

Community Matters

A Community Research Poster Forum

2026

THURSDAY, OCTOBER 15, 2026
6:00-8:00PM
MCW-Green Bay
Gehl-Mulva Science Center, St. Norbert College



Welcome from our Campus Dean



I hope you enjoy exploring the scholarly projects that our medical students have completed in partnership with local community organizations.

The student projects link medical education with the resources and needs of Green Bay-area communities to promote health in northeastern Wisconsin. This unique MCW experience is designed to cultivate medical skills and interests, deepen ties to the community, and provide an appreciation for the physician's potential role and impact on local health needs.

I would like to recognize the partner organizations and community mentors who volunteered with our medical students on these projects. You are a critical element to their medical education and we could not have accomplished this work without your support. ■

Physicians in the Community Course Directors



Welcome to the MCW-Green Bay community research poster forum. Our medical students complete a Community Oriented Primary Care (COPC) scholarly research or quality improvement project in collaboration with one of our fantastic community partners. The projects emphasize community and individual health, combining elements of epidemiology, primary care, preventive medicine, and health promotion. Through the Physicians in the Community Pathways Course and other aspects of the curriculum, our students establish relationships with many local organizations directly involved with the health and well-being of our community. Working with our partners, students identify health needs, design appropriate interventions, and assess the effects of these interventions, culminating in a public poster presentation. Our goal is to help students become community-engaged physicians, moving us from the care we have to the care we need.

We want to thank Katrina Rosculet, MD, and Chrystal Woller, BSN, RN, City of De Pere Health Director, for their assistance in working directly with the students to get their projects off the ground. A special thank you also goes to Jamie Lynch, Ph.D., Dean of Arts and Sciences, St. Norbert College, for supporting study design and data analysis. We would also like to express our appreciation and gratitude to all our community partners, those represented in the poster presentations, and those who give generously of their time and expertise in countless other ways to help MCW Green Bay achieve our lofty goals. Please enjoy the surprising variety of community projects on display today. ■

Scholarly Project Presentations

Time Location	Student(s) Project
6:00-6:50pm First Floor Atrium Keefe Science Gallery 1098 and 1099	All Students Scholarly Project Poster Review <i>Engage with the students and their Pathways Posters to learn more about their projects, feel free to ask questions, find out the pros and cons they faced while completing their projects and what path they will take next.</i>
7:00-7:05pm Room 1097	Introductions from Dr. Ferguson
7:05-7:15pm Room 1097	Ava Brey <i>Truancy Factors in De Pere High School Students Post COVID-19 Pandemic</i>
7:15-7:25pm Room 1097	Sydney Tape and Elizabeth Buck <i>Improving Healthcare Provider Understanding of Pediatric Concurrent Care</i>
7:25-7:35pm Room 1097	Paul Grainger and Alex Pangrazzi <i>Assessing Resource Needs for Families of Children with Disabilities During the Transition to Adulthood</i>
7:35-7:45pm Room 1097	Cole Hanke and Olivia Nedza Brandner <i>Perceptions and Habits Related to Brain Health: A Community-Based Survey of the Six Pillars</i>
7:45-7:55pm Room 1097	Quinlan Kiefer and Faith Lucas <i>Exploration of Pediatric Lead Screening Practices</i>
7:55-8:05pm Room 1097	Sarah Woods <i>Evaluating Demand and Barriers to Adaptive Swim Instruction for Children with Autism Spectrum Disorder in Wisconsin</i>
8:05-8:10pm Room 1097	Q&A Conclusion

WELCOME & INTRODUCTION

THANK YOU!

A special thank you to our many community partners for your time and investment in our students.

Abstract # Partner

- 1 De Pere High School: Ivy Jeskie and Brian Thielhelm
- 2 Unity Hospice: Amy James, MD and Heidi Warpinski;
HSHS Prevea Pediatrics: Thomas Huffer, MD;
MCW Green Bay: David Ferguson, MD, Sahar Rassi, MD, and Danielle Burton
- 3 Wisconsin Medical Society: Elizabeth Ringle, Jamie Craig, Yoshie Wingate
- 4 Provident Health Foundation: John Hofer and Madison Darling;
Crivitz Area Food Pantry: Karrie Logan; Pastor Fred's Food Pantry - Gloria Schuh;
St. Vincent de Paul Society of Marinette: Bonnie Matthews;
MCW-Green Bay: David Ferguson, MD
- 5 Syble Hopp Schools: Erin Martini; MCW-Green Bay: David Ferguson, MD, Sahar Rassi, MD;
ADRC: Cayden Lasecki
- 6 Brain Center of Green Bay: Chris Vanden Hoogen and LaReina Tipping;
MCW-Green Bay: Danielle Burton and David Ferguson, MD
- 7 Cherry Optical Lab: Adam Cherry, CEO; Erin DeGuelle, HHR; Amanda Van Ryzin;
MCW-Green Bay: David Ferguson, MD and Danielle Burton
- 8 N.E.W. Psychiatry Care Clinic: James Billings, MD and Robert Gouthro, MD
- 9 Wisconsin Department of Health Services, Division of Public Health,
Bureau of Environmental and Occupational Health: Dr. Sarah Yang, PhD
- 10 De Pere Public Health Department: Crystal Woller, RN, Health Officer/Director;
Brown County Public Health and Brown County Lead Coalition: Anna Nick, MS;
Becky Mooren BSN, RN, CLC; MCW-Green Bay: David Ferguson, MD and Danielle Burton
- 11 Paul's Pantry: Stephanie Martinez
- 12 Prevea Health: Melissa Gering, LAT;
Pulaski Community School District: Janel Batten, High School Athletics Director and Allison
Space, Superintendent of Schools; MCW-Green Bay: Dave Furguson, MD
- 13 Bellin Howard Clinic: Dr. Alyssa Trawitzki, MD, Heather Shirpke, Dawn Hurley,
and Mary Sallenbach
- 14 Altrusa Hospitality House: Annie Bongiorno; MCW-Green Bay: David Ferguson, MD
- 15 N.E.W. Community Clinic: Chris Guyette; MCW-Green Bay: David Ferguson, MD
- 16 Provident Health Foundation: John Hofer and Madison Darling
- 17 Specialists in General Surgery: Kourtney Kemp, MD; MCW-Green Bay: David Ferguson, MD
- 18 Wisconsin Early Autism Project: Jamie Schuh, MA, BCBA

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Truancy Factors in De Pere High School Students Post COVID-19 Pandemic

AVA BREY



Introduction

The COVID-19 pandemic resulted in widespread social isolation and a shift to virtual learning. As students began returning to attending the classes in person, a noticeable change was discovered that attendance rates had decreased. In order to determine why students have a reluctance to attend school in the post-COVID-19 pandemic world, we must take the time to ask the students themselves why. Through this project, students' opinions and experiences were collected in order to determine why this trend is occurring.

Methods

Quality Improvement project where an informational e-mail was sent out to all parents with students that attend De Pere High School. Parents could sign their child up to be interviewed, and then they were recorded by the author. Interviews had all identifying information removed and they were processed with thematic analysis to identify the most commonly occurring themes among the 13 interviews.

Results

Five themes were identified to improve student attendance based on thematic analysis. These included importance of education for the future, fatigue and early start times, social motivation, academic engagement and workload, and school structure.

Conclusions

Students could be encouraged to increase their attendance based on the five themes identified. Each theme represents a different area of improvement in the daily school day that students identify as reasons why they do not want to attend school currently. ■

Improving Healthcare Provider Understanding of Pediatric Concurrent Care

Introduction

Under the Patient Protection and Affordable Care Act, pediatric patients under the age of 21 with Medicaid or Children's Health Insurance Program are eligible to receive both curative therapies and hospice care simultaneously. This approach, known as "concurrent care" (CC), involves a holistic, interdisciplinary team focused on reducing the physical, psychological, and spiritual needs of pediatric patients at the end of life. Data indicates that of the 40,000 children who die annually in the U.S. from life-limiting conditions, less than 10% utilize hospice services. An insufficient number of programs, late referrals, limited financial support, and lack of awareness of these services are barriers to enrollment.

Methods

This study aimed to gauge and improve healthcare provider awareness and understanding of pediatric concurrent care in Green Bay, Wisconsin. This prospective pre-post educational intervention study was conducted among pediatric healthcare providers within the HSHS/Prevea Health System in Green Bay, Wisconsin. An educational video on pediatric CC was developed to assess changes in provider knowledge and confidence regarding CC.

Results

Results showed that 4 of the 9 participants had no prior knowledge of pediatric CC and 5 of the 9 had no prior knowledge of hospice eligibility criteria, although all 9 participants reported understanding of these topics after the presentation.

Conclusions

Overall, brief education improved provider understanding of pediatric CC. Targeted education may be beneficial in the future to improve provider understanding and comfort in discussing pediatric CC with families. ■

ELIZABETH BUCK



SYDNEY TAPE



Finding Common Difficulties Among Hospitals in Filling, Maintaining, and Creating Residency Positions

NOAH DUKE



Introduction

The physician shortage in the United States has slowly become a crisis, and in states like Wisconsin, which have more rural populations, the shortage is even larger. While funding plays a large part in creating new residency spots, an unanswered question remains: why do certain specialties struggle to fill their residency spots? Specialties such as psychiatry, family medicine, and pediatrics regularly go unfilled, and these specialties commonly have the largest physician shortages.

Methods

To address this phenomenon, we created a quantitative and qualitative survey asking program directors to rank the difficulty of filling and creating residency spots. Participants were also asked to rank common reasons as to why the above actions were difficult. Finally, respondents were given the option to write in answers that they felt were relevant to the proposed question.

Results

Because of the total number of replies, the results were not statistically significant, but some trends were observed. When it came to filling residency positions, specialties considered more competitive had little to no trouble filling spots, while less competitive specialties faced funding challenges and difficulty attracting quality applicants.

Conclusions

Programs were quick to point out unique issues specific to their program. Overall, we saw the main difference between the specialties being how reliant on funding they were and the number of total candidates they received each year. ■

Food Insecurity and Rural Barriers to Healthy Eating

Introduction

Every county across the United States faces food insecurity. While many food assistance programs provide food, many shelf-stable, cheaper options are unhealthy. Cooking healthy meals and getting fresh produce are major concerns related to food insecurity. Identifying a root cause is complex because communities have varying demographics. This project aimed to examine how Marinette County can help its communities access healthier food despite food insecurity.

Methods

Three food pantries were interviewed to identify perceived barriers, and their clients were surveyed using a Likert scale with the option to leave comments. Overall and subgroup results were compared using descriptive statistics.

Results

Food pantries identified affordability, convenience, willingness to cook, and cooking skills as the greatest barriers to healthy eating for their clients. Clients identified affordability as the greatest overall barrier; at Crivitz Area Food Pantry, the greatest barrier was willingness to learn about nutrition and cooking healthy meals, at Pastor Fred's Food Pantry, it was affordability, and at St. Vincent de Paul, it was affordability.

Conclusions

Overall, affordability and willingness to learn to cook and eat healthy were identified as the greatest challenges to eating a healthy diet among people experiencing food insecurity. Further studies could include cost analyses of healthy foods to identify which are affordable enough to encourage incorporation into clients' diets. Studies could also investigate clients' knowledge of nutrition and why they do not want to receive education on healthy eating. ■

MINDY GLASER



Assessing Resource Needs for Families of Children with Disabilities During the Transition to Adulthood

PAUL GRAINGER



Introduction

Families of children with intellectual and developmental disabilities must navigate healthcare, education, guardianship, financial planning, vocational support, and long-term care during the transition to adulthood. This project assessed caregiver awareness, understanding, and use of transition-related resources and identified gaps in preparedness for the transition at age 18.

Methods

Parents and guardians of Syble Hopp School students completed an anonymous Qualtrics survey assessing resource awareness, prior use, understanding, anticipated future use, transition confidence, and educational preferences. Seventeen non-preview survey records, including 12 complete responses, were analyzed using available item-level responses; denominators varied because of incomplete surveys.

Results

Awareness was lowest for Wisconsin Wayfinder (2/15, 13%) and the Children's Community Options Program (CCOP; 2/13, 15%); these resources also had the lowest mean understanding scores (1.8 and 2.3 of 10, respectively). Overall transition confidence was variable (mean 5.6/10; n=12). Nine of 11 respondents recommended beginning preparation at ages 14-16, and 8 of 10 preferred evening or weekend programming.

Conclusions

Caregivers demonstrated important gaps in awareness and understanding of transition resources, particularly Wisconsin Wayfinder and CCOP. Earlier, practical education through resource fairs, workshops, or organized resource guides may improve transition readiness and caregiver confidence. ■

ALEX PANGRAZZI



Perceptions and Habits Related to Brain Health: A Community-Based Survey of the Six Pillars

Introduction

The Brain Center of Green Bay has developed programming around six pillars of brain health: nutrition, physical exercise, restorative sleep, stress management, protecting the brain, and cognitive stimulation. While these concepts have been extensively studied on their own, there is a gap in understanding how the community perceives their significance and how willing people are to embrace meaningful changes based on them.

Methods

Participants attending Brain Center educational sessions completed surveys assessing the perceived importance of each pillar and identifying the pillar they were most motivated to improve and found most difficult to improve. Motivation to improve brain health was measured on a five-point scale before and after the sessions. Paired responses were compared using the Wilcoxon signed-rank test.

Results

A total of 151 participants completed the survey. All six pillars received similarly high importance ratings, with mean scores ranging from 4.09 to 4.19 out of 5. Nutrition was most frequently selected as the area participants were motivated to improve (24.5%) and found most difficult to improve (22.4%). Among 135 paired responses, mean motivation increased from 2.74 before education to 4.13 afterward ($p < 0.0001$). The largest mean and median increases were observed among participants aged 31–50 years.

Conclusions

Participants valued all six pillars equally but differed in their motivation and perceived barriers. Educational sessions were associated with significantly increased motivation to improve brain health. Future programming should consider participants' goals, ages, and perceived barriers when developing educational resources and interventions. ■

COLE HANKE



OLIVIA NEDZA BRANDNER



Insights Into Health Benefits Usage Amongst Health Care and Health Care Adjacent Employees

CHANTILLY HARTMANN



Introduction

Employee health benefits improve access to preventive and medical care, yet utilization remains inconsistent despite widespread availability. This study evaluated the relationship between health benefit utilization and workplace satisfaction, mental health, and barriers to health care access among employees at Cherry Optical Lab.

Methods

A cross-sectional anonymous survey was distributed to Cherry Optical Lab employees. Participants completed questionnaires assessing workplace satisfaction (Gallup Q12/JSS), mental health (PHQ-9/GAD-7), and barriers to health care access (Healthcare Access Barrier Scale). Benefit utilization data were analyzed using descriptive statistics and correlation analyses. Fifty-seven surveys were collected, with 47 included in the final analysis after exclusions.

Results

Employees reported high workplace satisfaction (mean 134.8/160), low mental health symptom burden (mean 6.32/42), and relatively few barriers to health care access (mean 19.47/75). Workplace satisfaction demonstrated a very weak positive association with health benefit utilization ($R^2 = 0.094$), while barriers to health care access demonstrated a very weak negative association ($R^2 \approx 0.06-0.10$). No measurable relationship was observed between mental health symptoms and benefit utilization ($R^2 = 0.00$).

Conclusions

Health benefit utilization showed only weak associations with workplace satisfaction and barriers to health care access and no association with mental health symptoms. These findings suggest that additional organizational and individual factors likely influence employee benefit utilization. Future studies with larger sample sizes should further investigate factors affecting health benefit engagement and evaluate strategies to improve utilization. ■

CODY WEGNER



Bridging the Gap: Evaluating Telehealth as a Strategy to Reduce No-Show Rates at the Northeastern Wisconsin Psychiatry Care Clinic

Introduction

High outpatient mental health no-show rates disrupt continuity of care and strain clinic resources. Transportation, scheduling challenges, and other barriers can restrict access to psychiatric services. This quality improvement project evaluated telehealth as a strategy to reduce no-show rates at the N.E.W. Psychiatry Care Clinic.

Methods

Appointment attendance data from January 2024 through March 2026 were retrospectively reviewed. HIPAA-compliant telehealth visits using Dximity video were introduced in November 2025 for adult patients (≥ 18 years). A voluntary survey assessed barriers to care and perceptions of telehealth. April and May 2026 were excluded because clinic disruptions related to malpractice insurance restructuring substantially affected attendance.

Results

Before telehealth implementation, 168 appointments were scheduled, and 77 resulted in no-shows (45.8%). After implementation, 36 appointments were scheduled, and 13 resulted in no-shows (36.1%). Among survey respondents ($n=9$), transportation (88.9%), forgetting appointments (77.8%), and time burden (55.6%) were the most common barriers. Additionally, 66.7% reported telehealth increased appointment attendance.

Conclusions

Telehealth was associated with a reduction in no-show rates and may help address barriers to psychiatric care, particularly transportation and time burden. However, staffing constraints and temporary clinic closure limited implementation and evaluation of long-term effects. Future efforts should expand telehealth, implement text reminders, improve interpreter services, and assess the sustained impact of these interventions on attendance and engagement. ■



Assessment of Environmental Health Curriculum for Wisconsin Public Health Nurses

JENNIFER JENINGA-NEHLS



Introduction

Public health nurses provide education and support for citizens on a range of topics including the environment. The Wisconsin Department of Health Services (DHS) conducted an environmental needs assessment of public health nurses which indicated they have higher confidence responding to certain environmental issues than others. Wisconsin has several higher education institutions that offer master of public health (MPH) training. However, the environmental topics covered, and capacity of education is unknown to the DHS.

Methods

Surveys were distributed to program directors of MPH programs in Wisconsin. Questions asked what environmental topics were covered and to what capacity. A separate curriculum assessment was done via publicly available course directories. Covered topics were analyzed alongside DHS needs assessment data on public health nurse confidence in topic areas.

Results

There was survey response rate of 25%. The most commonly covered topics were radon, drinking water, and regulatory inspections in elective course format. Drinking water was the most commonly covered environmental topic. There was no correlation between the topics covered and the confidence of the public health nurse at responding to a problem in that area.

Conclusions

Wisconsin MPH programs covered some environmental topics. However, this did not translate to public health nurse confidence in these areas. This indicated a need for environmental curriculum tailored to public health nurses in Wisconsin beyond that which is provided by the institutions. ■

Exploration of Pediatric Lead Screening Practices

Introduction

Children's exposure to lead remains a significant public health issue despite updated screening recommendations and increased awareness of lead sources. In 2024, DHS Wisconsin updated lead screening guidelines to recommend universal blood lead screening at ages 1 and 2 regardless of Medicaid status. Our project aims to assess pediatric health care providers' awareness/adherence to these updated guidelines in Brown County, WI.

Methods

Anonymized Qualtrics survey was distributed to pediatric primary care providers in Brown County. Survey questions ranged from ascertainment of awareness of updated guidelines, current lead screening practices, perceived barriers, and additional lead exposure risk factors.

Results

40 responses were recorded; 28 were located in Brown County. Awareness of current DHS lead screening recommendations is high at 85.7%, but implementation is incomplete, as routine testing was only 67.9%. Only 21.4% always screened children and 39% tested most of the time. Perception of low risk (88.9%) was the most cited reason for non routine testing. Of the respondents, 88.9% reported asking about additional lead exposure only sometimes or never. Additionally, lack of parental awareness/concern (59.1%) was the leading screening barrier. Finally, 77.8% of respondents believed EMR prompting would increase testing.

Conclusions

Despite high awareness, routine screening remains inconsistent, suggesting a gap between understanding and implementation. Screening continues to be influenced by perceived individual risk while broader exposure is infrequently assessed. Interventions like standardized exposure assessments, family education, EMR-based prompting, or others could improve the consistency of pediatric lead screening in Brown County. ■

QUINLAN KIEFER



FAITH LUCAS



Assessment of Prenatal Vitamin Access and Utilization in a Food Pantry Population in Brown County, Wisconsin

CHANDLER KRAJCO



Introduction

Prenatal vitamins are essential for optimizing maternal and fetal outcomes, yet access and utilization remain inconsistent, particularly among under served populations. This study evaluated prenatal vitamin access and utilization among individuals utilizing a community food pantry in Brown County, Wisconsin.

Methods

A cross-sectional survey was administered to 95 volunteers at Paul's Pantry in Green Bay, Wisconsin. The survey assessed demographics, pregnancy history, prenatal vitamin use, barriers to access, sources of vitamins and supplements, and willingness to use prenatal vitamins if provided through the food pantry.

Results

Although only 1% of respondents obtained vitamins through food pantries, 41% indicated they would use prenatal vitamins if available at the pantry, with an additional 14% reporting they would consider doing so.

Conclusions

Community food pantries may provide a practical distribution point for prenatal vitamins and represent an opportunity to improve prenatal nutritional support among under served populations. ■

ELLE MARICQUE



Prevention Through Preparation: Characterizing Sports-Related Injury Burden and Informing an Evidence-Based Strength Training Intervention in High School Athletes

Introduction

Approximately 8 million U.S. high school students participate in organized athletics annually. Sports participation confers physical, psychological, and social benefits, but injuries remain common and may cause prolonged rehabilitation. Prior research supports multicomponent strength, balance, plyometric, and neuromuscular programs, yet less is known about routine, team-based resistance training and injury burden in high school programs.

Methods

A retrospective observational study evaluated 400 de-identified athletic training injury records from Pulaski High School (2021-2025). Data reviewed: sport, injury characteristics, and documented time loss; team-level resistance training practices were categorized by in-season and out-of-season participation and frequency when available.

Results

Of 400 injuries, 234 (58.5%) involved the lower extremities. The ankle (22.8%) and knee (21.5%) were injured most often. Injuries: sprains (32.5%), strains (11.8%), concussions (11.0%), fractures (10.8%), knee ligament tears (9.0%), and contusions (9.0%). Among 99 records (24.8%) with time loss data, median time loss was 5 days (range 0-52).

Conclusions

Crude injury rates were highest among teams reporting high in-season and out-of-season training. The ankle and knee are priority targets for injury-risk reduction, providing a foundation for an evidence-based intervention emphasizing lower-extremity strength, balance, and neuromuscular control. Further intervention also emphasized posterior-chain flexibility, hip/groin strength, and concussion recognition. The next phase will prospectively track athlete-level exposure, adherence, injury occurrence, recurrence, and time lost, then compare injury incidence and burden with the retrospective baseline using injuries and days lost per 1000 athlete-exposures. ■

ALEX LAMERE



IAN METTELMANN



Patient and Provider Perspectives on the After-Visit Summary and Its Efficacy for Continuation of Care

MITCHEL LARSEN



Introduction

Treatment adherence remains difficult to achieve and is influenced by various factors. The after-visit summary (AVS), designed to summarize important information and next treatment steps, is one factor in supporting adherence. However, many patients perceive the AVS as lengthy, while some providers view its creation as time-consuming. This quality improvement project explores differing perspectives between providers and patients of different age groups regarding its usefulness.

Methods

Willing patients (n=16) at the Bellin Health Howard clinic received an anonymous paper Likert-scale survey attached to their AVS at the end of their appointment. Providers (n=4) completed separate surveys with analogous survey questions.

Results

No adults between the ages of 18-39 completed any survey. Physicians were nearly in complete agreement on all four questions expressing that the AVS is at an appropriate level of depth, patients were moderately likely to reference their AVS after the visit, patients were moderately knowledgeable of their treatment plan, and that the AVS is a moderately useful tool. Patients had slightly more variability, but overall, their opinions correlated with one another between age groups and with physicians. Notably, patients may feel more strongly about their confidence in their knowledge of their treatment plan than physicians predicted.

Conclusions

Overall, patients and providers view the AVS similarly, further affirming the usefulness of the AVS in patient care. Future studies could further explore perceptions among these groups with a larger sample size and across different specialties. ■

Mental Health of Travel Providers: Motives and Considerations

Introduction

The Altrusa Hospitality House aims to provide a safe and supportive environment for patients and families, to improve health outcomes and well-being. Traveling healthcare employees experience frequent relocation, inconsistent housing, and disruptions to routine support systems. To better understand these experiences, this study aims to understand motivations for accepting travel assignments, self-reported physical and mental health, and the housing accommodations provided during travel placements. This may improve both employee well-being and patient care outcomes by providing community-based housing for healthcare employees.

Methods

An anonymous survey was distributed to traveling healthcare employees across Bellin/Emplify and HSHS healthcare systems using QR codes displayed on informational posters in hospital work areas. Survey questions explored motivations for pursuing travel assignments, access to quality housing accommodations, and self-reported physical and mental health while on assignments. Additional questions assessed attitudes toward the potential creation of a hospitality house designed specifically for traveling healthcare workers.

Results

Fifteen traveling healthcare employees in various roles completed the survey. Respondents commonly reported difficulty maintaining both physical and mental well-being during travel assignments, with many noting challenges in sustaining healthy routines while away from their usual support systems. Over 50% of participants reported not being provided with any housing accommodations. Importantly, 100% of respondents reported that a hospitality house would be beneficial to traveling healthcare employees.

Conclusions

These findings highlight challenges related to housing instability and well-being among traveling healthcare employees. Supportive hospitality housing may improve employee well-being, job satisfaction, and workforce stability. ■

KAYLIE MARZOFKA



Patients' Perceptions of a Community Clinic Based On Social Determinants of Health

SADIE NGUYEN



Introduction

Patients with more social determinants of health (SDOH) have more difficulty accessing, understanding, and receiving quality equitable healthcare. This study aims to identify if patients experiencing a higher burden of SDOH would be more likely to utilize a free clinic in an urgent, as-needed capacity (e.g. sick visits) rather than for longitudinal, preventive care (e.g. having a PCP and scheduling annual physicals).

Methods

An anonymous de-identified cross-sectional survey was designed in both English and Spanish to assess adult patient's demographics, social determinants of health, and their use of the N.E.W. Community Clinic. Statistical analysis was performed to determine any significance.

Results

Among the 219 participants, only 84 patients (38.4%) reported having a primary care provider (PCP), and only 74 patients (33.8%) reported scheduling an annual physical. Patients without a PCP were significantly more likely to report at least one barrier to care compared with patients with a PCP ($p < 0.05$). Although awareness of clinic services, such as dental and vaccinations, were high, utilization patterns differed, with patients more frequently reporting use of sick visits and vaccines.

Conclusions

In this predominantly Spanish-speaking population, substantial gaps exist in preventive medicine as many patients do not have a primary care provider or a scheduled annual physical. Interventions targeting patients without an established PCP may be impactful in shifting clinic utilization toward preventive care, ultimately strengthening long-term health outcomes in this vulnerable population. ■

Evaluating the Impact of Nutrition Education and Resources in School Backpack Programs

Introduction

Food insecurity affects many children and families and is associated with poor nutrition and adverse health outcomes. The JCI Backpack Program helps address food insecurity by providing food to children on weekends and during school breaks. This study evaluates whether adding nutrition education materials, including recipes, food bank resources, and nutrition handouts, can improve nutrition knowledge and resource awareness.

Methods

Participating schools were assigned to either a control group or an intervention group. Both groups received food assistance through the Backpack Program, while the intervention group additionally received nutrition education handouts, recipes, and information about local food resources. Four weeks after implementation, participants completed a survey assessing attitudes toward the educational materials, nutrition knowledge gained, healthy eating habits learned, and awareness of community resources.

Results

At baseline, 27% of respondents reported poor or very poor nutrition knowledge, and 56% reported being not very familiar with local food resources. Among respondents evaluating the intervention, 80% reported using provided recipes weekly, 40% utilized listed community food resources, and all respondents evaluating the materials found them at least slightly useful.

Conclusions

Adding nutrition education and resource information to school-based food assistance was feasible and demonstrated encouraging family engagement. Larger studies with improved response rates are needed to evaluate effects on nutrition knowledge, dietary behaviors, and resource utilization. ■



Quality Beyond the Benchmark: Can Robotic Cholecystectomy Further Improve Outcomes in a High-Performing Community Surgical Practice?

JESSICA SCHINDLER



Introduction

Quality improvement initiatives focus mainly on achieving benchmark outcomes. Less is known about improving outcomes once benchmark performance has been attained. Conversion-to-open and common bile duct (CBD) injury remain among the most impactful quality metrics for cholecystectomy. This study evaluated whether robotic cholecystectomy offers residual quality improvement within a community surgical practice outperforming national benchmarks.

Methods

A retrospective analysis of robotic and laparoscopic cholecystectomies performed from 2020-2024 at a community surgical practice outperforming national benchmarks was conducted. Outcomes from 2,554 patients undergoing laparoscopic (n=2,144) or robotic (n=410) cholecystectomy were compared. Outcomes included conversion to open, CBD injury, surgical site infection (SSI), 30-day readmission, postoperative ERCP, and discharge within 24 hours. Fisher's exact test was used for comparisons.

Results

This practice met or outperformed national benchmark outcomes. Rates of SSI, 30-day readmission, postoperative ERCP, and discharge within 24 hours were similar between groups. Conversion-to-open occurred in 22 of 2,144 (1.03%) laparoscopic and 1 of 410 (0.24%) robotic cases. Three CBD injuries occurred in the laparoscopic cohort, while none occurred in the robotic cohort. Robotic utilization increased from 6.2% to 26.2%. No comparisons reached statistical significance.

Conclusions

Within a community surgical practice outperforming national benchmarks, robotic cholecystectomy demonstrated similar routine perioperative outcomes, fewer conversion-to-open procedures than laparoscopy, and no observed CBD injuries. These findings suggest robotic cholecystectomy may contribute to residual quality improvement after benchmark-level performance has been achieved. ■

Evaluating Demand and Barriers to Adaptive Swim Instruction for Children with Autism Spectrum Disorder in Wisconsin

Introduction

Drowning remains a leading cause of accidental death among children with Autism Spectrum Disorder (ASD). Adaptive swim programs offer tailored instruction to mitigate this risk, yet community participation, parental demand, and barriers to access in regional populations remain understudied.

Methods

Parents of children with ASD in Wisconsin completed a structured survey assessing current swim course enrollment, interest in adaptive swim instruction, desire for local community resources, and perceived safety outcomes. Quantitative responses were analyzed using descriptive statistics.

Results

Of 12 total respondents, 83.3% (n=10) had not enrolled their child in swim courses. Among non-enrolled families, 100% (10/10) expressed interest in adaptive swim instruction and requested a regional resource directory. Enrolled children (n=2) utilized general swim programs (YMCA, Goldfish Swim School). Both enrolled families reported increased water comfort, improved swim skills, and a perceived reduction in drowning risk.

Conclusions

A substantial gap exists between high parental demand for adaptive swim instruction and active enrollment in Wisconsin. Expanding adaptive swim program access, instructor training, and community resource distribution is critical. Future studies will deploy an expanded survey to directly quantify access barriers, measure longitudinal course efficacy, and explore how the degree of ASD-related limitation impacts participation and success in general vs. adaptive swim environments. ■

SARAH WOODS





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Green Bay



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