

Introduction

- Falls among the elderly pose a significant public health challenge, necessitating comprehensive prevention strategies to mitigate associated morbidity, mortality, and healthcare costs. In De Pere, Wisconsin, like many other communities, this challenge is particularly pronounced. Our research delves into the local landscape of fall prevention initiatives, set against the backdrop of national trends and programs.
- Through analyzing data sourced from emergency calls for service and referrals to the Aging and Disability Resource Center (ADRC), our study aims to assess the effectiveness of existing fall prevention methods and pinpoint areas for improvement.
- Of note, the ADRC has shown a consistent increase in referrals, especially post-2020, suggesting the pivotal role of collaborative strategies during the COVID-19 pandemic. We must acknowledge the complexities in assessing program effectiveness, especially given the retrospective nature of our study.
- By shedding light on the intricacies of fall prevention initiatives in De Pere, our study endeavors to inform future strategies aimed at fostering healthy aging and enhancing the well-being of older adults in our community.

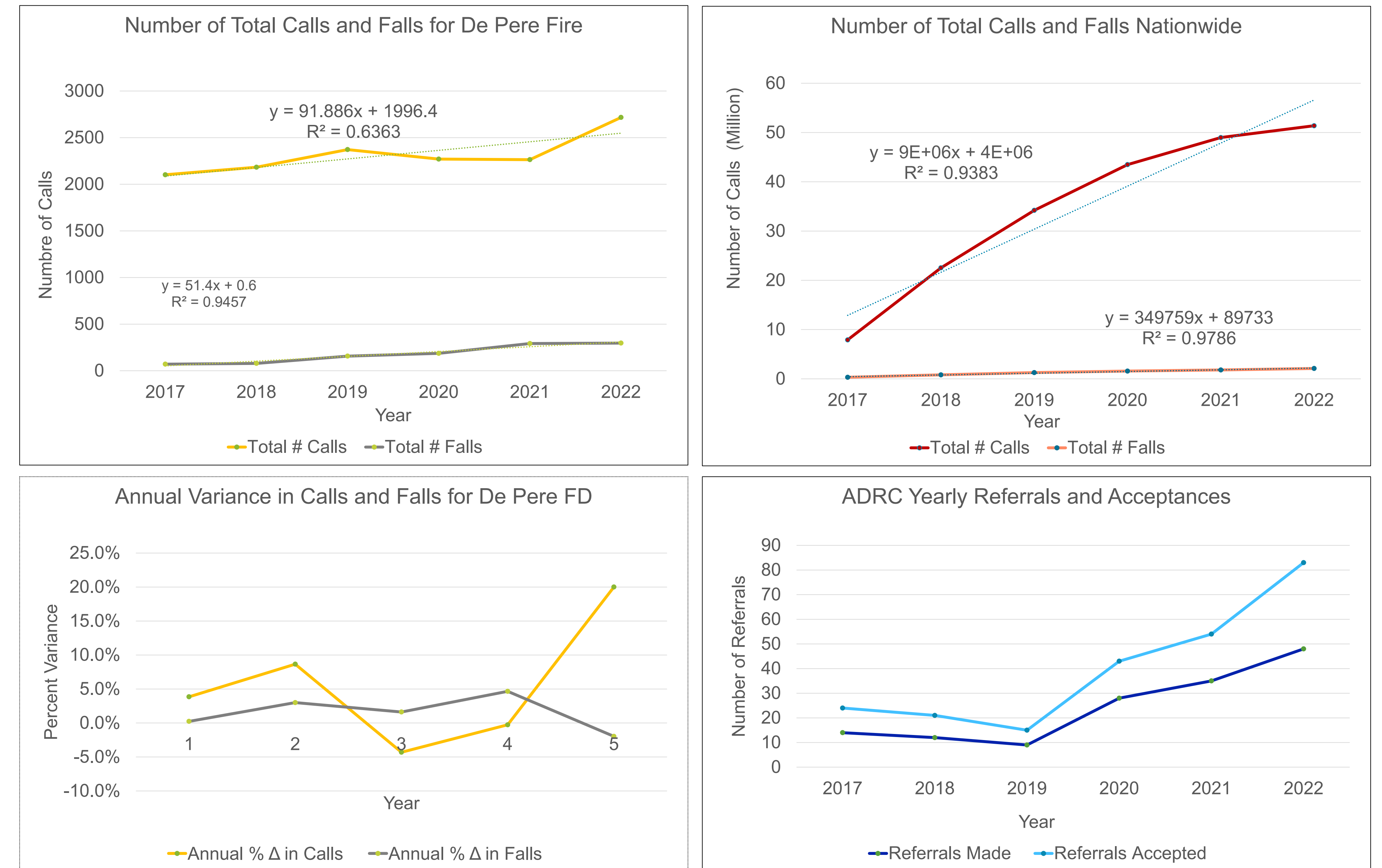
Purpose

- Addressing a Public Health Challenge:** Falls among the elderly.
- Magnitude of the Issue:** Falls among Wisconsin's elderly population pose a significant public health concern, resulting in injuries, hospitalizations, and diminished quality of life.
- Urgency for Action:** With Wisconsin exhibiting the highest fall death rate among older adults in the US and over 130,000 fall incidents reported by EMS in 2022, urgent interventions are necessary.
- Collaborative Solutions:** Collaborative efforts involving ADRCs, local health departments, and first responders offer comprehensive strategies for fall prevention, targeting home safety and personalized interventions.
- Broader Implications:** Beyond individual health, fall prevention efforts contribute to reducing healthcare costs, preserving independence, and addressing societal disparities, highlighting the need for tailored interventions.

Methods

- Study Duration:** The dataset used spans from 2016 to 2022, encompassing a comprehensive historical analysis of fall rates among individuals aged 65 and older in the city of De Pere.
- Subject Selection and Inclusion Criteria:** Data for this study was meticulously collected from Fire/EMS 911 calls to service during the selected time periods. To narrow the scope to the target population, data entries were filtered based on age and included data points were only those for individuals aged 65 and above. After the data was narrowed down to the target age range for analysis, calls were further filtered by primary diagnosis of fall. This was done by examining ICD-10 codes, which allowed for objective classification of the call information per the standardized medical coding system. All data was deidentified before being incorporated in the study.
- ICD-10-CM Coding:** The classification of falls is standardized using ICD-10-CM billing codes, specifically focusing on codes within the range W0 – W19 as provided by the Centers for Medicare & Medicaid Services.

Results



Conclusions

- While the study provides valuable insights into fall prevention initiatives in De Pere, Wisconsin, its limitations necessitate caution in interpreting the findings. Moving forward, a concerted effort to address data gaps, enhance methodological rigor, and prioritize community engagement is essential for advancing fall prevention efforts and promoting healthy aging for older adults.
- Despite this limitation, trends in the data highlighted notable fluctuations in the percentage of fall-related calls, with De Pere experiencing a marked increase in recent years. This contrasts with national data, suggesting potential discrepancies in fall rates between the local and national contexts.
- Recommendations for future research include longitudinal studies with robust data collection protocols and qualitative methodologies to elucidate community perceptions and barriers to fall prevention.

References

- Appeadu MK, Bordoni B. Falls and Fall Prevention in Older Adults. [Updated 2023 Jun 4]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK560761/>
- Bergen, G. (2016). Falls and fall injuries among adults aged ≥ 65 years—United States, 2014. *MMWR Morb Mortal Wkly Rep*, 65(37), 993–998.
- Boright, L. E., Arena, S. K., Wilson, C. M., & McCloy, L. (2022). The Effect of Individualized Fall Prevention Programs on Community-Dwelling Older Adults: A Scoping Review. *Cureus*, 14(3), e23713. <https://doi.org/10.7759/cureus.23713>
- Curran-Groome, W., Klein, G., Miller, S. B., Hui, A., Wilson, J. S., Kuoiloi, C., Masarapu, V., Alabd, A., Mascaro, T., Logan, G., & Lubeck, J. (2020). Risk Factors of Recurrent Falls Among Older Adults Admitted to the Trauma Surgery Department. *Geriatr Orthop Surg Rehabil*, 11, 2151459320943165. <https://doi.org/10.1177/2151459320943165>
- CDC, I., & P. C. (2022, August 17). Provider Training & Continuing Education. Centers for Disease Control and Prevention. Retrieved August 25, 2022, from <https://www.cdc.gov/steady/training.html>
- Jager, T. E., Weiss, H. B., Coben, J. H., & Pepe, P. E. (2000). Traumatic brain injuries evaluated in U.S. emergency departments, 1992–1994. *Academic Emergency Medicine*, 7(2), 134–140.
- Stevens, J. A., Corso, P. S., Finkelstein, E. A., & Miller, T. R. (2006). The costs of fatal and non-fatal falls among older adults. *Injury prevention : journal of the International Society for Child and Adolescent Injury Prevention*, 12(5), 290–295. <https://doi.org/10.1136/ip.2005.011015>
- Vellas, B. J., Wayne, S. J., Romero, L. J., Baumgartner, R. N., & Garry, P. J. (1997). Fear of falling and restriction of mobility in elderly fallers. *Age and Ageing*, 26, 189–193.

Investigating Key Elements of Peer Support Programs Focused on Recovery and Reentry in Community-Based Organizations: A Qualitative Implementation Science Study

Kelli Brown, MPH, DrPH

Advisors: Staci Young, PhD, Katherine Quinn, PhD, David Nelson, PhD

Research Question

What are the key elements of peer support programs, and how do they facilitate success in recovery and reentry?

Background

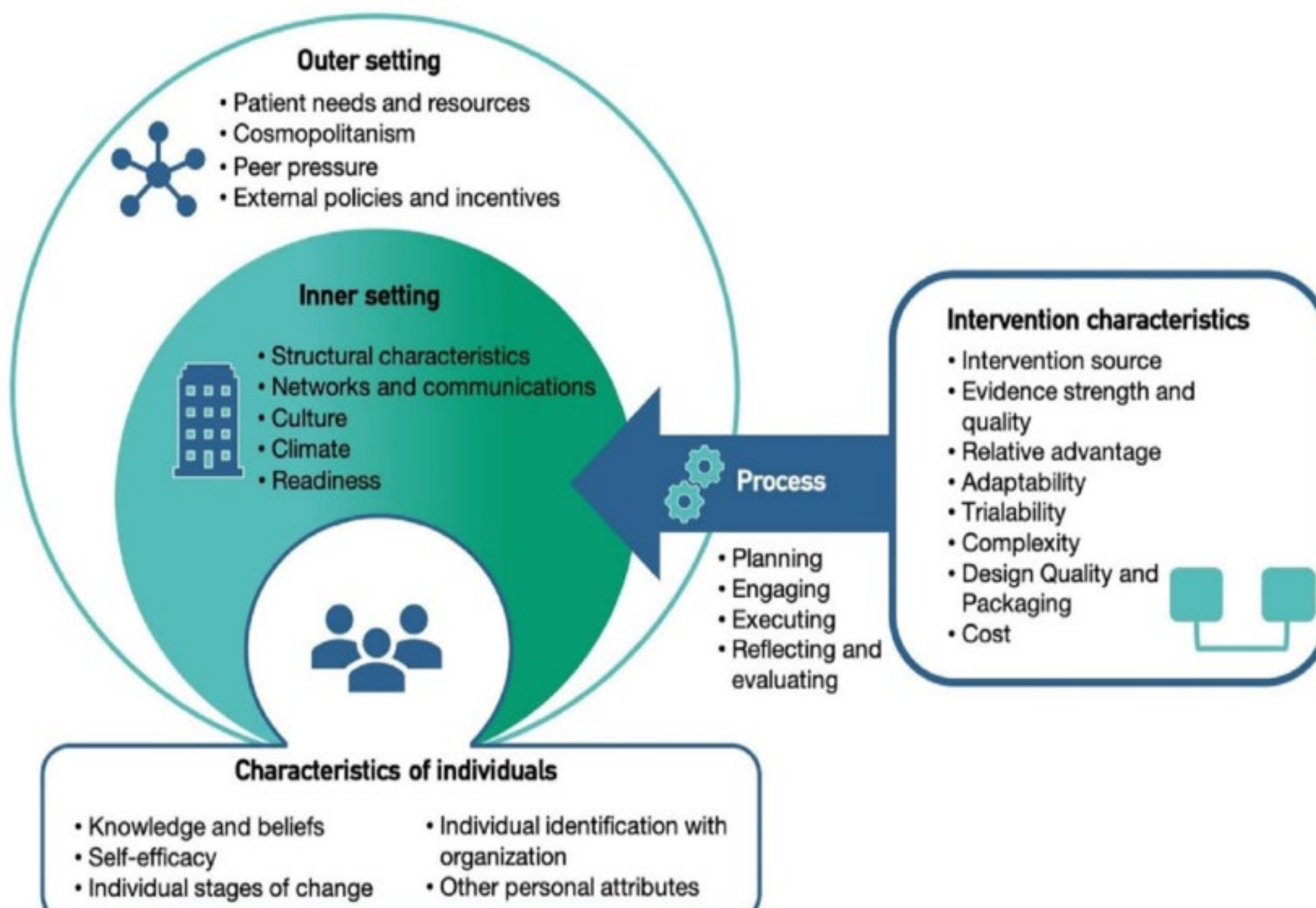
Peer mentors are individuals with lived experience that provide support to others who are struggling



- Peer support is an evidence-based approach to address mental health and substance use
- Wisconsin State certification available since 2010
- Wisconsin began covering peer support through Medicaid in 2021
- 30,000 Peer Mentors in the United States
- Work in a variety of settings

Framework

Consolidated Framework for Implementation Research (CFIR)

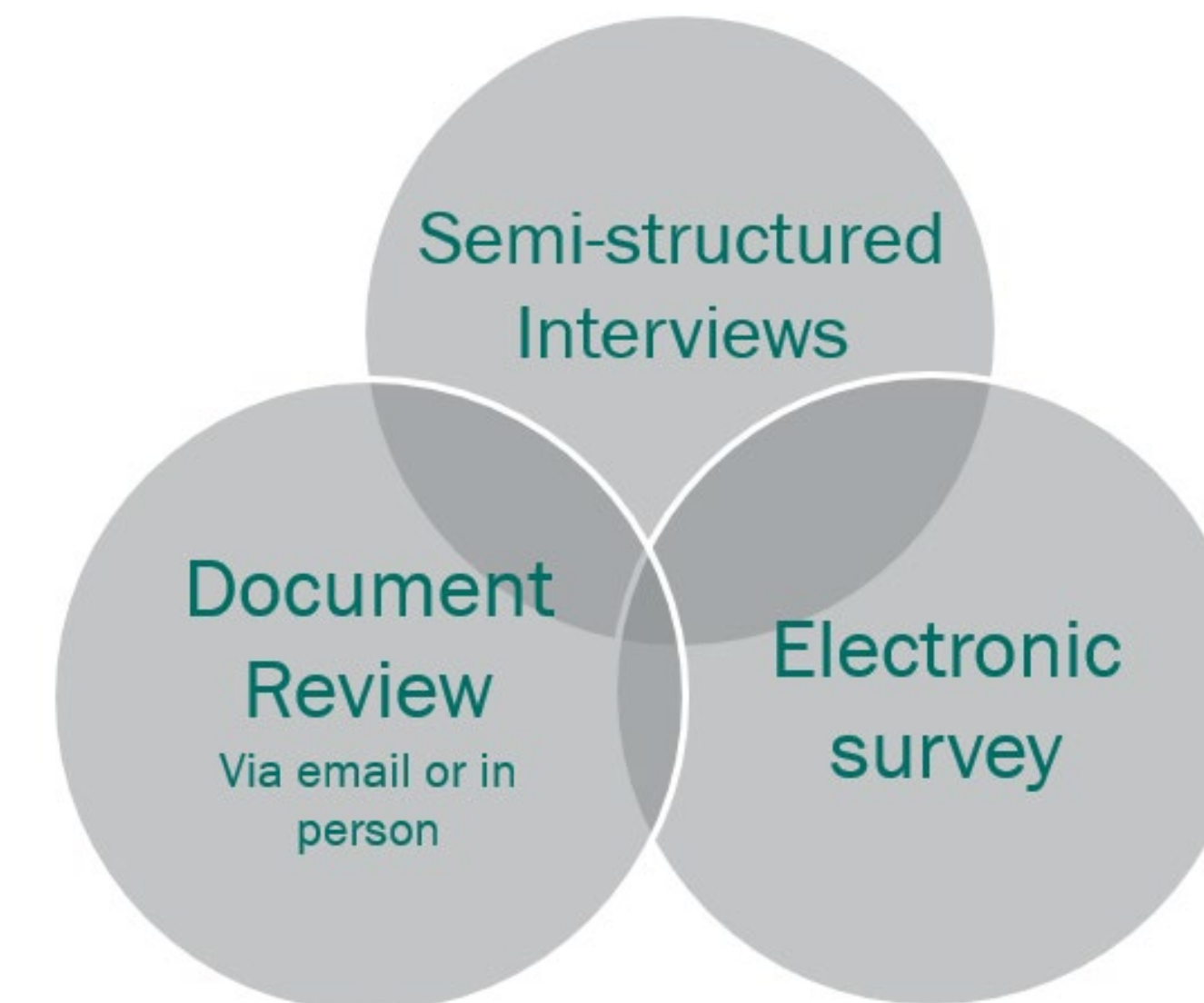


Methods



Study Population

- 7 Wisconsin community-based organizations
- 2-4 participants from each organization
- 20 participants, all held leadership position related to peer support program



Data Analysis

- Predefined constructs were categorized under the five CFIR domains
- CFIR rating system applied to each construct to determine those with a strong influence on implementation
- 15 of the 27 constructs demonstrated a strong positive influence on implementation

Results

Key Elements of a Successful Peer Support Program

Partnerships and Connections

- Intentional collaboration

Comprehensive Community Services

- Medicaid reimbursement program

Funding

- Multi-layered funding structure

Internal Communication

- Structured and informal

Reporting and Oversight

- Clear guidelines and clinical oversight

Strong Mentor/Client Relationships

- Establish boundaries, build trust

Organizational culture

- Person-centered

Leadership

- Support staff, have lived experience

Program Implementers

- Empower clients, share their experiences

Impact of program on Staff

- Build professional skills, give back

Adaptability

- Unexpected situations, growth

Program Structure and Governance

- Individual strengths contribute to team

Training

- State or internal training for mentors

Program Development

- Requires time, incorporate feedback

Client Engagement

- Establish referral system

Challenges of Peer Support Program Implementation

Training

Limited available spots for Certified Peer Specialist state training

Burn out

Mentally and emotionally taxing jobs can lead to burn out, self-care is crucial

Workforce

Organizations have a need for more peer mentors, especially in rural areas

Funding

Organizations use funding from a variety of sources which requires understanding of compliance requirements.

Limited job growth

Organizations can offer additional training to enhance skills and create a path for career growth

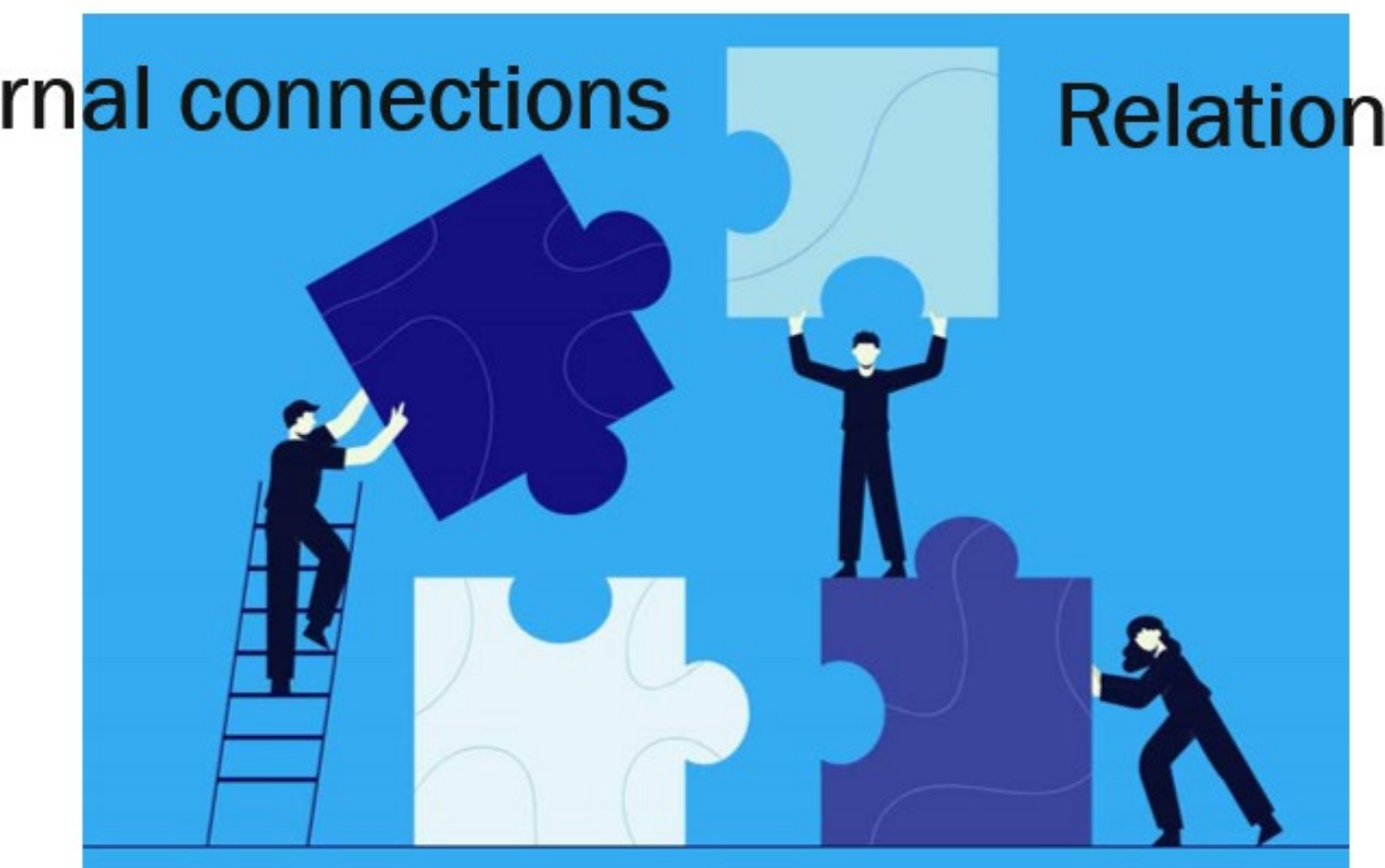
Boundaries

Mentors must establish boundaries early on and follow the peer support code of ethics.

Discussion

Key elements of program implementation come together to deliver effective peer support

External connections Relationships



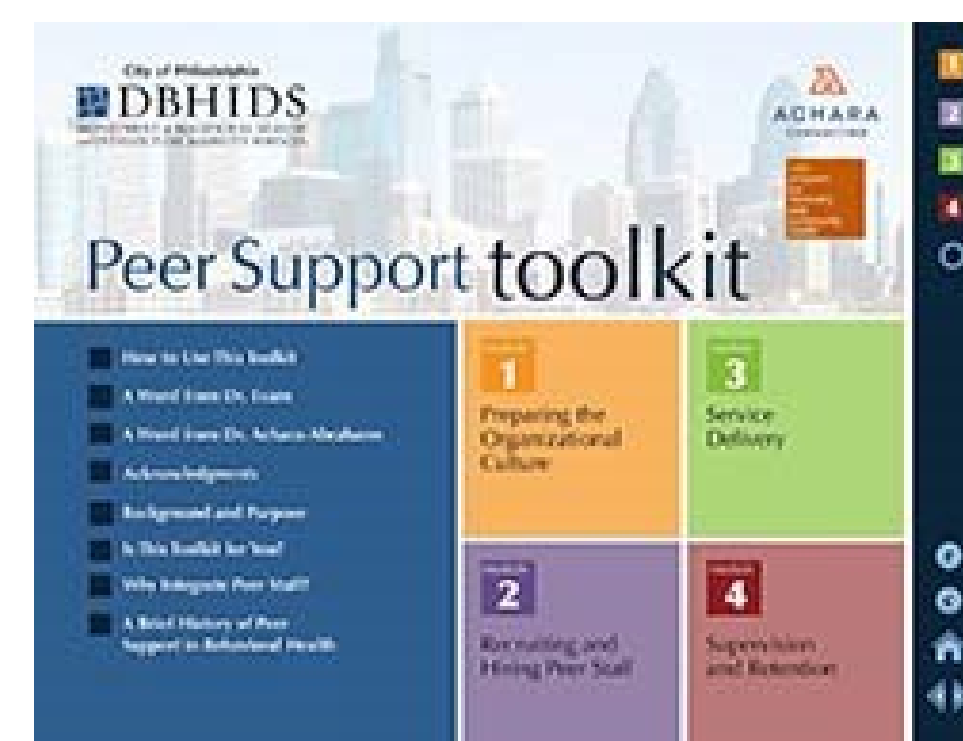
Program implementers Program structure

Peer support can be a bridge between clinical care, public health initiatives, and the community



Peer support changes lives.

Resources



Mitigating Food Insecurity and Air Pollution in Maywood: The Giving Garden

Rushabh Shah,^{1,2} Emma O’Driscoll,¹ Loretta Brown,¹ Mary Mora MS,¹ Nallely Mora MD³
¹Proviso Partners for Health, ²Medical College of Wisconsin, ³Loyola Parkinson’s School of Public Health

Background

- There is no grocery store present within Maywood, Illinois, a village whose population is greater than 20,000.¹
- **Food Apartheid** - systemic nature of poverty, food insecurity, and historic disenfranchisement.
- Around one-third of residents report being food-insecure, or lacking access to nutritious foods.²
- Food insecurity is associated with increased risk of chronic health conditions including diabetes and heart disease.³
- PM2.5 (air pollutant causing chronic disease) concentration in Maywood is nearly 3 times > WHO’s air quality guidelines.⁴
- Maywood lacks substantial green space, leading to increased PM2.5 levels.
- Prior attempts to mitigate food insecurity lacked cultural awareness, such as grocery stores lacking ingredients for cultural foods and high prices.

Objective

- This project resulted from our collaboration with the Proviso Partners For Health (PP4H) and the Maywood Mayor’s Office. Our objective was to formulate a community-based approach dedicated to mitigating food insecurity and air pollution in Maywood.
- Our team met with various Maywood residential groups and the Mayor’s Office to receive input and funding on designing culturally informed solutions. Prior literature highlights the mitigating effects of green spaces on air-borne pollutants, along with prior community gardens holding associations with lower food insecurity rates.⁵
- An integration of community input and science conceived the Giving Garden.

Results

- The Giving Garden culminated into a flourishing community green space that involved several residential groups, ranging from high schoolers to elderly gardeners.
- To supplement the garden, a garden toolkit was created to focus on effective gardening practices and nutritional education.
- Opening day and growing season held substantial engagement, with over 40 residents from different groups 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.
- 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.



Image 3. Ayna’s Seed Shop, where free seeds (funded by the Mayor’s Office) are distributed by Ayna, a high school student.

Future Work

The positive outcomes of the Giving Garden in Maywood support the need for further creation of community gardens in food deserts.

Acknowledgements

The authors wish to thank the Proviso Partners for Health and Loyola Chicago faculty for their guidance. This project was funded by the Parkinson’s Community Engagement Fellowship.

References

¹Romain, M. Maywood hopes to lure ‘Living Fresh Market 2.0’ to town. Forest Park Review, 2022.
²McCune E, Wojtowicz J, Adams W, Sigman G, Williams C, Ahn P, Ciliberti A, Hatchett L, O’Keefe J. Toxic Stress in a Mid-Sized Urban Community: An Initial Needs Assessment of Families with Children in Maywood, IL. Journal of Primary Care & Community Health, 2021.
³US Department of Health and Human Services. Food Accessibility, insecurity and health outcomes.
⁴Air Quality in Maywood, IQAir, 2023.
⁵Diener, Arnt, and Pierpaolo Mudu. "How can vegetation protect us from air pollution? A critical review on green spaces' mitigation abilities for air-borne particles from a public health perspective-with implications for urban planning." Science of the Total Environment 796, 2021.



Figure 1. The project’s main four aims composed through our community needs assessment.



Images 1, 2. View of our gardeners’ flourishing crops during growing season.



Exploring the link between community social and economic factors with health in Jacksonville and San Francisco

Aylinh Eng, BS, Clarissa Blanco, MS, Samantha Duran, BS, Benjamin Moran, BS, Matthew Banegas, PhD, Carol Ochoa-Dominguez, PhD, Victoria Telles, MPH, Elizabeth Duran, MS, Katheryn Rodriguez, BA
Center for Health Equity Education and Research, Department of Radiation Medicine and Applied Sciences, University of California, San Diego, School of Medicine

Background

- Poverty is strongly linked with food insecurity, in which low-income individuals experience higher rates of food insecurity.
- The federal food assistance program, Supplemental Nutrition Assistance Program (SNAP) assists low-income individuals in purchasing food with the goal of improving food insecurity and access to nutritional diet.
- SNAP qualification is dependent on household income.
- Obesity and diabetes are two highly prevalent chronic conditions in the U.S., in which diet play a huge role in.
- This project explores how SNAP reciprocity, SNAP locations, and poverty affect obesity and diabetes.
- San Francisco and Jacksonville are two cities with large population sizes and different demographics.

Hypothesis

1. Areas with higher percentage of SNAP recipients will have a higher prevalence of diabetes.
2. Areas with higher percentage of SNAP recipients will have higher prevalence of obesity.
3. Areas with higher percentage of families at <125% of poverty will have higher prevalence of diabetes.
4. Areas with a higher percentage of families at <125% of poverty will have higher prevalence of obesity.
5. Areas with higher percentage SNAP locations will have higher prevalence of diabetes.
6. Areas with higher percentage of SNAP locations will have higher prevalence of obesity.

Methods

- Data was obtained through PolicyMap, and single-layer and multi-layer geospatial maps were created using the same software.
- Excel was used for data analysis.
- There were 31 zip codes for Jacksonville, FL and 27 zip codes for San Francisco, CA. The averages were used as the starting percentage for ranges used in multi-layered maps.

Results

Figure 1: San Francisco Multi-Layer Map.

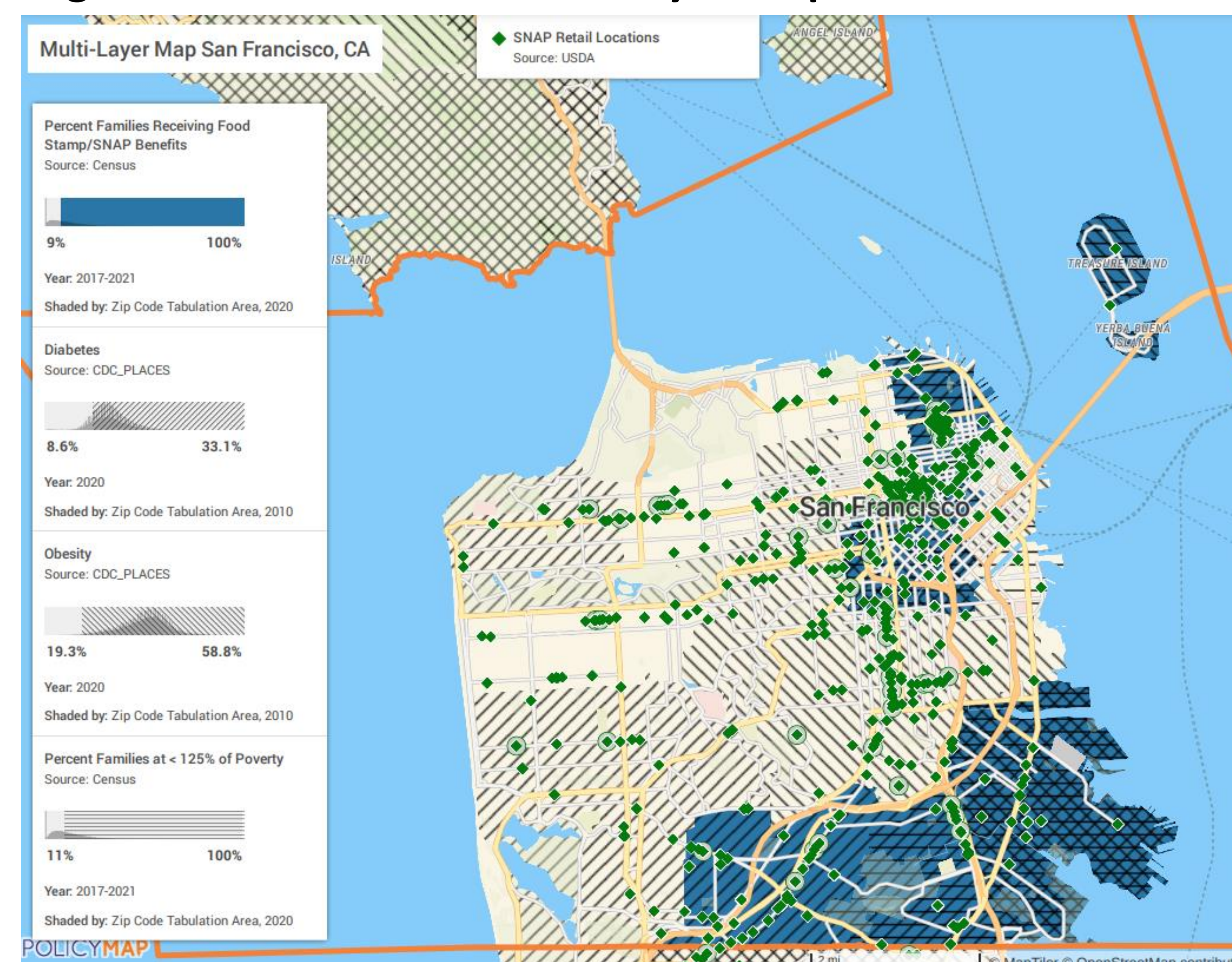
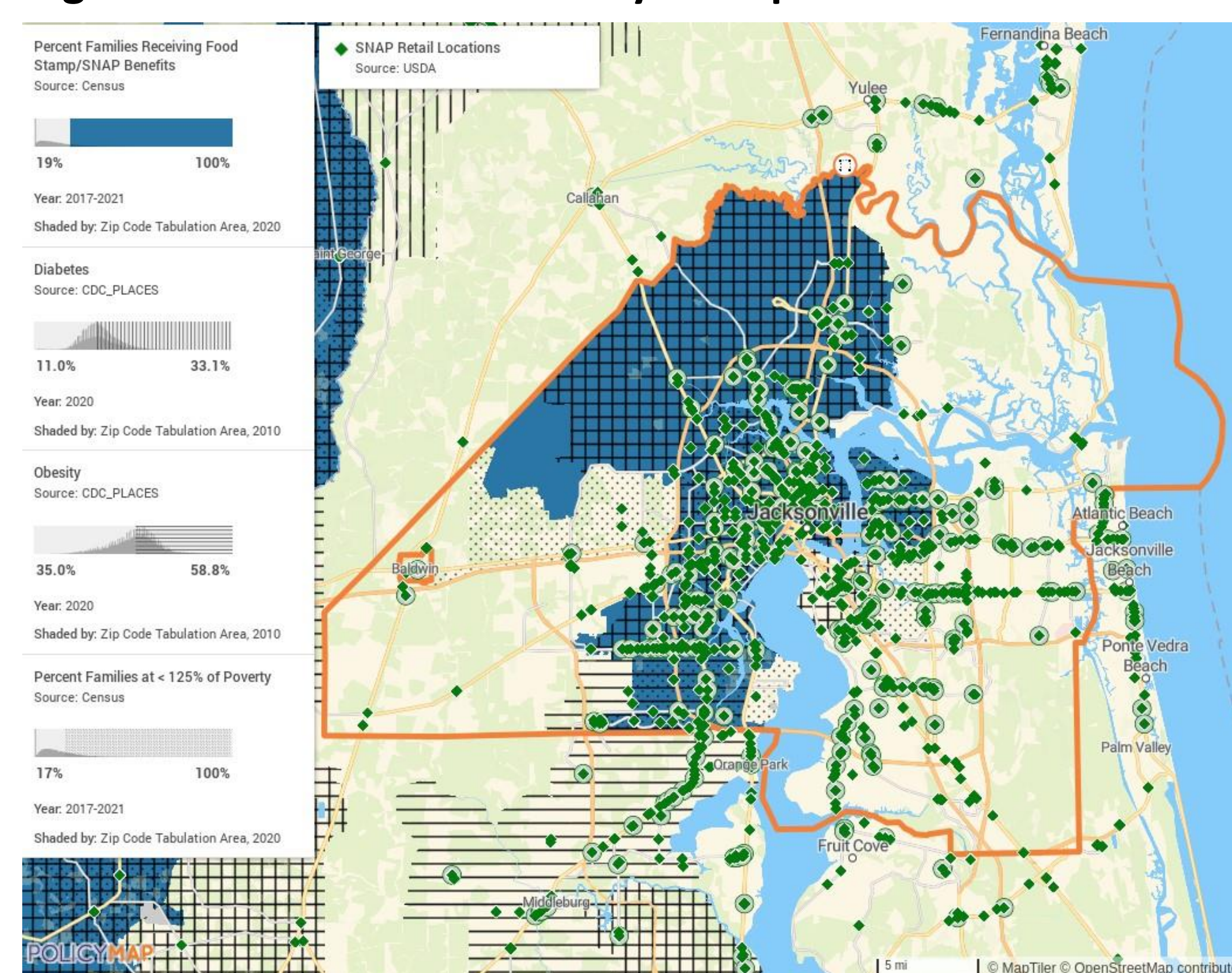


Figure 2: Jacksonville Multi-Layer Map



Overlap of percent of families receiving SNAP benefits, adults diagnosed with diabetes, adults diagnosed with obesity, and percent of families <125% of poverty

- There was a significant positive relationship between the percent of families receiving SNAP benefits and the percent of adults diagnosed with obesity in both San Francisco and Jacksonville.
- The positive association between percent of families receiving SNAP benefits and percent 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 both San Francisco and Jacksonville, 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.

Discussion

- Hypotheses 2, 3, and 5 were confirmed. Hypotheses 1 and 6 are true for Jacksonville but not San Francisco.
- Difference in demographic: San Francisco has a higher number of immigrants, Black population, and household median income compared to Jacksonville.
- One limitation is the data used was the percent of adults diagnosed with diabetes and obesity. This would not include individuals who are not diagnosed but have these conditions or children with these conditions under the age of 18.
- The percent of families receiving SNAPs and percent of families less than 125% of poverty were based on the 2020 Census. The percent of adults with diabetes and percent of adults with obesity were based on the 2010 Census.

Future Work

- Future study can investigate dietary habits, healthcare access, food options at SNAP locations.
- Time series analysis may explore whether changes in SNAP policies, local interventions, or economic conditions have had an impact on health outcomes.
- Community engagement program with health professionals can educate residents on healthy eating.

Acknowledgements

- This partnership was established and supported by the Health Career Connection's Health Equity Scholar Program.
- Thank you to Valerie Sagun of UC San Diego, Radiation Medicine & Applied Sciences for her administrative support throughout this project.

References

1. Community Profile Report of City: Jacksonville. (2023). PolicyMap, policymap.com (based on data from PolicyMap and U.S. Census; Accessed 4 August 2023).
2. Community Profile Report of City: San Francisco. (2023). PolicyMap, policymap.com (based on data from PolicyMap and U.S. Census; Accessed 4 August 2023).
3. Rose, D. (1999). Economic determinants and dietary consequences of food insecurity in the United States.

Unlocking Wisconsin Shares: Insights into the State's Child Care Subsidy

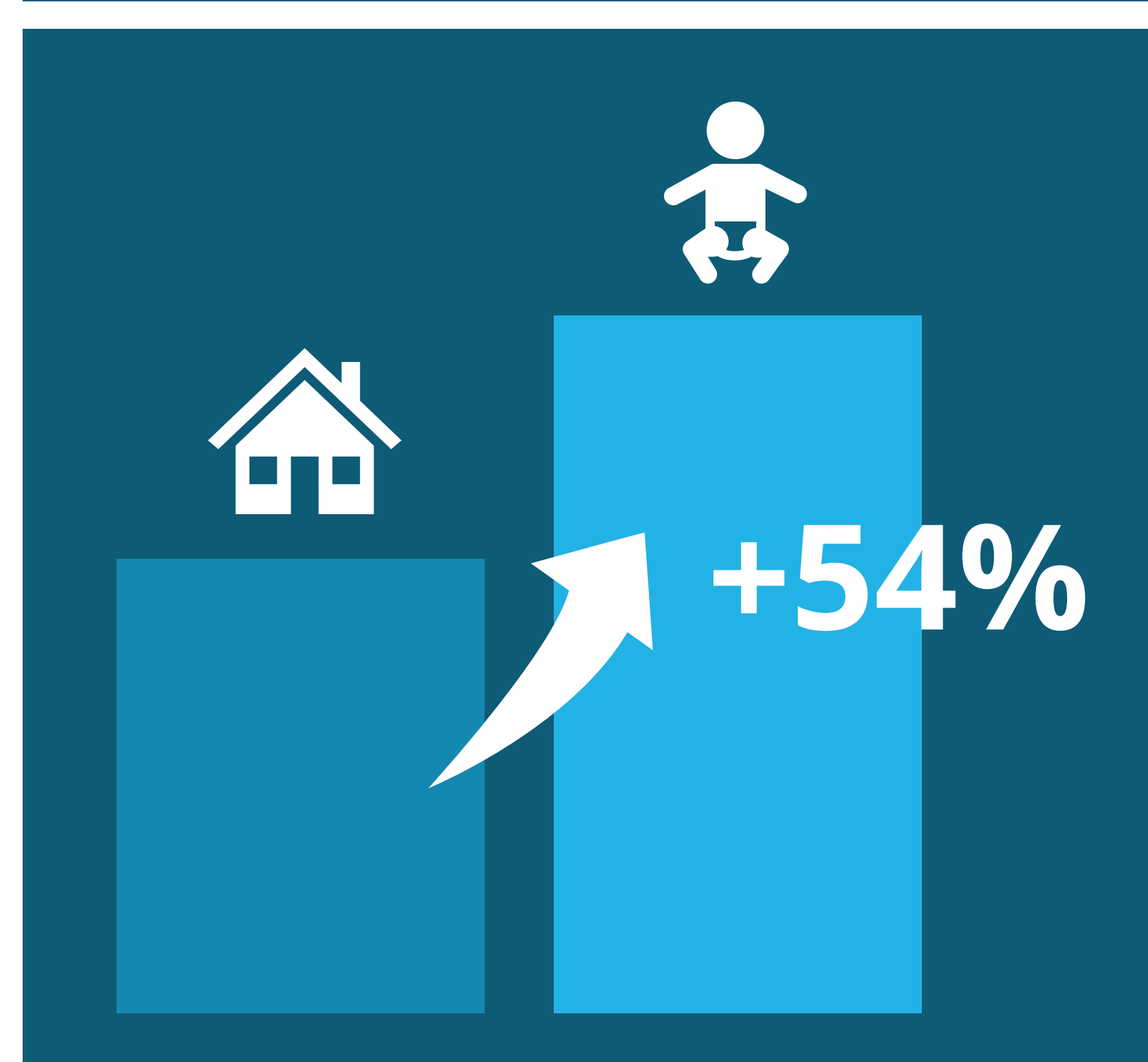
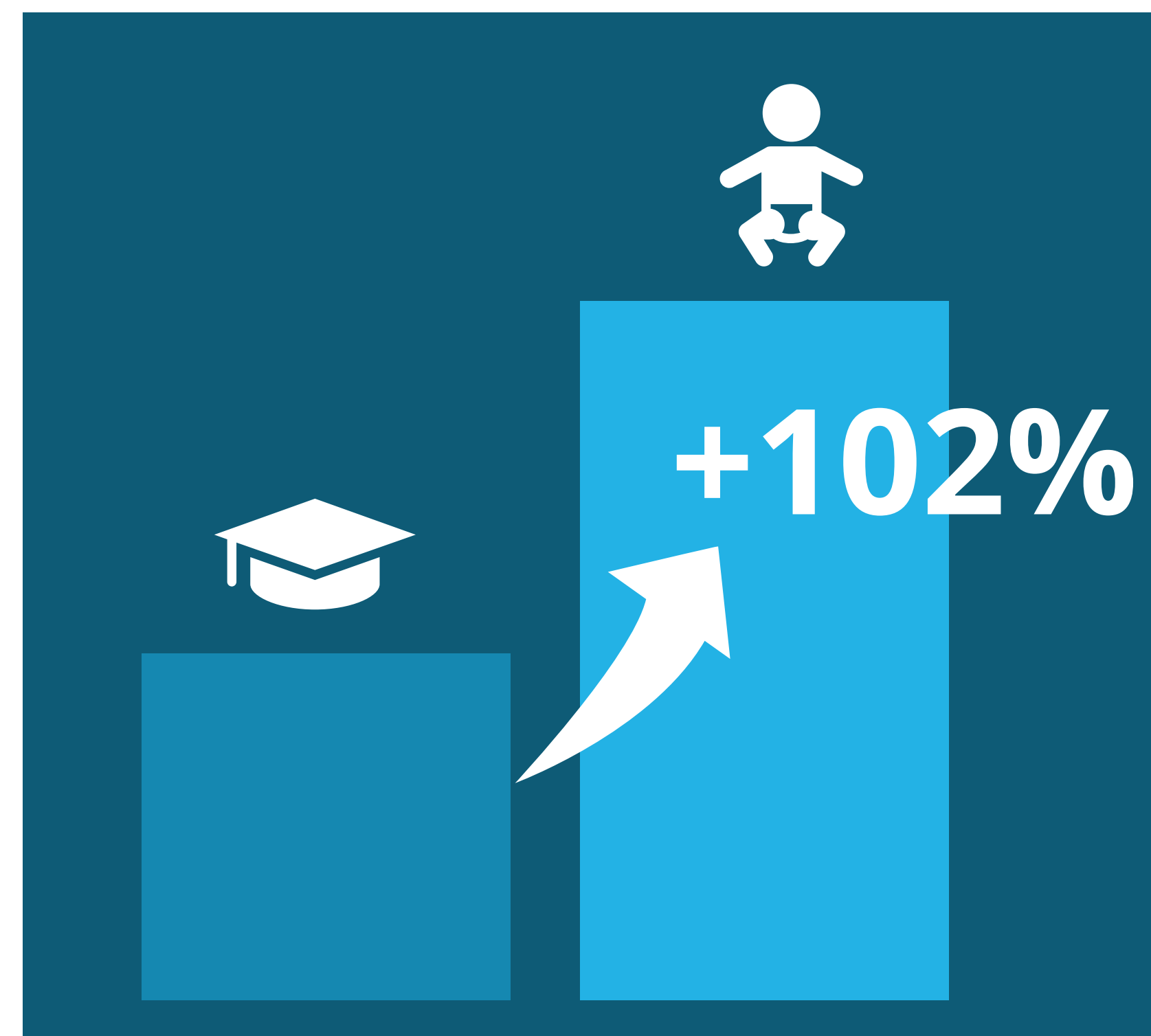
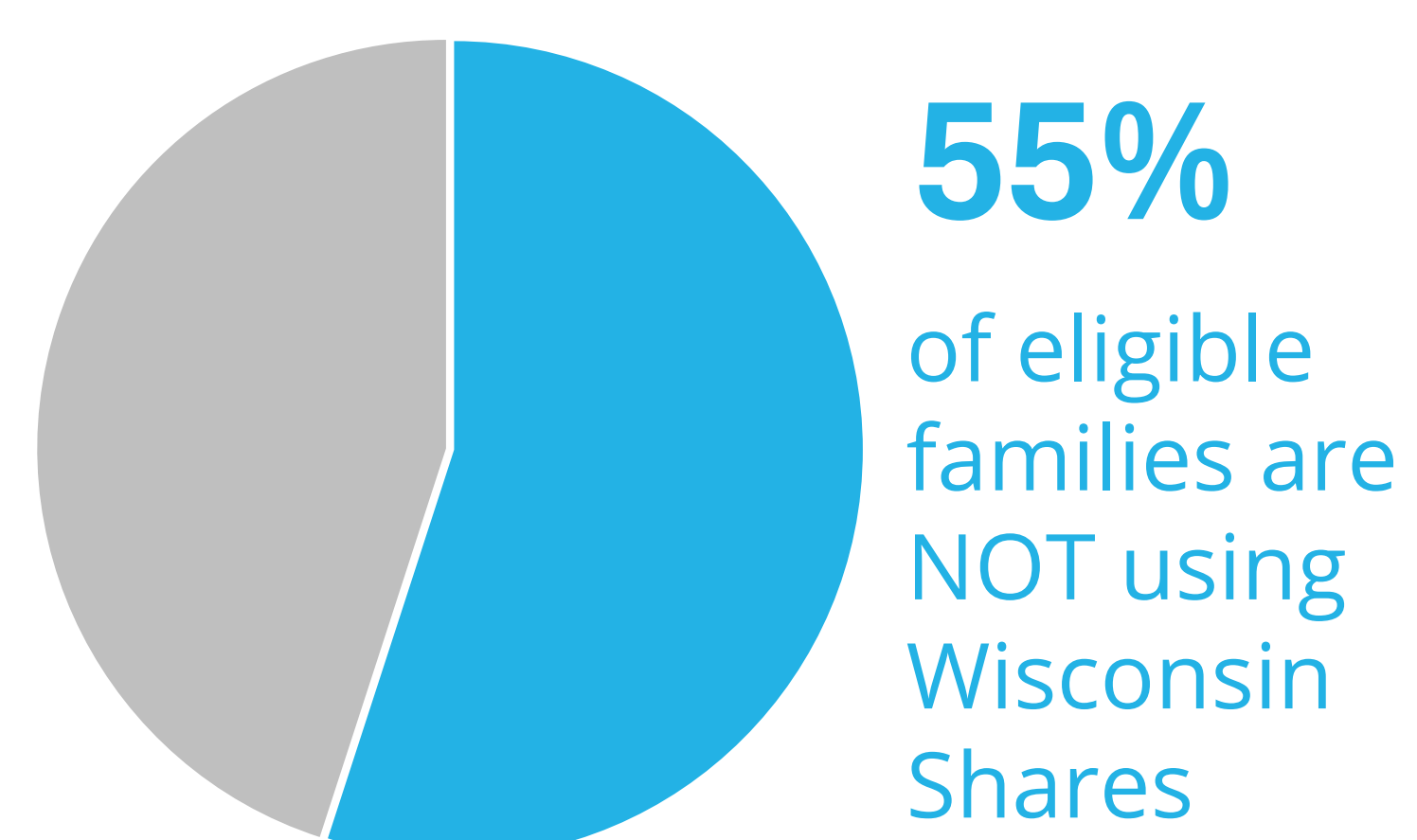
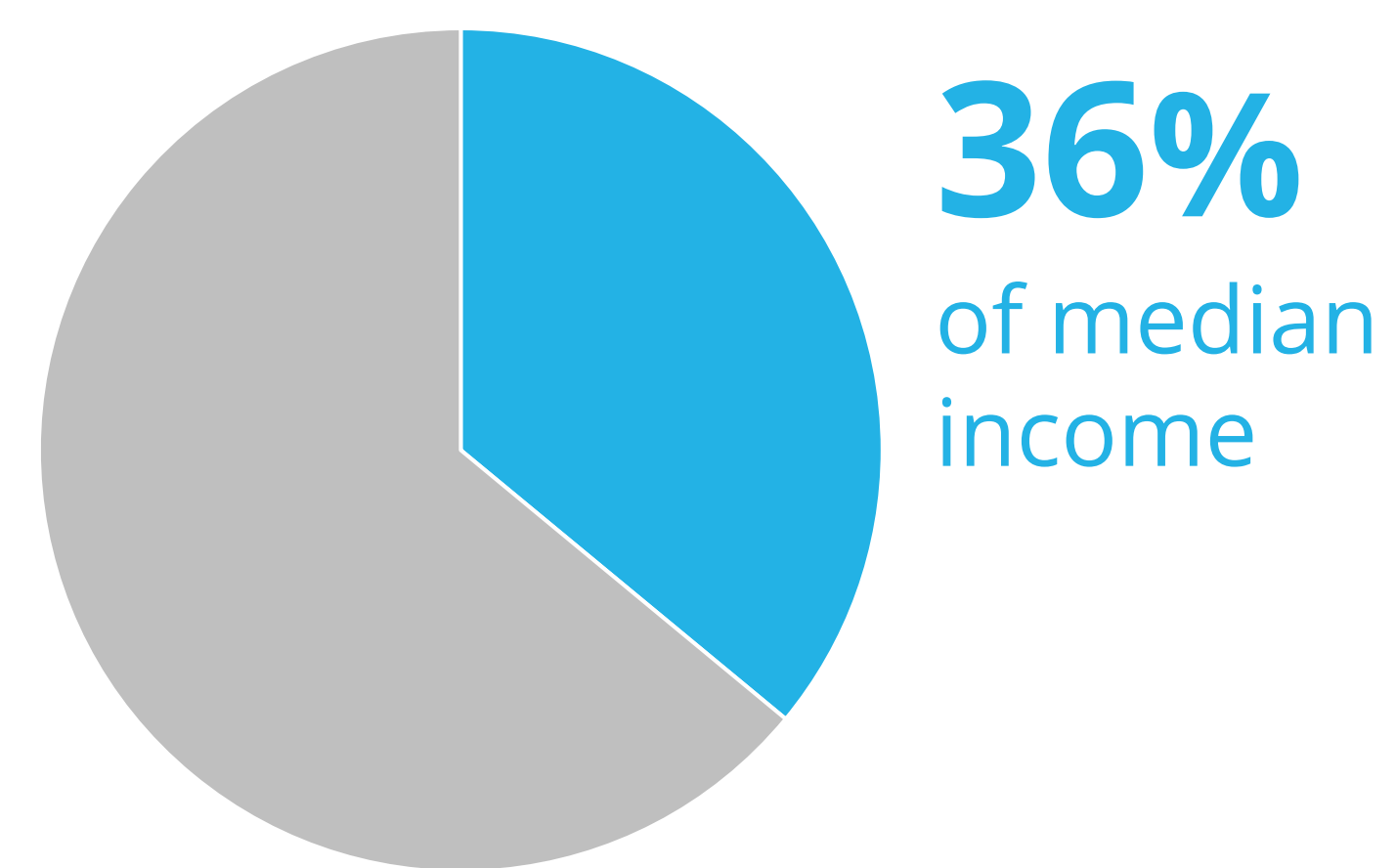
Kristin Kappelman and Samantha Reynoso | Milwaukee Succeeds

“Because of Wisconsin Shares, I am able to work and know my children are taken care of. It gives me piece of mind to know that they are safe. Childcare costs are very expensive. With Wisconsin Shares, I am able to take care of my other financial obligations and not have to worry about how I will make ends meet because I have to work but cannot afford childcare.”

What is Wisconsin Shares?

The Wisconsin Shares child care subsidy program invests in eligible working families to help make quality child care more accessible and affordable by covering a portion of their monthly child care costs.

The cost of ECE = \$18,000/yr



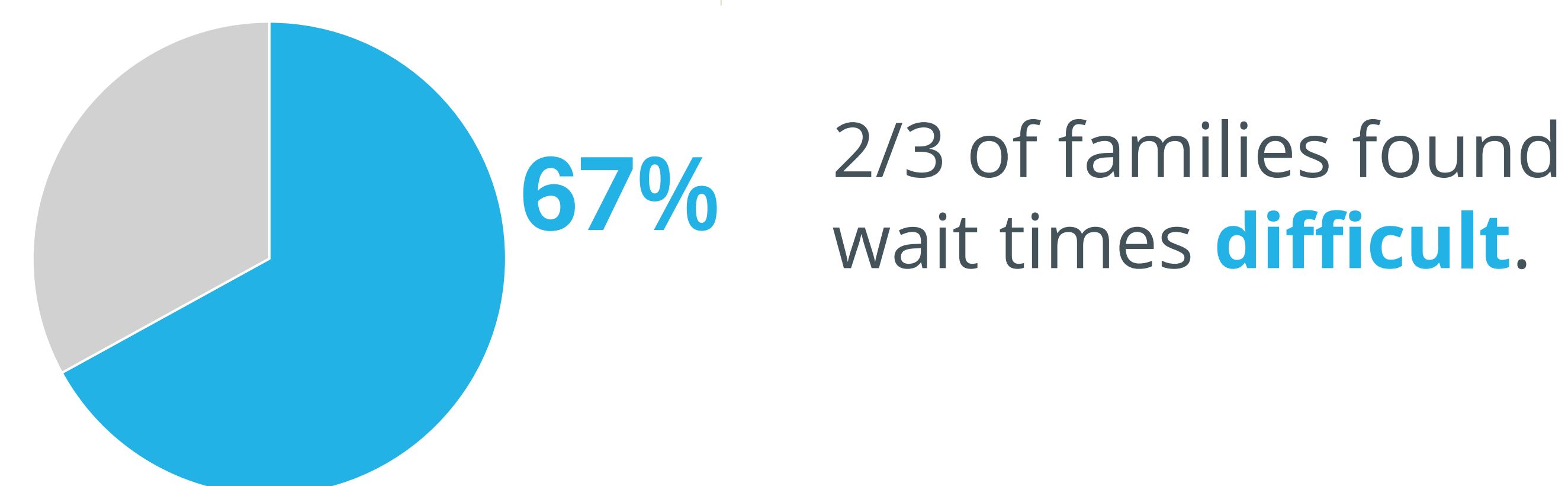
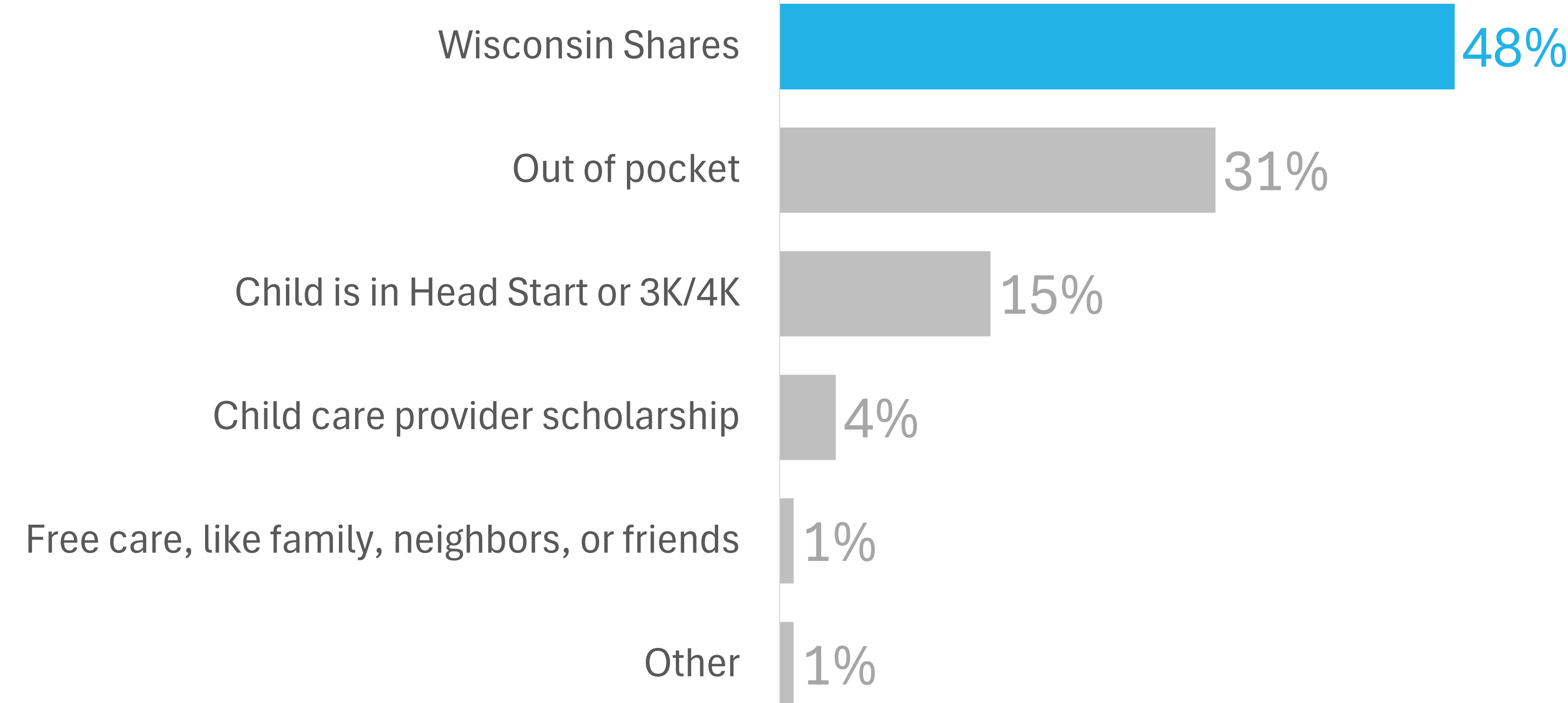
What we did

We created a short survey, and using our partners in the ECE sector and our parent ambassadors, surveyed parents/caregivers in Milwaukee about their experiences with Wisconsin Shares.

331 responses

What we learned

Parents use multiple methods to pay for child care. Nearly half of families surveyed use Wisconsin Shares to pay for child care.



About 1/3 of families don't use Wisconsin Shares because their income is too high, or they hadn't heard of Shares.

Income too high 31%

Never heard of Shares 29%

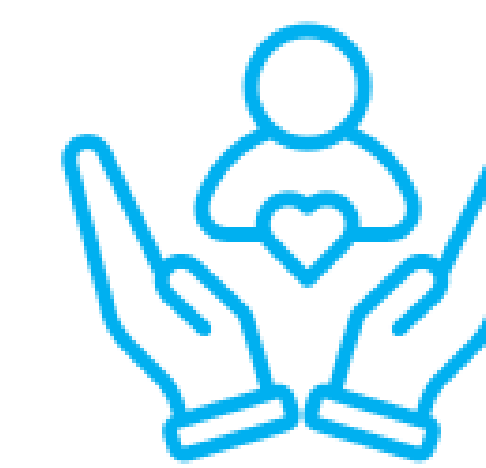
When asked what impact Wisconsin Shares had on respondents, they shared:



Employment & education



Financial stability & bill payment

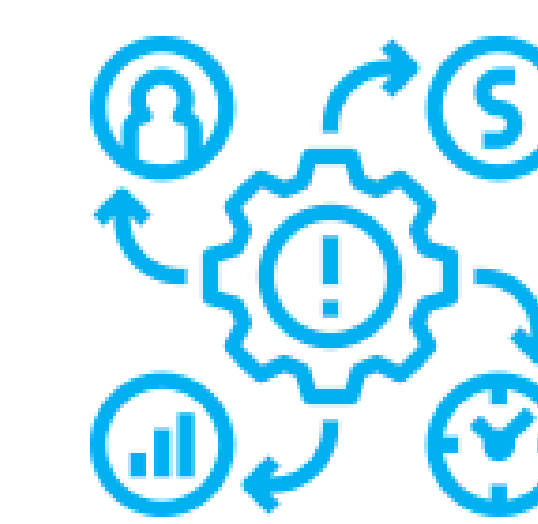


Access to safe & educational child care



Unique circumstances

Parents were asked to wave a magic wand and make whatever changes they wanted to Wisconsin Shares. Suggestions included:



Changes to the parameters



Changes to the process



Outside the scope of Wisconsin Shares

Next steps

We presented these findings to our early childhood education coalition and to the Wisconsin Department of Children and Families (DCF), which oversees Wisconsin Shares. DCF is using our results to implement systems change to make Shares more user friendly, and hopefully increase the number of individuals using the child care subsidy program.

Learn more:



Are We Really Speeding Up Death? Exploratory Insights about Hospice Care from the American Muslim Community

EMERGENCY MEDICINE Laila Azam, PhD, MBA^{1,2}, Arman Tahir, MD³, Fozia Ahmed, BS³, Ismail Quryshi, MD¹, Iqbal Ashraf, MS³, Abdul Hafeez, MD³, Renee Foutz, MD¹, Colleen McCracken MSN, RN¹, Aasim I. Padela, MD, MSc^{1,2}

¹Medical College of Wisconsin, ² Initiative on Islam and Medicine, ³ Muslim Community Health Center



Background

- End-of-life care, particularly hospice, aims to enhance quality of life and provide comfort in final stages.
- Despite its benefits, hospice care is often misunderstood and underutilized, particularly by specific cultural and religious communities.
- Little is known about how Muslims in the United States perceive and engage with hospice care.

Objective

- To explore Muslim patients' and caregivers' perceptions and experiences regarding hospice care within the United States.

Methods

- **Study Design:** A Qualitative descriptive approach; semi-structured interviews with 11 Muslim participants.
- **Recruitment:** Through the Muslim Community Health Center and Community Advisory Board.
- **Data Analysis:** A Framework approach, using NVivo for coding, thematic analysis to identify core themes.

Results

Theme 1: Notions of When Hospice Care Should Be Sought

Participants had differing views on when hospice care should be sought, with many associating it with the final hours or days of life. This misconception often delayed the acceptance of hospice services.

"We're told that in hospice care, they give medicines so that you're not in pain, and you just lie down in bed until your last breath." – Participant 5

Theme 2: Islamic Ethical Concerns Surrounding Using Medications That May Cause Sedation and the Cessation of Feeding

Concerns About Sedation: Participants worried that medications like morphine could cause sedation, interfering with the ability to perform religious duties, such as the final testimony of faith (shahadah).

"You want to be in sense when you're leaving the world, just to say your shahadah when you're dying." – Participant 2

Dilemma Over Cessation of Feeding: Ethical concerns arose around stopping feeding for terminally ill patients, as families grappled with aligning this practice with Islamic bioethical values that emphasize preserving life while avoiding harm.

"The hardest was with her feeding... Family members insisted, 'You have to feed her,' but we couldn't force-feed her." – Participant 11

Theme 3: Families Who Used Hospice Care Reported Having Positive Experiences with Hospice Care

Cultural Sensitivity Matters: Families who used hospice care reported positive experiences when their religious beliefs were respected

"We always had Quran playing in the background... Faith was a central part of this process." – Participant 11

- **Comfort with Care Providers:** Positive experiences were highlighted when hospice staff demonstrated respect for religious preferences, such as providing gender-appropriate care provider.

"They respected everything we wanted... There was never a conflict." – Participant 7

Discussion

- **Impact of Perceptions:** Skepticism toward hospice may prevent timely enrollment, denying patients the comfort and support it provides.
- **Ethical Balancing:** Tension exists between providing pain relief and maintaining religious obligations, particularly for medications affecting consciousness.
- **Cultural Sensitivity in Hospice:** Highlighting the need for culturally tailored education for Muslim patients and families.

Recommendations

- Raise awareness about hospice benefits and counteract misconceptions within the Muslim community.
- Include Islamic values in hospice protocols to support spiritual practices.
- Future research should identify knowledge gaps, address community concerns, and develop tailored interventions in hospice care.

Acknowledgements

We gratefully acknowledge the financial support for this project and research supported by a Clinical Translational Science Institute Grant Award # 2UL1 TR001436. A special thanks to Fozia Ahmed and Dr. Arman Tahir. We are appreciative for the advice and collaboration of the team and Muslim community.



knowledge changing life

Evaluation of Froedtert & MCW Ignite Pilot Program: An Educational Outreach Program to Spark Interest in Health Science Careers

Zoe Sternberg, Dr. Ifunanya Agbim, Desirae Bartos Dr. Malika Siker
Office of Academic Affairs



Background

The Froedtert & the Medical College of Wisconsin (F&MCW) health network serves the communities of southeast, central, and northeast Wisconsin, which houses most of the state's citizens from underrepresented racial and ethnic backgrounds as well as many individuals from rural backgrounds. While more than half of the City of Milwaukee's population identifies as Black, African American, Hispanic or Latino, Milwaukee has also been recognized as having the highest racial segregation in the US. The resulting impact of this segregation compounded by historical discriminative policies have resulted in deeply rooted health inequities in Wisconsin. The gaps in representation within the healthcare workforce pose a significant challenge to addressing these disparities. It is critical to develop a health science workforce that is prepared to advance health equity and deliver compassionate, culturally responsive, innovative, and patient-centered care in our region. To address these needs, F&MCW launched the Ignite program, designed to inspire youth through health science and medical career development engaging outreach initiatives. These outreach events include a hands-on learning activity, a health science career panel, and a health equity discussion.

Hypothesis

Collaboration between F&MCW will lead to the successful implementation of the F&MCW Ignite outreach program, which aims to inspire middle school, high school, and college students to pursue health science careers and gain exposure to health inequities. By integrating our outreach efforts across departments, offices, and organizations and partnering with local schools, the program will contribute to the development of a health science workforce that reflects the communities served and advance health equity. This will be achieved by increasing exposure, interest, and awareness of health science careers and longitudinal pathway programs offered by F&MCW for pre-college students.

Objectives

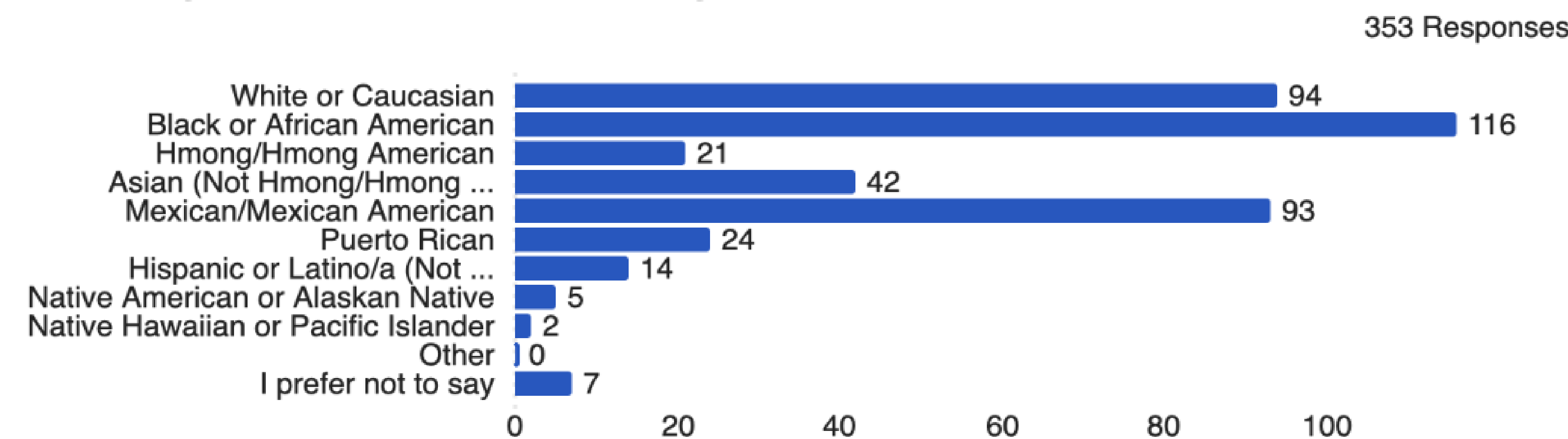
- Develop and launch the Froedtert & MCW Ignite program, focusing on creating engaging educational outreach opportunities and expanding engagement with local schools.
- Analyze data to determine the feasibility and effectiveness of the Ignite program
- Report recommendations based on the feasibility study, including needs-based decision making, tactical action plans, implementation strategies, and resource allocation to increase MCW program enrollment.

Methods

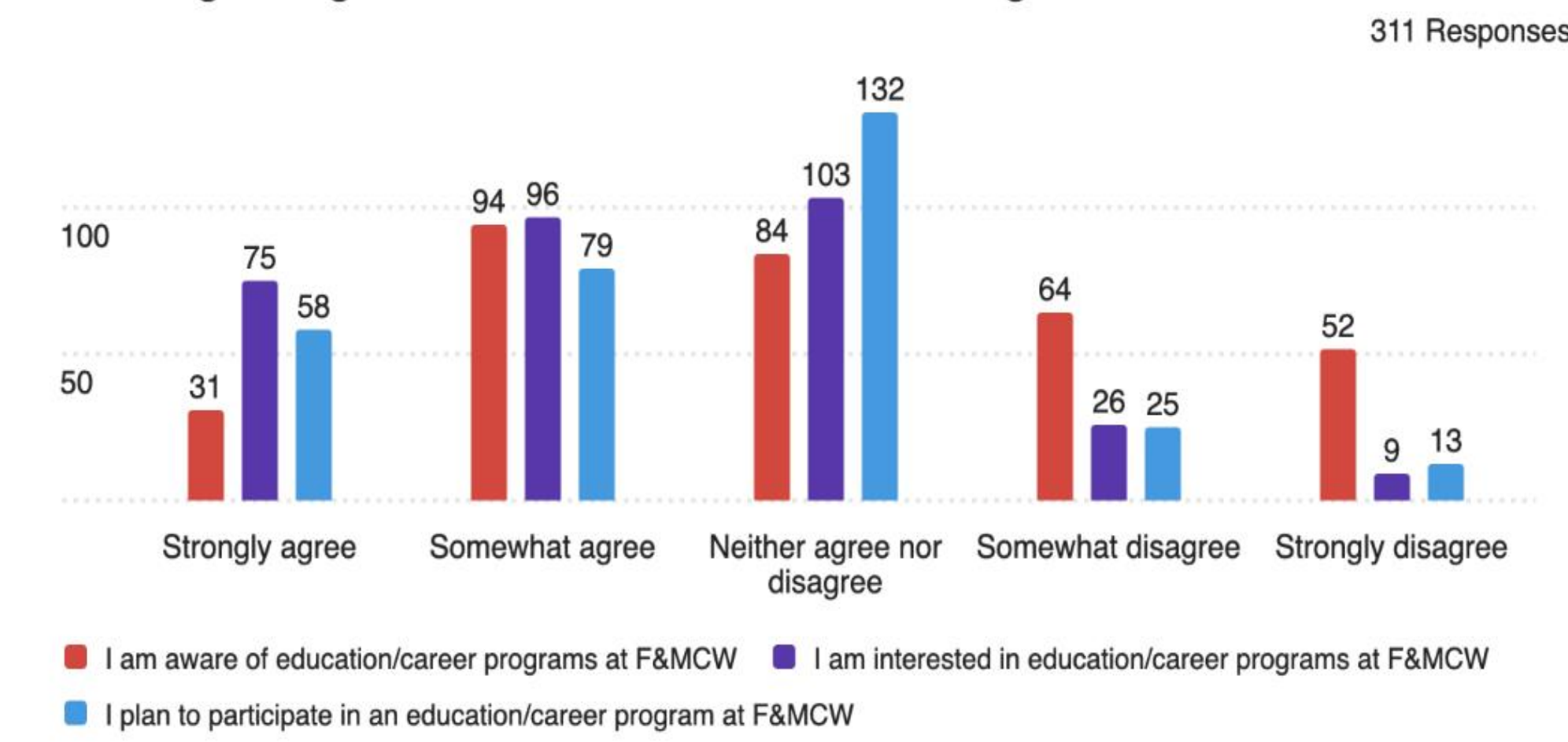
Target ZIP codes 53204, 53208, and 53218 were identified by Froedtert Health as a high priority due to existing health shortages. All schools and programs with interest are invited to apply for an event, however scheduling preference is given to those from the target zip codes; all other schools are scheduled based on event date availability and date of application submission (priority given to the school who applied sooner). Once at the outreach event, all attendees (including teachers, students, and school administrators) complete a pre-event survey to gauge general interest and awareness of health care careers and programs/opportunities available through F&MCW. The survey also includes demographic identifiers and a list of specific health care occupations where students indicate interest before attending the event. The post-event survey is identical to the pre survey with additional questions that evaluate the participants satisfaction of each event activity. All surveys were voluntary and anonymous, with a lack of personal identifiers. For schools with access to the necessary technology, the survey was completed in Qualtrics online. For those without access to personal devices, the survey was completed on paper (printed Qualtrics version) and was later manually entered into Qualtrics by the Ignite team for data analysis.

Results

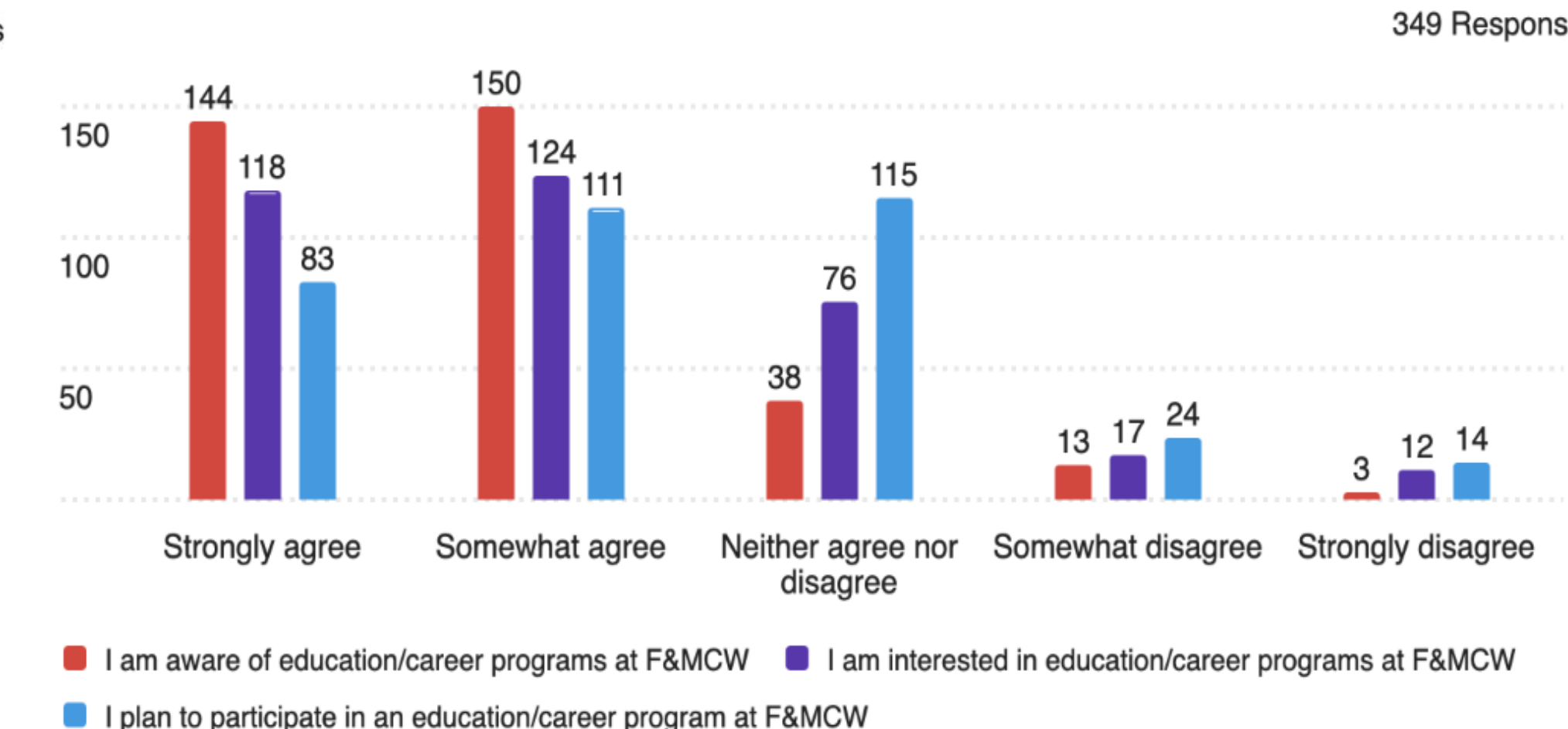
What is your race and/or ethnicity?



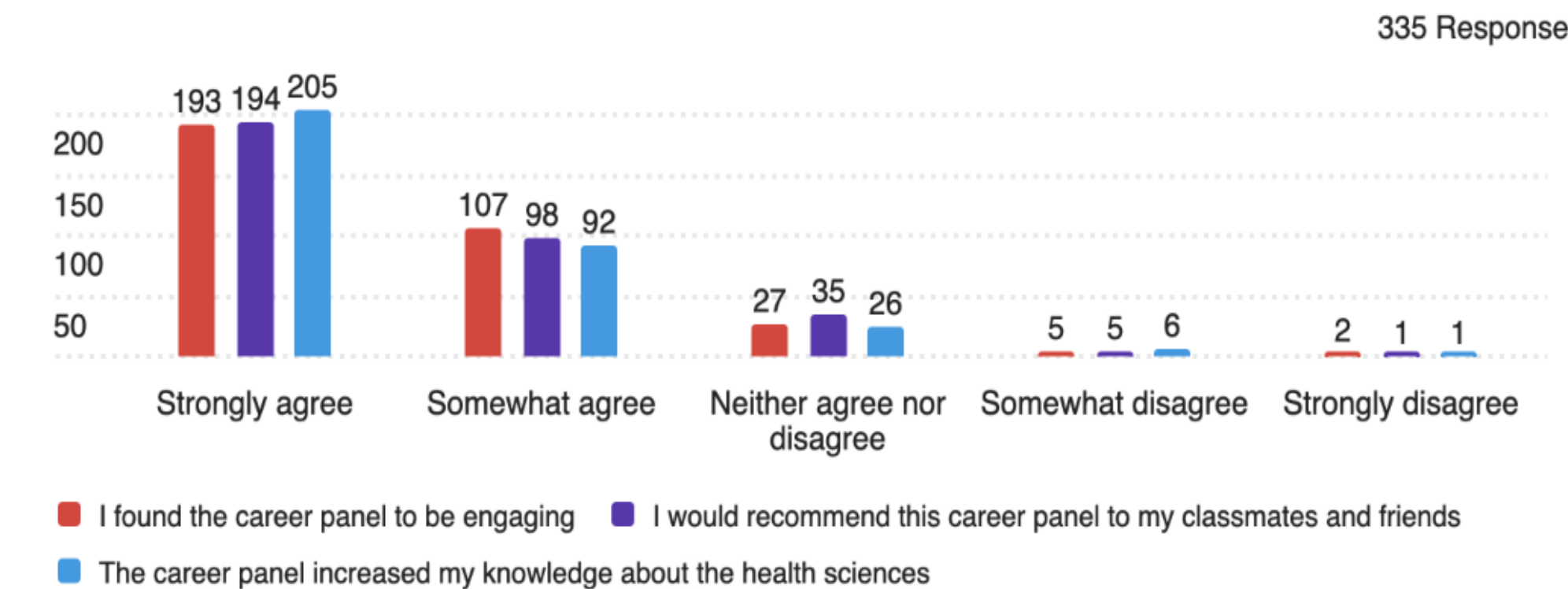
Think about what you currently know about F&MCW Programs *before* attending the Ignite event and rank the following statements:



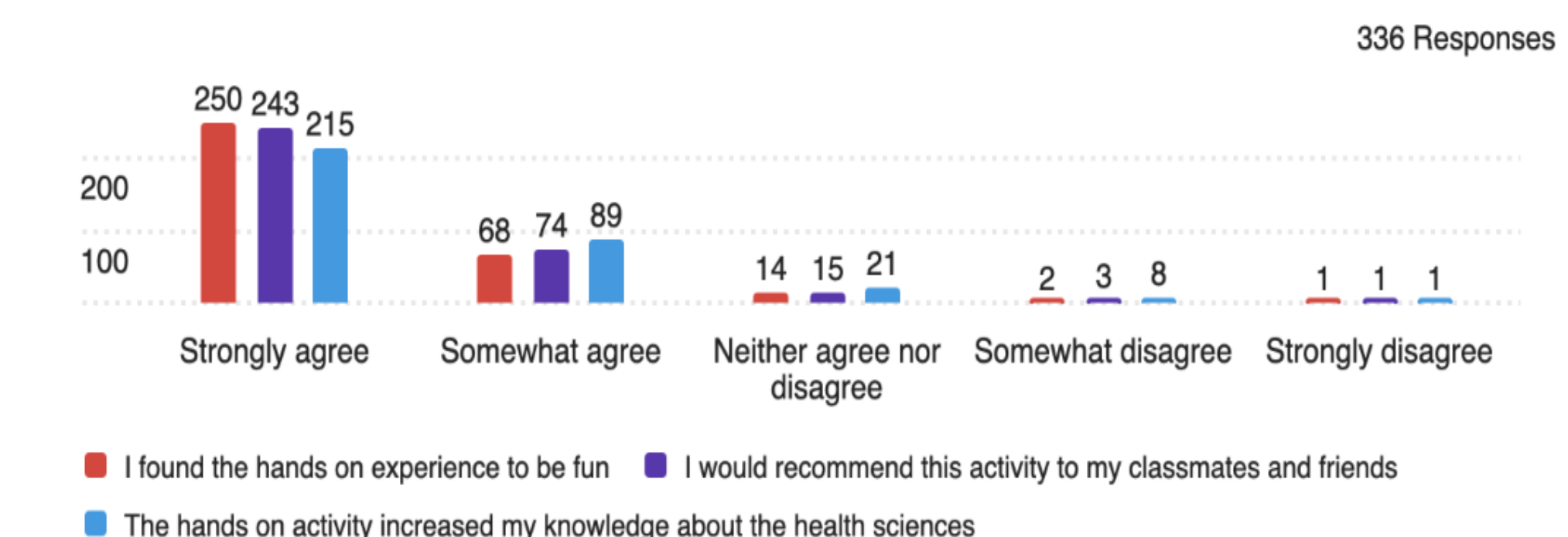
Think about what you know about F&MCW Programs *after* attending today's Ignite event and rank the following statements:



Think about today's career panel and rank the following statements:



Think about today's hands on experience and rank the following statements:



Results

Since launching the program in January, Ignite has hosted 15 events with 353 students. The median age of participants was 15. Of those students, 74% identified as female, and 67% had one or more racial/ethnic identity that is historically underrepresented in medicine. Comparing responses from pre and post event surveys, there was an increase in positive responses (includes strongly agree and agree) for the following statements: interest in (14% increase), knowledge of (69% increase), and exposure to (46%) health science careers; awareness of (135% increase) and interest in (107% increase) F&MCW programs; and plans to enroll in a F&MCW program (42% increase). Student evaluation of the career panel showed that 90% found the panel engaging and 89% indicated that the panel increased their knowledge of health sciences. When evaluating the hands-on experiences, 95% of students thought the activity was fun and 91% indicated that the activity increased their knowledge of health sciences.

Discussion/Future Work

Froedtert & MCW Ignite will continue to host local schools for the remainder of the pilot year and collect survey data to continually improve the implementation of the events and provide evidence of local impact for sustained funding to extend the program beyond the pilot phase. The Ignite team is considering additional sources of funding for sustainability.

Acknowledgements

- Funding for this research project was provided in part by the Office of the Dean
- Funding for Froedtert & MCW Ignite is provided by Advancing a Healthier Wisconsin (AHW) endowment

References

- U.S. Census Bureau (2021). Quick Facts: Milwaukee City, Milwaukee County, Wisconsin; United States. Retrieved from https://www.census.gov/quickfacts/table/milwaukeecitywisconsin,milwaukeecountywisconsin,US/P_ST045218#qf-headnote-a.
- US Census Bureau (2018). American Community Survey, Multiyear Accuracy of the Date (5-year 2013 – 2017). Retrieved from https://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/MultiyearACSAccuracyofData2017.pdf.
- Olson J, Cawthra T, Beyer K, et al. Community and research perspectives on cancer disparities in Wisconsin. Prep Chronic Dis 2020;17:E122.
- Tomlin BD, McAdams RM, Zapata JY, et al. High Black infant mortality in Wisconsin: factors associated with the ongoing racial inequity. J Perinatol 2021;41(2):212-219.
- Ezenagu L. The impact of race and racism on the health of patients in Wisconsin. WMJ 2021;120(S1):S84-S85.
- Landeck J, Spencer RJ, Golden RN. Addressing health disparities through rural training. WMJ 2023;122(2):155-156.
- Wisconsin Department of Health Services (2020). Painting the Picture of Wisconsin's Health. Wisconsin's 2020 Statewide Health Assessment. Retrieved from <https://www.dhs.wisconsin.gov/publications/p03159.pdf>.
- Medical College of Wisconsin Corporate Policies and Procedures Administrative (2018). Student Diversity Policy. Retrieved from <https://www.mcw.edu/education/academic-and-student-services/office-of-student-inclusion-and-academic-enrichment/student-diversity-policy-edgn070>.

INTRODUCTION

War, as one of the disasters, profoundly impacts mental health, leaving behind a trail of invisible wounds. The chaos and violence of conflict zones disrupt the physical. Understanding these aspects is crucial for providing practical support and fostering resilience among those affected by war and displacement.

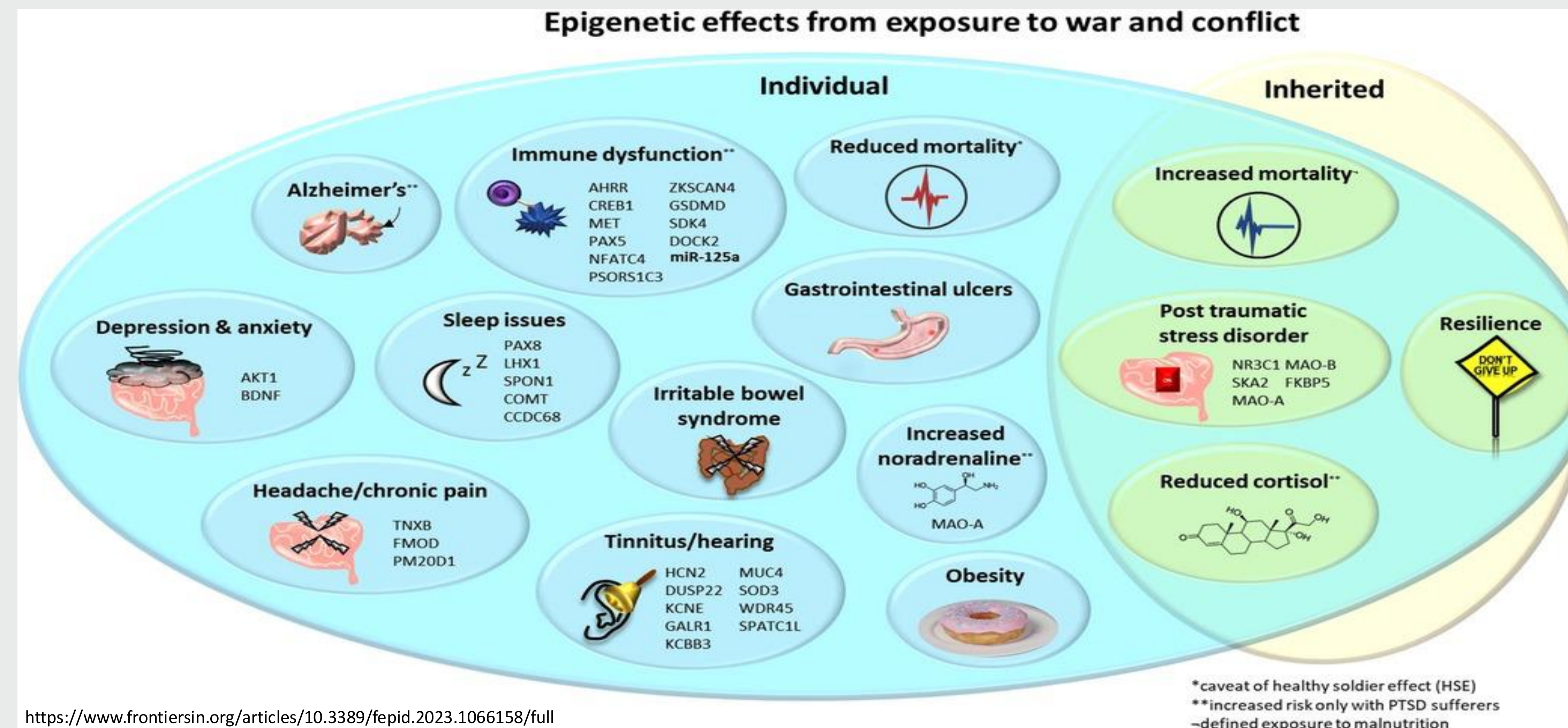
FIVE WAYS THAT CONFLICT AFFECTS THE MENTAL HEALTH OF THE CHILDREN:

1. Anxiety, loneliness, and insecurity
2. Emotional Withdrawal
3. Aggression
4. Psychosomatic Symptoms
5. Turning to Self-Harm

Managing Symptoms and Taking Specific Steps:

Practicing relaxation techniques and seeking support from families, friends, or professionals can significantly aid in coping with mental health challenges. For persistent or severe symptoms, consulting a healthcare professional and considering therapeutic options like cognitive-behavioral therapy (CBT) can be crucial steps toward recovery and mental well-being.

RESULTS



Manage War Anxiety

If the news significantly affects a person's mental well-being, limiting or temporarily avoiding exposure to such content may be beneficial.

Take care of your health – exercise, drink water, and sleep regularly.

To reduce exposure to potentially harmful content, you can cancel or unsubscribe from websites and news pages that may contain fake or distressing information and turn off notifications on mobile devices.

Exposure to war and conflict can lead to significant epigenetic effects. These effects can cause decreased cortisol levels, reduced sleep quality, and an increased risk of various pathologies like PTSD, noradrenaline, tinnitus, Alzheimer's disease, and more. These effects can also be inherited, leading to decreased cortisol levels and mortality but increased risk for PTSD and resilience. Specific genes and miR-125a have been identified as being associated with these pathologies.

CONCLUSION

The scars left by war extend far beyond the physical realm, embedding themselves deeply within the mental and emotional fabric of those affected. Children, as the most vulnerable victims, face a myriad of psychological challenges that can shape their development and future. Addressing these mental health challenges requires a multifaceted approach encompassing understanding, support, and appropriate intervention.

Key Takeaways:

- War significantly impacts children and seniors' mental health.
- Managing war anxiety involves maintaining a healthy routine.

For more information, you can contact me at:

shsaeed@uwm.edu

Participation of Nail Technicians in Dermatology Screening Certification Services Among Nail Technicians in a United States Metropolitan City

Adileen C. Sii, BS and Calista M. Bulacan, BS; Jenna T. Le, BS; Harshavardhan Bollepalli, BS; Melanie A. Clark, MD
Department of Dermatology, Medical College of Wisconsin, Milwaukee, Wisconsin

Background

- One in five Americans will develop a form of skin cancer during their lifetime.¹
- Nail technicians may be utilized as a resource for early skin cancer detection due to their frequent exposure to commonly sun-exposed areas.^{2, 3}
- While there are skin cancer screening certifications available, there are few studies which directly analyze the utilization of these resources.^{3, 4}
- A pilot study was conducted in a metropolitan Midwest city to assess nail technicians' certification status in skin cancer screening and their interest in these programs in the future.

Hypothesis

- Nail technicians are underutilizing skin cancer screening certification programs due to lack of awareness but may express interest in obtaining certifications.
- Increasing education on these programs, especially in cosmetology schools, could improve uptake and enhance their role in early skin cancer detection.

Specific Aims

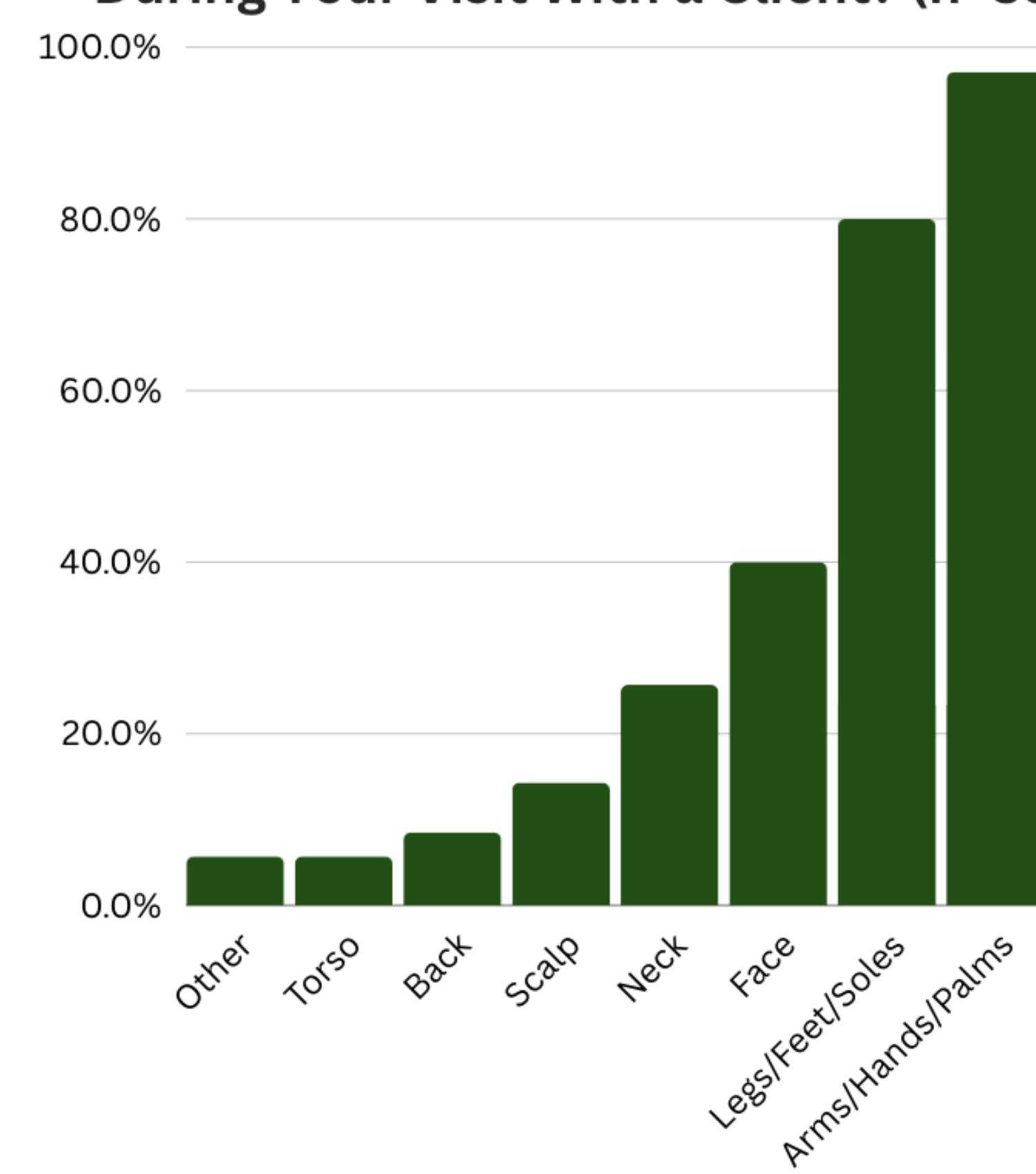
- To determine skin cancer screening certification status among nail technicians in the greater Milwaukee area
- To assess awareness and interest in skin cancer-screening certification programs
- To further isolate the feasibility of using nail technicians in skin cancer screening

Methods

- Nail salons were contacted by phone for interest in completing a questionnaire. If consent was obtained, salons were able to complete questionnaire in-person, over the phone, or via email.
- Nail technicians from nail salons within the Greater Milwaukee area were asked to complete a questionnaire regarding their comfort with identifying skin lesions, their skin cancer screening certification status, and their interest for future certification.
- Survey responses were then analyzed via Likert Scale analysis and frequency reporting which were consolidated into graphs and tables.

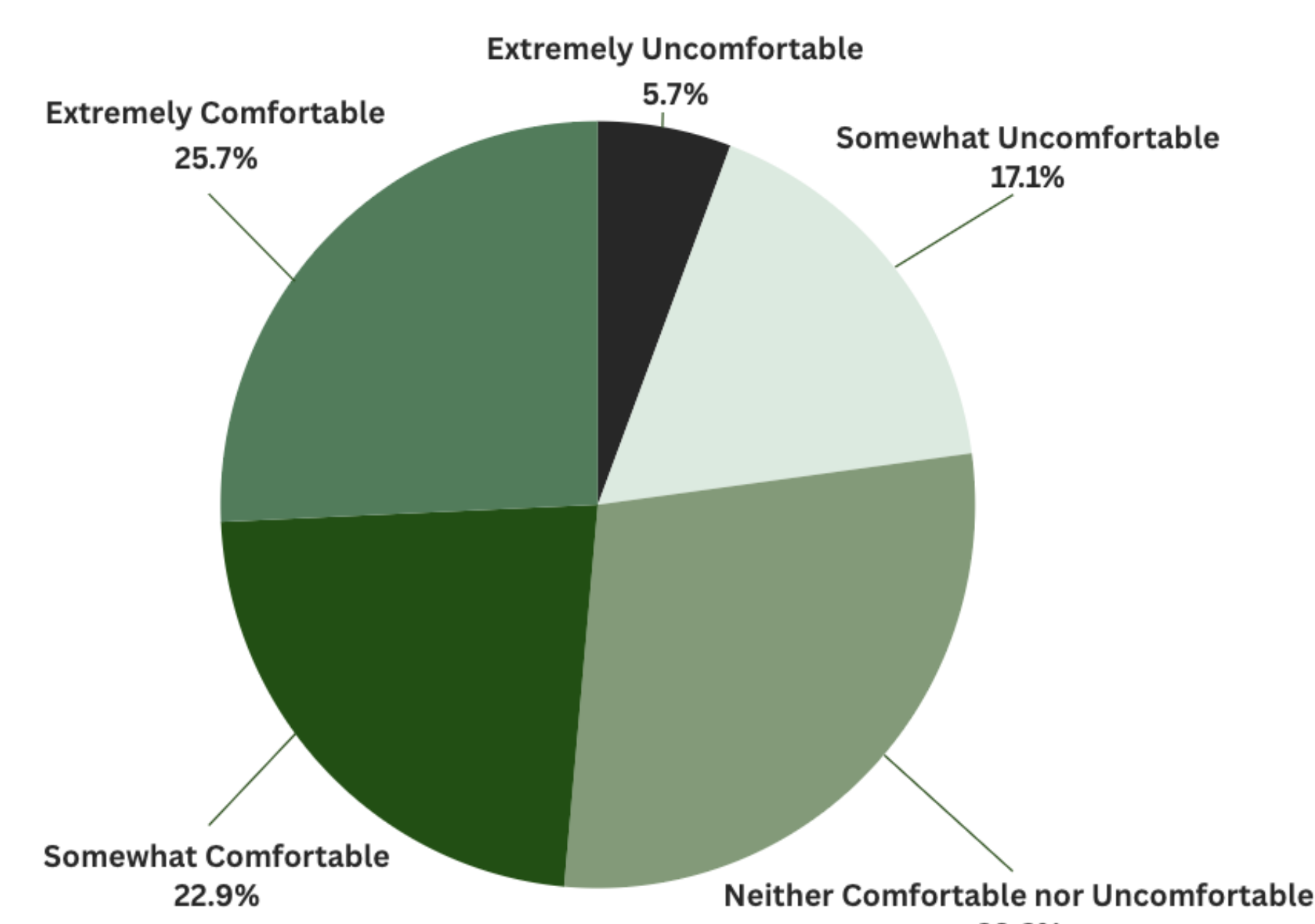
Results

What Areas of the Skin Do You Have Exposure to During Your Visit With a Client? (n=35)



Graph 1: Questionnaire responses to areas of skin exposure from areas of least exposure to most exposure

How Comfortable Are You Identifying Concerning Skin Lesions On a Client?



Graph 2: Questionnaire responses to comfort identifying lesions

Survey Question	Response	Total Response and Percent Frequency (n=35)
Have you ever been concerned about a client's skin-related health problem?	Yes	25 (69.4%)
	No	10 (27.8%)
Are you certified to screen for melanoma and other skin or nail cancers?	Yes	3 (8.3%)
	No	32 (88.9%)
If not certified, have you heard of these certification opportunities?	Yes	4 (12.5%)
	No	28 (87.5%)
If not certified, are you interested in learning more about skin cancer screening certification opportunities?	Yes	14 (38.9%)
	Maybe	13 (36.1%)
	No	1 (2.7%)
	No Response	4 (12.5%)

Table 1: Questionnaire responses of nail technicians regarding client skin concerns and their certification status

Discussion

- Most nail technicians are unaware of certification opportunities for skin cancer screening, despite expressing interest in pursuing them (Table 1).
- The lack of awareness suggests that barriers to certification may stem from limited exposure to these opportunities during trainings.
- Not all cosmetology schools are informing students of these certification opportunities. This could potentially be an area of focus for more participation.
- Some limitations of this study includes:
 - Small sample size of nail technicians who responded to the survey
 - Community-focused surveys in the metropolitan Milwaukee area

Future Work

- Future studies should focus on identifying barriers to certification and ways to minimize these obstacles.
- Additional initiatives include partnering with cosmetology schools to promote skin cancer screening certifications and piloting workshops to improve screening skills and certification rates.
- This study could be repeated on a larger scale for more accurate state-wide results outside of the greater Milwaukee area.

References

1. World Health Organization. Radiation: Ultraviolet (UV) radiation and skin cancer. World Health Organization. Published October 16, 2017. [https://www.who.int/news-room/questions-and-answers/item/radiation-ultraviolet-\(uv\)-radiation-and-skin-cancer](https://www.who.int/news-room/questions-and-answers/item/radiation-ultraviolet-(uv)-radiation-and-skin-cancer)
2. Michalak M. The role of a cosmetologist in the area of health promotion and health education: A systematic review. *Health Promotion Perspective*. 2020;10(4):338-348. Published 2020 Nov 7. doi:10.34172/hpp.2020.52
3. Bailey EE, Marghoob AA, Orenge IF, Testa MA, White VR, Geller AC. Skin cancer knowledge, attitudes, and behaviors in the salon: a survey of working hair professionals in Houston, Texas. *Arch Dermatol*. 2011;147(10):1159-1165. doi:10.1001/archdermatol.2011.184
4. Pearlman RL, Wilkerson AH, Ferris TS, et al. Skin cancer knowledge, attitudes, and practices among non-medical skin care professionals: A narrative review of cross-sectional and interventional studies. *J Cosmet Dermatol*. 2021;20(8):2437-2457. doi:10.1111/jocd.14260

Providing Public Education to Decrease “Unnecessary Visits” to the Emergency Department

Hailey Ruplinger MS, Nancy Jacobson, MD, Taylor Sonnenberg, MD, MSGH, Lauren Nickel, PhD, Ashley Pavlic MD, MA
Emergency Department, Froedtert Health

knowledge changing life

Background

- In 2019 there were 150 million ED visits
- The average cost of various visits:
 - ED: \$2,200
 - Urgent Care: \$258
 - Primary Care: \$171
- At Froedtert Hospital:
 - 80,115 visits from July 2023-june 2024
 - 8,523 were ESI 4 or 5
 - 12.1% left not seen

Many visits to the Emergency Department are “nonemergent” and decreasing these visits are essential to creating a safer environment for both patients and physicians in the Emergency Department.

The problem in Emergency Departments today...



Overwhelming patient flow leading to long wait times, lower patient satisfaction, decreased safety



Increasing incidence of burnout in Emergency physician and health care workers

Why are people coming to the Emergency Department for nonemergent problems?
Will providing community-based education decrease these unnecessary visits?

Working towards a solution...

Step 1: Conduct chart review on the top diagnosis for unnecessary visits to the ED.

Step 2: Collect data on the patient demographics for these ED visits.

Step 3: Create an educational didactic to present to the targeted population.

Top 3 “Nonemergent” Diagnoses:



Next Steps:



A better world...



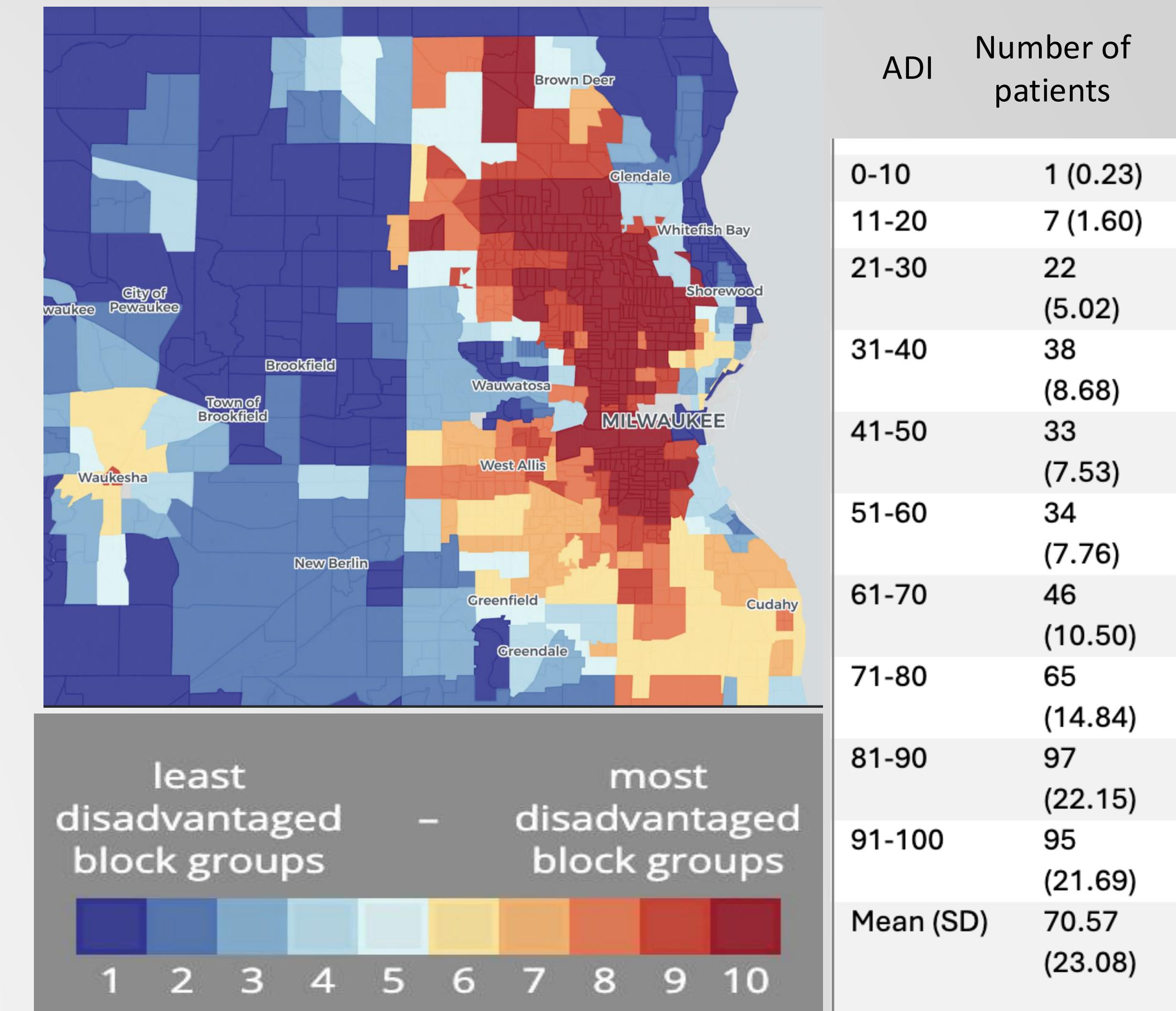
Decreased patient flow into the ED resulting in shorter wait times and higher quality of care.



Higher patient satisfaction and less incidence of healthcare worker burnout

Acknowledgements

This project was funded by Froedtert Hospital Emergency Department



Future Work

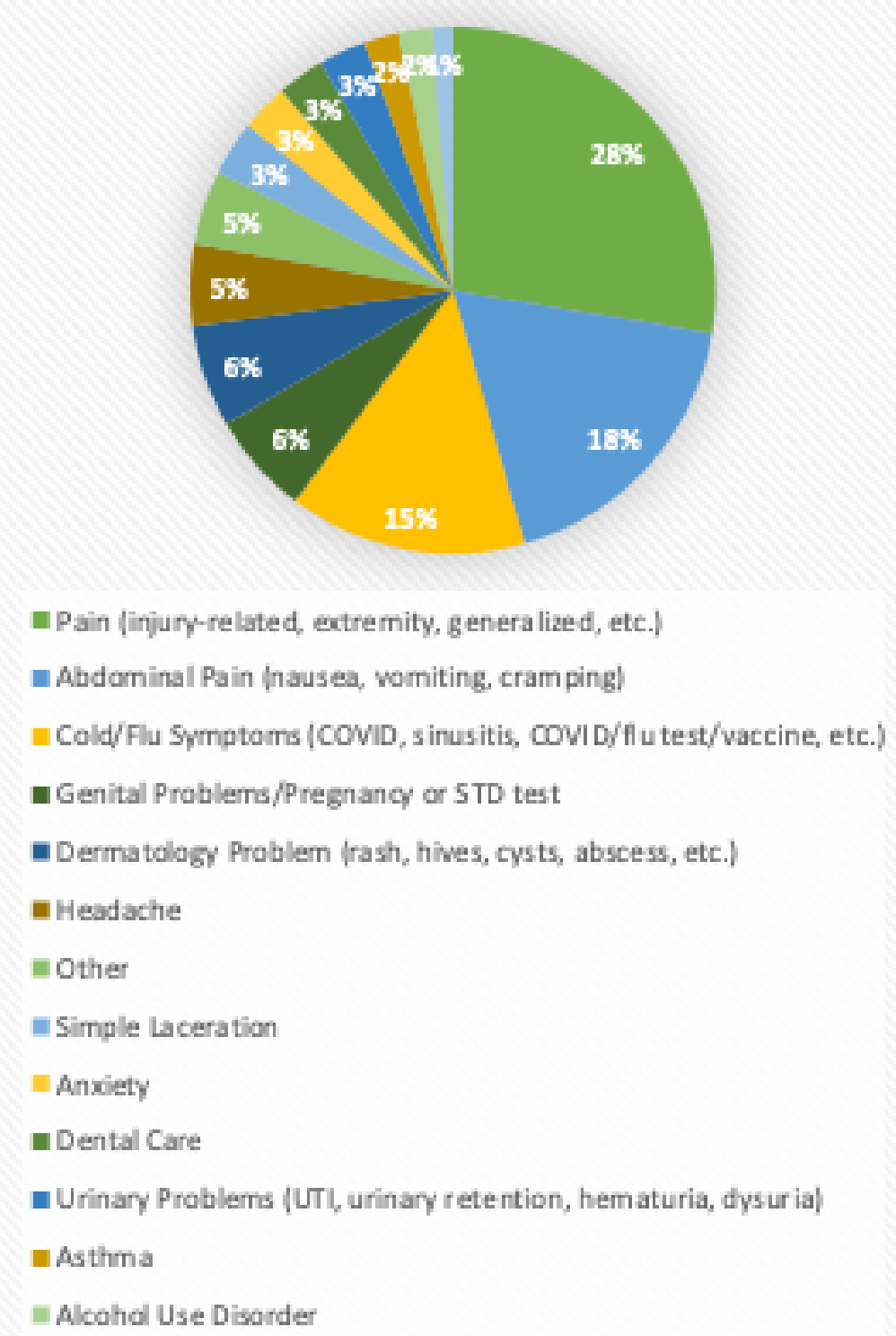
- Canvassing around Milwaukee providing education about appropriate use of ED vs. Urgent cares
- Measuring public understanding through surveys
- Analyzing ED visits post-education

References

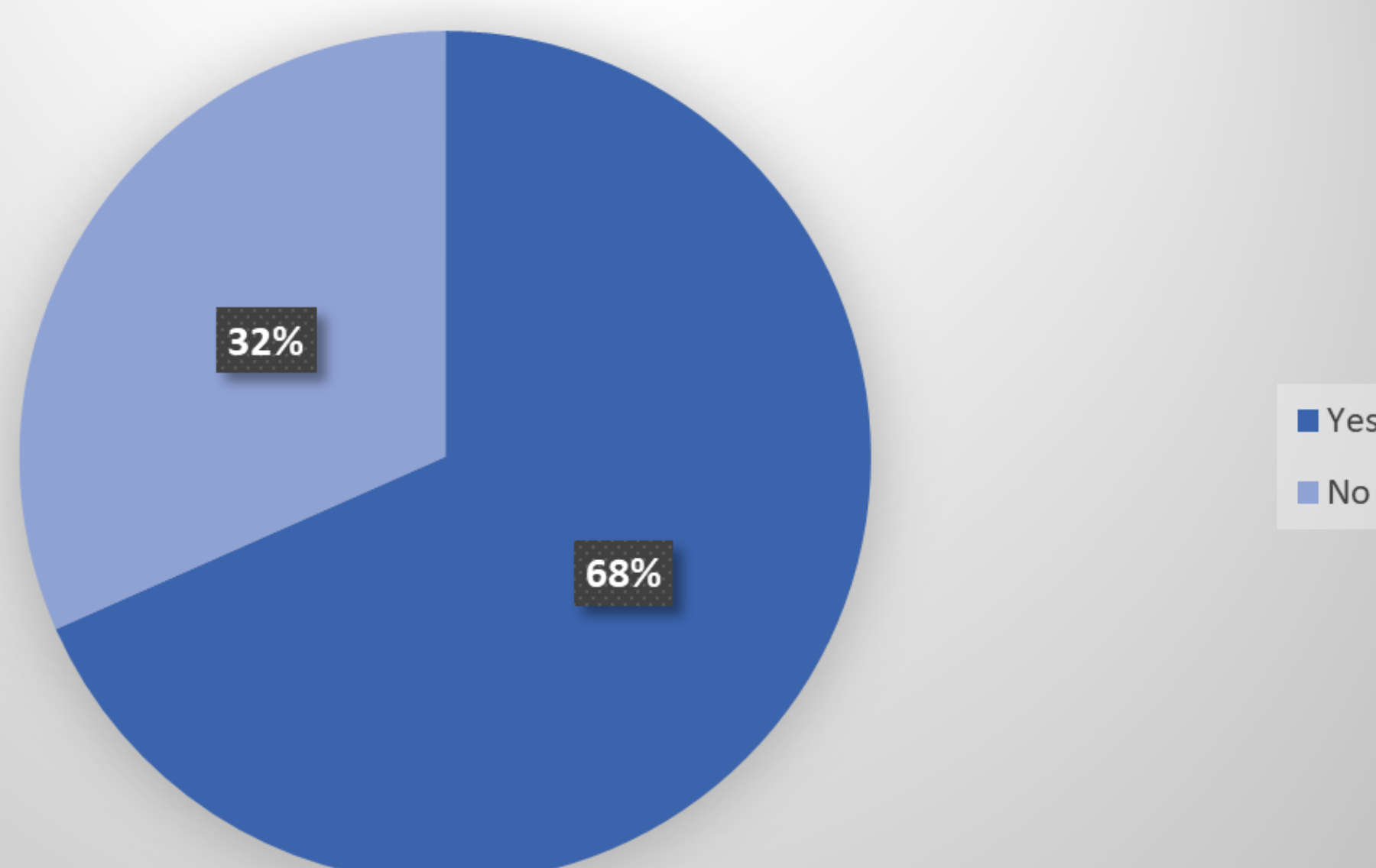


Scan QR code for references

Common “Unnecessary” Diagnosis



Primary Care Physician on File





knowledge changing life

Evaluating the Effectiveness of an In-person AANHPI Focused Cultural Intelligence Session Through HAAPIE

Adileen Sii, BS and Maya Seshan, BS; Lana M. Minshew, PhD; Anjum Sayyad, MD, MBA; Kajua B. Lor, PharmD
Medical College of Wisconsin, Milwaukee, WI

Background

- Cultural competence involves understanding the social and cultural factors influencing health behaviors and adopting care to align with each patient's background to ensure high-quality-personalized care.¹
- Culturally competent care is critical for reducing health disparities in the Asian American, Native Hawaiian, Pacific Islander (AANHPI) communities, especially in underrepresented populations like the Hmong.²
- The Health Advancement for Asian Pacific Islanders through Education (HAAPIE) Initiative provides online modules to educate medical learners on health issues disproportionately affecting AANHPI communities.
- This study assess the impact of an in-person component in addition to the virtual modules.

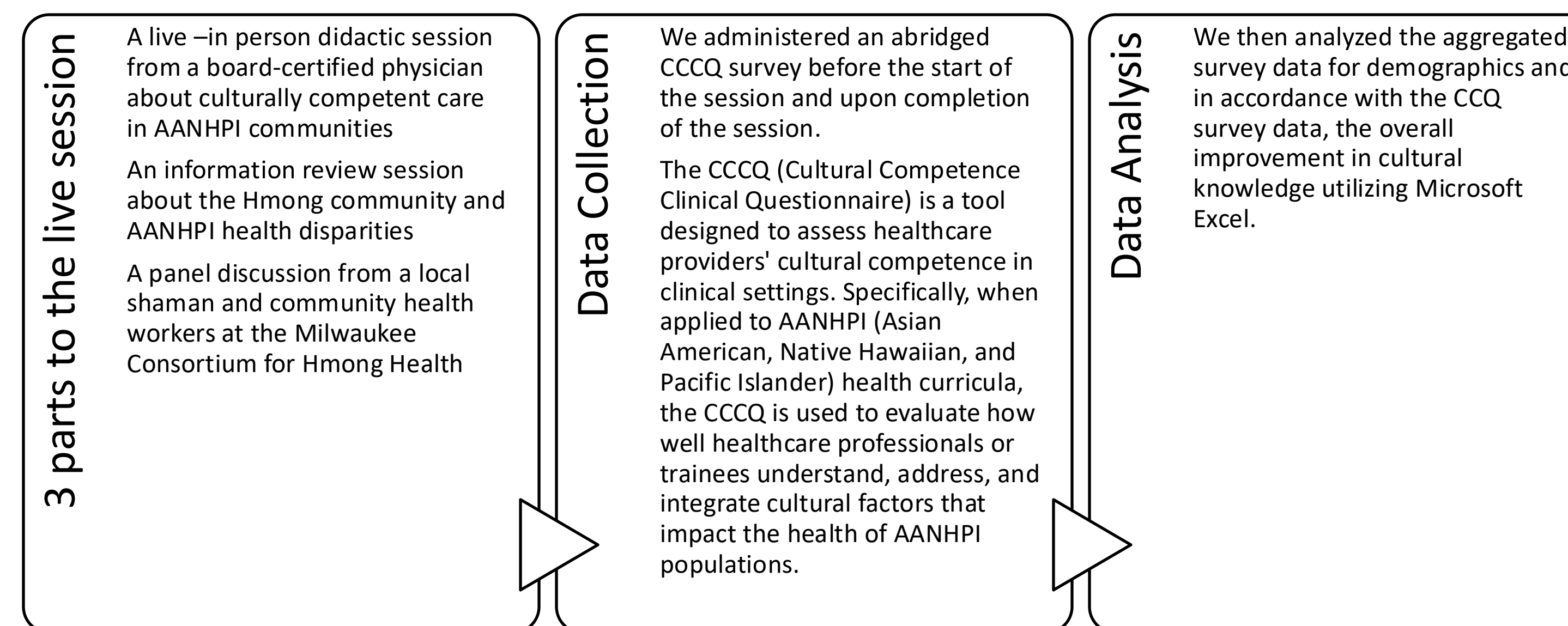
Hypothesis

- Supplementing online modules with an in-person session on culturally competent care will improve a medical learner's:
 - Attitude towards providing culturally-sensitive care for AANHPI communities
 - Confidence in addressing the health needs of AANHPI communities, especially in the Hmong population of Milwaukee

Specific Aims

- To evaluate the effectiveness of integrating an in-person culturally competent care session with online HAAPIE modules
- To assess changes in participants' knowledge, attitudes, and confidence towards providing culturally-sensitive care for AANHPIs
- To identify potential improvements to the HAAPIE curriculum to perhaps implement in future medical school curricula

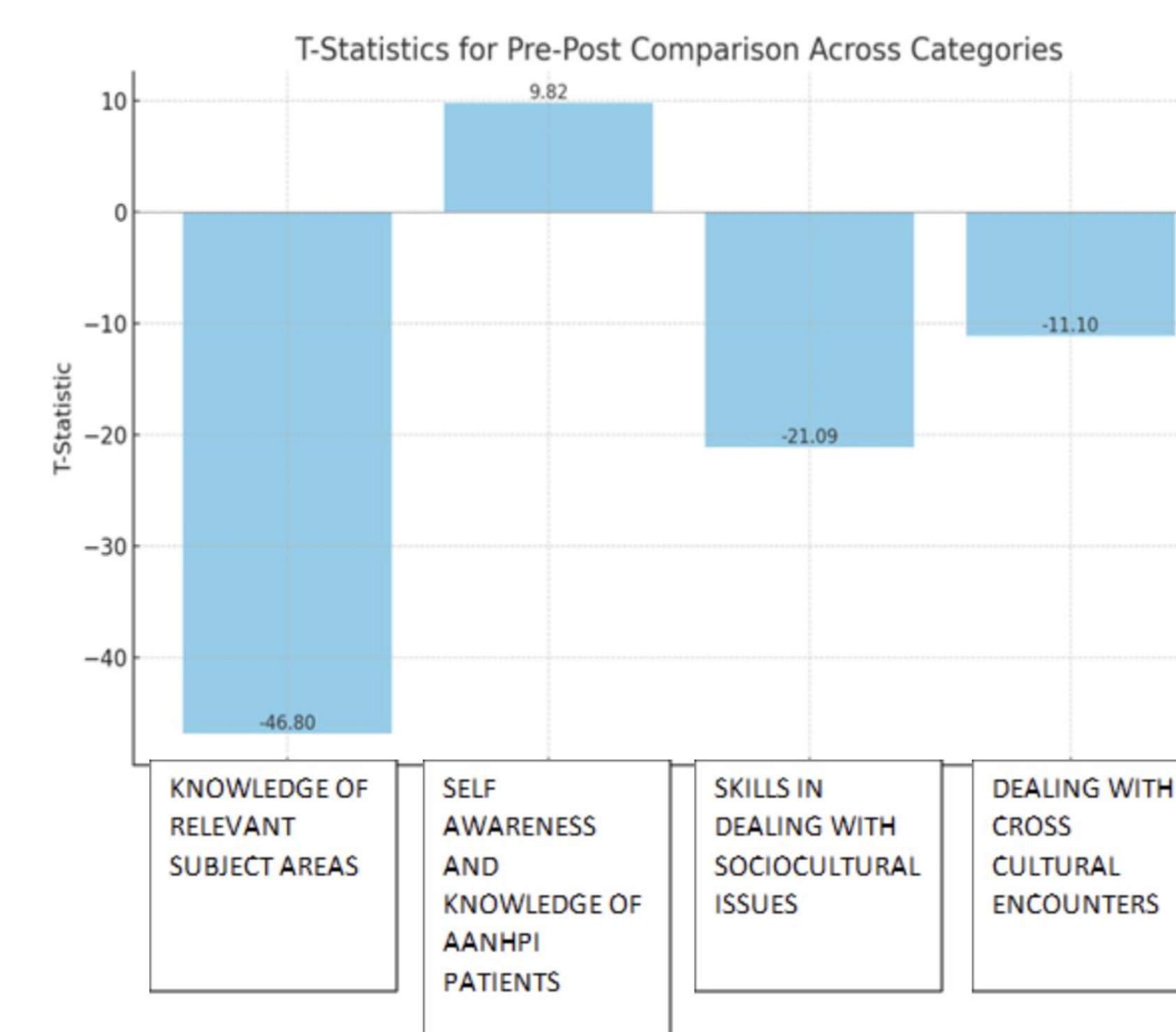
Methods



Results

Completed pre-surveys	Completed post-surveys	% completion rate
50	43	43/50= 86%

Class Year	Race	Gender
M2 and PGY1	White, Asian, Black, other	Male, Female, Other
M2-45 PGY1-5	White: 13 Black: 6 Asian: 25 Other: 3 Mixed: 3	28 - M 22 - F 0 - NB/other
	Hispanic, Vietnamese, Pakistani, Filipino, Taiwanese, Asian Indian, other, Chinese, Japanese, Korean	
Total 50	Total 50	Total 50



Pre-Questionnaire:

- Knowledge of relevant subject areas: Mean = 2.86, STD = 0.18
- Self-awareness and knowledge of AANHPI patients: Mean = 3.91, STD = 0.18
- Skills in dealing with socio-cultural issues: Mean = 2.72, STD = 0.23
- Dealing with cross-cultural encounters: Mean = 2.92, STD = 0.30

Post-Questionnaire:

- Knowledge of relevant subject areas: Mean = 4.20, STD = 0.09
- Self-awareness and knowledge of AANHPI patients: Mean = 3.49, STD = 0.25
- Skills in dealing with socio-cultural issues: Mean = 3.49, STD = 0.12
- Dealing with cross-cultural encounters: Mean = 3.47, STD = 0.19

Knowledge of relevant subject areas:

- t-statistic: -46.80, p-value: $7.35 \times 10^{-697.35} \times 10^{-69}$
- There is a statistically significant improvement post-questionnaire.

Self-awareness and knowledge of AANHPI patients:

- t-statistic: 9.82, p-value: $3.02 \times 10^{-163.02} \times 10^{-16}$
- A significant decrease in scores post-questionnaire.

Skills in dealing with socio-cultural issues:

- t-statistic: -21.09, p-value: $3.37 \times 10^{-383.37} \times 10^{-38}$
- Significant improvement in skills post-questionnaire.

Dealing with cross-cultural encounters:

- t-statistic: -11.10, p-value: $5.07 \times 10^{-195.07} \times 10^{-19}$
- Significant improvement post-questionnaire.

Discussion

- Significant Improvement in Knowledge and Skills:** The large negative t-statistics in categories like "Knowledge of relevant subject areas" and "Skills in dealing with socio-cultural issues" indicate a significant improvement in participants' knowledge and abilities post-intervention. This suggests that the educational program effectively enhanced these competencies.
- Decreased Self-awareness and Knowledge of AANHPI Patients:** Interestingly, the positive t-statistic in the "Self-awareness and knowledge of AANHPI patients" category indicates a decrease in post-questionnaire scores. This may reflect increased awareness of gaps in knowledge or a more critical self-assessment after the intervention. We also believe this may have been affected by the demographics of students in our session, who largely identify as AANHPI.
- Cross-cultural Encounters Show Progress:** The improvement in "Dealing with cross-cultural encounters" highlights participant self-reported felt more equipped to handle diverse interactions after the training, which was one of the key goals of our session and likely benefited from a physician leading this portion and speaking from clinical experience.
- Educational Impact:** The highly significant p-values across all categories suggest the intervention had a meaningful effect, confirming the importance of continued training in cultural competence and socio-cultural issues in healthcare settings.
- Limitations:** Our study is limited by a session size of under 50 students and a somewhat decreased survey completion rate of 86%. We also note that as the session was elective, the students engaging in this elective workshop already maintain a higher knowledge base and interest in serving diverse populations than the average medical student.

Future Work

- Medical schools should integrate culturally competent care throughout their curriculum to better serve diverse communities.
- Future studies should expand upon longitudinal research on AANHPI curricula to assess the impact of culturally competent training on clinical practice and patient outcomes.

Acknowledgements

Thank you to the Community Health Workers from the Milwaukee Consortium for Hmong Health (MCHH) for sharing their experiences working with the Hmong population in the Milwaukee community!

References

- Betancourt, J.; Green, A.R.; Carrillo, J.E.; Ananeh-Firempong, O. Defining cultural competence: A practical framework for addressing racial/ethnic disparities in health and health care. Public Health Rep. 2003, 118, 293-302.
- Price, E.G.; Beach, M.C.; Gary, T.L.; Robinson, K.A.; Gozu, A.; Palacio, A.; Smarth, C.; Jenckes, M.; Feuerstein, C.; Bass, E.B.; et al. A systematic review of the methodological rigor of studies evaluating cultural competence training of health professionals. Acad. Med. 2005, 80, 578-586.

BACKGROUND

- Public Health research with transgender, intersex, and nonbinary (TIN) communities is shifting from a pathological focus to one of health promotion.^{2, 7, 10}
- TIN people have joined research teams as academic researchers and community partners alongside an influx in use of participatory methods.¹⁰
- Community engagement through these methods may result in research findings that are more cohesive with TIN ways of thinking.
- Various definitions of participatory research exist. Broadly speaking, this research exists on a spectrum of consultation with a community to leadership by a community, research generally depends on inclusion of participants or individuals who share characteristics with the participants as part of the research team.
- Community-Based Participatory Research (CBPR) usually includes a focus on this inclusion aspect, and Participatory Action Research (PAR) primarily includes a focus on creating change to resolve the primary systemic concerns of the study.
- A lack of cohesion in methodologies and theoretical backgrounds complicates the ability for researchers to further develop participatory methods with TIN communities.

AIM

Present strengths and weaknesses of participatory research with TIN communities and recommend future approaches.

METHODS

- A systematic review of literature in the PsycInfo, PubMed, and GenderWatch databases was conducted using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines.
- Search terms were used to identify research literature which included (1) transgender, intersex, and/or nonbinary communities, (2) participatory methods, and (3) wellbeing. Some terms were similar to those used in a review of transgender-related topics literature from 1950 to 2016.⁷ This review included all available published literature through Sept 2023.
- Literature were further screened for inclusion of both (a) participatory methods mentioned explicitly or described in the abstract or and (b) data collected exclusively from TIN communities.

Key take-away:
Consistent, documented use of participatory methods is needed for further development of research supporting transgender, intersex, and/or nonbinary communities.

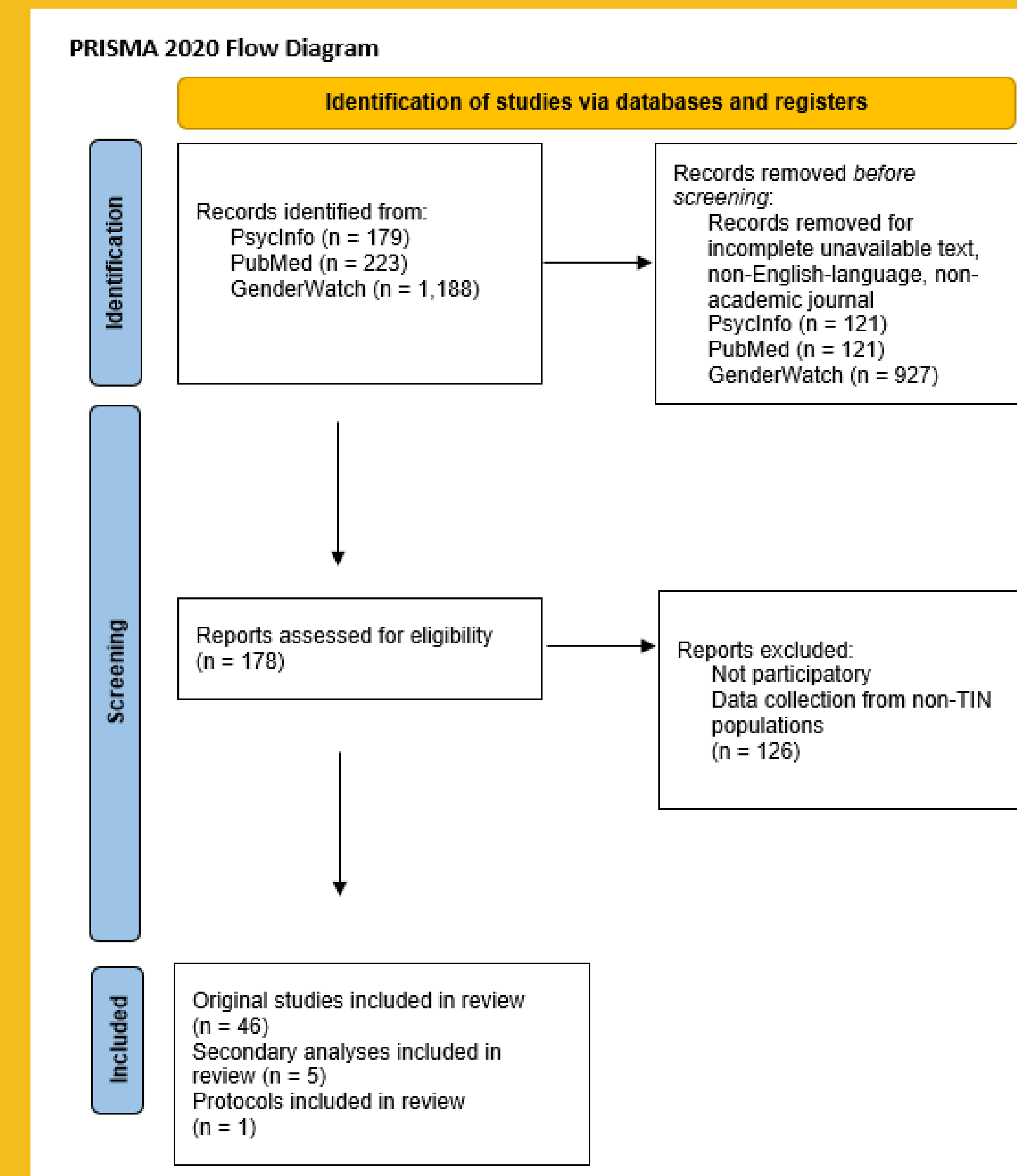


Figure 1. PRISMA chart of literature included in review

RESULTS

Strengths and weaknesses of participatory research with TIN communities

- Strengths:**
 - Potential for self-definition
 - Increased level of trustworthiness between researchers and communities
 - Increased level of trustworthiness in interpretation of findings
- Primary weakness:** Inconsistent use of participatory methods

A summary of suggested approaches from the literature for future participatory research with TIN communities

- Clearly report application of participatory practices
- Utilize a multi-faceted approach for considering systems of oppression
- Acknowledge relations to oppressive systems
- Familiarize selves with the historical context

CONCLUSION

- Researchers have applied a variety of approaches to participatory research with TIN communities.
- Overarching results are obfuscated by a wide range of methods and unclear explanations of participatory methods.
- Participatory research is helpful for work with TIN communities, and thorough explanation of how participatory methods were applied may allow for greater impact of this research, which centers lived experiences.

Sources & Additional Reading



Contact: Dan Holliday kamau@uwm.edu

Methodology	CBPR										PAR					
	54	30	63	57	64	59	52	35	78	47	48	37	23	58	60	38
Creation of Project	U	Y	U	Y	U	Y	U	Y	Y	Y	N	U	Y	Y	U	U
Creation of research questions and/or method	Y	Y	U	Y	U	Y	Y	Y	Y	Y	Y	U	Y	Y	N	Y
Creation of Measures	Y	Y	Y	U	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	U	N
Recruitment	Y	Y	Y	Y	N	N	N	Y	Y	Y	U	Y	U	U	Y	U
Analysis	Y	Y	U	Y	U	Y	Y	Y	Y	Y	U	Y	Y	Y	Y	N
Conclusions	Y	Y	U	Y	U	U	Y	U	Y	Y	Y	U	Y	Y	Y	N
Paper Writing	Y	U	N	Y	Y	N	N	N	Y	Y	N	U	N	N	N	N
Dissemination	Y	Y	N	Y	Y	N	N	N	Y	Y	Y	Y	N	N	U	Y

Green = Yes Orange = Unclear Red = No

Table 1. This table shows a survey of papers using Community-Based Participatory Research (CBPR) and Participatory Action Research (PAR) methods organized to show application of participatory methods. Reference numbers match those provided in the sources and additional reading.

Let's Talk About Coping

Jacob Gorges | Executive Director, Wisconsin Literacy Inc.

Background

The global landscape grapples with a formidable public health challenge: the pervasive prevalence of mental health disorders across all demographics, particularly adolescents and young adults, compounded by low to moderate levels of mental health literacy. Research underscores the magnitude of this issue, revealing that mental health disorders constitute a significant share, 12%, of the global disease burden, escalating to 23% in developed nations (Nobre, Oliveira, Monteiro, Sequeira, & Ferré-Grau, 2021).

Objectives

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.

Methodology

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.

Results

Table 1: Mental Health Literacy Questions (Pre/post) [Likert Scale Responses] (n=30)

Mental Health Literacy Questions						
Survey Questions	Average Score Pre	Average Score Post	Pre-Intervention Score	Post-Intervention Score	Difference in Scores	Goal Met/Not Met
1. I know why good mental health is important	4.2/5.0	4.3/5.0	83%	86%	3% ↑	Yes
2. I know what I can do to improve my mental health	3.9/5.0	4.3/5.0	78%	86%	8% ↑	Yes
3. I know when I should talk to an adult about my mental health	3.8/5.0	4.1/5.0	75%	82%	7% ↑	Yes
4. I know where to go for professional mental health support	3.6/5.0	4.0/5.0	72%	80%	8% ↑	Yes
5. I will use at least one self-care strategy for my mental health	3.8/5.0	4.0/5.0	75%	80%	5% ↑	Yes

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.

Table 2: Mental Health Stigma Questions (Pre/post) [Likert Scale Responses] (n=30)

Mental Health Stigma Questions						
Survey Questions	Average Score Pre	Average Score Post	Pre-Intervention Score	Post-Intervention Score	Difference in Scores	Goal Met/Not Met
1. I am to blame if I have mental health issues	3.2/5.0	2.4/5.0	64%	48%	16% ↓	Yes
2. I would feel ashamed if somebody I know had mental health issues or a mental illness	3.2/5.0	2.9/5.0	64%	57%	7% ↓	Yes

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. The findings suggest that while the intervention effectively reduced self-stigma, additional strategies are needed to address external stigma.



Wisconsin Health Literacy Vision: All people have the skills and a fair opportunity to be healthy.

Wisconsin Health Literacy Mission: Advance health equity through health literacy in organizations and communities.

Acknowledgements This project is funded by the Wisconsin Department of Health Services Minority Health Programs Grant.

Introduction

- Nephrolithiasis is a common urologic disease affecting 1 out of 9 people in the United States
- Current guidelines and emerging data on management may not reflect stakeholder priorities
- Patients and caregivers lack a platform for voicing opinions or engaging in vital research initiatives
- Our group previously developed a patient-prioritized research agenda using a mixed-methods approach

Objectives

- Assess stakeholder viewpoints around a previously described research agenda
- Identify opportunities for engagement in future research
- Describe stakeholder perceptions of kidney stone community engagement work

Methods

- Distribution of the survey to stakeholders (N=97)
- Rating research agenda by important, 1-9 Likert scale, with 7-9 "critically important."
- 70% score ≥ 7 and less than 15% ≤ 3
- Descriptive analysis of stakeholder perceptions



Results

Table 1: Demographics of the survey cohort

	Cohort* (n=97)	Patient (n=13)	Caregiver (n=20)	Clinician (n=22)	Researcher (n=7)
Age, Median	41	35	39	44	40
Gender					
Male	37 (38.1%)	4 (31%)	1 (5%)	12 (54.5%)	3 (43%)
Female	53 (54.6%)	9 (69%)	18 (90%)	10 (45.5%)	4 (57%)
Did not specify	7 (7.3%)	0 (0%)	1 (5%)	0 (0%)	0 (0%)

*Participant type is not mutually exclusive and may not add to 97

Chart 1: Consensus Breakdown

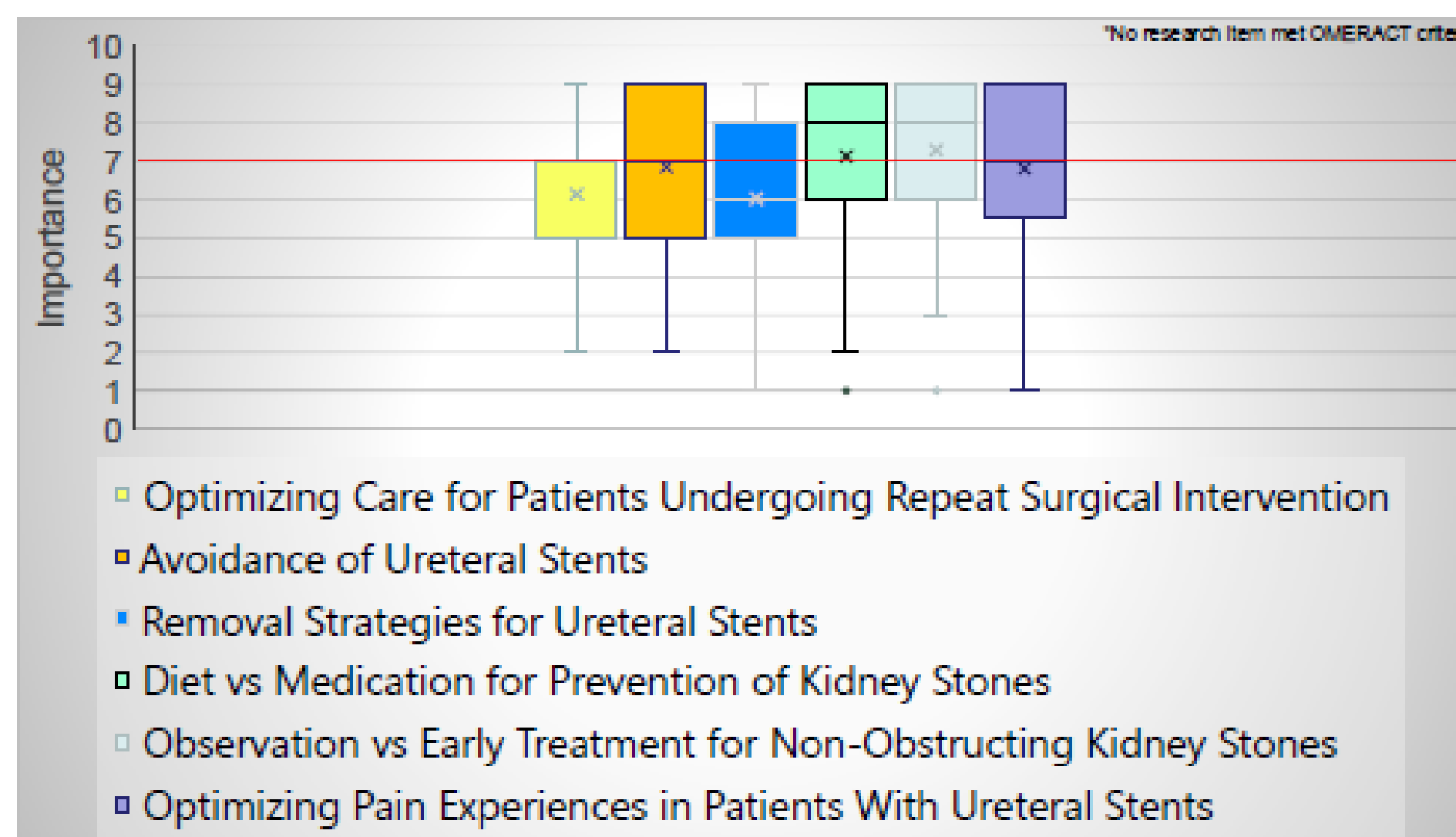
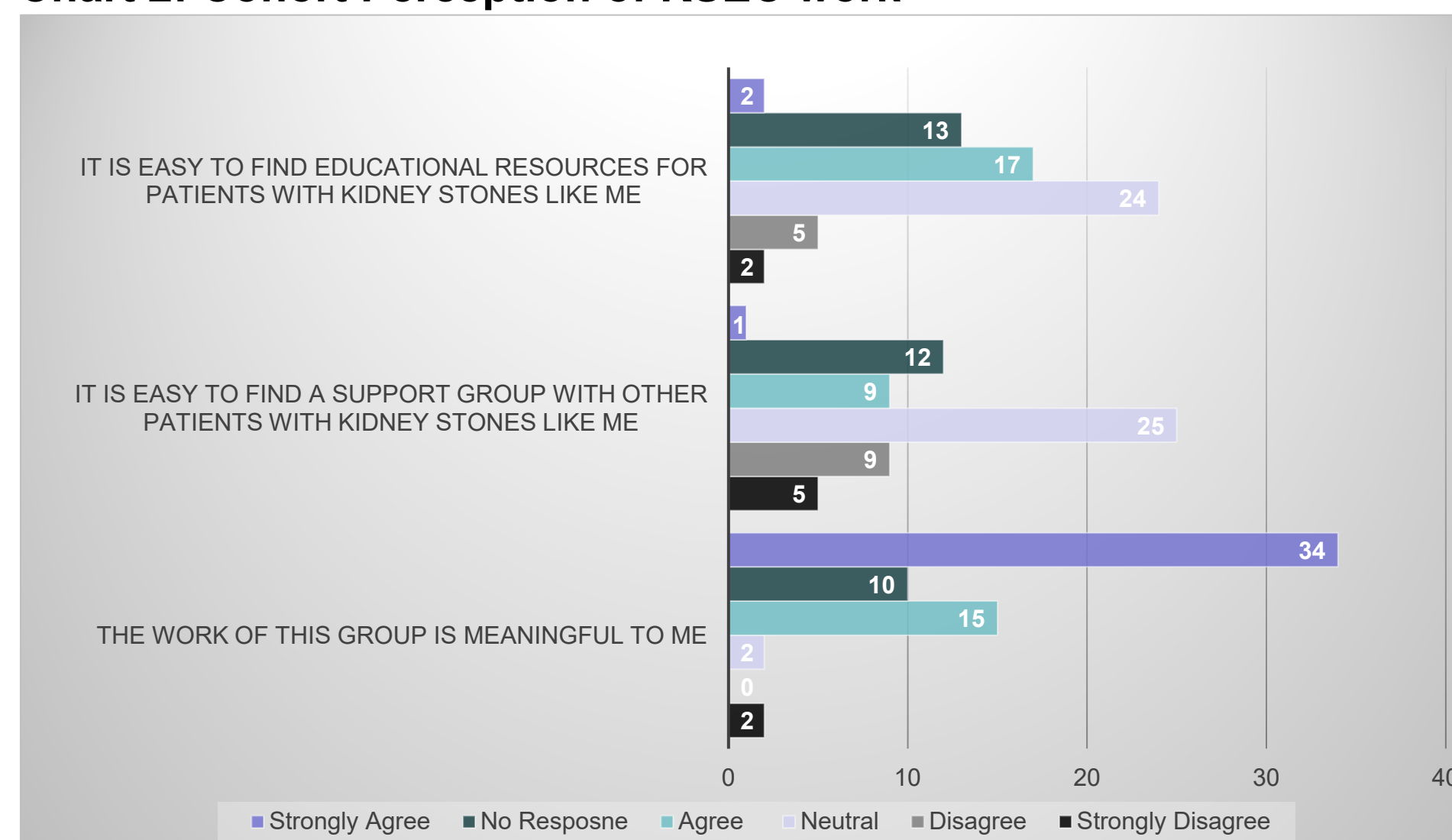


Chart 2: Cohort Perception of KSEC work

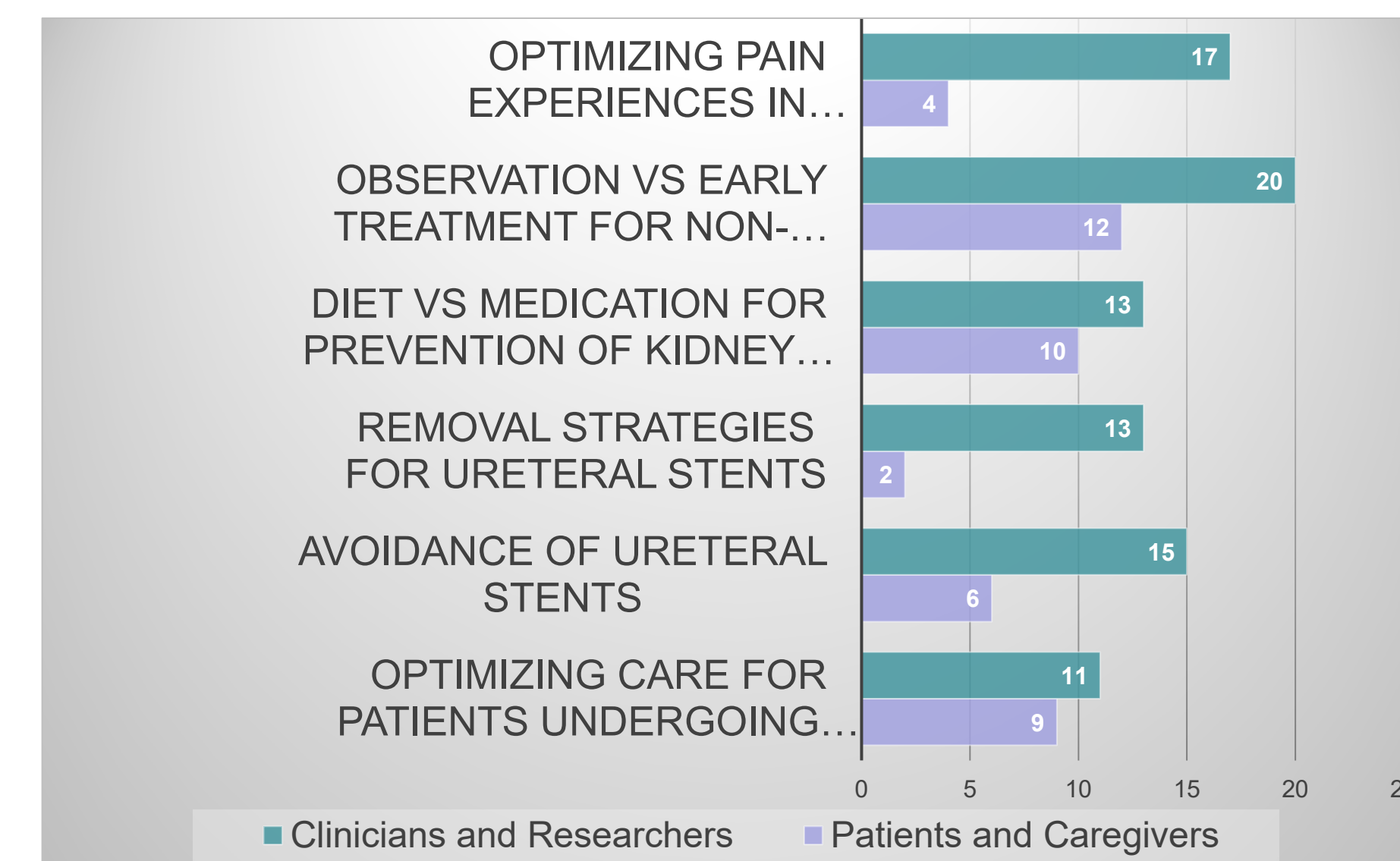


Results Continued

Chart 3: Cohort Interest in Future Studies



Chart 4: Cohort Interest in Specific Studies



Conclusions

- Research agenda items were identified as "critically important" topics by the majority of stakeholders, including patients, caregivers, clinicians, and researchers
- Stakeholders have difficulties in finding support groups and educational materials
- There is clear interest from stakeholders in future study participation

Understanding barriers leading to high “no-show” rates at N.E.W. Community Clinic

Tori Kostman, MS3

Introduction

A major hindrance to positive healthcare outcomes is the lack of continuity of care. This is especially prominent in clinics with high rates of missed appointments, also called no-shows, and failure to pick up prescriptions. No-show appointments also have negative effects on the overall cost of healthcare in the United States. In a retrospective cohort study conducted in 2015, the average cost of a no-show appointment in 2008 was \$196.² At the N.E.W. Community Clinic, a facility serving underinsured and uninsured patients in the Green Bay area, the no-show rate for their behavioral health department in 2022 was 26.09%.³ A study at a clinic serving homeless and underinsured patients found that the top two reasons for missed appointments were miscommunication and forgetting.¹ This study was created with the N.E.W. Community Clinic to address no-shows within the uninsured and underinsured patient population.

Purpose

This study evaluates the reasons why patients do not show up for their appointments or return for their treatment plans, including obtaining prescriptions. With the study results, clinics could implement different strategies to reduce the number of no-shows, improving patients' overall health.

Methods

Current N.E.W. Community Clinic patients over the age of 18 were recruited using flyers with a QR code to a Qualtrics survey.

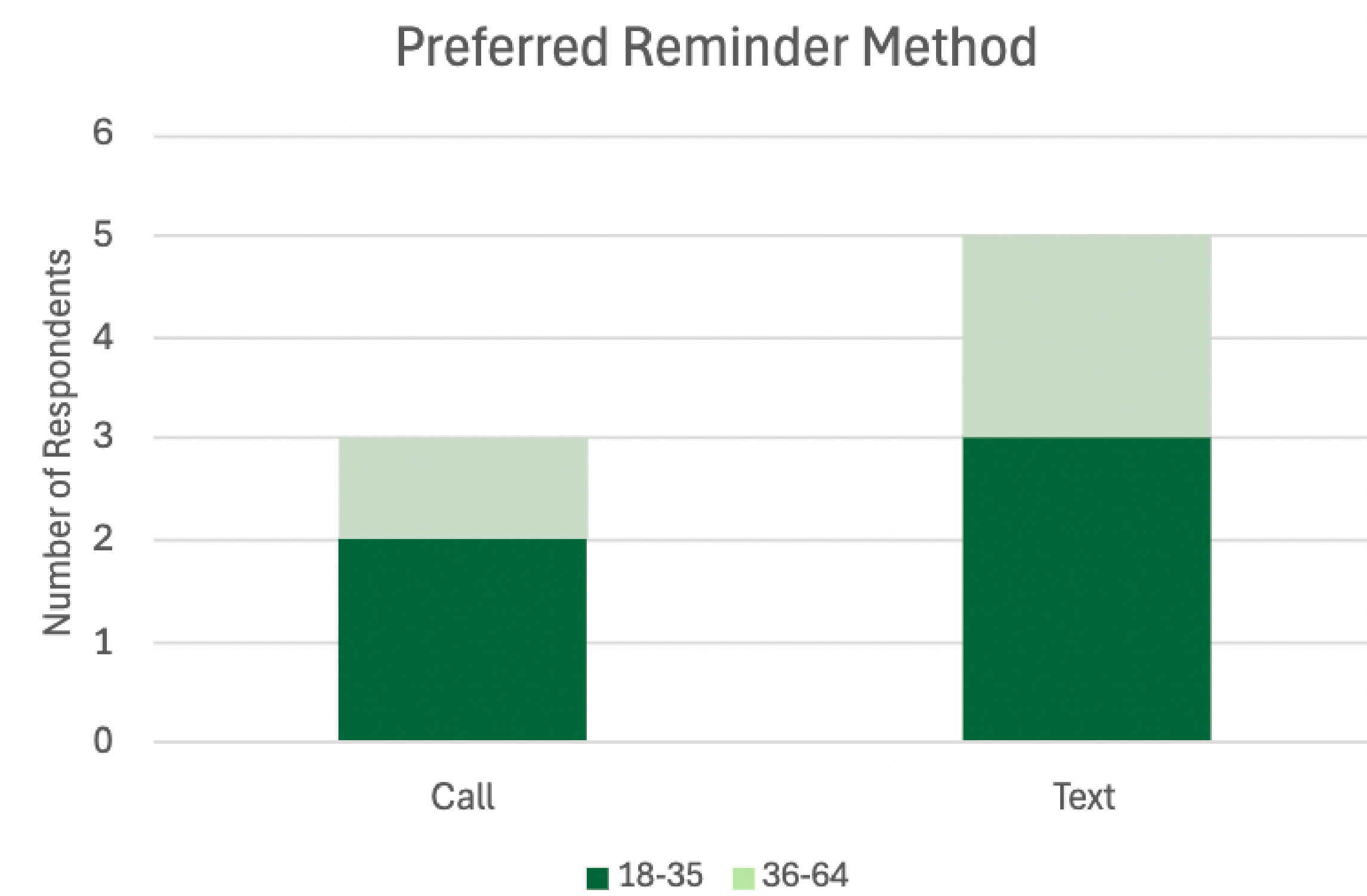
Survey elements:

- Age, gender
- Employment and insurance status, reminder preferences
- Clinic service utilization, distance from residence to clinic

After data collection, results were analyzed to determine the reasons for no-show appointments. A paired t-test was used to determine if there was a correlation between the distance from where the patient lives to the N.E.W. Community Clinic and the rate of no-show appointments.

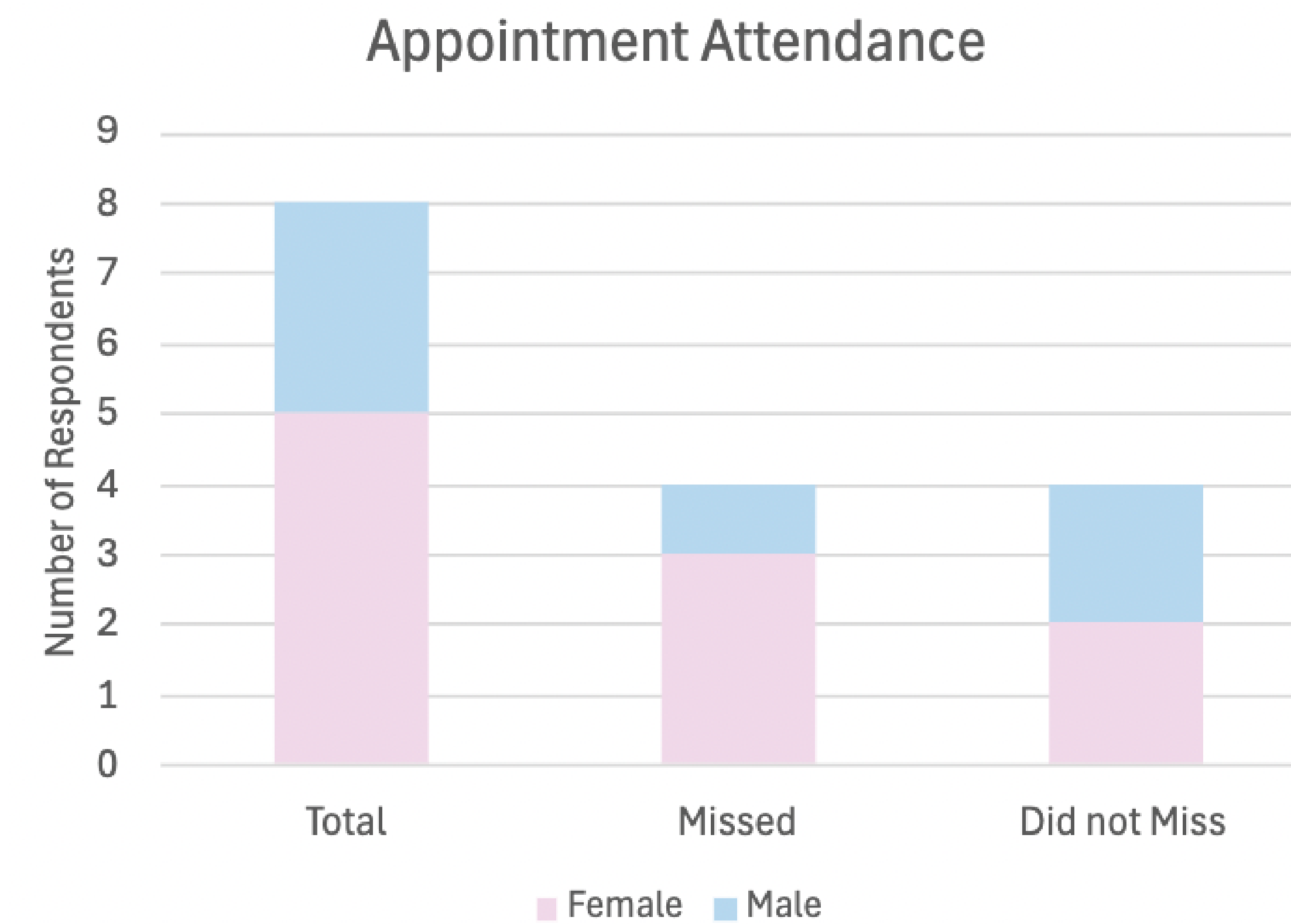
Results

There were a total of 8 survey responses.



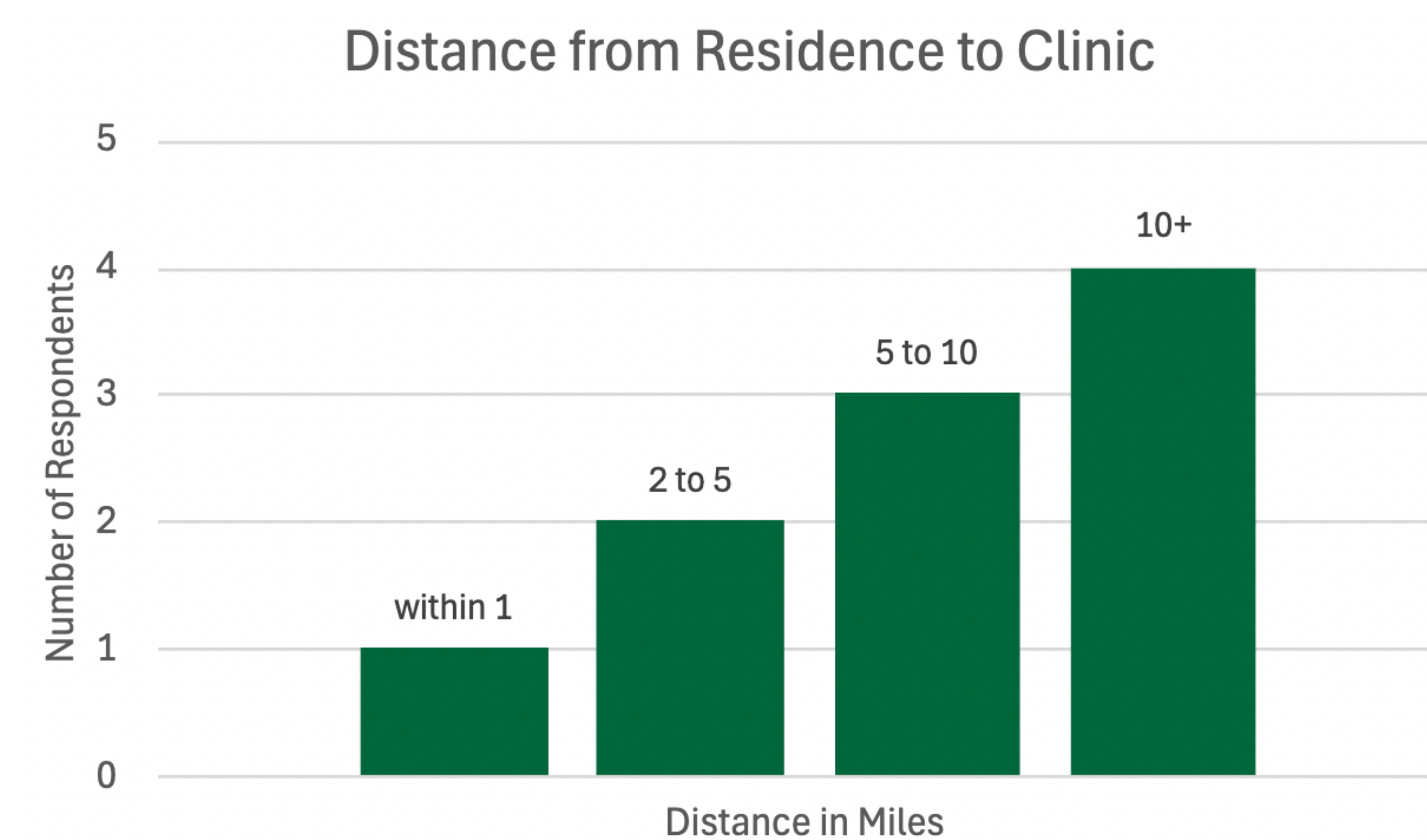
The preferred appointment reminder method is a text message instead of a call, which was consistent among all age groups.

Figure 1. Preferred Reminder Method



Females are more likely to miss appointments than males.

Figure 2. Appointment Attendance Based on Sex



Analysis of the data using a paired t-test showed that the association between the distance from where the patient lives to the clinic and missed appointments was not statistically significant, with a two-tail p-value of 0.6 ($p < 0.05$)

Figure 3. Distance from Residence to Clinic

Conclusions

- The most common cause of patients missing appointments is due to a schedule conflict.
- Individuals ages 18-35 are most likely to miss appointments.
- The distance that patients lived from the clinic was not found to be statistically significant in whether patients missed an appointment.

Future Directions

The clinic can utilize this data to implement strategies to prevent future missed appointments, which can also be applicable to other clinics with similar missions.

Replicating this study at other clinics with similar missions would allow the data to be more generalizable. A larger sample size would provide better insight into the high rates of no-show appointments in addition to increasing the likelihood of finding statistically significant data. Future researchers should prioritize exploring methods of increasing survey completion. Finally, collecting data from those under 18 would be more inclusive as the clinic serves patients within that age demographic.

References

1. Kaplan-Lewis E, Percac-Lima S. No-Show to Primary Care Appointments: Why Patients Do Not Come. *Journal of Primary Care & Community Health*. 2013;4(4):251-255. doi:10.1177/2150131913498513
2. Kheirkhah, P., Feng, Q., Travis, L.M. et al. Prevalence, predictors and economic consequences of no-shows. *BMC Health Serv Res* 16, 13 (2015). <https://doi.org/10.1186/s12913-015-1243-z>
3. Patterson, Katie, PsyD, LPC, NCC. January 2023.

Rachel Knoebl, BS, Hannah McBride, BS, MS, Faith Bobholz, BS, Caidon Iwuagwu, BS, Maya Seshan, BS, Mackenzie O'Connell BS, MS, RDN, Gabriella Patino, BS, Madalynn Welch, BS, Amanda Jentsch, BA, and Sabina Diehr, MD

Department of Family and Community Medicine, Medical College of WI – Milwaukee

Background

- Homelessness is associated with health inequities including shorter lifespan, higher morbidity and frequent usage of acute healthcare services.
- Low health literacy and limited resources leads to higher rates of improper recovery and readmittance to the hospital.
- Low health literacy has serious implications including increased risk for medication errors, miscommunication, decreased care quality, and inability to comprehend and access available care options.
- Previous studies have shown that a large percentage of women are not able to identify their own anatomy, or explain menstruation, pregnancy, or menopause correctly.
- Health literacy plays an important role in reproductive knowledge and may impact behaviors and health outcomes of all people.

Study Aims

- This collaborative, community-based project works directly with homeless women to identify women's healthcare gaps and ways to improve their overall health experience.
- It is hypothesized that a greater need for information about women's health will be identified.

Methods

- Focus groups were held at the Milwaukee Women's Center. Current shelter residents volunteered to participate.
- 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. Participants were also asked to fill out a brief survey about their experience.
- Qualitative responses were then analyzed using inductive content analysis by two researchers. Initial coding and thematic sorting was then validated by two different researchers.

Results

16 Women Participated

- 81.3% were black/African American, 18.8% were multiracial
- 18.8% completed some college, 56.3% completed high school/obtained GED, 25% did not complete high school

7 themes were derived

Personal Experiences/What they wish they knew about:

Periods and Pregnancy

STIs and general health screenings

Menopause and getting older

Exposure to Sex Education

Past Experiences with the Healthcare System

Dissemination of Health Information

Suggested Improvements for Women's Healthcare

Discussion

- Each participant had a unique experience, but all wished they knew more about their own bodies
- Participants learned about periods, pregnancy, and menopause through personal experience, but wished they had more education beforehand
- Gaps in education may lead to misunderstanding as people seek information from unreliable sources.
- There is increased marginalization of women's healthcare for vulnerable populations
- There is need for comprehensive sex education and increased health literacy

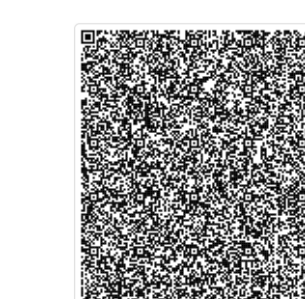
Future Work

- Suggestions were provided by participants regarding healthcare workers role in improving health literacy
- Provide patient education
- Deliver thorough and compassionate care
- Adapt to individual patient needs
- Given the results of the focus groups, educational modules and materials will be created to be presented at the Milwaukee Women's Center to adapt to their current needs

Acknowledgements

A huge thank you to the guests, Ms. Shamika May and the other wonderful staff members of the Milwaukee Women's Center. We are grateful for your ongoing partnership and selfless work at the shelter.

References



Exploring Creative Self-Efficacy of Autistic Youth Following a Community-Based Art Program

Jeana M. Holt, PhD, DNP, MSN, RN, FNP-BC, Katelyn Siekman, BSE, OTD, OTR/L, Margaret Fairbanks, BFA, M.Ed., Mark Fairbanks, Lilly Carrillo, and Nathaniel Stern, PhD, MPS

OBJECTIVE

This study aims to understand the impact of a STEAM-based intervention on developing the creative self-efficacy of autistic youth.

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.

MANY WAYS TO CELEBRATE:
EAT A GIANT SLICE OF PIZZA,
MOOO; DANCE!

ARTISTIC EXPLORATION:
I MADE COOL PEOPLE
WHEN I MADE MY
CHARACTERS.

GENERAL
EXPERIENCE
ENJOYMENT:
ALL OF IT WAS
FUN!

ARTISTIC SELF-DISCOVERY:
I NEVER THOUGHT I COULD MAKE
AN ANIMATED VIDEO.



METHOD

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?

RESULTS

Fifteen autistic youth participated. We identified four themes that represent creative self-efficacy in the participants: Artistic Exploration, Artistic Self-Discovery, General experience enjoyment, and Many ways to celebrate.

CONCLUSION

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.



Factors Influencing COVID-19 Vaccination Decision in Brown County

Manpreet Kaur, MS3

INTRODUCTION

- Since the COVID-19 vaccines have become available, there has been vaccine hesitancy.
- Building public trust would be key to convincing people to receive the vaccine (Wahlberg, 2021).
- Patients are more likely to receive a vaccine if they have received guidance from a primary care physician (Quinn, 2017).
- More research is needed on how health officials can increase people's willingness to get vaccinated.

PURPOSE

Determine which factors encouraged participants in Brown County to choose to receive the COVID-19 vaccine.

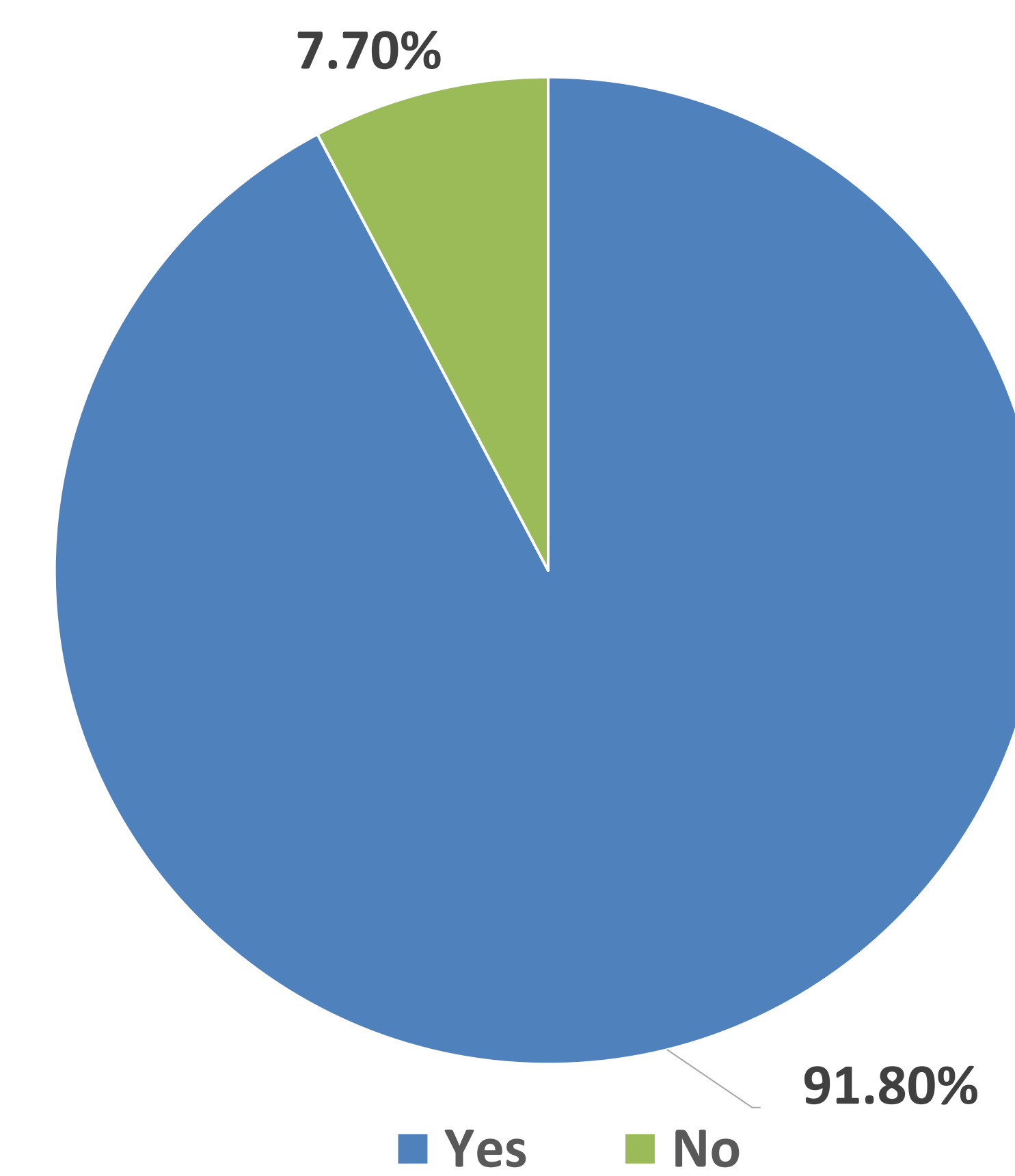
METHODS

- 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 Public Health social media channels, community partner list, and Community Connections newsletter.

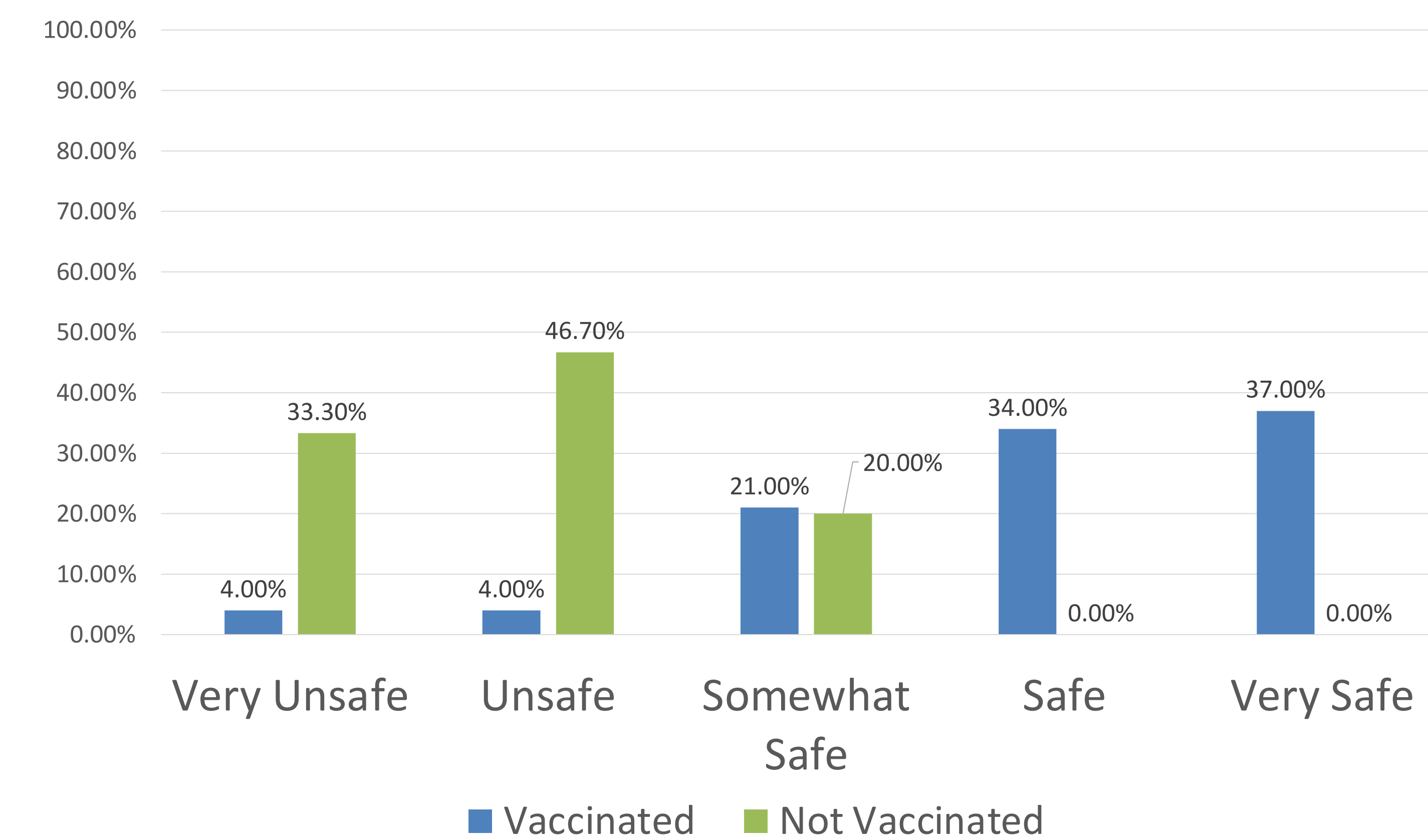
RESULTS

- 202 participants completed survey.
- 91.8% of participants reported receiving the COVID-19 vaccine.

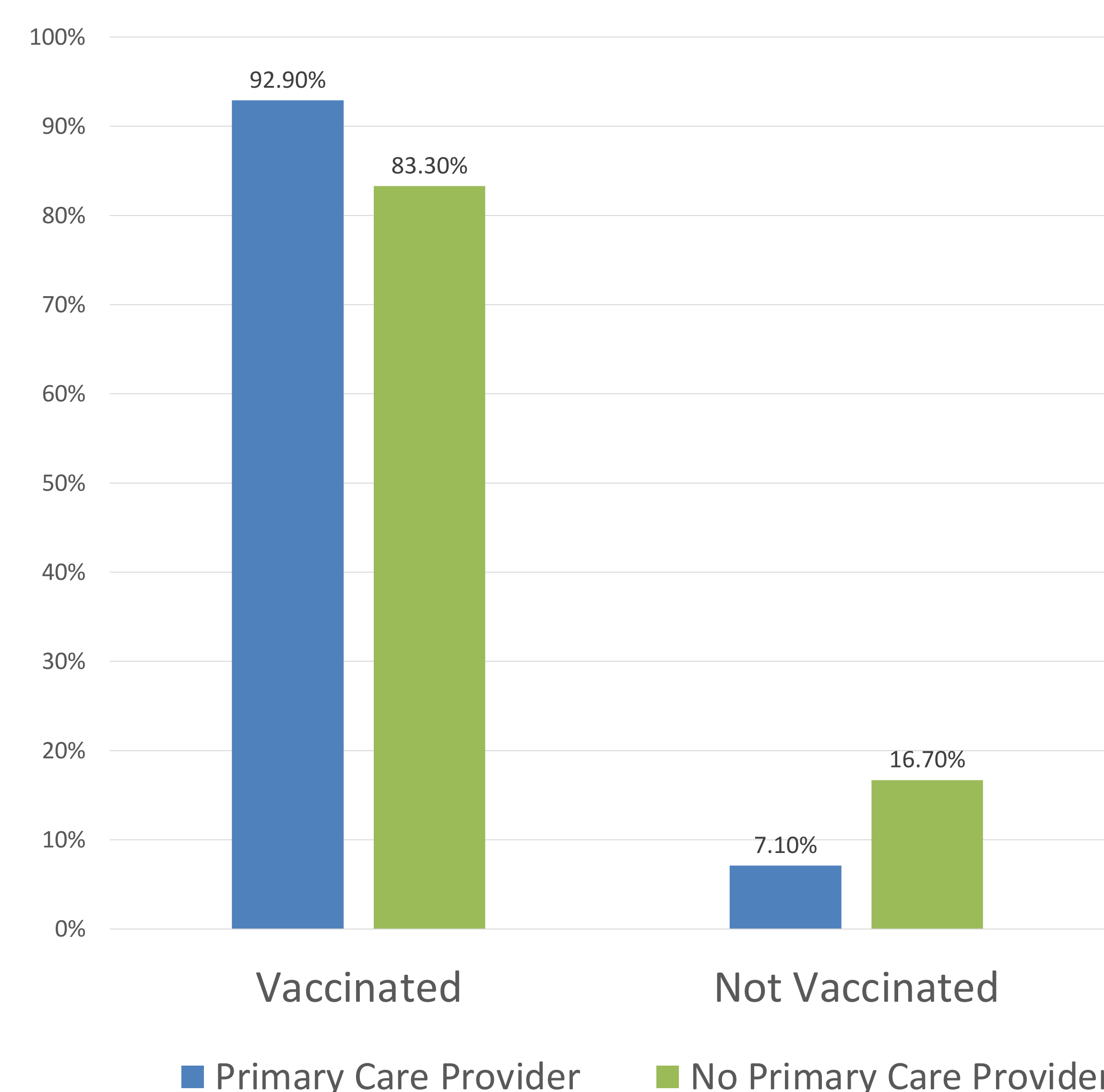
Have You Ever Received A Covid-19 Vaccine?



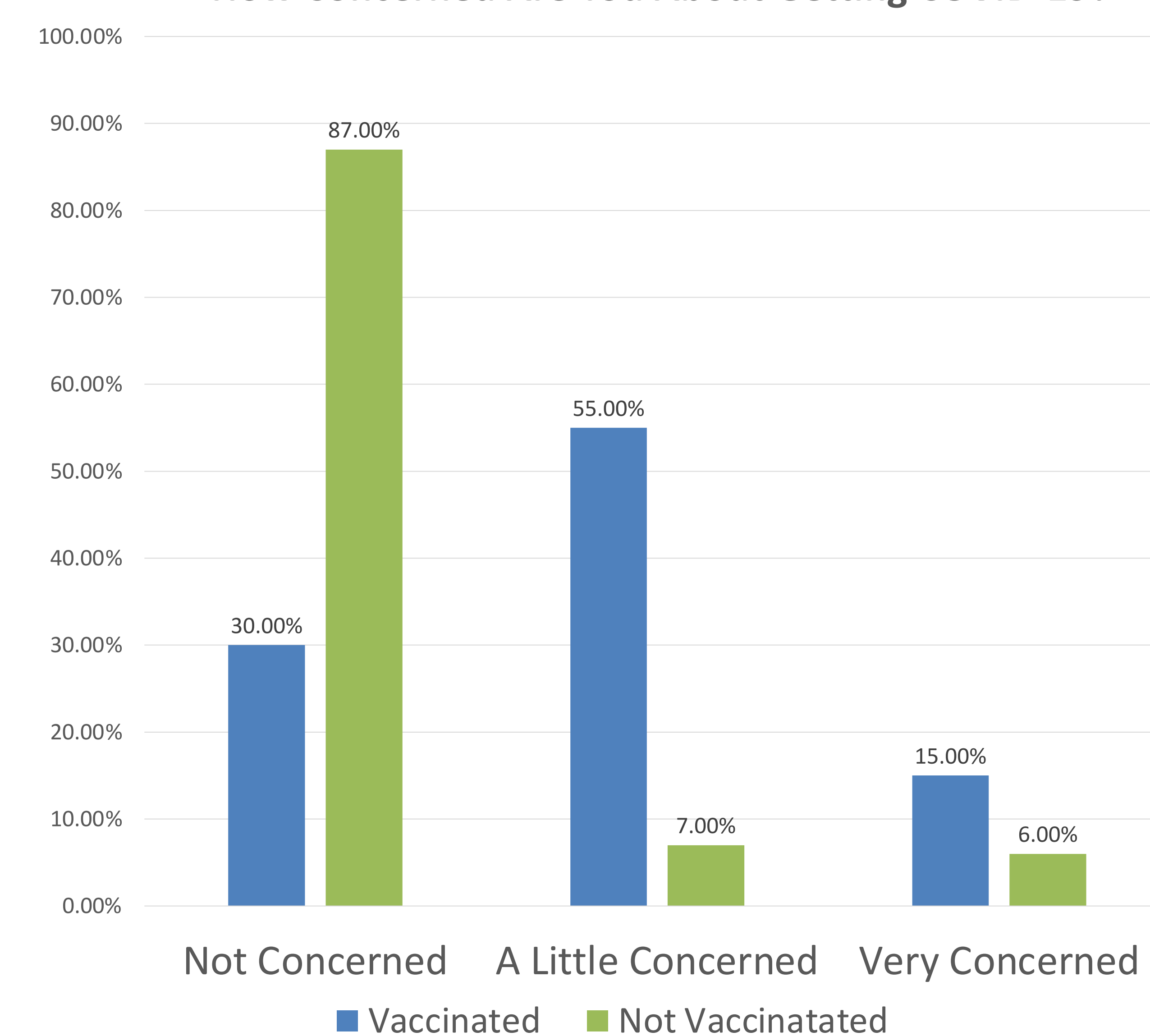
How Safe Do You Think The COVID-19 Vaccine Is?



Do You Currently Have A Primary Care Provider?



How Concerned Are You About Getting COVID-19?



CONCLUSION

- Participants that were vaccinated reported that they had more concern for getting COVID-19.
- Participants that were not vaccinated had less belief in the safety of the vaccine.
- Most participants that were vaccinated did report having a primary care provider.
- 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 decision.

LIMITATIONS

- Majority of participants that chose to complete the survey were vaccinated.
- Survey was completed online and in English, limiting the diversity of respondents.

NEXT STEPS

- Additional studies should try to reach a wider net of respondents
- Further investigation between relationship of primary care access and vaccination status.

References

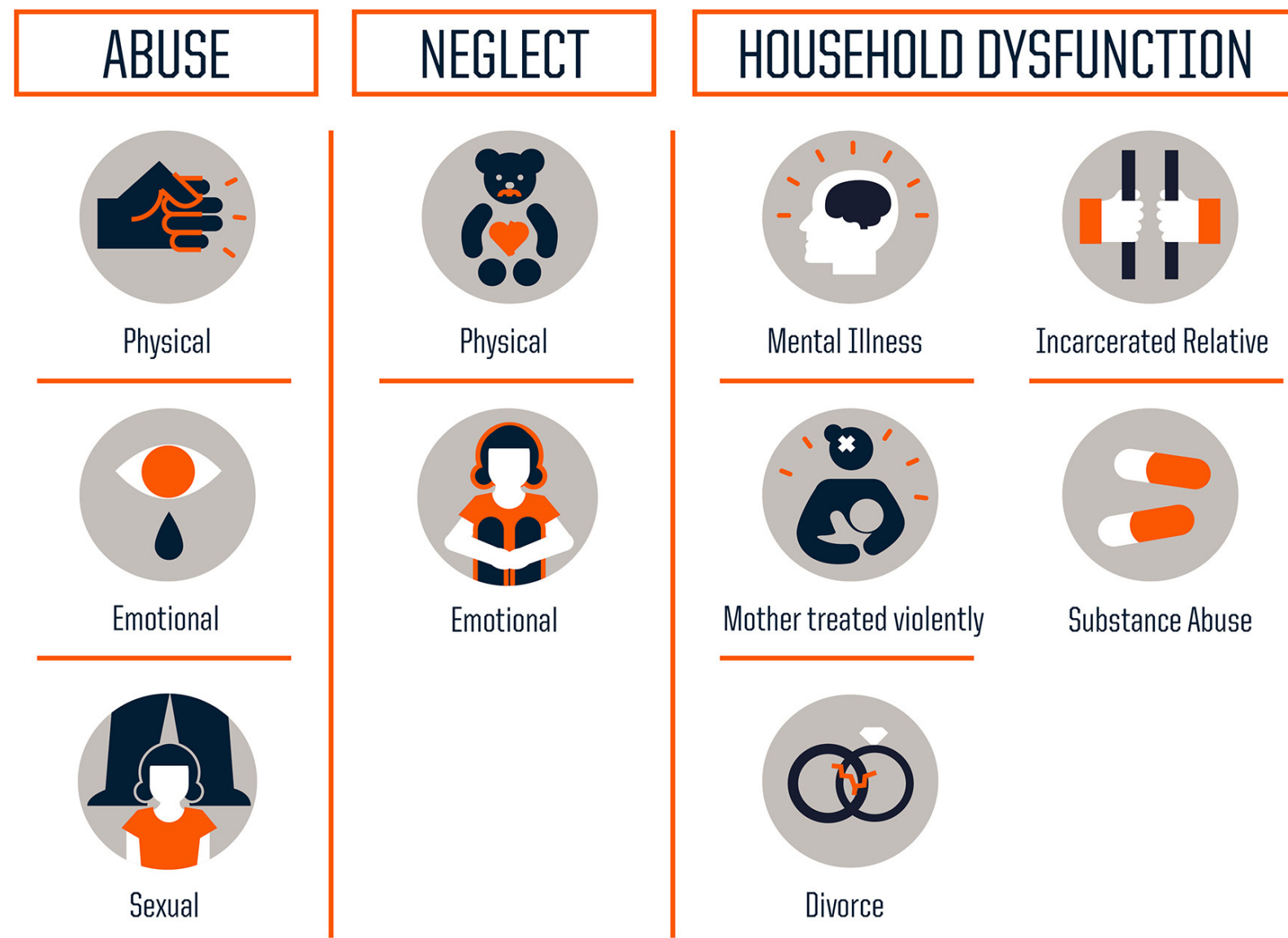
- Covid-19 Vaccination. (2023, January 29). <https://www.cdc.gov/vaccines/covid-19/index.html>
- COVID-19: Vaccine. (2023, January 29). <https://www.dhs.wisconsin.gov/covid-19/vaccine.htm>
- Martinez, A., & Schneider, A. (2021, March 18). *Addressing Racial Divides in Health Care Seen as Key to Boosting Black Vaccination*. NPR. <https://www.npr.org/sections/coronavirus-live-updates/2021/03/18/978609955/addressing-racial-divides-in-health-care-seen-as-key-to-boosting-black-vaccinati>.
- Michaud, J., & Kates, J. (2020, October 26). *Distributing a Covid-19 Vaccine Across the U.S. – a look at key issues - ISSUE BRIEF*. <https://www.kff.org/report-section/distributing-a-covid-19-vaccine-across-the-u-s-a-look-at-key-issues-issue-brief/>
- Quinn, S. C. (2017). African American adults and seasonal influenza vaccination: Changing our approach can move the needle. *Human Vaccines & Immunotherapeutics*, 14(3), 719–723.

ACKNOWLEDGMENTS

Thank you to Anna Nick at Brown County Health and Human Services and Dr. David Ferguson.

Background

- Exposure to **Adverse Childhood Experiences (ACEs)** and subsequent trauma -----> affects youth health and wellbeing [1].



Common Types of ACEs [3]

- Social Emotional Learning (SEL)** and **trauma informed programming** mitigate the effects of ACEs.
 - Can improve participant behavior, attitudes, and academic success [2].
- STRYV365:** A non-profit organization based in Milwaukee, Wisconsin with the mission to build resiliency and positive life experiences for youth through **peak team** and **Brain Agents**.
- peak team:** trauma-informed, coach-led curriculum.
- Brain Agents:** interactive video game, engages players in challenges across multi-level, scenario-based settings.

Objectives

- Evaluate the impact of STRYV365's **peak team** and **Brain Agents** programs on participants and school communities.
- Identify strengths, weaknesses, and opportunities for improvement of these programs.

Methods

School Participants

- STRYV365 partnered with four schools in Milwaukee.
- 1,626 students grades 5 to 10, 399 parents/caregivers consented
- 61% were Black/African American, 19% White, 11% Hispanic/Latinx, 6% Asian/Hmong, and 3% mixed racial/ethnic background.
- 69% experience economic disadvantage.

Study Design

- Students were given either **peak team**, **Brain Agents**, both programs, or neither intervention each semester from Fall 2022 through Spring 2024.

Data Processing and Coding

- Student surveys, focus groups, and interviews and teacher focus groups were analyzed.
- Qualitative data was thematically coded using Dedoose, with transcripts reviewed by multiple coders to ensure reliability.

Results

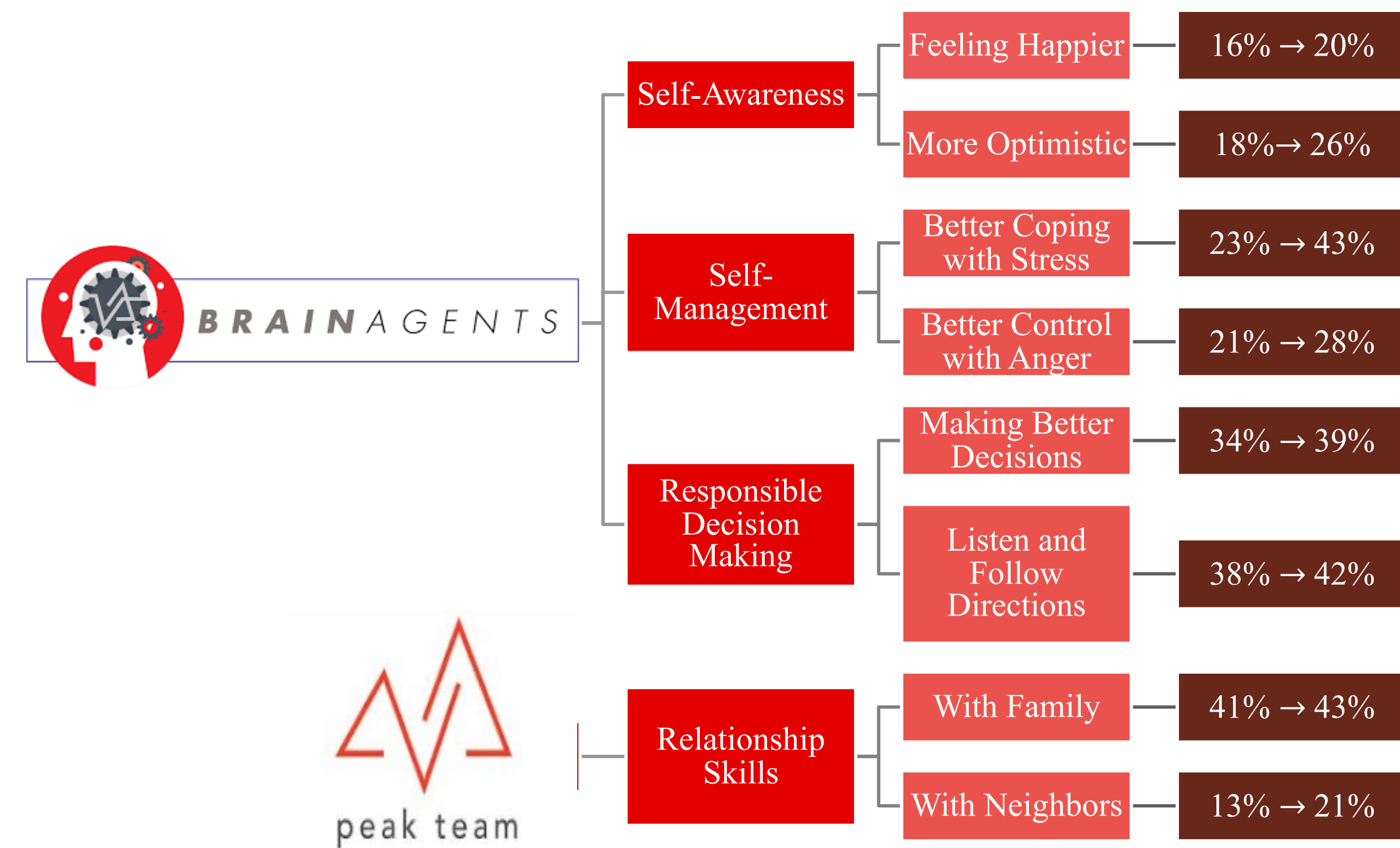
- peak team:** Strengthened student-coach and peer-peer relationships while enhancing SEL skills.
 - Some issues with teamwork and gender dynamics.
- Brain Agents:** Fostered coping and problem-solving skills, some found format and simplicity of the game frustrating.
- Both programs increased positive childhood experiences.

Survey to Evaluate ACE's and Adversity

Survey item responses	Early fall 2022	Late fall 2022	Late spring 2023	Early fall 2023	Late fall 2023	Late spring 2024
Survey participant number	240	305	289	284	248	234
Did you ever have anyone close to you die- yes	75%	74%	72%	73%	74%	68%
Did you ever have anyone close to you go to jail- yes	56%	53%	55%	51%	49%	49%
Did you ever have anyone close to you drink or use drugs so often that it caused problems- yes	28%	27%	29%	30%	28%	29%
Over the last 2 weeks, nearly every day and more than half the days been feeling down, depressed, or hopeless	21%	22%	21%	15%	15%	16%
Over the last 2 weeks, nearly every day and more than half the days been feeling nervous, anxious, or on edge	29%	24%	23%	20%	18%	21%
Over the last 2 weeks, nearly every day and more than half the days been bullied, called names, harassed, or abused through texting, social media, or gaming	xx	xx	xx	10%	5%	9%

Cross-Sectional Student Survey Results by Intervention

Comparison from Fall 2022 to Spring 2024



Student Key Quotes

Excerpts from Fall 2022 to Spring 2024

"[about Peak Team] The ability to learn new ways to just handle my emotions because I grew up with really bad anger issues and I'm still navigating how to handle said anger issues. So I'd like to take advantage of the resources I am given that help me handle those."
- 10th grader, Fall 2023

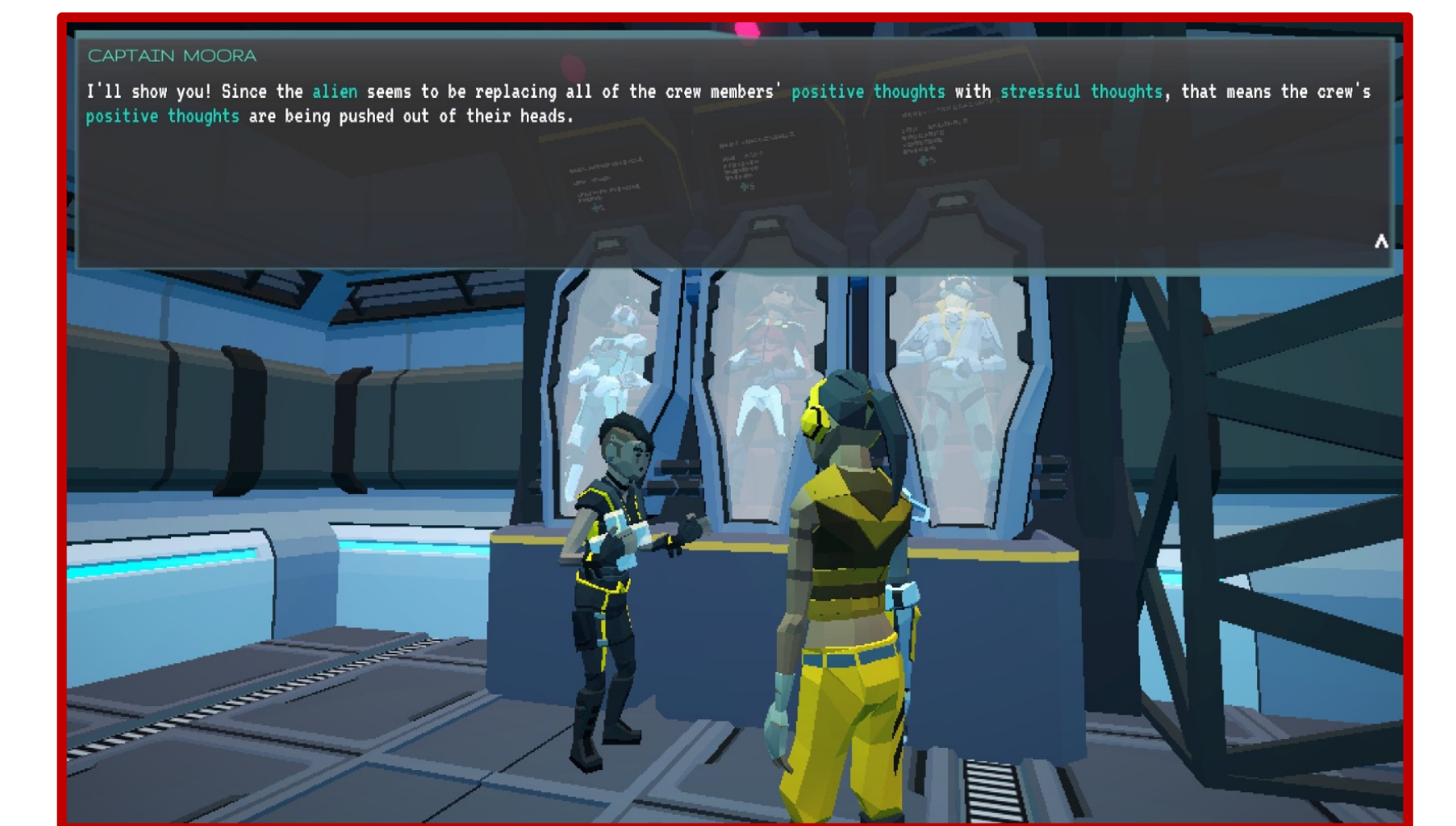
"[Brain Agents] helped me calm down and to have fun and challenge myself by doing it."
"It helps me focus better." "Making me feel more in control of my emotions."
- 7th graders, Fall 2023

"STRYV365 for specials all of the coaches had helped me through a lot because they showed me that fighting is not always the first solution and they are really nice and really helpful."
- 7th grader, Fall 2022

"[about Peak Team coaches] Because they be saying like helpful, helpful and stuff. Mm-Hmm. <affirmative> like stuff to like make you feel better about yourself."
- 6th grader, Spring 2024

Conclusion

- Novel and effective** approaches to addressing the SEL needs of children facing adversity.
- Shows the significance of combining **structured coaching** with **interactive technologies**.
- Potential for **scaling and adaptation** across diverse educational settings.
- Further research to refine these interventions, investigate **long term impacts**, maximize their benefits.



Acknowledgements

- This project was funded by the MCW Institute for Health & Equity, STRYV365, Thomas Hurvis, and the Greater Milwaukee Foundation.
- Thank you to the leaders, teachers, staff, parents/caregivers, and students/scholars at Brown Deer School District, Dr Howard Fuller Collegiate Academy, Milwaukee Academy of Science, and St Francis School District.

References

- [1] Christian-Brandt, A. S., Santacrose, D. E., & Barnett, M. L. (2020). In the trauma-informed care trenches: Teacher compassion satisfaction, secondary traumatic stress, burnout, and intent to leave education within underserved elementary schools. *Child Abuse & Neglect*, 110, 104437. <https://doi.org/https://doi.org/10.1016/j.chiabu.2020.104437>
- [2] Li, K.-K., Washburn, I., DuBois, D. L., Vuchinich, S., Ji, P., Brechling, V., ... Flay, B. R. (2011). Effects of the Positive Action programme on problem behaviours in elementary school students: A matched-pair randomised control trial in Chicago. *Psychology & Health*, 26(2), 187-204. <https://doi.org/10.1080/08870446.2011.531574>
- [3] Starcheski, L. (2015, March 2). *Take the ace quiz - and learn what it does and doesn't mean*. NPR. <https://www.npr.org/sections/health-shots/2015/03/02/387007941/take-the-ace-quiz-and-learn-what-it-does-and-doesnt-mean>

Discussion

- STRYV365 is a **promising model** for integrating physical activity, coaching, and digital gaming interventions into SEL curricula in urban schools.
- Significantly impacted students' SEL outcomes, particularly in **self-management** and **relationship skills**.
- Coach mentorship demonstrated the **value of mentorship and coaching** in fostering resilience and social-emotional development.
- Enhanced students' **copng strategies, emotional regulation, and resilience**.
- Limitations:** Self-reported data, signs of survey fatigue, 7% of students changed schools after year 1 of the study, short duration of follow up, external factors.

Building a Community Consortium to Enhance Health Equity and Improve Mental Health Access with Young Adults for Young Adults in Milwaukee

Bonner, J¹., Thorstenson, E¹., Lerret, S^{1,2}., Reyes, N⁶., Salcido, L³., Roofe, C. ⁵ Skrajewski, D. ⁵., Serna, A. ³., Ong, L¹.,

Marquette University¹, Medical College of Wisconsin², City on a Hill³, City of Milwaukee Health Department⁴, Wisconsin Association of Free & Charitable Clinics⁵, University of Wisconsin-Milwaukee⁶

Background

- A mental health consortium was formed with university and community partners:
 - Marquette University
 - University of Wisconsin-Milwaukee
 - Medical College of Wisconsin
 - City of Milwaukee Health Department (MHD)
 - Wisconsin Association of Free and Charitable Clinics (WAFCC)
 - City on a Hill
- The consortium's primary goal was to identify barriers to accessing mental health services through community engagement research
- The consortium actively involved young adults in development and sustainability efforts

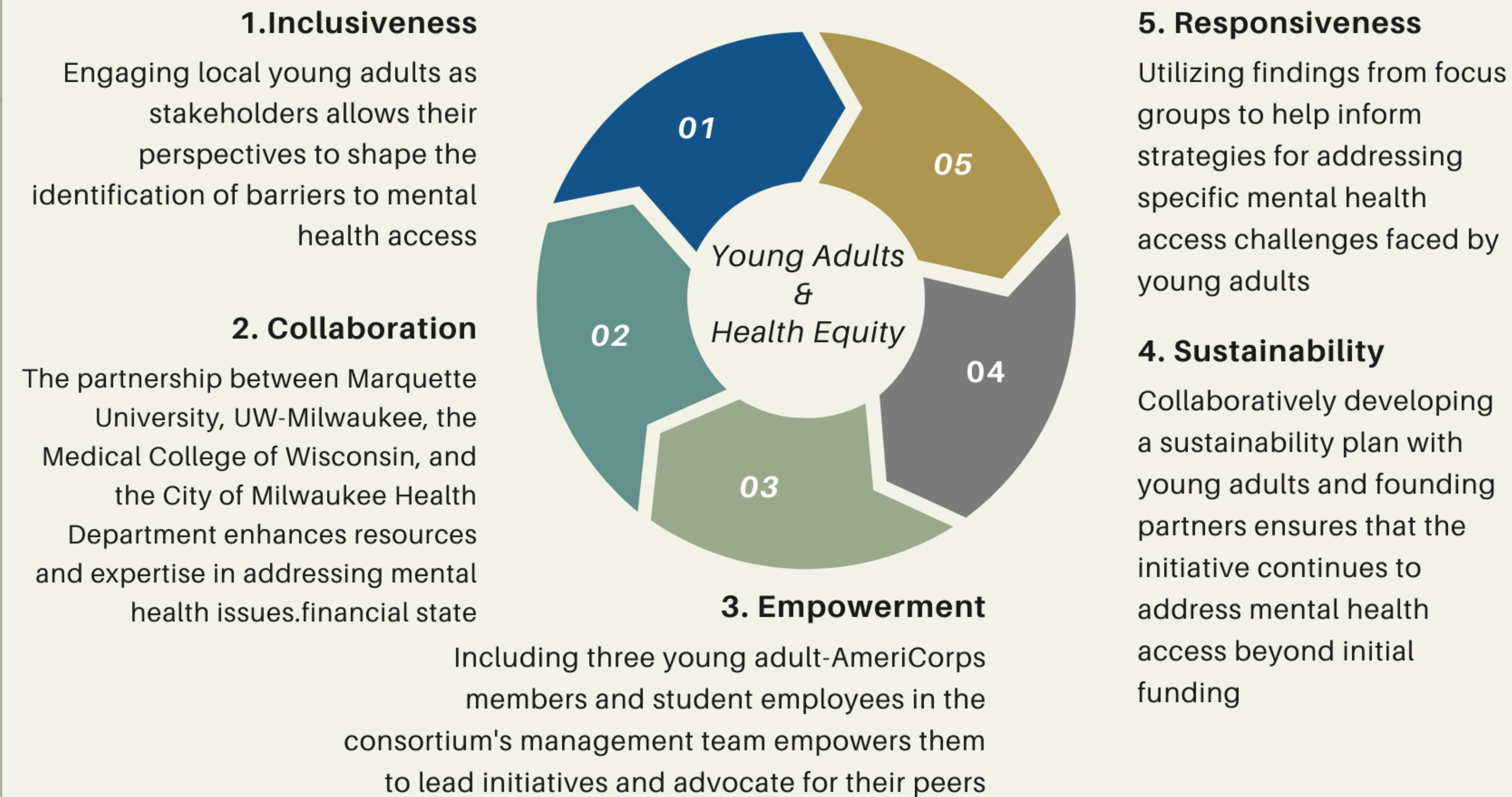
Objective

- To improve the accessibility of mental health resources for young adults in poverty, sharing insights from community-based research and examining barriers and technological interventions.

Methods

- Positions were created and funded by WAFCC's Public Health AmeriCorps program and a joint university grant
- Three young adult AmeriCorps members, along with additional students participating through their university coursework, contributed to the consortium and project management team
- Young adult responsibilities:
 - Organized and led focus groups with peers to explore attitudes and barriers related to accessing behavioral and telebehavioral health services
 - Connected with peers through interactive community outreach activities

YOUNG ADULT ENGAGEMENT IN THE CONSORTIUM



Quotes from young adults involved:



Implications & Discussion

- Including young adults in various roles within the consortium promoted shared ownership and aligned with the principles of community engagement and equity
- This involvement created a unique opportunity to participate in an interdisciplinary learning environment
- Young adults were able to build valuable skills and explore diverse career paths
- The consortium's collaborative work emphasizes the need for interdisciplinary health equity-focused learning environments informed by young adult voices
- Mentoring young adults on essential topics like health equity is a valuable way to give back to the community
- This approach warrants further replication across other professional spaces

Community Summary

- Consortium and interdisciplinary learning environment established to improve mental health access and health equity for young adults in Milwaukee
- We gained insights into access challenges by listening to young adults in the community.
- We invested in young learners, many of whom are future health professionals
- Ongoing collaboration between young adults and founding partners to create a sustainability plan and expand interdisciplinary learning opportunities and partnerships

Introduction

- Climate change disparately burdens minoritized and low socioeconomic status communities¹⁻⁷
- Climate health equity (CHE) seeks to understand and address inequities in health impacts of climate change
- MPS teachers must integrate climate change education into the classroom (Resolution 1920R-016 on Climate Justice Education)
- A ten-module CHE curriculum for teachers was developed

Hypothesis

Teachers engaged in a CHE curriculum will gain environmental health literacy and self-efficacy, climate change knowledge, understanding of racial inequity, and climate change related hope.

Methods

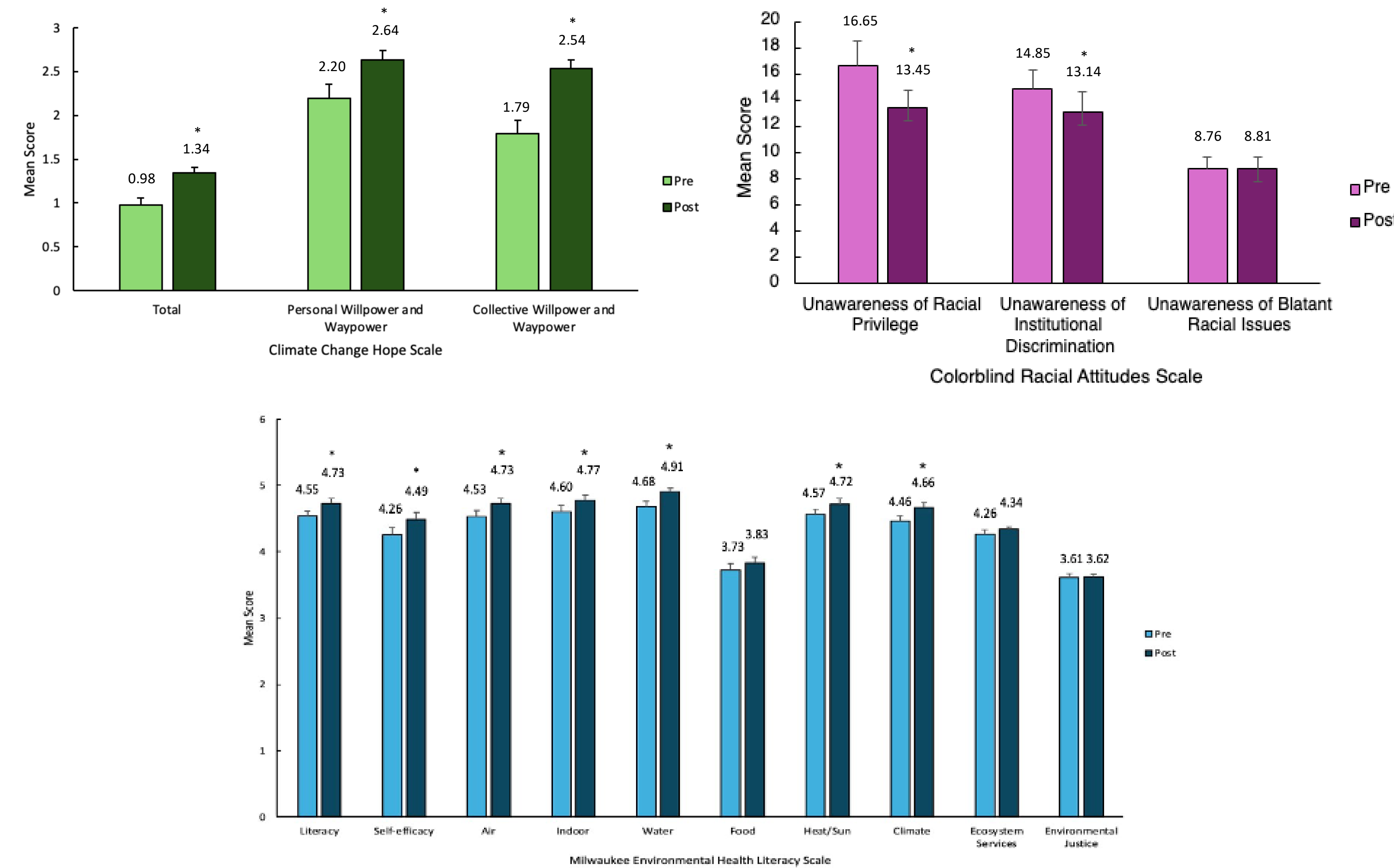
- MPS teachers across grade levels participated
- Pre (Jan 2024) and post (May 2024) paper surveys were administered
- Measurement tools included the Climate Change Hope Scale,⁸ Milwaukee Environmental Health Literacy Scale, Climate Change Knowledge Test,⁹ and Colorblind Racial Attitudes Scale¹⁰

Module	Dates
Introduction to Climate Health Equity Course	January 17
Global Climate Change	January 31
Environmental Health and Justice	February 7
Impacts of Global Climate Change	February 21
Climate Change Solutions	March 6
Climate Justice	March 13
Resource Acquisition	April 3
Integrating Climate Education	April 17
Climate Education/Health Equity Lesson Plan Creation and Implementation	April 24
Celebrating the Lesson	May 14

Results

Participant (N=22) pre vs. post surveys demonstrated significant:

- Increases in climate change hope, personal willpower and waypower, and collective willpower and waypower
- Increases in environmental health literacy and self-efficacy
- Decreases in unawareness of both racial privilege and institutional discrimination



Discussion

Participants:

- demonstrated a greater hope for the environment, experiencing a greater belief in themselves and their communities to create actionable environmental change
- gained a greater understanding of and attitude towards environmental exposures and their impact on health
- became more conscious of the role of race within communities, which integrates well into climate health equity.

Future Directions

- Additional sessions in the fall of 2024 and spring of 2025
- Further recruitment of MPS teachers from more diverse occupational backgrounds
- Future studies might assess the impact on students and identify effective methods of translating the curriculum into the classroom setting

Acknowledgements

We would like to thank the MPS teachers who participated in the Climate Health Equity for Educators curriculum. This project was funded by the Environmental Protection Agency and the Dr. Elaine Kohler Summer Academy of Global Health Research, Wm. Collins Kohler Family Foundation.

References

1. Budolfson, K. C., & Etzel, R. A. (2023). Climate Change and Child Health Equity. *Pediatric clinics of North America*, 70(4), 837–853. <https://doi.org/10.1016/j.pcl.2023.03.012>
2. Ramadani, L., Khanal, S., & Boeckmann, M. (2023). Climate change and health in school-based education: A scoping review protocol. *PLoS one*, 18(3), e0282431. <https://doi.org/10.1371/journal.pone.0282431>
3. Gutschow, B., Gray, B., Ragavan, M. I., Sheffield, P. E., Philipsborn, R. P., & Jee, S. H. (2021). The intersection of pediatrics, climate change, and structural racism: Ensuring health equity through climate justice. *Current problems in pediatric and adolescent health care*, 51(6), 101028. <https://doi.org/10.1016/j.cppeds.2021.101028>
4. Costello A., Abbas M., Allen A., et al: Managing the health effects of climate change: *Lancet and University College London Institute for Global. Lancet* 2009; 373: pp. 1693-1733
5. Simon, J., Parisi, S., Wabnitz, K., Simmenroth, A., & Schwienhorst-Stich, E. M. (2023). Ten characteristics of high-quality planetary health education-Results from a qualitative study with educators, students as educators and study deans at medical schools in Germany. *Frontiers in public health*, 11, 1143751. <https://doi.org/10.3389/fpubh.2023.1143751>
6. Deivanayagam, T. A., English, S., Hickel, J., Bonifacio, J., Guinto, R. R., Hill, K. X., Huq, M., Issa, R., Mulindwa, H., Nagginda, H. P., de Moraes Sato, P., Selvarajah, S., Sharma, C., & Devakumar, D. (2023). Envisioning environmental equity: climate change, health, and racial justice. *Lancet (London, England)*, 402(10395), 64–78. [https://doi.org/10.1016/S0140-6736\(23\)00919-4](https://doi.org/10.1016/S0140-6736(23)00919-4)
7. Fuller, M. G., Cavanaugh, N., Green, S., & Duderstadt, K. (2022). Climate Change and State of the Science for Children's Health and Environmental Health Equity. *Journal of pediatric health care : official publication of National Association of Pediatric Nurse Associates & Practitioners*, 36(1), 20–26. <https://doi.org/10.1016/j.pedhc.2021.08.003>
8. Li, C., & Monroe, M. C. (2018). Development and Validation of the Climate Change Hope Scale for High School Students. *Environment and Behavior*, 50(4), 454–479. <https://doi.org/10.1177/0013916517708325>
9. Gazzaz, N.M., & Aldeseet, B.A. (2021, October 15). Assessment of the Level of Knowledge of Climate Change of Undergraduate Science and Agriculture Students. *World Journal of Education*, 11(5), 41. <https://doi.org/10.5430/wje.v11n5p41>
10. Neville, H. A., Lilly, R. L., Duran, G., Lee, R. M., & Browne, L. (2000). Construction and initial validation of the Color-Blind Racial Attitudes Scale (CoBRAS). *Journal of Counseling Psychology*, 47(1), 59–70. <https://doi.org/10.1037/0022-0167.47.1.59>

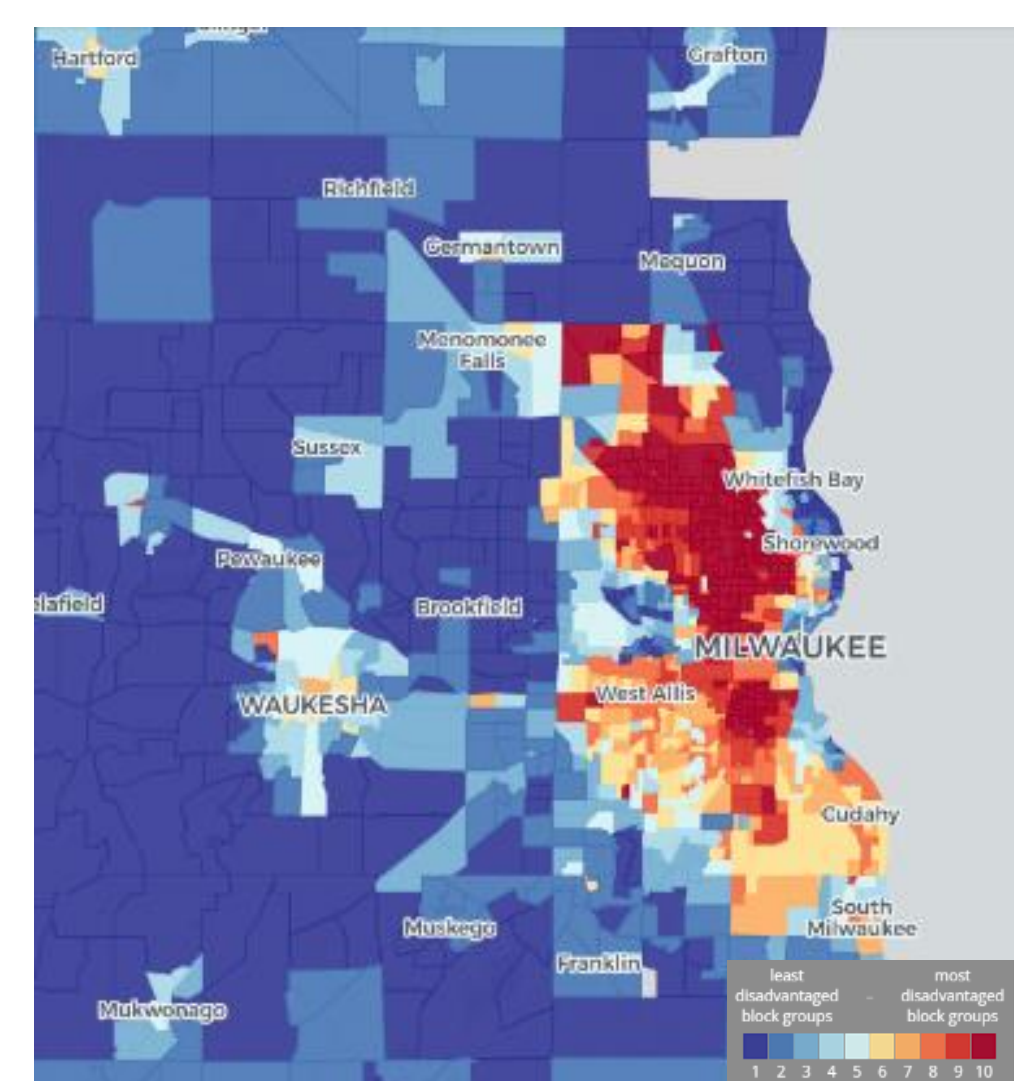
Abbey Stoltenburg, MA, BS¹, Kimberly Njoroge, GRI, PSA, SRES, ABR², Linda Meurer, MD, MPH¹, Leslie Ruffalo, PhD, MS¹

1. Medical College of Wisconsin, 2. New Beginnings are Possible

Background

• **Area Deprivation Index (ADI)**:¹⁻³ opportunities in area (education, housing quality, employment, income)

- Prediction of life expectancy, hospitalization risk, cardiovascular disease
- ADI of Milwaukee higher than suburbs



• **Community Partnerships to address ADIs**⁴

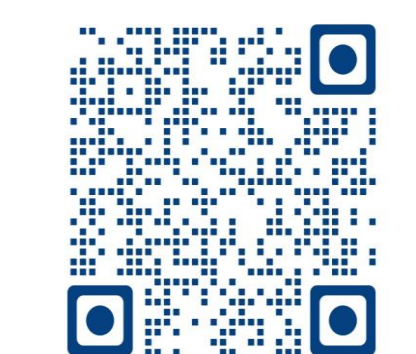
- University and K-12 Partnerships (*Biocore* model)⁵⁻⁷: improve student learning experiences, science education in schools
- Improve communication and collaboration in graduate students, could help medical students too?

Partnership

• **New Beginnings Are Possible (NBAP)**⁸: Nonprofit with mission to “develop family, career and community capable young adults through our programming, mentoring and Christ-centered principles.”

• **Medical College of Wisconsin (MCW)**: student organizations, volunteers, assist with funding

• **STRV365**⁹: Nonprofit with mission to “to equip youth with a resilient mindset through trauma-informed programming in education, athletics, and activities”



Objectives

- 1) Increase engagement and access to STEM activities for Milwaukee communities
- 2) Provide medical students opportunities to interact with Milwaukee communities to learn community- engagement skills

Methods

- **NBAP and MCW** partners with teachers/schools to determine if good fit, time, space for event and recruit volunteers (student organizations, residents, etc)
- **Science Nights**: fun STEM activity booths with kids to increase science engagement

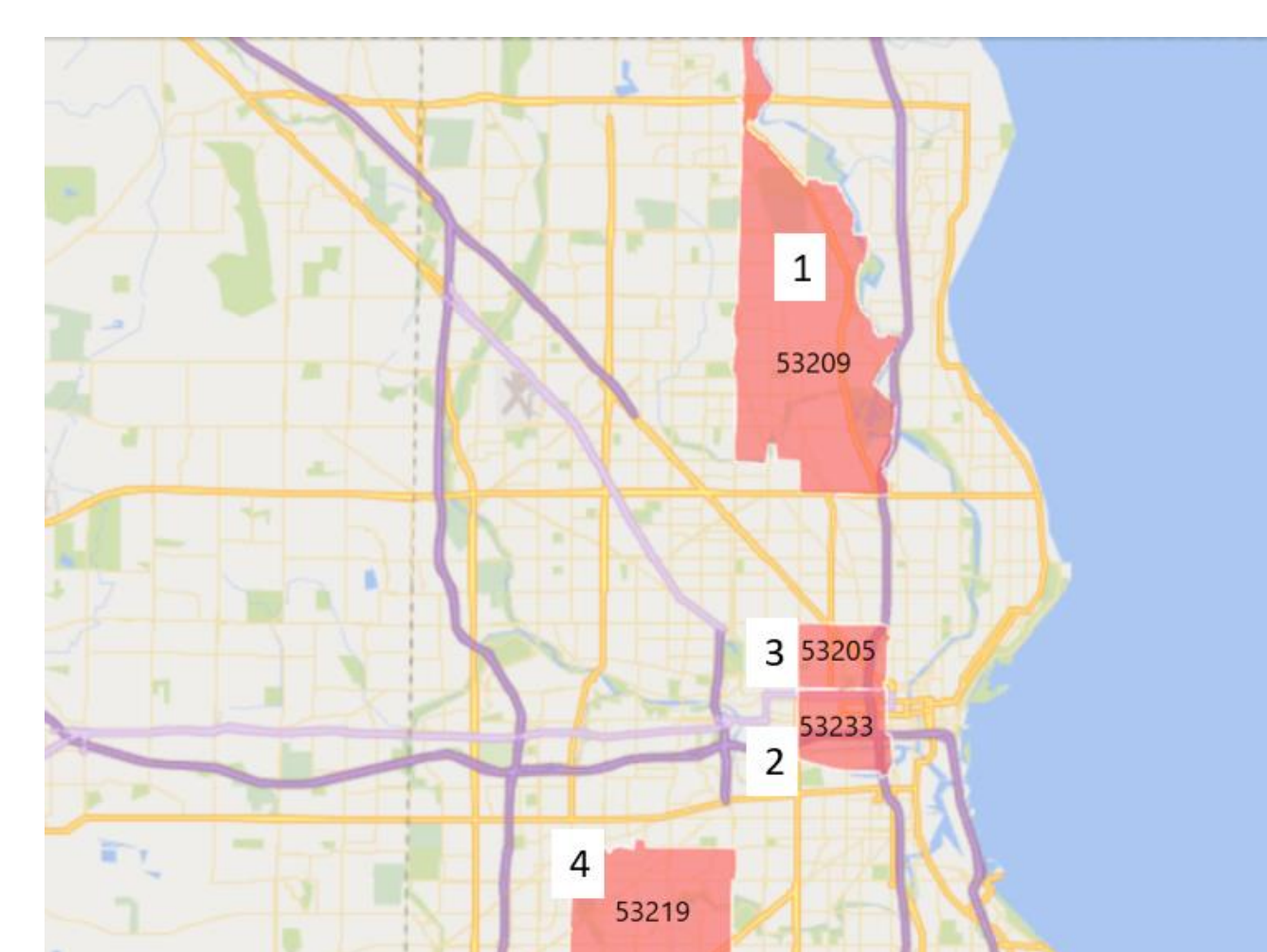
- Booths vary by event
- End with Coke and Mentos



- **Post event surveys** to understand strengths, impact of Science Nights, and improvements to future events

Results

Locations of Science Nights



Location	Zip code	State Decile ADI	National Percentile ADI
1	53209	10	96
2	53233	8	76
3	53205	10	91
4	53219	7	69

Science Night Participation

Date	Host partner	Participants/families	Volunteers (# MCW student orgs)
March 2023	NBAP	20	31 total: 25 med students (5 orgs), 1 faculty, 5 community youth
March 2024	Milwaukee Academy of Science	10-15	39 total: 27 med students (4 orgs), 2 graduate students
March 2024	Brown Street Academy	50+	35 total: 30 med students, (6 orgs) 2 residents, 3 STRV365 coaches
September 2024	St. Sava Orthodox	67 students (39 families)	48 total: 45 medical students (6 orgs), 1 grad student, 1 resident, 1 STRV365



Opinions on Science Nights

Favorite Booths: 1.Lava Lamps, 2.Slime/Polymers, 3.Microscope, Pipetting, Boggle Your Brain

Allowed to “pique the interest of few kids who may go on to pursue careers in science because of this opportunity” –Medical student

“...interactive, high energy,” “Kids seemed to have a lot of fun and the parents seemed to enjoy watching their children cultivate their learning” – Medical student

Allowed to “learn more and more about how to connect with children,” “how to adapt teaching to different age groups,” and “create a welcoming environment” –Medical students

Ratings from Students:



“This is really a great way to bring the school, families and community together” –School staff

Kids learned “so many things.. cpr, stop bleeding, water and alcohol test with money, yeast explosion” –Parent

“It allows students the opportunity to engage in learning in a fun way outside of school/class. It also helps involve parents and other members of the family to engage with the student, strengthening the connection between the school and everyone involved!” –Parent

Conclusion

• **Science Nights** brought together Milwaukee community members and schools for a *common goal: increasing opportunities for STEM activities for youth*

• Science Nights taught medical students community engagement skills through teaching science topics to community members

- improved communication with children and community at various education levels, fostered new relationships in the medical student community

Limitations:

- Variations in participants, volunteers, and science booths offered at each site limiting ability to assess impact and learning of event

Next steps: evaluating School community opinions (parents, students, staff), expanding to more schools

Implications: Science Nights may be a fun, novel way to improve community engagement in STEM, improve medical student community engagement skills, improve future health outcomes, and workforce diversity in Milwaukee.



Acknowledgements

We gratefully acknowledge the work of Andrew Oates in helping establish this partnership. We also deeply appreciate volunteers at Science Night events including Sheyenne Tung, Janay Saunders, Hannah McBride, and Alexia Austin as well as support of leaders, teachers, staff, parents/caregivers, and students at Milwaukee Academy of Science, Brown Street Academy, and St. Sava Orthodox school. We also appreciate Dr. Johnston for helping organize Family Medicine Resident volunteers and MCW Student Organizations: STEM Outreach and Community Engagement Club (SOCE), Stop the Bleed, Student Emergency Medicine Association (SEMA), Student Interest Group in Neurology (SIGN), White Coats for Black Lives, Food Doctors, Wilderness Medicine Student Group, Cadaver's as Educators (CAE), Dermatology Interest Group (DIG), POCUS, Sports Medicine Interest Group, and Dr. Gartz for lending anatomy supplies.

References

1. Kind AJH, Buckingham W. Making Neighborhood Disadvantage Metrics Accessible: The Neighborhood Atlas. *New England Journal of Medicine*. 2018; 378: 2456-2458. DOI: 10.1056/NEJMp1802313. PMID: PMC6051533.
2. University of Wisconsin School of Medicine and Public Health. 2024 Area Deprivation Index v.4.0. Downloaded from <https://www.neighborhoodatlas.medicine.wisc.edu/> June 9, 2024.
3. Zajacova, A., & Lawrence, E. M. (2018). The Relationship Between Education and Health: Reducing Disparities Through a Contextual Approach. *Annual review of public health*, 39, 273-289. <https://doi.org/10.1146/annurev-publhealth-031816-044628>
4. Hostetter, M. and Klein, S. (n.d.) *Improving Population Health Through Communitywide Partnerships: The Commonwealth Fund*. https://www.commonwealthfund.org/publications/newsletter-articles/2018/09/19-improving-population-health-through-communitywide-partnerships#_text=One%20promising%20approach%20to%20the%20and%20preventive%20care%20and%20reduce
5. Carpenter, S.L. (2015). Undergraduates' Perceived Gains and Ideas About Teaching and Learning Science From Participating in Science Education Outreach Programs. *Journal of Higher Education Outreach and Engagement*, 19, 113-146.
6. Laursen, S., Thiry, H., & Liston, C. (2012). The impact of a university-based school science outreach program on graduate student participants' career paths and professional socialization. *Journal of Higher Education Outreach and Engagement*, 16(2), 47-75.
7. Harris, M.A., Grange, S.J., Feeney, A.K., and Odorico, S.K. (2018). Undergraduate Students Are the Key to Community Science Outreach Partnerships. *Tested Studies for Laboratory Teaching Proceedings of the Association for Biology Laboratory Education*, Vol 39, Article 30. Retrieved June 9, 2024 from https://www.wisc.edu/content/uploads/sites/1035/2018/09/Harris_et%2016%20E_Biores- Outreach-2-massachusetts.pdf
8. New Beginnings are Possible. About Us. New Beginnings are Possible. <https://www.nbap.org/mission-vision>
9. STRV365. 2024. WHO WE ARE. STRV365. <https://www.strv365.org/pages/who-we-are>

Sunscreen Use in Milwaukee County by Gender: An Analysis of Survey Responses from The Community Sun Protection Program

Drake Seibert, BA; Alyssa M. Jobe; Simran Bedi; Akorfa Adobor; Karolyn A. Wanat, MD
Department of Dermatology; Medical College of Wisconsin, Milwaukee, WI

BACKGROUND

- **The Community Sun Protection Program (CSPP)** provides free sunscreen dispensers to community partners throughout Milwaukee County.
- Sites 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** (Figure 1)
- Identifying **barriers** to sunscreen use is a crucial goal of the CSPP to increase uptake among the populations that need sunscreen the most.
- Men have been shown in literature to use less sunscreen than women

Aims: Compare sun safety behaviors by gender to elucidate disparities in sunscreen use

Figure 1: Map of community partners



RESULTS

Table 1: Gender stratification demographics

Characteristic	Men, no. (%) (n = 7)	Non-men, no. (%) (n = 22)
Age		
Median (IQR), y	36.5 (31-42)	34 (28-49)
Race		
Non-white	1 (14.3)	3 (14.3)
White	5 (71.4)	17 (81.0)
Choose not to answer	1 (14.3)	1 (4.76)
Skin Color		
Ivory	3 (42.9)	8 (36.4)
Beige	3 (42.9)	12 (54.6)
Light Brown	0 (0)	1 (4.55)
Medium Brown	1 (14.3)	1 (4.55)
History of skin cancer		
Personal	0 (0)	2 (10.5)
Family	3 (50)	7 (36.8)
None	3 (50)	10 (52.6)

- Key Points
- Surveys from **32** participants collected
 - **70%** were women (n = 21), **23.3%** were men (n = 7), and **3.3%** were non-binary (n = 1)
 - Men and non-men **predominantly white** (Table 1)
 - Zero men reported applying sunscreen daily, and fewer men reported applying sunscreen before using the dispenser (**16.7% vs 57.1%**)

Figure 4: Reasons for sunscreen use

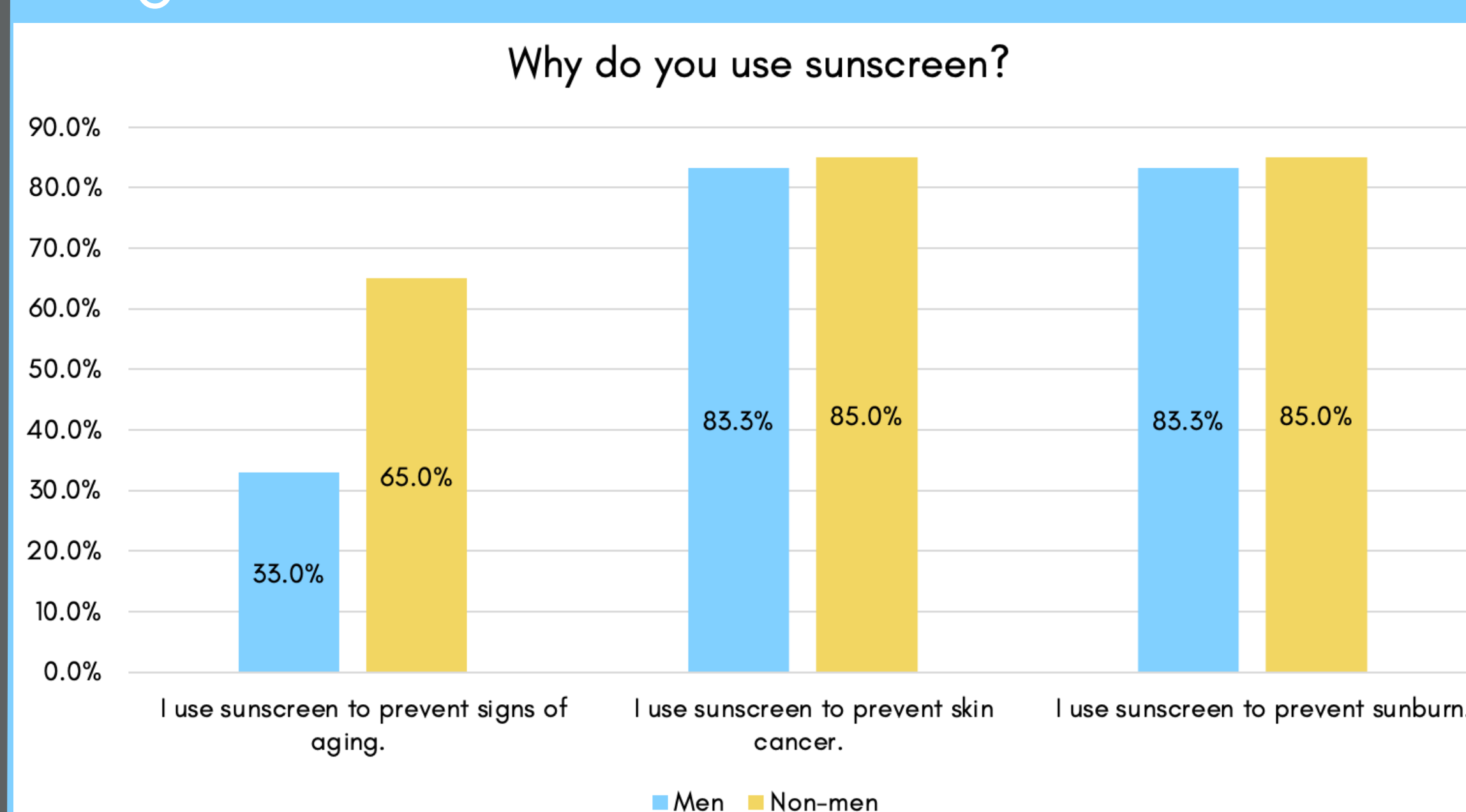
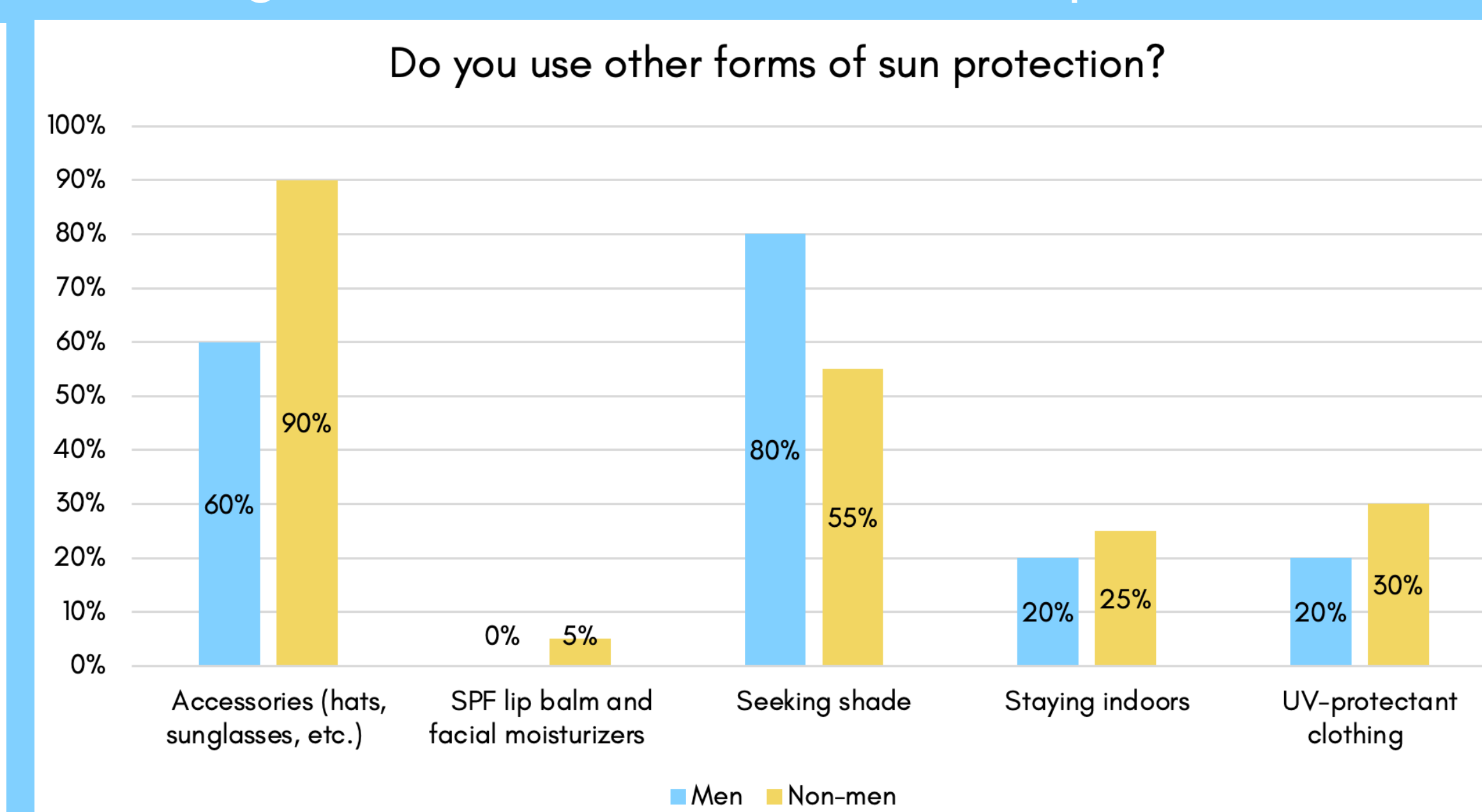


Figure 5: Other uses of sun protection



When asked why they do not apply sunscreen, 50% of men and 40% of non-men cited inconvenience as a barrier – **Across gender, sunscreen use needs to be made more convenient.**

METHODS

- Qualtrics survey QR codes were distributed on placards attached to each sunscreen dispenser (Figure 2, 3)
- Survey results were collected from **2022-2024** (Zoo, Golf Course, Pool, Neighborhood House, Beer Garden).
- Women and non-binary participants were grouped as “non-men”
- Survey responses from men and non-men were compared

Figure 2: Placard and survey QR card example



Figure 3: Dispenser



CONCLUSION

- Most individuals who use sunscreen dispensers are **women and white** (Table 1).
- Increasing sunscreen use among men and people of color are important considerations for the future of the CSPP.
- Combination of **gender roles and stereotypes** has been used to explain the gap in sunscreen use for men.
- Men care less about preventing signs of aging (Figure 4).
- Next steps include the implementation of brochures at community sites **to improve sun protection education** and dispel sunscreen myths.

ACKNOWLEDGEMENTS

- Thank you to the Department of Dermatology for continued funding and support for this initiative.
- Thank you to all our wonderful community partnerships that make the CSPP a possibility.

POVERTY RESEARCH INITIATIVE

AT MARQUETTE UNIVERSITY

AUTHORS:

Gabriel Velez,
Associate Professor, College of Education

Jessica Zemlak,
Assistant Professor, College of Nursing

Manoj Babu,
Instructor of Practice, College of Business

Marilyn Frenn,
Professor, College of Nursing

Kelsey Otero,
Senior Director of Community Engagement

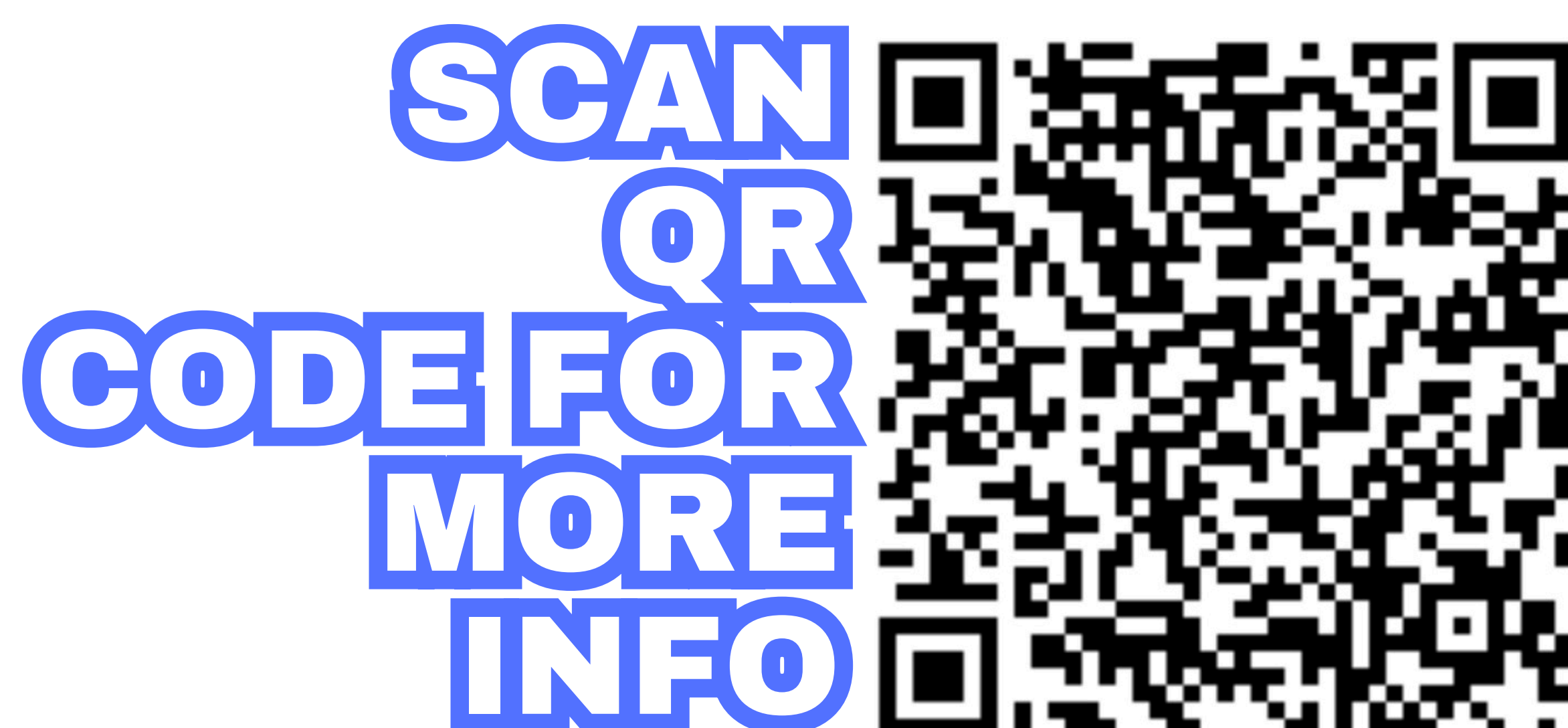
Jeanne Hossenlopp,
Vice President for Research and Innovation

VISION:

All people **deserve the opportunity** to live in **healthy and thriving communities.**

MISSION:

To create a network of scholars and community partners to **develop actionable research** that **significantly reduces structural inequities of poverty.**



WHEN I HEAR THE WORD "POVERTY" I THINK OF...



CHALLENGES:

- Finding areas to move forward on collaboratively
- **Engaging students**
- Developing sustainable initiatives without significant funding

SUCCESSSES:

- Creating spaces for community partners and on-campus (socials)
- **Sharing of our research work together within our community**
- Cross-campus voices and perspectives
- **Rooted in institutional community engagement efforts (and having director in our group)**

WHAT'S NEXT?

- Developing community advisory board
- **Bringing community partners and faculty together around concrete grant opportunities**
- Cross-pollination
- **Coordinating conferences and meetings for sharing work on poverty**

PRI MODEL



ENGAGING BEYOND CAMPUS

- Inviting partners to campus, meetings, and socials
- **Linking community organizations with academics**
- Supporting community engagement symposium



BUILDING COMMUNITY

- Sharing research internally
- **Hosting socials**
- Convening regularly

BUILDING INFRASTRUCTURE

- Developing a mission and vision statement
- **Planning joint endeavors**
- Researching best practices & strategies from other institutions
- **Creating research repository**



BE THE DIFFERENCE.

Navigating Dual Roles: Law Enforcement and Community Engagement in Mental Health Diversion

Ifeanu Ajekiigbe

Department of Anthropology, UW-Milwaukee, Wisconsin, United States

INTRODUCTION

Mental Health Diversion Programs are like a team sport, requiring the expertise and cooperation of various professionals - including law enforcement officers, social workers, lawyers, and psychologists. Among these, law enforcement plays a crucial role, often being the initial contact point where mental health intersects with the criminal justice system. This intersection places added responsibility on police departments to engage communities in roles that extend traditional law enforcement, integrating mental health support with their duties.

PURPOSE

This study aimed to explore the dual roles of law enforcement in both upholding security and fostering community engagement, especially within the framework of mental health diversion. By examining the Milwaukee Police Department's Citizen Academy, this study seeks to understand how law enforcement training impacts officers' ability to balance traditional policing responsibilities with community engagement and mental health support

METHODS

As a participant observer in the seven-week Milwaukee Police Department Citizen Academy, firsthand insights were obtained from observing officers' interactions and learning modules. This ethnographic approach allowed for an insider perspective into how the Citizen Academy frames policing roles, emphasizes certain aspects of police work, and either includes or excludes specific topics, such as mental health crisis intervention.

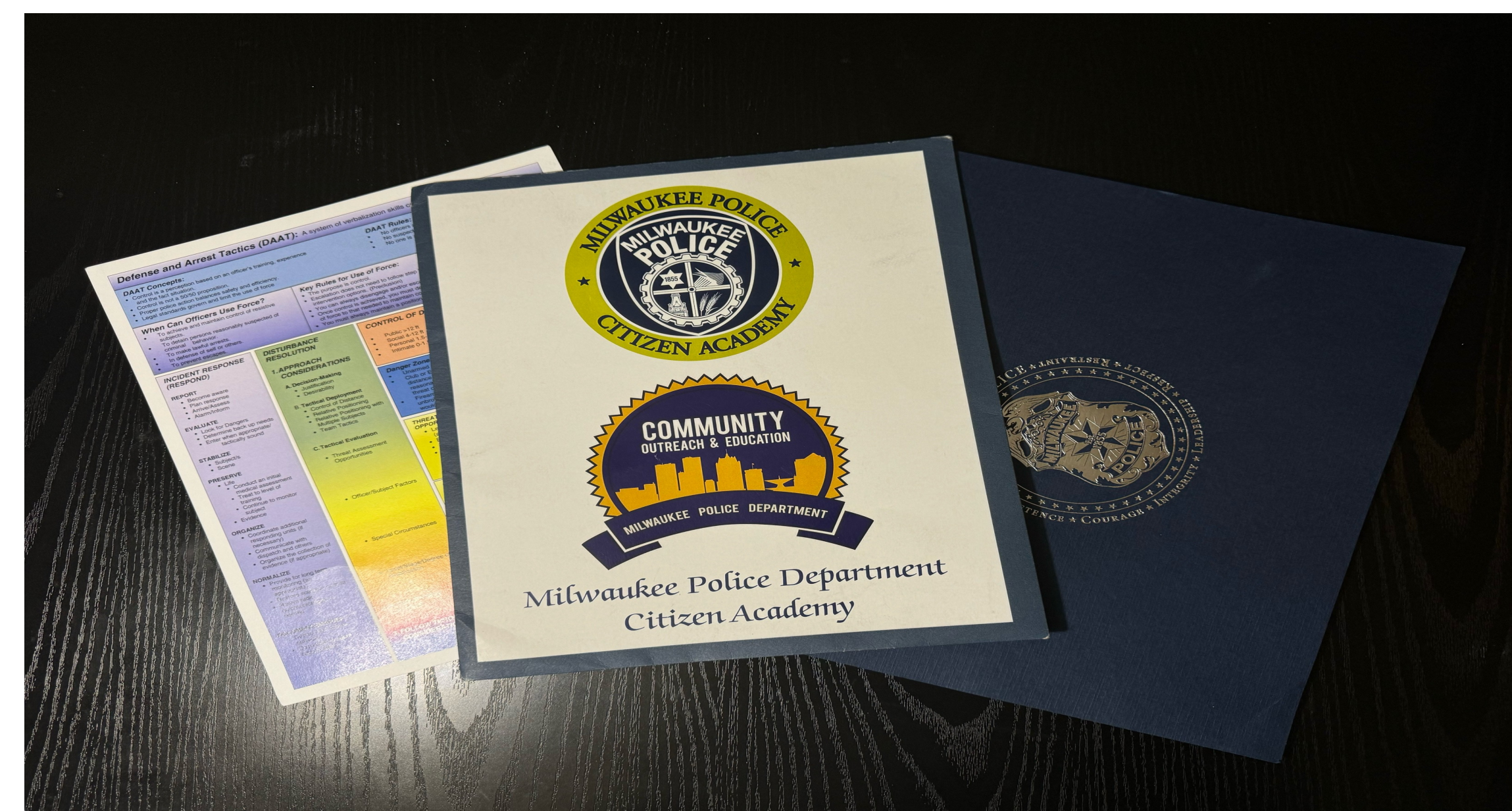
RESULTS

Projection of Police Preferred Self-Image

A central theme in the Citizen Academy is the projection of the Milwaukee Police Department's preferred self-image. Through the curriculum and officer-student interactions, the Academy aims to shape public perception by emphasizing positive aspects of police work.

Key findings supporting this theme include:

- **Focus on Humanizing Policing:** The Academy places considerable emphasis on humanizing officers, showcasing them as approachable, community-oriented individuals. This effort is intended to counteract negative stereotypes and foster a more favorable view of law enforcement.
- **Emphasis on Officer Recruitment:** Another aspect of the projected self-image is the focus on recruitment, with discussions centered on the department's need for new officers who embody the values of commitment and service. This recruitment emphasis highlights the department's desire to present itself as an organization striving for improvement and sustainability through carefully selected personnel.



Omission of Mental Health Crisis Intervention

While the Academy projects an image of community-centered policing, certain critical elements, such as mental health crisis intervention, are notably absent from the curriculum. This omission suggests a gap between the department's projected image and the practical needs of community engagement, particularly in managing mental health issues that arise in police encounters.

DISCUSSION

The findings reveal a fundamental tension between the logic of traditional policing—rooted in security, control, and compliance—and the principles of mental health crisis intervention, which prioritize empathy and de-escalation. This divergence often leads to an imbalance, as law enforcement training focuses on security at the expense of community engagement and mental health support. This challenge reflects the broader difficulty police departments face in balancing law enforcement duties with emerging mental health responsibilities.

CONCLUSION

This study highlights the limitations within current law enforcement approaches to community engagement, especially in the context of mental health diversion. It suggests the need for more community-led behavioral health interventions that minimize law enforcement involvement, reserving police engagement for traditional security roles. A realignment towards a more collaborative, community-focused mental health support system could alleviate police-community tensions and improve outcomes for individuals experiencing mental health crises.

ACKNOWLEDGEMENTS

The author extends gratitude to the Milwaukee Police Department for granting the opportunity to participate in the Citizen Academy, offering valuable insights that enriched this study.

Challenges in Teaching Cultural Competence: Insights from Medical Education in Norway

Ifeaanu Ajekiigbe^{1,5}, Carmeliza Rosario², Esperanza Diaz^{3,4}

¹Center for International Health, University of Bergen, Norway, ²CHR. Michelsen Institute, Bergen, Norway, ³Department of Global Public Health and Primary Care, University of Bergen, Norway

⁴Department of Health and Functioning, Western Norway University of Applied Sciences, Norway, ⁵Department of Anthropology, UW-Milwaukee, Wisconsin, United States

INTRODUCTION

In January 2021, the University of Bergen in Norway implemented a revised medical curriculum influenced by the National Curriculum Regulation for Norwegian Health and Welfare Education (RETHOS). RETHOS emphasizes, among other competencies, the training of culturally competent health professionals to meet the needs of an increasingly diverse society. Despite this directive, there is limited understanding of how cultural competence is defined, taught, and perceived in practice within the medical education context.

PURPOSE

This study aimed at assessing the understanding and interpretation of cross-cultural competence among medical teachers and students, focusing on key dimensions such as culture, language, discrimination, and equity. Additionally, it examined whether current teaching and learning approaches in the medical curriculum at the University of Bergen effectively promote cultural competence, as outlined by RETHOS.

METHODS

The study employed a qualitative, explorative approach conducted between September and December 2022 in Bergen, Norway. The research included 16 students, 9 teachers, and 2 early-career doctors. Data collection involved 13 in-depth interviews and 3 focus group discussions to gather nuanced insights from participants about their experiences and perceptions of cultural competence training.

RESULTS

Emphasis on Curiosity and Open-mindedness over Competency

Educators often encouraged students to approach encounters with immigrant patients with "curiosity and open-mindedness" rather than providing structured training aligned with RETHOS.

Lack of Coordination in Cultural Competence Training

Teaching related to cultural competence was found to be uncoordinated, lacking adherence to specific RETHOS guidelines or well-defined learning outcomes. Instruction on cultural competence largely relied on individual teacher discretion, making the delivery open-ended and variable across different educators.

Disconnect in Interpreter Use Training

While skills related to interpreter use have been added to the curriculum, their implementation remains inconsistent due to the difficulty of predicting interpreter needs in advance of clinical encounters.

DISCUSSION

The study highlights a disconnect between the prescribed RETHOS guidelines for cultural competence and the actual content and delivery of the curriculum. Teachers and students perceive the current approach as ineffective in achieving the intended outcomes. The emphasis on curiosity and open-mindedness, while valuable, does not provide concrete skills or frameworks necessary for culturally competent care. Furthermore, challenges in interpreter use reveal a gap between training and practical application, impacting equitable patient care.

CONCLUSION

Shift to Diversity Sensitivity: We advocate for replacing the cultural competence framework with diversity sensitivity, incorporating intersectionality, complexity, and person-centered care. This shift better aligns with the evolving understanding of equity in healthcare and enhances medical graduates' ability to care for diverse populations.

- **Self-reflection and self-critique among healthcare providers¹**
- **Structural competence at organizational level;** enabling institutions to address sociocultural determinants, to better align healthcare with diverse societal needs
- **Diversity Sensitivity at the Individual Level:** Listening that respects patients' 'local moral worlds,' promoting more meaningful outcomes than standard cultural-matching."²

REFERENECES

1. Chiarenza A, Horvat L, Lanting K, Ciannameo A, Suurmond J. Addressing healthcare for migrants and ethnic minorities in Europe: A review of training programmes. *Health Education Journal*. 2019;78(1):9-23
2. Willen SS. Clinician-patient matching. *Shattering culture: American medicine responds to cultural diversity*. 2011:112-30



UNIVERSITY OF BERGEN

IMPROVING SURGICAL ACCESS: A FOCUS GROUP STUDY FROM CLINICS WHO SERVE THE UNINSURED IN MILWAUKEE, WI

Jordan Eng, BS¹, Taylor Jaraczewski, MD, MEng, MS¹, Danielle Wilson, MD¹, Jessica Prom, BS¹, Morgan Leissing, MD¹, Jaclyn Gellings, MD¹, Katinka Hooyer, PhD¹, Mary Schroeder, MD MS¹, Rebecca Lundh, MD², Beth Thorson, LCSW, ACSW⁴, Barbara Horner, MD³, Katherine R. Iverson, MD¹

¹Medical College of Wisconsin, Surgery, Milwaukee, WI, USA; ²Saturday Clinic for the Uninsured, Milwaukee, WI, USA; ³Bread of Healing Clinic, Milwaukee, WI, USA; ⁴Free and Community Clinic Collaborative, Milwaukee, WI, USA

Background

- In 2022, 7.26% of Milwaukee county residents were uninsured¹
 - Total: 54,665
- Lack of insurance leads to delays in diagnosis and treatment resulting in poorer surgical outcomes²
 - Free and charitable clinics are crucial for bridging the gap to care for patients without insurance



Purpose

- Capture experiences of clinicians and staff in Milwaukee-area free clinics as they facilitate access to surgical care for uninsured patients



Methods

Focus Groups

- Clinic Staff - Admin, nurses, physicians

Subject Recruitment

- Purposive Sampling

Thematic Analysis

- Sessions recorded and transcribed
- Rapid Thematic Analysis



Qualitative Themes

Key Theme

Quotes

Demographics/ Social Determinants of Health

"Most of the patients that I've seen in the free clinics are people who [are] **not lazy; they work hard**. They often work two jobs [...] **It's between food and health insurance.**"

Physician, Focus Group 2

"We got people with **Cadillac insurance** that **don't know how to use their insurance.**"

Admin Staff, Focus Group 1

Barriers to Care

"I think that we see basically the **survival of the fittest**. [...] **They either live with it or succumb to it.**"

Physician Assistant, Focus Group 3

"And then we ended up going well, **we can't do it. So we're just going to send them to the ER, [...] we can't do anything further.**"

Nurse, Focus Group 1

Workaround Solutions

"We had a patient that had been discharged from the ER. [...] **He's got ulcers from his knee down to his foot and his boot is fused to his skin** [...] a **Marquette physician assistant** [...] **took him back to the ER and had to advocate for him.**"

Nurse, Focus Group 1

Facilitators

"And we have to[...] have a come to Jesus conversation with every healthcare system say, what are you going to commit to? So that **our people can stop dying and suffering?**"

Admin Staff, Focus Group 1

Solutions, Hopes, & Dreams

Conclusion

- Interconnections between themes were **highly prevalent** and described a **nuanced and complex system** for **both patients and providers**



Next Steps

- Patient interviews
- Quantitative Comparative analysis
- Findings from this study will be utilized within a larger project to **develop a formal pathway streamlining surgical access** for the **uninsured**



Acknowledgements

Community Partners:

- Bread of Healing
- Saturday Clinic for the Uninsured
- City on a Hill
- Repairers of the Breach
- Salvation Army
- Eagle's Wing Free Clinic
- Lake Erie Free Clinic
- Finley Clinic
- Marquette PT Clinic
- MacCanon Brown Sanctuary



References

- Wisconsin Individual Health Insurance Market Analysis 2022 available at: https://oci.wi.gov/Documents/Consumers/Market_Analysis_Final_Report_Aug2022.pdf
- Schwartz, D. A., Hui, X., Schneider, E. B., Ali, M. T., Canner, J. K., Leeper, W. R., Efron, D. T., Haut, E., Velopoulos, C. G., Pawlik, T. M., & Haider, A. H. (2014). Worse outcomes among uninsured general surgery patients: does the need for an emergency operation explain these disparities?. *Surgery*, 156(2), 345–351. <https://doi.org/10.1016/j.surg.2014.04.039>

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.

OBJECTIVES

- Improve access to resources to reduce burden of food insecurity in this clinic population.
- Increase awareness of available food and healthcare resources and improve upon program impact based on community and provider feedback.

METHODS

- Implemented a pilot program to incorporate weekly assistance of a FoodShare Outreach Specialist in this pediatric clinic.
- QI approach to increase program awareness:
 - Clinical and Feeding America staff trainings
 - Incorporation into clinical morning “huddles”, appointment confirmation calls, and warm hand-off with clinic social worker or staff
- The specialist met with patient families both in the waiting room and in patient rooms, and documented what resources were provided, whether FoodShare applications were completed in clinic, and other family questions and needs.
- Satisfaction surveys were created for staff and patient families to address impact.

RESULTS

Figure 1: Resources Provided (2024)

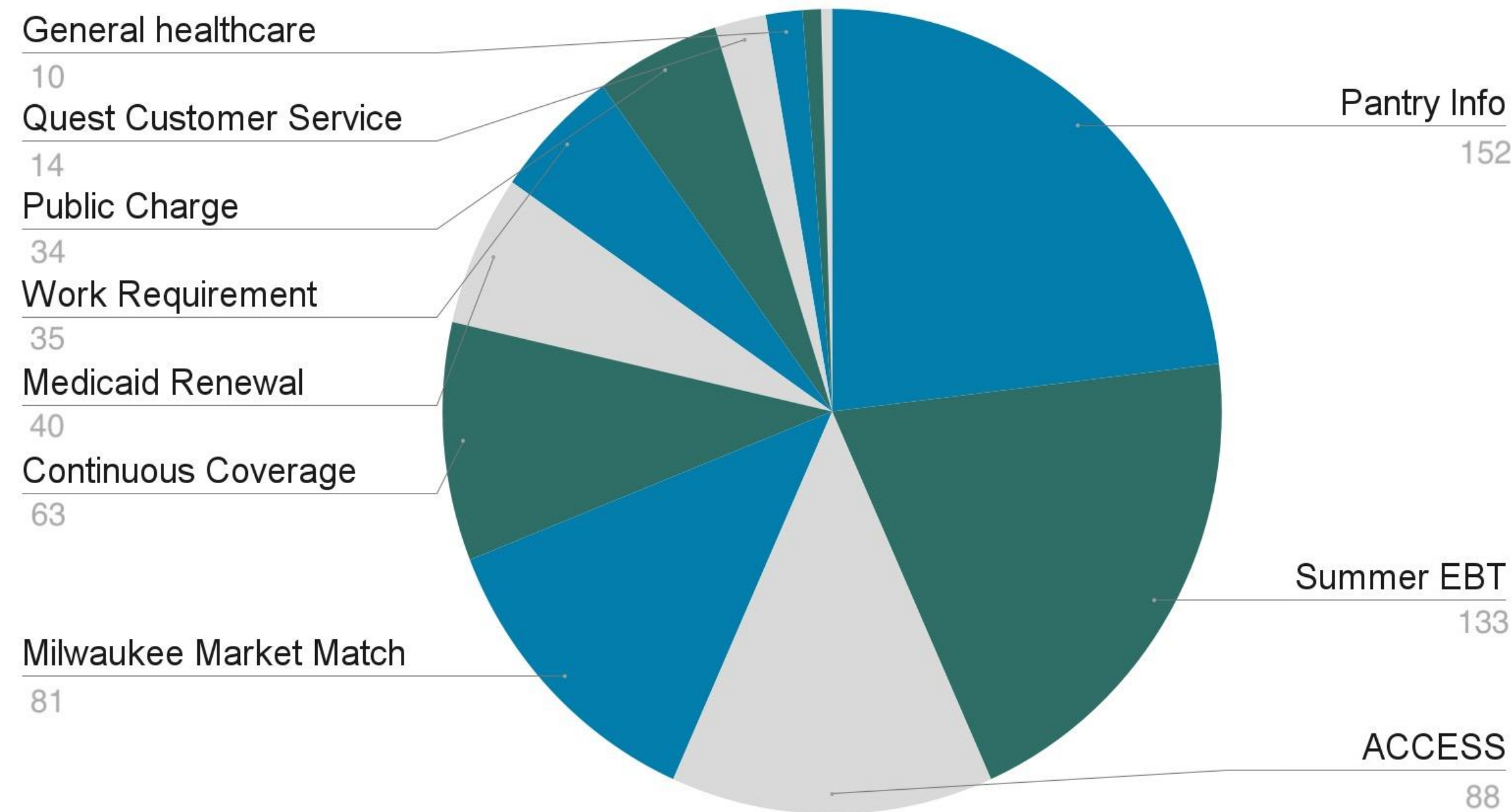


Table 1: FoodShare Benefits

Total Contacts	600
Already Enrolled	293
Newly Enrolled	21

The FoodShare Outreach Specialist has spoken with 600 families since starting collaboration with this pediatric clinic. Just in 2024, 658 total resources have been provided to clinic families.

Table 2: SNAP Impact

Average monthly FoodShare benefit per application:	\$383.13
Total annual meals per applications:	799
Estimated total SNAP benefits generated (per applicant):	\$3,125
Estimated local economic impact generated (per applicant):	\$4,813
Total estimated local economic impact generated:	\$101,073
Total estimated annual meals provided:	16,779

DISCUSSION

- Initial evidence and feedback show that sharing and utilization of resources is improved by in-clinic presence of a FoodShare Outreach Specialist.
- Throughout the first year of this partnership, awareness of resources has increased both in the community and among staff.
- Preliminary results from family satisfaction surveys reveal families are very satisfied with their experience with the Outreach Specialist and find the resources very useful. The majority have or plan to share resources with others.
- More research is needed to identify long-term impact.

NEXT STEPS

- Finalize data collection from 2024 to show annual impact of this collaboration.
- Compile community and provider feedback from satisfaction surveys and utilize this feedback to strengthen community relationship and improve access to resources.
- Explore data sharing across organizations with an end goal to evaluate the impact of this pilot program on food insecurity and health outcomes.
- Strengthen the integration and coordination of services across partnering organizations to create a more comprehensive and connected community-clinical network.



Exploring Patient Knowledge and Eligibility for the Crime Victims Compensation Program in the State of Wisconsin

Andrew Labott, BS¹; Emily Cooper, BS¹; Elise Biesboer, MD¹; Anna Tatakis, MD¹; Ariel Berry, BS²; Yara Hamadeh, BS²; Amber Brandolino, MS²; Mark Briggs³; and Elizabeth Schroeder, MD^{1,2}

knowledge changing life

¹ Medical College of Wisconsin, Milwaukee, WI, ² Department of Trauma & Acute Care Surgery, Medical College of Wisconsin, Milwaukee, WI; ³ 414LIFE

Background

- Violence is a significant public health challenge for communities across the country, disproportionately affecting the most vulnerable populations, such as women, people of color, and individuals from low-socioeconomic backgrounds.^{1,2,3}
- The Crime Victims Compensation (CVC) Fund was established in the 1980s to provide financial assistance to victims of violent crime, providing needed support to reduce the risk of starting an irreversible economic spiral after injury.
- Less than 20% of eligible individuals nationally complete applications through the CVC program, while only 15% of victims of gun violence at Froedtert were aware of the program.^{4,5}
- The reason for the low numbers of completed applications is likely multifactorial but not well understood.

Aims

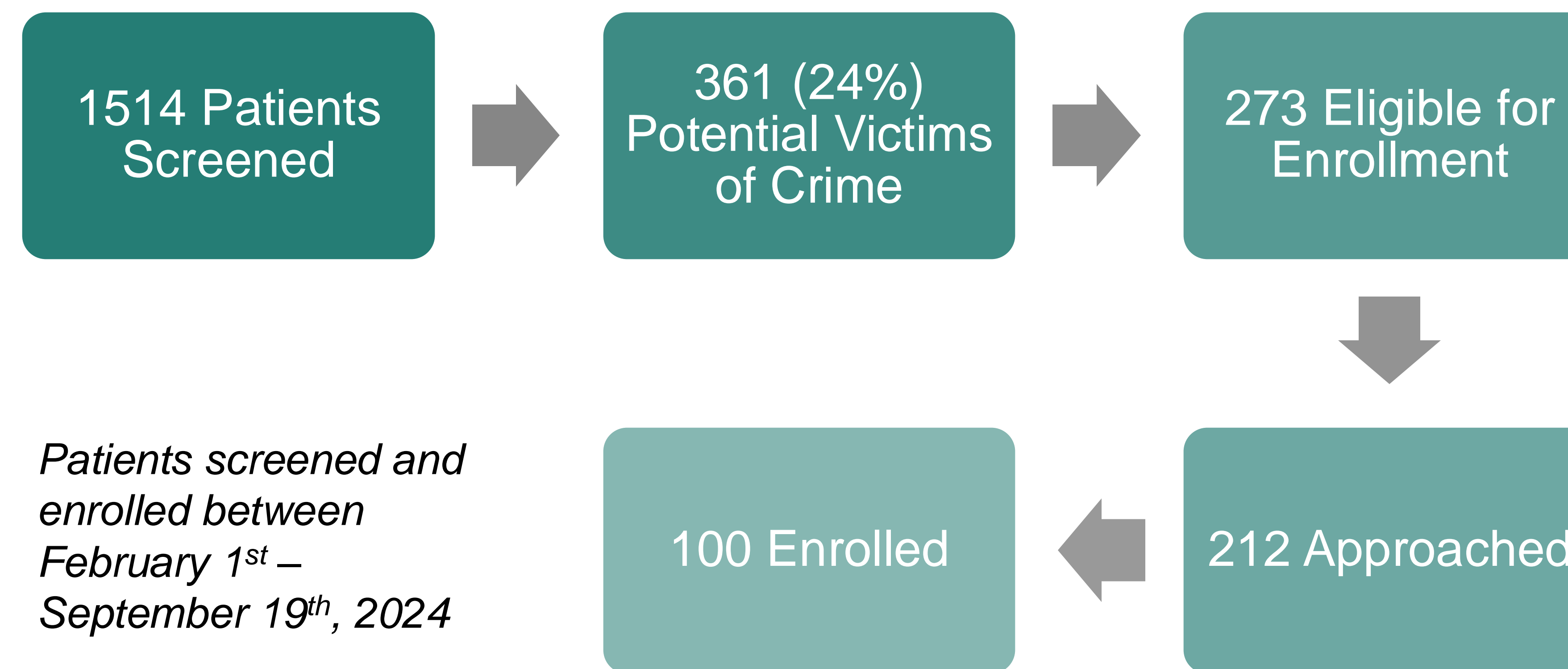
- Characterize the number and demographics of patients who present with an injury to an urban Level 1 trauma center who are victims of crime.
- Evaluate the reasons for CVC disqualification in injured victims of crime, and the association with patients' underlying poor socioeconomic status.

Methods

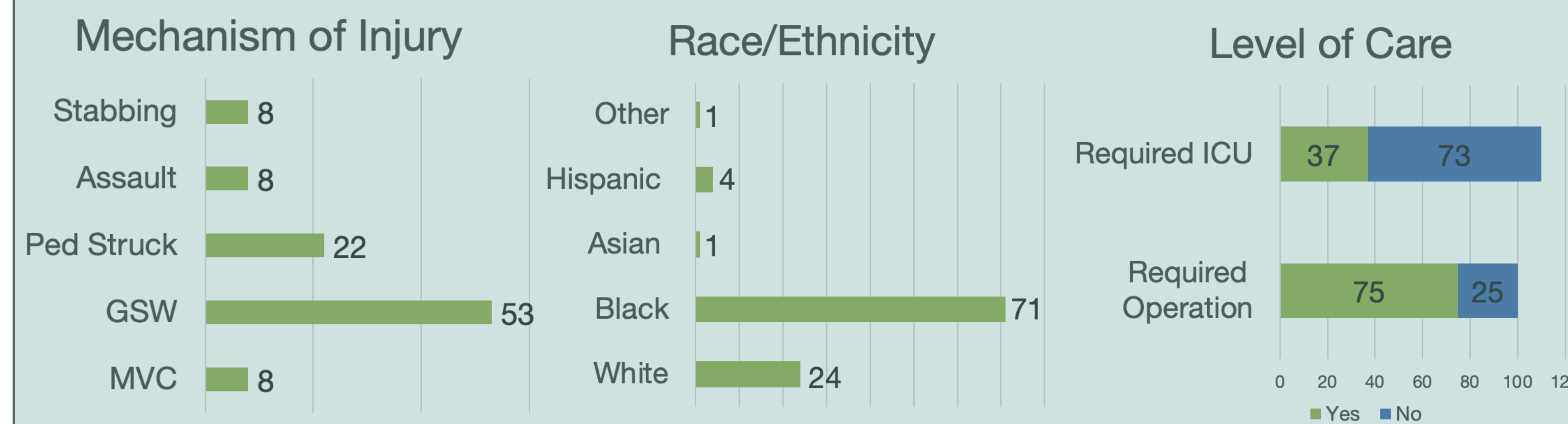
- A prospective survey-based study was conducted at Froedtert Hospital among patients aged 18 and older presenting with injuries resulting from non-accidental firearm discharges, assault, battery, pedestrian-vehicle collisions, or motor vehicle crashes related to substance use.
- Excluded: Non-English-speaking individuals, patients in custody, patients under 18yo, victims of sexual assault, and pregnant patients.

Results

Screening and Enrollment

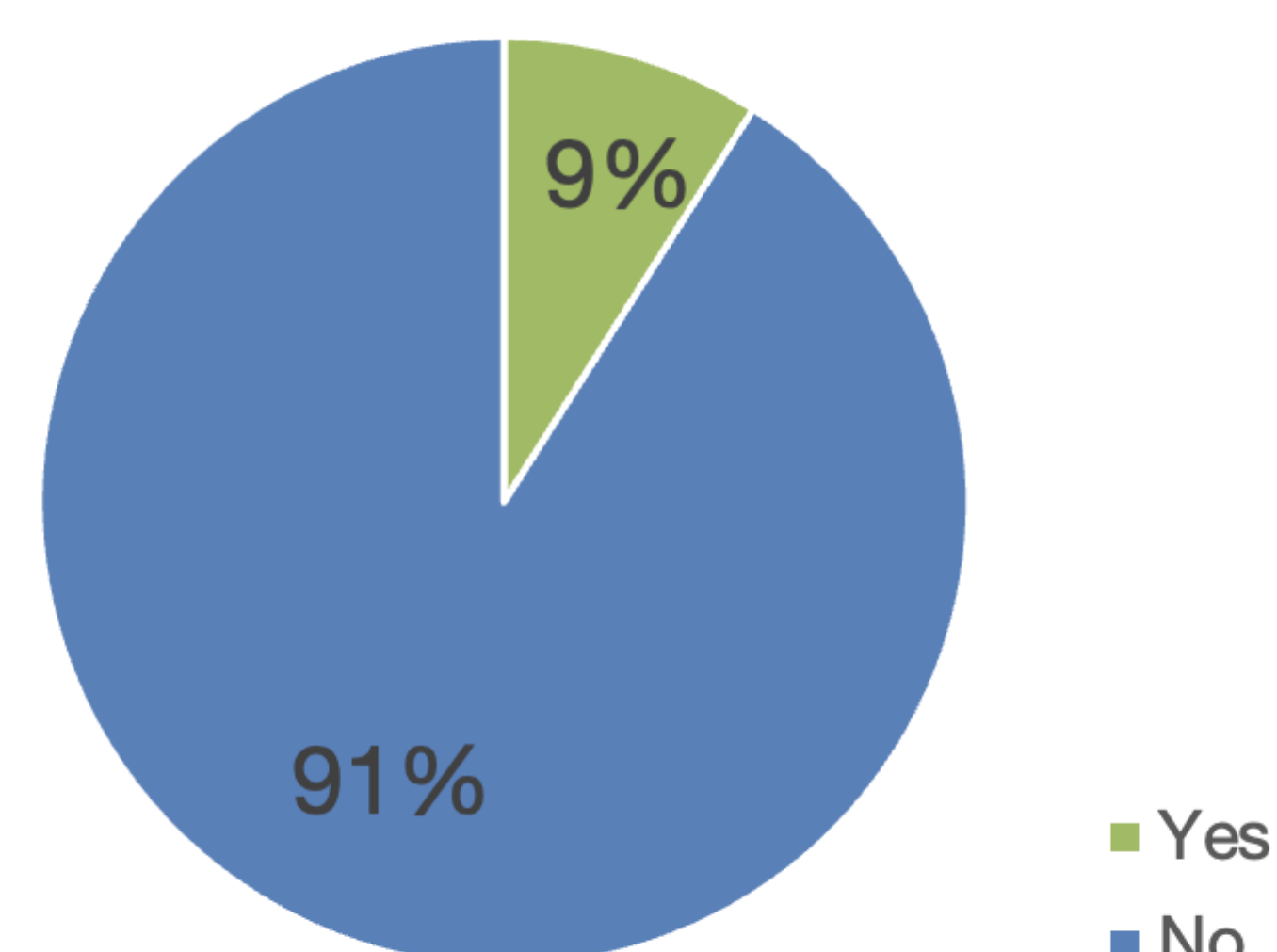


Demographic Information



Survey Results

Aware of CVC Program?



Impact of Injury

Depended on Financially		Working Prior to Injury		Monthly Expenses > \$2,000	
Yes	No	Yes	No	Yes	No
65	35	71	29	54	46

Reasons for Disqualification

Uncomfortable Participating with Law Enforcement		Behind on Child Support		Lack of Documentation for Lost Wages	
Yes	No	Yes	No	Yes	No
29	71	10	90	18	54

Discussion

- The Crime Victims Compensation program provides essential financial support for victims of violent crime, yet this study shows utilization remains limited due to lack of awareness and restrictive eligibility criteria.
- The results demonstrate the considerable financial burden that individuals experience acutely after an injury and the potential consequences for those who depend on them for support.
- These findings underscore the need for education efforts to ensure eligible victims can access critical financial support and suggest areas for potential reform to better support victims of crime.

Future Work

- Develop and distribute educational materials to increase awareness of the CVC program within the community with a focus on those most impacted by violent crime collaborating with 414Life
- Provide direct application assistance for research participants while in the hospital

Acknowledgements

- Thank you to the Advancing Healthier Wisconsin Endowment for supporting this research, the Trauma & ACS research team, 414Life, and our patients for participating.

References

- Sumner, S. A., Mercy, J. A., Dahlberg, L. L., Hillis, S. D., Klevens, J., & Houry, D. (2015). Violence in the United States: status, challenges, and opportunities. *JAMA*, 314(5), 478-488.
- Finkelhor, D., Turner, H. A., Shattuck, A., & Hamby, S. L. (2015). Prevalence of childhood exposure to violence, crime, and abuse: Results from the national survey of children's exposure to violence. *JAMA pediatrics*, 169(8), 746-754.
- Meyer, D. (2015). *Violence against queer people: Race, class, gender, and the persistence of anti-LGBT discrimination*. Rutgers University Press.
- Brandolino A, Campbell J, Prom J, Karra H, Danso N, Biesboer EA, Schroeder ME. An Analysis of Social Determinants of Health on Emergency Department Utilization by Gunshot Wound Survivors after Discharge from a Level 1 Trauma Center. *Society for Advancement of Violence and Injury Research (SAVIR) 2023 Annual Conference: Co-Creating Real-World Solutions: Science, Policy and Practice to Prevent Injury and Violence*. Denver, CO. April 2023.
- US Department of Justice, Office of CVC. *Victims of Crime Act Victim Compensation Formula Grant Program*, 2017.

Promoting Community Connectedness at the Milwaukee LGBT Community Center

Jeanna Kedrowski B.S.¹, Lauren Loftis B.A.¹, Christie Carter M.S. Ed³, & Anthony N. Correro II, Ph.D.².

¹Medical College of Wisconsin Milwaukee, WI; ²Department of Neurology Medical College of Wisconsin, Milwaukee, WI; ³Aging and Disability Programs, Milwaukee LGBT Community Center, Milwaukee, WI

The Milwaukee LGBT Community Center

- The "Center" - serving the Milwaukee area since 1997¹
- Mission - enhance the vibrant lesbian, gay, bisexual, and transgender (LGBT) community ¹
- Services and programming
 - Connections with legal, health, and social resources
 - Clothing closet and food pantry on-site
 - Social activities and support groups



Figure 1. Milwaukee LGBT Community Center located on 315 West Court Street. From Milwaukee LGBT Community Center ¹

Importance of Forming Community

- Community connectedness mitigates negative health-related effects of minority stress within the LGBTQ+ population^{2,3}

Why a Book Club?

- encourages socialization with a focus
- books help explore LGBT themes and narratives in a safe and constructive nature

Benefits for Community and The Center

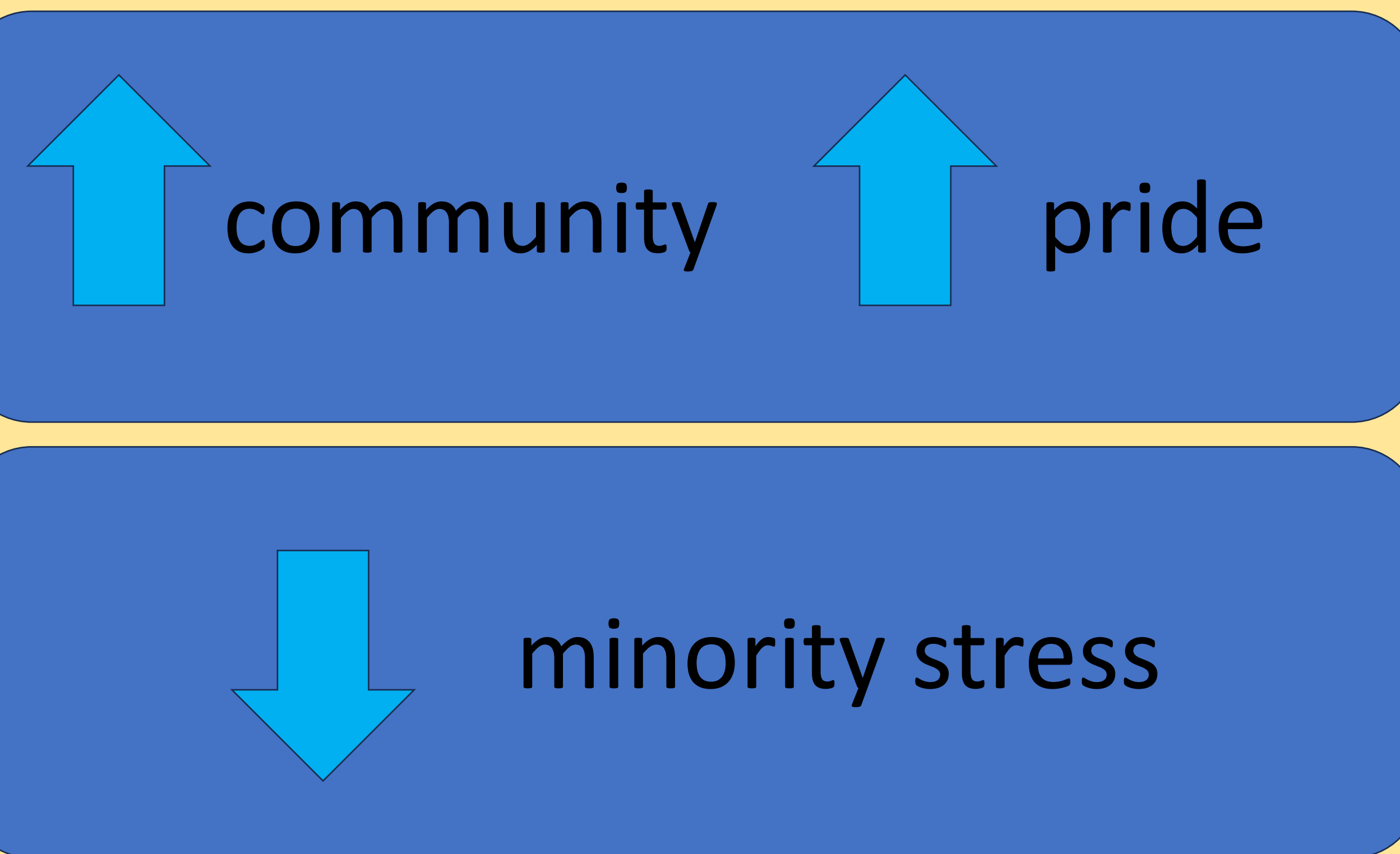
- Directly in contact with resources and programming available
- Safe spaces for LGBT folks

Considerations when developing Rainbow Readers included:

- Accessibility (ability, location, finances, etc.)
- Feasibility by allowing members to choose their own books (mitigating barriers to participation)

Goals

1. Create programming to enrich engagement with the LGBT Center
2. Implementation of a book club prioritizing inclusivity and minimizing barriers
3. Facilitate conversation about diverse LGBTQ+ themes and experiences through literature



Creating opportunities for LGBT community members to connect can mitigate health disparities associated with minority stress.

Community Member Perspectives

- Some reported difficulty with reading books that have LGBT main character because characters' experiences and struggles might activate past potentially traumatic events
- Themes of transphobia in chosen books; warning others about potentially harmful content
- Authors from the past impacted by culture of their time with ability to present themselves authentically in their books and discuss LGBT topics
- Using books as an escape from reality and the need to have a book that can be "thoughtless" or "cozy" ie: romance novels, fantasy books, etc.

Attendance of Rainbow Readers

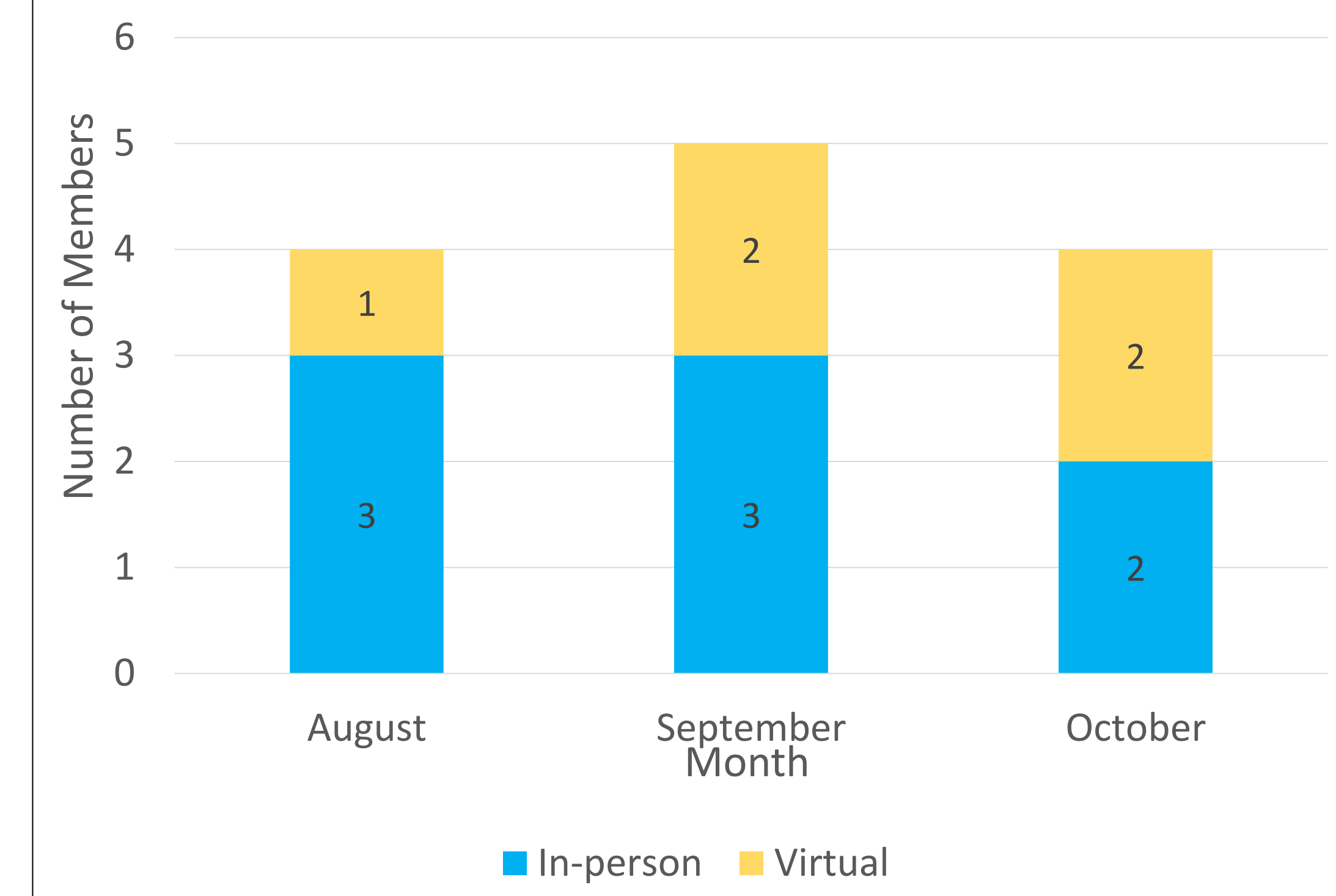


Figure 2. Summary of number of community members at each meeting (virtually via Zoom or in person at the Center).

Conclusion and Next Steps

- Community shared thoughts, opinions, and experiences
- Wide range of topics and themes led to diverse conversations
- Increases feelings of belonging and camaraderie
- Creates community and pride which are both known resiliency factors against minority stress^{2,3}

Did Rainbow Readers:

1. increase and enrich engagement with the LGBT Center?
2. increase feelings of LGBT connectedness?

References

1. The Milwaukee LGBT Community Center. Retrieved November 8, 2024, from <https://www.mkelgbt.org/>
2. Meyer I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological bulletin*, 129(5), 674–697. <https://doi.org/10.1037/0033-2909.129.5.674>
3. Testa R. J., Habarth J., Peta J., Balsam K., & Bockting W. (2015). Development of the Gender Minority Stress and Resilience Measure. *Psychology of Sexual Orientation and Gender Diversity*, 2(1), 65–77. <https://doi.org/10.1037/sgd0000081>

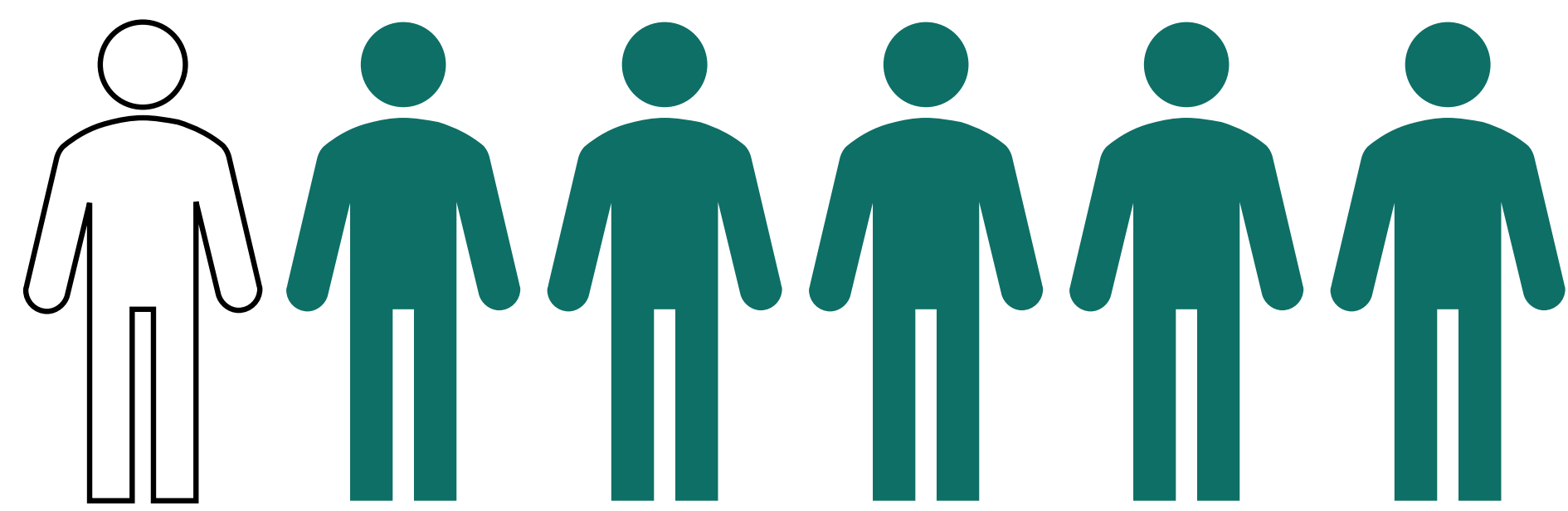
MCW Student Garden: An Effort to Sustainably Combat Food Insecurity

Nathan Schimpf¹, Kellie LeGrave^{1,2}, Sarah Keaton³, Dennis Polinske⁴, Sara Crawley⁵, Joanne Bernstein, MD, MS¹, Joseph E. Kerschner, MD¹,
Christa Wagner, PhD^{1,2}

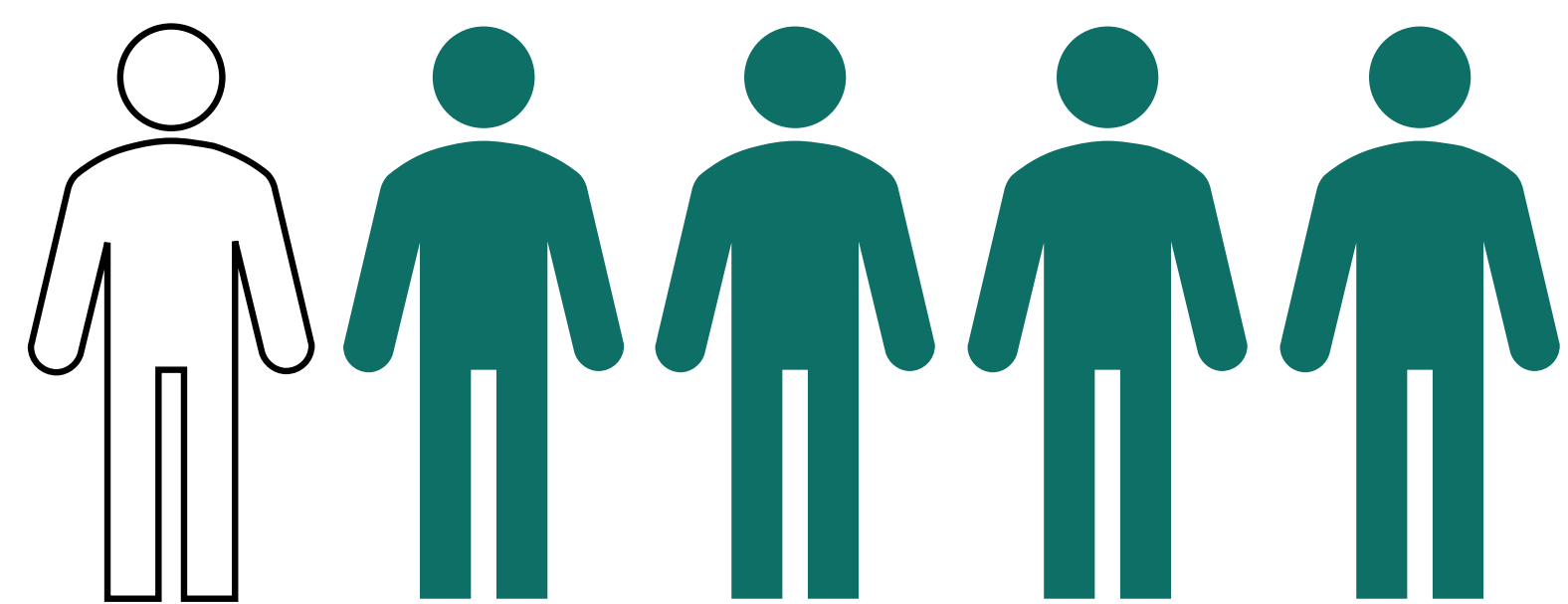
¹Medical College of Wisconsin, ²Center for Sustainability, Health and the Environment Medical College of Wisconsin, ³Medical College of Wisconsin Student Affairs Student Food Pantry, ⁴Medical College of Wisconsin Facilities, ⁵HUB Café

Background

- Food insecurity is a leading public health issue
- In 2022, 44.2 million Americans lived in food insecure households



Nearly 1 in every 6 graduate students experiences food insecurity



Nearly 1 in every 9 medical students experiences food insecurity

Goals

Maintain a garden that:

- Fights student food insecurity
- Promotes nutrition, health & wellness
- Supports sustainability & environmental health awareness
- Directly combats climate change
- Leverages common disease prevention
- Fosters a sense of community on campus

Methods

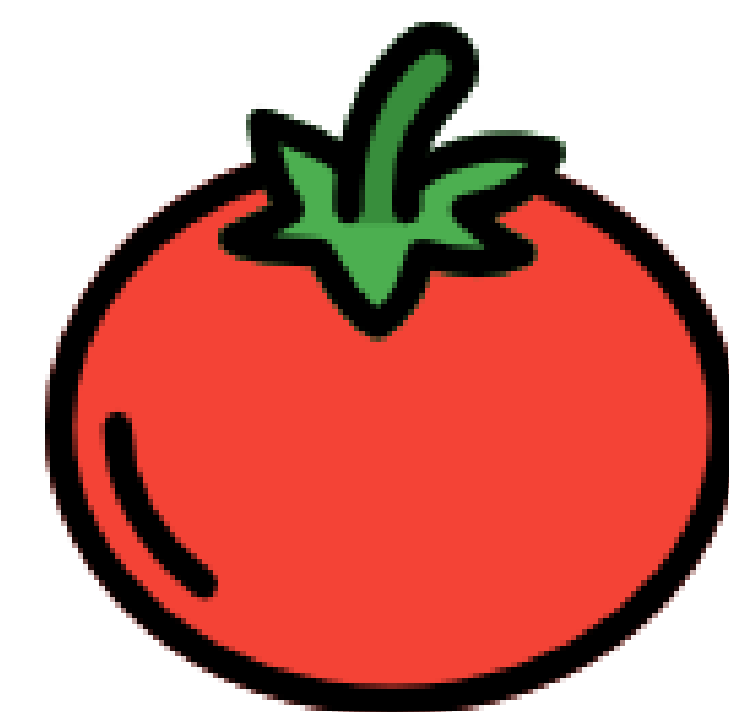


Planted tomatoes, zucchini, green bell peppers, spinach, lettuce, and herbs in May 2024

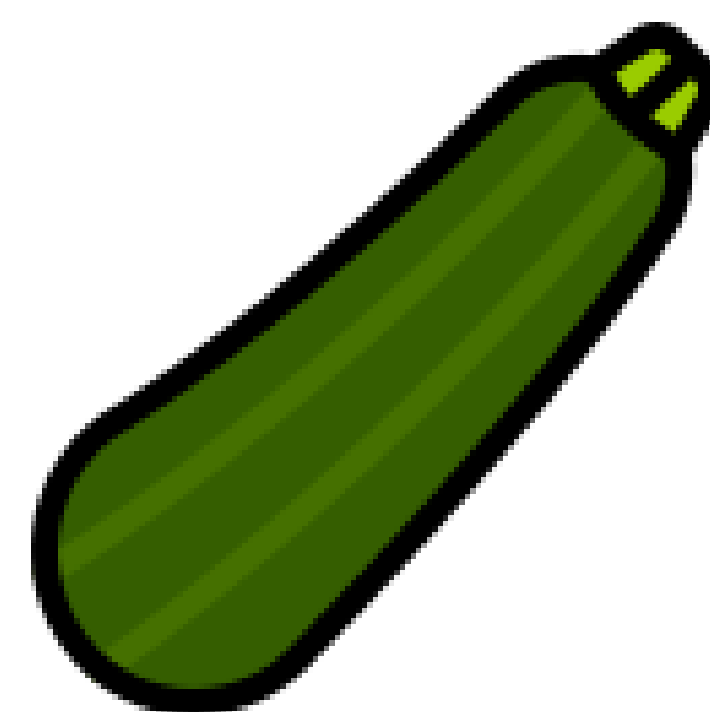
12 student volunteers tended the garden throughout summer and fall

Harvested produce and herbs were donated to MCW's student food pantry and HUB Café

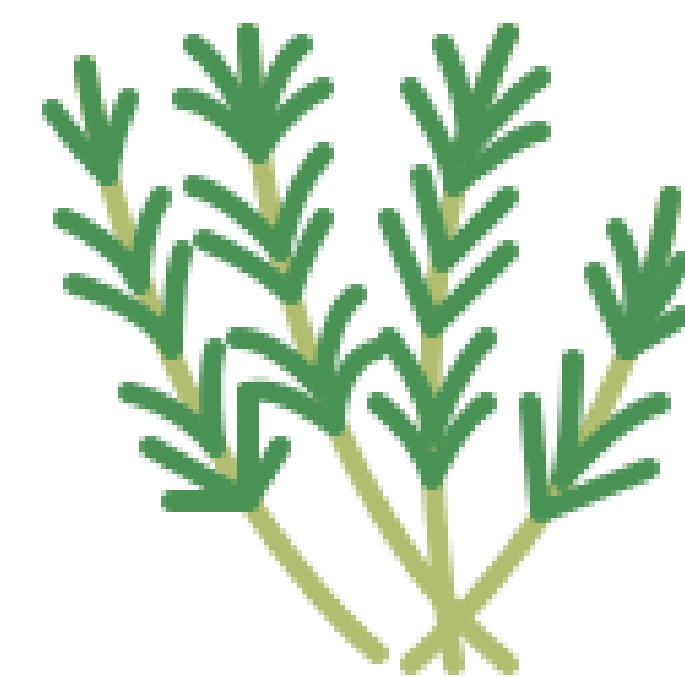
Results



20 bags of cherry tomatoes



6 servings of zucchini



11 servings of herbs



7 servings of lettuce

Increasing student wellness:
Read student gardener Kristen Apolinario's story



1168

total visits to student food pantry from the day of the first harvest to the time of garden cleanup (around 134 days)

44
total servings of fresh produce

Future Work

MCW's First Winter Garden!

MCW student volunteers will plant and care for cold weather vegetables from November-May including:
Bok choy, Tatsoi, Russian kale, Beni hoshi

Interest in expanding the garden size, allowing for increased MCW community engagement



MCW students interested in being a garden care volunteer can email:
SHECenter@mcw.edu or
MS4SF@MCW.edu

Acknowledgements

Thanks to the MCW SHE Center, Student Food pantry, HUB Café, MCW Facilities, Dr. Kerschner, faculty, staff, and student volunteers for making this garden a reality!

References

1. Nord M, Andrews M, Carlson S. Household Food Security in the United States, 2004. Published online October 1, 2005. doi:10.2139/ssrn.878333
2. USDA ERS - Food Security in the U.S. Accessed August 20, 2024. <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/>
3. Bruening M, Argo K, Payne-Sturges D, Laska MN. The Struggle Is Real: A Systematic Review of Food Insecurity on Postsecondary Education Campuses. *Journal of the Academy of Nutrition and Dietetics*. 2017;117(11):1767-1791. doi:10.1016/j.jand.2017.05.022
4. Flynn MM, Monteiro K, George P, Tunkel AR. Assessing Food Insecurity in Medical Students. *Fam Med*. 2020;52(7):512-513. doi:10.22454/FamMed.2020.722238

Social Support for Healthy Eating Habits, Weight and Body Image Among Latino Men

Natalie B. Norton, B.S.¹, Carlos E. Rosas, Ph.D.¹, Jacqueline Guzman, Ph.D.^{1,2}, Julia Escamilla-Garcia MA³, Lisa Sanchez-Johnsen, Ph.D.^{1,2,4,5}

¹Medical College of Wisconsin (MCW) Institute for Health & Equity; ²MCW Cancer Center;

³Independent Contractor; ⁴MCW Department of Psychiatry & Behavioral Medicine; ⁵MCW Departments of Surgery and Family and Community Medicine

Introduction

- Latinos have disproportionately high rates of obesity and overweight and obesity has been linked to at least 13 cancers.^{1,2}
- Social support may influence obesity-related health behaviors and how Latino adults perceive their body image.^{3,4,5,6}
- Few studies have examined the role of social support specifically related to eating behaviors among Latinos.
- 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, and the Bickerdike Redevelopment Corporation.

Objective

To examine the association of social support for eating habits with body mass index (BMI), body fat percentage, and body image satisfaction among Latino men and to assess whether these associations, differ by Latino background (Mexican/Puerto Rican men).

Methods

- Secondary analysis of data from the *Latino Men's Health Initiative*⁷, a study designed to examine how cultural variables underlying race and ethnicity influence diet, exercise, and body image of Mexican and Puerto Rican men.
- Participants were 203 community-dwelling, Latino men (99 Mexican; 104 Puerto Rican) in Chicago, IL.
- Measures:
 - **Predictor:**
 - **Social Support for Eating Habits survey**⁸
 - ❖ Family Encouragement subscale
 - ❖ Family Discouragement subscale
 - **Outcomes:**
 - **Objective measures:** BMI [weight (kg)/ height m²], waist circumference, body fat percentage.
 - **Body Areas Satisfaction Subscale** of the Multidimensional Body-Self Relations Questionnaire⁹
 - **Figure Rating Scale**¹⁰

Results

Table 1. Linear Regressions Predicting BMI, % Body Fat, Waist Circumference, Body Satisfaction, and Current Body Image (N = 201)

	Body Mass Index		
	B	95% CI	P value
Family Social Support for Eating Habits Encouragement	0.87	(0.13, 1.61)	.021
Family Social Support for Eating Habits Discouragement	0.63	(-0.11, 1.37)	.097
	% Body Fat		
	B	95% CI	P value
Family Social Support for Eating Habits Encouragement	0.48	(-0.71, 1.66)	.431
Family Social Support for Eating Habits Discouragement	0.32	(-0.88, 1.54)	.593
	Waist Circumference		
	B	95% CI	P value
Family Social Support for Eating Habits Encouragement	1.89	(0.07, 3.72)	.042
Family Social Support for Eating Habits Discouragement	0.70	(-1.13, 2.54)	.449
	Body Satisfaction		
	B	95% CI	P value
Family Social Support for Eating Habits Encouragement	0.06	(-0.04, 0.15)	.246
Family Social Support for Eating Habits Discouragement	-0.02	(-0.12, 0.08)	.660
	Current Body Image		
	B	95% CI	P value
Family Social Support for Eating Habits Encouragement	0.27	(0.06, 0.49)	.014
Family Social Support for Eating Habits Discouragement	0.20	(-0.01, 0.42)	.064

Note. Predictor variables were converted to z-scores. Two participants were excluded for incomplete demographic information. Models controlled for age, Latino background, years in the U.S., marital status, employment status, health insurance, current smoker status, and alcohol consumption. 95% CI: Confidence Interval.

Discussion

- Family encouragement related to healthy eating habits was associated with higher BMI, larger waist circumference, and larger current body image.
- In contrast, family discouragement related to healthy eating was not associated with any of the outcomes.
- Family social support was not associated with body fat percentage or body satisfaction.
- These associations did not differ by Latino background (Interaction *P*s > .10).

Conclusions & Community Relevance

- Family social support specifically related to encouraging healthy eating habits needs to be evaluated further in Latino men.
- The results 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.
- Further studies are warranted to examine why encouragement related to healthy eating habits from family is associated with a higher BMI, larger waist circumference, and a larger current body image.

References & Acknowledgements

- The parent study was funded by the National Institutes of Health's National Cancer Institute, grant numbers R21CA143636 and R1CA143636-S to Dr. Sanchez-Johnsen.
- The parent study was approved by the IRB at the University of Illinois at Chicago (IRB-2011-0187) and the University of Chicago, and the Research Review Board at Alivio Medical Center.
- We extend our appreciation to all participants in this study, our research staff and trainees, as well as to our community partners.



Scan for references



Inclusive Play: Toys For All - A Look into the Distribution of Switch-Adapted Therapy Toys for Children in the Greater Milwaukee Area

Michael Kim, Vladimir Bjelic, Molly Erickson, and Gerald F Harris



What is Inclusive Play: Toys for All?

The **Inclusive Play: Toys For All (Inclusive Play)** is a collaboration between Penfield Children's Center (**Penfield**) and the Orthopaedic & Rehabilitation Engineering Center at Marquette University (**OREC (MU, MCW)**) that produces free **switch-adapted toys to the greater Milwaukee area**. The toys are built by volunteers from the MU Opus College of Engineering, MU Occupational Therapy program and local Milwaukee high schools and distributed by Penfield. A Penfield speech and language pathologist distributes these toys across the greater Milwaukee

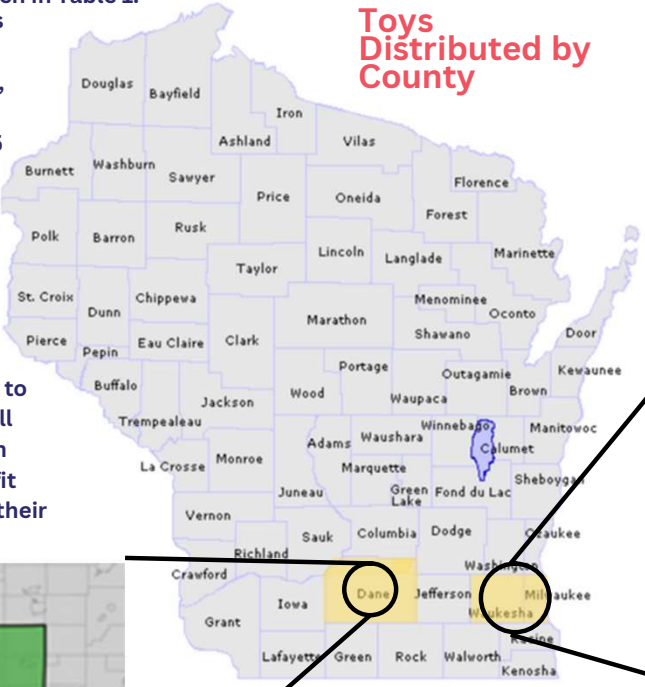
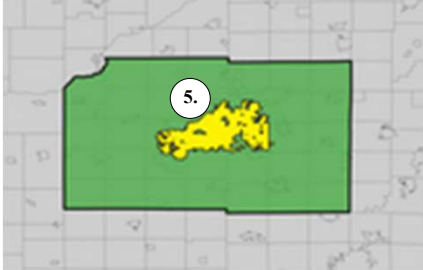
The Need

The **Inclusive Play** program distributes toys throughout the greater Milwaukee area. To date the program has **distributed 144 toys** to public schools, private clinics, and families at no cost. However, there is **still a large need**.

Birth to Three is an intervention program intended to help children with suspected developmental delays. Milwaukee is 1 of 23 counties that supports the Birth to Three program in Wisconsin. In **Milwaukee alone 2635 children** were served in the last year, as seen in Table 1.

Currently, Inclusive Play has distributed to 3 of the counties in Wisconsin: Dane, Waukesha, and Milwaukee. Within these counties only 5 cities have received toys as, seen in Figure 1. A total of **144 toys** have been distributed to date.

Additionally, the number of children served by the Birth to Three program is only a small portion of the many children that could potentially benefit from using adaptive toys in their therapy programs.

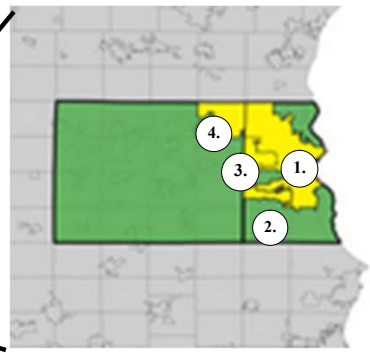


Toys Distributed by County

Legend	Quick Numbers
Green: Counties that have received toys	1. Milwaukee: 79 toys
Yellow: Cities that have received toys	2. Greenfield: 14 toys
	3. Wauwatosa: 37 toys
	4. Menomonee Falls: 2 toys
	5. Madison: 12 toys

Table 1: Children served in Milwaukee's Birth-to-Three program. Data courtesy of Samantha Cortez (Milwaukee Birth to Three Program Coordinator).

Year	Total Children Served
2019	2594
2020	2337
2021	2387
2022	2615
2023	2635



Benefit of the Toys

Switch adapted toys allow children with disabilities to **independently engage** without the intervention of a parent or therapist. As such, they have been found to be an effective tool in physical, occupational, and speech therapies.

The toys help children with all areas of development including **communication, physical, cognitive, adaptive behavior, and social emotional development** while providing an interface to interact with their peers and family. Families have access to the toys through schools, clinics, or receiving them directly for use at home.



Next Steps: Growing the Community



To better meet the needs of our community, the Inclusive Play program is expanding to **provide more adapted toys** in the greater Milwaukee region. Our next steps include a **training program** on adaptive toys to increase participation and partnership in the Inclusive Play program.

Acknowledgement

Inclusive Play: Toys For All would like to thank all the professionals for their data featured in the figures. We would also like to thank the donors for their generous contributions to this program, especially Kohl's Building Blocks for their support in providing free adaptive toys to children who need them.

Figure 1: Number of toys distributed to Wisconsin Counties.



Self-Management of Gender-Affirming Interventions: A Multi-Phase Community Engaged Descriptive Study Exploring Mutual Aid

Linda M. Wesp¹, PhD, FNP-C
Jane Hereth², PhD
Dan Holliday³, BS
Ousia Moon², BA

¹ UWM School of Nursing
² UWM Helen Bader School of Social Welfare
³ UWM Zilber College of Public Health

BACKGROUND

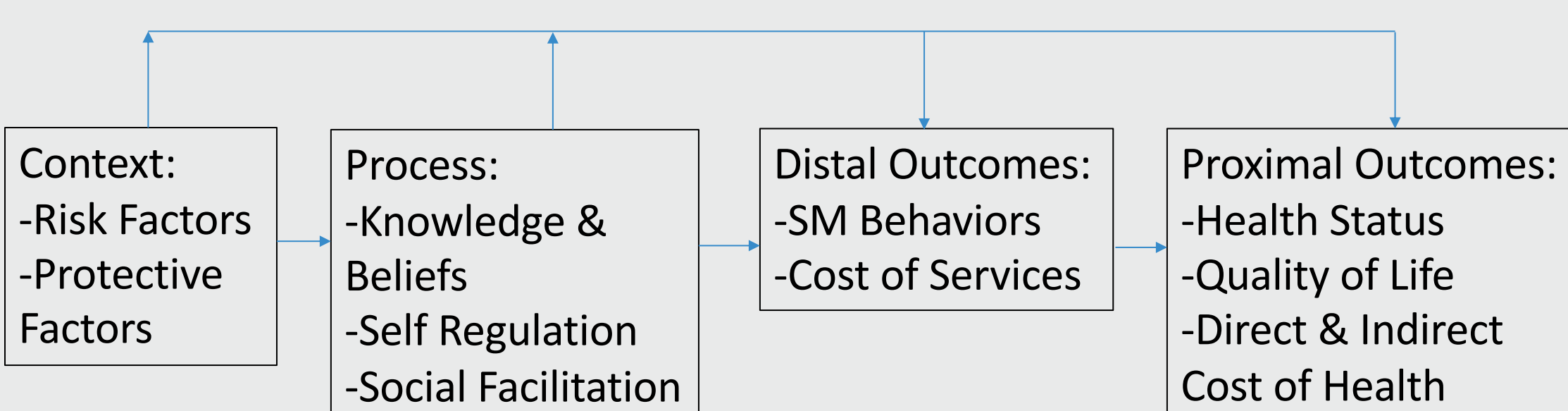
- Mutual aid projects are community-led initiatives that address barriers and meet people's needs through mobilization and collective action.
- TGD people report improved life satisfaction with gender affirming hormones or surgeries, yet pervasive barriers prevent TGD people from meeting ongoing needs for their gender-affirming hormone therapy (GAHT) or surgeries.
- Self-management science (SMS) is the study of risk and protective factors that impact the process of managing ongoing health interventions.

OBJECTIVES

- Understand the impact of mutual aid and community-driven solutions for barriers to achieving health care goals
- Understand if SMS frameworks explain the needs of TGD people navigating gender-affirming interventions
- Explore unmet needs related to GAHT, especially injectable forms of medication

METHODS

- Principles and practices of community-based participatory research (CBPR) informed our multi-phase, qualitative descriptive study.
- Individual and Family Self-Management Theory (IFSMT) informed data collection and analysis



- Phase 1 interviewed TGD key informants (n=10) in Milwaukee about their experiences with gender-affirming interventions in person or via Zoom.
 - Interviews asked about context, process, and outcomes factors as guided by IFSMT.
 - Data analysis used consensus coding with IFSMT concepts as well as open coding.
 - Final themes were identified via inductive and deductive approach.
- Phase 1 findings will inform Phase 2 interviews with TGD people who have attended a mutual aid space for support. Phase 3 will include participatory data analysis and future research planning with the community.

Acknowledgements

Ethics Board Approval: UWM IRB # 24.006

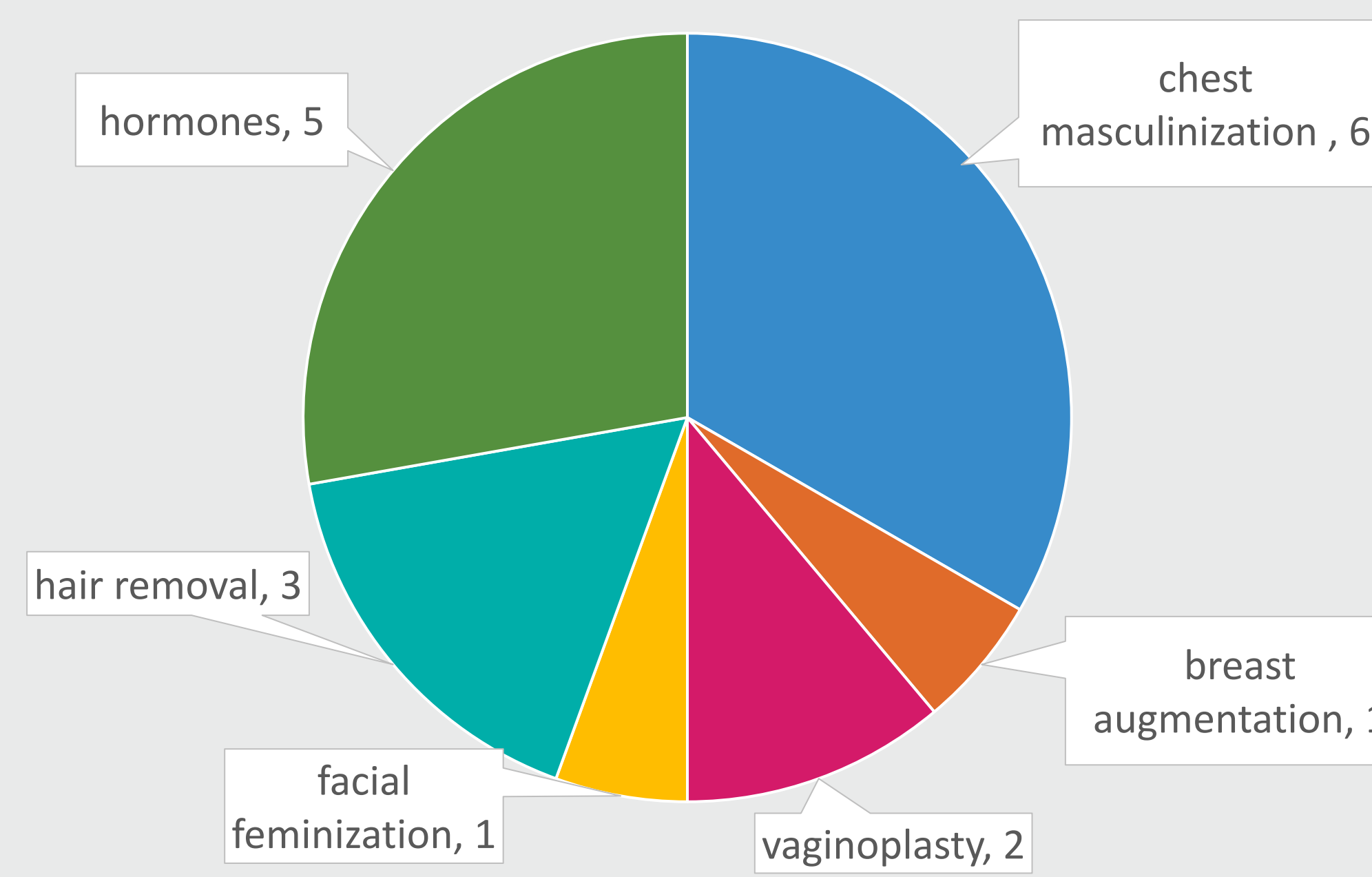
Funding: UWM Discovery and Innovation Grant

Special Thanks to Wyatt Meyer, Milwaukee Queer & Trans Depot, ZAO Mke Church, and our Phase 1 participants.

SAMPLE CHARACTERISTICS

n=10 key informants who identify as TGD and have experience accessing health care for various gender-affirming interventions

Gender-Affirming Care Experiences in Sample



Race/ethnicity:

- n=7 White
- n=3 BIPOC (Black, African American, M. Eastern, N. African)

Age:

- n=7 age 30-49
- n=3 age 18-29

RESULTS

Key informants' experiences of managing their gender-affirming interventions aligned conceptually with the context, process, and outcomes factors in the IFSMT framework.

Participants further described barriers and facilitators across four main themes:

- Acknowledgment of the Necessity of GAHT

"Being Post-op, my body has no way of producing hormones on its own. It messes with you mentally, physically. It changes every aspect of your life. I just wish the medical community put the same emphasis on it as they would, you know, other medications that are just as important."

- Safety Concerns When Engaging with Health Care System

"There's risks associate with everything, no matter where people go. We always have to evaluate our own safety and likelihood of getting abused by medical professionals."

"Do I feel comfortable and safe accessing this care? Do I feel comfortable and safe being honest with this provider about what I'm accessing, what I'm trying to access?"

"Given our current political environment, it's scary to even leave the house."

- Health Care Provider Trust Facilitates Optimal Self-Management

"Some providers I met in the early stages, I was like, oh, I get a bad feeling right away because that person seems like they're just kind of curious about me or what my body looks like. The, the person who was really helpful to me was just like, let's lay all the information out. Whatever it is you want to know, I'm here to answer it, and you shouldn't be afraid to ask anything. That gave me confidence to keep figuring things out. I think I would have been shut down had I never met her."

- Community is One of Our Lifbloods

"When you reach within the community, it's just understood that you are a human being. On a very basic level, our communities help keep us safe."

"There is a lot of mutual aid in the trans community. We take care of each other and share information. The trans community, it's like one of our lifbloods, it really is."

NEXT STEPS

- Phase 2 will interview n=20 TGD participants who attend a local mutual aid program for support with injectable GAHT. Our interview guide will be informed by Phase 1 themes and IFSMT concepts.
- Phase 3 will invite participants to support final data analysis and dissemination.

LIMITATIONS

Generalizability may be limited for Phase 1 due to sample size, age, and demographics.

CONCLUSIONS

Our study is the first to document SMS as a promising tool for understanding barriers for ongoing use of gender-affirming interventions.

Future studies need to define SM concepts related to gender-affirming interventions, relationships between context and process, identify measurement tools, and evaluate the impact of community-based resources like mutual aid.

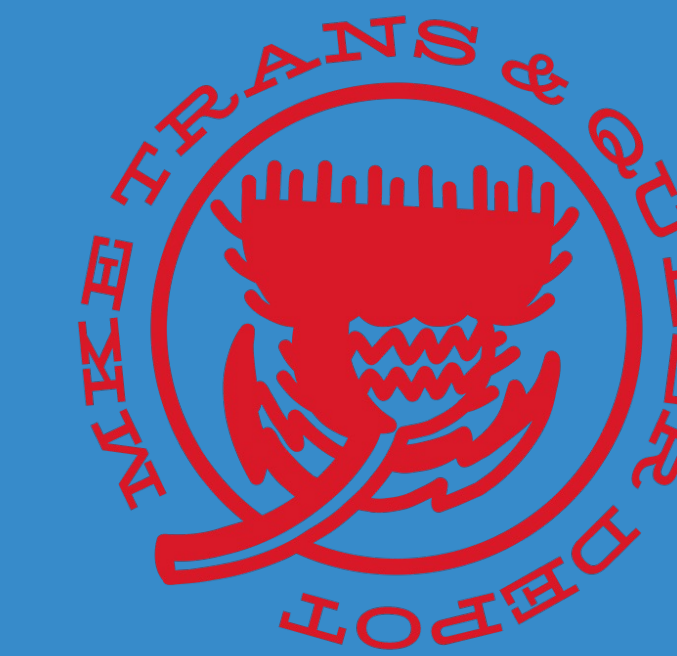
Health care providers working with TGD people must understand the medical necessity of gender affirming hormones, prioritize establishing trust, and address safety concerns.

References:





Milwaukee Trans and Queer Depot: Addressing Health Needs of Transgender & Gender Diverse People in Our Community



Wyatt Meyer
Linda M. Wesp, PhD, MSN, FNP
Melissa Melcher, DNP, FNP
Kaylee Conaway

Background

- According to the 2022 US Trans Survey, 98% of transgender and gender diverse (TGD)* individuals who used gender-affirming hormones or surgeries reported improved life satisfaction.¹
- Gender-affirming interventions are medically necessary,² and yet many TGD people face persistent barriers to accessing the specific care or medications they need.³⁻⁵
- Mutual aid is when communities take action to respond to needs and priorities in ways that existing systems are failing to do. Mutual aid support often addresses needs that have been created by failures within the system itself.⁶

OBJECTIVES

- Our goal was to create a mutual aid project that meets the gender-affirming care needs of TGD people in our community, but first we wanted to better understand some specifics about what our community needed.
- Community members partnered with nurse researchers at UWM to conduct a needs assessment with TGD people in Milwaukee.

METHODS

- Our participatory action research project developed and collected an internet-based survey through Qualtrics, created by and for our community.
- Closed-ended survey questions asked about type and route of gender affirming hormones:
 - If taking prescribed injectable gender-affirming hormones, which barriers specifically prevented people from taking their medications and what type of support they would likely access from a mutual aid space.
 - All respondents were asked about what their priorities would be for a mutual aid space in Milwaukee.
- An open ended-question asked: "What do you feel are the most important needs for TGD people in Milwaukee right now?"

Sample

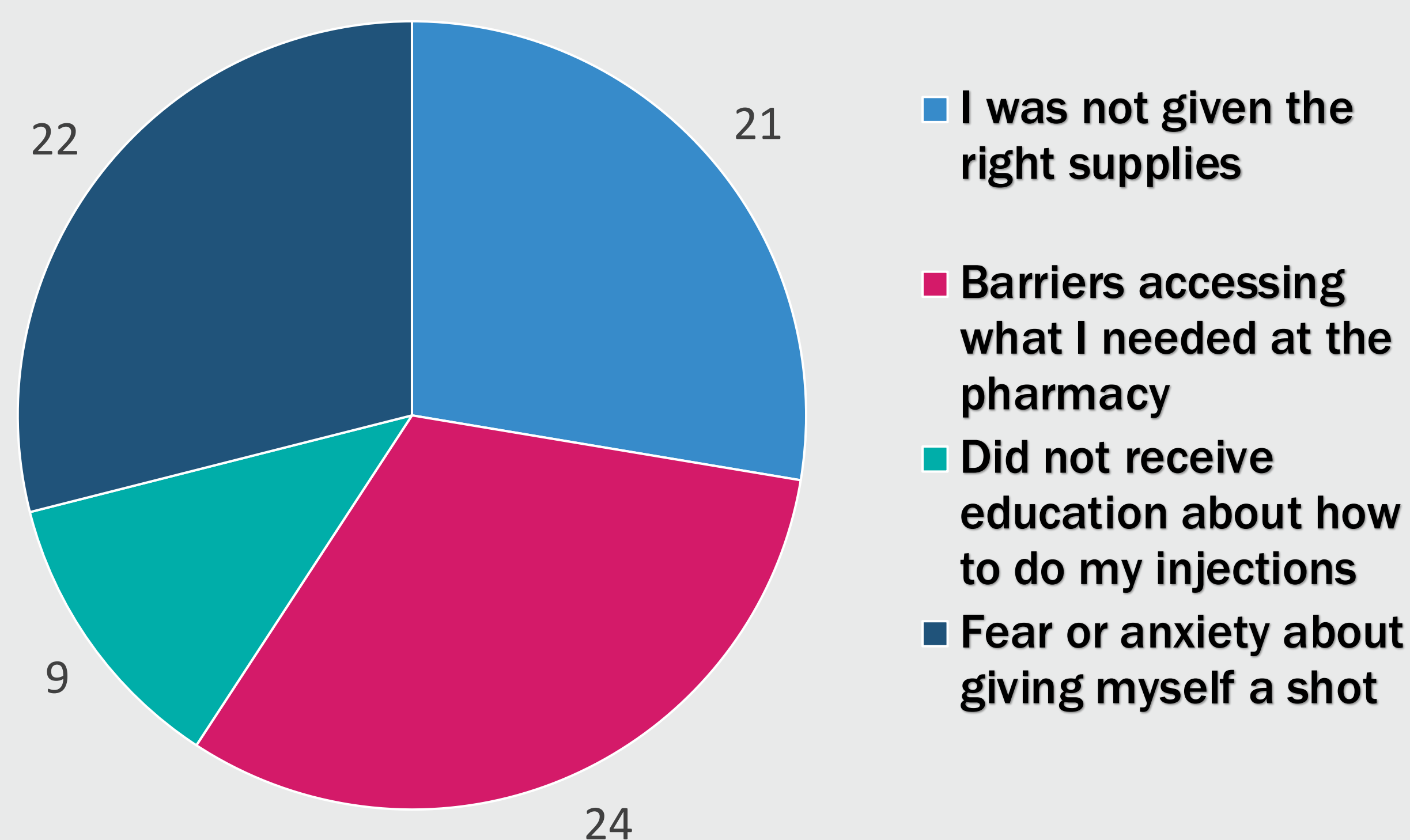
- Convenience sample of people who are at least 18 y/o, identify as TGD, and who live, work, or study in Milwaukee.
- Data collected in April - May of 2023.

Recruitment

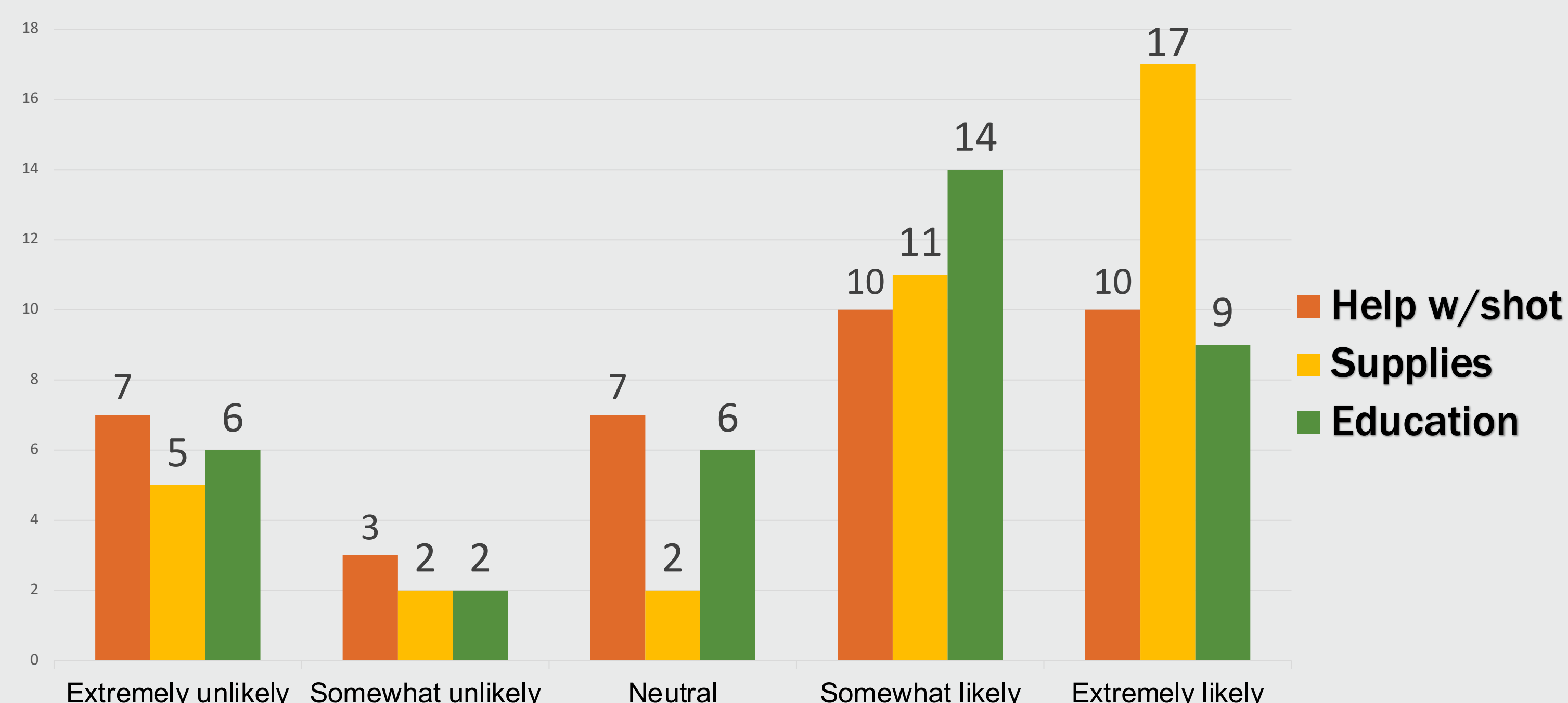
- We created a social media account on Instagram, Facebook, and TikTok explaining the project with the link to our survey.
- We created paper flyers asking people to "Help Create a Community Space in Milwaukee - By Us For Us" and posted them in libraries, colleges/universities, queer friendly businesses, and other public locations in all neighborhoods of Milwaukee.

Results: n=129 completed surveys

What barriers are you facing in taking your injectable medication?



How likely are you to come to mutual aid space for support with injectable medication?



What are your main priorities for a community space for TGD people in Milwaukee?



Themes from Open Ended Responses

- Safety and a Sense of Community**
 - "A calm, safe space. Just a place for trans people to safely exist."
 - "Finding a sense of community, knowing there are other trans people and allies behind us."
- Inclusive Spaces that Foster Belonging**
 - "Spaces for QTBIPOC and neurodivergent friendly spaces."
 - "Equity, respect, and sense of belonging."
- Sober Space**
 - "A space to meet and feel safe that isn't a bar or club."
 - "A good gathering spot to meet each other and share resources, that's not a bar/nightlife."
- Accessible Information**
 - "Lots of accessible information that's NOT in a walled garden."
 - "Casual spaces to organize our resources, and a way to connect and help each other out."

Action

- In June 2023 we opened Milwaukee Trans and Queer Depot at Zao Mke Church on Milwaukee's East Side.
- MTQD is open Wednesdays from 4-730pm and is always free.
- We provide a sober community space, correct sterile injection supplies for gender affirming hormones, education on proper techniques for self-injections, and shot support for people who bring in their prescription medication.
- Ongoing collaborations with other community partners have led to additional offerings such as STI/HIV testing and name/gender marker change support.

Conclusions

MQTD continues to assess the needs of our community and update our offerings in real time. Taking actions based on research guided by our community has allowed our team to respond with meaningful resources that meets needs and improves lives.



References:



*By TGD we mean a diverse group of people who may also identify as nonbinary, genderqueer, gender expansive, genderfluid, agender, and a constellation of other possible identities that may not align with one's sex assigned at birth and/or a gender binary.

We would like to acknowledge our MTQD board members, volunteers, and Zao Mke church.

Reviewed by UWM IRB #23.208 (Exempt)



A Sustainable Future in Bacalar, Mexico: Community-Centric Surveying Regarding the Impact of Tourism Infrastructure

Marissa K. Cudworth, MSP¹; Diego Sepulveda Martinez²; Mariam Garcia Escobar³; Hector Hernandez Arana, Ph.D.⁴; Marissa Jablonski, Ph.D.⁵

¹University of Wisconsin-Milwaukee, ²University of Wisconsin-Green Bay, ³University of Nebraska at Kearney, ⁴ECOSUR, ⁵Freshwater Collaborative of WI

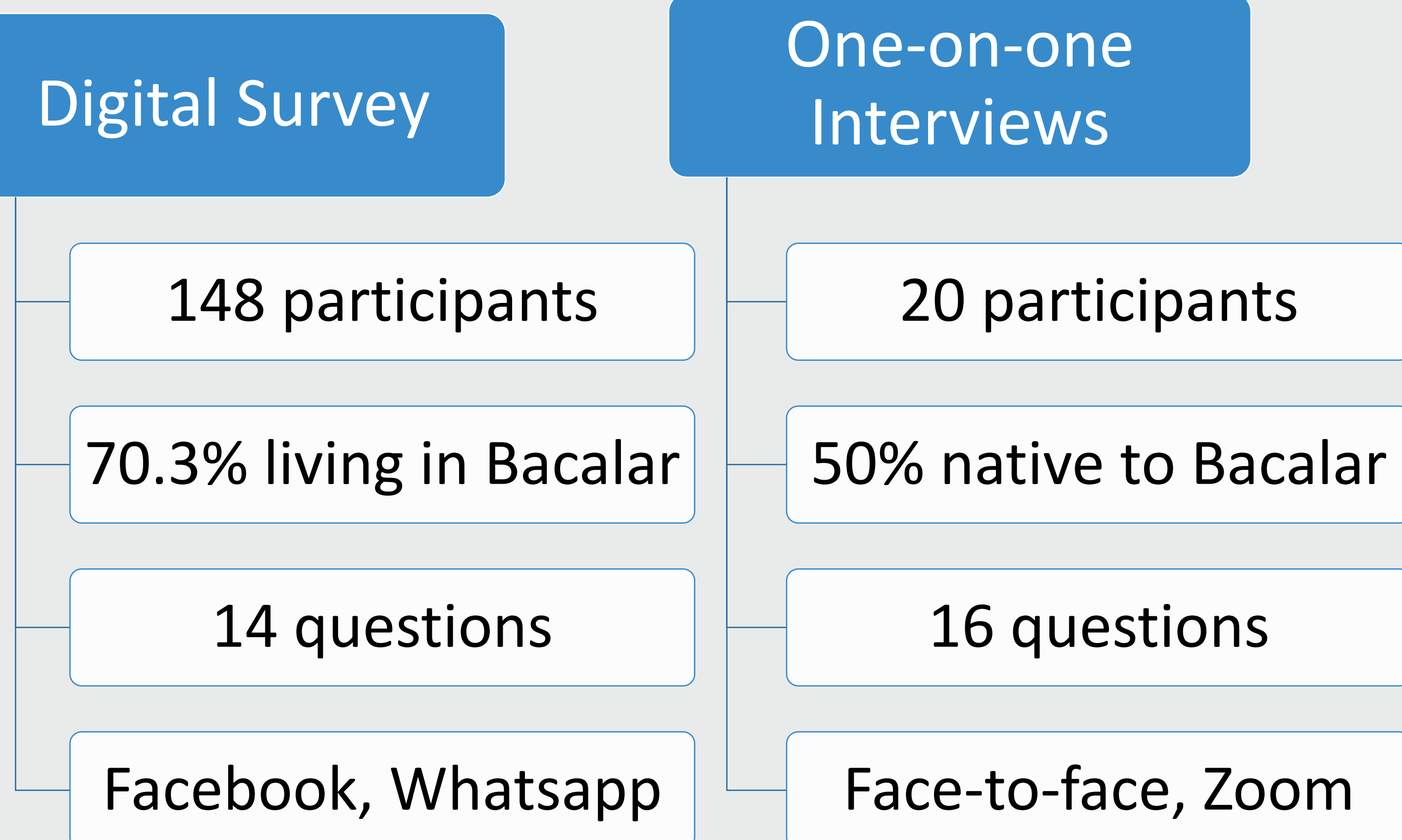
INTRODUCTION

Bacalar, Mexico of the Yucatan Peninsula, has seen a 750% increase in tourism between 2009 and 2019. The town's main tourist attraction is Laguna Bacalar, a lagoon rich in biodiversity and natural beauty. However, the recent implementation of Planned Tourism Development initiative, specifically the Felipe Carrillo Puerto International Airport and Tren Maya projects, have increased concerns for the environmental, economic, and social impacts on the Bacalar community.

OBJECTIVE

This study aimed to capture the perspectives of local Bacalar community members, either native to or have established residency in the municipality.

METHODOLOGY



INTERVIEW RESULTS

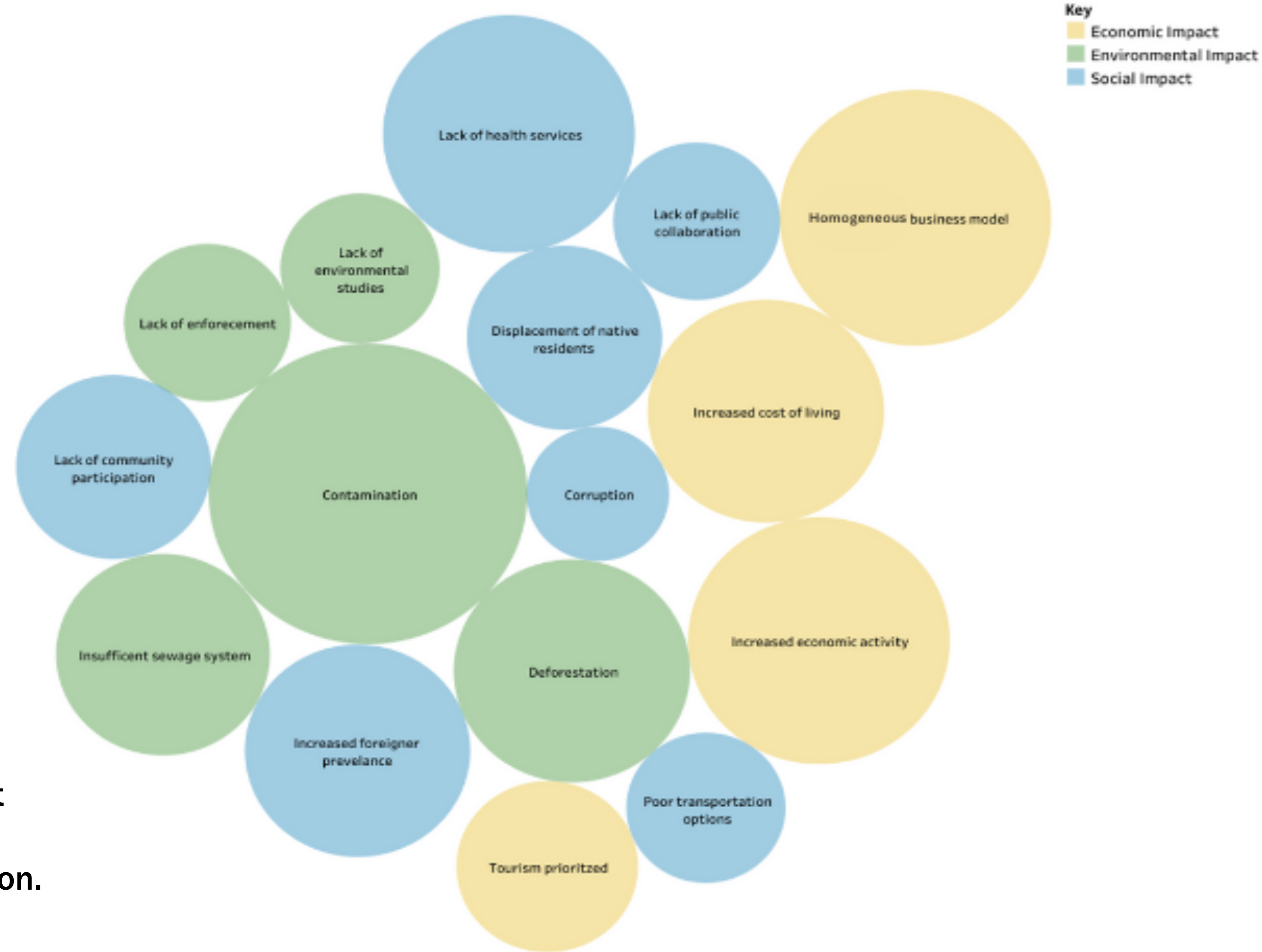
A deductive coding system was used to identify the most frequently mentioned concerns and impacts of tourism development, as seen in Figure 11.

Top concerns	Mentions
Contamination	40
Homogeneous economy	29
Lack of health services	25

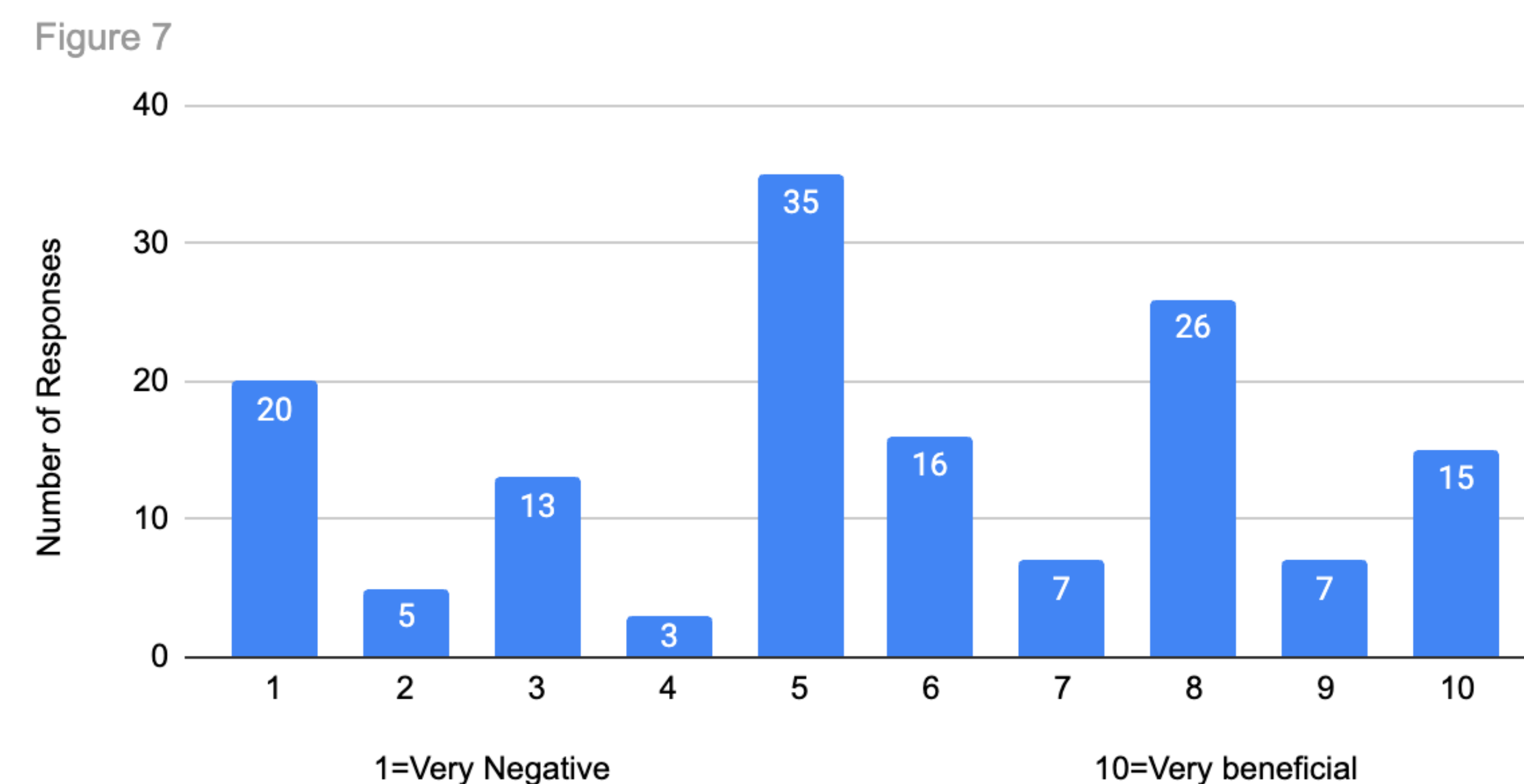
SURVEY RESULTS

Respondents have mixed feelings about the improved tourism infrastructure projects that will affect the Bacalar region.

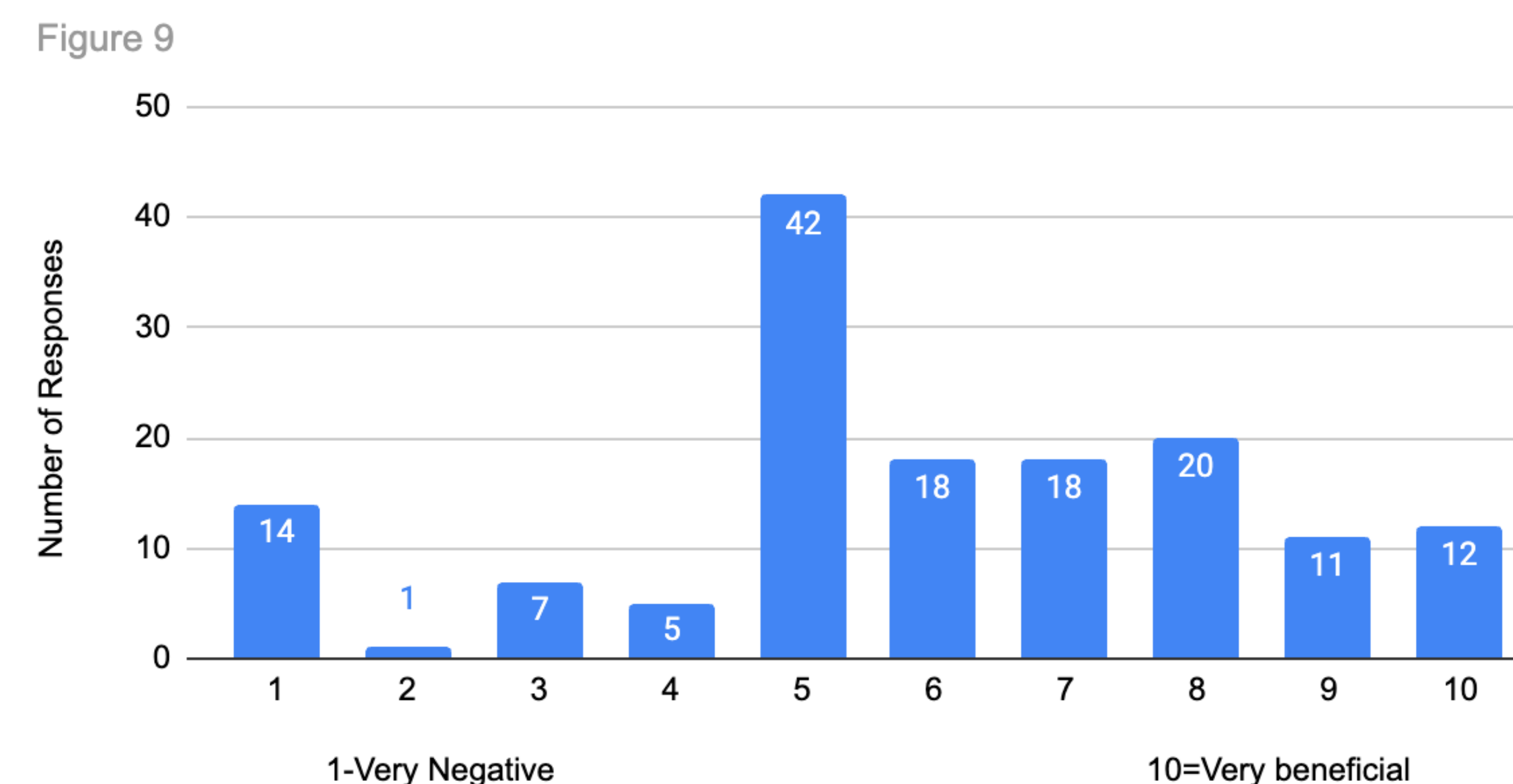
Figure 11: Key Concerns and Impacts of Tourism Development



How would you rate the effects the Tren Maya will have on Bacalar?



How would you rate the effects the improved Tulum airport will have on Bacalar?



DISCUSSION

- Community members worry about the balance between development and environmental sustainability
- Locals feel there is little opportunity for community participation
- Current environmental engagement efforts are primarily led by expatriates

FUTURE ACTIONS

- Community engagement should be integrated into municipal decision-making regarding tourism projects
- Further investigation is needed to explore what is preventing community participation regarding development projects

FOR MORE INFORMATION

Marissa K. Cudworth | cudwort2@uwm.edu

ACKNOWLEDGMENTS

This study was supported by the National Science Foundation, the School of Freshwater Sciences at UWM, ECOSUR, and Centro Regional de Educación Normal

Background

- Social determinants of health (SDOH) are known to impact orthopedic outcomes and community wellbeing¹⁻³
- "Phalangeal" fractures, or finger fractures, are a common orthopedic injury that can impact quality of life⁴
- The Area Deprivation Index (ADI) is a metric that incorporates geography-based factors, including income, education, and housing quality^{2,3,5-9}
- This study uses ADI as a metric of neighborhood socioeconomic disadvantage to investigate how patients' communities influence surgical outcomes in phalangeal fractures

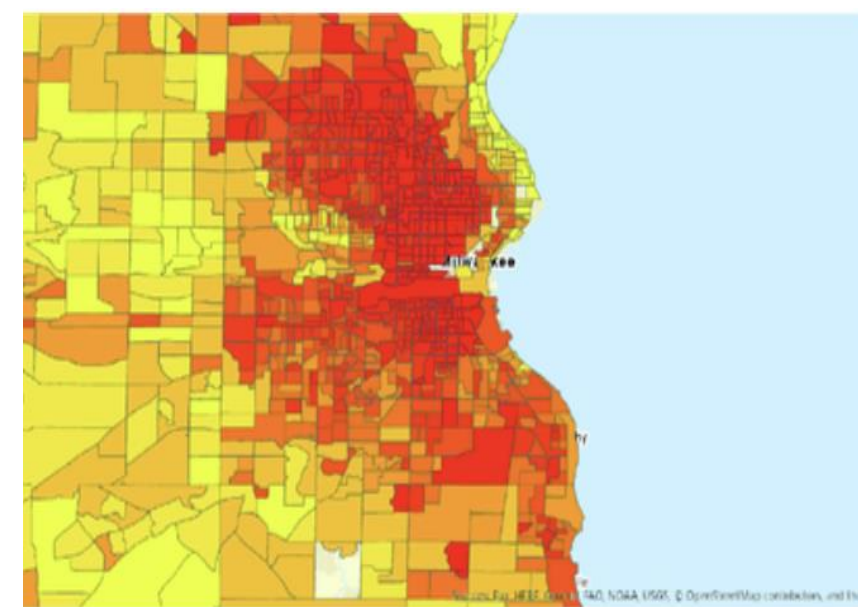


Figure 1. An ADI map of the Greater Milwaukee area

Hypothesis

Patients from more socioeconomically disadvantaged communities will demonstrate worse patient-reported and functional outcomes following surgery for finger fractures compared to patients from less disadvantaged areas

Methods

Inclusion:

- Age ≥ 18 years at the time of surgery
- Only a single phalangeal fracture
- Surgical repair via open reduction internal fixation, closed reduction and percutaneous pinning, or external fixation

Exclusion:

- Age under 18 years at surgery
- Multiple fractures
- Non-operative fracture management

Methods

1. Retrospective chart review of 194 adults who underwent finger fracture repair at Froedtert Hospital from 2010-2023
2. Demographics, comorbidities, surgical techniques, and outcomes (range of motion, grip strength, pain scores, and disability (QuickDASH scores)) were analyzed
3. Patients were categorized into terciles based on ADI to assess socioeconomic disadvantage

Results

- The most disadvantaged communities had a greater proportion of patients identifying as Black or African American (both $p < 0.001$)
- Patients from the most disadvantaged communities reported significantly higher preoperative pain scores (6.05 ± 2.61) compared to the least disadvantaged neighborhoods (3.95 ± 2.80 , $p = 0.025$)
- Postoperative pain scores were significantly greater in the lowest resource communities (2.14 ± 2.46) versus the high resource group (0.50 ± 0.73 , $p = 0.039$)
- Preoperative disability was also greater in the most disadvantaged group (61.36 ± 22.94) compared to the intermediate (46.04 ± 20.59 , $p = 0.033$) and least disadvantaged groups (43.21 ± 18.23 , $p = 0.052$)
- Postoperative disability scores didn't significantly differ across communities ($p = 0.106$).
- No significant differences were found in fracture types, implants utilized, range of motion, or grip strength

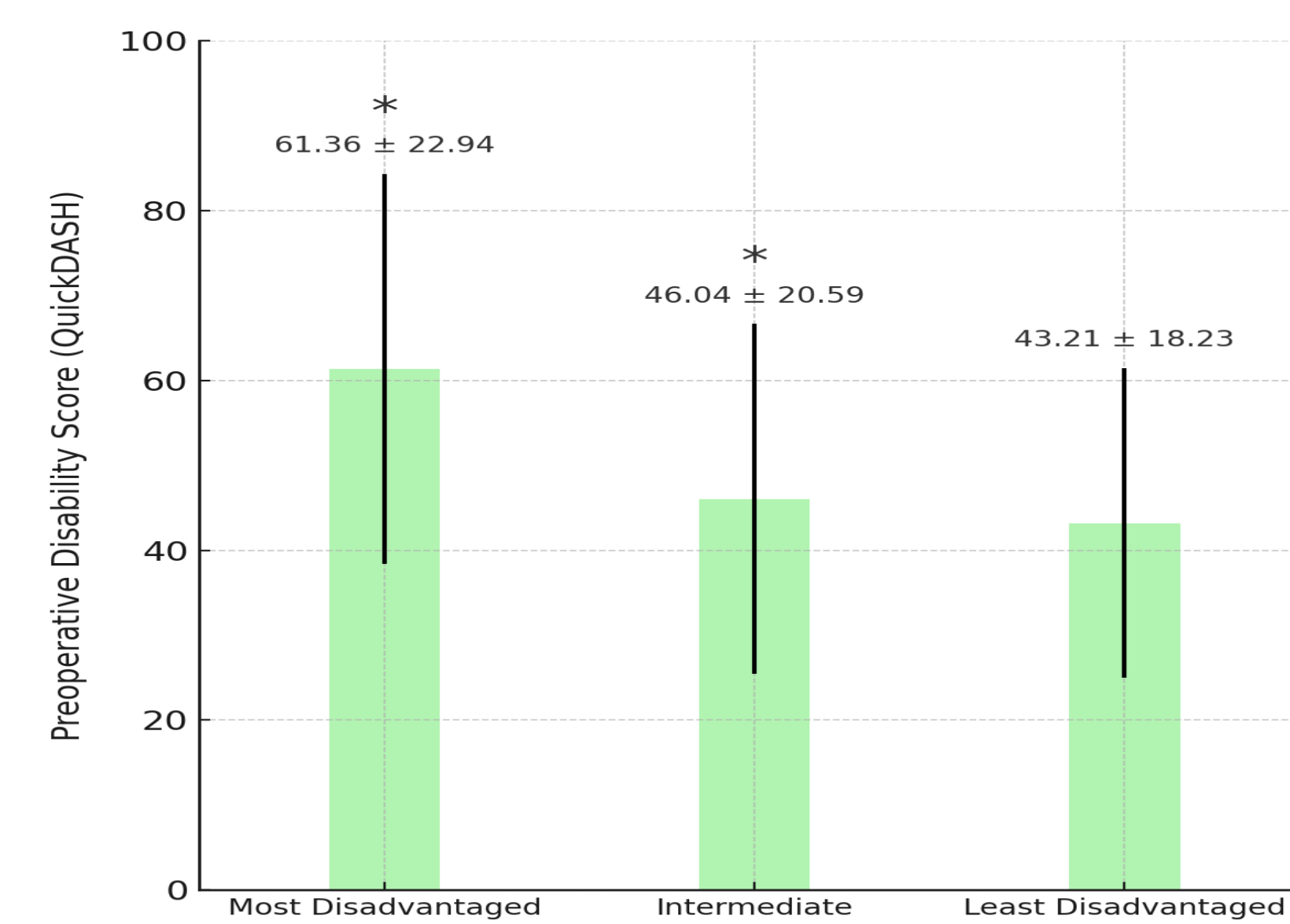


Figure 2. Differences in preoperative disability

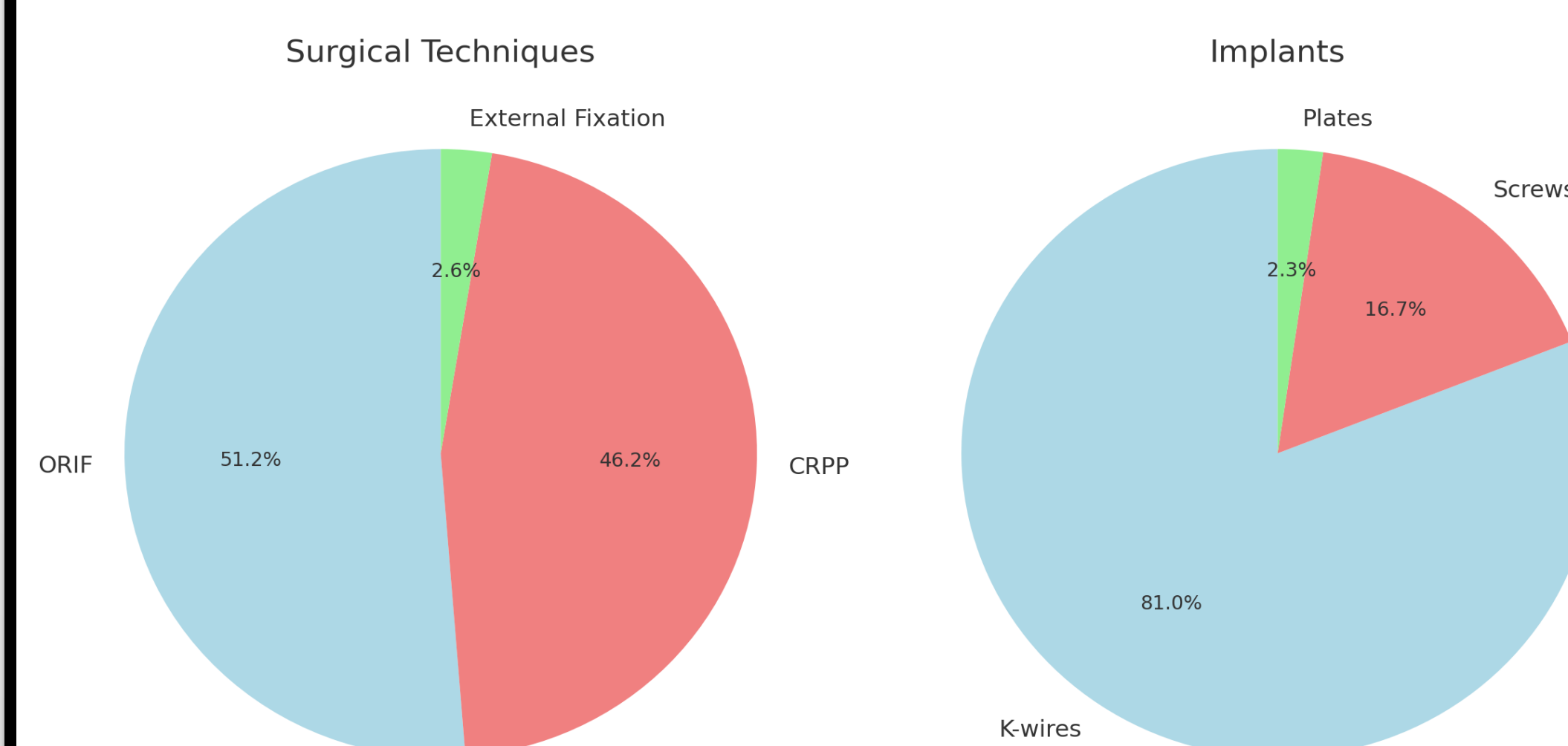


Figure 3. Surgical technique & implant distributions

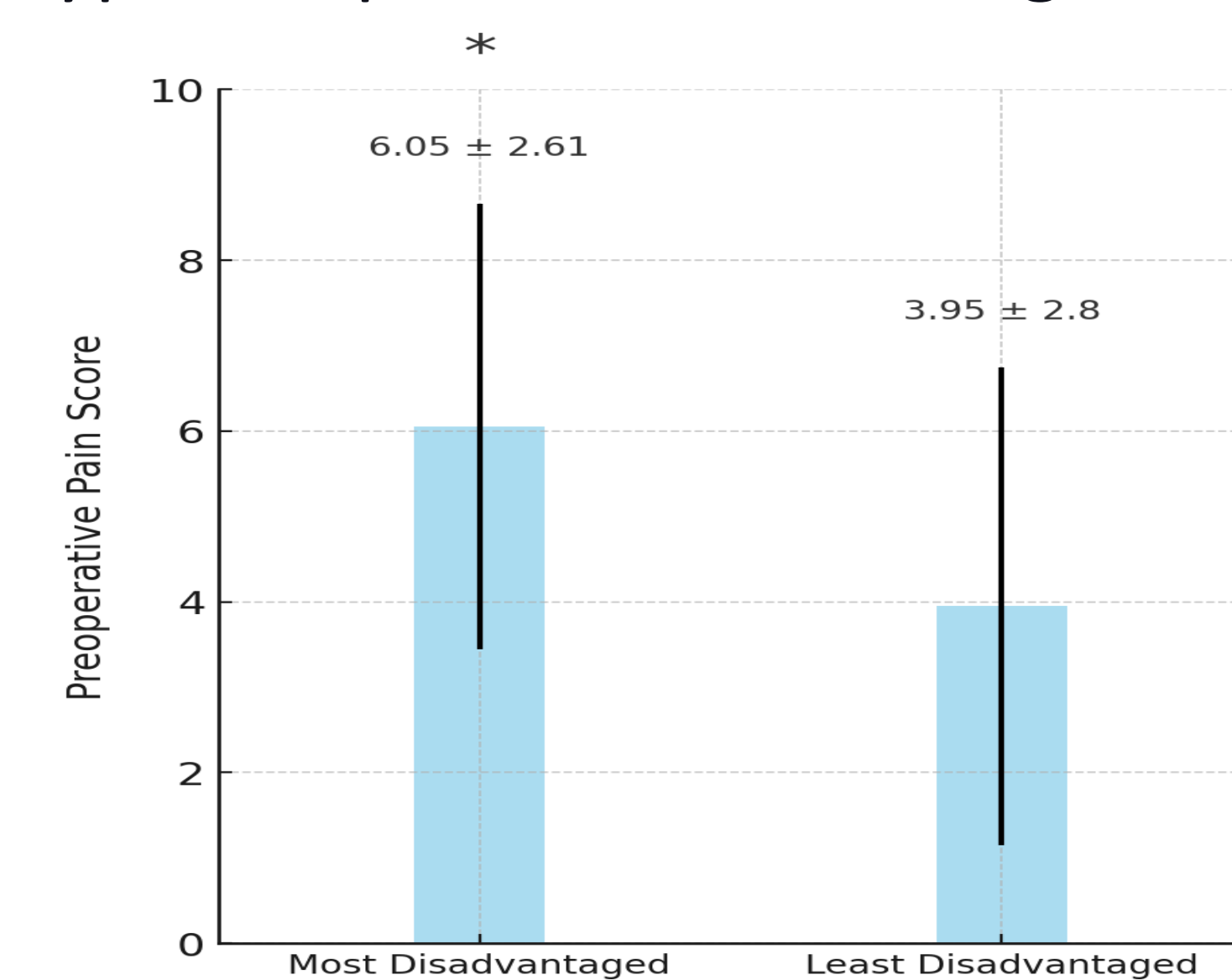


Figure 4: Differences in preoperative pain scores

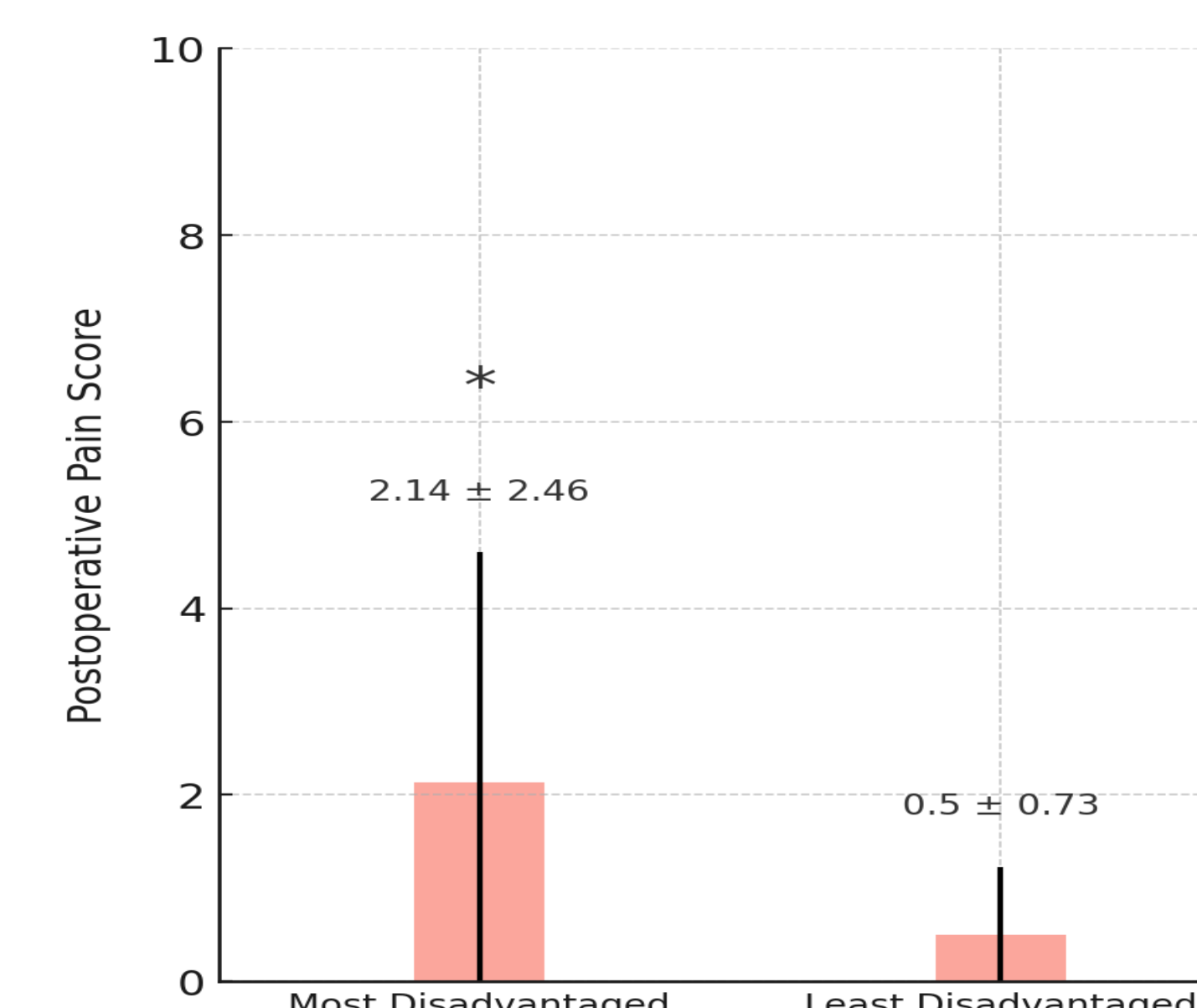


Figure 5: Significant differences in postop. pain scores

Discussion

- **Key Findings:** While the technical success of surgery was comparable across groups, patients from more disadvantaged communities experienced greater pain and preoperative disability
- SDOH may influence patient-reported outcomes following phalangeal fracture surgery
- Differences in outcomes could be explained by more disadvantaged patients experiencing greater levels of stress and anxiety due to lack of social or financial support
- These disparities highlight the need for community engagement to promote equitable surgical outcomes across diverse social environments

Future Work

Future retrospective and prospective studies are necessary to further elucidate the complex relationship between socioeconomic status and the success of orthopaedic surgery

References

1. Stonner, M.M., et al., *The Impact of Social Deprivation and Hand Therapy Attendance on Range of Motion After Flexor Tendon Repair*. J Hand Surg Am, 2022. 47(7): p. 655-6615.
2. Calfee, R.P., et al., *The influence of insurance status on access to and utilization of a tertiary hand surgery referral center*. J Bone Joint Surg Am, 2012. 94(23): p. 2177-84.
3. Horton, T.C., J.J. Dias, and F.D. Burke, *Social deprivation and hand injury*. J Hand Surg Eur Vol, 2007. 32(3): p. 256-61.
4. Toker, S., et al., *Adherence to therapy after flexor tendon surgery at a level 1 trauma center*. Hand (N Y), 2014. 9(2): p. 175-8.
5. Van Boxtel, M.E., et al., *The Effect of Social Deprivation on Hospital Utilization Following Distal Radius Fracture Treatment*. J Hand Surg Glob Online, 2024. 6(3): p. 333-337.
6. Moura, S.P., et al., *Epidemiology and Fracture Patterns of Traumatic Phalangeal Fractures*. Plast Reconstr Surg Glob Open, 2022. 10(8): p. e4455.
7. Knighton, A.J., et al., *Introduction of an Area Deprivation Index Measuring Patient Socioeconomic Status in an Integrated Health System: Implications for Population Health*. EGEMS (Wash DC), 2016. 4(3): p. 1238.
8. Shaw, J.H., et al., *Comparison of Area Deprivation Index, Socioeconomic Parameters, and Preoperative Demographics With Postoperative Emergency Department Visits After Total Knee Arthroplasty*. J Arthroplasty, 2021. 36(8): p. 2788-2794.
9. Bernstein, D.N., et al., *Evaluating the Impact of Patient Social Deprivation on the Level of Symptom Severity at Carpal Tunnel Syndrome Presentation*. Hand (N Y), 2022. 17(2): p. 339-345.



Community & Cancer Science Network

The Critical Role of Developmental Evaluation in Supporting and Enhancing an Equitable Transdisciplinary Approach to Address Cancer Disparities



Evaluation+

Laura Pinsoneault,¹ Tobi Cawthra,² Jerica Broeckling,³ Tim Meister,² Kailey Taebel,⁴ Jada Proctor,⁴ Felicia Fairfield,⁵ Kelly Hackett,⁵ Staci Young,² David Frazer,⁶ Melinda Stolley²

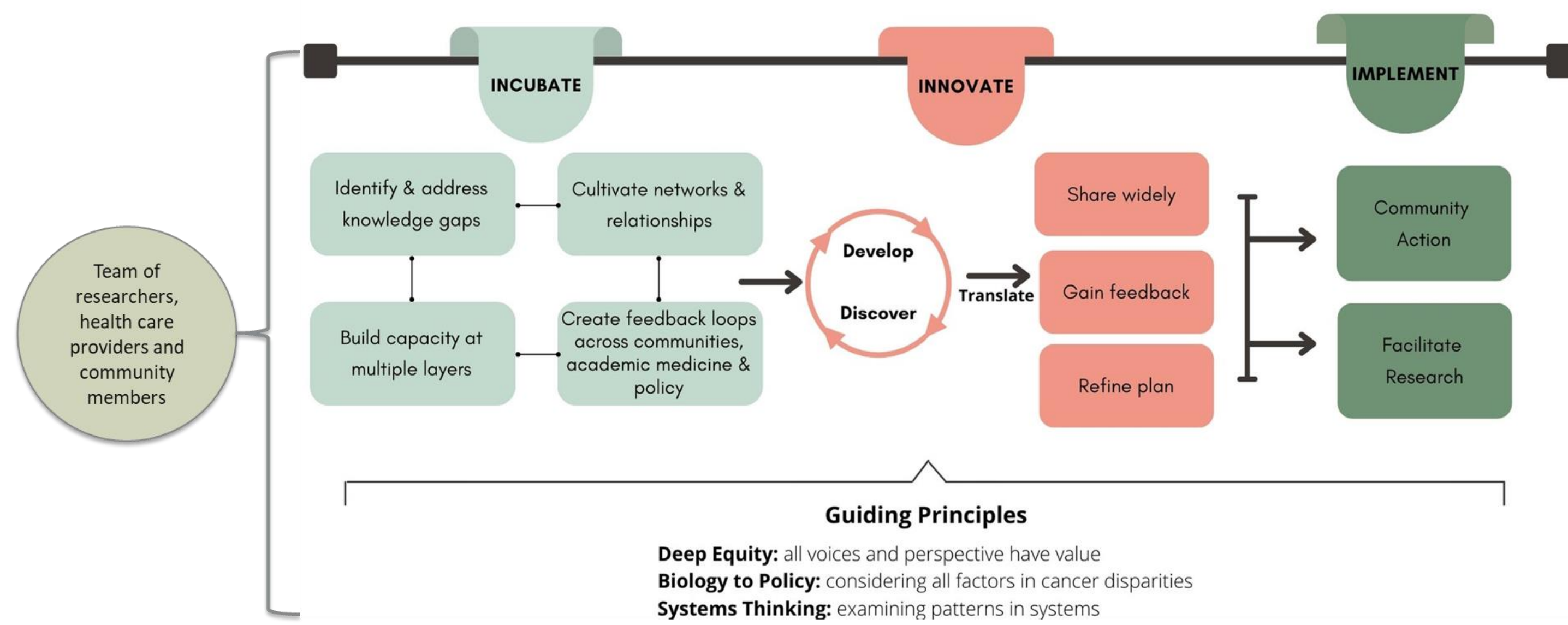
¹Evaluation Plus ²Medical College of Wisconsin, ³Broeckling Consulting, ⁴YWCA Southeastern Wisconsin, ⁵Wisconsin Women's Health Foundation, ⁶Center for Urban Population Health

BACKGROUND

Addressing complex problems such as cancer disparities requires deeper integration of social and scientific problem-solving and a broader systems approach. Given the nature of disparities, it also demands that we not just seek equitable outcomes but reflect equity in the collaborative process. To address cancer disparities, we developed a unique transdisciplinary approach that creates teams inclusive of community, clinicians, and researchers and builds capacity to understand factors that underpin disparities and design and implement newer, sustainable solutions.

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

CCSN Framework



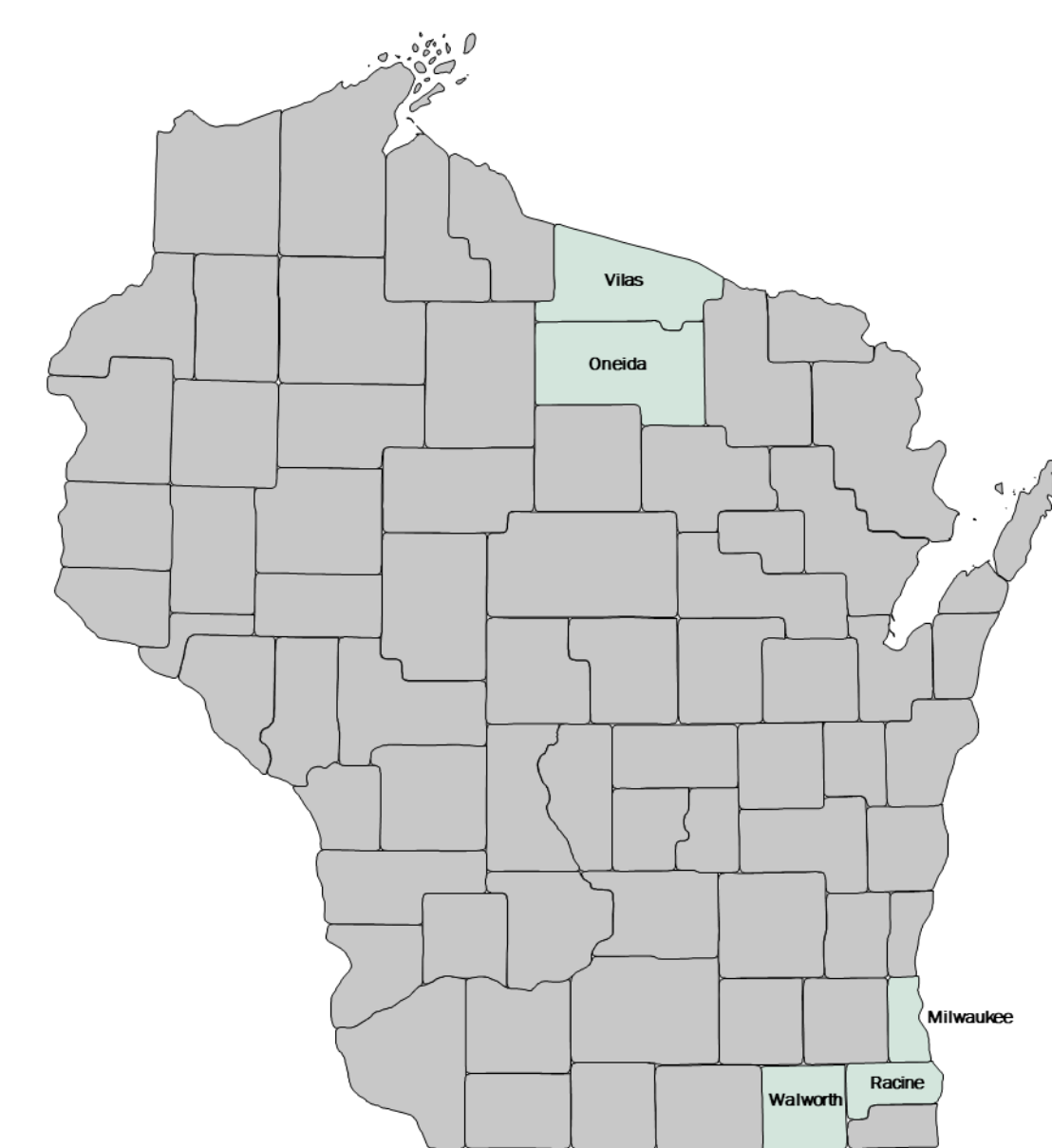
Collaborative Work Groups (CWG) is a CCSN project focused on breast and lung cancer disparities in Wisconsin. Academic and community lead together as Co-PIs the overall CWG project while three trusted community champion partner organizations provide a facilitator and evaluator to host local work groups.

During the 18-month Phase I process, five CWGs actively engaged to understand the factors that underpin cancer disparities at the local level. Using the CCSN approach, the groups defined the local scope of the problem, integrated diverse perspectives into root cause analyses, and designed a local solution.

Community Champion Partner Organizations



Work Group Locations

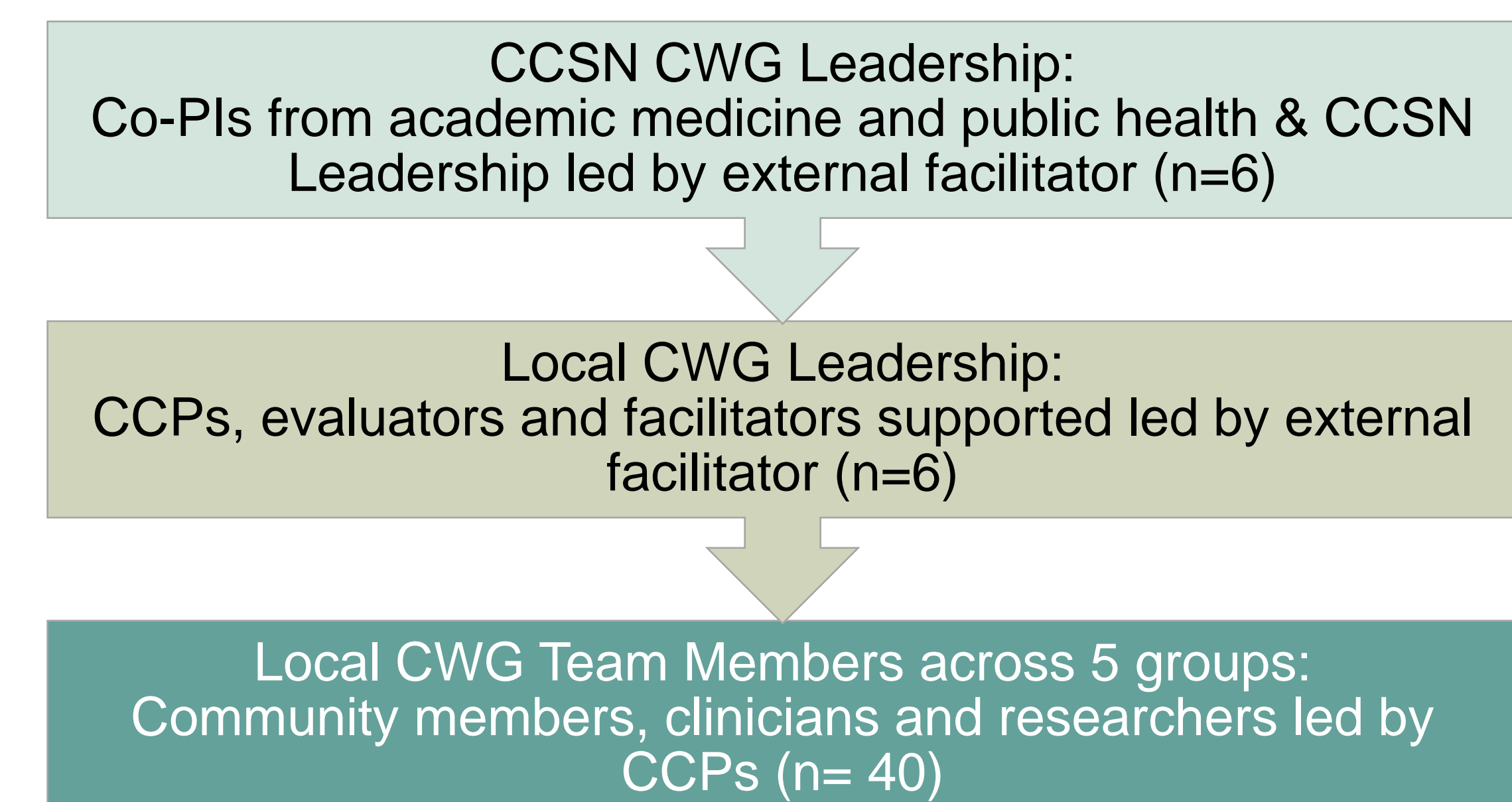


Methods

CCSN uses a developmental evaluation (DE) approach with all its projects. DE supports the continuous development and adaptation of innovative initiatives in complex and dynamic environments by choosing methods that allow for data-informed rapid feedback, learning, and iteration. DE helps teams refine their strategies, challenge assumptions, and respond to emerging challenges and opportunities. At the end of phase I, CWG sought to 1) understand how the different levels of transdisciplinary leadership contributed to the fidelity of the CCSN approach, and 2) identify successful components of CCSN practices used with CWG and areas for improvement. The DE evaluator chose After Action Reviews as the appropriate method to answer these questions.

An **After-Action Review (AAR)** is a structured process for reflecting on a project's outcomes and what contributes to those outcomes. It involves gathering the team to discuss specific goals, outcomes, and the effectiveness of actions taken. The insights gained from an AAR are used to enhance learning and inform future strategies.

AARs conducted across seven groups (n=52):



AAR asked 4 main questions:

1. What was expected to happen?
2. What actually happened?
3. What went well, why?
4. What can be improved, how?

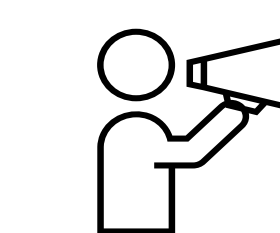
Was viewed through conditions of Resilient Systems

1. Feedback loops that restore or rebuild
2. Ability to learn, create, design and/or evolve
3. Strong information flows across hierarchy

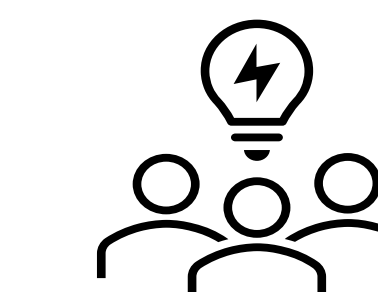
Results:

The integrated AAR findings highlighted several **challenges** that limited the understanding and use of the CCSN transdisciplinary framework and its guiding principles.

Lack of supports to successfully self-organize



Clear Communication across the multiple levels of leadership and work groups



Limited capacity for creative design and centering of equity

Three primary themes were recommended for more critical reflection as Collaborative Work Groups enters its Phase 2 implementation phase.

ALIGN AND STRENGTHEN USE OF CCSN FRAMEWORK	REDUCE AMBIGUITY WHILE PRESERVING SLACK AND CREATIVITY	INTEGRATE PARTNERS MORE FULLY INTO CCSN
<ul style="list-style-type: none"> • Build practices for deep equity and power • Greater engagement around biology to policy expertise • Support at all levels to practice transdisciplinary approach 	<ul style="list-style-type: none"> • Clarify project structure for implementation including clear guidance around levels of involvement, roles and supports • Fewer meetings with more intentionality • Meeting structures ensure all levels of decision-making are on the same page, cross-communication, transparency and shared decision making 	<ul style="list-style-type: none"> • Deepen relationships with organizational and academic partnerships • Move beyond transactional relationships and bridge academic and community worldviews • Be thoughtful about language

With these findings, the Collaborative Work Group leadership team, which included the CCPs, CWG Co-PIs and CCSN leadership, met with the external facilitator to review these recommendations and set priorities and build more cohesion on the leadership team. Based on these critical reflections we identified further strategies to strengthen the overall CCSN approach:

- (1) Creation of a clear guide for facilitation and evaluation of its approach
- (2) Additional recruitment strategies with more intentional support for engagement of harder to engage work group expertise such as clinicians and basic scientists, and
- (3) Establishing clear expectations about the process and the importance of creating slack to ensure sufficient space and resources to challenge status quo practices that maintain disparities.

CONCLUSIONS

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 After-Action Review is an effective evaluation tool for assessing a complex process with numerous contributors to ensure a stronger outcome. Benefits include more refined and relevant research questions and sustainable programs, policies, and practices. Further, it is critically important to engage in open, humble, and respectful reflection on processes and be willing to make the needed changes to ensure an equitable process, approach, and outcome.

This initiative is funded by:





Building Skills for Authentic Researcher-Community Collaborations: A Curriculum



Tobi Cawthra,¹ Kristen Gardner-Volle,² Laura Pinsoneault,² Alexis Krause,¹ Jessica Olson,¹ Deborah Thomas,³ Carol Williams,¹ Melinda Stolley,¹

¹Medical College of Wisconsin, ²Evaluation Plus., ³House of Grace Kingdom Ministry

Background

Complex problems require a deep understanding and a collaborative approach to find sustainable solutions. Cancer disparities are complex and must be understood from a broad set of perspectives across academic research (basic science to policy) and non-academic sources (community members, community-based organizations, and policymakers).

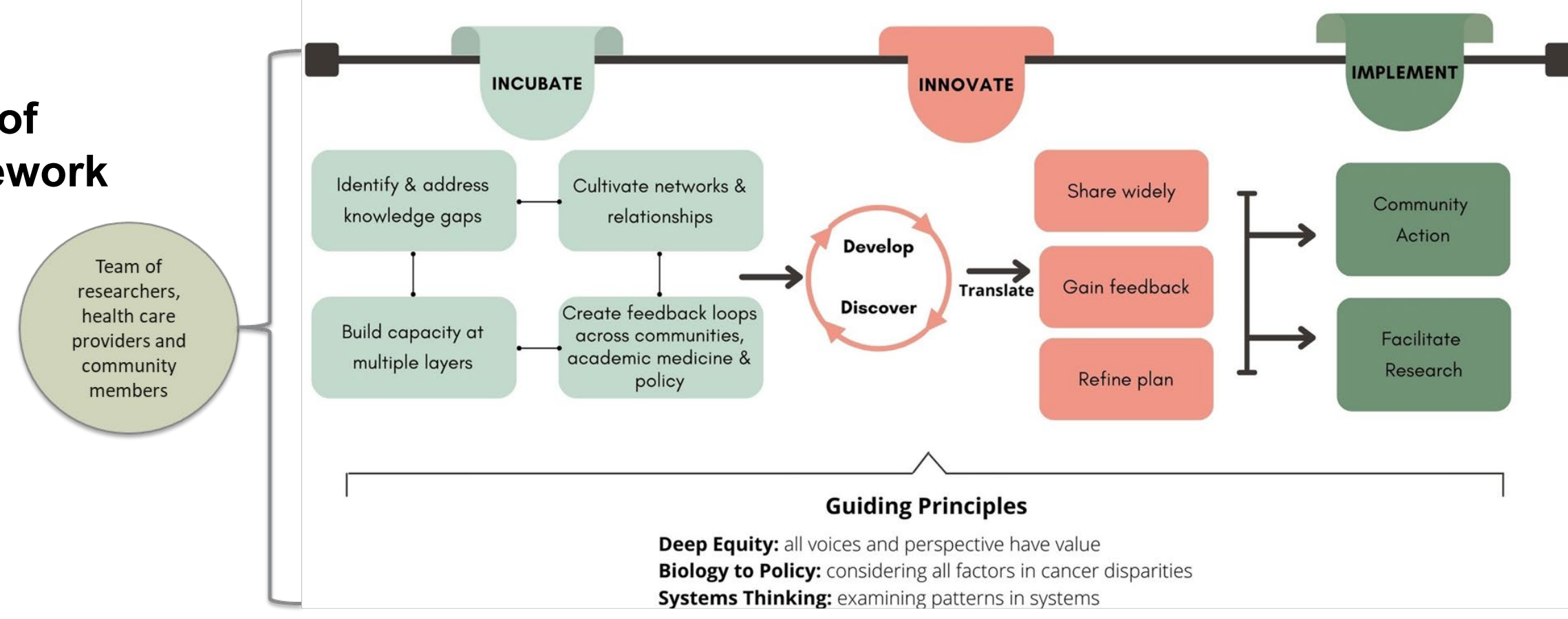
The **Community and Cancer Science Network (CCSN)** is a transdisciplinary network focused on addressing statewide cancer disparities through authentic and sustainable collaborations between academia and community in Wisconsin.

Our approach leverages academic and community expertise and is grounded in the principles of **deep equity**, **systems-change**, and the **integration of biology to policy**.

We bring diverse perspectives together through a three-phase model:

- 1) Incubate** – co-learn among team members to build trust and knowledge, integrate diverse perspectives and create a shared vocabulary;
- 2) Innovate** – use learnings to develop, prototype and pilot potential solutions;
- 3) Implement** – execute scalable and sustainable solutions.

CCSN Theory of Change Framework



The Research and Community Scholars program introduces scholars to transdisciplinary collaboration via a curriculum and small-group project, where scholars are encouraged to seek both scientific and social outcomes that address cancer disparities locally.

Methods

- We implemented a 9-month curriculum for community members (community scholars) and early/middle career basic science and clinical fellows (research scholars) to learn about cancer disparities, factors influencing disparities, and to communicate and collaborate in groups with different perspectives.
- Sessions were co-led by an academic and a community leader and employed adult learning principles.

Sample Curriculum

Session	Date	Topic	Objectives
2	10/9/24	Models of Cancer Disparities in Wisconsin and Using Data to Inform Action in Systems Change: Rehana Absar, MPP, Forward Change; Kirsten Beyer, PhD, MPH, MCW	Scholars learn about the scale of breast and lung cancer disparities in Wisconsin; Scholars understand how to be critical of data and ask systems-level challenges
4	11/6/24	Cancer Treatment: Adrienne Cobb, MD, MCW; Dawn Shelton-Williams, MSW, Aurora Family Service	Scholars understand more about cancer treatments
6	12/4/24	Root Cause Analysis of Cancer Disparities and Consensus on the problems: Tobi Cawthra, MPH, MCW; David Frazer, MPH, Center for Urban Population Health	Build skills for people to show up to a TD process and participate
9	1/22/25	How to Work with in Effective Partnerships: Jess Olson, PhD, MPH, MCW; Equan Burrows, PhD, Milwaukee Area Technical College	Scholars can identify barriers to collaboration and examples of how to address

- To measure impact, scholars completed assessments at the beginning, mid-point and end of the program. At the final assessment, scholars answered qualitative questions to reflect on their understanding of disparities, relationships and partnerships, and developing new perspectives.

What is being measured? When?

What is being measured?	When?
Collaboration readiness	Pre-test at start of curriculum, Post-test at end of curriculum
Understanding of curriculum content	Mid-way through curriculum, End of curriculum
Program satisfaction	Mid-way through curriculum, End of curriculum
Transdisciplinary collaboration skills	End of curriculum

Results

Research Community Scholar Participation

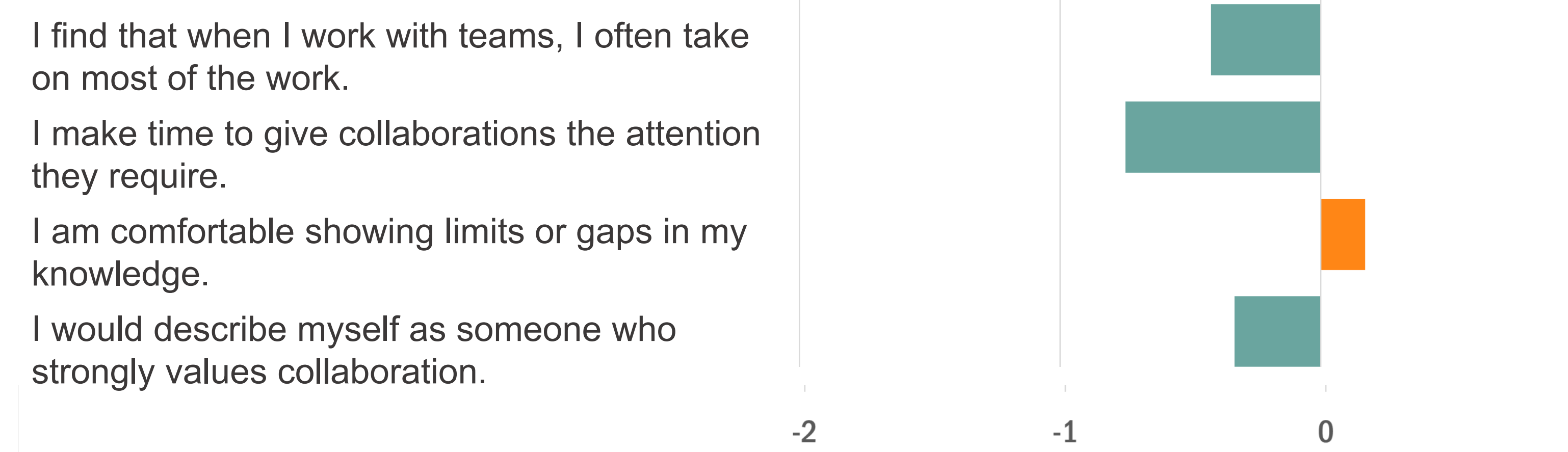
- 16 scholars participated: 8 community, 8 academic
- 14 completed the program: 6 community, 8 academic
- 13 – 16 completed evaluation surveys

Collaboration Readiness (completed at beginning and end of curriculum)

- Scholars completed a 12-item 7-point Likert scale (1- Highly Inaccurate to 7 Highly Accurate) assessment of collaboration readiness.
- At the end of the program, scholars reported a decrease in readiness for collaboration and a modest improvement in comfort in showing limits in knowledge.

Sample Collaboration Readiness Change

Change in mean collaboration readiness scores from pre-test to post-test, N=13

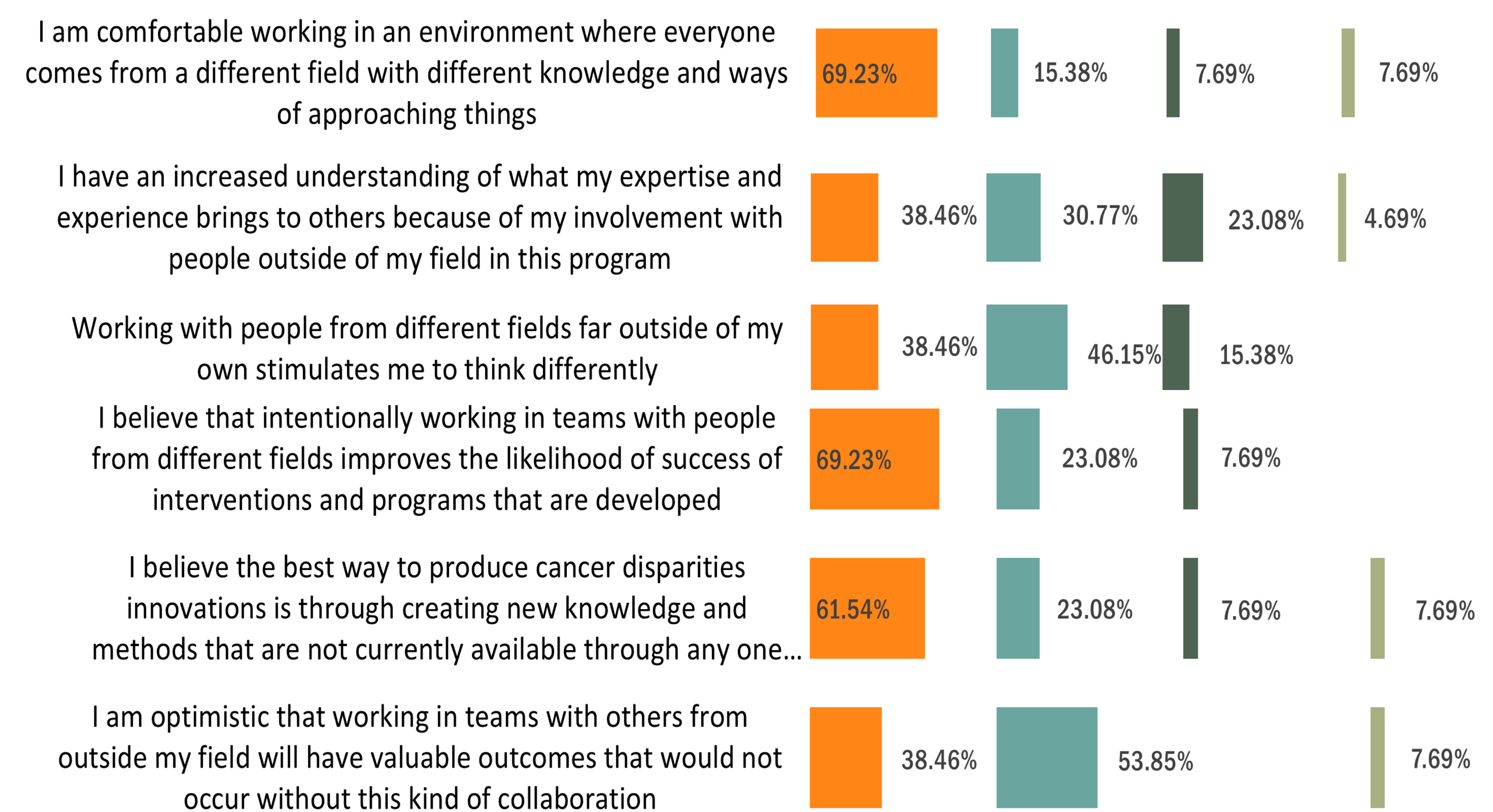


Transdisciplinary Collaboration Skills (completed at end of curriculum)

- Scholars completed a survey that included an 18-item 7-point Likert Scale (1- Highly Inaccurate to 7 Highly Accurate) survey.
- Scholars left the program with a greater appreciation of the skills, intentionality, and promise of transdisciplinary collaboration with those whose perspectives differ.
- They also see transdisciplinary collaboration as necessary to solve complex cancer disparities and are encouraged to pursue this type of work in the future.

Sample Transdisciplinary Collaboration Skills

Final Feedback Survey N=13



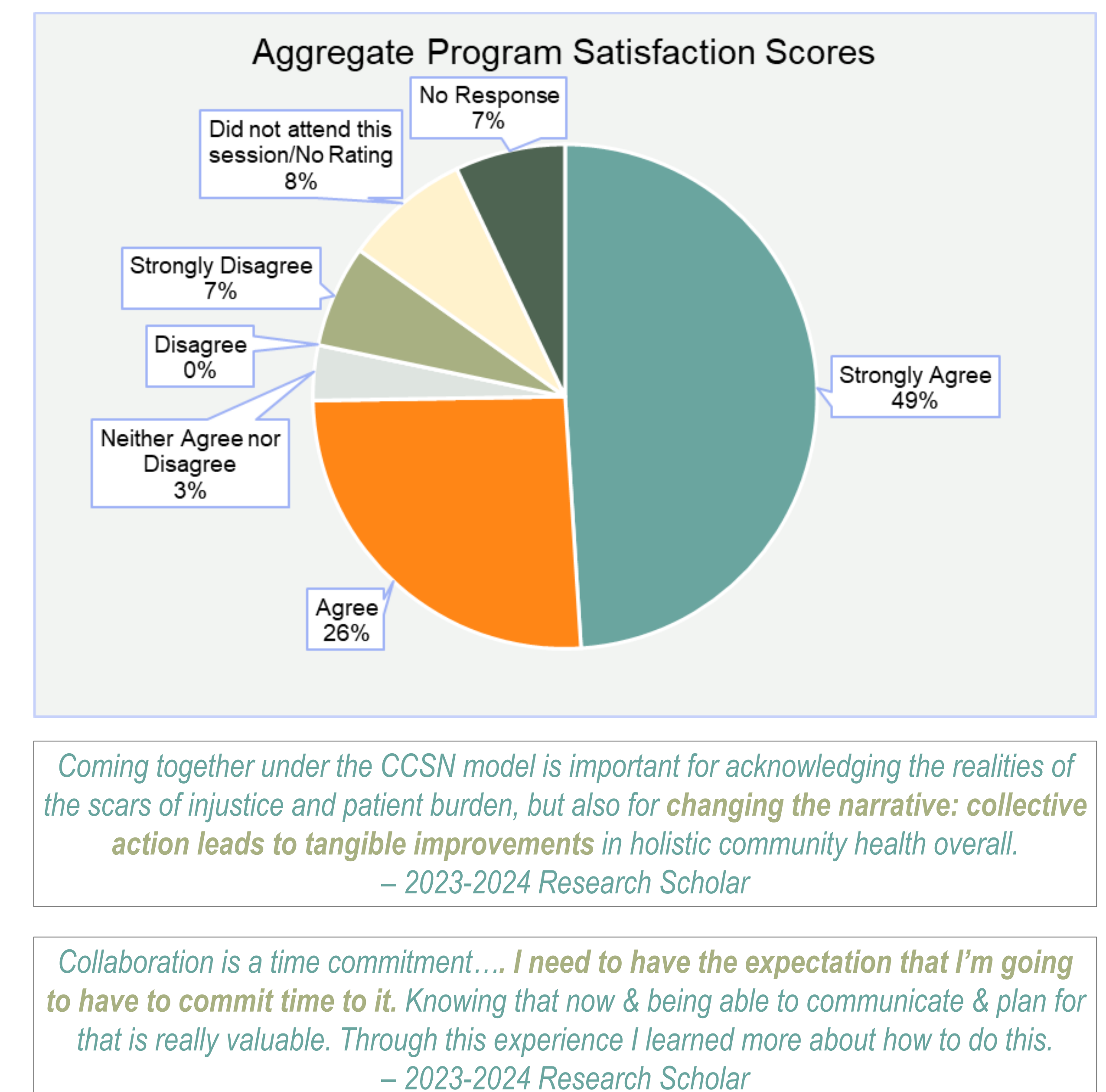
Understanding Curriculum Content (End of semester 1 and semester 2)

- Scholars responded to a 7-item 5-point Likert scale survey (1 Strongly Disagree to 5 Strongly agree). One additional item was asked in Semester 2.
- Agree or Strongly Agree responses were high in Semester 1 and most measures showed a modest improvement in Semester 2.

	Agree/Strongly Agree	
	Semester 1 N= 16	Semester 2 N=14
1) I am more aware of how cancer science influences cancer disparities	69%	78%
2) I am more aware of how environmental & social factors influence cancer disparities	69%	78%
3) I can identify ways in which biomedical research & community could come together to address cancer disparities	87%	93%
4) I can see ways to apply what I am learning outside of this course	88%	93%
5) I have shared what I am learning with others outside of this course	82%	74%
6) I feel I am able to understand a viewpoint that is different than my own as a result of this course.	88%	86%
7) I feel that I succeeded in this course.	94%	86%
8) I would recommend this course to my peers.	n/a	86%

Program Satisfaction (End of semester 1 and semester 2)

- 16 (semester 1) and 13 (semester 2) scholars completed a Program Satisfaction survey which included a 6-point Likert scale (1 Strongly Disagree-5 Strongly agree, 6 - Did not attend/No rating) for each of the curriculum sessions in addition to 5 qualitative questions.
- Overall scholars were satisfied with the content and provided valuable insights into the content and acknowledged the value and challenges in collaboration.



Conclusion: The skills required to collaborate with those from different perspectives and disciplines need to be mentored and developed. This program is successful in introducing researchers and community members to the complexities of transdisciplinary collaboration and preparing them to establish authentic partnerships. Scholars recognized collaboration is challenging and time-consuming, but beneficial. At the same time, Scholars acknowledged feeling less ready for collaboration at the end of the curriculum, perhaps indicating a more realistic understanding of the challenges. The data regarding scholar collaboration readiness give the program leadership team useful insight on changes we can make to better support transdisciplinary collaboration for future cohorts of the program.



Reducing Emergency Department IV Tylenol Usage



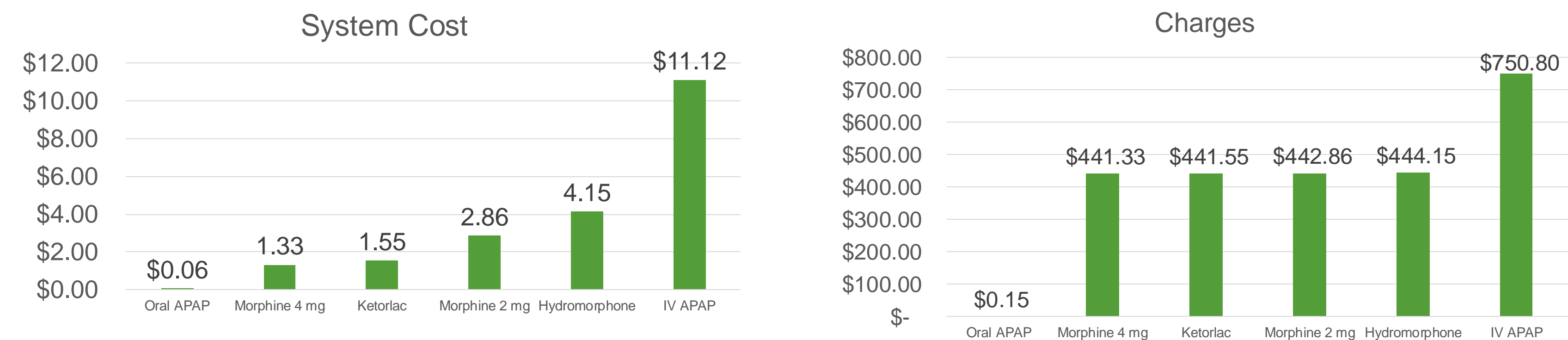
Ignacio Poretti ¹, Brody Gordon ¹, Bradley Burmeister MD ^{1,2}

¹ Medical College of Wisconsin, Green Bay, Wisconsin. ² Emplify by Bellin – Emergency Services

Introduction

Hospital systems across the US face a critical challenge regarding the utilization of intravenous (IV) acetaminophen. Bellin Health is no exception, being at the 99th percentile for utilization compared to peers with Emergency Services accounting for ~40% of utilization system-wide. The contrast in cost between IV and oral acetaminophen is staggering, with IV acetaminophen costing more than 185 times the price of its oral counterpart. This cost disparity is further exacerbated by the infusion charge required with IV medication administration, rendering the total charge for IV acetaminophen at over 5,000 times greater than that of oral acetaminophen. While the majority of patients do not directly bear these charges, approximately 7-9% are impacted by direct billing of this charge. In any case, the disproportionate cost of IV acetaminophen imposes a burden on all payors within the system.

The stark financial implications underscore the urgent need for a systematic approach to address IV acetaminophen utilization. While the direct cost of acetaminophen itself is relatively low at \$11.12, the charge to the payor for IV administration skyrockets to \$750.80, compared to a mere \$0.06 and \$0.15 cost/payor charge for oral administration. This glaring discrepancy highlights the inefficiency and potential financial strain imposed by the current utilization patterns of IV acetaminophen within the healthcare system.



Purpose

The primary aim of this quality improvement project is to reduce the utilization of IV acetaminophen by 20% within the Bellin Health System, thereby yielding significant cost savings. Specifically, this reduction is anticipated to save the health system an estimated \$13,500 in pharmaceutical expenses annually, while also alleviating patients and their payors costs of over \$900,000 per year.

Methods

To achieve this objective, a comprehensive strategy has been devised, employing the ADKAR Model for Change Management:

- Awareness:** An initial step involves raising awareness among all staff, including nursing staff, regarding the cost implications associated with IV acetaminophen administration, as well as highlighting anecdotal patient complaints.
- Desire:** Physicians will be incentivized to participate in the initiative by offering recognition in the form of Bellin Health Performance (BHP) credit. Furthermore, efforts will be made to align the reduction in IV acetaminophen utilization with the overarching system strategy of lowering the total cost of care, thereby fostering a desire for change among healthcare providers.
- Knowledge:** A comprehensive literature review will be conducted to compile evidence supporting alternative routes of acetaminophen administration. Educational sessions will then be developed and delivered to the provider team to disseminate this knowledge and encourage adoption of alternative practices.
- Ability:** While access to orders for IV acetaminophen is already streamlined, potential workflow challenges or uncertainties will be addressed and adjusted. This may include clarifying whether patients requiring surgery can safely receive oral acetaminophen.
- Reinforcement:** Finally, the success of the change initiative will be regularly monitored and communicated to the team to reinforce the desired behavior and sustain the momentum of the project. Success metrics will be shared to emphasize the positive impact of the reduction in IV acetaminophen utilization on both patient care and financial outcomes.

Results

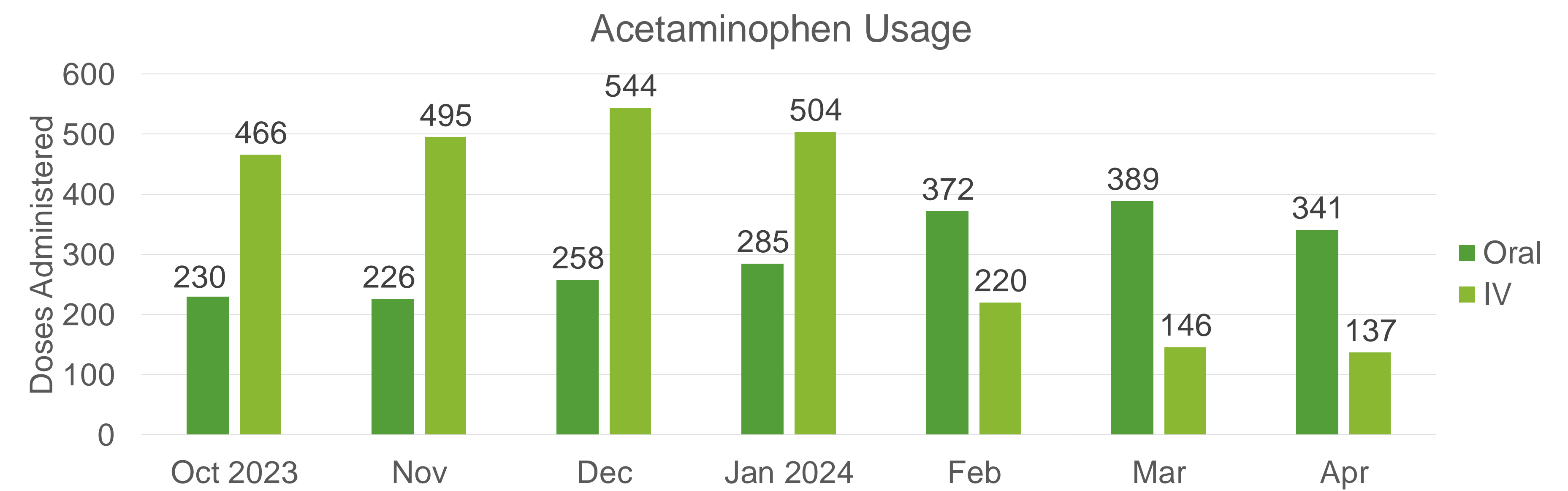
Our initial goal was to decrease IV acetaminophen use by 20%. Prescription data was pulled for both IV and PO acetaminophen in the four months preceding and following the implementation of our project

IV acetaminophen doses:

Prior to the implementation of our project 466, 495, 544, and 504 doses of IV acetaminophen were administered, averaging 502.25 doses monthly. Following implementation, doses administered in the following three months were 220, 146, and 137 for an average of 167.67 doses. This represents an average decrease of over 66%.

PO acetaminophen doses:

In a similar manner, 230, 226, 258, and 285 doses of PO acetaminophen were administered prior to implementation for a monthly average of 249.75 doses. Following implementation, the monthly doses administered were 372, 389, and 341 for an average of 367.33 doses. PO usage increased following implementation by over 47% on average.



Conclusions

The results of our systematic data review and implementation of the ADKAR change model regarding IV acetaminophen usage demonstrated a dramatic reduction in IV acetaminophen use in favor of oral acetaminophen. We exceeded our initial goal of reducing IV acetaminophen use by 20%, producing an actual reduction of 46%. In the first three months of implementation, IV doses declined from 504 in January 2024 to 137 in April 2024, a reduction of over 72%. This is a remarkable reduction; at current rates, this change will save \$44,561 in drug costs to Bellin Hospital and over \$300,000 to patients annually. This reduction will likely save additional costs not directly measured by increasing department efficiency and reducing unnecessary equipment and supply utilization and will maintain effective and high patient care standards.

A possible future direction for this project would be to examine opioid medication utilization in the emergency department to determine if those medications had increased utilization following the implementation of this protocol.

References

- Frank Peacock, W., Breitmeyer, J. B., Pan, C., Smith, W. B., & Royal, M. A. (2011). A Randomized Study of the Efficacy and Safety of Intravenous Acetaminophen Compared to Oral Acetaminophen for the Treatment of Fever: IV ACETAMINOPHEN FOR THE TREATMENT OF FEVER. *Academic Emergency Medicine*, 18(4), 360–366. <https://doi.org/10.1111/j.1553-2712.2011.01043.x>
- Furyk, J., Levas, D., Close, B., Laspina, K., Fitzpatrick, M., Robinson, K., Vangaveti, V. N., & Ray, R. (2018). Intravenous versus oral paracetamol for acute pain in adults in the emergency department setting: a prospective, double-blind, double-dummy, randomised controlled trial. *Emergency Medicine Journal*, 35(3), 179–184. <https://doi.org/10.1136/emered-2017-206787>
- Jibril, F., Sharaby, S., Mohamed, A., & Wilby, K. J. (2015). Intravenous versus Oral Acetaminophen for Pain: Systematic Review of Current Evidence to Support Clinical Decision-Making. *The Canadian Journal of Hospital Pharmacy*, 68(3), 238–247. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4485512/>
- Minotti, B., Mansella, G., Sieber, R., Ott, A., Nickel, C. H., & Bingisser, R. (2022). Intravenous acetaminophen does not reduce morphine use for pain relief in emergency department patients: A multicenter, randomized, double-blind, placebo-controlled trial. *Academic Emergency Medicine*, 29(8), 954–962. <https://doi.org/10.1111/acem.14517>
- Sin, B., Koop, K., Liu, M., Yeh, J.-Y., & Thandi, P. (2017). Intravenous Acetaminophen for Renal Colic in the Emergency Department: Where Do We Stand? *American Journal of Therapeutics*, 24(1), e12. <https://doi.org/10.1097/MJT.0000000000000526>
- Ulrich, M. (2021). Newly approved IV acetaminophen in Canada: Switching from oral to IV acetaminophen. Is IV worth the price difference? A systematic review. *Paediatrics & Child Health*, 26(6), 337–343. <https://academic.oup.com/pch/article-abstract/26/6/337/6169440?login=true>





Community & Cancer Science Network

Sustaining Statewide Transdisciplinary Collaborations to Address Cancer Disparities

Tobi Cawthra,¹ Laura Pinsoneault,² Kristen Gardner-Volle,² Alexis Krause,¹ Kim Kinner,³ Melinda Stolley²

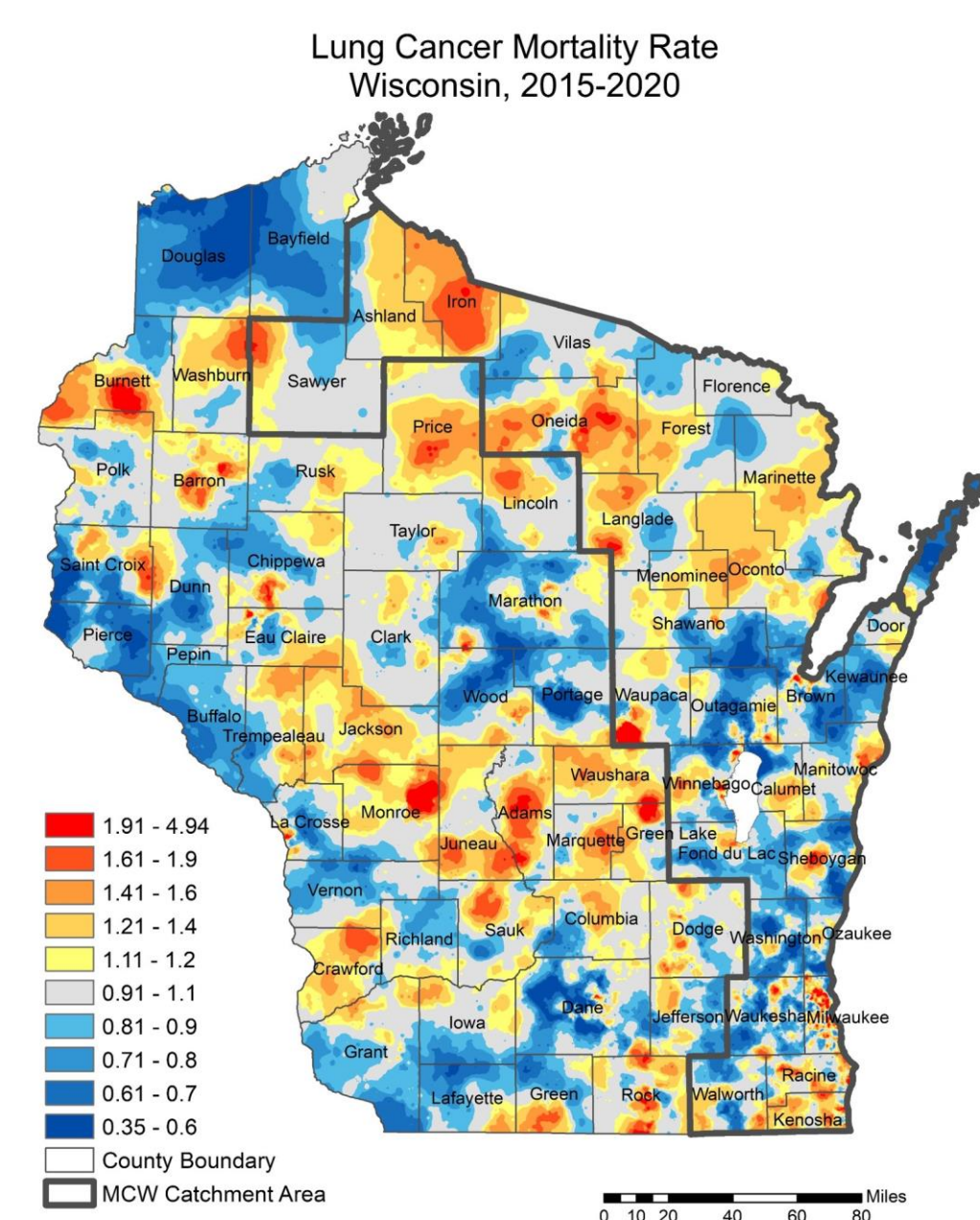
¹ Medical College of Wisconsin, ² Evaluation Plus, ³ American Cancer Society



Evaluation+

BACKGROUND

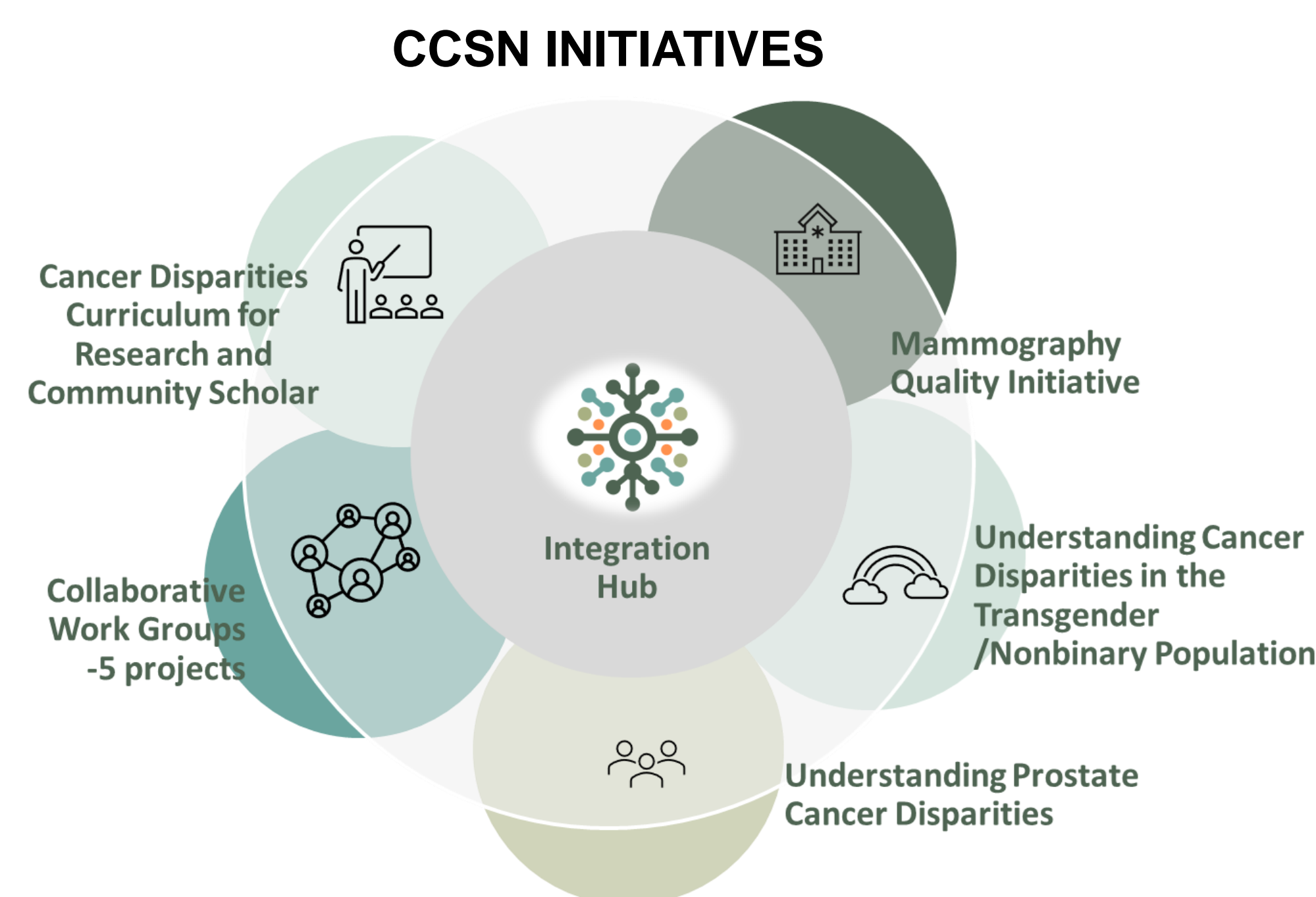
Wisconsin demonstrates cancer disparities in race/ethnicity, geography, and socioeconomic status. Addressing disparities requires deeper integration of social and scientific problem-solving and a systems approach. Given the complexity of disparities, we must seek equitable outcomes as well as an equitable process in addressing disparities, reflecting the perspectives of those involved and impacted. We developed a transdisciplinary approach inclusive of community, clinicians, and researchers to build capacity to understand factors that underpin disparities and design newer sustainable solutions.



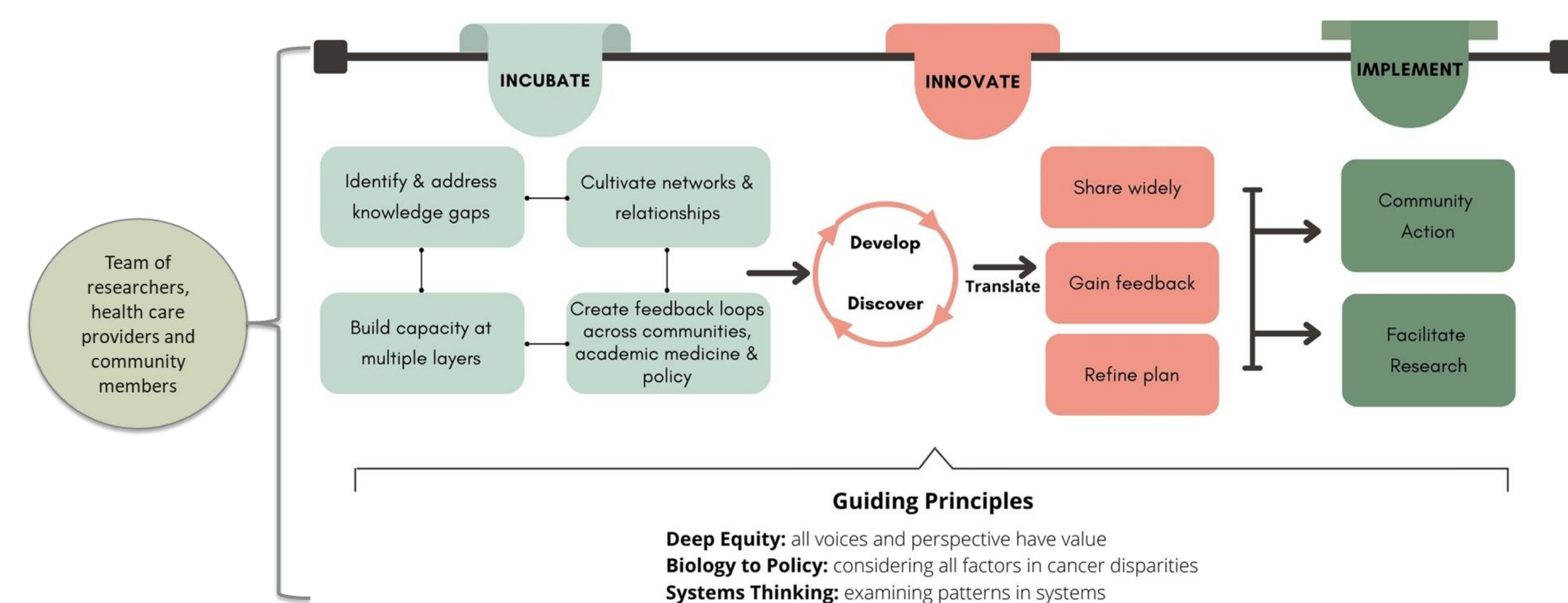
2015-19 Select Cancers in WI by R/E Age-Adjusted Rates per 100,000

	Incidence State of Wisconsin			Mortality State of Wisconsin		
	NH White	NH Black	NH AI/AN	NH White	NH Black	NH AI/AN
	Colon & Rectum	35.7	51.2	55.2	12.2	17.9
Esophagus	5.4	4.9	8.5	4.7	4.4	6.3
Female Breast	137.3	141.9	149.8	18.5	27.8	16
Lung and Bronchus	58.2	90.6	92.3	36.8	56.5	53.2
Prostate	117.1	199.5	121.7	20.6	38.6	18.8

The Community and Cancer Science Network (CCSN) Integration Hub was established within the Medical College of Wisconsin Cancer Center to provide leadership and capacity building to eight transdisciplinary project teams working to address cancer disparities using the CCSN Framework.



CCSN Framework



The Integration Hub executes on its strategies by providing:

- One-to-one team coaching and championing
- Network convening and training
- Coordinating cross-project learning and communication
- Facilitating funding resources and team development
- Identifying synergistic opportunities across projects
- Assessing and supporting sustainability

This initiative is funded by:



METHODS

The first five-years of the Integration Hub focused on refining and strengthening its framework using real-time evaluation data to support sustainability planning and monitoring of the project team learning environment. In year three, we finalized two tools to help assess the health of the CCSN network and to strengthen its infrastructure to support sustainability of the network and the use of its transdisciplinary framework.

Network Sustainability Measures

The Organizational Mapping Tool-Coalitions, Alliances and Networks (OMT-CAN), adapted from the Ford Foundation, measures factors necessary for a sustainable coalition or network. It is completed annually by the Integration Hub Leadership and Project Team Leadership (co-PIs, Facilitators & Evaluators) annually to plan strategy.

Subscales:

- Purpose, Goals, Strategy (8 items)
- Composition, Structure, Identify (8 items)
- Joint Action, Planning Learning (7 items)
- Impact on the Field (4 items)
- Strategic Communications (6 items)
- Leadership & Governance (10 items)
- Culture & Relationships (10 items)

Transdisciplinary Learning Environment

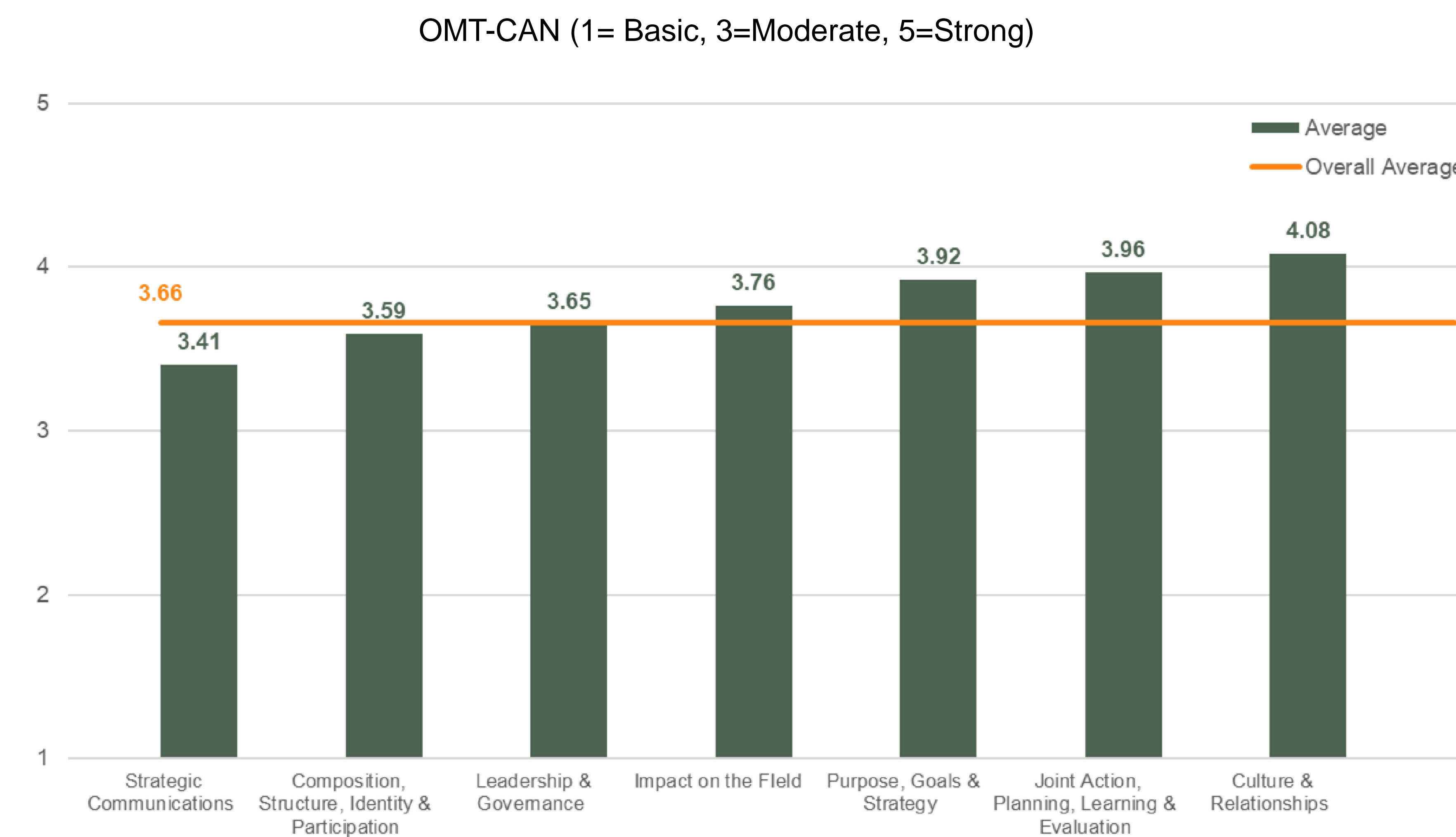
The Transdisciplinary Learning Environment Partner Survey, grounded in the Wilder Collaborations Factor Inventory and Harvard Business Review, "Is Yours a Learning Organization," is administered to teams at 6-months and then annually, thereafter. It measures the team environment necessary for successful TD collaboration. This tool is used by Facilitators & Evaluators to improve team processes and by the Integration Hub to plan learning & capacity-building opportunities.

Subscales:

- Supportive Learning Environments (13 items)
- Process & Practices for Learning (15 items)
- Leadership for Learning (8 items)
- Shared Mental Models (6 items)
- Deep Equity Practices (2 items)

RESULTS:

Network Sustainability. CCSN Network Leaders (N=21) completed the OMT-CAN. A moderate to strong rating indicate assets that can be leveraged for sustainability while a basic to moderate rating reflects areas where more attention is needed. The assessment indicated CCSN is moderate to strong in culture & relationships; joint action, planning, learning and evaluation; and in purpose, goals & strategy. CCSN scored basic to moderate in the need for a clearer composition, structure, identity and participation; its capacity for strategic communication; and in advocacy and organizing.



OMT-CAN Highest Ranked Item:

Purpose, Goals & Strategy Subscale (Power & Privilege Dimension)

These results reflect CCSN's purpose and strategies which seek to eliminate adverse impacts on marginalized groups, create equity and inclusion (on issues such as gender, class, race, disability, etc.) and ensure power is distributed more equitably.

4.36

OMT-CAN Lowest Ranked Item:

Strategic Communications Subscale (Narrative Shaping Dimension)

These results reflect CCSN's ongoing challenges with framing and narrative development. Thus, we identified strategies to address this in our planning, programs and communications. For example, we are offering storytelling training to our network and expanding our communications outreach.

2.96

Transdisciplinary Learning Environment. Project team members across eight projects (N=62) completed the Partner Survey. Projects scored in the highest quartile in psychological safety, appreciation of differences, and leadership composition. Learning environments were also supportive of deep equity and development of shared mental models. To note, scores of 4.0 or higher reflect strengths within the collaboration.

	Learning Environment Performance Benchmarks			
	CCSN Score	Median	Third quartile	Top quartile
Supportive Learning Environment				
Psychological Safety	88	76	77-86	87-100
Appreciation of differences	88	64	65-79	80-100
Openness to new ideas	92	90	91-95	96-100
Concrete Learning Practices				
Experimentation	81	71	72-82	83-100
Information Collection	87	80	81-89	90-100
Analysis	80	71	72-86	87-100
Information Transfer	80	71	72-84	85-100
Leadership That Reinforces Learning				
Leadership Composite	93	76	77-82	83-100

	Mean	SD
Deep Equity (scale 1 -7: highly inaccurate to highly accurate)		
This team regularly engages in cross-cultural literacy development.	5.80	1.24
This team has an approach to help it determine how its ideas or solutions may impact different groups in different ways.	5.75	1.31
Shared Vision (scale 1 – 5: strongly disagree to strongly agree)		
The people on this team are dedicated to the idea that we can make this project work.	4.78	0.45
My ideas about what the team wants to accomplish seem to be same as the other team members' ideas.	4.16	0.88
Shared Mental Models (scale 1 – 5: strongly disagree to strongly agree)		
I have a clear understanding of what our collaboration is trying to accomplish.	4.07	0.91
People in our collaborative group know and understand our goals.	4.13	0.92
People in our collaborative group have established reasonable goals.	4.11	0.90
The time invested in this team is worth the effort.	4.62	0.66

CONCLUSIONS

An equitable transdisciplinary approach to addressing cancer disparities is a new praxis in academic medicine. To integrate social and scientific problem-solving and address cancer disparities requires resourcing of credible capacity - building networks that can broker equitable relationships between academic medicine and community members and organizations. The CCSN Integration Hub offers a strong model embedded within a network that accomplishes those goals.

Weaving a Health Equity Thread Across a Medical School Curriculum

Linda N Meurer, MD, MPH, Rebecca S Bernstein, MD, MS, Lauren B Maher, MD, MPH, MS
Medical College of Wisconsin



Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation's Health
National Academies of Science, Engineering, Medicine
<https://doi.org/10.17226/25487>



FIGURE 5-1 Health care system activities that strengthen social care integration.

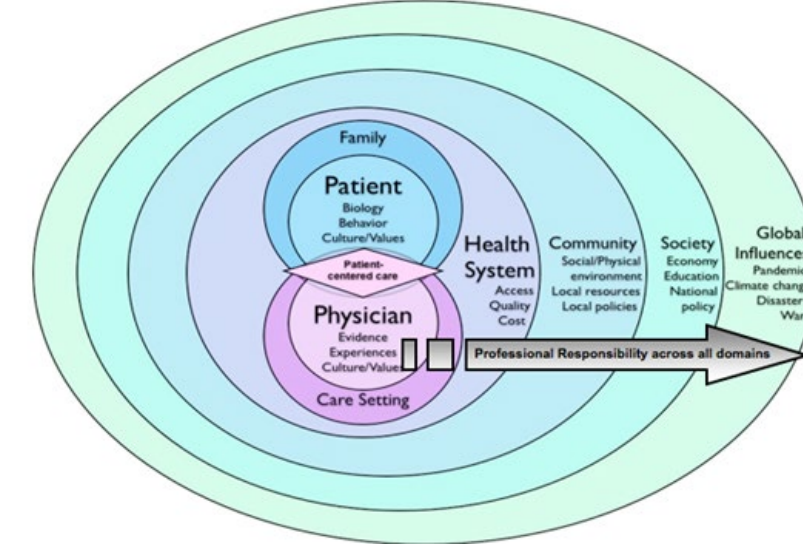
Background:

- Significant health disparities exist in the U.S, related to social determinants of health (SDoH), bias toward marginalized groups, and inequitable access to high quality, culturally competent care.
- Increasingly, health equity curricula are being incorporated into medical education, sometimes as “add-on”,
- **A Health Equity Thread is being woven through all components of the new MCWFusion Curriculum.**
- Competencies drawn from:
 - AAMC DEI competencies (2022)
 - National Academies of Science model for integrating social care into health care delivery (2019, top right), and
 - 14 years’ experience with an urban and community health pathway emphasizing socio-ecological and patient-centered care models (Meurer, AJPM 2011)

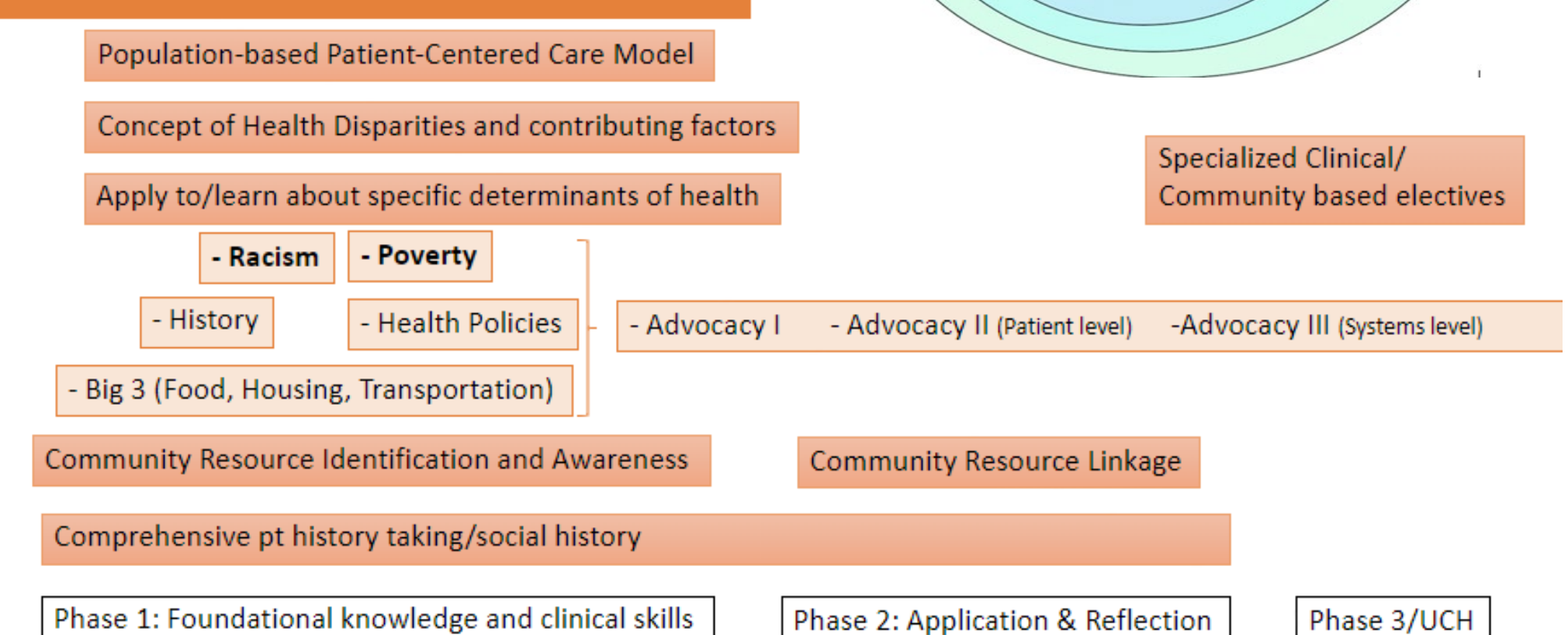
Themes from qualitative analysis of 6-years’ reflections on transfer of learning of UCH principles to patient care by M3 students

(by MCWfusion phases):

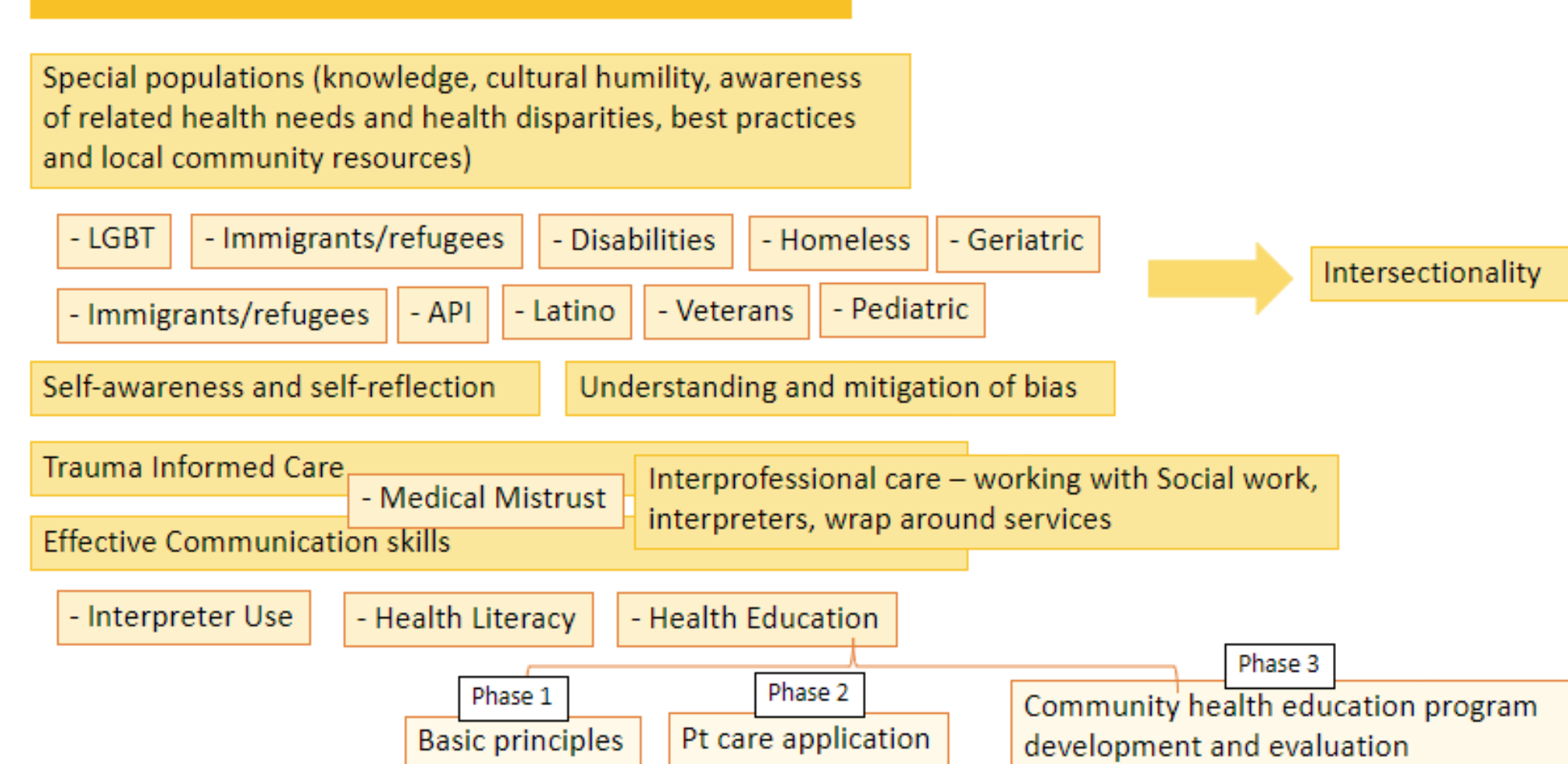
MCW Socio-ecologic Model for Patient-Centered Care
Meurer LN et al. Medical College of Wisconsin, 2008



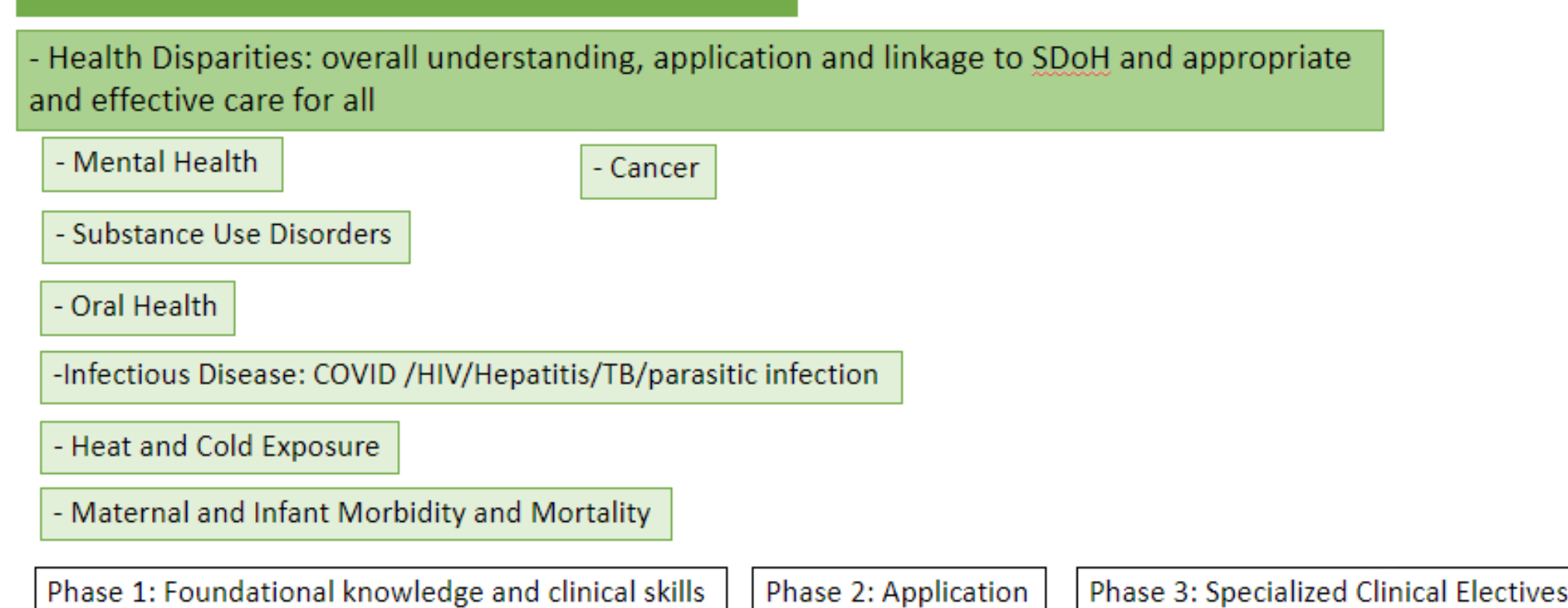
Social and Structural Determinants of Health



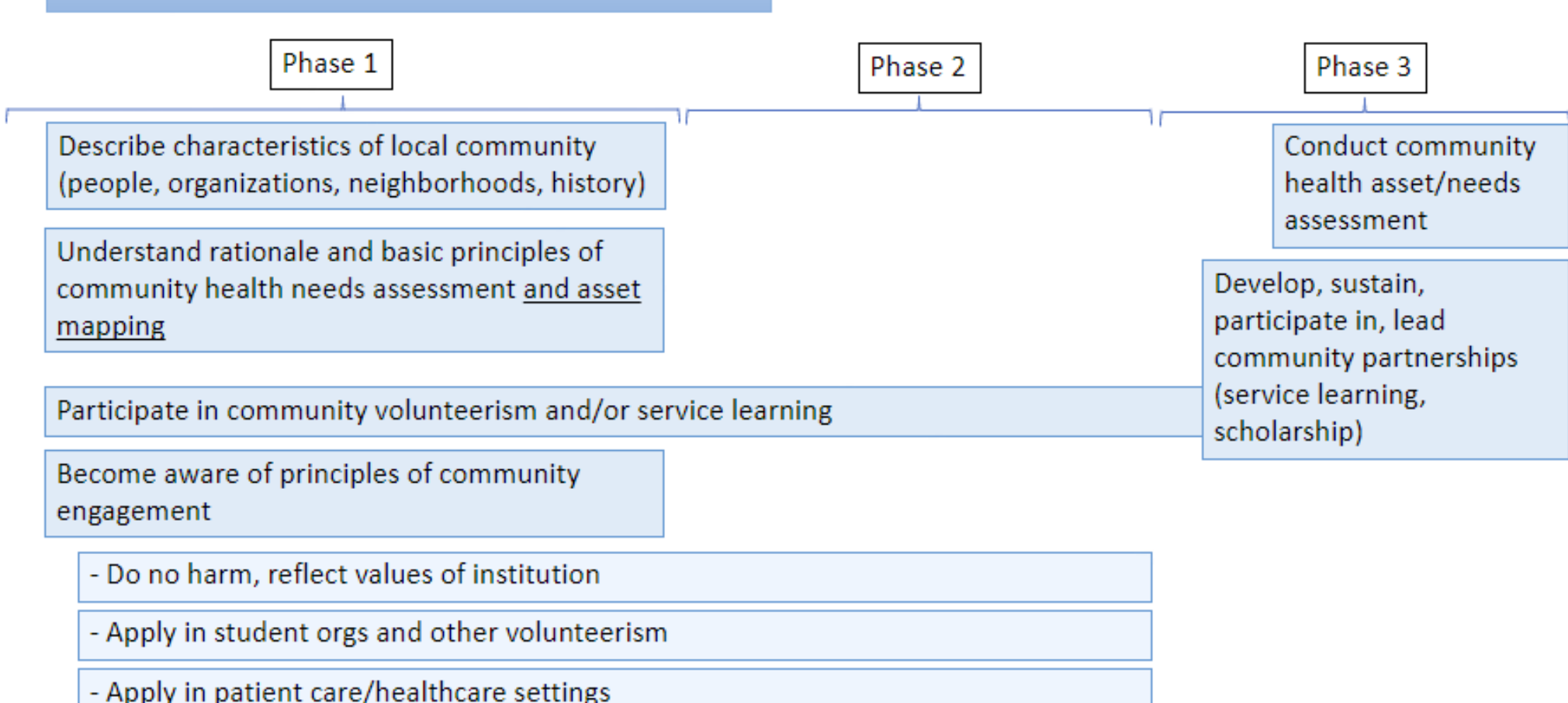
Appropriate and Effective Care for All



Medical Conditions with Disproportionate Impact on Populations and Groups



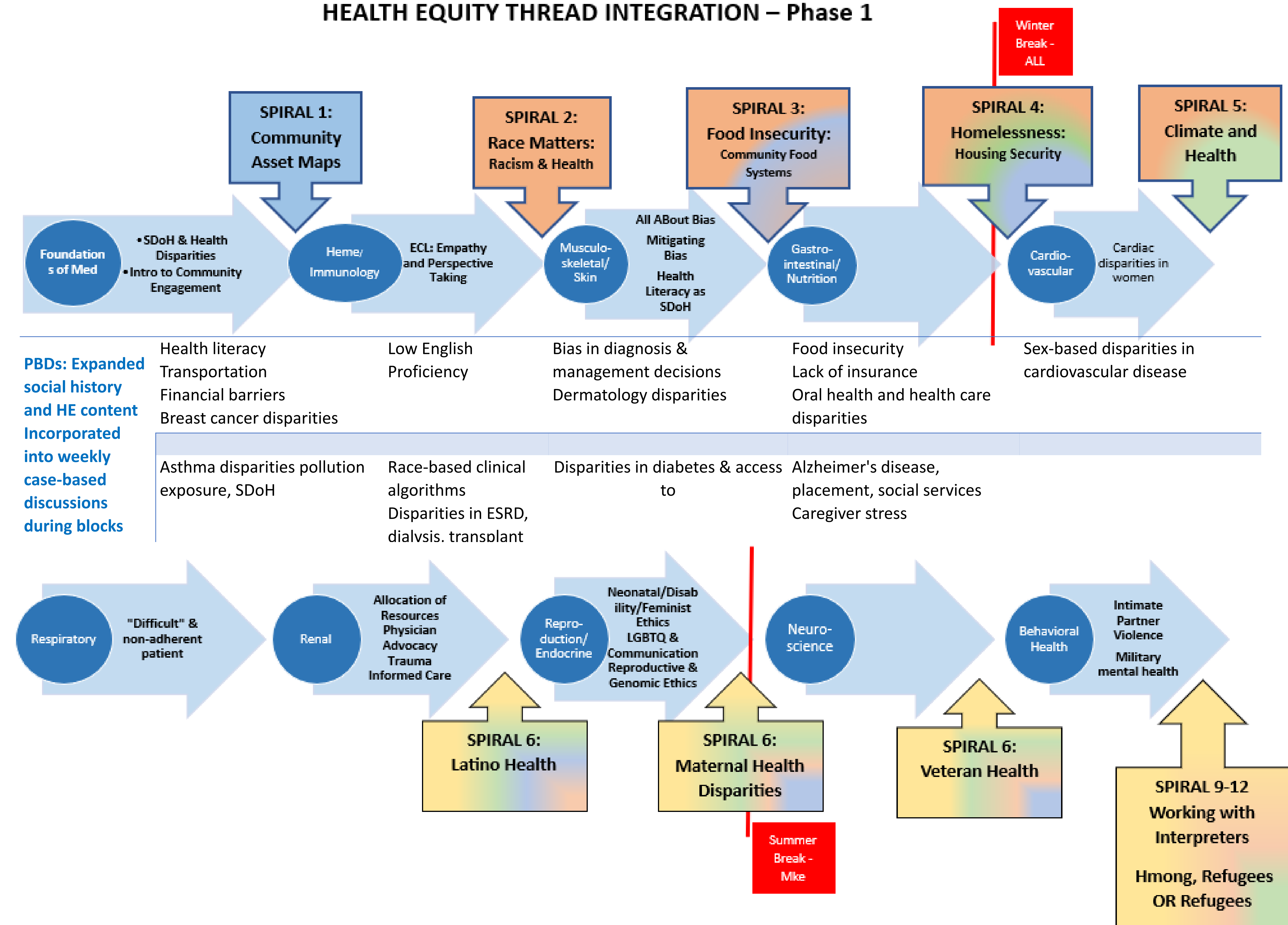
Community Engagement



Design – Phase 1: Foundational knowledge and attitudes

- Spiral Weeks:** Dedicated 2–3-hour workshops addressing social health risks, health disparities, and strategies to adjust care & engage community resources to help patients overcome barriers. Methods: Brief didactics, small group discussions and exercises, community panels
- Patient-based Discussions (PBDs - weekly):**
 - Expanded social histories** added to provide socioeconomic, cultural and environmental context beyond usual behavioral elements (e.g., smoking, drugs, alcohol). Consider patient’s personhood, resources and barriers to health.
 - Discussion Questions:** explore impact of social factors from case on condition, management, outcomes, with support materials on disparities, reinforcing SW content..
- Mapped content** presented during Foundational Blocks, Early Clinical Learning and ‘The Good Doctor’ courses (shown inside blue arrows below)

HEALTH EQUITY THREAD INTEGRATION – Phase 1



By the end of Phase 1, students will be prepared to approach clerkships with a solid foundation in socially informed, culturally responsive, patient-centered care.

Phase 2 Plans: Application and skill development

- Spiral Weeks:** workshops on LGBTQ+ health and intersectionality; Care for patients with disability, Disparities in and life impact of ESRD, Community and gun violence
- Application exercises** during direct patient care on clerkships (e.g., recognizing bias or social risks that affect care/outcomes, working with an interpreter, social worker, patient advocacy).

Phase 3 Plans: Individualization:

Targeted electives in community engagement, population health, social sciences, serving underserved patients, advocacy – in development

Evaluation: Through routine evaluation of the new Fusion curriculum, students and faculty discussion leaders submit reactions; learning will be measured through class participation, reflections and performance on OSCEs. In Phase 2, application exercises during patient care and between-clerkship discussions will further student growth and assessment of impact. Further evidence of impact will include participation in Phase 3 advanced electives and career outcomes.

Discussion:

- The MCWfusion Health Equity Thread features early and full integration of critical content that has often been missing, elective, or “add on.”
- Evaluation of affective outcomes are difficult and requires ongoing development; early evaluation efforts rely on full curricular change evaluation data to avoid student overload.
- Implementation during a complete curricular revision has provided space to weave a tapestry of health equity content in collaboration with block, course and clerkship directors.

Insights from the Autonomous Youth Council Summer Academy

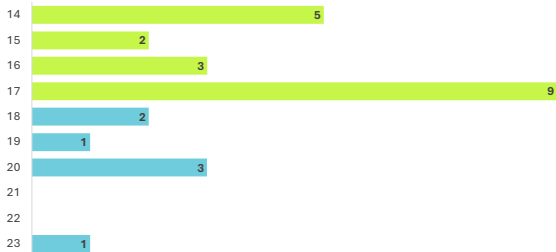
Samantha Reynoso & Maria Hamidu, M.A. | Milwaukee Succeeds

“ [The young people] really took on big topics. People think that it’s too big and beyond them. They’re wrong, the youth engaged in difficult moments and conversations. ” - Facilitator

What is the AYC?

The Autonomous Youth Council (AYC) is an 18-month program providing 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, youth adult equity, the history of education in Milwaukee, culturally and historically relevant education practices, 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, responsive, and empowering. This summer, 26 Milwaukee youth attended 80 hours of the in-person AYC Summer Academy.

Age breakdown of Summer AYC members



What we did

A two-pronged mixed-methods evaluation was conducted:

- **Formative Evaluation:** Assessed ongoing feedback from youth and facilitators throughout the program to make real-time adjustments.
- **Impact Evaluation:** Analyzed overall program effectiveness, youth retention, attendance, and changes in youth knowledge and empowerment.

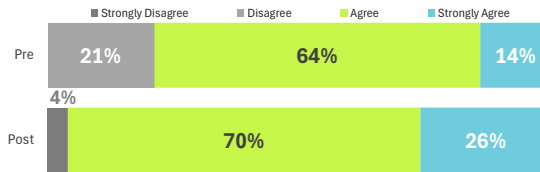
Data was collected via surveys, focus groups, observations, and interviews.

Results

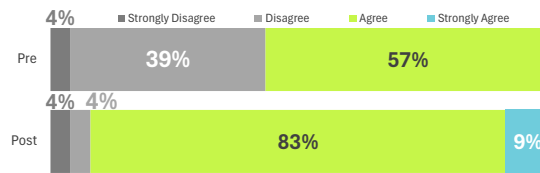
100% Retention rate 92% Attendance rate

Survey data showed an increase in understanding what youth/adult equity means, with 96% of youth **agreeing** or **strongly agreeing**. We see the largest increase in knowledge about the history of education. Post data shows 92% of youth **agree** or **strongly agree** compared to only 57% in the pre survey taken at the beginning of the summer academy.

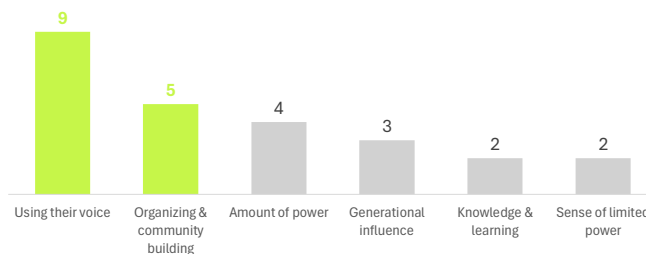
After the Summer Academy, most youth understood what youth/adult equity means.



Youth showed a notable increase in knowledge about the history of education.



Youth perceive their power in shaping decision through using their voice and working together as a community.



What we learned

The success of the AYC Summer Academy lies in its community-driven approach. By incorporating feedback from local youth and emphasizing relationship-building, the program fostered trust and engagement. The high retention and attendance rates reflect the strong connection participants felt to the program. Additionally, youth compensation recognized the value of their time and contributions, fostering a sense of ownership and respect.



AUTHENTIC RELATIONSHIPS



YOUTH AUTONOMY



YOUTH COMPENSATION

“ I felt like I was a **part of something bigger...** and **these are my colleagues.** ” - AYC member

Next Steps

The first iteration shows the power of investing in young people as leaders and change makers. The AYC will continue through the Fall Academy, culminating in 2025 when members will be placed on local community organizations and government structures committed to shared decision-making.

AYC Video



Take the YAELA!



Stay connected!





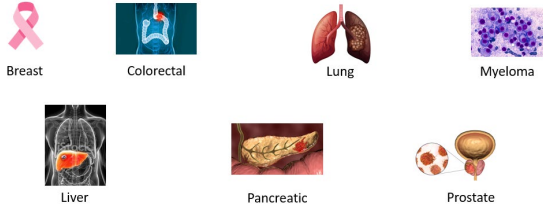
Community Outreach & Engagement (COE) Racing Toward the Finish Line: Achieving Health Equity Through Cancer Education and Screening

Our Focus

Partners – Selected Examples

Activities – Selected Examples

Catchment Area Priority Cancers



Specific Aims

- Aim 1.** Define, monitor, and disseminate information about the cancer burden in the CA.
- Aim 2.** Implement evidence-based, community-guided outreach, education, and interventions.
- Aim 3.** Facilitate impactful research relevant to the CA's cancer burden and drive public policy change.

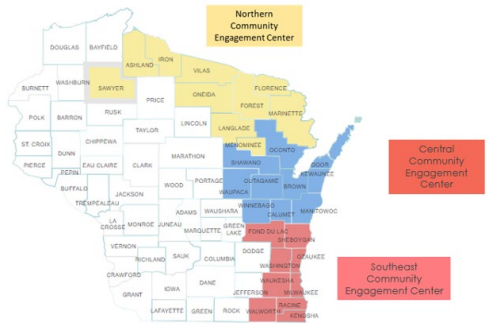
- #### Community Partners
- Sisters Network of SE Wisconsin
 - Wisconsin Breast Cancer Coalition
 - Milwaukee County Organizations Promoting Prevention
 - American Cancer Society
 - American Cancer Society Cancer Action Network
 - Casa Guadalupe (West Bend)
 - National Association of Latino Healthcare Executives
 - Versiti (Blood Center)
 - Wisconsin Well Woman: Reducing Breast Cancer Disparities – Data Products Workgroup
 - Outreach Community Health Center
 - Progressive Community Health Center
 - Friedens
 - Great Lakes Intertribal Council
 - Pink Shawl
 - Gerald Ignace Community Health Center
 - Green Bay Oncology
 - Milwaukee Consortium for Hmong Health
 - Interfaith Council
 - Wisconsin Cancer Collaborative
 - Black Health Coalition of Wisconsin
 - 16th Street Community Health Center
 - UMOS
 - C.H. Mason Health Clinic
 - Nurses Affecting Change
 - YWCA

- #### Institutional/Public Health Partners
- Clinical Trials Office
 - All of Us
 - Prostate Cancer Center of Excellence
 - CTSI
 - Breast Care Center
 - Froedtert West Bend
 - Froedtert & the Medical College of Wisconsin Cancer Center
 - Froedtert Health
 - Froedtert Health Community Engagement
 - City of Milwaukee Health Department
 - CRTEC
 - EDIB
 - West Bend Health Department
- #### National/Policy Partners
- American Cancer Society
 - American Cancer Society Cancer Action Network
 - Patient Quality of Life Coalition
 - ACS National Navigator Roundtable
 - Cancer Center Community Impact Forum
 - Susan G. Komen
 - Prostate Health Education Network
 - National Coalition for Cancer Survivorship

Focus	Examples of COE Activities and Services
Clinical Trials	Collaborated with Froedtert Health in the development of a Clinical Trial Navigator with focus on minority accrual; Community Education and Awareness events; and collected and analyzed data to identify gaps in trial enrollment and supported the design of the navigator intervention.+
Community Interventions	Cancer prevention screenings in English and Spanish for breast and prostate cancers; supported health fairs and educational workshops on cancer education, early detection strategies and healthy lifestyle recommendations; and support for the Oza Holmes Cancer Support Group – the first support designed for and by African American cancer survivors
COE Training	Collaborated with 16 th Street Community Health Center and Casa Guadalupe in the training of Community Health workers in the Hispanic community; worked with community leaders and advocate for policies that address cancer disparities; and work with CRTEC to support mentorship programs and research opportunities for students from underrepresented backgrounds in science and medicine.
Cancer Education	Development of culturally tailored cancer education campaigns; host and participated in community health fairs, workshops and cancer awareness events featuring Cancer Center researchers; and use social media platforms, websites, and mobile apps to disseminate cancer education to a broader audience.
EDIB	Focused recruitment and engagement strategies to increase the participation of underrepresented populations in clinical trials; developed and executed cancer prevention and education campaigns targeting underserved and minority communities; and engaged in advocacy to address policy issues that contribute to cancer disparities such as access to screening and treatment for underserved populations.
Research Program Partnerships	Collaborated with community members and researchers to identify partnerships for CBPR; provide training and capacity-building programs to community members, enabling them to participate in cancer research; and translating evidence-based research into program (e.g. Health Griots)
Policy	Advocacy for funding and policies that support cancer prevention programs; advocate for policies that address SDOH that impact cancer outcomes such as access to healthcare, housing, and transportation; and advocate for policies that mandate the inclusion of diverse populations in clinical trials to ensure that cancer research reflects the needs of all communities.



Catchment Area



COE Logic Model

Aims	Activities	Outcomes	Impact
Inputs: COE Infrastructure AD and Staff Budget COE Advisory Council CAB Research Programs SRs Offices of EDIB and CRTEC Community, Local and State Partnerships			
Aim 1. Define, monitor, and disseminate information about the cancer burden in the CA.	<ul style="list-style-type: none"> Leverage GEOSR to access and analyze CA data on incidence, mortality, risk factors Review data annually with stakeholders; set priorities Cohort community discussions to gain insight into community experience 	<ul style="list-style-type: none"> Identified priorities with strategic investments Disseminated information on CA cancer burden and risks to CAB, IAC and community partners Engaged CAB, IAC, community partners 	<ul style="list-style-type: none"> Center responsiveness to community priorities and cancer burden Community informed Strategic Plan Increased participation in research
Aim 2. Implement evidence-based and community-guided education, outreach, and programming.	<ul style="list-style-type: none"> Implement educational events with CAB and community partners Expand programs across CA, including rural and tribal areas Recruit, train, deploy community health workers as navigators/screening champions 	<ul style="list-style-type: none"> Improved cancer knowledge, reduced fear, increased risk reducing behaviors (surveys) Increased reach across programs and CA counties (# engaged) Increased access to screening, navigation, follow-up care, clinical trials (# engaged) 	<ul style="list-style-type: none"> Reduction in screening disparities Increased patient navigation to quality cancer treatment Increased cancer screening rates
Aim 3. Facilitate impactful research relevant to the CA's cancer burden and drive public policy change.	<ul style="list-style-type: none"> Catalyze CA-relevant research and clinical trial participation through IAC, pilot projects, community MPIS Support efforts/research with statewide impact through CCN by increasing citizen training, partnerships, initiatives Leverage partnerships with state/national organizations to facilitate policy change 	<ul style="list-style-type: none"> Increased CA-relevant research (# interventional studies) with diverse participation Growth in pilot funding relevant to community priorities Increased dissemination of research to community (# events) Sustained CAB working groups focused on programs and policy 	<ul style="list-style-type: none"> Collaborations with adjoining cancer centers in research and public policy change Demonstrated policy change in the CA and beyond High-impact research includes CA input, diverse representation

Future Directions

- Aim 1. Define, monitor, and disseminate information about the cancer burden in the CA.**
 - Strengthen data collection efforts by integrating multiple data sources such as registries, hospital data and patient-reported outcomes for the CA
 - Track and monitor the SDOH that impact cancer outcomes such as poverty, education levels, housing stability, and health care access within the CA.
- Aim 2. Implement evidence-based, community-guided outreach, education, and interventions.**
 - Leverage data for community-centered planning
 - Increase peer educated Community Navigators from within the counties served to lead outreach and education efforts
 - Mobilize community members to become advocates for policy changes that impact their health, leveraging local organizations and coalitions.
- Aim 3. Facilitate impactful research relevant to the CA's cancer burden and drive public policy change.**
 - Collaborate with research partners to support:
 - Epidemiological studies that focus on identifying unique cancer patterns, risks and disparities specific to the catchment area including cancer incidence, mortality and survival rates
 - Support research efforts with a focus on cancer disparities that affect vulnerable populations within the CA.
 - Convert research findings into concise, accessible policy briefs that highlight key takeaways and actionable recommendations for legislators, public health officials, and community leaders.