MEDICAL COLLEGE OF WISCONSIN

Community Engagement

ABSTRACT **CATALOG**

2025

Community Engagement Poster Session
MCW-Milwaukee, Alumni Center
Thursday, November 13

HOSTED BY THE OFFICE OF COMMUNITY ENGAGEMENT

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Welcome to the 11th Annual MCW Community Engagement Poster Session

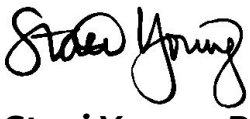
We are grateful to gather once again for this poster session, celebrating the meaningful work of our students, staff, faculty, and our community and academic partners.

Community engagement, one of MCW's four missions, is deeply woven into our programs and reflected across our centers, institutes, and departments.

The Office of Community Engagement is proud of the many ways the "art and science" of community engagement are brought to life across all MCW campuses and throughout Wisconsin.

We recognize the dedication and expertise of our faculty, staff, students, and partners, whose collective efforts advance this mission. By building on their knowledge, mentorship, and commitment, we are cultivating the next generation of leaders in community engagement. Through authentic partnerships and sustained relationships with the communities we serve, MCW continues to make a meaningful impact on health and well-being across Wisconsin.

We hope this event offers inspiration and insight into how we can strengthen our partnerships, enhance our programs, and expand our collective impact on health. May the exemplary projects showcased here spark new collaborations, ideas, and opportunities for continued engagement.



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Abstracts

A-Z First Author Last Name

PANEL: #6

TITLE:	**Culturally Targeted Sun Safety Education to Address Barriers and Misconceptions in Minority Communities**
AUTHORS:	Akorfa Adobor, MCW-Milwaukee; Alyssa Jobe, MCW-Milwaukee; Tyson Le, MCW-Milwaukee; Gabriella Martinez, MCW-Milwaukee; Jocelyne Milke, MCW-Milwaukee; Caroline Narvaez, MCW-Milwaukee; Afia Obeng, MCW-Milwaukee; Rajvi Patel, MCW-Milwaukee; Natalia Sorbjan, MCW-Milwaukee; Kamila Milejczyk, MCW-Milwaukee; Karolyn Wanat, MD, MCW-Milwaukee
ABSTRACT:	Background: The incidence of skin cancer continues to rise despite ongoing public health efforts promoting sun protection. Populations of color, including African American, Latino, and Asian communities, report lower sunscreen use due to misconceptions about melanin providing full protection, product inaccessibility, and lack of culturally relevant education. Teenagers and refugee community members also face linguistic and cultural barriers to sun safety. These disparities highlight the urgent need for community-driven and culturally tailored interventions. Objective: This study aims to assess the barriers and misconceptions surrounding sunscreen use in minority and refugee populations and to evaluate the impact of a culturally tailored, community-based sun safety educational intervention. Methods/Results: This project is conducted in partnership with Neighborhood House, UEC Riverside Park, and the International Institute of Wisconsin, which actively contributed to participant recruitment, educational workshop design, and review of intervention materials to ensure cultural and developmental appropriateness. The intervention includes a pre-survey, interactive workshop, culturally tailored educational videos, and a post-survey. Focus groups at each site provide qualitative insights. Quantitative data will be analyzed using descriptive statistics and comparative tests (chi-square, t-tests), and qualitative data through thematic analysis. Community organizations played an essential role in shaping the intervention, ensuring content reflected participants' cultural values, languages, and lived experiences. Their collaboration guided recruitment strategies, video content adaptation, and workshop delivery to foster trust and relevance within each community setting. Conclusion: We anticipate increased knowledge and intention to adopt sun-safe behaviors following the intervention. Results will be shared with community partners through presentations and culturally adapted educational materials. Findings will inform development of additional community-based and AI-enhanced sun safety resources to sustain education and promote health equity. This project is pending IRB approval at the Medical College of Wisconsin.
SUBMITTER:	Adobor, Akorfa
TOPIC AREA:	Cancer prevention/research/education; Health care access/quality

PANEL: **#31**

TITLE:	**Building Food Security on Campus: Lessons from the MATC Food Pantry Initiative**
AUTHORS:	Alham Alipuly, AAS, Milwaukee Area Technical College; Heidi Katte, MS, RDN, CD, FAND, Milwaukee Area Technical College
ABSTRACT:	Background: Food insecurity is a growing concern among college students nationwide, often creating barriers to academic success, health, and overall well-being. At Milwaukee Area Technical College (MATC), many students juggle coursework with employment, caregiving, and financial challenges, which heightens the risk of limited access to nutritious food. To address this need, MATC established food pantries on campus in partnership with community organizations. Objective: The objective of this project is to examine the role of MATC's food pantries in decreasing food insecurity, raising awareness about available resources, and fostering stronger community connections that support student success. Methods: This project draws on both quantitative and qualitative approaches. Pantry usage data were collected over two semesters, including number of visits, food distribution volume, and demographic information (while protecting confidentiality). In addition, student feedback was gathered through short surveys and informal discussions to better understand barriers, experiences, and suggestions for improvement. Community partners, including local food banks and neighborhood organizations, were also consulted to align pantry services with broader food access efforts. Results: Early findings suggest that students who regularly used the pantry reported reduced stress related to food insecurity, improved focus on coursework, and greater awareness of community food resources. Usage data revealed peak demand during midterms and finals, highlighting a strong link between academic pressures and food access needs. Collaborative relationships with community partners also expanded the variety of food items available, including fresh produce. Conclusion: The MATC food pantry initiative demonstrates how campus-community partnerships can play a vital role in decreasing student food insecurity. By normalizing the use of support services and integrating them into student life, MATC contributes to both immediate relief and longer-term student success. Lessons learned from this initiative can inform similar programs at other colleges and community institutions.
SUBMITTER:	Alipuly, Alham
TOPIC AREA:	Food access

PANEL: **#10**

TITLE:	**Does Schoolyard Greening Increase Recess Quality?**
AUTHORS:	Jessica Angel-Gonzalez, BS, MCW-Milwaukee; Konok Akter, BS, MCW-Graduate School; Courtney Jankowski, MCW-Milwaukee; Justin Hegarty, Reflo; Elizabeth De Leon, MCW-Milwaukee; Kirsten M. Beyer, PhD, MCW-Milwaukee
ABSTRACT:	Background: School recess accounts for approximately 42% of a child's daily opportunity for physical activity (PA). Beyond physical health, recess also plays a critical role in supporting children's social, emotional, and cognitive development. Emerging literature emphasizes that the quality of the recess environment is critical to maximizing the benefits of recess for children's health. The Great Recess Framework - Observational Tool (GRF-OT) was developed to measure recess quality. Higher GRF-OT scores have been positively associated with increased levels of PA. Additionally, exposure to nature has been linked to improved physical, mental, and social well-being, prompting further investigation into how schoolyard greening may enhance recess quality. Working alongside Milwaukee Public Schools we identified the best practices to reconstruct the schoolyard through qualitative interviews from teachers and staff to fit each school's specific needs. The objective is this project is to examine the impact of schoolyard greening on recess quality. Methods: Nine schools were observed using the GRF-OT, which includes 17 observational fields rated on a 1-4 scale, before and after schoolyard greening. Composite scores were calculated for recess quality, schoolyard safety, student behavior, adult engagement, and transitions. Results: After schoolyard greening, recess quality increased from 48.85 to 57.69, schoolyard safety improved from 15.08 to 18.88, student behavior scores rose from 13.63 to 16.80, and adult engagement increased from 11.40 to 12.66. No statistically significant changes were observed in transition scores. Overall recess quality is a cumulation of composite scores. A score greater than 51 indicates high quality recess environment. Conclusion: Our findings suggest that schoolyard greening is associated with significant improvements in recess quality. Redesigned schoolyards featured grassy areas, nature zones, canopies, and outdoor classrooms. Higher-quality recess environments have been linked to increased PA, positive student behaviors, and improved classroom performance, indicating schoolyard greening may serve as a valuable intervention to support child well-being.
SUBMITTER:	Angel-Gonzalez, Jessica
TOPIC AREA:	Children and youth; Environmental health/justice

PANEL:	**#33**
TITLE:	**Islamic Bioethical Considerations for End-of-Life Healthcare**
AUTHORS:	Laila Azam, PhD, MBA, MCW-Milwaukee; Arman Tahir, MD, Muslim Community Health Center; Ismail Quryshi, MD, FACP, HMDC, FAAHPM, CMD, Froedtert Hospital; Fozia Ahmed, BS, Muslim Community Health Center; Iqbal Ashraf, MS, Muslim Community Health Center; Abdul Hafeez, MD, Muslim Community Health Center; Ishma Rizvi, MPH, Muslim Community Health Center; Renee Foutz, MD, MCW-Milwaukee; Sondos Kholaki, MDiv, BCC, University of Southern California; Ramy Salah, MD; Colleen McCracken, MSN, RN, CMSRN, CHPN, OCN, NPD-BC, Froedtert Hospital; Aasim I. Padela, MD, MSc, FACEP, MCW-Milwaukee
ABSTRACT:	Background: Muslim Americans encounter unique challenges when navigating end-of-life (EOL) healthcare due to the need to reconcile complex U.S. legal requirements with Islamic ethical imperatives. Insufficient culturally/religiously tailored resources often result in decisional conflict, delayed planning, and heightened psychological distress for patients and families during critical care episodes. Objective: This initiative sought to develop a comprehensive, evidence-informed resource that operationalizes Islamic bioethical principles alongside U.S. legal and clinical frameworks. The objective was to equip Muslim patients, caregivers, and healthcare professionals with a practical tool to support timely, values-congruent EOL decision-making. Methods: Between 2022-2025, a multidisciplinary team conducted literature reviews, community-based surveys, and qualitative interviews with patients, caregivers, clinicians, and religious leaders. Findings were iteratively synthesized through workshops involving Islamic scholars, hospice and palliative care clinicians, and chaplains. The resulting resource integrates key concepts-including wilāya (guardianship), tawakkul (trust in God), and harm-reduction principles (minimizing potential physical, religious, or moral harm when ideal care cannot be achieved)-together with advance care planning tools (advance directives, power of attorney, DNR/DNI orders) to create an accessible, community-facing guide. Results: The final product is a 30+ page guide written in plain language, featuring decision-making flowcharts, hospice care myth-busting tables, and structured conversation prompts for families and clinicians. The guide offers a structured pathway to reduce decisional conflict, clarify legal and religious responsibilities, and support religiously grounded EOL care planning. Conclusion: This initiative demonstrates how community-engaged scholarship can bridge the gap between religious values and healthcare systems. By aligning Islamic bioethics with U.S. legal structures, the guide supports Muslims in approaching EOL care with peace, clarity, and trust in Allah's (God's) mercy, ultimately fostering religiously and ethically informed healthcare decisions.
SUBMITTER:	Azam, Laila
TOPIC AREA:	End of Life Care

PANEL: #32

TITLE:	**Addressing Childhood Food Insecurity: An Integrated and Community-Based Approach**
AUTHORS:	Callie J. Bednarek, MCW-Milwaukee; Madison Bjostad, Feeding America Eastern Wisconsin; Geeta Wadhwani, MPH, RN, BSN, Children's Wisconsin; Cassandra L. Wright, MA, MCW-Milwaukee; Sherida M. Strong-Rimmer, MS, LPC, Children's Wisconsin; Amanda Beavin, MA, MPA, Data You Can Use; Victor Amaya, PhD, Data You Can Use; Constance L. Gundacker, MD, MPH, MCW-Milwaukee
ABSTRACT:	Background: Food insecurity affected 17.9% of U.S. families with children in 2023, with rates reaching 39.1% at a Milwaukee pediatric clinic. Food insecurity in children is associated with higher rates of chronic health conditions, Emergency Department visits, and school absences. Recognizing these impacts, this clinic partnered with Feeding America and a regional food and healthcare coalition to improve resource access. This study aims to evaluate the impact of these partnerships and compile feedback from the community to identify areas for improvement. Methods: A Feeding America Outreach Specialist provided weekly assistance in clinic to connect families to food resources, and monthly team meetings were conducted to refine engagement strategies. Patient and staff satisfaction surveys were then administered to evaluate impact. Additionally, a food and healthcare coalition facilitated three "Data Chats", a model of focused conversations with community members about their perspectives on quantitative data related to food access. Reports from these sessions were shared with coalition partners to identify barriers to food access and inform future resource coordination. Results: In 2024, the Feeding America specialist assisted 664 families and enrolled 24 in FoodShare, providing an estimated 19,176 annual meals and an economic impact of $115,512. Clinic staff reported strong support for the program, with 81% finding it somewhat or very useful, while 19% remained neutral. Caregiver feedback demonstrated high satisfaction, with the majority stating they planned to share what they learned with friends and family. Three Data Chats were conducted with 35 community participants, highlighting key themes of economic hardship, education and training, and equity and access. Conclusion: Results suggest that embedding a FoodShare Outreach Specialist in clinic is feasible and beneficial to families and staff. Next steps include incorporating community feedback from the Data Chats, expanding to other clinics, and strengthening resource referrals across community-based organizations.
SUBMITTER:	Bednarek, Callie
TOPIC AREA:	Food access

PANEL:	**#51**
TITLE:	**Feasibility of a Breastfeeding Peer Counselor Pilot Program for Black Mothers**
AUTHORS:	Kathryn R. Blachowicz, BA, MCW-Milwaukee; Alyssa M. Hernandez, DO, MCW-Milwaukee; Dalvary Blackwell, BA, African American Breastfeeding Network; Natasha Griffin, MEd, MCW-Milwaukee; Jacqueline Peebles, MD, MCW-Milwaukee
ABSTRACT:	Background: Disparities in breastfeeding initiation and continuation exist and affect Black women most significantly. Peer counseling is a proven intervention for improving breastfeeding outcomes. This was a quality improvement initiative to partner with a community breastfeeding organization and implement an intensive, longitudinal peer counseling pilot program. Objective: Determine breastfeeding initiation, duration, and exclusivity through 12 months postpartum and identify breastfeeding barriers and facilitators for Black patients. Methods: Patients were eligible if they identified as Black or African American, pregnant at 14-20 weeks' gestational age, considering breastfeeding, and planning to deliver at Froedtert Hospital. Enrolled patients were referred to a local community breastfeeding organization that exclusively serves Black and African American women. Participants were scheduled for 3 prenatal visits with the peer counselor, 1 prenatal education class, an in-hospital visit after delivery, and 5 visits up to 8 weeks postpartum. Questionnaires on breastfeeding outcomes and experiences were conducted at enrollment, delivery, and program exit. Pregnancy and delivery data was abstracted from the medical record. Findings were summarized using descriptive statistics. Results: Of the 21 patients enrolled, 17 were successfully referred to the community breastfeeding organization. Eleven participants (52%) had at least one prenatal visit with the peer counselor, and 10 (48%) went on to continue services postpartum. The mean number of visits with the peer counselor was 4 (±4). Five of the 11 participants (45%) completed the program in full. 16 participants (94%) initiated breastfeeding at delivery. At 12 weeks postpartum, 78% of participants were still breastfeeding, and 44% were breastfeeding exclusively. Of the patients still breastfeeding at 12 weeks, 67% intended to continue breastfeeding until at least 6 months. Conclusion: Community-based peer counseling starting early in pregnancy is an effective and feasible strategy for supporting breastfeeding among Black women. Barriers to referrals and care continuity should also be addressed.
SUBMITTER:	Blachowicz, Kathryn
TOPIC AREA:	Maternal health; Health care access/quality

PANEL:	**#11**
TITLE:	**Evaluating the Froedtert & MCW Ignite Program: Advancing Healthcare Career Exposure and Equity Through Early Pathway Education**
AUTHORS:	Emilie K. Bloyer, BS, MCW-Milwaukee; Crystal Jushka, MEd, MCW-Milwaukee; Desirae Bartos, MPH, MCW-Milwaukee; Zoe Sternberg, BA, MCW-Milwaukee; Malika Siker, MD, MCW-Milwaukee
ABSTRACT:	Background: Disparities in healthcare workforce representation contribute to mistrust and unequal outcomes among underrepresented populations. Pathway programs introducing students to healthcare careers early are a promising strategy to improve workforce diversity. In Milwaukee, where over 50% of residents identify as Black, African American, Hispanic, or Latino, this disparity is especially evident, as Wisconsin also leads the nation in Black infant mortality [1]. The Froedtert & MCW Ignite Program was launched in 2024 to address these gaps through hands-on activities, mentorship, and early career exposure. This study assesses the program's impact on student interest in healthcare careers and subgroup differences across school types. Hypothesis We hypothesize that participation in the Ignite Program results in positive shifts in students' perceptions of healthcare careers. Aims This study evaluates program reach among underserved communities, measures changes in perceptions of healthcare careers, and assesses school-type differences to guide outreach and support health equity. Methods: Anonymous pre- and post-surveys assessed demographics, interest, and workforce diversity awareness using a 5-point Likert scale. Data were coded into five school-type groups: MPS, non-MPS charter, private, suburban public, and community-based programs. Analyses used SPSS. Mann-Whitney U tests compared pre- and post-responses; Kruskal-Wallis tests assessed post-survey differences. Results: Survey data from 26 sites (n_pre = 514, n_post = 597) revealed significant improvements in career interest, exposure, and awareness of Froedtert & MCW programs. Mann-Whitney U tests showed significant shifts in career interest and mentorship awareness. Subgroup analysis indicated students from suburban public and non-MPS charter schools had greater positive shifts than those from MPS or community programs. Kruskal-Wallis tests found significant post-survey differences in clarity, usefulness, and relevance. Conclusion: The Ignite Program positively impacted students across school types, with significant gains in career interest, exposure, and mentorship awareness. Results support pathway programs to promote workforce diversity and guide outreach to underserved populations.
SUBMITTER:	Bloyer, Emilie
TOPIC AREA:	Children and youth; Education

PANEL:	**#7**
TITLE:	**Strengthening Grassroots Civil Society Organizations to Improve Cervical Cancer Prevention Among Female Sex Workers: A Qualitative Examination of Professional Perspectives**
AUTHORS:	Faith Bobholz, BS, MCW-Milwaukee; Charles Okoth, DCM, Alliance of Women Advocating for Change; Latifah Kyeswa, DCM, Uganda Harm Reduction Network; Sarah Rine, PhD, MPH, MBBS, MCW-Milwaukee; Priscilla Nassazi, BA, Alliance of Women Advocating for Change; Dan Katende, MPH, BA, Uganda Harm Reduction Network; Fiona Mutesi, MBChB, The Aids Support Organization; Fiona Nakabugo, BS, Makerere School of Public Health; Claire Touray, BS, MCW-Milwaukee; Wamala Twaibu MPH, BA, Uganda Harm Reduction Network; Resty Kyomukama Magezi, MPH, BA, Alliance of Women Advocating for Change; Macklean Kymoya, BA, Alliance of Women Advocating for Change; Ouma Simple, MD, MPH, MSc, The Aids Support Organization; Geofrey Musinguzi, PhD, MS, BS, Makerere School of Public Health; Pius Mulamira, MS, MBChB, Uganda Cancer Institute; Julia Dickson-Gomez, PhD, MA, MCW-Milwaukee; Kirsten Beyer, PhD, MPH, MA, MCW-Milwaukee
ABSTRACT:	Background: Cervical cancer remains one of the leading causes of cancer-related deaths among women in Uganda, with female sex workers (FSW) experiencing disproportionately high risk due to limited access to prevention, screening, and treatment services. Grassroots civil-society organizations (GCSOs) serve as trusted points of contact for FSW, yet little is known about the preparedness and training needs of the professional and peer staff providing this care. Objective: To explore the knowledge, experiences, and needs of professional and peer staff serving FSW regarding cervical cancer prevention to co-develop community-led programming to strengthen care. Methods: This project was built from the ground up in partnership with GCSOs, guided by a preliminary needs assessment and an ongoing community implementation focus group. We conducted 20 semi-structured qualitative interviews with clinical and non-clinical staff-many of whom identify as part of the FSW community-across six facilities, including GCSO drop-in centers and a national referral hospital. Transcripts were analyzed using an inductive thematic approach. Findings were shared back with GCSOs to support advocacy efforts and directly inform programmatic design, including development of a pilot training. Results: While most participants understood basic cervical cancer risks, half had received no formal training. They described misinformation, difficulty navigating service availability, and the need for tailored educational materials. Staff emphasized integrated care within DICs and requested accessible training materials for all providers, including peers, to reduce stigma and expand outreach. In collaboration with GCSO staff and peer educators, we co-designed and piloted a training program led by a GCSO clinician with 21 professionals and 24 peers, improving knowledge and outreach capacity. Conclusion: Investing in GCSO capacity through accessible trainings, FSW-specific educational resources, and integrated service support can significantly strengthen cervical cancer prevention. Empowering grassroots organizations strengthens FSW engagement, improves screening uptake, and advances reproductive health equity.
SUBMITTER:	Beroza, Alenna
TOPIC AREA:	Cancer prevention/research/education; Health care access/quality

PANEL: **#12**

TITLE:	**Reaching At Risk Children through Community Partnership; the Growth of a Lead Testing Program**
AUTHORS:	Anastasia Brennan, MSN, MPH, RN, Children's Wisconsin; Diana Barany, MBA, Children's Wisconsin; Brittany Stai, RN, BSN, Children's Wisconsin; Leeann Norman, MA, Children's Wisconsin; Shyquetta McElroy, Coalition on Lead Emergency; Julie LaRose, MS, CSP, ARM, CHMM, MacCanon Brown Homeless Sanctuary; Heather Paradis, MD, MPH, Children's Wisconsin
ABSTRACT:	Background: Lead poisoning remains a prevalent issue for Milwaukee. Many children do not receive recommended blood testing throughout early childhood. Community groups have requested access to lead testing within family-serving neighborhood organizations. Objective: Perform blood lead testing for children within high-risk zip codes, leveraging trusted relationships with established community organizations and enhancing access. Methods: Since 2023, Children's Integrated Lead Team (ILT) has partnered with family-serving community organizations within high incidence lead poisoning neighborhoods in Milwaukee. The ILT provides blood lead testing monthly or bimonthly on Saturdays at MacCanon Brown Homeless Sanctuary (MBHS); evening or weekend testing at Hepatha Lutheran Church for monthly Coalition on Lead Emergency (COLE) events; and additional community health fairs or special events per request and capacity. MBHS and COLE provide the location, recruit local families, and educate on lead safe cleaning techniques and nutrition. They also provide food resources and cleaning supplies for families to take home. The ILT performs all aspects of testing, reporting, and clinical follow-up for the patients we serve. Ongoing communication with the community organization allows for modifications, as necessary. Results: In 2025, we have tested 263 children at 20 events through September 1. This compares to 247 children tested at 28 events in 2024 and 198 children tested at 24 events in 2023. Of children who received a capillary blood test, the percentage of abnormal tests has decreased over time, from 33% in 2023, to 18% in 2024, to 10% in 2025. Zip codes captured by these outreach events reflect populations of interest: 26% from 53206, 12% zip 53208, 10% zip 53210, 9% zip 53209, 6% zip codes 53212 and 53215. Conclusion: Access to neighborhood-based pediatric lead testing is an identified need of MBHS, COLE, and others. Children's ILT has built a successful model of care within high-risk zip codes.
SUBMITTER:	Paradis, Heather
TOPIC AREA:	Children and youth; Clinical/patient care

PANEL: **#54**

TITLE:	**A Decade of Engagement: The Wisconsin Child Psychiatry Consultation Program (WI CPCP)**
AUTHORS:	Michelle Broaddus, PhD, MCW-Milwaukee; Elizabeth Nelson, MA, MCW-Milwaukee; Rosa Kim, MD, MCW-Milwaukee; Matthew D. Jandrisevits, PhD, MCW-Milwaukee
ABSTRACT:	Background: Children throughout Wisconsin face significant access barriers to mental healthcare due to a severe shortage of mental health professionals. This has increased the burden on pediatric primary care providers (PCPs) who often manage mental health symptoms in their patients. The Wisconsin Child Psychiatry Consultation Program (WI CPCP) was created to address this burden by providing mental health-focused informational guidance to PCPs. A defining feature of the WI CPCP is its ability to provide education that informs psychopharmacological interventions, behavioral health recommendations, and linkage to relevant community resources and supports. The WI CPCP was developed through extensive engagement and advocacy efforts that involved the WI state government, WI DHS, the WI chapters of the AAP and AAFP, participating PCPs, and a community advisory committee. It is now a model program in the United States. Objective: The purpose of this QA/QI project is to provide a summary evaluation of the WI CPCP's community engagement and advocacy efforts over the past decade. Method: WI CPCP QA/QI indicators including program reach, PCP utilization of the WI CPCP, and satisfaction with WI CPCP services were mapped onto a timeline of engagement and advocacy initiatives between 2013-2023. Results: Engagement with the WI state government, community clinics, PCP champions, and a community advisory committee were instrumental in the establishment and growth of the WI CPCP. As a result, by 2025, the WI CPCP enrolled over 2400 PCPs and provided over 10,000 consultations. Over 1.2 million WI children and adolescents now have improved access to mental healthcare. Conclusion: The steady growth and success of the WI CPCP corresponded with ongoing, strategic engagement and advocacy initiatives over the past 10 years. These results may inform the development of other statewide child psychiatry access programs nationwide.
SUBMITTER:	Jandrisevits, Matthew
TOPIC AREA:	Mental health; Children and youth

PANEL: #26

TITLE:	**Tick Talk: Lyme Disease Prevention and Awareness Teaching Model**
AUTHORS:	Autumn R. Capper, BS, MCW-Central Wisconsin; Amy J. Prunuske, PhD, MCW-Central Wisconsin
ABSTRACT:	Background: Lyme disease is an escalating public health concern in Wisconsin, with reported cases tripling over the past 15 years. Children and adolescents are among the most at-risk populations, yet no documented school-based initiatives currently address tick-borne illness awareness and prevention. In collaboration with local public school science teachers in Central Wisconsin as our community engagement partner, this project aims to fill this knowledge gap by developing and implementing an engaging, age-appropriate educational program for middle and high school students in order to empower youth with the knowledge and skills needed to reduce their risk of Lyme disease. Objective: To develop and evaluate a Lyme Disease Teaching Model for middle and high school students in Central Wisconsin, with goals to (1) increase student knowledge of Lyme disease and tick prevention strategies, and (2) assess whether the session influenced interest in science or health careers. Methods: The one-hour teaching session included didactic instruction and hands-on activities such as tick identification and DNA extraction. Voluntary pre- and post-session surveys measured changes in students' knowledge and career interests. Participating teachers also completed surveys assessing the program's perceived effectiveness and feasibility for broader school-wide adoption. Results: Post-session survey data demonstrated improved student ability to identify tick species and an increased understanding of Lyme disease transmission and prevention. The session had limited impact on student interest in science or healthcare careers. Teachers reported that the session was educationally beneficial and expressed interest in future implementation across classrooms. Conclusion: The teaching model effectively enhanced student knowledge about Lyme disease and prevention. While shifts in career interest were minimal, strong teacher support and regional need suggest promising potential for wider adoption of this model to promote tick-borne disease awareness in school settings.
SUBMITTER:	Capper, Autumn
TOPIC AREA:	Education; Children and youth

PANEL: #34

TITLE:	**The Impact of Primary Language on Specialty Care Access in Uninsured Patients at a Student-Run Free Clinic**
AUTHORS:	Alexis Carlson, BS, MCW-Milwaukee; Jessica L. Prom, BS, MCW-Milwaukee; Christine C. Rogers, BS, MCW-Milwaukee; Amber Brandolino, MS, BA, MCW-Graduate School; Jordan Eng, BS, MCW-Milwaukee; Jessica Angel-Gonzalez, BS, MCW-Milwaukee; Mary E. Schroeder, MD, MS, FACS, Froedtert Hospital
ABSTRACT:	Background: Patients with limited English proficiency are more likely to be uninsured and face barriers to accessing health care, resulting in worse outcomes. However, these effects of primary language are not well understood in uninsured patients in the context of specialty care. This study examined how a patient's primary language affects specialty care access and aimed to promote equitable care for the uninsured community. Methods: A retrospective review was conducted on patients referred to specialty care between August 2023 and October 2024 at an urban student-run free clinic. Referral completion rate was stratified based on referral type, location, and patient demographics. For incomplete referrals, reasons for incompletion were categorized and compared by language group using chi-square and independent samples t-tests ($p \leq 0.05$). This quality improvement project was deemed exempt by the study site's Institutional Review Board and conducted in collaboration with clinic leadership to guide interpretation and next steps. Results: Among 327 referrals, the overall completion rate was 43.7%. The most common primary languages were English (74.2%) and Spanish (21.4%). Completion rates did not differ by language (English 43.2% vs. non-English 46.4%, $p = 0.60$). However, reasons for incompletion varied significantly ($p = 0.02$): non-English-speaking patients more often had incomplete referrals due to staff error (53.1%) or inability to contact (34.3%), whereas English-speaking patients more often no longer needed the service after obtaining insurance (16.8%). These findings suggest that while language was not a barrier to referral completion, it shaped underlying reasons for incompletion. Conclusion: Referral completion did not differ by primary language; however, the reasons for incomplete referrals reveal communication and workflow barriers that disproportionately impact patients with limited English proficiency. Findings will inform staff training, workflow redesign, and targeted communication improvements to promote equitable access to specialty care for uninsured community members within the free clinic model.
SUBMITTER:	Carlson, Alexis
TOPIC AREA:	Health care access/quality; Social determinants of health

PANEL: #35

TITLE:	**Awareness, Treatment and Access to Dermatologic Care in Underserved Communities: Findings from a National Needs Assessment**
AUTHORS:	Varshita Chirumamilla, BS, MCW-Milwaukee; Karolyn Wanat, MD, MCW-Milwaukee
ABSTRACT:	Background: Underserved populations in the United States face persistent barriers to dermatologic care, including cost, lack of insurance, and limited access to specialists. These inequities contribute to delayed diagnoses, under-treatment of chronic conditions, and worse outcomes. Despite the high burden of hair, skin, and nail (HSN) conditions in these communities, little is known about awareness, treatment behaviors, and care-seeking patterns. Objective: This study evaluated condition awareness, treatment practices, access to dermatology services, and perceived barriers among underserved adults and parents of children with HSN conditions to identify community-informed opportunities to advance dermatologic health equity. Methods: A national survey of underserved adults aged 18-79 years who were Medicaid recipients or uninsured (N=1,901) was conducted from June 22-July 12, 2023. Quotas ensured representation across racial, ethnic, and gender groups. The 20-minute online survey, available in English and Spanish, assessed awareness, treatment behaviors, access to care, and community health center use. Community health partners and advocacy organizations helped shape survey design, recruitment, and interpretation to ensure cultural relevance and practical application. Results: Sixty-one percent reported currently experiencing an HSN condition; over one-third could not name their condition, and nearly half relied on self-diagnosis. Only 39% sought professional care, citing cost and insurance as primary barriers. Parents were more proactive (81% sought care within a year vs. 58% of adults). Although community health center use was low, 80% expressed interest in receiving dermatologic services and education through these sites. Conclusion/Next Steps: Underserved communities experience a high burden of skin disease yet face systemic barriers to care. Next steps include partnering with community health centers to co-develop culturally tailored educational materials, launch mobile dermatology outreach, and train primary care providers in basic dermatologic care. Findings will be disseminated nationally through the AAD Community Engagement division, leveraging its network to inform, empower, and connect underserved communities to accessible dermatologic resources.
SUBMITTER:	Chirumamilla, Varshita
TOPIC AREA:	Health care access/quality; Health education

PANEL:	**#36**
TITLE:	**Closing the Application Gap: A Quality Improvement Program for Crime Victims Compensation Applications in Wisconsin**
AUTHORS:	Emily Cooper, BS, MCW-Milwaukee; Andrew Labott, BS, MCW-Milwaukee; Anna Tatakis, MD, Froedtert Hospital; Peter Wawrzyn, BS, MCW-Milwaukee; Vaishnavi Sribhasyam, BS, MMP, Froedtert Hospital; Mary Elizabeth Schroeder, MD, 414Life, Wisconsin Department of Justice
ABSTRACT:	Victims of crime (VOC) often face serious medical and financial challenges during recovery. In Wisconsin, the Crime Victims Compensation (CVC) Program can help with medical expenses, counseling, lost wages, and other costs. However, many victims are unaware of the program or find the application process difficult. A survey at Froedtert Hospital showed that only 9 percent of eligible patients knew about CVC. Education and social work involvement improved awareness but many patients still needed assistance completing applications. The goal of this project was to improve access to CVC benefits for hospitalized VOC by providing structured bedside application assistance. This project partnered with 414 Life and the Wisconsin Department of Justice to increase awareness and help patients apply for financial support. From May to August 2025, the program was tested on two inpatient units at Froedtert Hospital. Social workers identified eligible patients and sent referrals through the hospital secure messaging system. On call medical students, trained in CVC eligibility and the application process, visited patients to explain the program, confirm eligibility, obtain consent, and help complete and submit applications. Patients received printed instructions on program benefits and follow up information. Fourteen patients were referred. Nine met eligibility criteria, and six were seen by medical students. Five patients completed applications with student assistance, and one applied independently. Patients valued in person guidance, and social workers appreciated help with this time intensive process. No delays in care were reported. Collaboration among social workers, medical students, 414 Life, and the Wisconsin Department of Justice shows promise in reducing barriers to CVC benefits. A hospital wide expansion beginning in September 2025 is set to improve patient experience and ensure more victims receive needed financial assistance.
SUBMITTER:	Cooper, Emily
TOPIC AREA:	Health care access/quality; Clinical/patient care

PANEL:	**#24**
TITLE:	**Co-D.R.IV.E.n: Community Led Research designed to D.ismantle Systemic-R.acism Inv.igorating E.quity-N.ow**
AUTHORS:	Terri deRoon Cassini, PhD, MCW-Milwaukee; Lucas Torres, PhD, Marquette University; Jennifer M. Harris, MEd, MCW-Milwaukee; Christine Larson, PhD, University of Wisconsin-Milwaukee; Carissa Tomas, PhD, MCW-Milwaukee; Sydney Timmer-Murillo, PhD, MCW-Milwaukee; Shawntell N. Pace, PhD, MCW-Milwaukee; Jordan Janusiak, BS, MCW-Milwaukee; Kaylen Vine, MA, Marquette University
ABSTRACT:	Background: The D.R.I.V.E. Study, funded by the Advancing a Healthier Wisconsin Endowment exemplifies the importance of community and academic partnership. The Social Development Commission (SDC), the largest community action agency-served as a deeply engaged research partner. Guided by the International Participation and Engagement Association's Spectrum of Engagement, a partnership was carefully nurtured prior to the application for research funding. Interdisciplinary academic partners included UW-M, MU, and MCW. Problem: The study was conducted to determine which structural and individual-level factors associated with experiencing discrimination led to poor mental and physical health. Using the National Institute of Minority Health and Health Disparities (NIMHD) research framework based on the socioecological model of health, the team applied advanced geospatial analytic approaches to examine the impact of structural racism/discrimination (SRD) on health. The overall goal of the study's Aim 1 was to examine geographic heterogeneity in the influence of discriminatory factors on health measures, identifying potential risk and resilience factors. Aim 2 assessed the cumulative impact of structural and interpersonal discrimination, individual experiences, and behaviors on physical and mental health. Methods: The recruitment team implemented voluntary response sampling from SDC's high-traffic lobby. The protocol for consent and participation interactions were deliberately reviewed to ensure cultural responsiveness and shaped by community input. Results: The results included alarmingly high rates of PTSD symptoms, astonishingly elevated blood pressure readings, and increased exposure to community violence and discrimination. These findings provide empirical evidence for the sentiments often expressed by the African American community. By embedding the study in the community, the research was feasible and had high reach to our priority population. Conclusion: Several best practices emerged from this study. Dissemination has continued beyond the grant period, ensuring that findings inform both community dialogue and academic scholarship, while providing a foundation for the development of future community-based interventions.
SUBMITTER:	Harris, Jennifer
TOPIC AREA:	Diversity, equity, inclusion; Socioeconomic status/poverty

PANEL: **#27**

TITLE:	**Students Understanding Principles of Research Education through Medicine, Engineering, and Science (SUPREMES)**
AUTHORS:	Dusanka Djoric, PhD, MCW-Milwaukee; Denise Perea, MCW-Milwaukee
ABSTRACT:	Students Understanding Principles of Research Education through Medicine, Engineering, and Science (SUPREMES) is an academic-year program that provides high school students with experience in biomedical research in laboratories of established faculty at the Medical College of Wisconsin and its affiliate institutions. The program aims to shape well-rounded student-researchers through reading and understanding scientific journal articles, practicing scientific literacy and rigor through hands-on research, writing about, and presenting their findings, all of which will promote their success in a health-science related field. The program involves lectures, workshops, and hands-on training in the fall, and participation in a hypothesis-based research project during the spring semester that culminates in a poster presentation at the SUPREMES Symposium. The program collects and tracks data through the program application materials, end-of-the year reflection document for current students, and surveys collected over a span of at least 5 years post program participation to assess impact and importance of the program. Application data is analyzed over time to determine number of schools providing candidates, surveys are assessed for demographic, school, employer, and career related information as a way to assess continuation into STEM careers in and outside of Wisconsin, and reflection documents are assessed through thematic analysis. From the data collected, it is apparent that there is a continued interest in SUPREMES as evidenced by number of both new applications and high schools encouraging students to apply. End-of the-year reflection survey data has revealed that students are finding the program instrumental in their development as future health professionals. Finally, the outcomes data from yearly tracking surveys shows that students completing the SUPREMES program retain an interest in STEM and pursue STEM/healthcare related majors in college. In all, these findings indicate the importance of offering the SUPREMES program for local high school students.
SUBMITTER:	Djoric, Dusanka
TOPIC AREA:	Education

PANEL: **#28**

TITLE:	**Excellence in Community-based Eldercare through Academic-Community Partnerships**
AUTHORS:	Rebecca Elon, MD, MPH, Saint John's on the Lake Communities; Dorie Petitt, MSN, RN, Saint John's on the Lake Communities; Rachel Saltness, MD, MCW-Milwaukee; Laura Brusky, MD, MCW-Milwaukee; Evan Henricks, MD, MCW-Milwaukee; Brooke Passolt, MD, MCW-Milwaukee; Camille Garrison, MD, MCW-Milwaukee; Kathryn Denson, MD, MCW-Milwaukee; Ed Duthie, MD, MCW-Milwaukee
ABSTRACT:	In October 2024, a partnership began between MCW's Department of Family and Community Medicine (DFCM), the Division of Geriatric Medicine (Department of Medicine) and Saint John's on the Lake (SJOL), a continuing care retirement community (CCRC) on Milwaukee's East Side. The collaboration involves an MCW geriatrician assuming responsibility as the community's medical director and as attending physician within the nursing facility and assisted living units ("the neighborhoods"). It also involves DFCM faculty assuming responsibility for a teaching clinic in the outpatient Wellness Center at Saint John's. PGY-2 Family Medicine Residents on their block rotation in Geriatric Medicine rotate with faculty supervision through both the neighborhoods and the outpatient primary care clinic. Results of the partnership include: 1) The faculty geriatrician is the medical director for the campus and has completed her SJOL sponsored training to become a nationally Certified Medical Director. 2) In 2025, Saint John's nursing facility overall Medicare rating improved from 3 to 5 stars and its nursing facility Novare ratings improved, achieving the highest ratings among all the similar CCRCs surveyed. The average Novare satisfaction score was 4.20. The SJOL score in 2023 was 4.27 and in 2025 was 4.71. 3) The faculty geriatrician assumed attending physician duties for 27 of the 75 the community members in the neighborhoods. 4) The DFCM faculty assumed primary care duties for 58 independent community members within Saint John's Wellness Center. 5) In first year, twelve Family Medicine residents rotated through the outpatient primary care center, the nursing facility and assisted living units at SJOL. Plans for the second year include strengthening the training program through a formalized geriatric medicine curriculum and developing the clinical scholarship component, including a follow up study of a 1993 landmark study of outcomes of CPR in Milwaukee nursing homes in the pre-AED era.
SUBMITTER:	Elon, Rebecca
TOPIC AREA:	Education; Eldercare Education

PANEL: #52

TITLE:	**Educating Mothers and Pregnant Women in a Women's Shelter on Navigating Digital Information: A Digital Wellness Module**
AUTHORS:	Aylinh Eng, BS, MCW-Milwaukee; Sabina Diehr, MD, MCW-Milwaukee; Janice Chiou, MS, MCW-Milwaukee; Alexa Burton, BS, MCW-Milwaukee; Rachel Knoebl, BS, MCW-Milwaukee; McKenzie Kauss, BS, MCW-Milwaukee; Maria Gomez, BS, MCW-Milwaukee
ABSTRACT:	Technology plays an integral role in the lives of many, including pregnant women and mothers who use digital tools for health information and essential services. However, low health literacy is associated with adverse maternal and neonatal outcomes, a risk compounded for unhoused mothers due to the link between lower health literacy and housing insecurity. It is crucial for vulnerable mothers to obtain accurate and reliable health information and navigate the internet safely. This project emphasized community engagement by partnering with a local organization supporting women experiencing homelessness in Wisconsin. A digital wellness module was created to address digital health literacy. Its development was informed by evidence-based research from sources such as the Health Information National Trends Survey, the Community Mental Health Journal, and JAMA Network. The module, approved by a physician-professor at an academic institution, covered digital wellness, misinformation, source reliability, and online safety. Two sessions were conducted in 2025 with 10 total participants. Understanding of the module content was assessed using a pre- and post-module questionnaire containing six and seven questions, respectively. The post-module questionnaire also contained a question for written feedback. Comparison of the two scores of accuracy was conducted for data analysis on Excel. The average post-module questionnaire score improved from 65% to 80%, a notable 15% increase. The most significant improvement was observed in the question related to evaluating source reliability, with the average score improving by 40%. This health advocacy effort provided a measurable improvement in digital health literacy for a vulnerable population. Future efforts should focus on integrating this module into support services at the partner organization and developing tailored, accessible digital resources specifically addressing common health misinformation encountered by unhoused mothers. This initiative highlights the value of direct collaboration with local community organizations to address health disparities.
SUBMITTER:	Eng, Aylinh
TOPIC AREA:	Maternal health; Education

PANEL: **#19**

TITLE:	**Implementation of Motion Analysis Clinics Through the Global Mobility Outreach Program: Advancing Care, Education, and Research in Underserved Regions**
AUTHORS:	Molly K. Erickson, MEd, BS, Marquette University; Jacob Rammer, PhD, University of Wisconsin-Milwaukee; John Rose Santiago, PhD, St. Xavier Institute of Engineering; Atul Bhaskar, FRCS Orth, FRCS, MS, DNB, St. Xavier Institute of Engineering; Jaychand Upadhyay, PhD, St. Xavier Institute of Engineering; Chasanal Rathod, MBBS, MS, St. Xavier Institute of Engineering; Mayuri Gad, BPT, MS, St. Xavier Institute of Engineering; Simran Raut, BPT, MS, St. Xavier Institute of Engineering; Gerald F. Harris, PhD, Marquette University
ABSTRACT:	Background: The Global Mobility Outreach program, led by The Orthopaedic & Rehabilitation Engineering Center (OREC MU, MCW), supports the development of international clinics to advance healthcare through musculoskeletal simulation, modeling, and technology. Partner organizations worldwide offer clinical mobility services, including quantitative motion analysis, to improve surgical and rehabilitative outcomes for children and adults with neuromuscular and orthopaedic conditions. Objective: This initiative aims to enhance clinical care and expand access for patients and families in underserved regions by establishing motion analysis systems and delivering comprehensive education and training programs. Methods: OREC begins by installing a low-cost gait analysis system and providing full technical support, enabling clinics to assess pediatric patients and refine treatment plans. Clinics receive ongoing instruction and participate in interactive case reviews to strengthen quantitative analysis and follow-up procedures. As the program progresses, clinics are equipped with advanced tools, including ground reaction force plates, upgraded motion capture cameras, and wireless electromyography systems. These enhancements support the implementation of care programs and the development of educational initiatives for medical students, residents, and fellows in collaboration with therapists, technicians, and biomedical engineers. Support for clinical research is also integrated into the program's growth. Results: The St. Xavier Institute of Engineering in Mumbai, India, has successfully completed the full Global Mobility Outreach process and is the only lab in India engaged in clinical research of this kind. The lab serves over 270 patients annually, has published multiple peer-reviewed journal articles, secured two patents, and launched an annual educational course, "St. Xavier Gait Analysis Course" attended by physicians, therapists, and engineers. Conclusion: Global partners, including those in Mumbai, have demonstrated the capacity to establish sustainable programs that advance clinical care, medical education, interdisciplinary collaboration, and clinical research with operational independence.
SUBMITTER:	Erickson, Molly
TOPIC AREA:	Clinical/patient care; Health care access/quality

PANEL: #37

TITLE:	**Development of a Community Health Worker program for the Latino Community in Milwaukee**
AUTHORS:	Monica Estrada, BA, University of Wisconsin-Milwaukee; Kenia M. Rivera, PhD, Marquette University; Elizabeth Montes, BS, University of Wisconsin-Milwaukee; Norma Reyes, MS, University of Wisconsin-Milwaukee; Tori Haanstad, MS, University of Wisconsin-Milwaukee; Sabreet K. Dhatt, BA, University of Wisconsin-Milwaukee; Alexandra Gonzalez-Van Wart, BA, Marquette University; Flavia Pantoja, BS, MCW-Milwaukee; Courtney Barry, PhD, MCW-Milwaukee; Ricardo Martin, St. Adalbert Parish; Kimberly D'Anna-Hernandez, PhD, Marquette University; Gabriela A. Nagy, PhD, University of Wisconsin-Milwaukee
ABSTRACT:	Background: Latinos are currently experiencing many mental and physical health issues due to ongoing multisystemic stressors. A community-based approach is needed to address the significant barriers (e.g., language, stigma) known to reduce access to the mental and physical healthcare within the Latino community. A culturally tailored Community Health Worker (CHW) program within a faith-based institution was developed to train community members of the Southside of Milwaukee to be CHWs. This model has been found to be a powerful resource for the community to reduce stigma via psychoeducation and ultimately increase access to resources and support services. Objective: The objective of this project is to describe the development, initiatives, and future directions of the CHW program culturally tailored for the Latino community within a faith-based institution. Methods: Leveraging past evidence-based manuals for CHW programs and with a culturally responsive focus, a manual was co-developed to establish and delineate the roles and responsibilities of community health workers (CHW; N=15) at a Spanish-speaking parish on the Southside of Milwaukee. Results: Most CHW's were from Mexico (66.67%), with 46.67% attaining a high school degree/GED or less. Utilizing a community-engaged approach, participants were involved in the development of the CHW program manual by providing feedback and reflections on their expectations of the program and identifying the needs of the greater community. Core priorities of being a CHW were identified, including healthcare navigation, community service, and reducing stigma via psychoeducation. Fundamental leadership qualities of effective CHWs were also identified, including strengthening interpersonal skills and the navigation of healthcare services. Conclusion: Future directions of the CHW program include a program evaluation, tracking the impact of services within the community, and replication of the model. Future initiatives include understanding participants' self-efficacy and competency on being a CHW to further tailor the CHW program to the Latino community.
SUBMITTER:	Estrada, Monica
TOPIC AREA:	Health care access/quality; Urban health

PANEL: **#13**

TITLE:	**Enduring Stress, Mobilizing Support: The Family Experience of Urban Pediatric Surgery**
AUTHORS:	Haley Feltracco, MD, Children's Wisconsin; Benjamin Close, BS, MCW-Milwaukee; M. Muska Nataliansyah, MD, PhD, MPH, MCW-Milwaukee; Shana Lara, PhD, MCW-Milwaukee; Kyle Van Arendonk, MD, PHD, Nationwide Children's Hospital; Katherine Flynn-O'Brien, MD, MPH, Children's Wisconsin
ABSTRACT:	Background: Families facing socioeconomic disadvantage encounter distinct challenges when seeking surgical care for their children. Prior research has emphasized access and clinical outcomes, but less is known about how caregivers experience, adapt to, and find support during pediatric surgery. This study explores the experiences of caregivers whose children underwent surgery at a large children's hospital, with particular attention to families living in high-deprivation neighborhoods. Methods: We conducted 45-60-minute virtual interviews with 21 caregivers whose children had surgery at a Milwaukee children's hospital. Caregivers' residential addresses were linked to the Area Deprivation Index, allowing us to identify families living in socioeconomically disadvantaged neighborhoods. Interviews were transcribed and thematically analyzed by a multidisciplinary team. Analysis captured the emotional, physical, and social dimensions of caregivers' experiences. Results: All participants were mothers; most identified as African American and were covered by state-sponsored insurance. Household income ranged from under $15,000 to more than $75,000 annually, though families reported variable financial comfort within categories. Surgeries ranged from routine to life-threatening. Three themes emerged: 1. Emotional and physical impact: Caregivers described anxiety, fear, and physical strain, with barriers to staying close to their child and distress from separation. 2. Support structures: Families highlighted the importance of provider follow-up, emotional support, and family assistance. Informal networks were often critical, though some caregivers struggled with limited support. 3. Parental agency: Caregivers reported advocating for their child, drawing on personal knowledge, and balancing work with caregiving. Resilience and supporting other families were recurring themes. Conclusion: Families from socioeconomically disadvantaged neighborhoods, as identified by the ADI, experience significant emotional, physical, and logistical burdens during pediatric surgery. Caregivers' resilience, advocacy, and support systems are central to coping. Interventions that expand family-centered supports and address structural barriers may help reduce disparities and improve experiences for families navigating surgical care in high-deprivation contexts.
SUBMITTER:	Close, Benjamin
TOPIC AREA:	Children and youth; Urban health

PANEL:	**#20**
TITLE:	**Perceived Effectiveness of a Novel Community-Based Care Program for Type 2 Diabetes Mellitus in Dhulikhel Municipality**
AUTHORS:	Kevin Folivi, MS, MCW-Milwaukee; Rajani Shakya, MD, Kathmandu University School of Medical Sciences; Jenisha Shrestha, BSN, Kathmandu University School of Medical Sciences; Constance Shumba, PhD, MCW-Graduate School; Sara Kohlbeck, PhD, MPH, MCW-Graduate School; Biraj Karmacharya, PhD, MPH, Kathmandu University School of Medical Sciences; Abha Shrestha, MD, Kathmandu University School of Medical Sciences; Laura Cassidy, MS, PhD, MCW-Graduate School
ABSTRACT:	Background: With the prevalence of type 2 diabetes mellitus (T2DM) in Nepal estimated at 8.5%, there is an urgent need for innovative, community-based strategies to improve disease management and patient outcomes. This study evaluates a community-centered care program implemented in collaboration with local government authorities and Dhulikhel Hospital. The initiative seeks to enhance healthcare access for individuals living with T2DM through the implementation of community and home-based care by Dhulikhel Hospital nurses who facilitated routine check-ups, treatment, and health education. The study specifically explores the perceptions and experiences of program participants and key stakeholders. Methods: A qualitative study design was employed, comprising six focus group discussions with healthcare providers and patients from 12 wards within Dhulikhel Municipality, conducted between May and June 2024. Additionally, seven key informant interviews were held with relevant stakeholders. Participants included 17 government healthcare providers, two representatives from Dhulikhel Hospital, six local stakeholders, and 44 individuals diagnosed with T2DM. Data were analyzed using an inductive thematic approach with support from NVivo software. Results: Thematic analysis identified five major themes and eight associated subthemes. The primary themes include: (1) Positive Perceptions of Dhulikhel Hospital and the Community Care Program for Health (CCPH); (2) Strengthening Stakeholder Engagement and Intersectoral Collaboration; (3) Resource Constraints in Funding and Staffing; (4) Limited Access to Essential Medicines and Services at Local Health Posts; and (5) Challenges in Transportation Infrastructure for Personnel and Biological Samples. Conclusion: The findings underscore the perceived value of the CCPH in improving access to diabetes care and fostering collaborative community health efforts. However, persistent challenges, particularly regarding medication availability, transportation logistics, and limited patient confidence in self-management highlights critical areas requiring attention. Addressing these systemic gaps could enhance the program's efficacy and sustainability, ultimately contributing to improved care quality for individuals with T2DM in Dhulikhel, Nepal.
SUBMITTER:	Folivi, Kevin
TOPIC AREA:	Clinical/patient care; Health care access/quality

PANEL: **#14**

TITLE:	**Science Nights: STEM Exposure for Milwaukee Youth through Community Engagement in Partnership with Medical Students**
AUTHORS:	Maria Gomez, BS, MCW-Milwaukee; Abbey Stoltenburg, MA, BS, MCW-Milwaukee; Sheyenne Tung, BS, MCW-Milwaukee; Kimberly Njoroge, GRI, New Beginnings Are Possible; Linda Meurer, MD, MPH, MCW-Milwaukee; Leslie Ruffalo, PhD, MS, MCW-Milwaukee
ABSTRACT:	Background: Educational opportunities and experiences vary widely by parental income, community resources, and Area Deprivation Index (ADI). ADI is a measure of opportunities in a specific area that considers housing disparities, employment, education, and income in predicting life expectancy. This measure is higher in the City of Milwaukee which can be associated with fewer educational opportunities and can be addressed through community-based interventions. Objective: Science Nights, a collaboration between New Beginnings Are Possible (NBAP) and MCW, aims to help increase STEM exposure at earlier ages through interactions with medical students and other professionals. Early STEM exposure can be linked to future involvement in the field and can provide meaningful and sustainable relationships between MCW and the Milwaukee community. Methods: We utilized an existing educational model to host Science Night booths led by volunteers for elementary school students. Booths have included DNA extraction, pipetting, wound packing, etc. Through administering volunteer and parental qualitative feedback surveys and informally reviewing it, we have been able to identify strengths and areas for improvement. Results: During the first Science Night hosted in 2023, there were 20 participants. In 2024, three events were hosted at Milwaukee Academy of Science (MAS), Brown Street Academy (BSA), and St. Sava Elementary and each had 15, 50, and 67 participants, respectively. Stellar Elementary (Feb 2025) had 40-50 participants. Across the different events, over 180 medical students have volunteered. Feedback showed that every station was engaging and that volunteers appreciate the value of adaptability of learning styles for different groups. Conclusion: Partnerships between community organizations and medical educational institutions can help address the lack of educational opportunities in areas where there is a higher ADI. In future events, we are hoping to analyze each booth specifically through survey collection and incorporate new booths as these partnerships continue.
SUBMITTER:	Gomez, Maria
TOPIC AREA:	Children and youth; Education

PANEL: #42

TITLE:	**Community Talks (Charlas Comunitarias): Building Health Literacy Through Academic-Community Partnerships in the Latino Community**
AUTHORS:	Alexandra Gonzalez-Van Wart, BA, Marquette University; Norma Reyes, MS, University of Wisconsin-Milwaukee; Toriah Haanstad, MS, University of Wisconsin-Milwaukee; Sabreet Kaur Dhatt, BS, University of Wisconsin-Milwaukee; Kenia Rivera, PhD, Marquette University; Monica Estrada, BA, University of Wisconsin-Milwaukee; Elizabeth Montez, BS, University of Wisconsin-Milwaukee; Esmeralda Lezama-Ruiz, MS, Marquette University; Karen Alvarez, MS, University of Wisconsin-Milwaukee; Courtney Barry PsyD, MCW-Milwaukee; Ricardo Martin, Mdiv, St. Adalbert Church, Gabriela A. Nagy, PhD, University of Wisconsin-Milwaukee; Kimberly D'Anna-Hernandez, PhD, Marquette University
ABSTRACT:	Background: Latino communities in the US experience health inequities, including barriers such as language, stigma, and limited access to care. Lower health literacy and stigma around mental health topics impact help-seeking, which can be targeted through culturally-informed psychoeducation. Charlas Comunitarias (Community Talks) were developed as a prevention-focused, culturally-grounded presentation series to provide accessible education on mental health and other well-being topics. Objectives: To present the Charlas model and evaluate feasibility, appropriateness, acceptability, understanding, and learning during early implementation. Methods: The program was co-designed by two local universities and a faith-based community partner in a predominantly Latino neighborhood. Charlas were advertised through Church newsletters and word-of-mouth. Charlas were held at a local Church, delivered in Spanish by bilingual graduate students, university professors, and expert guest speakers. Topics (e.g., stigma, depression) were identified through community input. Quantitative evaluation methods included post-session surveys where participants stated whether they would attend another similar session (feasibility), and used a 5-point rating scale to indicate how much they liked the sessions (acceptability), understood the information as it was presented (understandability), and how much they learned from the session (learning). Evaluation methods also included thematic analysis of participant feedback. Results: Nine sessions engaged approximately 177 attendees (20 attendees on average per session). Post-session surveys indicated high mean (M) feasibility (M = 0.99), acceptability (M = 4.34), understanding (M = 4.57), and learning (M = 4.36). Some differences in participants' learning were noted. Qualitative feedback highlighted the value of bilingual delivery, holding the Charlas in a trusted setting, and suggestions for expanding outreach. Conclusion: The Charlas helped normalize and promote psychoeducation of mental health topics. The community setting and attention to cultural values helped reduce barriers that contribute to inequities. Charlas show promise as a culturally responsive model for addressing inequities and fostering dialogue in Latino communities.
SUBMITTER:	Gonzalez-Van Wart, Alexandra
TOPIC AREA:	Health education; Diversity, equity, inclusion

PANEL:	**#60**
TITLE:	**Wound care kits to address the wound burden among persons experiencing homelessness in Milwaukee**
AUTHORS:	Alexander Gowing, MCW-Milwaukee; Daniel Talebzadeh Shoushtari, MCW-Milwaukee; Benjamin Bateman, MCW-Milwaukee; Seamus McWilliams, University of Wisconsin School of Medicine and Public Health; Kaitlyn Weix, MCW-Milwaukee; Stephen Halada, MCW-Milwaukee; Alexa Weber, MCW-Milwaukee; David Nelson, PhD, MS, MCW-Milwaukee, StreetLife Communities
ABSTRACT:	Background: Persons experiencing homelessness (PEH) face disproportionately high rates of trauma, infection, and skin and soft tissue wounds. Within established homeless outreach networks in Milwaukee, additional resources and pathways are needed to address the significant burden of wounds among PEH. Objective: To provide simple wound care supplies and patient-centered wound care education for PEH in Milwaukee. Methods: This is a community engagement project in collaboration with StreetLife Communities, a community partner with expertise on needs of PEH and distribution logistics. Medical students partnered with Froedtert's Wound Care Clinic and Acute Care Surgery division to create wound-care pamphlets and supply lists tailored to relevant injuries. Students developed a wound care kit distribution tracker using the Qualtrics platform, a mobile survey tool. After Froedtert community sites and other community partners donated kit supplies, students assembled wound care kits and completed a kit distribution trial period. Results: Through an iterative process with Froedtert's Wound Care Clinic and StreetLife Communities, we optimized an educational pamphlet to provide information on wound types, cleaning instructions, and red-flag signs requiring medical attention. This process was necessary to balance educational content with user-friendly language. We used a similar process to finalize optimal wound care kit supplies and a stepwise system within each kit for easy use. With donated supplies, students assembled 10 initial wound care kits with educational pamphlets and distributed each along StreetLife Communities routes to PEH with wound care needs. Kit distribution was tracked on the Qualtrics form. Distribution metrics are shared monthly with StreetLife Communities. Conclusion: Through community-informed methods, we successfully implemented a pathway for wound care resource allocation within established community organizations. Future efforts will include distributing 200 additional kits, establishing other distribution routes with community partners, and creating educational workshops on wound care management for community volunteers.
SUBMITTER:	Gowing, Alexander
TOPIC AREA:	Social determinants of health; Health care access/quality

PANEL: #8

TITLE:	**A Transdisciplinary Approach to Building the Milwaukee Lung Cancer Coalition**
AUTHORS:	Kelly Hackett, MPH, Wisconsin Women's Health Foundation; Kristen Gardner-Volle, Evaluation Plus; Michael Gonzalez Jr., MPH, MCW-Milwaukee; Laura Pinsoneault, PhD, Evaluation Plus; David Frazer, MPH, Center for Urban Population Health; Staci Young, PhD, MCW-Milwaukee
ABSTRACT:	Background: For over three years, the Community & Cancer Science Network's (CCSN) Collaborative Work Groups initiative has built relationships on community-academic Transdisciplinary (TD) teams. One of these work groups, grown to explore lung cancer disparities in Milwaukee, used a human-centered design approach in a first phase to recommend the creation of coalition to bridge three related, but often siloed, areas: radon, tobacco cessation, and lung cancer screening. Objective: The Milwaukee lung cancer collaborative work group, in a second phase of work, aims to bridge radon, tobacco cessation, and lung cancer screening by building the Milwaukee Lung Cancer Coalition. Methods: The implementation team is applying the CCSN TD approach, which uses the tools of developmental evaluation, human centered design, and other assumption checking tools, to approach the "how" of building and designing the coalition. Results: Applying a Transdisciplinary approach to building a coalition resulted in a pilot design that is touched by every member of the community-academic team. Reflective activities focused on reconsidering approaches and decisions often taken for granted (i.e., structure, facets of a coalition) infused equity and intention into the design work and pilot coalition structure. Conclusion: Applying the CCSN TD approach to building a coalition may lead to a more flexible coalition design, with structural elements aligned with the needs of the group and be better able to respond to challenges.
SUBMITTER:	Hackett, Kelly
TOPIC AREA:	Cancer prevention/research/education; Diversity, equity, inclusion

PANEL: #58

TITLE:	**Adopting Community-Engaged Strategies in a Multicenter Trial: A Comparison of Urban and Rural Populations**
AUTHORS:	Yara Hamadeh, BS, BA, MCW-Milwaukee; Sydney Timmer-Murillo, PhD, MCW-Milwaukee; Simon Thompson, PhD, Billings Clinic
ABSTRACT:	Background: Our Eastern Association for the Surgery of Trauma (EAST) mental health multicenter trial involves sites across the U.S. Geographical differences among sites reveal how recruitment strategies must adapt to be community-engaged with local populations to encourage patient-research reciprocity and retention rates. Objective: To examine how community partnerships shape research recruitment and retention approaches, an urban Midwestern Level I Trauma Center in Milwaukee, Wisconsin (the primary site) and a rural Level I Trauma Center in Billings, Montana were evaluated. Methods: MCW patients are 59.9% White, 33.3% Black, and predominantly urban/suburban. Research involves hospital-based recruitment, text/call reminders, and monetary incentives. These strategies have been tailored to reduce participant burden and promote equitable and accessible research participation among Milwaukee's trauma patients. Billings patients are 85.7% White and 16% Indigenous, with many living in rural or Indigenous communities far away from the hospital site. Billings' DEI Department's Native American health liaisons shape culturally-informed research recruitment, education, and trust-building with Indigenous patients and their families. Billings also engaged hospital chaplains to support trust-building, who handoff to research. Results: Assessing community-engaged approaches revealed critical differences in effective practices. MCW's approach focuses on maximizing in-person contact to establish trust and rapport, text/call communications, and shorter travel to minimize burden of participation. For Billings Clinic, patients navigate several barriers, including long distances from care, averaging 145 miles/8 hours from injury to arrival. Further, given longstanding distrust in healthcare systems (which has been earned historically), there are barriers to trusting researchers. As such, guidance from Native American health liaisons and chaplains is vital. Conclusion: "One size fits all" recruitment strategies are not feasible. Adapting to cultural and geographical community contexts ensures results reflect the experiences of communities underrepresented in research. Findings will be shared with community liaisons and partner organizations to co-develop future community engagement strategies and refine dissemination of trauma-informed care research.
SUBMITTER:	Hamadeh, Yara
TOPIC AREA:	Rural health; Research ethics

PANEL: **#61**

TITLE:	**Intersecting Health Disparities: Examining Hypertension and Behavioral Health Among Black Milwaukeeans**
AUTHORS:	Anna K. Kayser, MS, Des Moines University; Sydney Timmer-Murillo, PhD, MCW-Milwaukee; Terri A. deRoon-Cassini, PhD, MS, MCW-Milwaukee; Jennifer Harris, MEd, MCW-Milwaukee; Christine Larson, PhD, University of Wisconsin-Milwaukee; Carissa W. Tomas, PhD, MCW-Milwaukee; Lucas Torres, PhD, Marquette University
ABSTRACT:	Background: High blood pressure (hypertension), a modifiable determinant of cardiovascular disease, disproportionately harms Black communities. Social determinants of health (SDoH) restrict access to care, resulting in poorer outcomes. Alcohol use and mental health further complicate management. Accounting for SDoH and behavioral health may aid in improving cardiovascular outcomes in Black communities. Objective This study, embedded within a community action agency in Milwaukee, investigated the relationship between hypertension, alcohol use, and mental health among its members to better understand health status. Methods: This is a sub-analysis of the Driving Out Racism and Invigorating Equity (DRIVE) study, which examined health in Milwaukee within a community agency focused on poverty reduction. Participants (N = 398) provided blood pressure (BP) measurements, classified as normal, elevated, or hypertensive using clinical cutpoints. Participants completed the AUDIT-10 for alcohol use and PROMIS scales of anxiety, depression, pain interference, and self-efficacy. Results: Average systolic and diastolic BP were 138.5 mmHg (SD = 20.3) and 86.8 mmHg (SD = 16.5), respectively. Hypertensive participants reported significantly higher alcohol use than those with normal/elevated BP ($t(244.19) = -2.44$, $p = .015$). Alcohol use correlated positively with anxiety ($r = 0.22$, $p < .001$) and depression ($r = 0.23$, $p < .001$), but not with pain interference or self-efficacy. Conclusion: Our findings affirm the interplay of mental and physical health within a context of structural inequities in shaping cardiovascular health. Given broad systemic inequities in Milwaukee along with high rates of hypertension, these interrelated pathways are bound to structural racism, shaping the distribution of disease by curtailing effective BP management and accelerating cardiovascular deterioration. Our team aims to pivot community dissemination to focus on both cardiovascular health and mental health. Approaches must account for SDoH and integrate blood pressure management within holistic care, such as behavioral health support and substance use.
SUBMITTER:	Kayser, Anna
TOPIC AREA:	Social determinants of health; Cardiovascular Health

PANEL:	**#43**
TITLE:	**DSMES Program Implementation at The Saturday Clinic for the Uninsured (SCU): Student Education, Phase 2**
AUTHORS:	Maura Keenan, BS, MCW-Pharmacy School; Buruj Mohammed, MD, MCW-Milwaukee; Maie Zagloul, MD, MCW-Milwaukee; Denise Kohl, MD, MCW-Milwaukee; Carletta Rhodes, MBA, MCW-Milwaukee; Staci Young, PhD, MCW-Milwaukee; Rachele Harrison, PharmD, MEd, MCW-Pharmacy School
ABSTRACT:	Background: Diabetes Self-Management Education and Support (DSMES) programs can lower hemoglobin A1c and improve long-term outcomes. However, uninsured patients at the Saturday Clinic for the Uninsured (SCU) often lack access to these resources, creating a significant care gap. Recognizing this disparity, SCU engaged directly with patients to identify needs and priorities. In Phase 1, patients within the community shared their experiences with diabetes care access and expressed that DSMES would be beneficial. Their feedback established the foundation to design an intervention rooted in community-identified barriers and preferences. Objective: This project seeks to implement a DSMES program at SCU that reflects patient input and strengthens community partnership. Phase 1 gathered patient perspectives to guide program priorities. Phase 2 focused on training medical students to deliver DSMES, ensuring the curriculum combines evidence-based guidelines with the lived experiences and cultural context of the SCU community. Methods: A curriculum was developed using the patient needs assessment, American Diabetes Association (ADA) guidelines, and input from SCU physicians, pharmacists, and dietitians. Medical students were recruited for a two-day training on patient-centered diabetes counseling. Training incorporated didactics, case discussions, and small group activities. Effectiveness was assessed with a comfort-level survey and a knowledge check based on the national certification exam for diabetes educators. Results: Ten medical students (M1-M3) completed the training. Of 24 comfort-based questions, 16 showed a statistically significant increase, particularly in patient-focused areas such as medication management, lifestyle changes, and comorbidities. Knowledge scores improved (73% to 81%) but were not statistically significant. Conclusion: Patient engagement in Phase 1 directly informed curriculum design, ensuring education addressed community-identified needs. Phase 2 showed students gained confidence in delivering DSMES aligned with those priorities. Phase 3 will bring the program full circle, with patients receiving DSMES and long-term outcomes evaluating its impact on reducing disparities.
SUBMITTER:	Keenan, Maura
TOPIC AREA:	Health education; Health care access/quality

PANEL: **#1**

TITLE:	**Educator perspectives on barriers to implementing social emotional learning curriculum**
AUTHORS:	Shana T. Lara, PhD, MCW-Milwaukee; Katherine Quinn, PhD, MCW-Graduate School; Iman Hafeez, University of Wisconsin-Milwaukee; Jessica Olson, PhD, MCW-Graduate School; Kyongboon Kwon, PhD, University of Wisconsin-Milwaukee; Kirsten M. M. Beyer, PhD, MPH, MS, MCW-Graduate School
ABSTRACT:	Background: Social emotional learning (SEL) curriculum have been present in schools for several decades and positive effects have been documented for student social emotional health including increased positive social behaviors and academic performance and decreased conduct problems and emotional distress. However, implementation can be challenging. Previous studies identified a lack of prep time and class time, a need for more training, and pressures to prioritize academics as barriers to SEL curriculum implementation. Objective: This study builds on previous findings to delve deeper through interviews with educators into what implementation barriers impact a large urban public school district serving marginalized student populations. Methods: The project was designed and developed in partnership with Milwaukee Public Schools collaborators. Twenty-two educators participated in interviews from elementary schools with representation of predominantly African American, predominantly Hispanic, and mixed student demographics, and representation of different roles in SEL curriculum delivery including teachers and administrators. Results: All but two interviewees reported implementing the SEL curriculum required by the district. Five themes were identified as barriers to SEL curriculum implementation: 1) disconnect between administrators and teachers on the importance of SEL curriculum, 2) limited teacher capacity for additional responsibilities, 3) insufficient SEL training compared to academic curricula training, 4) lower priority of SEL compared to academics, and 5) students with disabilities and behavior problems miss out on SEL instruction. Conclusion: Our findings confirmed prior research indicating that educators recognize the importance of SEL as well as the main barriers of time, training, and academic priorities. An additional barrier was identified that students with behavior problems and students with disabilities miss out on SEL instruction. Integrating SEL content and skill-building into academic instruction could alleviate the issues of limited class time and missing students and may be what is needed to truly prioritize SEL and students' SE health.
SUBMITTER:	Lara, Shana
TOPIC AREA:	Behavioral Health; Children and youth

PANEL: **#49**

TITLE:	**New Data on Commercial Tobacco, Cannabis, & Delta-8 use in Wisconsin's LGBTQI+ Community**
AUTHORS:	Charlie Leonard, Community Advocates
ABSTRACT:	Background: This poster shows results from surveys conducted by the City of Milwaukee Tobacco-Free Alliance while tabling in the Health & Wellness area of PrideFest in 2022 & 2024. Throughout early 2022, the alliance, made up of community partners, spent time researching what questions are currently asked on statewide surveys and best practices for language on demographic questions. Methods: We conducted anonymous paper surveys with an incentive for onsite completion. This method allows us to use a comparative snapshot year over year. Due to the low amount of data on various substance use within the LGBTQI+, our goal is to gain a snapshot of the LGBTQI+ community's current experience with commercial tobacco, cannabis, and delta-8. Our focuses are on the following: gather accurate SOGI and intersex information; general substance use and product type; in 2022, perceptions of harm; in 2024, desire to quit and awareness of commercial tobacco cessation resources. Results: Data heavily represents the LGBTQI+ community with 78.7% identifying as sexually diverse, 21.8% identifying as gender diverse, and 6.6% identifying as intersex. Trends in commercial tobacco show a decrease in use, a readiness to quit, and a perception of harm. Trends in cannabis & delta-8 show the greatest increase in "Edible" use, a lack of readiness to change, and high use with low perception of harm. Conclusion: We have learned that over one third of the LGBTQI+ community in Wisconsin does not use these substances and less than 10% only uses commercial tobacco. When considering cessation resources and support, it is important to be aware of co-use of substances and the varying perceptions of harm and levels of desire to quit. Gathering information on the LGBTQI+ community and sharing the information back is vital now as we are seeing data eliminated from national resources and SOGI information not being gathered.
SUBMITTER:	Leonard, Charlie
TOPIC AREA:	LGBTQ health; Substance Use

PANEL: #15

TITLE:	**Towards a digitized mental health registry to enhance data-driven care and treatment outcomes among adolescents in Uganda**
AUTHORS:	Morgan J. Lira, BS, MCW-Milwaukee; Ronald Anguzu, MBChB, MPH, PhD, MCW-Milwaukee; Catherine Abbo, MBChB, PhD, MMed (Psych), Cert & MPhil (Child and Adolescent Psychiatry), Makerere University of Health Sciences; Anita Arinda, MBChB, MMed (Psych), Makerere University of Health Sciences
ABSTRACT:	Background: Child and adolescent mental health (CAMH) disorders represent a critical public health concern globally, with one in five youths affected. In Uganda, prevalence of depression and anxiety among adolescents is estimated at 50.2% and 43.6%, respectively. Despite high need, mental health services remain severely under-resourced, with limited personnel and reliance on paper-based systems that hinder coordination and monitoring. The CAMH clinic at Mulago National Referral Hospital currently serves 10-15 patients weekly but lacks an electronic data system. This study aims to (1) characterize the clinic's patient population, prescription practices, and treatment outcomes; and (2) assess the feasibility of developing and implementing a digitized health registry. Methods: We will conduct a facility-based cross-sectional study using mixed methods. Retrospective de-identified patient data from 2020-2025 will be extracted from paper records and entered into REDCap, a secure, HIPAA-compliant system. Descriptive analyses will summarize demographic, diagnostic, and treatment profiles. In-depth interviews with CAMH staff will explore feasibility, usability, and satisfaction with a digital registry. Qualitative data will undergo thematic content analysis using iterative coding and intercoder agreement to identify themes. Results (anticipated): Quantitative data will generate the first systematic characterization of adolescent mental health presentations, prescription practices, and treatment outcomes at the CAMH clinic. Qualitative findings are expected to highlight facilitators and barriers to adopting digital health records, including staff capacity, workflow integration, and resource constraints. Conclusion: Digitizing the CAMH registry has potential to improve patient monitoring, enhance decision-making, and optimize treatment delivery in resource-limited settings. Preliminary findings will inform development of a sustainable electronic health record model for adolescent mental health care in Uganda. Healthcare workers' perspectives on barriers and facilitators will guide implementation of the registry to ensure local relevance. If feasible, this intervention could strengthen services, guide policy, and provide structure for digital health integration in low- and middle-income countries.
SUBMITTER:	Lira, Morgan
TOPIC AREA:	Children and youth; Health care access/quality

PANEL: **#44**

TITLE:	**Project Sound: A Student-Led, Community-Engaged Hearing Screening and Education Initiative**
AUTHORS:	Maya J. Livni, BS, MCW-Milwaukee; Oliwia W. Mlodawska, BS, MCW-Milwaukee; Tariq Saleh, BS, MCW-Milwaukee; Maie Zagloul, MD, Henry Ford Hospital, PGY-1; Karl W. Doerfer, MD, Froedtert Hospital
ABSTRACT:	Background: Hearing loss is a significant burden, affecting 15.5% of adults in the US. Project Sound is a student-led group dedicated to raising awareness about hearing health while offering hearing screenings. Partnering with community groups, including Running Rebels, Pink Shawl, and the Milwaukee Consortium for Hmong Health, Project Sound strives to understand and address community needs at their source, building lasting partnerships to ensure continuity of care. Objective: To evaluate a community-engaged hearing screening program and describe symptom burden and hearing screening findings to inform ongoing program refinement. Methods: Community partners, including Running Rebels, Pink Shawl, and the Milwaukee Consortium for Hmong Health, invited Project Sound to hold hearing screenings at their health fairs. Project Sound worked with community groups to understand and meet their needs and specifications (screenings for adults or both children and adults, or hearing education only). 92 de-identified community screening exams conducted between January 2024 and June 2025 were analyzed. Demographic information, self-reported symptoms, and hearing screening results were analyzed. Descriptive statistics were performed. Results: The cohort was diverse, with 12 primary languages spoken; the cohort was 39% Asian, 25% Black, 20% White. Average age was 52 years, ranging from 16 to 87 years old. One-third of people had never had a hearing check, and another quarter had not been tested in over 5 years. Ringing in the ears, dizziness, and ear pain affected many. 40% of people didn't pass the screening in at least one ear, and 27% didn't pass in both ears. Only 9% of people had been screened in the past year (the recommended frequency for adults). Conclusion: This community-engaged screening model effectively identified substantial unmet hearing-health needs. These findings support the continued need for forming and maintaining community partnerships to provide annual screenings for diverse groups, ensuring continuity of care, and facilitating earlier health interventions.
SUBMITTER:	Livni, Maya
TOPIC AREA:	Health education; Health care access/quality

PANEL: #25

TITLE:	**Atrial Fibrillation and Hypertension Community Screening in Urban African American Population: A Collaborative Study with Word of Hope Ministries**
AUTHORS:	Gabriella Martinez, MS, BA, MCW-Milwaukee; Oscar Villarreal, BS, MCW-Milwaukee; Stacey Gardiner, MD, Word of Hope Ministries; Marcie Berger, MD, Froedtert Hospital
ABSTRACT:	Background: Atrial fibrillation (AF) and hypertension (HTN) are leading global health concerns. African Americans experience disproportionately high rates of HTN and related complications, yet AF is underreported in this population, reflecting under-detection and barriers to healthcare access. Addressing this gap requires trusted, community-based health strategies. Objective: This study aimed to assess the prevalence of AF and HTN in an urban African American community through community screenings, while evaluating the effectiveness of a faith-based partnership in enhancing recruitment, education, and early intervention. Methods: In collaboration with Word of Hope Ministries, screenings were conducted using Kardia Mobile EKG monitors and standard blood pressure (BP) checks. Participants attended up to four visits over one year, completing electrocardiograms, BP, and weight assessments. At baseline and follow-up, questionnaires addressed disease knowledge, medical history, and nutrition. Hypertensive participants received personalized nutrition summaries and automated BP cuffs for home monitoring. Results: Forty-seven participants enrolled (mean age 60.5 years; 46 African American, 1 Caucasian). HTN was present in 53%, hyperlipidemia in 47%, and diabetes in 23%. AF was identified in 6.6% of participants, all already in treatment. Baseline measures showed an average BMI of 33.4 and mean BP of 131.2/80.6 mmHg. Among hypertensive participants, systolic BP decreased by 4 mmHg at follow-up. Nutritional assessments revealed high fat (70%) and sodium intake (60%), and low fruit and vegetable consumption (40%). Recruitment and retention improved after introducing monetary incentives. Conclusion: This project demonstrates the feasibility of faith-based collaboration to improve cardiovascular screening, education, and follow-up in an underserved population. Findings underscore the burden of HTN and modifiable risk factors while highlighting the value of culturally tailored, community-driven approaches to reduce health disparities.
SUBMITTER:	Martinez, Gabriella
TOPIC AREA:	Diversity, equity, inclusion; Cancer prevention/research/education

PANEL:	**#38**
TITLE:	**No Data Left Behind: Quantum Computing in Community-Engaged Research**
AUTHORS:	Philisha Mesidor, MSGH, MCW-Milwaukee; Afia Obeng, MCW-Milwaukee; Akorfa Adobor, MCW-Milwaukee
ABSTRACT:	Background: Quantum computing (QC) is a multidisciplinary approach to solving complex problems faster than classical systems. Although predominantly theoretical, once scaled, QC will enhance community-engaged research (CEnR). This field can be harnessed to produce more robust analyses using imbalanced or missing data, which is a common obstacle in CEnR. Objective: To develop QC frameworks that (1) improve the efficiency and accuracy of big data analytics in healthcare, (2) optimize equitable, community-focused interventions, and (3) curate protective factors that are community aligned. Methods: QC is an emerging methodology that reveals non-linear insights that traditional computations may overlook and biases inherent in classical computing. Existing hybrid quantum-classical analytical frameworks (e.g., Qiskit SDK) can leverage tools (e.g., Pennylane) to code datasets into quantum states and optimize tasks like clustering and classification. Community stakeholders would guide framework features, interpretability, and prioritization. Findings would then be shared through existing community partnerships. Although these frameworks are not yet ubiquitous, there is conclusive evidence that QC can process large health datasets and produce more sensitive insights and more precise data. Results: According to recent studies, QC has improved SDoH extraction from records, enhanced heart disease prediction, and increased COVID-19 detection. It provides early-warning signals by simulating disease spread and processing genomic and unstructured data. These include outbreak forecasting and community health monitoring. QC supports early risk identification, personalized care, and population-level planning. Conclusion: While QC shares limitations with classical systems, it provides greater flexibility in overcoming them. Hardware gaps can create bottlenecks; however, many QC tools are Python-based. Although the technology is not yet complete, there are still opportunities to be proactive in understanding QC. As technological fields advance rapidly, we cannot afford to let this innovation phase pass us by.
SUBMITTER:	Mesidor, Philisha
TOPIC AREA:	Health care access/quality; Social determinants of health

PANEL: **#16**

TITLE:	**Needs Assessment for an IEP/504 Preparedness Intervention in Children and Youth with Special Healthcare Needs and Medical Complexity**
AUTHORS:	Brianna Michel, BA, MCW-Milwaukee; Jessica Schnell, MD, Children's Wisconsin
ABSTRACT:	Background: Children and youth with special healthcare needs and medical complexities often require accommodations through Individualized Education Programs (IEPs) or Section 504 plans. While intended to promote equitable access to education, these processes can be difficult for families to navigate due to limited knowledge, inadequate communication with schools, and emotional stress. Prior studies suggest these challenges disproportionately affect families in diverse socioeconomic settings, resulting in unmet needs and reduced satisfaction. Objective: To evaluate parental understanding, access to resources, communication with medical and school teams, and overall satisfaction, with the goal of informing targeted interventions to improve engagement and advocacy. Methods: A needs assessment was distributed via Qualtrics to parents of children with special healthcare needs in Wisconsin. Recruitment occurred through pediatric clinics, community organizations, and schools. The survey included quantitative items and open-ended qualitative questions assessing barriers, resource use, and satisfaction. Results: 48 caregivers responded, representing 86 children. Nearly all children (98%) attended public school, with 2% in private school. Seventy-five percent of caregivers reported challenges with the IEP process. Lower scores (<4/6) were most frequent for statements such as: "Each IEP meeting effectively addresses my concerns," "All my questions are addressed," "I am satisfied with the IEP process," and "I feel that my child's school understands their needs well." Respondents also cited insufficient resources, limited helpfulness of online tools, difficulty advocating for themselves, and a desire to have additional support to lean on during the IEP process. Conclusion: Caregivers reported significant gaps in preparedness, satisfaction, and communication within the IEP process. These findings underscore the need for targeted interventions such as improved educational resources, caregiver-school communication strategies, and supportive programming to better equip families to advocate for their children's medical and educational needs.
SUBMITTER:	Michel, Brianna
TOPIC AREA:	Children and youth; Education

PANEL: **#17**

TITLE:	**Eyes on the Future: Increasing Interest in Medicine Through Interactive Early Immersion Programs**
AUTHORS:	Jocelyne Milke, MS, BS, MCW-Milwaukee; Jessica Angel-Gonzalez, BS, MCW-Milwaukee; Jordan Murphy, BS, MCW-Milwaukee; Michael Levas, MD, MS, MCW-Milwaukee
ABSTRACT:	Background: Ethnic minorities make up 35% of the U.S. population, yet only 11.2% of physicians identify as such. This gap highlights the need for early exposure to careers in medicine. Eyes on the Future (EOTF) is a medicine-based program that aims to spark interest in medicine for those from underrepresented communities and is a collaboration between a local Latinx middle school in Milwaukee, MCW medical students and staff. Minimal change in interest on pre/post-program surveys from the 2022 cohort prompted curriculum change to increase medical student interaction. This study evaluates the impact of those changes on students' attitudes towards science and medicine. Methods: Sixty-eight 8th-graders participated across three years. Participants were selected based on a survey that assessed interest in medicine and STEM careers. The students completed pre- and post-program surveys. Data analysis focused on the change in percentage (△%) of "Strongly Agree" responses (R) to six statements between pre- and post-surveys. The study compared 2022 data to averaged responses of 2024 and 2025 cohorts. Results: There was increase in the number of student responses in 2024/2025 vs 2022 (as shown by a positive change in percentage (△%)) that strongly agreed with these statements: "Science is interesting", "I like science presentations", "I want to work in medicine", "I understand science", "I am smart enough", and "College is important". Conclusion: Curriculum changes were impactful as there was greater percent change in interest to pursue science and medicine. Results may have been impacted by selection bias as participants were screened to have interest in medicine/science before being chosen for the program and 31.8% of the participants for the 2025 cohort didn't complete the post-assessment. Future directions include expanding the program to other grade levels and measuring changes in attitudes about medicine/science after participants graduate high school.
SUBMITTER:	Milke, Jocelyne
TOPIC AREA:	Children and youth; Education

PANEL: **#39**

TITLE:	**Between Need and Access: Uninsured Patients' Surgical Journeys in Milwaukee, Wisconsin**
AUTHORS:	Carolina E. Morales, BS, MCW-Milwaukee; Danielle J. Wilson, MD, MCW-Milwaukee; Taylor J. Jaraczewski, MD, MS, MCW-Milwaukee; Jordan Eng, BS, MCW-Milwaukee; Jessica L. Prom, MD, MCW-Milwaukee; Berenice Ramirez Leal, MD, MCW-Milwaukee; Madeline Smith, BS, MCW-Milwaukee; Morgan Leissring, MD, MCW-Milwaukee; Jaclyn A. VanDerWal, MD, MCW-Milwaukee; Katinka Hooyer, PhD, MS, MCW-Milwaukee; Mary Schroeder, MD, MS, MCW-Milwaukee; Beth Thorson, LCSW, ACSW, Bread of Healing; Barbara Horner-Ibler, MD, MSW, Bread of Healing; Katherine R. Iverson, MD, MPH, MCW-Milwaukee
ABSTRACT:	Background: Patients without insurance face significant barriers to surgical care, leading to disease progression, higher hospital costs, and worse patient outcomes. Uninsured individuals in Milwaukee may be eligible for free or low-cost medical care via the Free and Community Clinic Collaborative (FC3), a coalition of safety-net clinics. We hypothesize that despite FC3 clinics increasing access to primary care, many uninsured patients continue to face barriers to surgical care. Objective: This study aims to understand patients' experiences navigating surgical care while uninsured to identify opportunities for improvement in surgical care delivery. Methods: Semi-structured interviews were conducted from July 2024-April 2025 with uninsured surgical patients in Milwaukee. Adult participants were recruited via flyers or word-of-mouth within three community clinics. Interviews were conducted in English or Spanish, audio-recorded, transcribed, and translated to English. Key themes were identified via inductive and deductive thematic analysis. Results: Twelve interviews identified seven key themes and two main paths to surgical care: via 1) the emergency room or 2) the FC3 network. Patients not connected to FC3 clinics faced years-long delays and prohibitive costs causing significant physical, emotional, and financial hardship. As one patient explained, "I had gone to [hospital] but, a long, long time ago, because it was very expensive. They quoted me ~$12-15,000 and the truth is, I don't have that amount." FC3 connected patients received critical support from care coordinators for whom they expressed profound gratitude. Nonetheless systemic challenges such as communication issues and fragmented care persisted. Conclusion: These findings reveal intervenable and supportive factors that can help clinics design targeted interventions, such as implementing language concordant navigators and establishing structured referral pathways, ultimately leading to more efficient care delivery and better patient outcomes. Inclusively, clear follow-up communication and transparent financial policies are vital to ensure timely and equitable surgical care for uninsured individuals.
SUBMITTER:	Morales, Carolina
TOPIC AREA:	Health care access/quality; Social determinants of health

PANEL: #59

TITLE:	**Assessing Barriers to Eye Care in Rural Hispanic Populations**
AUTHORS:	Luke Mueller, MS, MCW-Central Wisconsin; Francisco Guerrero, The Hmong and Hispanic Communication Network; Corina Norrbom, MD, MCW-Central Wisconsin
ABSTRACT:	Background: This study aims to assess barriers to vision care access among high-risk adults in Marathon County, Wisconsin. The goal is to identify prevailing obstacles to follow-up eye care and inform targeted interventions that reduce disparities and prevent avoidable vision loss. Methods: Adults of Hispanic background at risk for vision impairment were identified through free community health screenings across Marathon County, Wisconsin (n=36). High-risk status was based on age ≥60, systemic conditions linked to vision loss (e.g., diabetes), prior ocular diagnoses, persistent eye pain, or abnormal visual acuity. Participants completed a vision risk assessment survey from Prevent Blindness Wisconsin. Follow up surveys conducted over the phone to assess rate of follow up with eye care professional, how the visit was paid for (e.g., insurance, out-of-pocket), and perceived barriers to accessing follow-up eye care. (MCW IRB approved; PRO00051687). Results: 37 individual surveys were completed. Most participants reported lacking vision insurance (89.2%) and being unable to afford eye care without coverage (91.7%). Over half (56.8%) had never received a dilated eye exam, and among those with diabetes, 38.5% had not had an exam in the past year. Additionally, 70.3% reported recent vision changes or eye pain, and 73% expressed discomfort navigating the eye care system. Conclusion: The Hispanic community in Marathon County, Wisconsin, faces significant barriers in accessing vision care. Additional resources are needed to address this gap, including financial assistance and support systems to improve access and navigation within the eye care system.
SUBMITTER:	Mueller, Luke
TOPIC AREA:	Rural health; Socioeconomic status/poverty

PANEL: **#18**

TITLE:	**Exploratory Analysis of Conversational Turns in English and Hmong Early Childhood Classrooms**
AUTHORS:	Corina Norrbom, MD, MCW-Central Wisconsin; Gage Hazelton, BA, MCW-Central Wisconsin
ABSTRACT:	Background: Childcaring is Central Wisconsin's childcare resource and referral agency. To increase early childhood learning, Childcaring has been using LENA Grow programming in its work with childcare centers. LENA Grow focuses on increasing back-and-forth vocal exchanges between an adult and a child, also called conversational turns. Previous studies have demonstrated that conversational turns are associated with improving various measures of intelligence, brain function, and social interaction. Purpose: The purpose of this project was to see if there is a difference in conversational turns between early childhood educators and children based on the primary language spoken, specifically Hmong or English, pre- and post-participation in the LENA Grow program. With this data, Childcaring can identify which classrooms may benefit the most from the program. Methods: Conversational turn data and the primary language of students and teachers were collected from the LENA database. Because of the non-normal distribution, unequal group sizes, and limited Hmong classrooms, all analyses were descriptive. Medians and interquartile ranges (IQRs) were calculated for baseline, final, and improvement (final - baseline) turns. Results: In classrooms with Hmong-speaking teachers and students (n = 6), median conversational turns increased from 13 at baseline to 28 at final assessment, with a median improvement of 11. In classrooms with English-speaking teachers and students (n=75), median turns increased from 32 to 35, with a median improvement of 0. Conclusion: Although the students in Hmong classrooms initially started at a significantly lower baseline after completing the LENA program, they made significant progress and reached a level comparable to that of their English-speaking peers. Future directions for the project could include partnering with Childcaring to collect more data and further identify significant baseline differences, which will help inform which classrooms are likely to benefit most from the program.
SUBMITTER:	Hazelton, Gage
TOPIC AREA:	Children and youth; Education

PANEL: **#45**

TITLE:	**The Critical Role of Community Leaders and Language Accessibility in Community Engaged Research (CEnR)**
AUTHORS:	Kate Otu, ABD(PhD), MPHIL, BSN, University of Wisconsin-Milwaukee; Everlyne Okech, MSP, University of Wisconsin-Milwaukee; Christopher Lartey, MSN, RN, University of Wisconsin-Milwaukee; Desire Muhozi, BA, University of Wisconsin-Milwaukee; Barwaqo Mohamed, BA, Catholic Charities; Claire Reuning, MA, Catholic Charities; Anastassia White, MSP, University of Wisconsin-Milwaukee; Lynne M. Woehrle, PhD, University of Wisconsin-Milwaukee; Julia Snethen, PhD, RN, FAAN, University of Wisconsin-Milwaukee; Jamila Kwarteng PhD, MCW-Milwaukee
ABSTRACT:	Background: With funding from an Advancing a Healthier Wisconsin Seed Grant UWM, Catholic Charities and MCW have teamed to understand and evaluate the impact and development of culturally sound videos for newcomer education and integration. Central to our work together is a Catholic Charities YouTube channel which offers brief informational videos about life, culture, and wellness in the United States in at least 9 languages. The primary audience for the videos is refugees and immigrants. Currently the viewership is mostly local but quickly growing to be more regional and even global. The Office of Refugee and Immigration Services at Catholic Charities wants to better understand how to expand the value of their online educational offerings. Objective: Our poster will discuss the complexities of effective and inclusive community-engaged research with limited English-proficient populations. How do we ensure meaningful participation of core participants with linguistic and cultural barriers, contribute to the work of our community partner, and meet the goals of academic rigor so we can impact policy and practice? Methods: Carefully evaluating our methods for cultural and language accessibility, we innovated ways to provide interpretation given not all participants have a written language or have formal education. In addition to pre/post surveys (26 completed; anticipated N=60) we are hosting focus groups with interpreters (4-6 small groups). Newcomers helped refine instruments to ensure cultural and linguistic relevance. Results: Key lessons included the importance of multilingual inclusivity, cultural accessibility, and community partner involvement in developing research strategy and relationships. Innovative approaches help bridge communication gaps and foster inclusivity throughout the research process. Conclusion: Multilingual settings pose challenges for data collection and highlight the critical role of strong community leadership in research and the importance of their role in accessing bilingual volunteers who contributed language interpretation and trust-building with participants.
SUBMITTER:	Woehrle, Lynne
TOPIC AREA:	Health education; Social determinants of health

PANEL: **#21**

TITLE:	**Shortfalls in Women's Health Curriculum: Roadblocks to Women's Health Empowerment**
AUTHORS:	Sherrie Palm, Association for Pelvic Organ Prolapse Support
ABSTRACT:	Background: Pelvic organ prolapse (POP) affects an estimated 50% of women across the life cycle. Childbirth and menopause are the primary causal factors; multiple others compound risk. Despite its prevalence, POP is often undiagnosed prior to advanced stage, with most women unaware of the condition until diagnosis. Routine pelvic exams rarely include discussions of prolapse, as echoed by members of a 30,000-member Facebook patient support forum who question why they were not informed or screened earlier. This lack of awareness and delayed diagnosis points to gaps in medical and allied health POP curriculum. Objective: To examine the level of basic POP information provided within medical specialties and allied health fields responsible for performing pelvic examinations, and to explore the impacts of these gaps on patient awareness and outcomes. Methods: A review of MCW curriculum provided within varied women's health practitioner diagnostic fields clarify POP instruction shortfall. The review evaluated the depth and context of POP diagnostic education, with attention to types and grades of POP severity, symptoms, and causes. A patient survey evaluated degree of POP awareness in patients prior to diagnosis. Patient quotes were collected. Results: Preliminary exploration suggests that POP receives minimal focus within medical training compared to other pelvic floor disorders of lesser prevalence. Frequently pelvic floor disorders are grouped broadly, with POP underexplored. The lack of structured POP diagnostic curriculum contributes to inconsistent clinical recognition, insufficient patient counseling during routine pelvic exams, and delayed referrals to appropriate subspecialty care. Conclusion: Despite the high prevalence of POP, diagnostic training remains insufficiently provided across diverse disciplines performing pelvic examinations. Strengthening POP course curriculum to include standardized POP insights for diagnostic evaluation and improved patient communication is critical to improve early diagnosis, increase patient awareness and understanding, and advance long-term health outcomes. Future analysis will entail multiple medical schools.
SUBMITTER:	Palm, Sherrie
TOPIC AREA:	Clinical/patient care; Medical school curriculum

PANEL:	#55
TITLE:	**Latino/a Youth Voices for Mental Health: A Community Initiative at St. Adalbert Church on Milwaukee's Southside**
AUTHORS:	Flavia Pantoja, BS, MCW-Milwaukee; Elizabeth Montes, BS, University of Wisconsin-Milwaukee; Monica Estrada, BA, University of Wisconsin-Milwaukee; Kenia Riveira, PhD, Marquette University; Norma Reyes, MS, University of Wisconsin-Milwaukee; Alexandra Gonzalez-Van Wart, BA, Marquette University; Toriah Haanstad, MS, University of Wisconsin-Milwaukee; Sabreet Dhatt, BS, University of Wisconsin-Milwaukee; Gabriela Nagy, PhD, University of Wisconsin-Milwaukee; Kimberly D'Anna-Hernandez PhD, Marquette University; Ricardo Martin, MDiv, St. Adalbert Church; Courtney Barry, PsyD, MS, MCW-Milwaukee
ABSTRACT:	Background: The Southside of Milwaukee is home to a large Latino/a population. Commonly, members of this community are disproportionately affected by social drivers of health, which are associated with inequities in stress, depression, and anxiety. Given sensitive developmental periods and unique contextual factors, Latino/a youth are especially at risk for developing mental health problems. Yet Latinos/as have limited access to mental health care. Addressing these health inequities requires collaborative, community-driven solutions designed by and for youth. Objective: To present results from listening sessions and co-design sessions with middle school and high school Latino/a students on a Youth Advisory Board at a large Catholic church serving the Latino/a immigrant community in Milwaukee's Southside. The sessions aimed to develop and implement sustainable, culturally grounded mental health programming that improves outcomes, strengthens social connection, and builds long-term resilience. Methods: Responding to the identified unmet mental health needs among the parish youth, the interinstitutional research team relied on community-engaged research principles to develop a Youth Advisory Board (YAB) comprising middle school and high school youth (N=11) who were affiliated with St. Adalbert Church. Results: During 2 listening sessions and 1 co-design session, members of the YAB identified priorities, including stress management, self-worth, healthy relationships, and safety. The YAB decided to meet quarterly and take the lead in art events, soccer tournaments, and, in the future, will focus on mental health awareness activities to foster connection and reduce stigma. Qualitative feedback and sustained involvement in related initiatives indicate strong ongoing engagement and interest. Conclusion: By combining evidence-based strategies with youth leadership and trusted community partnerships, this initiative demonstrates a scalable, culturally responsive model for promoting mental health equity and resilience among Milwaukee's Latino/a youth.
SUBMITTER:	Pantoja, Flavia
TOPIC AREA:	Mental health; Children and youth

PANEL: **#29**

TITLE:	**Creating a Community Medicine Track: Preparing Physicians for Community-Engaged, Equity-Focused Patient Care**
AUTHORS:	Krista Parke, MD, MPH, MBA, MCW-Milwaukee; Rochelle Cockerham, RN, BSN, RNC-OB, MCW-Milwaukee; William Calawerts, MD, MPH, MCW-Milwaukee
ABSTRACT:	Background: Launched in 2022, the North Side Milwaukee Family Medicine Residency is positioned at a Federally Qualified Health Care Center in one of Wisconsin's most underserved areas. Its mission is to train physicians capable of providing individualized, evidence-based, and culturally competent care. Given its mission and setting, it is fundamentally obligated to prepare physicians to serve historically marginalized populations. The Community Medicine Tract (CMT) was developed to deepen resident involvement in addressing local health disparities. Objective: To establish a CMT that equips residents to deliver culturally responsive care, apply public health data to address disparities, advocate for health equity, and collaborate with community stakeholders. Methods: The curriculum was shaped by resident input, faculty expertise, and community partnerships. Key components include community-based learning, focused didactics, and immersive service-learning. CMT residents will attend at least four community events annually, support recruitment, serve on the clinic's Community Advisory Board and quarterly leadership meetings. They will also complete a longitudinal project with a scholarly submission by PGY-3. Residents work with faculty and the administrative team to develop volunteer calendar and assessment tool for tracking impact. Results: As of 2025, one resident has joined the CMT and helped develop the curriculum and requirements. The structured requirements have enhanced professional development and community engagement in the residency. Additionally, an assessment tool was developed to measure the effectiveness of community events. In the past academic year, the North Side Residency Program supported 14 community events reaching 881 community members. Conclusion: The CMT extends the residency mission by preparing physicians to lead in advancing health equity. Future improvements to the Community Medicine Track will be focused on improving resident skill acquisition and better meeting the needs of the community we serve.
SUBMITTER:	Parke, Krista
TOPIC AREA:	Education; Social determinants of health

PANEL: **#46**

TITLE:	**Qualitative Analysis of Evolving Community Partnerships in the Community Sun Protection Program**
AUTHORS:	Rajvi G. Patel*, BS, MCW-Milwaukee; Grace A. Alchemy*, MS, BS, MCW-Milwaukee; Drake Seibert, BA, MCW-Milwaukee; Alyssa Jobe, BS, MCW-Milwaukee; Karolyn Wanat, MD, MCW-Milwaukee **Authors contributed equally to this work*
ABSTRACT:	Background: The Community Sun Protection Program (CSPP) partners with community sites in the greater Milwaukee area to provide free sunscreen dispensers. CSPP has evolved over the past few summers, with changes in partners and locations. Objective: We aim to assess patterns of community partnerships in CSPP over three years to identify factors influencing engagement, sustainability, and alignment with community goals. Methods: Free-standing sunscreen dispensers were placed in the greater Milwaukee community beginning in the summer of 2022, with partners chosen based on responsiveness to outreach, site visibility, and interest in sun safety education. Program goals expanded to engage high-traffic sites and locations serving minority populations. Partnership developments were reviewed annually to evaluate progress toward these goals and understand reasons for participation changes. Results: CSPP started with four partners in 2022. In 2023, the Milwaukee Zoo was added to expand to high foot traffic areas. CSPP added three Urban Ecology Center branches in 2024, marking the first time dispensers were placed in locations serving predominantly Black and Hispanic communities. In 2025, the Milwaukee Zoo and South Shore Terrace and Beer Garden discontinued participation due to logistical barriers, while Bradford Beach joined to realign the CSPP's goal of serving high-traffic public areas. Community dispensers were temporarily placed at a community-wide event (Audaxity bike ride) and later returned. Conclusion: Shifts in CSPP partnerships over time reflect a balance between program and partner needs. Discontinuation of the Zoo and Beer Garden highlights unique barriers present in community-based initiatives, emphasizing the need for mutual engagement, clear and consistent communication, and acknowledgment of physical and logistical barriers. A key limitation is reliance on program perceptions and partners' self-reported demographics rather than quantitative data. The use of the dispensers for a one-time event demonstrates how resource mobilization can maximize the impact of CSPP.
SUBMITTER:	Patel, Rajvi
TOPIC AREA:	Health education; Urban health

PANEL: #56

TITLE:	**The Brain Doctors: Transforming Mental Health Curriculum for Elementary Students**
AUTHORS:	Gabriella Patiño, MCW-Milwaukee; Jocelyne Milke, MCW-Milwaukee; Bryan Johnston, MD, MCW-Milwaukee
ABSTRACT:	Mental health challenges often begin in early childhood, yet schools-particularly those serving low-income and minority communities-face persistent barriers to implementing mental health education. Brain Doctors is a medical student-led program designed to introduce 3rd grade students in Milwaukee to foundational mental health concepts. This study evaluated an updated two-lesson curriculum focused on emotional regulation, mindfulness, and community wellness. The curriculum was implemented during Spring 2025 at two community partner schools: Milwaukee Academy of Science and St. Marcus Lutheran School. School staff contributed to initial brainstorming sessions to guide topic selection and ensure cultural and developmental relevance. Staff also observed lesson delivery and provided informal feedback. Curriculum updates were informed by a consultation with a licensed child psychologist to align content with age-appropriate mental health topics and vocabulary. Media materials were revised to include current television clips and characters familiar to students, and images were updated to reflect greater racial and cultural diversity, in alignment with the student population. Using a within-subjects pretest-posttest design, 110 third-grade students completed a 10-item knowledge assessment before and after the program, and most completed a satisfaction survey. While posttest scores improved across several learning objectives (1, 3, 4, 6, and 8), these gains were not statistically significant ($p > 0.05$). This may reflect high baseline knowledge or limitations in the assessment format. Despite limited measurable knowledge gains, student satisfaction was high. Most students reported enjoying the sessions, feeling engaged, and expressing willingness to share what they learned. Future work will focus on assessing students' confidence in applying coping strategies and managing emotions to better capture program impact. These findings support the value of culturally responsive, age-appropriate mental health education in early childhood.
SUBMITTER:	Patiño, Gabriella
TOPIC AREA:	Mental health; Children and youth

PANEL: #2

TITLE:	**Shaping Project THRIVE through Community Engagement**
AUTHORS:	Liam Randall, PhD, MCW-Milwaukee; Olivia Algiers, MPH, MCW-Milwaukee; Andrew Petroll, MD, MS, MCW-Milwaukee; Jennifer Walsh, PhD, MCW-Milwaukee; Cynthia Rogers, Southern AIDS Coalition; Katherine Quinn, PhD, MCW-Milwaukee; Sabina Hirshfield, PhD, SUNY Downstate Health Sciences University; Steven John, PhD, MPH, University of Minnesota
ABSTRACT:	Rural-dwelling PLH face unique challenges such as isolation, increased stigma, and limited access to care, when compared to their non-rural counterparts. Additionally, older PLH may face compounding challenges to maintaining their health and wellbeing. However, few interventions have focused on health/quality of life for older PLH living in the rural U.S. South. In partnership between MCW and the Southern AIDS Coalition, Project THRIVE evaluates the efficacy of two remotely-delivered interventions - social support groups and strengths-based case management. These interventions were identified in collaboration with rural service providers interviewed in 2021 about the most pressing needs and barriers to care for rural PLH age 50+ in the US South. The individualized 1-1 strengths-based case management program includes 5 sessions executed by MCW staff. The social support group program includes 8 sessions of roughly 8-12 participants executed by the Southern AIDS Coalition. We assess HIV viral load using participant-collected dried blood spot specimens. We assess medication adherence; quality of life; depressive symptoms; and secondary outcomes (social support, loneliness, HIV stigma, self-efficacy, service utilization, and structural barriers) using online/paper surveys. We collect data at baseline, 4 months, 8 months, and 12 months. Participants are paid up to $440 for their time. We aim to enroll 352 rural PLH age 50+ living in the Southern U.S. As of August 2025, we have enrolled 192 participants across 15 states (M age = 59, range 50-73, 69% men, 30% women, 1% prefer not to answer, 57% white, 38% Black, 5% AIAN). Over the next year, we will continue our partnership with SAC to execute our programs and recruit an additional 150 participants. If found effective, these scalable interventions could help to improve outcomes for this growing population of rural PLH age 50+ that faces significant health disparities and limited access to resources.
SUBMITTER:	Randall, Liam
TOPIC AREA:	Behavioral Health

PANEL:	**#47**
TITLE:	**The Importance of Continuous Evaluation: Identifying Strengths and Opportunities to Grow in a Milwaukee-Based Community Health Worker Training Program**
AUTHORS:	Anthony Sabatino, BS, MCW-Milwaukee; Leslie Ruffalo, PhD, MS, MCW-Milwaukee
ABSTRACT:	Background: A Community Health Worker (CHW) often acts as a liaison between marginalized communities and the healthcare system, with duties focusing on a combination of patient navigation efforts and strategies to increase utilization of healthcare resources. CHW interventions are proven to lead to reduced inequities for underserved populations, improvement in health outcomes, and a positive return on investment. Due to the ever-changing needs of communities, it is necessary to continually assess CHW training programs, focusing on the topics learners perceived as valuable in their training. Objective: The expectations required of CHWs are constantly changing due to constantly evolving socio-political and healthcare needs. The purpose of this study is to identify strengths and opportunities to improve a CHW training program, focusing on continuous improvement. Methods: We conducted a secondary data analysis of qualitative interviews with community health workers (CHWs) to examine their perspectives on training quality and the perceived value of their role in advancing community health. Transcripts from previously completed interviews were systematically reviewed and analyzed using an inductive thematic analysis approach. Interviews lasted 30-45 minutes, were conducted via Zoom, and were transcribed for analysis. Results: We divided our codes into two themes: program strengths and opportunities for change. Within the program strength theme, we focused on three sub-categories: course content strengths, instructor strengths, and program structure. Opportunities for change included suggestions to enhance the course content and feedback on improving the program structure broadly and in focused areas. Conclusion: We determined that a dynamic CHW training program should adjust its curriculum regularly to mold to the changing needs and requirements of the community and CHW position. Based on these results, we plan to further investigate the commonalities in how CHWs across different geographies and settings perceive their roles, responsibilities, and impact within the ever-changing sociopolitical environment.
SUBMITTER:	Sabatino, Anthony
TOPIC AREA:	Health education; Health care access/quality

PANEL:	**#53**
TITLE:	**Improving Clinician Adherence to Diabetes Guidelines in Pregnancy: A Quality Improvement Project**
AUTHORS:	Sophia W. Saucedo, DNP, BSN, BS, MCW-Milwaukee; Allison Wier, DNP, RN, APNP, AGCNS-BC, Froedtert Hospital; Kitty Montgomery, PhD, RN, PCNS-BC, University of Wisconsin-Madison
ABSTRACT:	Background: Poorly controlled diabetes in pregnancy (type 1, type 2, or gestational) significantly increases risks for both mother and baby, including preeclampsia, birth defects, stillbirth, and need for neonatal intensive care. To consistently manage this vulnerable population and improve outcomes, standardized, evidence-based clinical practice guidelines (CPGs) are essential. Purpose: This project aimed to develop and implement a CPG to standardize care for pregnant patients with diabetes within the Froedtert Endocrine outpatient clinics. The secondary purpose was to assess the impact of education on clinician knowledge and confidence regarding the CPG's evidence-based recommendations. Rationale: The Froedtert Health Endocrine Clinics lacked a system-wide guideline, resulting in fragmented, non-evidence-based care for this high-risk patient group. Literature supports that implementing a CPG can improve glycemic control and reduce adverse outcomes. Thorough clinician education is crucial for ensuring adherence to the guideline. Methods: A multidisciplinary team collaborated on a comprehensive literature review to develop the CPG, which provides evidence-based care recommendations for the management of the pregnant diabetes population. Supporting tools, including structured clinician education, were created to facilitate CPG use. Changes in knowledge and confidence were measured in 32 participating clinicians (physicians, nurses, etc.) using a pre-post survey design. Results: Before the educational intervention, 75% of clinicians reported low confidence (≤3 on a 5-point Likert scale). Post-education, 85% reported high confidence (4 or 5), showing a substantial increase. A t-test revealed a significant improvement in clinician knowledge of key guideline elements. Conclusion: Education on the newly developed CPG significantly improved clinicians' knowledge and confidence in providing standardized diabetes care for pregnant patients. This intervention supports the foundational step needed to ensure the identified population receives consistent, evidence-based care. Future steps will involve monitoring key patient outcomes, such as HbA1c levels and rates of C-sections related to fetal size, to confirm the CPG's positive impact.
SUBMITTER:	Saucedo, Sophia
TOPIC AREA:	Maternal health; Health care access/quality

PANEL: #50

TITLE:	**Skin cancer prevention behaviors among patients at Brady East STD Clinic (BESTD): Free clinics as entry points for preventative healthcare**
AUTHORS:	Drake Seibert, BA, MCW-Milwaukee; Steven John, PhD, MPH, University of Minnesota Medical School; Ruthie Burich-Weatherly, Brady East STD Clinic; Andrew Petroll, MD, MCW-Milwaukee; Alan Nyitray, PhD, MCW-Milwaukee
ABSTRACT:	Background: Gay and bisexual men face increased rates of skin cancers. However, marginalized communities, who experience stigma within the healthcare system, may feel uncomfortable with examination of the skin in genital or anal areas. Objective: Determine skin cancer screening behaviors among sexual and gender minority patients (SGM) at Brady East STD Clinic (BESTD). Methods: A survey including quality improvement and research-related questions was developed and implemented at BESTD with collaboration from BESTD leaders. QR codes were given to patients from August 2024 to July 2025. Survey questions were analyzed using bivariate odds ratios. Results: A total of 152 responses were included. 97/148 (65.5%) identified as a sexual minority and 27/150 (18.0%) identified as transgender. Only 47/125 (37.6%) had received a skin exam before and 8/131 (6.1%) reported a personal history of skin cancer. About one-half of patients (48.9%) regularly used sun protection measures. Compared to insured individuals, those that were uninsured were less likely to know where to go for a skin exam (OR: 0.04 [0, 0.21]) as were nonwhite individuals (OR: 0.34 [0.17, 0.64]). Conclusion: Free clinics, like BESTD, might serve as entry points that link marginalized communities to broader preventive healthcare systems. This study highlights the importance of providing skin cancer prevention resources to SGM, especially for uninsured and non-white individuals. Education, provider referrals, and free skin check initiatives could prove beneficial at free STI testing clinics to support skin health among SGM.
SUBMITTER:	Seibert, Drake
TOPIC AREA:	LGBTQ health; Urban health

PANEL: #30

TITLE:	**Evaluating the Impact and Sustainability of The Food Doctors Nutrition Education Program on Knowledge Gains Among Elementary School Students**
AUTHORS:	Manharsh Sekhon, MCW-Milwaukee; Bryan Johnston, MD, MCW-Milwaukee
ABSTRACT:	Background: Nutrition education in U.S. elementary schools remains limited, despite its importance for children's health. To address this gap, medical students in Milwaukee launched The Food Doctors Program (TFD) in 2013, delivering a culturally relevant, interactive nutrition curriculum in partnership with local schools. Early evaluations showed improved nutrition knowledge but were limited to small, pre-pandemic samples. The COVID-19 pandemic disrupted education, worsened food insecurity, and contributed to learning losses, leaving its impact on nutrition education uncertain. Objective: This study evaluated whether participation in TFD improved nutrition knowledge among elementary school students and whether these gains were sustained across pre-pandemic, pandemic, and post-pandemic years (2013-2025). Methods: Pre- and post-test assessment data from two urban elementary schools were extracted into Excel (2013-2025). A two-sample t-test compared correct response percentages to assess knowledge gains. Homogeneity of variances was tested via F Test. Linear regression modeled the relationship between time period (pre-pandemic, pandemic, post-pandemic) and knowledge gains. Student satisfaction surveys (1-5 scale) were summarized with descriptive statistics. Results: Across 2013-2025, students demonstrated statistically significant nutrition knowledge gains ($p<0.05$). Regression analysis showed stable improvements across all periods, with no decline during the pandemic. Satisfaction surveys indicated high levels of satisfaction and engagement with the curriculum (mean=4.5, SD=1.05; median=5; mode=5). Conclusion: This longitudinal evaluation shows that The Food Doctors Program (TFD) produced sustained, statistically significant gains in children's nutrition knowledge from 2013-2025, with no decline during the COVID-19 pandemic. Unlike national trends of academic loss, TFD remained resilient, supported by strong communication, consistent lesson delivery, and returning volunteers that fostered trust and engagement. High satisfaction ratings underscore both effectiveness and cultural relevance.
SUBMITTER:	Sekhon, Manharsh
TOPIC AREA:	Education; Health education

PANEL: #22

TITLE:	**Implementation of Universal Low-Dose Aspirin Prescribing to Prevent Preeclampsia in Population at risk**
AUTHORS:	Gulnora Sherova, MD, PGY-3, Borinquen Medical Center Family Medicine Residency Program; Jamie Borick, MD, FAAFP, Borinquen Health Care Center; Chris Varela, MS
ABSTRACT:	Background: Preeclampsia remains a leading cause of maternal morbidity and mortality. Low-dose aspirin (81 mg/day) is recommended for prevention in pregnant individuals at high risk. Previous guidelines from ACOG, the Society for Maternal-Fetal Medicine (SMFM), and the USPSTF advised initiating aspirin after 12 weeks of gestation in high-risk patients or those with multiple moderate-risk factors. Updated guidance from USPSTF (2021) and ACOG/SMFM (2022) now supports aspirin use without additional risk factors for individuals who are Black or of low socioeconomic status. Baseline data from 50 pregnant patients at a community health center serving primarily low-income and Black patients, showed that 41 were eligible for low-dose aspirin, but only 11 (27%) received prescriptions. Of these, 6 never filled the medication and 2 filled only partial supplies. These findings highlight low provider prescribing rates and poor patient adherence, raising the need for improvement. A quality improvement (QI) project was implemented to adopt universal aspirin prescribing for preeclampsia prevention. Community partners-including clinical providers, nursing staff, and patient educators-collaborated in the design and implementation process by identifying workflow barriers, refining educational materials, and incorporating patient feedback into counseling and follow-up strategies. Objective: To improve aspirin prescribing and adherence rates among pregnant patients through a shift from an "opt-in" approach (prescribing based on risk criteria) to an "opt-out" policy-prescribing aspirin to all pregnant individuals unless contraindicated. This change aims to streamline care, reduce provider burden, and promote equity in preventive treatment. SMART Goal: To increase appropriate aspirin prescribing and adherence from 27% to ≥95% within three months through universal prescribing, thereby improving preventive care and reducing pregnancy complications. Methods: QI interventions included provider and patient education, electronic health record (EHR) reminders, culturally tailored patient handouts, and standardized documentation of adherence. Results: Data collection is ongoing, updated outcomes will be presented on the poster.
SUBMITTER:	Sherova, Gulnora
TOPIC AREA:	Clinical/patient care; Maternal health

PANEL: #23

TITLE:	**Effects of Insurance Status on Patient Characteristics and Outcomes at an Urban Tertiary Hospital**
AUTHORS:	Madeline Smith, BA, MCW-Milwaukee; Hannah Holland, MD, MCW-Milwaukee; Jaclyn VanDerWal, MD, MCW-Milwaukee; Danielle Wilson, MD, MCW-Milwaukee; Taylor Jaraczewski, MD, MS, MCW-Milwaukee; Jessica Prom, MD, MCW-Milwaukee; Jordan Eng, BS, MCW-Milwaukee; Benjamin Bateman, BS, MCW-Milwaukee; Yara Hamadeh, BS, BA, MCW-Milwaukee; Barbara Horner-Ibler, MD, MSW, Bread of Healing Clinic; Beth Thorson, LCSW, ACSW, Bread of Healing Clinic; Mary Schroeder, MD, MCW-Milwaukee; Rebecca Lundh, MD, Outreach Community Health Center; Katherine Iverson, MD, MPH, MCW-Milwaukee
ABSTRACT:	Background: Limited referral pathways force many uninsured patients to seek surgical care through emergency departments (ED), resulting in delayed treatment, higher costs, and worse outcomes. With a 6.8% uninsured rate and fragmented referral pathways, Milwaukee County serves as a microcosm to study surgical access patterns and outcomes. This study was developed in collaboration with the Free and Charitable Clinic Collaboration of Southeastern Wisconsin (FC3), which identified surgical access as a significant barrier for uninsured patients. Objective: This retrospective study aims to characterize surgical outcomes for uninsured patients. Findings will inform development of a streamlined referral pathway co-designed with community stakeholders to address disparities in surgical access. Methods: Adult patients undergoing emergent general surgery were identified via operative records and classified by insurance status. FC3 perspectives guided selection of outcomes (ED presentation, surgical characteristics, and demographics) and will inform referral pathway design. Results: In this study (n = 102 uninsured, 187 insured), a greater proportion of uninsured patients identified as Black, Asian, or other racially minoritized groups (63% vs. 32%; $p < 0.001$) and spoke a primary language other than English (40% vs. 3%; $p < 0.0001$). After ED evaluation, a greater proportion of uninsured patients were admitted (88% vs. 57%) while a greater percentage of insured patients were discharged home (3% vs. 32%; $p < 0.0001$). ED time, supply costs, length of stay, and complications did not differ between cohorts. Conclusion: Uninsured patients represented a higher proportion of racial and linguistic minorities, highlighting persistent disparities in surgical access. Uninsured patients were admitted more often, possibly due to emergent surgical presentation or limited outpatient options. Surgical outcomes and costs were similar, suggesting that quality and resource utilization remained comparable. In conjunction with community partners such as FC3, this data will guide implementation of sustainable referral pathways for uninsured patients in Milwaukee.
SUBMITTER:	Smith, Madeline
TOPIC AREA:	Clinical/patient care; Health care access/quality

PANEL:	**#3**
TITLE:	**Centering the Dancer: Insights into Mental Health from a Pre-Professional Ballet Program**
AUTHORS:	David Songco, PsyD, MCW-Milwaukee; Kristin Dimmer, MBA, Milwaukee Ballet School and Academy
ABSTRACT:	Background: Adolescents in pre-professional ballet programs face unique mental health challenges due to the combination of intensive training, performance pressures, and developmental transitions. While ballet fosters discipline and artistry, the demands of perfectionism, body image, and competition can increase vulnerability to stress, anxiety, and burnout. Despite growing recognition of mental health needs among athletes, few studies focus on youth dancers preparing for professional careers. Objective: This project aims to better understand the mental health challenges faced by students in a pre-professional ballet program and identify priority areas for support through performance psychology education. Methods: This project was developed in partnership with the Milwaukee Ballet School & Academy's Pre-Professional Program. The head of school collaborated with a licensed psychologist to design an open-ended survey tailored to the training environment. Participation was voluntary. The survey asked students to outline their goals for the training year using incomplete sentence prompts. One key prompt invited responses to: "I hope we cover the performance psychology or mental health topic on..." This collaborative design ensured alignment with both student needs and program priorities. Results: Preliminary findings indicate that most students experience performance-related anxiety and internal pressure to meet high standards. Common themes included challenges with body image, balancing academics with training, and feelings of isolation when struggling emotionally. Students expressed strong interest in strategies for managing stress, building confidence, and talking openly about mental health. Conclusion: Findings highlight the complex mental health needs of youth dancers in pre-professional training. Next steps include co-developing a performance psychology curriculum with faculty and students, implementing targeted workshops throughout the year, and conducting follow-up surveys to assess impact. This partnership model may inform similar collaborations between mental health professionals and performing arts institutions.
SUBMITTER:	Songco, David
TOPIC AREA:	Behavioral Health; Children and youth

PANEL: #4

TITLE:	**Advancing Access to Behavioral Health Care in Rural Jefferson and Dodge County**
AUTHORS:	David A. Songco, PsyD, MCW-Milwaukee; Olivia Nichols, PhD, Rock River Community Clinic; Dereck Wolfgram, MSW, LCSW, Rock River Community Clinic
ABSTRACT:	Background: Rural communities face persistent disparities in access to behavioral health care, compounded by workforce shortages, stigma, and service fragmentation. In response, the Medical College of Wisconsin partnered with Rock River Community Clinic (RRCC), a federally qualified health center look-alike (FQHC-LAL), to launch a regional initiative focused on expanding integrated behavioral health services in Jefferson and Dodge Counties. Objective: The primary objective of this initiative is to address gaps in behavioral health service delivery by (1) embedding integrated behavioral health services within RRCC's primary care model, (2) building a regional behavioral health referral network, and (3) leveraging relationships between community agencies, for-profit and not for profit entities to ensure adequate and timely access to behavioral health care. Methods: The project employed a multi-pronged implementation strategy. At the systems level, a behavioral health subcommittee was formed under the Health Works collaborative to convene regional stakeholders. A comprehensive needs analysis was conducted with key behavioral health providers to identify access barriers and referral inefficiencies. At the clinic level, RRCC integrated behavioral health into its clinic through the hiring of a Behavioral Health Care Manager. Interventions included screening, brief intervention, care coordination, and staff training to the different models of integrated care. Results: Key outcomes to date include formation of the Health Works Behavioral Health Subcommittee Completion of a regional needs analysis Development of a streamlined community-based behavioral health referral system Implementation of integrated behavioral health services at RRCC Hiring of a Behavioral Health Care Manager Conclusion: This initiative demonstrates the impact of academic-clinical partnerships and for profit/not for profit partnerships in advancing rural behavioral health equity. By aligning workforce development, integrated care, and community collaboration, this model offers a scalable and sustainable framework for reducing behavioral health disparities in underserved regions.
SUBMITTER:	Songco, David
TOPIC AREA:	Behavioral Health; Rural health

PANEL: #9

TITLE:	**The Importance of Feedback Loops in Health Promotion Materials**
AUTHORS:	Kailey Taebel, MPH, University of Wisconsin-Madison; Jada Proctor, BSPH, University of Wisconsin-Madison; Michael Gonzalez, MPH, MCW-Milwaukee; Debra Foley, Center for Urban Population Health; Marva Johnson, Center for Urban Population Health; Tracie Feest, Center for Urban Population Health; Faith Ogungbe, MS, Center for Urban Population Health; Phyllis Holder, Center for Urban Population Health; Minerva Cornejo, Center for Urban Population Health; Freddie DeLoney, Center for Urban Population Health; Jenny Bohr, Center for Urban Population Health; Lisa Brooks, CHW, Progressive Community Health Center; Jessica Barrera, CHW, Progressive Community Health Center; Adrienne Cobb, MD, MS, MCW-Milwaukee; Ann Maguire, MD, MPH, FACS, MCW-Milwaukee; Jessica Olson, PhD, MPH, MCW-Milwaukee; Staci Young, PhD, MCW-Milwaukee; David Frazer, MPH, Center for Urban Population Health
ABSTRACT:	The Community & Cancer Science Network's Collaborative Work Group (CWG) Initiative is grounded in a transdisciplinary approach (TD), bringing together breast cancer survivors, community members, and healthcare providers to co-create solutions that address breast cancer disparities. Community engagement is central to this work: CWG members from Milwaukee and Racine have led efforts to build trust, share lived experiences, and shape project activities through ongoing dialogue and collaboration. To better understand and improve our implementation strategies, the CWG teams utilized structured feedback loops; an iterative method rooted in information gathering and fractal change. One recent example involved a partnership with graduate students from the Zilber College of Public Health to co-develop educational materials for use in a local community health center. These materials aimed to reduce fear, dispel myths, and clarify what it means to be "high risk" for breast cancer. Diverse stakeholders, including community members, survivors, clinical staff, and medical providers, were engaged in multiple rounds of feedback. Insights gathered included the need for accessible language, culturally relevant imagery, and content tailored to local community contexts. These findings informed three rounds of refinement, resulting in materials that were clearer, more inclusive, and better aligned with community values. This collaborative process not only improved the quality and relevance of the materials but also reinforced trust across sectors. Next steps include expanding feedback loops to additional communities and evaluating the impact of these materials on screening behavior and patient-provider communication.
SUBMITTER:	Taebel, Kailey
TOPIC AREA:	Cancer prevention/research/education; Clinical/patient care

PANEL: #40

TITLE:	**A Scoping Review of the Literature: Does Medical Respite Care Decrease Rates of ED Visits for People Experiencing Homelessness?**
AUTHORS:	Isabelle Tasse, BA, MCW-Milwaukee; Thomas Engel, MD, MPH, MCW-Milwaukee; Jennifer Hernandez-Meir, PhD, MCW-Milwaukee; Armando Suarez Del Real, City of West Allis Fire Department; Benjamin Weston, MD, MPH, MCW-Milwaukee
ABSTRACT:	Background: It is well known that people experiencing homelessness (PEH) are at a high risk of adverse health outcomes. Further, discharge back to homelessness following hospitalization puts that individual at high risk of unplanned emergency department (ED) visits and readmission. Medical respite programs address the gap in care for PEH who are hospitalized, providing a secure space to recover. This work is highly relevant to the authors' involvement in StreetLife Communities, an organization based on providing basic needs to and building relationships with PEH in Milwaukee. We performed a scoping review of the literature examining whether medical respite programs decrease ED visits and readmission rates following hospitalization for PEH. Methods: Following PRISMA-ScR guidelines, a method used to summarize research evidence, PubMed along with other databases including SCOPUS, WOS, and CINAHL were searched using keywords including respite care*, housing instability*, and convalescent*. Included articles focused on respite care programs with outcomes having to do with hospital readmission and ED visit rates. Results: Sixteen articles were included following a search of 485 abstracts. Included articles examined the impact of respite programs on ED visits and readmission rates. Eleven studies reached statistical significance in decreasing ED visits or readmission rates. Discussion PEH are at a substantially high risk for complications from hospitalizations. Conclusion: Per our scoping review, respite care is an effective means of decreasing ED visits and readmission rates following hospitalization for people without stable housing. Respite care warrants additional financial investment and research on the return on investment. Further research should examine the following areas: 1) The types and models of respite care that are most effective, 2) How respite care can connect to housing resources, and 3) What is the impact of respite care on long-term health outcomes?
SUBMITTER:	Tasse, Isabelle
TOPIC AREA:	Health care access/quality; Housing

PANEL: **#41**

TITLE:	**An In-depth Review of COWS Score's in a Prehospital Mobile Integrated Health Led Buprenorphine Induction Program**
AUTHORS:	Isabelle Tasse, BA, MCW-Milwaukee; David Nelson, PhD, MS, MCW-Milwaukee
ABSTRACT:	Background: Through administrative and legislative actions, Medication for Opioid Use Disorder (MOUD) with buprenorphine is now possible in the prehospital setting. These medications reduce opioid use and manage withdrawal symptoms. To initiate buprenorphine, a standard tool that measures withdrawal symptoms called the Clinical Opioid Withdrawal Scale (COWS) score is conducted to identify appropriateness for induction. The score consists of 11 elements that contain data points of the patient encounter which are critical for induction inclusion. Objective: Evaluate a prehospital buprenorphine induction program to understand the individual elements of the COWS score to inform programmatic improvement efforts. Methods: The West Allis Fire Department (WAFD) operates a Mobile Integrated Health (MIH) program that provides field-based buprenorphine induction for patients meeting a COWS score of > 8. MIH is a patient-centered healthcare model that delivers care to patients in their homes or other non-traditional locations. Overall COWS scores and its individual elements were reviewed for patients evaluated by MIH teams in the first year of the buprenorphine program (May 2023-May 2024). Results: WAFD MIH had 128 total patient encounters with COWS scores. Those included 21 patients assessed twice and 2 patients assessed on 5 occasions. There was a total of 99 unique patients. Seventy-two scored a 0, 20 were refusals, and 36 received a positive score. The average of positive scores was 6.42. The three highest scoring elements were gooseflesh skin, GI upset, and sweating. The three lowest scoring were yawning, pupil size, and runny nose/tearing. Eleven patients received scores greater than 8, leading to 4 buprenorphine inductions. Conclusion: This buprenorphine induction program frequently led to scores of 0. Positive scores were often below the induction threshold. The top and bottom elements included objective and subjective criteria. Findings will inform clinician education, adjustments to the local program, and development of similar national models.
SUBMITTER:	Tasse, Isabelle
TOPIC AREA:	Health care access/quality; Opioid crisis

PANEL: #48

TITLE:	**Preparing for an Aging Nation: Creutzfeldt-Jakob Disease Surveillance in Wisconsin from 2010 to 2023**
AUTHORS:	Niki Viradia, BS, MS, MCW-Milwaukee; Jesica M. Godinez Paredes, MS, BS, University of Nevada Reno School of Medicine; Kimberly Zelton, DVM, MPH, Wisconsin Department of Health; Janavi Wagle; Pinky Jha, MD, MPH, MCW-Milwaukee
ABSTRACT:	Background: Creutzfeldt-Jakob Disease (CJD) is a rare but fatal brain disorder that leads to rapid loss of mental and physical function. It is caused by abnormal forms of naturally occurring brain proteins, called prion proteins, which misfold and trigger damage to healthy brain tissue. The most common form, sporadic CJD, occurs without known cause or exposure and represents over 85% of cases. While CJD remains rare, it primarily affects older adults, raising growing public health concerns as Wisconsin's population ages. Understanding state-level trends is essential to guide clinician awareness, public health preparedness, and early recognition of potential outbreaks. Methods: We conducted a retrospective analysis of Creutzfeldt-Jakob Disease surveillance data from the Wisconsin Department of Health Services (WDHS) spanning 2010-2023. Cases were classified as confirmed or probable based on national diagnostic criteria. Data were analyzed by year, age, and sex to identify changes in incidence and demographic patterns. Results: A total of 158 confirmed CJD cases were reported during the study period. Most cases (90.5%) occurred in adults aged 55 and older, with a median age at death of 68 years and a slight male predominance (55.1%). Nearly all cases were consistent with sporadic CJD, reflecting expected patterns seen nationwide. Conclusion and Public Health Implications: CJD in Wisconsin mirrors national epidemiologic trends but highlights an urgent need to strengthen awareness and preparedness as the state's population ages. The findings will inform WDHS and partner organizations in developing targeted clinician education on early recognition and reporting, updating hospital infection control practices for suspected prion disease, and refining statewide surveillance systems. Future efforts include collaboration with public health partners to disseminate information to healthcare providers and communities-especially those serving older adults-to promote rapid identification, safe handling of suspected cases, and improved coordination of care. These steps will enhance Wisconsin's readiness for rare neurodegenerative diseases and strengthen overall public health resilience.
SUBMITTER:	Viradia, Niki
TOPIC AREA:	Health education

PANEL:	**#5**
TITLE:	**Bridging the Gap: Enhancing Autism Care Accessibility through an Intelligent AI-Driven Chatbot**
AUTHORS:	Brendon Wang, BA, MCW-Milwaukee; Yue Xu, MSW, PhD, University of Illinois College of Medicine
ABSTRACT:	Background: Autism Spectrum Disorder (ASD) affects approximately 1 in 31 children in the United States, presenting persistent challenges in early detection, individualized care, and access to accessible educational materials. Although numerous resources exist for parents of children with autism, they are often lengthy, text-based, and inaccessible to families with limited English literacy or health literacy. To address this gap, we developed an intelligent, conversational chatbot designed to deliver personalized, video-based educational resources for parents of children with ASD. Methods: The chatbot was designed using an iterative, user-centered framework that incorporated feedback from parents and clinicians familiar with autism education materials. Leveraging natural language processing (NLP) and semantic embeddings generated via the Cohere API, the system interprets parent queries and recommends the most relevant educational videos from a curated library. A hybrid recommendation model integrates semantic similarity scoring, user feedback (likes, dislikes, and query history), and adaptive learning algorithms to refine future suggestions. Key design features include multilingual support, plain-language explanations, and modular video segmentation to minimize information overload. Results: The chatbot prototype was successfully implemented and deployed in a test environment. Functional testing confirmed accurate query interpretation, reliable video retrieval, and dynamic adaptation of recommendations based on user interactions. The system demonstrated stable performance, effectively matching parent questions to appropriate educational materials through semantic similarity scoring and feedback-driven refinement. The next step involves partnering with local autism support organizations and parent advocacy groups to guide usability testing and refine content relevance. Conclusion: This project demonstrates a scalable, low-cost approach to bridging gaps in autism education through AI-driven personalization. Future work will focus on establishing community partnerships, conducting usability testing, and developing a mobile application to broaden access for diverse families navigating the complexities of ASD care.
SUBMITTER:	Wang, Brendon
TOPIC AREA:	Behavioral Health; Health education

PANEL:	**#62**
TITLE:	**Skin and soft tissue wounds among persons experiencing homelessness in Milwaukee: A prevalence study**
AUTHORS:	Kaitlyn Weix, MCW-Milwaukee; Seamus McWilliams, University of Wisconsin School of Medicine and Public Health; Daniel T. Shoushtari, MCW-Milwaukee; Benjamin Bateman, MCW-Milwaukee; Alexander Gowing, MCW-Milwaukee; Alexa Weber, MCW-Milwaukee; Stephen Halada, MCW-Milwaukee; David Nelson, PhD, MS, MCW-Milwaukee, StreetLife Communities
ABSTRACT:	Background: In 2023, over 1,000 individuals in Milwaukee County experienced homelessness, a population disproportionately affected by skin and soft tissue wounds. These wounds—traumatic injuries, burns, frostbite, ulcers, and infections—are frequently left untreated, as persons experiencing homelessness (PEH) often rely on emergency departments rather than primary care for longitudinal care. Despite these disparities, ecological data on wound prevalence among PEH remain sparse. Objective: To determine the prevalence of skin and soft tissue wounds, access to basic medical supplies, and proximity to healthcare infrastructure among PEH in Milwaukee. Methods: This IRB-approved, cross-sectional study assessed wound prevalence among PEH in Milwaukee. Medical students administered a structured Qualtrics survey during outreach rounds with StreetLife Communities. The survey collected self-reported data on wounds, access to wound care supplies, and healthcare utilization. Eligible participants were adults (older than 18 years) experiencing homelessness or severe housing instability. Surveys were administered verbally during outreach rounds, with a goal of 200 surveys over one year. Wounds were photographed, and survey sites were mapped in relation to local clinics to assess access to care. Results: To date, 65 surveys have been completed in Milwaukee census tracts with high social vulnerability indices. To date, 23 participants (35%) reported an active wound. Among these, 14 (61%) had active cuts/lacerations, 5 (22%) skin infections, 5 (22%) foot wounds, 4 (17%) IV-related skin wounds, and 4 (17%) bug-related wounds. Eighteen (28%) reported a wound in the past year. Overall, 36 (56%) had a current or recent wound, and 4 (6%) reported having an amputation. Participants reported visiting emergency departments more recently than primary care offices, and 49% lacked basic first aid supplies. Conclusion: Wound prevalence is high in this population, with emergency departments serving as the primary healthcare access point. Expanding medical supply distribution and care infrastructure is essential for mitigating disease morbidity.
SUBMITTER:	Weix, Kaitlyn
TOPIC AREA:	Social determinants of health; Health care access/quality

PANEL:	**#57**
TITLE:	**The Clubhouse Wisconsin coalition: Expanding services for people living with mental illness**
AUTHORS:	Clubhouse Wisconsin; Michelle Broaddus, PhD, MCW-Milwaukee
ABSTRACT:	Background: Over half of Wisconsinites with a mental health condition do not receive treatment, and more than 2 million live in communities with a shortage of mental health professionals. Wisconsin's clubhouses provide an internationally recognized psychosocial support system for people living with mental illness, with research demonstrating reduced hospitalizations, long term employment, and improved quality of life. The newly revitalized Clubhouse Wisconsin coalition engaged with new academic partners, collaborating to educate communities, stakeholders, and policymakers about the benefits of Clubhouses, and conduct strategic planning for long-term sustainability and expansion of Wisconsin's clubhouses. Methods: The coalition's Research Committee conducted collected qualitative data about clubhouse membership's effects on multiple dimensions of mental and physical health, using focus groups co-facilitated by an academic partner and clubhouse members trained in human subjects research ethics. Results: Members shared parts of their personal stories, describing multiple challenges and traumas, often positioning the clubhouse within a journey towards healing and recovery. Participants particularly emphasized the importance and benefit of simple physical presence at the Clubhouse. Emerging themes illustrate members' increased educational or vocational capacity, as well as self-respect, friendship, meaning, and purpose. Members describe the culture of clubhouses as uniquely supportive, accepting, and non-coercive, and the importance and benefit of simple physical presence at the Clubhouse. Conclusion: The positive benefits of Clubhouses demonstrated in previous research were confirmed in this sample from Wisconsin. The clubhouses disseminated information to a wide variety of stakeholders, generated earned media coverage, and engaged with policymakers and adjacent coalitions, resulting in a groundswell of support for the clubhouse model to improve the mental health of Wisconsin residents. The Clubhouse Wisconsin coalition is now better positioned to engage with academic partners, legislators, and community stakeholders to expand awareness and increase accessibility of Clubhouses.
SUBMITTER:	Broaddus, Michelle
TOPIC AREA:	Mental health; Research ethics

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2	Randall, Liam	Behavioral Health	Shaping Project THRIVE through Community Engagement
3	Songco, David	Behavioral Health	Centering the Dancer: Insights into Mental Health from a Pre-Professional Ballet Program
4	Songco, David	Behavioral Health	Advancing Access to Behavioral Health Care in Rural Jefferson and Dodge County
5	Wang, Brendon	Behavioral Health	Bridging the Gap: Enhancing Autism Care Accessibility through an Intelligent AI-Driven Chatbot
6	Adobor, Akorfa	Cancer prevention/ research/education	Culturally Targeted Sun Safety Education to Address Barriers and Misconceptions in Minority Communities
7	Bobholz, Faith	Cancer prevention/ research/education	Strengthening Grassroots Civil Society Organizations to Improve Cervical Cancer Prevention Among Female Sex Workers: A Qualitative Examination of Professional Perspectives
8	Hackett, Kelly	Cancer prevention/ research/education	A Transdisciplinary Approach to Building the Milwaukee Lung Cancer Coalition
9	Taebel, Kailey	Cancer prevention/ research/education	The Importance of Feedback Loops in Health Promotion Materials
10	Angel-Gonzalez, Jessica	Children and youth	Does Schoolyard Greening Increase Recess Quality?
11	Bloyer, Emilie	Children and youth	Evaluating the Froedtert & MCW Ignite Program: Advancing Healthcare Career Exposure and Equity Through Early Pathway Education
12	Brennan, Anastasia	Children and youth	Reaching At Risk Children through Community Partnership; the Growth of a Lead Testing Program
13	Feltracco, Haley	Children and youth	Enduring Stress, Mobilizing Support: The Family Experience of Urban Pediatric Surgery
14	Gomez, Maria	Children and youth	Science Nights: STEM Exposure for Milwaukee Youth through Community Engagement in Partnership with Medical Students
15	Lira, Morgan	Children and youth	Towards a digitized mental health registry to enhance data-driven care and treatment outcomes among adolescents in Uganda
16	Michel, Brianna	Children and youth	Needs Assessment for an IEP/504 Preparedness Intervention in Children and Youth with Special Healthcare Needs and Medical Complexity
17	Milke, Jocelyne	Children and youth	Eyes on the Future: Increasing Interest in Medicine Through Interactive Early Immersion Programs
18	Norrbom, Corina	Children and youth	Exploratory Analysis of Conversational Turns in English and Hmong Early Childhood Classrooms
19	Erickson, Molly	Clinical/patient care	Implementation of Motion Analysis Clinics Through the Global Mobility Outreach Program: Advancing Care, Education, and Research in Underserved Regions
20	Folivi, Kevin	Clinical/patient care	Perceived Effectiveness of a Novel Community-Based Care Program for Type 2 Diabetes Mellitus in Dhulikhel Municipality
21	Palm, Sherrie	Clinical/patient care	Shortfalls in Women's Health Curriculum: Roadblocks to Women's Health Empowerment

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23	Smith, Madeline	Clinical/patient care	Effects of Insurance Status on Patient Characteristics and Outcomes at an Urban Tertiary Hospital
24	deRoon Cassini, Terri	Diversity, equity, inclusion	Co-D.R.IV.E.n: Community Led Research designed to D.ismantle Systemic-R.acism Inv.igorating E.quity-N.ow
25	Martinez, Gabriella	Diversity, equity, inclusion	Atrial Fibrillation and Hypertension Community Screening in Urban African American Population: A Collaborative Study with Word of Hope Ministries
26	Capper, Autumn	Education	Tick Talk: Lyme Disease Prevention and Awareness Teaching Model
27	Djoric, Dusanka	Education	Students Understanding Principles of Research Education through Medicine, Engineering, and Science (SUPREMES)
28	Elon, Rebecca	Education	Excellence in Community-based Eldercare through Academic-Community Partnerships
29	Parke, Krista	Education	Creating a Community Medicine Track: Preparing Physicians for Community-Engaged, Equity-Focused Patient Care
30	Sekhon, Manharsh	Education	Evaluating the Impact and Sustainability of The Food Doctors Nutrition Education Program on Knowledge Gains Among Elementary School Students
31	Alipuly, Alham	Food access	Building Food Security on Campus: Lessons from the MATC Food Pantry Initiative
32	Bednarek, Callie	Food access	Addressing Childhood Food Insecurity: An Integrated and Community-Based Approach
33	Azam, Laila	End of Life Care	Islamic Bioethical Considerations for End-of-Life Healthcare
34	Carlson, Alexis	Health care access/quality	The Impact of Primary Language on Specialty Care Access in Uninsured Patients at a Student-Run Free Clinic
35	Chirumamilla, Varshita	Health care access/quality	Awareness, Treatment and Access to Dermatologic Care in Underserved Communities: Findings from a National Needs Assessment
36	Cooper, Emily	Health care access/quality	Closing the Application Gap: A Quality Improvement Program for Crime Victims Compensation Applications in Wisconsin
37	Estrada, Monica	Health care access/quality	Development of a Community Health Worker program for the Latino Community in Milwaukee
38	Mesidor, Philisha	Health care access/quality	No Data Left Behind: Quantum Computing in Community-Engaged Research
39	Morales, Carolina	Health care access/quality	Between Need and Access: Uninsured Patients' Surgical Journeys in Milwaukee, Wisconsin
40	Tasse, Isabelle	Health care access/quality	A Scoping Review of the Literature: Does Medical Respite Care Decrease Rates of ED Visits for People Experiencing Homelessness?
41	Tasse, Isabelle	Health care access/quality	An In-depth Review of COWS Score's in a Prehospital Mobile Integrated Health Led Buprenorphine Induction Program
42	Gonzalez-Van Wart, Alexandra	Health education	Community Talks (Charlas Comunitarias): Building Health Literacy Through Academic-Community Partnerships in the Latino Community

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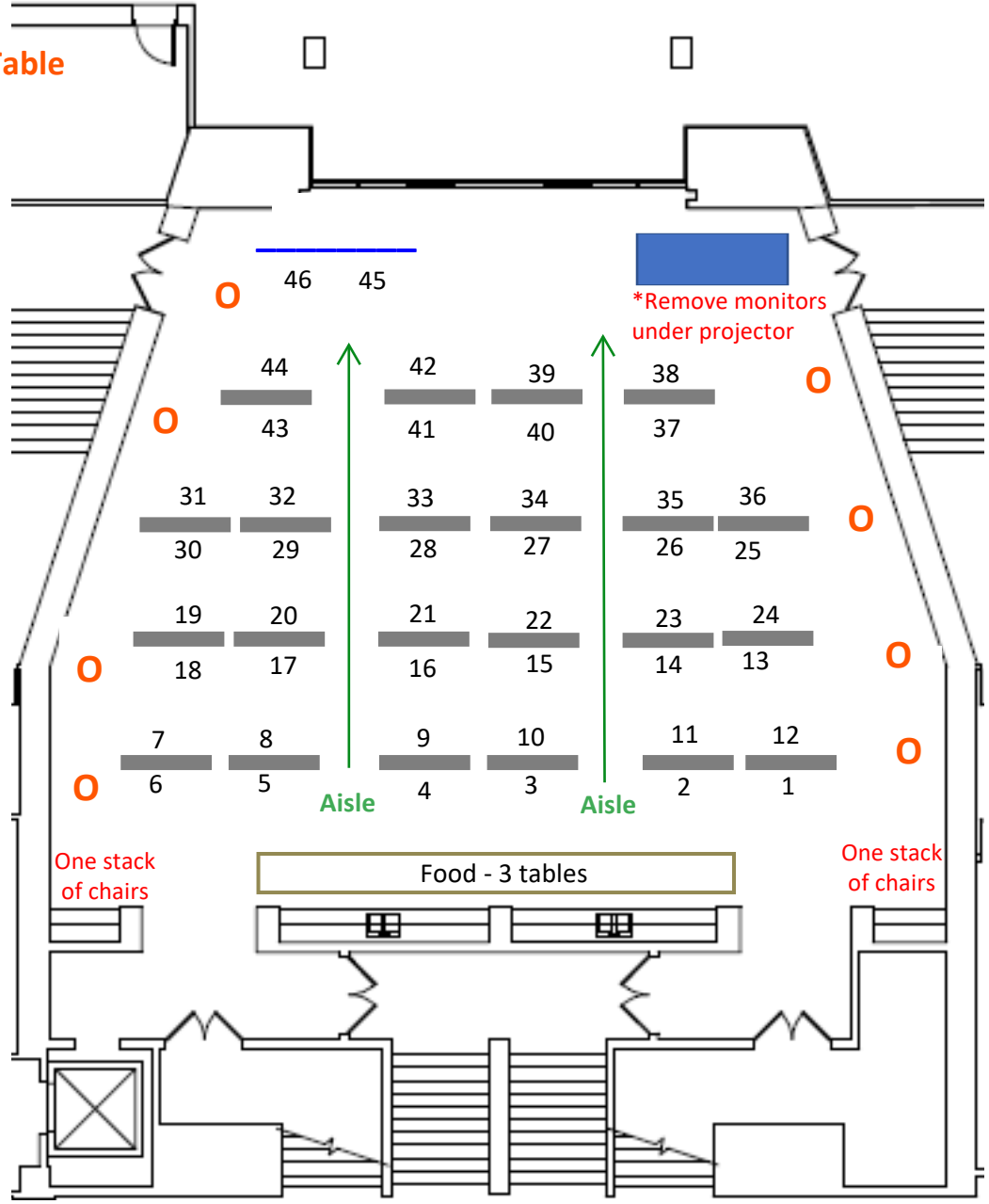
44	Livni, Maya	Health education	Project Sound: A Student-Led, Community-Engaged Hearing Screening and Education Initiative
45	Otu, Kate	Health education	The Critical Role of Community Leaders and Language Accessibility in Community Engaged Research (CEnR)
46	Patel*, Rajvi	Health education	Qualitative Analysis of Evolving Community Partnerships in the Community Sun Protection Program
47	Sabatino, Anthony	Health education	The Importance of Continuous Evaluation: Identifying Strengths and Opportunities to Grow in a Milwaukee-Based Community Health Worker Training Program
48	Viradia, Niki	Health education	Preparing for an Aging Nation: Creutzfeldt-Jakob Disease Surveillance in Wisconsin from 2010 to 2023
49	Leonard, Charlie	LGBTQ health	New Data on Commercial Tobacco, Cannabis, & Delta-8 use in Wisconsin's LGBTQI+ Community
50	Seibert, Drake	LGBTQ health	Skin cancer prevention behaviors among patients at Brady East STD Clinic (BESTD): Free clinics as entry points for preventative healthcare
51	Blachowicz, Kathryn	Maternal health	Feasibility of a Breastfeeding Peer Counselor Pilot Program for Black Mothers
52	Eng, Aylinh	Maternal health	Educating Mothers and Pregnant Women in a Women's Shelter on Navigating Digital Information: A Digital Wellness Module
53	Saucedo, Sophia	Maternal health	Improving Clinician Adherence to Diabetes Guidelines in Pregnancy: A Quality Improvement Project
54	Broaddus, Michelle	Mental health	A Decade of Engagement: The Wisconsin Child Psychiatry Consultation Program (WI CPCP)
55	Pantoja, Flavia	Mental health	Latino/a Youth Voices for Mental Health: A Community Initiative at St. Adalbert Church on Milwaukee's Southside
56	Patiño, Gabriella	Mental health	The Brain Doctors: Transforming Mental Health Curriculum for Elementary Students
57	Clubhouse Wisconsin	Mental health	The Clubhouse Wisconsin coalition: Expanding services for people living with mental illness
58	Hamadeh, Yara	Rural health	Adopting Community-Engaged Strategies in a Multicenter Trial: A Comparison of Urban and Rural Populations
59	Mueller, Luke	Rural health	Assessing Barriers to Eye Care in Rural Hispanic Populations
60	Gowing, Alexander	Social determinants of health	Wound care kits to address the wound burden among persons experiencing homelessness in Milwaukee
61	Kayser, Anna	Social determinants of health	Intersecting Health Disparities: Examining Hypertension and Behavioral Health Among Black Milwaukeeans
62	Weix, Kaitlyn	Social determinants of health	Skin and soft tissue wounds among persons experiencing homelessness in Milwaukee: A prevalence study

Community Engagement Poster Session

Alumni Center Floor

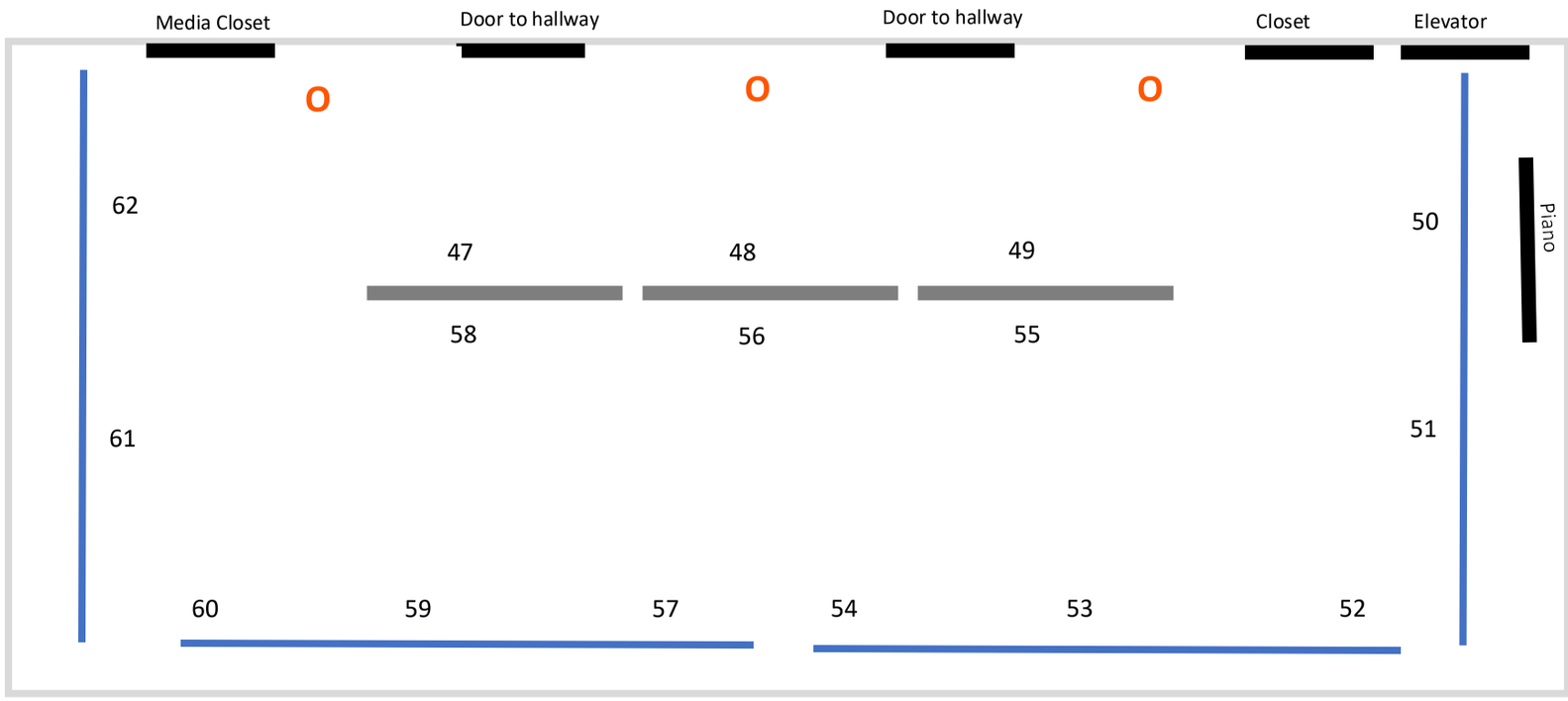
O = High Top Table



Community Engagement Poster Session

Alumni Center Balcony

O = High Top Table



Office of Community Engagement

Mission

The Office of Community Engagement is dedicated to improving the health of communities of Wisconsin and beyond by advancing the art and science of community engagement (CE) and making MCW a national leader in improving the health of the public.

CE Components

Ahmed, SM., Neu Young, S., DeFino, M., Franco, Z.,Nelson, D. Toward a Practical Model for Community Engagement: Advancing the Art and Science in Academic Health Centers. Journal of Clinical and Translational Science. Volume 1, Issue 5. October 2015. Pp 310-315.

Community Engagement is

"the collaboration between institutions of higher education and their larger communities (local, regional/state, national, global) for mutually beneficial exchange of knowledge and resources in a context of partnership and reciprocity."

– Carnegie Foundation for the Advancement of Teaching

Guiding Principles

- Develop reciprocal and mutually beneficial partnerships with communities across Wisconsin.
- Use bi-directional dialogue to define and understand community and community engagement and identify program scope based on relevant community issues.
- Recognize the importance of relationships in developing strong community-academic partnerships with equitable power and agreed-upon responsibilities.
- Build capacity within the Medical College of Wisconsin and the community.
- Effectively disseminate outcomes via multiple methods.

Meet Our Faculty & Staff

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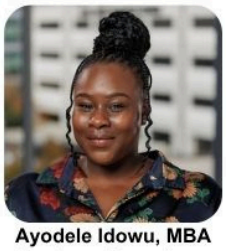

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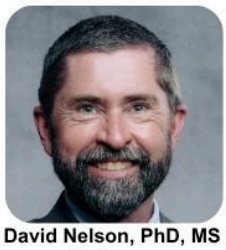

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Definitions That Guide Our Work

Collaboration is a "…process by which groups come together, establishing a formal commitment to work together to achieve common goals and objectives" through joint ownership of the work, risks, results, and rewards.[1]

Community is a group of individuals organized into a unit or manifesting some unifying trait or common interest. Community need not be defined solely by geography. It can refer to a group that self-identifies by age, ethnicity, gender, sexual orientation, special interest, faith, life experience, disability, illness, or health condition; it can refer to a common interest or cause, a sense of identification or shared emotional connection, shared values or norms, mutual influence, common interest, or commitment to meeting a shared need.[2]

Community-Academic Partnership is a partnership that leverages the strengths of both community and academic partners to answer community health problems.[3]

Community Based Participatory Research (CBPR) is a "collaborative approach to research that equitably involves, for example, community members, organizational representatives, and researchers in all aspects of the research process."[4] "CBPR begins with a research topic of importance to the community with the aim of combining knowledge and action for social change to improve community health and eliminate health disparities."[5]

Community Capacity Building is "an increase in community groups' abilities to define, assess, analyze, and act on health or any other concerns of importance to their members."[6]

Community-Engaged Clinical Care is a patient-centered healthcare approach situated within the broader context of family and community. This clinical care approach is sensitive to the particular needs of the populations served in order to improve credibility and trust among the community. This form of clinical care goes beyond the traditional patient–provider relationship, recognizing the importance of community dynamics in influencing health outcomes.[7]

Community-Engaged Coursework refers to courses that incorporate principles of community engagement, emphasizing the application of these principles in professional work. Students learn theoretical insights into community engagement and actively engage in practical exercises and projects that allow them to directly apply these principles. The coursework emphasizes the development of skills, competencies, and ethical considerations necessary for effective collaboration with communities.[7]

Community-Engaged Dissemination is a way to distribute and integrate research evidence and evidence-based practice within communities and service systems.[8]

Community-Engaged Policy and Advocacy involves collaboratively developing policy statements and recommendations to provide "policymakers and other state officials . . . insight into identifying values, ideas and recommendations of the communities that they serve." This approach aims to foster community understanding of issues, leading to greater ownership of initiatives. Targeted actions intend to change policies, laws, budgets, and create new programs. It also involves educating leaders and administrators while promoting open dialogues with decision-makers to ensure community voices shape policy decisions.[9]

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

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

Community Outreach is "the way faculty, staff, and students collaborate in a manner consistent with the role and mission of their professional appointment with external groups in mutually beneficial partnerships that are grounded in scholarship.".[7, 12]

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

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

Health Disparities refer to "largely preventable health differences that adversely affect populations who experience greater challenges to optimal health and are closely linked with intergenerational social, economic, and/or environmental factors—primarily observed among racial and/or ethnic minority populations and/or low socioeconomic status (SES) groups."[16]

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

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

Population Health is "the health outcomes of a group of individuals, including the distribution of such outcomes within the group."[19]

Pronouns are "the third person personal pronouns (such as *he/him*, *she/her*, and *they/them*) that a person goes by."[20] The American Psychiatric Association offers a guide with more information about pronoun usage.[21]

Public Health has the mission of "fulfilling society's interest in assuring conditions in which people can be healthy."[22] "Public health promotes and protects the health of all people and their communities."[22] "Public health works to track disease outbreaks, prevent injuries, and shed light on why some of us are more likely to suffer from poor health than others."[23]

Service Learning is a comprehensive educational approach that integrates a structured learning experience with community service, where students actively engage in addressing community-identified concerns. Students are immersed in real-world situations, fostering a reciprocal relationship between academic learning objectives and hands-on service activities.[7]

Social Determinants of Health are "the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, and political systems."[24]

Social Justice is "the view that everyone deserves equal rights and opportunities — this includes the right to good health."[25]

Translational Science is "the field that generates scientific and operational innovations that overcome longstanding challenges along the translational research pipeline. These include scientific, operational, financial and administrative innovations that transform the way that research is done, making it faster, more efficient, and more impactful."[26]

Translational Science Spectrum is a continuum of "activities where critical insights are passed between research modalities so that biomedical discoveries can lead to tangible improvements in human health." Basic science discoveries are "translated" to generate clinical insights which then are developed to inform implications for clinical practice which then lead to implications for population health. Levels of the spectrum are often identified by "T-levels"[27] which correspond to the following:

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

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Thank you to all presenters, judges, and attendees for joining us for the 2025 Community Engagement Poster Session!