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BOOKS OF ABSTRACTS | HEALTH EQUITY

Fifth Annual Summer Research Summit on Health Equity Organized by the Center of Excellence in Health Equity, Training and Research, Baylor College of Medicine, Houston, Texas 77030, USA on May 17, 2022

ABSTRACT

Academic-Community Partnerships: Change Agents for Advancing Health Equity

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The fifth annual summer research summit organized by the Center of Excellence (COE) in Health Equity, Training and Research, Baylor College of Medicine (BCM), was held on May 17, 2022. The theme of this year's summit was 'Academic-Community Partnerships: Change Agents for Advancing Health Equity.' Given the ongoing pandemic, the summit was conducted virtually through digital platforms. This program was intended for both BCM and external audiences interested in advancing health equity, diversity, and inclusion in healthcare among healthcare providers and trainees, biomedical scientists, social workers, nurses, and individuals involved in talent acquisition and development, such as hiring managers (HR professionals), supervisors, college and hospital affiliate leadership and administrators, as well as diversity and inclusion excellence practitioners. We had attendees from all regions of the United States as well as from Saudi Arabia. The content in this Book of Abstracts encapsulates a summary of the research efforts by the BCM COE scholars (which includes post-baccalaureate students, medical students, clinical fellows, and junior faculty from BCM) as well as the external summit participants. The range of topics in this year's summit was quite diverse, encompassing disparities in relation to maternal and child health (MCH), immigrant health, cancers, vaccination uptakes, and COVID-19 infections. Various solutions were ardently presented to address these disparities, including community engagement and partnerships, improvement in health literacy, and the development of novel technologies and therapeutics. With this summit, BCM continues to build on its long history of educational outreach initiatives to promote diversity in medicine by focusing on programs aimed at increasing the number of diverse and highly qualified medical professionals ready to introduce effective and innovative approaches to reduce or eliminate health disparities. These programs will improve information resources, clinical education, curricula, research, and cultural competence as they relate to minority health issues and social determinants of health. The year's summit was a great success!

ABSTRACT 01

Social Determinants of Health and Racial Disparities in Pediatric Hypertension

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Background: Social determinants of health (SDOH) are significant drivers of disease risk and result in population health inequalities. This relationship is well described in adults. Studies in pediatric patients are scant. We examine the relationship between SDOH and pediatric hypertension.

Methods: We performed a retrospective cross-sectional study using the National Health and Nutrition Examination Survey (NHANES) data from 2011-2020 (pre-pandemic). Children aged 8-17 years (n=22,423,532) were included. Exposures of interest were participants' sociodemographic and SDoH characteristics. Hypertension as an outcome was defined using appropriate methods. Using a logistic regression model, we generated odds ratios (OR) with 95% confidence intervals (CI) to measure the association between participants' sociodemographic and SDOH characteristics with hypertension.

Results: The highest prevalence of hypertension was in obese non-Hispanic Blacks (8.1%), followed by obese Hispanic participants (5.0%). When analyzed by poverty level, the highest prevalence of hypertension was in non-Hispanic Black participants with a monthly poverty level > 1.85 (3.2%). Hypertensive participants were more likely to be obese (OR 4.16; CI 1.65-10.45) and on public than private insurance (OR 8.50; CI 4.17-16.33). Participants with poor SDOH characteristics were more likely to be hypertensive (OR 1.27; 1.18- 3.08).

Conclusion and Global Health Implications: SDOH factors played a role in HTN prevalence in at-risk children. Non-Hispanic Black and Hispanic children were at increased risk, as were children on public insurance. The impact of food security and access to healthcare on pediatric hypertension did not display statistical significance. Further research is necessary to understand the relationship between poverty and pediatric hypertension.

Keywords: • Pediatrics • Hypertension • Health Disparities • Social Determinants of Health • Poverty

ABSTRACT 02

Trends in Acute Care of Vaso-Occlusive Episodes in the Emergency Department Following the 2014 National Heart Lung Blood Institute Guidelines

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Background: Patients with sickle cell disease (SCD) presenting to the Emergency Department (ED) for vaso-occlusive episodes (VOE) encounter discrepancies in pain management practices and triage designation. Our study describes trends in Emergency Severity Index (ESI) and ED pain management of VOE and compares practices before and after the 2014 National Heart Lymph Blood Institute (NHLBI) guidelines.

Methods: This was a retrospective cohort study using ED data from 2009-to 2019. We included patients ≥18 years of age with an ICD-9-CM and ICD-10-CM diagnosis of sickle cell pain crises. Outcomes of interest were allocation to Higher acuity (ESI 1 or 2) and pain management defined by opioid administration. We used adjusted logistic regression models to evaluate factors associated with higher acuity and opioid administration.

Results: A total of 1,502,550 (0.115%) met the inclusion criteria for VOE. The rate of opioid administration for VOE increased by 9.4% ($p<0.01$) in the years following the 2014 guidelines. Designation to a higher acuity level decreased by 2% after 2014. After adjustment, factors associated with higher acuity were age 80 (OR 7.93, CI 1.05-59.62), NH-Black race (OR 7.03, CI 2.17-16.04), and Hispanic ethnicity (OR 9.72, CI 5.43-17.40), and transfer (OR 2.79, CI 1.62-5.62) to another facility. Ages 40-59 (OR 7.30, CI 1.12-47.48) were more likely to receive opioids.

Conclusion and Global Health Implications: While opioid administration practices for VOE show improvement, the ESI allocation trends do not reflect best practices. Targeted quality initiatives are needed to address gaps in the care of this patient population.

Keywords: • Sickle Cell Disease • Sickle Cell Pain Crises • Vaso-Occlusive Crises • NHLBI Guidelines • Emergency Severity Index

ABSTRACT 03

Factors Associated with Discharge Against Medical Advice in US Adolescents Hospitalized for Suicidal Ideation or Suicide Attempt

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Background: Adolescent hospitalizations for suicidal ideation (SI) and suicide attempt (SA) are on the rise in the US, and little is known about factors associated with discharge against medical advice (DAMA) in this population. Our study seeks to determine if certain socioeconomic factors or hospital characteristics are associated with DAMA in US adolescents hospitalized for SI/SA.

Methods: This was a retrospective cross-sectional study utilizing data from the National Inpatient Sample (NIS) from 2007 to 2017. We included children 10 to 19 years of age hospitalized with a primary ICD-9-CM diagnosis of SI or SA. Exposures of interest were patient sociodemographic and hospital characteristics. The outcome of interest was DAMA. Logistic regression was used to generate odds ratios with 95% confidence intervals (CI) to measure the association between each patient and hospital characteristics and DAMA.

Results: Of 476,755 hospitalizations meeting inclusion criteria, 3,825 (0.008%) were DAMA. After adjusting for sociodemographic and hospital characteristics, predictive factors for DAMA were age 16-19 years (OR 1.41; CI 1.08-1.82), self-pay status (OR 1.43; CI 1.12-1.83), Hospital Region South and West (OR 1.55; CI 1.10-2.20 and OR 1.79; CI 1.26-2.54, respectively) and urban non-teaching status of the hospital (OR 1.90; CI 1.42-2.55).

Conclusion and Global Health Implications: Among US adolescents hospitalized for SI/SA who were DAMA, age 16-19 years, self-pay status, hospital regions South and West, and urban non-teaching hospitals were positive predictors of DAMA. Further research is needed to determine the outcomes of this vulnerable population.

Keywords: • Pediatric Suicide • Discharge Against Medical Advice • Adolescents • Hospitalization • HCUP NIS

ABSTRACT 04

The Impact of COVID-19 on Quality of Life in Children with Cerebral Palsy

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Background: Cerebral Palsy (CP) is a neurodevelopmental disorder that affects muscle tone, coordination, and gait. CP is the most common childhood physical disability impacting 2-3 out of every 1,000 children in the United States. COVID-19 has significantly changed the lives of children, adolescents, and adults, including an impact on mental health and quality of life (QOL). The goal of this study is to explore the impact of COVID-19 on QOL in patients with CP. We hypothesize that QOL is going to be reported as lower following the start of the pandemic as compared to pre-pandemic.

Methods: This is an exploratory retrospective study examining Pediatric Quality of Life Inventory 3.0 Cerebral Palsy Module (PedsQL3.0-CP) surveys. 1,031 surveys were collected in all outpatient clinics of the Pediatric Rehabilitation at Texas Children's Hospital from June 2018-February 2022. Data were analyzed using independent samples t-test, ANOVA, Pearson's Chi-square, and log-binomial regression.

Results: There was a statistically significant difference between pre-pandemic and pandemic PedsQL3.0-CP scores with the pre-pandemic mean score being 63.5 (SD=21.0) and pandemic mean score being 15.2 (SD=29.0). Non-Hispanic (NH) Blacks had a 53% reduced risk of high PedsQL3.0-CP score compared to NH-Whites. Individuals with commercial insurance (51%) and Self-Pay (2.5x) had an increased risk of having higher scores than those with Medicaid.

Conclusion and Global Health Implications: Our findings demonstrate a significant impact of the COVID-19 Pandemic on the QOL of children with CP. As the pandemic continues additional care must be taken to be cognizant of the added impact of socioeconomic differences on quality of life.

Keywords: • Cerebral Palsy • Quality of Life • COVID-19

ABSTRACT 05

Healthcare Disparities in Morbidity and Mortality in Adults with Status Epilepticus: A National Study

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Background: Status epilepticus (SE) is associated with high rates of morbidity and mortality. While disparities have been described in epilepsy care, their contribution to SE and associated outcomes remain understudied.

Methods: We used the 2010-2019 Nationwide Inpatient Sample to identify hospitalizations with SE using ICD-9-CM/ICD-10-CM codes. SE prevalence was calculated and stratified by demographics. Logistic regression assessed factors associated with intubation, tracheostomy, gastrostomy, and mortality.

Results: There were 486,861 SE hospitalizations from 2020-2019, primarily at urban teaching hospitals (71.3%). SE prevalence per 10,000 hospital admissions was 27.3 for Non-Hispanic (NH) Blacks, 16.1 for NH-others, 15.8 for Hispanics, 13.7 for Whites, and was higher in the lowest income quartile (18.7), all $p<0.01$. Older age was associated with intubation (OR 1.5, CI=1.43-1.58), tracheostomy (OR 2, CI=1.75-2.27), gastrostomy (OR 3.37, CI=2.97-3.83) and in-hospital mortality (OR 6.51, CI=5.95-7.13). Minority populations, particularly NH-Blacks, had higher odds of tracheostomy (OR 1.71, CI=1.57-1.86) and gastrostomy (OR 1.78, CI=1.65-1.92). Urban teaching hospitals were associated with higher odds of intubation, tracheostomy, gastrostomy, and mortality. Odds of mortality were lower (compared to Whites) in NH-Blacks (OR 0.71, CI=0.67-0.75), Hispanics (OR 0.82, CI=0.76-0.89), and highest income quartiles (OR 0.9, CI=0.84-0.97).

Conclusion and Global Health Implications: Disparities exist in SE prevalence, tracheostomy, and gastrostomy with regards to older age, minority race/ethnicity, and income. Older age and lower-income are additionally associated with mortality. These represent vulnerable populations meriting increased attention in order to improve health outcomes. Urban teaching hospitals may play an important role in this work.

Keywords: • Status Epilepticus • Healthcare Disparities • Intubation • Tracheostomy • Gastrostomy • Mortality • Nationwide Inpatient Sample

ABSTRACT 06

Disparities in Breast Cancer Surgery Among Women with Early-Stage Breast Cancer

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Background: Although breast-conserving surgery (BCS) with radiation therapy provides comparable outcomes to mastectomy among patients with early-stage breast cancer, disparities in breast surgery rates persist. We evaluated the prevalence of mastectomy versus BCS among patients with early-stage breast cancer and identified clinical and sociodemographic factors associated with mastectomy.

Methods: Using International Classification of Diseases and Current Procedure Terminology billing codes, we identified women from the 2016-2019 Nationwide Ambulatory Surgery Sample (NASS) > 18 years old with early-stage breast cancer who underwent breast surgery. We performed Chi-square tests to compare categorical variables and multivariable logistic regression models to identify factors associated with mastectomy versus BCS, adjusting for clinical and sociodemographic variables.

Results: About 91.6% of 908,103 women underwent BCS. Mastectomy rate increased from 90.5% in 2016 to 93.0% in 2019. Prior chemotherapy (OR=2.77, 95% CI 2.51-3.06), advanced or aggressive breast cancer (OR=1.72 95% CI 1.60-1.88), Hispanic ethnicity (OR=1.41, 95% CI 1.25-1.58), Medicaid (OR = 1.49, 95% CI 1.36-1.64), self-pay status (OR=1.46, 95% CI 1.13-1.89), and treatment outside the Northeast were associated with mastectomy. Patients with family history of breast cancer (OR=0.85, 95% CI 0.78-0.91), older age (OR=0.47, 95% CI 0.41-0.54), higher income (OR=0.62, 95% CI 0.56-0.69), and treatment in an urban non-teaching (OR=0.76, 95% CI 0.63-0.91) or teaching hospital (OR=0.71, 95% CI 0.6-0.86) were less likely to receive mastectomy.

Conclusion and Global Health Implications: Racial/ethnic, socioeconomic, and geographic disparities exist in breast cancer surgery. Mixed-methods studies should uncover the multilevel mechanisms driving these inequities. Healthcare stakeholders should implement system-level interventions to eliminate disparities in access to care and ensure adherence to guideline-directed treatment modalities.

Keywords: • Mastectomy • Breast-Conserving Surgery • Disparities • NASS • SES • Hospital Setting

ABSTRACT 07

The Effects of a Personal Finance Course on Resident Wellness, Burnout, and Physician Advocacy

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Background: Financial stress has been linked to decreased psychological wellness and can negatively impact resident performance, work satisfaction, and quality of life. Burnout is more common in physicians than in the general US workforce and the highest rates are observed in Emergency, Internal, and Family Medicine. In addition to improving work and patient care demands, teaching financial literacy has been proposed to address burnout and wellness in medical trainees, but formal studies on its impact are lacking.

Methods: Emergency and Internal Medicine residents at two academic community hospitals participated in an 8-hour financial education seminar in Spring 2022. The course was developed by a team of attendings and residents at both institutions based on needs assessment surveys completed by staff in both residency programs. The curriculum team designed a pre-and post-intervention survey using a 5-point Likert scale to assess financial literacy in seven domains. Participants also completed pre-post surveys with questions about burnout, wellness, and the ability to participate in patient advocacy initiatives. Data were matched using self-generated participant IDs and pre-and post-test scores were compared using paired t-tests.

Results: Of 48 residents who completed the pre-survey, 43 also completed the post-survey. After excluding respondents missing pre-or post-survey data, 40 residents were included in the analysis. Residents reported a statistically significant change ($p<0.01$) in the financial course intervention providing them with the knowledge to take control of their finances in all seven domains. Regarding burnout and wellness, residents felt that the course gave them peace of mind about money ($p<0.01$), would allow them to not be taken advantage of ($p<0.01$), and enjoy a career in medicine ($p<0.01$). For physician advocacy and work satisfaction, residents reported that financial knowledge from the course allows them to pursue professional endeavors important to them ($p<0.02$) and to feel comfortable speaking up about injustices in healthcare and advocating for themselves and their patients ($p<0.01$). The course did not affect the self-reported desire to participate in community and patient advocacy outside of clinical work ($p=0.20$).

Conclusion and Global Health Implications: This study emphasizes the positive effects of introducing financial education to resident physicians to reduce their financial stress, increase wellness, work satisfaction, and the ability to participate in physician and patient advocacy initiatives.

Keywords: • Personal Finance • Financial Education • Burnout • Wellness • Physician Advocacy • Work Satisfaction

ABSTRACT 08

Development of a Novel COVID 19 Mandate Score (CMS): An International Modified Delphi Study to Determine Consensus of Design

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Background: The United States had a heterogenous approach to addressing the SAR-CoV-2 pandemic with health policies varying widely at the state level. There are currently no tools for evaluation to look at state pandemic response effectiveness which accounts for social determinants of health. We developed a novel COVID-19 Mandate Score (CMS) inclusive of health equity indicators to determine how well a state's health policies were in addressing the pandemic.

Methods: The CMS was created by reviewing health equity literature, existing COVID-19 indices, and publicly available state policy mandates. A Delphi panel of experts composed of physicians and public health experts was recruited to reach a consensus on the comprehensiveness of the elements of the CMS. Delphi participants were asked to score each question as either adequate, requiring further clarification, or recommending exclusion and required to include further clarification of their choice. The Delphi panel recommendations were then internally reviewed to validate the consensus.

Results: In the final CMS one question was excluded, fifteen questions were amended, and seven questions were unchanged, resulting in twenty-three total questions in the index.

Conclusion and Global Health Implications: The diversity of the Delphi panel ensured the CMS contained comprehensive content to account for heterogeneity across the United States. Limitations include modification to the Delphi Process due to the response rate and small sample size of the expert pool. By using the CMS to evaluate each state's health policy response we can identify which state(s) were the most effective in mitigating the impact of COVID 19. This can help to refine how health policy is created and implemented in the future.

Keywords: • COVID-19 • Pandemic • Health Policy • State Mandate • Scoring Index • SARS-CoV-2

ABSTRACT 09

Racial and Insurance Status Disparities in Imaging Modality among Pediatric Patients Diagnosed with Appendicitis

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Background: Studies have assessed the type of diagnostic imaging used in the treatment of appendicitis in children. Few studies investigated racial/ethnic and insurance disparities in imaging modalities used in pediatric patients diagnosed with appendicitis. Our study seeks to determine whether race/ethnicity and insurance status are associated with the imaging modality chosen for pediatric patients diagnosed with appendicitis in the emergency department.

Methods: This was a retrospective cohort study utilizing data from the National Hospital Ambulatory Medical Care Survey (NHAMCS) from 2010-2019. We included children <18 years old with an ICD-9-CM and ICD-10-CM diagnosis of appendicitis. Exposures were patient race/ethnicity and insurance status. Outcome of interest was imaging modality. We conducted adjusted survey logistic regression to evaluate the patient characteristics and receipt of each of the imaging modalities among those with a diagnosis of appendicitis.

Results: Of 308,140,115 emergency department (ED) visits, 1,126,865 (0.37%) had a diagnosis of appendicitis. Overall, male patients were more likely to receive CAT scans in comparison to female children (OR=2.52, 95% CI= 1.16-5.49). Additionally, Hispanic children had significantly greater odds of obtaining an ultrasound (OR= 4.56, 95% CI=1.09-19.12). Hispanic children were also less likely to receive x-ray (OR= 0.31, 95% CI=0.11-0.89) or computed tomography (CT) scans (OR= 0.23, 95% CI=0.07-0.76). Children diagnosed with appendicitis who had insurance other than private, Medicare, Medicaid, or self-pay were significantly more likely to receive x-ray studies (OR=4.39, 95% CI= 1.23-15.69).

Conclusion and Global Health Implications: This study demonstrated the presence of racial/ethnic and insurance status disparities in the imaging modality chosen to assist in diagnosing appendicitis in pediatric patients.

Keywords: • Pediatric Appendicitis • Emergency Department • Imaging Modality • Insurance Status • Race

ABSTRACT 10

Racial Disparities in Stillbirth Among Pregnant Women with Obesity

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Background: Risk factors for stillbirth include the maternal history of hypertension, diabetes mellitus, pregnancy complicated by placental abnormalities (e.g., placental abruption), maternal infections, poor fetal growth, as well as complications during delivery like birth asphyxia. In this study, we seek to determine the role of racial/ethnic disparities in the risk of stillbirth among obese women.

Methods: We used the 2014-2019 Birth Data and Fetal Death Data obtained from the National Vital Statistic Systems (NVSS) and made publicly available by the Centers for Disease Control and Prevention (CDC) to conduct this cross-sectional multi-year study. Pearson's chi-squared tests were run to identify differences in birth characteristics of women who were of normal BMI versus those who were obese. The cox-proportional hazards regression model was used to compute the risk of stillbirth caused by obesity.

Results: A total of 9,305,609 women were sampled, 5,632,775 of whom were obese. The risk of stillbirth was greater among obese compared to non-obese mothers (Hazards Ratio (HR) 1.42; 95% Confidence Interval (CI) 1.4-1.44). NH-White as a reference, the highest association between race and stillbirth was exhibited in NH-others (HR 1.49; 95% CI 1.44-1.55) followed by NH-Blacks (HR 1.27; 95% CI 1.23-1.32); Hispanics had a reduced risk of stillbirth (HR 0.34; 95% CI 0.33-0.36).

Conclusion and Global Health Implications: Among the population of women studied, older women, those belonging to NH-others, and NH-Black race/ethnicity showed a positive association between high BMI ranges and stillbirth. Further research is needed to clearly demonstrate other multifactorial influences such as uteroplacental insufficiency on stillbirth risk.

Keywords: • Stillbirth • Maternal Obesity • Fetal Death • Prenatal Care • Pre-Pregnancy BMI

ABSTRACT 11

Disparities in Breast Cancer Screening and the Impact of Covid-19 in Houston, Texas, USA

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Background: The Harris Health System (HHS) is a major provider of healthcare to residents of Harris County, with over 60% of mammogram recipients being uninsured and 80% overall being of racial and ethnic minorities. The goal of this project was to assess if the mammogram rate of the population receiving care at HHS was affected by the COVID-19 pandemic, and how it compared to mammogram rates at a private practice system at Baylor St. Luke's Catholic Health Initiatives (BSLCHI).

Methods: Using the PENRAD database, the monthly gross number of screening mammograms was recorded spanning 12 HHS sites and 5 BSLCHI sites from 02/2019-10/2019 compared to 02/2020-10/2020. A Mann-Whitney U test was used to compare the two independent groups to assess the distribution of percent change in mammogram use between HHS sites and BSLCHI sites pre-and post-COVID.

Results: From 2/2019-10/2019, 28,718 mammograms were performed at the 12 HHS institutions which decreased to 14,735 mammograms during 2/2020-10/2020, resulting in a 49% decrease. At 5 BSLCHI hospitals, mammograms decreased from 9,281 to 7,325 over the same time period, only resulting in a 21% decrease. Using the Mann-Whitney U test to analyze the differences between the percent decreases in both institutions gave a p-value of 0.008.

Conclusion and Global Health Implications: Declaration of the COVID-19 pandemic caused a significant drop in screening mammogram rates within the Harris Health System. When compared to the private hospital system of BSLCHI, the drop in the screenings was significantly higher for the underserved patients receiving care at HHS.

Keywords: • Mammogram • Cancer Screening • Health Disparity • Racial Disparity

ABSTRACT 12

Race Implicit Associations Among Academic Physiatry Faculty and Trainees

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Background: Disability has a significant economic, social, and psychological impact on individuals and society. Race and ethnicity contribute to health disparities that can compound the impact of disability, potentially having long-term negative effects on function, overall well-being, and social reintegration.

Methods: Identify the prevalence of racial implicit associations amongst Physical Medicine and Rehabilitation (PM&R) faculty physicians and trainees through cross-sectional administration of the Harvard race (black/white) Implicit Association Test (IAT) in a convenience sample of members of a national academic physiatry association.

Results: Seventy-one survey responses were received. Most of the participants were between the ages of 20-40 (49.7%), female (59.2%), and identified as non-Latinx (84.5%) White (50.7%). There was an even distribution between faculty members and trainees. Most faculty participants had been in practice for 5 years or less (46.4%). Most participants reported a white race preference (either mild, moderate, or strong, 54.5%). In regression analysis looking at the above variables, only race was significantly associated with IAT race preference response (p=0.03).

Conclusion and Global Health Implications: A majority White race implicit association exists in this sample of academic physiatrists, consistent with studies in other medical specialties. We next plan to retrospectively assess whether a patient's race is negatively associated with physiatric consult recommendation for inpatient rehabilitation. This information will support the rationale for developing a clinical and research training program to address the intersection of disability and other social determinants of health.

Keywords: • Implicit Association • Disability • Medical Education

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ABSTRACT 13

Diabetes and Social Needs Screening Initiative Among At-Risk Patients in a Safety-Net Hospital Emergency Department

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Background: There are marked disparities in type 2 diabetes mellitus (T2D) among minority and marginalized communities, many of whom lack access to care. The emergency department (ED) provides a unique opportunity to screen high-risk individuals for early detection and care coordination. We utilized a point-of-care (POC) glycated hemoglobin (HbA1c) to screen at-risk patients without known T2D and deployed a social risk screening tool to assess patient barriers.

Methods: We screened adult patients in the ED of a safety-net hospital using the American Diabetes Association (ADA) Risk Test. We offered high-risk patients (ADA score ≥5) a POC HbA1C. Enrolled patients also completed a seven-question social risk screening. Patients that met the criteria for diabetes received formal diabetes education. We also provided linkages to local resources to patients with identified social needs.

Results: To date, 158 individuals have completed the ADA Risk Test, 63 of whom were at high risk for diabetes (39.90%). A total of 44 high-risk patients agreed to participate in the study. Diabetic and prediabetic range patients were 4 and 9, respectively. We found that social risks were prevalent, with 36.4% reporting transportation challenges, 50.0% reporting financial difficulties, and 43.2% reporting issues with healthcare access.

Conclusion and Global Health Implications: As the ED may be the first and only point of contact with the healthcare system for many, this setting offers an opportunity to screen at-risk populations for T2D who may have limited access to care. Additionally, screening for social risks can provide context to the barriers marginalized communities face and help connect patients to local resources.

Keywords: • At-Risk Populations • Diabetes Screening • Point-of-Care A1c • Social Determinants of Health • Social Risk Screening

ABSTRACT 14

Exposure to Toxocara and Cognitive Function in Children: The Perpetuation of Poverty

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Background: Parasitic diseases are considered diseases of poverty and are prevalent in low-income regions of the world. Human exposure to the parasite *Toxocara* has been associated with poverty in low-income nations. However, recent studies conducted by the Laboratory of Human Parasitology have found alarming levels of *Toxocara* in soil samples taken from rural counties of the southeastern United States and was positively associated with poverty rate, disproportionally impacting socioeconomically disadvantaged and underserved groups. *Toxocara* may enter the human body in a number of ways and can invade various organ systems, including the nervous system. We sought to explore the effects of *Toxocara* exposure on cognitive function in children and the role this may play in perpetuating poverty.

Methods: The existing literature, in conjunction with data from ongoing studies being conducted by the Laboratory of Human Parasitology, was reviewed for this exploratory review to examine risk factors and prevalence of *Toxocara* in the United States.

Results: In the urban New York City boroughs, higher soil contamination with *Toxocara* was associated with the poorer Bronx borough compared to the wealthier Manhattan borough ($p < 0.05$). In rural areas, similar results were found in the state of Mississippi compared to the state of Texas ($p < 0.05$). Few investigations have been done to assess the impact of *Toxocara* exposure on cognitive function in children.

Conclusion and Global Health Implications: Exposure to *Toxocara* may have an effect on cognitive function in children, which could reasonably impact social processes such as academic performance and ultimately perpetuate the cycle of poverty, but further investigation is needed.

Keywords: • Toxocara • Poverty • Infectious Disease • Disparity

ABSTRACT 15

The Relationship Between Parasitic Female Genital Schistosomiasis and Endemic Areas: Incidence of HPV and Cervical Cell Metaplasia on the Rise

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Background: *Schistosoma haematobium* is a parasite that causes infections in women known as female genital schistosomiasis (FGS). Untreated infections heighten the risk of cervical cancer. After conducting a review of the literature, FGS is endemic in sub–Saharan Africa, with a significant presence of the parasite in freshwater sources. These areas also are endemic to human papilloma virus and cervical cancer.

Methods: Using the National Institutes of Health PubMed database, we performed a literature search for FGS and cervical cancer.

Results: We found that untreated infections of female genital schistosomiasis increase the human papilloma virus malignant transformation causing cervical cancer.

Conclusion and Global Health Implications: The parasitic infection *Schistosoma haematobium* co-infected with human papilloma virus increases cervical metaplasia. Research furthering the development of vaccinations, increasing testing availability, and mass praziquantel administration can help diminish infection, thus lowering the *Schistosoma haematobium* infection rates and indirectly cervical cancer in sub-Saharan African populations.

Keywords: • Female Genital *Schistosomiasis* (FGS) • Human Papilloma Virus • *Schistosoma Haematobium* • Cancer • Cervical

ABSTRACT 16

Evaluation of an Emergency Department Social Needs Screening and Referral Program in an Urban Academic Safety-Net Hospital

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Background: The adult Emergency Department (ED) of an urban safety-net hospital implemented a social needs screening and referral program, targeting patients from the hospital's Accountable Care Organization. The program screened for five social need domains: housing, food, transportation, utilities, and employment. The objectives were to quantify unmet social needs among eligible patients and to evaluate program implementation feasibility and acceptability as a QI initiative.

Methods: Screening data were collected from the electronic health record. Researchers performed direct observations of the discharge process and structured phone follow-up interviews with patients screening positive. Focus groups with clinical staff were arranged to gauge intervention perceptions. Thematic qualitative analysis was used to identify major themes and findings.

Results: From September 2020 to December 2021, 58.5% (7,878/13,460) of eligible patients completed social needs screening. Of respondents, 27.0% reported at least one unmet social need, most frequently housing (16.3%) and food insecurity (13.3%). Among 49 patients interviewed, 57.1% recalled being asked screening questions, but only 24.5% recalled receiving a resource guide. Patients with resource guides reported little success connecting with resources and clinical staff expressed concern for resource guide effectiveness. Among observed discharges, resource guides were discussed with only 15.4% (2/13) of patients.

Conclusion and Global Health Implications: Our study found moderate feasibility and acceptability of an ED social needs screening program, with housing as the most prevalent need in a safety-net population. Significant gaps exist between screening and referral, with few patients successfully receiving resource guides or accessing resources. Further staff training, hiring ED patient navigators, and workflow optimization may improve implementation.

Keywords: • Health Equity • Social Determinants of Health • Social Needs Screening

ABSTRACT 17

The Partnership Development Grant Program: An Innovative Strategy for Creating Sustainable Academic-Community Partnerships for Health

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Background: Engaging community stakeholders in the research process is considered a best practice in translational health research. Partnerships require substantial trust-building; however, several structural and logistical barriers contribute to the low involvement of community organizations within Academic-Community Partnerships (ACP). Traditional grant mechanisms typically do not account for the time and resources needed to establish trust and develop the partnership necessary for authentic community-engaged research. The Partnership Development Grant (PDG) mechanism was developed by the Cincinnati Center for Clinical and Translational Science and Training (CCTST) as a seed grant program to support partnerships during the development phase. The primary goal of these grants is to support new or developing ACP in pilot or initial phases of collaborative research to leverage into sustainable partnerships eligible for additional funding.

Methods: Progress reports were collected from the first five cycles of PDG grantees, including grants funded, individuals served, and general outcomes. Awardees were also asked to complete a follow-up survey in REDCap™ that assessed their overall satisfaction with the PDG and its impact on the development and sustainability of community-engaged health research.

Results: Partnership Development Grants were awarded to 19 recipients between 2017 and 2021 in the amount of $91,799: grantees served over 6,000 individuals and leveraged over $729,500 in internal and external funding within the one-year grant period.

Conclusion and Global Health Implications: The PDG fills a structural gap by providing funding for new ACPs. The PDG has a high return on investment (ROI > 7.9) and has implications to promote equitable health research.

Keywords: • Academic-Community Partnerships • Community-Engaged Research • Health Equity

ABSTRACT 18

Kinesiology Students' Knowledge and Perception of the Athletic Training Profession

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Background: One approach to reducing health disparities is for patients to have healthcare providers who share their racial or ethnic backgrounds. However, only 4% of the athletic training workforce identifies as Black or African American, and there has been a call to strategically address diversity in athletic training education (Adams et al., 2021). The purpose of this study was to identify students' knowledge and perception of the athletic training profession in order to promote, recruit and prepare undergraduate kinesiology students at an HBCU for athletic training graduate programs.

Methods: This was a cross-sectional research design using a validated Knowledge and Awareness of Athletic Training survey tool. Participants were recruited from two kinesiology courses at an HBCU.

Results: There were 31 respondents from all class levels and 79% of respondents (n =22) identified as Black/African American. One student correctly defined the acronym "ATC." None of the students indicated that a master's degree was necessary to become an Athletic Trainer. Ten students (32%) indicated athletic trainers are responsible for injury, prevention, care, and rehabilitation. Students had a difficult time differentiating between athletic trainers and personal trainers.

Conclusion and Global Health Implications: Athletic trainers can recruit diverse students to graduate programs to enhance diversity in the athletic training workforce and improve health inequities. However, this study indicates that kinesiology students do not accurately understand the scope of the practice or education requirements to become athletic trainers.

Keywords: • Diversity • Healthcare • Athletic Training • Graduate School Preparation

ABSTRACT 19

EMPOWER: Testing the Feasibility and Acceptability of a Digital Program for Building the Mental Health Workforce in Texas

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Background: EMPOWER aims to build workforce capacity by training non-specialist providers in the delivery of evidence-based psychological treatments for the ongoing mental health crisis, particularly depression.

Methods: This study aimed to iteratively assess the acceptability and feasibility of a digital training program covering Foundational Skills of Mental Health Counseling to inform refinements to the program for implementation in primary care settings in Texas, USA. Formative testing included specialist providers (n=8) and non-specialist providers (n=1) recruited from the GlobalMentalHealth (GMH) @Harvard Ambassador Board and Meadows Mental Health Policy Institute. Participants completed the course, filled out a satisfaction questionnaire, and joined a 1-hour virtual focus group discussion (FGD) to provide feedback. A discussion guide was used to facilitate the FGD. Analysis of qualitative data highlighted key recommendations for improving content and user experience navigating the digital platform.

Results: A total of 9 participants completed the course in an average time of 6 hours. About 78% of participants found the coursework useful for their future careers, and 89% found it to be an effective learning tool. Participants valued the utility of the training course, emphasizing that it was engaging, professional, and comprehensive. Participants provided feedback varying from suggestions on user-friendliness (i.e., creating a broad overview roadmap) to including additional modules for enhancing understanding. Additional feedback emphasized the need for realistic role-plays where clients or counselors encounter problems.

Conclusion and Global Health Implications: Digital training holds the potential for offering a scalable approach to building competencies of non-specialist community workers. Future findings from FGD will inform scaling up mental health training nationally.

Keywords: • Digital Training • Mental Health • Formative Research • Depression • Counseling • Counselor

ABSTRACT 20

Health Outcome Disparities in Maternal Mortality in Florida, 2010-2019

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Background: Maternal mortality rates remain high in Florida despite nationwide improvement efforts, with stark differences in outcomes when assessed by race, structural factors, and socio-cultural parameters. In 2019, the national pregnancy-related mortality ratio (PRMR) was 20.1[1] while Florida's PRMR was 19.5.[11] A significant proportion of maternal mortality is classified as preventable. This study aimed to evaluate the social and racial disparities in maternal deaths.

Methods: The publicly available data were collected from the Florida Department of Health's *Maternal Mortality Review Committee Updates, 2010-2019*. Data regarding pregnancy-related deaths (PRD; death of a woman directly attributed to pregnancy and/or childbirth) and PRMR (number of pregnancy-related deaths per 100,000 live births) were analyzed.

Results: From 2010-2019, the PRMR was higher in women categorized as non-Hispanic Black, 35 years of age and older, postpartum, and overweight. Ten-year averages of PRMR in Florida for non-Hispanic Black mothers were 36.97 (p-value = 0.0004) compared to 14.22 (p-value = 0.0466) mothers for non-Hispanic White and 8.99 (p-value = 0.0003) for Hispanic mothers. In 2019, the CDC reported a nationwide PRMR of 44.0, 17.9, and 12.6 for non-Hispanic Black, non-Hispanic White, and Hispanic women respectively. Within Florida, system-of-care factors such as policy and procedure standardization and barriers to accessing healthcare are the leading contributors to PRD.

Conclusion and Global Health Implications: Rates of maternal death nationally and in Florida have improved; however, rates remain highest in at-risk women of the non-Hispanic Black race. Understanding the trends in maternal mortality can guide the development of interventions to address the healthcare disparities in maternal outcomes.

Keywords: • Florida • Maternal Mortality • Preventability • Health Disparity

ABSTRACT 21

Collaborative, Culturally-Tailored, and Adaptable Approaches to Evaluating and Addressing Health Equity and Social Determinants of Health in the City of Lauderhill

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Background: The City of Lauderhill (CoL) has one of the highest social vulnerability indices in the US, and is designated by US Housing and Urban Development (HUD) as low-income. The COVID-19 pandemic and existing community challenges set the stage for the formation of The Lauderhill Health & Prosperity Partnership (LHPP), which utilized a collaborative, multipronged approach to address the social determinants of health (SDOH).

Methods: Mixed methods were used inclusive of a culturally tailored community questionnaire developed using the Protocol for Responding to and Assessing Patient's Assets, Risks, and Experiences (PRAPARE). This included a community needs assessment (CNA) and Asset Based Community Development (ABCD) grounded in Collective Impact 3.0 (CI).

Results: Overall social vulnerability and economic status vulnerability are significant problems within the city. Diabetes, asthma, poor physical and mental health, smoking, and higher rates of overall social vulnerability appear to be most pronounced in the southeast region of the city. Mental health, homelessness, access to healthcare, lack of culturally tailored disease prevention initiatives, and distrust of the healthcare system also arose as key issues.

Conclusion and Global Health Implications: Understanding and acting upon the underlying factors tied to higher rates of overall social vulnerability and economic status vulnerability of the CoL are needed to improve health outcomes, well-being, and quality of life of the city's residents. An adaptable, open partnership between an anchor academic institution, city residents, and local businesses is essential to achieving health equity.

Keywords: • Social Determinants • Health Equity • Health Disparities • Underserved • Intersectionality • Cultural Humility • Partnership • Collective Impact

ABSTRACT 22

Acceptance of Telemedicine within Neurology

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Background: Recent years have witnessed substantial advancements in our ability to diagnose and manage chronic neurologic diseases. Equitable access to these resources among patients has been limited by a number of factors, including geographical factors, patient mobility, transportation issues, and the unequal distribution of neurologists throughout the country. Teleneurology has been used as a cost-effective and sustainable way to improve access to longitudinal neurologic care. However, the acceptance and implementation of teleneurology have been a slow process, particularly prior to the COVID pandemic. While the adoption of telemedicine has been studied at the institutional level, the acceptance of teleneurology among healthcare providers, particularly in academic settings, has not been well studied.

Methods: This cross-sectional study seeks to identify attitudes and perceptions of teleneurology among faculty and trainees at an academic center. The pilot survey was designed using the framework of the Technology Acceptance Model and aimed at evaluating determinants including ease of use, usefulness, user acceptance, and intention to use.

Results: The response rate was 78%. The most commonly cited barriers to adoption included coverage and payments (71%), licensure (53%), and resistance to change (50%) more than technical elements related to bandwidth (19%) and privacy/cybersecurity (15%). These results differed when comparing trainees and faculty as well as subjects with prior exposure to telemedicine and those without.

Conclusion and Global Health Implications: Training programs in medical schools and residencies targeted at improving digital literacy and pairing hand-on education with telemedicine technology can help trainees from various backgrounds become comfortable with adopting teleneurology in academic settings.

Keywords: • Telemedicine • Teleneurology • Neurology • Training • Health Equity

ABSTRACT 23

Project RADICAL: A CBPR Approach to Understanding Racial Disparity in Cancer of the Lung in the African American/Black Community

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Background: Despite advancements in precision medicine, there are persistent racial and socioeconomic disparities in implementing molecular testing to inform biomarker-directed therapy. For example, molecular testing rates by race suggest African Americans/Black (AA/B) have the lowest rates (14.1%) compared to White (26.2%) patients and Asian/other descent (32.8%) patients. Multidimensional and multilevel data is needed to examine how various factors interact to contribute toward eradicating cancer health disparities.

Methods: Project RADICAL (RAcial Disparity In CAncer of the Lung) is a community-based, racial minority-focused working group consisting of lung cancer survivors, caregivers, advocates, researchers, and healthcare providers. A case study approach is being used to describe the development and activities of this community-based participatory action (CBPR) project.

Results: The group has developed community webinars on topics related to lung cancer care and diagnosis. In addition, 19 patient interviews have been conducted. Preliminary emergent themes include: patients delaying seeking care at times due to the need to work or due to underestimating symptom burden; and suboptimal practices, pitfalls, and discriminatory practices in both the primary care phase and secondary care phase in the diagnosis journey. Racism jeopardizing interactions with providers and creating systemic barriers were indicated to explain differential experiences for AA/B patients. Strategies to address these disparities will have to include elements from multi-dimensional interventions targeting the factors implicated in disparities.

Conclusion and Global Health Implications: Project RADICAL demonstrates the feasibility of a CBPR approach to address disparities among advanced diseased patients already plagued with systemic racism by identifying changes at organizational, community, and systemic levels.

Keywords: • Lung Cancer • African-American/Black • Social Determinants of Health

ABSTRACT 24

Differences Related to Ethnicity and Race for Pediatric Invasive Pneumococcal Disease at Eight Children's Hospitals in the United States, 2016-2021

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Background: *Streptococcus pneumoniae* is a worldwide cause of vaccine-preventable disease in young children. In countries where pneumococcal conjugate vaccines (PCV) have been introduced, the incidence of invasive pneumococcal disease (IPD) in children <5 years of age has decreased >80%. We analyzed IPD characteristics and immunization status among patients of various ethnicities from 8 US Children's hospitals.

Methods: IPD cases were identified from an ongoing multicenter surveillance study from 2016-2021. Demographics, disease presentation, underlying conditions, PCV immunization, and isolate characteristics were compared by ethnicity/race. Statistical analyses included Fisher's exact and Wilcoxon rank-sum tests. A $p<0.05$ was considered significant.

Results: Of 614 patients with IPD, 356 (58%) were male. 127 (20.7%) were Black, 266 (43.3%) were Caucasian, 150 (24.4%) were Hispanic, and 71 (11.6%) were other/unknown. Hispanic children were older compared to non-Hispanic children (median age, range: 4.2 years, 0-19.2 vs. 3.0 years, 0-21.9; $p=0.004$). Disease presentations were equally distributed across races/ethnicities. Bacteremia (255, 41.5%), pneumonia (149, 24.3%) and meningitis (122, 19.9%) were the most common presentations. Among 584 children with IPD of known PCV vaccine status, a greater proportion of Caucasian patients were unvaccinated vs. others (30/262, 11.5% vs. 18/322, 5.6%; $p<0.02$). Seventy-eight of 595 (13.11%) available isolates were PCV13 serotypes. IPD is caused by penicillin or ceftriaxone non-susceptible isolates when equally distributed across patient populations when assessed by race/ethnicity.

Conclusion and Global Implications: Few differences in IPD related to race/ethnicity were identified in this study. Why Hispanic patients with IPD were older is unknown. Further analyses will include the number of vaccine doses and isolate characterization.

Keywords: • Invasive Pneumococcal Disease • Pediatric

ABSTRACT 25

Advancing Health Equity Through Interprofessional Ethics Education

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Background: University of Colorado's Center for Interprofessional Practice and Education (CUCIPE) prepares graduates for the collaborative interprofessional healthcare workforce and delivers a longitudinal curriculum to provide students with foundational knowledge prior to transitioning to community-based clinical practice environments. CUCIPE engaged in curriculum reform to meet the needs of learners facing increasingly complex problems in ethics and health equity.

Methods: Approximately 850 students from Dentistry, Medicine, Nursing, Pharmacy, Physician Assistant, and Physical Therapy programs were divided into 100 interprofessional teams and were led by 50+ facilitators from the campus and community, representing healthcare, law, ethics, and philosophy. Course objectives included recognizing social, structural, and systemic ethical issues, how they impact healthcare access, care delivery, and patient outcomes, and navigating clinical decision-making in an interprofessional context that inspires advocacy and action for an equitable health system. Teams examined an unfolding case study incorporating common health equity issues (mental health, substance use) and addressed challenging ethical decisions using ethical analysis tools, formal debates, and mock ethics consultations. Successful attainment of course objectives was measured through summative assessments and course evaluations.

Results: Firstly, 92.6% (n=788) reported course outcomes were met. Over 90% reported increased awareness of ethical questions/stakeholders/values and ability to justify ethical choices/develop prevention strategies. Over 91% said the unfolding case study is an effective tool to learn about health equity/ethics; 85% expressed improved teamwork/collaboration/communication skills.

Conclusion and Global Health Implications: This pilot design was effective in meeting the objectives. CUCIPE continues to assess how health equity can be advanced through interprofessional education to community-based practice.

Keywords: • Health Equity • Healthcare Ethics • Interprofessional Education

ABSTRACT 26

Addressing Racial Inequities through Interprofessional Simulation and Community Engagement and Narrative

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Background: Despite the prevalence and negative consequences of implicit bias for racially minoritized patients, training for future providers rarely center on the actual narratives of Black, Indigenous, and people of color (BIPOC) patients within providers' own healthcare settings. To address this gap, we developed an interprofessional workshop series for University of Utah clinicians and students. The workshops were grounded in the maternal healthcare narratives of BIPOC individuals in Utah crafted through storytelling circles.

Methods: We conducted 2 story circles, 2 clinician training, and 6 student workshops. Simulation and interactive elements focused on clinical empathy, centering racial justice, recognizing bias, and engaging in courageous conversations with colleagues. We conducted pre-and post-surveys to assess multicultural self-efficacy and satisfaction with the course. We involved a community advisory board early on in development and obtained curricular approval from five health services education programs.

Results: Eleven community members participated in the story circles, which resulted in four short "documented narratives." Sixteen clinicians and 25 interprofessional students from medicine, nursing, social work, and counseling programs participated. Students' multicultural self-efficacy increased (132.7 to 177.2). All participants found the workshops useful and applicable. Most providers demonstrated an increase in their confidence in addressing instances of bias in their clinical settings.

Conclusion and Global Health Implications: These workshops, grounded in the narratives of BIPOC individuals, positively impacted providers' confidence in addressing implicit bias within healthcare settings. Furthermore, we demonstrated the feasibility of an interprofessional course on racial bias in healthcare that is grounded in community experience, providing a model for future community-engaged interventions.

Keywords: • Narrative • Implicit Bias • Maternal Health • Simulation

ABSTRACT 27

Deferred Action for Childhood Arrivals (DACA): Maximizing Impacts on Medical Education & Healthcare

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Background: Deferred Action for Childhood Arrivals (DACA) provides a path for individuals who are undocumented to become physicians. Indeed, DACA recipients may play an important role in providing culturally competent care and addressing health inequities. Though enacted in 2012, many medical schools remain unaware of DACA or are hesitant to consider recipients for admission. In a similar vein, DACA recipients themselves may be unaware of their eligibility and the steps necessary to pursue medicine. Thus, further education and outreach are needed to achieve transparent institutional policies conducive to the inclusion and success of undocumented individuals in medicine.

Methods: We created an interactive hour-long workshop to equip learners (medical school administration, faculty, students) with key knowledge relevant to DACA policy and its impact on medical education and healthcare. Sessions were evaluated through pre-and post-workshop questionnaires assessing participant knowledge and attitudes based on the Theory of Planned Behavior (TPB).

Results: Data from a total of 112 pre- and 71 post-tests revealed a significant increase in performance on all knowledge-based questions as well as increased ratings on all TPB items, including general attitudes towards DACA recipients in medicine and intention to participate in policy development.

Conclusion and Global Health Implications: This workshop provides a promising foundation from which conversations and progress in DACA-related policy in medical education may begin. Specifically, the workshop facilitated opportunities to identify prominent barriers that DACA recipients face in pursuing medicine and subsequently engaged participants in the process of identifying actionable steps to overcoming barriers for inclusion and support.

Keywords: • DACA • Medical Education • Inclusion • Equity

ABSTRACT 28

Social Determinants of Health Characteristics and Maternal Obesity Among American Racial/Ethnic Groups

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Background: Social determinants of health impact various health outcomes in the population. We conducted this study to examine the impact of adverse social determinants of health (SDOH) characteristics on maternal obesity among hospitalized pregnant women in the US and its potential differential impact on women of different races/ethnicities.

Methods: The nationwide pregnancy hospitalization data analyzed in this study were collected through the Nationwide Inpatient Sample (NIS) database during 2016-2018. We conducted descriptive analyses to evaluate the relationship between patient characteristics and maternal obesity. Using an adjusted survey logistic regression model, we calculated the independent association between social determinants of health (SDOH) risk factors and hospitalization characteristics (exposure) and maternal obesity (outcome). Lastly, the association model was created separately for each racial/ethnic group.

Results: The prevalence of SDOH issues was highest in non-Hispanic (NH) Black women (6.59 per 1000 hospitalizations), whereas the prevalence of obesity among those with SDOH issues was highest in Hispanic women (15.3 per 1000 hospitalizations). We observed that pregnant women with adverse SDOH issues were 1.15 times as likely (95% CI: 1.05-1.25) to experience maternal obesity compared to those without SDOH issues. Relative to their racial/ethnic group counterparts without SDOH issues, Hispanics and NH-Others with SDOH issues had increased adjusted odds, whereas NH-White and NH-Black mothers with SDOH had the same likelihood of obesity.

Conclusion and Global Health Implications: In conclusion, pregnant women with SDOH issues had an increased likelihood of obesity diagnosis, and the association demonstrated effect modification across racial/ethnic subpopulations. This information has potential utility for counseling and formulation of targeted interventions.

Keywords: • Social Determinants of Health • Maternal Obesity • Pregnant Women • Hospitalizations • Racial/Ethnic Differences

ABSTRACT 29

Antiracism Training in Narrative Medicine Course

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Background: From worse access to care to increased incidence of chronic conditions, outcomes among Black, Indigenous, and people of color (BIPOC) are worse than for White counterparts. Narrative Medicine has been shown to improve empathy scores among learners worldwide and can help students reflect on implicit bias.

Methods: The School of Medicine's Narrative Medicine course is required, comprised of six sessions, with the last session on Race in Medicine. Medical students were sent a pre-and post-survey on Empathy, Vulnerability, and Acknowledgment of Bias via SurveyMonkey. Analyses were frequency/count and Wilcoxon Signed Ranks Test via SPSS.

Results: Of 31 students, 25 completed both pre-and post-surveys (81%). Retrospective pre/post analyses were completed. Respondents felt a greater ability to (1) apply close reading skills to reflect upon the impact of race in medicine (before: 3.73 ± .60, after: 4.26 ± .62, $p=.001$), and (2) discuss race and its impact on medicine on the wards (before: 3.96 ± .60, after: 4.30 ± .63, $p=005$). There was no statistically significant difference between pre-and post-scores for Empathy, Vulnerability Affect, or Acknowledgment of Bias.

Conclusion and Global Health Implications: After the Narrative Medicine course, students reported statistically significant improvement in applying close reading skills to reflect on race and its impact on medicine in the wards. Further investigation is needed with a larger sample to probe other factors influencing these constructs. Overall, these findings suggest that Narrative Medicine may be an appropriate avenue to improve students' ability to reflect on these topics.

Keywords: • Narrative Medicine • Antiracism Training • Implicit Bias • Undergraduate Medical Education • Close Reading • Empathy

ABSTRACT 30

Interventions or Policies in the Healthcare System or Wider Society which Reduce or Eliminate Health Inequities

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Background: Students across the Texas Tech University System founded a 21st-century think tank to develop, promote, and implement best practices in health equity and access to care throughout the West Texas region in the wake of the COVID-19 pandemic. This first-of-its-kind system-wide organization connects students, faculty, and staff from five different large academic institutions in West Texas, including two medical schools.

Methods: The think tank is structured with two student directors, a faculty board, and a student board and includes an "action" component that complements the more traditional components of a think tank - policy and research.

Results: In the nine months since the inception of the think tank, we have started numerous initiatives. We have collaborated with the city of Lubbock health department on a COVID-19 vaccine clinic at an NCAA football game, developed COVID-19 educational materials to distribute to hundreds of college students, and organized the vaccine administration training for medical students. We have also started a comprehensive needs assessment review spanning multiple communities and began developing a mentorship program for underserved high school students. This mentorship program will partner with the office of admissions at a West Texas medical school to further provide underserved students with opportunities.

Conclusion and Global Health Implications: In the ever-changing world of healthcare, it's integral to work and collaborate across professions to solve emerging health challenges. Diversity of thought, background, and expertise are essential to approaching these challenges, and this is reflected in our student and faculty board members. It is integral to ensure that the voices of those traditionally marginalized by healthcare are heard.

Keywords: • Health Equity • Health Policy • Collaboration

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ABSTRACT 31

Racism and Trust in Healthcare Institutions: Asian and Latinx Undocumented Sexual and Reproductive Healthcare Experiences

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Background: Achieving reproductive justice is a fundamental human right for the undocumented that directly challenges structural racism and is crucial for individuals' health, survival, economic development, and the overall wellbeing of communities. However, very little is known about the intersection of the undocumented experience with sexual and reproductive health and the role of trust in healthcare institutions. This study aims to identify the historical and contemporary experiences of racism that are associated with trust in healthcare institutions and assess how trust in healthcare institutions influences sexual and reproductive healthcare (SRH) access among Latinx and Asian undocumented immigrants.

Methods: Adapting the CDC's Racism in Maternal Health Framework to guide our in-depth interviews, we conducted 30 in-depth interviews (IDIs) among Latinx (n=15) and Asian (n=15) undocumented immigrants. We examined how interpersonal, internalized, institutional, and structural forms of racism influence trust in healthcare institutions.

Results: Preliminary data uncovered three major themes that result from racism: 1) policies surrounding insurance for the undocumented shape access to and experiences with SRH services; 2) physical and mental trauma that results from lack of quality of care when seeking SRH services as an undocumented woman leads to mistrust in healthcare institutions; 3) even in the face of mistrust in healthcare institutions, undocumented women have crafted self-advocacy and continue to seek SRH services, albeit with precaution.

Conclusion and Global Health Implications: This study will inform changes in current SRH practices to reach a more patient-centered approach for undocumented women, including identifying trusted sources of healthcare and information.

Keywords: • Latinx • Asian • Undocumented • Racism • Sexual and Reproductive Health Services

ABSTRACT 32

Empowering Students to Address Social Determinants of Health Among Uninsured Hospitalized Patients: The St. Vincent's Hospital to Home Program

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Background: In medically underserved populations, addressing social determinants of health (SDOH) plays a significant role in patient outcomes, hospital readmissions, and quality of life. St. Vincent's Clinic is a free, student-run clinic that serves uninsured patients and provides primary care and specialty services. We have developed a program, Hospital to Home (H2H), that leverages health professions students to address SDOH at the bedside and facilitate the transition from hospital discharge to primary care.

Methods: The H2H consult team consists of two students supported by a social worker. Students conduct a patient interview focused on SDOH, medication affordability, and program eligibility. The team facilitates hospital follow-up appointments at St. Vincent's Clinic and connects the patient to resources to meet social needs.

Results: The H2H workflow was designed in conjunction with key hospital and community stakeholders to reduce duplication of efforts and coordinate effective care transition. Algorithms are being designed to enable the scaling of programs and facilitate effective connection to resources. In the pilot phase, nine students worked with 21 patients. SDOH and barriers to effective care (transportation, medication affordability, etc.) were identified. Eight patients were subsequently seen at hospital follow-up appointments.

Conclusion and Global Health Implications: The H2H program teaches students the importance of SDOH in patient care and empowers them to address social needs with specific interventions. This initiative reinforces efforts to reduce hospital readmissions in a scalable manner, thereby promoting equitable outcomes. Future work will focus on expanding the scale of the program and developing systematic protocols for interventions.

Keywords: • Social Determinants of Health • Health Professions • Medical Education

ABSTRACT 33

Racial and Ethnic Differences in the Improvement in Daily Activities During a Nursing Home Stay

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Background: Improving independence in daily activities is an important outcome of post-acute nursing home care. We investigated racial and ethnic differences in the improvement in activities of daily living (ADL) during a skilled nursing facility (SNF) stay among Medicare fee-for-service beneficiaries with a hip fracture, joint replacement, or stroke.

Methods: This was a retrospective study of Medicare beneficiaries admitted to an SNF between 01/01/2013 and 9/30/2015. The final sample included 428,788 beneficiaries admitted to a SNF within 3 days of hospital discharge for a hip fracture (n = 118,790), joint replacement (n = 245,845), or stroke (n = 64,153). Data from residents' first and last Minimum Data Set were used to calculate ADL total scores for self-performance in dressing, personal hygiene, toileting, locomotion on the unit, transferring, bed mobility, and eating. Residents were dichotomized according to having had any improvement in the ADL total score. Multivariable logistic regression models that included a random intercept for the facility were used to estimate the adjusted odds ratios for any ADL improvement among Black and Hispanic residents compared to White residents.

Results: A total of 299,931 residents (69.9%) had any improvement in ADLs. Black residents (OR:0.94; 95% CI: 0.91-0.98) but not Hispanic residents (OR: 0.98; 95% CI: 0.94-1.03) had significantly lower odds of improvement in ADLs. Analyses stratified by the reason for prior hospitalization indicated that Black residents discharged for hip fracture (OR: 0.87; 95% CI: 0.80-0.93) and stroke (OR: 0.87; 95% CI: 0.83-0.93) but not a joint replacement (OR: 1.02; 95% CI: 0.97-1.06) had significantly lower odds for any ADL improvement compared to White residents.

Conclusion and Global Health Implications: Our findings are evidence of racial disparities in the improvement in ADL function during an SNF stay. Future research should investigate systemic factors that may contribute to disparities in ADL improvement during an SNF stay.

Keywords: • African Americans • Hispanic Americans • Nursing Homes • Subacute Care • Racial Disparities

ABSTRACT 34

The Effect of Vaccine Hesitancy on Racial and Ethnic Minority Children During the COVID-19 Pandemic

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Background: The COVID-19 outbreak has ravaged the world, with numerous cases disproportionally attributed to the United States partly due to the vaccine hesitancy movement that has swept the country. One vulnerable group that has been affected by vaccine hesitancy is the pediatric population, particularly those in racial and ethnic minority groups. We wanted to examine the effect of vaccine hesitancy on racial/ethnic minority children during the COVID-19 pandemic.

Methods: Literature searches utilized PubMed, ScienceDirect, and Google Scholar databases. No exclusion or inclusion criteria were set for literature searches. However, vaccine hesitancy, pediatrics, minority populations, disparities, and COVID-19 were keywords used in literature searches. Epidemiology and COVID-19 vaccine data were obtained from the Centers for Disease Control and Prevention, World Health Organization, and Food and Drug Administration.

Results: Our findings indicated that the medical community could better tailor public health strategies by addressing; COVID-19 vaccine misinformation, accessibility, historical medical mistreatment, and lack of representation in vaccine trials which all contribute to COVID-19 vaccine hesitancy. In addition, articles reviewed showed that education and income levels could correlate with vaccine acceptance and vaccine hesitancy. Vaccination of community members, clergy, and racially diverse healthcare workers were identified as successful facilitators for racial and ethnic minority groups. Community engagement was shown to improve vaccine acceptance by utilizing social media or in-person campaigns from trusted healthcare professionals and community leaders.

Conclusion and Global Health Implications: To improve health outcomes and vaccination rates, we must first understand the factors contributing to the vaccine hesitancy movement and its subsequent impact on the racial and ethnic minority pediatric population. A comprehensive approach can improve vaccine acceptance in racial and ethnic minority children and communities.

Keywords: • Vaccine Hesitancy • Pediatrics • Minority Populations • Disparities • Health Equity • COVID-19

ABSTRACT 35

Using "Social Liaisons" to Improve Management of Psychosocial Concerns Among Patients Experiencing Homelessness

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Background: Psychosocial concerns are prevalent among patients at HOMES Clinic, which provides free health services to people experiencing homelessness. Medical student volunteers at HOMES Clinic, however, are typically ill-equipped to identify and address these concerns. The resultant missed opportunities to link patients to social services and primary care represent gaps in optimal caregiving. To bridge these gaps, we introduced a "social liaison" (SL) volunteer program to improve the management of psychosocial concerns among patients experiencing homelessness.

Methods: We created a standardized curriculum to ensure quality-consistent volunteer onboarding. Volunteers conducted interviews among people experiencing homelessness, assessing food insecurity, healthcare, and other essential needs. In month 4, we conducted a nested Quality Improvement study with a subset of volunteers (n = 16) to evaluate the educational experience.

Results: The SL program launched in April 2021 and hosted over 140 volunteers in 10 months. Qualitative data revealed salient insider-informed knowledge about local safety net services. This data underscored the creation of a Social Resource Guide that is: 1) informed by first-hand user experience, 2) reflects changes in services/hours during the pandemic, 3) verified by a case worker, and 4) exceedingly simple to use. In our nested QI study, 100% of volunteers reported that "the SL role taught me about the social determinants of health in ways I could not have learned in the medical school curriculum."

Conclusion and Global Health Implications: We successfully launched a volunteer program leading to the creation of a community-informed Social Resource Guide and enriched medical student education. Further research with more granular outcome measures is now needed to evaluate the effectiveness of the guide.

Keywords: • Social Determinants • Equity • Social Services

ABSTRACT 36

The Demographics Behind Loss to Clinical Follow-Up in Pediatric Supracondylar Fractures

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Background: Challenges in culturally competent care affect all fields of medicine, including the field of orthopedics. Lack of clinical follow-up affects a broad spectrum of orthopedic patients, including children. Supracondylar humerus fractures are one of the most frequent pediatric elbow fractures to require surgical treatment. We sought to understand if language or demographic markers were associated with loss to follow-up of pediatric supracondylar humerus fractures at our institution.

Methods: A retrospective, cross-sectional chart review of patients aged 8-18 years with supracondylar humerus fractures undergoing surgical fixation at a tertiary children's hospital between 1/1/2010 and 12/31/2020 was undertaken. We defined 'loss to follow-up' as failing to return for post-pin pull evaluation despite clinical advisory.

Results: About 472 patients met inclusion criteria (age, sex, ethnicity, and open or closed reduction with percutaneous pinning). The total loss to follow-up was 29.56%. There was no difference in the loss to follow-up between English speakers and non-English speakers [28.68% vs. 30.43% (p=0.8)]. Compared to White patients who were lost to follow-up 23.58% of the time, there was no significant difference in rates amongst Asian patients (32.26%, p=0.41) or Hispanic patients (31.41%, p=0.09). Patients identifying as African-American were significantly more likely to be lost to follow-up (44.74%, p=0.01).

Conclusion and Global Health Implications: Given these inequalities, future studies may illustrate the underlying factors and potential solutions for this discrepancy in the quality of pediatric supracondylar fracture care.

Keywords: • Pediatric Supracondylar Fracture • Surgical Fixation • Spanish • English • Race • Ethnicity

ABSTRACT 37

When Self-Doubt Creeps In: Variations in Impostor Phenomenon Based on Gender and Affiliations as First Generation or First in Medicine Students

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Background: Students with Impostor Phenomenon (IP) attribute personal success to chance rather than competence. Women and students from minority groups may experience IP, possibly due to a lack of representation in medicine. Many underrepresented minorities in medicine are First Generation (FG) students – "whose parents have not earned an associate's degree or higher" First Med (FM) students are the first in their nuclear family to attend medical school. We sought to investigate the differences in IP between FG and FM and gender.

Methods: First-year medical students were recruited in November 2021 to complete an electronic survey, which included demographics, 10 barriers experienced during medical school (1= Not a barrier for me, 4=Extreme barrier for me), and the 20-item Clance Impostor Phenomenon Scale (CIPS) (1=not at all true, 5=very true). Each barrier was analyzed separately. A composite score was created after the CIPS ratings were summed and Cronbach alpha calculation.

Results: Differences in IP were not detected based on FG or FM status. Female respondents (Median= 64.0) had greater IP scores compared to male respondents (Median=57.0) (U=1502.500, p=.022, Cohen's d=.44 (small effect).

Conclusion and Global Health Implications: FG and FM students did not show differences in their reported level of IP during their first semester compared to their peer groups. However, our sample found that female students experienced greater IP than their male counterparts. Future studies can investigate changes in IP based on gender, FM, and FG statuses throughout medical school.

Keywords: • Impostor Phenomenon (IP) • First-Generation (FG) Students • First-in-Medicine (FM) • Women • Diversity

ABSTRACT 38

Excess Fluoride Treatment of Placental Cell Line Induces Proteomic Changes Similar to those Observed in Placentae from Preterm Births

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Background: Fluoride is a global contaminant that, when consumed in excess, causes health disorders in humans, including effects on reproductive and child health. We analyzed data from the National Health and Nutrition Examination Survey to examine this relationship in pregnant women and found that Mexican American women exposed to excessive fluoride in drinking water were significantly more likely to deliver a low-birth-weight baby (LBW, <2,500 grams). This finding suggests that excess fluoride reaches the fetus via the placenta. Here we study the effect of fluoride exposure on placental cell lines.

Methods: Reverse Phase Protein Arrays (RPPA) were used to determine changes in protein expression in BeWo placental cells exposed to different amounts of fluoride. Data were analyzed using Metaboanalyst. Cell line data were compared to a pre-existing RPPA dataset from the placenta obtained from pre-term vs. term birth.

Results: RPPA analysis of placental cells exposed to excess fluoride (3-10 ppm) revealed alterations in the expression of 83 proteins, many of which showed concordant expression patterns. Interestingly, 24/83 altered proteins showed a similar pattern of expression with proteins altered in the placenta of women who delivered preterm babies with LBW.

Conclusion and Global Health Implications: Excess fluoride exposure could impair placental function, resulting in LBW babies. These findings strengthen the need to develop interventions designed to inform pregnant women, specifically Mexican Americans, about the risk of excess fluoride in drinking water and delivering an LBW baby. It also highlights the potential of using the altered proteins in the placenta as biomarkers to predict the risk of chronic disease in newborns.

Keywords: • Fluoride • Placenta • Low Birth Weight • Pre-term • Mexican American Women • Protein Expression

ABSTRACT 39

Race/Ethnicity Disparities in COVID-19 Related Caregiver Burden for Caregivers of Adults with Intellectual and Developmental Disabilities

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Background: The COVID-19 pandemic has disproportionately impacted racial minorities and people with intellectual and/or developmental disabilities (IDD). However, less is known about the additional burden that caregivers of individuals with IDD have experienced. This study aimed to describe the COVID-19 experiences of caregivers of adults with IDD and to determine racial/ethnic group disparities regarding caregiver burden.

Methods: African American, Latino, or Caucasian caregivers of adults with IDD (aged 18+) were recruited from the Baylor Transition Medicine Clinic and Texas IDD advocacy groups to complete a web-based multiple choice and free response survey, which included demographic questions, COVID-Related Thoughts, and Behavioral Symptoms (COV-TaBS-P) questionnaire, and questions regarding additional caregiver concerns.

Results: Two hundred and six (206) survey responses were received. Both African Americans (p-value = 0.023) and Latinos (p-value = 0.003) were more likely to be very concerned about having enough food and supplies compared to Caucasians. However, African Americans (p-value < 0.001) and Latinos (p-value = 0.015) were less likely to have increased concerns regarding their loved one's health compared to Caucasians. Sole caregivers were 3.32 times as likely to be very concerned about having enough food and supplies compared to non-sole caregivers (95% CI: 1.62, 6.79). Free-response questions revealed common themes such as increased caregiver responsibility due to loss of nursing/provider care and delays in receiving medical supplies.

Conclusion and Global Health Implications: Race/ethnicity and sole caregiver status are factors associated with an increased burden for caregivers of adults with IDD during the COVID-19 pandemic. Food, supplies, and nursing/provider services were identified areas of need.

Keywords: • COVID-19 • Race • Ethnicity • IDD • Caregivers

ABSTRACT 40

Social Determinants of Melanoma Knowledge Among Middle and High Schoolers in Texas, USA

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Background: Adolescents, an age group that can reduce sun exposure early due to their young age and cumulative nature of sun damage, may benefit from school-based skin cancer education programs. Moreover, literature regarding the demographics of melanoma knowledge is sparse. This study sought to evaluate melanoma knowledge among students in Texas viewing John Wayne Cancer Foundation Block the Blaze (JWCFBTB) presentations and identify group differences with regard to sociodemographic factors.

Methods: Prior to JWCFBTB presentations delivered in Houston and Dallas by health professions students, a pre-presentation melanoma knowledge quiz was distributed. This survey was adapted from a 2000 study evaluating melanoma knowledge in middle and high schoolers in Houston and Dallas. Respondents were also asked to provide their gender, age, grade, race, parent education level, and whether they are first-generation Americans. Analysis of Variance (ANOVA) and Tukey tests were used to evaluate demographic group differences in scores. Logistic regression models determined predictors of answering selected true/false questions correctly.

Results: One-way ANOVA tests showed statistically significant group differences in pre-test scores for all demographic factors evaluated. Females, Whites/Caucasians, students whose parents hold graduate degrees, and older students had higher scores. Black students and non-first-generation Americans were more likely to answer selected commonly missed questions correctly.

Conclusion and Global Health Implications: Results from 2000 and 2020-2021 indicate older students from higher grade levels know more about melanoma, suggesting adolescents may benefit from earlier skin cancer education. Racial minorities and individuals of low socioeconomic status, who suffer from disparities in melanoma treatment and mortality, also showed poorer melanoma knowledge. Targeting future skin cancer education to disadvantaged schools may help narrow the disparity gaps.

Keywords: • Melanoma • Education • Adolescents • Knowledge • Demographics

ABSTRACT 41

Identifying and Removing Barriers from Black Women in Cardiac Rehabilitation Settings

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Background: Cardiac rehabilitation (CR) is an individualized outpatient program found to decrease the risk for all-cause mortality and the chance of rehospitalization after myocardial infarction by 32% and 25%, regardless of age, sex, and race. Despite the benefits of CR, only 11.9% of Black women who qualify participate in the intervention. The primary aim was to identify barriers contributing to poor participation in CR programs by Black women in the United States. A secondary aim was to offer recommendations from the literature that could increase Black women's participation in CR.

Methods: Whittemore and Knafl's (2005) approach to conducting an integrative review was used to design this study. The problem, purpose, and variables of interest were identified to form a research question. A literature search was conducted using specific terminology. Articles were reviewed for exclusion criteria. Included articles were analyzed to identify common themes.

Results: Several themes emerged after analyzing potential barriers Black women face when seeking CR: physician referral, financial costs, awareness, and representation. Several themes were identified after analyzing recommendations to improve adherence: altering physician referral, policy change, accessibility, and culturally appropriate care.

Conclusion and Global Health Implications: Disparities in healthcare prevent Black women from taking advantage of CR. Clinicians and Black women can work together to overcome the barriers that prevent them from seeking and adhering to CR. CR practices must be evidence-based to see favorable outcomes and increases in Black women's attendance. Future research should investigate the effectiveness of removing individual barriers to CR on Black women's participation in and adherence to the intervention.

Keywords: • Black Women • Cardiac Rehabilitation • Adherence • Barriers • CVD

ABSTRACT 42

Gender Differences Among Saudi Healthcare Physicians in Tertiary Hospitals: Compensation, Marital Status, Societal Barriers, and Burnout

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Background: Gender differences among healthcare physicians have been well-established globally. However, in the Kingdom of Saudi Arabia, a country that houses almost 40 million individuals, very few studies have been conducted to assess perceived gender differences among tertiary care Saudi physicians. This study aimed to examine gender disparities in areas pertaining to compensation, marital status, societal barriers, and burn-out.

Methods: Herein, we present this cross-sectional study assessing gender differences among tertiary care physicians in a leading multi-center, country-wide hospital network with a set standard of workplace policies and work benefits via a pre-validated self-administered electronic survey that collected 324 responses via convenience sampling. The statistical tests used included chi-square and independent student t-tests.

Results: Among 214 physicians with children who completed the survey, females were more likely to report spending more time with their children (p-value < 0.05). Moreover, while no perceived gender differences in compensation and burn-out had been reported, female physicians were more likely to seek approval from their families to fulfill work duties (p-value < 0.05), be asked to dress modestly in the workplace (p-value < 0.05), and/or have their expertise questioned by fellow co-workers (p-value < 0.05).

Conclusion and Global Health Implications: This study suggests that more institutional policies need to be introduced to address such stark differences among female and male physicians in the healthcare workplace in the Kingdom of Saudi Arabia, primarily to reach a more equitable and inclusive working environment for all.

Keywords: • Gender Disparities • Pay Gap • Health Equity

ABSTRACT 43

Mitigating Health Inequity via Student-Led Free Clinic and School District Partnership Addressing Social Determinants of Health

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Background: The definition of health equity has evolved to include the fair and just distribution of health access this implies healthcare providers must have an active role. The CARES Medical Clinic is a student-run free clinic that hosts quarterly Pediatric Preventive Care Clinics (PPCC) to provide free vaccinations to students at risk for suspension due to incomplete immunizations. PPCC started in 2018 through a partnership with Charleston County School District (CCSD). Through this academic-community partnership, we have been able to identify and reduce barriers to care and promote equitable access by assessing and addressing social determinants of health.

Methods: Patients were recruited based on vaccination records. Parents were guided through a REDCap survey assessing demographics, healthcare utilization, and suspension risk.

Results: Out of 139 patients, 134 (96.4%) completed the survey. About 97% were uninsured and 82% had not seen a doctor in a year or more. Twenty percent were at risk for suspension because of vaccination status. All students at risk of suspension were referred to a free or charitable clinic by the team, and only 3 students had been suspended.

Conclusion and Global Health Implications: Using the information gathered through the survey and patient-provider conversations, we have been able to increase the resources given to patients' families. We started our Pediatric Night at our clinic to help 30 uninsured children receive care and also referred parents to our clinic. CCSD also helped provide information on community resources for further health services, education, and economic assistance. The CARES Clinic and CCSD will continue this important partnership to help mitigate health inequities in our communities.

Keywords: • Community Outreach • Social Determinants of Health • Academic-Community Partnership

ABSTRACT 44

Understanding Health Challenges Facing Lesbian, Gay, Bisexual, Transgender and Queer or Questioning (LGBTQ) Seniors in Broward County

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Background: Adults over 65 comprise over 20 percent of Broward County's population and the senior Lesbian, Gay, Bisexual, Transgender and Queer or Questioning (LGBTQ) community faces significant healthcare disparities when compared to its heterosexual counterparts. These include higher levels of chronic medical conditions and mental health issues in older gay and bisexual men and a higher risk of cardiovascular disease and obesity in lesbians and bisexual women. We conducted a needs assessment among LGBTQ seniors in Broward County to illuminate major health concerns and predictors of poor health outcomes.

Methods: We administered an anonymous survey to members of the Broward County LGBTQ community ages 65 and up. The survey was administered from January to March 2022. Participants were asked questions regarding their physical and mental health and the challenges they faced in healthcare based on their sexual orientation or gender identity.

Results: Four hundred and eighty-six (486) participants responded to the survey. The median age was 67 and 81% identified as cis-gendered. When prompted about concerns surrounding a potential need for long-term care, 74% of respondents expressed some level of concern for abuse, while 48.6% expressed strong concern for verbal or physical harassment. About 82.6% of respondents expressed a level of concern for denial or limited access to long-term health services.

Conclusion and Global Health Implications: Our results highlight the specific needs of the senior LGBTQ population in Broward County, which is a necessary first step to reducing its health disparity. We will use this data to promote awareness in the local community regarding these health disparities and to inform activities at our LGBTQ health fair in June 2022.

Keywords: • Health Disparity • LGBTQ • LGBT • Healthcare Access

ABSTRACT 45

Childhood Bereavement and the Effects of Sudden Parental Death on Surviving Children

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Background: The impact of parental loss on a child is devastating. The biopsychosocial formulation allows us to address the patient as a whole; however, it is curious that literature focuses on either the medical complications or the psychological consequences, leaving out the social sphere and forgetting to intertwine the biological and psychological aspects. To achieve health equity in the population of bereaved children, it is imperative that further research and funds are directed towards ways in which we can first identify and then comprehensively treat patients in this dire situation.

Methods: A review of the literature was conducted on PubMed using the phrase "Parent Death Effect on Child." All articles on the first 3 pages were scanned to see if they provided information on our topic. Eight articles answered the question of how parental death impacts children. These articles were converted into a summary table.

Results: Negative medical findings occurred in 2 studies. One positive psychiatric finding was noted, and the 5 additional studies more intuitively found negative impacts of parental loss on the psychiatric outcomes of children.

Conclusion and Global Health Implications: There are increased rates of psychiatric disorders (major depressive disorder, suicide, post-traumatic stress disorder, anxiety, affective, and psychotic disorders) among bereaved children. While psychological impacts are documented in the literature, what is lacking is an expansion into the effects of parental death on long-term illness and disease beyond the scope of mortality.

Keywords: • Children • Bereavement • Sudden Parental Death

ABSTRACT 46

Brothers Linked Against Cancer (BLAC), Culturally Tailored, Cancer Prevention Initiative, Assessing Prostate Cancer Knowledge in African-Americans Through Faith-Based Partnerships

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Background: African American (AA) men have a two-fold higher Prostate Cancer (PCa) incidence and mortality compared to their white counterparts. To address PCa disparities, Brothers Linked Against Cancer (BLAC), a culturally-tailored cancer prevention initiative, aims to equitably empower and enhance AA's awareness and understanding of PCa through faith-based partnerships.

Methods: In collaboration with AA churches in New Orleans, Louisiana, BLAC organized PCa awareness events targeting AA men and women over 30 years of age. Participants were instructed to watch BLAC's 6-minute culturally tailored PCa educational video and complete pre-and post-surveys consisting of demographic questions and knowledge assessments composed of 12 questions from the Knowledge of PCa and Screening Scale. Statistical analyses were performed using t-tests with a p-value <0.05 set for significance.

Results: A total of 29 participants (86% men, 58% age >65, 51% college-educated, 44% retired, 93% insured) attended BLAC PCa awareness events in March 2022. Most men (88%) indicated receiving PCa screening before, and almost half of participants (44%) reported a family history of PCa. The mean pretest score for all participants was 8.51 (71%), with the mean posttest score rising to 9.27 (77%) ($p < 0.039$). After the events, most participants (93%) endorsed comfort in discussing PCa, and (84%) planned to talk to their doctor about PCa screening.

Conclusion and Global Health Implications: In this pilot study, BLAC successfully fostered community engagement, promoted PCa awareness, and increased the understanding of PCa at partnering AA churches. PCa disparities are multidimensional, and complex health interventions, including trust-building, are needed to address them effectively.

Keywords: • Prostate Cancer Disparities • Culturally-Tailored • Health Equity • Video Intervention

ABSTRACT 47

Community Perception of Clinical Research and Trials: Comparing Latinx and African American Communities through a Cross-Sectional Survey within Urban City Limits

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Background: Precedence from the Tuskegee Syphilis Trials and cells of Henrietta Lacks have created generational mistrust in healthcare research. Due to limited trust in healthcare research, low levels of engagement among racial/ethnic minorities during the COVID-19 pandemic showcase the impact of mistrust. This study examined how under-represented communities of color perceive clinical research and trials.

Methods: A national cross-sectional survey (June-July 2021) generated data through a crowd-sourcing platform and social media for English-speaking adults (18+). Topics included trust, clinical trial perception, and advantages/disadvantages of clinical trial participation. We used Strata-16 to analyze 689 responses. The perception scale (DV) was created from 8-question responses for positive (maximum >32), mixed (28-31), and poor perception (<28). The logistic regression model examined race/ethnicity, education, age, marital status, and sex.

Results: Survey respondents: 58% White, 29% African American, 26% Hispanic. Perception of clinical trials varied by education. Having a professional degree reflected a positive perception of clinical trials (OR: 1.75, p=0.04). Different findings in the African American only sample (OR: 0.96, p=0.94). Latinx degree holders showed positive perception (OR: 3.36, p=0.007). In the overall model, the age/positive perception relationship showed a dose-response effect. Persons 26-35 (OR: 1.67, p=0.04), 36-45 (OR: 1.68, p=0.06), 46-55 (OR: 2.04, p=0.02), 56-65 (OR: 2.21, p=0.02) and 66+ (OR: 3.28, p=0.01) reported stronger positive perceptions. In the African American sample, younger persons were more likely to report positive perceptions. Age was not significantly associated with the perception of research among Hispanic respondents.

Conclusion and Global Health Implications: Our findings highlight the different drivers of trust across minority groups and may shed light on population groups that are less likely to receive the COVID-19 vaccines.

Keywords: • Health Equity • African Americans • Latinx • Mistrust • Minority • Clinical Trials

ABSTRACT 48

Educational Stakeholders' Perspectives on the Impact of the COVID-19 Pandemic on School Communities

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Background: The COVID-19 pandemic has highlighted racial inequities in both health and educational arenas. For example, Black and Latinx students were more likely to remain in remote instruction and without the benefits of school-based health services. Despite the unprecedented challenges faced by schools, few studies have investigated the direct effects of the pandemic on the school community and from the perspective of educational staff.

Methods: This qualitative study focused on public elementary schools serving the majority of Black and Latinx students in communities classified as low-income and experiencing a high burden of COVID-19. We conducted interviews via Zoom with key employee stakeholders from two schools. Questions focused on the impact of COVID-19 on school programming and school-family relationships. Four team members coded and analyzed data by applying inductive reasoning and establishing themes through an iterative process using Nvivo software.

Results: Nine stakeholders across two schools participated in interviews. At the student level, isolation and witnessing the pandemic's toll on their own communities appeared to worsen mental and emotional health. Stakeholders perceived adaptations such as virtual counseling that promotes effective emotional coping as a mitigator of student stress. However, virtual adaptations school-wide were impeded by inadequate technological access among families.

Conclusion and Global Health Implications: Schools adopted successful virtual programming during remote learning; however, adequate technological resources and literacy are necessary for engaging both students and guardians during remote learning, especially with increasingly virtual education. These data provide a critical insight that can inform school-based interventions addressing the needs of the most vulnerable students in the ongoing COVID-19 crisis.

Keywords: • COVID-19 • School Health • Health Equity • Remote Learning • Mental Health

ABSTRACT 49

The Influence of Racial Discrimination on Health Outcomes in Children

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Background: Racism is a social determinant of health that has a profound impact on the health status of children, adolescents, emerging adults, and their families. Racism may be a factor contributing to poor health and healthcare disparities in minority children through multiple mechanisms, including effects on psychological and physical wellbeing. The purpose of this study was to examine the relationship between racial discrimination and child health for children.

Methods: Using the 2018 National Survey of Children's Health (N= 7,123), we conducted logistic regression analyses to examine the associations between anxiety and depression (dependent variables) with experiencing racial discrimination in children aged 5-17 who identified as an ethnic minority. Linear regression analyses were conducted to examine the associations between experiencing racial discrimination and general health outcomes.

Results: Among minority children, those who experienced racial discrimination displayed a greater likelihood of having depression (β= 0.915, p<.001) and anxiety (β=0.801, p<.001). Children who experienced discrimination had worse general health (β=0.174, p<.001). Additionally, Black and African American children in this sample had worse general health outcomes (β= 0.109, p<.001).

Conclusion and Global Health Implications: These results indicate that racism plays a role in minority children's health outcomes. Having a deeper understanding of the association between racial discrimination and child health is important in leading to research-informed social action to help children, families, and communities exposed to racism.

Keywords: • Racism • Children • Adolescents • Health Outcomes • Racial Discrimination • Child Health

ABSTRACT 50

Employment Interventions for Parents of Pediatric Patients: An Integrative Review

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Background: Employment is a key social determinant of health (SDOH), and parental financial security impacts child health. Children who grow up in or near poverty are more likely to have worse long-term health, education, and financial outcomes. Amid a growing call for pediatricians to address poverty in clinical settings, finding ways to address parental job status and improve financial security is imperative.

Methods: The purpose of this integrative review was to identify peer-reviewed publications on addressing parental employment in pediatric healthcare settings and the studies' salient characteristics that could guide future program design. A search of PubMed, Web of Science, SocINDEX, and SIREN databases resulted in 1,575 articles. We excluded articles based outside the United States (US) and those describing interventions not targeting employment or outside pediatric healthcare settings.

Results: Ultimately, seven studies met our criteria and included pre-intervention needs screening. Of these, only three were randomized control trials, which indicates limited high-quality research on this topic. Most of the final studies involved a physician and a referral to a community-based organization that could assist with employment. Notably, employment was a common need or reason for referral in many studies.

Conclusion and Global Health Implications: Our findings could inform new employment-focused interventions in clinical settings. Helping parents gain employment and increase income could lead to improved health, education, and financial outcomes for children.

Keywords: • Parental Employment • Pediatrics • Social Determinants of Health • Income • Finance • Intervention

ABSTRACT 51

Student Perspectives from Providing Healthcare to Residents of a State-Sanctioned Homeless Encampment

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Background: In November 2019, the Governor of Texas, USA, Governor Greg Abbott, transformed a 5-acre Texas Department of Transportation (TxDOT) maintenance yard into an encampment for people experiencing homelessness, reclaimed by the community as "Esperanza Community." This was on the heels of a controversial decision by the Austin City Council, Texas, to reinstate restrictions on camping and resting in public. When the homeless population that our student-operated clinic serves moved, clinic leadership elected to relocate the clinic to where the greatest need was, which was the state encampment.

Methods: In March of 2021, the CD Doyle (CDD) Student-Run Clinic uprooted from downtown Austin to follow the homeless population to the Esperanza Community to provide basic medical care to residents. An interdisciplinary team of medical, pharmacy, social work, and undergraduate students, as well as resident and attending physicians, met weekly to see patients displaced to the encampment. A portable building with offices was used as a clinic space, and all supplies were either in-kind donations or purchased using financial donations.

Results: After Austin's community COVID risk level decreased from 5 to 3, our clinic was able to reopen. At that time, the clinic saw 140 patients over 30 clinic days, with an average of 4.6 patients per week, in comparison to 12 patients per week pre-COVID at our prior location downtown. Following the visit, patients were either referred to return to CDD during the following Sunday or Community Care for a next-day follow-up appointment.

Conclusion and Global Health Implications: This student-driven initiative addressed a clear health inequity worsened by policy detrimental to those experiencing homelessness. Nearly 150 unique patients were seen who otherwise would not have had access to basic healthcare.

Keywords: • Student-Run • Homeless • Healthcare • Encampment • Equity

ABSTRACT 52

Survival Disparities Among Non-Elderly Gastric Adenocarcinoma Patients by Health Insurance Status: A National-Based Analysis

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Background: Gastric cancer is an aggressive neoplasm with a median survival of less than 12 months in advanced stages. Previous studies have shown that insurance status influences cancer survival. However, whether insurance has a protective effect on gastric adenocarcinoma survival in non-elderly patients has not been established. This is a prominent question since a growing number of states have elected to expand Medicaid.

Methods: The retrospective cohort study utilized data from the Surveillance, Epidemiology, and End Results (SEER) national database to identify non-elderly patients diagnosed with gastric adenocarcinoma. Patients were categorized based on insurance type: non-Medicaid, Medicaid, and uninsured. Overall and gastric cause-specific survival was estimated using Kaplan-Meier survival analysis and a multivariate Cox hazards proportional model analysis.

Results: According to the Kaplan-Meier curve log-rank test, median overall survival ($p < .001$) and gastric cancer-specific survival ($p < .001$) times significantly differed between insurance status. Compared to non-Medicaid patients, Medicaid patients (hazard ratio [HR] =1.16, 95% CI=1.07-1.25) and uninsured patients (HR=1.25, 95% CI=1.11-1.40) had an increased risk of death from any cause in the Cox proportional hazard model. For gastric cause-specific mortality, Medicaid patients (HR=1.12, 95% CI=1.03-1.22) and uninsured (HR=1.26, 95% CI=1.12-1.43) had an increased risk of death compared to non-Medicaid patients.

Conclusion and Global Health Implications: The study highlights that not only does insurance status act as an independent prognostic indicator for gastric adenocarcinoma survival, but also Medicaid coverage does not translate to access to care. Awareness of social determinants of health on cancer presentation and prognosis can potentially lead to better clinical assessment provides.

Keywords: • Gastric • Cancer • Insurance • Health Disparities

ABSTRACT 53

Hypertension Control Among Older Mexican Americans: Nativity Differences

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Background: Hypertension is a continuously worsening problem in the US and among older adults. The study objective was to determine the factors associated with hypertension control among older Mexican Americans over 20 years of follow-up.

Methods: We studied 1,451 Mexican Americans aged 65 and older from the Hispanic established population for the epidemiologic study of the elderly (1993/94–2012/13). Measures included sociodemographic, the language of the interview, financial strain, smoking status, body mass index (BMI), medical conditions, cognitive function, depressive symptoms, disability, physician visits, and insurance coverage. Controlled hypertension was defined as systolic blood pressure (SBP) < 140 mmHg and diastolic blood pressure (DBP) < 90 mmHg; and as SBP < 130 mmHg and DBP < 80 mmHg). Generalized estimating equations were performed to estimate the odds ratio (OR) and 95% confidence interval (CI) of factors associated with controlled blood pressure.

Results: Blood pressure control ranged from 24.5%-37.1% among US-born and 24.5% -37.1% among foreign-born individuals. Female sex, stroke, previous heart attack, diabetes, arthritis, higher MMSE scores (OR=1.03, 95%=1.01-1.06), and at least one physician visit (OR=2.90 95%=1.96-4.30) were factors associated with controlled blood pressure among US-born. Sex female and physician visits were factors associated with controlled blood pressure over time. Foreign-born participants with stroke (OR=0.43, CI=0.23-0.78) had lower odds of controlled blood pressure.

Conclusion and Global Health Implications: Rates of controlled blood pressure among older Mexican Americans are below the goal of Healthy People 2020 (61.2%). Improvements in hypertension treatment and increasing access to care are needed to reduce the risk of cardiovascular disease in this population.

Keywords: • Hypertension • Mexican American • Access to Care • Nativity

ABSTRACT 54

Family Medicine Physicians and Patients with Developmental Disabilities

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Introduction: Nearly 1 in 6 children in the United States have been diagnosed with some sort of developmental disability (DD). Attitudes of family physicians toward individuals with developmental disabilities and their comfort with interacting with these persons can affect the care provided. The extent to which Family Medicine residents are being trained to provide care to persons with autism spectrum disorder (ASD) or intellectual disability (ID) is not known. We sought to assess family medicine residents' experience of treating patients with ASD or ID, residency training received pertaining to these patients, and the extent to which this formal training is perceived to be important.

Methods: Residents and faculty in two area Family Medicine residency programs were invited to complete a 10-item survey regarding experience with and training for treating patients with DD. Frequencies and percentages were calculated for all categorical/ordinal variables to describe survey participants and question responses.

Results: Twenty-two of 31 survey respondents (70.97%) reported it was important for Family Medicine residents to receive training to provide primary care to persons with DD. However, 29 (93.55%) reported uncertainty or inadequacy in their residency training to provide primary care to persons with ASD, and 26 (83.88%) in regard to persons with ID. Respondents also indicated that their understanding of DD was due more to personal experience than professional training.

Conclusion and Global Health Implications: Data from this survey suggest that more formal training for providing care to persons with DD may be needed in Family Medicine residency programs.

Keywords: • Family Medicine Residency Training • Development Disabilities • Intellectual Disabilities • Autism Spectrum Disorders

ABSTRACT 55

Affordable Resources to Address Pediatric Obesity at an Underserved Clinic in Houston, Texas, USA

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Background: Pediatric obesity is linked with negative health outcomes. Prior studies suggest that pediatric clinics can be a critical site of intervention, but effective interventions remain poorly studied. Our goal was to assess provider perspectives on pediatric obesity at The Center for Children and Women, Houston, Texas, USA, and develop a tailored intervention to promote healthy lifestyles.

Methods: We conducted a needs assessment with clinic providers to identify their perspectives on obesity in their underserved patient population and explore potential interventions. We developed a guide with accessible nutrition and exercise resources and conducted an education session with providers about it. We also distributed surveys to providers to measure the guide's utility.

Results: Perceived patient barriers to a healthy lifestyle included lack of time, knowledge, and access. Providers thought a new intervention to address unhealthy weight gains, such as nutrition videos and a local resource list, could be beneficial. Only 40% of pre-survey respondents were familiar with online health resources or had referred patients to free local exercise programs. While all providers agreed to utilize health resources was important, most referred patients to them 5 or less times per week. Post-survey results suggested that providers appreciated having a reference of vetted local resources to give families. More referrals were made to physical activity than nutrition resources.

Conclusion and Global Health Implications: Most providers agreed that an intervention to address pediatric obesity would be beneficial. A guide of local and online resources may serve as an effective tool for providers to feel more comfortable discussing physical activity and healthy eating with their pediatric patients.

Keywords: • Pediatrics • Obesity • Quality Improvement • Clinic • Patient Education • Underserved

ABSTRACT 56

Assessment of Demographic Reporting and Representation in Registered Digital Health Trials from 2010-2021

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Background: Digital health technologies have become widely adopted, improving healthcare accessibility and monitoring. However, more clinical trials are needed to establish their standards of care. Clinical trials have historically underrepresented women, older adults, and racial/ethnic minorities; the extent of these inequities in digital health trials remains unknown. We examined trends in age, gender, race, and ethnicity reporting among digital health trials and evaluated disparities in enrollment of these groups.

Methods: This cross-sectional study reviewed demographic data from digital health trials registered on the National Institute of Health's ClinicalTrials.gov completed from 2010-2021. Representation of demographic groups was determined by censoring trials that did not report demographic information and comparing enrollment among remaining trials to US population census data; Clopper-Pearson binomial confidence intervals were reported.

Results: Of 547 identified US-based trials, 537 (98%) reported gender, 353 (64.5%) reported race, and 252 (46%) reported race/ethnicity. With respect to the US population, Black individuals (22.9%; 95% CI, 22.5-23.2%) were overrepresented, while Hispanic (16.1%; 95% CI, 15.7-16.5%), Asian (3.3%; 95% CI, 3.2-3.5%), and White (67%; 95% CI, 65.3-66.1%) individuals were underrepresented in digital health trials. Additionally, adults >65 years were overrepresented (18.1%; 95% CI, 9.1-9.8%) while female participants (47%; 95% CI, 46.6-47.3%) and children (9.5%; 95% CI, 9.1-9.8%) were underrepresented.

Conclusion and Global Health Implications: We demonstrate the misrepresentation of some minority and age groups in US digital health trials. The greater representation of Black individuals suggests successful implementation of inclusive research practices for a historically disenfranchised group; however, there continues to be a need for enhanced minority, pediatric, and female inclusion in digital health trials.

Keywords: • Digital Health Technologies • Clinical Trials • Inclusive • Representation • Race • Ethnicity • Gender • Age

ABSTRACT 57

Addressing Resource Disparities Through a Collaborative Model Between Community Health Workers (CHWs) & Undergraduate Students

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Background: Responsive Resourcing (RR) is a collaborative effort between University of Houston undergraduates and the UH Community Health Worker Initiative (UH CHWI) to support Houston's low socioeconomic communities. Student volunteers work directly but remotely with CHWs from geographic hubs of low socioeconomic status to virtually search for and verify resources that support community members impacted by COVID-19 and other crises. Additionally, students are provided opportunities to engage within the hubs through in-person events hosted by the community health workers (CHWs), such as supply distributions and community outreach.

Methods: Data were gathered through unstructured, open-ended qualitative improvement surveys and group discussions that were intended to determine student volunteer satisfaction and the effectiveness of program implementation. Occasionally, verbal discussions with the CHWs would be held virtually to gauge their experience with the program.

Results: Increased levels of involvement of students and engagement between CHWs and students were noted each semester, allowing students to gain greater awareness of health disparities through workshops and CHW shadowing. Students ultimately demonstrate improved resource matching and meet community needs through online resources and community outreach events, allowing students to receive first-hand experience in addressing the barriers to health equity.

Conclusion and Global Health Implications: Enhancing collaboration between the students and CHWs is essential in alleviating resource disparities. By bridging the resource gaps caused by local health barriers, students can support local community members by optimizing available community assets. In future directions, we aim to increase the direct community involvement of students and gain accurate feedback to measure and validate RR's community impact on underserved populations in Houston.

Keywords: • Resource Disparities • Community Health Workers • Student Volunteers • Community Collaboration

ABSTRACT 58

Benefits of a Standardized Refill Protocol on Time to Refill in a Free Clinic

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Background: Medication-related health disparities negatively impact medication adherence (MA) and disproportionately affect the medically uninsured. Prior research on MA among low socioeconomic status patients focused on behavioral interventions. No studies have focused on the prescription experience as a potential target to reduce disparities. The St. Vincent's Clinic (SVC) provides free medical services to uninsured patients in Galveston, Texas. We recently adopted and standardized a nurse-led refill protocol (NRP). The aim of our study was to evaluate the impact of NRP on repeat prescription time-to-refill (TTR).

Methods: Retrospective analysis of 210 patients who submitted refill requests (RR) to SVC. Patients were randomly selected from two groups (pre-NRP, post-NRP, n=105 each) based on date ranges. Chart review was conducted on each RR within the date range and TTR was determined. Aggregate data were stratified into provider groups (resident, R; faculty, F; and permanent staff, PS) for subgroup analysis.

Results: We reviewed 282 RRs. Aggregate data analysis showed a mean 26.4-hour reduction (p=0.01) in TTR after NRP implementation. The absolute TTR upper limit decreased by 567.7-hour. No provider intra-group significance was observed (pre-NRP vs. post-NRP). One-way ANOVA showed significant provider inter-group differences (p=0.000054) in post-NRP.

Conclusion and Global Health Implications: We are unaware of other regional free clinics using NRP. Our results are consistent with past findings described in the literature. Significance may be overestimated due to sampling bias. Data should be re-evaluated on a prescription basis and retrospectively compared to clinical metrics (HTN stage, HGB A1c). NRP highlights the importance of timely healthcare services to address medication-related health disparities.

Keywords: • Health Disparities • Nurse-led • Time to Refill • Free Clinic

ABSTRACT 59

A Narrative Approach to Social Determinants of Health for Migrants in the United States

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Background: Migrants have limited social capital and are disproportionately exposed to factors that put their social, mental, and physical well-being at risk during the migration process. Carlos is a Guatemalan volcano guide who unsuccessfully attempted to immigrate to the US twice. Sharing his migration experience offers insight into health equity and the social determinants of health that impact migrants.

Methods: This project uses a narrative medicine approach. After receiving his permission and changing his name, we documented Carlos's story.

Results: This presentation reflects several social determinants of health for migrants through a narrative lens. Poverty drove Carlos to attempt to migrate to the US along a potentially deadly route. When Carlos crossed the Arizona-Mexico border, he was forced to walk in the desert for eight days—three of those days without water. The experience of detention centers is also well-known to Carlos. When Carlos crossed the Texas-Mexico border, he was arrested in McAllen, Texas, and placed in a detention and processing center. The deplorable conditions and limited healthcare access that Carlos faced at the center are an example of the intersection of politics, immigration, and health. Healthcare professionals must be cognizant of the often traumatizing experiences of migrants in order to effectively provide quality care.

Conclusion and Global Health Implications: The systems that exist in our country—whether healthcare, immigration, or our economy—often shape human experience and health. Carlos's story provides critical insight into the social determinants of health for one Guatemalan migrant as they are shaped by these systems.

Keywords: • Migrant Health • Social Determinants of Health • Narrative Medicine

ABSTRACT 60

Miracle Money: Leveraging an Academic-Community Partnership in a Basic Income and Social Capital-Building Program for People Experiencing Homelessness

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Background: Housing First is the mainstay solution to homelessness by rehousing individuals before addressing other social and medical needs. However, the lack of community integration and social support in such models leads to unhoused individuals having less access to job opportunities and material resources needed to break the cycle of poverty and homelessness. Basic income pilots have gained traction as a policy solution to support low-income communities yet fail to explore the benefits of social connectedness within their models. On the other hand, social support programs alone are not sufficient to fulfill people's material needs. We examined the impact of Miracle Money (M$), which is an academic-community partnership for people experiencing homelessness in a basic income and social capital building program.

Methods: Miracle Money (M$) reduces homelessness by combining direct cash transfers with a social capital-building program for people experiencing homelessness. Launched in January 2021, the pilot gave 13 recipients monthly $500 deposits for six months and paired them with housed volunteers for weekly calls and texts.

Results: M$'s academic-community partnership model advanced health equity for people experiencing homelessness. Sixty-six percent of unhoused participants secured permanent housing 6 months post-intervention; 77% had lower levels of psychological distress, and 85% cited improved social connections. An ongoing mixed-methods program evaluation is assessing M$'s long-term impact on housing stability, financial well-being, and health.

Conclusion and Global Health Implications: M$ utilized new cross-sector partnerships: (1) community organizations recruited participants; (2) housed community members who volunteered as social support friends; (3) community members funded the basic income; and (4) professors and students at public universities are studying M$'s impact. M$ moved unhoused people into housing faster, connected philanthropists to direct-giving opportunities, and increased volunteers' understanding of and social connection with unhoused people. M$ should be replicated in other cities to explore its potential to improve the holistic lives of people experiencing homelessness.

Keywords: • Basic Income • Homelessness • Social Support • Health Equity • Academic-Community Partnerships

ABSTRACT 61

Social Determinants of Health Among Orthopedic Patients with Joint Pain: A First Look

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Background: Countless studies have demonstrated diminished healthcare outcomes for Black and African American patients relative to the general population, and orthopedic surgery is not immune to these disparities. We analyzed racial differences in joint pain severity to identify underlying socioeconomic correlates potentially responsible for these discrepancies.

Methods: Surveys were collected from patients of the Baylor Orthopedics and Sports Medicine Clinic, assessing demographics, healthcare preferences, access to care, and the Likert Scale for behavioral and mental health factors. A cross-sectional multivariate analysis was performed via Excel and Stata to evaluate differences in Knee injury and Osteoarthritis Outcome Score for Joint Replacement (*KOOS, JR.*) knee pain scores between groups while controlling for biological factors.

Results: The KOOS, JR Score for knee injury burden indicated significant differences between Black and non-Black participants: 19.1±6.7 versus 16.6 ± 6.0, $p = 0.001$. Adjusting for gender, age, cigarette use, Body Mass Index (BMI), and opioid use, patients identifying as Black had a multivariate analysis of variance (MANOVA) coefficient of [1.68 (95% CI: 0.17-3.18), $p = 0.029$], indicating a positive correlation in knee pain compared to the general population. When adjusting for previous factors plus income, the MANOVA coefficient becomes [1.33 (95% CI: -0.24-2.91), $p = 0.097$].

Conclusion and Global Health Implications: Even accounting for biological factors, joint pain burden is significantly higher among the Black population, a correlation partially understood via underlying socioeconomic inequalities. This poorly controlled knee pain relative to the general population is likely to be influenced by income, education level, and occupational hazards that all affect access to quality healthcare.

Keywords: • Ethnicity/Race • Knee Pain • Social Determinants

ABSTRACT 62

Racial Discrimination in Late Adolescence and Mental Health

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Background: Racism has negative associations with mental and physical health. Unfortunately, research has been limited by mostly cross-sectional studies. We assessed whether racial discrimination experienced at ages 18-21 years was associated with increased psychological distress and decreased well-being as adolescents transition into adulthood.

Methods: We performed a secondary analysis of data from the Panel Study of Income Dynamics, a national longitudinal household survey in which data was collected every 2 years. Our primary exposure was racial discrimination (Everyday Discrimination Scale) experienced at baseline when participants were ages 18-21. Primary outcomes included psychological distress (Kessler 6) and wellbeing (Mental Health Continuum). Generalized linear mixed-effects modeling was used to model outcomes up to 10 years following exposure to racial discrimination. Covariates included baseline psychological distress and wellbeing, among others.

Results: Our sample included 661 participants (entered the study at ages 18-21 and participated in 2+ waves of data collection). Older adolescents who experienced high levels of racial discrimination had increased odds of psychological distress (OR = 6.36, 95% CI: 3.15, 9.58) and decreased wellbeing (OR = 5.50, 95% CI: 2.22, 8.79) within the 10 years that followed compared to those who had not experienced racial discrimination.

Conclusion and Global Health Implications: This prospective study not only reveals the extent to which exposure to racial discrimination in late adolescence is associated with poor mental health outcomes but also demonstrates that these effects persist years after the initial exposure. This has important implications for clinical and community-based interventions addressing mental health support for adolescents who experience racial discrimination.

Keywords: • Racial Discrimination • Adolescence • Mental Health

ABSTRACT 63

Association of Ethnicity and Primary Language with Patient Empowerment in Pregnancies Complicated by Fetal Surgical Anomalies

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Background: Patient empowerment is an essential component of counseling and shared-decision making following a diagnosis of a fetal surgical anomaly. The effect of ethnicity and preferred language on empowerment in pregnancies complicated by surgical fetal anomalies (P-SFA) is unknown.

Methods: A cross-sectional survey was conducted from 5/2021–5/2022 to assess empowerment in women with P-SFA. Validated surveys administered included the Pregnancy-Related Empowerment Scale (PRES) and Patient Empowerment Scale (PES) (scores range from 16–64). PRES quantifies empowerment related to self-care during pregnancy. PES quantifies empowerment related to the future care of unborn children. Survey results are reported as median with interquartile range (IQR). A two-sample t-test was used to compare survey scores by ethnicity and language.

Results: Seventy-four patients were recruited, with a majority of non-Hispanic mothers (n=43, 58%) and preferring English as primary language (n=61, 82%). Hispanic mothers had lower PRES (55 [48–62], 60 [58–62]; p=0.03) and PES (51 [47–57], 55 [52–60]; p=0.04) scores. Mothers with Spanish as primary language had lower PRES scores (53 [48–61], 59 [54–62]; p=0.04). The most common surgical diagnoses were neural tube defect (n=24, 30%), congenital lung malformation (n=18, 22%), and congenital diaphragmatic hernia (n=13, 16%). There were no differences in PRES or PES based on diagnosis.

Conclusion and Global Health Implications: Hispanic and Spanish-speaking mothers with P-SFA have decreased empowerment scores, independent of the exact diagnosis and severity of the fetal diagnosis. These findings suggest a need for the development of culturally competent, targeted interventions to improve patient empowerment in this high-risk population.

Keywords: • Empowerment • Surgical Fetal Anomalies • Hispanic • Spanish Speaking

ABSTRACT 64

Addressing Racial/Ethnic Disparities in Neonatal Intensive Care Unit Mothers' Mental Health Access to Care Via a Smartphone App

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Background: Postpartum mood and anxiety disorders (PMAD) are a well-documented complication of the perinatal period. Minority women are especially at high risk as they are more likely to have preterm babies requiring NICU care (NICU parents, in general, have increased rates of PMAD) and die of pregnancy-related complications, to which mental health is a major contributor. Race is also an independent variable in predicting postpartum depressive symptoms. Additionally, there is not an obvious safety net for screening because mothers aren't going to Pediatrics appointments, and mothers may have several barriers preventing them from going to OB offices or the NICU where they can be screened. As minority groups are more likely to rely on their phones as their primary means of internet access, our project is to develop a smartphone application for self-directed care and referral for mental health services.

Methods: A smartphone application was developed which contains validated screens for post-partum depression and anxiety (Edinburgh Postnatal Depression Scale (EPDS), General Anxiety Disorder-7 (GAD7)). The app also contains resources within our hospital system and online resources. The use of the app is anonymous in order to remove any concerns mothers may have about the stigma surrounding mental health or the results affecting the ability to care for their child. App users will need to agree to a user agreement and complete a demographics survey prior to app use. The application is available in English and Spanish. The application will be advertised via posters placed in the Ben Taub, Pavilion for Women and Texas Children's Hospital NICUs, as well as the Fetal Center and OB ambulatory offices. The app will launch in April 2022.

Results: Data on several measurable outcomes will be collected, including the number of downloads, self-reported demographics from app users, number of EPDS and GAD-7 screens completed, and screen navigation within the app. We are also working with the Women's Place (Center for Reproductive Psychiatry in Pavilion for Women) to keep track of the self-reported reason for referral being due to the app.

Conclusion and Global Health Implications: Minority NICU mothers are at high risk for having postpartum mental health needs and have barriers preventing them from being screened and receiving care. This app is designed to be easily accessible and to more equitably screen the maternal NICU population for mental health issues and provide tools for a self-guided referral.

Keywords: • Technology • Health Equity • Mental Health • Pregnancy • Postpartum • NICU

ABSTRACT 65

Planning a Diversity Pipeline Program at a Pediatric Dental Residency Program

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Background: Racial-ethnic minorities and underserved populations, including those with rural, economic, and educational disadvantages, face unique barriers that contribute to oral health inequities. Recruiting a diverse and inclusive pediatric dental workforce and improving the cultural competency of dentists are critical to eliminating these inequities. Here, we describe a qualitative project to improve recruitment and retention at a pediatric dentistry residency program.

Methods: Qualitative interviews with stakeholders in dentistry and medicine were conducted and transcribed (n = 8). Interviewees were selected because of their roles in diversity, equity, and inclusion practices at their institutions. Key takeaways were examined with qualitative content analysis, then compared to a literature review and similar programs to develop a logic model.

Results: Interviewees included faculty in medicine and dentistry, as well as recent graduates. The logic model reported the resources (inputs), outputs, and outcomes to be used for the pediatric dentistry residency program. Logic model recommendations include implementing career outreach programs for various levels of students, providing financial support to applicants to visit the pediatric dentistry program, reviewing the current admissions process to encourage a holistic approach, and improving program marketing materials to demonstrate a commitment to diversity.

Conclusion and Global Health Implications: The complex challenges in equipping the dental workforce to treat patients from diverse backgrounds require multi-faceted solutions like this innovative pediatric dentistry pipeline training program, with the eventual long-term outcome of increased diversity of pediatric dental practitioners.

Keywords: • Dentistry • Workforce Development • Diversity • Pipeline • Education

ABSTRACT 66

Integrating Environmental Justice, Advocacy, and Clinical Implications of Climate Change into Curriculum at the Ohio State University College of Medicine

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Background: Climate change is a serious public health crisis that disproportionately impacts under-resourced populations and exacerbates existing healthcare inequities. It is critical that future physicians are educated on climate change and its clinical implications to mitigate these effects.

Methods: Students at The Ohio State University College of Medicine (OSUCOM) met with the administration to propose strategies to introduce climate health and environmental justice education into existing curricular elements. Students then evaluated the 2021-2022 OSUCOM curriculum using the Planetary Health Report Card, which assesses five metrics: curriculum, research, community outreach/advocacy, student initiative support, and campus sustainability. OSUCOM received a C overall, with an F for curriculum. Thus, we conceptualized and developed a multi-faceted approach to integrating environmental justice into the OSUCOM curriculum.

Results: OSUCOM students worked with faculty to propose curricular improvement initiatives. A small group discussion will be implemented in the summer of 2022 to enhance pre-clinical medical students' foundational knowledge and provide tools to apply planetary health concepts to patient care. A four-week elective will be offered to fourth-year students in fall 2022 to further educate and empower environmental justice advocates. Finally, students review pre-clinical didactics to incorporate environmental justice learning objectives into existing lectures.

Conclusion and Global Health Implications: These initiatives involve expansion of the existing curriculum to include climate-adapted differential diagnoses, introduction to advocacy, and leadership development for a climate-focused change. Additional curricular components, such as community service projects, clinical lectures on climate health, and electives for pre-clinical students are under development to offer longitudinal climate justice education.

Keywords: • Environmental Justice • Health Equity • Climate Change and Health • Medical Education

ABSTRACT 67

Reproductive Health Symposium: A Student-Directed Approach to Address Reproductive and Gender-Based Education Gaps in Healthcare

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Background: Diversity, equity, and inclusion constitute major focus areas in the education of future health professionals. Many students face curricula that are not comprehensive enough to meet the need for more diverse and inclusive care. Led by medical students in Oklahoma, the reproductive health symposium aims to provide training to address this educational gap. Pre- and post-conference surveys were used to evaluate effectiveness by assessing participants' knowledge and preparedness to address diverse reproductive and gender-based healthcare needs.

Methods: The symposium session topics included health barriers for LGBTQ+ and racial/ethnic minority populations, ethics discussions, perinatal care, and legal advocacy. Upon registration, students could complete a voluntary pre-conference survey designed to assess baseline knowledge. Post-conference attendees were sent an identical survey to gauge change in knowledge.

Results: Comparison of pre- (n=163) and post- (n=31) conference survey data, analyzed as independent groups, revealed that attendees felt more competent in understanding: the barriers LGBTQ+ individuals face in obtaining healthcare (p=0.001), barriers to reproductive health in Oklahoma (p=0.001), how bias in reproductive healthcare affects minority populations (p<0.001), and ability to evaluate and manage reproductive health biases (p=0.001). However, no significant changes were observed regarding knowledge of how barriers to care may disproportionately affect minority populations.

Conclusion and Global Health Implications: The reproductive health symposium increased attendees' knowledge and preparedness across several areas. This indicates that the symposium is an effective option to train students regarding patient-centered care for increasingly diverse populations. Student-organized conferences may be an efficient way to enhance interested learners' experience with reproductive and gender-based health outside of the standard curriculum.

Keywords: • MedEd • Medical Education • Diversity • Equity • Inclusion • LGBTQ+ • Reproductive Health • Ob/Gyn • Interprofessional Education

ABSTRACT 68

Social Needs Screening During Pediatric Emergency Department Visits: Language Disparities in Unmet Social Needs

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Background: A pediatric emergency department (PED) serves as part of the social safety net for families with inconsistent healthcare access and/or non-English speaking. The prevalence of unmet social needs (USN) and disparities in language preference in the PED are insufficiently described to guide screening processes. We aimed to determine the prevalence of USN in our PED patient population and examine disparities in USN by self-selected language and patient demographics.

Methods: We surveyed a convenience sample of English- and Spanish-speaking caregivers of patients <18 years old presenting to an urban, free-standing children's hospital. In the caregiver's self-selected language, the pediatric version of the Screener for Intensifying Community Referrals for Health (p-SINCERE) assessed patient demographics and 10 areas of social needs. The primary outcome was the presence of USN. Descriptive statistics compared 1) self-selected languages and 2) absence vs. presence of USN. Patient and caregiver-level risk factors associated with USN were identified using multivariable logistic regression.

Results: Of the 3,987 caregivers enrolled, the self-selected language was English for 3,662 (91.8%) and Spanish for 325 (8.2%). There were 1,680 enrolled caregivers with ^{3}1 USN, representing 39.7% of English-speaking and 70.2% of Spanish-speaking caregivers(p<0.001). The odds of having ^{3}1 USN were more than 2 times as high in Spanish speakers compared to English speakers after adjustment (OR=2.06, 95% CI: 1.27, 3.36, p-value=0.004).

Conclusion and Global Health Implications: USN are common among families presenting for care to a PED – with disparities observed in Spanish-speaking caregivers, historically disadvantaged race/ethnicity identities, and child insurance status. These findings support the practicality of utilizing the PED as an access point to initiate social need screening and referrals to address SDOH and health disparities.

Keywords: • Social Determinants of Health • Pediatric Emergency Medicine • Social Needs • Health Disparities • Language Differences

ABSTRACT 69

Shades of Grey: A Mixed-Methods Analysis of Behavioral Emergencies in a Pediatric Hospital Setting

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Background: The purpose of this study was to quantitatively assess racial disproportionality in hospital security calls as well as qualitatively evaluate themes of behavioral emergencies within a freestanding children's hospital. Behavioral emergencies associated with aggression, known as a "code grey" at our institution, refer to security being called to the bedside for real or perceived combative behavior. We hypothesize that racial bias may contribute to code grey events and, therefore, is a potential source of significant health disparity.

Methods: All code grey events in our hospital are recorded in the Event Reporting System (ERS), from which incidents over a two-year period were abstracted (N=87). A quantitative analysis comparing percentages was conducted to determine if there was a racial imbalance between patients for which a code grey was called as compared to the overall patient census at that time. A qualitative analysis using grounded theory was performed on the narrative descriptions of these incidents to identify themes concerning the root causes of these events.

Results: White children accounted for 79.9% of the total census and were involved in 79.1% of code greys; African American children comprised 9.4% of the patient census and experienced 16.3% of code greys. Around 41.4% of all patients identified as Hispanic/Latino and represented 65.1% of children in code greys. These numbers did not have statistical significance. Several themes were defined during a qualitative analysis, including various disruptive behaviors triggering code grey events, key contributing factors to disruptive behaviors, staff responses to behavioral emergencies, and various levels of perceived threat during behavioral emergencies.

Conclusion and Global Health Implications: Although racial disproportionality in the number of code greys was not deemed statistically significant, demographic trends and recurrent themes were demonstrated. This study highlights where further research is needed to better support patients, families, and staff who experience these incidents.

Keywords: • Behavioral Emergency • Health Inequity

ABSTRACT 70

A Cross-Sectional Analysis of Inclusion in Landmark Cardiovascular Medicine Trials

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Background: In the last decade alone, several large high profile clinical trials have dramatically changed medical management in cardiovascular medicine. Notably, such studies consistently have limited representation of women and racial and ethnic minorities.

Methods: A systematic search of large, multi-center randomized clinical trials that enrolled more than 1,000 patients and focused on medical management in the setting of acute coronary syndrome (ACS), atrial fibrillation (AF), or congestive heart failure (CHF) from 2011 to 2021 was performed using ClinicalTrials.gov. A total of 35 trials enrolling cumulatively 256,431 patients were analyzed for inclusion of women and racial and ethnic minorities.

Results: The median number of patients per trial was 5,022 (interquartile range [IQR], 2,898 – 8,327). Of the 256, 431 patients enrolled in these trials, only 78,620 were women (30.7%). Of the 35 trials analyzed, only 28 provided race or ethnicity data. Efforts to identify Black patients were made 78.6% of the time and Black patients only comprised 3.5% of the study population in those trials. Data regarding Asian patients was obtained 75% of the time and Asian patients comprised 14.9% of the study population in those trials. Efforts to identify Latinx patients were made only 25% of the time and Latinx patients comprised 17.3% of the study population in those trials. Only 6 trials included race or ethnicity data that included all three groups. Representation in those trials was similar as seen in Figure 1.

Conclusion and Global Health Implications: Women and Black patients continue to be underrepresented in clinical trials investigating medical management of ACS, AF, and CHF. Latinx patients are also rarely identified in these trials.

Keywords: • Minority • Women • Representation • Cardiovascular Medicine