



# Abstract Catalog



## 2024 Community Engagement Poster Session

Hosted by the Office of Community Engagement (OCE)

Thursday, November 14, 2024  
9 A.M. – 12 P.M.

Medical College of Wisconsin - Milwaukee  
Alumni Center



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## Welcome to the 10<sup>th</sup> Annual MCW Community Engagement Poster Session

As the Senior Associate Dean for Community Engagement at the Medical College of Wisconsin (MCW), it gives me great pleasure to welcome you to our 10th Annual Community Engagement Poster Session!

We remain committed to community-prioritized needs and advancing health equity. We are grateful to gather and showcase the important work of our MCW students, staff, and faculty, community partners, and collaborators from other academic institutions.

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

As I look to the future of the Office of Community Engagement, I am energized by many opportunities ahead. I look forward to strengthening partnerships not only internally with other departments, but with students and community-based organizations locally, nationally, and globally. By connecting students at all levels of learning with community partners, MCW is investing in the future of medical and graduate education that emphasizes the value of community engagement. We hope this event will provide insight into how we can be better partners, improve our programs, and have a greater impact on health.

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

Sincerely,



**Staci Young, PhD**

*Senior Associate Dean for Community Engagement*

*Director, Office of Community Engagement*

*Inaugural Faculty Director, ThriveOn Collaboration*

*Associate Director for Community Outreach and Engagement, Cancer Center*

*Professor, Department of Family and Community Medicine*

*Director, Center for Healthy Communities and Research*





# ABSTRACTS

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**Panel #45**

<b>TITLE:</b>	<b>Addressing Mental Health Challenges in War and Displacement Contexts</b>
<b>AUTHORS:</b>	Sabaa H. Abdulrazzaq, MSP, University of Wisconsin-Milwaukee
<b>ABSTRACT:</b>	<p>The focus of this presentation is on the mental health challenges faced by individuals affected by war and displacement. War-induced trauma can lead to severe psychological distress, manifesting in anxiety, depression, post-traumatic stress disorder (PTSD), and a range of other mental health issues. These conditions often go unaddressed due to the disruption of healthcare systems, stigma, and lack of access to mental health services in conflict zones. Moreover, the social dislocation caused by war and displacement can result in feelings of isolation, a loss of identity, and difficulty in re-establishing social ties, further exacerbating mental health issues.</p> <p>This project examines the impact of war and displacement on mental health through a research-based approach, including interviews with displaced individuals and healthcare providers and a review of existing studies on mental health in conflict zones. The research highlights the importance of early intervention, community-based mental health support, and culturally sensitive approaches to addressing trauma. Specific strategies such as trauma-informed care, the creation of safe spaces, and the role of peer support networks will be discussed as effective means of fostering resilience and recovery among affected populations.</p> <p>Additionally, the presentation will explore the role of media exposure in triggering traumatic memories and its impact on mental health, recommending the use of psychoeducation and media moderation as tools to mitigate these triggers. This abstract aims to emphasize the urgent need for comprehensive mental health interventions tailored to the unique challenges faced by individuals in war and displacement contexts, showcasing evidence-based practices that can be applied to similar settings globally.</p>
<b>SUBMITTER:</b>	Abdulrazzaq, Sabaa
<b>TOPIC AREA:</b>	Behavioral Health; Children and youth; Health education; Mental health

Panel #25

<b>TITLE:</b>	<b>Evaluating Patient and Provider Experiences in a Pilot Pediatric Trauma Quality of Life Multidisciplinary Clinic</b>
<b>AUTHORS:</b>	Emmanuel Abebrese, MD, MS, Children's Wisconsin; Hannah Olson, BS, MCW-Green Bay; Benjamin Close, BS, MCW-Milwaukee; Katherine Flynn-O'Brien, MD, MPH, Children's Wisconsin
<b>ABSTRACT:</b>	<p><b>Introduction:</b> The increase in violently injured youth treated at Children's Wisconsin has revealed the limitations of the current fragmented care model, where care teams work in silos, leaving patients with unmet post-injury needs. To address this, we formed a Community Advisory Board (CAB) of patients, families, and community organizations to guide the creation of a Pediatric Trauma Quality of Life (PedsTQOL) Clinic between July 2023 and February 2024. CAB insights highlighted the need for multidisciplinary care. Based on their feedback, we developed the PedsTQOL pilot clinic to evaluate patient and provider experiences with its structure.</p> <p><b>Methods:</b> Patients were approached during inpatient admission and offered follow-up at the PedsTQOL clinic. Three pilot clinics were held on 6/28/2024, 8/23/2024, and 9/6/2024. Patients received a reminder call one week prior to their appointments. The clinic involved providers from Psychiatry, Pediatric Surgery, Physical Therapy, Project Ujima, and Social Work. Surveys were conducted through Qualtrics to gather patient and provider feedback.</p> <p><b>Results:</b> Feedback from 12 patients and 13 providers showed positive results. Most patients (9/12) found the ability to see all providers in one visit "very convenient" and were satisfied with the explanations provided. All 13 providers enjoyed working in the clinic and felt it facilitated more coordinated care, with 8/13 noting an increase in referrals. Overall, 9/12 patients rated their experience as "excellent" and would "very likely" recommend the clinic.</p> <p><b>Conclusion:</b> The pilot clinics successfully implemented a multidisciplinary model, appreciated by providers for its comprehensive care and by patients for its convenience. This model, informed by CAB recommendations, is being tested further through additional pilot clinics, with feedback guiding the final design of the PedsTQOL clinic.</p>
<b>SUBMITTER:</b>	Olson, Hannah
<b>TOPIC AREA:</b>	Children and youth; Diversity, equity, inclusion; Environmental health/justice; Health care access/quality; Mental health; Urban health

Panel #46

<b>TITLE:</b>	Let's Talk About Coping
<b>AUTHORS:</b>	Brian Abel, DHSc, MPH, Wisconsin Literacy, Inc.
<b>ABSTRACT:</b>	<p><b>Introduction:</b> This initiative aimed to enhance mental health literacy among low socioeconomic status (SES) and rural communities by equipping individuals with the knowledge and skills necessary to recognize mental health disorders and engage in proactive dialogue. The program sought to reduce the severity and duration of mental health issues, thereby fostering resilience and improving long-term community well-being.</p> <p><b>Methods:</b> The project was executed through a series of co-created sessions, where youth participants collaborated with mental health experts from, We All Rise and health literacy experts from Wisconsin Health Literacy. Together, they developed a curriculum tailored to the unique needs identified by the youth, focusing on reducing stigma and enhancing mental health literacy within their community. Black youth were trained as peer facilitators, empowering them to lead workshops and discussions on mental health and coping strategies. Pre/post data was systematically collected to assess outcomes, particularly in terms of increasing mental health knowledge and reducing stigma.</p> <p><b>Results:</b> The results showed incremental improvements across all survey items, with a 3% to 8% increase in mental health literacy scores. Notably, there was an 8% increase in participants' knowledge of actionable mental health steps and available resources, highlighting the intervention's effectiveness. A significant reduction in internalized stigma (16%) was observed, suggesting success in reframing mental health conditions as multifactorial rather than personal failings. However, a modest 7% reduction in external stigma indicated the deeper entrenchment of societal stigma.</p> <p><b>Conclusion:</b> The findings suggest that while the intervention effectively reduced self-stigma, additional strategies are needed to address external stigma. Future research should focus on enhancing self-care practices, recontextualizing mental health as a societal issue, and further reducing the stigma associated with mental illness through targeted educational efforts.</p>
<b>SUBMITTER:</b>	Abel, Brian
<b>TOPIC AREA:</b>	Behavioral Health; Health education; Mental health; Social determinants of health

Panel #53

<b>TITLE:</b>	<b>Navigating Dual Roles: Law Enforcement and Community Engagement in Mental Health Diversion</b>
<b>AUTHORS:</b>	Ifeaanu J. Ajekiigbe, MSc; MPhil, University of Wisconsin-Milwaukee
<b>ABSTRACT:</b>	<p>Mental Health Diversion Programs are like a team sport. They involve the expertise of different professionals such as lawyers, social workers, psychologists, law enforcement officers, and so on, who must interact with one another. This study focuses attention on Policing, which sits at the initial point where mental health intersects with the Criminal Justice System. Ideally, at this point, law enforcement officers and behavioral health providers are supposed to work together to ensure that individuals are diverted to appropriate treatment. This reality places an additional responsibility on the Police Departments to engage with the community in ways that go beyond traditional security and law enforcement, incorporating mental health support into their duties. The Citizen Academy is one of the ways the Milwaukee Police Department engages the public. However, officers' training and expertise, first as law enforcement agents, get in the way of this secondary role of fostering community engagement. This tension features in the organization and implementation of the Citizen Academy, reflecting the challenges of balancing policing duties with broader community responsibilities. As a participant observer in the seven-week Milwaukee Police Department Citizen Academy, the author gained firsthand insights into policing and community engagement from the officers' perspective. The Academy projects the preferred self-image of the police force to defend against other representations of the police and their role in the society. Key discoveries include: (i) an emphasis on officer recruitment; (ii) an exclusion of mental health crisis intervention efforts from the syllabus; (iii) a focus on humanizing policing. The results of this study will provide a deeper understanding of the issues of expertise that underlay police-community tensions. It further provides evidence to support the need for mental health crisis intervention that engages more community-led behavioral health support, and excludes, or minimally involves law enforcement.</p>
<b>SUBMITTER:</b>	Ajekiigbe, Ifeaanu
<b>TOPIC AREA:</b>	Behavioral Health; Mental health; Urban health



Panel #54

<b>TITLE:</b>	<b>Challenges in Teaching Cultural Competence: Insights from Medical Education in Norway</b>
<b>AUTHORS:</b>	Ifeaanu J. Ajekiigbe, MSc, MPhil, University of Wisconsin-Milwaukee; Carmeliza Rosario, CHR. Michelsen Institute; Esperanza Diaz, University of Bergen
<b>ABSTRACT:</b>	<p>In January 2021, a revised medical curriculum came to use at the University of Bergen, Norway. Its development was guided by the National Curriculum Regulation for Norwegian Health and Welfare Education (RETHOS), which prescribes among other learning outcomes, that medical education should ascertain the training of culturally competent professionals. This study aims to assess the understanding and interpretation of cross-cultural competence among teachers and students in medicine in terms of culture, language, discrimination, and equity. It also assesses the adequacy of the teaching and learning process to achieve cultural competence. The study was conducted between September and December of 2022 in Bergen, Norway. It took a qualitative explorative approach. We recruited 16 students, 9 teachers and 2 early career doctors, conducting 13 in-depth interviews and 3 focus group discussions in all. We found that the teaching associated with cultural competence was not coordinated. It neither followed specifically laid down RETHOS guidelines nor pursued clear learning outcomes. Rather, the teachings often proposed that students should be "curious and openminded" in their encounters with immigrant patients. The curriculum lacks a clear, coordinated approach to teaching cultural competence, and neither teachers nor students generally view it as effective in achieving the desired RETHOS outcomes. Although some improvements are forthcoming, we found a disconnect between the recent progress in teaching skills related to interpreter use and the reality of its implementation, which remains suboptimal. This gap is largely due to the difficulty in anticipating the need for interpreters before patient-doctor encounters. To align with more recent conceptual evolution and in accordance with teachers' thoughts, we advocate for a switch from cultural competence to diversity sensitivity, acknowledging intersectionality and complexity in addition to person-centered care to enhance equity in the medical curriculum.</p>
<b>SUBMITTER:</b>	Ajekiigbe, Ifeaanu
<b>TOPIC AREA:</b>	Health education; Medical school curriculum

Panel #23

<b>TITLE:</b>	<b>"Are We Really Speeding Up Death?" Insights About Hospice Care from American Muslim Patients &amp; Families</b>
<b>AUTHORS:</b>	Laila Azam, PhD, MBA, MCW-Milwaukee; Fozia Ahmed, BS, Muslim Community Health Center; Arman Tahir, MD, Muslim Community Health Center; Abdul Hafeez, MD, Ascension; Ismail Quryshi, MD, Froedtert Hospital; Renee Foutz, MD, FACP, MCW-Milwaukee; Aasim I. Padela, MD, MSc, FACEP, MCW-Milwaukee
<b>ABSTRACT:</b>	<p><b>Objectives:</b> To explore the perceptions and experiences of Muslim patients and caregivers regarding hospice care within the United States.</p> <p><b>Methods:</b> A qualitative descriptive study with 11 participants, including one patient and ten family caregivers. Data was collected through semi-structured interviews and analyzed using a framework approach to identify key themes related to hospice care perceptions, ethical concerns, and experiences among American Muslims.</p> <p><b>Results:</b> Analyses revealed three salient themes relevant to hospice care: 1) notions of when hospice care should be sought; 2) Islamic ethical concerns surrounding the use of medications (e.g., morphine) that may cause unnecessary sedation and the cessation of feeding; and 3) positive experiences with hospice care. Participants' perceptions of hospice care varied, with many associating it primarily with the last hours or days of life. Ethical concerns emerged around the use of medications like morphine, which could lead to sedation and interfere with religious practices, such as reciting the "shahada" (Islam's testament of faith). Additionally, the cessation of feeding for terminally ill patients raised questions about the alignment of such practices with Islamic bioethical values, which emphasize both preserving life and avoiding harm. Positive experiences were highlighted when hospice services were respectful of religious beliefs, providing opportunities for spiritual activities like reading or listening to the Qur'an and respecting prayer times. Participants emphasized the importance of estate planning, ensuring dignity in care receipt, and advocating for end-of-life care that aligns with Islamic values.</p> <p><b>Conclusion:</b> Misconceptions and ethical concerns regarding unnecessary interventions and avoiding the hastening of death may influence the acceptance and utilization of hospice care within the Muslim community in the U.S. Tailored educational initiatives and the integration of Islamic cultural and religious values into hospice care can foster informed decision-making, enhance patient satisfaction, and improve overall care outcomes.</p>
<b>SUBMITTER:</b>	Azam, Laila
<b>TOPIC AREA:</b>	End of life care

Panel #36

<b>TITLE:</b>	<b>Connecting Families to Food: Impact of an Embedded FoodShare Outreach Specialist in an Urban Pediatric Clinic</b>
<b>AUTHORS:</b>	Callie Bednarek, MCW-Milwaukee; Cassandra Wright, MA, MCW-Milwaukee; Nancy Arce-Aguilar, Feeding America Eastern Wisconsin; Sherida Strong-Rimmer, MS, LPC, Children's Wisconsin; Geeta Wadhvani, MPH, RN, BSN, Children's Wisconsin; Satira Lord, Feeding America Eastern Wisconsin; Constance Gundacker, MD, MPH, MCW-Milwaukee
<b>ABSTRACT:</b>	<p>Background: Nationwide, food insecurity affected 17.9% of households with children in 2023. A baseline assessment conducted at a Milwaukee pediatric clinic in the same year showed significantly higher rates, with 39.1% of families screening positive for food insecurity. To address this burden, this clinic developed a partnership with Feeding America Eastern Wisconsin to better connect their patient population to resources. This early assessment evaluates the impact of this collaboration.</p> <p>Methods: To address food insecurity at this clinic, a pilot program was launched to incorporate weekly assistance of a FoodShare Outreach Specialist. Efforts to increase awareness of this program included educating clinic staff through morning "huddles" and training on local food insecurity resources. Staff also informed families of the specialist's availability during appointment confirmation calls. The specialist was available to patient families both in the waiting room and in patient rooms upon request by the clinic social worker. The specialist documented what resources were provided, whether applications were completed in clinic, and any additional family needs. Satisfaction surveys were created for staff and patient families and are currently being distributed.</p> <p>Results: In the first year, the specialist provided 779 resources to patient families, ranging from information on FoodShare benefits and local food pantries to assistance with Medicaid applications. Of families requesting information or assistance, 242 were already receiving FoodShare benefits. The specialist successfully enrolled an additional 20 families, providing an estimated 16,000 meals to clinic families.</p> <p>Conclusion: The prevalence of food insecurity at this clinic is higher than the national average. Initial evidence and feedback show that availability and utilization of resources is improved by in-clinic presence of a FoodShare Outreach Specialist. Throughout the first year of this partnership, awareness of these resources has increased both in the community and among staff. More research is needed to identify long-term impact.</p>
<b>SUBMITTER:</b>	Bednarek, Callie
<b>TOPIC AREA:</b>	Children and youth; Clinical/patient care; Food access; Health care access/quality; Social determinants of health; Socioeconomic status/poverty

Panel #29

<b>TITLE:</b>	<b>Building a Community Consortium to Enhance Health Equity and Improve Mental Health Access with Young Adults for Young Adults in Milwaukee</b>
<b>AUTHORS:</b>	Julie Bonner, MD, Marquette University; Stacey Lerret, PhD, RN, CPNP, MCW-Milwaukee; Ellie Thorstenson, Marquette University; Norma Reyes, University of Wisconsin-Milwaukee; Liliana Salcido, City on a Hill; Courtney Roofe, Wisconsin Free and Charitable Clinics; Dennis Skrajewski, Wisconsin Free and Charitable Clinics; Art Serna, City on a Hill; Lee Za Ong, PhD, Marquette University
<b>ABSTRACT:</b>	<p>Background: The mental health challenges faced by young adults living in poverty in Milwaukee are a critical community health crisis requiring innovative approaches to expand mental health access. A mental health consortium was formed with university and community partners to understand the needs of young adults in Milwaukee (Marquette University, University of Wisconsin-Milwaukee, Medical College of Wisconsin, City of Milwaukee Health Department, Wisconsin Association of Free and Charitable Clinics (WAFCC), and City on a Hill). The consortium's primary goal was to identify barriers to accessing mental health services through community engagement research while actively involving young adults in its development and sustainability.</p> <p>Objective: This initiative uses a community engagement approach to engage local young adults as stakeholders to increase mental health access for their peers. Methods: Positions were funded by WAFCC's Public Health AmeriCorps program and a joint university grant. Three young adult AmeriCorps members and a student employee were consortium and project management team members. Additional students participated through their university coursework and served as catalysts to engage additional young adults by leading focus groups and connecting with their peers at interactive community outreach activities.</p> <p>Results: Including young adults in various roles within the consortium provided a unique opportunity to promote shared ownership and aligns with the principles of community engagement and equity. This opportunity created an interdisciplinary learning environment for young adults to build skills and explore diverse career paths and academic and community partnerships.</p> <p>Conclusion: The collaborative work of this consortium highlights the need to create interdisciplinary health equity focused learning environments informed by young adult voices. Creating opportunities to mentor young adults for essential topics such as health equity is a valuable way to give back to the community and warrants further replication across other professional spaces.</p>
<b>SUBMITTER:</b>	Lerret, Stacey
<b>TOPIC AREA:</b>	Health care access/quality; Mental health

Panel #47

<b>TITLE:</b>	<b>Investigating Key Elements of Peer Support Programs Focused on Recovery and Reentry in Community-Based Organizations: A Qualitative Implementation Science Study</b>
<b>AUTHORS:</b>	Kelli Brown, MPH, DrPH, MCW-Milwaukee; Staci Young, PhD, MCW-Milwaukee; Katherine Quinn, PhD, MCW-Milwaukee; David A. Nelson, PhD, MCW-Milwaukee
<b>ABSTRACT:</b>	<p>Peer support programs are recognized as an evidence-based practice to effectively support individuals in recovery from substance use and reduce recidivism. Peer support is provided by individuals with lived experience who have overcome personal challenges and are trained to guide individuals currently navigating similar challenges in their own lives. Organizations design and structure peer support programs differently, and some have developed unique approaches to meet the needs of the individuals they serve. Effective implementation of peer support programs can bridge clinical care, public health initiatives, and the community's health. The integration of peer support into behavioral health services has grown significantly in recent years. As peer support is becoming more widespread and incorporated into a variety of behavioral health services, there is a need to establish guiding principles for organizations that are developing or delivering peer support programs. There is an opportunity for organizations to share the lessons they have learned about implementing successful peer support programs, identify key elements that have supported their successes, and modifications that they have made to their programs based on challenges and successes. The Consolidated Framework for Implementation Research (CFIR) is part of implementation science which aims to facilitate the uptake of evidence-based strategies into practice. The CFIR was used to guide data collection and analysis. Interviews with 20 individuals were conducted with leaders from seven community-based organizations that employ peer support specialists. Each organization also completed a survey about their organization and provided program-related documents for review. Qualitative data were analyzed via MAXQDA and the CFIR rating system was applied to each construct to determine those that strongly influence implementation. The results of this study highlight key elements that contribute to the success of peer support programs, offering actionable insights for organizations to implement and sustain these programs effectively.</p>
<b>SUBMITTER:</b>	Brown, Kelli
<b>TOPIC AREA:</b>	Behavioral Health; Mental health; Opioid crisis

Panel #12

<b>TITLE:</b>	<b>Healthcare Disparities in Cancer Care: Understanding Rural Patient Perspectives on Clinical Trials</b>
<b>AUTHORS:</b>	Jeffrey B. Bushnell, BS, MCW-Green Bay; David J. Ferguson, MD, MCW-Green Bay
<b>ABSTRACT:</b>	<p>Overview: Healthcare disparities exist in cancer care, with rural populations experiencing higher mortality rates compared to their urban counterparts. While studies suggest similar outcomes when rural patients receive equal access to care, access to comprehensive cancer care and clinical trials remains limited in rural areas.</p> <p>Objective: This study investigates the attitudes and interests of rural patients in oncology clinical trials to assess if increased access would be utilized by this population.</p> <p>Methods: A cross-sectional anonymous survey was administered to patients receiving oncology treatment at a rural hospital in the Upper Peninsula of Michigan. The survey was voluntary and consisted mainly of Likert scale questions aimed at understanding attitudes and interest in participating in cancer clinical trials. Responses were received from 30 patients.</p> <p>Results: The survey revealed several important characteristics of the rural population. The majority of patients had never participated in an oncology clinical trial, nor had they been offered the opportunity to do so. Many expressed concerns about the additional costs involved in participating; however, despite these concerns, they indicated a willingness to join a trial if it could improve their health. Patients also stated they would be more likely to participate if trials were offered locally, and the vast majority felt strongly that information and access to clinical trials should be made available in rural areas. The most significant barrier to participation was a lack of knowledge or awareness about clinical trials.</p> <p>Conclusion: Patients in rural areas desire access to clinical trials and efforts to increase access should be made. Healthcare providers and organizations could improve access by offering virtual enrollment or having clinical trial representatives visit these sites on a weekly or monthly basis.</p>
<b>SUBMITTER:</b>	Bushnell, Jeffrey
<b>TOPIC AREA:</b>	Cancer prevention/research/education; Health care access/quality; Rural health

Panel #13

<b>TITLE:</b>	<b>Researcher, Clinician, and Community Focus Groups to Inform an Understanding of Cancer Disparities in the Transgender and Gender Diverse</b>
<b>AUTHORS:</b>	Tobi Cawthra, MPH, MCW-Milwaukee; Chandler Cortina, MD, MCW-Milwaukee; Laura Pinsoneault, PhD, Evaluation Plus; Michael Munson, Forge; Andrew Petroll, MD, MCW-Milwaukee; Melinda Stolley, PhD, MCW-Milwaukee
<b>ABSTRACT:</b>	<p>Introduction: A growing number of Americans identify as transgender or gender diverse (TGD). This population experiences challenges across the socio-ecological spectrum. Simultaneously, data is limited on cancer in TGD persons. While data-capture advances provide opportunities for future research, a comprehensive understanding of TGD cancer disparities is needed to inform clinically and socially relevant cancer prevention, screening, and treatment research. Our work engages a transdisciplinary (TDS) academic-community team to create a shared understanding of cancer disparities factors in the TGD population with input from researchers, clinicians, and community members.</p> <p>Methods: The TDS team conducted literature reviews and discussions to ground a collective understanding. The team also led discussion sessions and interviews with researchers, clinicians, and community (TGD community members, TGD serving organizations) enriching the understanding of factors associated with cancer disparities. Data were summarized and thematized and groups were compared.</p> <p>Results: Community noted insufficient training of healthcare providers and staff, individual mistrust, and not believing they would live long enough to worry about cancer. Providers identified personal uncertainty working with TGD patients, knowledge of appropriate cancer screening recommendations, and individual risk behaviors as potential causes for cancer disparities. Researchers indicated they had not considered TGD individuals as a specific subject population and that early-stage research needs mouse models to understand disease for a group, but no mouse models exist replicating a TGD experience. Further, community discussed persistent stress of existing during a time of increasingly aggressive anti-TGD legislation and attitudes. Healthcare providers and researchers reflected on the behavioral and physiological impact of stress on an individual's health and cancer risk.</p> <p>Conclusion: Discussion sessions elucidated areas of understanding between the three different audiences and highlighted concepts that were not shared, offering opportunities for further collaboration. Through our TDS approach, we will continue learning between team members to identify research questions and social action approaches.</p>
<b>SUBMITTER:</b>	Cawthra, Tobi
<b>TOPIC AREA:</b>	Cancer prevention/research/education; Clinical/patient care; Diversity, equity, inclusion; LGBTQ health; Social determinants of health; Socioeconomic status/poverty

**Panel #14**

<b>TITLE:</b>	<b>Building Skills for Authentic Researcher-Community Collaborations: A Curriculum</b>
<b>AUTHORS:</b>	Tobi Cawthra, MPH, MCW-Milwaukee; Kristen Gardner-Volle, MA, Evaluation Plus; Laura Pinsoneault, PhD, Evaluation Plus; Jessica Olson, PhD, MPH, MCW-Milwaukee; Deborah Thomas, DD, House of Grace Kingdom Ministries; Carol Williams, PhD, MCW-Milwaukee; Melinda Stolley, PhD, MCW-Milwaukee
<b>ABSTRACT:</b>	<p>Cancer disparities are complex, and the root causes are a mix of genetic, behavioral, and socioeconomic factors. Many different perspectives are needed to understand cancer disparities and create better solutions. To aid community members and biomedical researchers in building skills for authentic transdisciplinary collaborations, we developed a pilot curriculum for community members (community scholars) and early/middle career basic science researchers and clinical fellows (research scholars) focused on cancer disparities, factors influencing disparities, communication with diverse audiences, and collaboration. Scholars co-design a project, allowing them to practice new skills and apply new learning. To assess the impact of the curriculum, scholars completed multiple assessments throughout the curriculum including how the curriculum impacted their understanding of cancer disparities, social determinants of health, cancer research, and if the curriculum influenced their work. Scholars also reflected on perceptions of collaboration and their role on teams. Finally, scholars responded to open-ended questions on their understanding of disparities, relationships, and partnerships, and developing new perspectives. Data showed scholars were eager for collaboration but somewhat unprepared for associated challenges. However, they developed an appreciation for the time and skills needed to build partnerships with varied collaborators. Importantly, scholars indicated they became more comfortable acknowledging general gaps in their knowledge and understanding after participating in the curriculum. Scholars reported a modest increase in applying knowledge outside of the program, sharing the information with others, and identifying ways community and research can collaborate to address cancer disparities. Qualitative responses highlighted scholars' interest in continued engagement, a willingness to reflect on their own biases, and an eagerness to engage other disciplines. The skills to collaborate with those from different perspectives and disciplines need to be developed and mentored. This program successfully guides researchers and community members in appreciating the complexities of transdisciplinary collaboration and preparing them to establish authentic partnerships.</p>
<b>SUBMITTER:</b>	Cawthra, Tobi
<b>TOPIC AREA:</b>	Cancer prevention/research/education; Education



Panel #15

<b>TITLE:</b>	<b>Sustaining Statewide Transdisciplinary Collaborations to Address Cancer Disparities</b>
<b>AUTHORS:</b>	Tobi Cawthra, MPH, MCW-Milwaukee; Laura Pinsoneault, PhD, Evaluation Plus; Kristen Gardner-Volle, MS, Evaluation Plus; Kim Kinner, American Cancer Society; Melinda Stolley, PhD, MCW-Milwaukee
<b>ABSTRACT:</b>	<p>Wisconsin's cancer disparities are evident when viewed by race/ethnicity, geography, and socioeconomic status. Addressing these complex differences requires the integration of social and scientific problem-solving, a systems lens, and equitable processes in addition to equitable outcomes. We developed a transdisciplinary approach blending community, clinician, and researcher perspectives, building an understanding of factors underpinning disparities and designing newer sustainable solutions. The Community and Cancer Science Network (CCSN) Integration Hub provides leadership and capacity-building for eight transdisciplinary teams using this approach. Teams have a co-leadership structure with a community and academic Principal Investigator (PI), a facilitator and an evaluator. The Integration Hub uses four primary strategies: identifying and addressing knowledge gaps, building transdisciplinary collaboration capacity, cultivating networks and relationships, and disseminating through community and academic feedback loops. This work is grounded in three principles: deep equity, considerations from biology to policy, and systems thinking. CCSN adapted tools to understand its effectiveness in building a collaborative environment for transdisciplinary approaches to problem-solving and to set strategy for sustainability. Results from a team member partner survey (n=73) highlighted that the CCSN model contributes to an environment that supports transdisciplinary efforts including concrete learning practices, leadership that reinforces learning, a reflection of core principles, and an embedded transdisciplinary orientation in team members. Additionally, CCSN co-leaders completed the Organizational Mapping Tool for Coalitions, Alliances and Networks assessing critical dimensions of network health and identifying strengths and areas for improvements. CCSN leaders (n=21) rated the network moderate to strong in culture and relationships; planning, learning and evaluation; and in purpose, goals and strategy. Leaders identified the need to work on refining structure and strategic communications. Integrating social and scientific problem-solving and addressing cancer disparities requires resourcing of credible capacity building networks to broker equitable relationships between academic medicine and community members and organizations. The CCSN Integration Hub offers a model to accomplish these goals.</p>
<b>SUBMITTER:</b>	Cawthra, Tobi
<b>TOPIC AREA:</b>	Cancer prevention/research/education; Collaboration

Panel #16

<b>TITLE:</b>	<b>Using a Transdisciplinary Collaboration Process to Create a Plan to Address Prostate Cancer Disparities</b>
<b>AUTHORS:</b>	Tobi Cawthra, MPH, MCW-Milwaukee; Robert Allen, MDiv, Milwaukee VA Medical Center (Zablocki); Kyle Ashley, Governor's Office; Darryl Davidson, City of Milwaukee; Marquayla Ellison, Ellastic Design and Social X; Alvin Flowers, Community Member/Survivor; Kenneth Jacobsohn, MD, MCW-Milwaukee; Alexis Krause, MPH, MCW-Milwaukee; Marques Hogans MPH, City of Milwaukee; Kevin Izard, MD, Palladia Health; Dev Karan, PhD, MCW-Milwaukee; Deepak Kilari, MD, MCW-Milwaukee; Chris Nielsen, American Cancer Society; Ericka Sinclair, MPH, Health Connections; Ambrose Wilson-Brown, MCW-Milwaukee; Leonard Wilson, DI Fitness; Melinda Stolley, PhD, MCW-Milwaukee
<b>ABSTRACT:</b>	WI ranks highest in the US for overall cancer incidence and mortality among Black/African American (Black) individuals. Prostate cancer (PC) is the most frequently diagnosed cancer among men in WI and the second leading cause of cancer death. To effectively address a problem as complex as PC disparities, multiple perspectives are needed. We developed a transdisciplinary team integrating community and academic expertise to develop a shared understanding of PC disparities and potential causes, and then develop a plan to address them. The team engaged in a 16-month facilitated process developed through our Community and Cancer Science Network that included: 1) Incubation: co-learning about the multi-factorial causes of PC disparities by reviewing available data, engaging experts, and seeking input from researchers, health care providers and community members; 2) Innovation: using this information, the team considered potential solutions to create a draft plan; and 3) Integration: the team sought feedback to ensure the draft plan met the needs of diverse audiences and then refined the solutions. Potential solutions were assessed for fit and feasibility. Finally, in the Integration Phase, the team conducted town halls with community members and researchers (n=70) to review the draft plan and seek feedback. The team used the feedback to refine the plan and consider next steps. Final recommendations include: 1) Patient navigation to assist men with PC at diagnosis; 2) A trusted messenger campaign to increase PC awareness; 3) Increase provider and community awareness of genetic risk; 4) Patient-provider forums to build relationships and trust; 5) Expand survivor support offerings for Black men with PC; 6) Improve PC screening education; 7) Increase provider awareness of current screening guidelines; 8) Expand research into the role of stress in PC.
<b>SUBMITTER:</b>	Stolley, Melinda
<b>TOPIC AREA:</b>	Cancer prevention/research/education

Panel #41

<b>TITLE:</b>	<b>A Sustainable Future in Bacalar, Mexico: Community-Centric Surveying Regarding the Impact of Tourism Infrastructure</b>
<b>AUTHORS:</b>	Marissa Cudworth, BS, University of Wisconsin-Milwaukee; Diego Sepulveda Martinez, BS, University of Wisconsin-Green Bay; Mariam Garcia Escobar, BS, University of Nebraska at Kearney
<b>ABSTRACT:</b>	<p>Laguna Bacalar, the second-largest freshwater lake in Mexico, features a unique ecological corridor and is home to one of the world's greatest occurrences of stromatolites, dwarf mangrove forests, freshwater cenotes, and diverse flora and fauna. This lake, often called the Lagoon of Seven Colors, is revered for its complex coloring. In collaboration with the National Science Foundation, El Colegio de Frontera Sur, and Centro Regional de Educación Normal, this social study explores the complex dynamics between the community members of Bacalar, Mexico, their relationship with Laguna Bacalar, and the development of tourism infrastructure in the region. This study prioritized local community members of Mexican nationality as subjects for their deep connection to the area and ability to share insight into the changes in the community over time. 20 local community members were selected to participate in one-on-one interviews and 148 responses were collected through a digital survey. Mexico's implementation of the Planned Tourism Development initiative is designed to draw more tourism to the southern Yucatan with projects like the Felipe Carrillo Puerto International Airport and the Tren Maya. Such projects have promoted economic growth and job creation in the region, however, it has also produced significant environmental degradation, including contamination and deforestation. Community feedback reveals concern for prioritizing economic development over environmental projections and investment in public services. Data collected also suggests a lack of transparency and low community engagement in governmental decision-making. At present, residents in Bacalar are divided on whether increased tourism will have a negative or positive impact on their community. Findings from the study bring to light the prevalent social, environmental, and economic effects of tourism infrastructure development. Community suggestions for moving forward alongside development include a need for more inclusive decision-making processes and further research on the social and environmental impacts of tourism infrastructure development.</p>
<b>SUBMITTER:</b>	Cudworth, Marissa
<b>TOPIC AREA:</b>	Environmental health/justice; Social determinants of health

Panel #52

<b>TITLE:</b>	<b>Assessing the Psychosocial Benefits of Community-Based Exercise Programs for Individuals with Parkinson's Disease</b>
<b>AUTHORS:</b>	Quynlan Duffy, BS, MCW-Green Bay; Samuel Schaeffer, BS, MCW-Green Bay
<b>ABSTRACT:</b>	<p>Background: Parkinson's disease (PD) is a progressive neurodegenerative disorder affecting 1-2% of people over 60, characterized by motor symptoms such as tremors, stiffness, and balance issues. Exercise interventions have shown potential in improving both motor and non-motor symptoms of PD. These programs enhance mood, social support, and a sense of control - all crucial for patient retention and adherence. However, many PD patients still underutilize such programs, indicating a need for increased awareness and promotion of their comprehensive benefits.</p> <p>Objective: This study explores the psychosocial benefits of PD-specific exercise classes beyond physical improvements, aiming to encourage broader patient participation for better overall disease management and advocate for continued funding.</p> <p>Methods: Participants in the Greater Green Bay YMCA's 'Exercising with Parkinson's' class and their caregivers were invited to complete anonymous pre- and post-surveys six weeks apart. The survey assessed various psychosocial factors, including mood, confidence, and social support, using a 1-10 scale. Participants joined the program on a rolling basis. A two-tailed t-test was used to analyze the survey data for significance.</p> <p>Results: Participants (n=21) rated statements on a 1-10 scale, showing increased perceived psychosocial benefits across all categories from pre- to post-survey, though not statistically significant (p=0.09) overall. The most significant improvement (p=0.004) was seen in "confidence in living with their condition." While other items weren't statistically significant, all showed some improvement, indicating positive trends.</p> <p>Conclusion: The study highlighted psychosocial benefits of PD-specific exercise classes, particularly in boosting participants' confidence in managing their condition. Positive trends in mood, social support, and sense of control suggest these classes bolster patient retention and adherence. Given the progressive nature of PD, any improvement is valuable. Limitations include a small sample size and experienced participants, suggesting future research should target larger, multi-institutional cohorts. Participants highly recommend the program, underscoring its importance for supporting PD patients beyond physical health.</p> <p>Acknowledgments: Katie Mandell, Director of Community Wellness at Greater Green Bay YMCA</p>
<b>SUBMITTER:</b>	Duffy, Quynlan
<b>TOPIC AREA:</b>	Behavioral Health; Clinical/patient care; Community disease-specific exercise programs

Panel #35

<b>TITLE:</b>	<b>Exploring the Link Between Community Social and Economic Factors with Health in Jacksonville and San Francisco</b>
<b>AUTHORS:</b>	Aylinh Eng, BS, MCW-Milwaukee; Clarissa Blanco, BS, MS, Health Career Connection; Samantha Duran, BS, Health Career Connection; Benjamin Moran, BS, Health Career Connection; Matthew P. Banegas, PhD, MPH, MS, University of California San Diego; Carol Y. Ochoa-Dominguez, PhD, MPH, University of California San Diego; Victoria M. Telles, MPH, University of California San Diego; Elizabeth A. Duran, MS, University of California San Diego; Katheryn Rodriguez, BA, University of California San Diego
<b>ABSTRACT:</b>	Poverty and food access are socioeconomic factors that impact multiple aspects of an individual's life, including health outcomes. This study examines how the proportion of SNAP recipients and the number of SNAP locations relate to the rate of obesity and diabetes. San Francisco, CA, and Jacksonville, FL, were the cities analyzed. Data was obtained through PolicyMap, and single-layer and multi-layer geospatial maps were created using the same software. In both cities, there was a significant positive relationship between the percentage of families receiving SNAP benefits and the percentage of adults diagnosed with obesity. However, the positive relationship between the percentage of families receiving SNAP benefits and percentage of adults diagnosed with diabetes was only significant in Jacksonville. There was a small, significant association between the number of SNAP locations and rate of obesity, but not diabetes, in both cities. In the two cities, there was a significant positive relationship between the percent of families living under 125% of the federal poverty level and rate of adults diagnosed with obesity, while the association with the rate of diabetes was only significant in Jacksonville. Jacksonville and San Francisco are two cities of similar sizes, but differences can be seen in their demographics, such that San Francisco has a higher number of immigrants and household median income compared to Jacksonville. There is also a difference in racial distribution, with a much higher Black population in Jacksonville and a much higher Asian population in San Francisco. Future studies can explore potential contributing factors such as dietary habits, healthcare access, types of foods available at SNAP locations, and SNAP policies. Engaging residents to better understand the local context and their needs is crucial for potential interventions, such as collaborating with community centers, health departments, and physicians to educate on and provide better access to healthy eating.
<b>SUBMITTER:</b>	Eng, Aylinh
<b>TOPIC AREA:</b>	Diversity, equity, inclusion; Food access; Social determinants of health; Socioeconomic status/poverty

Panel #34

<b>TITLE:</b>	<b>Community-driven Approach to Improving Surgical Access: A Focus Group Study from Clinics Who Serve the Uninsured in Milwaukee, WI</b>
<b>AUTHORS:</b>	Jordan Eng, BS, MCW-Milwaukee; Taylor Jaraczewski, MD, MEng, MS, MCW-Milwaukee; Danielle Wilson, MD, MCW-Milwaukee; Jessica Prom, BS, MCW-Milwaukee; Morgan Leissring, MD, MCW-Milwaukee; Jaclyn Gellings, MD, MCW-Milwaukee; Katinka Hooyer, PhD, MCW-Milwaukee; Mary Schroeder, MD, MS, MCW-Milwaukee; Rebecca Lundh, MD, Saturday Clinic for the Uninsured; Beth Thorson, LCSW, ACSW, Free and Community Clinic Collaborative; Barbara Horner, MD, Bread of Healing Clinic; Katherine R. Iverson, MD, MCW-Milwaukee
<b>ABSTRACT:</b>	<p>Background: Lack of insurance leads to delays in diagnosis and treatment resulting in poorer surgical outcomes. Free and charitable clinics help bridge the gap to care for uninsured patients. This study sought to understand the experiences of clinicians and staff in Milwaukee-area free clinics as they facilitate access to surgical care for uninsured patients.</p> <p>Methods: Three focus groups were conducted from May to June 2024 with participants from eleven greater Milwaukee area free clinics. Rapid thematic analysis was conducted with deductive coding. Codes were then collapsed as appropriate and axial coding was employed to group codes into refined themes, which were supported with direct quotes. Validation was performed through member checking during the focus groups and post hoc review by experts on the study team.</p> <p>Results: Focus groups ranged from three to twelve participants and included various roles, from administrative staff to physicians. Five key themes were identified: demographic/social determinants of health, barriers to care, band-aids, facilitators, and hopes and dreams. Each theme was composed of subthemes that further explained the intricacies of obtaining surgical care for the uninsured. Barriers to care had the most subthemes including health literacy, fragmented system, financing, bureaucracy of the system, and mistrust/stigma. If a clinic couldn't provide the necessary care for a patient, common "band-aid" solutions included transferring the patient to another clinic or sending them to the emergency room. Interconnections between themes were highly prevalent and illustrated a complex system for both patients and providers.</p> <p>Conclusion: Understanding the current system and processes in acquiring surgical care for uninsured patients is critical for identifying opportunities to improve care. This study sheds light on complexities ranging from the patient level to the bureaucratic level. Findings from this study will be used within a larger project to develop a formal pathway, streamlining surgical access for the uninsured.</p>
<b>SUBMITTER:</b>	Eng, Jordan
<b>TOPIC AREA:</b>	Clinical/patient care; Health care access/quality; Social determinants of health

Panel #3

<b>TITLE:</b>	<b>Evaluating Peer Mentorship and Medication Management Strategies for Foster Youth Transitioning to Independence</b>
<b>AUTHORS:</b>	Zachary Gestrich, BS, MCW-Milwaukee; Crystal Meier, Workforce Resource, Inc.; Angel Carne, Workforce Resource, Inc.; Leslie Ruffalo, PhD, MS, MCW-Milwaukee
<b>ABSTRACT:</b>	<p>Background: Approximately 70% of foster children in Wisconsin have mental and behavioral health needs yet face barriers to care. Among foster teens and young adults, 42% have at least one mental health disorder; of these, one-third have two and one-fifth have three. Additionally, 60% of foster youth with behavioral disorders stop medication after exiting care, highlighting the need for enhanced education. Young adults, particularly racial, sexual, and gender minorities, as well as those experiencing homelessness, are especially at risk of falling through the cracks. Mentoring relationships are critical for foster youth making the transition to adulthood, but the current system struggles to provide the necessary resources and opportunities for success.</p> <p>Objective: To address this, the proposed project will train former foster care participants as certified peer-mentor specialists and administer educational modules to support youth in the Independent Living program provided by Workforce Resource Inc., which assists those aging out of care.</p> <p>Methods: This study investigates the impact of peer mentorship and medication training on foster care youth. Researchers conducted interviews with youth and implemented 30-minute medication training sessions followed by a survey.</p> <p>Results: Preliminary findings show the training was well-received (rated 4.6/5) and slightly improved medication management confidence. Key themes from the interviews include the importance of relationships with case managers, social support, and peer mentorship value.</p> <p>Conclusion: The study aims to refine the peer mentor model, enhance outcomes for both mentors and mentees, and expand educational modules to topics such as budgeting and insurance. Peer mentor certification will continue in the coming months.</p>
<b>SUBMITTER:</b>	Gestrich, Zachary
<b>TOPIC AREA:</b>	Children and youth; Health education; Mental health

Panel #20

<b>TITLE:</b>	<b>The Significance of Trust in Healthcare: Exploring the Patient-Provider Relationship and Its Effects</b>
<b>AUTHORS:</b>	Elizabeth Glynn, MCW-Green Bay; Anna Meier, MCW-Green Bay
<b>ABSTRACT:</b>	<p>Health disparities in Brown County are influenced by many factors, including the patient-provider relationship built on trust, knowledge, loyalty, and regard. These relationships are associated with health outcomes; positive relationships align with better health and negative relationships with poorer health. Limited research explores how these pillars individually impact health outcomes. This study aimed to examine the impact of trust in patient-provider relationships on the likelihood of attending preventative healthcare screenings and regular primary care visits in Brown County. Participants, previously recruited by the local nonprofit Wello, completed a survey via Qualtrics within a two-week window. Those with a Primary Care Provider (PCP) responded to questions quantifying their relationship with their PCP, resulting in a numerical "Trust Score." Using the median Trust Score, participants were categorized into high and low trust groups, allowing for analysis of correlations between Trust Scores and the frequency of visits to their PCP over the past five years. The results revealed a positive correlation between Trust Score and visit frequency, with the majority of respondents reporting high trust in their PCP. This suggests that the level of trust significantly influences primary care visit frequency, where greater trust aligns with regular appointments and lower trust correlates with infrequent visits. These findings highlight the importance of fostering trust in patient-provider relationships, as this may lead to earlier health issue detection and improved healthcare outcomes in the community. Efforts to strengthen patient-provider trust may therefore be a valuable strategy in addressing health disparities and enhancing preventative care in Brown County.</p>
<b>SUBMITTER:</b>	Glynn, Elizabeth
<b>TOPIC AREA:</b>	Clinical/patient care; Health care access/quality



Panel #61

<b>TITLE:</b>	<b>Knowledge is Power: Assessing Caregiver Education from Community Organizations on Improving Brain Health</b>
<b>AUTHORS:</b>	Maddie Halama, BS, MCW-Green Bay; Abbey Cherveney, BS, MCW-Green Bay
<b>ABSTRACT:</b>	<p>Dementia presents a significant challenge to populations across the globe, and its prevalence is only expected to increase in the coming decades which makes understanding its impact and preventive measures crucial. This study aims to assess the effectiveness of caregiver education from the Aging and Disability Resource Center in understanding brain health as well as understanding how to better promote lifestyle changes. The study was conducted in collaboration with the Aging and Disability Resource Center of Brown County. After meeting with a dementia care specialist, caregivers were surveyed on how they perceived their understanding of brain health to have changed as a result of the meeting. Additionally, surveys collected data on lifestyle changes promoted at improving brain health, barriers to implementing these changes, and additional resources caregivers would like to see offered. Data analysis showed that there was a statistically significant increase in caregiver confidence in their understanding of brain health after their meeting with the dementia care specialist (<math>p= 4.86 \times 10^{-9}</math>). Additionally, the need for caregiver education was more important to those caregivers who lived directly with someone with dementia compared to those who do not live together (<math>p=0.015</math>). Additional caregiver support and education were the most desired additional community programs. Several lifestyle changes were noted by participants, the most common being increasing the number of intentional daily cognitive activities. The most common barrier to these lifestyle changes was simply a desire to change. The results of this study show that meetings with dementia care specialists at the ADRC are beneficial for caregivers of those with dementia. Additionally, it underscores the need to identify caregivers and provide continued education and support. Finally, it shows that even with diagnosing, identifying and supporting, there are still significant barriers to implementing change.</p> <p>Acknowledgment: Heather Flick, Aging and Disability Resource Center of Brown County</p>
<b>SUBMITTER:</b>	Halama, Maddie
<b>TOPIC AREA:</b>	Health education

Panel #8

<b>TITLE:</b>	<b>Participatory Research with Transgender, Intersex, and Nonbinary Communities: Lessons and Opportunities</b>
<b>AUTHORS:</b>	Daniel Holliday, BS, University of Wisconsin-Milwaukee; Lance Weinhardt, PhD, University of Wisconsin-Milwaukee; Emmanuel Ngui, DrPH, University of Wisconsin-Milwaukee; Linda Wesp, PhD, MSN, RN, FNP-C, APNP, University of Wisconsin-Milwaukee
<b>ABSTRACT:</b>	<p>Background: Health and well-being research with transgender, intersex, and nonbinary (TIN) communities has shifted from a medicalized to a community-involved approach over time. While a plethora of findings have been published resulting from these studies with TIN populations, a diversity of methodologies and theoretical backgrounds for the research complicates the ability of researchers to further develop participatory methods with these groups.</p> <p>Objective: This poster demonstrates findings from a systematic literature review. It details strengths and weaknesses of participatory research with TIN communities and recommends future approaches.</p> <p>Methods: A literature search yielded 52 English-language, peer-reviewed, full texts detailing participatory health research with TIN communities. These texts were examined for common themes and application of participatory approaches.</p> <p>Results: Major strengths of participatory research with TIN communities included the possibility for the use of self-definition and an increased level of trustworthiness. The most prominent weakness was inconsistent use of participatory methods throughout the research process. A summary is included of recommendations from the literature to suggest an improvement in the use of participatory research with TIN populations. Most importantly, researchers should clearly report when and where participatory approaches were applied. Future participatory research with TIN communities should utilize a multi-faceted approach for considering systems of oppression while acknowledging different relations to said systems and familiarizing themselves with the historical context of their population of interest for the best applicability of findings.</p> <p>Conclusion: A review of the literature suggests an abundance of applications of participatory approaches to research with TIN communities. While participatory methods have proven helpful for research with TIN communities, care must be taken to properly build and explain the steps taken. Following the recommendations presented in this poster may be helpful for researchers looking to create more inclusive, representative, impactful participatory research collaborations which benefit TIN communities.</p>
<b>SUBMITTER:</b>	Holliday, Daniel
<b>TOPIC AREA:</b>	Diversity, equity, inclusion; Health care access/quality; LGBTQ health; Social determinants of health

Panel #4

<b>TITLE:</b>	<b>Exploring Creative Self-Efficacy of Autistic Youth Following a Community-Based Art Program</b>
<b>AUTHORS:</b>	Jeana M. Holt, PhD, DNP, MSN, RN, FNP-BC, University of Wisconsin-Milwaukee; Katelyn Siekman, BSE, OTD, OTR/L, Islands of Brilliance; Margaret Fairbanks, BFA, MEd, Islands of Brilliance; Mark Fairbanks, BFA, Islands of Brilliance; Lilly Carrillo, University of Wisconsin-Milwaukee; Nathaniel Stern, PhD, MPS, BS, University of Wisconsin-Milwaukee
<b>ABSTRACT:</b>	<p>Background: There are contradicting perspectives regarding autistics' ability to be creative. Some researchers cite autism's social communication and interaction differences, special interests, and rigid patterns as limiting creativity. However, many autistics refute this mindset and produce creative works as painters, sculptors, photographers, and graphic artists. Islands of Brilliance is a non-profit organization that uses art, creativity, and creative technologies to spark self-confidence, encourage independence, and build pathways to employment for autistic individuals. They partnered with the University of Wisconsin-Milwaukee to evaluate an intervention that combines art, storytelling, science, technology, engineering, arts, and math (STEAM)-based projects. We hypothesized that empowering autistic youth to create a storyline using their special interest will positively impact their creative self-efficacy.</p> <p>Objective: This study aims to understand the impact of a STEAM-based intervention on developing the creative self-efficacy of autistic youth.</p> <p>Methods: We used qualitative descriptive thematic analysis methods to analyze the participant presentations of their stop-motion video featuring self-created characters and environments. The facilitators asked each participant: What was the most fun thing you did today? What made you smile today? What are you most proud of today? How would you like to celebrate today?</p> <p>Results: Fifteen autistic youth participated. We identified four themes that represent creative self-efficacy in the participants. The following are the themes and representative quote(s): Artistic Exploration: "I made cool people when I made my characters." Artistic Self-Discovery: "I had never thought I could make an animated video." General experience enjoyment: "All of it was fun!" and Many ways to celebrate: "Eat a giant slice of pizza," "Mooo," "Dance."</p> <p>Conclusions: Our findings highlight different components of creative self-efficacy, including positive self-views of creativity and creative performance. The participants embodied creativity through the workshop, suggesting that autistics not only have the capacity for creativity but also enjoy creative activities.</p>
<b>SUBMITTER:</b>	Holt, Jeana
<b>TOPIC AREA:</b>	Children and youth

Panel #39

<b>TITLE:</b>	<b>Unlocking Wisconsin Shares: Insights into the State's Child Care Subsidy</b>
<b>AUTHORS:</b>	Kristin Kappelman, MA, Milwaukee Succeeds; Samantha Reynoso, BA, MPH Candidate, Milwaukee Succeeds
<b>ABSTRACT:</b>	<p>Background: Wisconsin Shares is the child care subsidy program for the state of Wisconsin, which allows eligible parents and caregivers to have a part, or all, of their regulated child care costs covered by the state. Wisconsin Shares is an important program for parents and caregivers in the Milwaukee area as over half of the participants and funding serve Milwaukee and the surrounding communities. However, research shows that almost half of income-eligible families in Milwaukee do not participate in Wisconsin Shares.</p> <p>Objective: To better understand barriers that hinder participation in Wisconsin Shares, our objective was to learn from Milwaukee parents and caregivers related to their use, or lack of use, of Wisconsin Shares. Using a convenience sample, our methods involved surveying parents/caregivers of young children at community events and through our partners. A total of 331 responses were received, and while this material is not representative of all parents and caregivers in Milwaukee, it is still a wealth of information.</p> <p>Results: Results show that respondents use multiple methods to cover the costs of child care, with 48% using Wisconsin Shares. One in three respondents did not use Shares because their income was too high (31%), or they had never heard of Shares (29%). Wait times (67%) and scheduling meetings (47%) were two areas cited by respondents as being the most difficult.</p> <p>Conclusion: In conclusion, while Wisconsin Shares is highly valued by parents and caregivers for its impact on their lives, significant barriers to access remain. The findings were shared with the Milwaukee ECE Coalition and the Department of Children and Families, who are using the insights to drive systems-level changes and improve participation in the program.</p>
<b>SUBMITTER:</b>	Kappelman, Kristin
<b>TOPIC AREA:</b>	Children and youth; Education; Maternal health; Social determinants of health; Socioeconomic status/poverty

Panel #27

<b>TITLE:</b>	<b>The Evaluation of Prenatal Care Needs of Rohingya Refugees in Milwaukee, WI</b>
<b>AUTHORS:</b>	Hamsitha Karra, MCW-Milwaukee; Taylor Blasius LaBorde, MD, MCW-Milwaukee; Gabriela E. Perez, MCW-Green Bay
<b>ABSTRACT:</b>	<p>Background: Refugees experience numerous barriers to accessing healthcare. The Rohingya, a Muslim ethnic minority from Myanmar, are further hindered as they have no form of written language. Milwaukee is home to one of the largest communities of Rohingya refugees in the United States. However, little has been published regarding the unique needs and assets of this community, especially in the context of women's health.</p> <p>Methods: Snowball recruitment was utilized to identify and interview 9 healthcare professionals who worked closely with Rohingya women in Milwaukee. Most interviewees are volunteers at the Burmese Rohingya Community of Wisconsin Center, a community center in the heart of Milwaukee. The interview format was individual semi-structured interviews with the same questions to all interviewees. Transcripts were analyzed by two team members using qualitative analysis.</p> <p>Results: Knowledge, language, transportation, technology, and stigma were identified as the most common barriers. Language was seen as the most inhibitory. While resources have been developed to help increase knowledge around numerous health topics, women's health continues to be insufficiently represented. Rohingya women often have little background in women's health, and much of the information women obtain comes from other women in the community. While there are many workshops and informational videos in Rohingya around general health topics, not many are focused on women's health.</p> <p>Conclusion: Future initiatives should focus on co-designing prenatal care programs with the Rohingya community, ensuring that healthcare providers receive targeted cultural competency training to build trust and empathy. Educational materials should also be adapted to non-written formats, such as audio-visual resources, to overcome language barriers.</p>
<b>SUBMITTER:</b>	Perez, Gabriela
<b>TOPIC AREA:</b>	Clinical/patient care; Diversity, equity, inclusion; Education; Health care access/quality; Maternal health; Social determinants of health; Socioeconomic status/poverty

Panel #58

<b>TITLE:</b>	<b>Rapid Response: Addressing the Medical Assistant Shortage Through Accelerated Training</b>
<b>AUTHORS:</b>	Kathy Karshna, Center for Healthcare Careers of SE Wisconsin; Elizabeth Eiland, Center for Healthcare Careers of SE Wisconsin; Jennifer Ditscheit, Center for Healthcare Careers of SE Wisconsin; Chytania Brown, MS, Employ Milwaukee; Carletta Rhodes, MBA, MCW-Milwaukee; Linda Meurer, MD, MPH, MCW-Milwaukee
<b>ABSTRACT:</b>	<p>Introduction: A shortage of Medical Assistants (MA) is a critical workforce need in our community, yet expensive 12-24-month programs can't meet health systems' demand. A collaboration among regional health system employers, the Center for Healthcare Careers and Employ Milwaukee, MAAPET (MA Accelerated Pathway to Employment Training) offered 14-week, tuition-free training with immediate employment targeting individuals from diverse, low-income and underrepresented groups.</p> <p>Objective: To rapidly build a talent pool of medical assistants representative of the community.</p> <p>Methods: Trainees were recruited through job fairs, targeted advertising, and community referrals to one of 11 program cohorts. Enrollees participated in 10 weeks of classroom training and 4 weeks of clinical experience. MAAPET provided salary, materials, instructors, trained preceptors and community support to meet social challenges. Satisfaction surveys and participant feedback informed program improvements. Outcome measures included program completion, employment and retention six- and 12-months post-completion.</p> <p>Results: A total of 144 trainees enrolled, 78% of whom were 'underserved' [(Black (47%), Hispanic (19%), Hmong (3%), Native American (1%), Mixed race (3%); receiving public assistance/TANF (26%); and/or having a disability (7%)]. 129 enrollees (90%) successfully completed the 14-week program, and 124 (96% of completers; 86% of enrollees) were placed as MAs in a partner clinic. Of these, 113 (91%) and 101 (81%) had 6- and 12-month job retention, respectively. Of 75 graduates who took the national MA certification test, 73 (97%) passed. Participants reported high satisfaction with program and many report achievements unreachable without the accelerated training and employment model.</p> <p>Discussion: MAAPET was successful at preparing a diverse MA workforce providing care at the frontline of clinical services, and life-changing career opportunities for individuals who may previously not had such options. MAAPET is being sustained through June 2027 through federal funding and is being adapted for a High School to Health Care (HS2HC) program.</p>
<b>SUBMITTER:</b>	Meurer, Linda
<b>TOPIC AREA:</b>	Diversity, equity, inclusion; Health care access/quality; Health education; Urban health

Panel #30

<b>TITLE:</b>	<b>Bridging the Gap - Assessing the Service Needs and Gaps of Rural Communities in Brown County, Wisconsin</b>
<b>AUTHORS:</b>	Tyson J. Kauffman, MCW-Green Bay
<b>ABSTRACT:</b>	<p>Overview: Around 70% of one's health is impacted by environmental conditions like housing, income, education, food, transportation, and other social and economic factors beyond individual control. These determinants influence health, functioning, and quality of life. Currently, there is a disconnection between the organizations providing services to rural communities in Brown County, WI, and the communities themselves.</p> <p>Objective: The study seeks to identify community-based resource gaps and needs in rural Brown County, WI to address disparities, encourage collaboration, and improve residents' quality of life.</p> <p>Methods: The study included individuals from rural communities in Brown County, WI, defined by the U.S. Census Bureau as having a population density of &lt;500 people/m<sup>2</sup> or a total population of &lt;2,500. 14 eligible communities were included in the study. Participants completed surveys using a 5-point Likert scale (-2 to 2, neutral being 0) to assess needs in housing, food, utilities, healthcare, employment, clothing, childcare, transportation, and social and educational services. Recruitment was done through print and online advertisements.</p> <p>Results: Twenty-one respondents from eight of the fourteen eligible communities completed the survey. Data from the 5-point Likert scale revealed participants viewed housing and shelter (0.09), employment and income (0.11), utilities (0.18), food (0.24), social services (0.34), clothing and household (0.48), and educational services (0.57) in a positive sentiment. Childcare and parenting (-0.10), transportation (-0.11), and healthcare (-0.12) services were viewed in a negative sentiment.</p> <p>Conclusion: Residents living in rural Brown County view educational services most positively, while healthcare services are seen the most negatively. Overall, most service categories have positive sentiments, though childcare and parenting, healthcare, and transportation services need improvement based on participant responses.</p>
<b>SUBMITTER:</b>	Kauffman, Tyson
<b>TOPIC AREA:</b>	Education; Food access; Health care access/quality; Health education; Housing; Mental health; Rural health; Social determinants of health; Socioeconomic status/poverty

Panel #32

<b>TITLE:</b>	<b>Factors Influencing COVID-19 Vaccination Decision in Brown County</b>
<b>AUTHORS:</b>	Manpreet Kaur, MPH, MCW-Green Bay
<b>ABSTRACT:</b>	<p>Introduction: Vaccine hesitancy has been ongoing with the innovation of the COVID-19 vaccines. Public health officials have known that building public trust would be key to convincing people to receive the vaccine. Patients are more likely to receive a vaccine if they have guidance from a primary care physician. More research is needed on how health officials can increase people's willingness to get vaccinated.</p> <p>Objective: Determine factors that influence vaccine decisions.</p> <p>Methods: Participants completed an online survey on their COVID-19 vaccine status and selected factors that influenced them to receive the vaccine. The survey was disseminated by Brown County Health and Human Services. Comparison of gender, race, age, having a primary care physician, work/school vaccine requirement, pre-existing condition, concern for COVID-19, and trust in vaccine safety were compared between those who received the vaccine and those who did not.</p> <p>Results: 202 participants completed the survey; 91.8% of participants reported receiving the COVID-19 vaccine. Participants who were vaccinated reported that they had more concern about getting COVID-19. Participants who were not vaccinated had less belief in the safety of the vaccine. Most participants who were vaccinated did report having a primary care provider.</p> <p>Conclusion: Awareness of vaccine safety plays a key role in people's decision to get vaccinated. Expanding access to primary care continues to be important for advancing public health. Less concern for becoming infected with COVID-19 was a factor that impacted unvaccinated participants' decisions.</p> <p>Acknowledgments: Anna Nick, Public Health Officer at Brown County Health and Human Services</p>
<b>SUBMITTER:</b>	Kaur, Manpreet
<b>TOPIC AREA:</b>	Health care access/quality; Social determinants of health; Urban health



Panel #9

<b>TITLE:</b>	<b>Promoting Community Connectedness at the Milwaukee LGBT Community Center</b>
<b>AUTHORS:</b>	Jeanna Kedrowski, BS, MCW-Milwaukee; Lauren Loftis, BA, MCW-Milwaukee; Christie Carter, MEd, Milwaukee LGBT Community Center; Anthony Correro II, PhD, MCW-Milwaukee
<b>ABSTRACT:</b>	<p>Background: The Milwaukee LGBT Community Center has served Milwaukee since 1997 as a safe place to nurture connections within the LGBTQ+ community through ongoing programming (MKE LGBT Community Center). LGBTQ+ community connectedness has been shown to reduce the negative health-related effects of minority stress within various LGBTQ+ populations. Our focus through Rainbow Readers was to increase the availability of programming and build connections within the LGBTQ+ community.</p> <p>Objective: Create programming to enrich engagement within the Center, specifically by implementing a book club prioritizing the inclusivity of participants to facilitate conversation regarding LGBTQ+ themes.</p> <p>Methods: The first and second authors volunteered and engaged in community programming at the Center through the MSSRP program, then in consultation with Center leadership and coauthors developed Rainbow Readers. Rather than requiring all members to read the same book, members are invited to share and discuss any written media of their choice. To increase access, we included a virtual Zoom option. Before each meeting, the first author prepared an agenda and discussion questions.</p> <p>Results: Four community members attended the first Rainbow Readers meeting (3 in person, 1 virtual). Each member described their selected media, mainly physical books, but also audiobooks or online comics. Broad themes of conversation included LGBTQ+ identity, such as gender expectations and straight/heterosexuality as default (i.e., heteronormativity). Participants showed enthusiasm in returning the following month, indicating promise for future engagement with the Center.</p> <p>Conclusion: The implementation of Rainbow Readers at the Milwaukee LGBT Community Center shows promise for increasing engagement with events at the Center. The event facilitated community building among LGBTQ+ Milwaukeeans. Future directions for this program include increasing the size and use of the Center's library and generating book recommendation lists. Further evaluation of members' perceptions will ensure community needs and program goals are being met.</p>
<b>SUBMITTER:</b>	Kedrowski, Jeanna
<b>TOPIC AREA:</b>	Diversity, equity, inclusion; LGBTQ health; Mental health; Community connectedness

Panel #5

<b>TITLE:</b>	<b>Toys for All: A Look into the Distribution of Switch-Adapted Therapy Toys for Children in the Greater Milwaukee Area</b>
<b>AUTHORS:</b>	Michael Kim, Marquette University; Vladimir Bjelic, MS, CCC-SLP, Penfield Children's Center; Molly Erickson, BS, Marquette University; Gerald Harris, PhD, PE, Marquette University
<b>ABSTRACT:</b>	<p>Background: The Inclusive Play: Toys for All (Inclusive Play) program is a collaboration between Penfield Children's Center (Penfield) and the Orthopaedic and Rehabilitation Engineering Center at Marquette University (OREC: MU, MCW), that produces free switch-adapted toys for use in therapy. Penfield has distributed 181 toys to public schools, private clinics, and individual families at no cost since the program's inception. However, there is still a large need, with only a portion of the 2635 children served annually by Milwaukee's Birth-to-3 program currently having access to adaptive toys due to high costs.</p> <p>Objective: Inclusive Play aims to increase community access to a wide variety of free adaptive toys in public schools, and clinics throughout the greater Milwaukee area.</p> <p>Methods: A Penfield speech and language pathologist distributes these toys across the greater Milwaukee area. Toys are donated to facilities and schools, upon request, or given to families during visits and events. This allows more children to therapeutically access adaptive toys.</p> <p>Results: 181 toys in total have been distributed across the greater Milwaukee area. 46 toys were given directly to families. 39 toys were given to public schools. The Greenfield School District shares 14 toys across 4 elementary schools. Underwood Elementary in Wauwatosa received 9 toys. Frederick J. Gaenslen School (Frederick) in the Milwaukee Public School (MPS) district received 16 toys. Frederick has a 700-member student body, 52% of which is disabled, and was the only MPS elementary school of the 156 to receive toys. 96 toys were distributed across medical centers and private therapy clinics including 53 toys given to 7 private therapy centers. Marquette's speech pathology and audiology, physical therapy, and occupational therapy clinics share 43 toys.</p> <p>Conclusion: Continued growth of the Inclusive Play program supports increased access to therapeutically interactive toys for children at school, therapy, and at home.</p>
<b>SUBMITTER:</b>	Erickson, Molly
<b>TOPIC AREA:</b>	Children and youth; Health care access/quality

Panel #60

<b>TITLE:</b>	<b>In Pursuit of a HAPIer Women's Health: A Focus Group Program Addressing Health Education at a Women's Homeless and Domestic Violence Shelter</b>
<b>AUTHORS:</b>	Rachel Knoebl, BS, MCW-Milwaukee; Hannah McBride, BS, MS, MCW-Milwaukee; Faith Bobholz, BS, MCW-Milwaukee; Maya Seshan, BS, MCW-Milwaukee; Caidon Iwuagwu, BS, MCW-Milwaukee; Mackenzie O'Connell, BS, MS, RDN, MCW-Milwaukee; Madalynn Welch, BS, MCW-Milwaukee; Amanda Jentsch, BA, MCW-Milwaukee; Gabriella Patino BS, MCW-Milwaukee; Sabina Diehr, MD, MCW-Milwaukee
<b>ABSTRACT:</b>	<p>Low health literacy has serious health implications, including risk for medication errors, miscommunication between patient and clinician, decreased quality of care, and inability to comprehend and access available care options. These implications are exacerbated when considering homeless populations, who already face barriers when accessing healthcare. This study aimed to address the impact of lower health literacy and its role in health outcomes for vulnerable populations. In this study, sixteen women currently residing in the Milwaukee Women's Center, a homeless and domestic violence shelter, participated in focus groups held by medical students within the Health Advocacy in Pregnancy and Infancy (HAPI) group. The focus groups consisted of open-ended questions about healthcare experiences, women's health knowledge, and what participants wished they knew about women's health. Seven themes were identified after inductive content analysis: (1) exposure to sex education, (2) past experiences with the healthcare system, (3) dissemination of health information, personal experiences and what they wish they knew about (4) periods and pregnancy, (5) STIs and general health screenings, (6) menopause and getting older, and (7) suggested improvements for women's healthcare. While each participant's experience was unique, all participants wished they knew more about their own bodies, with some expressing they knew nothing about periods, pregnancy or menopause until they experienced it themselves. These gaps in health education lead to misunderstanding, as people seek information from unreliable sources. It can also contribute to distrust of the medical system, as women may receive minimal or overly complicated information from clinicians. This study emphasizes the need for comprehensive sex education and improved health literacy while highlighting the marginalization of women's health care, especially for vulnerable populations. Women's healthcare providers and researchers should focus on strategies to 1) improve patient education, 2) deliver more thorough and compassionate care, and 3) adapt to individual patient needs.</p>
<b>SUBMITTER:</b>	Knoebl, Rachel
<b>TOPIC AREA:</b>	Education; Health care access/quality; Health education; Housing; Maternal health; Social determinants of health; Socioeconomic status/poverty; Health literacy; Women's health, Healthcare outcomes; Vulnerable populations

Panel #38

<b>TITLE:</b>	<b>The Role of Community Socioeconomic Conditions in Finger Fracture Surgery</b>
<b>AUTHORS:</b>	Jacob D. Kodra, BS, MCW-Milwaukee; Austen Schweinert, BS, MCW-Milwaukee; Mackenzie O'Connell, MS, RDN, MCW-Milwaukee; Matthew Van Boxtel, MD, MCW-Milwaukee; Alexander Graf, MD, MCW-Milwaukee; Jessica Hanley, MD, MCW-Milwaukee
<b>ABSTRACT:</b>	<p>Introduction: Social determinants of health (SDOH) are known to impact orthopedic outcomes and community well-being. "Phalangeal" fractures, or finger fractures, are a common orthopedic injury that can impact quality of life. Despite their prevalence, the influence of SDOH on the surgical repair of finger fractures is less understood. The Area Deprivation Index (ADI) is a metric that incorporates geography-based factors, including income, education, and housing quality. This study uses ADI as a metric of neighborhood socioeconomic disadvantage to investigate how patients' communities influence surgical outcomes in phalangeal fractures.</p> <p>Methods: We retrospectively reviewed records of adults who underwent finger fracture repair at Froedtert Hospital from 2010-2023. Demographics, comorbidities, surgical techniques, and outcomes (range of motion, grip strength, pain scores, and disability (QuickDASH scores)) were analyzed. Patients were categorized into terciles based on ADI to assess socioeconomic disadvantage.</p> <p>Results: 194 patients were included. Patients from the most disadvantaged communities reported significantly higher preoperative pain scores (<math>6.05 \pm 2.61</math>) compared to the least disadvantaged neighborhoods (<math>3.95 \pm 2.80</math>, <math>p=0.025</math>). Postoperative pain scores were also significantly greater in the lowest resource communities (<math>2.14 \pm 2.46</math>) versus the high resource group (<math>0.50 \pm 0.73</math>, <math>p=0.039</math>). Preoperative disability was also greater in the most disadvantaged group (<math>61.36 \pm 22.94</math>) compared to the intermediate (<math>46.04 \pm 20.59</math>, <math>p=0.033</math>) and least disadvantaged groups (<math>43.21 \pm 18.23</math>, <math>p=0.052</math>). However, postoperative QuickDASH scores didn't significantly differ across communities (<math>p=0.106</math>). No significant differences were found in fracture types, implants utilized, range of motion, or grip strength.</p> <p>Discussion: SDOH may influence patient-reported outcomes following phalangeal fracture surgery. While the technical success of surgery was comparable across groups, patients from more disadvantaged communities seemed to experience greater pain and preoperative disability. These disparities highlight the need for community engagement to promote equitable health across diverse social environments.</p>
<b>SUBMITTER:</b>	Kodra, Jacob
<b>TOPIC AREA:</b>	Clinical/patient care; Diversity, equity, inclusion; Health care access/quality; Social determinants of health; Socioeconomic status/poverty; Urban health

**Panel #33**

<b>TITLE:</b>	<b>Understanding Barriers Leading to High "No-Show" Rates at N.E.W. Community Clinic</b>
<b>AUTHORS:</b>	Tori Kostman, BA, MCW-Green Bay
<b>ABSTRACT:</b>	<p><b>Introduction:</b> No-show appointments represent a significant challenge within the healthcare system, leading to increased overall costs and decreased efficiency in healthcare delivery. This study is set to research the leading reason for no-show appointments at a clinic that serves underinsured and uninsured patients in Northeast Wisconsin.</p> <p><b>Methods:</b> Flyers with a QR code linked to a Qualtrics survey were hung in the N.E.W. Community Clinic, and patients were encouraged to fill out the survey. After data collection, results were analyzed to determine the most common cause of no-show appointments and measures that could be implemented to address this issue.</p> <p><b>Results:</b> The primary reason for missed appointments is scheduling conflicts. Analysis using a paired t-test revealed no correlation between patient housing distance from the clinic and the rate of no-show appointments. Across all age groups, text message reminders were the preferred method for appointment notifications.</p> <p><b>Conclusion:</b> Scheduling conflicts are the leading cause of no-show appointments at the N.E.W. Community Clinic, which contrasts with findings from a similar study conducted a decade ago at a clinic with a similar mission. Future research should explore the effectiveness of various reminder methods in reducing no-show rates. Additionally, increasing the number of individuals surveyed and expanding the study population to individuals under 18 years of age would provide more generalizable data.</p> <p><b>Acknowledgments:</b> Kim Franzen and the N.E.W. Community Clinic; Dr. Dave Ferguson MD</p>
<b>SUBMITTER:</b>	Kostman, Tori
<b>TOPIC AREA:</b>	Clinical/patient care; Health care access/quality; Social determinants of health; Socioeconomic status/poverty; Urban health

Panel #40

<b>TITLE:</b>	<b>Exploring Patient Knowledge and Eligibility for the Crime Victims Compensation (CVC) Program in the State of Wisconsin</b>
<b>AUTHORS:</b>	Andrew Labott, BA, MA, MCW-Milwaukee; Emily Cooper, BS, MCW-Milwaukee; Elise Biesboer, MD, MCW-Milwaukee; Anna Tatakis, MD, MCW-Milwaukee; Ariel Berry, MCW-Milwaukee; Yara Hamadeh, MCW-Milwaukee; Amber Brandolino, MCW-Milwaukee; Mark Briggs, 414Life; Elizabeth Schroeder, MD, MCW-Milwaukee
<b>ABSTRACT:</b>	<p><b>Background:</b> Violence is a significant public health challenge for communities across the country, disproportionately affecting vulnerable populations. The Crime Victims Compensation (CVC) Fund was established in the 1980s to provide financial assistance to victims of violent crime.</p> <p><b>Objective:</b> This study aims to describe the number and demographic information of patients at an urban, Midwest Level 1 Trauma Center who would be eligible for CVC funding, the reasons for ineligibility, and to estimate the amount of financial support needed to recover from a traumatic injury.</p> <p><b>Methods:</b> A prospective survey-based study was conducted at Froedtert Hospital, southeastern Wisconsin's only adult Level 1 Trauma Center. Patients aged 18 and older presenting with qualifying injuries were approached for inclusion in the study. Eligible patients were surveyed to evaluate knowledge of the CVC program, eligibility, and the amount of money needed after injury.</p> <p><b>Results:</b> Between February and August 2024, 1,325 patients were screened, with 311 (23%) being crime victims. Of those, 82 (26%) enrolled in the study. The cohort was primarily male (72%) and Black/African American (73%). Firearm injuries (51%) were the leading causes of injury. Most participants (75%) required surgery, and 38% needed critical care. Notably, 92% were unaware of the CVC program. Financial burdens were common: 64% had dependents, 75% were employed before the injury, and over 55% had monthly expenses exceeding \$2,000. Challenges included potential disqualification due to child support delinquency (11%) and discomfort with law enforcement investigations (31%).</p> <p><b>Next steps:</b> CVC utilization remains limited due to eligibility restrictions and low awareness. To increase utilization, in-hospital application completion assistance will be provided for patients approached through the study. In addition, educational materials about the program will be distributed at community spaces across Milwaukee with support from 414Life.</p>
<b>SUBMITTER:</b>	Labott, Andrew
<b>TOPIC AREA:</b>	Social determinants of health; Socioeconomic status/poverty; Gun violence

Panel #51

<b>TITLE:</b>	<b>Evaluating the Impact of Trauma-Informed Social Emotional Learning Interventions Offered Through a Triad Partnership Model Between STRYV365, MCW, and Milwaukee Schools</b>
<b>AUTHORS:</b>	Madison McGuire, BA, MCW-Milwaukee; Abbey Stoltenburg, MA, MCW-Milwaukee; Snigdha Kosuri, MPH, MCW-Milwaukee; Salma Sheriff, BS, MCW-Milwaukee; John R. Meurer, MD, MBA, MCW-Milwaukee; Brandon Currie, STRYV365; Paula Lumelsky, STRYV365
<b>ABSTRACT:</b>	<p><b>Background:</b> Exposure to Adverse Childhood Experiences (ACEs) and the subsequent trauma significantly affects youth health and well-being. Trauma-informed programming and Social-Emotional Learning (SEL) can help mitigate these adverse outcomes. STRYV365, a Milwaukee non-profit organization, created two programs based on these approaches, a physical education program Peak Team and a video game Brain Agents. A triad relationship between researchers at MCW, STRYV365, and Milwaukee schools was developed to implement and evaluate STRYV365 programming.</p> <p><b>Objective:</b> This study aimed to evaluate the impact of STRYV365's peak team and Brain Agents programs on addressing ACEs through positive childhood experiences and teaching coping strategies to enhance students' well-being. It also sought to identify strengths, weaknesses, and opportunities for improvement of these programs to extend their impact within the Milwaukee community and beyond.</p> <p><b>Methods:</b> A mixed-methods approach was used, involving students in grades 5-10 across four Milwaukee schools. Students were given either peak team, Brain Agents, both programs, or neither intervention each semester from Fall 2022 through Spring 2024. Data collection included student surveys, focus groups, interviews, and academic record analysis. Qualitative data were thematically coded using Dedoose to identify core themes, with transcripts reviewed by multiple coders to ensure reliability.</p> <p><b>Results:</b> The peak team program fostered strong student-coach relationships, enhanced SEL skills, and fostered student relationships. However, some students reported issues with teamwork and gender dynamics during programming. The Brain Agents video game positively influenced students' coping skills and problem-solving, but some students were frustrated by the format and simplicity of the game. Both programs increased positive childhood experiences.</p> <p><b>Conclusion:</b> STRYV365's programs offer a promising model for integrating physical activity, coaching, and digital gaming interventions into SEL curricula in urban schools. Further research is needed to refine these interventions, investigate long-term impacts, and maximize their impact on diverse student populations.</p>
<b>SUBMITTER:</b>	McGuire, Madison
<b>TOPIC AREA:</b>	Behavioral Health; Children and youth; Diversity, equity, inclusion; Education; Mental health; Social determinants of health; Socioeconomic status/poverty; Urban health

Panel #64

<b>TITLE:</b>	<b>Analyzing Efficiency and Impact of Community Engaged Research: Applications of Data Envelopment Analysis</b>
<b>AUTHORS:</b>	Philisha Mesidor, MS, MCW-Milwaukee
<b>ABSTRACT:</b>	<p>Background: There is an increasing interest in determining the most effective ways to analyze outcomes and data produced through community-engaged research (CEnR). Data Envelopment Analysis (DEA) serves as a tool that can identify or optimize community-engaged partnerships. When a partnership operates more efficiently (e.g. streamlining processes, or optimizing resource allocation), it can often lower operational costs while maintaining or increasing the quality of outcomes.</p> <p>Objective: As CEnR increasingly focuses on actionable outcomes including impact and policy change, DEA can help assess the efficiency of interventions, identify areas for improvement, and increase effectiveness.</p> <p>Methods: DEA looks at the relationship between inputs (e.g. funding, staff, and materials) and outputs (e.g. patient outcomes or services provided) for each unit (e.g. hospital, department, patient cohort). It establishes a "performance benchmark" serving as a standard for achieving optimal efficiency. Then, it calculates an efficiency score for each unit based on how they perform compared to this benchmark. These scores help us understand whether a unit works efficiently and suggest how adjustments could improve performance.</p> <p>Results: The flexibility of DEA allows institutions to apply this analytic tool from various perspectives (such as in a free clinic, to evaluate multi-disciplinary approaches, and adapt value-based care). Researchers can tailor DEA to align with their specific key performance indicators (KPIs). Efficiency scores provide valuable insights into whether programs/interventions perform at their best within their unique system.</p> <p>Conclusion: Data Envelopment Analysis (DEA) provides a structured approach for assessing the outcomes of community partnerships, enhancing their sustainability and effectiveness. However, the success of DEA depends on the quality of the data collected. If important contextual factors are missing, the analysis may be skewed. While DEA relies on larger datasets to ensure reliability, it's crucial to balance this with the need for high-quality data points, even if limited.</p>
<b>SUBMITTER:</b>	Mesidor, Philisha
<b>TOPIC AREA:</b>	Methodology



Panel #10

<b>TITLE:</b>	<b>Milwaukee Trans and Queer Depot: Addressing Health Needs of Transgender and Gender Diverse People in Milwaukee</b>
<b>AUTHORS:</b>	Wyatt Meyer, University of Wisconsin-Milwaukee; Melissa Melcher, DNP, MN, FNP-C, University of Wisconsin-Milwaukee; Kaylee Conaway, University of Wisconsin-Milwaukee; Linda M. Wesp, PhD, MSN, FNP-C, University of Wisconsin-Milwaukee
<b>ABSTRACT:</b>	<p>Background: Lack of resources and support is a known issue for the transgender community. Many people cannot get the health care or medications they need, despite it being medically necessary, or face discrimination when trying to access health care.</p> <p>Objective: Many people face specific challenges related to taking their gender-affirming hormones. We wanted to create a mutual aid project to address these barriers and meet people's needs, but first, we wanted to better understand what the needs were in the broader community.</p> <p>Methods: Community members partnered with nurse researchers at UWM to better understand what type of support people needed for taking their injectable gender-affirming hormones. We developed and collected a community-led needs assessment survey in Milwaukee with people over 18 who identified as transgender and gender diverse in the Spring of 2023.</p> <p>Results: Our community needs assessment survey (n= 129) identified needs related to health care, employment, and safe sober community spaces. Additionally, of the respondents who had been prescribed gender-affirming hormones in an injectable form, 72% reported barriers to taking their injections as prescribed, such as incorrect supplies from the pharmacy, gaps in refills, needle phobia, or not receiving education about how to give their injections. Based on the survey findings, the Milwaukee Transgender and Queer Depot (MTQD) was formed as a mutual aid project in June of 2023.</p> <p>Conclusion: MQTD is a volunteer-run, sober community space providing support for people taking prescribed injectable gender-affirming hormone therapy, help with legal name or gender marker changes, and referrals to community resources. MQTD continues to assess the needs of our community and continually improve the resources provided in real-time. Conducting research guided by what the community needs has allowed our team to assist and provide meaningful resources that improve lives.</p>
<b>SUBMITTER:</b>	Wesp, Linda
<b>TOPIC AREA:</b>	LGBTQ health; Social determinants of health

Panel #17

<b>TITLE:</b>	<b>Medical College of Wisconsin Cancer Center: Community Outreach and Engagement Program</b>
<b>AUTHORS:</b>	Debra Nevels, MSHCM, MCW-Milwaukee; Staci Young, PhD, MCW-Milwaukee
<b>ABSTRACT:</b>	<p>The Community Outreach and Engagement (COE) program at the MCW Cancer Center is dedicated to reducing cancer health disparities and fostering equitable health outcomes through active partnership and engagement with communities across Wisconsin. Our program aims to address cancer prevention, early detection, and survivorship in a manner that is culturally informed and community-driven. By integrating public health principles with cutting-edge research and community needs, the COE strives to deliver education, resources, and support that empower individuals and families to take charge of their health. A cornerstone of our approach is collaboration with local organizations, healthcare providers, and community leaders to identify priority areas, such as increasing access to cancer screenings, improving awareness of cancer risk factors, and addressing social determinants of health. The COE also conducts community-based participatory research and intervention programs that are specifically tailored to meet the needs of diverse and underserved populations, thereby bridging gaps in cancer care and prevention. Our COE program is further strengthened by training and support initiatives that equip community health workers, educators, and advocates with the knowledge and tools to support residents in navigating cancer prevention and survivorship. With a commitment to inclusive and sustainable community partnerships, the MCW Cancer Center’s COE program is focused on creating lasting impact and advancing health equity for all communities we serve.</p>
<b>SUBMITTER:</b>	Nevels, Debra
<b>TOPIC AREA:</b>	Cancer prevention/research/education; Health education

Panel #43

<b>TITLE:</b>	<b>Social Support for Healthy Eating Habits, Weight, and Body Image Among Latino Men</b>
<b>AUTHORS:</b>	Natalie B. Norton, BS, MCW-Milwaukee; Carlos E. Rosas, PhD, MCW-Milwaukee; Carlos Litovich, DrPH, MPH, MCW-Milwaukee; Jacqueline Guzman, PhD, MCW-Milwaukee; Julia Escamilla-Garcia, MA, Independent Contractor; Lisa Sanchez-Johnsen, PhD, MCW-Milwaukee
<b>ABSTRACT:</b>	<p>Overview: Latino adults have high rates of obesity and overweight contributing to at least 13 cancers and increased mortality. Social support has been shown to impact obesity-related behaviors; however, few studies have focused on the role of social support specifically related to eating behaviors and body image among Latino men. The Latino Men's Health Initiative was a community-engaged research study designed in collaboration with partners at the Puerto Rican Cultural Center's Diabetes Empowerment Center, the Greater Humboldt Park Community of Wellness, Casa Central, Bikderdike Redevelopment Corporation, and Alivio Medical Center to explore the cultural variables underlying race and ethnicity influencing diet, exercise, and body image of Mexican and Puerto Rican men.</p> <p>Objective: This secondary data analysis examined the association of social support for eating habits with body mass index, body fat percentage, and body image satisfaction among Latino men and assessed whether these associations, differed by Latino background. Methods: As part of the Latino Men's Health Initiative, the PI actively collaborated with community partners who served as members of the Hispanic/Latino Health Community Advisory Board. Adult men (n=203) between the ages of 18 and 65 completed the Social Support for Eating Habits survey, the Body Areas Satisfaction Subscale of the Multidimensional Body-Self Relations Questionnaire, and anthropomorphic measures.</p> <p>Results: A one-standard-deviation increase in family social support for eating habits was associated with a 0.87 unit increase in BMI, a 1.89 cm increase in waist circumference, and a 0.27 unit increase in current body image.</p> <p>Conclusion: The results of this study may inform community engaged cancer prevention interventions by incorporating culturally relevant aspects, such as social support, and intrapersonal factors like body image satisfaction, to reduce obesity-related health disparities. Understanding these influences is crucial for developing strategies that promote healthier lifestyles and prevent adverse health outcomes in the Latino community.</p>
<b>SUBMITTER:</b>	Norton, Natalie
<b>TOPIC AREA:</b>	Behavioral Health; Cancer prevention/research/education; Diversity, equity, inclusion

Panel #19

<b>TITLE:</b>	<b>Incorporating Cultural Humility in Patient Care</b>
<b>AUTHORS:</b>	Sylvia Pena, PhD, Marquette University; Marilyn Frenn, PhD, Marquette University; Theresa Schnable, PhD, Marquette University; Terrie Garcia, PhD, Marquette University; Andi Krawczyk, Marquette University; Emmanuel Lopez, Marquette University
<b>ABSTRACT:</b>	<p>Background: Partnerships have been utilized in prior research to allow for better understanding and improvement of health equity in communities. These partnerships are especially important for healthcare providers to engage in, to lead to positive health outcomes for the communities served. Nutrition and health are important topics of interest due to the large influence that food consumed can have on one's health. However, it is critical that healthcare providers keep in mind cultural context when engaging in food-centered conversations, as cultural context can be overlooked when making health-related food recommendations. By incorporating culture into these conversations, patients will be able to make more informed decisions when they are preparing their food. Additionally, this project incorporated cultural humility as a guide for nursing students when addressing nutrition with community members.</p> <p>Objective: This project created a process for establishing partnerships between a community organization and a local university with the goal of improving health equity in the community and dismantling structural racism.</p> <p>Methods: This project had nursing students in their junior year complete their clinical rotation at the Milwaukee Christian Center, with a specific focus on nutrition. The Milwaukee Christian Center provides older adult meal programming, food pantry services, and other community engaged activities. A needs assessment from the staff and community members at the site identified food education as a need.</p> <p>Results: Positive feedback was obtained from the nursing students and Milwaukee Christian Center staff indicating a good learning experience.</p> <p>Conclusion: There is limited research related to cultural humility, nutrition, and nursing education. Therefore, this study aims to fill a gap in the literature for nursing education regarding this topic, while also promoting cultural humility by nursing students when engaging in food education with the Latinx community to promote positive health outcomes.</p>
<b>SUBMITTER:</b>	Pena, Sylvia
<b>TOPIC AREA:</b>	Clinical/patient care; Food access; Cultural humility

Panel #6

<b>TITLE:</b>	<b>Enhancing Preparedness and Inspiring Future Healthcare Professionals through Stop the Bleed Training in Milwaukee Public Schools</b>
<b>AUTHORS:</b>	Steve A. Peralta, BS, MCW-Milwaukee; Lieutenant Carlos Velazquez, Milwaukee Fire Department; Christopher Davis, MD, MPH, MCW-Milwaukee
<b>ABSTRACT:</b>	<p>This project aims to address the gap in emergency preparedness within Milwaukee Public Schools (MPS) through the implementation of Stop the Bleed (STB) training. STB is a life-saving initiative designed to empower community members with the skills to act effectively in emergencies with trauma. Initial efforts have focused on integrating this training into select schools, and early successes have been achieved through partnerships with dedicated teachers and the Milwaukee Fire Department (MFD). The pilot program targets training 30-50 students at South Division High School, with plans to expand throughout the academic year. Collaborations with the Milwaukee Public School Board of Directors in the 8th district (MPSBD) and MFD are central to scaling these efforts. The overarching goal is to equip students with critical skills, enhance emergency response capabilities, and reduce feelings of helplessness in crisis situations. Furthermore, this project seeks to cultivate student instructors and encourage careers in healthcare. To date, we have successfully conducted multiple training sessions at Reagan High School and established important relationships with MFD and MPSBD. Looking ahead, this initiative aims to provide STB training to 50-150 students at South Division High School, with expansion into additional schools planned for the future. As we continue to strengthen community partnerships, this project holds significant promise for broader implementation across MPS. By establishing annual STB courses, we aim to create a sustainable program that enhances public safety, improves emergency preparedness, and inspires students to pursue careers in STEM and healthcare.</p>
<b>SUBMITTER:</b>	Peralta, Steve
<b>TOPIC AREA:</b>	Children and youth; Education; Health education

Panel #26

<b>TITLE:</b>	<b>Fall Prevention Efficacy in our Aging Population</b>
<b>AUTHORS:</b>	Gabriela E. Perez, BS, MCW-Green Bay; Ignacio Poretti-Perlo, BS, MCW-Green Bay
<b>ABSTRACT:</b>	<p>Introduction: Falls among the elderly pose a public health challenge, necessitating comprehensive prevention strategies to mitigate associated morbidity, mortality, and costs. Furthermore, Wisconsin holds the highest fall death rate among older adults in the USA. Our research aims to assess the effectiveness of existing fall prevention initiatives implemented by the De Pere Fire Department (DPFD) and the Aging and Disability Resource Center (ADRC) and pinpoint areas for improvement.</p> <p>Methods: The dataset spans from 2016-2022, encompassing a historical analysis of fall rates among individuals 65+ in the city of De Pere. De-identified data was collected from 911 calls while working directly with the DPFD to extract this data, as well as national EMS records. The data was filtered to the target age of 65+ and calls were filtered by primary diagnosis of fall. This was done by examining International Classification of Diseases codes, allowing for the classification of the call per the standardized medical coding system. We also worked directly with the ADRC to identify the trends for referrals and acceptances for patients after falls by community providers.</p> <p>Results: Trends in the data highlighted fluctuations in the percentage of calls to DPFD, which have been experiencing an increase in recent years, as well as calls related specifically to falls. Similar results were experienced with the national data. The ADRC demonstrated consistent positive trends in referrals, with a significant increase post-2020. Shortcomings identified are the state of the aging population is set to increase due to the Baby Boomer generation aging, lack of a baseline due to changes in data sets and poor records keeping.</p> <p>Conclusion: Stakeholders must work collaboratively to implement interventions addressing the needs. Recommendations for future research include longitudinal studies with robust data collection protocols and qualitative methodologies to elucidate community perceptions and barriers to fall prevention and re-establishing guidelines for prevention.</p>
<b>SUBMITTER:</b>	Perez, Gabriela
<b>TOPIC AREA:</b>	Diversity, equity, inclusion; Health care access/quality; Social determinants of health

Panel #48

<b>TITLE:</b>	<b>The Impacts of Individual Exercise Versus Large and Small Group Exercise in Community Dwelling Adults</b>
<b>AUTHORS:</b>	Reid Pietila, MCW-Green Bay; Derek Olson, DPT, MCW-Green Bay
<b>ABSTRACT:</b>	<p>Introduction: The benefits of exercise are multifactorial, and improving exercise adherence may profoundly impact mortality prevention. Therefore, improving exercise adherence is likely to have a positive impact on community health. The YMCA has been a community pillar in the United States since 1851, promoting healthy living and community engagement. They offer various exercise opportunities across different degrees of group involvement, ranging from individual exercise to large group classes. Group cohesion may be associated with improved exercise adherence; however, little is known about the effect of group size on cohesion.</p> <p>Methods: This study at the Green Bay YMCA explored the effects of individual versus large and small group exercise on exercise adherence and frequency, satisfaction in exercise routine, confidence in safely exercising, and self-perceived health. Utilizing an online survey, YMCA members reported their exercise preferences as an individual, small group exercise (&lt;12 members), large group exercise (&gt;12 members), or a combination of more than one exercise method alongside their membership duration.</p> <p>Results: Of the 56 participants, 14 engaged exclusively in large group classes, 4 in small groups, 20 in individual settings, and 18 in mixed methods. Large group participants reported the highest satisfaction (8.8/10) and exercised the most frequently, with 64% exercising three times per week. Large group and individual exercisers reported the highest confidence in safety (8.3/10). The highest percentage of long-term members were those participating in a combination of exercise methods (35.1%). 73% of long-term members participated in some form of group exercise.</p> <p>Conclusion: Exercise in groups with at least 12 participants is linked to more frequent exercise and greater satisfaction than exercise in groups with less than 12 participants or exercise alone. Socialization and group cohesion within any form of group exercise may have a profound impact on long-term exercise adherence and ultimately community health.</p>
<b>SUBMITTER:</b>	Pietila, Reid
<b>TOPIC AREA:</b>	Mental health; Rural health; Urban health

Panel #18

<b>TITLE:</b>	<b>The Critical Role of Developmental Evaluation in Supporting and Enhancing an Equitable Transdisciplinary Approach to Address Cancer Disparities</b>
<b>AUTHORS:</b>	Laura Pinsoneault, PhD, Evaluation Plus; Tobi Cawthra, MPH, MCW-Milwaukee; Jerica Broeckling, MPS, Jerica Broeckling Advising; Tim Meister, MA, MCW-Milwaukee; Kailey Taebel, MPH, Center for Urban Population Health; Jada Proctor, Center for Urban Population Health; Felicia Fairfield, MS, Wisconsin Women's Health Foundation; Kelly Hackett, MPH, Wisconsin Women's Health Foundation; David Frazer MPH, Center for Urban Population Health; Staci Young, PhD, MCW-Milwaukee; Melinda Stolley, PhD, MCW-Milwaukee
<b>ABSTRACT:</b>	<p>Complex problems like cancer disparities require integration of social and scientific problem-solving and a systems approach. Given the nature of disparities, we seek to collaborate in ways that reflect equity in the process and not only in outcomes. We developed a transdisciplinary framework that 1) creates teams of community, clinicians, and researchers, and 2) builds capacity for teams to understand factors underpinning disparities and to design and implement solutions. This approach is grounded in principles of deep equity, integration of biology to policy perspectives, and systems thinking. This work focused on a planning period of five locally embedded teams. A leadership team including academic medicine and public health co-leaders supported community-based facilitators and evaluators who guided local teams. At the end of planning, an external evaluator led After-Action Reviews (AARs) to assess fidelity to our framework and identify successful practices and areas for improvement. These data informed changes to our implementation. Seven AAR sessions were conducted: individual team members, facilitators and evaluators, and the leadership team. The evaluator triangulated the AARs' data and facilitated a discussion with the leadership team. The AAR highlighted three primary themes including (1) strengthening the understanding and use of our approach, (2) reducing ambiguity while preserving flexibility and creativity, and (3) integrating project partners intentionally into our wider transdisciplinary network. In examining these themes, we identified several strategies for improving our transdisciplinary approach during implementation and for wider replication of our framework. These areas included improved systems for communication, clear expectations of roles, and additional support for transdisciplinary collaboration and application of grounded principles. To successfully innovate socially and scientifically within the complexities of cancer disparities, we need to push beyond conventional models of research and program intervention. This means incorporating methods across fields and sectors including evaluation. An AAR is an effective evaluation tool for assessing a complex process.</p>
<b>SUBMITTER:</b>	Cawthra, Tobi
<b>TOPIC AREA:</b>	Cancer prevention/research/education; Evaluation



Panel #31

<b>TITLE:</b>	<b>Optimizing Acetaminophen Administration in the Emergency Department: A Comprehensive Evaluation of Intravenous vs. Oral Routes</b>
<b>AUTHORS:</b>	Ignacio Poretti, MCW-Green Bay; Brody Gordon, MCW-Green Bay; Brad Burmeister, MD, MCW-Green Bay
<b>ABSTRACT:</b>	<p>Background: IV acetaminophen is commonly used in emergency departments for pain and fever management. However, evidence indicates that oral (PO) acetaminophen provides similar efficacy at a much lower cost. Bellin Health System, serving Northeast Wisconsin and Michigan's UP, ranks in the 99th percentile for IV acetaminophen use. The ED alone accounts for 40% of this usage. The cost of IV acetaminophen exceeds 185 times that of oral with charges of over \$750 per dose. Up to 9% of ER patients are self-pay, and the costs of IV acetaminophen disproportionately impact those in the community who may already face significant financial barriers to care in the Green Bay community.</p> <p>Objective: This study evaluates the clinical and financial implications of IV versus PO acetaminophen in the ED, aiming to reduce IV usage by 20% and save approximately \$13,500 in pharmaceutical expenses and over \$900,000 inpatient charges annually.</p> <p>Methods: A literature review compared the efficacy, safety, and cost-effectiveness of IV and PO acetaminophen. Additionally, a retrospective analysis of Bellin Health System's IV acetaminophen utilization and costs was conducted. The ADKAR model (Awareness, Desire, Knowledge, Ability, and Reinforcement) guided the transition from IV to PO acetaminophen, focusing on increasing staff awareness, fostering desire for change, providing training on oral acetaminophen benefits, ensuring the ability to implement new practices, and reinforcing the changes for sustained improvement.</p> <p>Results: Evidence from randomized controlled trials and systematic reviews showed no significant difference in pain relief or fever reduction between IV and oral acetaminophen. Cost analysis confirmed the substantially higher expense of IV administration.</p> <p>Conclusion: This study advocates for prioritizing PO acetaminophen over IV forms in the ED for most patients, enabling healthcare systems to reduce unnecessary costs without compromising patient outcomes in Green Bay, Northeastern Wisconsin, and the UP of Michigan.</p>
<b>SUBMITTER:</b>	Gordon, Brody
<b>TOPIC AREA:</b>	Clinical/patient care; Health care access/quality; Socioeconomic status/poverty

Panel #21

<b>TITLE:</b>	<b>Perceptions of Research and Resources: Reflections from the Kidney Stone Community</b>
<b>AUTHORS:</b>	Drew Price, MCW-Milwaukee; Katherine Sheridan, BS, MCW-Milwaukee; Samantha Jacklin, BS, MCW-Milwaukee; Jonathan Ellison, MD, MCW-Milwaukee
<b>ABSTRACT:</b>	<p>Background: Kidney stone disease is one of the most common benign urologic conditions in the United States, affecting nearly 1 in 9 people, manifesting as painful and recurrent events that can significantly decrease patients' quality of life. Members within the kidney stone community lack opportunity to engage in research development and community support. Previously, our group created a patient-prioritized research agenda for kidney stone disease to include a patient voice and perspective. We seek to disseminate this work to a broader group of stakeholders for feedback.</p> <p>Methods: A survey was disseminated broadly via social media, partner websites, and to stakeholders previously engaged in our work with two broad aims. First, we sought to assess the importance of and interest in participating in our previously described research agenda, rating each research agenda item on a scale of 1 to 9, with scores of 7- 9 being "critically important". Second, we assessed perceived opportunities and barriers for support and engagement.</p> <p>Results: Of the 162 individuals who received a survey, 69 (42.5%) completed it in full, including 43 patients/caregivers and 48 clinicians/researchers. All but one of the 6 research items achieved a median score of 7, indicating that these topics are of critical importance to many community members. The majority of respondents (63, 91%) were interested in participating in future research. Of patient/caregiver respondents (n=27), 33% agreed it was easy to find educational resources, while 22% agreed it was easy to find a support group.</p> <p>Conclusions: Over half of the respondents scored five out of six items as "critically important", with a high interest in participating in future research. These findings suggest that the proposed research agenda does reflect the perspectives of the kidney stone community members. Kidney stone patients also identified challenges in engaging with support networks.</p>
<b>SUBMITTER:</b>	Sheridan, Katherine
<b>TOPIC AREA:</b>	Children and youth; Clinical/patient care

Panel #1

<b>TITLE:</b>	<b>Insights from the Autonomous Youth Council Summer Academy</b>
<b>AUTHORS:</b>	Samantha M. Reynoso, BA, MPH Candidate, Milwaukee Succeeds; Maria Hamidu, BA, MA, Milwaukee Succeeds
<b>ABSTRACT:</b>	<p>The Autonomous Youth Council (AYC) is an 18-month program established to provide Milwaukee's youth with a platform to actively participate in decisions affecting their lives. Launched with a 4-week Summer Academy, the program focused on building community, the history of education in Milwaukee, culturally and historically relevant education practices, youth adult equity, advocacy and community organizing. The AYC is rooted in community involvement, with its curriculum shaped by feedback from over 300 Milwaukee youth and youth-serving organizations, ensuring the content is relevant and empowering. This summer, 26 Milwaukee youth, aged 14 to 23, attended 80 hours of the in-person AYC Summer Academy in Milwaukee's historic Bronzeville neighborhood. A critical element of the academy's success was the emphasis on fostering authentic relationships, not only among the youth but also between them, the project team, and the facilitators. Other key components included youth autonomy and youth compensation for their time and contributions. Given that this was the first iteration of the AYC, a two-pronged mixed methods evaluation was designed, including a formative evaluation and an impact evaluation. Youth had a 92% average attendance rate and a 100% retention rate. The impact evaluation showed a significant increase in youth understanding of Milwaukee's educational history and youth/adult equity. By the end of the Summer Academy, youth demonstrated a more nuanced understanding of equity and felt empowered to use their voice and advocate for issues important to them. AYC members will continue through the Fall and Winter Academy in 2024 and be placed on local government structures in 2025 with organizations committed to sharing decision-making with youth.</p>
<b>SUBMITTER:</b>	Reynoso, Samantha
<b>TOPIC AREA:</b>	Children and youth; Diversity, equity inclusion; Education; Social determinants of health

Panel #62

<b>TITLE:</b>	<b>Understanding the Patient Demographics and Diagnoses of "Unnecessary Visits" to the Emergency Department</b>
<b>AUTHORS:</b>	Hailey S. Ruplinger, BS, MCW-Milwaukee; Nancy Jacobson, MD, Froedtert Hospital; Taylor Sonnenberg, MD, MSGH, Froedtert Hospital; Lauren Nickel, MCW-Milwaukee; Ashley Pavlic, MD, MA, Froedtert Hospital
<b>ABSTRACT:</b>	<p>Background: Emergency Departments across the country have experienced increasing volumes of patients and increased inpatient boarding, resulting in the utilization of non-traditional care spaces such as chairs in hallways and ultimately in decreased patient satisfaction. Further, the emergency department (ED) is one of the most cost-intensive outpatient clinical care settings for patients to seek care. Nonetheless, a subset of patients seeking emergency care ultimately do not access emergent resources.</p> <p>Objective: The purpose of this study is to better understand patient demographics and diagnoses for ED encounters in which no ED-specific resource was utilized. This data will be used to provide public education about the appropriate use of the Emergency Department.</p> <p>Methods: Patient visits in which the patient was triaged as low acuity (ESI 4 or 5) and then discharged from the ED were reviewed. Demographics and diagnoses were recorded for patients who only received resources available over the counter or procedures available at primary care offices or urgent care. This data was collected and compared to demographics and diagnoses for all ED visits during the same period.</p> <p>Results: The most frequent diagnoses of low acuity ED visits resulting in discharge were generalized pain, abdominal pain, and cold or flu-like symptoms. Patients were aged 39 on average, single, working full time, and living in a high index area of deprivation (ADI). Most patients had a primary care physician on file, had Medicare or Medicaid insurance and were Black and non-Hispanic. When compared to all other ED visits, there was a statistically significant difference in age, race, and employment status (working full-time vs retired patients).</p>
<b>SUBMITTER:</b>	Ruplinger, Hailey
<b>TOPIC AREA:</b>	Health education

Panel #37

<b>TITLE:</b>	<b>MCW Student Garden: An Effort to Sustainably Combat Student Food Insecurity</b>
<b>AUTHORS:</b>	Nathan Schimpf, BA, MCW-Milwaukee; Kellie LeGrave, MS, MCW-Graduate School; Christa Wagner, PhD, MCW-Graduate School; Dennis Polinske, MCW-Milwaukee; Sara Crawley, MCW-Milwaukee; Joseph Kerschner, MD, MCW-Milwaukee; Sarah Keaton, MCW-Milwaukee
<b>ABSTRACT:</b>	<p>Students and faculty planted the inaugural MCW community garden in the HUB courtyard in May 2024. This garden was inspired by large community gardens at peer institutions, and this pilot focused on increasing access to fresh produce for MCW students while fostering a space where volunteers learn gardening skills, get physically active, and help the environment. Food insecurity is a leading public health issue. In 2022, 44.2 million Americans lived in food-insecure households, which can lead to poor health and academic outcomes for students. An estimated 11.8% of medical students and 17% of graduate students experience food insecurity. Our goal is to maintain a community garden to fight student food insecurity while also leveraging common disease prevention measures and directly combatting climate change. MCW's Center for Sustainability, Health and the Environment with gardening tips from Dean Joseph Kerschner, MD, started the garden as a sustainability effort with an initial goal to help combat food insecurity at MCW. The garden is tended to by MCW student volunteers. Crops harvested from the garden are brought to the MCW student food pantry or used in food preparation by the HUB Café. Since the first harvest of the garden in June 2024, there have been 462 student visitors to the MCW food pantry. In the same time frame, the garden produced 7 bunches of lettuce, 16 bags of cherry tomatoes, 6 zucchini, bell peppers, and several bunches of dill, cilantro, and basil. Given the large number of student visits compared to the small amount of produce provided, expanding the garden for next year's growing season will increase the supply to the food pantry and beyond. This will further help combat food insecurity and support healthy eating habits within our MCW student population and in the broader community.</p>
<b>SUBMITTER:</b>	Schimpf, Nathan
<b>TOPIC AREA:</b>	Food access

Panel #57

<b>TITLE:</b>	<b>Sunscreen Use in Milwaukee County by Gender: An Analysis of Survey Responses from the Community Sun Protection Program</b>
<b>AUTHORS:</b>	Drake W. Seibert, BA, MCW-Milwaukee; Alyssa Jobe, BS, MCW-Milwaukee; Simran Bedi, BS, MCW-Milwaukee; Akorfa Adobor, BS, MCW-Milwaukee; Karolyn A. Wanat, MD, MCW-Milwaukee
<b>ABSTRACT:</b>	<p><b>Background:</b> The Community Sun Protection Program (CSPP) provides free sunscreen dispensers to community partners throughout Milwaukee County. These partnerships include the Milwaukee Zoo, Urban Ecology Center, Neighborhood House of Milwaukee, Zablocki Golf Course, Wilson Recreational Pool, and South Shore Terrace Kitchen and Beer Garden. The CSPP facilitates dialogue about safe sun practices through education and surveys. Identifying barriers to sunscreen use is a crucial goal of the CSPP to increase uptake among the populations that need sunscreen the most. Because men have been shown in the literature to use disproportionately less sunscreen than women, we compared sun safety behaviors by gender.</p> <p><b>Methods:</b> The CSPP has provided 13 sunscreen dispensers to 6 community partner sites. Qualtrics survey QR codes were distributed on placards attached to each sunscreen dispenser. Survey results were collected from 2022-2024.</p> <p><b>Results:</b> Surveys from 32 participants have been collected. Of these, 70% were women (n = 21), 23.3% were men (n = 7), and 3.3% were non-binary (n = 1). The median age of men and non-men were 36.5 and 34, respectively. Both men and non-men were predominantly white, (n = 5, 72.4%) and (n = 17, 81%), respectively. 65% of non-men reported using sunscreen to prevent signs of aging (n = 13) while only 33.3% of men (n = 2) said the same. No men in our study reported applying sunscreen daily, and fewer men than non-men reported applying sunscreen that day before using the dispenser (16.7% vs 57.1%).</p> <p><b>Conclusion:</b> The majority of individuals who use CSPP sunscreen dispensers are women and white. These results suggest that increasing sunscreen use among men and people of color are important consideration for the future of our community partnerships. Next steps for the CSPP include the implementation of brochures at community sites to improve sun protection education and dispel sunscreen myths.</p>
<b>SUBMITTER:</b>	Seibert, Drake
<b>TOPIC AREA:</b>	Health care access/quality; Social determinants of health; Urban health

Panel #42

<b>TITLE:</b>	<b>Mitigating Food Insecurity and Air Pollution in Maywood: The Giving Garden</b>
<b>AUTHORS:</b>	Rushabh Shah, BS, MCW-Milwaukee; Emma O' Driscoll, BS, Proviso Partners for Health; Loretta Brown, Proviso Partners for Health; Sarah Lira, BS, Proviso Partners for Health; Mary Mora, MS, Proviso Partners for Health
<b>ABSTRACT:</b>	<p>Background: There is no grocery store in Maywood, Illinois, a village with a population greater than 20,000. Maywood is aptly stated to be a "food apartheid," a term referring to its systemic nature of poverty, food insecurity, and historical disenfranchisement. 66% of Maywood residents report being food insecure or lacking regular access to nutritious foods. Maywood possesses a PM2.5 (an air pollutant causing chronic disease) concentration almost three times greater than the World Health Organization's air quality guidelines.</p> <p>Objective: A community-academic partnership was established with Proviso Partners for Health (PP4H), a local health organization in Maywood, to collaboratively design a grassroots initiative focused on addressing food insecurity and reducing air pollution in the community.</p> <p>Methods: The partnership utilized a community-engaged framework to meet with various Maywood residential groups to receive direct input on formulating culturally aware solutions. Prior scientific literature highlights the mitigating effects of green spaces on air-borne pollutants, along with prior community gardens holding associations with lower food insecurity rates. An integration of community input and science conceived the Giving Garden, a shared community green space for Maywood residents. To supplement the garden, a garden toolkit was created to focus on effective gardening practices and nutritional education.</p> <p>Results: The Giving Garden culminated into a flourishing community space with over 40 residents ranging from high schoolers to older adults joining us on opening day and over 25 active participants throughout the growing season. Participant surveys reported a positive impact on their food security and well-being.</p> <p>Conclusion: In addition to its beneficial impact on food security and the environment, the Giving Garden has also lent itself as a space of growth and reflection for residents. The positive outcomes of the Giving Garden in Maywood support the need for further implementation of community gardens in food deserts.</p>
<b>SUBMITTER:</b>	Shah, Rushabh
<b>TOPIC AREA:</b>	Environmental health/justice; Food access

Panel #56

<b>TITLE:</b>	<b>Participation of Nail Technicians in Dermatology Screening Certification Services Among Nail Technicians in a United States Metropolitan City</b>
<b>AUTHORS:</b>	Adileen Sii, BS, MCW-Milwaukee; Calista Bulacan, BS, MCW-Milwaukee; Jenna Le, BS, MS, MCW-Milwaukee; Harshavardhan Bollepalli, BS, MCW-Milwaukee
<b>ABSTRACT:</b>	<p>Nail technicians may serve as a valuable tool in the early detection of skin cancer through their high exposure to areas that patients may overlook during self-examination, including the nails, hands, and soles of feet. Despite the availability of dermatologist-created platforms that offer certification in skin cancer screening, it is unclear if these resources are being utilized by nail technicians. To address this gap, we conducted a pilot study to determine certification status in skin cancer screening among nail technicians within a metropolitan Midwest city and to assess awareness and interest in existing certification programs.</p> <p>144 nail salons corresponding to the zip codes of interest were invited via phone call to participate in the study and excluded after 3 contact attempts. Nail technicians from the identified salons were asked to complete a questionnaire pertaining to comfort in identifying skin lesions, certification status, and awareness of certification resources. Survey responses were analyzed via frequency reporting and Likert scoring for applicable questions. 88.9% of nail technicians were not certified to screen for melanoma and other skin or nail cancers. 75% of those technicians who were not certified selected "Yes" or "Maybe" when asked if they are interested in learning more about melanoma screening.</p> <p>Our findings suggest that skin-cancer screening certification courses are underused by nail technicians. Despite this, most nail technicians expressed interest in obtaining such certification and reported confidence in sharing their skin-related concerns with their clients. This suggests a desire among nail technicians to incorporate skin cancer screening into their training. A significant barrier to skin cancer screening certification for nail technicians may include the lack of awareness about available courses. Technicians who obtained certification usually discovered opportunities through their cosmetology school, indicating that these settings could play a pivotal role in educating technicians about certification options.</p>
<b>SUBMITTER:</b>	Sii, Adileen
<b>TOPIC AREA:</b>	Education; Health education



Panel #55

<b>TITLE:</b>	<b>Evaluating the Effectiveness of an In-person AANHPI Focused Cultural Intelligence Session</b>
<b>AUTHORS:</b>	Adileen Sii, BS, MCW-Milwaukee; Maya Seshan, BS, MCW-Milwaukee; Lana M. Minshew, PhD, MCW-School of Pharmacy; Anjum Sayyad, MD, MBA, MCW-Milwaukee; Kajua B. Lor, PharmD, MCW-School of Pharmacy
<b>ABSTRACT:</b>	<p>Providing culturally competent care is crucial for addressing the health disparities affecting the Asian American, Native Hawaiian, Pacific Islander (AANHPI) community, and is especially critical in Wisconsin, where high numbers of underserved populations like the Hmong reside. The Hmong community, with its distinct cultural and historical experiences, faces significant barriers in accessing and receiving appropriate medical care. For this reason, it is essential for medical schools to incorporate cultural intelligence sessions throughout the medical curriculum. The Health Advancement for Asian Pacific Islanders through Education Initiative (HAAPIE) aims to educate medical learners via online educational modules on health topics disproportionately affecting AANHPI communities including cancer, metabolic disease, and Hepatitis.</p> <p>This study evaluates the impact of an in-person session regarding culturally competent care in AANHPI communities, with a focus on the Hmong population. Second-year medical students and family medicine residents completed two online HAAPIE modules prior to the in-person session. The in-person session consisted of three elements: 1) a didactic session from a board-certified physician about culturally competent care in AANHPI communities, 2) an information review session about the Hmong community and AANHPI health disparities, and 3) a panel discussion from a local shaman and community health workers at the Milwaukee Consortium for Hmong Health. Participants who consented to the study completed a pre- and post-survey to measure this curriculum's effectiveness.</p>
<b>SUBMITTER:</b>	Sii, Adileen
<b>TOPIC AREA:</b>	Cancer prevention/research/education; Diversity, equity, inclusion; Education; Health education; Medical school curriculum; Social determinants of health; Urban health

Panel #22

<b>TITLE:</b>	<b>Establishing and Sustaining the Kidney Stone Engagement Core: A Model of Stakeholder Engagement for Urologic Disease</b>
<b>AUTHORS:</b>	Samantha Siodlarz, BS, MCW-Milwaukee; Hunter Beck, MCW-Milwaukee; Bryan Clintsman, CPA, MCW-Milwaukee; Casey Dauw, MD, University of Michigan Health System; Kathryn Flynn, PhD, MCW-Milwaukee; Kim Hollander, BSc, Oxalosis and Hyperoxaluria Foundation; Dirk Lange, PhD, University of British Columbia; Carswell Ouimet, MCW-Milwaukee; Kristi Ouimet, MCW-Milwaukee; Kristina Penniston, PhD, University of Wisconsin-Madison; Charles D. Scales Jr., MD, Duke University School of Medicine; Katherine Sheridan, BS, MCW-Milwaukee; Ryan Spiardi, DO, University of Pennsylvania; Kristin Whitmore, BA, BS, MCW-Milwaukee; Mike Witt, PhD, MBA, MCW-Milwaukee; Gregory E. Tasian, MD, MSc, MSCE, Children's Hospital of Philadelphia; Jonathan S. Ellison, MD, MCW-Milwaukee
<b>ABSTRACT:</b>	<p>Introduction and Objectives: Stakeholder engagement in research informs 1) patient-centered study questions; 2) optimal strategies for study recruitment and retention; and 3) dissemination activities to increase impact. Although many disease processes have active advocacy organizations that facilitate stakeholder engagement, many common benign urologic diseases, such as nephrolithiasis, often lack this infrastructure. Herein we describe a 2-year process to develop the Kidney Stone Engagement Core (KSEC) and report on engagement outcomes.</p> <p>Methods: KSEC members, which include patients, caregivers, researchers, and clinicians, were recruited from adult and pediatric kidney stone disease research networks, the Oxalosis and Hyperoxaluria Foundation, and referrals of patients with lived experiences of stones. Patient and caregiver KSEC members were remunerated at \$50/hour for their time to support KSEC projects, with two engagement managers assisting with logistical preparations. Perceptions of engagement were assessed with surveys every 6 months.</p> <p>Results: The initial KSEC cohort, which was convened in January 2021, included 5 patients, 1 caregiver, 1 advocate and 7 researchers/clinicians, each with experiences spanning the lifespan (pediatric to adult) and spectrum (rare to idiopathic) of kidney stone disease. Over 20 months, KSEC members devoted 155 hours to engagement (Figure 1). The majority of stakeholders attended at least 50% of all meetings with sustained engagement metrics (Figure 2). KSEC reported perceptions of stakeholder engagement over time are shown in Figure 1. KSEC supported work includes 2 publications, 1 funded grant, 3 letters of support for grant submission, and 3 abstract presentations.</p> <p>Conclusions: Stakeholder engagement for kidney stone disease has been a resource intensive yet productive process, resulting in meaningful patient-supported research products. This work serves as a road map for other benign urologic diseases that require a grassroots effort to establish a stakeholder engagement core.</p> <p>This work is funded by a Patient Centered Outcomes Research Stakeholder Engagement Award EACB-23076.</p>
<b>SUBMITTER:</b>	Jacklin, Samantha
<b>TOPIC AREA:</b>	Children and youth; Clinical/patient care

Panel #63

<b>TITLE:</b>	<b>Developing Family Medicine Residents as Community Health Educators: Community Member Evaluation</b>
<b>AUTHORS:</b>	Hannah Soczka, MCW-Milwaukee; Catherine Troncone, PsyD, MCW-Milwaukee; David Songco, PsyD, MCW-Milwaukee; Andrea Jehly, Meta House; Danielle Geraci, LCSW, CSAC, Meta House; Lisa Danahy, Meta House; Bryan Johnston, MD, MCW-Milwaukee
<b>ABSTRACT:</b>	<p>Background: This study evaluated the effectiveness of a curriculum that trained Family Medicine (FM) Residents to lead health education groups within a residential substance use treatment program for women, in collaboration with our community partner, Meta House. FM Residents developed and taught health education topics, received feedback, and reflected upon their experiences, with the goal of improving patient education and FM resident professional development. Additionally, this study evaluated the impact of these health education sessions on the participants at Meta House. Historically, feedback for these sessions had been gathered using a brief participant survey, which evaluated the topic and the teaching skills of the FM resident. This project expanded upon prior survey feedback by incorporating open-ended semi-structured interviews with Meta House participants, allowing the study of the effectiveness of the sessions taught by FM residents and identifying how this intervention contributed to the participants' recovery.</p> <p>Objectives: Goals of the study included strengthening the community-academic partnership between MCW residency programs and Meta House, as well as studying the impact of the health education sessions on Meta House participants in their recovery.</p> <p>Methods: FM residents prepared and presented topics in weekly health education groups. Meta House participants completed a survey at the end of each health education group. Meta House participants will participate in interviews towards the end of their treatment, after attending multiple health education groups. Interviews will be audio recorded and transcribed verbatim. The survey and interview responses will then be qualitatively analyzed using open coding strategies and principles of thematic analysis.</p> <p>Results: Preliminary data is anticipated in November; data to include Meta House participant surveys and interviews.</p> <p>Conclusion: Data will give insight into the meaning and use of the health education groups and guide further curriculum development for Family Medicine residents.</p>
<b>SUBMITTER:</b>	Troncone, Catherine
<b>TOPIC AREA:</b>	Health education

Panel #49

<b>TITLE:</b>	<b>Integrating Psychologists in Family Medicine for Behavioral Health Prevention in a Pre-Professional Ballet Training Program</b>
<b>AUTHORS:</b>	David A. Songco, MA, PsyD, MCW-Milwaukee; Kristin Dimmer, MBA, Milwaukee Ballet School and Academy
<b>ABSTRACT:</b>	<p>Background: Mental health challenges are prevalent among elite athletes and professional ballet dancers due to the high physical, emotional, and psychological demands of their training and performance environments. The incidence rates of mental health disorders, such as anxiety, depression, and eating disorders, are significantly higher in these populations compared to the general public. In response, this project aimed to address mental health prevention by embedding psychologists from family medicine into the training programs of ballet dancers, with a focus on providing psychoeducation as a primary prevention tool.</p> <p>Objective: This project seeks to integrate mental health support into the Milwaukee Ballet School and Academy's Pre-Professional Program by developing and delivering a psychoeducation-based mental health training series designed to prevent the onset of mental and behavioral health issues among young dancers.</p> <p>Methods: In 2023, a psychologist from family medicine partnered with the Milwaukee Ballet School and Academy to conduct an initial needs assessment. This involved gathering input from students, parents, and faculty regarding common mental health challenges within the program. Based on the findings, a tailored mental health training series was developed, focusing on key issues such as stress management, body image, and performance anxiety. The training was delivered as a series of workshops and ongoing support sessions.</p> <p>Results: The initiative was met with positive feedback from multiple stakeholders. Student participants demonstrated a high rate of receptivity to the training, while parents expressed strong support for its inclusion in the program. Additionally, faculty provided positive evaluations of the training's impact on students' emotional well-being and overall performance.</p> <p>Conclusion: The integration of psychoeducation into elite ballet training programs serves as an effective primary prevention intervention for mental and behavioral health concerns. By addressing mental health proactively, the program supports the well-being of young performers in a high-pressure environment.</p>
<b>SUBMITTER:</b>	Songco, David
<b>TOPIC AREA:</b>	Behavioral Health; Health education; Mental health

Panel #2

<b>TITLE:</b>	<b>Evaluation of Froedtert &amp; MCW Ignite Pilot Program: An Educational Outreach Program to Spark Interest in Health Science Careers</b>
<b>AUTHORS:</b>	Zoe Sternberg, MCW-Milwaukee; Ifunanya Agbim, MD, Children's Wisconsin; Desirae Bartos, MPH, Froedtert Hospital; Malika Siker, MD, MCW-Milwaukee
<b>ABSTRACT:</b>	<p><b>Introduction:</b> The Froedtert &amp; Medical College of Wisconsin (F&amp;MCW) health network serves diverse communities across Wisconsin, including many from underrepresented racial, ethnic, and rural backgrounds. Milwaukee, despite its large minority population, has the highest racial segregation in the U.S., leading to significant health inequities. These disparities are exacerbated by the lack of diversity in the healthcare workforce. To address this, F&amp;MCW launched the Ignite program to inspire youth to pursue health science careers through outreach events involving hands-on activities, career panels, and discussions on health equity.</p> <p><b>Objective:</b> Collaboration within F&amp;MCW will facilitate the successful implementation of Ignite, inspiring middle school, high school, and college students to pursue health science careers, addressing workforce diversity, advancing health equity, and increasing participation in F&amp;MCW pre-college and college programs. Specific Aims include launching Ignite to engage students in educational outreach; analyzing program feasibility and effectiveness; and providing recommendations for increasing enrollment in F&amp;MCW programs.</p> <p><b>Methods:</b> F&amp;MCW prioritizes schools in high-need ZIP codes (53204, 53208, 53218) for outreach events. Pre- and post-event surveys assess participants' awareness and interest in healthcare careers and F&amp;MCW programs and evaluate the student's overall experience/enjoyment of the event in addition to demographic identifiers. Surveys are conducted online or on paper without personal identifiers, and data is analyzed through Qualtrics.</p> <p><b>Results:</b> Since January, Ignite has hosted 15 events for 353 students, 67% of whom identify as underrepresented in medicine. Post-event surveys showed significant increases in student interest (14%), knowledge (69%), and exposure (46%) to health science careers, as well as increased awareness (135%) and interest (107%) in F&amp;MCW programs.</p> <p><b>Conclusion:</b> Ignite has effectively increased awareness and interest in health science careers and F&amp;MCW programs. Continued program evaluation will support its expansion and sustainability beyond the pilot phase.</p>
<b>SUBMITTER:</b>	Sternberg, Zoe
<b>TOPIC AREA:</b>	Children and youth; Diversity, equity, inclusion; Education; Health education; Social determinants of health

Panel #50

<b>TITLE:</b>	<b>An Online, Patient-Guided, Mental Health Tool Improves Anxiety Symptom Scores in Patients with Infertility</b>
<b>AUTHORS:</b>	Micaela Stevenson Wyszewianski, MD, MCW-Milwaukee; Paige Johnson, RN, BS, MCW-Milwaukee; Ryan Hanson, MS, Froedtert Hospital; Amy Pan, PhD, MCW-Milwaukee; Melodee Liegl, MS, MCW-Milwaukee; Kate Schoyer, MD, MCW-Milwaukee; Jayme Bosler, MD, MCW-Milwaukee; Robert Rydze, MD, MCW-Milwaukee; Jamie Neary, APNP, Froedtert Hospital; Stephanie Gunderson, MD, MCW-Milwaukee
<b>ABSTRACT:</b>	<p>Background: Patients with infertility may experience more stress and anxiety compared to the general population. Multiple tools have been developed to manage stress and anxiety, including self-guided applications. One such tool, Silvercloud®, has not yet been explored in an infertile population.</p> <p>Objective: To assess whether Silvercloud® decreases anxiety and depressive symptoms in a local cohort experiencing infertility.</p> <p>Methods: A retrospective chart review of patients undergoing an initial infertility consultation at a single academic center was performed. All patients were asked to complete Patient Health Questionnaire-9 (PHQ9) and Generalized Anxiety Disorder-7 (GAD7) screening tools at their initial infertility consultation and were offered enrollment into Silvercloud®. Patients were included in this study if they met the criteria for infertility based on the American Society for Reproductive Medicine definitions and presented for a new patient consultation between September 1, 2022, and September 1, 2023. Patients undergoing fertility preservation were excluded. Baseline PHQ9 and GAD7 scores were compared between patients who elected to engage in Silvercloud® and those who did not. A repeated T-test was used to compare PHQ9 and GAD7 scores before, during, and after completion of Silvercloud® modules for Silvercloud® users.</p> <p>Results: A total of 353 patients were included during the study period. 52 patients accepted a Silvercloud® referral, of which 36 completed at least one module. Patients who elected to engage in Silvercloud® had significantly higher baseline GAD7 scores (0.5 vs 0) (p=0.006). Of those who engaged in a Silvercloud® module, GAD7 scores before and after completion of the program module(s) decreased by 1.97 points (p=0.016).</p> <p>Conclusions: Silvercloud® may offer a benefit to patients experiencing infertility to reduce anxiety symptoms, as indicated by GAD7 scores.</p> <p>Next steps: Future studies should explore long-term improvements in anxiety and depression as well as fertility outcomes. Barriers to program accessibility should also be explored.</p>
<b>SUBMITTER:</b>	Johnson, Paige
<b>TOPIC AREA:</b>	Mental health

Panel #7

<b>TITLE:</b>	<b>Improving STEM Opportunities for Milwaukee Youth and Enhancing Community Engagement Skills for Medical Students through Science Nights</b>
<b>AUTHORS:</b>	Abbey Stoltenburg, MA, BS, MCW-Milwaukee; Kimberly Njoroge, GRI, PSA, SRES, ABR, New Beginnings Are Possible; Linda Meurer, MD, MPH, MCW-Milwaukee; Leslie Ruffalo, PhD, MS, MCW-Milwaukee
<b>ABSTRACT:</b>	<p>Background: The Area Deprivation Index (ADI) measures opportunities in an area by combining the effects of education, employment, income, and housing quality to predict life expectancy and risk for hospitalization and cardiovascular disease. Milwaukee's ADI is higher than surrounding suburban cities. Community partnerships can address health-related issues associated with higher ADIs. University and K-12 partnerships improve student learning experiences and science education in schools and improve communication and collaboration skills in graduate students.</p> <p>Objective: The combined partnership of New Beginnings Are Possible (NBAP) and MCW aims to increase engagement and access to STEM activities for Milwaukee communities and provide medical students opportunities to interact with Milwaukee communities to learn community-engagement skills.</p> <p>Methods: We used a University and K-12 partnership model to replicate Science Night events with elementary-aged students in the Milwaukee community. Science Nights featured fun science activities for kids with the aim to improve science engagement. We hosted our first Science Night event at NBAP and others at Milwaukee Academy of Science (MAS) and Brown Street Academy (BSA). We administered post-event surveys to volunteers to understand strengths and improvements for future events.</p> <p>Results: In 2023, we hosted a Science Night event at NBAP with 20 student participants. In 2024, MAS had around 10-15 school participants and at BSA we had 50+ participants. From post-event surveys, we learned medical students valued the opportunity to pique kids' interests in science careers. They believed the event was interactive, and fun, and that the booth they assisted with fit the desired learning objectives. Additionally, they mentioned learning how to better communicate with kids by adapting their knowledge.</p> <p>Conclusion: Science Nights engage school communities and Milwaukee youth to learn more about science which may improve future health outcomes and workforce diversity. Additionally, medical students learned community engagement skills through teaching science topics to community members.</p>
<b>SUBMITTER:</b>	Stoltenburg, Abbey
<b>TOPIC AREA:</b>	Children and youth; Education

Panel #28

<b>TITLE:</b>	<b>Understanding Women's Health</b>
<b>AUTHORS:</b>	Carolyn J. Storch, MCW-Central Wisconsin
<b>ABSTRACT:</b>	<p>Background: There are challenges associated with educating women about menstrual hygiene and preventative health measures on global, national, and local levels.</p> <p>Objective: The objective of the study was to provide education and identify women's knowledge gaps among those visiting The Babies' Place, which serves disadvantaged individuals and families in the greater Wausau area.</p> <p>Methods: A menstrual health questionnaire was completed voluntarily by 200 women who visited The Babies Place of Marathon County and were receiving menstrual products. Survey questions were developed in response to information The Babies' Place sought to collect for grant application purposes and to improve its service to women in need. Demographic information including age and ethnicity were also collected.</p> <p>Results: Data analysis revealed most participants were aged 25-34 years, predominantly White or Hispanic. Among respondents, 72% use sanitary pads, and 39% use tampons, both with the majority frequency changes of five per day. While helping reduce infectious consequences; however, women are not provided enough menstrual products without drawing on already limited funds. For preventative healthcare, 42% of respondents aged 55 and older have never undergone mammography, while 36% of 30-40-year-old patients have never had a Pap smear. Individuals having not received a preventive healthcare measure noted an unawareness of where to receive free services. Additionally, 56% of respondents expressed a desire for more information about preventative health services, sought out more information on menstrual product hygiene, and requested information on STDs.</p> <p>Conclusion: In response to survey findings, a healthcare information station at The Babies Place is being established, offering informational cards on STDs, menopause, and menstrual hygiene, along with support for scheduling reduced cost/free women's health screenings. This initiative aims to enhance knowledge and access to health resources. A quantitative study will be conducted to determine the effects of this initiative on engagement and preventative healthcare screenings.</p> <p>Acknowledgments: Elizabeth Robinson, Community Engagement Manager of The Neighbors' Place; MCW-CW Physicians in the Community Advisory Board for the Community Engagement Award</p>
<b>SUBMITTER:</b>	Storch, Carolyn
<b>TOPIC AREA:</b>	Health care access/quality



Panel #59

<b>TITLE:</b>	<b>Climate Health Equity Curriculum for Milwaukee Public School Educators</b>
<b>AUTHORS:</b>	Victoria Toledo, BS, MCW-Milwaukee; Kimberly Talarico, ME, Milwaukee Public Schools; Elizabeth De Leon, BS, MCW-Milwaukee; Abe El Manssouri, EdD, Milwaukee Public Schools; Caitlin Rublee, MD, MPH, University of Colorado Anschutz Medical Campus; Kirsten Beyer, PhD, MPH, MS, MCW-Milwaukee
<b>ABSTRACT:</b>	<p>Background: With the adoption of Resolution 1920R-016 on Climate Justice Education in Milwaukee Public Schools (MPS), educators are tasked with integrating climate change education into their curriculum. A Climate Health Equity curriculum was developed to prepare educators to integrate climate change related instruction into their teaching, helping students to understand the natural environment and actions they can take to slow climate change and mitigate negative health outcomes.</p> <p>Objective: Educators engaged in a climate health equity curriculum will gain environmental health literacy and self-efficacy, climate change knowledge, understanding of racial inequity, and climate change related hope.</p> <p>Methods: Participants enrolled in a ten-module course tailored towards all levels of primary education. Paper surveys were administered at the beginning (January 2024) and the conclusion of the course (May 2024). The specific measurement tools in these surveys included the Climate Change Hope Scale, Milwaukee Environmental Health Literacy Scale, Climate Change Knowledge Test, and Colorblind Racial Attitudes Scale. Data was managed in REDCap and statistical analyses, including descriptive statistics and paired t-tests to examine pre/post change, were conducted in Stata.</p> <p>Results: Participants had greater hope for the environment (<math>p &lt; 0.001</math>), experiencing a greater belief in themselves (<math>p = 0.001</math>) and their communities (<math>p &lt; 0.001</math>) to create actionable environmental change. In addition to a higher degree of optimism regarding climate change, participants also gained greater health literacy (<math>p &lt; 0.001</math>) and self-efficacy (<math>p &lt; 0.001</math>). Participants also gained a greater awareness of racial privilege (<math>p = 0.003</math>) and institutional discrimination (<math>p = 0.028</math>), and this heightened awareness integrates well into climate health equity.</p> <p>Conclusion: This curriculum was impactful for educators in how they view climate change, health, and equity. Two additional curricular opportunities will be provided in the fall of 2024 and spring of 2025, with the intention of recruiting MPS educators from more diverse occupational backgrounds.</p>
<b>SUBMITTER:</b>	Toledo, Victoria
<b>TOPIC AREA:</b>	Education; Environmental health/justice

Panel #65

<b>TITLE:</b>	<b>A Model for Fostering Synergy Across Faculty Engagement through Research Communities</b>
<b>AUTHORS:</b>	Gabriel Velez, PhD, Marquette University; Manoj Babu, PhD, Marquette University; Jessica Zemlak, PhD, Marquette University; Marilyn Frenn, PhD, Marquette University; Alexandre Martins, PhD, Marquette University; Kelsey Otero, Marquette University; Jeanne Hossenlopp, PhD, Marquette University
<b>ABSTRACT:</b>	<p>Overview: Academic communities are in dire need of engagement and teamwork among faculty and staff ranks, which could lead to a higher level of institutional success. Effective community engagement for institutions of higher education often emerges either from top-down institutional mandates or grassroots, interpersonal connections between individual faculty and community partners. Bridging these two pathways can sometimes be a challenge, with the former struggling to engage faculty, maintain significant institutional resources, or connect with community needs and the latter being dependent on those involved and failing to become sustainable and embedded. In this poster, we describe a model from Marquette University of developing research communities that can serve as a flexible and sustainable approach to fostering and supporting integrated and interconnected efforts across diverse faculty and staff. Specifically, we describe the development and work of the Poverty Research Initiative (PRI) as an applied example of this approach.</p> <p>Objective: Our aim is to share an adaptable model of building capacity and collaboration in community engagement that can be fostered through teamwork while serving community needs.</p> <p>Methods: We will share the case study of the PRI at Marquette University, detailing the history of its development, the development of a mission and vision statement, its work to engage faculty on campus and broad community partners, and the challenges and lessons learned. This particular initiative will also be contextualized within the broader effort to foster diverse research communities and how these engage with community partners.</p> <p>Conclusion: In a climate of limited resources, universities need flexible strategies that allow for interpersonal connections between faculty and community partners to flourish, while also building synergy and collaboration across campus to provide greater support. The creation of research communities offers one possibility that could be adapted and employed for diverse topics, team engagement, community needs, and institutional growth.</p>
<b>SUBMITTER:</b>	Velez, Gabriel
<b>TOPIC AREA:</b>	Socioeconomic status/poverty

Panel #11

<b>TITLE:</b>	<b>Self-Management of Gender-Affirming Interventions: A Multi-Phase Community Engaged Descriptive Study Exploring Mutual Aid</b>
<b>AUTHORS:</b>	Linda M. Wesp, PhD, MSN, FNP-C, University of Wisconsin-Milwaukee; Jane Hereth, PhD, University of Wisconsin-Milwaukee; Dan Holliday, BS, University of Wisconsin-Milwaukee; Ousia Moon, BA, University of Wisconsin-Milwaukee
<b>ABSTRACT:</b>	<p>Background: Gender-affirming hormone therapy (GAHT) improves health outcomes among transgender and gender diverse (TGD) people. According to the US Trans Survey, 98% of people taking prescribed GAHT had improved life satisfaction. However, TGD people face multiple barriers that can lead to treatment interruptions and poor health outcomes. Mutual aid projects are community-led initiatives that address these barriers through mobilization, expansion of solidarity, and collective action.</p> <p>Objective: Our community based participatory action study aims to: 1) Understand the needs of TGD people taking GAHT and the impact of mutual aid support, 2) Understand whether a self-management science (SMS) framework would be applicable.</p> <p>Methods: Community Based Participatory Research Principles informed our multi-phase qualitative study. We partnered with a local mutual aid project to design the study, recruit, and analyze data. Phase 1 collected interviews with n=10 TGD key informants about their experiences, with results informing Phase 2 interview guides. Phase 2 will interview n=30 TGD people who have received support from a local mutual aid project. Phase 3 will include participatory data analysis with all participants and facilitate future research planning with the community.</p> <p>Results: Phase 1 is complete. Analysis of key informants' interviews found that their experiences of managing GAHT align conceptually with the concepts in SMS. Barriers and facilitators were described across four main themes: Accessing Health Care is Unsafe, Providers Don't Acknowledge the Medical Necessity of GAHT, Provider Trust Facilitates Optimal Self-Management, and Community is Our Lifeblood.</p> <p>Conclusion: Our community-engaged study is the first to document SMS as a useful framework for TGD people accessing gender-affirming care. Phase 1 participants described urgent issues, such as poor-quality care and feeling unsafe, as barriers to taking prescribed GAHT regularly. Future phases will identify the impact of community-driven solutions like mutual aid to improve health outcomes and guide ongoing research.</p>
<b>SUBMITTER:</b>	Wesp, Linda
<b>TOPIC AREA:</b>	LGBTQ health; Social determinants of health

Panel #44

<b>TITLE:</b>	<b>Impact of Age on Perceived Veteran-Friendliness of Resource Referrals from a Wisconsin Community Resource Referral Service</b>
<b>AUTHORS:</b>	Heather Yenchesky, BA, MCW-Milwaukee; Alyssa Jobe, BS, MCW-Milwaukee; Caitlin Schwanke, BS, MCW-Milwaukee; Temitayo Okusanya, BSc, MPH, MCW-Graduate School; Zahra Bayat, Milwaukee Area Technical College; Levi Marker, Dryhootch of America; Otis Winstead, BS, Dryhootch of America; Niharika Jain, PhD, Marquette University; Sabirat Rubya PhD, Marquette University; Praveen Madiraju, PhD, Marquette University; Zeno Franco, PhD, MCW-Milwaukee
<b>ABSTRACT:</b>	<p><b>Background:</b> United States military veterans face high rates of mental health issues, homelessness, and legal problems. Stigma and barriers often hinder their access to social services. Peer mentorship has been identified as effective in overcoming these challenges. In Wisconsin, where over 50% of veterans are 65 or older, veterans have significantly higher rates of mental, physical, and functional impairments than civilian older adults. Veteran Peer Mentors are well-suited to provide age-appropriate referrals to social services. However, research on tailoring these referrals to veteran sub-groups remains limited.</p> <p><b>Objective:</b> This study explores what makes a community resource referral veteran-friendly, how age influences these factors, and examines the usability and veteran-friendliness of a Wisconsin resource referral resource.</p> <p><b>Methods:</b> Dryhootch of America, in partnership with the Medical College of Wisconsin, facilitated the recruitment of 8 Veteran Peer Mentors for a focus group. The focus group was recorded, transcribed, and will be analyzed thematically using grounded theory principles.</p> <p><b>Results:</b> Initial findings describe the importance of a Veteran Peer Mentor's personal experience with a resource, allowing them to verify that the resource's employees and environment are supportive of veterans. Generational differences and age affect resource recommendations for topics such as mental health support. The significance of persistence, inquiry, and overcoming obstacles in working with community resources was emphasized. Important considerations of peer mentors when making referrals often include a veteran's education level, childcare needs, physical ability, and mobility, particularly for older veterans.</p> <p><b>Conclusion:</b> The analysis underscores the value of a mentor's familiarity with resources, understanding of cultural and age-related backgrounds, and persistence in identifying veteran-friendly resources. The Wisconsin resource referral source offers veteran-specific resources, but mentors often take a hands-on approach to ensure appropriateness. The findings will be used to help the resource referral source improve its services for veterans, with future research focusing on additional referral factors.</p>
<b>SUBMITTER:</b>	Yenchesky, Heather
<b>TOPIC AREA:</b>	Behavioral Health; Food access; Health care access/quality; Housing; Mental health; Social determinants of health; Socioeconomic status/poverty; Veteran health

Panel #24

<b>TITLE:</b>	<b>Enhancing PrEP Awareness through Community-Based Telehealth: A Pilot Study Among Women in Sex Work</b>
<b>AUTHORS:</b>	Jessica Zemplak, PhD, RN, FNP-BC, PMHNP-BC, Marquette University; Jack Keegan, MD, MCW-Milwaukee; Jayme Aguero, MSN, APNP, NP-C, Marquette University; Emily Loomis, RN, Marquette University; Randi Singer, PhD, CNM, University of Illinois Chicago; Steven John, PhD, MPH, MCW-Milwaukee; Gabby Johnson, BS, Benedict Center
<b>ABSTRACT:</b>	<p><b>Background:</b> Despite the effectiveness of HIV pre-exposure prophylaxis (PrEP), women who sell sex (WSS) bear a high burden of new HIV diagnoses. Although baseline PrEP awareness among WSS is low (15-17%), acceptability increases significantly (66-95%) after basic information is provided. Onsite PrEP access within trusted community spaces may reduce barriers to care and facilitate PrEP uptake. In this study, we evaluate the feasibility and acceptability of a PrEP care delivery model utilizing telehealth embedded within a non-medical community organization serving WSS.</p> <p><b>Methods:</b> We utilized a pre-test/post-test design to determine the feasibility and acceptability of the embedded telehealth model. Changes in PrEP knowledge and intention to use PrEP were also assessed after one educational telehealth session with a healthcare provider. Participants were eligible if they were 18 or older, traded sex for something of value in the last 3 months, could speak and understand English, acknowledged interest in telehealth, self-reported as HIV negative, and identified as a woman. Descriptive statistics and paired t-tests were used to analyze demographic data and survey results; thematic analysis was used for qualitative data.</p> <p><b>Results:</b> Of the 57 participants recruited from October 2023 to March 2024, most identified as cisgender female (93%) and Black/African American (70%). Fewer than half (47%) had previously heard of PrEP. There were significant increases in PrEP knowledge scores (<math>p &lt; 0.001</math>) and the likelihood of using PrEP in the future (<math>p &lt; 0.001</math>). The community-based telehealth model was both feasible (mean 4.4, SD .47) and acceptable (mean 4.4, SD 0.49). Qualitative themes emerged regarding access, trust, and the foundations of a therapeutic telehealth visit.</p> <p><b>Conclusions:</b> Embedding telehealth services in a trusted community site is a feasible and acceptable way of engaging WSS in the PrEP care continuum. Further research is needed to explore the effectiveness of linking WSS to ongoing PrEP care through a community embedded telehealth model.</p>
<b>SUBMITTER:</b>	Keegan, Jack
<b>TOPIC AREA:</b>	Clinical/patient care; Diversity, equity, inclusion; Health care access/quality; LGBTQ health; Socioeconomic status/poverty; Urban health



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3	Gestrich, Zachary	Children and youth	Evaluating Peer Mentorship and Medication Management Strategies for Foster Youth Transitioning to Independence
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5	Kim, Michael	Children and youth	Toys For All: A Look into the Distribution of Switch-Adapted Therapy Toys for Children in the Greater Milwaukee Area
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9	Kedrowski, Jeanna	LGBTQ health	Promoting Community Connectedness at the Milwaukee LGBT Community Center
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31	Poretti, Ignacio	Health care access/quality	Optimizing Acetaminophen Administration in the Emergency Department: A Comprehensive Evaluation of Intravenous vs. Oral Routes
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37	Schimpf, Nathan	Socioeconomic status	MCW Student Garden: An Effort to Sustainably Combat Student Food Insecurity
38	Kodra, Jacob	Socioeconomic status	The Role of Community Socioeconomic Conditions in Finger Fracture Surgery
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49	Songco, David	Behavioral Health	Integrating Psychologists in Family Medicine for Behavioral Health Prevention in a Pre-Professional Ballet Training Program
50	Stevenson Wyszewianski, Micaela	Behavioral Health	An Online, Patient-Guided, Mental Health Tool Improves Anxiety Symptom Scores in Patients with Infertility
51	McGuire, Madison	Behavioral Health	Evaluating the Impact of Trauma-Informed Social Emotional Learning Interventions Offered Through a Triad Partnership Model Between STRYV365, MCW, and Milwaukee Schools
52	Duffy, Quynlan	Behavioral Health	Assessing the Psychosocial Benefits of Community-Based Exercise Programs for Individuals with Parkinson's Disease
53	Ajekiigbe, Ifeaanu	Behavioral Health	Navigating Dual Roles: Law Enforcement and Community Engagement in Mental Health Diversion
54	Ajekiigbe, Ifeaanu	Health education	Challenges in Teaching Cultural Competence: Insights from Medical Education in Norway
55	Sii, Adileen	Health education	Evaluating the Effectiveness of an In-person AANHPI Focused Cultural Intelligence Session
56	Sii, Adileen	Health education	Participation of Nail Technicians in Dermatology Screening Certification Services Among Nail Technicians in a United States Metropolitan City
57	Seibert, Drake	Health education	Sunscreen Use in Milwaukee County by Gender: An Analysis of Survey Responses from The Community Sun Protection Program
58	Karshna, Kathy	Health education	Rapid Response: Addressing the Medical Assistant Shortage Through Accelerated Training
59	Toledo, Victoria	Health education	Climate Health Equity Curriculum for Milwaukee Public School Educators
60	Knoebl, Rachel	Health education	In Pursuit of a HAPler Women's Health: A Focus Group Program Addressing Health Education at a Women's Homeless and Domestic Violence Shelter
61	Halama, Maddie	Health education	Knowledge is Power: Assessing Caregiver Education from Community Organizations on Improving Brain Health
62	Ruplinger, Hailey	Health education	Understanding the Patient Demographics and Diagnoses of "Unnecessary Visits" to the Emergency Department
63	Soczka, Hannah	Health education	Developing Family Medicine Residents as Community Health Educators: Community Member Evaluation
64	Mesidor, Philisha	Community Engagement Methodology	Analyzing Efficiency and Impact of Community Engaged Research: Applications of Data Envelopment Analysis
65	Velez, Gabriel	Community Engagement Methodology	A Model for Fostering Synergy Across Faculty Engagement through Research Communities

## MEET THE TEAM



**Staci Young, PhD** (she/her/hers) | [syoung@mcw.edu](mailto:syoung@mcw.edu)

Senior Associate Dean for Community Engagement  
Director, Office of Community Engagement  
Professor, Department of Family and Community Medicine  
Inaugural Faculty Director, ThriveOn Collaboration  
Associate Director, Community Outreach and Engagement, Cancer Center  
Director, Center for Healthy Communities and Research

*"I lead institution-wide efforts to grow the capacity of community engagement across our mission areas; I mentor students in community-engaged activities; and I lead community-engaged research projects with longstanding partners."*

**Sarah O'Connor, MS** (she/her/hers) | [spoconnor@mcw.edu](mailto:spoconnor@mcw.edu)

Program Director I, Office of Community Engagement  
*"I oversee the programming of the OCE, so I engage in a wide variety of activities to promote and grow community engagement both internally with MCW faculty, staff, and students and externally with community partners and other academic institutions. I am fortunate to collaborate with a skilled team of staff and faculty in these efforts."*



**Laila Azam, PhD** (she/her/hers) | [lsazam@mcw.edu](mailto:lsazam@mcw.edu)

Research Scientist II, Department of Emergency Medicine; fluent in Arabic  
*"As a community/academic liaison my role provides valuable insights into the unique healthcare needs and challenges faced by the Muslim community so that we can build stronger relationships and partnerships."*

**Rebecca Bernstein, MD, MS** (she/her/hers) | [rbernstein@mcw.edu](mailto:rbernstein@mcw.edu)

Associate Professor, Department of Family and Community Medicine  
*"I advance community engagement by supporting community-engaged learning for medical students, residents, and faculty."*



**Kristine Burke, MPH, MSW** (she/her/hers) | [kburke@mcw.edu](mailto:kburke@mcw.edu)

Program Coordinator III, Office of Community Engagement; fluent in Latvian  
*"I advance community-engaged principles by planning and implementing innovative educational programming for students, staff, faculty, and community partners. Community engagement is constantly evolving!"*

**Yesica Desarden, BS** (she/her/hers) | [ydesarden@mcw.edu](mailto:ydesarden@mcw.edu)

Program Coordinator II, Office of Community Engagement; fluent in Spanish  
*"I give voice to OCE's efforts through communications such as our annual report and newsletters. Additionally, I have the opportunity to be a part of others' community engagement journeys by planning various programs available to staff, students, faculty, and community members, and by highlighting the work of community partners through the CE Spotlight series."*



**Zeno Franco, PhD** (he/him/his) | [zfranco@mcw.edu](mailto:zfranco@mcw.edu)

Associate Professor, Department of Emergency Medicine  
Faculty, Center for Healthy Communities and Research  
Staff Psychologist, Milwaukee VA Healthcare System  
Affiliate Research Associate Professor, Computer Science, Marquette University  
*"I advance community engagement by working with US Military Veterans, Hispanic communities, & African American communities, as well as working toward public understanding of science and examining community-related and electronic health record data."*



**Ayodele Idowu, MBA** (she/her/hers) | [aidowu@mcw.edu](mailto:aidowu@mcw.edu)

Business Operations Coordinator, Office of Community Engagement; fluent in Yoruba  
“I advance community engagement by being a liaison working with other units at MCW for OCE office matters.”

**Jai Lor, BS** (he/him/his) | [jl@mcw.edu](mailto:jl@mcw.edu)

Administrative Associate, Office of Community Engagement; fluent in Hmong  
“I advance community engagement by serving as a point of contact between MCW units, our communities, and OCE staff and faculty.”



**David Nelson, PhD, MS** (he/him/his) | [danelson@mcw.edu](mailto:danelson@mcw.edu)

Professor, Department of Family and Community Medicine  
Faculty, Center for Healthy Communities and Research  
“To me, nothing is more important than thinking about the next generation of leaders in medicine and public health. In that regard, I like to share what I have learned and at the same time, learn from those that I am working with in a reciprocal manner.”

**Kelsey Potratz, BS** (she/her/hers) | [kp@mcw.edu](mailto:kp@mcw.edu)

Program Coordinator III, Office of Community Engagement  
“I implement opportunities, such as the annual CE Poster Session and President's CE Award Ceremony, that recognize and celebrate the community engagement work of MCW faculty, staff, students, and our community and academic partners. These events create a space to connect and learn from one another and build a network of individuals dedicated to community engagement.”



**Madhumita Ravikumar, MS, BDS** (she/her/hers) | [mravikumar@mcw.edu](mailto:mravikumar@mcw.edu)

Data Analytics Consultant, Office of Community Engagement; fluent in Tamil  
“I am working to streamline and increase the capture of community engagement data and translate findings to actionable insights that help advance community engagement.”

**Leslie Ruffalo, PhD, MS** (she/her/hers) | [lruffalo@mcw.edu](mailto:lruffalo@mcw.edu)

Associate Professor, Department of Family and Community Medicine  
Co-director, Division of Medical Student Education, Department of Family and Community Medicine  
Faculty, Center for Healthy Communities and Research  
“I work to integrate community engagement into education. I’m also a community-engaged researcher.”



**Christopher J. Simenz, PhD, MS** (he/him/his) | [csimenz@mcw.edu](mailto:csimenz@mcw.edu)

Associate Professor, Institute for Health & Equity  
Associate Director, Master’s and Doctor of Public Health Programs  
“I engage as a partner with a number of Milwaukee communities to support health and prevention, most regularly around wellness, food insecurity, and housing insecurity.”

## 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.<sup>1</sup>

**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.”<sup>2</sup>

**Community-Academic Partnership** is “partnership that leverages the strengths of both community and academic partners to answer community health problems.”<sup>3</sup>

**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.”<sup>6</sup> “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.”<sup>5</sup>

**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.”<sup>6</sup>

**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.<sup>7</sup>

**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.<sup>7</sup>

**Community-Engaged Dissemination** is “a way to distribute and integrate research evidence and evidence-based practice within communities and service systems.”<sup>8</sup>

**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 deci-

sion-makers to ensure community voices shape policy decisions.<sup>9</sup>

**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.”<sup>10</sup> 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.”<sup>10</sup>

**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.”<sup>11</sup>

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

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

**Health** is broadly defined as a “state of complete physical, mental, and social well-being, and not merely the absence of disease.”<sup>14</sup> 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.”<sup>15</sup>

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

**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.”<sup>17</sup>

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

**Population Health** is “the health outcomes of a group of individuals, including the distribution

of such outcomes within the group.”<sup>19</sup>

**Pronouns** are words that “refer to either the people talking (“I” or “you”) or someone or something that is being talked about (like “she”, “it”, “them”, and “this”). Gender pronouns (he/she/they/ze etc.) specifically refer to the person you are referring to.” “Asking and correctly using someone’s pronouns is one of the most basic ways to show your respect for their gender identity.”<sup>20</sup>

**Public Health** has the mission of “fulfilling society’s interest in assuring conditions in which people can be healthy.”<sup>21</sup> “Public health promotes and protects the health of all people and their communities.”<sup>22</sup> “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.”<sup>22</sup>

**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.<sup>7</sup>

**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.”<sup>23</sup>

**Social Justice** is “the view that everyone deserves equal rights and opportunities — this includes the right to good health.”<sup>28</sup> Elimination of oppression and the “isms” to create a full and equal participation of all groups in a society where the distribution of resources is equitable and all members are physically and emotionally safe and secure.<sup>24</sup>

**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.”<sup>25</sup>

**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”<sup>26</sup> 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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