

Community Matters

A Community Research Poster Forum



THURSDAY, OCTOBER 10, 2024
6:00-8:00PM
MCW-Green Bay
Gehl-Mulva Science Center, St. Norbert College



Welcome from our Campus Dean

MATTHEW HUNSAKER, MD



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

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

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

Welcome from our Pathway Course Director

DAVID FERGUSON, MD



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

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

Scholarly Project Presentations

Time Location	Student(s) Project
6:00-6:50pm First Floor Atrium Keefe Science Gallery 1098 and 1099	All Students Scholarly Project Poster Review <i>Engage with the students and their Pathways Posters to learn more about their projects, feel free to ask questions, find out the pros and cons they faced while completing their projects and what path they will take next.</i>
7:00-7:10pm Room 1097	Elizabeth Abegglen and Makenzie Raj <i>Healthy Start - Nutrition at Zero: A Computational Analysis of Nutritional Risk Factors among Women, Infants, and Children (WIC) Participants in Northeastern Wisconsin</i>
7:10-7:20pm Room 1097	Abbey Cherveney and Madeline Halama <i>Knowledge is Power: Assessing Caregiver Education from Community Organizations on Improving Brain Health</i>
7:20-7:30pm Room 1097	Bryce Laurin and Adalyn Strand <i>Identifying an Impact Nonmedical Coaching Brings to Patient's with Neurodegenerative Disease: A Retrospective Study Done with the Brain Center, Green Bay</i>
7:30-7:40pm Room 1097	Elizabeth Martin <i>Changes in Psychological Distress Following Intentional Social Media Use Reductions</i>
7:40-7:50pm Room 1097	Gabriela Perez and Ignacio Poretti Perlo <i>Fall Prevention Efficacy in our Aging Population</i>
7:50-8:00pm Room 1097	Hannah Wheeler <i>Community Health Intervention Programs' Impact on Self-Efficacy in Managing a Chronic Medical Condition</i>

THANK YOU!

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

Abstract # Partner

- 1 MCW-Green Bay – David Ferguson, MD; WI Division of Public Health, WIC and Nutrition Section – Charissa Fritzen-Pedicini, MSPH; NEW Community Clinic - Judy Brose, RD, CD, CLS
- 2 Green Bay Oncology - Dr. Brian Burnette, MD; CROWN Consortium - Amy Koffarnus, BS, CCRP, Schoolcraft Memorial Hospital oncology staff; MCW-Green Bay - David Ferguson, MD
- 3 Brown County ADRC- Heather Flick
- 4 Greater Green Bay YMCA - Katie Mandell; MCW-Green Bay - David Ferguson, MD
- 5 Altrusa House - Annie Bongiorno; HSHS St. Vincent NICU
- 6 MCW-Green Bay - David Ferguson, MD; N.E.W. Community Clinic - Kim Franzen, MSN, RN; Wello Natalie Bomstad, MPH; St. Norbert College- Jamie Lynch, Ph.D
- 7 Golden House - Jodi Nuthals-Mikulsky
- 8 MCW-Green Bay - David Ferguson, MD; Brown County United Way - Sarah Inman and Lola Skenadore
- 9 Brown County Health and Human Services - Public Health Officer Anna Nick; MCW-Green Bay - David Ferguson, MD
- 10 MCW-Green Bay - David Ferguson, MD; N.E.W. Community Clinic - Kim Franzen
- 11 The Brain Center of Green Bay - Chris Vanden Hoogen, Rolf Lulloff, MD & Team; MCW-Green Bay - David Ferguson, MD
- 12 St. Norbert College - Michelle Schoenleber, Ph.D
- 13 MCW-Green Bay - David Ferguson, MD; Green Bay YMCA - Katie Mandell
- 14 Bellin Health; The Brain Center - Dr. Rolf Lulloff and Chris Vanden Hoogen; MCW - Green Bay - Dr. David Ferguson
- 15 MCW-Green Bay - David Ferguson, MD; ADRC Brown County - Amy Staniforth; De Pere Health Department - Deborah Armbruster, BSN, RN; De Pere Fire Department - Fire Chief Alan Matzke
- 16 Brown County ADRC - Amy Staniforth and Barbara Michaels; Woodside Senior Communities - staff and resident
- 17 Greater Green Bay East side, West side, and Ridge YMCAs - Katie Mandell; MCW-Green Bay - David Ferguson, MD

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Healthy Start - Nutrition at Zero: A computational analysis of nutritional risk factors among Women, Infants, and Children (WIC) participants in Northeastern Wisconsin

ELIZABETH ABEGGLEN



Introduction

Women participating in the Women Infants and Children (WIC) program in Wisconsin must be at or below 185% of the federal poverty line and many rely heavily on government resources for nutrition. It is well documented that individuals at or below this income limit also face difficulty in acquiring nutritious food. It is further documented that deficiencies in many micronutrients put women at risk for personal health challenges, as well as for pregnancy complications or poor birth outcomes. This project's objective is to analyze relationships between identified nutritional risk factors and health outcomes among WIC participants.

Methods

WIC epidemiologist provided data of WIC participant nutritional risk factors and health outcomes in NE Wisconsin, broken down by county collected from 1/2020-1/2023. Counties with ≤ 20 individuals with a given risk factor were suppressed. The data was analyzed, examining occurrence rates between nutritional risk factors, hypothesized health outcomes, and variation between rural and urban countries.

Results

It was found that there is a strong correlation ($R^2 = 0.89$) between WIC participants consuming an insufficient diet and folic acid deficiency. Data analysis was limited by suppression of many risk factors, particularly in rural counties.

Conclusions

There was a significant correlation between WIC participants consuming a low-calorie diet and folic acid deficiency. Data analysis was limited by low numbers and suppressed data, but future studies looking at larger time periods and participant numbers may help identify further correlations. ■

MAKENZIE RAJ



Healthcare Disparities in Cancer Care: Understanding Rural Patient Perspectives on Clinical Trials

Introduction

Healthcare disparities exist in cancer care, with rural populations experiencing higher mortality rates compared to their urban counterparts. While studies suggest similar outcomes when rural patients receive equal access to care, access to comprehensive cancer care and clinical trials remains limited in rural areas. This study aims to investigate patient attitudes and interest in oncology clinical trials in the Upper Peninsula of Michigan, where perceived low demand discourages the presence of clinical research associates.

Methods

A cross-sectional anonymous survey was administered to patients receiving treatment at Schoolcraft Memorial Hospital in Manistique, MI. The survey consisted mainly of Likert scale questions.

Results

Using both a chi-square goodness of fit and one-sample t-test, nearly all survey questions were found to significantly differ from a uniform distribution. The survey revealed that most patients had not participated in or been offered participation in an oncology clinical trial. Many patients expressed a willingness to participate if it benefited their health, regardless of cost or additional effort. Patients also indicated a greater willingness to participate if trials were offered locally and emphasized the need for improved information and access to clinical trials in rural areas. The primary reason for non-participation was a lack of knowledge or awareness about clinical trials.

Conclusions

Patients in rural areas desire access to clinical trials. Efforts to increase access should be made by healthcare providers. ■



Knowledge is Power: Assessing Caregiver Education from Community Organizations on Improving Brain Health

ABBEY CHERVENY



Introduction

Dementia presents a significant challenge to populations across the globe, and its prevalence is only expected to increase in the coming decades which makes understanding its impact and preventive measures crucial. This study aims to assess the effectiveness of caregiver education from the ADRC in understanding brain health, promoting lifestyle changes, and addressing barriers to implementing these changes.

Methods

The study was conducted in collaboration with the Aging and Disability Resource Center of Brown County. Caregivers were recruited and surveyed on their knowledge of brain health, engagement with educational programs, and interactions with Dementia Care Specialists. Data were collected through surveys administered after engagement with the Dementia Care Specialist.

Results

Caregiver education given by dementia care specialists led to an increase in caregiver confidence regarding brain health ($p= 4.86 \times 10^{-9}$). Additionally, caregivers who live with someone with dementia were found to place higher confidence in the importance of caregiver education than those who do not live together ($p= 0.0175$). Increased number of cognitive activities were implemented by the greatest number of participants. The most common barrier to change was a desire to change. Additional caregiver support was the most requested community program.

Conclusions

The study underscores the value of caregiver education initiatives in enhancing brain health awareness and promoting preventive measures against dementia. It emphasizes the need for continued support and innovative community programs to address the growing challenges posed by dementia. ■

MADLINE HALAMA



Determining the Psychosocial Impact of Participation in Fitness Programming for Individuals Diagnosed with Parkinson's Disease

Introduction

Parkinson's disease (PD) is a neurodegenerative disorder affecting 1-2% of individuals over 60, with notable caregiver impact. Exercise interventions hold promise in alleviating PD symptoms. Tailored programs not only enhance physical health but also offer psychosocial benefits, potentially improving patient retention and outcomes. Despite their effectiveness, PD exercise classes are underutilized. This research aims to explore their additional psychosocial benefits, informing strategies for promoting participation in PD management.

Methods

The project took place at the Greater Green Bay YMCA Exercising with Parkinson's Class. Participants and caregivers received an informational letter and completed a pre- and then post-survey six weeks later. Surveys were deidentified to protect privacy.

Results

Participants showed increased perceived psychosocial benefit across all categories on a 1-10 scale from pre- to post-survey. The largest increase (1.45 points) was in "confidence in living with their condition," while the smallest (0.52 points) was in "having meaningful relationships." The statement "I am rarely overwhelmed with my condition" had the lowest scores (6.65 pre, 7.70 post) and was most disagreed upon. T-tests were performed for respondents aggregate scores (.09) and paired responses (.13) and neither were significant.

Conclusions

Overall, it seems the class provided psychosocial benefits for most participants, with an increase in agreement across the board in all categories of post-surveys. There was an overwhelming consensus among participants regarding the recommendation of this program for others with the condition. ■

QUYNLAN DUFFY



SAMUEL SCHAEFFER



Influence of Altrusa Hospitality House on Rates of Postpartum Depression in Mothers with NICU Infants

ALLISON EIERMAN



Introduction

Postpartum depression (PPD) is a mental health condition that affects between 10-15% of US mothers. Mothers of premature infants, a common cause of NICU admission, have PPD rates as high as 40%, indicating preterm delivery as a risk factor for PPD. Another major risk factor is additional life stressors.

Methods

A survey, consisting of eligibility questions, mental health history, and the Edinburgh postnatal depression screening (EPDS) were distributed to mothers with NICU infants, some of whom stayed at the Altrusa Hospitality House and a control group. The EPDS was scored out of 30: <10 indicated a negative screen, >10 indicates a positive screen meaning respondents demonstrated signs of PPD and that further evaluation is recommended, and >14 indicates probable PPD.

Results

40% of total respondents (n=10) indicated signs that PPD may be present. This corresponded to a rate of 37.5% (n=3) within the Altrusa House group and a rate of 50% (n=1) within the control group.

Conclusions

Although not statistically significant, the data suggests a pattern that patients staying at the Altrusa Hospitality House had a decreased rate of PPD via screening with the EPDS tool. On average, patient's staying at the Altrusa Hospitality House have fewer things getting on top of them, fewer feelings of panic, less anxiety, less difficulty sleep due to unhappiness, and less self-blame than the control group. The major limitation of this study is the small sample size. ■

The Significance of Trust in Healthcare: Exploring the Patient-Provider Relationship and Its Effects

Introduction

Health disparities in Brown County are influenced by many factors, including the patient-provider relationship built on trust, knowledge, loyalty, and regard. These relationships are associated with health outcomes; positive relationships align with better health, and negative relationships with poorer health. Limited research explores how these pillars individually impact health outcomes. This study analyzes trust levels in Brown County and their correlation with preventative health screenings and appointment attendance.

Methods

Participants were previously recruited by the local nonprofit, Wello, as part of their Longitudinal Research Panel. Surveys were distributed and collected via Qualtrics, with participants given two weeks to respond. Responses were assigned numerical values to generate a Trust Score, which was then analyzed for correlation with primary care service utilization using Excel.

Results

The Trust Score model revealed that 43% of respondents had a low trust score, while 57% had a high trust score. There was a statistically significant correlation between Trust Score and the frequency of seeing a Primary Care Provider over five years ($p=0.019$).

Conclusions

Participants with a High Trust score are more likely to see a Primary Care Provider once or more annually, and those with low Trust Scores are less likely.

Time spent building trust between patient and provider may have positive implications for earlier detection and increased positive healthcare outcomes. ■

ELIZABETH GLYNN



ANNA MEIER



Mental Health Improvement for Rapid Rehousing

BRODY GORDON



Introduction

Domestic violence is a common issue. Nearly 10 million people experience domestic violence annually, with 33% of women and 25% of men reporting experiencing domestic violence during their lifetime. Rapid Rehousing offered by Golden House places clients into safe living arrangements, and our project sought to quantify how this program improved mental health and ability to function.

Methods

We built a survey which asked about age range, gender, length of time in the program, and also included a modified PHQ-9 to assess mental wellbeing. It also included three questions asking clients to rate how much they felt the program had improved their general wellbeing, mental health, and ability to perform ADLs.

Results

We received surveys back from seven clients total. All respondents identified as female and had been in the program for 7-12 months, age ranged from 18-60. The mean PHQ score was 8.1/10, range of 3-12. Regarding program impact on mental health, the average response was 9.4/10, range 8-10. Impact on general well-being average response was 9.7/10, range 9-10. Impact on ADLs average response was 8.7/10, range 7-10. Length of time in the program did not have any statistically significant impact on responses ($p>0.05$).

Conclusions

Our data showed that there was a positive impact on mental health, general wellbeing, and ADLs. Unfortunately there were barriers to getting two data points per person, so we are unable to say whether the modified PHQ scores were different before and after participation in the program. ■

MOLLY PERRY



Bridging the Gap – Assessing the Service Needs and Gaps of Rural Communities in Brown County, Wisconsin

Introduction

Around 70% of one's health is impacted by environmental conditions like housing, income, education, food, transportation, and other social and economic factors beyond individual control. These determinants influence health, functioning, and quality of life. The study seeks to identify community-based resource gaps and needs in rural Brown County, WI to address disparities, encourage collaboration, and improve residents' quality of life.

Methods

The study included individuals from rural communities in Brown County, WI, defined by the U.S. Census Bureau as having a population density of <500 people/m² or a total population of <2,500. 14 eligible communities were included in the study. Participants completed surveys using a 5-point Likert scale (-2 to 2, neutral being 0) to assess needs in housing, food, utilities, healthcare, employment, clothing, childcare, transportation, and social and educational services. Recruitment was done through print and online advertisements.

Results

Twenty-one respondents from eight of the fourteen eligible communities completed the survey. Data from the 5-point Likert scale revealed participants viewed housing and shelter (0.09), employment and income (0.11), utilities (0.18), food (0.24), social services (0.34), clothing and household (0.48), and educational services (0.57) in a positive sentiment. Childcare and parenting (-0.10), transportation (-0.11), and healthcare (-0.12) services were viewed in a negative sentiment.

Conclusions

Residents living in rural Brown County view educational services most positively, while healthcare services are seen the most negatively. Overall, most service categories have positive sentiments, though childcare and parenting, healthcare, and transportation services need improvement based upon participant responses. ■



Factors Influencing COVID-19 Vaccination Decision in Brown County

MANPREET KAUR



Introduction

Vaccine hesitancy has been ongoing with the innovation of the COVID-19 vaccines. Public health officials have known that building public trust would be key to convincing people to receive the vaccine (Wahlberg, 2021). Patients are more likely to receive a vaccine if they have guidance from a primary care physician (Quinn, 2017). More research is needed on how health officials can increase people's willingness to get vaccinated.

Methods

Participants completed an online survey on their COVID-19 vaccine status and selected factors that influenced them to receive the vaccine. The survey was disseminated by Brown County Health and Human Services. Comparison of gender, race, age, having a primary care physician, work/school vaccine requirement, pre-existing condition, concern for COVID-19, and trust in vaccine safety was compared between those that received the vaccine and those that did not.

Results

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

Conclusions

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. ■

Understanding Barriers Leading to High “No-show” Rates at N.E.W. Community Clinic

Introduction

No-show appointments represent a significant challenge within the healthcare system, leading to increased overall costs and decreased efficiency in healthcare delivery. This study is set to research the leading reason for no-show appointments at a clinic that serves underinsured and uninsured patients in Northeast Wisconsin.

Methods

Flyers with a QR code linked to a Qualtrics survey were hung in the N.E.W. Community Clinic, and patients were encouraged to fill out the survey. After data collection, results were analyzed to determine the most common cause of no-show appointments and measures that could be implemented to address this issue.

Results

The primary reason for missed appointments is scheduling conflicts. Analysis using a paired t-test revealed no correlation between patient housing distance from the clinic and the rate of no-show appointments. Across all age groups, text message reminders were the preferred method for appointment notifications.

Conclusions

Scheduling conflicts are the leading cause of no-show appointments at the N.E.W. Community Clinic, which contrasts with findings from a similar study conducted a decade ago at a clinic with a similar mission. Future research should explore the effectiveness of various reminder methods in reducing no-show rates. Additionally, increasing the number of individuals surveyed and expanding the study population to individuals under 18 years of age would provide more generalizable data. ■

TORI KOSTMAN



Identifying an Impact Nonmedical Coaching Brings to Patients with Neurodegenerative Disease: A Retrospective Study Done with the Brain Center, Green Bay

BRYCE LAURIN



Introduction

Degenerative diseases of the central nervous system (CNS), such as Parkinson’s and Alzheimer’s Disease, continue to challenge medical science despite advances in neuroscience. This study evaluates conservative measures, like education and coaching, to improve life quality for those diagnosed with CNS disorders without the side effects of pharmaceuticals.

Methods

We conducted a community-based record review at the Brain Center in Green Bay, WI, focusing on pre-intervention and post-intervention evaluations to assess the effectiveness of nonmedical coaching. The interventions were based on the Brain Center’s 6 Pillars of Brain Health.

Results

Data analysis indicated a significant improvement in clients’ comprehension of their diagnosis and the actionable steps they can undertake to ameliorate symptoms. Adherence to the recommended strategies also showed noticeable enhancements, suggesting a positive impact of the coaching provided.

Conclusions

Nonmedical interventions, particularly educational and coaching efforts, demonstrate considerable potential in aiding patients with neurodegenerative diseases to better manage their symptoms and improve overall quality of life. Further research could explore the long-term benefits of such interventions on disease progression and patient well-being. ■

ADALYN STRAND



Changes in Psychological Distress Following Intentional Social Media Use Reductions

Introduction

Previous research found associations between social media use, depression, and anxiety. Gaps remain in understanding what drives these relationships. This study examines how reduction of social media use affects severity of depression and anxiety and investigates symptoms of internet addiction as a moderator.

Methods

Participants completed an initial online survey to assess psychological symptoms and acquire smartphone data on social media usage for the previous two weeks. Participants were then randomized to either restrict usage to two or fewer hours/day or to make no change for two weeks. After those two weeks, participants completed the same measures again plus internet addiction questionnaires, and again provided smartphone data.

Results

Anxiety scores decreased in both groups, while depression scores decreased within the control group and increased in the experimental group. Hierarchical multiple regressions found no significant impact of the interaction between internet addiction and screen time on mood symptoms within the control group. In the group who reduced use, in those with higher internet addiction scores media use time had a significant effect on anxiety and depression symptom scores. Those with lower internet addiction scores had no significant impact of time spent using social media on mood symptoms.

Conclusions

The results of this study may serve as a starting point for further research and could be used to guide decision-making about whether social media use may impact mood symptoms for some individuals. ■

ELIZABETH MARTIN



The Impacts of Individual Exercise Versus Large and Small Group Exercise in Community-Dwelling Adults

DEREK OLSON



Introduction

The benefits of exercise are multifactorial, and improving exercise adherence may profoundly impact mortality prevention. Group cohesion may be associated with improved exercise adherence; however, little is known about the effect of group size on cohesion. This study at the Green Bay YMCA explored the effects of individual versus large and small group exercise on adherence, exercise frequency, satisfaction, confidence in safety, and self-perceived health.

Methods

Utilizing an online survey, 56 YMCA members reported their exercise preferences as individual, small group (<12), or large group (>12) exercisers, alongside their membership duration.

Results

Of the participants, 14 engaged exclusively in large group classes, 4 in small groups, 20 in individual settings, and 18 in mixed methods. Large group and individual exercisers reported the highest confidence in safety (8.3/10). Large group participants reported the highest satisfaction (8.8/10) and exercised the most frequently, with 64% exercising \geq three times per week. The highest percentage of long-term members were those participating in a combination of exercise methods (35.1%).

Conclusions

Large group exercisers demonstrated the highest level of satisfaction, which may be related to a sense of group cohesion. Socialization and group cohesion may impact exercise adherence, as 73% of long-term members participated in some form of group exercise. Further research may analyze larger sample sizes to better gauge the relationship between group size and exercise adherence. ■

REID PIETILA



Incidence of POTS Post COVID-19 in Northeast Wisconsin

Introduction

The objective of this research is to assess the prevalence of Postural Orthostatic Tachycardia Syndrome (POTS) following COVID-19 infection in Northeast Wisconsin. Long COVID is poorly understood, and recent research suggests a potential link between POTS and COVID-19. This investigation aims to shed light on the frequency of POTS in this region and assess potential underdiagnosis.

Methods

We reviewed data from all adult patients seen at Bellin Healthcare from 01/2021 to 07/2023, encompassing inpatient and outpatient records. POTS diagnosis was defined using ICD-10-CM Diagnosis Code G90.A. The Bellin Health Data Team analyzed this data and compared local incidence rates to international trends.

Results

Preliminary results demonstrate that no Bellin Health patients were diagnosed with POTS post-COVID-19 infection. In an international longitudinal study spanning seven months, 2308 of 3762 long COVID patients reported tachycardia symptoms. Among them, 515 showed a heart rate change of over 30bpm upon positional change, suggestive of POTS. By the study's end, 155 participants were diagnosed with POTS.¹ This helps demonstrate the international precedent of this clinical sequelae and helps contrast what the data is demonstrating in Northeast Wisconsin.

Conclusions

Our data show a care gap in diagnosing POTS in Northeast Wisconsin, as no patients were identified with the disease, contrary to international trends. This discrepancy warrants further investigation into potential causes such as coding errors, underdiagnosis, or referrals to external tertiary medical centers. ■

HANNAH OLSON



MITCHELL STECKLER



Fall Prevention Efficacy in our Aging Population

GABRIELA PEREZ



Introduction

Falls among the elderly pose a public health challenge, necessitating comprehensive prevention strategies to mitigate associated morbidity, mortality, and costs. Our research delves into the local landscape of fall prevention initiatives, set against the national trends. We aim to assess the effectiveness of existing fall prevention methods and pinpoint areas for improvement.

Methods

The dataset spans from 2016-2022, encompassing a historical analysis of fall rates among individuals 65+ in the city of De Pere. Deidentified data was collected from 911 calls. The data was filtered to the target age of 65+ and calls were filtered by primary diagnosis of fall. This was done by examining ICD-10 codes, allowing for classification of the call per the standardized medical coding system.

Results

Trends in the data highlighted fluctuations in the percentage of fall-related calls, with De Pere experiencing an increase in recent years. This contrasts with national data, suggesting discrepancies in fall rates between the two contexts. The Aging and Disability Resource Center (ADRC) demonstrated consistent trends in referrals, with a significant increase post-2020. However, the study identified a lag in referral acceptance rates, warranting further investigation into barriers to acceptance within the community.

Conclusions

Stakeholders must work collaboratively to implement interventions addressing the needs. Moving forward, a concerted effort to address data gaps, enhance methodological rigor, and prioritize engagement is essential for advancing the field of fall prevention and promoting healthy aging. ■

IGNACIO PORETTI PERLO



Narrative Gerontology's Impact on Resilience in Older Adults: Can Storytelling Make One More Resilient?

Introduction

Some older adults get bogged down by difficulties associated with aging and find that their quest for meaning and depth in their life has stagnated. It is thought that a strong and well-constructed life narrative is an attribute of successful aging, and this may have implications in the real-world care and well-being of the older adult population. One quantifiable metric of well-being in this population is resilience. In this study, we design an intervention and measure how it affects Resilience.

Methods

Seven participants were invited to partake in five, hour-long storytelling sessions. They filled out Resilience Scale adapted from Yang et. al. 2021 at the 1st and 5th session and self-report physical health status at the first session. At each session, they self-assessed mood before and after sharing stories and provided free-form comments about the stories shared.

Results

Change of +8% in resilience score ($p=0.1$). Change of +4% in mood ($p=0.2$). Significant themes from participants' comments on the session: interest in listening to how others solved problems, hearing about other's different life stages and meaningfulness of having a chance to gather.

Conclusions

This intervention did not significantly impact participant's resilience score. Evaluation of statistical significance is limited by small sample size and incomplete participant attendance. Participants placed value on hearing the narratives of others potentially indicating an already well-fostered personal narrative among this population. A larger, more at-risk group may provide a clearer connection between variables. ■



Community Health Intervention Programs' Impact on Self-Efficacy in Managing a Chronic Medical Condition

HANNAH WHEELER



Introduction

In the US, 60% of adults are diagnosed with a chronic medical condition and 40% have two or more conditions. Community health interventions, like those at the YMCA, are designed to aid clients as they manage their condition. Current programs in Green Bay include: Brain and Body Program for those with dementia, Exercise with Parkinson's, Walk with Ease Arthritis program, LiveSTRONG program for those going through cancer treatment, and StayStrong for LiveSTRONG graduates.

Methods

A paper survey was given before and after program completion at three YMCA locations assessing various aspects of self-efficacy in managing a chronic condition, days of exercise in a week, and a personal health assessment. Summary statistics, t-tests, and Excel graphs were used to analyze 35 clients who fully completed the survey.

Results

There was a statistically significant increase in self-efficacy in managing a chronic medical condition and days exercised in a week after program completion. There was an increase in self-efficacy score for LiveSTRONG participants at the West and East locations, but not the Ridge. The personal health assessment score was greater or maintained for 28 out of 35 participants.

Conclusions

Through participation in their respective programs, participants grew in their self-efficacy in managing their chronic condition. By having accountability in physical training and exercise, community of people managing similar conditions, and growth in health literacy, participants were better equipped to manage their condition. ■



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