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

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

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

Methods
MCW IRB Approval number: PRO00031805
Qualtrics survey
- 10 minutes
- Administered at the beginning (October 2019), middle (January 2020), and end (May 2020) of the 2019-2020 PATCH program
- Provide dinner when the survey is distributed

Survey Template:
- How many months have you been in PATCH?
- What is your gender/age/race?
- In the last 2.3 months...
- What is the most common question you have been asked by your peers?
- How many people have you given advice to regarding the topics covered in PATCH?
- What is the most common demographic who you have given advice to?
- At this point, what topic are you least comfortable with?
- At this point, what topic are you most comfortable with?
- Has this changed from the last survey?
- If so, why did it change?

Demographics of participating PATCH teens
- n=10 teens from local high schools
- 8 Caucasian/1 Asian/1 African American
- Average age: 16

Results

In the last three months, what is the most common health related question you've been asked by your peers?
- "Where can I get free condoms?"
- "Why is vaping bad?"
- "Can I be on birth control and safely take Plan B?"
- "How does health insurance work?"
- "Can I get pregnant on birth control?"
- "Where can I get free STI testing?"
- "Should I go to the doctor if I haven't had my period for a few months?"
- "I don't remember."
- "No."  

In the last 3 months, what is the most common demographic you’ve given advice to?
- "Asian girls"
- "15-16 year old white or Asian boys"
- "Yes, I think I’ve gotten a lot more comfortable talking about sex health questions because they are so important in a teenager’s life."
- "Yes, because I don’t talk about stuff much outside of PATCH."
- "As I go through PATCH, I find myself questioning healthcare."
- "No."
- "I don’t remember."
- "Yes, I feel like my answers have changed because of the amount of my exposure to these topics the past few months."

Has your answer changed since your participation in PATCH?
- "white high school students"
- "white teenagers"
- "late 40’s, white, female (my mom’s friends)"
- "white high school kids"
- "white females, age 16"
- "white high school students"
- "15-16 year old white or Asian boys"
- "Yes, I feel like my answers have changed because of the amount of my exposure to these topics the past few months."

Figure 1: The PATCH Site Architecture illustrates the holistic and collaborative approach to program implementation.
“A gay man and a doctor are just like, a recipe for destruction”: How racism and homonegativity influence health care for young Black gay and bisexual men

Katherine G. Quinn, PhD, Broderick Pearson, and Matthew Lewis
Center for AIDS Intervention Research, Department of Psychiatry and Behavioral Medicine
Medical College of Wisconsin, Milwaukee, WI

Background

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

- One possible reason for disparities in PrEP use is Intersectional Stigma - the ways multiple stigmas interact and influence health and social outcomes
  - Black gay and bisexual men may face racism and homonegativity in multiple areas of their lives
  - PrEP and HIV are also stigmatized; PrEP has been known as “the gay pill” and PrEP users have been called “Truvada whores”

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

Methods

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

Results

“Passive aggressive racism” in health care settings

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

Structural inequities

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

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

Homonegativity

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

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

Patient-provider racial concordance

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

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

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

Conclusions

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

Acknowledgments: Special thanks to all of the staff at the Center for AIDS Intervention Research (CAIR) who were instrumental in this research and our community partners at Diverse and Resilient and Pathfinders. Funding Information: K01-MH112412 (Quinn)
Anatomy-based Community Education Using Plastinated Organs

Ryan E. Hillmer$^1$ and Teresa N. Patitucci$^1$

$^1$Medical College of Wisconsin, Department of Cell Biology, Neurobiology, and Anatomy, 8701 Watertown Plank Road, Milwaukee, WI 53226, USA

OVERVIEW

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

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

METHODS

Plastination was developed and made famous by Gunther von Hagens as a means to preserve biological tissue via polymer infusion. The infusion of polymer into tissues converts these tissues into non-toxic, odorless, long-lasting specimens. The plastination process consists of initial organ fixation in 10% formalin. Fixed organs are then dissected and hemisected to highlight relevant external and internal anatomy. Following dissection, organs are rinsed under running cold water for approximately 2-3 days. After adequate rinsing, organs undergo dehydration via submersion in acetone. Acetone purity is measured incrementally using an acetonimeter, until readings of ≥98% purity are obtained. Once appropriate dehydration readings are obtained, NCS10/NCS3 polymer is infused into the organs via vacuum pressure at -25°C. Pressure is slowly decreased daily until vacuum pump needle valves are completely closed. Infused organs are cured using NCS6, which is sprayed onto the organs and then vaporized in a curing chamber. Organ curing is complete when excess secretions of silicone and curing agent subsides (Figure 1).

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

RESULTS: EVENTS & SURVEYS

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

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

CONCLUSIONS

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

REFERENCES


FUNDING

This project is supported by funds from an Education Outreach Grant (AAA) and Dean’s Programmatic Dollars (MCW).
COVID-19 in Wisconsin: A Qualitative Study Examining Wisconsinites' Perceptions and Reactions

Maren M. Hawkins, RPCV, BA, CPT.
PhD Student, Community and Behavioral Health Promotion,
Joseph J. Zilber School of Public Health

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

Approved by the University of Wisconsin IRB (#20.253)

We used an Inductive Thematic Analysis approach.

All interviews were transcribe using Participant 5

Stakeholder engagement was crucial in establishing

Major themes we identified were:

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

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

“To live in a society is to help each other” Participant 12

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

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

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

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

Methods

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

Sampling & Recruitment

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

Consent Process

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

Semi-Structured Interview Guide

• Our semi-structured interview guide with built based on Aday and Cornelius’s(2), and Blair et al.’s(3), recommendations for interview guide creation.
• There was a total of 20 questions.
• Our interview guide included two sections, one on COVID-19 during the Safer-at-Home order at
• Eastern Wisconsin and
• 19 lockdown began
• at
• Home order due to a sense of societal obligation;
• Healthcare
• Public Health +
• Social Responsibility
• Multi-dimensional Health
• Interconnectedness
• “What did you think about public health before COVID-19?”
• All interviews were done other the phone and recorded using recording software (Yeti & Presonus).

Analysis

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

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

Methods

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

Objectives

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

Results

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

Figure 1: Assessment of Current Digital Recruitment Tools

Figure 2: Initial Functionality Parameters for Paclintra.com

Figure 3: Example Trial Information Page

TREATMENT NAME

TREATMENT SUMMARY

TREATMENT DETAILS

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

Conclusions and Future Directions

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

Acknowledgments

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

Select References

# MaskUpMKE

## Introduction

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

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

## Methodology

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

Community partners that received masks from the MaskUpMKE initiative include:
- Federally Qualified Health Centers
- MPS school district – feeding sites
- Metcalfe Community Bridges
- UMOSt/Latina Resource Center
- Sherman Park Community Association
- Milwaukee Housing Authority
- Meals on Wheels
- Community Advocates Women’s Center
- Next Door Foundation, and many more

## Results

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

## Conclusion

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

## Acknowledgements

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Thank you also to medical students Christian Hernandez, Na’il Scoggins, Nathalie Aboenooza, Jayla Watkins, and Drew Stein for volunteering your time and energy to early project coordination and mask deliveries!
COVID-19: Engaging Hispanic Communities in Bi-Directional Conversation

Corina Norrbom, MD, MCW-CW, WIPPS; Mariana Savela, BS, WIPPS; Julie Bunczak, MEd, WIPPS; Amy Prunuske, PhD, MCW-CW; Dima Jaber, BS, MCW-CW; Greta Berger, BA, MCW-CW; Tony Gonzalez, BA, Marathon County Health Dept

Background

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

Objectives

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

Methods

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

Communication Model

Hmong Community Liaisons (4)  
Hmong Community Coordinator  
Project Coordination (WIPPS)  
Project Evaluation (WIPPS and MCW-CW)

Hispanic Community Liaisons (4)  
Hispanic Community Coordinator  
County health department, health systems, United Way, Hmong Wisconsin Chamber of Commerce, E.A.G. Interpreters, churches, Hmong American Center, MCW-CW, state and local connections

Communication with the larger community through CCs

Results

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

![Average level of schooling for adults was 6th grade or lower](image)

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

![Do you know about resources in your community?](image)

Acknowledgements

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

Impacts

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

Conclusions & Future Directions

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

• Wisconsin DHS Influenza Community Outreach
• Covering Wisconsin Open Enrollment & Public Charge Rule education
• Primary care access and health literacy
• Grocery store video initiative
• Continued intentional listening
COVID-19: Engaging Hmong Populations in Bi-Directional Communication

Dima T. Jaber, BS, MCW; Greta Berger, BA, MCW; Corina J. Norrbom, MD, MCW-Central WI; Julie Bunczak, MSeD, Wisconsin Institute for Public Policy and Service; Amy Prunuske, PhD, MCW-Central WI; Mang Xiong, BA, Hmong Wisconsin Chamber of Commerce

Background

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

Objectives

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

Methods

Communication Model

<table>
<thead>
<tr>
<th>Hmong Community Liaisons (4)</th>
<th>Community</th>
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</thead>
<tbody>
<tr>
<td>Project Coordination (WIPPS)</td>
<td>Hispanic Community Liaisons (4)</td>
</tr>
<tr>
<td>Project Evaluation (WIPPS and MCW-CW)</td>
<td>County health department, health systems, United Way, Hmong Wisconsin Chamber of Commerce, E.A.G. Interpreters, churches, Hmong American Center, state and local connections</td>
</tr>
</tbody>
</table>

Quality of personal communication and non-written materials such as videos

How worried are you about getting COVID-19?

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

How worried are you affected by COVID-19?

Do you understand what COVID-19 is?

The majority stated that they understood what COVID-19 was. 16 stated that they did not understand COVID-19, but knew it was a "dangerous disease" or "scary." 3 individuals stated they had "okay understanding." Where do you get your information about COVID-19?

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

Is there anything that is confusing about COVID-19?

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

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

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

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

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

Lessons Learned

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

Discussion

Early impacts

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

Future Directions

Wisconsin Department of Health Services Influenza Community Outreach grant
- Influenza and influenza vaccine outreach and education
- Connecting population to affordable and accessible vaccinations
- Open Enrollment & Health Insurance Outreach
- Primary Care Access project
- Health topic informational sessions

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