MASTER OF PUBLIC HEALTH (MPH) APPLIED PRACTICE EXPERIENCE (APE)

Wayne State University School of Medicine, Department of Family Medicine
and Public Health Sciences, Master of Public Health Program

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Name: Sureya Ahmed

Site: Karmanos Cancer Institute

Title: Evaluating the Impact of the Cancer Research Practicum on MPH Student Career Development

Introduction: The Cancer Research Practicum plays a vital role in shaping the career trajectories of Master of Public Health (MPH) students. This evaluation project aims to assess how engagement in the practicum influences learning outcomes, career paths, and overall professional development, aligning with the mission of preparing leaders for interdisciplinary public health practice and research, particularly in addressing cancer health disparities.

Methods: The evaluation uses surveys with Master of Public Health (MPH) students, mentors, supervisors, and alumni to gather quantitative data on demographics, satisfaction, skills, and career goals. Focus groups provide qualitative insights on experiences, mentorship, resources, and skill application. Data analysis involves quantitative statistical analysis of survey responses and qualitative thematic analysis of focus group discussions to derive meaningful insights and recommendations.

Outcomes: Expected outcomes include a comprehensive understanding of how the Cancer Research Practicum influences participants' career paths, skill enhancement, and readiness for the public health workforce. Identify strengths and areas for improvement, enhancing participant experiences and alumni engagement. Contribute to ongoing cancer research and public health initiatives, aligning with Wayne State University School of Medicine and Karmanos Cancer Institute's long-term goals in advancing education and research.

Evaluating the Impact of the Cancer Research Practicum on MPH Student Career Development

Sureya Ahmed, Master of Public Health candidate
Wayne State University Department of Family Medicine and Public Health Sciences
Preceptor: Morhaf Al Achkar, M.D., Associate Program Director
Karmanos Cancer Institute

Introduction

The Cancer Research Practicum plays a vital role in shaping the career trajectories of Master of Public Health (MPH) students. (2) This evaluation project aims to assess how engagement in the practicum influences learning outcomes, career paths, and overall professional development, aligning with the mission of preparing leaders for interdisciplinary public health practice and research, particularly in addressing cancer health disparities. (1)

Goals

Learning Outcomes: Assess the extent to which engagement in the Cancer Research Practicum enhances the skills and knowledge of MPH students, particularly in the areas of cancer research methods, analytics, and programming.
Career Paths: Examine the influence of the practicum on shaping the long-term professional goals of students, including their interest in pursuing advanced degrees (MD, PhD) related to public health or cancer research. (1)
Professional Development: Evaluate how practicum participation contributes to student's readiness for the public health workforce and their ability to secure positions in cancer research institutions or related fields.

Methods

The evaluation employs a mixed-methods approach involving surveys with MPH students, mentors, supervisors, and alumni. Surveys collect quantitative data on participant demographics, satisfaction levels, skill development, and career aspirations. (2) Additionally, focus group discussions will be conducted with selected participants to gather qualitative insights into their experiences, mentorship impacts, resource adequacy, and the practical application of gained skills. Data analysis involves quantitative statistical analysis of survey responses and qualitative thematic analysis of focus group discussions to derive meaningful insights and recommendations.

Outcomes

Expected outcomes include a comprehensive understanding of how the Cancer Research Practicum influences participants' career paths, skill enhancement, and readiness for the public health workforce. The evaluation aims to identify areas of strength and improvement within the practicum program, leading to enhanced participant experiences, increased alumni engagement, and continued contributions to cancer research and public health initiatives. These outcomes align with the long-term goals of the MPH program at WSU School of Medicine and the Karmanos Cancer Institute's commitment to advancing cancer research and education. (2)

References

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2. University, W. S. (2022, July 25). *Wayne State University and Karmanos Cancer Institute Express gratitude for $100 million from State for new medical education-research site*. Today@Wayne. https://today.wayne.edu/news/2022/07/25/wayne-state-university-and-karmanos-cancer-institute-express-gratitude-for-100-million-from-state-for-new-medical-education-research-site-48973

Name: Naga Vijaya Lakshmi Divya Boorle

Site: Henry Ford Health

Title: Addressing Health Equity for Older Adults in On-Demand Virtual Care Access

Introduction: Henry Ford Health (HFH) is a non-profit integrated academic health system in the Metro Detroit area and is founded on the core principles of innovation, efficiency, and serving the community. HFH strives to address the Quintuple aim to improve patient care experience, provide quality health outcomes, lower costs, achieve clinician wellness, and incorporate health equity. Patient care workflows at HFH aim to facilitate early patient care access to diagnosis and treatment for improved health outcomes with a focus on marginalized and vulnerable populations. HFH Population Health and Primary Care divisions have developed community partnerships to increase digital inclusion among patients older than 65 years through the utilization of available technology that drives connection and collaboration.

Methods: This project utilized a mixed-methods approach to understand the barriers to telehealth use in adults more than 65 years. Focus groups and individual surveys were administered to eligible individuals at the Henry Ford Health Detroit Northwest clinic. I performed a literature review to identify evidence- based strategies that improve older adults' utilization of patient portals, and a training protocol was established for peer digital inclusion coaches.

Outcomes: Recruitment and training strategies for peer digital inclusion coaches were established. Digital needs intake forms were created to serve as an initial assessment tool and assist in delivering digital skills training tailored to individual's needs. Developed MyChart tip-sheets as part of telehealth training modules.

Addressing Health Equity For Older Adults In On-demand Virtual Care Access

WAYNE STATE School of Medicine

Divya Boorle, MBBS, Master of Public Health candidate[1], Alexandra Hunter[2], MPH, Jones Kyra[3], Denise White Perkins[1,4], MD, PhD
[1]Department of Family Medicine and Public Health Sciences, Wayne State University, [2]Virtual Care, Henry Ford Health, [3]Department of Public Health Sciences, Henry Ford Health, [4]Department of Family Medicine, Henry Ford Health

Introduction

Henry Ford Health (HFH) is a non-profit integrated academic health system in the Metro Detroit area and is founded on the core principles of innovation, efficiency, and serving the community. HFH strives to address the Quintuple aim to improve patient care experience, provide quality health outcomes, lower costs, achieve clinician wellness, and incorporate health equity. Patient care workflows at HFH aim to facilitate early patient care access to diagnosis and treatment for improved health outcomes with a focus on marginalized and vulnerable populations. HFH Population Health and Primary Care divisions have developed community partnerships to increase digital inclusion among patients older than 65 years through utilization of available technology that drives connection and collaboration.

Methods

❑ **Develop training curriculum for peer digital inclusion coaches.**
- Created digital needs intake forms for desktop and smart phone users to guide the digital skills training process.
- Conducted Literature review to identify evidence-based interventions/training curriculums that improve patient portal utilizations among older adults.
- Developed MyChart tip sheets for computer users to assist with telehealth training.
- Established recruitment strategies for peer coaches and developed a job description to assist with recruitment efforts.

❑ **Survey of eligible patients to determine accessibility to technology and understand digital health inclusion as a social determinant of health.**
- Screened patients for eligibility, administered telehealth survey instrument using HFH Redcap tool at the Henry Ford Medical Center, Detroit Northwest clinic.

❑ **Evaluate barriers to telehealth use from community focus group data**
- Analyzed focus group data to better understand the perspectives of older adults in utilizing telehealth services.

Outcomes/Deliverables

Figure 1: Sample of digital literacy training assessment form

Figure 2: Sample of "MyChart" tip-sheet for desktop users

Figure 3: Factors affecting older adults eHealth literacy – Insights from a literature review

Competencies

Foundational Competencies

Competency	Activity
Assess population needs, assets, and capacities that affect communities' health.	• Conducted literature review to understand potential barriers and facilitators of eHealth literacy and patient portal utilization among elderly population. • Surveyed older patients more than 65 to understand their needs, assets and capacities regarding digital skills, eHealth literacy and utilization of telehealth services.
Design a population-based policy, program, project, or intervention.	• Developed intake forms and training materials to assist peer digital inclusion coaches, who further train older adults in the use of telehealth services.
Communicate audience-appropriate (i.e., non-academic, non-peer audience) public health content, both in writing and through oral presentation.	• Developed training materials appropriate for use in elderly population with a focus on navigation and utilization of virtual care services available at Henry Ford Health System.

Population Health Analytics Concentration Competencies

Competency	Activity
Integrate quantitative data findings to assess community specific trends.	• Analyzed data from focus group survey responses to determine barriers and opportunities to telehealth services usage by the community.
Adapt an evidence-based intervention to address a public health problem in an urban population with community partners.	• Performed literature review to identify potential adaptable strategies and interventions with a previous evidence base
Evaluate epidemiological study designs for conducting research.	• Assessed quality of study designs based on the study sample, methods, interpretation of findings and any associated bias during the literature review process.

Future Directions

- Recruit and train peer digital inclusion coaches who further train older adults in the community on telehealth services available at Henry Ford Health.
- Develop training material for additional telehealth topics such as proxy involvement, how to review lab results and request medication refills using patient portal.
- Conduct survey data analysis and disseminate results on telehealth engagement among older adults in Detroit communities.

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Name: Ellen Christiansen

Site: The Adaptive Strategies for Prevention Implementation with Research in School Environments (ASPIRE) Lab

Title: Utilizing Evidence-Based Intervention Modification Framework to Enhance Prevention Curriculum

Introduction: Michigan Model for Health™ (MMH) is a preventative curriculum targeting substance abuse and mental health issues within schools. Differing implementation methods of this curriculum impacts program fidelity and student outcomes. Using Replicating Effective Programs (REP) with MMH allows learning materials to be better tailored to fit the student population and improve implementation of MMH for educators.

Methods: To gain a better understanding of what modifications dictate short- and long-term outcomes, modifications teachers made to MMH were tracked and analyzed using mixed-methods. Seven modification types were identified through quantitative survey data collection. Frequencies were tabulated through SPSS to further analyze the modifications teacher made. Qualitative analysis of teacher interviews showed commonalities across schools for why certain modifications were made to the curriculum. Some themes include meeting student needs, student engagement, meeting school district requirements, and time constraints. Mixed-method data analysis of modifications allows for alterations of core functions of MMH to be identified, dictating student outcomes.

Outcomes: Modification matrices indicated that control schools made more modifications based on time constraints, which include combining lessons, shortening units, replacing learning materials, or skipping lessons. Intervention schools made more modifications based on ensuring students engage with the curriculum and modifying content to meet students' learning needs.

Utilizing Evidence-Based Intervention Modification Framework to Enhance Prevention Curriculum

WAYNE STATE School of Medicine

Ellen Christiansen, Master of Public Health Candidate
Andria Eisman, PhD, Christine Koffkey, MPH
Adaptive Strategies for Prevention Implementation Research in School Environments (ASPIRE) Lab

ASPIRE
ADAPTIVE STRATEGIES FOR PREVENTION IMPLEMENTATION RESEARCH IN SCHOOL ENVIRONMENTS

Introduction

•Adolescent drug use is a serious threat among youth today, especially with new and emerging drug use trends.
•Schools offer a unique opportunity for universal prevention programs targeting youth in the United States.
•Evidence-based prevention programs, such as Michigan Model for Health™ (MMH), has the flexibility to meet student population needs, which instills a framework of combating current issues, such as changing drug use behaviors, long term.[1]
•Although MMH is widely used across Michigan, many teachers do not meet the state-identified fidelity standards (>80% curriculum delivery), risking the effectiveness of the curriculum.
•The Mi-LEAP (Michigan Learning to Enhance and Adapt for Prevention) study used Replicating Effective Programs (REP) for enhanced program implementation.
•The REP adaptation method of MMH utilizes tailored learning materials, training, and ongoing teacher consultation (known as implementation facilitation) to better deliver evidence-based intervention curriculum and meet fidelity standards.[1]
•Modifications to MMH are crucial to fulfill student needs, especially for students at risk of marginalization, abuse, trauma, mental health issues, or substance misuse.
•This intervention utilizes an expanded framework for reporting adaptations and modifications to evidence-based interventions (FRAME) to better adapt MMH to meet the needs of the student population.[2]

Methods

•Mi-LEAP is a cluster randomized implementation trial with four recruited, randomly assigned teachers in the intervention group and five in the control group.

Quantitative Data

•Teachers self-reported modifications to MMH by means of surveys completed after each lesson was taught.
•Dummy variables were created for the seven identified variables so teachers could distinguish multiple modifications.
•Modification frequencies and chi-square analysis by were tabulated through SPSS.

Qualitative Data

•Data was collected by means of open-ended survey questions and pre, interim, and post implementation interviews.
•The interview summaries were organized into a matrix and a rapid analysis was conducted to identify common themes across the modification domain.

Mixed-Methods

•An expansion method was used to investigate mixed-method findings.
•Rapid analysis of the modifications in qualitative data (open-ended survey questions and interviews) reveal more explanations of teacher modifications identified during quantitative analysis.

References

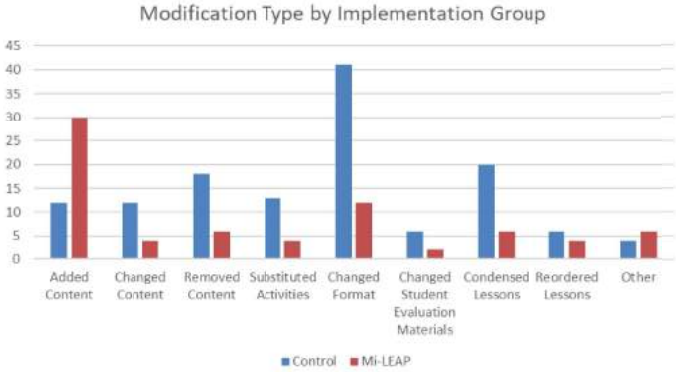
1. State of Michigan. Guidance for Implementation | Michigan Model for Health™. Published 2023. Accessed August 17, 2023. https://www.michiganmodelforhealth.org/about-mmh/guidance-implementation

2. Wiltsey Stirman, S., Baumann, A.A. & Miller, C.J. The FRAME: an expanded framework for reporting adaptations and modifications to evidence-based interventions. *Implementation Sci* **14**, 58 (2019). https://doi.org/10.1186/s13012-019-0898-y

Mixed-Method Results

Domain	Qualitative	Quantitative	Mixed Methods Inferences
Developmental Needs	Control "Students struggled with this lesson. They had a hard time following the directions... They were not into this lesson." Mi-LEAP "Students had a hard time grasping the concept of internal and external influences. I had them look up definitions of each term and give examples."	Variables: Student evaluation materials Changed Content Substitute Activities Added Content** $\chi2=5.818$ $p=0.016$	Changing content, substituting activities, and modifying student evolution materials may reduce effective program delivery if modifications to the MMH curriculum are significant. The large difference in added content may indicate that the Mi-LEAP group was fidelity-consistent.
Student Engagement	Control "Students are more engaged and invested when they get to choose what they're working on, rather than me telling them." Mi-LEAP "This was an interesting lesson and student were engaged, especially when watching the videos and viewing the print ads. Lots of good discussion points."	Variables: Changed format Added Content** $\chi2=0.092$ $p=0.762$	While both groups may have been able to improve student engagement with either of these modification methods, changing the format of MMH is not in line with fidelity consistent findings.
Time Constraint	Control "We are skipping over this lesson and moving on to lesson four in the interest of time. We ran out of time last semester so I am trying to condense information the best that I can." Mi-LEAP "Not enough time to do everything listed. We needed more time. We did not do the final assignment – no time."	Variables: Condense Remove Reorder $\chi2=19.646$ $p=0.0001$	While both groups reported making changes to the MMH curriculum through lesson condensing and removing content, the control group may have lower rates of implementation adherence and effectiveness since these variables are not fidelity consistent.

Quantitative Results



Discussion

•We identified 3 key areas in our qualitative analysis that provide information about why teachers made adaptations: Student developmental needs, student engagement, and time constraints.
•Variables such as removing, reformatting, and condensing MMH curriculum suggests that fidelity standards of >80% curriculum delivery by teachers is not being met.
•Altering too much of the source material lowers the effectiveness of MMH and may suggest fidelity-inconsistent implementation.
•The control group has lower rates of implementation adherence due to higher rates of condensing lessons, removing content, changed content, and reformatting content.
•The Mi-LEAP group has implementation methods, such as added content, that adhere better to the source material, resulting in an implementation that is fidelity-consistent and better able to meet the needs of students.

Conclusion

•While all modifications may have been made to better engage and meet the needs of students, modifications such as swapping out activities, defining terms, and use of other media to supplement MMH will support fidelity-consistent implementation.
•Creating fidelity-inconsistent modifications may lead to an ineffective curriculum that does not offer the same preventative outcomes that fidelity-consistent findings have.
•Fidelity-consistent findings indicate that the MMH curriculum is both effective and efficient at preventing high-risk student behaviors, including drug misuse and social and emotional health concerns.[1]
•When fidelity standards are met, MMH has the potential to improve and prevent future short and long term health outcomes.[1]
•Limitations of this study include a small sample size, circumstances that led to multiple teachers dropping out (resulting in unbalanced control and intervention groups), and other limitations pertaining to pilot trials.
•Next steps to further test the modified MMH curriculum and evaluate fidelity-consistency include streamlining recruitment, tracking, and evaluation methods in a larger study.

Name: Elizabeth Crenshaw

Site: Henry Ford Health

Title: Innovative Strategies for Hypertension Management: Role of Medical Assistants as Hypertension Navigators

Introduction: Innovative Strategies for Hypertension Management: Role of Medical Assistants as Hypertension Navigators

Methods: The proposed methodology involves conducting structured interviews with the interdisciplinary healthcare team, including medical assistants, pharmacists, dietitians, and administrators. These interviews will gather insights on integrating MAs into HTN management programs, exploring their roles, contributions, and challenges. The feedback obtained will inform program development, identify areas for improvement, and optimize the utilization of MAs in hypertension care. Additionally, research will be conducted to compare the effectiveness of MAs versus CHWs in managing hypertension, providing valuable insights for optimizing healthcare delivery strategies.

Outcomes: The project aims to effectively integrate Medical Assistants (MAs) into hypertension management programs to enhance health outcomes, especially for African American men who are at higher risk Feedback obtained will identify key areas for improvement and address challenges faced by MAs in supporting hypertensive patients. Furthermore, research comparing MAs' effectiveness to that of Community Health Workers (CHWs) will provide insights for optimizing healthcare delivery strategies.

Innovative Strategies for Hypertension Management : Role of Medical Assistants as Hypertension Navigators

WAYNE STATE
School of Medicine

Elizabeth Crenshaw, BS, Master of Public Health Candidate
Preceptor: Denise White-Perkins, M.D., PhD, Interim Chair, Department of Family Medicine, Henry Ford Health
Director, Healthcare Equity Initiatives, Office of System Diversity Equity and Inclusion

Background

Henry Ford Health (HFH) operates as a comprehensive healthcare system, offering acute, specialty, primary, and preventive care services and stands as a forefront provider in the nation's comprehensive, nonprofit integrated health systems. [1] The mission of HFH extends beyond individual care, aiming to cultivate a healthier community through personalized and patient-centered approaches.[1] Within HFH, Family Medicine plays a pivotal role in tackling healthcare disparities. Focused on eliminating obstacles faced by marginalized and underrepresented populations, particularly in Detroit, this institute employs various strategies including research, community initiatives, interventions, and cultural competence training.

Goal: This project explores the integration of Medical Assistants (MAs) as Hypertension (HTN) Navigators, recognizing their unique position on the frontline of healthcare. Despite being underutilized in HTN management, MAs have the potential to bridge crucial gaps between healthcare providers and patients, enhancing overall care delivery.

Express Blood Pressure Program: HFH is working on the American College of Preventative Medicine (ACPM)/ Center of Disease Control (CDC) grant funded initiative to improve blood pressure (BP) control for African American men aged 35-64 who are at risk for high blood pressure. This special program is located at Detroit Northwest, Ford Road, and Harbortown locations.

Key Team Members:

- Medical Assistant (MA) called HTN Navigator
- Pharmacist
- Physician
- Registered Nurse (RN)
- Case Manager
- Dietitian

Figure 1 - Key Team Members

Key team members in the Express Blood Pressure Program at Henry Ford Health include a Medical Assistant (MA) functioning as an HTN Navigator, a Pharmacist, Physician, Registered Nurse (RN), Case Manager, and Dietitian.

Introduction

Hypertension remains a significant and widespread health challenge in the state of Michigan demanding innovative strategies to improve management and health outcomes. African American men face a higher prevalence of developing hypertension and often encounter limited access to public resources. [2] At HFH, there was an alarming rate of uncontrolled hypertension observed, characterized by either a lack of blood pressure measurement within a year or readings equal to or exceeding 140/90. Data from April 2022 at HFH highlighted a significant gap, with only 67% of African American patients achieving controlled blood pressure compared to 73% of White patients. [2] Various factors contribute to these disparities, including socially disadvantaged neighborhoods (state deprivation index of nine or ten), low health literacy or awareness regarding hypertension, insufficient resources for blood pressure monitoring and dietary support, older age, male gender, sedentary lifestyle, medication non-compliance, and higher body mass index (BMI). [2]

Methods

The proposed methodology involves interviewing the interdisciplinary healthcare team for feedback and researching the role of MAs in HTN management. This process will engage healthcare providers, administrators, and other stakeholders through qualitative methods to gather insights on the integration of Medical Assistants into hypertension management programs. Structured interviews will be conducted to explore perspectives on the roles, contributions, and challenges faced by MAs in supporting patients with hypertension. Through these interviews, valuable feedback will be obtained to inform program development, identify areas for improvement, and optimize the utilization of MAs in hypertension care. Additionally, research is conducted to understand the effectiveness of MAs versus community health workers (CHWs) in managing hypertension, thereby providing valuable insights for optimizing healthcare delivery strategies.

Results

Patient Interaction: Medical assistants often have frequent and direct contact with patients, allowing for ongoing support and encouragement in hypertension management.

Education and Guidance: They can provide valuable education on lifestyle modifications, medication adherence, and self-monitoring techniques to empower patients in managing their hypertension.

Continuity of Care: Medical assistants can establish strong rapport with patients, facilitating consistent follow-up and monitoring of blood pressure readings over time.

Coordination with Care Team: They can serve as liaisons between patients and healthcare providers, ensuring effective communication and collaboration in treatment plans.

Accessibility: With their presence in various healthcare settings, medical assistants offer convenient access for patients seeking guidance and assistance with hypertension management.

Empathy and Support: Medical assistants can offer empathetic support and encouragement, helping patients navigate the challenges and emotions associated with hypertension diagnosis and management.

Referrals to Case Manager: Medical assistants can refer patients to a case manager who can provide additional support and coordination of care, ensuring comprehensive management of hypertension and addressing any barriers to treatment adherence.

Referrals to Dietitian: Medical assistants can recommend patients to a dietitian who can offer personalized dietary guidance and meal planning strategies tailored to their specific nutritional needs and preferences, which is crucial for managing hypertension effectively.

Referrals to Pharmacist: Medical assistants can refer patients to a pharmacist for medication titration and medication counseling, including information on dosage, potential side effects, and interactions, optimizing medication adherence and efficacy in hypertension management.

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1. Family medicine (2024) Henry Ford Health - Detroit, MI. Available at: https://www.henryford.com/services/family-medicine (Accessed: 23 March 2024).
2. Eis, R. White-Perkins, D(2023).Henry Ford Health. American College of Medicine Hypertension Grantee Narrative Report

Recommendations

To ensure MAs are equipped to effectively navigate HTN management, comprehensive training is essential across several key areas.

Figure 2 - Omron Blood Pressure Monitor

Omron Blood Pressure Monitor will be utilized by patients enrolled in the Express Blood Pressure Program.

First, mastering accurate blood pressure measurement techniques, including proper patient positioning, cuff selection, and validation of manual and automated readings, is crucial. Regular competency assessments and skills validation further ensure proficiency in this fundamental skill.

Second, a solid understanding of hypertension management is necessary. This includes knowledge of pathophysiology, treatment guidelines, identification of uncontrolled hypertension, and familiarity with medication mechanisms, side effects, and titration principles.

Third, collaborative care coordination is also vital. This involves conducting daily team huddles to review patient status, communicating effectively with physicians for medication adjustments, and establishing collaborative practice agreements for medication management.

Fourth, patient engagement and education play a pivotal role in successful hypertension management. MAs should provide patients with self-monitoring tools, offer coaching on lifestyle modifications such as diet and exercise, and reinforce medication adherence through regular outreach and follow-up. Handouts describing the jobs responsibilities of MAs as HTN Navigators would be useful. See handouts below.

Fifth, data-driven population health management strategies are essential for identifying high-risk patients and driving continuous improvement. Leveraging patient registries and appointment reports allows medical assistants to proactively flag uncontrolled hypertension cases for intervention and track key performance metrics.

Sixth, understanding their scope of practice and delegation of responsibilities is also crucial for MAs. Clear protocols and workflows for HTN management tasks, along with necessary training, certifications, and collaborative agreements, ensure they can effectively fulfill their role within the care team.

By providing medical assistants with this comprehensive training, healthcare organizations empower them to function as effective hypertension navigators, ultimately leading to meaningful improvements in blood pressure control and patient outcomes.

Name: Brandon Crittenden

Site: Karmanos Cancer Institute – The Office of Cancer Health Equity and Community Engagement (OCHECE)

Title: Scientists In Action Cancer Prevention: A Community Driven Approach

Introduction: The Office of Cancer Health Equity and Community Engagement (OCHECE) at the Karmanos Cancer Institute is responsible for monitoring cancer cases in 46 Michigan counties primarily through community engagement efforts. As part of their mandate, OCHECE is obligated to conduct Community Outreach and Engagement (COE). As a demonstration of their dedication to COE, OCHECE has introduced an intervention called Scientists in Action training. This initiative aims to facilitate connections between cancer researchers and community members by promoting engagement and fostering bidirectional communication.

Methods: During the annual program retreat in Fall 2023, Scientists in Action organized Community Conversations entitled "Tumor Biology and Microenvironment" (TBM) with the goal of sharing information with the community and fostering dialogue between scientists and community members. Researchers underwent training sessions to prepare for these conversations, which covered various aspects including presentation design and the use of plain language, with specific tips on word choice. To assess the effectiveness of these training sessions, researchers conducted post-tests using a Likert scale. Collected data was analyzed using SPSS software.

Outcomes: A total of 14 researchers successfully completed the Scientist in Action training. Participants expressed high satisfaction, with an average response of 4 for each question. The objectives of the Scientist in Action training covered humanizing scientists, encouraging them to engage with communities on a personal level, and fostering trust between scientists and communities. Ultimately, the program aims to bring about institutional change by reshaping the narrative of research as a collaborative endeavor between scientists and communities.

Scientist In Action Cancer Prevention: A Community Driven Approach

Brandon Crittenden, BSPH, MPH Candidate
Brittany Dowe, MPH,
Director, Office of Cancer Health Equity & Community Engagement (OCHECE)

WAYNE STATE
School of Medicine

BARBARA ANN Karmanos CANCER INSTITUTE Wayne State University

Introduction

The Karmanos Cancer Institute Office of Cancer Equity and Community Engagement (KCI OCHECE) was established in 2017 to monitor cases of cancer throughout Michigan's 46 counties by means of community engagement. One goal of OCHECE is to engage the diverse communities of the catchment area and scientists affiliated with KCI in a variety of strategies and activities to reduce that burden. (Fig. 1 & 2) OCHECE supports the intersection of community engagement and research across the cancer care continuum from cancer prevention, detection, diagnosis, treatment, and survivorship. OCHECE builds research capacity in communities by educating community members and organizations about cancer research and providing opportunities for community stakeholders to engage with clinical and population scientists in foundational language, thereby empowering communities to have a voice in driving research and change. As part of their mandate, OCHECE is obligated to conduct Community Outreach and Engagement (COE). As a demonstration of their dedication to COE, OCHECE has introduced a health intervention called Scientists in Action training. This initiative aims to facilitate connections between cancer researchers and community members by promoting engagement and fostering bidirectional communication. (1) The objectives of the Scientist in Action training include humanizing scientists, encouraging them to engage with communities on a personal level, and fostering trust between scientists and communities.

Methods

During the annual program retreat in Fall 2023, Scientists in Action organized Community Conversations entitled "Tumor Biology and Microenvironment" (TBM) with the goal of sharing information with the community and fostering dialogue between scientists and community members. Researchers underwent training sessions to prepare for these conversations which covered various aspects, including presentation design, the use of plain language, and specific tips on word choice. To assess the effectiveness of these training sessions, researchers conducted post-tests using a five-point Likert scale. Collected data was analyzed using SPSS software.

Results

A total of **14** researchers successfully completed the Scientist in Action training and each participant completed the post-test survey. Based on the analysis, participants were satisfied with the Scientists in Action training video, find the training video very useful, and find it easy to follow overall.

Scientists in Action Program Outline

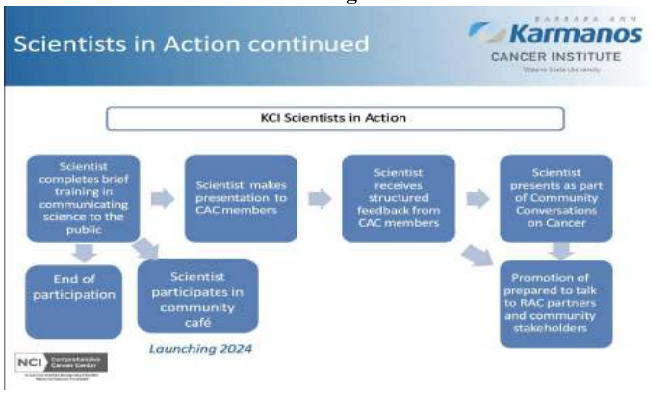


Fig. 1 (1)

OCHECE Catchment Area Map

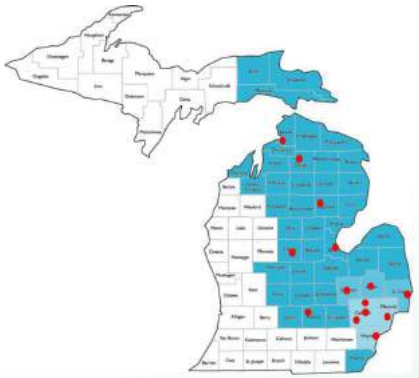


Fig. 2 (1)

Conclusion

The Scientists in Action program is committed to creating dialogue through bidirectional communication between community stakeholders and cancer researchers. The training provides scientists with the resources and skills to effectively communicate their research to and engage with community stakeholders while offering opportunities for community stakeholders to directly engage cancer researchers.

Bidirectional communication between scientists and community members led to dialogue on critical science and society issues embedded in public discourse. Community input influenced research agendas that guided community listening sessions. Research proved to be responsive to societal needs and interests. Through engaging with community, researchers were able to embed scientific findings in the daily life of community members. Furthermore, cancer researchers have learned to distill highly technical medical terminology into comprehensive plain language. Ultimately, the program aims to bring about institutional change by reshaping the narrative of research as a collaborative endeavor between scientists and communities. Future directions of the program include developing additional opportunities for Scientists in Action to organize community conversations on other cancer-related topics of interest to the community, eliciting topic suggestions form the community, and identifying next steps for scientists and community members to collaborate and maintain open dialogue in and through the Scientists in Action program.

Reference

1. About Us [Internet]. [cited 2024 Feb 20]. Available from: https://www.karmanos.org/karmanos/about-us-ochece

Name: Juhi Deshmukh

Site: Birth Detroit

Title: Birth Detroit: Grant Writing and Organization Enhancement

Introduction: Birth Detroit is a free-standing birth center that uses the community organizing approach to assist with birth center development and is rooted in equity and partnerships. To fund, obtaining grants as an organization is crucial. To refine this, there are two deliverables that will enrich the grant writing experience within Birth Detroit. The first deliverable is to create a grant compliance checklist and the second deliverable is an updated version of the language bank at Birth Detroit to use for grant applications.

Methods: The first deliverable is a grant compliance checklist which outlines what is required and associated with each grant through compiled focused materials, researched past grant applications, drafting current proposals and individual organizations websites for requirements aiming to assist with future grant writing. The second deliverable aims to update Birth Detroit's language bank by further describing the organization's programs, current outcomes, and activities for funders enhancing the grant application and writing process.

Outcomes: Checklist outcomes are: 1) Increased efficiency and accuracy in managing and tracking of grant-funded projects at Birth Detroit; 2) Ensure that grant activities are carried out in line with expectations and deadlines; 3) Increased accountability, transparency; and, 4) Enhanced ability and capacity of grant writing. Language Bank outcomes are: 1) Improved communication with funders and stakeholders; 2) Increased quality of grant proposal; 3) Strengthened organizational identity and consistency; and, 4) Professional development building skills.

Birth Detroit: Grant Writing and Organization Enhancement

WAYNE STATE
School of Medicine

Juhi Deshmukh, Master of Public Health Candidate
Leseliey Welch, MPH, MBA, Preceptor
Birth Detroit

Introduction

Birth Detroit is Detroit's first free-standing birth center that uses the community organizing approach to birth center development and is rooted in equity and partnerships. To fund, obtaining grants as an organization is crucial. To refine this process, there are two deliverables that will enrich the grant writing experience and efficiency within Birth Detroit. The first deliverable is a grant compliance checklist, and the second deliverable is an updated version of the language bank at Birth Detroit to use for future grant applications.

Figure 1 – Birth Detroit Logo

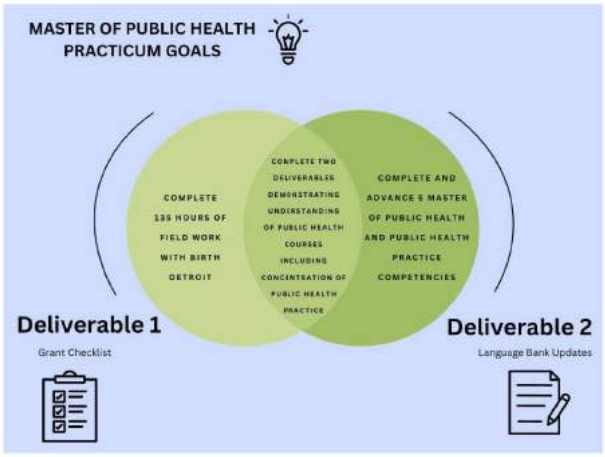


Figure 2 – Master of Public Health Practicum Goals

Methods

First deliverable of a grant compliance checklist methods:

- Outlining what is required and associated with each grant through focused materials
- Researched past grant applications, drafting current proposals and individual organizations or stakeholder websites for requirements.
- Ensures that the organization is compliance with grant requirements including an initial assessment which takes into consideration current grant materials, and Birth Detroit's regulations, collaborations, reviewing, and revising to streamline the process and ensure adherence to grant requirements.
- Checklist is development is based on the compiled common requirements across various grant applications and past reports that Birth Detroit has conducted including any deadline, timeframes, and restrictions.
- Checklist is developed to capture important information for each grant and cover essential information that are a common theme across grant applications in hopes to assist with future grant writing.

Second deliverable of updated provided language bank methods:

- Language bank used to accurately describe the organization's programs, outcomes, and activities for institutional funders enhancing the grant application and writing process from within Birth Detroit.
- Researched 2023 and 2024 previous submitted grant applications to compile list of questions and answers to be used for accurate future grant application and writing methods.

Outcomes

Checklist outcomes are:

1. Increased efficiency and accuracy in managing and tracking of grant-funded projects at Birth Detroit.
2. Ensure that grant activities are carried out in line with expectations and deadlines.
3. Increased accountability, transparency
4. Enhanced ability and capacity of grant writing

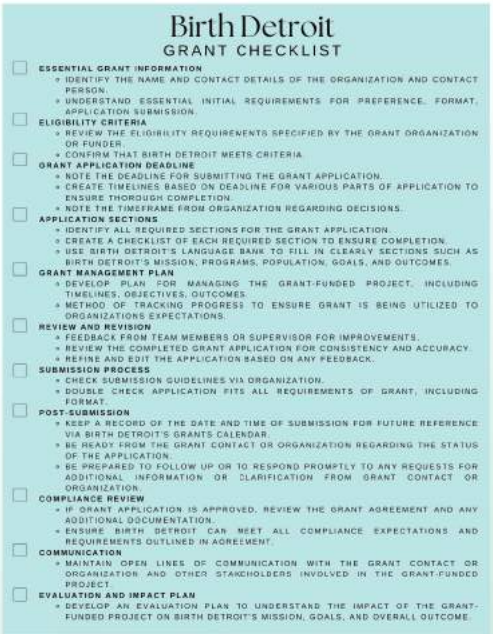
Language Bank outcomes are:

1. Improved communication with funders and stakeholders
2. Increased quality of grant proposal
3. Strengthened organizational identity and consistency
4. Professional development building skills

Conclusion

Implementing the grant checklist and updates to Birth Detroit's language bank strengthens Birth Detroit's mission as a strong organization. Through the development of the grant checklist, Birth Detroit can refine it's grant process and ensure that all requirements and standards are met for stakeholders and organizations. This process allows for accountability and transparency in addition to using funds as efficiently as possible, pushing towards Birth Detroit's success and reaching the mission of providing safe, quality, and loving care through pregnancy and birth. Furthermore, the updates in Birth Detroit's language bank have enhanced the ability to communicate to stakeholders and organizations by providing accurate information and language to tell Birth Detroit's story. In addition, it showcases the impact that the organization is currently doing. Both deliverables show Birth Detroit's commitment to having an excellent foundation in grant writing, management, communication, and community focused strategies.

Product


Birth Detroit
GRANT CHECKLIST

- ESSENTIAL GRANT INFORMATION
  - IDENTIFY THE NAME AND CONTACT DETAILS OF THE ORGANIZATION AND CONTACT PERSON.
  - UNDERSTAND ESSENTIAL INITIAL REQUIREMENTS FOR PREFERENCE, FORMAT, APPLICATION SUBMISSION.
- ELIGIBILITY CRITERIA
  - REVIEW THE ELIGIBILITY REQUIREMENTS SPECIFIED BY THE GRANT ORGANIZATION OR FUNDER.
  - CONFIRM THAT BIRTH DETROIT MEETS CRITERIA.
- GRANT APPLICATION DEADLINE
  - NOTE THE DEADLINE FOR SUBMITTING THE GRANT APPLICATION.
  - CREATE TIMELINES BASED ON DEADLINE FOR VARIOUS PARTS OF APPLICATION TO ENSURE THOROUGH COMPLETION.
  - NOTE THE TIMEFRAME FROM ORGANIZATION REGARDING DECISIONS.
- APPLICATION SECTIONS
  - IDENTIFY ALL REQUIRED SECTIONS FOR THE GRANT APPLICATION.
  - CREATE A CHECKLIST OF EACH REQUIRED SECTION TO ENSURE COMPLETION.
  - USE BIRTH DETROIT'S LANGUAGE BANK TO FILL IN CLEARLY SECTIONS SUCH AS BIRTH DETROIT'S MISSION, PROGRAMS, POPULATION, GOALS, AND OUTCOMES.
- GRANT MANAGEMENT PLAN
  - DEVELOP PLAN FOR MANAGING THE GRANT-FUNDED PROJECT, INCLUDING TIMELINES, OBJECTIVES, OUTCOMES.
  - METHOD OF TRACKING PROGRESS TO ENSURE GRANT IS BEING UTILIZED TO ORGANIZATIONS EXPECTATIONS.
- REVIEW AND REVISION
  - FEEDBACK FROM TEAM MEMBERS OR SUPERVISOR FOR IMPROVEMENTS.
  - REVIEW THE COMPLETED GRANT APPLICATION FOR CONSISTENCY AND ACCURACY.
  - REFINE AND EDIT THE APPLICATION BASED ON ANY FEEDBACK.
- SUBMISSION PROCESS
  - CHECK SUBMISSION GUIDELINES VIA ORGANIZATION.
  - DOUBLE CHECK APPLICATION FITS ALL REQUIREMENTS OF GRANT, INCLUDING FORMAT.
- POST-SUBMISSION
  - KEEP A RECORD OF THE DATE AND TIME OF SUBMISSION FOR FUTURE REFERENCE VIA BIRTH DETROIT'S GRANTS CALENDAR.
  - BE READY FROM THE GRANT CONTACT OR ORGANIZATION REGARDING THE STATUS OF THE APPLICATION.
  - BE PREPARED TO FOLLOW UP OR TO RESPOND PROMPTLY TO ANY REQUESTS FOR ADDITIONAL INFORMATION OR CLARIFICATION FROM GRANT CONTACT OR ORGANIZATION.
- COMPLIANCE REVIEW
  - IF GRANT APPLICATION IS APPROVED, REVIEW THE GRANT AGREEMENT AND ANY ADDITIONAL DOCUMENTATION.
  - ENSURE BIRTH DETROIT CAN MEET ALL COMPLIANCE EXPECTATIONS AND REQUIREMENTS OUTLINED IN AGREEMENT.
- COMMUNICATION
  - MAINTAIN OPEN LINES OF COMMUNICATION WITH THE GRANT CONTACT OR ORGANIZATION AND OTHER STAKEHOLDERS INVOLVED IN THE GRANT-FUNDED PROJECT.
- EVALUATION AND IMPACT PLAN
  - DEVELOP AN EVALUATION PLAN TO UNDERSTAND THE IMPACT OF THE GRANT-FUNDED PROJECT ON BIRTH DETROIT'S MISSION, GOALS, AND OVERALL OUTCOME.

Figure 3 – Birth Detroit Grant Checklist

Name: Juhi Devliyal

Site: The Adaptive Strategies for Prevention Implementation with Research in School Environments (ASPIRE) Lab

Title: A Collaborative Data-Driven Approach to Improve the Implementation of an Evidence-Based Health Curriculum

Introduction: The Adaptive Strategies for Prevention Implementation with Research in School Environments (ASPIRE) laboratory leads an innovative project called RAPD—Rapid Adaptation to Prevent Drug Use. RAPD focuses on crafting and refining strategies to ensure fidelity to a scientifically supported health curriculum. Collaborating with state-level community partners, RAPD swiftly adapts to evolving drug consumption patterns, mitigating risks associated with student drug use. Leveraging the established Michigan Model for Health (MMH) curriculum, the RAPD initiative enhances the MMH program, positively influencing student perceptions and behaviors related to drug use while encouraging active participation.

Methods: During the practicum, a collaborative methodology was employed, involving both health coordinators and educators. This partnership facilitated a multifaceted data collection approach. I worked on quantitative data that had been obtained regarding demographics of teachers and students, alongside the Framework for Reporting Adaptations and Modifications to Evidence-based Implementation Strategies (FRAME-IS) data. Concurrently, qualitative insights were gathered through regular meetings and interviews with the stakeholders. These interactions played a crucial role in evaluating the RAPD's acceptability, appropriateness, and feasibility, as well as identifying any impediments encountered during implementation.

Outcomes: The data analysis of this pilot study, that I contributed to, aims to refine a broader intervention, ensuring the MMH's integrity and suitability for schools, targeting over 60 schools in the coming years.

A Collaborative Data-Driven Approach to Improve the Implementation of an Evidence-Based Health Curriculum

Juhi Devliyal, B.S.P.H., Masters of Public Health Candidate
Andria Eisman, Ph.D., Assistant Professor of Community Health
Christine Koffkey, M.P.H., Project Manager
Wayne State University, College of Education, Department of Kinesiology, Health, and Sports Studies (ASPIRE Lab)

WAYNE STATE School of Medicine

RAPD RAPID ADAPTATION TO PREVENT DRUG USE

Introduction

- Drug use patterns evolve swiftly among adolescents, and educational institutions serve as crucial environments for prevention. Schools shape health behaviors and provide an avenue to enhance service accessibility for low-income youth.
- The Rapid Adaptation to Prevent Drug Use (RAPD) project's initiative is integral to their research agenda, focusing on enhancing fidelity to a scientifically supported health curriculum.
- The essence of RAPD lies in its collaborative nature, uniting efforts with state-level community partners such as the Michigan School Health Coordinators' Association. The project's primary aim is to adapt swiftly to the evolving patterns of drug consumption and mitigate the risks associated with student drug use. This is achieved by leveraging the established Michigan Model for Health (MMH) curriculum. The ultimate objective of the RAPD intervention is to enhance the effectiveness of the MMH program, thereby positively influencing students' perceptions and behaviors regarding drug use, as well as bolstering their active participation in the MMH curriculum.

Methods & Competencies

I participated in a collaborative methodology to contribute to the site

- I attended interdisciplinary meeting every week and participating in meeting with the health coordinators (HC).
- During step 5 of the Rapid Qualitative Analysis (RQA) process, which involved synthesizing information from previous steps, collaboration with the HCs (Health Coordinators) facilitated the integration of diverse perspectives from various sectors.
- Through our collaborative efforts, I gained deeper insights, enhancing my understanding of both quantitative and qualitative analyses.

Foundational – 21

Framework for Reporting Adaptations and Modifications to Evidence-based Implementation Strategies (FRAME-IS)
Foundational – 3 & 4
Concentration - 1

Participated in the interim teacher interviews, made/cleaned the transcript, made the initial domain and complied a list of themes and quotes, and made a matrix sheet
Foundational – 4 & 19

Student/Teacher Demographic Data clean-up and Analysis Using Excel and STATA
Foundational – 3 & 4
Concentration - 1

- The insights derived from this quantitative data and interview transcript are pivotal, not only in meeting the clinical trial's reporting requirements but also in empowering the practicum site and partners, including HCs, to enhance and propagate drug prevention strategies across various educational institutions.
- The qualitative data facilitated the evaluation and dissemination of public health data through detailed dialogues with teachers and health coordinators

Foundational – 19 & 21
Concentration - 4

Definitions

The interviews aimed to evaluate if RAPD fits for the school and for that it is important to understand some terms. We have defined these terms according to Proctor et al., 2023[1].

- Appropriateness: The perceived fit, relevance, or compatibility of an implementation target for a given context or its perceived fit for a problem
- Feasibility: The extent to which an implementation target can be successfully used or deployed within a given setting
- Acceptability: Stakeholders' perceptions that an implementation target is agreeable, palatable, or satisfactory

Deliverables

School by Ethnicity

school_t1	ethnicity_t1 No	ethnicity_t1 Yes	Total
1	47	28	75
5	11	4	15
6	84	21	105
7	0	1	1
10	27	4	31
11	134	30	164
Total	303	88	391

Figure 1: Ethnicity Distribution Across Schools

School by Race

school_t1	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Pacific Islander	White	More than 1 race	Not sure	Other	Total
1	1	0	58	1	13	3	0	0	75
5	2	0	4	0	8	2	1	0	15
6	7	2	17	0	68	5	7	0	105
7	0	0	1	0	0	0	0	0	1
10	3	1	0	1	27	0	0	0	32
11	13	2	5	0	118	12	12	2	164
Total	26	5	85	2	234	22	20	2	391

Figure 2: Race Distribution Across Schools

STATA 18 **Student Demographic Data** Excel

School by Age

school_t1	age_yrs_t1 12	13	14	Total
1	49	26	0	75
5	6	9	0	15
6	17	56	32	105
7	0	0	1	1
10	7	20	5	32
11	2	91	71	164
Total	81	202	109	392

Figure 3: Age Distribution Across Schools

School by Gender

school_t1	gender_t1 Male	Female	Non-binary	Transgender	Prefer not to say	Total
1	36	18	1	0	0	75
5	6	9	0	0	0	15
6	53	50	0	0	2	105
7	0	1	0	0	0	1
10	19	19	1	1	1	32
11	87	73	1	1	2	163
Total	192	189	3	2	5	391

Figure 4: Gender Distribution Across Schools

Teacher Demographic Data

	Intervention (grtyp (1))	Control (grtyp (0))
htDur	10+ (3; 75%) 6-10yrs (1; 25%)	10+ (1; 50%) 2-5yrs (1; 50%)
schDur	10+ (3; 75%) 6-10yrs (1; 25%)	2-5 yrs (1; 50%) 6-10 yrs (1; 50%)
edu	MA (3; 75%)	MA (1; 50%)
race	White (4; 100%)	White (2; 100%)
ethnicity	No (4; 100%)	No (2; 100%)
gender	Male (2; 50%) Female (2; 50%)	Male(1; 50%) Female (1; 50%)

Figure 5: Age Distribution Across Schools

Race	Non-Hispanic/Latino Male	Female	Unknown	Hispanic/Latino Male	Female	Unknown	Total
AA/PI	0	0	0	0	0	0	0
White	3	3	0	0	0	0	6
AIAN	0	0	0	0	0	0	0
Black	0	0	0	0	0	0	0
More than 1 race	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0
Total	3	3	0	0	0	0	6

Figure 6: Age Distribution Across Schools

Interim Interview Summaries

Participant	Experience with RAPD to date	Appropriateness	Feasibility	Acceptability
SUMMARY	The RAPD project elicited positive feedback from all teachers involved. Collaborations with the Health Coordinator (HC) were fruitful, fostering brainstorming sessions that delved into strengths and weaknesses. The experience proved eye-opening, broadening their horizons. For one teacher this process helps them engage in cultivating a health supporting education climate. However, challenges surface at—one felt ill-prepared & one had issues with the school year structure.	The RAPD process & material were generally seen as beneficial, but there were variations in how teachers perceived certain aspects such as relevance (overlooking non-applicable aspects, as little spent on step 4) & depth of engagement. Some found it smooth, while others encountered challenges (student surveys, curriculum due to being new to the process). Overall, alignment with school needs & encouragement of reflection were positive points.	The teachers provided insights on feasibility, utilization, and potential improvements for the initiative. Need for clear communication during onboarding and information on resource availability were common themes across their feedback. One teacher utilized Hi Pitt survey to report back to students, & one found the process unique compared to past efforts. One study confirmed the RAPD could be applied to non-drug related areas.	The overall feedback points to a generally favorable view of RAPD's structure and potential for future use due to its non-invasive structure. One teacher had doubts about recommending it, while another said that they would. For the other two teachers, we never got to that question in the interviews. One teacher pointed out that RAPD involves more stakeholders compared to other interventions, which was beneficial. One teacher also mentioned how RAPD is more suitable for larger districts where a team approach can be applied, rather than a solo champion approach. A curriculum was how vague some questions were.

STATA 18 **FRAME-IS Data Analysis** Excel

Lessons Reported

Unit_2	School 1	4	5	6	9	10	11	Total
1	1	0	1	0	0	0	1	3
2	1	0	1	2	0	0	1	5
3	0	0	1	2	0	0	0	3
4	0	0	1	1	0	0	0	2
5	0	0	1	0	0	0	0	1
6	1	0	1	1	0	1	1	5
7	0	0	1	1	0	1	1	4
8	0	0	1	0	0	1	0	2
9	0	0	1	0	0	2	1	4
10	0	0	1	0	0	1	0	2
11	0	0	0	0	0	1	0	1
Total	3	0	10	7	0	7	5	32

Results

- **One-way tabulation of the student demographic data:**
  - The sample consisted of 192 (49.10%) male and 189 (48.34%) female along with 2 (0.51%) transgender.
  - The sample consisted of 202 (51.53%) 13-year-olds, 109 (27.81%) 14-year-olds and 81 (20.66%) 12-year-olds.
  - The sample consisted of 232 (59.03%) White students and 65 (16.54%) Black or African American Students.
- **Two-way tabulations of the student demographic data shows are age, race, gender, and ethnicity are distributed across the different schools.** ***(See figures 1, 2, 3, and 4)***
- **Teachers' demographics data:**
  - Figure 5 explores education levels, race, ethnicity and gender across the intervention and control group. Some things to note here is that 100% of the sample consist of White teachers and there is a 50/50 male and female distribution.
  - Figure 6 mainly focuses on the race and ethnicity status of the sample, as it is a requirement of the clinical trials.
- **FRAME-IS data:**
  - Multiple tables like the Chi-Square, Fisher's Exact, and Wilcoxon Rank-Sum (Mann-Whitney) tests were created to compare the intervention groups to lessons taught.
  - It appears that fidelity was compromised as several lessons were skipped by the teachers.

- **Rapid qualitative analysis (RQA) of the interim interviews:**

Appropriateness

Alignment with school needs and encouragement of reflection were positive points.

"Do you feel like the rapid process and the worksheets and other materials you used fit some of the needs you were experiencing in your school?" - Interviewer
"Yeah, I mean, I do. Yeah, I would say, yes." – Interviewee 1

Feasibility

Need for clear communication during onboarding and information on resource availability were common themes across their feedback.

"...having some time to really grasp what the process was like [RAPD intervention] before jumping in would've been helpful." – Interviewee 2
"...maybe even being clearer about that [the onboarding process and "going slow to go fast"] up front." – Interviewer

Acceptability

One teacher had doubts about recommending it, while another said that they would.

"too early to say [whether he would recommend to other teachers] but maybe" – Interviewee 3
"I would recommend it [RAPD intervention]..." – Interviewee 4

Outcomes

The data analysis of this pilot study, that I contributed to, aims to refine a broader intervention, ensuring the MMH's integrity and suitability for schools, targeting over 60 schools in the coming years. The quantitative deliverable aligns with the site's goal of increasing access to services for low-income youth. The FRAME-IS data gives an insight on the analysis already done and to not waste more time on it in the future and find different ways. The qualitative deliverable highlights how feasible, acceptable and appropriate RAPD was for schools.

Reference

1. Proctor, E.K., Bunger, A.C., Lengnick-Hall, R. et al. Ten years of implementation outcomes research: a scoping review. Implementation Sci 18, 31 (2023). https://doi-org.proxy.lib.wayne.edu/10.1186/s13012-023-01286-z

Name: Paul Dobry

Site: Michigan Antibiotic Resistance Reduction (MARR) Coalition

Title: Pharmacists' Perceptions of Barriers to Penicillin Allergy Reassessment

Introduction: Penicillin and its derivatives, fundamental antibiotics in treating bacterial infections, face a challenge wherein patients inaccurately labeled with penicillin allergy encounter difficulties in reassessing and correcting this designation. Mislabeling often stems from non-allergic reactions being incorrectly identified as allergic, leading to the prescription of broader-spectrum antibiotics and contributing to antimicrobial resistance, extended hospital stays, increased healthcare costs, and potential adverse events. Despite evidence suggesting that most individuals labeled with penicillin allergy lack a true immunoglobulin E (IgE)-mediated allergy, about 10% of the US population carries this label. This study aims to explore the barriers to penicillin allergy reassessment in various pharmacy practice sites.

Methods: We are conducting a cross-sectional survey among pharmacists attending regional conferences throughout Michigan. The survey, developed in collaboration with organizations like the MARR Coalition and based on extensive literature review, will address opinions on reassessment practices and identify perceived barriers. We will also collect ZIP code data and current penicillin allergy reassessment practices. The web-based survey, hosted on Qualtrics, will be pilot-tested for operationalization and revised based on feedback from a small sample of participating pharmacists.

Outcomes: The study anticipates insights into the challenges hindering penicillin allergy reassessment in diverse pharmacy practice settings. By understanding these barriers, it aims to contribute to the improvement of practices surrounding penicillin allergy labeling, ultimately promoting more accurate patient records, reducing healthcare costs, and aiding in the fight against antimicrobial resistance.

Pharmacist's Perceptions of Barriers to Penicillin Allergy Reassessment

WAYNE STATE
School of Medicine

Paul Dobry, PharmD, Master of Public Health Candidate
Preceptor: Elaine Bailey, PharmD, MARR Coalition Executive Director
Michigan Antibiotic Resistance Reduction (MARR) Coalition

Introduction

Penicillin (PCN) and its derivatives are longstanding antibiotics that continue to play a crucial role in treating various bacterial infections (1,2). They are prescribed in all types of medical practices, including hospital, dental, and ambulatory care settings. However, patients labeled as having a PCN allergy in their medical records have challenges in changing the reported allergy if it is inappropriately labeled (3). Non-allergic reactions, better known as side effects or intolerances, are commonly mislabeled as allergic reactions in patients' medical records. Over-labeling or mislabeling of this drug allergy often leads to the prescription of broader-spectrum or second line antibiotics, increasing the risks of antimicrobial resistance, extended hospital length of stay, heightened healthcare costs, and potential adverse drug events, including Clostridioides difficile infections, while also heightening patient vulnerability to specific antibiotic-resistant infections (4,5).

Michigan Antibiotic Resistance Reduction (MARR) coalition is a dynamic and collaborative initiative at the forefront of advocating for penicillin allergy stewardship. Comprising a diverse array of healthcare professionals, researchers, policymakers, and community advocates, MARR is committed to implementing multifaceted strategies aimed at reducing the overuse and misuse of antibiotics. This coalition is actively engaged in promoting responsible prescribing practices, conducting research on emerging resistance patterns, and enhancing public awareness about the critical importance of antibiotic stewardship.

Methods

Study Design:
Cross-sectional survey of using a convenience sample of pharmacists

Inclusion Criteria:
Pharmacists attending either the Michigan Pharmacists Association Annual Meeting in Detroit, Michigan or the Great Lakes Infectious Disease Conference in Grand Rapids, Michigan in 2024

Data Collection:
The survey was created and administered through Qualtrics

Survey

1. How many years have you been in practice? _____

2. What is your primary area of practice?
   a. Academia
   b. Ambulatory
   c. Community (corporate)
   d. Community (independent)
   e. Drug information
   f. Hospital
   g. Industry
   h. Long-term care
   i. Managed care
   j. Split-faculty (i.e. academia and hospital)
   k. Other (please specify): _____

3. What is the ZIP code of your primary practice site? _____

4. Does your practice setting have an established policy or practice in place to stratify a patient's risk of having a true penicillin allergy? (beyond asking if the patient has an allergy yes/no)?
   a. Yes
   b. No
   c. Not sure

If yes to #4:

5. Which of the following personnel performs penicillin allergy risk stratification at your practice site (seect all that apply)?
   a. Receptionist
   b. Nurse
   c. Nurse Technician / Assistant
   d. Medical assistant
   e. Pharmacy technician
   f. Pharmacist
   g. Mid-level provider (NP, PA, etc.)
   h. Advanced-level provider (MD, DO, DDS, etc.)
   i. Other (please specify): _____

If no or unsure to #4:

6. Rank personnel for penicillin allergy risk stratification at your practice site from most to least suitable based on your perception.
   a. Receptionist
   b. Nurse
   c. Nurse Technician/ Assistant
   d. Medical assistant
   e. Pharmacy technician
   f. Pharmacist
   g. Mid-level provider (NP, PA, etc.)
   h. Advanced-level provider (MD, DO, DDS, etc.)
   i. Other (please specify): _____

7. Rank the following perceived barriers to performing penicillin allergy risk stratification at your practice site from most to least important.
   a. Time
   b. Adequate staffing
   c. Cost
   d. Lack of institutional support
   e. Patient compliance
   f. Obtaining accurate patient history
   g. Lack of awareness that penicillin allergy labels should be re-evaluated
   h. Other (please specify): _____

8. Rank the following services to enhance your institution's ability to perform penicillin allergy risk stratification from most to least important.
   a. Risk stratification(i.e. PEN-FAST) tools incorporated into standard patient intake forms
   b. Dedicated personnel time to perform risk assessment
   c. An established antimicrobial stewardship program
   d. Clinician training that reinforces the importance of penicillin allergy re-evaluation
   e. Public awarenessoutreach
   f. Other (please specify): _____

Survey (continued)

9. Choose the top three perceived barriers to delabeling inappropriate penicillin allergies from a patient's medical records at your practice site.
   a. Conducting / coordinating referral for the initial penicillin allergy assessment (eg. skin testing/oral challenge)
   b. Lack of awareness that penicillin allergy labels should be re-evaluated
   c. Access / permission to modify allergy labels in a patient's medical record (eg. access is limited to pharmacy prescription software that does not allow modification of a patient's electronic medical record)
   d. Medical recordrelabeled with penicillin allergy from separate source (eg. another healthcare professional replaced a penicillin allergy label that you had previously removed)
   e. Time
   f. Adequate staffing
   g. Cost
   h. Lack of institutional support
   i. Patient compliance
   j. Third party insurance coverage of penicillin allergy testing
   k. Stratifying patients' risk of having a true penicillin allergy
   l. Other (please specify): _____

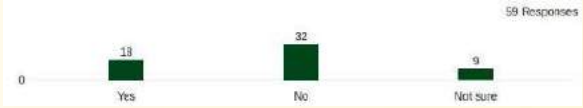
10. Rank the following services you think would improve your institution's ability to delabel inappropriate penicillinallergies from a patient's medical record, ranking them from most to least important.
    a. Access / permission to modify allergy labels in a patient's medical record
    b. Trained, on-site personnel to perform penicillin allergy testing (i.e. skin testing/oral challenge)
    c. Referral resources for penicillin allergy testing/specialty allergy services
    d. Accurate penicillin allergy risk stratification (i.e. use of PEN-FAST tool)
    e. Other (please specify): _____

11. Please provide the name(s) of any services that you know of that assist with conducting / coordinating referral for penicillin allergy assessment (eg. skin testing/oral challenge):

12. Please share any additional insights or concerns about penicillin allergy stewardship that you may have:

Results

Does your practice setting have an established policy or practice in place to stratify a patient's risk of having a true penicillin allergy?



- 54% of practice settings do not have an established policy or practice in place to stratify a patient's risk of having a true penicillin allergy

Conclusion

Several opportunities exist to enhance penicillin allergy stewardship throughout the state of Michigan. Further research is warranted to ascertain the ideal method of penicillin allergy evaluation.

References

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Name: Sarah Elalem

Site: Brilliant Detroit

Title: Enhancing Community Health Outcomes through Cancer Awareness and Prevention: A Collaboration between Blare and Brilliant Detroit

Introduction: This practicum at Brilliant Detroit is designed to integrate Blare's "My Black Cancer Journey" program into existing community health frameworks to address disparities in cancer awareness, prevention, and support among underserved populations. Emphasizing the enhancement of health literacy and screening rates, this project seeks to meld innovative public health strategies with community-based participatory research principles drawn from the Detroit Research on Cancer Survivors (ROCS) study.

Methods: The approach combines the evaluation of existing health programs at Brilliant Detroit with a detailed analysis of the ROCS study to inform strategic planning. Methods include organizing health promotion events—Dance for Health Series, Spa and Screen Days, and Family Wellness and Screening Days—integrated with mobile screening services. Simultaneously, a comprehensive analysis of the ROCS study was conducted to derive insights into survivorship and quality of life issues specific to African American cancer survivors. This involved synthesizing quantitative and qualitative data to develop targeted public health interventions and support frameworks.

Outcomes: The approach combines the evaluation of existing health programs at Brilliant Detroit with a detailed analysis of the ROCS study to inform strategic planning. Methods include organizing health promotion events—Dance for Health Series, Spa and Screen Days, and Family Wellness and Screening Days—integrated with mobile screening services. Simultaneously, a comprehensive analysis of the ROCS study was conducted to derive insights into survivorship and quality of life issues specific to African American cancer survivors. This involved synthesizing quantitative and qualitative data to develop targeted public health interventions and support framework

Enhancing Community Health Outcomes through Cancer Awareness and Prevention:

A Collaboration between Blare and Brilliant Detroit

WAYNE STATE
School of Medicine

Sarah Elalem, Master of Public Health Candidate,
Wayne State University Department of Family Medicine and Public Health Sciences
Preceptor: Katrina Studvent, Senior Director of Development, Brilliant Detroit

Introduction

Project Overview
This practicum at Brilliant Detroit is conducted in collaboration with Blair's initiative, "My Black Cancer Journey," aiming to integrate and enhance cancer care services within the community. The project focuses on implementing innovative public health strategies to address the significant disparities in cancer outcomes among underserved populations in Detroit.

Context and Need
Detroit's diverse population faces unique health challenges, particularly in cancer care, where African American residents experience disproportionately higher rates of diagnosis and mortality compared to national averages. These disparities are compounded by socio-economic barriers, limited access to early screening, and a lack of culturally tailored health education.

Objective
The main objective of this practicum is to develop and implement community-based health programs that increase cancer awareness, improve screening rates, and integrate preventive health practices into the daily lives of Detroit residents. By leveraging the findings from the Detroit Research on Cancer Survivors (ROCS) study, this project aims to create a sustainable model that enhances health literacy and facilitates early detection and treatment of cancer.

Significance
Enhancing cancer care and education in underserved communities not only improves individual health outcomes but also builds stronger, more resilient public health systems. This project seeks to demonstrate how targeted health interventions, based on comprehensive research and community engagement, can reduce health disparities and promote equity in cancer care.

Methods

Program Assessment and Integration Strategy

Initial Review: Conducted a comprehensive assessment of existing health programs at Brilliant Detroit to identify gaps and potential integration points for Blair's cancer awareness initiatives.

Strategic Planning: Developed a Program Alignment and Recruitment Strategy Report that outlined the integration of Blair's "My Black Cancer Journey" into Brilliant Detroit's existing framework. This involved planning community-engaging events such as Dance for Health Series, Spa and Screen Days, and Family Wellness and Screening Days.

Event Design: Designed each program to include fun, engaging activities combined with health education and screenings, aimed at increasing community participation and improving health outcomes.

Data Analysis and Application

ROCS Study Analysis: Performed a detailed analysis of the Detroit Research on Cancer Survivors (ROCS) study to extract insights on survivorship and the specific needs of African American cancer survivors. This analysis was critical in tailoring Blair's outreach and support services.

Data-Driven Decisions: Utilized quantitative and qualitative data from the ROCS study to inform the development of educational materials and support services that address identified disparities in cancer treatment and survivorship.

Competencies

Public Health Competency	Deliverable 1: Program Alignment and Recruitment Strategy Report	Deliverable 2: Community Outreach and Support Services Analysis
Select quantitative and qualitative data collection methods appropriate for a given public health context. (Foundation 2)	x	
Interpret results of data analysis for public health research, policy, or practice. (Foundation 4)	x	x
Discuss the means by which structural bias, social inequities, and racism undermine health and create challenges to achieving health equity at organizational, community, and systemic levels. (Foundation 6)		x
Select methods to evaluate public health programs. (Foundation 11)	x	
Synthesize current public health evidence with community and population assessment. (Concentration 3)	x	x
Critically align health messaging options in addressing improvements to population health outcomes. (Concentration 4)	x	x

Results

Key Findings on Health Disparities

Disproportionate Impact on African American Community

Advanced Stage Diagnosis: The ROCS study revealed that African American cancer patients are often diagnosed at more advanced stages than their non-Hispanic white counterparts. Statistics showed that the percentage of late-stage diagnosis among African Americans was significantly higher, impacting their treatment options and survival rates.[1]

Survival Rates: Linked to the late-stage diagnosis, the survival rates for African Americans with cancer are notably lower. This reflects both an access to care issue and a possible quality of care disparity that requires targeted intervention.[1]

Barriers to Effective Cancer Care

Access to Screening:. Many African American communities are situated in healthcare deserts where preventive services, including cancer screenings, are not readily available.[1]

Health Literacy: Low health literacy rates significantly hinder the community's ability to understand cancer risks and the importance of early detection, thereby delaying seeking care until symptomatic, which often means more advanced disease.[1]

Medical Mistrust and Discrimination: Historical and ongoing discrimination in healthcare settings contributes to a high level of mistrust within African American communities. This mistrust is compounded by underrepresentation in clinical research and a lack of culturally competent care, which discourages routine participation in preventive health measures.[1]

Recommendations for Strategic Alignment with Blare

Targeted Awareness Campaigns

- Develop campaigns to debunk cancer myths and emphasize the importance of early screening in African American communities.

Health Literacy Workshops

- Conduct workshops at local community centers and churches to educate on cancer symptoms, early detection, and healthcare navigation.

Community Health Navigators

- Deploy trained navigators to support cancer patients, acting as a bridge between them and healthcare providers to ensure timely care.

Advocacy for Healthcare Access

- Advocate for policy changes to enhance cancer screening and treatment accessibility, using insights from the ROCS study to support legislative efforts.

Public Health Collaborations

- Partner with hospitals, clinics, and non-profits to extend cancer care services to underserved neighborhoods through mobile units and joint health initiatives.

Focused Grant Applications

- Apply for grants to fund initiatives targeting cancer care disparities, highlighting specific community needs identified through research to secure necessary resources.

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Name: Olivia Furlow

Site: Detroit Life is Valuable Everyday (DLIVE)

Title: Understanding Community Violence in Detroit

Introduction: Community violence in the city of Detroit has been a consistent issue for decades. Because of this, a cycle of generational trauma resulting in additional violence persists. Participants of Detroit Life is Valuable Everyday (DLIVE) are survivors of this cycle and are provided resources and programming as a means to elevate themselves socially and economically in order to break the cycle. By gaining insight on aspects of health that affect community violence, DLIVE staff use a hospital-based intervention program to provide immediate as well as long term care.

Methods: While utilizing quantitative research, barriers including issues securing housing, transportation, meaningful employment, and social stability are tracked and measured. Qualitative research among participants increased understanding of these barriers and their specific impacts.

Outcomes: By conducting research with participants as well as using Penelope is a means to gather quantitative data, it can be seen that patterns among participants may be closely related to their social determinants of health and failure to address things like housing security, access to transportation, meaningful employment, in social mobility increases one's likelihood to become impacted by community violence in the future or potentially perpetuating the cycle of community violence. DLIVE seeks to remedy this issue by providing transitionary resources as a means to stabilize and mobilize participants.

Understanding Community Violence in the City of Detroit: DLIVE's Approach

WAYNE STATE
School of Medicine

Olivia Furlow Master of Social Work Master of Public Health Candidate

Preceptor: Tolulope Sonuyi M.D., M.Sc. DLIVE Chief Executive Officer

DLIVE (Detroit Life is Valuable Everyday)

Introduction

DLIVE (Detroit Life Is Valuable Everyday) is an organization that works with young adults that are victims of intentional violent trauma. Based out of Sinai Grace Hospital, DLIVE provides a holistic approach to community violence by wrapping participants with resources as they transition out of the hospital setting (*What is DLIVE*). Participants and their families take a deep look into their SDoH (social determinants of health) and receive the support necessary to lead healthy and successful lives. DLIVE works with participants to seek medical care for the injury that brought them to the program as well as additional assistance like, employment, education, housing, and mental health services. DLIVE continues to do this work in the hopes of reducing mobility, mortality, retaliatory violence, and incarceration while advocating for long-term success and longevity of participants (*What is DLIVE*).

While working with participants in gaining a better understanding of the specific barriers they might face, transportation and education proved to be some of the most prevalent complicated. Education is a means for social and economic mobility and prioritizing education can be challenging for those who may not have completed high school and may need to seek out separate education options like GED (General Education Development) programs. Transportation can prove to be an issue for several reasons all of which are applicable to DLIVE participants. In terms of one's social determinants of health, these barriers go hand in hand and can affect several other aspects of one's life. Understanding the issues participants are facing and the options available to them can assist in overcoming these barriers and removing these barriers for future participants.

Methods

Both quantitative and qualitative methods were utilized in order to recognize issues participants may be facing. **On the quantitative side**, *Penelope*, a case management system, has been used to collect data on individual participants. In order to gain a larger scope of participants, *I utilized SPSS* and began to code data and compare needs among participants. With this information, **I was able to conduct additional qualitative and quantitative research** on potential options that participants and DLIVE could utilize to remove some of these barriers.

As for education, DLIVE assists in enrolling participants into GED programming so that they can obtain this educational milestone while working through the program. With the knowledge that 70% of all jobs will require some form of higher education by 2027, there is a need for additional educational resources for participants so that they can compete economically within the city of Detroit. Using this information**, I did qualitative research as well as policy analysis** on higher education programs that participants can use that would provide access to higher education at a reduced or free cost.

Results

Through my research on addressing transportation barriers, I was able to locate options for current participants including

- Reduced cost repairs at high schools and colleges (Oakland Community College)
- Legal partnerships with organizations like the Detroit Justice Center
- Enrollment in driver training programs
- Increased access to public transportation like providing bus tickets and grant opportunities for continuation of Lyft programming.

When talking about educational options, through my research I was able to gain more insight on Michigan Reconnect and Detroit Reconnect and the work that they do. These program assists individuals within the state of Michigan or more specifically the city of Detroit access higher education at a reduced cost or completely free (*Michigan Reconnect*) . This program utilizes individual Pell Grants to enroll participants in associate programs as well as certificate programs while covering any additional costs that the Pell Grant may not cover or if the Pell Grant has already been used in the past (*Michigan Reconnect).* Individuals with higher social and economic mobility are less likely to:

- Become victims of violence
- Less likely to play a part in future violence
- More likely to be able to access things like consistent health care and meaningful employment.

Conclusion

Although there are current resources to address both the barriers of education and transportation, additional programming and advocacy are necessary to truly address the root causes of these systemic issues. Education, whether it is vocational, community college, or university, is a way for an individual to obtain meaningful employment.

Transportation is a means for participants to be able to do things like attend school or attend doctor's appointments. With transportation issues, participants may find themselves unable to access certain resources and programs or choose to sit out completely. Because of this advocacy for stronger transportation systems is a long but necessary process to guarantee the mobility of DLIVE participants. DLIVE continues to connect participants with resources that can assist them in overcoming transportation and educational barriers as participants present with these issues. DLIVE also works towards creative and unique ways to address these issues internally and externally while understanding the policies that affect their participants.

Figure 1 (Driver Education Resource)

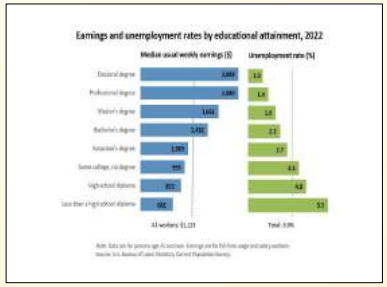

Figure 2 (Education pays 2023)

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Name: Heather Garcia

Site: Henry Ford Health – The Office of Diversity, Equity, Inclusion and Social Justice (DEIJ)

Title: Diversity, Equity, Inclusion and Justice-Employee Resource Group Manual

Introduction: The Office of Diversity, Equity, Inclusion and Social Justice (DEIJ) at Henry Ford Health values the unique needs of their people and community. Henry Ford Health shapes a diverse work environment that encourages personal and professional opportunities. Employees can join or create a Henry Ford Health Employee Resource Group (ERG).

Methods: Throughout this internship, my first task was to research the best practices of an employee resource group (ERG) manual. This included researching the benefits an employee resource group provides in the workplace and finding established ERG manuals. My second task was to build a new table of contents regarding the previous research. This was used to organize information in a useful way that makes it easy for readers to understand this new information.Then, I began creating connections using the old manual to produce a new outline for the new draft manual. In the end, this draft will continuously be sent through multiple departments at Henry Ford Health for a long-lasting, continuous tool.

Outcomes: The first deliverable outcome for this internship was a new table of contents and outline that included my best practices research and personal suggestions. The second deliverable is a 2 completed draft employee resource group (ERG) manual with updated policies and procedures that coincide with culture and diversity at Henry Ford Health System.

Henry Ford Health-The Office of Diversity, Equity, Inclusion and Justice: Employee Resource Group Manual

WAYNE STATE
School of Medicine

Heather M. Garcia, Master of Public Health Candidate
The Office of Diversity, Equity, Inclusion, and Justice at Henry Ford Health
Barbara Blum-Alexander, MPH, MSW

Introduction

The Office of Diversity, Equity, Inclusion and Social Justice (DEIJ) at Henry Ford Health shapes a diverse work environment that encourages personal and professional opportunities.[1] Employees can join or create a Henry Ford Health Employee Resource Group (ERG). These are groups that evolve around a common aspect of diversity that can include a range of anything from employees anticipating retirement to ethnicity or gender.[2] The goal was to produce a manual that established a reliable resource for employees to access when necessary.

[3] *We All Benefit from Social Justice Advocacy*

Methods

My first task was to research the best practices of an employee resource group (ERG) manual. This included researching benefits that an ERG provides in the workplace and finding previously established ERG manuals.
My second task was to build a new table of contents regarding the previous research. This included suggestions that helped increase readability and organization for efficiency.
From numerous meetings with The Office of Diversity, Equity, Inclusion and Social Justice (DEIJ) I provided suggestions on what the new ERG should include and ways to make it user friendly. Then, I began creating connections by comparing the old manual to produce a new outline for the new manual. Additional meetings were held to sort through information to ensure a finalized ERG draft.

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Outcomes

In the end, this draft will continuously be sent through multiple departments at Henry Ford Health for a long-lasting, continuous tool.

Deliverables

- Table of Contents
- Employee Resource Group manual

Results

Public Health Competency	Deliverable 1 –Best Practices Review for Table of Contents in Employee Resource Guide	Deliverable 2- Employee Resource Group Manual
Compare the organization, structure, and function of health care, public health, and regulatory systems across national and international settings. (Foundational - 5)	X	
Apply awareness of cultural values and practices to the design or implementation, or critique of public health policies or programs. (Foundational - 8)	X	X
Describe the importance of cultural competence in communicating public health content (Foundational - 20)	X	X
Construct community focused materials to address population health leadership challenges. (Concentration - 1)		X
Adapt cultural elements and aspects that influence decision making by patients, self, and colleagues (Concentration - 5)		X

Name: Maggie Graham

Site: Birth Detroit

Title: Assessing the Importance of Interprofessional Collaboration Between Hospitals and Birth Centers

Introduction: Assessing the Importance of Interprofessional Collaboration Between Hospitals and Birth Centers

Methods: I researched topics surrounding place of birth, birth centers, and health outcomes. I created infographics and presentations using educational materials and resources. Then, I wrote a literature review discussing these topics. The main question I wanted to answer was: "why birth centers?"

Outcomes: The importance of interprofessional interdisciplinary care arose as an important factor, especially in the event of an emergency. Based on the findings in my literature review, improving access to birth centers will expand care options for birthing families. This expansion in care options has additional benefits including reductions in maternal morbidity and mortality. Birth center care is collaborative and individualized, which results in better health outcomes. Ensuring collaboration between hospitals and birth centers improves healthcare and provides a larger net of care for birthing families.

Assessing the Importance of Interprofessional Collaboration Between Hospitals and Birth Centers

Maggie Graham, Master of Public Health Candidate,
Leseliey Welch MPH, MBA,
Angela Foster CNM
Birth Detroit Birth Center

WAYNE STATE School of Medicine

BIRTH DETROIT

Introduction

What is a Birth Center?

- A birth center is a health care facility that is freestanding from a hospital.
- Birth centers offer care using a midwifery wellness model to pregnant or birthing people who fit within the center's risk guidelines (1). There are four care levels:
  - Basic Care – Level I
  - Specialty Care – Level II
  - Subspecialty Care – Level III
  - Regional Perinatal Health Care Centers – Level IV (3, 13)
- Birth centers are home-like and can provide prenatal, birth, and postpartum care (2).
- A midwife works alongside an expectant family to facilitate their care needs and decisions while educating the family about care options along the way.

Birth Detroit's mission is to provide safe quality care to pregnant people. Their vision is to decrease adverse outcomes through birth center care. Birth centers offer care to people who fit within their care and risk guidelines. Birth centers carefully screen patients to ensure their safety, but in the case of emergencies, birth centers need to partner with hospitals.

- Prenatal care is one of the most used preventative care services (7).
- Research has shown an increasing risk of morbidity and mortality especially among minority populations (4,11).
- Improving collaboration between health providers has been cited as a top strategy for
  - health care reform
  - decreasing morbidity and mortality
  - improving patient experiences (9)

Methods

Why Birth Centers?

It is important to acknowledge the history of the removal of midwives from births and medicalization of birth. I wanted to research topics surrounding place of birth, birth centers, and health outcomes. Then, I wrote a literature review discussing these topics. The main question I wanted to answer was "why birth centers?". Birth centers care has shown lower rates of many adverse health outcomes. Additionally, the importance of interprofessional interdisciplinary care arose as an important factor, especially in the event of an emergency.

Results

- Research shows significant racial and ethnic disparities in health care and adverse health outcomes within the traditional medical model of birth (4,5).
- Other studies show the safety and low obstetric intervention rates in birth center births (6, 13).
- Birth centers work with their patients to individualize and personalize their care according to their wishes. Research shows that individualizing care, incorporating patient preferences, and allowing time for questions improves care and outcomes (2,7).
- Research shows that people who receive their care from birth centers have better health outcomes (6,8).
- These health outcomes include lower rates of preterm birth, low birth weight births, and cesarean birth, as well as higher rates of breastfeeding compared to people receiving typical perinatal care (9,10).
- Moreover, using only birth center prenatal care can lead to better outcomes even for births that take place in a hospital (8).

Figure 1 – AABC U.S. map of Birth Center Regulations (12)

- Figure 1 – Shows a color coded map of the US. Codes are as follows:
  - Birth Center Specific Regulations
  - Under Other Regulations
  - No Regulations
  - Certificate of Need (CON) Required for Birth Center
  - Number of birth centers in state

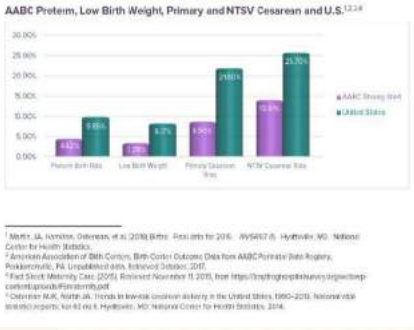

Figure 2 – AABC Rate of Medical Intervention based on place (13)

- Figure 2 – Shows a bar chart depicting rates of:
  - Preterm birth rate
  - Low birth weight
  - Primary cesarean rate
  - NTSV cesarian rate

Conclusion

- Birth centers are safe, and people who receive care from birth centers have better outcomes.
- Emergency care transfers require interprofessional collaboration to best serve the patient.
- Providers must be ready to help each other, and direct connection to labor and delivery in hospitals will improve outcomes (11).
- Policies to address the collaboration between midwives and birth centers as well as hospitals should ensure that the patients and their advocates are centered.

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Name: Natalie Granger

Site: Wayne State University Integrative Biosciences Center (IBio)

Title: Informing Provider Care: A Qualitative Study on the Michigan Vaccination Partner (MVP) and Implicit Bias (IB) Training

Introduction: The IBio has multidisciplinary teams committed to research, discovery, education, training, and knowledge application to advance biomedical challenges for ever-changing urban environments. Dr. Rhonda Dailey works in the School of Medicine and collaborates with IBio. The specific projects under Dr. Dailey that I worked on were the MVP and IB trainings.

Methods: The primary focus of the MVP training is for providers to be more accessible to individuals with disabilities. I researched best methods and created documents in preparation for a focus group. A training was disseminated to providers working with individuals with disabilities. A focus group was conducted to gauge feedback from the providers. The IB training held multiple sessions to train staff and students who provided feedback on their training. Qualtrics, Dedoose, and/or Excel were used for data analysis on the MVP and IB training feedback.

Outcomes: While the quantitative data provided demographic information, the qualitative analysis of the MVP and IB training provided insight into participants perception of the trainings. Participants recall of the study, new strategies learned, suggested improvements, benefits of the trainings, who they would recommend the training to, and organizational changes were measured. After coding a portion of the data, it is clear to see that both trainings have an impact on providers, ultimately benefiting the patients that they serve.

Informing Provider Care: A Qualitative Study on the Michigan Vaccination Partner (MVP) and Implicit Bias (IB) Training

WAYNE STATE
School of Medicine

Natalie Granger, Master of Public Health and Social Work Candidate
Preceptor: Dr. Rhonda Dailey, MD.
Wayne State University, Integrative Bioscience Center (IBio)

Introduction

The Integrative Biosciences Center (IBio) has multidisciplinary teams committed to research, discovery, education, training, and knowledge application to advance biomedical challenges for ever-changing urban environments[1]. Dr. Rhonda Dailey works in the School of Medicine and collaborates with IBio. The specific projects under Dr. Dailey that I worked on were the MVP and IB trainings.

Methods

Study format:

A qualitative study was conducted to evaluate MVP and IB training participant's feedback for quality improvement.

Population:

The MVP survey had 144 participant responses. The focus group had 6 participants.

The IB training had 1027 survey responses. 943 of the IB responses were students and 84 were faculty participants.

Analysis:

Responses were coded using Dedoose, Qualtrics, and Excel to identify common themes. The themes will be used to modify the training for future sessions.

Competencies Advanced

Public Health Competency	Deliverable 1 – Create Documents to Host a Michigan Vaccination Partner (MVP) Focus Group	Deliverable 2 – Conduct MVP Focus Group and Code Themes from Implicit Bias and MVP Training
Select quantitative and qualitative data collection methods appropriate for a given public health context. (Foundational - 2)	X	
Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate. (Foundational - 3)		X
Select methods to evaluate public health programs. (Foundational - 11)	X	
Critically evaluate public health findings within the urban community setting. (Population Health Analytics Competency – 2)		X
Synthesize current public health evidence with community and population assessment. (Public Health Practice Concentration Competency - 3)	X	

Outcomes

While the quantitative data provided demographic information, the qualitative analysis of the MVP and IB training provided insight into participants perception of the trainings. Participants responses to recollection of the study, new strategies learned, suggested improvements, benefits of the trainings, who they would recommend the trainings to, and organizational changes were analyzed. After coding a portion of the data, it is clear to see that both trainings have an impact on providers, ultimately impacting the patients that they serve.

Recommendations

Future Research Should Consider:

- Hosting additional MVP focus groups.
- Interviewing patients with disabilities who were served by MVP providers.
- Modifying future MVP and IB trainings based on participant feedback.

Reference

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Name: Stephanie Kastely

Site: Wayne State University Campus Health Center

Title: Health Educational Programming at a University Health Center

Introduction: The Campus Health Center (CHC) is a nurse-managed health center on the campus of Wayne State University (WSU) that serves currently enrolled WSU students, faculty, and staff and provides healthcare services as well as educational outreaches.

Methods: A review of attendance data from in-person mental health programming events (tables and campus events) and interaction data (likes, comments, views) of online posts over Warrior ; Suicide Prevention (W;SP) and CHC Instagram pages between January 2024 and March 2024 during the "Stef the Intern" campaign. Brief unstructured interviews were conducted with CHC site supervisor and CHC marketing director to determine needs for social media posts and mental health training materials.

Outcomes: Between January and March 2024, 12 mental health education outreaches were implemented by Master of Public Health (MPH) intern and reached approximately 250 individuals including WSU students, faculty, staff, and community higher education members. Between February 2024 and March 2024, Instagram reels and posts created by MPH intern were posted to the CHC and W;SP Instagram accounts. A total of 19 Instagram reels and posts were posted. The most views documented on an Instagram reel was 184 views and reached 132 individual Instagram accounts.

Health Educational Programming at a University Health Center

WAYNE STATE
School of Medicine

Stephanie Kastely, Ph.D., LPC, Master of Public Health Candidate
Preceptor: Erika Blaskay RN, MSN, Community Outreach Nurse
Campus Health Center

Site Background and Practicum Work

- The Campus Health Center (CHC) is a nurse-managed health center on the campus of Wayne State University (WSU) that serves currently enrolled WSU students, faculty, and staff[1]. The center provides healthcare services for students as well as collaborates with other departments on campus and provides health and mental health educational outreaches[1].
- Practicum work completed at the site included in-person and remote work. Work completed included creating, scheduling, and implementing virtual and in-person heath educational outreaches, promote social media marketing of health services, creating a social media campaign about healthy behaviors for university students, and creating a mental health tool kit for CHC employees.

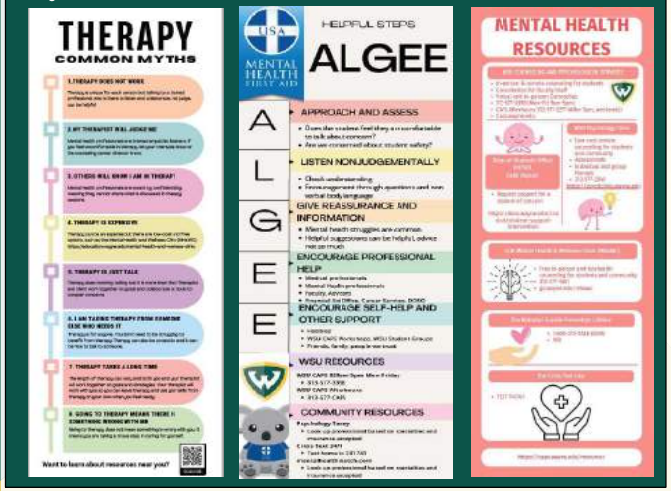
Data Collection

- A review of attendance data from in-person mental health programming events (tables and campus events) and interaction data (likes, comments, views) of online posts over Warrior ; Suicide Prevention (W;SP) and CHC Instagram pages during the months January through March 2024 during the "Stef the Intern" campaign.
- Unstructured interviews with practicum site supervisor and practicum site marketing director to determine needs for social media posts and mental health training materials.

Mental Health Tool Kit

- Mental Health First Aid training was provided by Master of Public Health (MPH) intern virtually to CHC staff (14 professionals) as a workshop series.
- Mental health informational materials were created on mental health resources, steps when feeling concerned about a student, and challenging common myths around mental health help.

Figure 1-Mental Health Informational Materials



Mental Health Educational Programming

- Between January and March 2024, 12 mental health education events were planned and implemented by MPH intern
  - 11 in-person events
    - 2 larger scale events (meeting rooms on campus)
    - 9 table events (literature tables and resource fairs)
  - 1 virtual mental health workshop
  - 1 national conference presentation
    - 2024 Student Affairs Administrators in Higher Education (NASPA) Annual Conference, Seattle, Washington
    - "Creativity in Mental Health Education and Outreach on a University Campus"
  - Approximately 250 individuals reached including WSU students, faculty, staff, and higher education community members

Topics of Events Included:
- Stress Management, Anxiety Management, Depression Management
- Self-love
- Accessing Mental Health Resources on campus and community

Collaborations
- WSU Dean of Students Office, WSU Social Work, WSU Psychology, WSU College of Nursing, WSU Applebaum, WSU Counseling and Psychological Services
- Hillel of Metro Detroit
- GO TEAM Therapy Dogs

Figure 2-Mental Health Educational Programming Events

Educational Programming Limitations

- Limitations were observed in scheduling educational programming

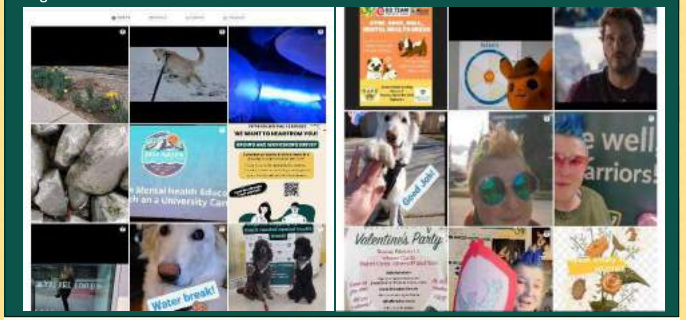
Limitations
- Timing of in-person and virtual outreaches to meet needs of all interested individuals
- Encouraging social media interactions beyond likes and views
- More time needed to fully develop and implement an online campaign

Social Media Mental Health Campaign

- Between February and March 2024, 19 Instagram reels created by MPH intern were posted to CHC and W;SP Instagram accounts.
  - Most views on a reel: 184 views
  - Most comments on a reel: 1 comment
  - Most shares on a reel: 2 shares
  - Most Instagram accounts reached on a reel: 132 accounts

Topics of Instagram Reels Included:
- Motivation
- Anxiety
- Winter Blues
- Mindfulness
- Accessing Mental Health Resources on Campus
- Sleep
- Self-care

Figure 3-Social Media Posts



Future Mental Health Programming Efforts

- The messaging and delivery modes of mental health educational programming need to be tailored to topics relevant to university students such as stress management self-care.
- The impact of such events can be greater when university students are involved in development and promotion of such events.
- Activities during events do not solely have to be educational lectures but can also involve crafts and even therapy dogs.
- Social media mental health messaging is a valuable tool for reaching university students however, more than a semester is needed to fully develop a messaging campaign and to promote campaign.

Social Media

@warriorsuicideprevention

@campushealthcenter

Reference

1. Campus Health Center [Internet]. 2024 September [cited 2024 January 2]. Available from https://health.wayne.edu/about

Name: Taqwa Khalaff

Site: Kids' Health Connections/Southeastern Michigan Health Association

Title: Promoting Healthy Lifestyles in Pediatric Populations through Community Gardening and Physical Activity Initiatives

Introduction: Addressing childhood obesity and encouraging healthy lifestyle choices at a young age are key aspects of pediatric public health. Kids' Health Connections, which advocates for the Medical Home Model, aims to improve healthcare outcomes for Medicaid-eligible children through community engagement and education. This practicum focuses on improving the Youth Mentor Garden and On the Move initiatives, which promote healthy eating choices and physical exercise in pediatric populations.

Methods: The practicum involved the preliminary planning and design phases of two major initiatives: expanding the Youth Mentor Garden and organizing the On the Move program, which culminates in a 5k racing event. Activities included making first enrollment calls to approximately 100 families, creating culturally relevant and engaging instructional materials, and designing posters to effectively connect and recruit in the community.

Outcomes: During the practicum, aproximately 100 families were contacted via initial enrollment calls, establishing the framework for their participation in the 2024 summer programs. Three flyers were successfully designed and approved by the preceptor - Community Garden, FitKids360 Youth Mentor Garden, On the Move 2024, and the 5k Race Day - all of which are crucial for marketing the programs and supporting community involvement. These preparation measures laid a solid foundation for the successful implementation of these health-promoting initiatives.

Promoting Healthy Lifestyles in Pediatric Populations through Community Gardening and Physical Activity Initiatives

WAYNE STATE
School of Medicine

Taqwa Khalaff, Master of Public Health Candidate
Preceptor: Dr. Lauren Carroll MD, MBA
Kids' Health Connections

Kids' HEALTH CONNECTIONS
A Southeast Michigan CHAP

Introduction

Childhood obesity remains a major public health issue, with serious consequences for long-term health outcomes[1]. Kids' Health Connections (KHC), which advocates for the Medical Home Model, works to improve healthcare outcomes for Medicaid-eligible children through extensive community engagement and educational activities. This practicum focused on the Youth Mentor Garden and On the Move initiatives, which aim to promote healthy food and physical exercise among pediatric populations, supporting long-term lifestyle changes from an early age.

Methods

The practicum included the strategic planning and implementation phases for two significant community-based health initiatives:

Youth Mentor Garden Expansion: Efforts included creating a culturally relevant curriculum and engaging local families through targeted communication.

On the Move Program Organization: This program was meant to conclude in a 5k race that promotes physical fitness among family members. Key efforts included making initial registration calls to around 100 families, developing engaging and culturally sensitive educational materials, and creating informational posters to effectively recruit and interact with the community.

Our approach to educating families about healthful practices was visually anchored by the 'Healthy Counts' guidelines (Figure 1), which we integrated into our curriculum materials for easy understanding and daily reference.

Figure 1: The 'Healthy Counts' Spectrum
An illustrative guide from Kids' Health Connections that encapsulates the daily essentials of pediatric health. This vibrant chart serves as a quick reference for families, promoting key habits such as adequate sleep, balanced nutrition, positive self-affirmations, reduced screen time, and regular physical activity, all while limiting sugary drinks. These benchmarks inform the core objectives of our Youth Mentor Garden and On the Move initiatives, guiding families towards holistic well-being.

Deliverables

Outcomes

The practicum accomplished major preparation accomplishments, laying the groundwork for successful program implementation in the summer 2024:

Community Engagement: Approximately 100 families were contacted during initial enrollment calls, forming a core network for future program involvement.

Educational Material Development: Three important flyers were created and approved; Community Garden, FitKids360 Youth Mentor Garden, and On the Move 2024 and 5k Race Day. These materials are critical for successfully marketing the programs and increasing community participation.

Foundation for Future Success: The practicum activities provided a solid foundation for the planned summer programs, ensuring that the initiatives are well-positioned to promote community health and wellness.

Conclusion

The practicum at Kids' Health Connections highlighted the effectiveness of community-based health programs in combating childhood obesity and supporting healthier lifestyle choices. The preliminary work, notably in community mobilization and resource creation, emphasizes the need of early and engaging communication in health promotion activities. Looking ahead, these programs are likely to have a major impact on participating families' health behaviors, helping to achieve the larger public health aim of reducing childhood obesity and creating lifetime healthy habits.

Reference

1. Karnik S, Kanekar A. Childhood obesity: a global public health crisis. Int J Prev Med. 2012 Jan;3(1):1-7. PMID: 22506094; PMCID: PMC3278864.

Name: Evangelia Korogiannis

Site: Center for Health and Research Transformation (CHRT)

Title: Supporting the Development and Implementation of Population-Based Projects to Promote Health Equity

Introduction: The Promotion of Health Equity project is aimed at improving access and addressing needs through place-based care, data integration, and care coordination. The availability of Emergency Medical Services (EMS) data about the health status of patients could be vital to enhancing public health surveillance, strengthening disaster and pandemic preparedness and coordination of response efforts, and evaluating the effectiveness of public health interventions. Health-equity-related-demographic data about individual patients and communities can help clinical and social healthcare providers spot patterns, make informed decisions, and identify barriers and potential risks that remain invisible to those locked into traditional healthcare settings.

Methods: The practicum goals included partnering with Emergent Health Partners (EHP) to establish a community advisory board (CAB) and develop supporting documents through research and collaboration, as well as implementing culturally relevant training modules for EHP's EMS clinicians. It included researching, identifying, and synthesizing culturally inclusive practices and engagement efforts through the creation of a stakeholder engagement plan and supporting documents that reflect an awareness of cultural nuances in approaching and engaging potential community advisory board members and partners.

Outcomes: The EHP-CAB will work collaboratively with CHRT to implement the EMS training modules over two years. Including the community perspective at the onset and maintenance of the initiative will improve EHP's ability to understand health disparities at the community level through appropriate and accurate data collection.

Supporting the Development and Implementation of Population-Based Projects to Promote Health Equity

Evangelia Korogiannis, B.S.P.H, Master of Public Health Candidate

Preceptor: Samantha Iovan, MPH, Senior Project Manager
University of Michigan Center for Health and Research Transformation

WAYNE STATE
School of Medicine

CHRT
Center for Health and Research Transformation

Introduction

The Center for Health and Research Transformation at the University of Michigan focuses on providing health research and analysis through collaborative partnerships with local government agencies, nonprofit organizations, health systems, and community providers[1].

The Promotion of Health Equity project is aimed at improving access and addressing needs through place-based care, data integration, and care coordination. The practicum site works alongside community members and leaders to support health policy and practice development for the communities that they serve. This collaborative approach allows for the achievement of shared goals that respond to public health concerns and promote overall population health.

Practicum Goals:

1) Partner with Emergent Health Partners (EHP) to establish a Community Advisory Board (CAB) and develop supporting documents through research and collaboration.
2) The implementation of culturally relevant training modules for EHP's Emergency Medical Services (EMS) clinicians.

Methods

Researching, Identifying, and Synthesizing Culturally Inclusive Practices and Engagement Efforts by:

- Creating a stakeholder engagement plan and supporting documents that reflect an awareness of cultural nuances in approaching and engaging potential community advisory board members and partners.
- Synthesizing a narrative overview chart for public health data disseminated through health communication messaging and collaborating with community partners and stakeholders to ensure cultural relevance with the creation of a coalition of support.

Deliverables

CAB RECRUITMENT DOCUMENTS:

TRAINING MODULE EXAMPLES:

Outcomes

Health-equity-related-demographic data about individual patients and communities can help clinical and social healthcare providers:

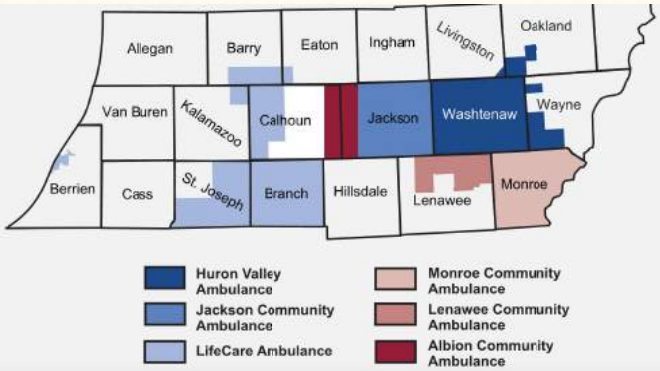
- Spot patterns
- Make informed decisions
- Identify barriers and facilitators

These potential barriers and facilitators would remain invisible to those locked into traditional data collection procedures.

The EHP-CAB will work collaboratively with CHRT to implement the EMS training modules over the next two years.

The community perspective being recognized at the onset and maintenance of the initiative will improve EHP's ability to understand health disparities at the community level through culturally relevant data collection.

EHP SERVICE AREA:



Reference

1. *Improving the Health of People and Communities*. (2024). Center for Health & Research Transformation. Retrieved January 24, 2024, from https://chrt.org/

Name: Jonathan Porcerelli

Site: Karmanos Cancer Institute

Title: Exploring Lung Cancer Disparities Among Black African Americans in the City of Detroit

Introduction: For the Winter 2024 semester, I assisted Doctor Morhaf Al Achkar in developing a new research proposal centered on examining lung cancer disparities among Black African Americans, with an emphasis on advanced stage non-small cell lung cancer. Additionally, the individual tasks involved in this experience were discussed and completed with respect to the three foundational and two concentration competencies specified in my Practicum Learning Contract.

Methods: Practicum-specific tasks and competencies were accomplished through a comprehensive literature review on racial disparities related to staging, molecular testing, case mortality, 5-year survival, and liquid biopsies. Noteworthy articles supporting the proposal's aims were then summarized and discussed in team meetings to help inform future review efforts. Furthermore, an emphasis was placed on reviewing articles cited in previous scholarly reviews and determining changes in various topics over recent years.

Outcomes: My research supported the creation of Doctor Al Achkar's current research proposal. The proposal has three specific aims examining the benefits of integrating liquid biopsy with tissue biopsy for stage IV lung cancer, assessing the impact of liquid biopsy testing longitudinally on medical decision making and surveillance, and examining the experience of patients and providers with the adoption of liquid biopsy testing. Additionally, the practicum-specific research efforts would fulfil the three foundational competencies and two concentration competencies specified in my Practicum Learning Contract.

Exploring Lung Cancer Disparities Among Black African Americans and the Clinical Value of Liquid Biopsy in Testing Panels

WAYNE STATE
School of Medicine

Jonathan Porcerelli, Master of Public Health candidate

Introduction

Practicum Placement

- Placement with Doctor Morhaf Al Achkar, M.D., Ph.D.
  - Associate Professor of Oncology at Wayne State University School of Medicine
  - Associate Center Director for Education at the Barbara Ann Karmanos Cancer Institute
  - Stage IV lung cancer survivor
- Goal of examining and reducing health disparities among Black African American advanced-stage non-small cell lung cancer patients

Practicum Objectives

- Examine racial disparities existing among Black African American stage IV non-small cell lung cancer patients
  - Differences in stage of diagnosis
  - Differences in treatment options
  - Differences in treatments received
  - Differences in survival
- Help develop a research proposal covering lung cancer disparities and outcomes
  - Karmanos Cancer Institute patients and data
  - Comparison against other cancer centers and state and national measures
  - Emphasis on molecular testing and liquid biopsy

Main Research Team Members:

- Doctor Morhaf Al Achkar, M.D., Ph.D.
  - Karmanos Cancer Institute and Wayne State University School of Medicine
- Doctor Hirva Mamdani, M.D.
  - Medical Oncologist, Karmanos Cancer Institute
- Janaka Liyanage, Ph.D.
  - Karmanos Cancer Institute and Wayne State University
- Doctor Faten Abdo
  - Physician, Syria
- Taqwa Khalaff
  - Wayne State University Master of Public Health candidate
- Jonathan Porcerelli
  - Wayne State University Master of Public Health candidate

Methods

Practicum-Specific Tasks

- Literature reviews
  - Find and review articles supporting specific research topics and statements
- Weekly group discussions
  - Discussion of research findings
  - Feedback and questioning by group members
  - Planning for next-steps

Practicum-Specific Literature Review Topics and Subtopics

- Racial disparities between Black African Americans and non-Hispanic White males
  - Staging, imaging, incidence, mortality rates, 5-year survival, treatments received
  - Karmanos versus State of Michigan versus National statistics
- The clinical value and uses of Molecular Testing
  - Clinical use and significance
  - Advantages and disadvantages
- The Clinical value and uses of Liquid Biopsy
  - Clinical value and advantages compared to tissue biopsy
  - Efficacy compared to other methods

Figure 1: Deliverables Grid

Public Health Competency	Deliverable 1 – Literature Review	Deliverable 2 – Research Proposal Overview
Select quantitative and qualitative data collection methods appropriate for a given public health context. (Foundational – 2)	x	x
Discuss the means by which structural bias, social inequities, and racism undermine health and create challenges to achieving health equity at organizational, community, and systemic levels. (Foundational – 6)	x	x
Advocate for political, social, or economic policies and programs that will improve health in diverse populations. (Foundational – 14)		x
Propose public health interventions that reflect the social determinants of health for a given community. (Concentration – 2)		x
Synthesize current public health evidence with community and population assessment. (Concentration – 3)	x	x

Proposed Aims

Aim 1:

- Evaluate the added value of integrating universal liquid biopsy with tissue biopsy for enhancing the accurate and efficient implementation of peri-operative systemic therapy for patients with early-stage resectable non-small cell lung cancer
  - Evaluate effectiveness within the Karmanos network
  - Examine outcomes across demographics

Aim 1a:

- Investigate the concordance and discordance between universal liquid biopsy and tissue biopsy results
  - Study mutation patterns and assess concordance

Aim 2:

- Assess the impact of longitudinal Liquid Biopsy based minimal residual disease testing on medical decision-making and prediction of recurrence among patients with stage I-III non-small cell lung cancer, treated with curative intent therapy
  - Monitor patients over a period of 3 years
  - Track disease progression and recurrence rates

Aim 3:

- Examine the experiences of patients and providers with the adoption of universal liquid biopsy and longitudinal testing
  - Interview patients and physicians to understand how liquid biopsy and ongoing testing affects clinical decision-making

Goal of improving non-small cell lung cancer outcomes by embracing new diagnostic techniques to enhance personalized medicine

- Clarify the clinical significance of liquid biopsy for advanced-stage non-small cell lung cancer treatment
- Demonstrate the value of liquid biopsy on a broad testing panel
- Illustrate the potential for improved treatment outcomes when combined with molecular testing techniques

Name: Sreemathi Ramesh

Site: The Adaptive Strategies for Prevention Implementation with Research in School Environments (ASPIRE) Lab

Title: Rapid Adaptation to Prevent Drug Use (RAPD) Program

Introduction: The RAPD program aims to address urgent drug use challenges among youth through a strategic approach. Incorporating implementation science principles, RAPD enhances the Michigan Model for Health (MMH), equipping educators and health coordinators with effective tools for drug prevention.

Methods: During the practicum, activities were strategically designed to support the Rapid Adaptation to Prevent Drug Use (RAPD) program. The practicum commenced with an orientation, including an introductory meeting with project leads and CITI training to align with IRB requirements. Substantial time was invested in the onboarding process to understand the Rapid Adaptation to Prevent Drug Use program's operational framework, encompassing various resources like workbooks, evaluation tools, and collaborative worksheets. Additionally, the practicum included involvement in the formulation of deliverables that included a pre-implementation teacher interview summary and a workbook summary.

Outcomes: The practicum led to several key contributions to the RAPD project, enhancing its effectiveness. Significant work was done on creating summaries for various steps of the Rapid Adaptation to Prevent Drug Use project, offering detailed insights into the program's implementation strategies. These activities culminated in the preparation of comprehensive summaries and analyses, contributing to the project's deliverables such as worksheet summaries, Employment of the rapid qualitative analysis technique, and the creation of a teacher unit survey codebook.

Rapid Adaptation to Prevent Drug Use Program(RAPD) and Implementing Michigan Model for Health for Drug Prevention

Sreemathi Ramesh, Master of Public Health candidate
Preceptors: Andria Eisman, Ph.D., Christine Koffkey, M.P.H
Wayne State University, College of Education, Department of Kinesiology, Health and Sports Studies

WAYNE STATE
School of Medicine

Introduction

The Rapid Adaptation to Prevent Drug Use (RAPD) project employs the Michigan Model for Health (MMH) to effectively address emerging drug trends among youth within Michigan's educational framework. This initiative underscores the need for adaptability in health education, responding to the rapidly changing landscape of adolescent drug use, such as the notable increase in vaping observed between 2017 and 2019. By enhancing the implementation of MMH, RAPD seeks to bolster existing evidence-based interventions rather than adopting new, untested ones, thereby optimizing resources and efficacy. The project is guided by the Whole School, Whole Community, Whole Child (WSCC) model, which promotes an integrative approach to health that benefits every aspect of a child's development. Within this framework, MMH operates not only as a curriculum but as a universal prevention tool designed to navigate the complex risks and protective factors associated with different types of drug use. Emphasizing the concept of fidelity, RAPD advocates for the consistent application of MMH's core components, tailored to the unique needs of each school setting, ensuring that interventions remain relevant and effective amid evolving health challenges. Implementation science plays a crucial role in bridging the gap between proven health interventions like the Michigan Model for Health (MMH) and the practical application in diverse educational environments. This approach is essential for enhancing the effectiveness of youth drug prevention strategies across varying school systems, which may not benefit from a one-size-fits-all solution. The RAPD program utilizes this science to customize and optimize the deployment of MMH, focusing on essential elements such as goal setting, fidelity in curriculum implementation, and the development of strategic partnerships. Through tailored implementation strategies ranging from coaching and training to leveraging existing coalitions, the RAPD initiative aims to facilitate rapid, efficient, and effective responses to emerging drug issues, thereby enhancing both educational outcomes and student well-being. This targeted approach not only seeks to mitigate the onset and escalation of drug use among students but also supports schools in developing a proactive stance against the dynamic landscape of drug challenges ensuring interventions are both equitable and adaptable to the specific needs of each community.

Methods

Program Design and Implementation:

The practicum began with an orientation and CITI training to meet the Institutional Review Board requirements, followed by detailed onboarding to familiarize with the RAPD operational framework. Data collection was conducted through pre-implementation interviews with educators to assess their readiness and understanding of their needs, using a rapid qualitative analysis technique to extract key insights.

Material Development and Deliverables:

Insights from the interviews informed the development of tailored educational materials, including workbooks, evaluation tools, and collaborative worksheets, all designed to support the effective delivery of the drug prevention curriculum. The practicum culminated in the creation of essential deliverables such as a summary of teacher interviews, a comprehensive workbook summary, and a teacher unit survey codebook, which together enhance the program's implementation strategy and provide structured guidance for educators.

Results

Utilizing these deliverables within the RAPD framework yielded notable results:

- **Strengthened Implementation Infrastructure:** Enhanced the capacity of educators and health coordinators to implement the MMH curriculum through targeted training and resource development.
- **Increased Collaboration:** Established and deepened partnerships with community organizations and internal stakeholders, fostering a comprehensive approach to drug use prevention.
- **Improved Readiness and Responsiveness:** Assessed and addressed gaps in readiness among schools, facilitating a more tailored and effective response to emerging drug trends.
- **Feedback-Informed Adaptations:** Integrated stakeholder feedback into the MMH curriculum, ensuring its relevance and effectiveness in addressing the current drug use landscape among youth.

Conclusion

The development and implementation of RAPD worksheets significantly contributed to the enhanced delivery of drug prevention strategies within the school setting. By providing structured guidance on implementation science, goal setting, collaboration, and readiness assessment, these deliverables empowered educators and health coordinators to adapt more effectively to rapidly changing drug trends. The positive outcomes underscore the importance of strategic planning, stakeholder engagement, and continuous assessment in the successful implementation of evidence-based drug prevention programs.

Next Steps

- Control Group Evaluation: The control group will complete all steps outlined in the blueprint, ensuring the integrity and effectiveness of the study's baseline comparisons.
- Sustainability Planning: Health coordinators will develop sustainable intervention plans for the intervention group, focusing on long-term program viability and impact.
- EPIS Framework Implementation: The project will implement the Exploration, Preparation, Implementation, and Sustainment (EPIS) framework to guide systematic, phased adoption of prevention strategies.
- After Action Review: Conduct an Exploration After Action Review to evaluate each phase of the project, focusing on learning and continuous improvement.
- Preparation for Expansion: Teachers and health coordinators will undergo preparation phases, equipping them with the necessary skills and knowledge to effectively implement the program.
- Blueprint Implementation: The next steps of the blueprint will be completed, moving from theoretical frameworks and planning to actionable, on-the-ground implementation.

Reference

Together we can take on urgent and emerging drug issues (no date) *RAPD*. Available at: https://mmhrapd.org/ (Accessed: 29 March 2024).

Name: Avery Rudnick

Site: Henry Ford Health – Department of Family Medicine

Title: Analysis of Community-Oriented Primary Care: Chronic Pain Visits Effects on Chronic Disease

Introduction: Henry Ford Health (HFH) is a non-profit healthcare organization based in Metro Detroit committed to improving health and well-being by providing quality care services 1. With a deep dedication to the future of its communities, HFH participates in over 2000 research projects annually 1. The Department of Family Medicine at HFH participated in research by starting a project titled "Community-Oriented Primary Care," which examined the impact of the number of visits for chronic pain on chronic conditions to improve community-oriented care at HFH. Data was collected in September of 2023, and the data analysis and subsequent manuscript were completed from January through April 2024.

Methods: Methods included statistical analysis, drafting, editing, and finalizing manuscript tables and writing.

Statistical Analysis: The quantitative data collected from the Community-Oriented Primary Care project was analyzed using R, SAS, and SPSS statistical software. Logistic regression was used to determine the impact of chronic pain visits on chronic conditions. Other demographic and health variables were included in the analysis.

Manuscript Tables: Using R, publishable tables representing the demographics of the data and the results of the logistic regressions were created. Manuscript Writing: The results, methods, and discussion/conclusion sections were written and edited to publishing standards using the results of the data analysis and other primary literature sources.

Outcomes: This resulted in the completion of the data analysis of the Community-Oriented Primary Care research project. The analysis was then transposed into a publishable manuscript complete with tables and study results.

Analysis of Community-Oriented Primary Care: Chronic Pain Visits Effects on Chronic Disease

Avery Rudnick, B.A., Master of Public Health Candidate

WAYNE STATE
School of Medicine

Henry Ford Health Department of Family Medicine and Public Health Science
Dr. Katarzyna Budzynska MD MSc
Dr. Ivana A. Vaughn, PhD, MPH
Dr. Lois Lamerato, PhD
Dr. Denise White-Perkins, MD, PhD

Background

Henry Ford Health (HFH) is a Metro Detroit-based non-profit healthcare organization committed to serving and improving the health and well-being of culturally diverse communities by providing quality care services[1]. HFH is a leading figure for academic medical centers and is recognized for clinical excellence in care in diverse areas of expertise [1].

With a profound dedication to its unique urban population and the future of its communities HFH engages in over 2000 research projects annually [1]. The Department of Family Medicine at HFH is no exception. With a diverse faculty, the Department of Family Medicine supplies patient centered, community-oriented, and evidence-based primary care to its patients.

Introduction

The Department of Family Medicine at HFH conducted research by starting a project titled **"Community-Oriented Primary Care,"** which examined the impact of the number of visits for chronic pain on chronic conditions. This practicum resulted in the completion of the data analysis of the Community-Oriented Primary Care research project. The analysis was then transposed into a publishable manuscript complete with tables and study results.

Methods

Statistical Analysis

- The quantitative data collected from the Community-Oriented Primary Care project was analyzed using the statistical software R, SAS, MSAccess, and SPSS.
- Logistic regression was used to determine the impact of chronic pain visits on chronic conditions.
- Other demographic and health variables were included in the analysis.

Manuscript Tables

- Using R, publishable tables representing the demographics of the data and the results of the logistic regressions were created.

Manuscript Writing

- The results, methods, and discussion/conclusion sections were written and edited to publishing standards using the results of the data analysis and other primary literature sources.

References

1. About Us [Internet]. HenryFord HEALTH SYSTEM ®. [Internet 2024 Jan 20]. Available from: https://www.henryford.com/about

2. Family Medicine Residency [Internet]. HenryFord HEALTH SYSTEM ®. [Internet 2024 Jan 20]. Available from: https://www.henryford.com/hcp/med-ed/residencies-fellowships/hfh/family-med

MORE HEALTHCARE VISITS FOR PAIN DOES IMPACT THE MANAGEMENT OF CHRONIC CONDITIONS

Among a population that was predominantly African American, female, between the age of 40 and 64, and having been diagnosed with a chronic disease, as seen in Figure 1, the impact found was both *positive* and *negative*.

Figure 2: As chronic pain visits increased the number of patients with depression worsened.

Figure 3: As chronic pain visit increased the number of patients with baseline uncontrolled hypertension improved.

Figure 1.

	Total (N=73838)	2 Visits (N=15890)	3 Visits (N=12460)	4 - 5 Visits (N=16345)	6 - 8 Visits (N=13551)	9+ Visits (N=12624)
Sex						
Male	29205 (39.7%)	6822 (41.8%)	5650 (41.3%)	7345 (40.1%)	5241 (30.7%)	4515 (35.6%)
Female	44544 (60.3%)	9228 (58.2%)	7561 (58.7%)	10998 (59.9%)	8310 (61.3%)	8109 (64.2%)
Age (years)						
18 - 39	6214 (8.4%)	1695 (10.1%)	1294 (9.6%)	1523 (8.3%)	995 (7.1%)	849 (6.7%)
40 - 64	39498 (53.5%)	8384 (52.9%)	7149 (53.1%)	9666 (52.7%)	7242 (53.4%)	7056 (55.9%)
65 - 75	28118 (38.1%)	5869 (37.0%)	5017 (37.3%)	7160 (39.0%)	5363 (39.5%)	4719 (37.4%)
Race						
Non African American	52307 (70.8%)	11147 (71.6%)	9530 (70.8%)	13057 (71.2%)	9478 (69.9%)	8895 (70.5%)
African American	21523 (29.2%)	4803 (28.4%)	3930 (29.2%)	5288 (28.8%)	4073 (30.1%)	3729 (29.5%)
Ethnicity						
Non-Hispanic	71437 (96.8%)	15301 (96.5%)	12007 (96.6%)	17752 (96.8%)	13122 (96.8%)	12255 (97.1%)
Hispanic	2393 (3.2%)	549 (3.5%)	453 (3.4%)	593 (3.2%)	429 (3.2%)	369 (2.9%)
Hypertension						
No	20789 (28.3%)	5381 (33.3%)	4086 (31.2%)	5807 (27.3%)	3886 (25.1%)	2890 (22.9%)
Yes	53041 (71.8%)	10669 (66.7%)	8556 (68.8%)	13338 (72.7%)	10145 (74.9%)	9734 (77.1%)
Diabetes						
No	50782 (68.8%)	11123 (74.0%)	9574 (71.1%)	12537 (68.3%)	8954 (66.1%)	7994 (63.3%)
Yes	23048 (31.2%)	4127 (26.0%)	3886 (28.9%)	5808 (31.7%)	4597 (33.9%)	4630 (36.7%)
Depression						
No	59871 (81.1%)	13650 (85.5%)	11226 (83.4%)	15428 (81.9%)	11009 (79.8%)	9357 (73.9%)
Yes	13966 (18.9%)	2308 (14.5%)	2234 (16.6%)	3316 (18.1%)	2742 (20.2%)	3307 (26.1%)

Figure 1 – Table 1 representing the total population distribution in the study variables.

Figure 2.

	OR	2.5 %	97.5 %
(Intercept)	0.0914959	0.07278244	0.1147321
B_PainFreqCat2021	1.1167411	1.07516121	1.1601207
b_phq9_mod_sev	3.7123952	3.32475270	4.1437958
B_RaceAA_Black	1.1971795	1.05331149	1.3558713
B_AgeCat	0.6456104	0.59321340	0.7023870
B_Female	1.1054483	0.97771457	1.2521654
B_BMICat	0.9898168	0.94069562	1.0417160
Dx_Cancer2021	0.8338759	0.68899255	1.0330053
CC_CCI_GROUP	1.1364670	1.05843215	1.2198587
B_Hispanic	1.1252448	0.84770567	1.4731475

Figure 2 – Odds Ratio result of logistic regression of all depressed participants

Figure 3.

	OR	2.5 %	97.5 %
(Intercept)	1.5274289	1.3859102	1.7869400
B_PainFreqCat2021	1.0349362	1.0113501	1.0590799
B_RaceAA_Black	0.6331348	0.5923239	0.6767449
B_AgeCat	1.0851917	1.0289034	1.1530096
B_Female	1.1072323	1.0379457	1.1811301
B_BMICat	1.0218731	0.9870304	1.0579042
Dx_Cancer2021	1.0259798	0.9147207	1.1605687
CC_CCI_GROUP	0.9908058	0.9508165	1.0325207
B_Hispanic	0.8509533	0.7846969	1.0304804

Figure 3 - Odds Ratio result of logistic regression of all hypertensive participants who presented as uncontrolled at baseline

Results

Data Analysis:
To determine the presence or absence of impact on the control of chronic health conditions based upon frequency of health care encounters binary logistic regression was used on seven different statistical models.

Predictor variable: Frequency of chronic pain visits
- 2, 3, 4-5, 6-8, 9+ → *B_PainFreqCat2021*

Outcome variables: definition of *control* at follow up
- BP < 140/90 → Hypertension
- A1c < 8% → Type 2 Diabetes
- PHQ-9 < 10 → Depression

	Odds Ratio	95% CI	P - Value
Model 1	1.00	0.99 – 1.02	0.603
Model 2	1.04	1.01 – 1.05	0.003
Model 3	0.98	0.95 – 1.00	0.184
Model 4	1.03	0.98 – 1.08	0.176
Model 5	1.12	1.08 – 1.16	< 0.001
Model 6	1.13	1.08 – 1.18	< 0.001
Model 7	1.09	1.02 – 1.17	0.01

Conclusion

Interpretation of Findings

It was determined that 4 of the 7 models were statistically significant and supported the hypothesis that more frequent visits for pain impacts the management of chronic conditions.

Model 1: Not statistically significant

Model 2: Blood pressure control for previously uncontrolled at base line improves as visit frequency increased.

Model 3: Not statistically significant

Model 4: Not statistically significant but showed some clinical improvement for those with uncontrolled diabetes at baseline.

Model 5-7: Depression severity worsens for all who had depression at baseline as visit frequency increases, regardless of initial depression severity.

Research Implications

Tackling multimorbidity as it relates to chronic pain, requires **realistic time expectations** for healthcare visits.

Using a **multidisciplinary approach** to pain management would be beneficial as a gateway for improving chronic disease management. Increased **education** among clinical providers regarding the import of pain management for chronic conditions.

Improve **patient outreach initiatives** for chronic pain in clinics to encourage chronic disease education and follow-up. Patient outreach initiatives should be designed with cultural competence to ensure that outreach efforts effectively reach anyone with chronic pain.

Recommendations

Any further replication of this research should document what occurred during each patient's encounter and how that influenced the clinical outcome(s).

Additionally, the primary care visit model could be redesigned to address multimorbidity and the psychosocial burden of chronic pain. Few longitudinal studies based on primary care have investigated multimorbidity and psychosocial burden. Further extensive, prospective studies on chronic pain and chronic disease management are required to inform healthcare commissioning, planning, and delivery.

Name: Aya Sherif

Site: Wayne State University Campus Health Center

Title: Tailoring Campus Wellness Through Strategic Communication and Engagement

Introduction: The quality improvement practicum 2024 at Wayne State University's Campus Health Center aimed to improve community feedback-identified areas of concern in order to improve health promotion initiatives. The majority of participants had a positive experience, praising the convenient timetable and kind staff. Many participants were unaware of the full variety of services available, highlighting the need for improved communication and awareness activities.

Methods: The practicum focused on assessing feedback from previous student survey results to construct a quality improvement plan that addressed patients' lack of knowledge about the services provided. The report's analysis section thoroughly evaluates survey data to glean important insights into patient experiences and satisfaction. The most frequently encountered matters from this input were studied to meet the demands of the target demographic. By analyzing these data, critical areas for improvement were discovered, guiding quality improvement initiatives.

Outcomes: The outcomes of the practicum consisted of utilizing and adding various communication strategies in order to reach our diverse target audience. The initiative began with designing material for different platforms such as Academica and adding a monthly health awareness portion to the Campus Health Center newsletter. The marketing efforts would lead to a more informed community to promote health on campus. This practicum highlights the importance of data-driven analysis to effectively educate the population and address their needs.

Tailoring Campus Wellness Through Strategic Communication and Engagement

WAYNE STATE
School of Medicine

Aya Sherif B.S., Master of Public Health Candidate
Melanie Woods, DNP, FNP-BC, MBA
Wayne State University Campus Health Center (CHC)

Introduction

The Quality Improvement Initiative was developed at Wayne State University Campus Health Center, with the goal of improving health services in direct response to community input while striving for excellence in patient care and accessibility. The majority of participants had a positive experience, praising the convenient timetable and kind staff. Many participants were unaware of the full variety of services available, highlighting the need for improved communication and awareness activities.

Practicum Goals

To build a foundation for the practicum's success, three primary goals were established to steer 135 hours of high-quality work.

1). Boosting Service Awareness
2). Data-Driven Improvements
3). Expanding Communication Channels

The combination of these three elements would lead to the achievement of our main objective to increasing service utilization.

Methods

Feedback Analysis

- Utilized previous student survey results to construct a quality improvement plan.
- Focused on addressing the lack of knowledge among patients regarding available services.

Analysis of Reports

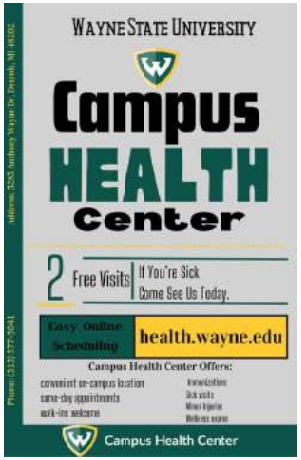
- Conducted a thorough evaluation of survey data to extract insights on patient experiences and satisfaction.

Target Demographic Needs

- Examined the most frequently mentioned concerns to align services with patient needs.
- Utilized input to identify critical areas for improvement.

Marketing Material

Below are a few examples of the marketing materials designed to enhance health awareness.



Outcome

The success of the practicum was attributed to the use of a variety of communication tactics to engage with a broader audience. Efforts began with the creation of specialized material for different platforms, the introduction of new channels, most notably Academica, and the incorporation of a monthly health awareness part to the Campus Health Center newsletter. These targeted marketing actions have resulted in a large increase in community knowledge and comprehension of health services, which is critical in encouraging a proactive attitude to health on campus.

Conclusion

This practicum selected a media as a communication strategy to reach our target audience. The importance of targeted communication as a crucial contextual factor influencing health behaviors is something that practitioners in the fields of public health and marketing must fully comprehend. Acquiring such knowledge is essential to developing focused tactics that have beneficial societal effects. [1] This practicum demonstrated the need of data-driven analysis as a foundation for educating the university community and meeting their health needs.

Reference

1. Grier SA, Kumanyika S. Targeted marketing and public health. Annu Rev Public Health. 2010;31:349-69. doi: 10.1146/annurev.publhealth.012809.103607. PMID: 20070196.

Name: Klaudia Vushaj

Site: Henry Ford Health – Department of Family Medicine

Title: Enhancing Community Health Curriculum and Community Engagement

Introduction: This abstract outlines public health initiatives conducted at the Henry Ford Health (HFH) - Department of Family Medicine, aimed at enhancing community engagement and collaboration with established organizations in Detroit. Two main components focused on: the development of a Family Medicine Community Advisory Council (CAC) and the creation of an interactive dashboard in partnership with Brilliant Detroit. The department's dedication to addressing community needs through hands-on projects and collaborative efforts shows its commitment to fostering a comprehensive and impactful learning environment for public health students.

Methods: The goal to build a CAC for Henry Ford Health - Department of Family Medicine was initiated through research and collaboration. This included developing a poll to understand the community Henry Ford Health - Department of Family Medicine is working with, drafting a Memorandum of Understanding, and working with community partners. To enhance collaboration with Brilliant Detroit and other community-based organizations, a dashboard was created and will be maintained as an avenue for ongoing collaborative work efforts.

Outcomes: The HFH Community Advisory Council was developed to assist in building a platform to investigate the needs to improve the health of the community. The collaboration with Brilliant Detroit resulted in communication enhancement and collaboration with community-based organizations. These initiatives reflected the social determinants of health, promoted cultural competency, and aligned health messaging options to address improvements in population health outcomes. This project laid groundwork for addressing community needs in Detroit through collaborative interventions and partnerships.

Enhancing Community Health Curriculum and Community Engagement

WAYNE STATE
School of Medicine

Klaudia Vushaj, B.S., Master of Public Health Candidate
Preceptor: Sarah Tarnowsky, DO, MPH
Henry Ford Health (HFH) – Department of Family Medicine

Introduction

This poster discusses public health initiatives conducted at the Henry Ford Health (HFH) - Department of Family Medicine, aimed at enhancing community engagement and collaboration with established organizations in Detroit, Michigan.

The HFH - Department of Family Medicine's dedication to addressing community needs through hands-on projects and collaborative efforts shows its commitment to fostering a comprehensive and impactful learning environment for public health students. With its commitment to community well-being, the department has been a place for innovative service-learning project initiatives[1].

The two main components this project focused on:

- The development of a Family Medicine Community Advisory Council (CAC)
- Creation of an interactive dashboard in partnership with Brilliant Detroit for collaborative work efforts.

HENRY FORD HEALTH℠

Brilliant Detroit creating kid success neighborhoods

- Brilliant Detroit stands as a crucial partner to HFH, has a shared commitment to community health and well-being.
- Brilliant Detroit is centered around families and children, operating within 20-minute walkable areas from centrally located homes.
- Brilliant Detroit is dedicated to building success for children and families.
- By leveraging established networks, they deliver programs and services that address the diverse needs of neighbors, promoting intellectual, social, and emotional growth in Detroit, Michigan.

Methods

Community Advisory Council (CAC) Development:

The development of a CAC was created for HFH - Department of Family Medicine. This began with:

1. Developing a Microsoft Forms poll to understand the community HFH is working with and gain insights into the specific needs of the community served by the Family Medicine Department. This poll incorporates cultural competence principles to ensure effective communication of public health content.

2. Concurrently, efforts were directed towards drafting a Memorandum of Understanding (MoU) to formalize partnerships and delineate roles and responsibilities.

3. The proposed deliverables and timeline were presented at the HFH - Department of Family Medicine Faculty Meeting on 3/27/24 to obtain feedback, review and approval from executive board members.

Community Based Organization Dashboard Creation:

To enhance collaboration with Brilliant Detroit and other community-based organizations, an interactive dashboard was created and will be maintained as an avenue for ongoing collaborative work efforts.

Collaborative endeavors with established community partners, including Brilliant Detroit, will be pursued through regular meetings and participation in quarterly Health Night events. These engagements will provide platforms for diverse perspectives, resource sharing, and the identification of opportunities for mutual growth and impact.

Outcomes

- The HFH Community Advisory Council will provide a platform into the needs affecting the health of the community.
- The collaboration with Brilliant Detroit and creation of a dashboard resulted in a more streamlined process for communication enhancement community-based collaboration.
- These initiatives reflected the social determinants of health, promoted cultural competency principles, and aligned health messaging options to address improvements in population health outcomes.

Deliverables Grid

Public Health Competency	Deliverable 1 - Henry Ford Health Community Advisory Committee: Community Based Organizations Partnership Poll	Deliverable 2 - Henry Ford Health Community Based Organizations Collaborative Dashboard
Assess population needs, assets, and capacities that affect communities' health (Foundational – 7).	X	X
Describe the importance of cultural competence in communicating public health content (Foundational – 20).	X	
Integrate perspectives from other sectors and/or professions to promote and advance population health (Foundational – 21).		X
Construct community focused materials to address population health leadership challenges (Concentration – 1).	X	X
Critically align health messaging options in addressing improvements to population health outcomes (Concentration – 4).	X	

Reference

1. Mission vision values [Internet]. Henry Ford Health; [cited 2024 Mar 29]. Available from: https://www.henryford.com/about/culture/mission-vision-values