time-Space Cube analysis was implemented to examine trends in overdose mortality.

Methods

- Demographics of Communities with/without Higher or Lower Than Epidemic Risk
- Using socioeconomic and demographic data, we divided Milwaukee County into White-majority, Black-majority, and Hispanic-majority regions according to each tract.

Results

1. There are racial disparities in overdose mortality in Milwaukee County

2. Overdose mortality rates vary greatly across census tracts in Milwaukee County (2018-2021)

3. Standardized Mortality Ratios (SMRs) for Milwaukee County Census Tracts

4. Identification of overdose hotspot communities in Milwaukee County

5. Narcan availability is associated with reduced overdose deaths in White but not Black or Hispanic MKE communities

6. Relevant context provided through engagement of peer community members

Next Steps

- Dissemination to community leaders, members, and organizations. Targeted education around harm reduction.
- Development of a sustainable framework for data-guided, community-informed decision making at a neighborhood scale
- Strengthen partnerships with community organizations (e.g., the Social Development Commission) to provide support to Black and Brown Communities in Milwaukee
- Establish a robust map of resources in SE Wisconsin
- Focus on mental health
- Need for surveillance testing of drug supply
- Work with partners to increase inclusion of Black and Brown community members and people with lived experience in the health care system
- Expansion of work beyond Milwaukee County.

Support:

Foundation for Opioid Response Efforts
Community Engagement Summer Series for Students: A Program Description and Evaluation

Kristine Burke, MPH, MSW; Bryan Johnston, MD; Heidi Keeler, PhD, RN; Leslie Ruffalo, PhD, MS; Sarah O’Connor, MS; Staci Young, PhD

1Medical College of Wisconsin
2University of Nebraska Medical Center

Background
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. Understanding CE and CEnR is important to address social determinants of health (SDOH) and resulting health disparities [1]. Physicians are more likely to meet the challenges of societal issues and be more effective practitioners when they understand CE [2]. Thus, it is critical that medical education is infused with CE to understand SDOH and address health disparities.

Methods
A virtual summer series was developed and led by MCW’s OCE in collaboration with UNMC.
- Students completed a brief application indicating their interest prior to the start of the series
- Sessions were co-led by an MCW/UNMC faculty member and community partner and focused on principles of CE
- 3 sessions were offered in 2021, an additional 4th session “moving towards residency and career” was added in 2022 and 2023 based on feedback
- Participants were asked to provide feedback via online survey after each session

Results
- Since 2021, 68 students from MCW and UNMC participated in the series
- Survey 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
- Small group discussions and learning from community partners were noted as highlights of the sessions

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.

“I think when we have our medical or research ‘hats’ on, we come in with a solutions-based approach and forget that what we see as an outsider is likely different from what is actually happening in the community, and our perceived goals for the community may not line up with what they actually hope to achieve.”

“I found it helpful to learn more about the medical students projects, how they involved community engagement/partnerships, and how this will impact their residency application process and what elements they will look for in residency.”

“I thought it was very worthwhile and informative and encouraging. Maybe in the future we could create a channel or platform that connects students with mentors in community engagement!”

References
Days of Learning with Back to The Kitchen Series: Bridged Health, Medicine, and Community Engagement to Impact Health Disparities

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

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 five-year Centers for Disease Control and Prevention 1815 Diabetes and Heart Disease Prevention and Management Grant focused on education and outreach to underrepresented groups.

METHODS
Used social media to create health communication programming through:
- **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,
- **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.

OVERALL RESULTS
- Increased access to self-measured blood pressure programs and resources in community settings, with a tie to community health worker support.
- Provided nutrition education and healthy food preparation skill-building to patients at risk for prediabetes and hypertension from underserved communities of color, specifically the North and South sides of Milwaukee priority populations.
- Established new community-clinical linkage to promote and refer patients with type 2 diabetes to Diabetes Self-Management Education and Support services or the Healthy Living with Diabetes Program.

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.

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.

2,652
Average Views for BTTK Sessions
(Facebook & YouTube)

BTTK Evaluation Survey revealed the series motivated participants:
- To make changes in their 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%)
- Seek more health information (70%)

Participants of the Back to the Kitchen Series stated that they “were motivated to change their eating habits, cook more at home, and ensure they have a variety of nutrient-dense foods based on health needs.”

Podcast guests and listeners noted that “the podcast was a good use of their time and improved their thinking and behaviors.”

1,365
Podcast All-Time Plays

100+
Partners Involved (New & Established)

50+
Community Organizations Involved

Milwaukee County Organizations Promoting Prevention

MCOPP

Y-EAT RIGHT
Nutritional Consultant for Healthy Living

Funding Statement: This project was supported by funding from the Wisconsin Department of Health Services Chronic Disease Prevention Program Improving the Health of Americans Through Prevention and Management of Diabetes and Heart Disease and Stroke 5-year cooperative agreement (CDC-DP18-1815) from the Centers for Disease Control and Prevention.
A Qualitative Analysis of the Impact of Complimentary Sunscreen Dispensers with Educational Placards on Milwaukee Community Sites

Alyssa Jobe1, Jacqueline Tran1, Sophia Neman1, Sarah Emma2, Karolyn A. Wanat MD1,2
1Medical College of Wisconsin, 2Department of Dermatology

Background and Significance

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 the Medical College of Wisconsin (MCW) to address and analyze these barriers. This is an on-going program supplying complimentary sunscreen dispensers with educational signs to five community sites in Milwaukee County.

Methods

Nine complementary sunscreen dispensers (Figure 1) were installed at five community sites (Figure 2): Neighborhood House (NH), South Shore Terrace Kitchen and Beer Garden (SS), Zablocki Golf Course (ZG), Wilson Recreation Center and Pool (WP), and the Milwaukee County Zoo (ZOO).

An educational sign with an optional survey for users to complete was attached to each dispenser (Figure 3). A lottery prize was used to incentivize participation. After several months of use, four site managers were interviewed.

Results

<table>
<thead>
<tr>
<th>Site</th>
<th># Dispensers</th>
<th>Length of Service</th>
<th>Zip Code</th>
<th>Population by Race (%)</th>
<th>Compared to WI Avg Income</th>
<th>Population Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>NH</td>
<td>1</td>
<td>1.5 years</td>
<td>53208</td>
<td>African American (46)</td>
<td>Below</td>
<td>Children, food pantry users</td>
</tr>
<tr>
<td>SS</td>
<td>1</td>
<td>1.5 years</td>
<td>53207</td>
<td>White (74)</td>
<td>Above</td>
<td>Young Adults</td>
</tr>
<tr>
<td>WP</td>
<td>1</td>
<td>1.5 years</td>
<td>53226</td>
<td>White (79)</td>
<td>Above</td>
<td>Teenagers</td>
</tr>
<tr>
<td>ZG</td>
<td>2</td>
<td>1.5 years</td>
<td>53221</td>
<td>White (55)</td>
<td>Below</td>
<td>Older Adults</td>
</tr>
<tr>
<td>ZOO</td>
<td>4</td>
<td>4 months</td>
<td>53226</td>
<td>White (79)</td>
<td>Above</td>
<td>All Ages</td>
</tr>
</tbody>
</table>

The most common themes identified from the community managers’ interviews were free and positive.

Discussion

- Free was a consistent and re-emphasized theme by all site 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
- The Community Sun Protection Program continues to recruit new community sites to expand sunscreen accessibility
- Do you have a community partner in mind? Let us know at mcw.sunscreen@gmail.com

Acknowledgements: The Community Sun Protection Program was funded by the Dermatology Department at the Medical College of Wisconsin.
Collaborative Work Groups – Authentic Community Collaboration to Reduce Wisconsin’s Breast and Lung Cancer Disparities

Staci Young, 1 David Frazer, 2 Tim Meister, 1 Tobi Cawthra, 1 Laura Pinsoneault, 3 Felicia Fairfield, 4 Claire Piekowski, 4 Jada Proctor, 5 Kailey Taebel, 5 Melinda Stolley 1

1Medical College of Wisconsin, 2Center for Urban Population Health, 3Evaluation Plus, 4Wisconsin Women’s Health Foundation, 5YWCA Southeast Wisconsin

BACKGROUND
Complex problems require a deep understanding of the issue and a collaborative approach to find sustainable solutions. Cancer disparities are complex and must be understood from a broad set of perspectives across the academic spectrum and non-academic sources (i.e., community members, community-based organizations, and policymakers).

The Community and Cancer Science Network (CCSN) is a transdisciplinary network focused on addressing statewide cancer disparities. The CCSN grounds its approach in the principles of deep equity, systems-change, and the integration of biology to policy. It brings together diverse perspectives through a three-phase model.

CCSN INITIATIVE FRAMEWORK

COLLABORATIVE WORK GROUPS

Collaborative Work Groups (CWG) is a CCSN program that brings researchers and community partners in collaboration to address breast and lung cancer disparities statewide using a transdisciplinary approach to understand disparities and create solutions.

CWGs have been actively engaged since the Spring of 2022 in several Wisconsin communities working to uncover the complex factors that drive breast and lung cancer disparities at the local level.

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.

BREAST CANCER WORLD CAFÉ

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 and co-survivors, health care providers, allied health professionals, and breast cancer advocacy organizations from three different counties to attend.

Approximately 80 attendees gathered at small tables centered around various topics associated with breast cancer disparities including mammography access and process, social factors, co-morbidities, screening, insurance, and treatment.

At each table, attendees discussed the topic and recorded their thoughts on a large notepad, and after 20 minutes switched to a different topic table and added on to previous contributions. Following the 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.

CONCLUSIONS and NEXT STEPS

• A World Café event is an effective methodology for collecting robust data on solutions for multi-county efforts involving diverse, transdisciplinary voices.

• The event demonstrated two key values of the CCSN: reliance on transdisciplinary relationships to nurture collaboration and the prioritization of building capacity with the community to lead local efforts to improve health outcomes.

• 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.

• CWGs will leverage the lived experience, knowledge, and insight generated from the World Café event to inform the development of project strategies to implement in the affected communities to reduce breast and lung cancer disparities.

This initiative is funded by:
Assessing the Impact of a Clinical Continuity Tract (CCT) Program for Patients with Chronic Conditions

Maie Zagloul, Buruj Mohammed, Baila Khan, Rachele Harrison PharmD, Staci Young PhD, Jacob Dyer PharmD, Rebecca Lundh MD

Introduction
Impact of Continuity of Care:
• Continuity of care has been shown to improve long-term health outcomes.
• Uninsured patients are typically unable to receive long-term care and rely on free clinics to address gaps in their healthcare.

Free Clinics and their Patient Population:
• Many free clinics are dependent on a revolving door of volunteers – with a high-turnover rate – thus impacting the care this patient population receives.
• The Saturday Clinic for the Uninsured (SCU) is a student-led free clinic in Milwaukee serving an underserved patient population.

Relevance:
• In order to address this disparity, SCU implemented a Clinical Continuity Track (CCT) program for patients diagnosed with multiple chronic conditions. This program assigns patients to student doctors with the aim of providing individualized, patient-centered care.

Methods
Nationally accepted standards of care for managing chronic conditions (HTN, HLD, T2DM, CAD, & CKD)
Retrospective chart review on CCT patients (n = 25)
Collected health data from 6 months pre- and post- program enrollment
Patient satisfaction survey

Results
Demographic Data (n=21)

Patient Satisfaction Survey (n=21)

The following questions were answered using a 5-point Likert scale:

<table>
<thead>
<tr>
<th>Survey Statement</th>
<th>Percentage</th>
<th>Average Likert Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Since being enrolled in the CCT program, I feel that my healthcare needs are better understood by the healthcare team at SCU.</td>
<td>71.4%</td>
<td>4.67 (0.58)</td>
</tr>
<tr>
<td>2. Since being enrolled in the CCT program, I feel more comfortable discussing the details of my health and wellness to the healthcare team.</td>
<td>81.0%</td>
<td>4.76 (0.54)</td>
</tr>
<tr>
<td>3. Since being enrolled in the CCT program, I feel that the details of my health and well-being are being better addressed.</td>
<td>61.9%</td>
<td>4.57 (0.60)</td>
</tr>
<tr>
<td>4. Since being enrolled in the CCT program, I feel more confident in managing my chronic condition(s).</td>
<td>61.9%</td>
<td>4.57 (0.60)</td>
</tr>
<tr>
<td>5. Since being enrolled in the CCT program, I am better able to access care, lab and imaging tests, medication, or treatment for my health needs.</td>
<td>71.4%</td>
<td>4.52 (0.58)</td>
</tr>
</tbody>
</table>

85.7% of respondents noted that being enrolled in the CCT program:
• Maintained or improved their medication adherence
• Helped them make positive lifestyle changes
• Improved the overall quality of their healthcare

Health Data Analysis (n = 25)

When comparing patient experiences in the 6 months prior to and 6 months following CCT enrollment:

Chronic Condition Management
• Completion of chronic condition (HTN, HLD, T2DM) specific management parameters overall appear to have been improved or maintained, with the following exceptions:
  • For T2DM: 54% of patients did not receive a yearly ophthalmology exam
  • For HTN: 65% of patients did not get their HbA1c checked within parameters

Health Screening Parameters
• Only 11% of female patients due for a screening mammogram received a referral.
• Only 25% of male patients who due for a Prostate Specific Antigen (PSA) test received a referral.
• Only 47% of patients due for a Fecal Immunochemical Test (FIT) received one.
• All patients need to be tested at least once in their lifetime for HIV, Hepatitis C, and other STDs. Only 22% of CCT patients had this completed.

Clinic Utilization
• 48% increase in clinic visits
• 67% decrease in phone encounters

Discussion
• There currently is no literature examining differences in the quality of continuity vs non-continuity-based care in the setting of student-run free clinics.
• Free clinics are imperative to providing care to underserved populations. However, limitations on resources, funding, and volunteers leads to most patients visiting these clinics to be seen by a different medical care team at each appointment.
• The CCT program at SCU increases patient confidence in managing their chronic conditions and in the healthcare they receive.
• Completion of healthcare parameters for chronic conditions has either been maintained or improved upon CCT enrollment.
• CCT enrollment is associated with an increase in clinic appointments, and a decrease in clinic phone calls.
• General screening parameters are not met within CCT enrollment, demonstrating an area for improvement.

Clinical continuity increases patient confidence and satisfaction and is linked with chronic condition healthcare parameters being met.

Future Directions
This data will be shared with the CCT Director at SCU so that we can collaborate on ways to improve the program to better serve patients.
Analysis from the strengths and weaknesses of this program will be used to inform on future training of student volunteers.
We plan to develop standardized clinic protocols (labs, imaging, medication, etc.) for managing chronic disease of patients in the CCT program.
These standards can also be expanded to treating all SCU patients with chronic conditions.

References
Wellness Wonderland
Sabrina Ali MD, Jeffrey Galloway DO, Tyler Kolstad DO
Ascension All Saints Family Medicine Residency Program; Milwaukee, WI

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.

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.

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.

Discussion

• 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.

Results

• Question 1: After participating in various mental health stations, 79% strongly agreed vs 75% prior to participating.
• Question 2: After participating in various mental health stations, 79% strongly agreed vs 70% prior to participating.
• Question 3: After participating in various mental health stations, 64% were very likely vs 70% prior to participating.

Acknowledgements

Proudly Sponsored by:

[Logos of sponsors]
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.

“...you don’t think you’re prepared. You don’t know what’s going to happen. As they age how bad is it going to get?”

Patient Caregiver

**Findings**

The **current system** of healthcare, public sector, and community must determine how to adapt and change to support older adults and their family caregivers post-discharge.

Each organization within the system must determine their role in the post discharge process including the type of services and resources that support older adults and family caregivers.

**Family caregivers and older adults** must influence the discharge process by advocating for their needs:

“I ended up having to advocate for myself during the hospital stay … even with pharmacists. I am on a lot of medications because I’m a transplant patient. I told the pharmacist what my regime was. And he completely changed it. I could never figure out what they were doing and why and when. And then it was a problem … because I had to figure out how I could get back on schedule at home.”

**INTRO**

We investigated the family caregiver component of the discharge process, leading to insights that better support the patients, family caregivers, and members of the clinical care team.

**METHODS**

- Semi-structured interviews, N = 85 including 52 older adults, 21 family caregivers, 12 hospital personnel (CNA, RN, PT, OT, administrators, physicians)

**RESULTS**

- 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.
- Hospital personnel report inconsistent communication, a lack of consistent processes, and acknowledge concerns about the lack of preparation and training for patients and their families.

**DISCUSSION**

- The disconnect continues at home, leading to hospital readmissions and caregiver burnout.

**FINANCIAL DISCLOSURE**

- The researchers acknowledge support from the Advancing a Healthier Wisconsin Endowment of the Medical College of Wisconsin
**System of Wellness Instruction 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**

Abbey Stoltenburg, MA, BS; Leslie Ruffalo, PhD, MS; Christopher Simenz, PhD, MS; Carlos Rodriguez; Bruce Dryer; Pamela Hansen; Brian Culp, Ed.D; Courtney Barry, PsyD, MS; Stephanie Morris; Steve Wolff; Chad Michelson; Rodger Masarik; Jordan Janusiak; David Nelson, PhD, MS

1Medical College of Wisconsin, 2Department of Family & Community Medicine, 3Milwaukee Public Schools, 4Kennesaw State University, 5SHAPE America

### Background

- **Teacher Wellness**: improves student academic performance & wellbeing
- **Teacher stressors**: teachers leaving profession
- **Wellness resource**: System of Wellness Instruction for Teachers & Teens (SWIFTT)

### Methods

- **Creation of SWIFTT**: working team: Milwaukee Public Schools representatives and HPEW teachers; online PD resources: designed based on research-backed methods and collaborator input; weekly meetings with all SWIFTT partners
- **To evaluate SWIFTT**: N=4 teacher reviewers; Google survey & interview after ~4 hrs of SWIFTT evaluation; analysis of survey and interview responses

### Results

**HPEW teacher impressions of SWIFTT**

<table>
<thead>
<tr>
<th>Rate your impression of the SWIFTT website</th>
<th>N</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither like nor dislike</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subscores currently teach</td>
<td>Physical Education</td>
<td>50%</td>
<td>25%</td>
<td>25%</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td>Highest level of education obtained</td>
<td>Bachelor’s Degree</td>
<td>25%</td>
<td>25%</td>
<td>25%</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td>Highest level of education obtained</td>
<td>with some professional school teaching experience</td>
<td>25%</td>
<td>25%</td>
<td>25%</td>
<td>25%</td>
<td>25%</td>
</tr>
</tbody>
</table>

**HPEW teacher perspectives on wellness**

- **Burnout Factors**:
  1. Overwhelmed with school tasks
  2. Learning resources
  3. Lack of support
  4. Parents
  5. School admin

- **Time to support teachers**:
  - During the school year, like my mental and emotional state, I'm just more exhausted, and that's where I struggle to get the most is during the school year as the school year goes on.

- **Wellness**
  - 100% "well" on survey of self-reported wellness

### Conclusions

- **Gaining HPEW teacher perspectives on the SWIFTT model may increase SWIFTT resource use in HPEW teachers to mitigate teacher burnout and improve SWIFTT as a PD resource. Collaborating with community partners effective in addressing teacher burnout**

**Key Takeaways**

- **Overall**: HPEW teachers satisfied with SWIFTT model

**Possible Future Directions**

- Increase number & diversity of HPEW teachers
- Examine wellness of HPEW teachers throughout the year and correlate with SWIFTT usage
- Create district specific resources and measure impact on burnout/wellbeing
- Involve more MPS teachers in resource creation (videos) & incorporating ideas into SWIFTT (website design, resources, and podcasts)
- Student specific resources
- Expand community partnership

### Acknowledgements

Office of Community Engagement for helping support this project. Carlos Rodriguez for helping recruit participants. SWIFTT group for providing feedback about evaluation strategies.

**References**

**Updated SWIFTT Website**

**Figure 1. Dimensions of Wellness. Eight dimensions of wellness. Neglecting wellness can lead to worsening quality of life, health, and wellbeing.**

**Figure 2. SWIFTT Website. SWIFTT website and other resources viewed by Beta testers when viewing the SWIFTT.**

**Figure 3. SWIFTT Evaluation. Beta tester responses on the SWIFTT website, podcasts, and resources (N=4).**

**Figure 4. Teacher wellness. From surveys and interviews, we learned more about HPEW teacher views on wellness. (N=4).**

**Figure 5. SWIFTT Evaluation. From surveys and interviews we learned that overall teachers were satisfied with SWIFTT. Podcasts were talked about the most followed by the website and then resources offered by SWIFTT. Beta testers discussed strengths of podcasts, website, and resources as well as areas of improvement.**

**Table 1. SWIFTT Beta Testers Background data. Survey results on demographic data, teaching background, and teaching impact for all HPEW teachers who evaluated SWIFTT resources (N=4).**

<table>
<thead>
<tr>
<th>Demographic Data</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>36-44</td>
</tr>
<tr>
<td>Age</td>
<td>45-54</td>
</tr>
<tr>
<td>Age</td>
<td>55-64</td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
</tr>
<tr>
<td>Gender</td>
<td>Female</td>
</tr>
<tr>
<td>Employment</td>
<td>Full-time</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td>White</td>
</tr>
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**Table 2. SWIFTT Beta Testers Teacher Background data. Survey results on demographic data, teaching background, and teaching impact for all HPEW teachers who evaluated SWIFTT resources (N=4).**

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# Challenges and Assets to Rural Wisconsin Obstetric Care

Madeline Edgerly, BA, Leslie Ruffalo, PhD, MS
Department of Family & Community Medicine, MCW

## Background

- Women living in rural communities experience worse health outcomes compared to their urban counterparts. Within obstetric care, rural expectant mothers endure higher rates of pregnancy complications and hospitalizations during pregnancy compared to expectant mothers in more urban areas. Over half of the US nonmetropolitan counties had infant mortality rates higher than the national average.

- The gap between the demand for obstetric care and the supply of obstetricians continues to grow. In the past two decades, nearly half of US counties lacked an OB-GYN. Many rural communities have relied on family medicine physicians for obstetric care, but recently the number of family medicine physicians practicing high-volume, full-spectrum obstetric care has declined by 50% and continues to decline.

- Many rural hospitals have been closing their labor and delivery units, creating a crisis for pregnant mothers. Over the past ten years in Wisconsin alone, eleven rural hospitals have closed their labor and delivery units, and these closures will likely persist.

## Hypothesis

- This project 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.

## Methods

1. **Create a Semi-Structured Interview Guide**
   - Conduct an iterative review
   - Use an open-ended, question-guided approach
   - Cover topics in multiple areas related to quality improvement

2. **Conduct 21 Interviews**
   - OB-GYN and Family Medicine physicians practiced in rural Wisconsin
   - Interviews were conducted and recorded during the academic year 2018-2019
   - 31 interviews have been completed and transcribed

3. **Analyze Interview Data**
   - Create a preliminary code list using coding techniques
   - Analyze full data set using thematic analysis
   - Finalize themes using member checking and brainstorming

## Results

### Preliminary Coding Scheme

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<thead>
<tr>
<th>Patient Safety Programs and Training</th>
<th>Obstetric Care Challenges and Limitations</th>
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<td>Obstetrics Training</td>
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<td>Rural Medicine Lifestyle</td>
<td>C Sections</td>
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<td>Rural Demographics</td>
<td>Transferring Patients</td>
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<td>Physician Specialties in Rural Obstetrics</td>
<td>Transfer Criteria</td>
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<td>Labor and Delivery Unit Closures</td>
<td>Physician Involvement in Hospital Changes</td>
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<td>Staffing</td>
<td>Obstetrics Importance and Strength</td>
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<td>Important Quality Measures</td>
<td>Evolution of Interest in Obstetrics</td>
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<td>Materials and Resources</td>
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### 1. Patient Safety Programs and Training

- a) Emergency Drill and Clinical Scenario
- b) Good Communication
- c) Thinking Ahead and Through Potential Complications
- d) Protocols
- e) Partnerships with Larger Facilities

   "And so if my hospital wanted to work with another hospital and have some of their doctors come and work at our hospital with higher volume now and then, and vice versa, and having more of an opportunity to share our skills, I think that would be one way where we could solve that problem. But it takes coordination, it takes money. It takes a hospital system to invest and put that money forth. And in rural areas, there’s not a lot of money."

### 2. Staffing

- a) Network of Support Among Colleagues
- b) Nursing Staff
- c) Agency/Travel Nursing
- d) Staff Shortages

   "When I started, there were probably a group of about twelve CNED nurses who had been there 10-20 years. And since I’ve been there, in 4 years, I feel like we have three left. And so not only is it challenges with staffing, but it’s staff retention. Having a skilled labor and delivery nurse as a rural doc is so important to me… I rely on the nurses a lot."

   "It’s one thing to recruit people, it’s another thing to retain them and to cultivate a culture that people want to stay a part of."

### 3. Rural Obstetric Care Challenges and Limitations

- a) Staff Recruitment and Retention
- b) Difficulty Recruiting OB-GYNs to Rural Areas
- c) Post-partum Hemorrhage
- d) Planned deliveries and secondary providers in more high resource hospital
- e) Do not always have ability or time to transfer
- f) Stable or unstable to transport
- g) Laborious transfer process

### 4. Transferring Patients

- a) Planned deliveries and secondary providers in more high resource hospital
- b) Do not always have ability or time to transfer
- c) Stable or unstable to transport
- d) Laborious transfer process

## Discussion

- We hope to use the themes discovered to identify recent and future quality improvement and patient safety initiatives to support obstetric care in Wisconsin’s smaller communities and beyond.

## Acknowledgements

Thank you to Dr. Ruffalo for her mentorship and to the Wisconsin Academy of Family Physicians, Wisconsin Medical Society, and Wisconsin Association of Perinatal Care for their help with physician recruitment.

## References
Expanding Access To Mental Health Resources for Young Adults Living In Poverty In Milwaukee Through Listening And Learning From Our Community

Bonner, J.¹, Lerret, S.¹,², Ong, L.¹, Serna, A.¹, Totoraitis, M.¹, Skrajewski, D.¹, Jackson, K.⁶, Thorstenson, E.¹, Davies, H.⁶
Marquette University¹, Medical College of Wisconsin², City on a Hill³, City of Milwaukee Health Department⁴, Wisconsin Association of Free & Charitable Clinics⁵, University of Wisconsin Milwaukee⁶

**Background**
- Addressing the mental health of young adults living in poverty requires:
  - Research, needs assessment, support, telehealth services, and funding at a local and state level
- This mission demands and benefits from a multi-disciplinary approach to maximize effectiveness and create sustainable change.

**Objective**
- Address mental health access for the socially vulnerable population of young adults in Milwaukee through the development of community infrastructure via the implementation of institutional research.

**Methods**
- Strategically leverage institutional, organizational, population, and personal strengths to build a sustainable partnership
  - Using Community Based Participatory Action Research model
- This is a collaborative process that equitably involves all stakeholders recognizing the unique strengths of each member.
  - Local universities
  - Community organizations
  - Young professionals (i.e. Americorps)

**Results**
- Consortium Alignment Experience
  - Co-led by community and academic team members
  - Facilitated development of three interdisciplinary teams including young adults:

**Conclusion**
- The collaboration between local universities and community organizations provides an opportunity to address poverty in Milwaukee by empowering the community and creating solutions to advance health equity.

**Next Steps**
- Community clinics have direct access to academic partners who support informing telemental health services through:
  - Program evaluation
  - Analysis
  - Potential interventions
- This consortium continues to engage the community to better understand telemental health satisfaction of young adults
- Increase accessibility of telemental health services
- Ongoing integration of Americorps members into academic institutions and community partners allows local young adults to take leadership roles working with and for their peers
- Recruit additional community partners to join the consortium to increase community impact and sustainability
Assessing the Impact of Housing Insecurity and Threat of Eviction on Health

Jonathan Wong, MS4, Alexis Goss, MD, Camden Gray, MD, Andrew Labbott, MS2, Michael Mazzone, MD, Maria Davies, RN, Nicole Muralt, LPN, David Nelson, PhD

Background

- Living under the threat of eviction is associated with mental health stress, including depression and anxiety, especially in single mothers of color.1-3
- Increased self-assessed unmet physical health needs.4-6
- More poorly controlled diabetes, high blood pressure, respiratory conditions, and difficulty controlling Hep C and HIV.1-4,5,6
- Profound effects on children—behavioral issues, lower weight-for-age z-scores, poorer overall health.1,5,6
- People in secure housing have lower ED visits, more primary care visits, reduced medical expenditures.6

Purpose

- To ascertain what the perceived impact housing security has on health and how primary care physicians can help those at risk for eviction.
- To determine a primary care physician’s role in assessing how housing insecurities may be impacting a patient’s ability to manage their health
- To determine if there is a role for a primary care physician to help provide resources for housing

Methods

Interview Guide

- Tell me about where you live. How does your housing impact you and your family?
- What would be the best case scenario for you and your family in terms of housing?
- How do you feel your primary care physician could help with obtaining housing resources?

Results

Suboptimal Living Conditions Impacting Health

"Pipe broke underground... because I have breathing problems can’t live with three inches of water... there’s still mold because it’s still drying. I don’t know what’s underneath that damn carpet.”

Landlord Concerns

"It causes a lot more stress, that’s for sure... You know, because you’re starting to get upset because you want to avoid them like the plague... we are afraid, because the door’s by the kitchen and every time you walk to the kitchen, something [may be] slid underneath the door.”

Unstable Relationships with Neighbors and People in the Environment

“Three out of the four roommates were either drunk, drug addicts or alcoholics... he came to me and accused me of stealing drugs, accused me of stealing from him. You have to watch your back.”

Role of Physicians or Lack Thereof

“I don’t think she can help at all... Cuz she’s just a medical doctor. Maybe Yeah, she has some resources out there. In my head, I think they’re just there help you feel better.”

Landlord concerns

"I don’t think she can help at all... Cuz she’s just a medical doctor. Maybe Yeah, she has some resources out there. In my head, I think they’re just there help you feel better.”

Conclusion

- There is a clear positive impact of safe, stable, and affordable housing on psychological health (eg anxiety, depression, and suicidality).
- There is a clear positive impact on physical health (eg respiratory conditions and physical safety).
- Most patients do not view their physician as a potential resource for obtaining housing resources.

Recommendations

- Create pamphlets with information about housing resources in the community
- Increase patient awareness of healthcare spaces as potential resources for housing assistance (eg make posters and pamphlets visible in healthcare spaces to increase patient awareness)
- Increase exposure to importance of housing security on health outcomes in medical school and residency curriculums
- Implement a social work consult and more in-depth review of health complications for those who screen positive for housing insecurity

Results cont.

Settling for Suboptimal Housing for Resource Accessibility

"I’ve had heart surgery. I have knee, I have lung problems. I have stomach problems and my daughter cannot drive. She can’t walk anywhere without somebody being with her... I have to do what’s best for my daughter and as bad as things are here, it is accessible for us for the hospital”

Psychological Stress of Uncertain and Unstable Living Conditions

"You worry... rent is my priority. Rent is first before anything... if your car breaks down well then you have to find a different mode of transportation. But rent is always first... you know, you can live without cable you know. It is stressful worrying. About, you know, are you going to have enough to pay the rent, or, you know, it does get stressful. And stress is a big part of how your health is”

Importance of “home”

"Like the skies opened up, like I could breathe for the first time. It was safe... I’ve been able to blossom and grow because I am in a safe place”

Importance of Social Support

"Being safe is a huge deal. I get along with everybody which is nice. Right next door I’ve got somebody I can borrow a cup of something from if I want and they can do it with me and it’s everything... There’s enough to be vulnerable about in our world right now and to have to be vulnerable about where you live shouldn’t be ever - not in this country”

References

2. LPN, David Nelson, PhD.
References

Limitations
- Small sample size (n=6)
- Recruited patients from three Family Practice locations in Wisconsin
Leveraging Community-based Resource Centers to Support Healthy Food Access.

Leslie Ruffalo PhD1, Beth Heller MS2, Natalie Bomstad MPH2, Wendy Hanson MPH2, Kerry Scanlan1, Jake Dyer, PharmD1
1-Medical College of Wisconsin, 2-Wello

Introduction
• High consumption of fruits and vegetables is associated with better health outcomes.
• Many stakeholders are working to understand the systemic barriers to healthy food access.
• Yet, diet-related health problems disproportionally affect low-income communities of color.
• Goal: Leverage the power of trusted community networks to impact healthy food access for the people they serve.

Partners
• Five local resource centers.
  • We All Rise
  • Casa ALBA Melanie
  • COMSA
  • Vivent Health
  • Crusaders of Justicia
• Wello
• Medical College of Wisconsin

Methods
• Produce bags (fruits, vegetables, eggs, and cheese) distributed to Resource Centers.
• Resource Center staff have flexibility to distribute bags in the ways that they think will best serve the community.
• Resource Center staff also provided “Double Your Bucks” currency for community members to shop at local farmers markets.
• Mobile markets in the summer and fall.

Cultivating Community is a well-being centered food hub.

• **Cultivating Community** gets food to the community in ways that support physical, mental, social and environmental well-being and address inequities.

• **Cultivating Community** models how communities can prioritize local food at multiple, coordinated levels of the local and regional food system.

Results
Season One

<table>
<thead>
<tr>
<th>We All Rise: African American Resource Center</th>
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<tbody>
<tr>
<td>• 4133 pounds of produce</td>
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<tr>
<td>• DYB: $3,000 (distributed)/$1,155 (redeemed)</td>
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<table>
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<tr>
<th>Casa ALBA Melanie (Hispanic/Latinx community)</th>
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<tbody>
<tr>
<td>• 2782 pounds of produce</td>
</tr>
<tr>
<td>• DYB: $3,000 distributed/$2,107 (redeemed)</td>
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<table>
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<tr>
<th>Crusaders of Justicia (Hispanic and low-income)</th>
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<tr>
<td>• 2700 pounds of produce</td>
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<tr>
<td>• DYB: $3,000 distributed/$963 (redeemed)</td>
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Implications
More than Food: Multi-solving to build community power
• Rely on community partners to identify needs: “We believe...”
• Merge evidence-based interventions with implementation science
• Community Participatory Action Research Training

Future Directions
• Identify funding for Cultivating Community expansion.
• 80% of produce purchased next season will be from socially disadvantaged and historically underserved farmers.
• Take a closer look at healthy food incentives.
• Explore applications of this approach to other community challenges.

Acknowledgements
• This project is funded by the Advancing a Healthier Wisconsin Endowment (Project # 5510275).
Background
Complex problems require a deep understanding and a collaborative approach to find sustainable solutions. Cancer disparities are complex and must be understood from a broad set of perspectives across academic research (basic science to policy) and non-academic sources (community members, community-based organizations, and policymakers).

The Community and Cancer Science Network (CCSN) is a transdisciplinary network focused on addressing statewide cancer disparities through authentic and sustainable collaborations between academia and community in Wisconsin. Our approach leverages academic and community expertise and is grounded in the principles of deep equity, systems-change, and the integration of biology to policy. We bring diverse perspectives together through a three-model phase: 1) Incubate - co-learn among team members to build trust and knowledge, integrate diverse perspectives and create a shared vocabulary; 2) Innovate - use learnings to develop, prototype and pilot potential solutions; 3) Implement - execute scalable and sustainable solutions.

CCSN Theory of Change Framework

CCSN uses developmental evaluation (DE) to blend research and community perspectives and promote equitable partnerships. This evaluation approach:
- Enables timely data-based decision-making,
- Supports innovation (e.g., new projects, org. changes, policy reforms, system change)
- Guides adaptation to emergent and dynamic realities in complex environments, and
- Promotes cross-sector learning

DE embeds an evaluation partner at the leadership table, to facilitate intentional data gathering and interpreting, surfacing issues, and assumptions, and testing the theory of change.

Methodology

**Methods: CCSN Development Evaluation - Outcome Dimensions, Measures, Results, Action**

Now in its fourth year, CCSN used DE to guide development of its Theory of Change and shape the approach to accomplish its primary outcomes: 1) high functioning network of community and academic partners, 2) strong transdisciplinary collaborations, and 3) equitable, sustainable solutions. We adapted multiple tools from diverse disciplines to assess progress and refine approach.

**Goals:**
- Enhance core competencies of current teams and provide data to support strategic decision-making
- Strengthen teams, networks and learning processes

**Tools:**
1. Muse: essential capacity to understand and respond to complex environments
2. Learning Organization: model beyond 2021, n=147
3. Leadership Composite: measures of collaborative practice
4. Psychological Safety: support psychological safety
5. Information Transfer: support open communication
6. Psychological Safety (n=48)
7. Information Transfer (n=64)
8. Psychological Safety: support open communication
9. Information Transfer (n=100)
10. Psychological Safety: support open communication
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99. Information Transfer (n=100)
100. Psychological Safety: support open communication

**Conclusion:**
- Transdisciplinary Collaboration involving community and academic partners offers great promise for innovative approaches to cancer disparities.
- Developmental Evaluation positively impacted CCSN's ability to engage community and academic partners in authentic transdisciplinary collaborations over a four-year, and multi-project effort.
- CCSN sees high value in embedding evaluation into the development of cancer disparities research and social action agendas.
An environmental justice framework for addressing pervasive issues of lead exposure offers effective strategic direction in mitigating the problems of lead poisoning in Milwaukee.

INTRODUCTION
- 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 clarified the need to use broad perspectives to address the problem.

OBJECTIVE
- Describe lessons learned in developing and sustaining community-led partnerships to address the problem of lead exposure and poisoning in Milwaukee household water.

METHODS
- Adopted an environmental justice framework.
- Informed our collaborative approach
- Partnerships to prevent and abate lead exposure in affected neighborhoods.
- Partnerships: Community Water Services, Medical College of Wisconsin, and lead prevention stakeholders in Wisconsin

RESULTS
Key lessons learned include the need to:
1) identify unique sites and approaches for participant recruitment
2) be adaptable in implementing methods of water sample collection and testing
3) obtain validation of test results
4) develop effective results dissemination methods and parental education on lead poisoning dangers, prevention, and treatment options
5) involve other advocacy groups and healthcare providers
6) provide leadership in advocating for public policy solutions.
Harps of Comfort: Virtual Music Sessions for Critically Ill Patients
Hannah Ulatowski, M3; Jennifer Popies, MS, RN, CCRN-K, AGACNP-BC, ACNS-BC, APNP; Katherine Rembalski MSN, RN, CCRN, AGCNS-BC, APN
Jennifer Cichon Mackinnon, MD, MM, FACP; Jennifer Hollis, CM-Th, MDiv

Problem Statement

- Patients afflicted with severe COVID-19 infection suffer from difficult symptom burden including anxiety, dyspnea, and loneliness that requires multi-modal management with both pharmacologic and non-pharmacologic efforts.
- Music-thanatology is a specialty of symptom palliation that utilizes the recognition that music has the capacity to comfort body, mind, and spirit. However, Froedtert’s in-person music-thanatologist could not go into COVID isolation rooms with her harp.
- In March of 2020, Jennifer Mackinnon, MD, recognized the need for this 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.”

Process Improvement Goal

- To develop a novel pathway to offer virtual music sessions to help with symptom palliation in COVID-19 patients. Once established, the process was expanded for use in other critically ill patients.

Improvement Strategies/Methods

- A group of highly trained palliative harpists began to meet virtually weekly to discuss the possibility of bringing free virtual music sessions to ICU COVID-19 patients in the spring of 2020.
- In September 2020, a plan for offering harpists on-call Monday through Friday, 1200-1700, to play music sessions for patients with COVID-19 on ECMO in one ICU was implemented. In fall of 2021, the program was expanded to include additional ICUs and other types of critically ill patient populations.
- A secure virtual platform for both musicians and clinicians to use was identified, and a process for obtaining and documenting permission by nursing staff for music sessions was developed.
- A daily communication process was identified: The lead on-call harpist contacted each ICU clinical nurse specialist (CNS) or charge RN to identify which patients were agreeable, stable enough, and available at a scheduled time for a music session. The lead harpist then selected which harpist would play for each patient if there was more than one session for the day.
- The CNS or charge RN communicated the harpist’s information to the bedside RN, ensured they had the knowledge of how to set up the session, and had a charged electronic tablet to utilize.

Results

- Since project implementation in the CVICU on September 21, 2020 through July 30, 2023 there were 399 virtual music sessions played.
- Qualitative data of bedside RN and Harpist perception of patient benefit was obtained through an optional anonymous survey. Average improvements seen in Restlessness, Anxiety, Respiratory Distress, and Tachycardia/ectopy on monitor based on nurse observation (n = 35 RNs, n = 6 Harpists):

  - Restlessness: 3.41 A day
  - Anxiety: 3.42 A day
  - Respiratory Distress: 3.11 A day
  - Tachycardia/ectopy on monitor: 3.11 A day

Conclusions

- Live music sessions delivered via an electronic device can address the issue of reaching critically ill, sometimes isolated patients with a non-pharmacologic symptom management modality that has the potential to improve their experience of anxiety, dyspnea, and loneliness, as well as to bring comfort to their family members.
- Expert music-thanatologists who are remote to the physical location of a patient can be brought to the bedside through the creative use of a secure, virtual platform and development of a consistent, reliable communication process with frontline staff.

Acknowledgements:

- Thank you to the staff of the CVICU & MICUs for your tireless dedication to excellence in patient care, the Harps of Comfort members and, especially, Jennifer Hollis and Jennifer Mackinnon, MD, for your vision in creating the group and partnering to develop this process.
**Background**

Anal cancer
- Rare, but rates are increasing
- Disproportionately affects men who have sex with men (MSM)
  - HIV+ MSM 80x more likely to develop anal cancer vs. HIV- men

No consensus screening guideline
- Need to know how people experience different screening options
- Human papillomavirus (HPV) anal swabbing is one method to screen for high-risk HPV types associated with anal cancer
- High-resolution anoscopy (HRA) is an in-clinic procedure that examines the anal canal

**Our goal:** Investigate whether anal HPV swabbing at home versus in a clinic impacts HRA uptake.

**Results**

Overall, 62.8% of participants who engaged in home or clinic screening attended HRA.

**Significant differences in HRA uptake by HIV status and race in the clinic arm**
- Persons living with HIV (PLWH) had lower HRA attendance vs. HIV- participants
- Black non-Hispanic participants had lower HRA attendance vs. White non-Hispanic participants

**Conclusions**

- Attendance at HRA differed significantly by race and HIV status in the clinic arm but not the home arm.
- Given that PLWH and Black MSM are disproportionately affected by anal cancer, interventions are needed to support their clinic attendance.

Thank you to the participants, study team, CAB, providers, & community clinics!
**Background**

- Diagnosing ASD is traditionally a two-stage process:
  1. Screening by primary care providers (PCP) at 18 and 24 months using Modified Checklist for Autism in Toddlers (M-CHAT).¹
  2. Diagnostic assessment of ASD at a specialty clinic (long waiting lists).
- Results in a bottleneck of delayed identification and access to supports.
- Efforts to train PCPs in streamlined ASD diagnosis within primary care are growing but these programs are not currently widely implemented.²⁻⁶

**Purpose**

- To implement and evaluate the Tennessee STAT™ (Screening Tool for Autism in Toddlers & Young Children 24-36 months old)⁷ as part of a developmental assessment in a Wisconsin USA training cohort (WI-STAT) for PCPs and family navigators (FN).

**Methods**

- Implementation study of STAT™ training followed by participation in a year-long ASD learning community which involved monthly meetings to discuss ASD knowledge and case conceptualizations.
- English speaking PCPs / FNs trained and assessed pre, post and 6 and 12 months: 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.

**Results**

- Ongoing study with two of three groups of participants trained so far.
- Most participants in group one (9 PCPS, 7 FNs) were white females with a mean 8.4 years of experience in their roles.
  - family medicine physicians
  - clinical psychologists
  - family nurse practitioners
  - family medicine doctor residents
  - psychotherapists
- After the WI-STAT training, first group of providers trained reported:
  - Comfort identifying the risk of ASD and discussing ASD with families.
  - Likely to independently screen for ASD and have discussions with families about ASD.
  - Felt most comfortable connecting families to speech therapy
- The second group, which is still ongoing, includes 4 primary care providers and 7 family navigators.

**Conclusion**

- Results for group one reveal comfort and intention to discuss, screen and diagnose ASD with families in primary care.
- The 6- and 12-month data, the FN data, and the group data will be analyzed to further evaluate the implementation of the WI-STAT.

**Acknowledgements**

- Funding from the Advancing Healthier Wisconsin Endowment.

**References**

Maternal mortality is defined as the number of annual deaths related to or aggravated by pregnancy or management of pregnancy and childbirth. These deaths are often caused by maternal morbidities, conditions that arise during pregnancy and others by mismanagement of preexisting conditions. The United States has the highest rate of maternal mortality of all developed countries.

Black women are 3-4 times more likely to die during or after childbirth. Research has shown that more than half of maternal deaths are preventable. Disparities that exist between Black women’s access to quality, equitable care and that of their White counterparts make Black maternal mortality rates disproportionately high. Medical racism and implicit bias heavily influence the quality of care Black women receive. Perceptions about Black women, whether conscious or subconscious, influence the decisions healthcare professionals make when caring for them.

Background Data

This figure was developed by ROOT (Restoring our when caring for them. It was so scary, because it’s like, I wasn’t prepared for it. I didn’t know what was happening. I thought I was gonna lose my baby. I thought I was gonna lose my life.

Hypothesis

We hypothesized that we would identify opportunities to improve quality of care during the perinatal phase through the exploration of perspectives among Black women that suffered an unfavorable birthing experience.

Methods

Recruit

• Social media recruitment posts
• Interview questions developed
• Community-based organization recruitment; recruitment at Meta House in progress

Interview

• One-time 30-minute interview via Zoom or phone
• All interviews were recorded using Zoom’s recording feature
• Transcripts were reviewed and edited alongside interview audio for correctness.

Analyze

• Transcripts were analyzed to identify common themes and solutions
• A codebook organizing themes and solutions was created

Criteria for Participation

• Self-identification as a Black or African-American woman/birthing person
• gave birth in a United States hospital
• Had an adverse birthing experience or outcome*

*We left this interpretation, specifically “adverse experience”, open to the participants.

Results

Preliminary Codebook

<table>
<thead>
<tr>
<th>Mood</th>
<th>Unmet Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support System</td>
<td>Barriers</td>
</tr>
<tr>
<td>Information</td>
<td>Patient and Provider Characteristics</td>
</tr>
<tr>
<td>Quality of Care</td>
<td>Processes</td>
</tr>
<tr>
<td>Communication</td>
<td>Patient Care</td>
</tr>
<tr>
<td>Provider-Patient Relationship</td>
<td>Personal Changes</td>
</tr>
<tr>
<td>Insurance</td>
<td>Perspective on Future Birth</td>
</tr>
</tbody>
</table>

Reaction to Healthcare Advice

| Perspective on Change Needed |

Information

3. Information
• Lack of patient education
• Medical team unprepared for delivery
• No after care instructions
• Pre-existing conditions and complications were not properly explained

4. Patient and Provider Characteristics
• Young
• Unmarried
• Partner absent at time of labor
• Racial congruence vs incongruence
• Saw birth in unfamiliar hospital in affluent area
• Judgement & microaggressions
• Hospital characteristics (teaching hospital)

Quote from Participant

"They made it clear like you are not allowed to have that baby. My son was, I was pushing him out. It became like ‘she’s having the baby’. My son was, I wish they would have told me, ‘oh, no, it wasn’t fine’. Like that was like no, it wasn’t fine."

"Participant is referring to expressing concern that her baby’s heart rate was dropping."

Future Work

This is an ongoing study, and we are looking to recruit 6-16 more participants. We will continue to analyze interview data and present our findings to communities and medical audiences. We hope this information will lead to small changes and eventually systemic changes that will lower the maternal mortality rate of Black women/birthing people in the U.S. We hope that applicable solutions will be applied to all women/birthing people as well.

Acknowledgements

I would like to thank Dr. Ruffalo for her support and mentorship and the Office of Community Engagement for funding.

References


Social Factors Associated with Utilization of COVID-19 Relief Funding at an Urban Health Center

Jessie E. Duarte (MS4) ; Lauren Bauer Maher MD, MPH, MS
Department of Family & Community Medicine, Medical College of Wisconsin, Milwaukee WI

INTRODUCTION

- Communities of color were disproportionately affected by the COVID-19 pandemic [1,2].
- Sixteenth Street Community Health Centers (SSCHC) provides care to over 37,000 Hispanic patients in Milwaukee’s south side [3].
- The Patient Relief Fund (PRF) was established in April of 2020 by SSCHC to aid patients with emergency financial needs during the pandemic.
- Ryan White HIV/AIDS Program (RWHAP) Emergency Financial Assistance & Milwaukee Rent Assistance Program (MRAP) funds were also disbursed by SSCHC.
- Poverty, food security, and housing stability are social determinants of health (SDOH) [4].
- It is beneficial to explore the demographics and determinants that made patients rely on these funds.

HYPOTHESIS

- Individuals accessing relief funds multiple times over the study period will have a higher overall burden of social determinants compared to those who accessed the funds once.
- Individuals with multiple types of financial needs will have overall higher burden of social determinants compared to those with one type of need.
- There will be an overall low rate for SDOH screenings completed prior to fund need.

METHODS

Table 1. Patient demographics.

<table>
<thead>
<tr>
<th>Category</th>
<th>PRF</th>
<th>MRAP</th>
<th>RWHAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of patients</td>
<td>242</td>
<td>49</td>
<td>93</td>
</tr>
<tr>
<td>Age, years (avg)</td>
<td>45.0</td>
<td>43.4</td>
<td>45.9</td>
</tr>
<tr>
<td>Age, years SD</td>
<td>13.0</td>
<td>9.0</td>
<td>12.58</td>
</tr>
<tr>
<td>Male</td>
<td>67 (27.7%)</td>
<td>8 (16.3%)</td>
<td>67 (72%)</td>
</tr>
<tr>
<td>Female</td>
<td>175 (72.3%)</td>
<td>41 (83.7%)</td>
<td>25 (26.9%)</td>
</tr>
<tr>
<td>Federal Poverty Level % (avg)</td>
<td>62.9%</td>
<td>48.9%</td>
<td>91.6%</td>
</tr>
<tr>
<td>Federal Poverty Level SD</td>
<td>63.60</td>
<td>45.73</td>
<td>133.80</td>
</tr>
<tr>
<td>Spanish primary language</td>
<td>206 (85.1%)</td>
<td>42 (85.7%)</td>
<td>68 (73.1%)</td>
</tr>
<tr>
<td>English primary language</td>
<td>28 (11.6%)</td>
<td>6 (12.2%)</td>
<td>22 (33.7%)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>220 (90.9%)</td>
<td>47 (95.9%)</td>
<td>78 (83.9%)</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>17 (7%)</td>
<td>1 (2%)</td>
<td>13 (14.1%)</td>
</tr>
<tr>
<td>Commercial Insurance</td>
<td>27 (11.2%)</td>
<td>6 (12.2%)</td>
<td>14 (15.1%)</td>
</tr>
<tr>
<td>Medicaid</td>
<td>74 (30.6%)</td>
<td>19 (38.8%)</td>
<td>19 (20.4%)</td>
</tr>
<tr>
<td>Medicare</td>
<td>8 (3.3%)</td>
<td>0 (0%)</td>
<td>9 (9.7%)</td>
</tr>
<tr>
<td>No Insurance</td>
<td>133 (55%)</td>
<td>24 (49%)</td>
<td>51 (54.9%)</td>
</tr>
<tr>
<td>Previously screened for SDOH</td>
<td>59 (24.4%)</td>
<td>6 (12.2%)</td>
<td>18 (19.4%)</td>
</tr>
</tbody>
</table>

Table 2. Single vs. multi-time Aid Recipients.

<table>
<thead>
<tr>
<th>Insurance Type</th>
<th>Single time</th>
<th>Multi-type</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Poverty Level % avg</td>
<td>67.87%</td>
<td>59.93%</td>
<td>0.01367</td>
</tr>
<tr>
<td>Age avg (years)</td>
<td>45.0</td>
<td>43.4</td>
<td>0.5667</td>
</tr>
<tr>
<td>SDOH screening</td>
<td>19%</td>
<td>24%</td>
<td>0.2143</td>
</tr>
<tr>
<td>Language Spanish</td>
<td>78.6%</td>
<td>70.9%</td>
<td>0.0993</td>
</tr>
<tr>
<td>Spanish primary language</td>
<td>206 (85.1%)</td>
<td>42 (85.7%)</td>
<td>0.2964</td>
</tr>
</tbody>
</table>

DISCUSSION

- The majority of those who received aid were female, Spanish-speaking, Hispanic, and uninsured (Table 1).
- There was a low percentage of SDOH screening completed in the past for these patients (21.6%).
- One-time users were less likely to have been screened for SDOH compared to multi-time users (Table 2).
- For RWHAP aid recipients, multi-time users had a lower FPL% compared to one-time users.
- Multi-type need recipients were older, more likely to be uninsured, and more likely to be Spanish-speaking compared to one-type of need recipients.

RESULTS

<table>
<thead>
<tr>
<th>Social Factors</th>
<th>One-time user</th>
<th>Multi-type user</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Poverty Level % avg</td>
<td>67.87%</td>
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<td>70.9%</td>
<td>0.0993</td>
</tr>
</tbody>
</table>

CONCLUSION

- The relief funding was a necessary and important collective effort to address SDOH.
- The SSCHC and similar FQHCs who work with Hispanic populations would benefit from continuously screening for SDOH in uninsured patients as well as focusing on middle-aged females.
- Intersectionality between these factors leaves these particular community members more vulnerable and susceptible to changes in income security.

ACKNOWLEDGEMENTS

- Sixteenth Street Community Health Centers (SSCHC) for the partnership.
- Brittany Skonecki (previous Social Services Manager), Jose Salazar (HIV Director), & Anna Klonowski (current Social Services Manager), SSCHC.
- Student Summer Fellowship funded by the Wisconsin Medical Society Foundation (WMSF).

REFERENCES

Introduction

- **Lead poisoning** has significant *cognitive and developmental impacts on children*
- Despite its well-known effects, lead poisoning continues to affect children across the U.S.
- Lead poisoning *disproportionality affects children of lower socio-economic status (SES)* in Wisconsin
  - More likely to live in rental properties built prior to 1978
  - Less access to healthy nutrition
  - Increased lead pipe exposure
- Children under 6 years of age in the City of Milwaukee have elevated blood lead levels at *rates as high as 20%* in some districts (QR Code)
- **Care4Kids** is a Medicaid benefit package for foster children in SE Wisconsin
- Foster children are at increased risk of lead poisoning due to greater likelihood of living in poverty

Aim and Hypothesis

- **The aim of this project** is to increase knowledge and confidence amongst Care4Kids health care coordinators surrounding lead poisoning
- **Our hypothesis** is that a single lunch and learn session will have increases in lead poisoning knowledge and confidence between pre- and post-session surveys

Methods

- **Care4Kids** health care coordinators notified of lead education session via email
  - Topic chosen due to multiple cases of children affected by lead poisoning in program over past 6 years
- Lead poisoning presentation was developed by the medical student, reviewed by physician
- Pre- and post-survey was created with an online software
- Questions focused around following topics
  - Lead poisoning sources
  - Health department guidelines
  - Treatments, interventions, recommendations
- Presentation delivered virtually over lunch hour
- Pre- and post-surveys were analyzed using the Mann Whitney U Test

Results

- 40 participants completed the pre-survey, 28 completed the post survey
- Of the 10 objective questions on the survey, 4 had significant (p<.05) results (Graphs 1 & 2)
  1. Confidence in managing lead poisoning cases; p=.001
  2. Supplementing calcium in diet; p=.0147
  3. Imported candies as lead source; p=.001
  4. Current lead reference value; p=.037
- **Post-Lunch and Learn Results:**
  - 20 said knowledge gained on sources
  - 23 said knowledge gained on prevention
  - 20 learned about lead and its affects on child development
  - 9 learned about accessing lead poisoning records on WIR

Conclusions

- Significant increases in confidence of managing lead poisoning cases
- Knowledge gained in subject areas of sources of lead in the home, impact on child’s neurocognitive development, and prevention strategies
- Potential reason for less knowledge gains due to background familiarity with lead poisoning
- **Future studies**
  - Complete a similar lesson with *care coordinators* of other institutions or child welfare case managers
  - Re-assess lead poisoning knowledge retention in 1 year with same population
- **Limitations** to the study include
  - Dropout rate
  - Limited generalization
Building Bridges through Community Engagement: Developing Family Medicine Residents as Community Health Educators
Catherine Troncone, PsyD, Rebecca Lundh, MD, Bryan Johnston, MD, David Songco, PsyD
Department of Family and Community Medicine, Medical College of Wisconsin, Milwaukee, Wisconsin

Introduction
- Family Medicine (FM) residency prepares physicians to serve communities by identifying concerns and collaborating with community experts to address needs
- Meta House, our community partner, is a residential and outpatient mental health and substance use disorder treatment facility for women
- Clinical staff at Meta House delivered high quality mental health and substance use disorder programming to patients, but they had limited capacity to provide general health education
- Ascension Columbia St. Mary’s (CSM), Ascension All Saints (AS), and the North Side (NS) FM residencies collaborated to provide health education groups to patients at the Meta House and studied the impact of leading those groups on FM resident training

FM Reflections on Resilient Characteristics of Meta House Residents
- Engaged community partner Meta House by building upon longstanding relationship with CSM residency, collaborating with AS and NS FM residencies
- Completed needs assessment with Meta House team
- Co-created running topic list for health education groups
- Developed curricular and scheduling structure to support FM residents in teaching during Community Medicine and Behavioral Health rotations
- FM residents reviewed orientation materials and met with residency faculty to prepare for teaching experience
- FM residents completed written reflections about their experiences and participated in discussion with faculty to review best practices and address challenges
- FM residency faculty and staff collaborated on FM residents teaching during Community Medicine rotations

Results
- Health education groups were held weekly over 14 months, with FM residents from the 3 programs rotating teaching responsibilities
- Eighteen FM residents submitted 21 reflections
- FM residents reflected on their experiences teaching, their assumptions and observations of working with the Meta House residents, and the orientation and training provided to them by the FM faculty
- Responses were reviewed and key topics, words, and themes were identified

Rotating List of Topics
- HIV/AIDS
- Wellness
- Meditation
- Cancer Screening
- Health Systems Navigation
- Lead Screening
- STIs
- Family planning
- Hypertension
- Nutrition
- Preventative Care
- Sleep

FM Resident Reflections
- Topic: Cancer Screening
  “During my discussion, the women were able to talk about their experiences with endometriosis, pregnancy, cancer; instead of brushing these comments aside, the other women would commend the person speaking for their bravery”

Constructive Feedback
- Trauma-informed presentations
- Prepare for technological difficulties
- Ongoing needs assessment with Meta House staff and patients for topic selection

Discussion
- Benefits of the program
  - Strengthens FM resident awareness of community needs
  - Increases FM resident understanding of addiction and recovery process
  - Provides opportunity for FM residents to reflect on biases pertaining to vulnerable groups
  - Builds skills for leading group discussions
  - Improves patient-centered communication
  - Fosters collaboration with community partner
- Challenges
  - Better connect topics in context of substance use disorders and recovery
  - Missed opportunities for co-learning and feedback as residents typically lead alone
  - Cumbersome process for educational materials, submission of reflections, and data collection at multiple residencies

Future Directions
- Understand impact on Meta House residents through collaboration with community partner
- Continue transition of project to new FM residency programs and continued group didactic reflection session
- Identify additional ways to strengthen community partnership with Meta House to address their needs and teach residents

References

Acknowledgements
- Meta House community partner
- Patients and staff
- MCW Family Medicine Residency Program Coordinators
- ASC, CSM, and NS residents


Project Aims
- Provide quality health education to community partner, Meta House
- Develop community health education skills in family medicine residents
- Learn about impact of leading health education groups on FM residents and their training
PLAY: Pediatrics-Law enforcement Alliance for Youth
Improving Healthcare for Children with Law Enforcement Involvement

Jasmine C. Dowell, MD and Megan L. Schultz, MD
Department of Pediatrics, Medical College of Wisconsin, Milwaukee WI

BACKGROUND
- Medical encounters with law enforcement (LE) involvement can be challenging for healthcare workers (HCW).
- Contentious interactions between HCW and LE.
- Impaired therapeutic relationship with patients due to perceived collusion between HCW and LE.
- Pediatric LE-encounters are further complicated by ethical, medical, and legal considerations in minors.
- Pediatric health equity and justice literature regarding LE-encounters is scant.
- We addressed this gap locally by creating the Pediatrics-Law enforcement Alliance for Youth (PLAY).

OBJECTIVES
- Partner with Children’s Wisconsin (CW), Wauwatosa Police Department, Milwaukee County Juvenile Detention Center, and Legal Action Wisconsin.
- Process improvements for pediatric LE-encounters.

METHODS
- Create multidisciplinary team of key stakeholders (Figure 1) and establish institutional sponsorship.
- Current state assessment: chart review of 2021-2023 LE-encounters in CW Emergency Department.
- Pulse surveys of HCW, LE, and PLAY partners.
- Used preliminary findings to strategize quality improvement interventions.

RESULTS

CONCLUSION
- Revised hospital policies to align with legal statutes, CW values, and trauma-informed care.
- Hosted Department of Pediatrics Grand Rounds with legal expert on pediatric LE encounters.
- Leveraged CW electronic health record (EHR) to improve Public Safety documentation and generate real-time data reports (Figure 6).

INTERVENTIONS
- Our work highlights need for guidance, documentation, and data-tracking in pediatric LE-encounters.
- PLAY addressed these needs through policy revision, education, and EHR modifications.
- Next steps:
  - Medicolegal partnership with Legal Action Wisconsin.
  - Educate patients, healthcare workers, and LE on best practices for respecting patient rights during medical encounters and maintaining a safe healthcare environment.

ACKNOWLEDGEMENTS
All of our PLAY teammates and partner institutions.
Lisa Jentsch, MBA, RN, NEA-BC (VP Patient Care) and Rainer Gedeit, MD (CMO).
Michael Levas, MD, MS (CW Vice Chair or Inclusion, Diversity, and Equity).

Drs. Dowell and Schultz have documented no financial relationships to disclose or Conflicts of Interest to resolve.
INTRODUCTION

- Globally, there is a surge in numbers of displaced people with record showing 101.1 million (UNCHR, 2022). See figure 1.
- Of the 101.1 million refugees in the world, 3.1 million are in the U.S. (U.S. Department of State, n.d.).
- Refugees' involvement in the policies that impact them is often low (Clark, 2023), hence, refugees hold little influence over the policies that affect them, leading to barriers on arrival.
- In 2019, Catholic Charities Milwaukee Refugee and Immigration Service (CCM-RIS) started using Ubuntu ethics (e.g., cultural humility) to guide their work.
- CCM-RIS is an attorney and integration driven program that helps refugees adjust to life in the U.S. and who are interested in citizenship.

What is Ubuntu?

Ubuntu is an African philosophy that emphasizes the importance of groups coming together to address issues critical to their survival. Samkange identifies Ubuntu ethics as kindness, courtesy, consideration, and friendliness in the relationship between people, a code of behavior, an attitude to others and to life (qtd. in Mhlanga, 2020).

OBJECTIVES

- Understand potential risk factors for refugee integration in Wisconsin, United States
- Understand CCM-RIS Ubuntu ethics strategies for integration
- Identify leverage areas for community organization to support integration efforts in Wisconsin

METHODS

- Qualitative research method (Glaser and Strauss, 2017) through field notes, interviews, and content analysis.
- Appreciative inquiry (Cooperrider and Srivastva, 1987).

RESULTS

Noticeable in the CCM-RIS approach is that Ubuntu ethics provide a positive tool that fosters shared goals and collaboration between receiving communities and refugees. Valuing the dignity and humanity of displaced persons supports the solidarity work of Catholic Charities in Wisconsin. Utilizing Ubuntu ethics has led CCM-RIS to:

1. Increase collaboration with Milwaukee Public Schools to strengthen refugee integration efforts. See figure 3.
2. Increase number of newcomers who became citizens by 40%. See figure 2.
3. Strengthen parent engagement that fosters quality relationships among newcomers.

DISCUSSION

Potential Risk Factors

- CCM-RIS programs leverage refugee community strengths and cultural humility, which are central to Ubuntu framework to integrate communities across southeastern Wisconsin.
- CCM-RIS provide case management and connect newcomers with employment opportunities to be self-reliance.

REFERENCES


CONCLUSION

- Refugees came to the U.S with rich experience but they still struggle with adapting to the system.
- Ubuntu ethics can yield numerous benefits that foster cultural understanding and community growth.

TAKE AWAYs

- Integration is an ongoing process.
- Ubuntu ethics/cultural humility can increase growth and community collaboration.

ACKNOWLEDGEMENT

This study received support from Masters of Sustainable Peacebuilding Program, the Institute of Systems Change and Peacebuilding (ISCP) at the University of Wisconsin—Milwaukee, and Catholic Charities Milwaukee Refugee and Immigration Services.

FOR MORE INFORMATION