



WAYNE STATE
School of Medicine

Department of Family Medicine &
Public Health Sciences

Master of Public Health Program
Spring 2018 Practicum Showcase Poster Book



Sexual behaviors among adolescents in a juvenile detention facility: Implementing a randomized trial for online health education



Lea Selitsky¹ and Christine Joseph², PhD
¹Wayne State University School of Medicine, ²Henry Ford Health System

Background

- Incarceration is a determinant of health that is strongly tied to other social factors including poverty and racial discrimination.¹
- There is an established dearth of structured curricula to address the health disparities of criminal justice-involved populations within medical fields, and this likely holds true for public health education as well.²
- Incarcerated populations experience poor health outcomes; their chronic disease burden is high and they encounter barriers in healthcare delivery within and outside detention facilities.¹
- Incarcerated adolescents engage in high-risk sexual behaviors that increase risks for sexually transmitted infections (STIs) and HIV.^{3,4} Increasing rates of STIs raise concerns for identifying risk factors and increasing access to treatment and prevention services.⁵
- Online health education tools may hold promise for improving sexual health literacy among this population.

Objectives

- Complete a public health practicum as part of obtaining a Master of Public Health degree.
- Gain experience and enhanced understanding of the intersection between incarceration and public health.
- Develop a research skillset including study implementation, data collection, data organization, and data analysis.
- Assist with the implementation of a randomized control trial (RCT) seeking to establish predictors for sexual risk behaviors and to establish the feasibility of an online health education intervention.

Context

Wayne State School of Medicine trained medical students as state-certified HIV testing and prevention counselors to enhance early clinical exposure and community engagement.

The Department of Family Medicine and Public Health Sciences funded medical students to pursue public health degrees and through their studies to work on a public health practicum.

The Health Disparities Research Collaborative at the Henry Ford Health System initiated a randomized control trial regarding the use of technology-based strategies to increase health literacy among high risk adolescents.

The Wayne County Juvenile Detention Facility houses up to 194 youth aged 9-20 years awaiting criminal adjudication, sentencing, or placement.

Henry Ford Health System expanded the juvenile HIV testing and counseling program for eligible assenting youths.



Practicum Activities



6



7



8



6



Randomized control trial

- Enhance familiarity with RCT implementation
- Shadow lead investigators
- Attend research team meetings and troubleshoot procedural issues

HIV counseling and testing

- Certified by Michigan Department of Health and Human Services
- HIV Risk Assessment survey
- Consent provided by medical director and assent obtained from youths

Wayne County Juvenile Detention Center

- Collaboration between academic hospital system and correctional facility

Database development

- Data entry and organization for HIV risk assessment surveys
- Data quality analyses

Data analysis

- Study of analytic techniques utilizing Statistical Analytic Software (SAS) 9.1
- Outline preliminary analysis to create research abstract

Findings

- This practicum provided training and exposure to the many challenges involved in research within the criminal justice system.
- Several key challenges were encountered while implementing the RCT, stemming from both bureaucratic restrictions of the department of corrections and from important protections limiting research of both prisoners and minors.
- There were also procedural barriers from the Institutional Review Board's (IRB) requirement for the assenting minors in our study to obtain parental consent prior to participation, creating major obstacles to enrollment.
- The goal for technology-based interactions with the study participants was complicated by detention facility policies precluding detained residents from using internet-based services.
- Preliminary data analysis raised concerns for other psychosocial factors that affect health, leading investigators to begin examining other psychosocial factors linked with health behaviors in future research.

Recommendations

- HFHS should continue to develop its relationship with the Wayne County Juvenile Detention Facility in order to facilitate future research endeavors addressing essential health disparities in this population.
- One necessary component to facilitate future research would include access to the medical records of study participants. Documented diagnoses and treatments, such as highly prevalent STIs like chlamydia and gonorrhea, would greatly enhance the ability to produce meaningful research.
- The findings from this initial investigation should inform future projects that address the health needs of this population, which likely also include the psychosocial aspects of health and wellbeing.

References

1. Binswanger, I. A., Redmond, N., Steiner, J. F., & Hicks, L. S. (2012). Health disparities and the criminal justice system: an agenda for further research and action. *Journal of Urban Health*, 89(1), 98-107.
2. Wakeman, S. E., & Rich, J. D. (2010). Fulfilling the mission of academic medicine: training residents in the health needs of prisoners. *Journal of general internal medicine*, 25(2), 186-188.
3. Belenko, Steven et al. "Recently Arrested Adolescents Are at High Risk for Sexually Transmitted Diseases." *Sexually transmitted diseases* 35.8 (2008): 758-763. PMC. Web. 19 Sept. 2017.
4. Teplin, L. A., Mericle, A. A., McClelland, G. M., & Abram, K. M. (2003). HIV and AIDS risk behaviors in juvenile detainees: Implications for public health policy. *American Journal of Public Health*, 93(6), 906-912.
5. Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance 2016*. Atlanta: U.S. Department of Health and Human Services; 2017.
6. Wayne State University, College of Engineering. Health Informatics and Systems Engineering Symposium. URL accessed: <https://engineering.wayne.edu/ise/research/hise.php>.
7. Alere Products. URL accessed: <https://www.alere.com/en/home/product-details/determine-1-2-ag-ab-combo-us.html>
8. Gerard, Chris and Michelle. Wayne County Will Literally Crush Fail Jail, So Say Goodbye. *Curbed Detroit*. URL accessed: <https://detroit.curbed.com/2014/2/20/10141286/wayne-county-will-literally-crush-fail-jail-so-say-goodbye>.

Outputs

Through this practicum the student accomplished the following:

- Testing and counseling of 15 WCJDF residents
- Inputting nearly 400 HIV testing records
- Performing several quality analyses for the 397 records in the HIV testing database

The student also developed a preliminary analysis, quantitatively evaluating the relationship between youth-reported traumatic experiences of forced sex and domestic violence with factors associated with risky sexual behavior.

“Getting Things Done”: Engaging in Public Policy with MI State Representative Chang



School of Medicine

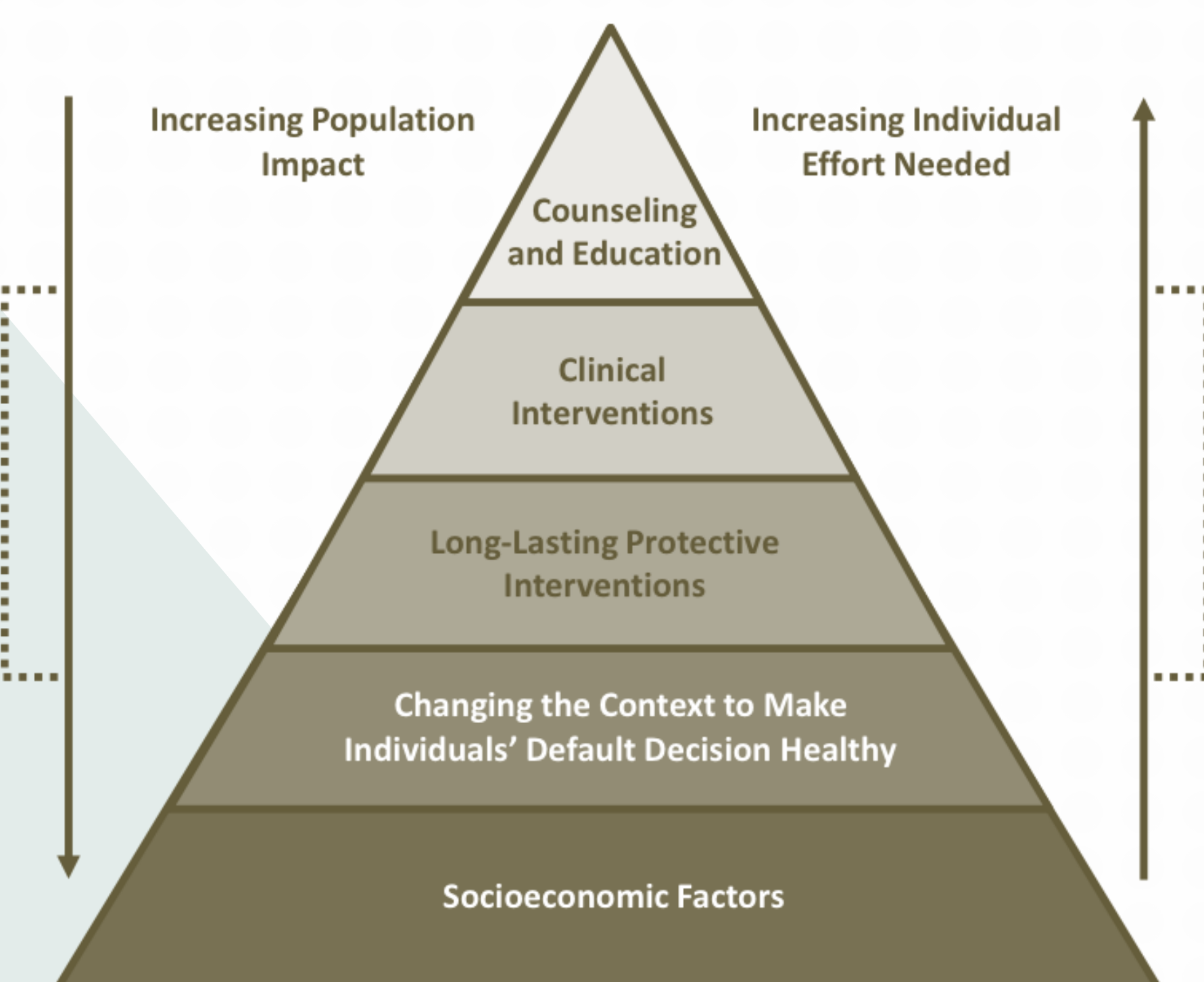
MALIHA AHMED, M.P.H. CANDIDATE

WAYNE STATE UNIVERSITY, DEPARTMENT OF FAMILY MEDICINE & PUBLIC HEALTH SCIENCES

INTRODUCTION

State Representative Stephanie Chang represents House District 6, a community that faces various issues directly related to public health. From air pollution to women’s health, the practicum allowed for diverse engagement in public policy through research, advocacy, and collaboration. Team Chang’s mission is

“to advance social, environmental, racial, and economic justice”



As theorized by the public health pyramid, there are graduated tiers of impact that influence health on a macro scale. Such legislative and policy efforts have power to affect the bottom tiers through structural and social change.

OBJECTIVES

- Contribute to projects and policy work related to women’s health and the Progressive Women’s Caucus
- Assist with office tasks related to the promotion of Team Chang’s mission and values
- Participate in activities of the Environmental Justice Advisory Council
- Learn how to manage and resolve constituent issues of House District 6

ACTIVITIES AND OUTCOMES

House Resolution 173 – provided statistics and edited resolution, which officially recognized October 15 as Pregnancy Loss Awareness Day in the state of Michigan

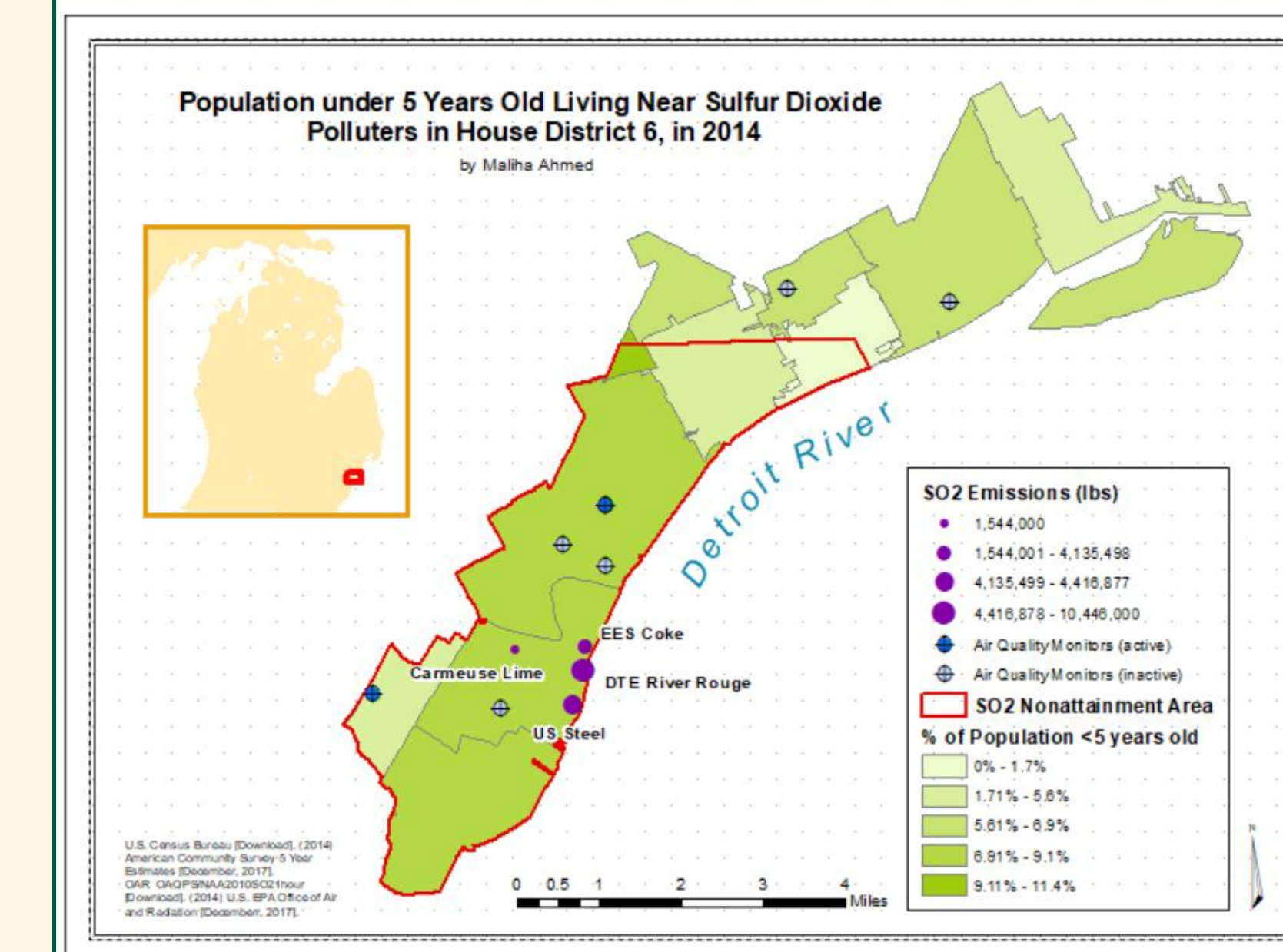
Progressive Women’s Caucus Gender Violence Taskforce – created a one-pager on bystander intervention to sexual harassment and a pledge to address sexual harassment in the workplace; provided research on relinquishment laws, police training, and reporting requirements

The infographic is titled 'Sexual Harassment BYSTANDER INTERVENTION' and features a logo for the 'PROGRESSIVE WOMEN'S CAUCUS'. It includes a hand icon and text explaining bystander intervention as a strategy to prevent violence. It states: 'The ultimate goal: to change social norms that accept violence and empower men and women to prevent an assault from occurring.' A key statistic reads: 'EVERY 98 SECONDS AN AMERICAN IS SEXUALLY ASSAULTED'. It lists 'LEVELS OF INTERVENTION' from MILD to EXTREME and provides 'FIVE THINGS YOU CAN SAY OR DO' in numbered steps.

School nurses – researched the school nurse shortage in the state of Michigan and potential solutions to help address this public health issue

Constituent case work – interacted with constituents to address their concerns regarding local and state issues; management and filing of cases online

Environmental Justice Advisory Council – participated in multiple events related to environmental health such as the CURES Community Advisory Board Meeting and the Gordie Howe International Bridge Public Meeting



Geographic Information System used to create maps of sulfur dioxide polluters and vulnerable populations in House District 6

Outreach and event planning – used graphic design and media skills to help promote events at the office, such as the District 6 Community Heroes Awards Reception

PERSONAL FINDINGS

- Greater insight into the different arenas and broad scope of legislative work
- Immigrant and underserved communities require special, culturally-competent services such as those provided by the Mary Turner Center for Advocacy
- Presenting research on an issue is simply not enough as policy work is more solution-oriented
- The importance of value-based frameworks to help guide positions, especially for controversial votes like auto insurance reform

“Yeah, they polluted our air and corrupted our roads but they provided us jobs.”
-constituent at small business forum

“Anytime I have to decide between having jobs or the health of a child, I’m sorry you’re not going to have a job.”
-environmental justice advocate

The juxtaposition of quotes highlights differing priorities that exist between people residing in one area and how legislators are tasked with making impactful decisions.



Integrating public health curriculum into early medical education training: Population, Patient, and Physician

Elyse Schultz

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

BACKGROUND

Patient, Population, and Physician (P3)

COURSE POPULATION HEALTH OBJECTIVES¹

1. "assess the health status of populations using available data"
2. recognize the "role of socioeconomic, environmental, cultural and other population-level determinants on the health status of individuals and populations"
3. identify "strategies to work with the community to enhance the health of the population"

MPH Practicum Student's Role

Assisted P3 course director, Kendra Schwartz, M.D., M.S.P.H., in developing meaningful assignments, grading assignments, designing assessment questions, collaborating with M1 feedback for the continual improvement of the course, and using creative methods to integrate public health principles into the curriculum.

Liaison Committee on Medical Education (LCME) PUBLIC HEALTH STANDARDS²

7.2 – Prevention, Impact of Social & Behavioral Factors

- "Recognize wellness, determinants of health, and opportunities for health promotion and disease prevention"
- "Recognize the potential health-related impact on patients of behavioral and socioeconomic factors"

7.3 – Clinical Epidemiology, Research Designs, Biostatistics, Critical Appraisal

- Apply the scientific method, including collection & use of data to test and/or verify hypotheses
- Understand and apply "the basic scientific and ethical principles of clinical and translational research"

6.3 & 7.4 – Critical Appraisal, Evidence-Driven Problem-Solving

- 6.3 - Identify, analyze, and synthesize "relevant information"; Appraise "the credibility of information sources"
- 7.4 - "Acquire skills of critical judgment based on evidence and experience"; "use those principles and skills effectively in solving problems of health and disease"

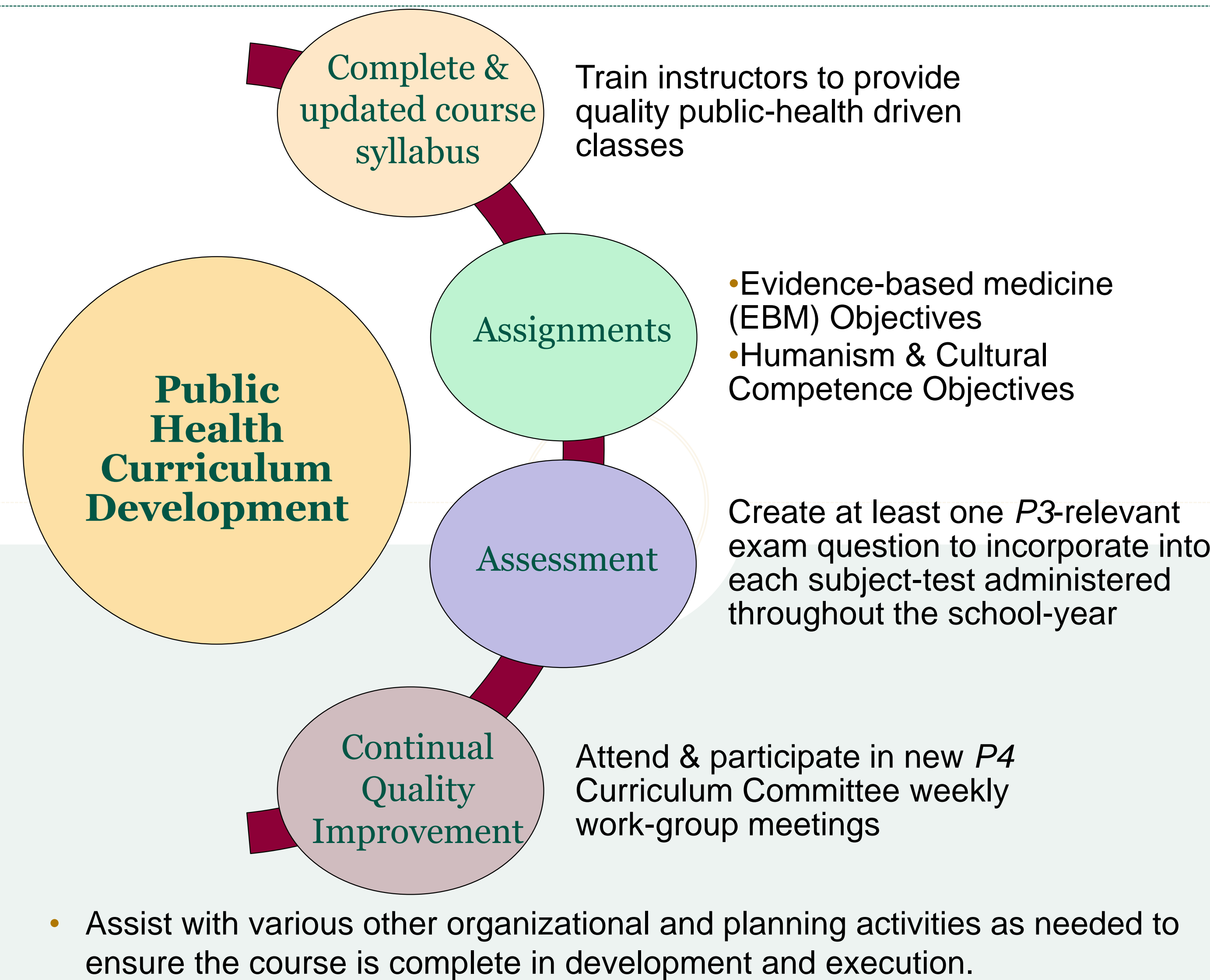
7.5 – Social Determinants of Health, Societal Problems

- Demonstrate ability to diagnose, prevent, appropriately report, and treat the medical consequences of common societal problems

7.6 – Cultural Competency, Health Care Disparities

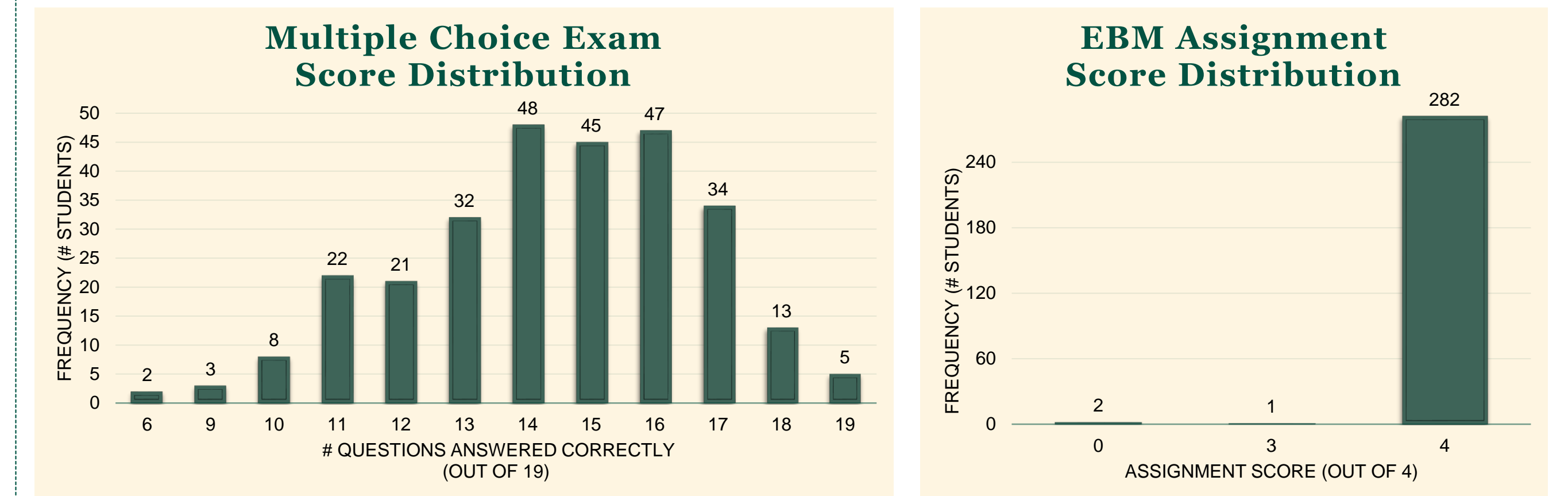
- Understand "the manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments"
- Demonstrate "the basic principles of culturally competent health care"
- Recognize and develop solutions for health care disparities
- Recognize "the importance of meeting the health care needs of medically underserved populations"
- Develop the "core professional attributes (e.g., altruism, accountability) needed to provide effective care in a multidimensional and diverse society"

PRACTICUM OBJECTIVES



OUTCOMES

Student ACHIEVEMENT & PERFORMANCE



Pass rates: 68.57%

99.29%

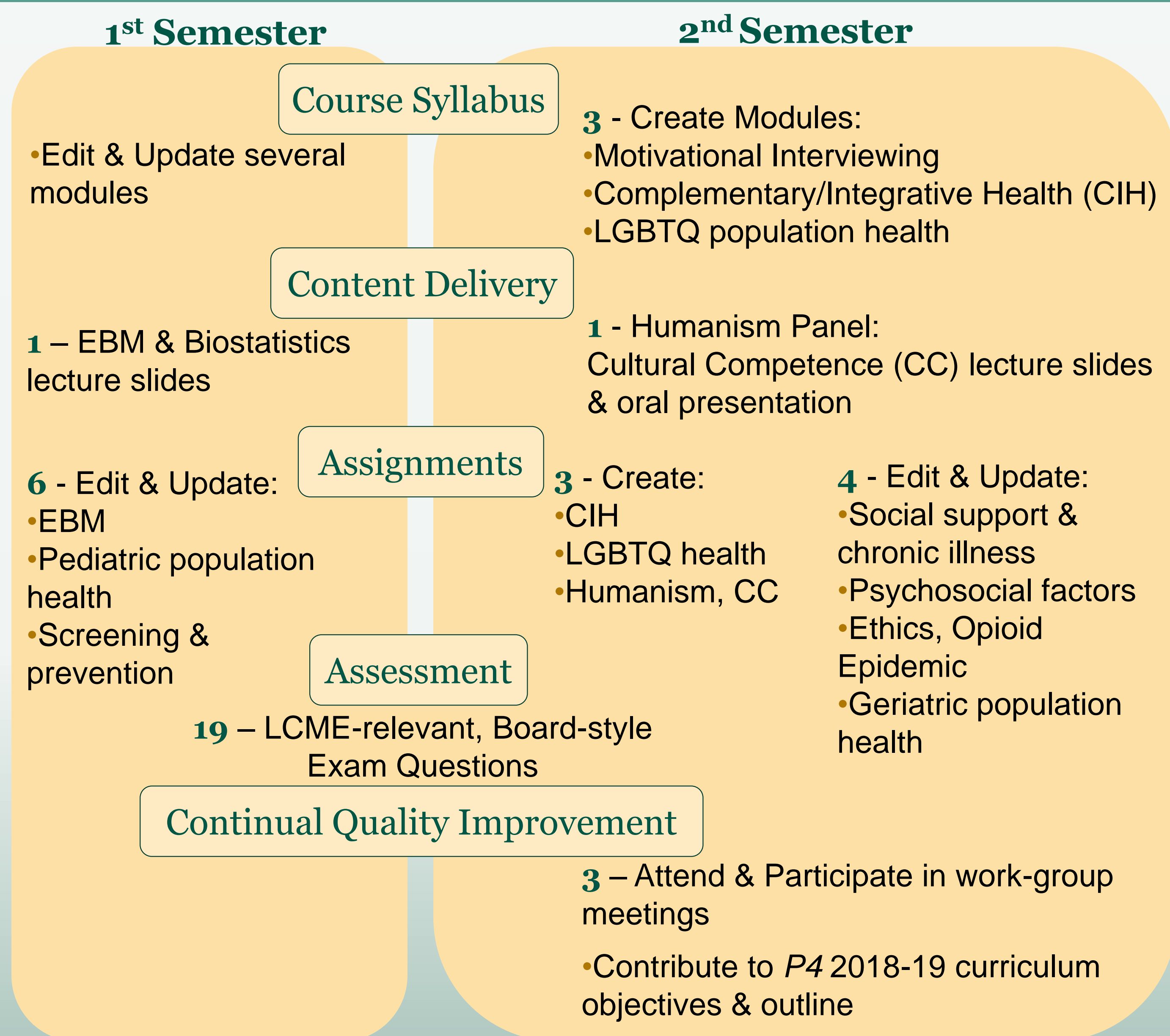
Patient, Population, Professionalism and Physician (P4) COURSE PH OBJECTIVES:

MPH Practicum Student's PROFESSIONAL GROWTH

- Gained experience applicable to career in academic medicine
- Inspired FPH final project: P3 PH Curriculum Evaluation



ACTIVITIES



CONCLUSIONS

SUMMARY of Findings

Integration & implementation of a cohesive PH curriculum into undergraduate medical education is imperative for development of competent physicians.

RECOMMENDATIONS

- Continue model of CQI
- Identify & address curriculum gaps through evaluation using diverse methods and data:
 - student focus groups
 - P4 work group meeting minutes
 - Course & Instructor evaluations
 - Student performance & achievement

Strengths

NBME-style exam questions elicit accountability

Includes LCME-driven PH content

Limitations

Heavy, diverse medical education content

Achieving standard experience for 290 students

REFERENCES

1. Wayne State University School of Medicine. Population, Patient and Physician (P3) Syllabus: Part I. 2017.
2. Liaison Committee on Medical Education. Functions and structure of a medical school: Standards for accreditation of medical education programs leading to the MD degree. 2017. <http://lcme.org/publications/>.



Assessing Sexual Risk Behaviors among Young Adults in Urban Communities, their Readiness to Receive HIV Testing Results, & Possible Introduction of PrEP for HIV

Arnetia Vaughn-Scott

Department of Family Medicine & Public Health Sciences: Master of Public Health Program

WAYNE STATE UNIVERSITY

INTRODUCTION

- There are currently about 36.7 million people that have human immunodeficiency virus (HIV) globally. To reduce the risk of contracting HIV, it is important for there to be culturally relevant prevention programs in urban communities such as Detroit. Wayne State University Prevention Team (W'SUP) is dedicated to encouraging the youth of Detroit to get tested routinely. To increase the number of individuals who are tested and are practicing safe sex, the Wayne State University Prevention Team provides HIV testing for free, not only for Wayne State University students but those who are a part of the inner city community.
- Pre-Exposure Prophylaxis (PrEP) is before contact prevention.
- Prophylaxis means taking a drug before an individual is exposed to an organism that could cause an infection.
- The FDA approved Truvada for PrEP in July 2012 for preventing HIV infection. Truvada is taken once daily and has few drug interactions, which is a concern from the community that is eligible for Truvada.
- Those who are eligible for PrEP include: sexually active men who have sex with men (MSM), heterosexual men and women who are at significant risk, people who inject drugs (PWID), and HIV-negative partners in a mixed status relationship.

BACKGROUND

- Wayne State University's Prevention Team, commonly known as W'SUP is an organization dedicated to encouraging and increasing the number of youth around the city of Detroit to get tested routinely.
- The ages that the organization target are 13-29 years of age.
- The prevention team also works to decrease risky behavior among young adults through engagement, empowerment, and education.
- Services provided by this organization are:
 - HIV testing and counseling
 - Safer sex materials
 - Tobacco cessation
 - Group level interventions
 - Sexual health education
 - Anatomy 101
 - HIV/STI 101
 - LAID: Risk reduction activities and honest dialogue
 - And a volunteer program.
- **Two key programs offered are:**
 - Brothers Saving Brothers, which provides discussion and activity sessions from men of color on stigma, healthy relationships, effective communication, and health awareness;
 - New Horizons provides empowerment for young women to develop a sense of sisterhood, self-awareness and self-pride.

METHODS & ACTIVITIES

- Throughout the Practicum, I reviewed literature to not only understand sexual risk behaviors in urban communities but also develop a further understanding of PrEP.
- Provided SPSS data of Risk Assessment Questionnaires from January 2016 to August 2017 were analyzed. The assessment contained information regarding the individual's past and current sexual activity, substance use, HIV and STI testing history, and readiness to get tested for HIV.
- On December 9, 2017, I observed the Horizon program hosted by W'SUP, that provides sex education to young African American women. Activities during the program included: reading song lyrics from popular songs on the radio that had two different sides to how individuals view women, positive and negative; proper condom use, activities on self-love and self-determination, and goal setting.
- To increase community awareness of W'SUP and PrEP, I was able to conduct two round table discussions with individuals from the Detroit community. Through this informational, participants were given risk assessment questionnaires similar to those given at W'SUP. Participants were open to discussing their knowledge of PrEP and various ways to prevent HIV.

FIGURES

How Ready Are You To Get Tested for HIV today?

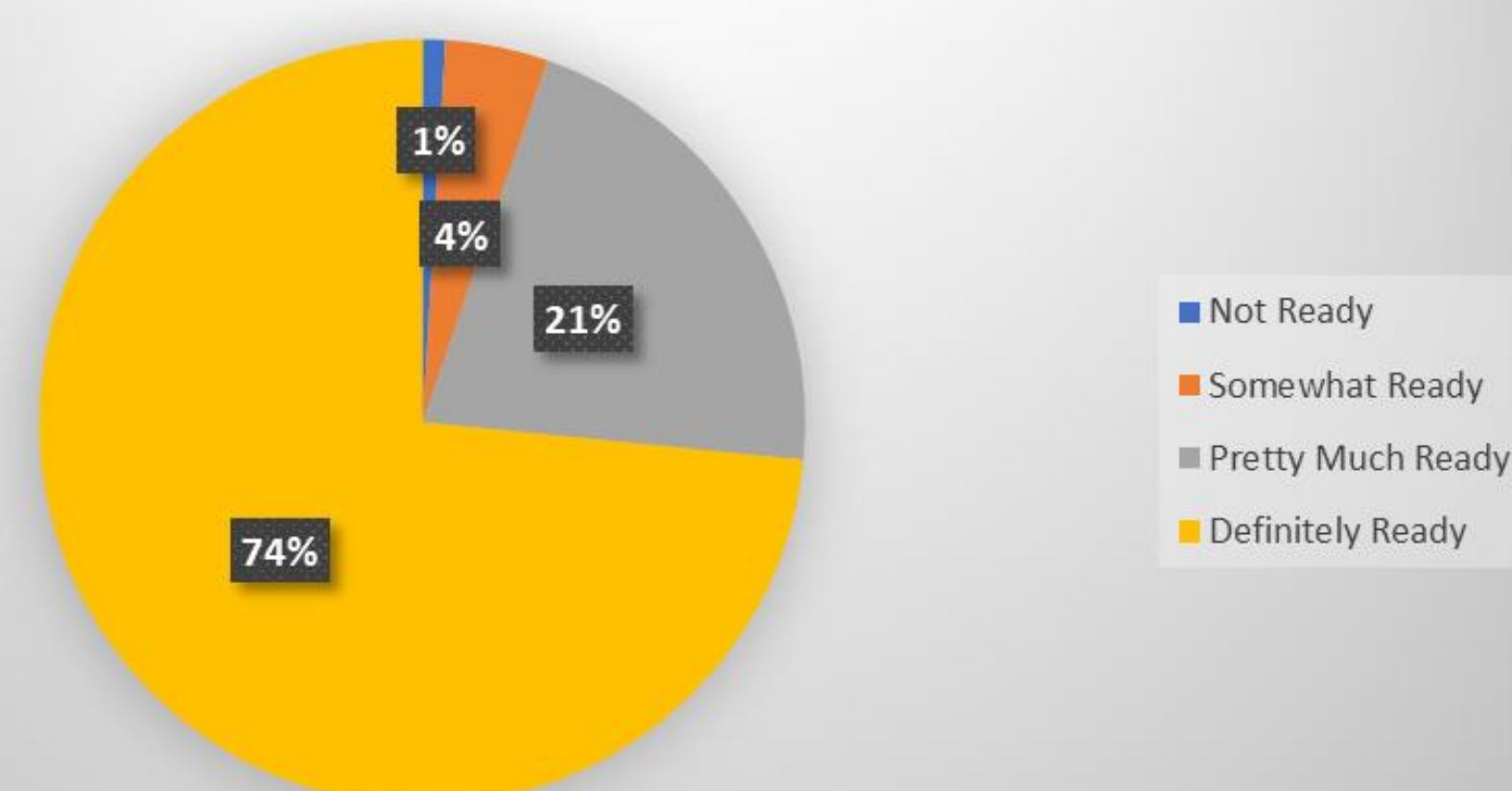


Figure 1: Findings from SPSS Risk Assessment Data

How Ready Are You To Receive Your HIV Test Results Today Even If You Are Positive?

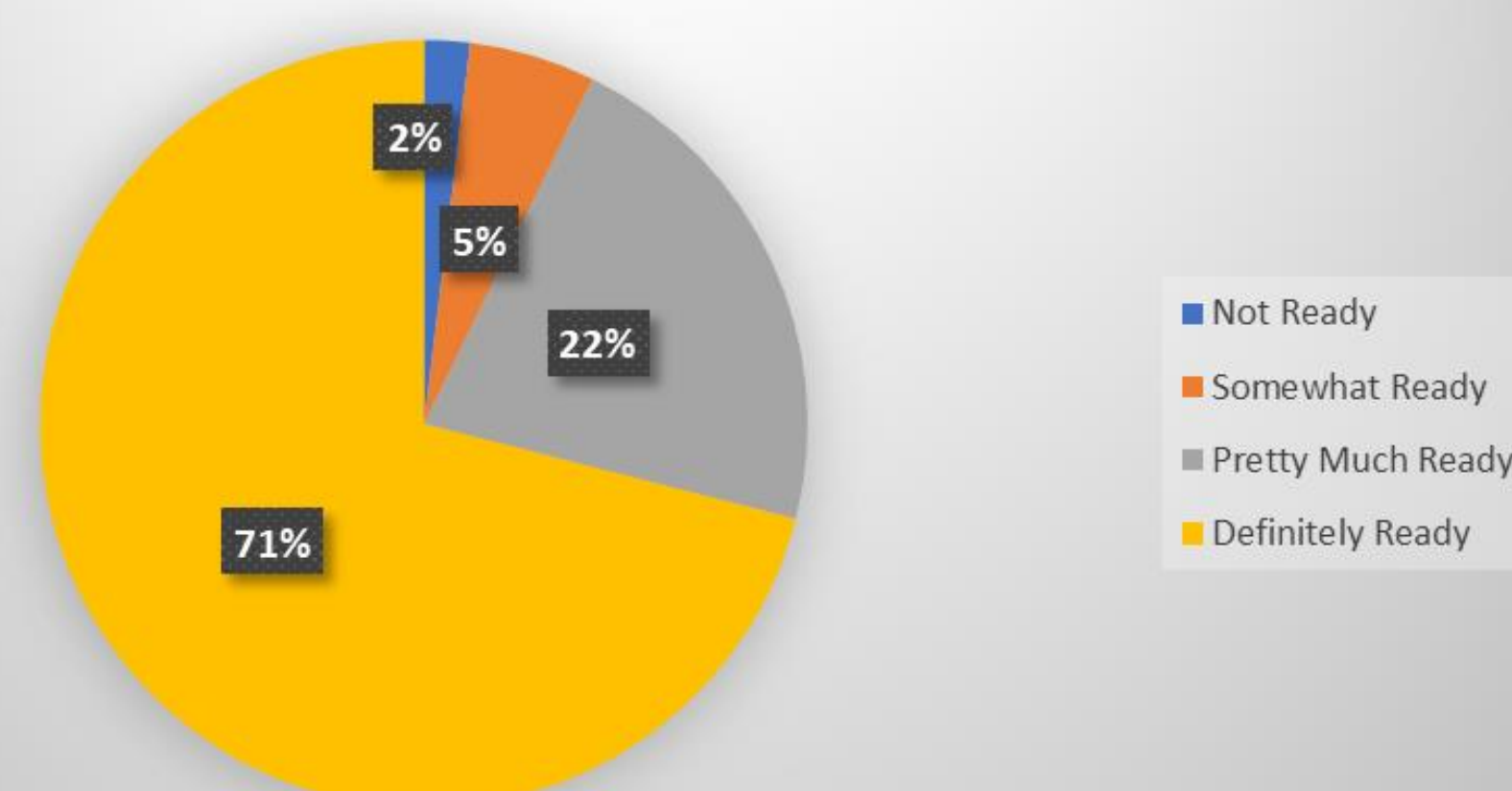


Figure 2: Findings from SPSS Risk Assessment Data

FIGURES

If you were to get tested for HIV today, how ready would you be?

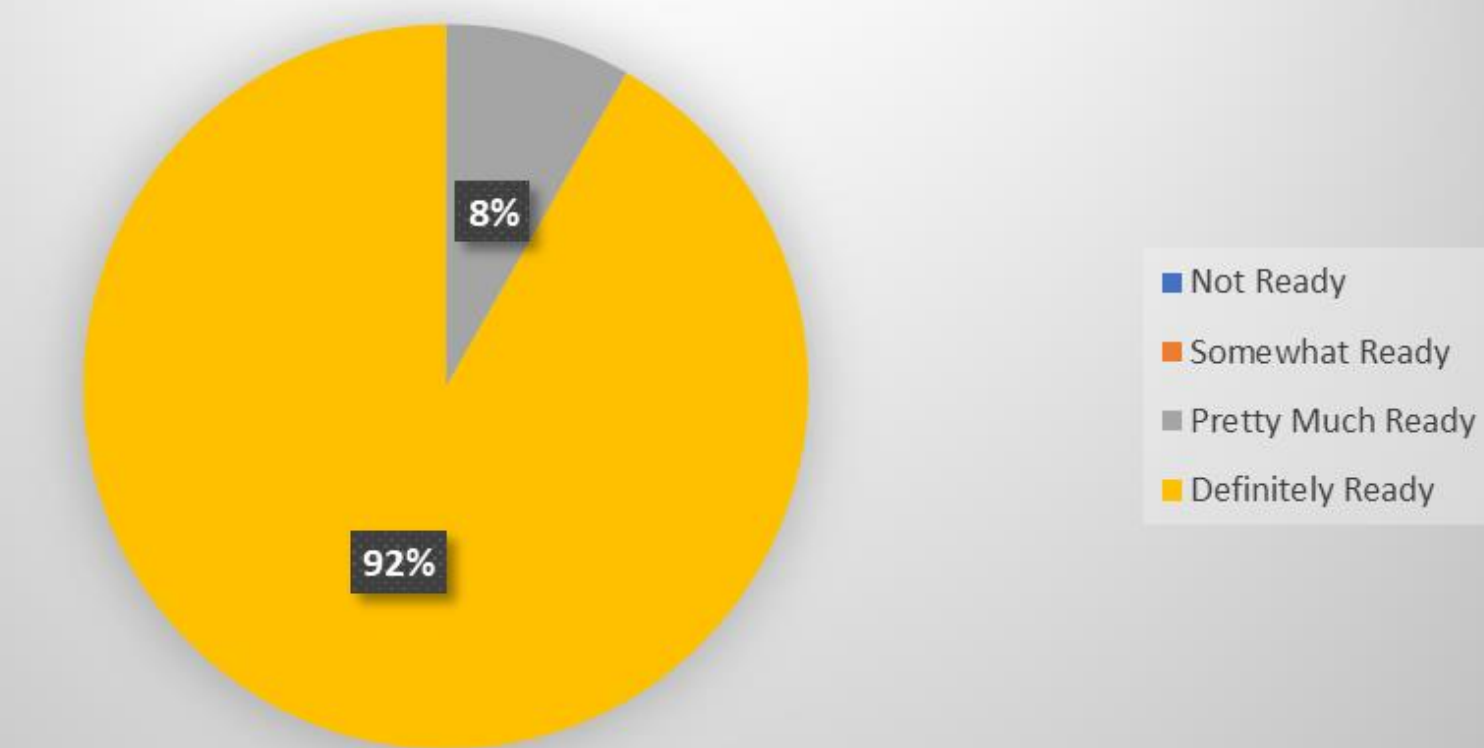


Figure 3: Findings from Questionnaires Distributed at Round Table Discussion

How ready would you be to receive your HIV test results today, even if you are positive?

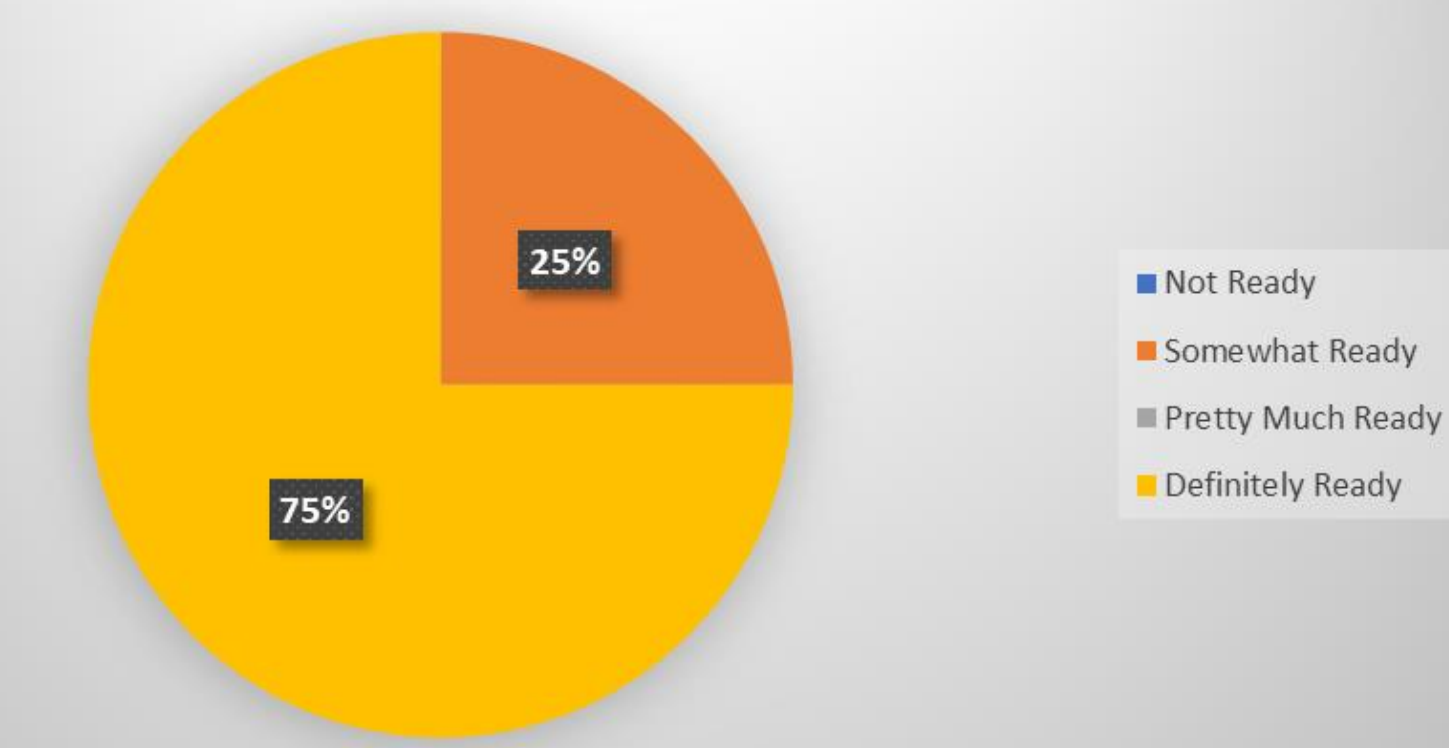


Figure 4: Findings from Questionnaires Distributed at Round Table Discussion

CONCLUSION & RECOMMENDATIONS

- In concluding my experience with the organization and reviewing literature, there are still very few individuals who are knowledgeable on PrEP and how they can benefit if they are at risk.
- The next step is to increase awareness of the services W'SUP offers and PrEP on a larger scale to urban communities who have risky sexual behaviors to reduce the number of individuals who contract HIV in Detroit.
- As a recommendation for the organization, I would encourage creating resource packets for those who are interested in moving forward with PrEP. I would also recommend a follow up phone call to individuals who may have been referred to a clinician to start PrEP. This phone call would not only get a sense of how many individuals are actually taking the steps to prevent HIV but it could also help determine if the individual needs any further resources that could be provided from the Wayne State University Prevention Team that they may not feel comfortable getting from a clinician. I would also recommend creating a more prominent presence within the city of Detroit and on the Wayne State campus.

- Acknowledgements
 - Site Preceptors at Wayne State University Prevention Team
 - Dr. Angulique Outlaw
Director of Prevention Programming
 - Monique Green-Jones, MPH
Manager of Prevention Programming

Daisuke Kobayashi, MD¹; Grenae Dudley, PhD²; Brittany Stewart, RD, PharmD³; Nancy Lewis, PharmD, MPH⁴.
 1 Master of Public Health Program, Wayne State University School of Medicine; 2 The Youth Connection;
 3 Department of Pharmacy Practice, Wayne State University; 4 College of Pharmacy, University of Michigan

ABSTRACT

INTRODUCTION: Opioid overdose epidemic is a serious public health concern in the United States. In Michigan, opioid overdose deaths increased 10 times more over the decade. A large portion of these drug overdoses are related to the use of prescription opioids. Additional training for all healthcare professionals regarding opioid use and addiction has been recommended.

OBJECTIVE: To increase awareness of opioid overdose and best practices with safe opioid use using an interactive web-based platform with interprofessional teams of healthcare students.

METHODS: An interprofessional team pilot training program was designed using an interactive web-based program “Pathways to Safer Opioid Use”. Participants were grouped into interprofessional teams made up of professional learners (medical residents, pharmacy, nursing and social work students). They received a 10-minute introductory presentation about the national opioid epidemic and knowledge about opioid use, followed by the 75-minutes interactive session of web-based training. Pre- and Post-test was performed to evaluate the knowledge related to opioid overdose. The program concluded with sharing feedback among participants.

OUTCOMES: A total of 24 participants (8 residents, 5 pharmacy, 5 nursing, 6 social work) completed the program. Pre-/Post-test result showed that participants improved the knowledge about opioid overdose significantly (58% to 89%, $p < 0.001$). Majority of the participants felt that the training objectives were met and the training experience would be useful in their work. Overall, this pilot program was well received and successfully implemented. Future plan is to expand this program to a larger scale based on the experience and feedback from this program.

INTRODUCTION

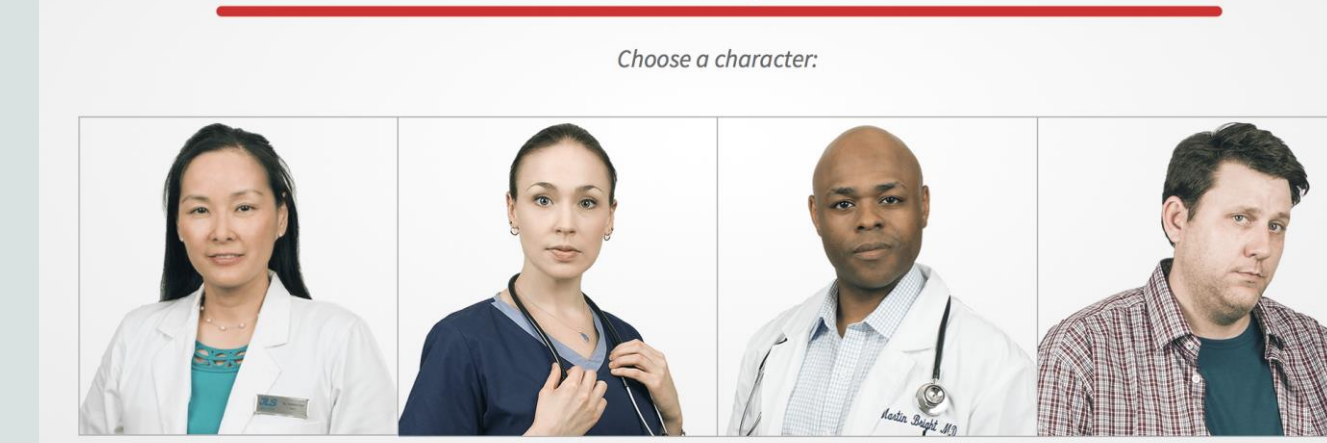
- **Opioid epidemic** is a national public health concern. Deaths related to opioid overdose increased 10 times more over 1.5 decades in Michigan.
- A large portion of these drug overdoses are related to the use of prescription opioids and these **prescribed opioids** are the gateway for heroin.
- Michigan Prescription Drug and Opioid Abuse Task Force recommend requiring **additional training** for all healthcare professionals regarding opioid use and addiction.

OBJECTIVES

- To design and implement an innovative training program targeting at various health professionals and their students.
- To utilize a publicly available interactive web-based program “Pathways to Safer Opioid Use”.
- To promote the appropriate, safe and effective use of opioids by the use of health literacy and a multimodal, team-based approach.

METHODS

- Multi-disciplinary pilot training program using an interactive web-based program “Pathways to Safer Opioid Use”



<https://health.gov/hcq/trainings/pathways-wrap/>

- Interactive simulation to demonstrate best practices in safe opioid use and prevent adverse drug events.
- Participants play as 4 individuals (primary care physician, nurse, pharmacist and patient), make decisions for them, and see how those decisions play out.

- Pilot training program took place on March 6, 2018

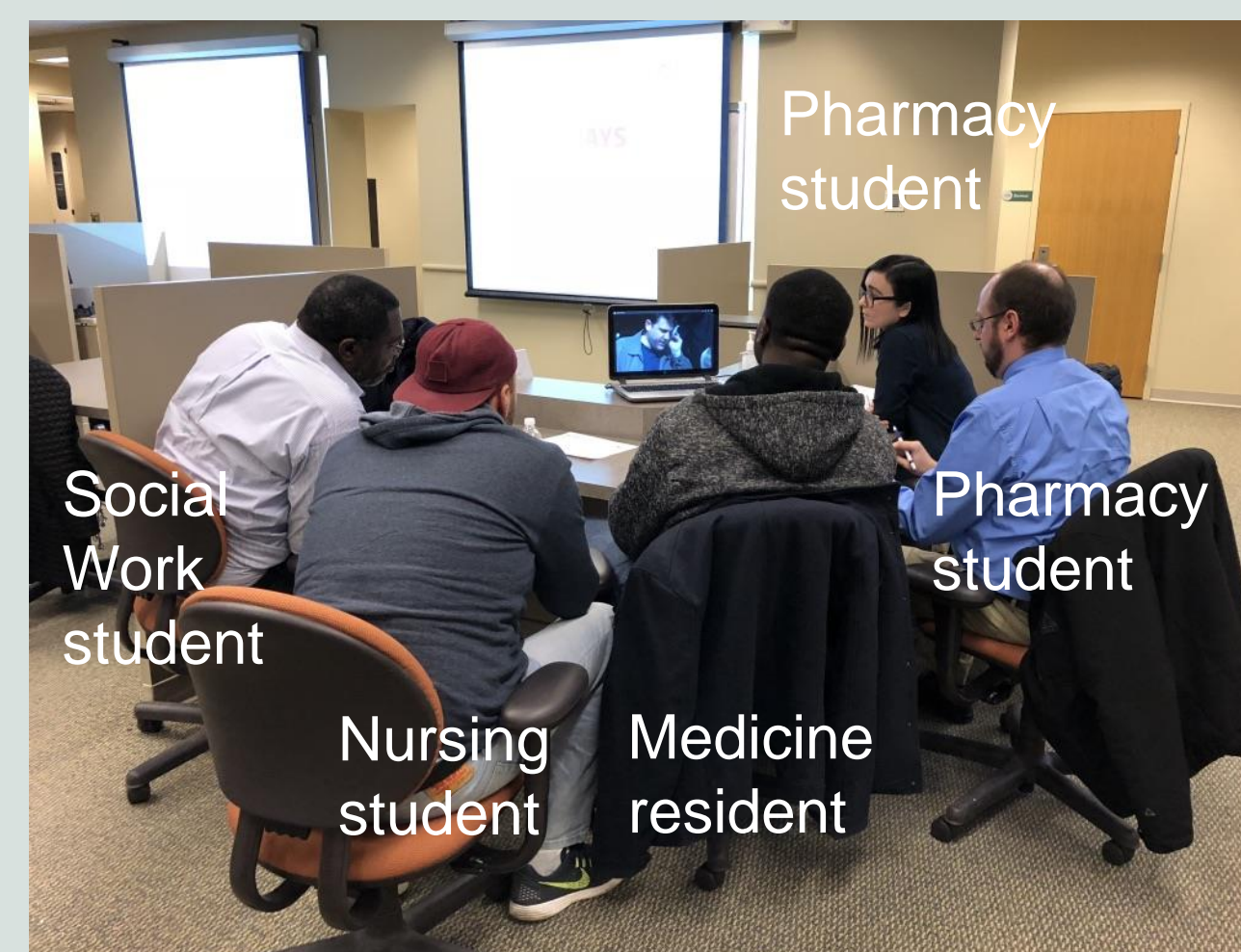
Training Program – 3 hours

| | |
|----------------|--|
| 5:00 – 6:00 pm | Complimentary dinner |
| 6:00 – 6:05 pm | Pre-test |
| 6:10 – 6:25 pm | Introductory presentation about opioid |
| 6:25 – 7:40 pm | Training session |
| | ➢ 5 stations |
| | ➢ Each station consists of different healthcare professional learners |
| | ➢ Participants were encouraged to interact each other during case simulation |
| 7:40 – 7:45 pm | Post-test |
| 7:45 – 7:50 pm | Review of pre-/post-test questions |
| 7:50 – 8:00 pm | Feedback session |

5 Stations



Each Station



RESULTS

- A total of 24 participants
 - Medical residents (n=8); Pharmacy students (n=5); Nursing students (n=3); Social work students (n=6)
- Majority of participants (≥90%) reported that
 - The training objectives were met
 - The training experience will be useful in their work
 - Participation and interaction were encouraged
 - The content was organized and easy to follow
 - The trainer was well prepared

RESULTS

• Narrative feedback

1. What did you like most about the training?

- ✓ Interdisciplinary teams
- ✓ Interactive modules
- ✓ The videos were informative and demonstrated implementable techniques
- ✓ Being able to discuss my choices with other professionals
- ✓ The inter-professional setup was perfect

2. What aspects of the training could be improved?

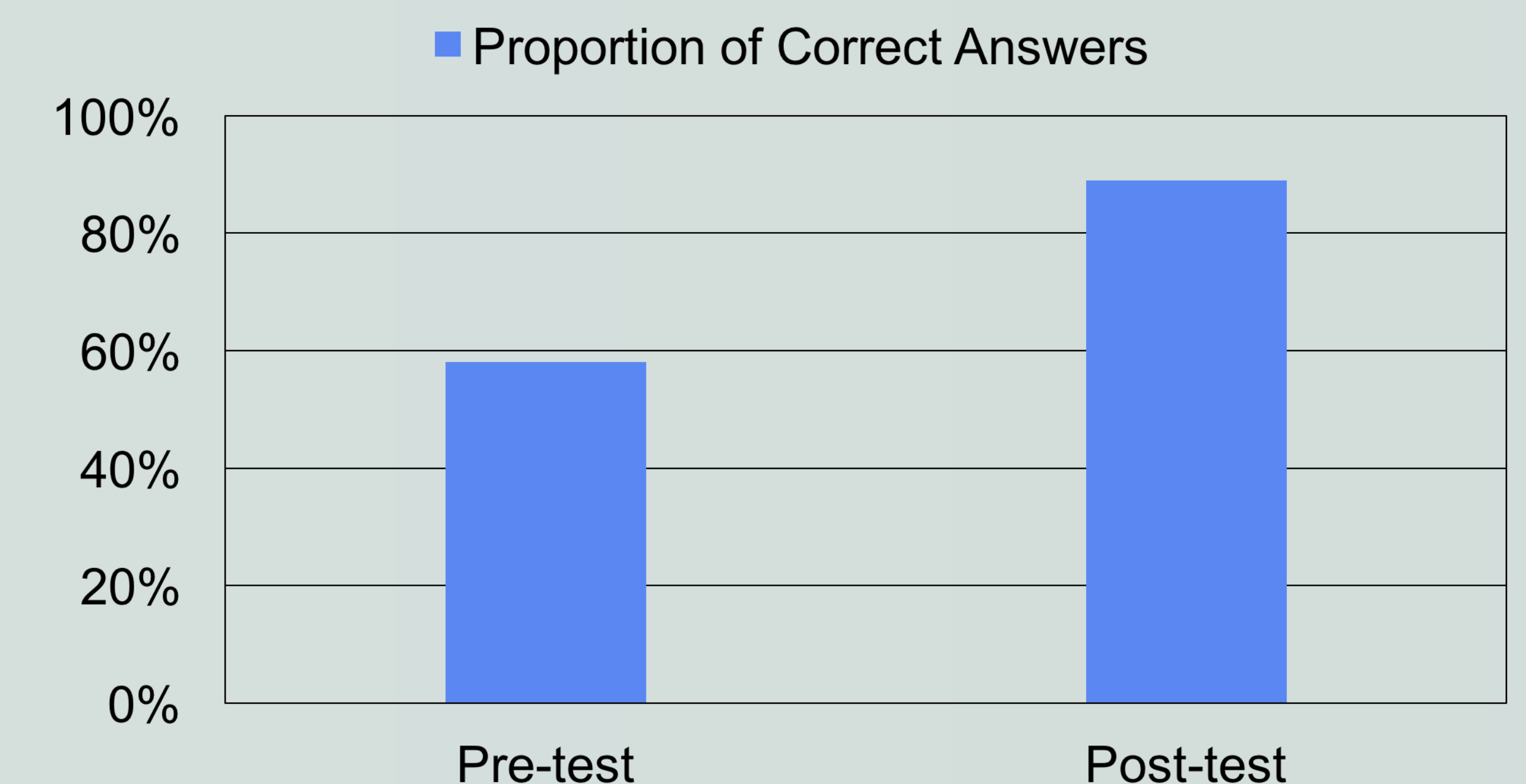
- ✓ Exposure to all the roles on the training program
- ✓ Create a social worker module
- ✓ Patient from different backgrounds

3. How do you hope to change your practice as a result of this training?

- ✓ Better counseling for my patients with chronic pain
- ✓ More informative decision making
- ✓ Being more aware and involved with other team members

- **Pre-/Post-test result showed that knowledge about opioid overdose increased significantly ($p < 0.001$, Fig.1)**

Figure 1. Bar graph showing the proportion of correct answers in the pre- and post-test questions



CONCLUSIONS

- Our multi-disciplinary pilot training program using an interactive web-based training was well received and successfully implemented.
- Future plan is to expand this program to a larger scale based on the experience & feedback from this program.

ACKNOWLEDGEMENT

- This program was supported by The Youth Connection, Wayne State University School of Pharmacy, Love Detroit Prevention Coalition, Detroit Wayne Mental Health Authority,

Sahil Bhatia MPH Candidate
Master of Public Health Program – Public Health Practice

Background

Fresh Corner Café is a food service provider that delivers fresh produce and meals to locations in Detroit where there are barriers to healthy eating. Currently, it serves 10 community locations, workplaces, and 2 gas stations. The goal of this business is to increase fruit/vegetable consumption in the population served at each site so whether the customers are students at a high school or employees of a corporation, they both can be healthier and thus, more productive. Fresh Corner Café's efforts are supported in part by PepsiCo Foundation and Healthy Food Connect Community Foundation for Southeast Michigan. Funds from these foundations were used to purchase vehicles to deliver food to pop-up markets and refrigerators to store the food at gas stations and workplaces

INTRODUCTION

There are a plethora of corner grocery stores in Detroit, however, they lack healthy food options. Other barriers to healthy eating include lack of transportation, easier access to fast food restaurants for lower prices, and unhealthy school lunches. Fresh Corner Café works to overcome these barriers by bringing fresh and healthy food to places where access to it is limited (workplaces, gas stations, schools, and community centers). My role there was to perform a formative evaluation and make changes to business practices to help both the business and the customers it serves.



METHODS

Objective 1 – Improve Inventory and Waste Management

Inventory Management

To keep track of inventory, an excel worksheet was created with the following information:

- Amount of each item in stock
- Amount of each item that needs to be ordered
- Price of each item

Every week someone would update the amount of each item in stock and the amount that needs to be ordered would automatically update based on that information

Waste Management

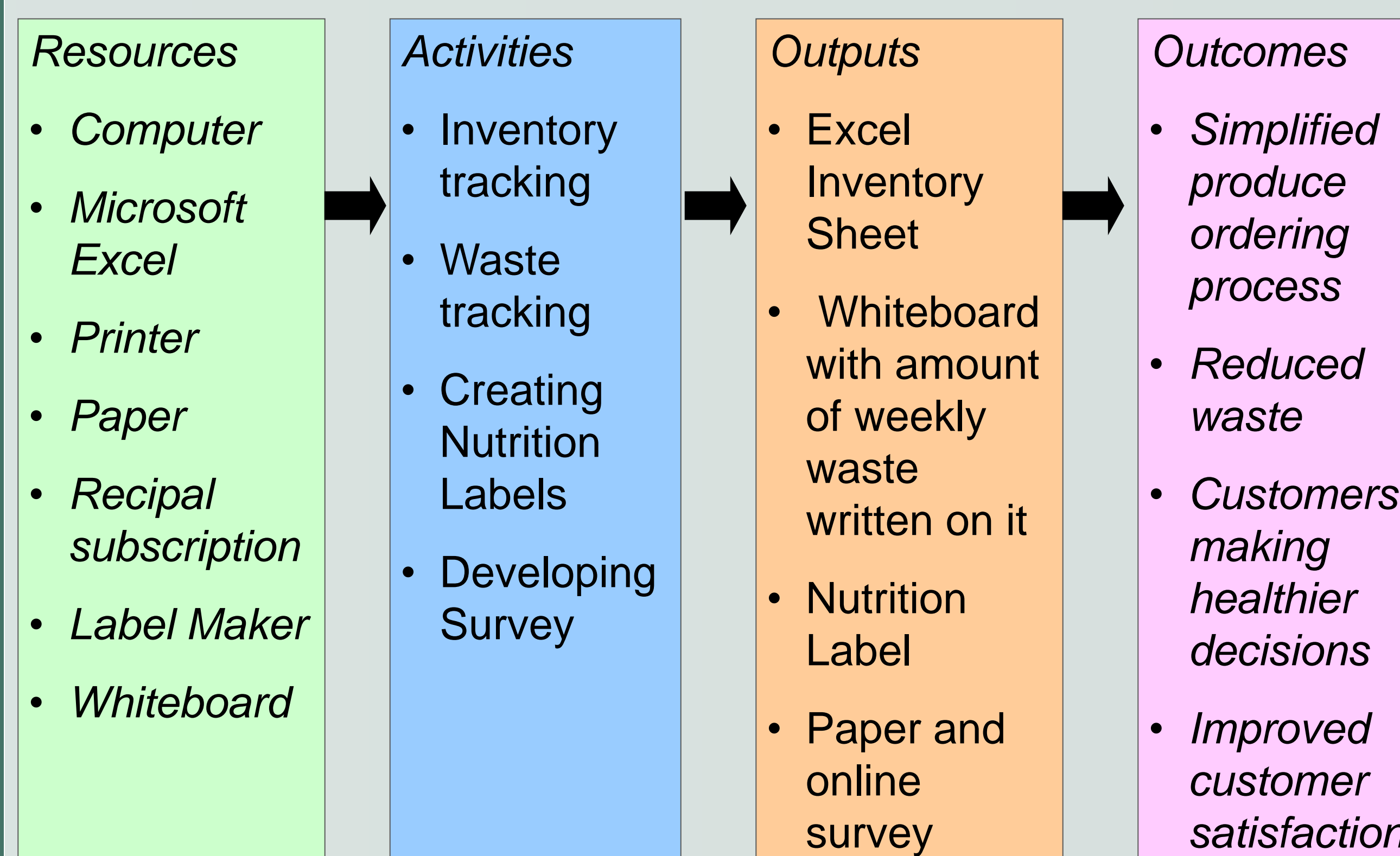
- Placed a whiteboard on the fridge for employees to write down the number of meals disposed of every week

Objective 2 – Create Nutrition Labels for Meals Being Sold

- Ingredients were added using the search function on recipal.com
- Then, quantity of each ingredient was entered

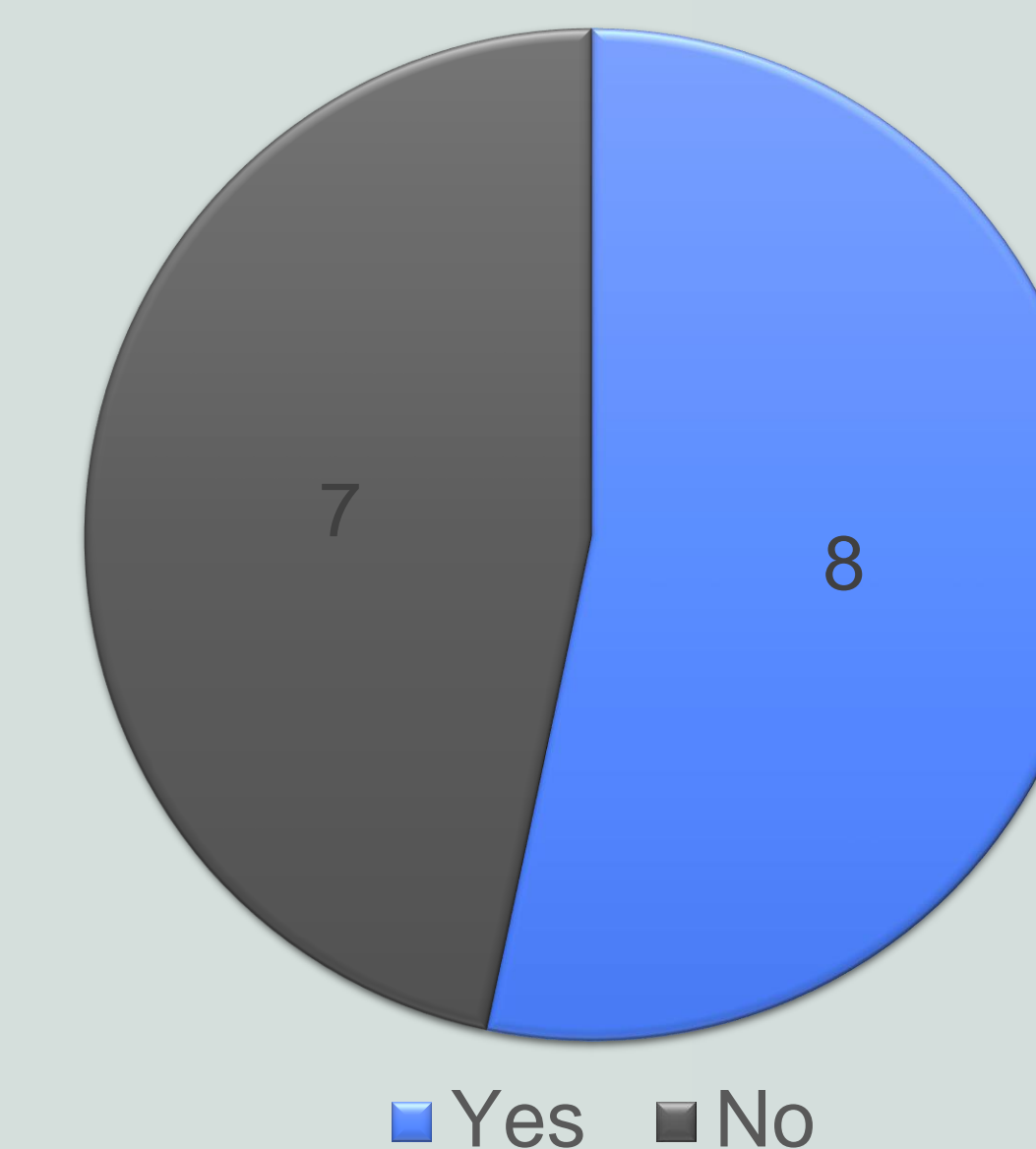
Objective 3 – Survey Customers

- Surveys were created using Google Surveys
- The following questions were asked:
 1. What potential locations would you like to see Fresh Market Pop-ups at?
 2. What meals have you made with fruits and vegetables bought from Fresh Market Pop-ups?
 3. Would you like recommendations on the types of meals you can make with fruits and vegetables sold at Fresh Market Pop-ups?
 4. What kind of additional items would you like us to sell?



RESULTS

Would you like meal recommendations?



What kind of additional items would you like us to sell?

- *“Vegetarian options please. Love your food!!”*
- *“The selection is good for now”*
- *“Lots of soups”*
- *“Organic fruits and vegetables”*
- *“More salad and wrap options”*

Mozzarella & Pesto Wrap (V)

| Nutrition Facts | Amount/serving | % Daily Value* | Amount/serving | % Daily Value* |
|--|---|----------------|--------------------------|-------------------------------|
| | Total Fat 28g | | 36% | Total Carbohydrate 50g |
| Saturated Fat 9g | | 45% | Dietary Fiber 19g | 68% |
| Trans Fat 0g | | | Total Sugars 3g | |
| Cholesterol 45mg | | 15% | Includes 0g Added Sugars | 0% |
| Sodium 820mg | | 36% | Protein 24g | |
| Calories per serving 490 | Vitamin D 0mcg 0% • Calcium 670mg 50% • Iron 4.1mg 25% • Potassium 220mg 4% | | | |

*The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

Ingredients: lawash (water, whole grain wheat flour, powdered cellulose, vital wheat gluten, tomato powder, paprika, flaxseed, table salt, dry dough, calcium propionate, vinegar, potassium sorbate, guar gum, beta-tab), mozzarella (pasteurized milk, vinegar, enzymes, salt), basil pesto (basil, canola oil, water, parmesan cheese (pasteurized part skim cows milk, cheese culture, salt, enzymes), granulated garlic, salt), tomato, spinach, red pepper (fire roasted red peppers, water, salt, sugar, citric acid, calcium chloride), red onion

contains: milk, wheat

manufactured by fresh corner cafe. 8838 3rd ave. detroit mi 48202

CONCLUSIONS

- Better inventory management led to a streamlined ordering process
- waste management techniques have potential to reduce the amount of meals thrown away
- Majority of the customers surveyed wanted meal recommendations
- Customers wanted more vegetarian options

Recommendations

- Automate inventory and waste tracking
- Have a greater social media presence
- Provide meal recommendations and recipes



LEGAL MATTERS FOR OLDER ADULTS

DEVPREET CHAHAL, DENISE WHITE-PERKINS M.D. Ph.D. and ANTONIA HARBIN J.D.
HENRY FORD HEALTH SYSTEM and NEIGHBORHOOD LEGAL SERVICES MICHIGAN ELDER LAW AND ADVOCACY CENTER



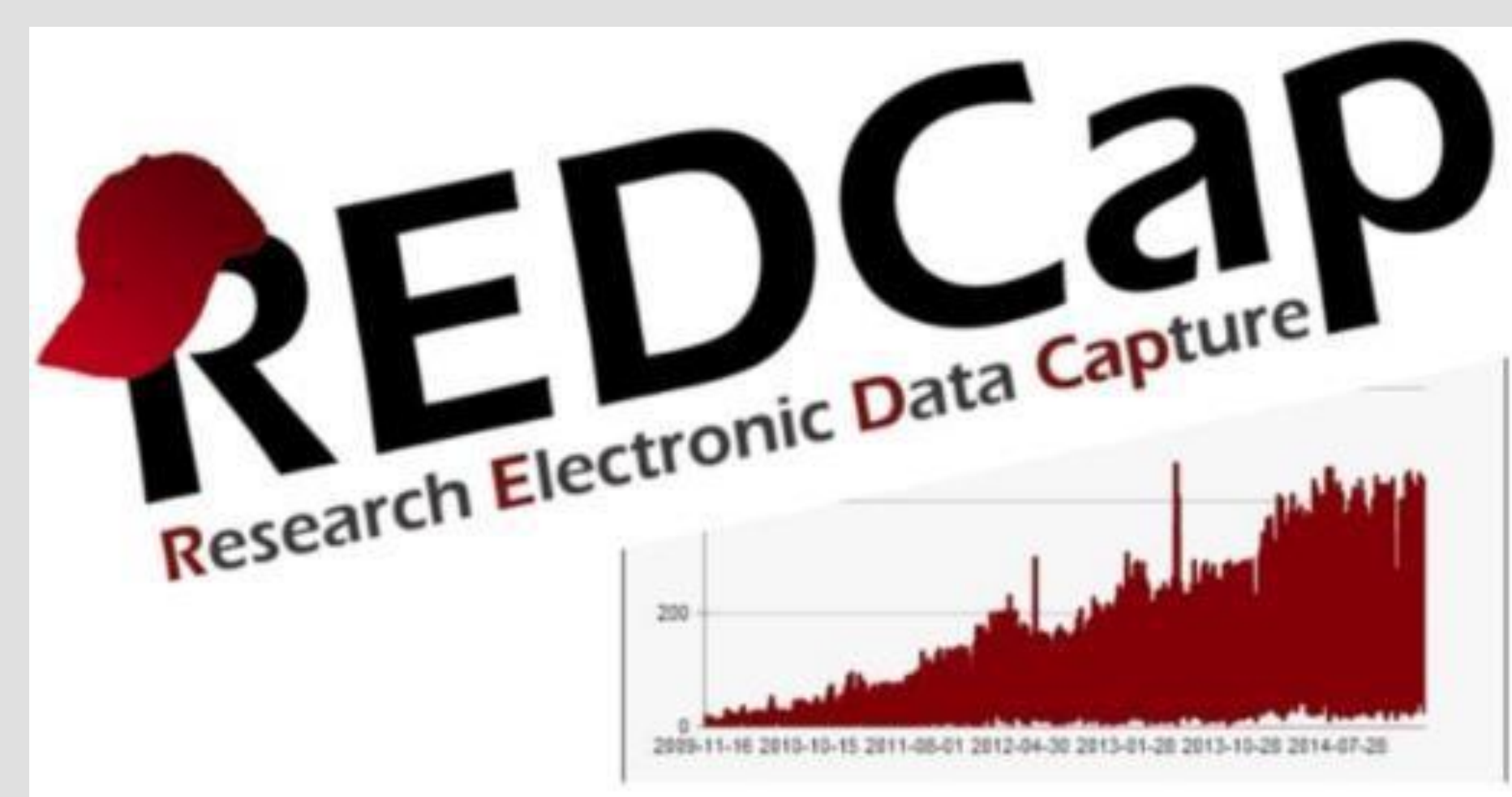
INTRODUCTION

- The purpose of this practicum was to establish a Medical-Legal Partnership (MLP) between Henry Ford Health System (HFHS) and Neighborhood Legal Services Michigan-Elder Law and Advocacy Center (ELAC).
- Medical-Legal Partnerships are collaborations where doctors and other medical care professionals, discharge planners, elder law attorneys, and social workers collaborate to resolve health-related problems as a team.
- The HFHS partnership is designed to improve the health and well-being of older adult patients of HFHS (60 years and older) and their caregivers living in Wayne County.
- The MLP will also provide education to physicians on end-of-life decisions and elder abuse prevention, as well as evaluating the correlation between resolving legal problems and the improved health of older adults.
- the MLP will be piloted at HFHS's Detroit Northwest (DNW) and Harbortown Medical Centers.



METHODS

- Develop IRB and protocol for MLP.
- Develop and monitor work plan for piloting MLP.
- Design and implement social/legal needs screening tool using REDCap software database.
- Train research team for study in data collection and rollout of the MLP.



FIGURES

- PREMISE: Older adults today face increasingly complex problems. They need legal assistance more than ever before based on a much wider range of issues. Families, landlords, creditors, etc., increasingly turn to the courts and other official means to resolve their disputes and problems.
- This MLP will play an instrumental role in keeping seniors in safe habitable housing, protecting income, providing access to quality health care, protecting housing subsidies, reducing stress for the older adult and their caregiver(s) by drafting life planning documents, obtaining access to food and other resources when they are wrongfully denied, as well as reducing hospital visits.

Figure 1: Connection between Health Care and Legal



Figure 2: Perceived Stress Scale (PSS-10)

Perceived Stress Scale

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate by circling how often you felt or thought a certain way.

Name _____ Date _____

Age _____ Gender (Circle): M F Other _____

0 = Never 1 = Almost Never 2 = Sometimes 3 = Fairly Often 4 = Very Often

1. In the last month, how often have you been upset because of something that happened unexpectedly?..... 0 1 2 3 4
2. In the last month, how often have you felt that you were unable to control the important things in your life?..... 0 1 2 3 4
3. In the last month, how often have you felt nervous and "stressed"?..... 0 1 2 3 4
4. In the last month, how often have you felt confident about your ability to handle your personal problems?..... 0 1 2 3 4
5. In the last month, how often have you felt that things were going your way?..... 0 1 2 3 4
6. In the last month, how often have you found that you could not cope with all the things that you had to do?..... 0 1 2 3 4
7. In the last month, how often have you been able to control irritations in your life?..... 0 1 2 3 4
8. In the last month, how often have you felt that you were on top of things?..... 0 1 2 3 4
9. In the last month, how often have you been angered because of things that were outside of your control?..... 0 1 2 3 4
10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?..... 0 1 2 3 4

RESULTS

- HFHS's Research Administration approved the MLP study on March 26, 2018.
- The rollout of the MLP will begin in May 2018.
- Initially, the goal is to consent at least 10 patients a week at DNW.
- Overall, the goal is to identify at least 100 patients who are determined to have social/legal needs that require legal assistance over the course of 6 months.

Figure 3: The Case for MLPs

- Legal professionals **TRAIN** healthcare team members to recognize health-harming social and legal needs;
- Healthcare team members **IDENTIFY** patients' health-harming social and legal needs by implementing screening procedures;
- Legal professionals **TREAT** individual patients' health-harming social and legal needs with legal care ranging from triage and consultations to legal representation;
- Healthcare and legal professionals jointly **TRANSFORM** clinic practice and institutional policies to treat and prevent patients' health-harming social and legal needs; and,
- Healthcare and legal professionals jointly **PREVENT** health-harming social legal needs broadly by improving policies and regulations that have an impact on population health.

CONCLUSIONS

- There are many challenges in bringing together the healthcare field and the legal field into an MLP.
- These challenges include timelines for the MLP, how to protect patient information, which patient information to provide to the legal team, and how to introduce patients to the legal team and make them feel comfortable sharing their social and legal needs.
- However, the rewards greatly outweigh the hurdles as the population that is served by the MLP benefits enormously. Both domains are able to work in sync to address the needs of the patients and provide resources for them.

Barriers and Facilitators of Physical Activity Among Residents in Dearborn, Michigan



WAYNE STATE
School of Medicine

Maha Taranish

Site preceptor: Sara Gleicher

INTRODUCTION

•The Healthy Dearborn is a network of community members that was launched in 2015 to improve health among residents of Dearborn. Data from the 500 Cities Project (RWJF & CDC) has shown indisputable health disparities among residents in the southern end and the eastern part of the city. Based on this data, HD started a research project aiming to understand social determinants underlying health disparities in Dearborn. We have started by conducting semi-structured key informant interviews which helped us to gain more knowledge about health needs/concerns of the community and factors influencing health disparity. There are teams targeting different areas of health/health disparity, and my team was focusing on physical activity.

OBJECTIVES

We have conducted a walking survey targeting a specific census tract within the areas of health disparity in Dearborn. Our objectives were to understand barriers and opportunities for walking in the target area and to identify ways to help promote walking as a healthy habit within the community.



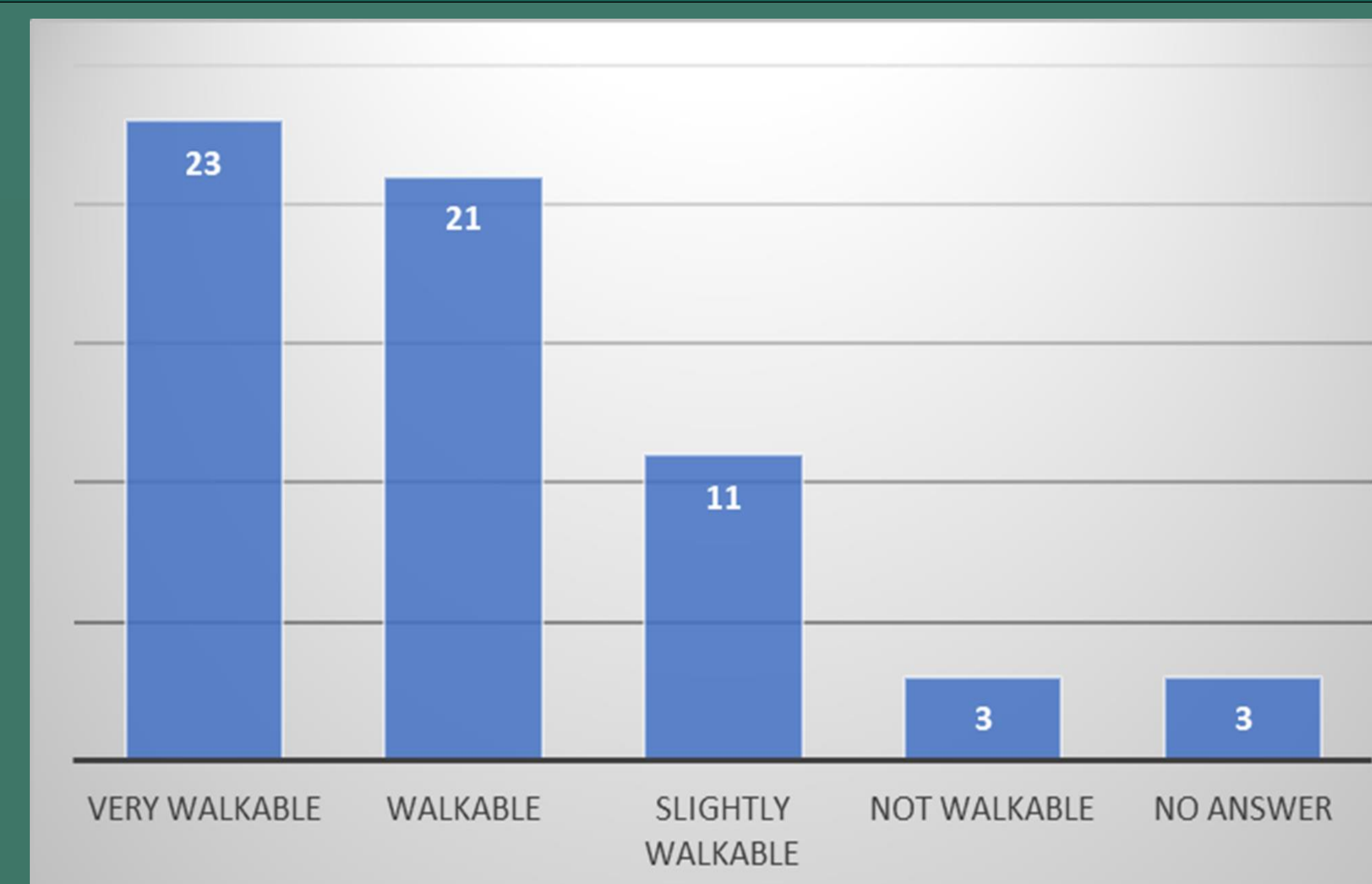
METHODS

- A survey was developed to assess the prevalence of physical activity in terms of walking among residents.
- The survey also assesses barriers/motives to walking and the walkability of the neighborhood from the participant's perspective.
- The survey was available in both English and Arabic.
- Surveys were distributed throughout the community including local fresh produce stores and a school in the target area.
- We have done a door-to-door survey.

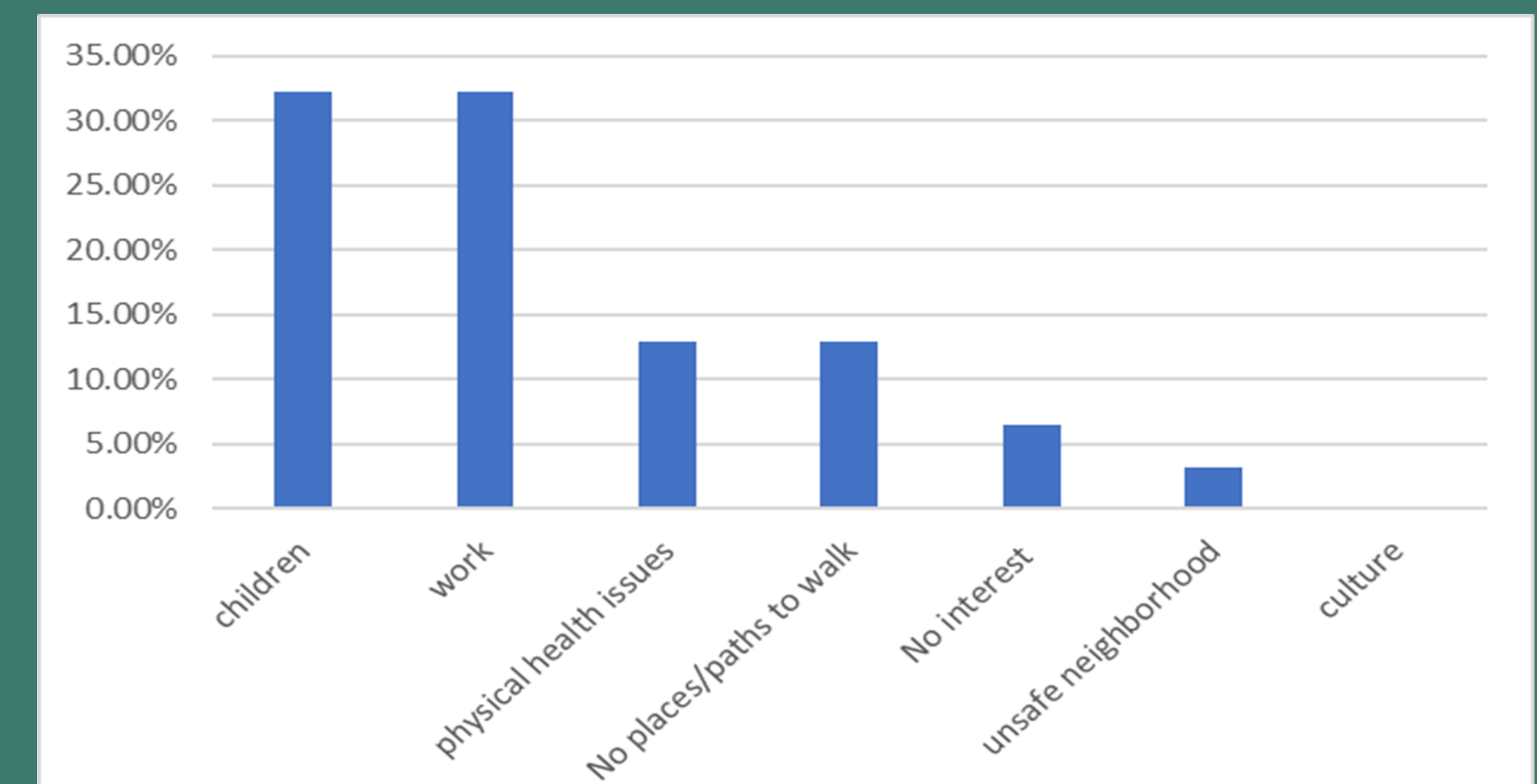
RESULTS

- Most of the participants were females (85.25%); ages 19-39 years old (59.02%); and do not have any chronic health conditions (75%).
- The majority considered their neighborhood either very walkable (37.70%) or walkable (34.43%).
- Around 64.5% of participants included work, children or both as barriers to walking.
- The most frequently reported motive for walking was exercise (32.67%) followed by "enjoy the outdoors" (19.8%).

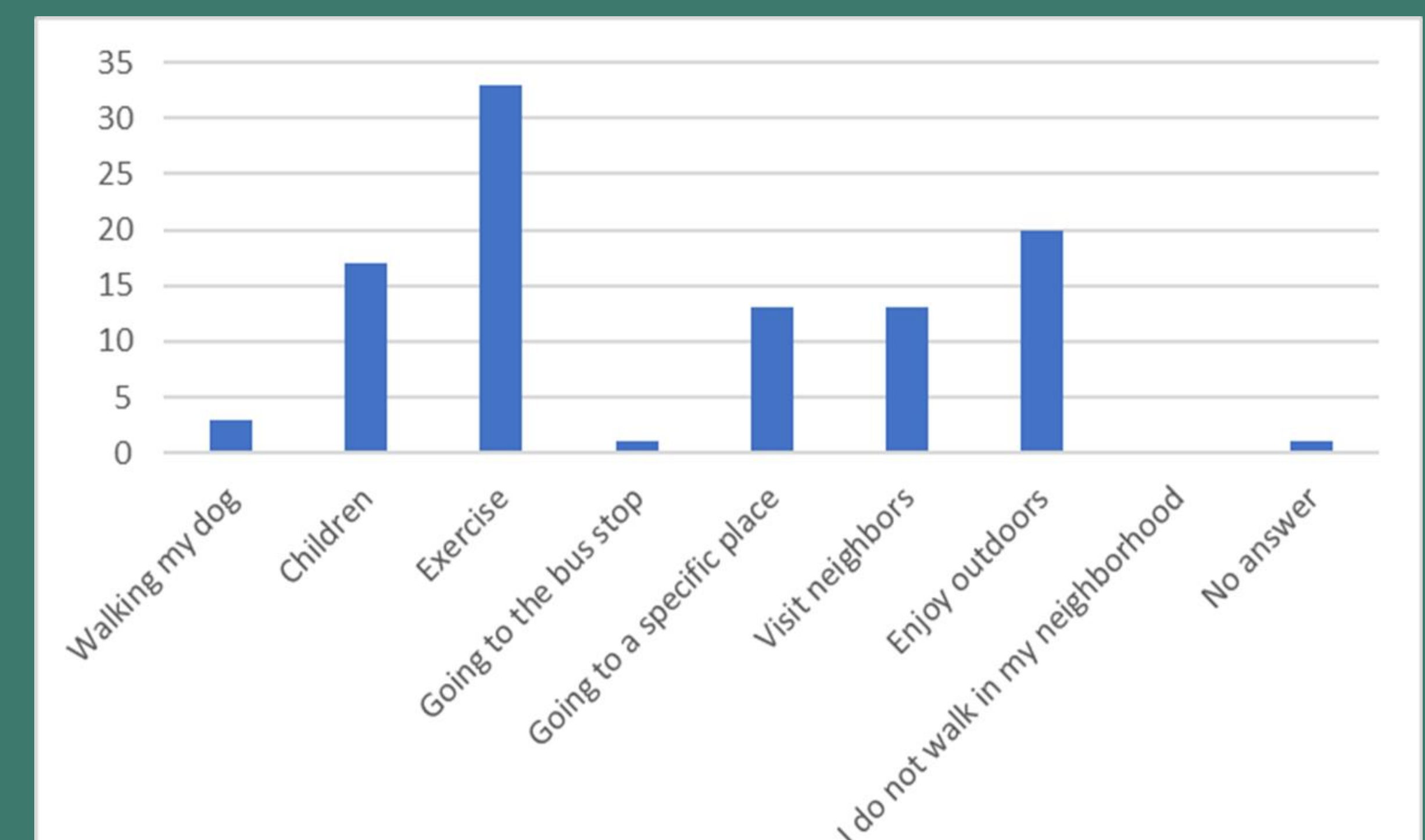
Chart#1: Walkability of the neighborhood



Chart#2: Barriers To Walking

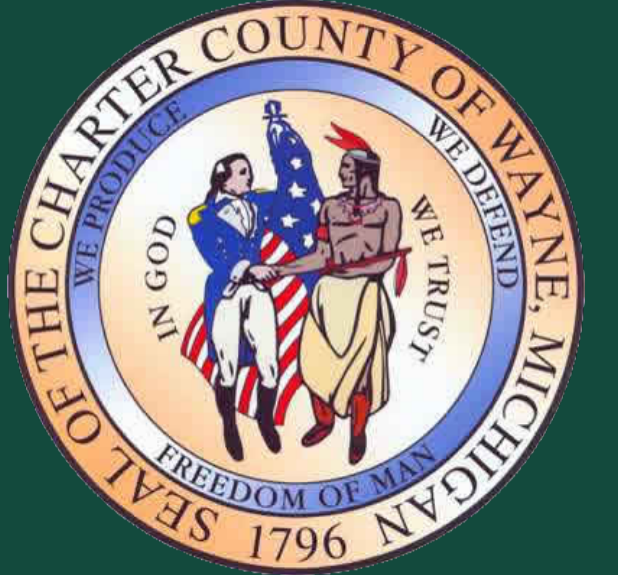


Chart#3: Motives for Walking



RECOMMENDATION

- One of the best ways to understand the health needs and concerns of a community is to hear it from the residents of this community. In a culturally diverse community such as that of Dearborn, it is crucial to consider linguistic and cultural differences and to use a culturally competent team.



Daniel Sweeney
 Department of Family Medicine and Public Health Sciences
 Master of Public Health Program

INTRODUCTION

The WC-HVCW was established to offer health, education, and social services in order to promote community wellness and address the social determinants of health. The WC-HVCW offers a variety of programs dedicated to eliminating disparities and inequities, including the Environmental Health Program. The Environmental Health Program is dedicated to preventing disease by providing a safer environment for people in Wayne County by offering a number of services including food service inspections, well permitting, onsite septic system reviews, lead poisoning prevention programs, childcare inspections, and public swimming pool inspections.

Public swimming pools may expose people to recreational water illnesses and injuries, including *E. coli*, *Giardia*, *Shigella*, and norovirus. Public swimming pools must meet water quality and safety standards described in the Public Swimming Pool Rules in order to limit exposures to recreational water illnesses and prevent injuries. Each year, every public pool is inspected to ensure that it is meeting the water quality and safety standards; failure to meet the standards can result in follow-up inspections, monetary fines, and pool closures.



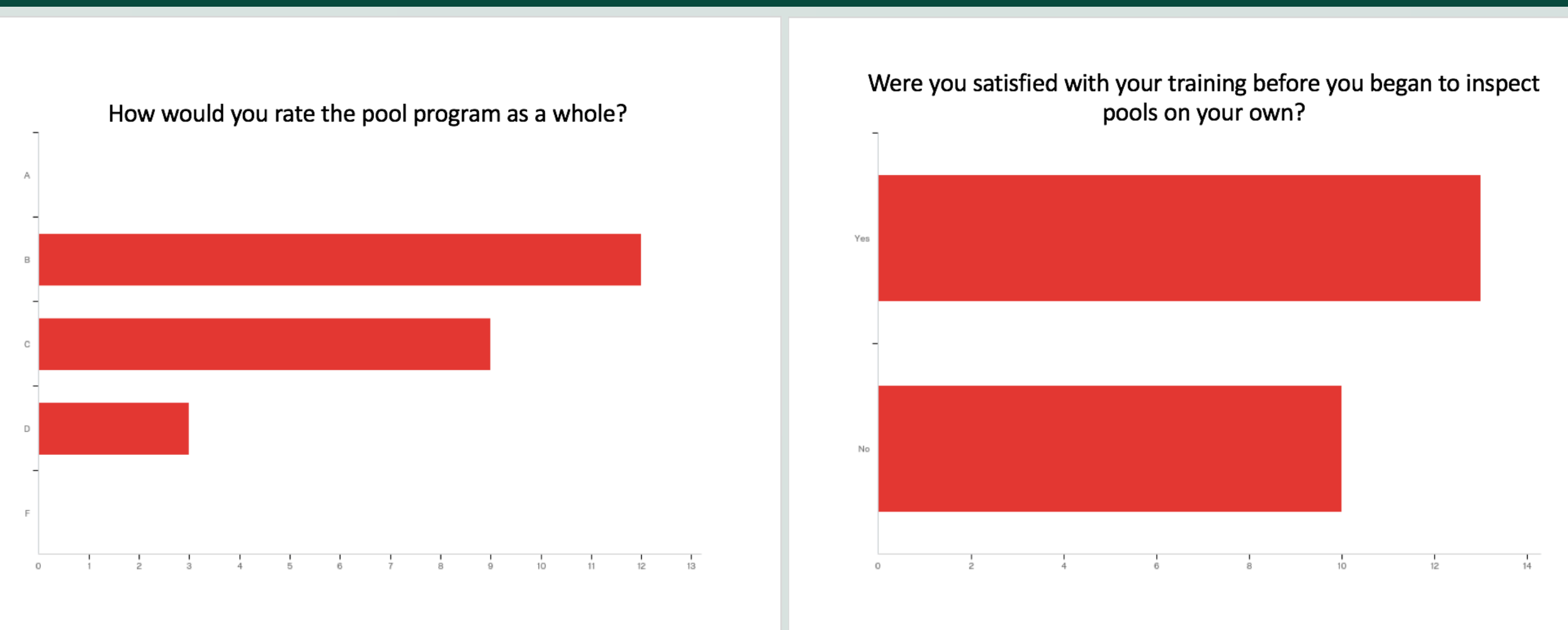
OBJECTIVES

- Improve the Wayne County Environmental Health Pool Inspection program and increase pool operator compliance with the Public Swimming Pool Rules.
- Identify areas/concepts that environmentalists are struggling with and address them through education and training.
- Identify common violations committed by pool operators to determine how best to ensure compliance.

METHODS

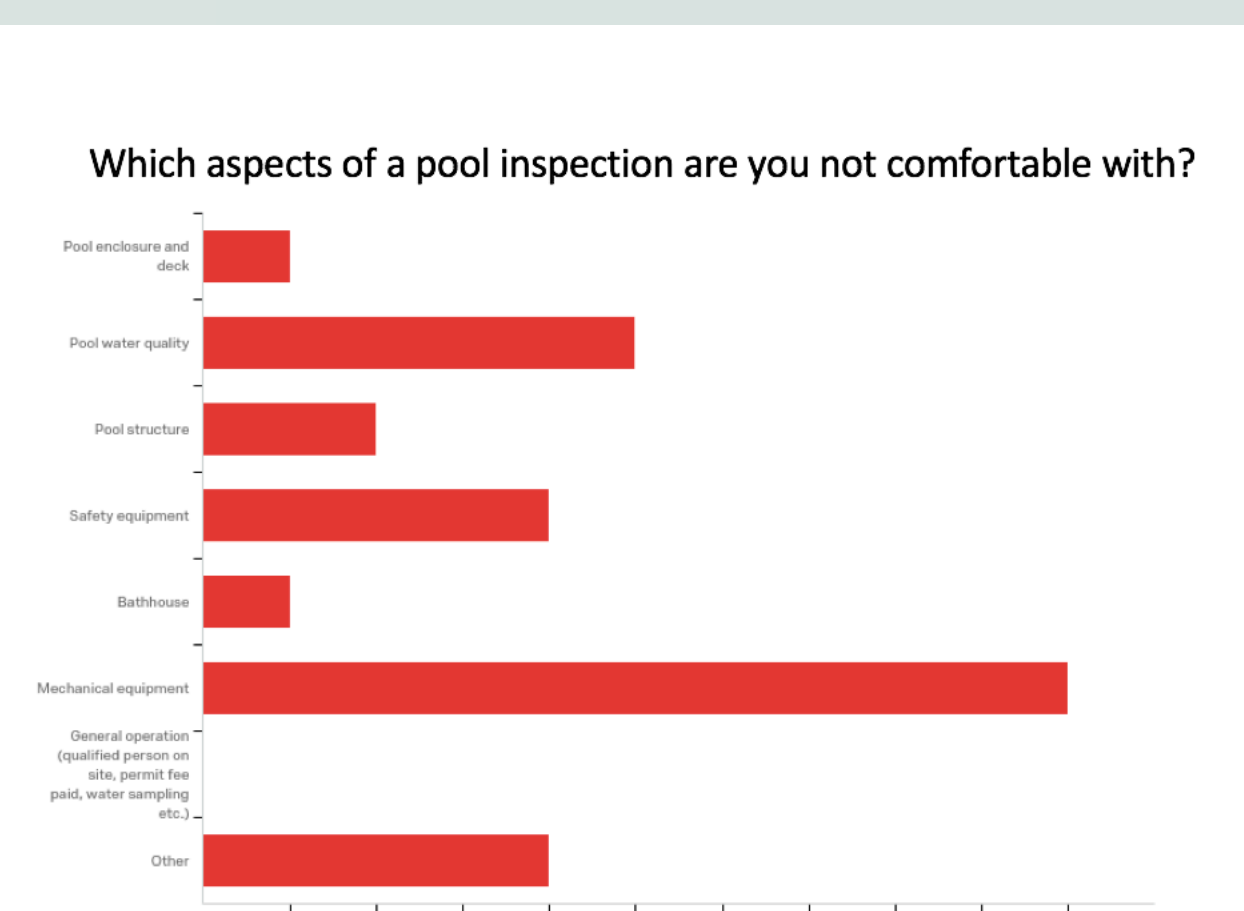
WC-HVCW environmentalists were surveyed using the Qualtrics Online Survey Program. The survey was open for 7 days from November 14, 2017 to November 21, 2017. The survey asked about a variety of topics including program satisfaction, training satisfaction, how comfortable they were inspecting different areas of the pool, where they would like to see improvements, and common areas that pool operators were failing to meet the requirements. Data from the survey were analyzed to determine areas for improvement.

RESULTS

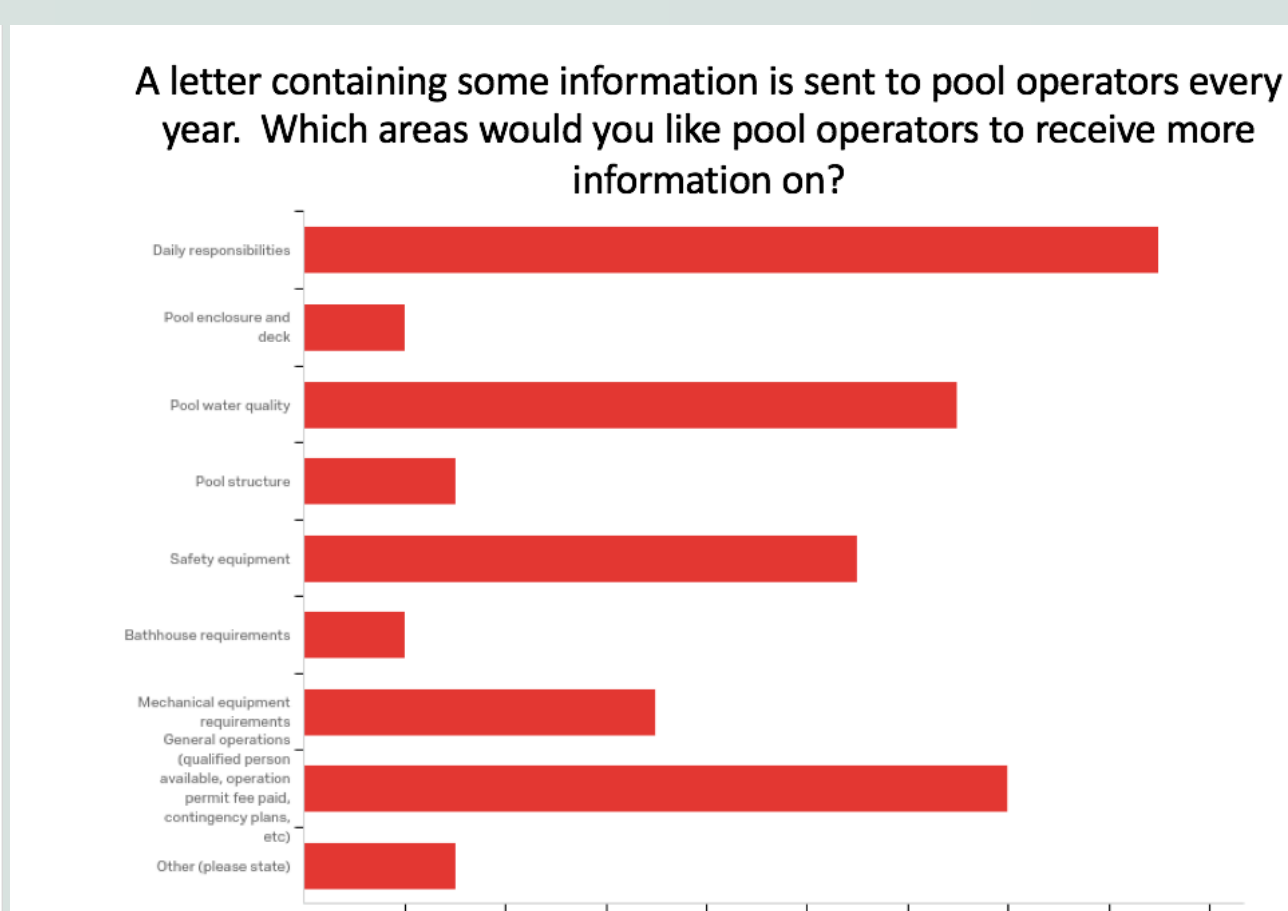


| # | Answer | % | Count |
|-------|--------|--------|-------|
| 1 | A | 0.00% | 0 |
| 2 | B | 50.00% | 12 |
| 3 | C | 37.50% | 9 |
| 4 | D | 12.50% | 3 |
| 5 | F | 0.00% | 0 |
| Total | | 100% | 24 |

| # | Answer | % | Count |
|-------|--------|--------|-------|
| 1 | Yes | 56.52% | 13 |
| 2 | No | 43.48% | 10 |
| Total | | 100% | 23 |



| # | Answer | % | Count |
|-------|-------------------------|--------|-------|
| 1 | Pool enclosure and deck | 3.70% | 1 |
| 2 | Pool water quality | 18.52% | 5 |
| 3 | Pool structure | 7.41% | 2 |
| 4 | Safety equipment | 14.81% | 4 |
| 5 | Bathhouse | 3.70% | 1 |
| 6 | Mechanical equipment | 37.04% | 10 |
| 7 | General operation | 0.00% | 0 |
| 8 | Other | 14.81% | 4 |
| Total | | 100% | 27 |



| # | Answer | % | Count |
|-------|-----------------------------------|--------|-------|
| 1 | Daily responsibilities | 23.61% | 17 |
| 2 | Pool enclosure and deck | 2.78% | 2 |
| 3 | Pool water quality | 18.06% | 13 |
| 4 | Pool structure | 4.17% | 3 |
| 5 | Safety equipment | 15.28% | 11 |
| 6 | Bathhouse requirements | 2.78% | 2 |
| 7 | Mechanical equipment requirements | 9.72% | 7 |
| 8 | General operations | 19.44% | 14 |
| 9 | Other (please state) | 4.17% | 3 |
| Total | | 100% | 72 |

INTERVENTIONS

- A training curriculum was developed to address the areas of needs pointed out in the survey. The training was delivered through an in-service presentation. The presentation focused on pool mechanical equipment, pool water quality, and pool water chemistry.
- A “Daily Activity Checklist” was created for pool operators to help them perform their daily responsibilities
 - Daily responsibilities included items such as checking pool water quality and safety equipment.
 - The “Daily Activity Checklist” was posted to the Wayne County website.



RECOMMENDATIONS

- Environmentalists should be surveyed again to determine if the provided training was successful, which parts of the training worked well, and which parts of the training could use improvements.
- Further monitoring of the Pool Inspection Program to determine if the revised forms and checklists were effective at attaining pool operator compliance.
- Future pool inspection reports should be monitored to determine if there are any common violations made by pool operators that need to be addressed.
- Continued training should also take place to ensure that environmentalists are knowledgeable on current pool operating procedures.



School of Medicine

Including Medical Receptionists and Staff in Quality Improvement Initiatives

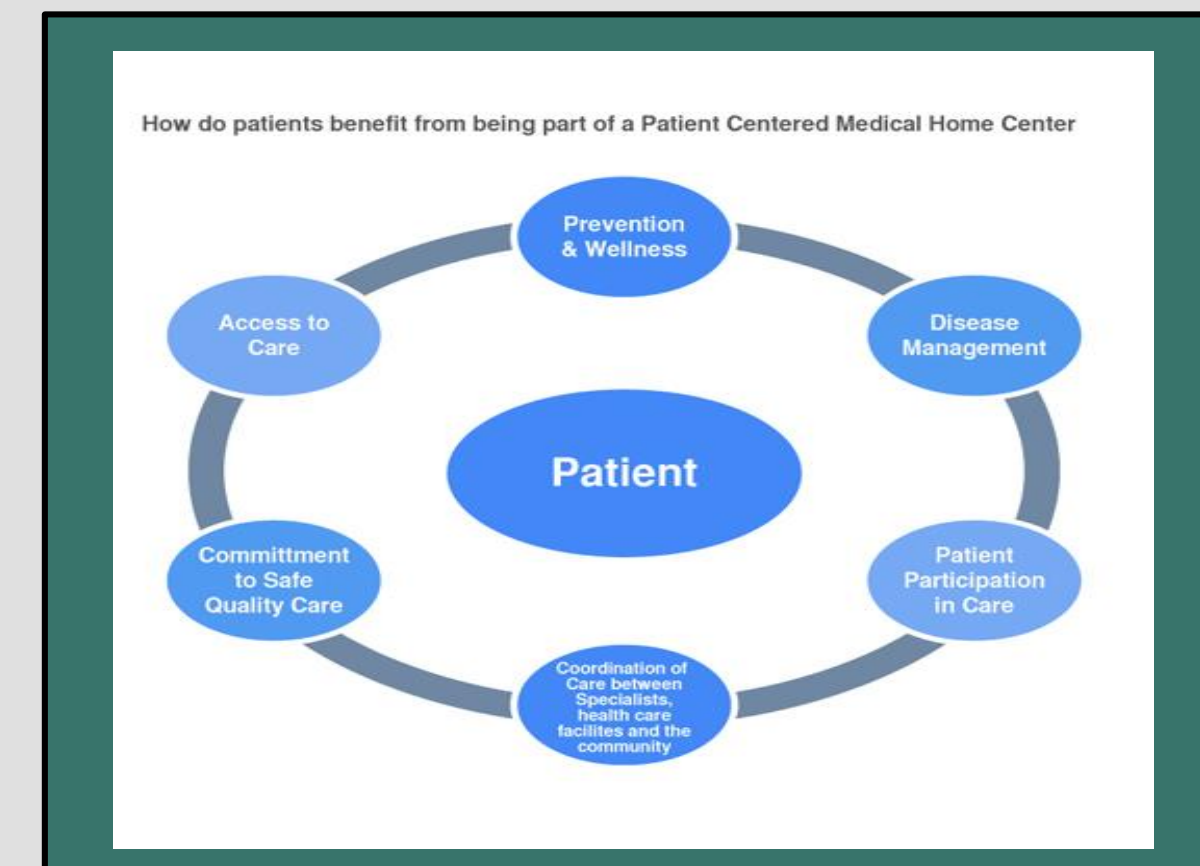
Jane Parayil and Amaal Haimout, MPH
Master of Public Health Program- Public Health Practice



INTRODUCTION

- Wayne County Healthy Communities is a Federally Qualified Health Center. Federally Qualified Health Centers are community-based health care providers that receive funds from the HRSA Health Center Program to provide primary care services in underserved areas.
- They must meet a stringent set of requirements, including providing care on a sliding fee scale based on ability to pay and operating under a governing board that includes patients.
- These clinics provide many services such as primary care, dental care, behavioral health, women's health, and pediatric care.
- WCHC's commitment to the Patient-Centered Medical Home model of delivering care ensures that patients receive the care and services they need from the medical neighborhood, in a culturally and linguistically appropriate manner.

Figure 1: Flow chart of Patient Centered Medical Home



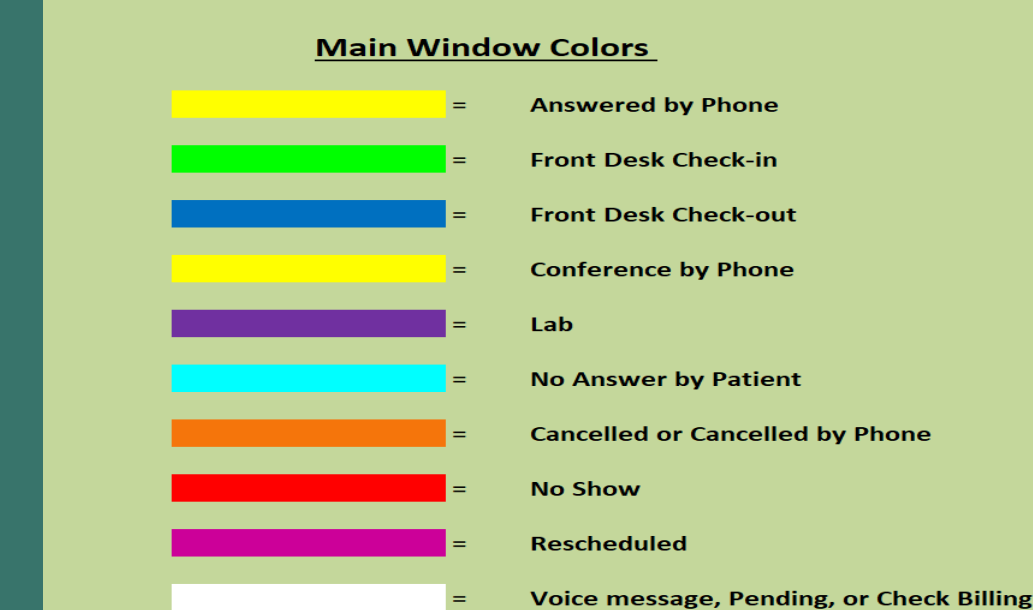
OBJECTIVES

The objectives of the practicum consisted of:

- Developing procedures and protocols on the following:
 - Admitting patients
 - Registering patients
 - Payment process
 - Discharging patients
- Compiling all documents into a Front Office manual for easy access as a resource, learning manual and training component.
- Obtaining postpartum data from patients for the prenatal UDS report for HRSA.

Figure 2: Eclinical Color Code Chart

Color Code Chart for Eclinical EMR System



METHODS

Review of Documents

- Reviewed clinic's current scripts for medical receptionists
- Reviewed clinic's current procedures and protocols for registering patients and payment process.

Observations

- Made observations about day to day workings in the clinic with focus on the medical receptionists

Interviews

- Interviewed various medical receptionists, medical assistants, and providers to see what improvements and struggles were

Developing Procedures and Protocols

- Implemented communication system and prototype to ensure smooth discharge process with follow up scheduling
- Developed Payment Process Procedure with input from staff
- Established Procedures and protocols on admitting and registering patients
- Developed scripts for medical receptionists for various situations
- Identified clinic flow and constructed flow chart for visual demonstration
- Compiled all documents into a Front Office Manual
- Called patients to receive postpartum data

Presentations and Staff Training

- Presented Observations of problems and successes in the clinic to the CEO, Clinic Director, Quality Director, Chief Medical Officer, and providers
- Trained existing and new medical receptionists in the clinic on registration of patients, as well as scheduling patients

Figure 3: Prenatal UDS Report

UDS Report - 2017
Table 7 - Health Outcomes and Disparities

| S.No | Prenatal Services | Total (f) |
|------|--|-----------|
| 0 | HIV Positive Pregnant Women | 0 |
| 2 | Deliveries Performed by Health Center's Provider | 0 |

Section A: Deliveries and Birth Weight

| S.No | Race and Ethnicity | Prenatal Care Patients Who Delivered During the Year (1a) | Live Births: < 1500 grams (1b) | Live Births: 1500 - 2499 grams (1c) | Live Births: > = 2500 grams (1d) |
|--|--|---|--------------------------------|-------------------------------------|----------------------------------|
| Hispanic/Latino | | | | | |
| 1a. | Asian | 0 | 0 | 0 | 0 |
| 1b1. | Native Hawaiian | 0 | 0 | 0 | 0 |
| 1b2. | Other Pacific Islander | 0 | 0 | 0 | 0 |
| 1c. | Black/African American | 0 | 0 | 0 | 0 |
| 1d. | American Indian/Alaska Native | 0 | 0 | 0 | 0 |
| 1e. | White | 1 | 0 | 0 | 1 |
| 1f. | More Than One Race | 0 | 0 | 0 | 0 |
| 1g. | Unreported/Refused to Report Race | 0 | 0 | 0 | 0 |
| Subtotal Hispanic/Latino (Sum lines 1a-1g) | | | | | |
| Non-Hispanic/Latino | | | | | |
| 2a. | Asian | 21 | 0 | 3 | 18 |
| 2b1. | Native Hawaiian | 0 | 0 | 0 | 0 |
| 2b2. | Other Pacific Islander | 0 | 0 | 0 | 0 |
| 2c. | Black/African American | 4 | 0 | 1 | 3 |
| 2d. | American Indian/Alaska Native | 0 | 0 | 0 | 0 |
| 2e. | White | 12 | 0 | 1 | 11 |
| 2f. | More Than One Race | 0 | 0 | 0 | 0 |
| 2g. | Unreported/Refused to Report Race | 0 | 0 | 0 | 0 |
| Subtotal Non-Hispanic/Latino (Sum lines 2a-2g) | | | | | |
| Unreported/Refused to Report Ethnicity | | | | | |
| h. | Unreported /Refused to Report Race and Ethnicity | 0 | 0 | 0 | 0 |
| Subtotal (Sum lines 1a-h) | | | | | |
| l. | Total | 38 | 0 | 5 | 33 |

RESULTS

- A front office manual filled with procedures and protocols, diagrams of the EMR system, a clinic process flow chart, as well as a script for the staff for each type of scenario was developed as a reference and learning tool.
- Medical Receptionist staff training was provided.
- A chart was compiled of all data collected from postpartum patients for the prenatal UDS report.

Figure 4: Patient Follow Up Slips

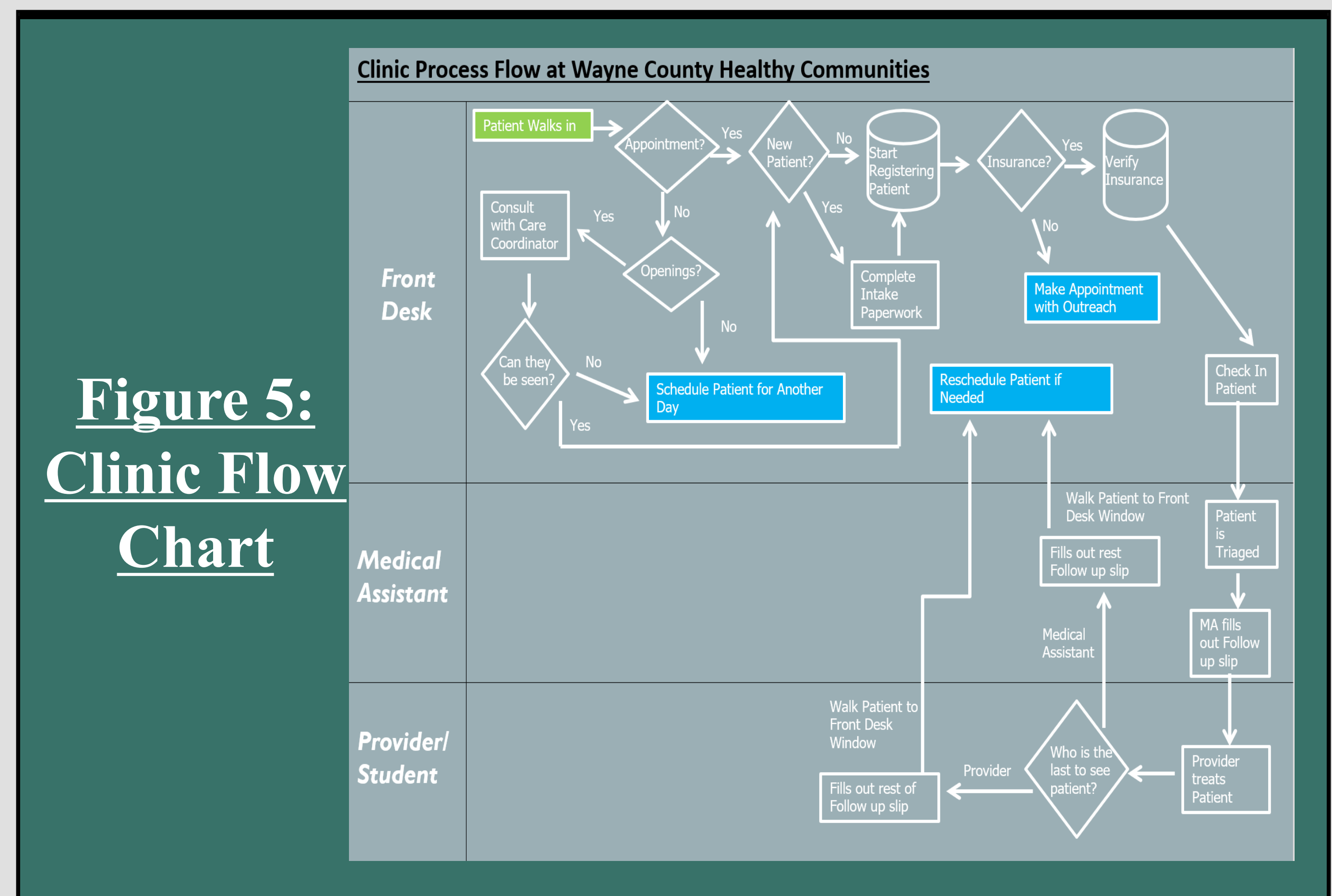


Figure 5: Clinic Flow Chart

CONCLUSIONS

- With the Patient Centered Medical Home model, practices seek to become a care delivery model where patient treatment is coordinated with the primary care physician to ensure patients receive the necessary care when and where they need it, in a culturally and linguistically appropriate manner.
- To accomplish this, staff at the practice must have a close understanding of the community we serve.
- This practicum offered the opportunity to ensure that patients have a smooth transition and pleasant experience with check-in, registration, payment process, and discharge.



School of Medicine

WAYNE CHILDREN'S HEALTHCARE ACCESS PROGRAM: MCGREGOR FUND TO REDUCE BARRIERS TO PRIMARY CARE



Teresa M. Holtrop, MD¹ and Miguel A. Barajas, BS, BA²

¹WAYNE CHILDREN'S HEALTHCARE ACCESS PROGRAM & ²DEPARTMENT OF FAMILY MEDICINE AND PUBLIC HEALTH SCIENCES, WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE



BACKGROUND

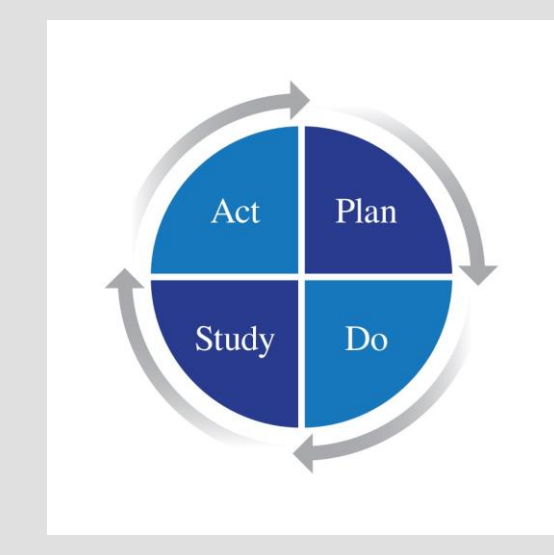
Wayne Children's Healthcare Access Program (WCHAP), Inc. was established first as an idea in 2010 and then as a full organization in 2012. In 2017, WCHAP joined the Southeastern Michigan Health Association (SEMHA) for support as a fiscal intermediary and as the employer of record. The mission of WCHAP is to improve quality, access, and health outcomes for children eligible for Medicaid in Detroit and Wayne County. This work is accomplished through both direct services provided to families as well as through physician-led peer-to-peer education and support to 19 primary care practices in Detroit/Wayne County.

INTRODUCTION

The purpose of WCHAP's McGregor Fund for Reducing Barriers to Primary Care is to provide a model for providing same-/next-day transportation to families in Wayne County. In order to create an effective transportation model for patients, WCHAP is also collaborating with 8 pediatric clinics in order to increase patient access and physician appointment availability. Additionally, WCHAP will provide educational materials to parents (via brochure) showing the importance of appropriate emergency department utilization and the need to establish care at a medical home.

METHODS

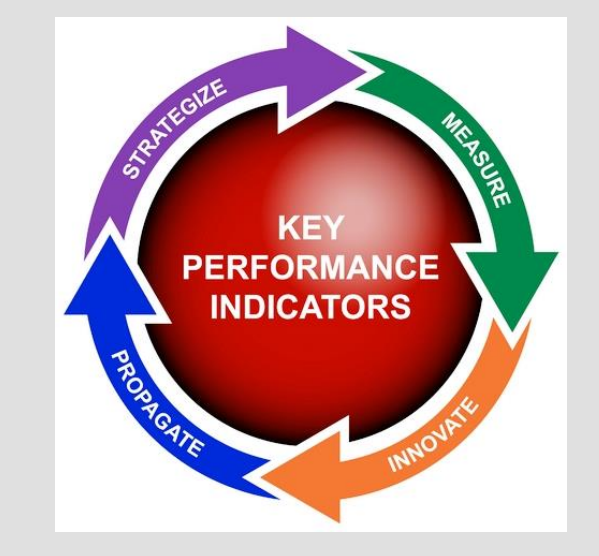
Implementing changes at the clinic sites participating in the transportation program through WCHAP will be utilizing the PDSA Cycle (right). This tool is appropriate as there is significant action-oriented learning.



Uber/Lyft data will be recorded and will provide WCHAP amounts of trips to each clinic site. Clinic sites will provide WCHAP with the nature of the appointment (acute, well-child, etc.).



Key Performance Indicators (left) will be collected from clinic sites, Uber/Lyft, as well as Michigan Medicaid health plans (when available) whom have agreed to collaborate with WCHAP in this program.



ACTIVITIES

As shown on the Logic Model, activities will be uniform for all 8 of the clinic sites participating in the McGregor Fund for Reducing Barriers to Primary Care, and are as follows:

1. **Identification of barriers** at clinic site. Initial survey (left) will be completed.
2. **Follow-up** with families who have missed an appointment.
3. **Educate** clinic site staff on assessing transportation needs.
4. **WCHAP will provide transportation** to families. Uber/Lyft accounts will provide data to WCHAP.
5. **WCHAP will educate** families regarding transportation options and emergency versus acute care.
6. **Follow-up with clinic sites** on a monthly or bi-monthly basis to discuss success and/or possible barriers in the execution of the program.

Clinic Site Survey

Which activities are the following "not" present? (Yes/No)

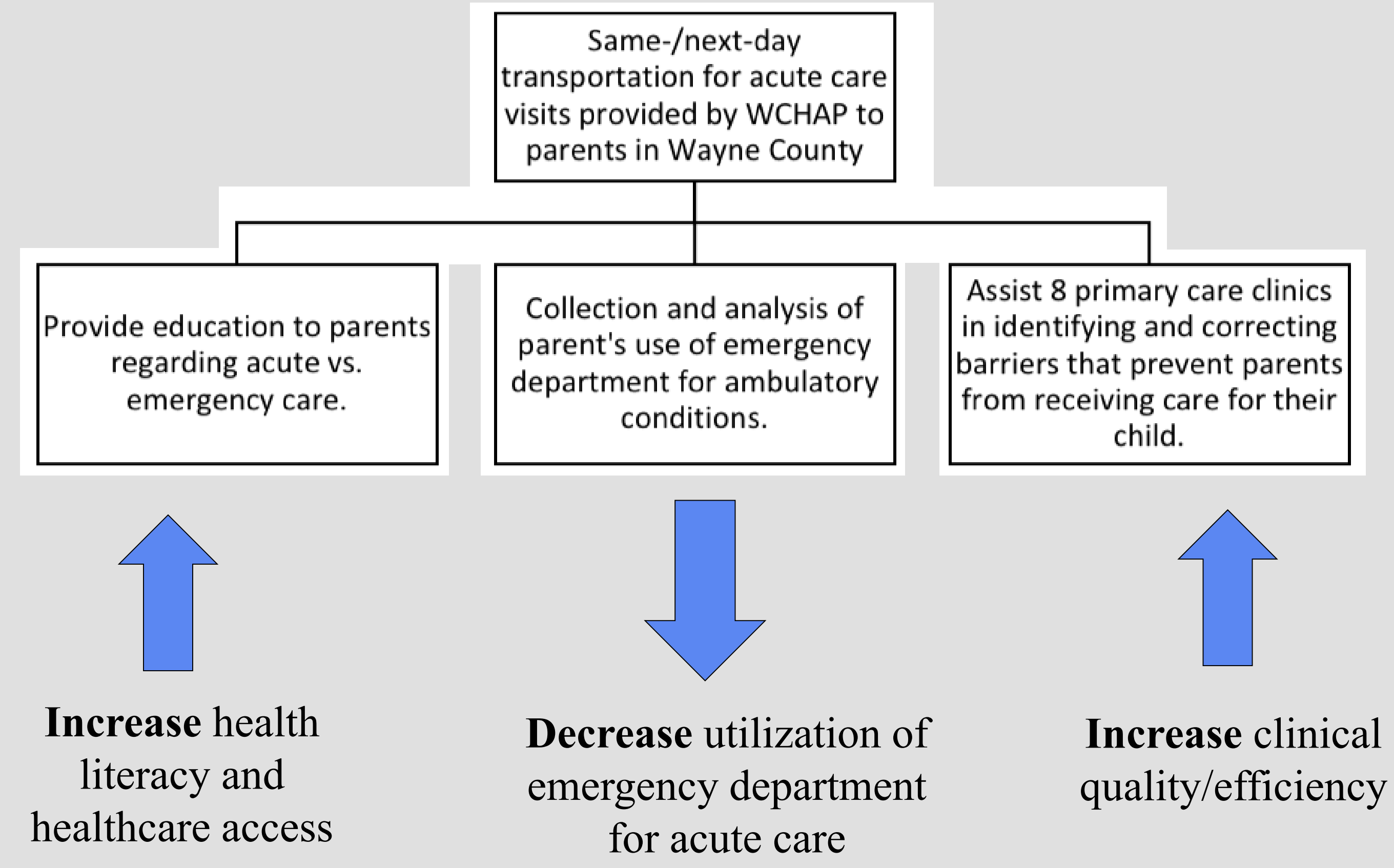
| | | |
|----------------------|----------------------------|-----------------------------|
| Emergency Procedures | Number Available at Clinic | Are there schedule changes? |
| Resident Physicians | | |
| Nurse Practitioners | | |

Does this location provide ancillary health care (e.g. dental)? (Network/Not in Network, Specialist, Dentist, Ophthalmologist, Therapist)

| | |
|--|---------------------------|
| Oversees of Patient Population | Expected Patients per Day |
| Patients per Doctor, Per Day | |
| Average number of "no-shows" per week | |
| Percentage of Patients with Medicaid | |
| Percentage of Patients with Private Insurance | |
| Well-Child Visits - Acute Care Visits per (day/week) | |
| Number of "no-shows", clinic, appointments | |

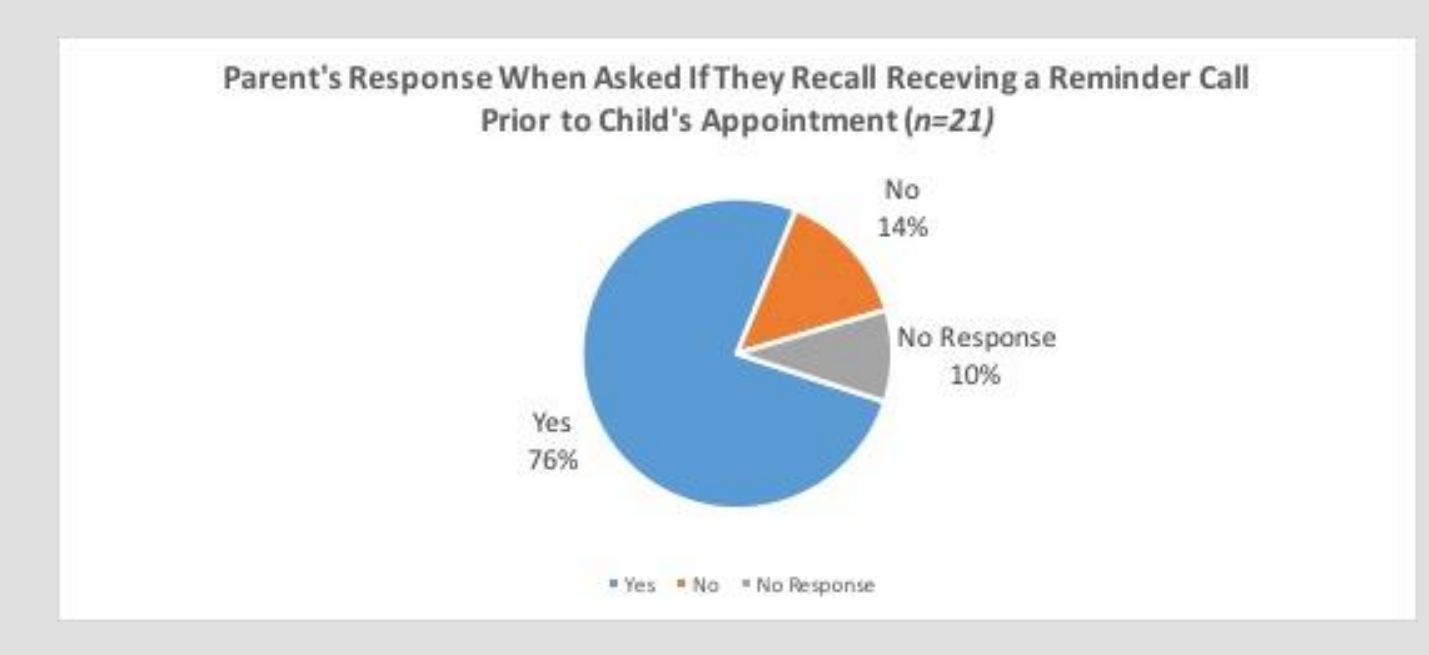
OBJECTIVES

The 3 main objectives of the McGregor Fund for Reducing Barriers to Primary Care are interrelated and present a solution for Wayne County families who do not have access to transportation to their child's medical appointments.

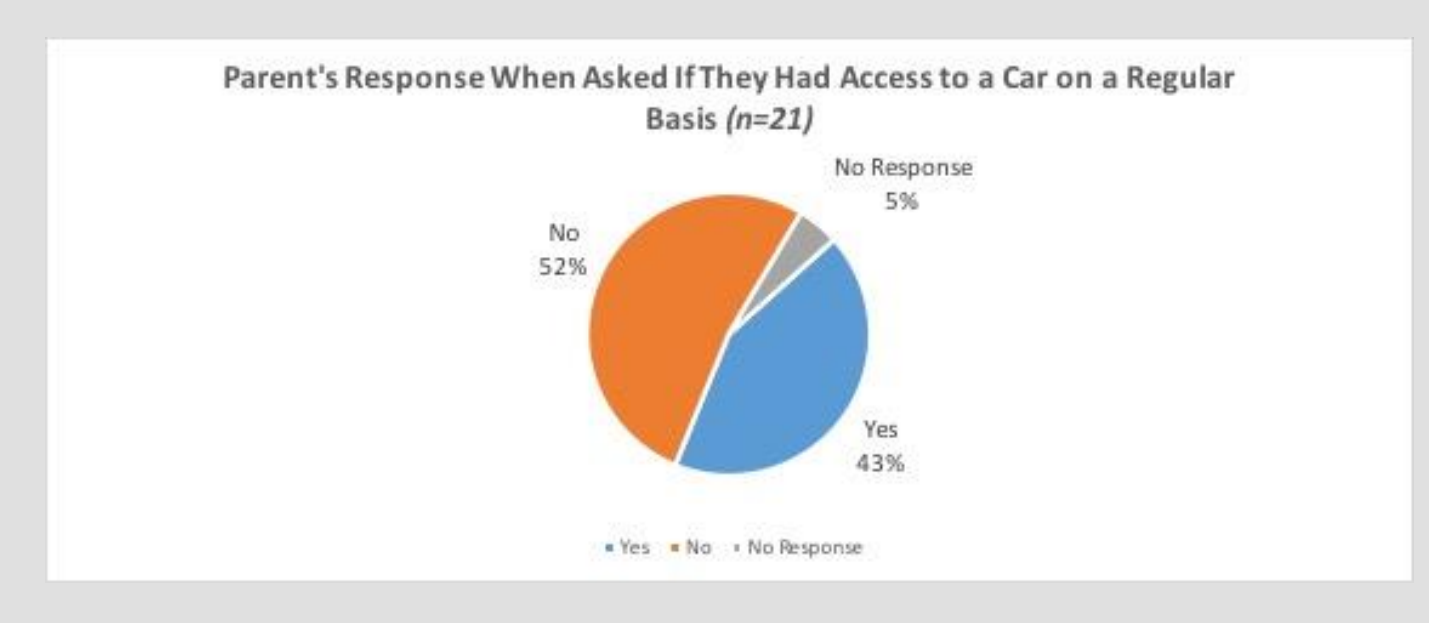


RESULTS

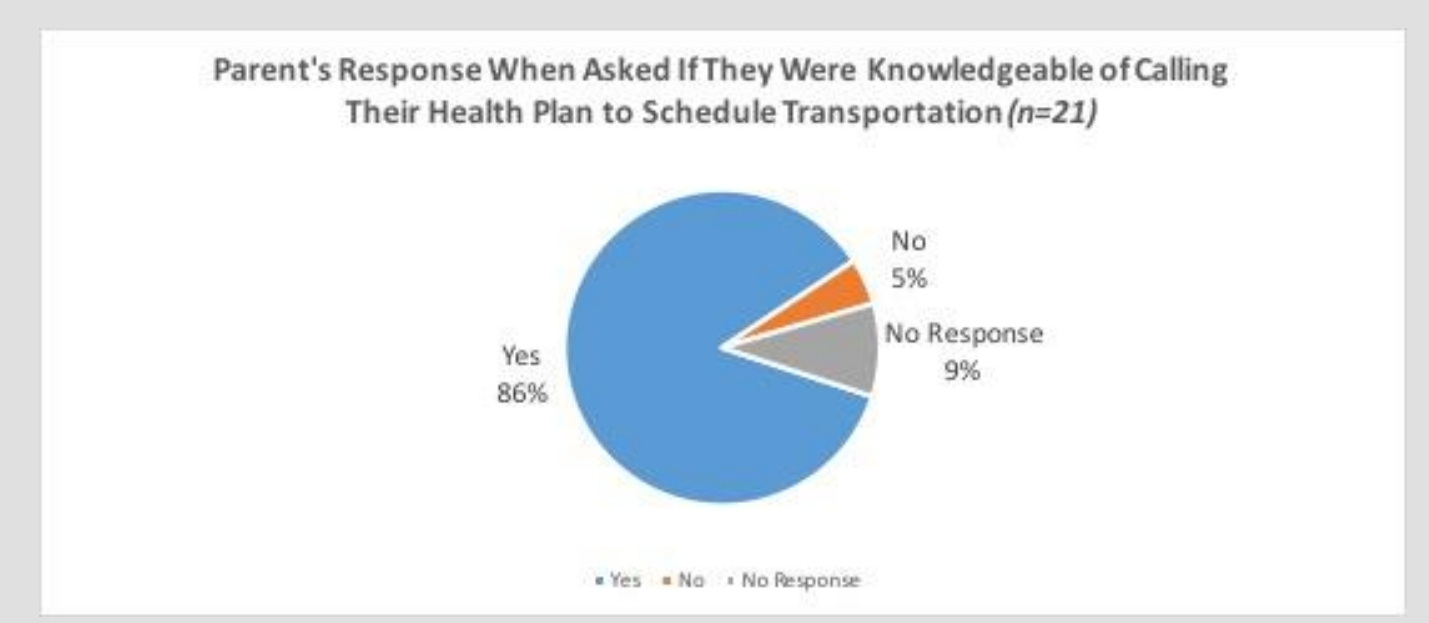
The first clinic site for the McGregor Fund for Reducing Barriers to Primary Care was the Children's Hospital of Michigan General Pediatrics and Adolescent Medicine (GPAM). Parents whose child had a recently missed appointment were surveyed.



Parents were asked if they received a reminder call. Reminder calls decrease patient absenteeism¹⁻².



Parents were asked if they had regular access to a car on a regular basis. 25% of Detroit households do not own a motor vehicle⁴. 13.89% (92,726) of total occupied households in Wayne County do not own a motor vehicle³.



Parents were asked if they were knowledgeable of requesting a ride to their appointment from their Medicaid health plan.

LOGIC MODEL

| Resources/Inputs | Activities | Outputs | Outcomes | Impact |
|---|---|--|---|---|
| McGregor funds | Step 1: WCHAP Medical director to meet with clinic site leaders, managers, or directors in order to identify measurable barriers specific to the clinic. | 1. Description of identified barriers to same day/next day appointments, by clinic | 1. Expected decrease in No Show rate for Medicaid-enrolled patients at each individual clinic | Lower percentage of acute care conditions that are being treated in the emergency department |
| Parents in Wayne County whose Medicaid-enrolled child receives care at 1 of 8+ clinics involved in this project | Step 2: WCHAP will follow up with families whose child was a no-show if data is available. | 2. If tracked by clinic: no-show rates at baseline and at 6 month intervals | 2. Identification of transportation options to assure successful rides to and from clinic appointments | Increase in the accessibility of medical homes to families in Wayne County |
| WCHAP staff member dedicated to McGregor Transportation project | Step 3: Clinic site staff will be provided with education on assessing for transportation needs for same day/next day appointments | 3. If available from Medicaid Health Plan: aggregate claims data re ER usage by clinic | 3. Identification of patients at particular risk for No Show for various types of appointments | Decreased transportation barriers to families who do not have access to public transportation or own vehicles to transport their children to appointments |
| 8+ clinics in Wayne County, clinic managers, site leaders, and/or directors | Step 4: WCHAP will provide transportation to families in need. Uber/Lyft Business will provide services and WCHAP will maintain a record of these trips. | 4. Description of PDSA interventions implemented at individual clinics to overcome barriers | 4. Development of follow-up protocols pertaining to patients at high risk for No Show to be modified by WCHAP and/or clinic site staff as deemed appropriate after review of data | Increase in the health literacy of parents who may not know the difference between acute vs. emergency care or know how to effectively access their medical home. |
| Clinic site staff (front desk reception, physicians, schedulers) | Step 5: Families identified in need of transportation will receive education on acute vs. emergency care and transportation options available to them via insurance. | 5. # of transportation trips by clinic provided by WCHAP through McGregor Funds, categorized by type of visit (acute, well child, follow-up, subspecialty) | 5. Identification of clinic-specific barriers for patients attempting to make appointments (either same day/next day or other) | Cost savings and potential improvement in preventive and asthma-specific HEDIS scores for Medicaid Health Plans |
| Medicaid health plans | Step 6: Monthly or bi-monthly meetings with WCHAP medical director and clinic site leaders will take place to measure success rate and identify barriers in project. | 6. # of parents who received telephonic education re appropriate use of the medical home vs ER | 6. Decrease in clinic-specific barriers for patients to making and keeping appointments | |
| Uber/Lyft Business | | 7. Qualitative surveys of clinic site leaders regarding the implementation of new methods needed to improve clinic accessibility. | | |
| Educational materials (Acute vs Emergency care) | | | | |

EDUCATIONAL MATERIALS

MY DOCTOR'S INSTRUCTIONS

SHOULD I TAKE MY CHILD TO THE ER?

ES UNA EMERGENCIA?

DEBO LLEVAR A MI HIJO/A A LA SALA DE EMERGENCIAS?

REFERENCES

1. Woods, R. "The effectiveness of reminder phone calls on reducing no-show rates in ambulatory care." (0746-1739 (Print)).
2. Perron, N. J., et al. "Reduction of missed appointments at an urban primary care clinic: a randomised controlled study." (1471-2296 (Electronic)).
3. US Census Bureau, American Community Survey, 2010-2014
4. Detroit Community Needs Assessment, 2016

USING OPEN-ENDED AND CLOSED-ENDED ASSESSMENTS TO MEASURE SHORT TERM LESSON RETENTION



WAYNE STATE UNIVERSITY

Kayla N. Bridges¹; Deb 'O Rah Mitchell, CPS²; Grenae Dudley, Ph.D.²

¹ Master of Public Health Program, Wayne State University School of Medicine;

² The Youth Connection

WAYNE STATE UNIVERSITY – DETROIT, MICHIGAN

INTRODUCTION

The Youth Connection (TYC) Substance Abuse Prevention program provides research-based substance abuse prevention programs in Wayne County middle and high schools. Botvin LifeSkills Training (LST) is a research-validated substance abuse prevention program proven to reduce the risks of alcohol, tobacco, drug abuse, and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. The program provides adolescents and young teens with the confidence and skills necessary to successfully handle challenging situations. TYC conducted the Botvin LST middle school curriculum with 6th graders at Fisher Upper Magnet Academy of Detroit.

This program has been proven to decrease self-reported substance abuse after the conclusion of the course, but staff also wanted to determine how well students were retaining the content of each lesson.

To assess how well the students were retaining the information immediately following a lesson, program staff developed open-ended and closed-ended assessments and distributed them after the lecture or activity. Teachers and researchers alike have studied the effectiveness of both closed-ended and open-ended assessments to measure overall learning inside and outside the classroom.

The results of each assessment were compared to analyze the effectiveness of them both.

THE YOUTH CONNECTION

The Youth Connection is a non-profit agency that works to connect youth to brighter productive futures. Their offices are located on the east side of Detroit in the Osborn neighborhood. TYC has served youth in metro Detroit since 1996. The Youth Connection's mission is based on quality programs that are data-driven, research and evidence-based.

Mission

The Youth Connection is committed to providing high quality programs, advocacy and supportive services. We connect youth, young adults and their families in Metro Detroit to resources and opportunities that enrich their lives with special attention to those who are underserved

Vision

The Youth Connection is the premiere leader in enhancing the lives of every individual we serve



METHODS

1. One open-ended type assessment and one closed-ended type assessment were developed to use during the lessons. The open-ended assessment was designed to be applicable to any lesson. The closed-ended assessment had content specific questions
2. Program staff distributed the open-ended assessment to students following the lesson during week 5
3. Program staff distributed the closed-ended assessment to students following the lesson during week 7
4. Both assessments were graded and their results were recorded
5. Summary statistics were configured to determine effectiveness of the assessments

ASSESSMENTS

Closed-Ended Assessment

| PROS | |
|--|--|
| Require less time to configure | |
| Require less time to complete | |
| Clear overview of the aim | |
| Encourages self-assessment | |
| Encourages peer-assessment | |
| Teachers have more time to observe | |
| Answers are easier to compare/analyze | |
| Less articulate students not at a disadvantage | |

| CONS | |
|---|--|
| Those with no prior knowledge may have difficulty | |
| Encourage simplistic answers | |
| Encourages guessing | |
| Allows no room for explanation | |
| Usually discourages collaboration | |
| Can evoke ideas the student may not have thought of otherwise | |
| Either right or wrong | |

Open-Ended Assessment

| PROS | |
|--|--|
| Encourages application to real life situations | |
| Encourages independent interpretation | |
| Teachers learn more about prior knowledge | |
| Allows more teacher feedback | |
| Increases length of replies | |

| CONS | |
|--|--|
| Uses more class time | |
| Students feel less confident in their answers | |
| Requires more time for grading | |
| More difficult to use with larger groups of people | |
| May lead to unnecessary comments | |

RESULTS

Open-Ended Assessment

| Statistic | Value |
|-----------|-------|
| Average | 3.18 |
| Sum | 269 |
| Median | 3 |
| Mode | 4 |

Closed-Ended Assessment

| Statistic | Value |
|-----------|-------|
| Average | 4.10 |
| Sum | 308 |
| Median | 4 |
| Mode | 5 |

Statistical Significance

H_0 : There is no difference between closed-ended and open-ended assessments

H_a : There is a statistically significant difference between closed-ended and open-ended assessments

P value = 0.041

The difference between the two assessments is statistically significant

The null hypothesis is rejected proving there is a statistically significant difference between the two assessments

RESULTS

Scores



OBSERVATIONS

- Closed-ended assessment actually showed higher rates of collaboration and group activity

- Closed-ended assessment was viewed by students as more of a game than an assessment

- Students requested to have the closed-ended assessment again

CONCLUSION

The results showed an average score of 3.18 out of 5 possible points for the open-ended assessment and an average score of 4.10 out of 5 possible points for the closed-ended assessment.

The results of the open-ended assessment displayed a continuous uniform distribution.

The results of the closed-ended assessment displayed a skewed distribution towards the higher set of scores.

Applying this data to the focus of our study, the closed-ended assessments returned higher scores from the students and proved that concise, lesson-specific questions helped students retain the information from the lesson more effectively. Not only did this design return higher scores, but students made numerous comments about how much they enjoyed it and how they would like to do them again.

Last year, the post-test results showed a 56% decrease in the past 30 days use of alcohol among students, a 31% decrease in past 30 day use of marijuana, and a 50% decrease in past 30 day use of cigarettes. By adding the use of closed-ended assessments to the next Botvin Lifeskills sessions, staff can be confident that students are retaining the information and may see an even higher reduction of self-reported substance abuse.

REFERENCES

About The Youth Connection. (n.d.). Retrieved April 08, 2018, from <http://www.theyouthconnection.org/about-us/>

Black, P., Harrison, C., & Lee, C. (2004). Working Inside the Black Box: Assessment for Learning in the Classroom. *Phi Delta Kappan*, 86(1), 8-21.

Boaler, J. (1998). Open and Closed Mathematics: Student Experiences and Understandings. *Journal for Research in Mathematics Education*, 29(1), 41. doi:10.2307/749717

Elizabeth Kim¹, Grenae Dudley, PhD², Frederick Smith²
Wayne State University School of Medicine¹, The Youth Connection²

INTRODUCTION

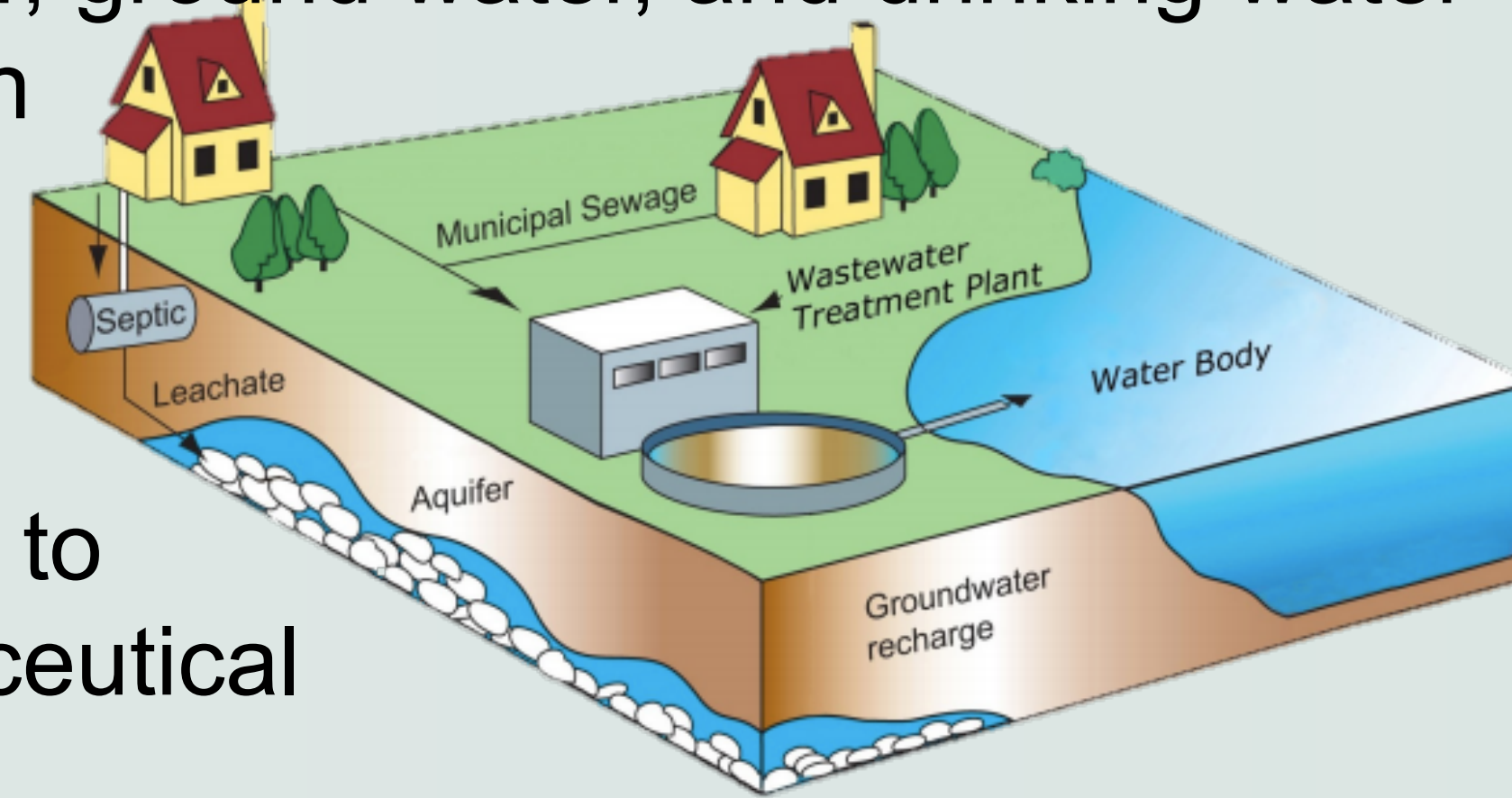
The improper disposal of medication affects public health in 2 major areas:

Nonmedical Use:

- Nonmedical use of prescription drugs
- Accidental overdoses
- Diversion

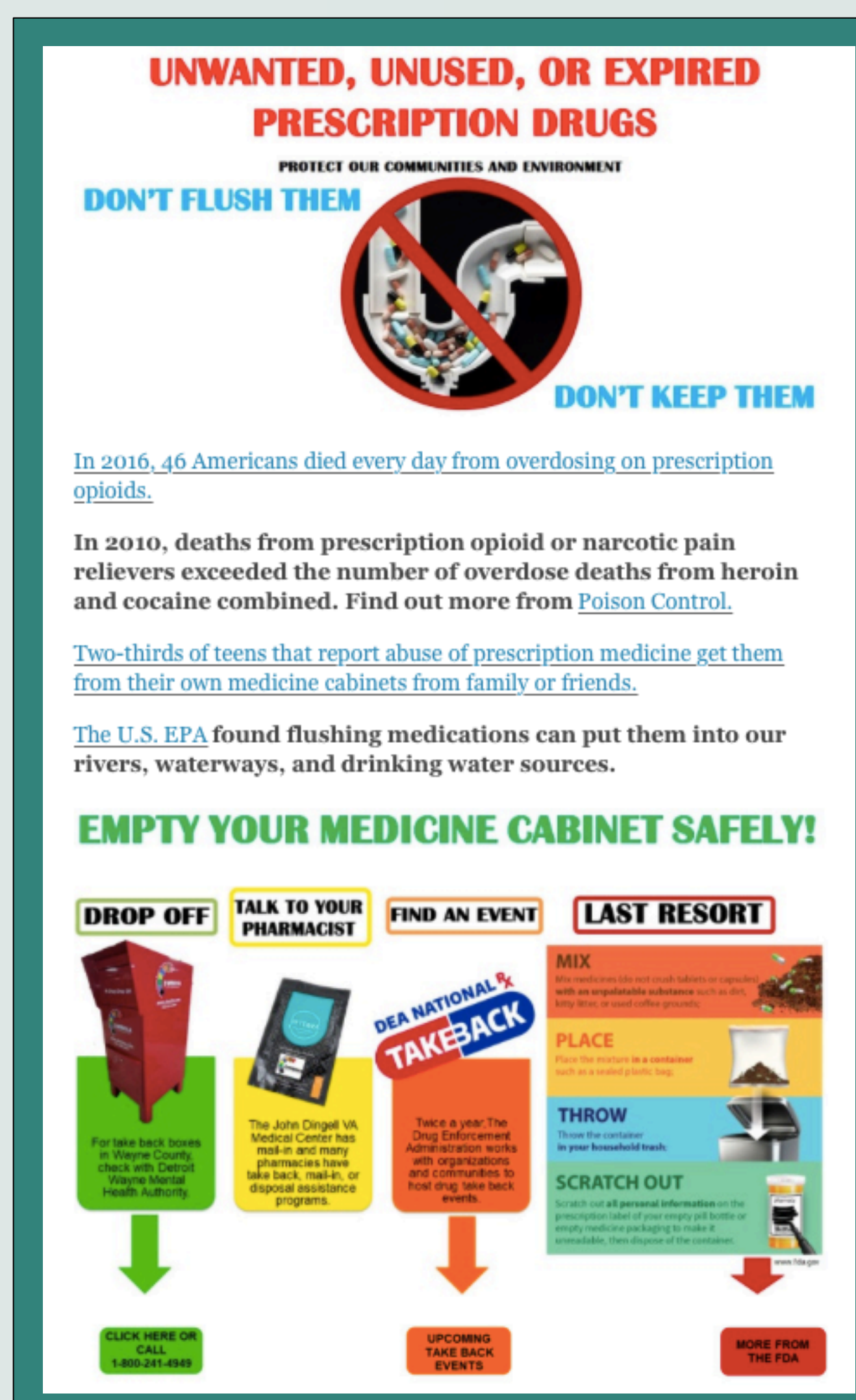
Environmental Health:

- Surface water, ground water, and drinking water contamination
- Water treatment plants are not equipped to filter pharmaceutical products¹



THE YOUTH CONNECTION ACTIVITIES

The Youth Connection Chairs The Love Detroit Prevention Coalition, working to raise awareness and provide services to address the non-medical use of prescription drugs.



UNWANTED, UNUSED, OR EXPIRED PRESCRIPTION DRUGS
PROTECT OUR COMMUNITIES AND ENVIRONMENT
DON'T FLUSH THEM
DON'T KEEP THEM

In 2016, 46 Americans died every day from overdosing on prescription opioids.
In 2010, deaths from prescription opioid or narcotic pain relievers exceeded the number of overdose deaths from heroin and cocaine combined. Find out more from [Poison Control](#).
Two-thirds of teens that report abuse of prescription medicine get them from their own medicine cabinets from family or friends.
The U.S. EPA found flushing medications can put them into our rivers, waterways, and drinking water sources.

EMPTY YOUR MEDICINE CABINET SAFELY!

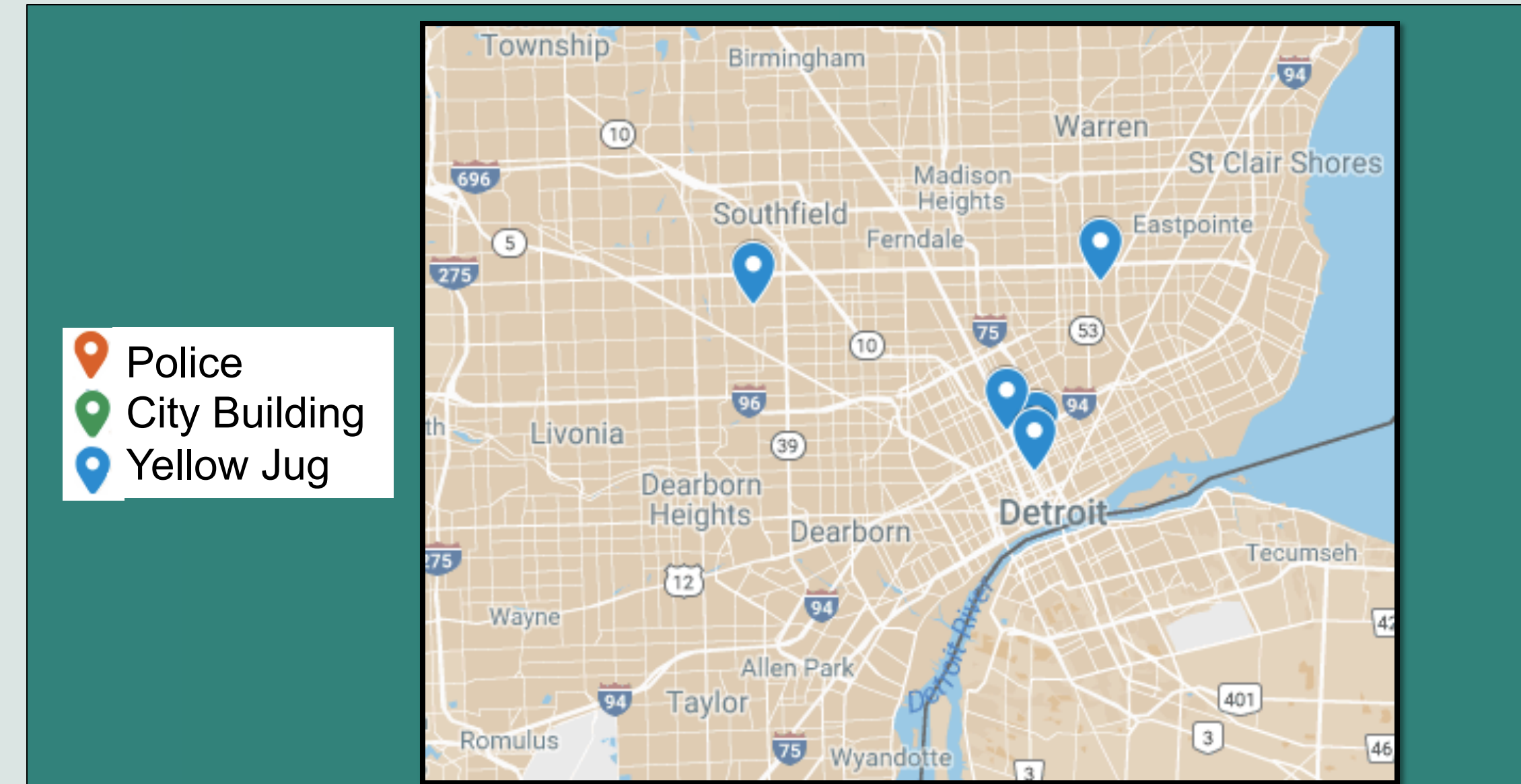
- DROP OFF** - At the local health department, police station, or DEA National Take Back Event.
- TALK TO YOUR PHARMACIST** - The pharmacist can help you dispose of your medications safely.
- FIND AN EVENT** - Find a DEA National Take Back Event.
- LAST RESORT** - If you have a large amount of medication, you may need to use a hazardous waste disposal program.

THROW - Do not throw away your medications in the trash. Do not put them in the toilet or sink. Do not put them in the ground.

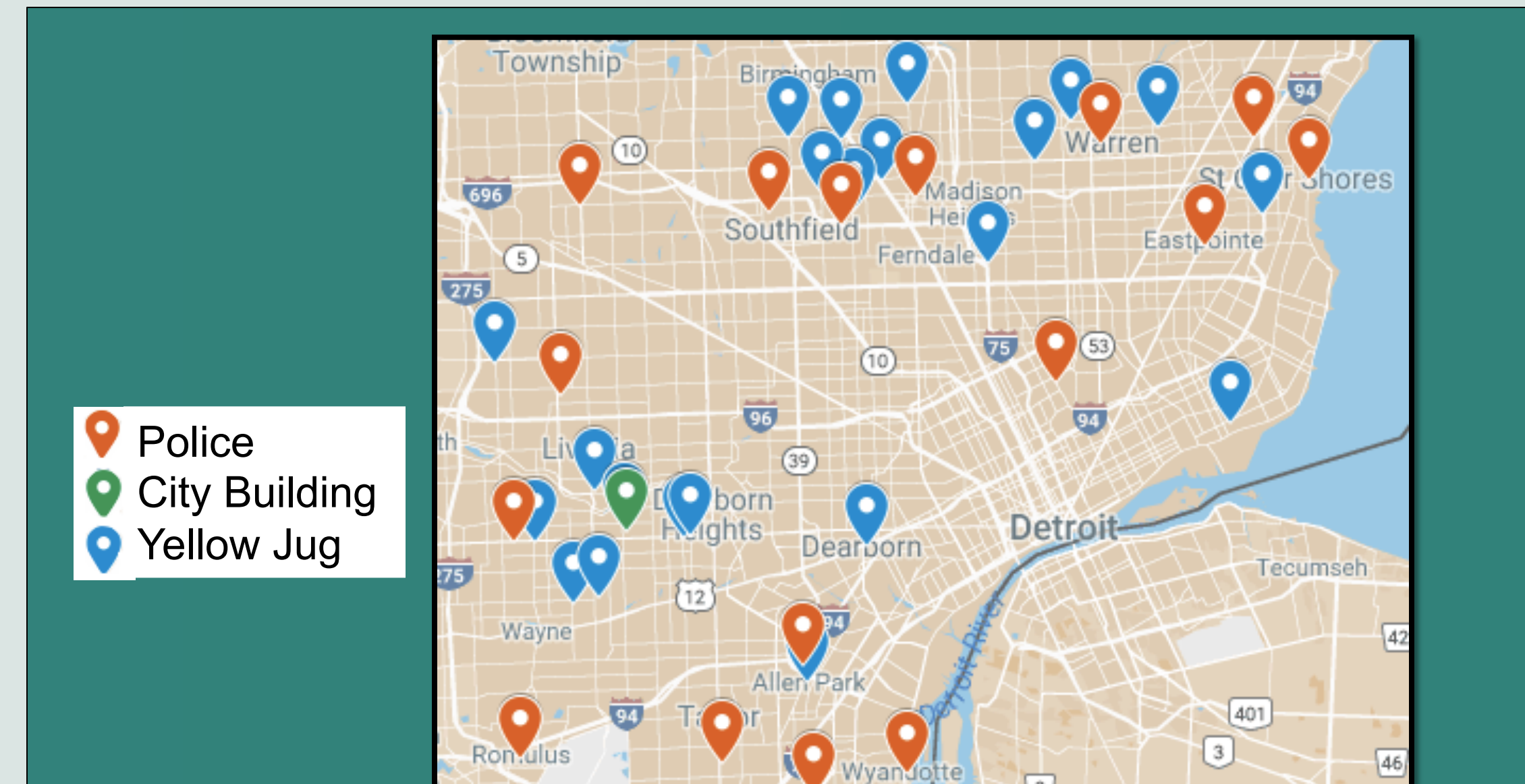
SCRATCH OUT - Scratch out the name of the medication on the packaging.

- Compiling information on the health effects of improper disposal of medications
- Assisting at drug take back events
- Creating an online awareness campaign for The Youth Connection's webpage
- Working to get Detera Bags distributed to community members
- Working with the Detroit Water Authority to disseminate information

APPROPRIATE DISPOSAL OPTIONS



Drug-Take-Back Options in the City of Detroit at the start of The Youth Connection Practicum



Drug-Take-Back Options in the Suburbs of Detroit at the start of The Youth Connection Practicum

TYC and Detroit Wayne Mental Health Authority (DWMHA) are working with the local health department and Detroit based coalitions to place take back boxes in the Detroit Police Precincts



DWMHA Take-Back Boxes Added to the Area

Two Detroit CVS locations currently carry Detera bags for their customers to use to disposal of unwanted or expired medications

2017 DRUG TAKE-BACK EVENTS

- Collectively Wayne County, Macomb County, and Oakland County collected 7,699lbs of medications
- Wayne County collected 1,613lbs (21%) of medications in the three counties
- The Youth Connection collected 71lbs of those medications



Drug take back events alone do not result in widespread success for urban and rural communities – increased awareness and consistent access to convenient disposal options is currently the best practice to protect against nonmedical use of prescriptions and environmental contamination²



DWMHA has distributed thousands of Detera bags throughout Wayne County, and two Detroit Pharmacies are providing Detera bags to their customers to dispose of unwanted or expired medication.

RECOMMENDATIONS

- Continue efforts to get take back boxes that meet DEA guidelines in secure locations, such as police stations
- Increase awareness of drug take back days and events
- Increase partnerships between local health organizations, government agencies and community organizations
- Increase youth voice in messaging using social media and peer to peer communication

REFERENCES

1. How to Dispose of Medicines Properly - US EPA. EPA. <https://www.epa.gov/sites/production/files/2015-06/documents/how-to-dispose-medicines.pdf>. Published April 2011.
2. Jeffrey Gray, Nicholas Hagemeyer, Billy Brooks, Arsham Alamian, "Prescription Disposal Practices: A 2-Year Ecological Study of Drug Drop Box Donations in Appalachia". *American Journal of Public Health* 105, no. 9: pp. e89-e94. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4539823/>. Published September 1, 2015.
3. National Primary Drinking Water Regulations. EPA. <https://www.epa.gov/ground-water-and-drinking-water/national-primary-drinking-water-regulations>. Published March 22, 2018.
4. Pharmaceuticals in drinking-water. WHO. http://www.who.int/water_sanitation_health/publications/2012/pharmaceuticals/en/.
5. Blair BD, Crago JP, Hedman CJ, Klaper RD. Pharmaceuticals and personal care products found in the Great Lakes above concentrations of environmental concern. *Chemosphere*. <https://www.ncbi.nlm.nih.gov/pubmed/23973285>. Published 2013.



REDUCING PLASTIC WASTE AT FRESH CORNER CAFÉ



JESSIE DING

MASTERS OF PUBLIC HEALTH PROGRAM – PUBLIC HEALTH PRACTICE

BACKGROUND

- Fresh Corner Café is a provider of healthy and delicious foods, servicing Detroit and its metro areas at affordable prices.
- Fresh Corner Café has daily pop-up markets at multiple locations including: a few Detroit locations, Livonia, Southfield, and Macomb with fresh fruits, vegetables, and packaged healthy lunches.
- They offer workplace café, a self-service system so people can enjoy healthy food options while at work.
- The catering service is available breakfast, lunch, and dinner including buffets and boxed meals with healthy snack options for accompaniment.
- Fresh corner stores, implemented at participating gas stations, bring healthy and appetizing meals and snacks available to-go.



FIGURE 1: Sample meal for sale at pop-ups
Credit: Fresh Corner Café Instagram

INTRODUCTION

- Plastic waste has become a global epidemic.
- Plastic waste now pollutes every corner of the earth.
- Approximately 500 billion plastic bags are used worldwide annually, with more than 1 million bags used every minute.
- Plastic bottles can take up to 450+ years to decompose, while plastic bags can take up till 1000 years.
- It was through consistent observation at all pop-up sites that the plastic from Fresh Corner Café was not being disposed of properly or was being used too liberally.
- Attracting awareness to the current situation and educating customers will help reduce the plastic waste brought on by Fresh Corner Café.

METHODS

- Observations were made at majority of the pop-up markets to assess the plastic waste situation at Fresh Corner Café.
- It was found that although most customers were employees of the market's center, were still using plastic bags, utensils, and water bottles. Workplace's with functioning kitchens were not being utilized.
- Research towards the global plastic issue took place throughout a couple weeks to ensure the information was all correct and falsehoods were not to be spread.
- The brochure was created with the intent to be passed out at future markets. The brochure included facts regarding plastic waste, suggestions on how to reduce their personal plastic footprint, and easy lifestyle changes to adopt into their personal lives.
- A plastic recycling program is in the early stages at Fresh Corner Café to be implemented at the pop-up markets. It would include discounts for returning the plastic containers (to be recycled) and using reusable produce bags.

FIGURE 2: Inside of brochure



RESULTS

- The brochure was created to be read and referenced by all customers, who either are unaware of this environmental epidemic or are just hoping to find out more regarding plastic waste and easy ways to combat it.
- Increased awareness and knowledge, for both the customers and Fresh Corner Café staff and volunteers.
- The low-cost suggestions in the brochure can replace current wasteful habits.

FIGURE 3: Standard pop-up set-up



CONCLUSIONS

- With an added recycling program and increased plastic waste awareness, Fresh Corner Café can further its reach and potential by not only improving the lives of Detroit's citizens but also the surrounding environment and ecosystem.
- The information brought by the brochure will not only affect the way customer's interact with plastic at Fresh Corner Café but also in their personal and work lives.
- This small step is one step closer to reducing Fresh Corner Café's plastic footprint.