



The Impact of Education on Attitudes Surrounding Birth Control Use Alone and in Combination with Gender-Affirming Hormone Therapy

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Introduction

Background: Despite the growing visibility of transgender (trans) individuals in the mainstream media, this population still encounters extremely high rates of stigma and discrimination. With that, education on hormone therapy and adequate birth control options is often misguided in this community.(1-3)

Motivation: The W'SUP Wayne State University Prevention Team is dedicated to positively impacting the lives of Detroit youth through providing the confidential delivery of client-centered HIV education and awareness. As the transgender (trans) community comprises a sizeable portion of the individuals serviced by the program, it is imperative that the staff of the W'SUP Prevention Team be educated on topics of question within the trans population.

Objective: The objective of this study was to evaluate the impact of education on the thoughts and knowledge base of W'SUP Prevention Team members before and after an informational session providing education on birth-control use both alone and in combination with gender-affirming hormone therapy.

Methods

Presentation: A one-hour long lecture entitled "Help!: Birth Control and Hormones" was provided to eight members of the W'SUP Prevention Team. The presentation provided 45 minutes of content and left an additional 15 minutes for audience questions.

Pre-survey: A 7-question survey was given to each attendee prior to the lecture to assess their knowledge base of gender affirming therapy and birth control options. The questions were delivered in a multiple-choice format.

Post-survey: A 7- question survey was given following the survey to assess the knowledge gained following the presentation on gender-affirming therapy and birth-control options. The questions were delivered in a multiple-choice format.

Public Health Competencies:

Foundational Competencies

1. Select quantitative data collection methods appropriate for a given public health context.
2. Analyze quantitative data using biostatistics, informatics, computer-based programming and software, as appropriate.
3. Interpret results of data analysis for public health research, policy, or practice.

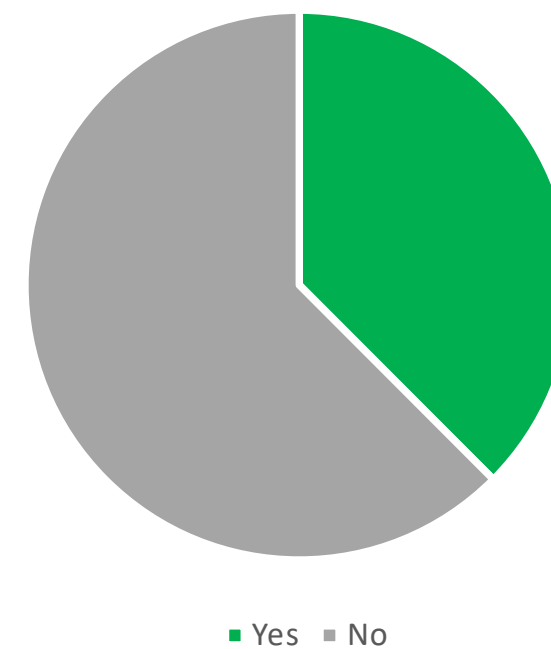
Public Health Practice Concentration Competencies

1. Integrate the social determinants of health in the design of interventions within public health systems.
2. Demonstrate willingness to explore cultural elements and aspects that influence decision making by patients, self, and colleagues.

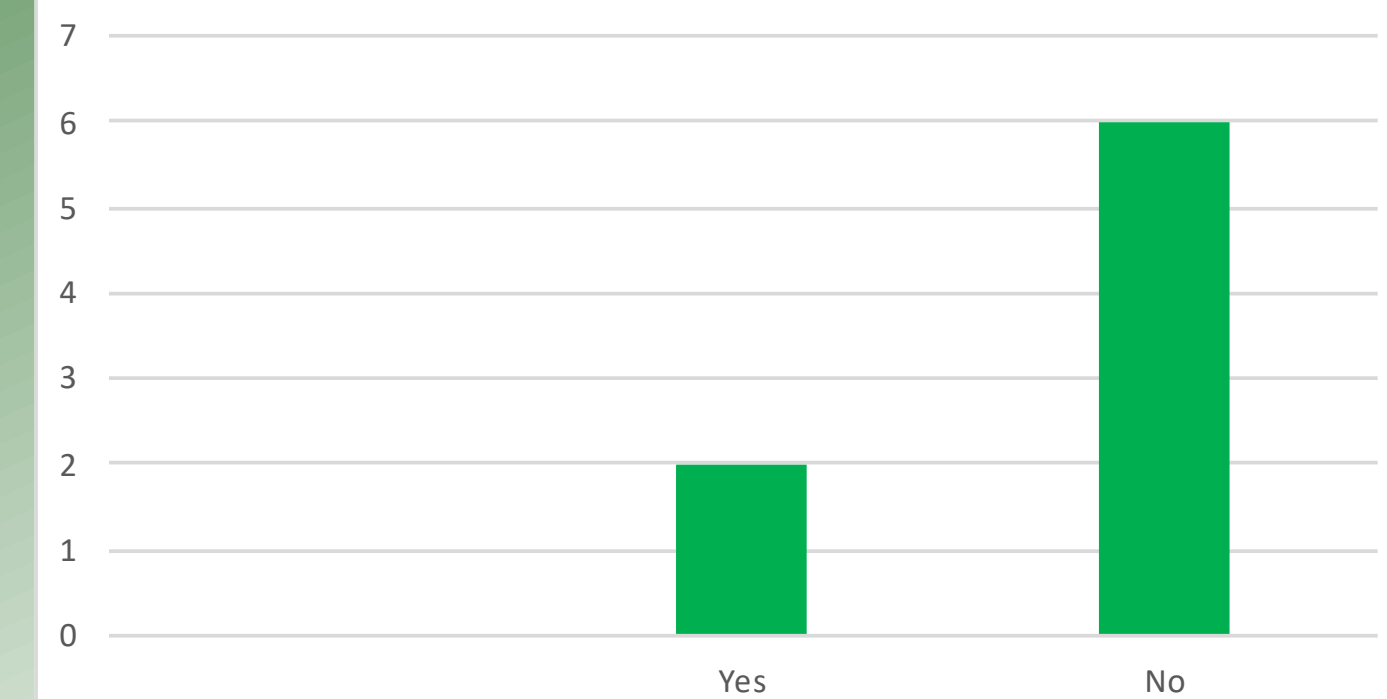
Results

Pre-survey Assessment Results

Aware of Birth Control Options



Aware of Gender Affirming Therapy Options



Post-Survey Assessment Results

Gained knowledge during the presentation



Gained Perspective on taking Birth-Control and Gender-Affirming Therapy Simultaneously



Conclusions/ Recommendations

- The pre-program survey revealed that 5/8 (62.5%) were unaware of recommendations concerning gender-affirming therapy.
- 4/8 (50%) were unaware of available birth-control methods for members of the trans community
- The post-program survey indicated that (8/8) 100% of the attendees felt as though they had received impactful education to guide their discussions regarding birth-control and gender-affirming hormone therapy use.
- Education on these topics is highly necessary for those individuals enlisted in assisting members of underrepresented and misguided communities.

Acknowledgements: We would like to thank the members of the W'SUP Prevention Team for their involvement in the presentation and collection of results.

References

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Disclosures

The authors have no disclosure to report.

INTRODUCTION



- The Detroit Health Department(DHD) has provided relevant public health services and resources to residents. Under leadership of Denise Fair, MPH, FACHE, the mission of Detroit Health Department is to promote and advocate for the well-being and safety of all Detroiters through meaningful policies, programs and services and exceptional customer service.
- Lead is an environmental toxin that threatens human health, especially for children, who suffer irreversible neurological deficits affecting learning ability and behavior due to lead exposure. The DHD's Lead Prevention and Intervention Program aims to prevent childhood lead poisoning, by identifying and treating exposed children, and reducing lead in the home. It provides case management, which includes home visits from advocates and nurses, and educates community members and professionals. It advocates community health worker, including Michigan Department of Health and Human Services, Detroit Lead Bank, Great Lakes Water Authoring, ClearCorps Detroit, Buildings, Safety Engineering and Environmental Department, and Wayne State University. This proposed practicum work is to analyze the quantitative data of the Child Lead Poisoning Intervention Program to identify the barriers and disadvantages of this intervention.
- The project aim is to analyze the cases in Fiscal Year 2019.

METHODS

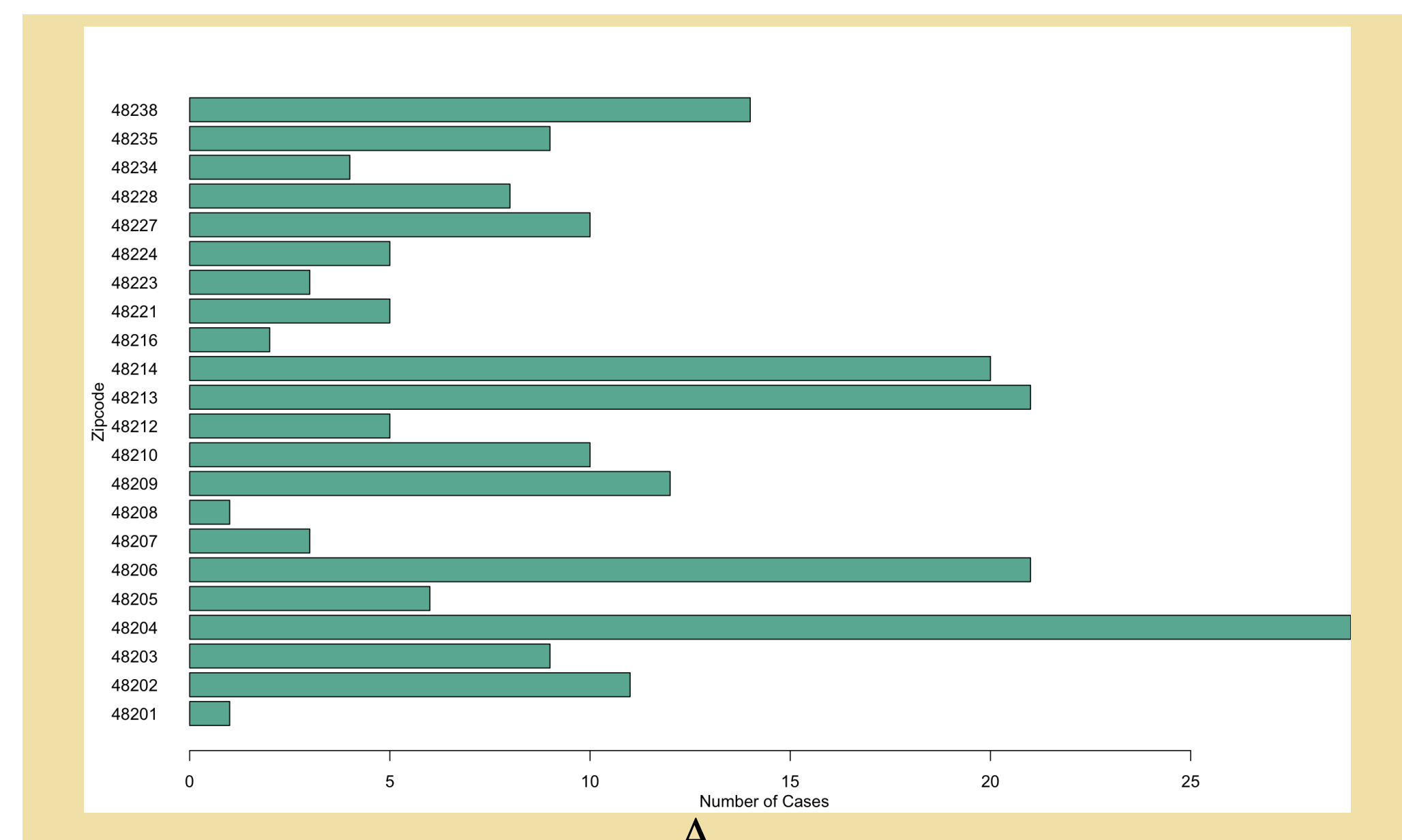
The DHD's Lead Prevention and Intervention Program conducts nurse visits for each patient. At the first visit, the nursing initial home visit form is collected. Questions assess patients' circumstance from basic information, health status, dietary habits, building situation, kids' habits and growth situation.

For My Project:

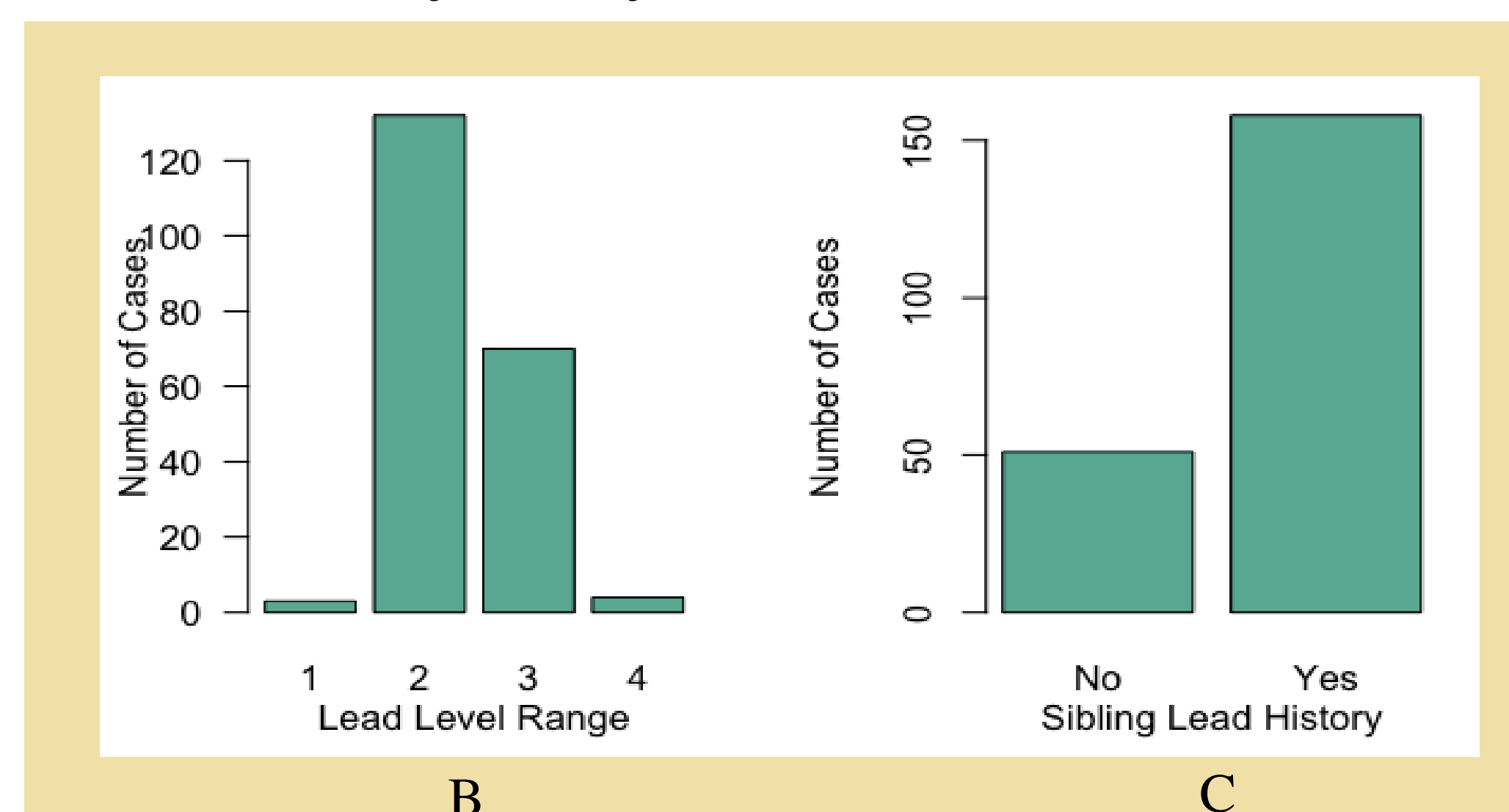
- 209 out of 217 cases nursing initial home visit forms were entered and coded into excel.
- Descriptive analysis was conducted and summarized regarding risk factors of lead exposure using R studio.
- A critique of the advantage and disadvantage of the Lead Intervention Program was conducted .

Descriptive Analysis

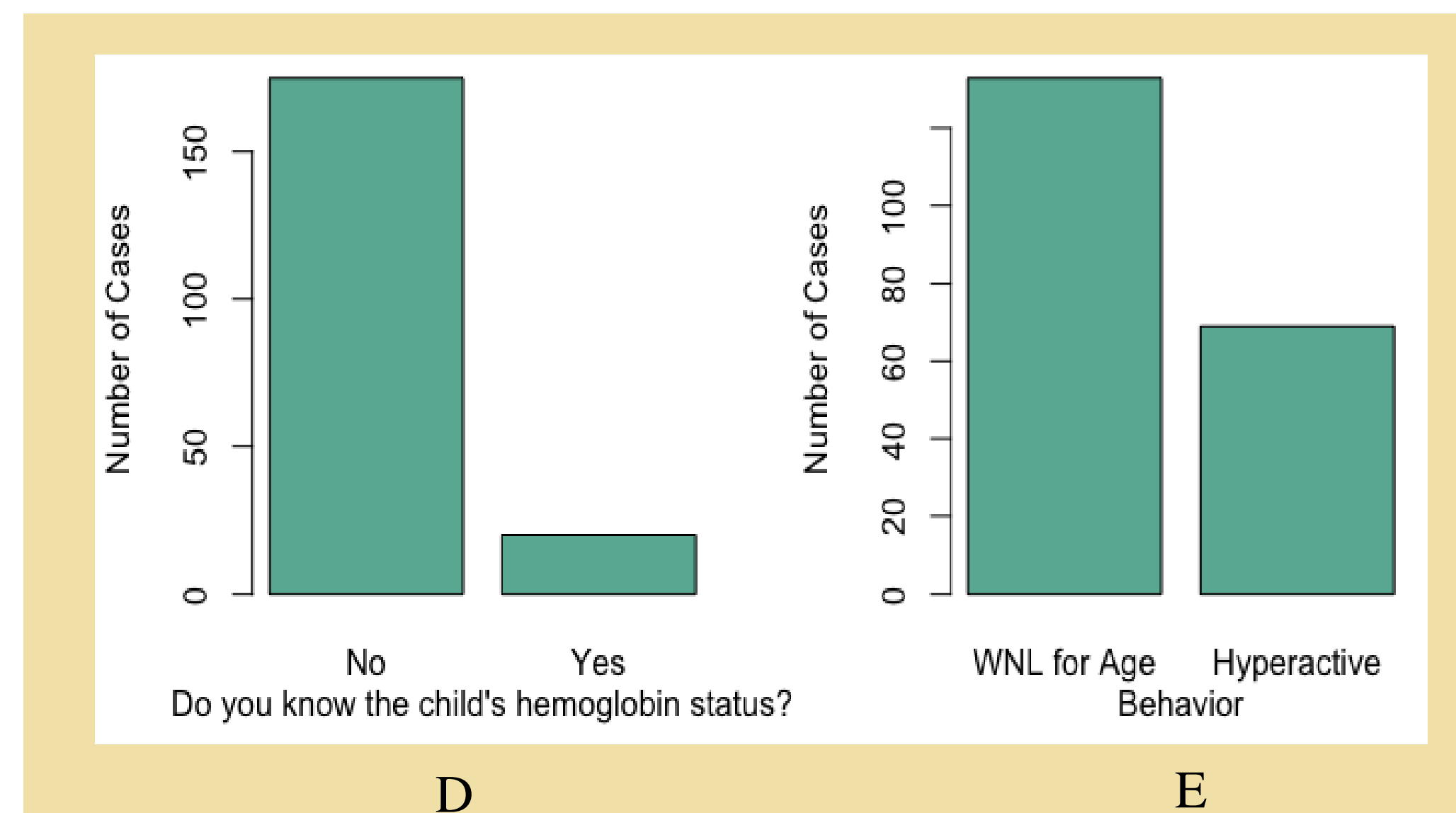
➤ Demographic Information



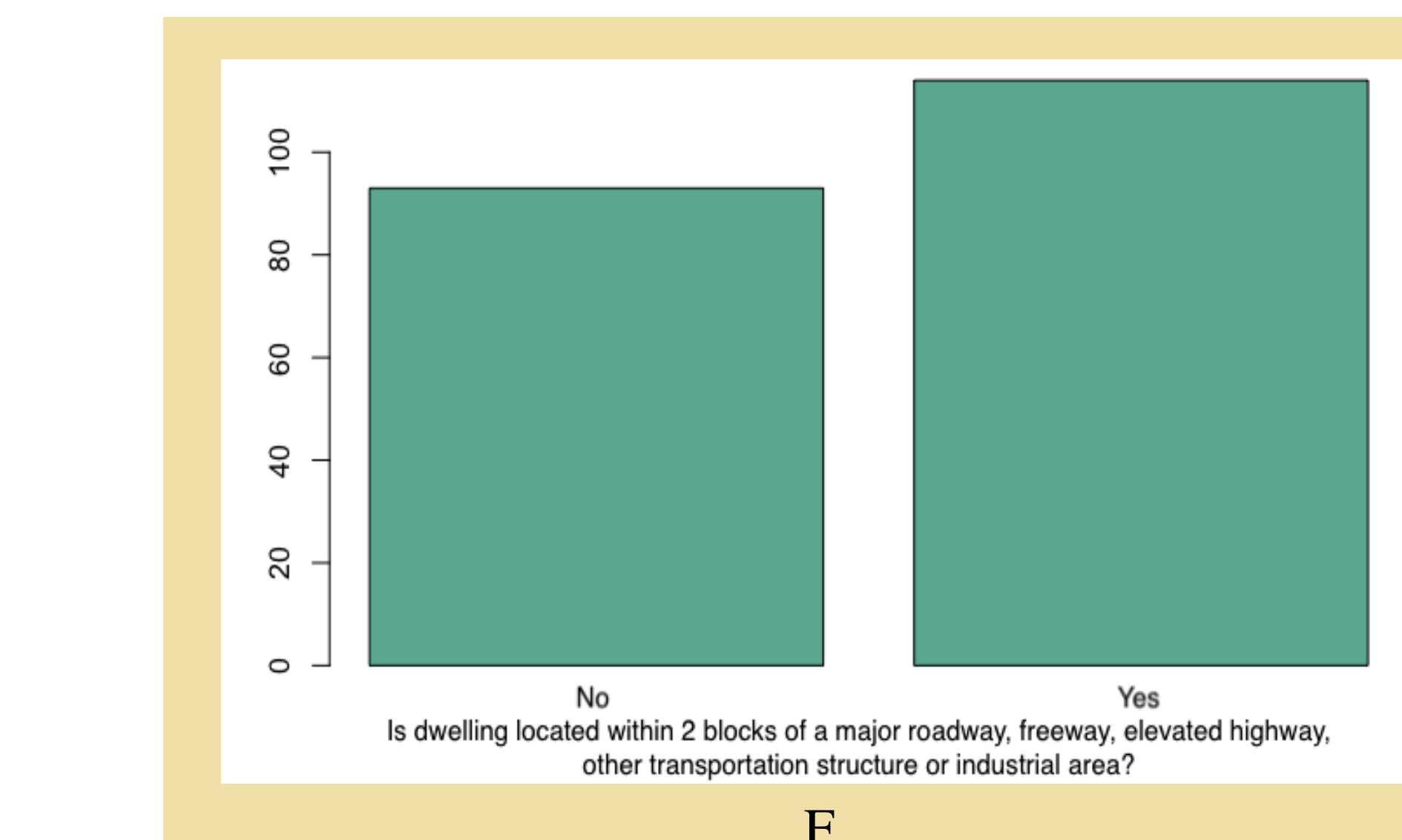
➤ Lead Level and Family History



➤ Physical Situation



➤ House Location



Discussion

- According to the descriptive analysis, Zip code 48204 has been found to have the highest amount of cases compared to the other 21 zip codes in Fiscal Year 2019. Based on the demographic information, Zip code 48204 has been found 72.4% of household income under \$50,000 per year. Poverty might be one of the factors related to lead exposure. Furthermore, I-96 freeway and M-8 highway are cross Zip code 48204.
- Most of the patients in Fiscal Year 2019 had initial lead level within 5 to 14 µg/dl, which means most cases can be prevented from hospitalization. 158 (73%) clients' siblings had previously tested positive for EBLL (elevated blood lead level). The possible reason could be similar life habits and same address.
- 90% of parents reported they don't know their kids' hemoglobin situation. Hemoglobin situation is very important for patients because lead can inhibit the body to make hemoglobin. The careless of hemoglobin situations may cause by the lack of lead knowledge. An education of lead with the physical situation is recommended for the patients' families. Moreover, more than one-third of patients are hyperactive. This is consistent with previous studies that lead exposure is associated with the Attention-Deficit/Hyperactivity Disorder (ADHD).
- 114 patients located within 2 blocks of a major roadway, freeway, elevated highway, other transportation structure or industrial area. Thus, location of the house could be a potential factor causing lead exposure.

Recommendation

- Smartsheet Platform was recommended to use for case management. since all the cases are referral by the physician or other institutes or calling for asking, the health workers are busy picking up the phones and going on home visits. Due to the limited health workers, each of them is responsible for patients from several regions (or zip codes) , which increases the burden and reduces processing efficiency. Secondly, case documents lack consistent method for organization across employees in charge . For example, follow-up visits are sometimes missed due to the lack of proper reminder system with such large amount of cases. A new way of case management should be applied to minimize and avoid these issues. Smartsheet is an alternative platform that can be used for work management, which can help to upload all the paper works and share documents across users. Most importantly, Smartsheet provides tracking on project processes and calendars management, which may significantly improve case workload with organized fashion and ensure on-time follow-ups and evaluations.
- Evaluation of the education part of our lead project is recommended. There is no evaluation to check how much knowledge patients and their families know about the lead. A short evaluation questionnaire in the follow-up visits will help us to realize the patients' understanding of the lead and improve education.

Acknowledgement

This project is dedicated to my preceptor, Dr. Rebeca Guzman for her support and endless encouragement. I am grateful for Dr. Laprishia Berry Daniels, Dr. Samantha Bauer and the whole Lead Prevention and Intervention team members for helping and improving my project. I also wish to express gratitude to MPH Practicum Team for all their support.

TRAINING COMMUNITY STAKEHOLDERS AS RESEARCH ADVOCATES THAT ARE REPRESENTATIVE FOR LOCAL ARAB AMERICANS



WAYNE STATE
School of Medicine

Salwa Bajjey, Master of Public Health Candidate

Department of Family Medicine and Public Health Sciences

The Office of Cancer Health Equity and Community Engagement at Karmanos Cancer Institute (KCI)

Preceptors: Dr. Haley Thompson, Ph.D., Associate Center Director Community Outreach & Engagement Faculty Director

Mr. Knoll Larkin, MPH, Director

INTRODUCTION

- The Karmanos Cancer Institute is a National Cancer Institute (NCI) as well as the largest cancer research center and provider in the state (1). The objective of the Karmanos Cancer Institute (KCI)-Office of Cancer Health Equity and Community Engagement (OCHECE) is to eradicate cancer health disparities among diverse groups of people across Michigan. This is achieved through various initiatives such as the Michigan Cancer HealthLink that incorporate Cancer Action Councils (CACs) and advocate for cancer-related research. CACs consist of cancer survivors, caregivers, and advocates. In addition, OCHECE has a KCI Community Research Registry, which provides an opportunity for community members to participate in research. These enrolled community members are able to participate in research studies to further KCI and Wayne State University's knowledge on cancer among various groups with an emphasis on Arab-American and LGBTQ populations (2).
- Cancer-related research on Arab-Americans is limited. Thus the community research registry seeks to provide research opportunities to learn more about this group and create treatment more tailored to Arab-Americans in the future. The goal for the practicum was to assist in reaching out and training community stakeholders who represent local Arab-American communities as research advocates who enroll community members in the KCI's Community Research Registry.

METHODS

Research Advocate Training PowerPoint and Community Research Registry Guide

- Create and adapt training/module slides for stakeholder training sessions to explain the role, requirements, and responsibilities a research advocate entails.
 - Training and guide incorporate cultural values and practices of Arab-Americans to better direct advocates among the population.
 - Identify expectations, requirements, purpose, and advocate's role regarding research registry.
 - Identify research history and IRB review process to create foundation for research.
 - Enforce enrollment protocol through promotion of the registry, use of equipment, data management and storage, and review of enrollment survey.

Infographic on Barriers among Arab-Americans Participating in Research

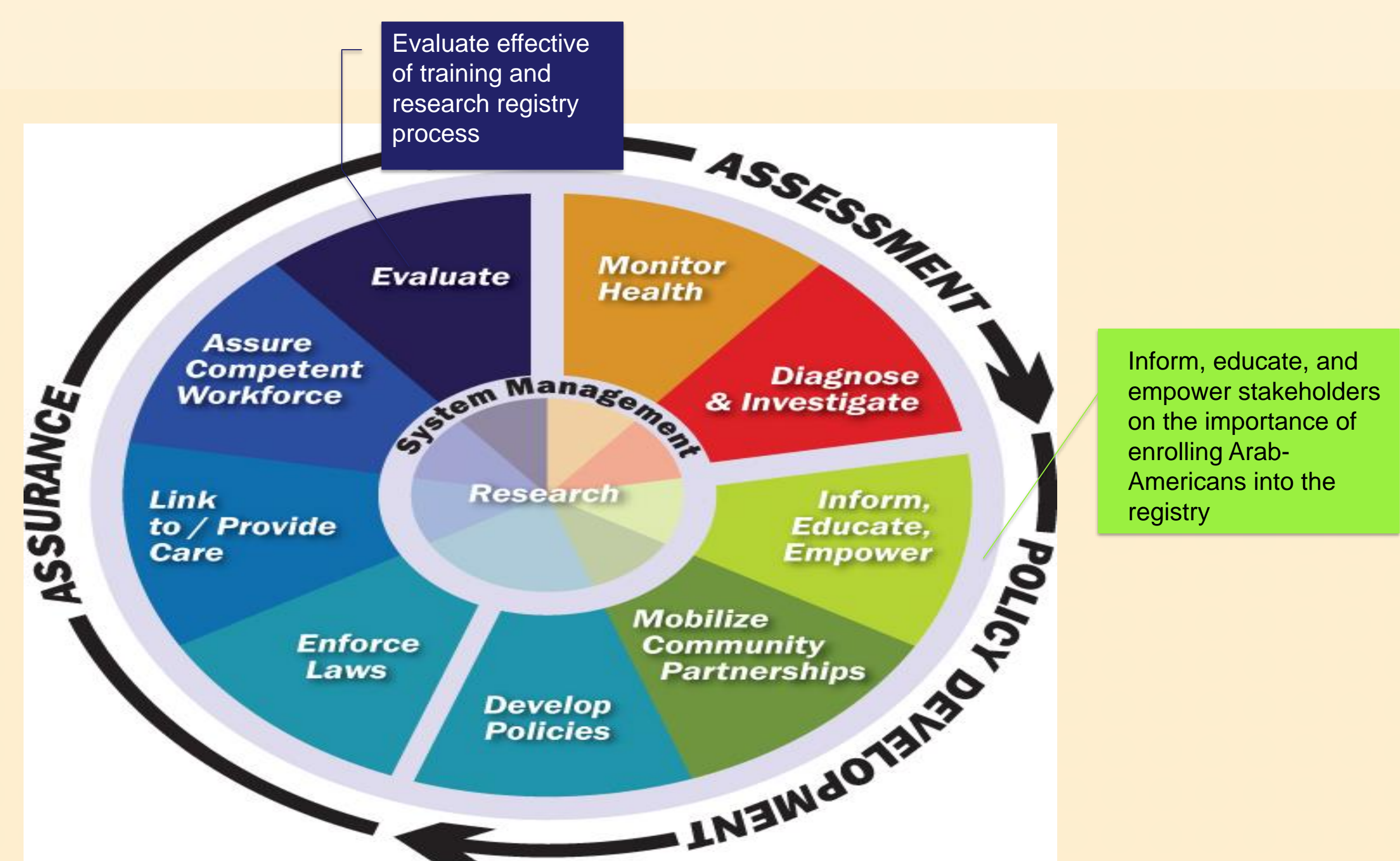
- Create informational material such as a brochure, newsletter, one-page research sheet, informational packet, or video, for educational program on cancer that is tailored to Arab-Americans.
 - Incorporating translators, or Arabic guest speakers, etc.
 - Gather current research on Arab-Americans and limitations to research. Accumulate data into an informational document.

Evaluation Survey for Stakeholders

- Create evaluation surveys for stakeholders involved in training to determine effectiveness and willingness to participate as a research advocate in the community.
 - Administer survey at CAC meeting after research registry training
 - Collect data and modify trainings, enrollment steps, and research registry process.

FINDINGS

- Research needs both healthy and non healthy volunteers to create treatment tailored to Arab-Americans. Research is still very limited.
- Arab is not a recognized category for race/ethnicity by the U.S. Census, which makes gathering statistics on this said population difficult. Studies have suggested Arab Americans(3-4):
 - Have similar cancer incidence rates to non-Hispanic and non-Arab whites
 - Have higher rates of thyroid and breast cancer among women
 - Have higher rates of bladder cancer among men
- There are multiple factors that contribute to Arab-Americans' lack of participation in research:
 - Lack of knowledge of research and related procedures (6)
 - Cultural factors such as female/male authority, lack of trust, and language barriers (7)
 - Time commitment due to various obligations, typically among women



CDC - Public Health System and the 10 Essential Public Health Services (3)

COMPETENCIES

Deliverables				
Public Health Competencies	Deliverable 1-Community Research Registry Research Advocate Training PowerPoint	Deliverable 2-Infographic on barriers among Arab-Americans participating in Research	Deliverable 3-Evaluation Survey for stakeholders involved in training	Deliverable 4-Modified Community Research Registry Guide
Apply awareness of cultural values and practices to the design or implementation of public health policies or programs (Foundational-8)	X	X		X
Design a population-based policy, program, project, or intervention (Foundational-9)	X			X
Communicate audience-appropriate public health content, both in writing and through oral presentation (Foundational-19)	X	X	X	X
Apply core public health sciences in the delivery of the 10 Essential Public Health Services (Public Health Practice-2)	X	X	X	X
Demonstrate willingness to explore cultural elements and aspects that influence decision making by patients, self, and colleagues (Public Health Practice-4)	X	X	X	X

RECOMMENDATIONS

- Engage communities in decision making to build trust (7)
- Stress that participating in research is voluntary and their information is confidential
- Use plain language to help participants understand what is being requested of them (7)
- Speak in a manner that is culturally appropriate to ease misconceptions. Acknowledge (7):
 - (1) male/female authority
 - (2) Men may make key decisions
- Incorporate bilingual discussion in both Arabic and English (8)
- Bringing awareness of research through social media, mosques, public figures, and clinical facilities.

ACKNOWLEDGEMENTS

Thank you Dr. Thompson, Mr. Knoll Larkin, Mrs. Carie Francis, and Mrs. Voncile Brown-Miller for such a wonderful practicum experience. I would also like to thank the MPH Practicum team for their guidance and support.

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Enhancing the impact of MARR Coalition School-based programs

Timothy J DeRosia Jr.
Michigan Antibiotic Resistance Reduction Coalition

ABOUT MARR

The Michigan Antibiotic Resistance Reduction Coalition (MARR) seeks to solve one of the most pressing public health problems that has been exacerbated in recent years: Antibiotic resistance. This coalition, which was formed in 1997, collaborates with communities and government to improve the use of antimicrobial agent in Michigan. They provide educational interventions in schools for all grade levels that seek to arm students with knowledge about the dangers of antibiotic resistance and what they can do to combat it. The coalition also uses accurate data regarding antibiotic prescribing habits of health care providers and shares that information nationally with the goal of reducing antimicrobial resistance.

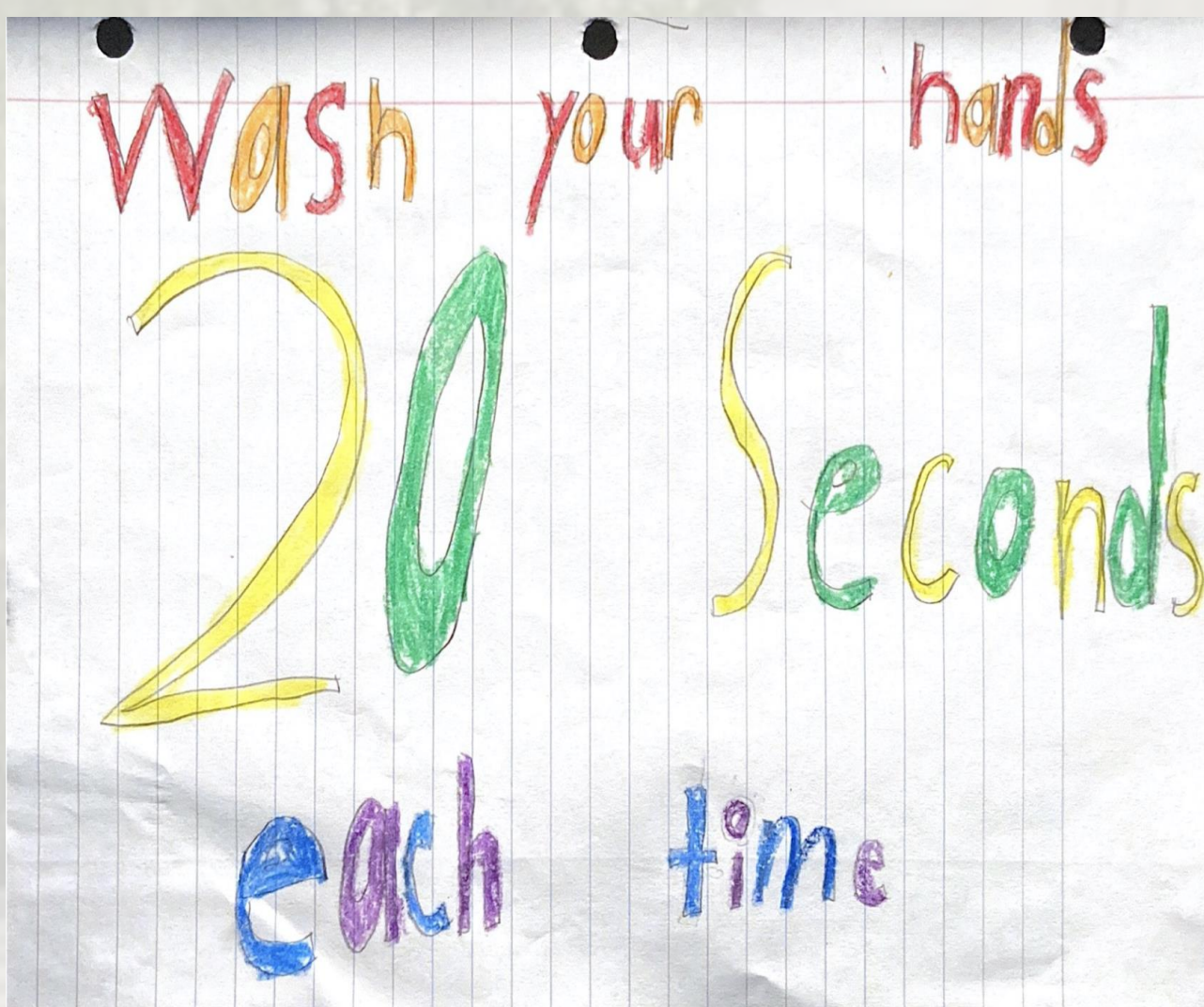
PHOTOS



This is a photo of the Kindergarten classroom singing the ABCs, while learning how to properly wash their hands. (Left)

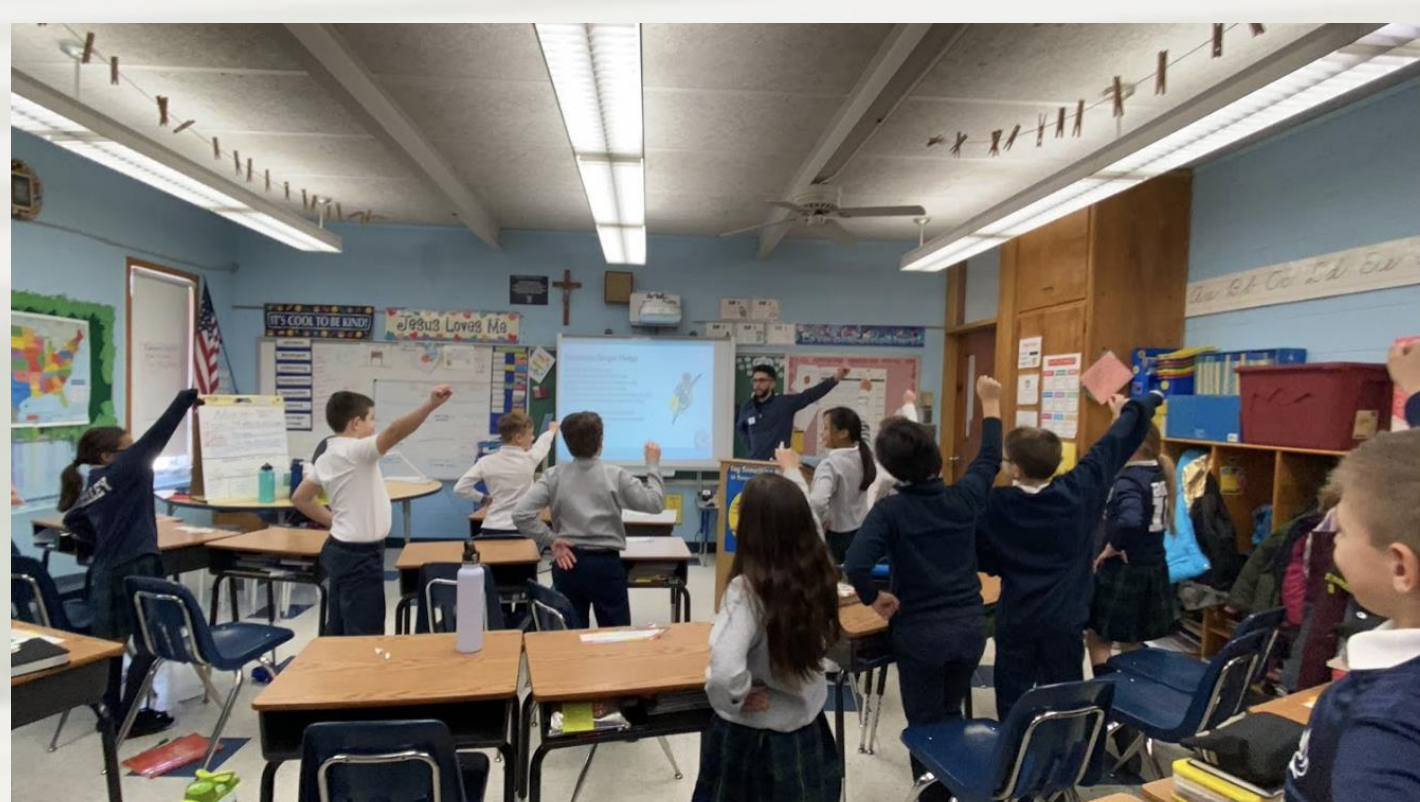


This is a photo of a 2nd grade student seeing how many germs are on his hands using the Glo-germ activity. (Right)



This is a piece of art that a 4th grade student made me during my presentation. He was nice enough to give it to me so I could share it. (Left)

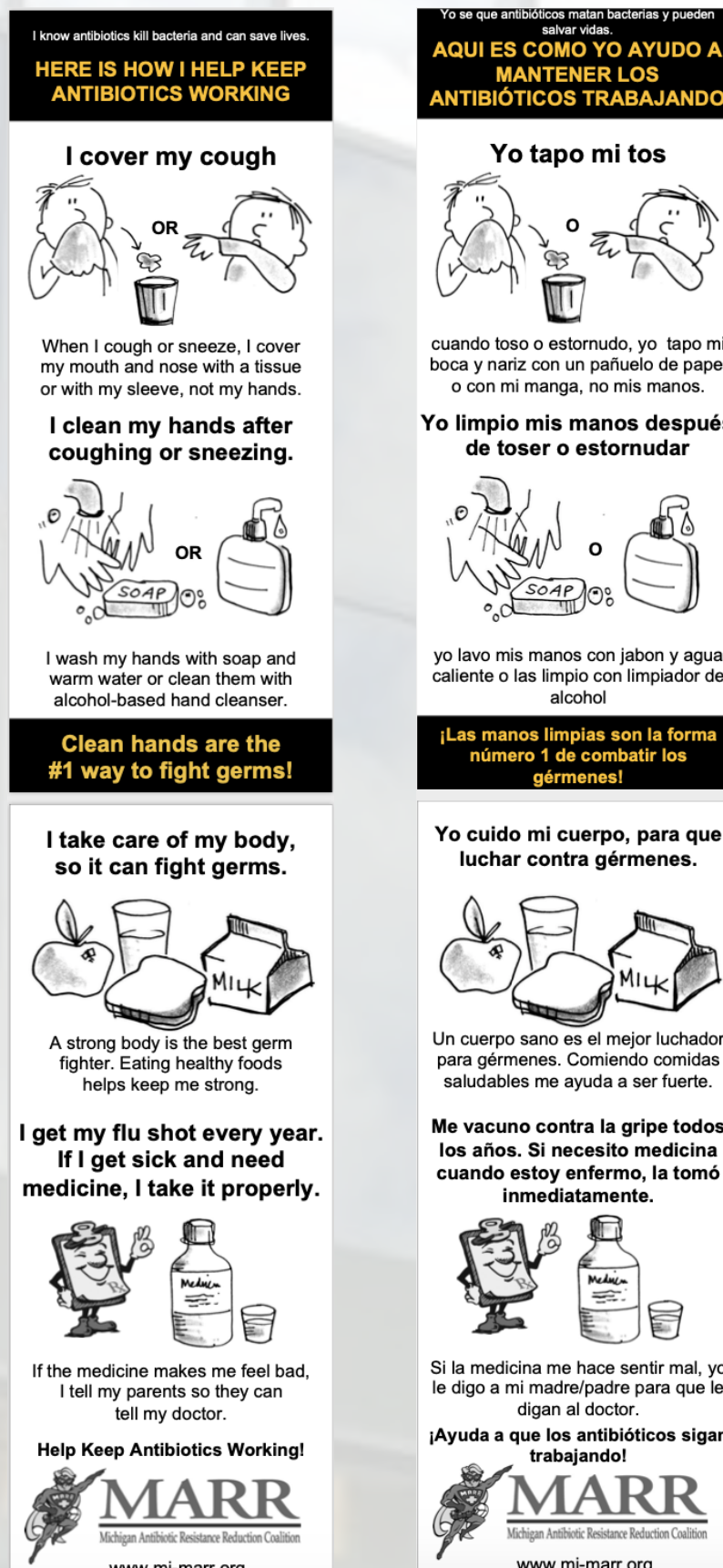
This is a picture of a 3rd grade classroom reciting the Resistance Ranger Pledge. Once this has been recited, each student becomes an official Resistance Ranger! (Right)



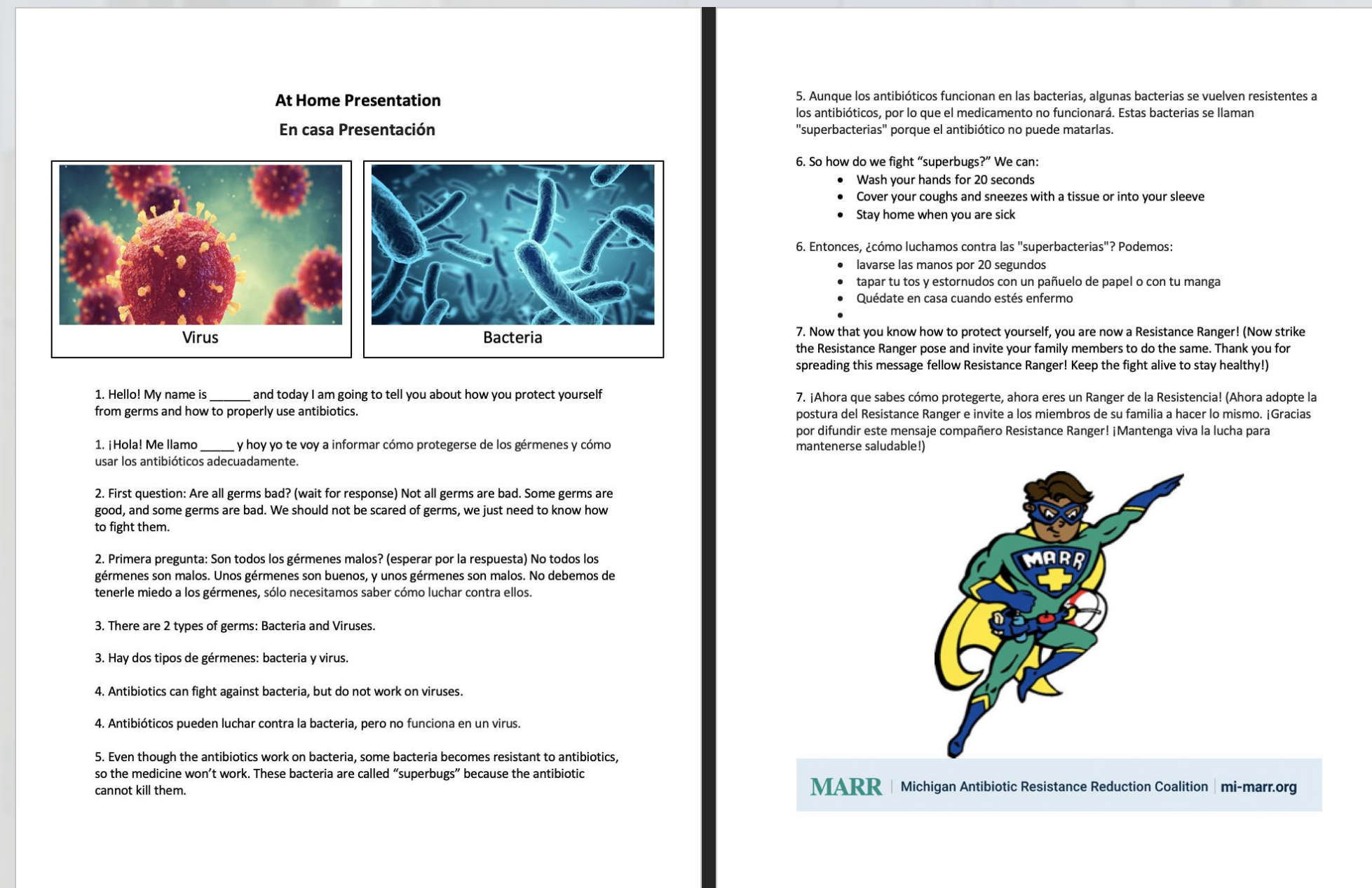
DELIVERABLES

Before

After



Deliverable #2 is a 5-minute presentation that can be given by the students when they go home to spread the message to their family. It will include a mask and instructions (Left and Bottom)



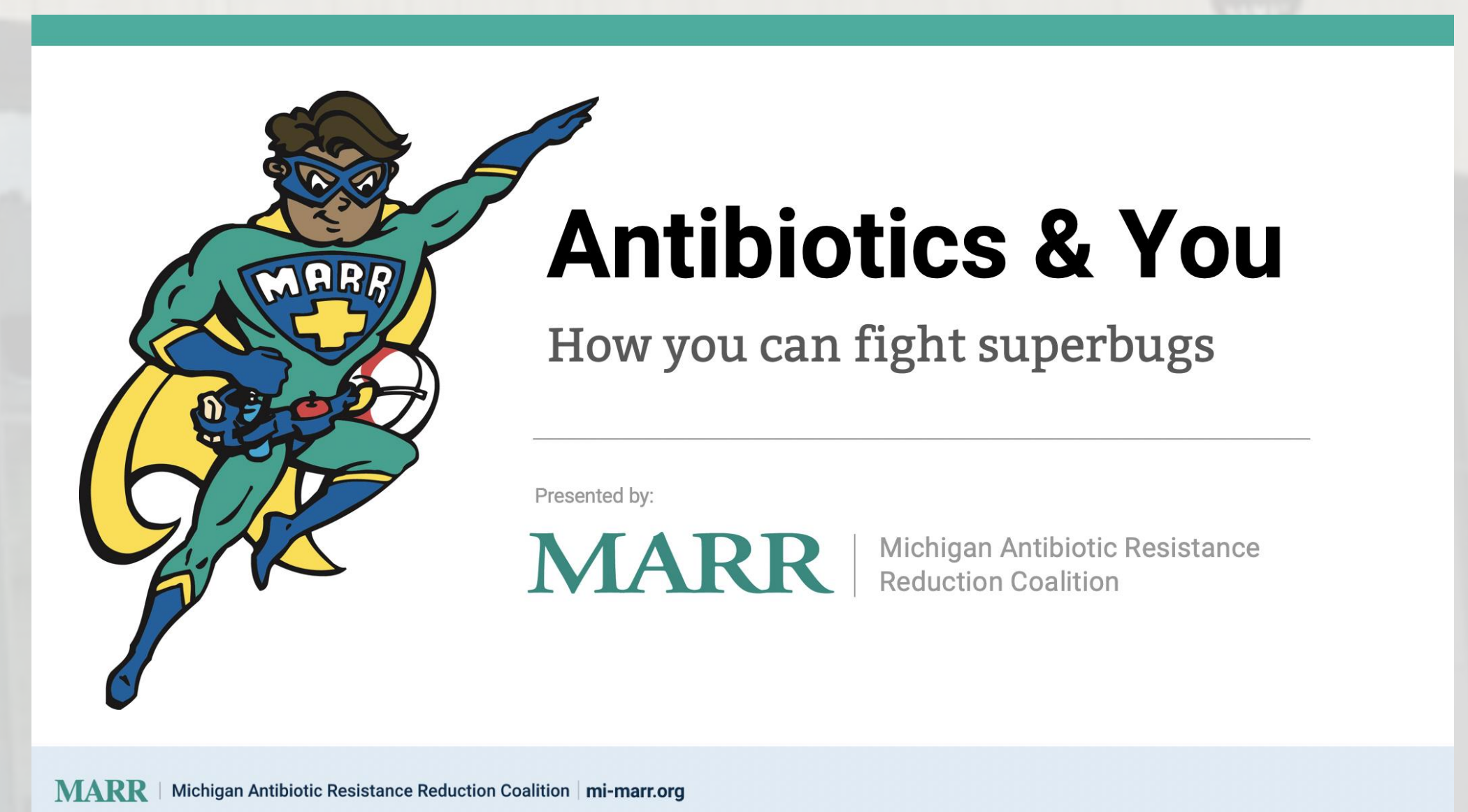
FIGURES



This data was collected from St. Thecla Catholic School and included aggregated data from one 2nd, 3rd, 4th grade class. The Pre-Test portion was completed prior to the presentation, with the Post-Test being completed shortly after my presentation. One of the most important take home messages of this presentation is the importance of understanding how antibiotics work. Understanding that antibiotics kill bacteria, but do not kill viruses can have a great impact on antibiotic resistance. It can be seen from the data that the speaker notes developed were effective in getting that message across to all who participated in the presentation.

ABSTRACT

Each year in the U.S., at least 2.8 million people are infected with antibiotic-resistant bacteria or fungi, and as a result more than 35,000 die from this problem. Antibiotic resistance is a public health crisis that needs intervention to stymie this trend. Many solutions are everyday habits and practices that can drastically improve the overall health in this country. Michigan Antibiotic Resistance Reduction Coalition (MARR) has many programs that seek to address this crisis. One of the most effective ways that they accomplish this, is by educating children at young ages about the dangers of antibiotic resistance and what they can do to combat it. They believe that the most effective way to spread this message to homes and communities is through the education of children. According to the 2010 U.S. census data, 9% of all households do not speak English as a primary language. This means that families may exhibit a lack of understanding when using the learning materials sent home with the children. Since Spanish and Arabic were among the 2 largest languages spoken, the learning materials were translated to address this problem. In speaking to teachers and children that were in the classroom, it was found that the children desired a way to give an abbreviated version of this presentation to their families. Given this feedback, a 5-minute presentation and speaker notes was developed to be used by the children in the home. In-class speaker notes were also altered to increase comprehension in various age groups.



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INTRODUCTION

I was delegated a diverse body of work at the senator’s office. Attending community meetings put me into contact with local organizations and events and allowed me to hear about the concerns of Detroit residents. I had the opportunity to work constituent cases and learn the day-to-day of office operations, I attended Green Stormwater Infrastructure training through Detroit Future City, and I helped staff move offices halfway through the summer.

My major project was to plan, organize, and throw a community baby shower event on behalf of the senator, including involving local organizations concerned with maternal and infant health as vendors and presenters as well as providing food and gifts and activities. I was charged with balancing a mission to connect and educate while creating an atmosphere of celebration – this was to be both an enjoyable day out for our new moms and moms-to-be and an opportunity to link these women with resources and valuable network-building.

ACTIVITIES

- My deliverables include a summary document of the planning and execution of this event, and an analysis of the survey we issued to our participants about the environment in which they are raising their families. The first piece allowed me to reflect on the strategies behind planning, promoting, and executing a large-scale community event and offer insights for future staffers who may find themselves similarly delegated. The second component generated data that reveals opportunities for advocacy and support for the participating maternal and infant health organizations and for the senator’s office.

STATE SENATOR STEPHANIE CHANG, DISTRICT 1

NEW MOM SURVEY

Zip Code: _____

How many children (including any unborn) do you have? _____

Are you employed?

☐ Full-time ☐ Part-time ☐ Not employed

If you are employed, does your employer provide any of the following:

☐ Health insurance ☐ Maternity/family leave

☐ Paid time off ☐ Breastfeeding/pumping room

Do you/will you utilize child care? ☒ Yes ☐ No

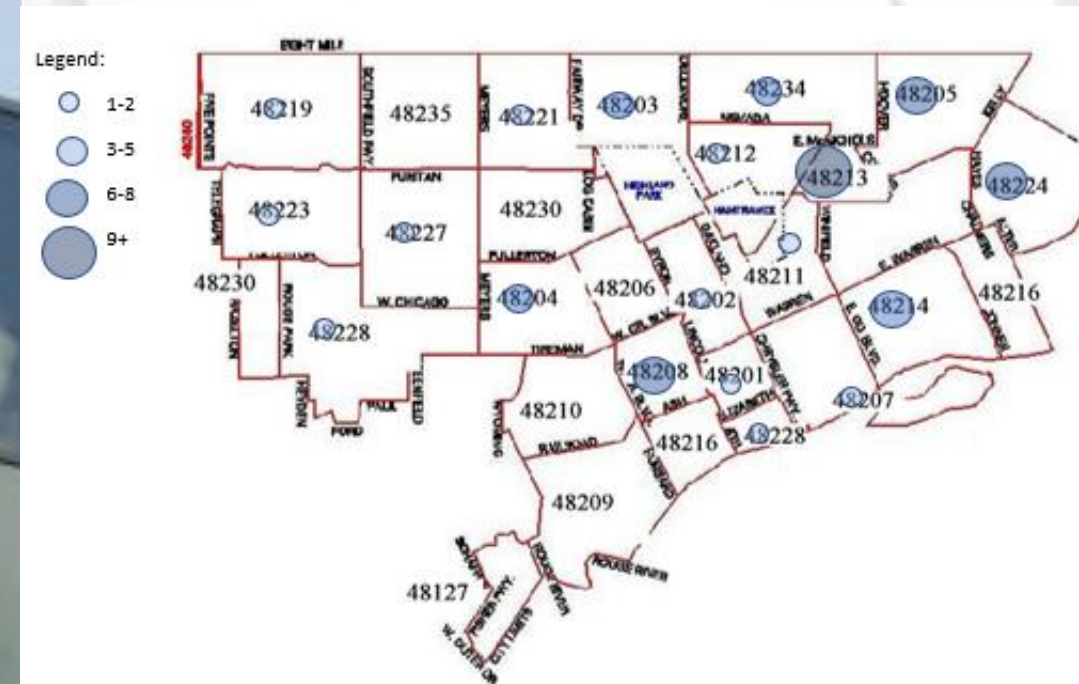
If yes, are you concerned about:

☐ affordability ☐ accessibility ☐ availability

How else can Senator Stephanie Chang be of service to you and your community?

This was the survey issued at the shower. We wanted to understand what the economic conditions of maternity for Detroit residents looks like, so we asked about employment, benefits, and child care. This survey certainly has limitations, but offers initial information from which further interventions could begin.

SURVEY FINDINGS



Assessing Recruitment Strategies for a Sexual Health Group-Level Intervention at Wayne State University Prevention (W'SUP): A Mixed-Methods Approach



WAYNE STATE
School of Medicine

Kristen Lucas, Master of Public Health Candidate

Wayne State University Prevention Team, Preceptor: Angulique Y. Outlaw, PhD

INTRODUCTION

Wayne State University Prevention (W'SUP) is a client-centered sexual health and HIV prevention program aimed at impacting the lives of youth and young adults (ages 13-29) in the Detroit Metropolitan Area (DMA) by providing sexual health (with a focus on HIV prevention) and creating a system of social support. The Detroit-based, on campus located facility offers a sexual health group-level intervention: Brothers Saving Brothers (BSB). BSB targets young gay, bisexual, and men who men sex with men of color ages 13-29 and focuses on HIV risk reduction and education, stigma, healthy relationships, and ethnic and sexual identity.

The purpose of this study was assess recruitment strategies for BSB by interviewing staff and surveying BSB participants.

METHODS

- Qualitative and quantitative methods were used to inquire about recruitment strategies for BSB.
- Qualitative interviews were conducted with W'SUP BSB staff members to gain insight into recruitment methods. Data was analyzed using content analysis.
- Quantitative surveys were administered to BSB participants to inquire about recruitment preferences. Data was analyzed using SPSS.
- Data gathered from interviews and surveys were used to assess recruitment methods for BSB.

Measures

- **BSB Participant Recruitment Questionnaire (n=5)**
 - How were you recruited for BSB?
 - What is your most preferred method fort recruitment?
- **BSB Staff Interview (n=4)**
 - What is the most effective method for recruitment?
 - How do you believe participants want to be recruited?

FIGURES

Qualitative Data

What Is The Most Effective Recruiting Method?

Word of Mouth

“People can tell others that this was an effective group; (they are) more likely to show up if it’s from word of mouth.”

Face-to-Face

“We need to talk face-face to gain more trust since it (sexual health) is still a sensitive topic for people in Michigan.”

How Do You Believe Participants Want to be Recruited?

Word of Mouth

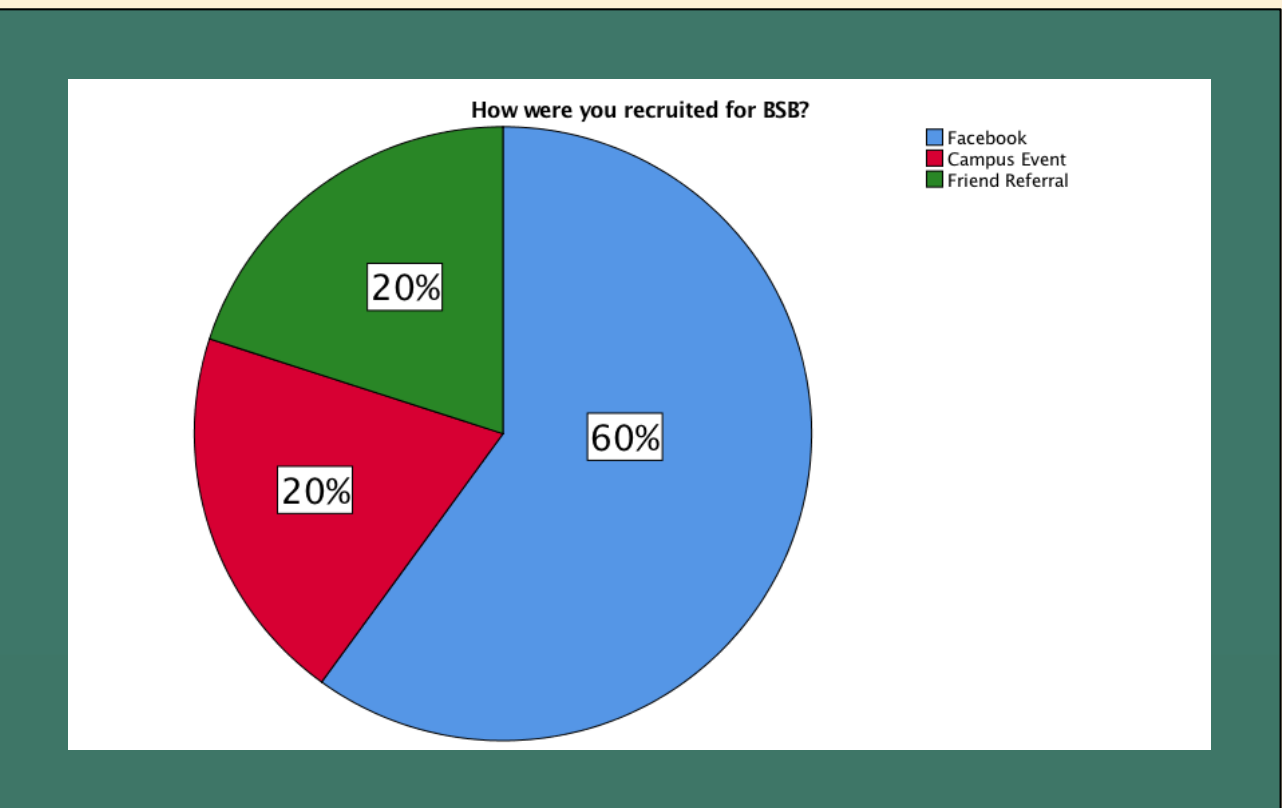
”Word of mouth because there are so many groups out there and a lot of opportunities for research out there that aren’t exactly worthwhile so when they hear that this was actually legit through one of their friends they’re more likely to follow up.”

Face-to-Face

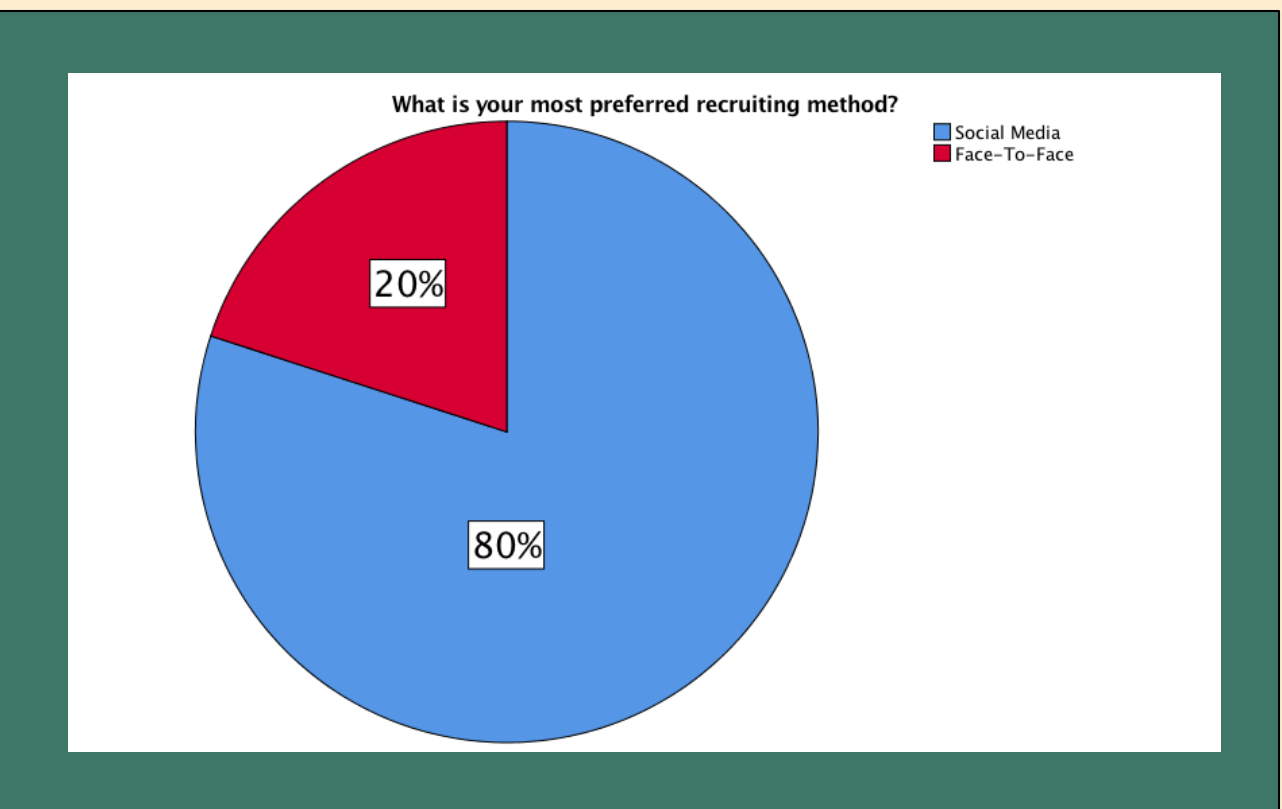
“I feel like having that face-to-face interaction where you’re able to ask questions about the group is better, (they) can get more into the details.”

Quantitative Data

How were you recruited for BSB?



What is your most preferred Recruiting method?



RESULTS

- BSB staff reported the most effective methods to recruit participants for BSB was through ‘word of mouth’ or face-to-face.
- Staff also believed BSB participants prefer to be recruited through these same methods.
- BSB participants reported they were recruited via Facebook, a campus event, or friend referral. Their preferred method of recruitment was social media.

CONCLUSION

- While BSB staff prefer more face-to-face and referral-based recruitment for groups, social media is the preferred method of recruitment amongst participants.
- More emphasis should be placed on social media as a recruitment approach for BSB.

Public Health Competencies

Foundational

- Select quantitative and qualitative data collection methods appropriate for a given public health context.
- Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate.
- Interpret results of data analysis for public health research, policy, or practice.

Concentration

- Demonstrate willingness to explore cultural elements and aspects that influence decision making by patients, self, and colleagues.
- Apply core public health sciences in the delivery of the 10 Essential Public Health Services.



WAYNE STATE
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Provider training on patient portal functions for efficient direct line of communication between patient and provider to promote positive health outcomes

Anne MacNeil

Advantage Health Center, Detroit, MI

Site Preceptor: Nina Abubakari

Introduction

Overall study aim: Promote patient portal as a direct line of contact between provider and patient

Site currently uses “Healow” patient portal to give access to medical records, ability to make appointments and access to provider messaging interface

Objective of the test: Increase patient satisfaction with clinic to increase positive health outcomes

Current patient interaction with patient portal:

Methods

Patient satisfaction surveys completed from November 2019 through January 2020

‘Would you recommend our services to a friend of family member? If not, please explain.’

Quantitative Analysis:

- 324 ‘yes’ responses
- 22 ‘no’ responses

Qualitative Analysis:

Direct patient quotes of the 22 ‘no’ responses:

”I would like a direct extension to my provider, it is faster to come in”

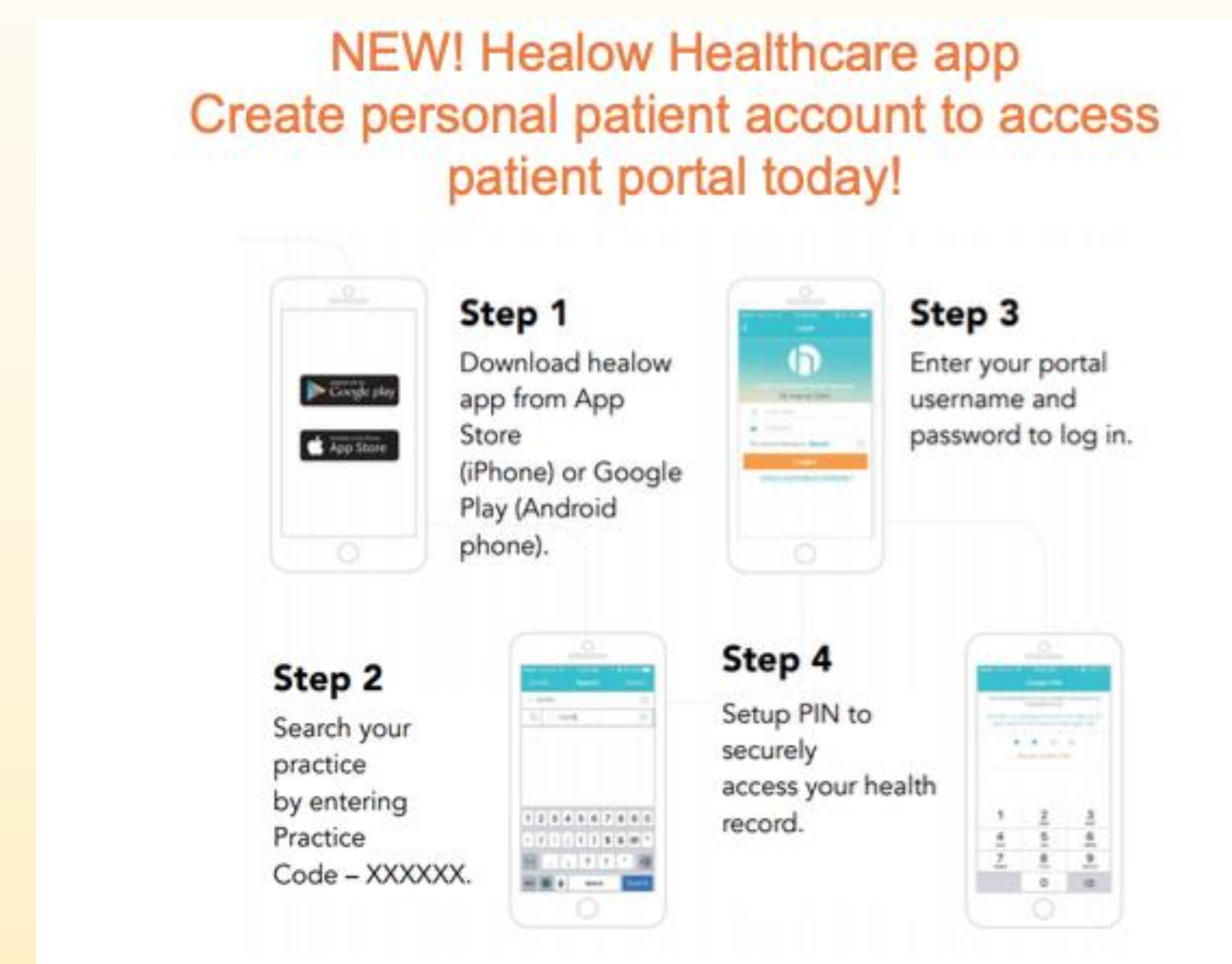
“I would like a better way to contact my PCP in the clinic”

“NO ONE wants to to hear the recording while on hold”

“I HATE the message while on hold, I would rather not call in at all”

Email Promotion Campaign

Patient App Promotion:



Provider Portal Awareness Promotion:

PLEASE READ
Between January 01, 2020- March 05, 2020 at all Advantage Health Centers 54 patient medical messages left unread and unaddressed

Here are few of the many advantages of Enterprise Patient Portal

- Certified for Meaningful Use Stage 15 Requirements
- Quick Implementation & Easy To Use
- One portal for the entire network of inpatient care and outpatient care
- Customized portal to market your organization

Patient portal allows patient to:

- Access personal medical records
- Ability to make or change appointments
- Have a direct line of contact with provider through messaging center on eClinical (Example of message center below)

General Message

Please use messages for non-urgent communication only.
If this is an URGENT or EMERGENT patient care issue, please call 911. DO NOT LEAVE A MESSAGE HERE.

To: Test General
Subject: New General Message
Message:

SEND CANCEL

PLEASE CONTINUE TO CHECK PERSONAL MESSAGES DAILY TO DECREASE CHANCE OF MEDICAL MESSAGES NOT BEING ADDRESSED IN TIMELY MANNER

Conclusion

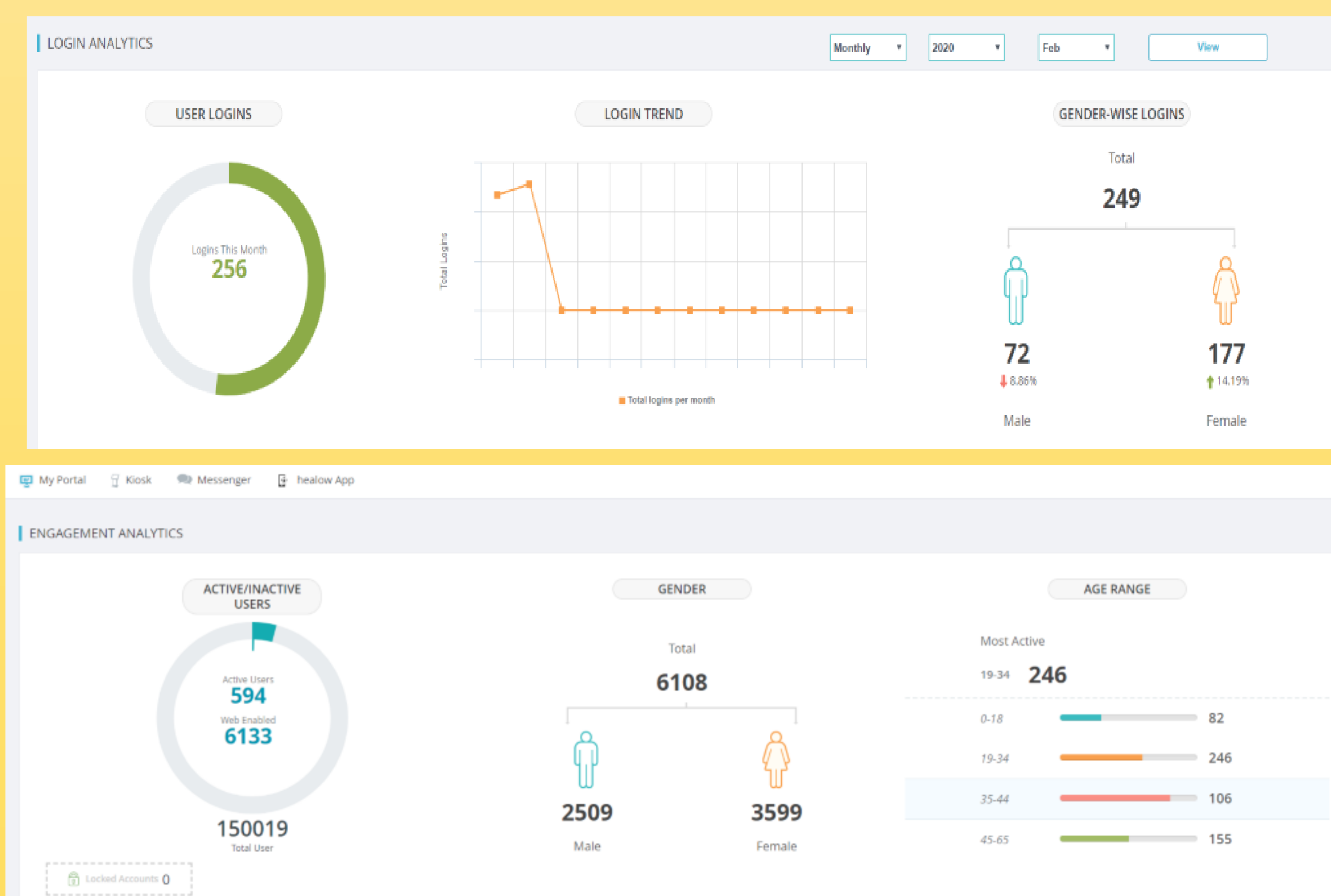
Increasing awareness of patient portal, for patient and provider, should offer a direct line of contact between these two key players in health outcomes.

Potential Challenges:

- Lack of access to internet or smart phone (patient)
- Lack of time in daily routine to respond to all non urgent messages (provider)

Reference

eClinicalWorks. Enterprise Patient Portal User Guide. Version 2.0.16.2 April 2019.



A Model for Developing an Advocacy Agenda for Birth Detroit

Grace Mahasi, MPH Candidate; Leseliey Welch, MS, MPH, Preceptor
Wayne State University; Birth Detroit

INTRODUCTION

Nationally, the average infant mortality rate is 6.6 per 1000 live births. In 2018, Detroit averaged 16.7 infant deaths per 1000 live births, a third of which were due to premature birth. Birth Detroit seeks to help change these outcomes by establishing Detroit's first freestanding birth center (FBC).

However, in order to fully take advantage of the potential health outcomes a birth center can provide, licensure for birth centers must be a first step, a position supported by the American Public Health Association.

METHODS

- Analysis of birth center regulations of other states' regulation of freestanding birth centers and the current status of Michigan public health policy regarding birth center licensure was conducted.
- Identification of key components of advocacy agenda planning listed

FIGURES

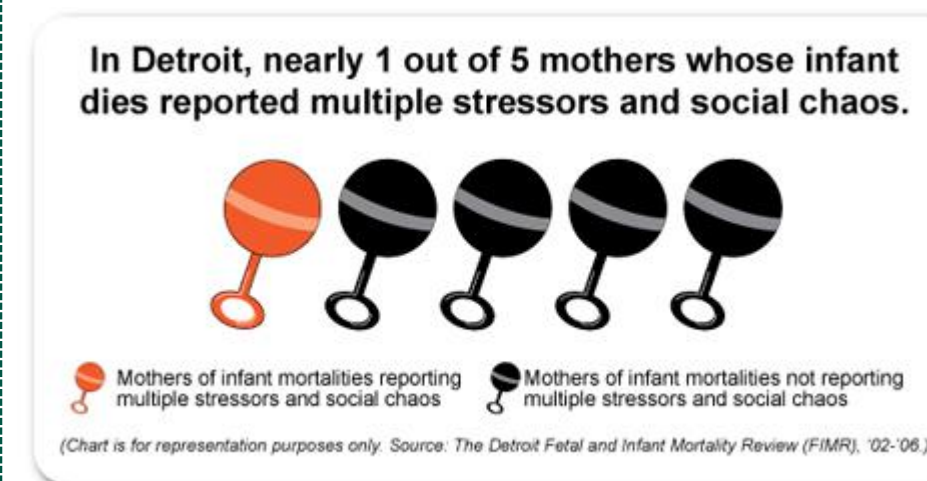


Image from Henry Ford Community Health

Mission

To midwife safe, quality, loving care through pregnancy, birth, and beyond

Vision

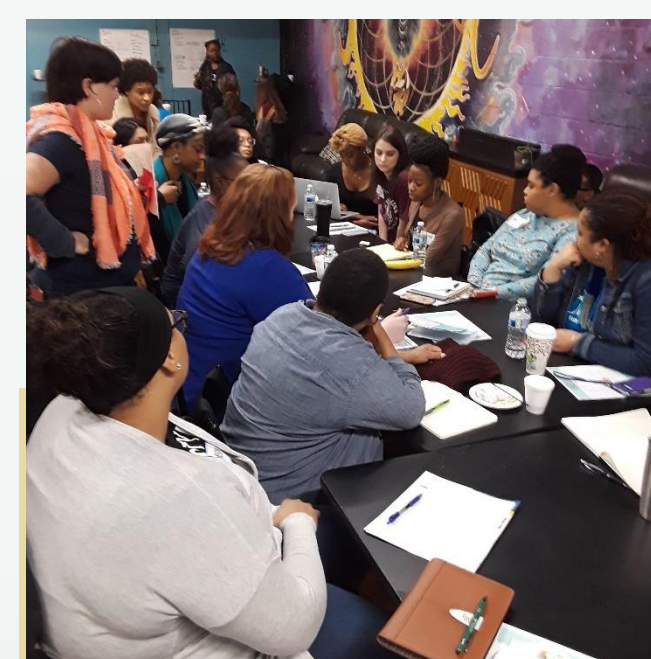
We dream a world where birth is safe, sacred, loving and celebrated for everyone

Values

Safety, trust, love, and justice

A part of Birth Detroit's work is advocating for changes in policy so they can better serve the city of Detroit, a population that has the potential to benefit from the services offered.

BIRTH DETROIT



The work of Birth Detroit could not be done without its volunteers. One of the first projects was developing an orientation agenda for the volunteers



RESULTS

COMMUNITY SURVEY RESULTS

Thank you to all who took the Birth Detroit online survey! Over the course of six months, nearly 400 people (mostly African American Detroiters) took the survey, sharing their birth experiences and thoughts about the birth center. **More than half expressed interest in giving birth in a birth center, and 98% of participants said a birth center is a good idea for their community.**

SURVEY SAYS...

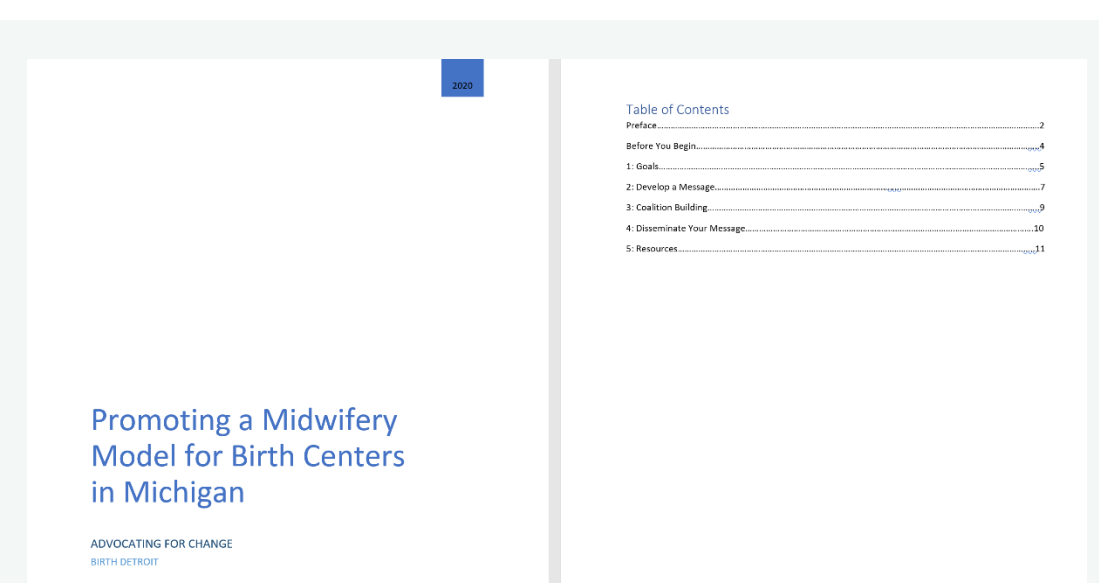
- Birthing people want a care provider who is trained in natural childbirth, respects their choices, and treats them as a partner.
- Women of color are less likely to have a midwife or doula provide prenatal or childbirth care.
- Having a midwife and/or doula is associated with greater satisfaction, more natural childbirth practices, and having a vaginal birth.

This data supports the importance of providing accessible and affordable midwifery care and doula support to Detroit families

Birth Detroit Community Survey

Deliverables

- advocacy agenda
- volunteer tools for toolkit
- volunteer orientation



What is the JJ Way®?

The JJ Way® is a community-based model of maternal health care developed by midwife Jennie Joseph ("JJ") that has proven to be successful over 25 years. The model includes (1) the Easy Access Clinic®, a maternal medical home in which no one is turned away, (2) education and support services with culturally relevant health messaging at every visit, and (3) the birth center, giving families the opportunity to choose the site, setting, and provider they would like for their birth. The model has shown low rates of prematurity, low birth-weight babies, and maternal morbidity; and high rates of breastfeeding among birthing people at highest risk. The model has four pillars.

FOUNDATIONAL PILLARS

- Access:** Instant access to care as soon as possible in pregnancy. No one is turned away.
- Connections:** Nurtures the relationship between birthing person, provider, and family for perinatal safety.
- Knowledge:** Provides respectful, practical, evidence-based education to support health.
- Empowerment:** Builds patient confidence and nurtures authentic care partnerships that allow for informed decision making and self-advocacy.

For more information visit www.commonwomenechidbirth.org/jjway

CONCLUSION

The state of Michigan does not license FBCs, and as a result they are unable to accept Medicaid, preventing a large population of those who might benefit the most from the services provided.

By developing a plan for advocating on behalf of and alongside of the six other freestanding birth centers in the state of Michigan, we are able to create a cohesive message to create a path to licensure.

In so doing, we are also providing a clear model that can be replicated in the event that another FBC opens in a state that does not yet license midwives or birth centers.

Quality Improvement Projects to Address Health Outcomes at Wayne County Healthy Communities in Hamtramck

Alymamah Mashrah, MPH Candidate– Wayne State University
Preceptor: Amaal Haimout, MPH– Clinic Director, WCHC

BACKGROUND

Wayne County Healthy Communities (WCHC)

is a Federally Qualified Health Center (FQHC) that provides healthcare services to patients regardless of their ability to pay.¹

WCHC provide services include primary care, behavioral and mental health, dental care, women's health, and pediatric care in Wayne and Hamtramck, MI¹. WCHC provides patients with services and resources in a culturally appropriate manner with continual quality improvement processes to improve patient health outcomes.¹ WCHC is primarily funded by the Health Resources and Services Administration (HRSA) which undergoes rigorous audits to ensure they maintain their quality of care.

Goals: This project aims to extract and analyze patient data from WCHC's Electronic Medical Record (EMR) system to assess yearly progress of health outcomes and demographic data which will be submitted to HRSA as a Uniform Data System (UDS) report so that WCHC may be eligible for additional grants to continue to provide quality care to underserved communities, such as Hamtramck. Based on findings from the UDS report, quality improvement projects will be created to improve WCHC patient health outcomes.

Objectives: By mid-practicum, develop a comprehensive data report entailing 16 clinical quality measures. By mid-February, complete a summary report of health outcome improvements for clinical staff. By end of practicum, create new health education material for colorectal and cervical cancer screenings.



METHODS

UDS SUMMARY REPORT

- **Develop a comprehensive data report detailing 16 clinical quality measures.**
 1. Utilize e-ClinicalWorks EMR system and AZARA data analytics software to extract patient health data needed for the UDS report.
 2. Develop spreadsheets compiling WCHC's patient health and demographic data from 2018 and 2019 to assess for variances and growth.
 3. Present summary report of health outcomes in written, graphical, and PowerPoint format.
 4. Organize, consolidate, and analyze the data for each clinical measure and write explanations for percentage changes.

HEALTH EDUCATION MATERIAL

- **Based on the findings from the UDS report, develop health education material to improve health outcomes for two clinical measures.**
 1. Utilize AZARA software to extract patient data to identify which patients meet the criteria for colorectal cancer and cervical cancer screenings.
 2. Develop patient letters to encourage screening appointments and update label templates with patient address information.
 3. Research health information for colorectal and cervical cancer.
 4. Create culturally appropriate brochures for colorectal cancer and cervical cancer to be sent to patients with screening letters.

FIGURES

DATA SUMMARIES FOR UDS REPORT:

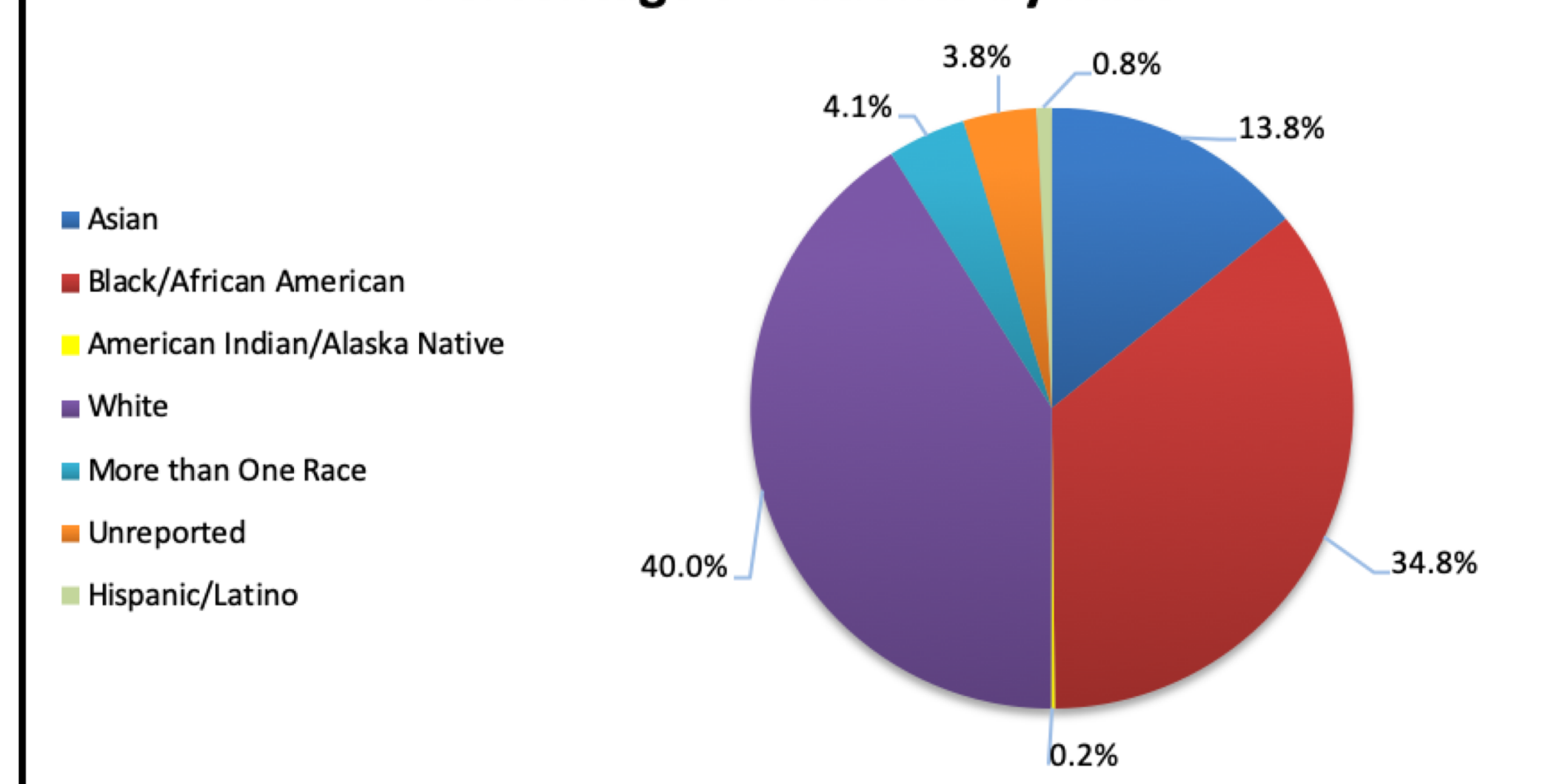
Wayne County Healthy Communities Performance Measures from 2018 to 2019		
Clinical Measures	2018	2019
Cervical Cancer Screening	45.0	53.0
Adolescent Weight Screening & Follow-Up	15.0	44.0
Adult Weight Screening & Follow-Up	47.0	60.0
Tobacco Use Screening & Cessation	82.0	88.0
Asthma	75.0	46.0
Ischemic Vascular Disease (IVD) & Aspirin/Anti-thrombotic therapy	93.0	83.0
Colorectal Cancer Screening	6.0	12.0
Depression Screening & Follow-up	84.0	94.0
Sealants to First Molars	50.0	50.0
Prenatal Care	48.0	47.0
Hypertension	60.0	64.0
Diabetes > 9 or no test	49.0	37.0
Low Birth Weight	0	0
Childhood Immunization Status	30.0	36.0
Statin Therapy for Prevention and Treatment of Cardiovascular Disease	71.0	62.0
HIV cases with timely follow-up	N/A	N/A

Colorectal and Cervical Cancer Brochures:



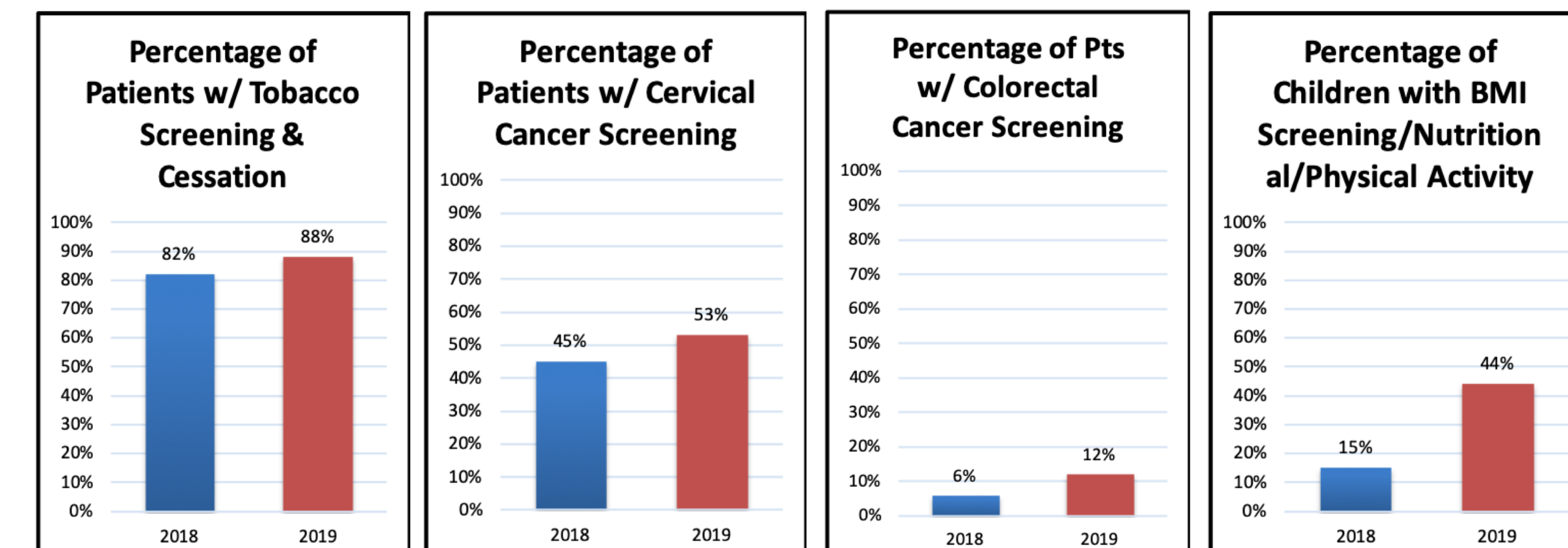
Health education material for colorectal and cervical cancer to increase patient compliance.

Percentage of Patients by Race



	Deliverable 1:	Deliverable 2:
Public Health Competencies	Universal Data System (UDS) summary report of health outcomes in written, graphical, and PowerPoint format.	Memorandum and brochures for colorectal cancer and cervical cancer.
Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate. (Foundational- 3)	X	X
Interpret results of data analysis for public health research, policy, or practice. (Foundational- 4)	X	X
Apply awareness of cultural values and practices to the design or implementation of public health policies or programs. (Foundational- 8)		X
Communicate audience-appropriate public health content, both in writing and through oral presentation. (Foundational- 19)	X	X
Describe the importance of cultural competence in communicating public health content. (Foundational- 20)	X	X
Perform effectively on interprofessional teams. (Foundational-21)	X	X
Advocate for policies, programs, and resources that improve health in a community. (Public Health Practice- 3)		X
Demonstrate willingness to explore cultural elements and aspects that influence decision making by patients, self, and colleagues. (Public Health Practice- 4)		X
Incorporate analytic public health skills to evaluate programs and reported studies in terms of rigor, importance, and relevance to professional practice. (Public Health Practice- 5)	X	X

FINDINGS



UDS SUMMARY REPORT

- Using AZARA software allowed for efficient data extraction and consolidation, quicker data audits, and more accurate reporting of clinical health outcomes than e-ClinicalWorks, despite initial mapping errors.
- Analysis from the UDS report revealed that the WCHC clinic is improving patient compliance in several areas, including depression screening and follow-up (94%), adult and childhood body mass index (BMI) screening and nutritional education (60% and 44% respectively), tobacco screening and cessation (88%), and overall cervical cancer screening (53%).
- While there was an increase in the percentage of patients with colorectal cancer and cervical cancer screening from 2018 to 2019, the compliance rate was still lower than the Healthy People 2020 goals. For example, the Healthy People 2020 target goal was 93% for cervical cancer screening and the WCHC outcome for this measure was 53%.

HEALTH EDUCATION MATERIAL

- Given the cultural diversity of the patient population, creating health education materials in a culturally appropriate manner was highly recommended, being cautious of imagery to be used.
- Due to the low patient literacy rate, the clinic found that utilizing 3rd to 5th grade language and graphics to be more impactful in conveying important health messaging.
- Given the low patient compliance rates for cervical and colorectal cancer screenings, we found that utilizing health information from a trustworthy source such as the American Cancer Society (ACS) to be the best option in creating content for patient brochures.

RECOMMENDATIONS

UDS SUMMARY REPORT

1. Utilize AZARA software over e-ClinicalWorks EMR system to generate UDS reports in the coming years, as AZARA is more accurate.
2. Create health education projects that are culturally appropriate to increase patient compliance in order to improve health outcomes and receive additional HRSA grant funding.

HEALTH EDUCATION MATERIAL

Due to the COVID-19 outbreak, certain activities had to be delayed.

1. Distribute health education brochures for colorectal cancer and cervical cancer to patients both in the clinic and by mail.
2. Send patient letters that encourage patients to schedule appointments for colorectal cancer and cervical cancer screenings.
3. Develop updated ICD-10 code sheets for colorectal cancer and cervical cancer for providers.

References:

1. ABOUT US [Internet]. waynecountyhealthy. [cited 2020Mar20]. Available from: <https://www.waynecountyhealthy.com/about-us>



Sweta Naik
MPH Candidate

Preceptor: Dr. Denise White-Perkins

ABSTRACT

Through Medicare, seniors have access to many age-specific services, one of which is the Annual Wellness Visit (AWV)¹. Traditionally AWVs are individual patient visits with a primary care physician (PCP). Due to a growing elderly population, a shortage in PCPs, and a focus on immediate medical issues, wellness and preventive care falls by the wayside. This project aims to assess if Group Wellness Visits (GWVs) are more efficient at providing high-value preventive health information to seniors, increase patient satisfaction, and/or provide financial benefit to Henry Ford.

Informational interviews were conducted over the phone with four contributing staff and were subject to a limited qualitative analysis due to time restraints. The review sought out common themes among staff responses as well as overall opinions of the efficacy of the GWV. A limited literature review was conducted to review existing literature on group format healthcare delivery.

The literature review and interviews confirmed the support and beneficial aspect a group format can bring to Medicare services. Staff identified several common challenges for Detroit area seniors. Seniors can share resources and peer support for several types of health issues, as illustrated by the variety of research. A group format is usually offered at no additional cost past that of a standard visit, travel costs, and provides several specialists in one place. This format is financially advantageous, efficient, and easily organized by healthcare providers.

INTRODUCTION

Beginning in 2011, seniors have access to a Medicare-covered Annual Wellness Visit. This AWV are intended to provide focused preventive care and wellness and perform a risk assessment. It is not intended to be a physical exam, nor a time to address immediate medical concerns¹.

However, under Medicare Part B, this AWV is the only covered annual visit to a PCP. Medicare does not cover annual physicals¹. This results in the AWV being used by patients to discuss chronic illness, singular injuries, or specific health concerns. Wellness and preventive care falls by the wayside, albeit because seniors must ration their one annual visit and place stronger concerns first.

This project will assess the benefits of a Group Medicare Wellness Visit replacing individual AWVs. This format has been previously implemented for various groups of older patients with chronic illness, dementia, and diabetes^{2, 3, 4}. Small groups of senior Medicare patients come together for a 2-hour session and meet with multiple specialists in preventive care.

METHODS

GWVs take place at the Henry Ford Detroit Northwest and Harbortown locations. When patients check in, their vitals are taken, a vision screening is performed, and they fill out the Health Risk Assessment Form. During the session they meet with 5-6 different specialists including a dietician, pharmacist, social worker, and RN. Lastly there is a Q&A session and patients can meet with physicians if desired.

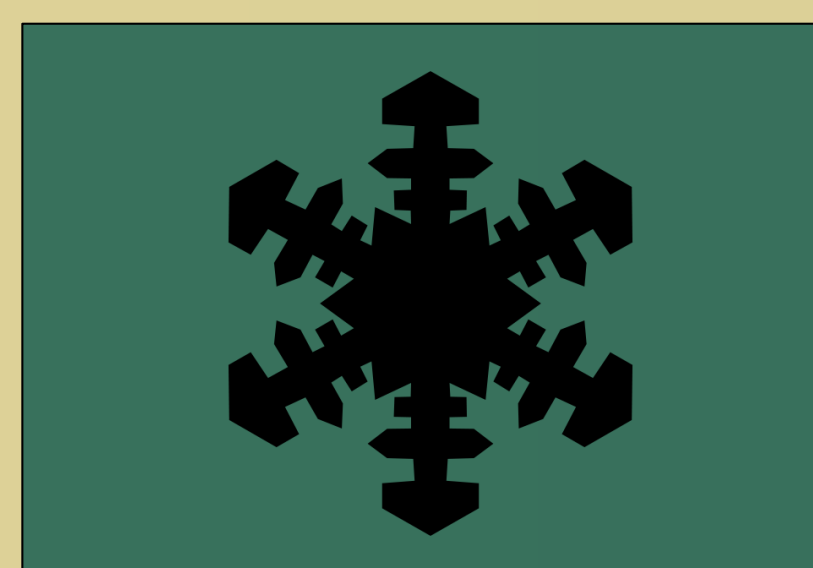
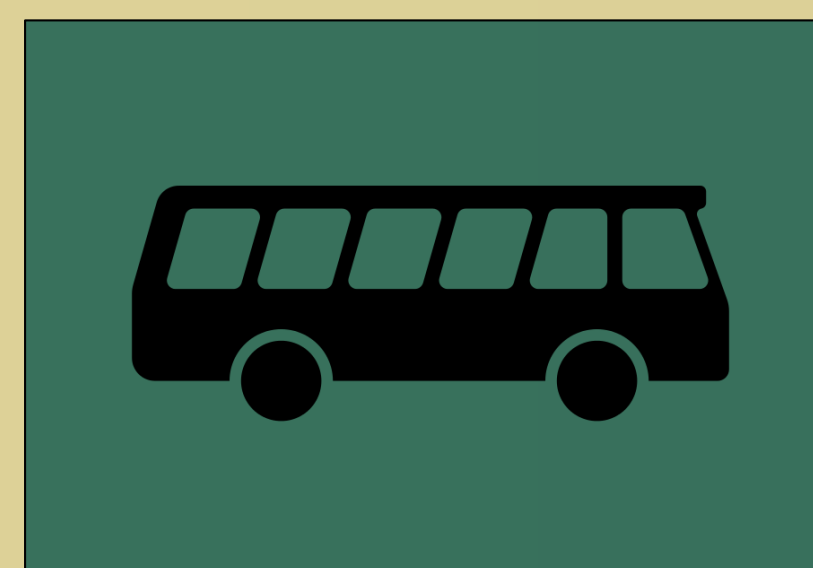
Articles for the literature review were found using the PubMed database and Cochrane Library. Search terms included “shared Medicare,” “group medical visits,” “shared medical visits,” and “group visits.” A total of 6 articles were chosen. They reflect a variety of patient populations and a focus on patient satisfaction.

Informational interviews were done by phone with four staff members that facilitated discussion at GWVs at Henry Ford’s Detroit Northwest and Harbortown locations. Interviews were analyzed to identify common themes and concerns for seniors in the Detroit area.

RESULTS

Literature review: provided valuable support for the implementation of this program. Patients in a variety of group format programs for AWVs, diabetes, dementia, and primary care expressed satisfaction with the group format. Five of six articles about programs in the U.S and Australia showed repeated evidence that GWVs increase patient satisfaction and learning, as well as an appreciation for meeting with others in similar no to their own. Concerns revolved mainly around the difficulty of billing for group visits and lack of standardization for these types of programs.

Interviewees listed four main concerns they thought their senior patients faced in the Detroit/S.E Michigan area: lack of access to transportation, cost of medications/treatments, the weather, and financial struggles.



The Centers for Medicare and Medicaid Services provides guidelines and standards for some types of GWVs. Meeting these standards is essential for reimbursement. CMS has approved payments to providers for group visits for specific diseases or conditions. With the focus of AWVs being well-rounded, multidisciplinary wellness and preventive care and requiring several specialists and educators, this does not exactly meet CMS’ standards for coverage. Therefore GWVs are often billed as multiple individual visits.

Interviews: Kristen Cyranoski, ambulatory case manager; Sarah LeVasseur, social work case manager; Mary Kay Koss, registered dietician and certified diabetes educator; and Lakeshia Benn, registered nurse and GWV facilitator were all interviewed. The interviewees all felt the group format encouraged seniors to attend, participate, and ask questions. Lack of access to transportation and high prescription costs were the most frequently noted barriers to care. Other concerns revolved around gaps in Medicare coverage, out of pocket costs, and miscommunication between physicians and patients.

CONCLUSIONS

Group format programs have been shown multiple times in various settings to provide vast benefit to patients who would prefer group settings and one long visit to multiple individual specialist visits. Group visits encourage peer-to-peer interaction, a relaxed atmosphere, more time with doctors, and more chances for specialized education. It is particularly useful for seniors, who may lack the physical ability or transportation to multiple doctor’s visits. As seen in the staff interviews, this program has gone over well with providers and they feel it is useful and advantageous for their patients. Patients receive all the care they would normally get in one session and retain time for face-to-face conversations with their doctor.

Foundational competencies advanced:

- *Analyze quantitative and qualitative data collection methods appropriate for a given public health context*
- *Interpret results of data analysis for public health research, policy, or practice*
- *Assess population needs, assets, and capacities that affect communities’ health*

Concentration competencies advanced:

- *Assess and interpret community specific trends from quantitative and qualitative data* (informational interviews or public database review)
- *Transform the latest public health research findings into timely and effective knowledge, tools, applications, and policies that improve and advance the health of urban populations*

Citations

1. Annual Wellness Visit Coverage. U.S. Centers for Medicare & Medicaid Services; [cited 2019Nov13]. 2. Egger G. et al. Patients’ and providers’ satisfaction with shared medical appointments. Australian Family Physician . 2015Sep; 44(9):674–9. 3. Khandelwal CM, et al. Treating Dementia With Shared Group Visits. Family Practice Management [Internet]. 2015;22(3):16–21. 4. Burke R.E., O’Grady E.T. Group Visits Hold Great Potential For Improving Diabetes Care And Outcomes, But Best Practices Must Be Developed. Health Affairs. 2012Jan1;31(1):103–9

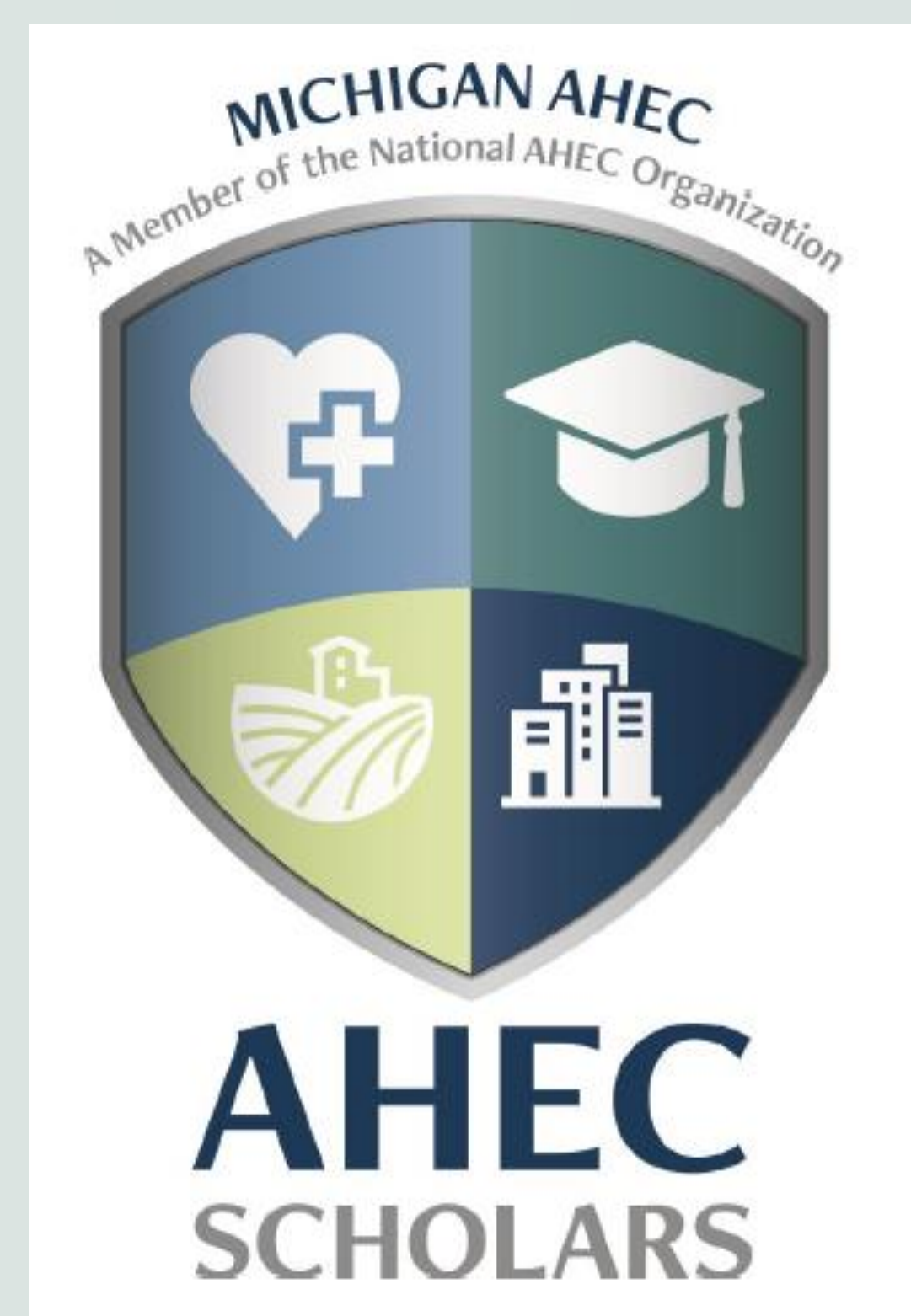
Shayla Patton, MD/MPH Candidate Class of 2020

WSU School of Medicine Department of Family Medicine and Public Health Sciences, Michigan Area Health Education Center

INTRODUCTION

This practicum involved the design and implementation of curricular components in two contexts: for a graduate public health class and for health care professionals as part of the Area Health Education Center (AHEC) Scholars Program.

1. In order to graduate as competent public health professionals, students must develop applied practical skills. These skills can be acquired in the classroom, online through multi-media educational methods, and in clinical settings. Examples of skill sets required by public health employers include conducting focus groups and the ability to write for grant funding.
2. The Michigan-AHEC Scholars program is a two-year program for various health professions students to develop their public health skills. Students from different fields work together in the spirit of promoting interdisciplinary health professions education. This team approach that spans disciplines is necessary to benefit the overall health care system and subsequent patient care.



METHODS

Course assignments were developed utilizing curricular theory design principles and interprofessional education practices. A variety of classroom and online learning activities were created. Online activities were evaluated for their accessibility and applicability for the various health care disciplines.

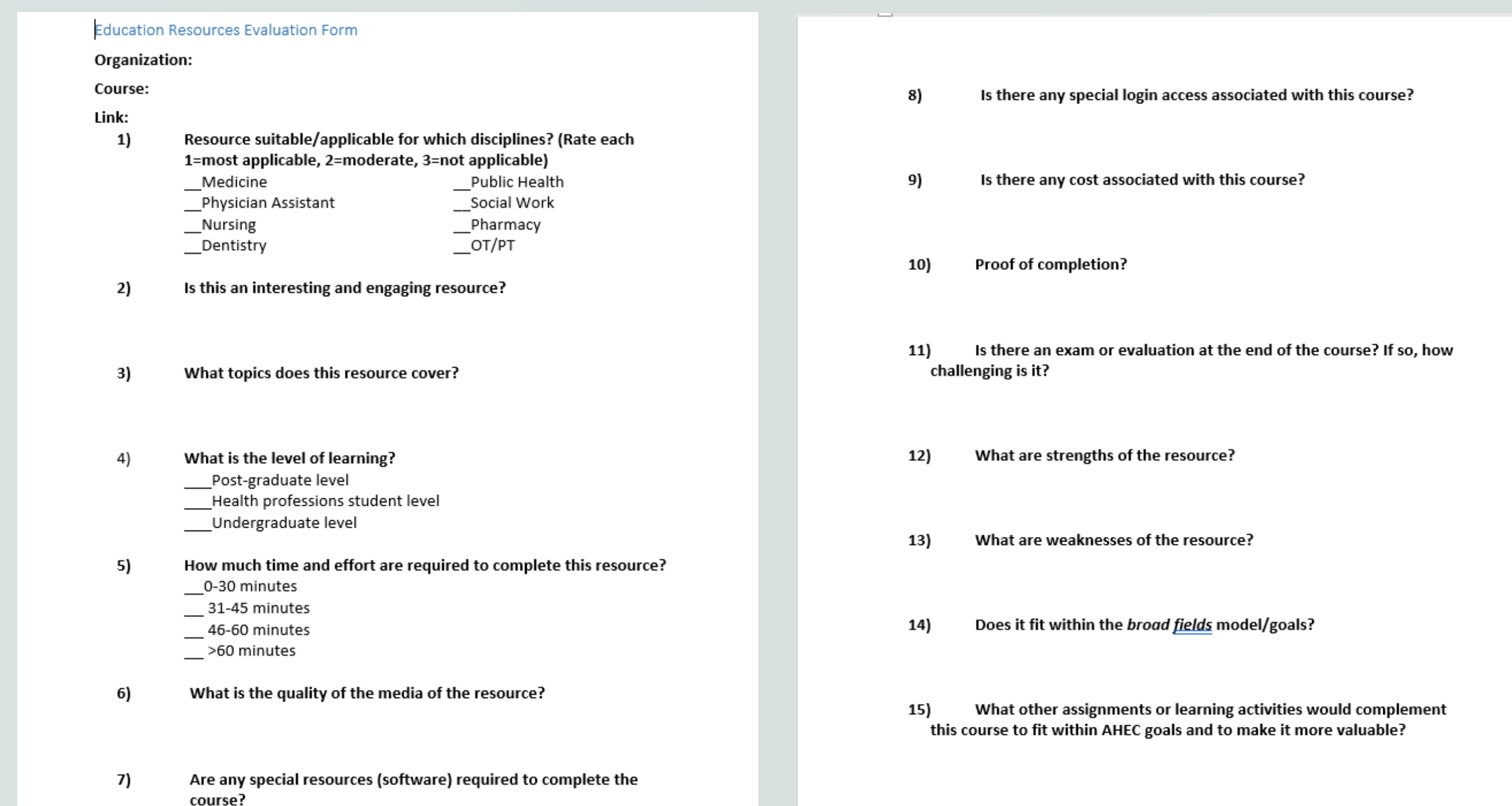


Figure 1. Template for Review of Educational Materials



Figure 2. The Six Core Topic Areas used to educate AHEC scholars

SUMMARY OF FINDINGS

- The National AHEC Scholars Program offers many quite a few online resources for educators to use as supplementation to in class learning activities
- Upon review of these materials using the evaluation template in Fig 1., several online modules were deemed not suitable for the program
- Several previously approved online educational modules were found to no longer be inactive, and thus were removed from the curriculum
- Students in the graduate public health class have responded positively to in class activities, such as the focus groups

CONCLUSIONS

All curricular components are in use during the Winter 2020 semester with positive student response thus far. Online modules have been modified based on findings of broken hyperlinks and/or inadequate content for the health profession student level. Formative evaluation of focus group and grant writing assignments has been positive with modifiable changes being suggested for future course adaptations.

ACKNOWLEDGEMENTS

I would like to thank Dr. Juliann Binienda, my practicum preceptor, and the Michigan Area Health Education Center Program. Further thanks to Mr. Michael McLeod and Ms. Amanda Compton.

Quality Improvement Process - Assessing Rates of Retesting of Sexually Transmitted Diseases following Provider Education at a Federally Qualified Health Center

Ayesah Sarfaraz, MPH Candidate, Wayne State University

Preceptor: Fatin Sahhar, MD, Associate Program Director, Family Medicine Residency Program, DMC
Detroit Medical Center (Sinai Grace), Family Medicine Residency Program

BACKGROUND

Residency Program: The Detroit Medical Center (Sinai Grace) Family Medicine Residency Program based in Detroit, Michigan is a university-driven academic program that successfully cares for an urban, sick population with many medical co-morbidities and pathologies.

Residency Training: The resident training involves clinical experience at the Federally Qualified Health Center (FQHC) site within the city of Detroit. This training program exposes the residents to the variety and diversity of patients that Detroit has to offer, teaching them how to be their professional best.

Mission: Their mission is to promote quality medical care in all aspects of clinical services, leadership, education, and research, and to respect the dignity of all patients while promoting the interests, health, and well-being of Department members and the Department as a whole.

INTRODUCTION

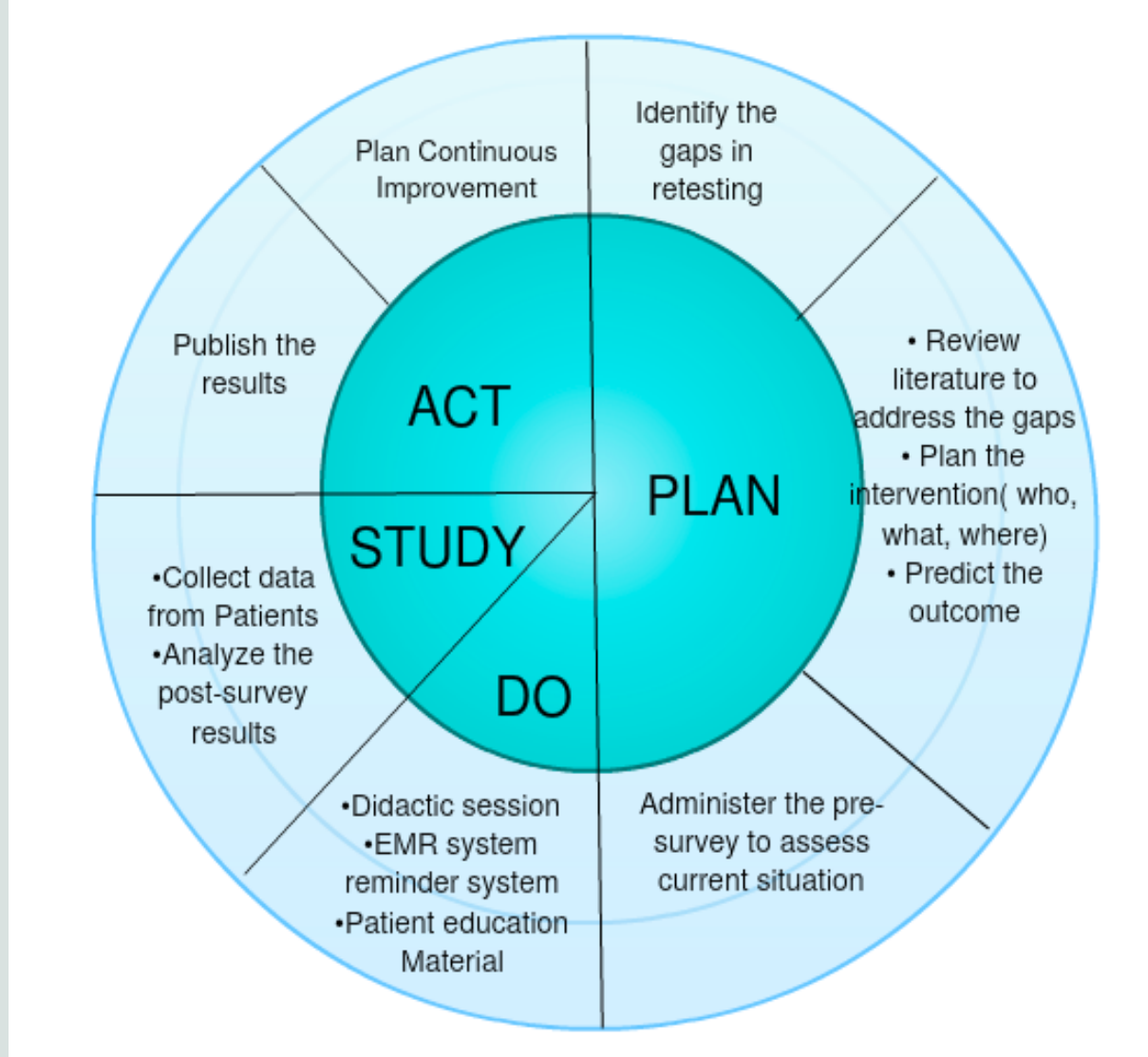
- Sexually transmitted infections (STIs) are a huge public health concern in the United States. According to the Centers for Disease Control and Prevention (CDC), Americans ages 15-24 make up 27% of the sexually active population, and account for 50% of the 20 million new sexually transmitted infections in the U.S. each year.
- Wayne County ranks the highest in the reporting of both Chlamydia and Gonorrhea- STIs compared to all other counties in Michigan.
- FQHC plays a major role in the reporting of sexually transmitted diseases, ensuring adequate treatment and follow-up for positively tested individuals, and developing educational awareness to increase testing, treatment and subsequent retesting.
- Appropriate follow up includes retesting at 3-4 months post treatment in addition to counselling at the time of diagnosis and treatment, avoidance of sex for 7 days post treatment, and safe sex practices.
- The purpose of the project is to assess the impact of the interventions on previous positively tested patients by assessing rate of subsequent retesting and to develop strategies to improve quality of care through provision of educational awareness regarding retesting guidelines and patient education on the process of treatment and follow-up care.

OBJECTIVES

- To develop strategies for effective management and follow up of patients tested positive for sexually transmitted infections (STI).
- To address the identified gaps in STI follow-up care which are known to contribute significantly to the burden of STI such as Chlamydia, Gonorrhea, and Trichomonas at local and national level.
- To partner with other health care staff to assess, coordinate, and improve the safety, service, and overall efficiency of retesting procedure and patient care.
- To provide educational awareness to primary care providers.

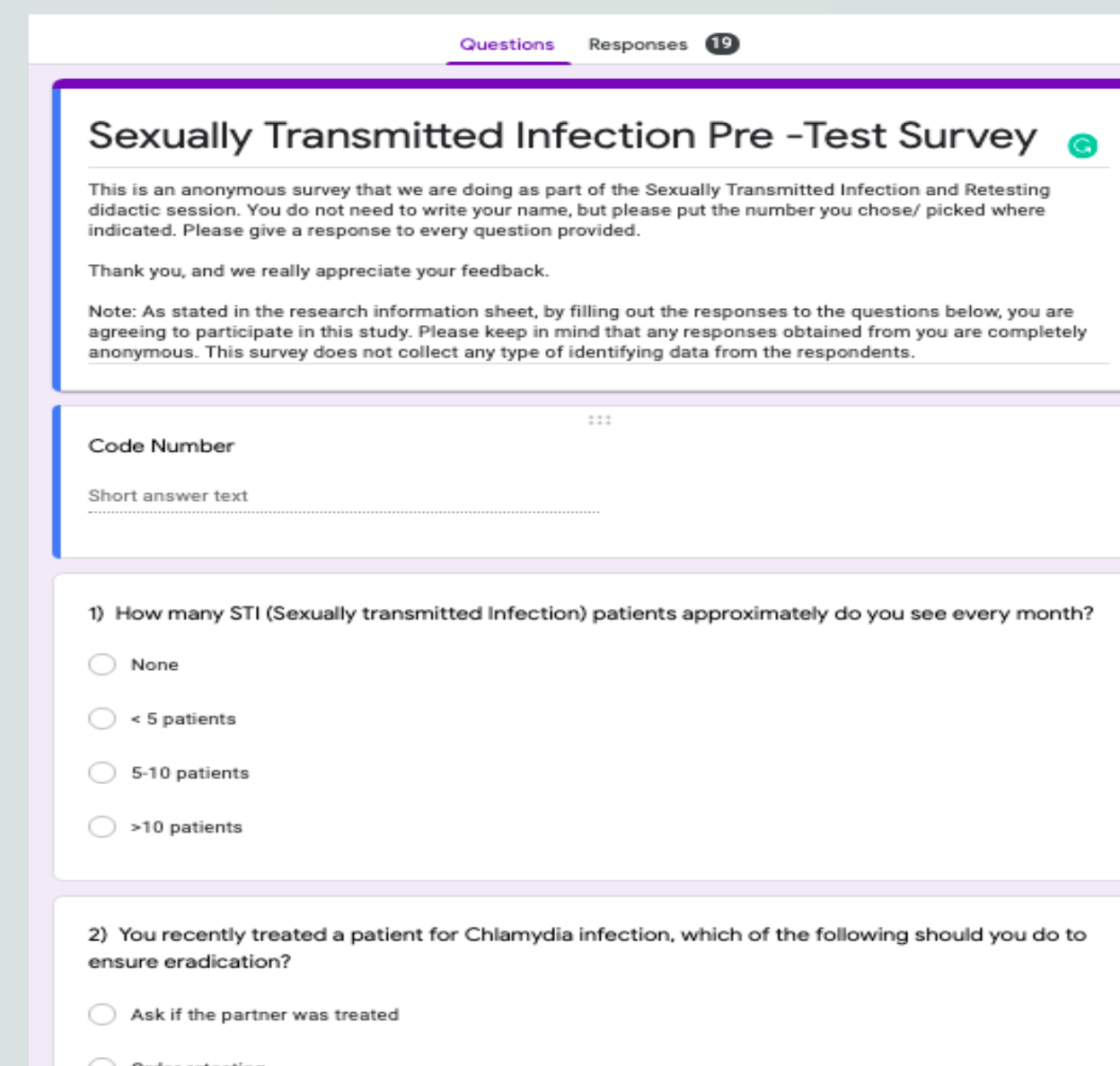
METHODS

- We are using the Plan-Do-Study-Act (PDSA) method to assess our quality improvement process.



The PDSA cycle – a model for improvement provides a framework by planning it, trying it, observing the results, and acting on what is learned ⁽¹⁾.

(1).<http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementTestingChanges.aspx>



Sexually Transmitted Infection Pre -Test Survey

This is an anonymous survey that we are doing as part of the Sexually Transmitted Infection and Retesting didactic session. You do not need to write your name, but please put the number you chose/ picked where indicated. Please give a response to every question provided.

Thank you, and we really appreciate your feedback.

Note: As stated in the research information sheet, by filling out the responses to the questions below, you are agreeing to participate in this study. Please keep in mind that any responses obtained from you are completely anonymous. This survey does not collect any type of identifying data from the respondents.

Code Number: _____

Short answer text: _____

1) How many STI (Sexually transmitted Infection) patients approximately do you see every month?

☐ None

☐ < 5 patients

☐ 5-10 patients

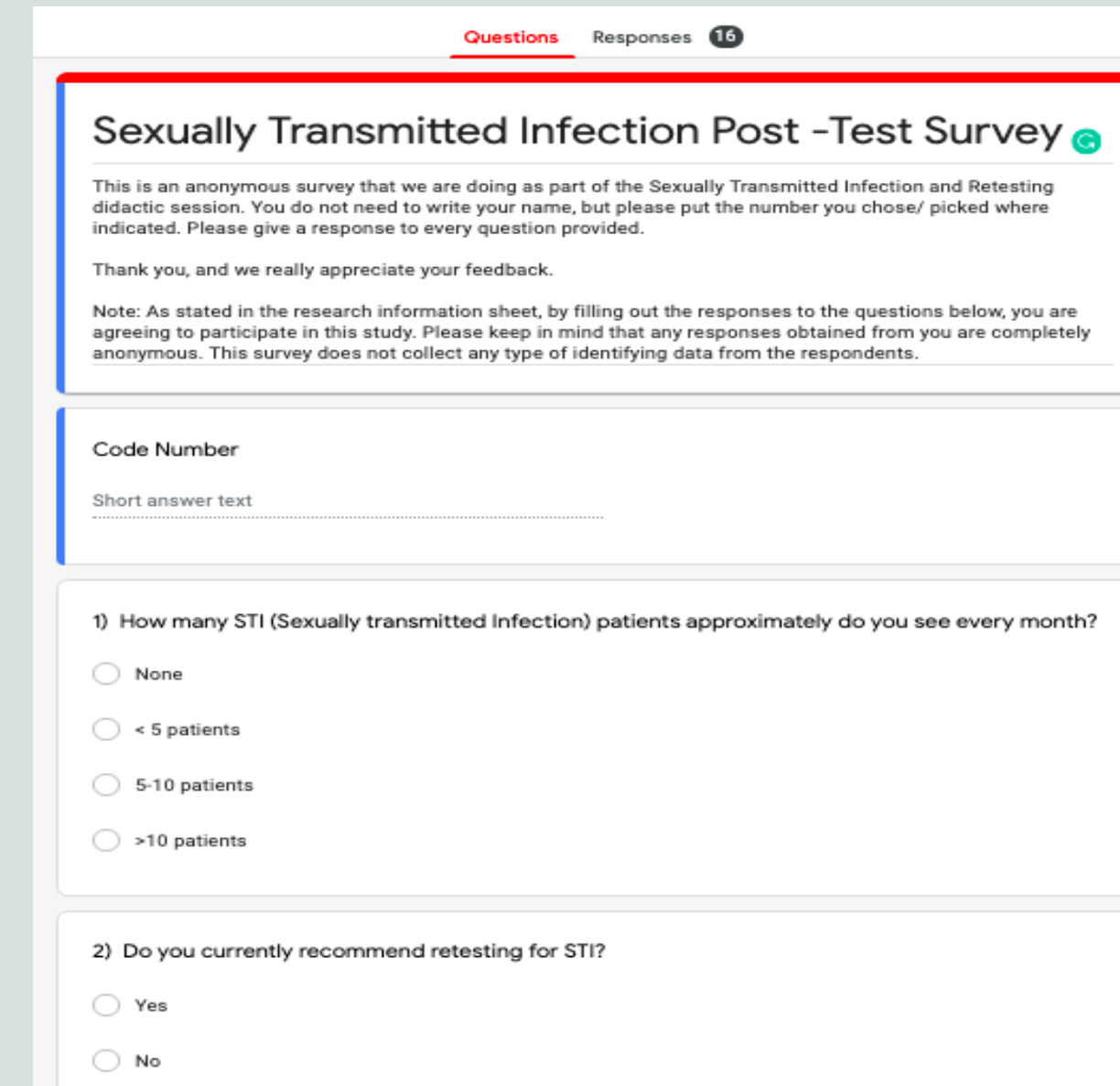
☐ >10 patients

2) You recently treated a patient for Chlamydia infection, which of the following should you do to ensure eradication?

☐ Ask if the partner was treated

☐ Order retesting

- Reviewed literature on current STI practices and created and submitted IRB forms to conduct and analyze interventions.
- Developed pre-and post anonymous web based surveys to analyze the provider knowledge on current STI retesting guidelines.
- Administered pre-and post surveys during didactic sessions flowed by a learning lecture intervention.
- Collected survey responses, analyzed survey results using SAS and synthesized all collected data.
- Presented findings to residents and faculty and recommended next steps.
- Designed and created educational poster about STI retesting and hanging in patient rooms as an intervention.



Sexually Transmitted Infection Post -Test Survey

This is an anonymous survey that we are doing as part of the Sexually Transmitted Infection and Retesting didactic session. You do not need to write your name, but please put the number you chose/ picked where indicated. Please give a response to every question provided.

Thank you, and we really appreciate your feedback.

Note: As stated in the research information sheet, by filling out the responses to the questions below, you are agreeing to participate in this study. Please keep in mind that any responses obtained from you are completely anonymous. This survey does not collect any type of identifying data from the respondents.

Code Number: _____

Short answer text: _____

1) How many STI (Sexually transmitted Infection) patients approximately do you see every month?

☐ None

☐ < 5 patients

☐ 5-10 patients

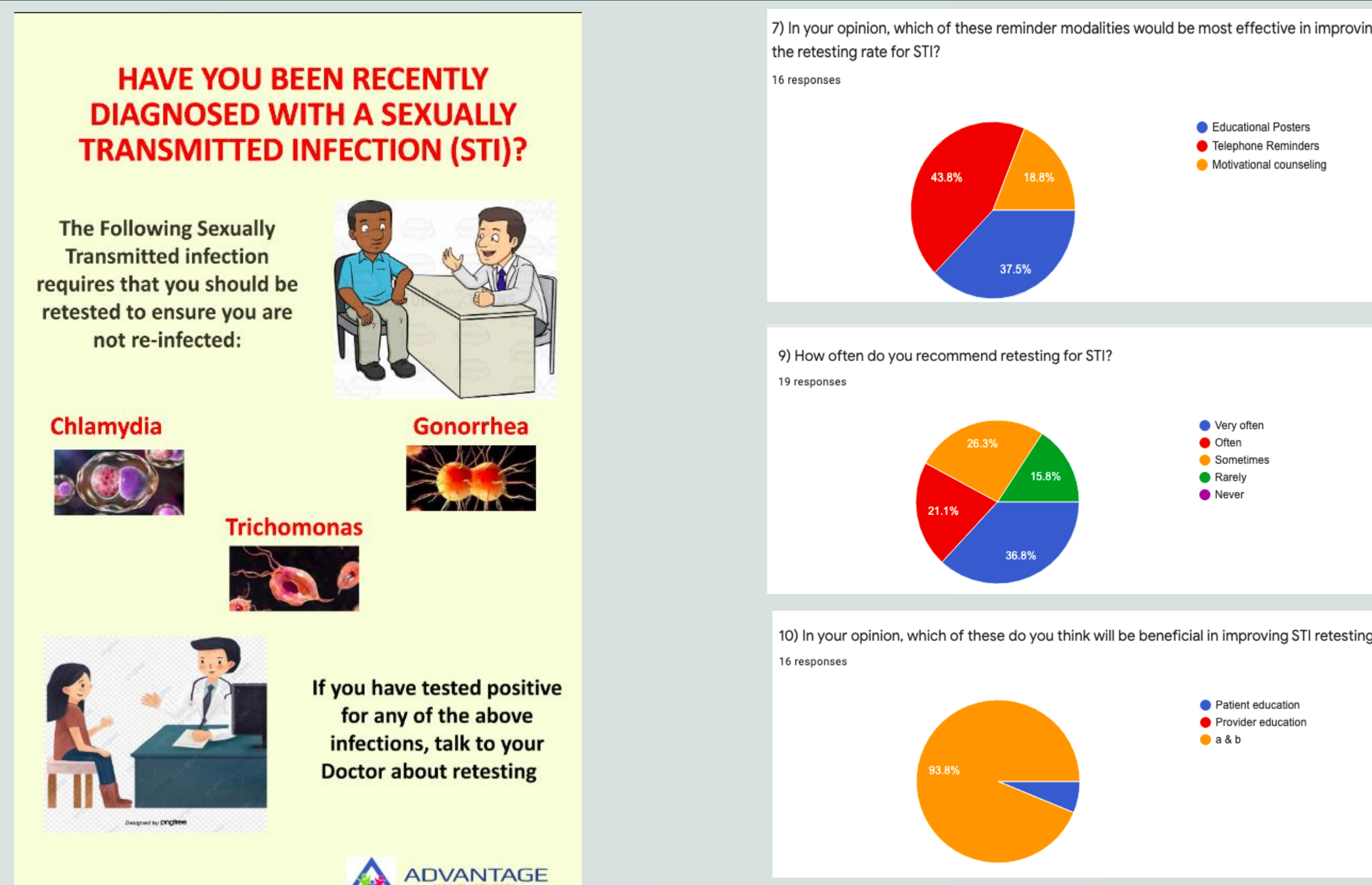
☐ >10 patients

2) Do you currently recommend retesting for STI?

☐ Yes

☐ No

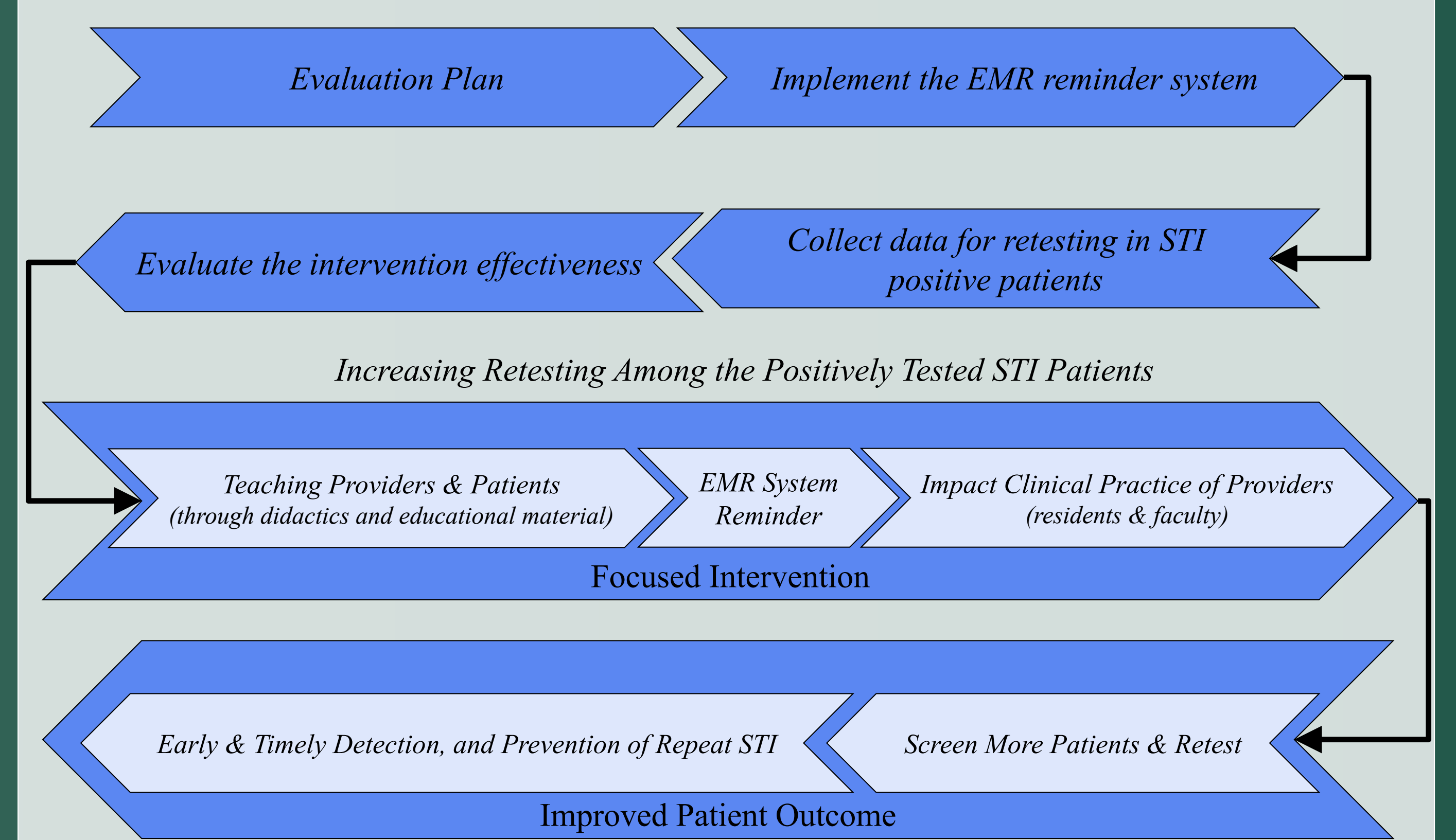
INTERVENTIONS & RESULTS



COMPETENCIES

FOUNDATIONAL COMPETENCIES	COMPETENCY DEMONSTRATED
Select quantitative and qualitative data collection methods appropriate for a given public health context.	Literature review used by other hospitals, clinics, as well as models, and interventions used to identify and increase retesting in patients testing positive for STI. IRB preparation and submissions for the project.
Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate.	Evaluated, reviewed, and analyzed information using SAS.
Interpret results of data analysis for public health research, policy, or practice.	Submitted manuscript including results from data analysis to STFM conference.
Apply negotiation and mediation skills to address organizational or community challenges	Tried to establish an EMR intervention within the current EMR system.
Perform effectively on interprofessional teams.	Communicated findings to residents, faculty, providers, and worked with the administrative office to develop the intervention and assess its effectiveness and feasibility.
PUBLIC HEALTH PRACTICE COMPETENCIES	COMPETENCY DEMONSTRATED
Incorporate analytic public health skills to evaluate programs and reported studies in terms of rigor, importance, and relevance to professional practice.	Designed, developed, and created pre and post intervention surveys to administer amongst provider residents during the didactic session to assess the STI follow-up care.
Integrate the social determinants of health in the design of interventions within public health systems.	Created poster and displayed in patient rooms to educate the patients about STI re-testing.
Apply core public health sciences in the delivery of the 10 Essential Public Health Services	Investigated the issue of STI re-testing in the community and evaluated effectiveness of intervention through patient education.

RECOMMENDATIONS AND FUTURE WORK



Sarah Vaughan, Ph.D., MPH Candidate

Department of Family Medicine and Public Health Sciences

Preceptor: Leseliey Welch, MBA, MPH – Co-Founder of Birth Detroit

INTRODUCTION

Birth Detroit is an organization working to develop a community-based, freestanding birth center in Detroit, and through this, transform the spirit of maternal and infant care¹. Detroit has a high maternal and infant mortality rate, and birth centers have been shown to improve birth outcomes and increase patient and family satisfaction¹. Culturally conscious birth centers can reduce health disparities for people of color¹. The mission of Birth Detroit is “to improve wellbeing and birth outcomes by making woman-centered, family-friendly, holistic care accessible to all birthing people - regardless of ability to pay”¹.

Reference

1. Birth Detroit – Home [Internet]. [cited 2020Jan.14]. Available from: <https://www.birtheetroit.com>

METHODS

- ❖ Results from a previously completed community needs assessment performed by Birth Detroit were used to develop an infographic.
- ❖ Research was conducted in order to develop a provider information sheet to outline birth center safety, persons eligible for birth center care, and how birth centers work with hospitals, insurance companies, and public health to enhance health systems.
- ❖ A variety of funding opportunities were explored including grants, active giving, and passive giving.




RESULTS

COMPETENCIES

Public Health Competency	Deliverable 1: Community Needs Assessment Infographic	Deliverable 2: Funding Database and List of Funding Opportunities	Deliverable 3: Provider Info Sheet	Deliverable 4: Letter of Intent to Funding Agency
Discuss the means by which structural bias, social inequities, and racism undermine health and create challenges to achieving health equity at organizational, community, and societal levels (Foundational – 6).	X			
Apply awareness of cultural values and practices to the design or implementation of public health policies or programs (Foundational – 8).	X			
Explain basic principles and tools of budget and resource management (Foundational 10).		X		
Perform effectively on interprofessional teams (Foundational – 21).	X	X		
Critique selected policy options in relation to urban populations using data and information (health, fiscal, administrative, legal, ethical, social, and political) (Concentration – 2).			X	
Transform the latest public health research findings into timely and effective knowledge, tools, applications, and policies that improve and advance the health of urban populations (Concentration – 4).				X

RESOURCES PRODUCED



Community Survey Results

Nearly 400 people (mostly African American Detroiters) took the survey, sharing their birth experiences and thoughts about the birth center.

98% said a birth center is a good idea for their community.

Services that are important to me are...

- Childbirth Classes (56%)
- Keeping baby with me after birth (55%)
- Breastfeeding classes and support (54%)
- Freedom to walk during labor (54%)
- Lower total cost (52%)
- A home visit a few days after birth (50%)
- A doula (47%)
- More time to talk during prenatal visits (47%)
- A tub for labor and/or birth (47%)
- Help at home a few hours a day (47%)

Providers

It is important to me that my care provider...

- Involves my partner (89%)
- Respects my culture (84%)
- Respects my religion (83%)
- Speaks my language (67%)
- Shares my gender (56%)
- Shares my race (46%)
- Shares my culture (41%)
- Shares my religion (13%)

Better Experience

People who had a midwife or doula reported higher satisfaction with their birth experience than those who did not.

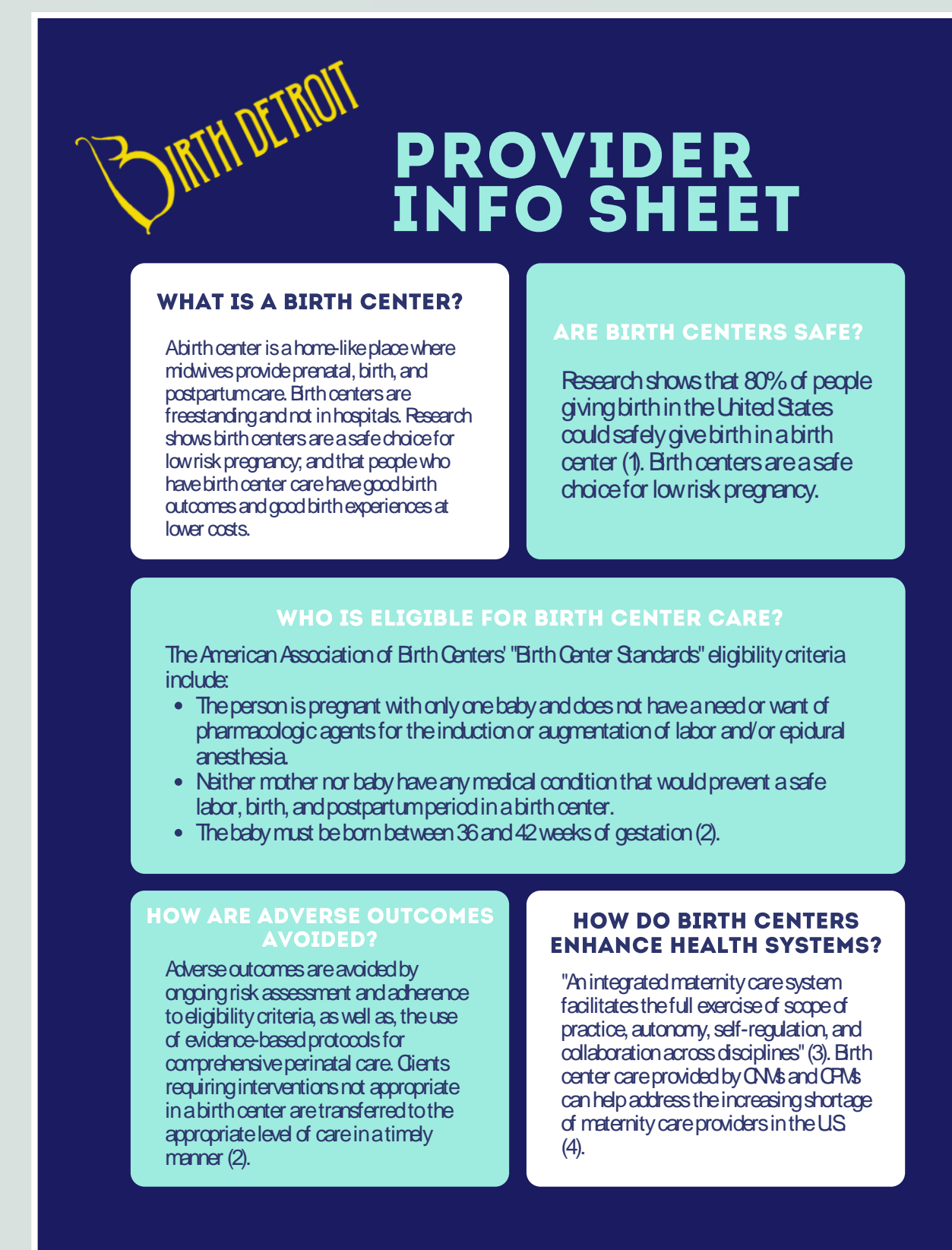
Natural Birth Practice

Having a midwife or doula is associated with more natural birth practices and having a vaginal birth.

Equity

Women of color are less likely to have a midwife or doula.

This data supports the importance of providing accessible and affordable midwifery care and doula support to Detroit families.



PROVIDER INFO SHEET

WHAT IS A BIRTH CENTER?

A birth center is a home-like place where midwives provide prenatal, birth, and postpartum care. Birth centers are freestanding and not in hospitals. Research shows birth centers are a safe choice for low-risk pregnancy, and that people who have birth center care have good birth outcomes and good birth experiences at lower costs.

ARE BIRTH CENTERS SAFE?

Research shows that 80% of people giving birth in the United States could safely give birth in a birth center (1). Birth centers are a safe choice for low-risk pregnancy.

WHO IS ELIGIBLE FOR BIRTH CENTER CARE?

The American Association of Birth Centers' "Birth Center Standards" eligibility criteria include:

- The person is pregnant with only one baby and does not have a need or want of pharmacologic agents for the induction or augmentation of labor and/or epidural anesthesia.
- Neither mother nor baby have any medical condition that would prevent a safe labor, birth, and postpartum period in a birth center.
- The baby must be born between 36 and 42 weeks of gestation (2).

HOW ARE ADVERSE OUTCOMES AVOIDED?

Adverse outcomes are avoided by ongoing risk assessment and adherence to eligibility criteria, as well as the use of evidence-based protocols for comprehensive postpartum care. Clients requiring interventions not appropriate in a birth center are transferred to the appropriate level of care in a timely manner (2).

HOW DO BIRTH CENTERS ENHANCE HEALTH SYSTEMS?

An integrated maternity care system facilitates the full breadth of scope of practice, autonomy, self-regulation, and collaboration across disciplines (3). Birth center care provided by OBs and OBAs can help address the increasing shortage of maternity care providers in the US (4).



RESULTS

LETTER OF INTENT

Dear Naa Hammond,

My name is Leseliey Welch and I am writing to you as the co-founder of Birth Detroit. We are working to open Detroit's first free-standing birth center. Birth Detroit's mission is to midwife safe, quality, loving care for all birthing persons in pregnancy, birth, and beyond. We envision an inclusive, woman-centered, family-friendly, community-based, sustainable wellness and birth center patterned after Jennie Joseph's JJ Way[®]. Birth Detroit is grounded in four core principles: birth is normal; well women birth healthy babies; woman-centered care empowers women, families, and communities; and women of color can be leaders in their own care.

Detroit's infant mortality rate is among the highest in Michigan, and Detroit's Black babies die at a rate two to three times higher than White babies. Lower-quality prenatal care along with other known challenges, such as poor pre-pregnancy health status, and experiences of racism, may contribute to persistent maternal and infant health disparities. The goal of Birth Detroit is to improve wellbeing and birth outcomes by making community-based midwifery care accessible to all birthing people regardless of ability to pay.

In May, Birth Detroit is opening its first neighborhood Easy Access Clinic[™] derived from the JJ Way[®] evidenced-based model of maternal health care. The Easy Access Clinic[™] will make the midwifery model, perinatal care, childbirth education, supportive services, and referrals available to families right in their neighborhood. From the Easy Access Clinic[™], Birth Detroit will move forward to establish Detroit's first free-standing birth center in 2021.

Birth Detroit, with the Michigan Public Health Institute (MPHI) as our fiscal agent and partner, was recently awarded a \$250,000 planning grant from the W.K. Kellogg Foundation to support birth center planning and development. I would love to speak with you to share more about our work and learn about potential funding partnerships with Groundswell.

Sincerely,
Leseliey Welch, MBA, MPH
Co-Founder of Birth Detroit

OUTCOMES

- ❖ The developed infographic highlights the results of Birth Detroit's community needs assessment and is intended for distribution to stakeholders in a wide variety of settings. It was distributed at Birth Detroit's volunteer orientation last February.
- ❖ The provider information sheet presents safety and regulatory information to donors and collaborators.
- ❖ Grant opportunities such as the Ms. Foundation and Groundswell Birth Justice Fund were investigated. Additionally, research into passive giving opportunities such as Target Circle Community Giving, Amazon Smile Charities, and Facebook Fundraisers was also conducted so that in the future Birth Detroit may choose to engage in those opportunities.
- ❖ A letter of intent was drafted and submitted to the program officer for the Goundswell Birth Justice Fund.



Assessing and Improving Public Health Needs in the Minority Community

Justin Woo, Carretta Cooke

Urban Health Resource / Urban Health Outreach – Wayne State University - Detroit, Michigan.

INTRODUCTION

- Urban Health Resource / Urban Health Outreach (UHR) is a non-profit organization working to provide community education, outreach and affordable healthcare services for Wayne County.
- Founded in 1992, UHR provides cost effective programs that tackle health issues relevant to the community.
- Physical health has been the focus for UHR and programs targeting diabetes prevention, improving physical activity and diet have been developed.
- While these programs are made available to the minority community, minority men do not seem to utilize or take advantage of these programs.
- UHR has partnered with the Center for Disease Control (CDC) to distribute a research survey that investigates what kind of public health programs would be of interest and what, if any, barriers exist.

METHODS

- UHR has planned a Fitness Fest event that educates and promotes physical health in Wayne County for April 9th, 2020 at the Student Center at Wayne State University.**
 - Vendors with interests or values that aligned with the event were put together in a spreadsheet and contacted with details about the event.
 - Vendors included: Gyms, Yoga studios, Cycling studios, Dance Studios, Athletic Clothing Stores, Detroit sports teams, Food Trucks and other Local businesses
 - Venue scouting started with Rental Halls, Churches and Community Buildings
 - University venues was settled on, as they were the most cost effective and allowed most of the components of the event that UHR wanted.
- The Minority Men's Health Survey was created by the CDC and given to UHR**
 - The survey was transcribed and different distribution methods were discussed.
 - Qualtrics was ultimately chosen as the most cost effective and efficient way to electronically distribute the survey.
 - The survey was input and coded into the Qualtrics website.
 - The Fitness Fest was planned as the in-person event for distribution
 - An introductory letter explaining the survey's purpose and funding source was drafted.
 - A \$100 Visa Gift Card for a random drawing was purchased as an incentive for participants to complete the survey.
 - UHR's partners and community organizations were contacted to distribute the survey with the introduction letter.
 - E-mail lists were utilized and a link to the survey was included.
 - Data collection is ongoing.
 - Data analysis was performed using SPSS

FIGURES

Survey Demographics

Variable	Responses (N=8*)
What is your race?	
Black	6 (100%)
Are you of Hispanic, Latino, or Spanish origin?	
No, not of Hispanic, Latino, or Spanish origin	6 (100%)
What is your age?	
35-44	1 (16.7%)
45-54	1 (16.7%)
55-64	1 (16.7%)
65-74	3 (50%)
What is the highest grade or year of school you completed?	
College, 4 years or more (College Graduate)	5 (100%)
Are you currently...?	
Employed for wages	2 (40%)
Self Employed	1 (20%)
Retired	2 (40%)
Are you...?	
Married	4 (80%)
Divorced	1 (20%)
Which of the following best describes the location of your primary residence?	
Large City	3 (60%)
Small city, suburban area or large town	2 (40%)
Is your annual household income from all sources...?	
\$20,000 - \$24,999	1 (25%)
\$100,000 - \$124,999	2 (50%)
\$150,000 or more	1 (25%)

Survey Responses

Variable	Responses (N=8*)
How comfortable would you feel exercising in a public space?	
Very comfortable	3 (50%)
Somewhat comfortable	3 (50%)
Would you be interested in participating in a group session on healthy living?	
Yes, definitely	3 (60%)
I'm not sure	1 (20%)
No, definitely not	1 (20%)
Would you be interested in participating in a program where you competed in a team to lose weight?	
Yes, definitely	1 (20%)
Yes, probably	1 (20%)
No, definitely not	3 (60%)
Would you be interested in participating in a program that offered incentives for losing, and/or maintaining your weight?	
Yes, definitely	2 (40%)
No, definitely not	3 (60%)
Would you be interested in participating in a healthy eating program with your family, children, and/or those that live with you?	
Yes, definitely	2 (40%)
No, definitely not	3 (60%)
What is the farthest you would be willing to travel to attend a group session on healthy living?	
Between 5 and 20 miles	3 (100%)
Would you be more likely to participate in a program to improve your health, if the program materials used examples and images of people from your racial/ethnic group?	
Yes, definitely	2 (40%)
I'm not sure	2 (40%)
No, definitely not	1 (20%)

* Sample size may vary due to missing data.

Conclusion

- While the Fitness Fest event has been canceled, the framework is still there to be held at a future date.**
 - Community organizations and businesses seem to be enthusiastic about participating.
 - Food truck organization scheduling is flexible
- Preliminary results of the minority men survey seem to indicate that there is interest in health programs.**
 - Majority of men have not participated in any formal programs aimed at improving health.
 - Access to programs need to be within driving/public transport distance.
 - Programs might be more effective if tailored to be more individual.
 - Incentive based programs might not be an important factor to participation.
 - Minority representation in program materials as well as who leads the program might be a factor.
 - Male led programs might increase participation among men.
 - Convenience and self image are important in maintaining physical activity.
 - Time and motivation appear to be barriers to physical activity.
 - Online group sessions/programs could be effective.
 - Churches are a source of information for health related activities for minority men.

NEXT STEPS

- Advertisement of the Fitness Fest needs to be improved.**
 - Social media accounts should be utilized to promote event.
 - Creation of flyers to post around the city and mail to residents.
 - Contact Wayne State organizations to spread word through their communication channels
- Response rate needs to be increased by:**
 - Expanding contact to phone calls and physical mailings
 - Contact other minority community groups.
 - Churches, mosques, temples and other religious institutions
 - Increasing incentive for completing survey.
 - Increase amount of gift card, or number of gift cards.
- Responses from survey should be used to decide what kind of demonstrations are held at a future Fitness Fest.**
 - Demonstrations that are newcomer friendly
 - Smaller in group size
 - Greater male and minority representation in promotional material and classes

HPV VACCINE EDUCATION:PARTNER-BASED APPROACH TO INCREASING VACCINATION RATES IN DETROIT



WAYNE STATE
UNIVERSITY

Saher Yunus, Master in Public Health Candidate

Wayne State School of Medicine, Department of Family Medicine and Public Health Science

Karmanos Cancer Institute Office of Cancer Health Equity and Community Engagement (OCHECE)

Preceptors: Hayley S. Thompson, Ph.D., Associate Center Director, Community Outreach & Engagement Faculty Director;

Knoll Larkin, MPH, Director; Brittany Dowe, MPH, Research Assistant

INTRODUCTION

Karmanos Cancer Institute has been a leader in cancer research and treatment in Michigan since 1943. They provide the most advanced cancer treatments for their patients and are committed to collaborative and comprehensive care.

In 2017, Karmanos Cancer Institute's Office of Cancer Health Equity and Community Engagement (OCHECE) was established. The office undertook the efforts to decrease cancer health care inequalities that are present among communities of Michigan. They have continued to organize and execute programs and cancer-related research to address disparities in the Detroit area. These programs include Cancer Action Councils (CACs) and Michigan Cancer HealthLink.

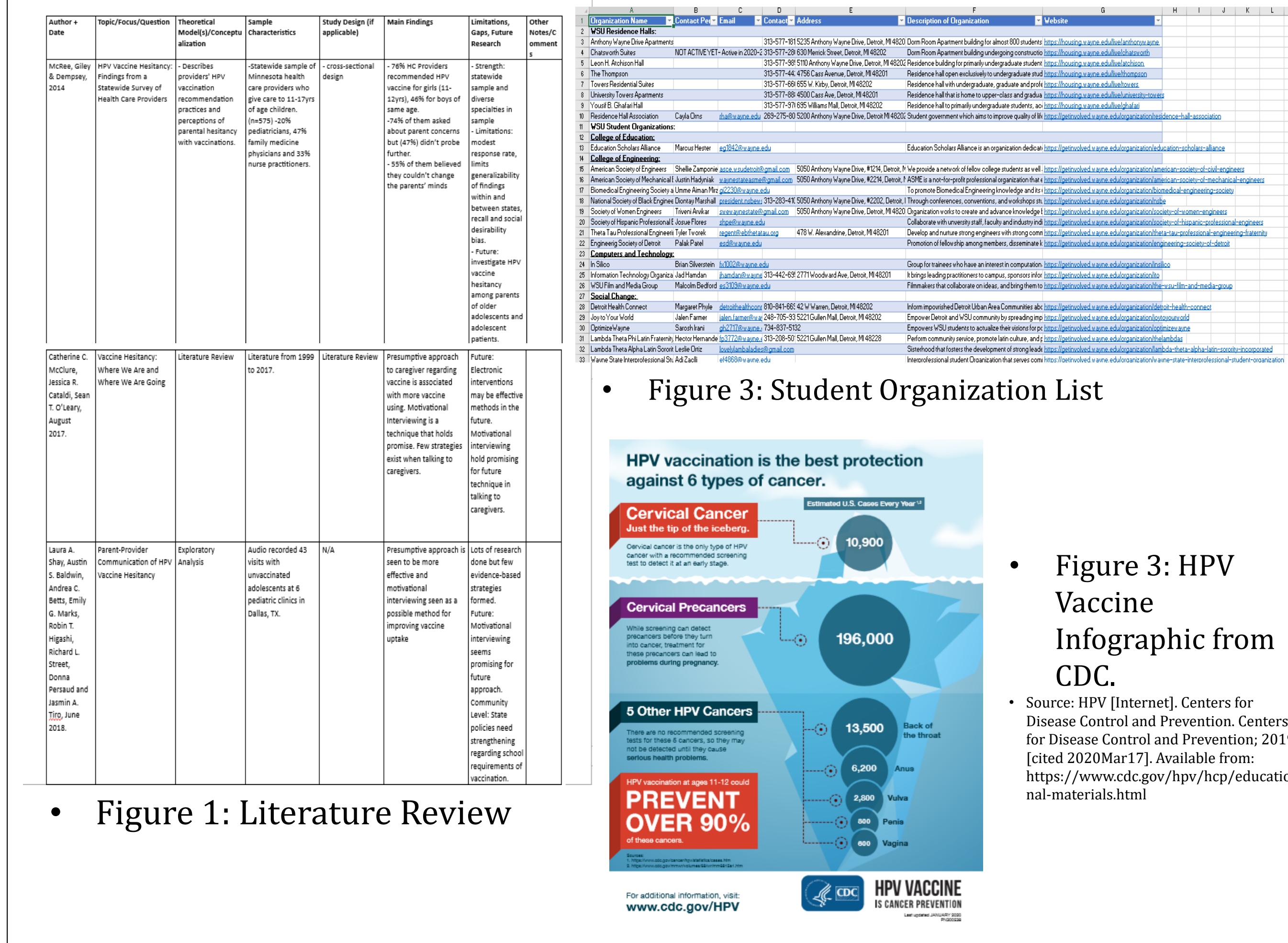
In 2019, KCI was awarded a grant from National Cancer Institute(NCI) to disseminate information on cancer health disparities using NCI resources. Every year, about 350 deaths occur due to HPV related cancers.

All materials used for education sessions were to be tailored to the Metropolitan Detroit African American community that is intended to be the audience.

METHODS

- Literature review was initially conducted in order to provide supporting documentation for the activities that the education sessions and clinical trials were to carry out.
 - Literature review was done for 'HPV Vaccine Hesitancy Among Parents' and 'HPV Education and College Students'.
- HPV and HPV Vaccine education sessions were conducted in several stages:
 - Training and education materials provided by the NCI were edited and tailored to audience of the education, largely African American.
 - Feedback received from Detroit Parent Network (DPN) Parent advocates was taken into consideration and was incorporated into education materials.
 - HPV Education session was provided to parents advocates from DPN, partners with OCHECE. Discussion included the set up of education materials and procedure of an education session to other parents they will further be addressing.
 - Training provided to parents advocates of DPN: information provided about session meetings with parents. Practice facilitator roles of future sessions.
- Student Organizations and Outreach Planning:
 - Curation of Wayne State University Student Organization List, with details including person of contact, contact information, address and details on the mission/objective of the organization.
 - Initial contact email script created with all applicable information about vaccine study.
 - Creation of telephone and voicemail script to contact selected organizations.
 - Creation and editing of PowerPoint Education materials that will be utilized during student HPV and HPV Vaccine education sessions.

FIGURES



DELIVERABLES

- Deliverable # 1: Literature review of 'HPV Vaccine Hesitancy Among Parents' and 'HPV Education and College Students'.**
 - I was given the task to take the literature that was provided and complete a literature review table with the author, sample characteristics, theoretical model, study design, findings and limitations information.
 - I was able to find additional articles for both 'HPV Hesitancy Among Parents' and 'HPV Education and College Students'.
- Deliverable # 2: Creation and review of materials for Detroit Parent Network parent advocates, including educational slides and information sheets.**
 - With feedback from DPN Parent Advocates, I was tasked to answer questions regarding HPV and the HPV Vaccine. The questions were answered using expert information from the Centers for Disease Control, National Cancer Institute and studies done on the subject.
 - HPV Myths and Frequently Asked Questions worksheet and PowerPoint were also made, these had information that could possibly be asked during education sessions to parents that will be in the study.
 - Facilitator scripts and education PowerPoints were constantly edited to include materials based on feedback from OBGYN Oncologist and DPN Parent Advocates.
- Deliverable # 3: List of organizations and draft communication materials regarding partnerships for HPV and HPV vaccine education.**
 - I was presented with the list of all the student organizations at WSU and was tasked to choose organizations that have similar values to the HPV education study. Organizations that encouraged giving back to the community were chosen.
 - I created an e-mail, phone and voicemail script to contact these organizations.
 - Drafted student manual and education PowerPoint with support from NCI related materials that were previously provided.

COMPETENCIES

Public Health Competency	Deliverable 1: Literature Review	Deliverable 2: HPV Vaccine Education Materials	Deliverable 3: Student Organization Outreach Materials
Apply awareness of cultural values and practices to the design or implementation of public health policies or programs. (Foundational #8)	X	X	X
Design a population-based policy, program, project, or intervention. (Foundational #9)		X	X
Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes. (Foundational #13)			X
Communicate audience-appropriate public health content, both in writing and through oral presentation. (Foundational #19)	X		X
Integrate the social determinants of health in the design of interventions within public health systems. (Concentration #1)	X	X	
Apply core public health sciences in the delivery of the 10 Essential Public Health Services. (Concentration #2)		X	X

CONCLUSIONS

With the Internal Review Board (IRB) process complete, Karmanos was able to begin the process of providing the educational materials and training the DPN advocates, to carry on to the next steps of the study.

Advocates were thoroughly trained using the CITI training modules and real world training, provided by Ms. Brittany Dowe, Ms. Sheena Cresswell and myself.

With all educational materials and a strategy ready, the 'Increasing Parental Knowledge and Interest in HPV Vaccination' study has had a promising start. With some recent cancellations, due to a COVID-19 surge, the study has to get back on track.

The next steps are to start the education of the parents with support from DPN Parent Advocates and to encompass college students as well. The outreach to the WSU college students will be vital in the effort to educate the cohort that is looking to become the next generation of vaccinating parents.