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Department of Medicine

**May 21,  
2024**

**HEALTH  
EQUITY  
DAY**

*9:00 AM - 2:00 PM*



**EMORY**  
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**Department of Medicine**

**This half-day conference aims to raise awareness and encourage action around the systemic health disparities that exist across racial, ethnic, cultural, and social groups, while also recognizing interventions and research across the department centered on health equity and advanced by our community members who have been historically underrepresented in medicine.**

**The event brings together stakeholders from all divisions and ranks, providing a platform to share compelling new findings, facilitate scientific exchange, and identify opportunities for collaboration.**

**The conference includes poster presentations, a case competition, a keynote address, and an innovation award. All members of the Emory DOM and SOM community are welcome to attend.**



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# Health Equity Day 2024 Schedule of Events

9:00 am – 9:05 am	<b>Welcome</b> David Stephens M.D., Chair, <i>Department of Medicine (DOM)</i>								
9:05 am – 9:15 am	<b>Opening Reflections and Remarks</b> Sandra Wong, MD, MS, Dean, <i>Emory School of Medicine (SOM)</i> Sheryl Heron, MD, MPH, FACEP, Professor, <i>Chief Diversity and Inclusion Officer</i> Kimberly Manning, MD, Vice Chair, <i>Diversity, Equity, Inclusion (DOM)</i> Zanthia Wiley, MD, Associate Vice Chair, <i>Diversity, Equity, Inclusion, (DOM) - moderator</i>								
9:15 am – 9:45 am	<b>Featured Presentations I</b> 9:15 am – 9:25 am Outstanding Scientific Citation RYSE Award Winner 9:25 am – 9:35 am Featured Clinical Quality Presentation 9:35 am – 9:45 am Featured Community, Policy, Advocacy Presentation								
9:45 am – 9:55 am	<b>Break</b>								
9:55 – 10:25 am	<b>Concurrent Poster Session I</b> <table><tr><td><b>Group 1:</b> Clinical Quality</td><td><b>Group 5:</b> Community, Policy, Advocacy</td></tr><tr><td><b>Group 2:</b> Clinical Quality</td><td><b>Group 6:</b> Community, Policy, Advocacy</td></tr><tr><td><b>Group 3:</b> Clinical Quality</td><td><b>Group 7:</b> Community, Policy, Advocacy</td></tr><tr><td><b>Group 4:</b> Community, Policy, Advocacy</td><td><b>Group 8:</b> Community, Policy, Advocacy</td></tr></table>	<b>Group 1:</b> Clinical Quality	<b>Group 5:</b> Community, Policy, Advocacy	<b>Group 2:</b> Clinical Quality	<b>Group 6:</b> Community, Policy, Advocacy	<b>Group 3:</b> Clinical Quality	<b>Group 7:</b> Community, Policy, Advocacy	<b>Group 4:</b> Community, Policy, Advocacy	<b>Group 8:</b> Community, Policy, Advocacy
<b>Group 1:</b> Clinical Quality	<b>Group 5:</b> Community, Policy, Advocacy								
<b>Group 2:</b> Clinical Quality	<b>Group 6:</b> Community, Policy, Advocacy								
<b>Group 3:</b> Clinical Quality	<b>Group 7:</b> Community, Policy, Advocacy								
<b>Group 4:</b> Community, Policy, Advocacy	<b>Group 8:</b> Community, Policy, Advocacy								
10:25 am – 10:55 am	<b>Featured Presentations II</b> 10:25 am – 10:35 am Featured Research Presentation 10:35 am – 10:45 am Featured Education Presentation 10:45 am – 10:55 am Featured DEI Professional Development Presentation								
10:55 am – 11:05 am	<b>Break</b>								
11:05 am – 11:35 am	<b>Concurrent Poster Session II</b> <table><tr><td><b>Group 9:</b> DEI Professional Development</td><td><b>Group 12:</b> Research</td></tr><tr><td><b>Group 10:</b> Education</td><td><b>Group 13:</b> Research</td></tr><tr><td><b>Group 11:</b> Research</td><td><b>Group 14:</b> Research</td></tr></table>	<b>Group 9:</b> DEI Professional Development	<b>Group 12:</b> Research	<b>Group 10:</b> Education	<b>Group 13:</b> Research	<b>Group 11:</b> Research	<b>Group 14:</b> Research		
<b>Group 9:</b> DEI Professional Development	<b>Group 12:</b> Research								
<b>Group 10:</b> Education	<b>Group 13:</b> Research								
<b>Group 11:</b> Research	<b>Group 14:</b> Research								
11:35 am – 12:00 pm	<b>Lunch</b>								
12:00 pm – 1:00 pm	<b>Keynote Presentation</b> LaShyra Nolen, MD/MPP candidate '24, <i>Harvard Medical School</i> Jennifer Tsai, MD, Med, <i>Emergency Medicine resident, Yale School of Medicine</i> Darshali Vyas, MD, <i>Pulmonary/Critical Care Medicine fellow &amp; chief resident, Massachusetts General Hospital</i>								
1:00 pm – 2:00 pm	<b>Awards Presentation and Final Remarks</b>								

## Session Access

**Main Session:** Welcome, Introduction, Featured Presentations, Keynote, Awards

[Join Session](#)

### Concurrent Poster Presentations

**Group 1: Clinical Quality**

[Join Session](#)

**Group 2: Clinical Quality**

[Join Session](#)

**Group 3: Clinical Quality**

[Join Session](#)

**Group 4: Community, Advocacy, & Policy**

[Join Session](#)

**Group 5: Community, Advocacy, & Policy**

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**Group 6: Community, Advocacy, & Policy**

[Join Session](#)

**Group 7: Community, Advocacy, & Policy**

[Join Session](#)

**Group 8: Community, Advocacy, & Policy**

[Join Session](#)

**Group 9: DEI Professional Development**

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**Group 11: Research**

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**Group 12: Research**

[Join Session](#)

**Group 13: Research**

[Join Session](#)

**Group 14: Research**

[Join Session](#)

## Keynote Speakers

12:00 pm – 1:00 pm



**LaShyra Nolen**, is a MD/MPP candidate '24, at Harvard Medical School and Harvard Kennedy School. She was on the Forbes 30 Under 30 list, served as Harvard's Student Council President '23, and is the founder of We Got Us.



### **Jennifer Tsai, MD, MEd**

is an emergency medicine resident at Yale School of Medicine and is internationally known as a health equity advocate. She was named 40 Under 40 Leaders in Minority Health by the National Minority Quality Forum.



### **Darshali Vyas, MD**

is a pulmonary and critical care medicine fellow at Massachusetts General Hospital, where she is also currently completing a chief resident year in internal medicine. Her research has focused on challenging the inappropriate use of race in clinical prediction models.

## Category Groupings

Category	Presenting Author Last Name	Title	Group #	Zoom Access
<b>Clinical Quality</b>	Commodore	Therapeutic Inertia in Type 2 Diabetes Mellitus Management – Needs Assessment in an Atlanta-based Safety Net Primary Care Department	1	<a href="https://zoom.us/j/94805578217?pwd=K1cxNi9ydForWHZW">https://zoom.us/j/94805578217?pwd=K1cxNi9ydForWHZW</a>
	Wright, Patel	Improving Efficiency of Surgical Repair of Facial Trauma Patients by the Otolaryngology Service at Grady Memorial Hospital	1	
	Resnick	Provider Perspectives on Barriers to HIV PrEP Prescribing at Grady Health System	1	
	Shah	Quality Improvement Project Addressing Involuntary Discharged Patients in an Urban Predominantly Black US Population	1	
	Raikot	Inception of Health Equity Center to mitigate disparities in pediatric surgical care	1	
	Hardin	Care is Not Over After the Operation: Improving Patient Education of Post-operative Care	2	<a href="https://zoom.us/j/93083078194?pwd=elhYVniIDS1NZQ1JVL">https://zoom.us/j/93083078194?pwd=elhYVniIDS1NZQ1JVL</a>
	Fontenot	Head and Neck Post-Operative Care: Home Jackson-Pratt Removal to Facilitate Ease of Discharge	2	
	Yarlagadda	Evaluating an Algorithmic Approach to Patients Who Refuse Care but Lack Medical Decision-Making Capacity	2	
	Liu-Lam	Confident Flap Care in the ICU	2	
	Grill	Emory Farmworker Project: Education	2	



		and Action for Health Equity		
	Ramazani	Undocumented Immigrants with ESRD Experience a Significant Delay in Standard Care Surrounding Hemodialysis Initiation	3	<a href="https://emory.zoom.us/j/98961290642">https://emory.zoom.us/j/98961290642</a>
	Martin	Advancements and Outcomes in Massive Transfusion Protocols: A Comprehensive Review in Level 1 Trauma Centers	3	
	Harriott	Racial Disparities in Treatment of Infected Spinal Cord Stimulator Devices Among Patients in the 2016-2019 National Inpatient Sample	3	
	Appah	Optimizing Trauma Care for Pregnant Patients: Impact of Deviating from Standard Practices on Maternal and Fetal Outcomes in the Context of Blunt Trauma	3	
	Rouza, Doshi	Improving Testing for Sexually Transmitted Infections and HIV among Transgender Veterans within the Atlanta VA Healthcare System: A Quality Improvement Initiative	3	
<b>Community, Advocacy, &amp; Policy</b>	Donegan	Linkage to Specialty Care in Clarkston, GA	4	<a href="https://emory.zoom.us/j/95276088115">https://emory.zoom.us/j/95276088115</a>
	Muhammad	Understanding Aging and Dementia Among South Asians in Greater Atlanta Region	4	
	Martin	The Georgia Vision Network: Establishing Connections to Accessible Eye Care	4	
	Balser	The Need for Mental Health Services for	4	

		Children with Early Adversity Living in Northern Thailand		
	Galloway	A Four Year Fiasco: Jail and Mental Health	4	
	Eze	With great Society power comes great climate-conscious responsibility	5	
	Spencer	Medical Advocacy for path Individuals in Carceral Facilities Elective	5	<a href="https://zoom.us/j/94194017892?from=addon">https://zoom.us/j/94194017892?from=addon</a>
	Pax	Correctional Control: Stigma, Disposition and Advocacy	5	
	Gurley	Voter Advocacy Consult Team: An Assessment of and Intervention to Address Barriers to Voter Engagement at a Safety Net Hospital	5	
	Wilson, Farrell, Li, Mao	Sprouting Readers(c) -- Nurturing the Seeds of Literacy for All	5	
	Hirsch	Safety Baby Showers: An Approach to Improve Parental and Pediatric Resident Practice of Injury Prevention	6	<a href="https://zoom.us/j/99637560527">https://zoom.us/j/99637560527</a>
	Whitelaw	Health Law Partnership (HeLP): A model for addressing the social determinants of health	6	
	Agarwal	A Point-in-Time Count at Grady Hospital	6	
	Spencer	Policing, Incarceration, and Health: A Novel Curriculum for Medical Students	6	
	Hirsch	Social Determinants of Health in an Inpatient Setting: Understanding and Streamlining our Current System	6	
	Rouza	Operationalization of the Lived Experience Integration Program	7	

		at the Georgia Perinatal Quality Collaborative		<a href="https://zoom.us/j/97988034229">https://zoom.us/j/97988034229</a>
	Pulsifer	A Scoping Review of Healthcare in Immigration Detention Facilities in the United States	7	
	Whitelaw	Mismanagement at Stewart Detention Center: A qualitative review of concerns submitted to ICE headquarters	7	
	Byrnes	Analysis of county representation in the Grady patient population requiring ophthalmological services	7	
	LeCates, Pulsifer	Improving Gender Inclusivity at Emory with a Novel Pronoun Pin Initiative	7	
	Kamboj	The Social Prescription of Arts and Culture Experiences: Bridging the Gap between Community Partners and Individuals with Mental and Behavioral Health Concerns	8	<a href="https://zoom.us/j/95862540437">https://zoom.us/j/95862540437</a>
	Ohamadike, Avant	Modeling Health Education Through the Elementary Pediatric Health Curriculum	8	
	Hirsch	Exposing Pediatric Residents to Legislative Advocacy via Letter Writing	8	
	Fleming	Behind the Counter: Pharmacy Perspectives of GLP-1RA shortage	8	
<b>DEI Interventions for Professional Development</b>	Bussey-Jones	Increase in promotion actions immediately following a URIM faculty development program	9	<a href="https://zoom.us/j/5312902618?omn=96139336782">https://zoom.us/j/5312902618?omn=96139336782</a>
	Wallace	The Power of Affinity Groups: Supporting Black Women in Academic Medicine	9	

	Williams Holder, Curseen	Implementing a Palliative Curriculum for Health Equity	9	
<b>Education</b>	Chung	A Cautionary Tale: Gathering Qualitative Stakeholder Perceptions prior to Anti-Racism Curricular Change	10	<a href="https://zoom.us/j/93083078194?pwd=elhYVnIDS1NZQ1JVU">https://zoom.us/j/93083078194?pwd=elhYVnIDS1NZQ1JVU</a>
	Cicka	Addressing Health Disparities Through Advocacy: UAEM at Emory University	10	
	Galloway	An Innovative Population Health and EMR Curriculum at a Large Academic Internal Medicine Residency Program	10	
	Samaranayake	Portal de Salud: interprofessional education through a student-run health screening clinic	10	
	Phillips	Non-Traditional Mentorship Opportunities for URIM Faculty & Medical Students	10	
<b>Research</b>	Samaei	A Review: SAEM GRACE 3 Guidelines on Acute Dizziness through the Sex and Gender Lens	11	<a href="https://emory.zoom.us/j/98961290642">https://emory.zoom.us/j/98961290642</a>
	Berry	Determining the association between residential segregation and Paxlovid prescription orders and fills among Kaiser Permanente Georgia (KPGA) adults with COVID-19 infection	11	
	Forrester	Undiagnosed HIV in three patients on immunosuppressive medications presenting with HIV-associated kidney disease: Multidisciplinary case series	11	
	Cole, Rousseau	Opioid Use Disorder Treatment: A Neglected Area of Healthcare in GA Jails	11	

	Barge	Perceptions of Clinical Trial Participation among the Very Elderly	11	
	Clarke	Length of stay, readmission rates, and mortality are similar between hospitalized individuals with sickle cell disease with and without COVID-19	11	
	Abrahantes Morales	Analysis of Participants' Blood Pressure Measurements within a Community Health Worker Enhanced Postpartum Hypertension Management Support Program	12	<a href="https://emory.zoom.us/j/95276088115">https://emory.zoom.us/j/95276088115</a>
	Watkins	Clogged Arteries and Safety Net Holes: Treating an Underinsured Patient for Homozygous Familial Hypercholesterolemia with Plasmapheresis	12	
	Garrett	Effect of Neighborhood Disadvantage on 30-Day Readmission Rates: A Systematic Review	12	
	Vijayvargiya	MTHFR gene mutation, accelerated cardiovascular disease, and its unique impact on women	12	
	Kamili	Alopecia associated with significant psychosocial burden and diminished quality of life	12	
	Dantes	Childhood opportunity and its association with inequitable short-term pediatric gastroenterology tube outcomes	13	<a href="https://zoom.us/j/94899801918">https://zoom.us/j/94899801918</a>
	Fedewa	Global Patterns of Hemophilia Clinical Trials and Hemophilia Care	13	



	Baker	An analysis of oral versus long-acting PrEP patient demographics at an urban safety-net hospital	13	
	Chen	Advancing Equitable Postpartum Care for Women with Hypertensive Disorders of Pregnancy in the Fourth Trimester: Community Health Workers as Care Navigators and Health Educators	13	
	Orobio	Qualitative Evaluation of Participants' Experiences with Community Health Workers providing Enhanced Postpartum Hypertension Management Support to Women with Hypertensive Disorders of Pregnancy	13	
	Dordor	Exploring the Effectiveness of Multimodal Pain Management Strategies in the Surgical ICU: Diverse Pain Assessment Methods, Medication Administration Disparities, and Solution.	13	
	Melot	Assessing Attitudes Towards Non-Needle Vaccine Delivery Devices in the State of Georgia	14	<a href="https://zoom.us/j/99862405898">https://zoom.us/j/99862405898</a>
	Stokes	Allostatic Load, Metabolic Syndrome and Self-Rated Health in Non-Hispanic Whites, Non-Hispanic Blacks, and Mexican American Adults	14	
	Beckett	Breast Cancer Risk Assessment tools in African American	14	

		Women: A Review of the literature		
	Vijayvargiya	Lessons Learned from Social Medicine Student Reflections	14	
	Collins	Strengthening Immunity against Genitourinary Pathogens in Transgender Persons	14	

## Featured Presentations

### Outstanding Scientific Citation RYSE Award Winner

9:15 am – 9:25 am

#### Effectiveness of Smallpox Vaccination to Prevent Mpox in Military Personnel

Boghuma Titanji

This was a study on the effectiveness of historical smallpox vaccination for the prevention of mpox among military personnel in the United States during the 2022-2023 mpox global outbreak. Prior to this study previous studies of the effectiveness of smallpox vaccines for mpox were based on small observational cohorts from the late 1980s in the democratic republic of Congo. From July 1 to October 31, 2022, a total of 1014 current military personnel and veterans who had presented with a clinical syndrome concerning for mpox and who had undergone testing for orthopoxvirus were included in the analyses. Of these participants, 184 (18%) had a documented history of previous smallpox vaccination. Among the 293 participants (29%) who tested positive for orthopoxvirus, 10 (3%) had been vaccinated with Dryvax (a first-generation smallpox vaccine) and 20 (7%) had been vaccinated with ACAM2000 (a second-generation smallpox vaccine). The median time from receipt of the smallpox vaccination to the diagnosis of mpox was 13 years (interquartile range, 6 to 20). Through this study we were able to demonstrate that prior vaccination with older generation (1st and 2nd generation) smallpox vaccines conferred moderate protection against mpox and that this protection was durable with a median time from vaccination to mpox disease of 13 years. Dr. Boghuma Titanji was the first author on this study which was published in the NEJM of medicine in September 2023. She led the data analysis, interpretation and write up of the study which was a collaborative effort between Emory University, the VA and the Department of Defense. This study fills an important gap in the literature and adds to our understanding of the role of smallpox vaccines in controlling outbreaks of mpox. It also provides important contemporary information on the durability of these vaccines in larger cohort compared to much older and smaller studies that used historical cohorts.

### Clinical Quality

9:25 am – 9:35 am

#### Empowering the Voices of Diverse Trauma Survivors: Trauma-Informed Focus Groups to Improve Health Equity

Sophie Arkin, PhD; Christyn Hosking, PsyD; Nadine Kaslow, PhD, ABPP

*Background:* Trauma-informed care (TIC) is an approach to clinical practice that emphasizes awareness of the pervasiveness of trauma, understands the impact of trauma on healthcare consumers, and focuses on decreasing traumatization and re-traumatization in healthcare settings (SAMSHA, 2014). It is a model of care that aligns with improving health equity through its attention to the inextricable linkages between trauma and culture, gender, historical, and contemporary injustices. TIC is based on the principles of safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice and choice. Research shows that TIC practices are most effective and equitable when developed in collaboration with multiple stakeholders, including healthcare consumers (Isobel et al., 2021).

*Objective:* Though policies, procedures, and research highlight the need for multiple stakeholders to be involved in creating and implementing TIC, healthcare consumers, specifically BIPOC women, rarely are included in empirical efforts. Thus, little is known about the experiences and needs of BIPOC women with a history of intimate partner violence, childhood trauma, or systemic trauma within the healthcare system. This project aims to address this gap and create culturally responsive TIC interventions using a focus group approach. Such interventions can improve the lives of historically marginalized women and promote the elimination of preventable health disparities.

*Intervention:* BIPOC women with a history of traumatic stress will be recruited as part of a quality improvement project to participate in semi-structured individual and group interview focus groups to discuss their experiences receiving healthcare through a large urban safety net hospital, Grady Health System. We will employ a trauma informed research approach by clearly communicating the choices available to participants at each stage of research. Further, we will prioritize collaboration, establishment of rapport, and development of a

focus group that is sensitive to the needs and identities of the participants. Participants will be invited to share their history of trauma and how this influences their experience as healthcare consumers, their perspectives and understanding of TIC, and their vision for improving TIC practices within the healthcare system.

*Outcome:* Thematic analysis using Dedoose will be completed to identify themes and make recommendations to enhance culturally responsive TIC practices within this healthcare setting.

### **Community, Advocacy, & Policy**

9:35 am – 9:45 am

#### **A Student-Led Advocacy Initiative to Prevent Medicaid Disenrollment Among Inpatients at a Public Safety-Net Hospital**

Evelyn Liu, Brandon Lee, Michaela Whitelaw, Ify Ogu, Robert Aghoghovbia, Gigi Grigorian, Toby Terwilliger

*Background:* Federal regulation requires that Medicaid eligibility be evaluated by states at least annually, necessitating that Medicaid recipients submit documents to prove their continued eligibility; failure to do so results in loss of coverage. Under the Families First Coronavirus Response Act (FFCRA), this process was paused for the duration of the Covid-19 public health emergency, safeguarding coverage for 2.7 million Georgians. Following expiration of this federal mandate, Georgia reinstated the redetermination process, putting hundreds of thousands of Georgians at risk for losing healthcare coverage. *Aims:* This advocacy initiative was designed as an urgent response to prevent Medicaid loss for patients at a public safety-net hospital. *Interventions:* Patients with Medicaid who were admitted to Grady Memorial Hospital medical and surgical units were identified via electronic medical records. Fifty-two medical student volunteers from Emory SOM and Morehouse SOM received training on Medicaid eligibility in the state of Georgia. Students met with patients at the bedside and followed a pre-written script to discuss the redetermination process. Students assisted patients with accessing the online Medicaid portal, viewing their redetermination date, and uploading required documents. Students provided patients with a handout containing follow-up information and resources as needed. Basic parameters related to patient encounters were documented. *Outcomes:* From October 2023 to February 2024, students met with 339 patients. Of 315 patients who agreed to participate, 208 (69%) were unaware that the redetermination process was occurring. Sixty-two patients (20.67%) had barriers to redetermination addressed during the encounter. All patients were educated on the steps necessary to retain coverage and actions to take if coverage were denied. Student volunteers informally reported that the project improved their knowledge of the US healthcare system and comfort in patient encounters. *Conclusion:* This grassroots, student-led intervention is a novel approach to reducing Medicaid loss at a public safety-net hospital at-scale. This initiative taught medical students about the American healthcare system and barriers to care in Atlanta and provided students with opportunities to discuss social determinants of health with patients. Future interventions could be designed using a similar student-run model to educate patients and address sociopolitical determinants of health – particularly those that necessitate a rapid response.

### **Research**

10:25 am – 10:35 am

#### **Evaluating the Association of Structural Racism with Acuity and Severity at Initial Presentation in Pediatric Patients with Solid Tumors**

Alexandra Cathcart, MD; Sharon M. Castellino, MD, MSc; Nicholas DeGroote, MPH; Karen Wasilewski-Masker, MD, MSc; Andrew L. Hong, MD; Heeju Sohn, PhD; Ann Mertens, PhD, MS; and Xu Ji, PhD, MSPH

*Background:* There are differential outcomes in pediatric oncology by race/ethnicity. Prior to the diagnosis of a new cancer, pediatric patients are particularly vulnerable to structural barriers in their communities, including structural racism. Patients' acuity and severity of illness at initial presentation may be associated with these structural barriers and can ultimately be linked to morbidity and mortality. Understanding and quantifying structural racism – racial/ethnic disparities embedded in disadvantaged neighborhoods – is a critical step toward delineating modifiable factors that underlie disparities in pediatric cancer outcomes. *Objectives/Aims:* To determine the association of structural racism as measured by the index of concentration at the extremes

(ICE) with acuity (need for intensive care unit [ICU]-level resources) and severity (metastatic disease staging) at initial presentation of illness among pediatric patients with solid tumors. *Intervention:* This is a retrospective single-institutional study of pediatric patients diagnosed with solid tumors at Children's Healthcare of Atlanta between 2010-2016. Patient characteristics were compared by tertiles of ICE. High acuity was defined by the need for ICU-level resources within 30 days prior to and 72 hours after diagnosis, and high severity was defined by metastatic staging at diagnosis. Multivariable logistic regressions were conducted to assess the association of the ICE with acuity and severity of illness. *Outcomes:* Among 829 patients eligible for the analysis, 13.3% presented with high acuity of illness and 27.5% had disease with high severity. Living in areas with greatest (vs. lowest) levels of structural racism as measured by ICE was significantly associated with a higher likelihood of high severity (adjusted OR 1.46; 95% CI 1.03, 2.07; p=0.03). Additionally, non-Hispanic Black patients living in areas with the greatest structural racism were more likely to have high severity compared to non-Hispanic White patients living in areas with the lowest structural racism (adjusted OR 1.83; 95% CI 1.15, 2.92; p=0.002). This study provides new information about how structural racism is associated with the acuity and severity of illness at initial diagnosis, both of which can affect short- and long-term morbidity and mortality. This work identifies areas for future interventions in community care, resource allocation and investment, and public policy changes targeting this vulnerable patient population.

## Education

10:35 am – 10:45 am

### **Evaluating Student Perceptions of Success and Equity in a Pass-Fail Clinical Curriculum at a Medical School**

Maeve McNamara, BA, Oreoluwa E. Olakunle, BS, Jasmin A. Eatman, MS, Sarah Reuter, BS, Keenan Davis, PhD, Mariana Sanchez-Medina, BA, Morgan N.V. Buchanan, MPH, Maja Wichhart Donzo, BA, Natalie Rilo, BS, Ashley Harriott, BA, Onyie Eze, BA, Maxwell Richardson, BA, & Tracey L. Henry, MD, MPH, MS.

*Background:* Emory University School of Medicine (EUSOM) shifted from a 13-point letter clerkship grading system to a pass/fail (PF) system in 2022, and reconsidered other measures of medical student performance, such as Alpha Omega Alpha (AOA) and the Gold Humanism Honors Society (GHHS). *Methods:* The Independent Student Analysis Steering Committee (ISASC) administered a 96-question survey to assess perceptions of success, well-being, and equity related to clinical clerkships and honors societies. Student satisfaction was measured on a 5-point Likert scale. Chi-squared statistics were calculated to compare satisfaction between groups. Qualitative data was captured through free response questions. Consensus code was established by three independent coders. *Results:* Of 310 clinical students (54.5% female), 147 students (47.4%) were graded with a letter grading system and 138 students (44.5%) were graded with a PF system. No significant difference existed between the two grading systems on the basis of satisfaction with student workload, ratings of quality of required clerkships, and quality or amount of formative feedback during clerkships. Students assessed with letter grades were significantly more satisfied with opportunities to showcase knowledge and skills in a clinical environment than students assessed PF [ $\chi^2(2, N = 285) = 0.207, p=0.022$ ]. Race stratification had no impact on satisfaction of clinical curricular elements. Thematic analysis of comments revealed the positive impact of P/F on learning opportunities and wellness. However, many shared concerns about how this transition effects honor society inductions and residency competitiveness. In terms of honor society perceptions, 17% of students believed that AOA should exist, of which 73.5% were white. 57.8% of students who did not believe AOA should exist identified as a race/ethnicity other than white. Narrative comments highlighted concerns with lack of transparency for induction criteria, student selection by popularity and bias and equity in the process affecting students on the bases of race, dual degree enrollment and gender. *Conclusion:* As more medical schools consider a shift to a Pass-Fail curriculum, certain elements need to be examined beyond student satisfaction, with a special focus on its impact on student well-being, residency competitiveness and preparedness, and criteria for induction into honor societies. Student-led focus groups are a platform for institutions to incorporate student concerns in an iterative evaluation of institutional goals of equity and inclusion.



## DEI Professional Development

10:45 am – 10:55 am

### **Unveiling the Gaps: LGBTQIA+ Representation on Emergency Medicine Residency Websites – A Call for Inclusivity**

Khiem Hoang MD, Eliot Blum MD, Michelle Lall MD, David Kulp, Christopher Awad, Lauren

*Background:* There is significant underrepresentation of those who identify as LGBTQIA+ in emergency medicine (EM). Residency program websites serve as a critical source of information and recruitment tool, and medical students rely on them significantly when deciding where to interview, rank, and match. Discerning programmatic emphasis on LGBTQIA+ representation from their websites serves as useful tool for gauging inclusivity and program emphasis on LGBTQIA+ principles. We hypothesized that an analysis of EM residency program websites would provide insights into LGBTQIA+ representation, inclusion, and/or allyship. *Methods:* Our study reviewed 282 EM residency websites for 1) use of pronouns on resident biographies/public pages; 2) use of a diversity webpage; and 3) specific emphasis/inclusion of an LGBTQIA+ subsection. *Results:* The data demonstrated only a handful of Emergency Medicine programs across the country including pronouns, diversity resources, and/or an LGBTQIA+ subsection. Shockingly, less than 5% (4.26%; n=12) of programs included pronouns on EM residency websites, with no programs in the West, Southwest, or Puerto Rico incorporating pronoun references. Less than 32% (31.21%; n=88) featured diversity-specific content, showcasing a diversity page. A mere 3.90% (n=11) of all residencies included content specific to queer trainees. *Conclusion:* This study underscores a deficiency in diversity and specifically, LGBTQIA+ content on EM program websites, a critical source of information and recruitment tool for medical students. While there are various markers for programmatic efforts in diversity, equity, and inclusion, a minority of programs signal these commitments on their websites. We contend that programs incorporating such signals not only contribute to increased representation but also attract greater diversity to their programs which is imperative for fostering an inclusive and representative landscape in EM.

# Poster Presentations

## Clinical Quality

### (1) Advancements and Outcomes in Massive Transfusion Protocols: A Comprehensive Review in Level 1 Trauma Centers

Sylvester Okoro MS, Joel Martin BS, Stephen Daniels BS, Dr. Wendy Greene MD

#### Objective

Massive transfusion protocol (MTP) for trauma patients in level 1 trauma centers differs between institutions. Continuous assessments of established protocols are needed for effective patient care.(1–3) This paper aims at evaluating the clinical outcome of MTPs on adult trauma patients and identify potential areas for improvement.

#### Methods

A literature search was conducted on PubMed, EMBASE, MEDLINE, and Cochrane database on level 1 trauma centers and MTP protocols. Articles were screened for protocol implementation, single institution, and multi-centered studies. The Eastern Association for Surgery of Trauma (EAST) and the American College of Surgeons (ACS) MTPs guidelines were compared to individual center MTP protocols. Our approach involved a comprehensive comparison of patient outcomes focusing on morbidity and mortality, interval between admission and MTP activation, timing of blood and related-products administration, transfusion-related complications, patients' recovery, lengths of stay, and rate of infection.

#### Results

The key findings reveal significant variances in the effectiveness of MTPs across different centers. Protocol compliance ranges from 27 to 66% in many hospitals. (4) Some protocols notably improved patient survival rates and reduced transfusion-related complications, while others showed minimal impact. (4–7) These discrepancies highlight the importance of protocol optimization and standardization in trauma care.

#### Conclusion

This paper underscores the vital role of MTPs in enhancing adult trauma patient outcomes. The results suggest a need for continuous evaluation and refinement of these protocols. The implications of our findings extend to developing best practices guidelines and policy formulation, aiming to

standardize and improve trauma care across Level 1 trauma centers.

### (2) Racial Disparities in Treatment of Infected Spinal Cord Stimulator Devices Among Patients in the 2016-2019 National Inpatient Sample

Sylvester Okoro MS, Joel Martin BS, Stephen Daniels BS, Dr. Wendy Greene MD

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### **(3) Empowering the Voices of Diverse Trauma Survivors: Trauma-Informed Focus Groups to Improve Health Equity**

Sophie Arkin, PhD, Christyn Hosking, PsyD  
Nadine Kaslow, PhD, ABPP

Background: Trauma-informed care (TIC) is an approach to clinical practice that emphasizes awareness of the pervasiveness of trauma, understands the impact of trauma on healthcare consumers, and focuses on decreasing traumatization and re-traumatization in healthcare settings (SAMSHA, 2014). It is a model of care that aligns with improving health equity through its attention to the inextricable linkages between trauma and culture, gender, historical, and contemporary injustices. TIC is based on the principles of safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice and choice. Research shows that TIC practices are most effective and equitable when developed in collaboration with multiple stakeholders, including healthcare consumers (Isobel et al., 2021).

Objective: Though policies, procedures, and research highlight the need for multiple stakeholders to be involved in creating and implementing TIC, healthcare consumers, specifically BIPOC women, rarely are included in empirical efforts. Thus, little is known about the experiences and needs of BIPOC women with a history of intimate partner violence, childhood trauma, or systemic trauma within the healthcare system. This project aims to address this gap and create culturally responsive TIC interventions using a focus group approach. Such interventions can improve the lives of historically marginalized women and promote the elimination of preventable health disparities.

Intervention: BIPOC women with a history of traumatic stress will be recruited as part of a quality improvement project to participate in semi-structured individual and group interview focus groups to discuss their experiences receiving healthcare through a large urban safety net hospital, Grady Health System. We will employ a trauma informed research approach by clearly communicating the choices available to participants at each stage of research. Further, we will prioritize collaboration, establishment of rapport, and development of a focus group that is sensitive to the needs and identities of the participants. Participants will be invited to share their history of trauma and how this influences their experience as healthcare consumers, their perspectives and understanding of TIC, and their vision for improving TIC practices within the healthcare system.

Outcome: Thematic analysis using Dedoose will be completed to identify themes and make recommendations to enhance culturally responsive TIC practices within this healthcare setting. Healthcare.

### **(4) Optimizing Trauma Care for Pregnant Patients: Impact of Deviating from Standard Practices on Maternal and Fetal Outcomes in the Context of Blunt Trauma**

Wendy Greene, MD; Kasey Crockett; Akiirayi Ademoyo; Chiemeka Njoku; Angella Appah; Cindy Emenalo

Objective: This study aims to assess the adherence and impact of trauma management guidelines for pregnant patients at Grady Trauma Center (GTC). The objective is to investigate the extent to which the center follows established guidelines and whether deviations contribute to significant maternal-fetal outcomes.

Background: Pregnant patients facing trauma present a unique challenge due to the need for multiple medical teams. Blunt trauma, notably from vehicle accidents, is a leading non-obstetric cause of injury and death in this population. The inability to derive Level 1 recommendations and the distinct physiological considerations for both mother and fetus further complicate guideline formulation.

Method: The study evaluates trauma management practices at GTC using indicators such as fetal and maternal mortality, physician surveys, length of stay, examination clinical notes, type of medication they received/dosage, surgical complications, and OBGYN-specific complications. Anticipated causes of adverse outcomes include increased radiation exposure, untimely consultations, cesarean sections, inadequate monitoring, and inconsistent analyses.

Results: Analysis of trauma cases is expected to reveal insights into the relationship between guideline adherence and maternal-fetal outcomes. Indicators such as mortality rates, complications, and other relevant factors will be compared between cases following guidelines and those deviating from them.

Conclusion: This study aims to contribute valuable insights into the management of trauma in pregnant patients, specifically evaluating the adherence to guidelines at GTC. The findings may have implications for quality improvement in trauma care for pregnant patients, emphasizing the need for further research and potential adjustments to guidelines based on real-world outcomes.

### **(5) Therapeutic Inertia in Type 2 Diabetes Mellitus Management – Needs Assessment in an Atlanta-based Safety Net Primary Care Department**

Nirisha Commodore, MD, and Dheepa Sekar, MD, MS

Background: Type 2 diabetes mellitus (T2DM) is a common chronic condition affecting millions worldwide. According to the International Diabetes Federation 2021 data, in North America and the Caribbean, 1 in 7 adults (~51 million) are living with the disease, and prevalence rates are expected to reach 63 million by 2045. Early glycemic control reduces the risk of microvascular and macrovascular complications of diabetes. However, glycemic control is often inadequate. Therapeutic inertia, defined as the failure to advance or intensify therapy by a healthcare professional, is one of the main reasons for delayed guideline-based management of T2DM.

Objectives: To identify causes of therapeutic inertia in T2DM management among Emory Internal Medicine residents in their primary care clinic at Grady Memorial Hospital.

Methods: We used Epic Reports to extract data on patients with T2DM (as defined by HbA1c  $\geq 6.5\%$ ) established in the primary care clinic in December 2023. Data included A1c, last MD visit date, last Endocrinology visit date, and data for comorbid conditions.

Outcomes: Of 494 patients identified, 369 had an internal medicine resident primary care physician. 64% of patients had well-controlled T2DM, as defined by HbA1c  $\leq 8\%$ , and 27% of patients were uncontrolled. Among patients with HbA1c  $\geq 8\%$ , 15% had an Endocrinology appointment (including Diabetes clinic) within the last 90 days, while 20% and 34% had an MD visit within the last 30 and 90 days, respectively. Among patients with HbA1c  $\leq 8\%$ , 9% had an Endocrinology appointment within the last 90 days, while 20% and 29% had an MD visit within the last 30 and 90 days, respectively. 59% of patients with uncontrolled T2DM had controlled BP ( $\leq 130/80$ ), and 76% of patients were on statin therapy. 55% of patients with controlled T2DM had controlled BP, and 80% were on statin therapy.

Discussion: Primary care and Endocrinology visit rates and control of comorbid conditions did not differ between the controlled and uncontrolled groups. Next steps will include chart review of the Endocrinology, MD, and PharmD visits among patients with controlled and uncontrolled T2DM to estimate the average time to treatment intensification, identify factors in medication

adjustment, and assess access to care to identify barriers to guideline-based medication adjustments within 30 and 90 days of data extraction. Identifying existing barriers to providing evidence-based T2DM management will guide future interventions to improve care and decrease the risk of worsening complications among our underserved patient population.

### **(6) Improving Time for Operative Repair for Facial Trauma Patients by the Otolaryngology Service at Grady Memorial Hospital**

Emily Wright, MD; Shubham Patel, MD; Annie Ferrell, MD; Hope Iyiewuare, MD; Anita Deshpande, MD

Background: Overall trauma received by Grady Memorial Hospital has increased by an estimated 2-fold in the last year. Due to limitations in operating room (OR) availability, operative facial trauma cases often wait at Grady Memorial Hospital until an OR is available. Due to Grady policy and stipulations placed by insurance companies, patients often must stay inpatient to undergo facial fracture repair rather than have these surgeries performed on an outpatient basis. Prior to this study, these cases are posted as “elective”, often resulting in delay in obtaining OR space. Thus, patients often remain inpatient for an isolated facial fracture repair, which unnecessarily increases medical cost for patients and hospitals in an already resource limited setting.

Objective: Decrease time from presentation to facial trauma repair through implementation of a facial trauma protocol that enables posting cases as “urgent” for patients who have waited  $\geq 5$  days for surgical repair.

Intervention: ENT facial trauma cases were posted as urgent if surgery was not performed within 5 days of presentation (or medical clearance in patients who required pre-op stabilization). Electronic medical record (EMR) review was performed to collect data prior to intervention (July – September 2023) and after intervention (October – December 2023) for all facial trauma cases received by the ENT team. Unpaired t-tests used for statistical analysis, p-values  $\geq 0.05$  were considered to be statistically significant.

Outcomes: There was no significant difference in the number of operative facial trauma consults received pre- and post-intervention, with 31 and 29 cases, respectively (p=0.86). The majority of consults were for mandibular fractures both pre-intervention (77%) and post-intervention (79.3%). Most patients remained inpatient for surgical repair in both pre-intervention (80.6%) and post-intervention

(82.8%) groups. There was no significant difference in the number of patients who remained inpatient compared to the number of patients discharged prior to surgery ( $p=0.95$ ) between the pre- and post-intervention groups. Average time from presentation to surgery was 4.3 days pre-intervention versus 4.0 days post-intervention ( $p=0.36$ ), with no significant difference in wait time when comparing inpatient versus outpatient surgery. The most common cause for delay in surgical repair was due to OR availability for both pre-intervention (71.0%), and post-intervention (79.3%). Overall, the intervention did not reduce time from presentation to surgical repair.

### **(7) Provider Perspectives on Barriers to HIV PrEP Prescribing at Grady Health System**

Daniel Resnick, MD; Miko de Bruyn, MD; Anandi Sheth, MD; Bhavin Adhyaru, MD; Meredith Lora, MD

Background: According to CDC estimates, only 34% of people in the US who would benefit from HIV Preexposure Prophylaxis (PrEP) are prescribed it. This gap is greater in women and black individuals, with 15% and 13% coverage, respectively. PrEP is under-prescribed in primary care (PC) due to barriers at the system, community, patient, and prescriber levels. The PrEP program at Grady Health System (GHS) aims to address the coverage gap with an accessible PrEP delivery model, but its impact is limited by low PrEP referrals from PC.

Objectives/aims: We sought to understand prescriber and system level barriers to identifying appropriate patients for PrEP and referring patients to the PrEP program at GHS. This is the first phase of a quality improvement (QI) project to increase PrEP referrals at GHS.

Intervention: Our team developed a survey with 22 Likert style questions and three multiple choice questions with option for open responses. The survey aimed to assess providers' current PrEP prescribing practices; comfort in soliciting a sexual history; ability to identify patients who would benefit from PrEP; and preferences for interventions to increase PrEP referrals. We sent the survey to providers in the Grady outpatient PC and women's health clinics. This QI project did not require IRB approval.

Outcomes: 59 providers responded to the survey. The providers reported three major challenges to identify appropriate PrEP candidates: 1) insufficient time during the visit ( $n=30$ ); 2) uncertainty at what sexual risk threshold to offer PrEP ( $n=25$ ); 3) challenges in quantifying HIV risk in certain populations (e.g. cisgender women) versus others (e.g. men who have sex with men) ( $n=17$ ). Providers

reported lacking knowledge of how to refer patients to the PrEP program ( $n=25$ ). When asked to rate interventions to increase the ease of referral to the PrEP clinic, providers preferred electronic health record (EHR) tools to identify PrEP candidates and automatically populate the PrEP referral order.

These data are consistent with literature describing time constraints as a major barrier to sexual history and PrEP discussions in PC. These findings also support evidence showing low HIV risk perception among cisgendered women and the providers who care for them as a barrier to PrEP uptake. This survey informs our interventions at Grady, which include developing provider-facing educational flyers on GHS PrEP referral process, patient-centered sexual history tools, and an EHR decision support tool that identifies patients who would benefit from PrEP and links to PrEP referral.

### **(8) Improving Testing for Sexually Transmitted Infections and HIV among Transgender Veterans within the Atlanta VA Healthcare System: A Quality Improvement Initiative**

Annie Rouza MD, MPH; Kunal Doshi MD, MPH; Krista Powell MD, MPH; Abeer Moanna MD; Nadine M. Harris MD; Emily J. Cartwright MD; Nora T. Oliver MD, MPH; Vin Tangpricha MD PHD; Lauren Epstein MD, MPH

Background: Transgender people are at increased risk of acquiring HIV. In 2019, transgender people accounted for 2% of all new HIV diagnoses nationally. Pre-exposure prophylaxis (PrEP) is highly effective in preventing the acquisition of HIV. However, despite the FDA approval of pre-exposure prophylaxis of HIV infection in 2012, uptake of this effective prevention strategy has varied, especially among transgender people for whom tailored strategies are needed. The Atlanta VA Healthcare System, one of the VA's largest, has a transgender medicine clinic, staffed by endocrinologists, and a PrEP clinic, staffed by infectious diseases specialists. Any veteran who is HIV-negative and at high risk of being exposed to HIV through sex or injection drug use can be referred to the PrEP clinic.

Aim: To inform future practices to increase STI testing and PrEP referrals among transgender Veterans, we assessed the proportion of transgender Veterans receiving care in the transgender medicine clinic with 1) a documented sexual history and 2) a referral to the PrEP clinic.

Methods: We reviewed all clinical encounters in the transgender medicine clinic from January 1st through October 31st, 2023, to collect data regarding age, gender identity, documentation, and the presence of an STI or HIV in the prior 2 years.



Results: Overall, we reviewed encounters for 57 transgender Veterans. The median age was 39.5 years (range: 24–76); 29 (55%) identified as male, 23 (44%) as female, and 1 (2%) as non-binary. Of the 57 total, 5 (10%) were receiving PrEP; 25 (47%) had no documentation of sexual/social history, sexual preferences, or current sexual activity; 29 (55%) had no tests for STIs in the prior 2 years; and 53 (41%) had no HIV test in the past 5 years.

Conclusions: Despite the known risk of HIV among transgender people and the effectiveness of PrEP, <50% of transgender Veterans receiving care in the transgender medicine clinic in 2023 had a sexual history documented in the chart. Consequently, we plan to implement a process change using a simple, standardized sexual history template for use in the transgender medicine clinic to identify patients who would benefit from PrEP. Components of the continuous improvement will include training and education of staff in the transgender medicine clinic in use of this tool, and ongoing evaluation of key metrics using the Plan-Do-Study-Act methodology.

### **(9) Undocumented Immigrants with ESRD Experience a Significant Delay in Standard Care Surrounding Hemodialysis Initiation**

Ramazani CA, Rooney E, Metts K, O'Leary H, Wasserman C, Johnson S, Garcia-Toca M, Benarroch-Gampel J, Rajani RR, Ramos CR

Background: Dialysis care in the United States for undocumented immigrants remains challenging, with limited available literature assessing outcomes when compared with a standard Medicare population. Dialysis for this patient population is limited to emergency-only dialysis after the patient is deemed critically-ill and requiring hospitalization. The objective of this study is to evaluate the timeliness of medical care provided for undocumented immigrants with ESRD compared to their documented counterparts.

Methods: A retrospective chart analysis was performed of patients undergoing first-time arteriovenous (AV) access creation at a single center from 2012-2018. Patients without adequate follow-up were excluded and the data set was divided based on documentation of immigration status. Patient demographics and operative details were collected. AV access was considered mature when deemed so by a vascular surgeon or when successfully used for hemodialysis (HD). The primary outcome was initial evaluation by vascular surgery in relation to the initiation of HD.

Results: 290 patients underwent first-time AV access creation (62 undocumented, 228 United States

citizens or permanent residents). Undocumented patients were younger and more commonly Hispanic with no difference between groups in other demographic variables and the etiology of kidney disease (see Table 1). Undocumented patients were more likely to be evaluated by nephrology at the time of HD initiation (59.7% vs 25.4%,  $P<0.001$ ) and already be on HD when first evaluated for AV access creation by vascular surgery (74.2% vs 38.6%,  $P<0.001$ ). After vascular surgery evaluation, there was no difference in time from evaluation to surgery (25 days vs 20 days,  $P=0.95$ ) or from surgery to AV access maturation (77 days vs 57 days,  $P=0.31$ ). As a result, undocumented patients were more likely to start dialysis with a CVC (90.3% vs 66.7%,  $P<0.001$ ) and had longer CVC duration (429 days vs 202 days,  $P<0.001$ ).

Conclusion: Due to limited access to healthcare, undocumented immigrants with kidney disease had a significant delay in evaluation by nephrologists for dialysis preparation and by vascular surgeons for AV access creation with higher use of tunneled catheters for dialysis initiation. This requires special attention by vascular surgeons and nephrologists to improve outcomes in this vulnerable population.

### **(10) Care is Not Over After the Operation: Improving Patient Education of Post-operative Care**

Kathryn Hardin, Emerson Bouldin, Mitesh Mehta, Benjamin Wibonele, Kaitlyn Brooks, Tyler Halle, James Hamilton, Charles Moore, Anita Desphande

Background: Comprehensive and appropriate discharge instructions are imperative in-patient success after an operation. Some aspects of effective discharge instructions include standardized information and instructions at an appropriate reading level. Having clear and applicable discharge instructions are particularly important at a tertiary care center such as Grady with a patient population that has a variety of socioeconomic and healthcare barriers. The department of otolaryngology at Grady Hospital identified clear, effective and standardized discharge instructions as a weakness and sought to improve the patient education of their post operative care.

Objectives/aims: Our primary objective was to increase patient's self-identified comfort level with post operative care. Our secondary objective was to identify if resident physician evaluation of discharge instructions correlated with patient evaluation of discharge instruction effectiveness.

Intervention: In this non-randomized, prospective cohort study, we identified seven patients that had undergone a procedure at Grady Hospital under the

Otolaryngology department. At their first follow-up they were provided with an anonymous survey to evaluate their comfort with post operative care. Resident physicians within the department of otolaryngology were also provided with an anonymous survey to evaluate the clarity and comprehensiveness of the discharge instructions. The current discharge instructions were put through an AI software to identify the reading level of the instructions and then subsequently altered to change to an eighth grade reading level.

Outcomes: It was determined that across twenty residents, the discharge instructions used were similar but not standardized. Two samples of instructions were identified to be at a high school or college reading level by ChatGPT. Three out of seven patients referenced their discharge instructions after discharge. On average, patients rated the clarity of the instructions and their feeling of preparedness at a four out of five on the Likert scale. This was in contrast to residents who scored it at a three out of five. New discharge instructions were created and identified to be at an eighth-grade reading level. Resident scoring improved to 4 out of 5 on all scales. Future directions of the project include evaluating patient scores after the change in discharge instructions as well as looking at the effect on patient post operative complication rates.

#### **(11) Head and Neck Post-Operative Care: Home Jackson-Pratt Removal to Facilitate Ease of Discharge**

Andee L. Fontenot, MD1; Georges E. Daoud, MD1; Nathaniel S. Neptune, MD1; Joseph S. Schertzer, MD1; Alexa R. Robbins, MD1

Background: Head and neck surgeries often require resections that leave a patient with dead space in the area of tissue resection. Post-operative complications are of significant morbidity for these patients and can include hematoma and seroma among others. These complications can be rather innocuous but can also cause significant post-operative sequela including skin breakdown, reconstruction breakdown, and return to the operating room for further interventions. Post-operative Jackson pratt (JP) drains are commonly placed into these cavities to help minimize the collection of post-operative draining fluid. Unfortunately, these drains require daily management to ensure effective drainage and mitigation of complications. Notably, JP drains are commonly removed when the output is less than 30cc in a 24-hour period; when a patient's drain has a higher output, they often remain in the hospital solely for drain management and observance causing longer and more expensive hospital stays and unnecessary use of hospital resources.

Moreover, patients often must travel long distances to return to the hospital simply for removal.

Objective: Our objective is to increase post-operative comfort with overall management and likelihood of home removal of post-operative JP drains to help reduce length of hospital stay and prevent lengthy travel back to the hospital for removal.

Intervention: Head and neck patients during March 2024 with post-operative JP placement were surveyed while in the hospital on comfort with post-operative JP drain home removal. Once surveyed, patients were shown a demonstrative and instructive homemade video of JP drain removal. Patients were again surveyed after watching the video to assess change in comfort. Comfort was managed on a 5-point Likert scale with a "1" representing "very uncomfortable with home JP removal" and "5" representing "very comfortable with home JP removal". P-values  $>0.05$  were statistically significant.

Outcomes: 8 patients were surveyed (n=8). Pre-intervention comfort average was 3.5 (range 1-5). Post-intervention comfort average was 3.25 (range 1-5). On individual analysis, only 1 patient improved their level of comfort, and 2 patients had decreased comfort following intervention. Overall, the intervention did not improve theoretical comfort with home JP removal ( $p=0.78$ ). Our analysis was limited by small sample size (n = 8).

#### **(12) Implementation of Nurse Blood Pressure Visits to Decrease Delays in Treatment Intensification of Uncontrolled Hypertension in an Urban Residency Primary Care Clinic: A Quality Improvement Study**

James A. Miller Douglas, MD, MPH, Justin Liu, MD, Nirisha Commodore, MD, Bryce Rushing, MD, Dylan M. Baker, MD, Dheepa Sekar, MD, MS

Background: Hypertension is a common condition managed in primary care and is strongly associated with vascular mortality. Delay in treatment intensification is associated with higher mortality. Limited visit availability impedes timely treatment intensification in our resident clinic. Prior to the intervention, 48.2% of resident primary care clinic patients had controlled hypertension based on CMS quality data goal of 140/90. The local health system

identified a goal of 50.2%. We reviewed our clinic structure and identified surplus nurse visits and physician telehealth visits.

Aims:

1. Identify interdisciplinary clinic resources to optimize treatment intensification for hypertension.
2. Implement and assess a process using telehealth and nursing visits for more timely blood pressure management

Intervention: For patients with uncontrolled hypertension, providers scheduled both a nurse blood pressure visit (NBPV) within 2 weeks and provider telehealth visit (PTV) within the next 3 weeks to address the need for subsequent medication change. We implemented this intervention in January 2023 and assessed feasibility and change in blood pressure through retrospective chart review. Patients >85 years and those without uncontrolled hypertension were excluded. We recorded blood pressure and medication changes at the initial provider visit (IPV), NBPV, and follow up provider visit, when applicable.

Outcomes: Preliminarily, 118 charts were reviewed and 39 were excluded. At the IPV, 67% underwent a medication change. The NBPV was attended by 67% of patients, with a mean time to visit of 17 days. Mean systolic blood pressure changed from 169 mmHg at the IPV to 143 mmHg at the NBPV.

Follow-up visits occurred as PTV or in-person visits 28% or 35% of the time, respectively. At the follow-up provider visit, 36% underwent medication change. We have collected 2 months of data and plan to collect data over an additional 10-month period to better assess the intervention. In November 2023, 52% of clinic patients had controlled hypertension.

Providing more frequent, interdisciplinary care points allows for timely management of blood pressure. Our approach is feasible within a resident clinic that serves a primarily underserved population. Our assessment is limited by the retrospective review of nurse visits, as we were unable to assess patients not managed through this protocol. Follow up rates likely reflect transportation barriers in our patient population. The health system identified the feasibility of this protocol and has since expanded it to other clinic sites.

### **(13) Confident Flap Care in the ICU**

James A. Miller Douglas, MD, MPH, Justin Oliver Liu-Lam, Celeste Kim, Roberto Soriano, Alexandra Kim, Samir Ballestas

Background: The ICU cares for some of the most complex and critically ill patients in the hospital. The intensity and acuity of ICU patients can exacerbate

burn out in nursing staff and lead to high staff turnover rate, which is heightened by the pandemic and rising popularity of travel nursing. ICU nurses requires specialized skills and extra training to care for patients from different services, including post-operative patients across different surgical subspecialties. Many head and neck oncological patients who undergo free tissue transfer reconstruction (free flaps) are directly transferred to the ICU from the operating room. The immediate post-operative period is vital to the survival of the free flap and thus required specialized knowledge pertaining to wound care, patient positioning, and rehabilitation. There is limited time and avenue outside of electronic medical record documentations and peer to peer training between nursing staff to relay this specialized knowledge. The high staff turnover rate poses a challenge to standardized and comprehensive care that this patient population requires. We propose a low cost, time efficient, and accessible tool to fill this gap.

Aim: To increase nursing competence in caring for patients with head and neck free flap by creating and educating ICU nurses and providers with a readily accessible, easily understandable, and aesthetically simple goals of care framework infographic.

Intervention: An infographic of goals of care for head and neck free flaps patients focusing on post-operative day 1-4 was created. Voluntary participants of ICU nursing staff were asked to complete a 10 questions pre-test regarding free-flap post-operative care. Then they were prompted to review the infographic. The same 10 questions post-test was then administered after.

Outcome: Total of 15 ICU nursing staff participated and completed the survey. 11 (73%) participants demonstrated an increase in post-test score after reviewing the infographic. Average pre-test and post-test score were 11.8/15 and 13.7 respectively, resulting in average improvement of 1.9 points with the largest improvement of 5 points. Average time spent on the survey, i.e. completing pre- and post-test, and reviewing infographic, for those achieved 2 or more points (above average) improvement was 8 min 24 sec. The two lowest scoring area in the pre-test were wear bearing status and supplies needed for wound care. Identifying these areas of deficiency can serve as starting points of future quality improvement endeavors.

### **(14) Inception of Health Equity Center to mitigate disparities in pediatric surgical care.**

Swathi Raikot, MBBS1, Goeto Dantes, MD1, Afrin Jahan2, Nikolay Barykov2, Jonathan Beus, MD, MS2,3, Allison F. Linden, MD, MPH1, Hanna Alemayehu, MD

Background: Disparities in surgical outcomes in children based on race and other social determinants of health (SDOH) are well known. While targeted protocols have been shown to mitigate these disparities, a dedicated Health Equity Center that periodically evaluates for equity, plans interventions to reduce any existing disparity, and prospectively reassesses the impact of these interventions is needed.

Aim statement: To identify and mitigate disparities in outcomes in patients receiving pediatric surgical care at Children's Hospital of Atlanta (CHOA).

Results: A Pediatric Surgery Health Equity Center (PSHEC) was established in June 2023 to bring together the expertise of pediatric surgeons, data and bioinformatics team, and an advisory board. Three pilot projects studying disparities in 1) outcomes following gastrostomy tube (GT) placement, 2) enterocolitis readmissions in children with Hirschsprung disease (HD), and 3) ovarian-sparing surgeries in females with benign ovarian masses were initiated in context of SDOH. Retrospective data for patients aged  $\leq 18$  years who received care at CHOA from 2015-2023 were reviewed, using a defined population that allows a replicable automated retrieval of data from the EMR. Zip Code-based SDOH, Child Opportunity Index (COI) and Area Deprivation Index (ADI) were collected. Statistical analyses were run, and results are planned to be displayed in an easily accessible dashboard model, with an intent to develop multi-faceted dashboard that provides similar analyses for various pediatric surgical conditions. We found that children belonging to black race from low COI areas were more likely to return to ED following GT placement. No major disparity was found in children with HD who frequently returned with enterocolitis; however, lessons were learned in the logistics of automating data retrieval from the EMR. Data for the ovarian-sparing pilot study is currently being analyzed.

The advisory board, including experts in Social Work, Community Engagement, Public Health and Epidemiology, Surgical Quality Improvement, Surgical Diversity, Equity and Inclusion, and patient families, will plan and implement interventions to alleviate these disparities partnering with our pediatric surgeon champions. Data will be reanalyzed prospectively every 6 months to determine adherence to the interventions and their impact on disparities.

Conclusion: A dedicated Health Equity Center provides the infrastructure to formally evaluate equity in pediatric surgical outcomes and establish

interventions for improvement in care for socially vulnerable.

## Community, Advocacy, & Policy

### (1) Operationalization of the Lived Experience Integration Program at the Georgia Perinatal Quality Collaborative

Annie Rouza, MD, MPH; Laura Layne, RN, MSN, MPH; Shaunta Rutherford, MPH, PhD; Lisa Ehle, MPH

Background: Individuals with Lived Experience (ILEs) can use their health-related experience to help improve the health of communities. Lived Experience Integration (LEI), or the integration of ILEs into public health programs, can help shape program policies to facilitate providing needed services to at-risk communities. LEI has mostly been piloted in mental health programs but not in maternal/child health programs.

Objective: We aimed to operationalize the implementation of a Lived Experience Integration program at the Georgia Perinatal Quality Collaborative (GaPQC), an entity sponsored by the Georgia Department of Public Health.

Intervention: To develop the program, we used the PRECEDE-PROCEED planning model, which is a comprehensive model for designing, implementing, and evaluating public health programs. We focused on the PROCEED aspect of the model to create the program implementation and evaluation plan.

Outcomes: We created a logic model to map out program inputs, activities, and outcomes (short and long-term) encompassing ILE recruitment and training up to the provision of equitable services to at-risk Georgia communities. We drafted a theory of change statement explaining why the program can yield the proposed outcomes and developed action steps with assigned timelines for program implementation. We also created a blueprint for the formative and process evaluation of the implementation plan, assessing adherence to the plan, program dose delivered and received, the quality of program delivery, and program context.

Conclusion: This implementation science framework is one of the first to operationalize ILE integration into a maternal/child health program. It can be used as a template for other programs seeking to adapt their policies to affect equitable change in their communities.

Public Health Implication: The integration of ILEs into public health initiatives can help provide a deeper understanding of health issues affecting

at-risk communities while guiding the provision of responsive services to these communities.

## **(2) A Rapid Qualitative Assessment of Culturally Sensitive Approaches for HIV Molecular Epidemiology**

Olakunle Ogunbayo, Aadaiah Soibi-Harry, Masonia Traylor, Amalia Aldredge, David Folkes, Jenna Gettings, Daniel Mauck, Latasha Terry, Eric Rangel, Anandi Sheth, Jessica Sales, Jane Y. Scott, Carlos S. Saldana

Background: HIV Molecular Epidemiology (HME) emerges as a tool to detect and disrupt rapid transmission networks and outbreaks. In Georgia, at least two networks, predominantly affecting Black African American cisgender women have been identified; however, culturally sensitive approaches for HME are lacking, particularly for reaching network members and/or their partners. Our study gathers insights from Public Health Officials (PHO) and impacted communities, highlighting perspectives, necessary skills, training, and recommendations for effective HME practice.

Objectives: Explore community and PHO views on culturally sensitive HME; Identify essential skills and training methods for PHOs to enhance cultural sensitivity; Outline Participant-Informed Best Practices

Intervention: In late 2023, we conducted eight virtual focus group discussions, concentrating on culturally sensitive HME approaches. Groups included 16 PHOs from across the U.S. and 23 Black/African American cisgender women from Georgia. Participants watched a 10-minute video explaining HME before each session. A rapid qualitative assessment was conducted.

Outcomes:

- Participant Perspectives
  - About 88% of Public Health Officials (PHOs) were familiar with HIV Molecular Epidemiology (HME), only 38% had received specific training. Among the community, awareness was low, with 57% unfamiliar with HME.
- PHO characteristics, skills, and training
  - Ideally, PHO interviewing patients and partners within a network identified through HME should be someone with lived experiences or similar backgrounds. Encounters should be patient-centered demonstrating heightened empathy, active listening, emotional

awareness, and a non-judgmental attitude.

- Current PHO training could be enhanced by offering HME-specific resources, such as how and why it is conducted in simple terms. People-first language, a local resource guide, motivational interviewing, interactive materials, and trauma-informed care training should also be included.
- Participant-Informed Best Practices
  - Use people-first language, and prioritize patient preferences and well-being, followed by a gentle introduction to HME and the importance of partner sharing.
  - Adopt a casual conversation tone, avoid a ‘government employee demeanor’, be non-judgmental, provide follow-up, maintain transparency, and adhere to privacy regulations.
  - Stay updated on local medical and social services, considering socio-demographic and location factors to offer convenient services.
  - Avoid stigmatizing terms like “cluster,” opting for “shared networks” and simplify HME language.

## **(3) Quality Improvement Project Addressing Involuntary Discharged Patients in an Urban Predominantly Black US Population**

Zikora Nnadike, Anjali Shah, Carol Gray, Loren Cobb, Christopher O'Donnell, Jose Navarrete, Jason Cobb

Background:

- A vulnerable population in our clinical learning environment (CLE) is the growing number of insurable hemodialysis (HD) patients receiving maintenance HD in our inpatient setting.
- CMS has recommendations for involuntary discharges of HD patients, but there is a lack of clinical data examining these patients.
- We also see insurable patients that initiate HD in the inpatient setting and are refused acceptance into outpatient HD centers, thus receiving maintenance dialysis at the hospital only.
- We present a case series examining clinical characteristics of involuntary discharged HD patients receiving maintenance HD in our inpatient settings in an urban predominantly Black US population and the develop of a quality improvement (QI) project to address this problem.

Methods:

- Baseline data collected for quality improvement project through retrospective chart review of

potential involuntary discharged HD patients from 2020 – 2023 observed at Emory Hospitals and Grady Memorial Hospital.

- We included all insurable ESKD patients who started HD as inpatient and were seen for inpatient dialysis >60 days and all insurable patients involuntarily discharged from a HD center.
- Patients excluded were uninsurable patients which were all undocumented immigrants, acute kidney injury (AKI) patients requiring HD, and uninsured ESKD but government insurance eligible and required HD as an inpatient >60 days.

Discussion:

- The case series brings attention to a vulnerable population in nephrology and in our CLE.
- 40% of the patients had documented psychiatric disorders but we suspect a larger number of patients had undiagnosed and untreated psychiatric disorders.
- The majority of the patients were discharged for noncompliance and disruptive behavior which is a subjective diagnosis and can lead to biases and prevent patients from second chance HD placement.
- The impact of biases and race are hard to determine but the patients being 100% black is concerning.

Conclusion:

- In our QI project, the high level of success with second chance HD center placement demonstrates a need for intervention in these patients.
- Our QI project also demonstrates a significant decrease in dialysis associated admissions observed in 5 of the 6 patents.
- More data is needed to examine geographic variances and is this a local phenomenon in our CLE versus a more widespread issue in nephrology.

#### **(4) A Scoping Review of Healthcare in Immigration Detention Facilities in the United States**

Brendan Pulsifer, Victoria Fonzi, Arielle Lawson, Amy Zeidan

Background: Over the last 20 years, the number of individuals in immigration detention facilities in the United States has increased dramatically. To date, there are over 130 active detention facilities with a total daily average of 23,000 detained individuals. As the number of detained individuals has increased, concerns abound regarding substandard conditions - specifically, inadequate medical care - in detention facilities across the country.

Objectives/Aims: We seek to perform a scoping review of published peer-reviewed work on healthcare in immigration detention facilities in the U.S using health, law and social sciences

databases. By identifying relevant studies with MeSH terms and concepts related to health care in detention, we aim to characterize notable areas of focus in the literature and describe areas where further research is needed.

Intervention: Our search yielded a total of 10,129 articles. After title and abstract review, 286 articles were identified for full text review. Preliminary thematic analysis of these articles reveals four major themes: (1) infectious diseases, including COVID-19, in detention; (2) mental health in detention; (3) effects of detention on children; (4) practice implications for healthcare providers in detention facilities. The results were notable for a relative lack of peer-reviewed data on chronic diseases in detention and treatment of urgent medical concerns in detention.

Outcomes: Delivery of appropriate medical care in detention facilities is critical given ongoing reports of medical mismanagement, neglect, and abuse. This review identified gaps in existing literature that support the need for additional research on prevention and chronic disease management. We hope that our work will enable more resources to be directed toward filling those gaps, thus improving our ability to advocate for individuals in detention.

#### **(5) Mismanagement at Stewart Detention Center: A qualitative review of concerns submitted to ICE headquarters**

Michaela Whitelaw, MPH; Alison Casey, BSN; Amy Zeidan, MD

Introduction: Prior evidence has demonstrated punitive conditions and civil and human rights abuses in U.S. Immigration detention facilities, with increasing reports of inadequate medical care. The number of immigrants detained in Georgia is one of the highest in the nation, with Stewart Detention Center (SDC) imprisoning over 60% of the population. Given ongoing reports of medical mismanagement at SDC, the purpose of this study was to explore formal complaints, both medical and non-medical, reported by individuals detained at SDC.

Methods: This was a qualitative study evaluating case summary reports (complaints) submitted to the Office of Inspector General from March 2020 to October 2021 by individuals detained at SDC. Reports were obtained through the Freedom of Information Act and de-identified prior to receipt. All reports were coded by two independent coders using a coding tree that was developed iteratively by the study team. Major and minor themes were developed using a thematic analysis approach.

Results: Major themes included concerns about medical care, management of COVID-19, inadequate food and nutrition, abuse, segregation, discrimination, and operational challenges. Subthemes related to medical concerns included mismanagement of chronic and acute conditions, delays in medical care and treatment, inadequate medication management, and a lack of accommodations. Themes elicited highlight a breakdown of protections at the interpersonal and systemic level for individuals detained. Our findings have several similarities to the report published after the Department of Homeland Security Office of Inspector General unannounced inspection of SDC in November 2022.

Discussion: This study supports growing evidence of medical mismanagement at SDC and is one of the first contributions in the medical literature evaluating complaints submitted directly by affected individuals. Our findings provide ongoing evidence that SDC is unable to meet quality medical standards, which could ultimately lead to poor short- and long-term health outcomes of affected individuals. In light of these findings, we recommend the need for greater oversight and accountability at SDC, and ultimately closure in the absence of improvements in medical care.

#### **(6) Move Over Laughter, Food is the Best Medicine**

Priyasha Pareek, Natalie Connell, Aakilah Brown, & Hayden Smith

Briarcliff Oaks is a subsidized senior living community in Atlanta, Georgia. The community contains 125 one-bedroom units and minimum age requirement of 62. Residents come from a variety of backgrounds, cultures, and ethnicities and most are able to function independently. The community's employees play an important role in advocating for and providing social services to residents including connecting them with food stamps and smartphones. To further address food insecurity, Briarcliff Oaks provides some nonperishable goods to residents weekly through their food box program.

As part of the Community Learning and Social Medicine curriculum at Emory, we engaged with residents primarily through "tech clinic," which is an opportunity for residents to ask questions about using technology like phones, laptops, computers, tablets, and TVs. Through these one-on-one interactions, we found that many were concerned about making healthy food choices, particularly for those with chronic illnesses like diabetes and hypertension. As a result, we chose to design a cookbook inspired by the ingredients already available through the weekly food boxes. We also

created a survey to assess interest and collect suggestions.

The objectives are three-fold:

- Educate members on making healthy food choices in the context of common chronic conditions such as diabetes and hypertension.
- Demonstrate how it can be possible to make nutritious food choices using the community resources available to them. While those are not the only food source for residents, we hope this understanding can influence shopping and preparation of healthy meals within their financial capacity.
- To leverage food and cooking as a way to bring people together with education, adding more longevity to food-centered social events in the community.

Our initial survey results have been promising. Residents are excited for the cookbook and have provided plenty of suggestions for recipes based on dietary needs. Furthermore, our community interactions have illuminated the prevalence of food insecurity in the elderly population. For some, this means not enough food to eat. For others, it means an inability to make nutritious food choices. Both are concerning as a majority of the residents have chronic health issues requiring dietary modifications. In the future, the cookbook can be expanded to include additional dietary preferences and adjustments for a wider variety of medical conditions. Cooking classes could be held using the Briarcliff Oaks cookbook to help foster a greater sense of community.

#### **(7) Linkage to Specialty Care in Clarkston, GA**

Chloe Donegan, Andee Koo, Preet Kaur, Saiza Jivani, Ronine Zamor, Brittany Murray, Amy Zeidan, Saria Hassan

Background: Refugee & immigrant populations experience several barriers when accessing medical care in the United States (U.S.) resulting in difficulty navigating the complex U.S. healthcare system. While there are several free clinics and community health centers in Clarkston, GA, referrals to specialty care for children and adults have been a continuous challenge leading to significant delays or inability to access appropriate care. Informal networks for referrals have been established at some clinics; however, there is no formal referral or navigation process that can be accessed by all patients needing specialty care.

Objective: This study sought to identify specific barriers in accessing adult and pediatric subspecialty



care for refugee/immigrant patients in Clarkston in preparation for the development of a student navigator program.

**Methods:** This was a qualitative semi-structured interview study conducted with patients, staff, and providers at clinics in Clarkston, GA. Interviews were conducted in person and virtually until thematic saturation was reached. All interviews were coded by three independent coders using a codebook iteratively developed by the study team. A rapid qualitative analysis was conducted, and themes and subthemes were identified using reflexive thematic analysis.

**Results:** A total of 15 interviews were completed. Five prominent themes were identified from the data. Health institutions most accessible to patients have complex referral processes, leading to incomplete or lengthy referrals. The U.S. healthcare system itself is complex, and refugees and immigrants face unique barriers navigating it. Technology related challenges are substantial at all steps of the process. There is an opportunity to improve education of the referral process both for patients and for clinic staff. Social support, specifically a patient advocate/navigator, is essential for refugee/immigrant populations undergoing subspecialty referrals.

**Conclusions:** Without an existing patient navigator system, patients face significant barriers to accessing subspecialty care. A student navigator program can be designed to assist patients with interpretation, transportation, paperwork, and in accessing resources during the subspecialty referral process. Future efforts should address systemic barriers through policy and advocacy.

## **(8) Understanding Aging and Dementia Among South Asians in Greater Atlanta Region**

Adil Muhammad, Yash Kamdar, Ambar Kulshreshtha, PhD, MD

**Background:** More than 5.4 million South Asians reside in the US, one of the fastest-growing ethnic groups. The South Asian population suffers from a predisposition to cardiovascular disease and diabetes; however, this disparity and its connection to aging and dementia in this high-risk subgroup is understudied.

**Objective:** The South Asian Healthy Aging Research (SAHAR) project aims to evaluate the psycho-social factors of South Asian behaviors, attitudes, and awareness towards general health and aging factors, specifically dementia.

**Methods:** Community participants who self-identified as South Asian completed validated questionnaires as a part of a cross-sectional study; survey items included the BRIEF Health Literacy Screening Tool, TechPH Questionnaire, BRIEF Ageing Perceptions Questionnaire, Everyday Discrimination Scale, Chronic Work Discrimination and Harassment Questionnaire, Acculturative Stress Scale, and a Perceived Stress Scale. Recruitment for the study was done through outreach phone calls, mailing lists, and the dissemination of flyers in Greater Atlanta. Data was analyzed using RStudio.

**Results:** Of the N=170 responses, 47% of responses are aged 18-29 and 52% of responses are aged 30-39, 52% were female. More than half of the participants consider themselves moderately or severely stressed. They feel that their background, culture, and language contribute to increased stress in the workplace. Misconceptions regarding dementia and Alzheimer's are prevalent in the community. 31% of participants reported they would be uncomfortable with knowing someone in their family has dementia, and 50% of participants were concerned about their likelihood of being diagnosed with dementia. 72% of participants didn't believe smoking was a risk factor for dementia, and only 30% of participants were aware that both diabetes and cardiovascular disease are risk factors for dementia.

**Conclusions:** Our study shows stigma and misconceptions exist surrounding aging and dementia in the South Asian community. Participants also report a high degree of acculturation stress at the workplace. Tailored outreach and educational initiatives are imperative to enhance awareness regarding healthy aging and improving brain health.

## **(9) The Georgia Vision Network: Establishing Connections to Accessible Eye Care**

Alison Martin BA, Julia Byrnes BS, Sarah Jung BS, Grace Nguyen BS, Nithya Shanmugam BS, Shannon Su BS, Jacquelyn O'Banion MD, Jane Khulenbeck MPH

**Background:** In Georgia, an estimated 103,000 people live with visual impairment or blindness, which is projected to increase by 220% by 2050. 33% of counties lack eye care providers and up to 15% of residents lack health insurance, making Georgia the third largest uninsured population in the country. The Georgia Vision Network (GVN) aims to address this urgent need for accessible eye care.

**Objectives:** Our objectives were to identify Georgia communities that have limited access to eye care providers, to create an online network to connect resource-poor patients to eye care providers, and to

send mobile clinics to resource-limited communities to address their immediate eye care needs.

Intervention: Monthly vision screenings were held in two counties identified as having limited access to eye care. Partnerships were formed with community organizations, enabling distribution of flyers promoting the vision screenings. At screenings, patient demographics, eye health history, visual acuity (VA), and intraocular pressure (IOP) were recorded. Patients with VA worse than 20/40 with pinhole in either eye and/or IOP  $\geq 22$  required referral to an ophthalmologist and were entered into the GVN database to find the nearest provider. The GVN database identifies locations with a limited number of ophthalmologists and informs GVN initiatives to send mobile ophthalmology clinics to underserved areas.

Outcomes and Conclusion: Through partnerships with community-based groups, medical students conducted 6 screening events. Of the 56 individuals screened, 17 required further follow-up, constituting a 30% positivity rate. Partnerships were also established with several non-profits within the Georgia Vision 2020 Network to provide eye care services to these patients.

Given that 30% of screened patients have required follow-up, there is a compelling need for accessible eye care in these counties. Georgia residents who seek eye care are faced with an underdeveloped public transportation system. In addition, 33.2% of Georgia residents earn below 200% of the federal poverty line. The GVN seeks to mitigate these transportation and financial barriers to care by bringing vision screenings to a central location and connecting patients to local providers.

#### **(10) A Student-Led Advocacy Initiative to Prevent Medicaid Disenrollment Among Inpatients at a Public Safety-Net Hospital**

Evelyn Liu, Brandon Lee, Michaela Whitelaw, Ify Ogu, Robert Aghoghovbia, Gigi Grigorian, Toby Terwilliger

Background: Federal regulation requires that Medicaid eligibility be evaluated by states at least annually, necessitating that Medicaid recipients submit documents to prove their continued eligibility; failure to do so results in loss of coverage. Under the Families First Coronavirus Response Act (FFCRA), this process was paused for the duration of the Covid-19 public health emergency, safeguarding coverage for 2.7 million Georgians. Following expiration of this federal mandate, Georgia reinstated the redetermination process, putting hundreds of thousands of Georgians at risk for losing healthcare coverage.

Aims: This advocacy initiative was designed as an urgent response to prevent Medicaid loss for patients at a public safety-net hospital.

Interventions: Patients with Medicaid who were admitted to Grady Memorial Hospital medical and surgical units were identified via electronic medical records. Fifty-two medical student volunteers from Emory SOM and Morehouse SOM received training on Medicaid eligibility in the state of Georgia. Students met with patients at the bedside and followed a pre-written script to discuss the redetermination process. Students assisted patients with accessing the online Medicaid portal, viewing their redetermination date, and uploading required documents. Students provided patients with a handout containing follow-up information and resources as needed. Basic parameters related to patient encounters were documented.

Outcomes: From October 2023 to February 2024, students met with 339 patients. Of 315 patients who agreed to participate, 208 (69%) were unaware that the redetermination process was occurring. Sixty-two patients (20.67%) had barriers to redetermination addressed during the encounter. All patients were educated on the steps necessary to retain coverage and actions to take if coverage were denied. Student volunteers informally reported that the project improved their knowledge of the US healthcare system and comfort in patient encounters.

Conclusion: This grassroots, student-led intervention is a novel approach to reducing Medicaid loss at a public safety-net hospital at-scale. This initiative taught medical students about the American healthcare system and barriers to care in Atlanta and provided students with opportunities to discuss social determinants of health with patients. Future interventions could be designed using a similar student-run model to educate patients and address sociopolitical determinants of health – particularly those that necessitate a rapid response.

#### **(11) The Need for Mental Health Services for Children with Early Adversity Living in Northern Thailand**

Jillian Balsaer LMSW, MPH; Julia Byrnes BS; Emma Kate Costanza BS; Phillip Sumardi BS; Ryan Masotti BA; Daniel Kelly BS; Khaalisha Ajala, MD, MBA, FHM

Background: Children affected by human trafficking and early adversity are particularly vulnerable to mental health issues. The Baan Kru Nam Foundation, a children's home in Chiang Saen, Thailand, houses at-risk, stateless youth in the area

and is dedicated to improving the lives of these children.

**Objectives/aims:** Since 2008, Emory University School of Medicine (EUSOM) medical students and faculty physicians have partnered with the foundation to provide annual physical exams for Baan Kru Nam children. Annually, EUSOM provides mental and physical health assessments. During the 2023 trip, the EUSOM team sought to collect data regarding the most pressing needs of the Foundation's children's home utilizing patient surveys and personal interviews.

**Intervention:** In 2023, with the help of Thai & Akha language translators, annual exams were performed. Medical students obtained a comprehensive history which included social history and mental health concerns. The children were asked about happy, sad, or neutral feelings. Follow-up questions helped to assess the origin of the feelings expressed. An Emory physician performed a physical exam and provided a care plan for follow-up care. Retrospective analyses were performed on the data collected. Lastly, Kru Nam, the founder, was interviewed about the children's daily health needs.

**Outcomes:** 70 (35 male, 35 female) patients were evaluated in 2023. 57.1% reported feeling sad. 10% reported mental health as a chief complaint. 4.2% reported a history of sexual assault. The interview with Kru Nam revealed that mental health support is the most pressing need of the children's home. She specifically noted that Baan Kru Nam caretaker "mental health response training" was needed. Many caretakers first arrived at the home in need of shelter and may have mental health needs, as well.

**Interpretation:** The children of Baan Kru Nam continue to thrive despite significant early adversity. However, the history of trauma and lack of access to affordable resources calls for a comprehensive approach to improving their mental health. Steps should be taken to partner with local mental health services, with the aim of targeting resources to aid caretakers in supporting the children.

### **(12) With great Society power comes great climate-conscious responsibility**

Onyie Eze, Olivia Cote, Avni Ahuja, Mehul Tejani MD, Tracey L. Henry, MD, MPH, MS

**Background:** The health risks posed by climate change affect every medical specialty and patient population, even if the impacts may not be readily identified. Unfortunately, the healthcare sector is one of the largest contributors of carbon emissions and the industry is responsible for about 4.5% of all emissions and toxic air pollutants. A growing number

of clinicians globally are recognizing the importance of acknowledging and acting on committing their medical organizations to decreasing their carbon footprint.

**Aims:**

- To assess which actions if any and/or initiatives that medical societies in the Medical Society Consortium on Climate and Health are taking to mitigate their carbon footprint and support climate health
- To inform policy makers on what is being done by medical societies to meet United States of America goals to reduce carbon emissions by 50% by 2030 and net zero by 2050.

**Intervention:** The authors created a 10 question survey that was reviewed and approved by the Medical Society Consortium on Climate and Health. The survey was then sent to 30 societies in 2022 and 2023. 21 out of 30 medical society consortium groups responded. We performed a thematic analysis of the data.

**Outcomes:** Eleven (50%) had a physical space to work in, and out of those, five societies encourage recycling and have enacted timed lighting systems and switching to LED lighting. However, only two of these societies have a strategic plan or framework set to achieve these goals. The most common measures implemented have been providing continuous medical education (CME) or education around climate change (84%), conducting or publishing research on climate change (32%), developing educational materials for the organization or patient population (32%), or implementing a task force on climate change (32%). The least common measures include supporting state organizations for advocacy on a state or local level (21%), releasing press statements about climate change efforts (21%), or listing climate change as a priority on the organizations website (21%). Several barriers are present for the societies in enacting further changes: lack of staff time (57%), lack of funding (53%), and lack of interest among members (37%). The data from this survey can be utilized to inform policy makers on initiatives by medical societies to meet federal goals to reduce carbon emissions by 50 percent by 2030 and net zero by 2050 and support climate education and health for their members and relevant patient populations.

### **(13) Emory Farmworker Project: Education and Action for Health Equity**

Emilia Grill, Susana Alfonso, Alex Kendall, Jodie L. Guest

Background: The Emory Farmworker Project (EFP) is a 28-year service-learning project of the Emory Physician Assistant (PA) Program designed to provide care to farmworkers and educate students in a unique interprofessional setting. Each year, our clinics serve over 1,500 farmworkers and their families, who play a key role in Georgia's agriculture but often lack access to medical care. The EFP brings together health professions students, faculty, clinicians, and interpreters from Emory and other universities, and volunteers from partner organizations and the local community to address this disparity.

Objectives: The EFP has evolved over 28 years, but at its core is a mission to meet the needs of an underserved, often unseen community. Farmworkers can face increased health risks and barriers due to the nature of their work. Barriers include cost, lack of transportation, language and cultural barriers, and more. The aims of the EFP are to address these barriers to provide equitable care to farmworkers, and to offer practical, interprofessional education in health equity to students.

Intervention: For two and a half weeks each year, the EFP holds pop-up field clinics in partnership with local farmworker health programs. Our partners identify our clinic sites, and ensure these sites are readily accessible to patients without need for individual transportation. Additionally, they provide a connection to any further services patients may need.

EFP clinics meet a critical need while giving clinical teams experience at treating a wide range of conditions through collaborative practice. We work to have as many specialties and services on site as possible to provide the most comprehensive care we can in that setting. Additionally, through the support of the Emory PA Program, our volunteers, partners, donations, and grants, all care and medicines on site are free to patients.

Outcomes: While we track outcomes such as patient numbers, medications provided, and conditions treated, our true measure of impact is not a number. We see success in the stories of students and volunteers, and in the ways this work transforms their care. Involvement with EFP gives our students a framework and passion for health equity and has inspired many of our students to continue work in underserved communities. We hear frequently that the experience of EFP has changed the way they approach relationships with their patients, and how they define compassionate, equitable care. The best stories are those from our patients – countless examples of how this work can make a difference.

## **(14) Medical Advocacy for Individuals in Carceral Facilities Elective**

Amy Zeidan, Mark Spencer, Nishi Kumar

The goal of this elective is for fourth year medical students to better understand medical management and medical access of incarcerated or detained patients. Evidence-based research demonstrates medical mismanagement, neglect and abuse in detention and carceral facilities to be widespread. This contributes to worsening of chronic disease, preventable illness, and premature death. In this elective, learners will have the opportunity to directly review medical records of an incarcerated individual through partnership with the Medical Justice Alliance (MJA). They will also be afforded time and guidance for researching specific problems related to these populations. This elective is important as we routinely care for these populations in hospital and outpatient settings. A better understanding of the unique needs will help improve care delivery and decrease provider bias as the students continue through their careers.

Objectives:

1. Complete at least two medical chart reviews for individuals in detention/carceral facilities and draft a summary (Expert Declaration) to be reviewed/edited by a faculty member and legal partner.
2. Explore current medical management and unmet medical needs of individuals in detention/carceral facilities.
3. Identify opportunities for medical advocacy using objective medical data and medical expertise on behalf of populations impacted.

Intervention:

- Week 1: Meet with Faculty Advisor; begin chart review 1; draft expert declaration 1; identify focused topic for independent research/advocacy.
- Week 2: finalize expert declaration 1 reviewed by faculty; begin chart review 2; draft expert declaration 2; continue background research for focused topic.
- Week 3: finalize expert declaration 2; draft deliverable for focused research (Op Ed, data collection or analysis, Policy Brief, etc.)
- Week 4: Finalize deliverable and submit to Faculty Advisor

Outcomes: Data on outcomes following medical declarations provided to legal teams, including compassionate release or change in medical care for patient through feedback from legal team. Other deliverables include specific elective participants whether a peer reviewed submission or opinion piece in the lay press on a specific issue related to carceral healthcare.

## **(15) Correctional Control: Stigma, Disposition and Advocacy**

Laura Pax, MD, PGY-1; Mark Spencer, MD

Background: The legal system adversely impacts health in many ways. Often extreme cases of police violence or death from medical neglect in jail come to mind, but the harms reach far beyond those in headlines. America's carceral reach extends beyond mass incarceration, where two million people are incarcerated and over ten million enter a jail or prison annually, to massive correctional control through probation and parole. Georgia has a higher rate of correctional control than any other state and far higher than any democratic nation. While often framed as kinder carceral interventions than incarceration, probation and parole in fact cause harm in less obvious ways. They also expand the net of criminalization and frequently lead to incarceration anyways. As physicians, we must reevaluate the concept of "do no harm" when we are caring for patients impacted by the legal system. This patient case explores the harms of probation, parole, and collateral consequences while illuminating areas for future education and advocacy.

A 51-year-old male with HIV, schizophrenia, and housing instability presented to the ED with multiple skin and soft tissue wounds and was admitted for furunculosis. On exam, he was noted to have an ankle monitor. He did not provide details on ongoing legal involvement. Prior to admission, the patient was staying at a boarding house. Ultimately a skilled nursing facility was recommended for safe discharge. However, when social workers found out about the ankle monitor, indicating legal involvement, the medical team was told it would prevent him from being accepted at any facility. The justification was that he could pose a safety risk to others. No referrals were sent to facilities at that time given this assumption. He is awaiting a possible personal care home.

In summary, parole or probation can dramatically impact a patient's ability to receive recommended discharge care at the proper facility due to widespread discrimination and stigma surrounding legal involvement, accompanied by a presumption of dangerousness.

Objectives:

1. Enable residents and students to define parole, probation, and collateral consequences
2. Inform residents and students on how these concepts impact health
3. Explain the concept of "net widening" in the criminal legal system

4. Understand how parole and probation limit healthcare related placement options

Intervention: A 30-minute lecture and a one-page educational reference guide.

Outcomes: Pre-survey to post-survey on ability to define key terms and showing change in attitudes regarding "net widening."

## **(16) Voter Advocacy Consult Team: An Assessment of and Intervention to Address Barriers to Voter Engagement at a Safety Net Hospital**

Stephen Gurley, MD, Ronnye Rutledge, MD

Background: Voting has been well described as a social determinant of health. Multiple studies demonstrate that individuals who vote tend to report higher levels of health, and likewise those with higher burdens of chronic health issues are less likely to vote. Those with lower socioeconomic status, and members of racial/ethnic minority groups may face additional barriers to voter participation, particularly in the US South. Lack of voter participation for these groups can mean that their health interests are not represented politically. The purpose of this study and intervention is to assess the challenges that prevent civic participation among inpatients at a safety net hospital in the US South. We also propose the creation of a comprehensive voter resource team to increase the likelihood of a successful ballot cast.

Methods: In the first phase of the study, inpatients at an urban safety net hospital in the US South will be asked about their previous voting history and their perceived and real barriers to voting completion. They will also have their voter eligibility determined. Those who are eligible and interested in voting will be registered and will be provided counseled in creating a detailed plan to vote, including dates of election/early voting, the location of polling site(s) and how to access transportation to polls, and how to obtain a voter ID. In the 3-month period after election day, participants will be contacted to determine if voting completion was attained and/or what barriers existed to voting completion.

Data Analysis: We will perform descriptive analysis of enrolled participants and will stratify participants based on interest in voting (high vs. low) as well as barriers to voting (high vs low). We will then compare the stratified groups in terms of

demographic characteristics, perceived health and knowledge of voting/voting preparedness using chi-squared for categorical variables and Student's t-tests for continuous variables as appropriate. Finally, we will conduct multivariate logistic regressions to determine predictors of voting completion and voting interest.

### **(17) Analysis of county representation in the Grady patient population requiring ophthalmological services**

Julia Byrnes BS, Mung Yan Lin MD, Jacquelyn O'Banion, MD, MSc

Background: Grady Memorial Hospital is one of the largest publicly-funded safety net hospitals in the United States. Its outpatient eye clinic is primarily intended to serve uninsured and underinsured Fulton and DeKalb County residents, as those counties solely fund the hospital's healthcare services. However, in the past decade, there has been a steady rise of patients from other counties that are transferred by ambulance or present to the Grady emergency room for management of complex eye diseases and ocular emergencies. This is unsurprising since 33% of counties in Georgia currently lack eye care providers.

Objectives/Aims: To better understand the needs of out-of-county patients seeking care at Grady Eye Clinic with the goal of finding treatment options for patients in their home counties.

Intervention: We performed a retrospective chart review of all patients presenting to Grady for ophthalmological services between 2012 to 2023 to understand trends in county representation over time. We also performed a prospective study, where patients seen at Grady between July 2022 and April 2023 who were not residents of Fulton or DeKalb counties were asked to participate in a survey. Patients were asked about their demographics, county of residence, insurance status, employment status, estimated annual personal and household income, the reason for choosing Grady, whether they were evaluated by another ER or physician before coming to Grady, and the amount they could afford to pay for clinic exams, surgical procedures, and eye drops.

Outcome: The majority of out-of-county patients seen for eye care at Grady between 2012 and 2022 were residents of Clayton (1282), Gwinnett (694), Cobb (534), Henry (310), and Douglas (173) counties. 208 out-of-county patients were seen as emergency room consultations between July 13,

2022 and April 20, 2023. Of the 208 patients, only 35 consented to completing the survey. Patient age ranged from 16 to 74, with a mean of 46. The highest self-reported ethnicity was black (51%). Most patients were insured with 49% reporting private insurance, 40% reporting Medicare or Medicaid, and 11% reporting no insurance. Patients predominantly presented by ambulance and the most common reason for presenting to Grady was for traumatic ophthalmologic injuries. 25% were referred to Grady by an outside provider, and 69% were evaluated by another ED or eye provider prior to their presentation at Grady.

### **(18) Improving Gender Inclusivity at Emory with a Novel Pronoun Pin Initiative**

Abigail LeCates, Brendan Pulsifer, Jason Schneider

Background: Healthcare settings have long struggled to become fully gender inclusive, especially for transgender and gender non-conforming individuals. Clinical environments that are perceived at best as not inclusive – or at worst as unwelcoming – have been shown to further marginalize gender diverse patients and prevent adequate teamwork for gender diverse healthcare workers. Very few studies or initiatives have examined gender inclusivity at Emory University School of Medicine (EUSOM) and its affiliate clinical sites. To fill this gap, the Emory Medical Alliance, EUSOM's LGBTQ+ affinity group, applied for and received the Emory Belonging and Community Justice Mini Grant for a pronoun pin initiative.

Objectives/Aims: First, this project aims to assess the perspectives of medical students on the current climate of gender inclusivity at EUSOM and its affiliate clinical sites. Second, it aims to improve gender inclusivity in these environments with pronoun pins that can be fastened to clothing or accessories and display the wearer's personal pronouns (e.g., she/her). Third, it aims to evaluate this initiative as a scalable model for improving gender inclusivity at Emory and peer hospital systems.

Intervention: Pronoun pins with the six most common personal pronouns were distributed to all medical students in small group sessions. When students received pins, they completed a Google Form designed to elicit information about how students share and ask for pronouns at school and in healthcare settings as well as perceptions of the pronoun pin initiative.

Outcomes: Respondents (n = 166) were mostly M1s (52%) and M2s (38%), and the majority were cisgender women (72%). Though 86% of respondents report that it is either important or very

important to know their patients' pronouns, only 32% of respondents ask for their patients' pronouns either often or always. Similarly, though 46% of respondents report that it is either important or very important for patients to know their pronouns, only 11% of respondents report sharing their pronouns with patients either often or always. Very few respondents report sharing their pronouns with their classmates (13%) or their clinical teams (5%) either often or always. Factors most reported in respondents' decision to ask for, and share their own, pronouns include convenience, cultural norms, and perception of whether a conversation about pronouns would be met with positive reception. The majority (55%) of respondents think that the pronoun pins will have a large or very large impact on gender inclusivity at Emory.

### **(19) A Four Year Fiasco: Jail and Mental Health**

Alex Galloway MD, Isabel Lopez MD, HoLim Lee MD, Mark Spencer MD

Case Background: Mr. F is a 51-year-old man with history of schizoaffective disorder and cirrhosis due to hepatitis B who presented to the hospital from county jail with acute encephalopathy. He was admitted and diagnosed with hepatic encephalopathy (HE) which improved with supportive therapy. This was his sixth admission from jail in the past year, each for HE in setting of missed lactulose dosing. As Mr. F recovered from the HE episode, his mental status was noted to have fixed delusions and disorganized thinking. During this sixth admission, the medical team expressed concerns for the patient returning to the jail facility. Eventually, the team became in contact with the patient's family who explained Mr. F's unfortunate situation. He was initially arrested four years prior and had been held, ineligible for bond and awaiting a psychiatric competency evaluation.

Objectives/aims:

1. Recognize the harms of incarceration by reviewing a patient's story with the county jail
2. Identify opportunities for diversion from the criminal legal system

Intervention: Despite his family's relentless advocacy efforts, Mr. F was in jail for four years without adequate mental or medical health services. The medical team expressed concern at his increased risk of mortality with each readmission for HE and the facility's inability to meet his medical needs. Concurrently, his lawyer presented another case dismissal request to the judge, who granted the request while he was hospitalized. He was discharged home with family. On a follow up appointment, his family noted psychosocial and physical decline from his pre-incarceration baseline

and difficulty with transition to the community with lack of social resources.

Outcomes/Discussion: Mr. F was one of over 450,000 people in Georgia who are incarcerated or under probation. Systems of incarceration harm the most vulnerable. The competency and restoration systems are in crisis and fail patients who cannot get through the opaque carceral system. Jails are not mental health institutions, and Mr. F's case demonstrates the risk of harm. In addition to the moral arguments against incarcerating individuals like Mr. F, the financial implications are significant. Mr. F was incarcerated in a county jail for four years. His multiple hospital admissions cost the county further. During this time, the county jail remained overcrowded with unhealthy conditions, leading to multiple preventable deaths. This case highlights the need for evidence-based public health initiatives that can keep our communities healthier.

### **(20) Sprouting Readers(c) -- Nurturing the Seeds of Literacy for All**

Joan Wilson, FACHE, JM, Caitlin S Farrell, MPH, Eva Li, Janet Mao

Sprouting Readers© is a collaborative, community-based program designed to promote a love for reading and learning among young people and empower them to achieve their full potential, both in the classroom and in leading healthy lives. Initiated seven years ago through the Emory Urban Health Initiative, Sprouting Readers© addresses the social determinants of health, particularly food access and literacy, in designated food desert regions of metro Atlanta with below-average high school graduation rates. The program targets children from kindergarten to third grade, a crucial period for developing reading skills, as those who fail to read at grade level by third grade are at an increased risk of dropping out of high school. Poor reading abilities and the absence of a high school diploma have substantial long-term effects on well-being and prosperity.

Sprouting Readers© employs a multifaceted approach to each session held: a) reading of an age-appropriate gardening/nutrition book with the children; b) teaching a STEAM lesson related to the book topic and aligned with Georgia Department of Education grade-level standards to reinforce the book's content; c) engaging in a hands-on activity based on the book topic and STEAM lesson; and d) providing each child with their own copy of the featured book to keep and encourage them to share it with family and friends. The program involves volunteers from various Emory schools, including the Rollins School of Public Health, Emory School of Medicine, and Emory College, as well as graduate



and undergraduate students from other colleges and universities. It offers these student volunteers an opportunity to develop programs that address health disparities and work within communities.

Sprouting Readers© has conducted weekly or biweekly sessions for the past three years at the Agape Youth & Family Center and Sara J. Gonzalez Park in Atlanta's Westside community. Each session adheres to the aforementioned components and has been attended by 10 to 20 Agape students. Emory undergraduate and graduate students from Emory College, Emory Rollins School of Public Health, and Emory School of Medicine have planned and led each session. Since its inception, Sprouting Readers© has distributed over 1750 books, allowing students to take home the featured book from each session. Currently, program evaluation efforts are underway, with pre- and post-assessments administered by students' Agape teachers and/or parents.

### **(21) Safety Baby Showers: An Approach to Improve Parental and Pediatric Resident Practice of Injury Prevention**

Heather Hirsch MD, MPH; Melissa Adams MD; Brooke Evans MD; Vidya Menon MD; Kaitlin Hannan MD; Christine Kaba MD; Shannon Coleman MD; Andrew Potter, DO

Unintentional injuries are the 5th leading cause of infant death. Injuries are expensive and having a lower socioeconomic status is more heavily related to unintentional injuries. By providing injury prevention counseling, unintentional injuries have been shown to decrease and there can be savings of over \$800 per child. Safety baby showers (SBS) are educational group events regarding infant safety. Additionally, pediatric resident physicians are important resources for families but do not always incorporate injury prevention into anticipatory guidance. In one study, less than half of pediatric residents mentioned injuries in well-child visits, and if an injury prevention topic was introduced, only ~1 minute was devoted to it.

Our project objectives are to: implement a sustainable SBS curriculum into a group prenatal care setting for low-income mothers; equip expectant parents with infant safety knowledge/resources; and increase pediatric resident comfortability with infant safety. Our curriculum serves as a reference for station leaders (often pediatric residents) and includes injury safety topics addressed at one of six stations. We provide safety incentives (child proofing devices and more). Via pre- and post-shower surveys, we evaluate participant knowledge, attitude, and beliefs of infant safety. Also, we gathered baseline data of pediatric

resident's knowledge of and comfortability with infant safety.

We've hosted two SBS with over 60 participants. At our first shower, all participants identified as female with an average age of 27 years old; 77% of participants identified as black or African American; 10% identified as white, 13% chose not to answer; and 16% identified as Hispanic or Latino. Approximately 50% had not purchased any infant safety equipment; and 45% of parents identified the back as the safest position for sleep in the pre-survey, which increased to 74% in the post-survey.

For pediatric residents, 45 completed a baseline survey. The most frequently reported safety topics residents discussed with families were safe sleep (93%), formula mixing (75%), and car seats (87%). Car seats were cited as one of the most uncomfortable discussion topics. Additionally, 60% disagreed that they can properly install a car seat, and ~50% disagreed that they can answer car seat installation questions. Infant safety can be overwhelming for both parents and pediatric residents. SBS are an effective way to improve parental and pediatric resident knowledge/comfort in infant safety. Our project is now receiving the third round of funding to continue.

### **(22) Health Law Partnership (HeLP): A model for addressing the social determinants of health**

Michaela Whitelaw, MPH; Stan Sonu, MD, MPH; Amanda Cole, JD

In 2023, over 75,000 patients in the United States were assisted by medical-legal partnerships to resolve legal issues that negatively impacted health. Founded in 2007, the Health Law Partnership (HeLP) was created to address unmet social needs requiring legal interventions among patients and families who seek care at Children's Healthcare of Atlanta (Children's).. HeLP is a community collaboration of Children's, Georgia State University College of Law, and the Atlanta Legal Aid Society (ALAS). Additional partnerships include Morehouse School of Medicine and Emory University School of Medicine. Pediatric residents and 4th-year medical students are integrated into HeLP, where their clinical knowledge contributes to the medical-legal cases.

HeLP advocates for the health and well-being of low-income families through providing direct and free legal services. . . HeLP also provides interdisciplinary education to support synergistic collaboration often necessary to address the legal challenges affecting HeLP's clients. Through continuous evaluation of its programming and impact on the community, HeLP

can serve as a model for the necessary development of MLPs at other health care and academic institutions.

Attorneys work interprofessionally with social workers, clinical practitioners and graduate students (law, medical, social work, and bioethics) to provide longitudinal legal assistance. Cases include housing, education, family law, supplemental security income (SSI), and other social benefits.

Case examples: (1) Doctors sought approval from a Medicaid CMO for the bone marrow transplant for a child with sickle cell disease and were denied. (2) A young child with a known rare genetic disorder requiring significant life-saving and life-improving medical services is denied disability benefits despite meeting Social Security Administration's standards.

A preliminary evaluation of HeLP during FY2023 suggests that HeLP's free legal services positively impacted the health and well-being of children and families, including helping to alleviate some of the socioeconomic and legal issues they faced. Case results: (1) HeLP identified gaps in the denial decision and submitted an appeal, which resulted in approval of the bone marrow transplant. (2) HeLP provided thorough documentation proving SSI eligibility and need for disability benefits. SSI will likely be granted. Overall, HeLP is a unique and necessary model for promoting health equity that we should continue expanding into academic and professional settings.

**(23) Impact of the Emory Ryan White Program: Investigating Patient Satisfaction and Loss to Follow-Up Amongst Inpatients Newly Diagnosed with HIV**

Jillian Rankin, Tamia Ross, Angella Appah, Kierra Regis, Francesca Giraud, Jordan Prosky

Background: The Ryan White HIV/AIDS Program (RWP) is a federally funded clinical program that provides a comprehensive system of HIV primary medical care, support services, and medications for people living with HIV who are low-income, uninsured, and/or medically underserved.

Objectives and Aims: As part of our Community Learning and Social Medicine course, we collaborated with the RWP ID clinic team at Emory University Hospital Midtown (EUHM) to conduct patient surveys and provider interviews to better understand the RWP patient experience, elucidate barriers in the inpatient to outpatient transition, and develop interventions aimed at increasing the number of patients receiving care through RWP.

Intervention: Patient satisfaction surveys included measurements of patient demographics, feelings of safety and comfort at the clinic, experience with accessing the clinic (transportation) and clinical staff (communication), and overall satisfaction with RWP. While most patients were satisfied or extremely satisfied with their experiences at RWP, common complaints included difficulty with hospital parking. Because this was beyond the scope of RWP, we transitioned to investigating provider perspectives, and primarily interviewed hospitalists working at Emory-affiliated hospitals. Perceived barriers to ensuring follow up care for newly diagnosed inpatient HIV patients included limited provider familiarity with patient eligibility criteria and scope of services provided at RWP. There may also be increased risk of loss to follow up in cases in which Infectious Disease physicians, who are generally responsible for arranging follow-up, are not involved in patient management.

Outcomes: In general, patients receiving HIV care through RWP are very satisfied with their care and experiences at the clinic. However, interviews with providers revealed concerns about adequately linking newly diagnosed HIV patients to follow up care at RWP. Based on our findings from provider interviews, additional physician education regarding RWP patient eligibility and available services may increase utilization of RWP and minimize loss to follow up.

**(24) A Point-in-Time Count at Grady Hospital**

Radhika Agarwal, MD, Kunal Doshi, MD MPH, Ayan Mohamed, MPH, Afekwo Ukuku, MPH PhD, Leslie Marshburn, MBA MPH

Background: The Point-in-Time (PIT) count is a city-wide annual survey to count unhoused individuals on a single night. Before 2023, individuals in hospitals were excluded from the count, underestimating the true unhoused population. In 2023, Grady Hospital and Partners for HOME conducted the first hospital-wide PIT count on the same night as the Atlanta's PIT count.

Objectives: To conduct a PIT count and understand characteristics and needs of unhoused individuals at Grady Hospital.

Intervention: On January 23, 2023, 40 trained volunteers surveyed individuals in the wards, emergency department, and waiting areas. Respondents received a \$5 gift card to Grady's cafeteria. Data was collected on REDCAP and descriptive statistics were analyzed. The event was approved by Grady's compliance department.

Outcomes: 71 of 663 (11%) people, at Grady Hospital at the time of the count, experienced homelessness immediately prior to presenting to the hospital, representing 2.6% of the unhoused population in Atlanta identified in the 2023 PIT count. 73.2% identified as Black, African-American, or African, 14.1% as White, 5.6% as Hispanic. 64.8% were inpatient. 54.9% slept in streets/homeless camps while 12.7% used homeless shelters. 85.7% came for medical care while 2.8% came for shelter. 54.9% reported chronic health conditions, 43.7% mental health conditions, and 14.0% substance use disorders. 26.8% were denied shelter beds due to health conditions/disability. 33.8% reported not seeking shelter due to health conditions/disability. 57.7% would go to a shelter bed that night if open. 84.5% would accept case management services.

Including Grady and metro-area hospitals in future PIT counts would ensure a more accurate census of people experiencing homelessness. Grady is a resource for many of Atlanta's unhoused, some with complex medical needs which hinder access to housing resources. These data can inform hospital, local, and statewide policies such that needed resources are available and accessible for people experiencing homelessness.

### **(25)The Social Prescription of Arts and Culture Experiences: Bridging the Gap between Community Partners and Individuals with Mental and Behavioral Health Concerns**

Sana Kamboj, Rachel Holstein

Background: 1 in 5 adults and 49.5% of adolescents are estimated to experience mental illness<sup>1</sup>. Arts and culture (A&C) experiences have been found to improve mental health outcomes.<sup>2</sup> Social prescribing is a model which connects patients to community organizations that provide ancillary non-medical support.<sup>3,4</sup>

Art Pharmacy (AP) is an Atlanta-based social prescribing organization that connects eligible patients with mental and behavioral health concerns MBHC who have been referred by a prescribing partner to community A&C experiences, such as museums and art classes.<sup>5</sup> Experiences are free for patients. AP currently serves adolescent and geriatric patients. 100% of patients receive Medicare or Medicaid benefits.

Objectives: We interviewed the AP CEO and founder, the Program Director, a patient, a prescribing partner, a Care Navigator, and 2 A&C partners. We found that A&C partners lacked dissemination materials to orient staff to working with individuals with MBHC, like AP patients.

Intervention: To bridge this gap, we created education materials, which included evidence-based tips and best practices to support patients with MBHC for A&C partners. These included information on how to 1) create a welcoming environment, 2) allow for agency, 3) provide a safe space, and 4) incorporate healing-centered engagement. Each handout was constructed using concepts from cultural sensitivity<sup>6</sup>, neurobiology of social support and resilience<sup>7,8</sup>, and healing-centered engagement<sup>9</sup>.

Outcomes: A&C partners, patients, and prescribing partners found arts-prescribing valuable in the treatment of MBHC. Educational materials were disseminated to A&C partners and are expected to help both patients and A&C partners smoothly navigate interactions, further improving patient adherence rates and health outcomes.

### **(26)Modeling Health Education Through the Elementary Pediatric Health Curriculum**

Chiagoziem Ohamadike, Lucy Avant, Kristin Myers, RN, Alex Rothbaum, PhD, MPH, Andrew Pendley, MD, MBA

Background/Objective: Most resources in US healthcare are devoted to managing chronic disease in adults, rather than prevention during formative years. Evidence-based healthy behaviors are rarely taught in primary education, especially in low-income communities. In 2018, Emory and Morehouse students and physicians developed the Elementary Pediatric Health Curriculum (EPHC), a novel longitudinal health curriculum based on Georgia Health Education standards. However, the students lack the individual, social, and structural ability to incorporate the behaviors at home as they rely on under-resourced adult caregivers. As a result, Emory students created supplemental asynchronous videos targeting caregivers in order to reinforce the curriculum at home.

Intervention: The classroom curriculum consists of 10, 30-minute monthly lessons across the K-5 experience. Monthly classes focus on key topics, while also referencing previous teaching to increase retention via spaced repetition. In 2023, Emory students developed supplemental videos to reinforce the key points from the lessons. The videos are around 5 minutes in duration, delivered at a 5-7th grade literacy level, and incorporate longitudinal characters and themes appealing to both children and adult audiences. The characters model conversations between a parent and child and the parental figure speaks as a peer to the adult viewer, describing how to model healthy behaviors for their child. Utilizing the fundamental principle of the Social Learning Theory, the videos demonstrate the

behaviors that caregivers can model for their children to observe and emulate.

Outcome: A program evaluation plan has been developed such that surveys will be disseminated to parents, teachers, and child psychiatrists to quantify the efficacy of the videos and revise content to create a more rigorous, disseminable curriculum. Since EPHC became a site for the Community Learning Social Medicine course at Emory SOM, the video evaluation plan will be feasibly maintained by medical students.

Conclusion: The supplemental videos are designed to be a potential preventative intervention that reinforces the evidence-based healthy behaviors that students learn at school. This resource promotes transmission of healthy practices to the home to create generational lifestyle changes in low income communities. Such reinforcement may amplify the ability of elementary students to adopt healthy lifestyle education, behaviors, and enthusiasm within at-risk communities, providing a grass-roots public health platform for the betterment of society.

### **(27) Exposing Pediatric Residents to Legislative Advocacy via Letter Writing**

Heather Hirsch MD, MPH; Amanda Kuhn MD

Adverse childhood experiences (ACEs) and poor social conditions are well known to be heavily related to worsened pediatric health. Pediatricians can interact with children and families frequently and have an obligation to advocate for improved health conditions and laws that improve childhood health. The American Academy of Pediatrics recommends that pediatricians advocate on three levels- the individual level (i.e., in each patient encounter pediatricians should screen for social determinants of health), the community level (i.e., work with community organizations on larger community-centered social issues), and the legislative level (i.e. use their voice to perform legislative advocacy for child health issues). Although many pediatric residents are exposed to some form of community and legislative advocacy there is discrepancy in how they are taught which can make each person's experience quite variable and inequitable.

We aimed to create a didactics session focused on legislative letter writing for two current topics ongoing at the Georgia Legislative Session. We had a goal of at least 75 letters to deliver to our state lawmakers.

At our legislative letter writing session, we focused on two active topics at the GA Legislative Action.

First we focused on the "Pediatric Health Safe Storage Act," which would require and incentivize people to practice safe storage of firearms. We also advocated to strongly oppose the "Medical Freedom Act," which would essentially repeal Georgia's mandated childhood immunizations for school attendance. We provided fact sheets for each bill and their associated topic and an example letter to the legislator for pediatric residents to create their own hand-written letter. We additionally provided a pre-filled statement that pediatric residents could sign advocating for support of the Pediatric Health Safe Storage Act.

After our one-hour session, we had approximately 75 residents attend across two campuses. We had 51 signed letters advocating for the Pediatric Firearm Safe Storage Act and an additional 34 signed pre-filled statements. We also had 45 letters advocating against the proposed law that would effectively repeal Georgia's immunization requirements for school attendance. In total, we had 130 letters that were delivered to state lawmakers, surpassing our goal of 75. We had positive responses from the residents who indicated they felt more confident with legislative letter writing and would be interested in more sessions to continue honing their advocacy skills.

### **(28) Social Determinants of Health in an Inpatient Setting: Understanding and Streamlining our Current System**

Heather Hirsch MD, MPH

Social Determinants of Health (SDH) are defined by the CDC as the "conditions in the places where people live, learn, work and play that affect a wide range of health risks and outcomes." Up to 20% of a person's health can be related to SDH including access to care, economic stability, educational opportunities, etc. In pediatric medicine, SDH are even more complicated as there is often the family component that plays into the health of the pediatric patient. Although, SDH screening has been shown to have many positive results in improving patient health outcomes, many providers do not screen for SDH as they cite barriers such as time and resources. Previous studies have shown that SDH screening can decrease the number of families' unmet social needs, increase family engagement with their health care, increase families' trust and confidence in their providers, and improve self-reported child health and more. Most current SDH screening is done in the outpatient setting given there is more continuity with patients. The inpatient setting is an extremely vital opportunity to assess for social needs with SDH screening as up to 50% of children do not have a medical home and often seek the inpatient or Emergency Departments

for routine medical care. In my project, I assessed our pediatric hospital system's current method of SDH screening and what gaps may be present. I met with members of nursing staff and hospital leadership at all 3 main CHOA sites (Hughes Spalding, Scottish Rite, and Eggleston) to understand the current context of SDH screening. I conducted informal conversations and reviewed the charting flowsheet that the nursing staff utilizes for their initial SDH screening. I found there is a standardized admission database that touches on SDH but pediatric resident physicians are often not aware of this database. Additionally, nursing staff identified there are barriers to thorough SDH screening such as time limitations, late night admissions (parents/patients wanting to sleep), and feasibility of screening. Additionally, I learned there is no universal screening on firearm storage or even access to firearms in the home although other safety topics are asked about. There is a need for firearm storage screening given that in 2021, there were 244 children in Georgia who died from a firearm-related cause. In the future, I plan to work on implementing firearm safety screening into the current SDH screening system and creating a workflow diagram to show pediatric resident providers how to access the admission database for SDH screening information.

### **(29) Operationalization of the Lived Experience Integration Program at the Georgia Perinatal Quality Collaborative**

Annie Rouza, MD, MPH; Laura Layne, RN, MSN, MPH; Shaunta Rutherford, MPH, PhD; Lisa Ehle, MPH

Background: Individuals with Lived Experience (ILEs) can use their health-related experience to help improve the health of communities. Lived Experience Integration (LEI), or the integration of ILEs into public health programs, can help shape program policies to facilitate providing needed services to at-risk communities. LEI has mostly been piloted in mental health programs but not in maternal/child health programs.

Objective: We aimed to operationalize the implementation of a Lived Experience Integration program at the Georgia Perinatal Quality Collaborative (GaPQC), an entity sponsored by the Georgia Department of Public Health.

Intervention: To develop the program, we used the PRECEDE-PROCEED planning model, which is a comprehensive model for designing, implementing, and evaluating public health programs. We focused on the PROCEED aspect of the model to create the program implementation and evaluation plan.

Outcomes: We created a logic model to map out program inputs, activities, and outcomes (short and long-term) encompassing ILE recruitment and training up to the provision of equitable services to at-risk Georgia communities. We drafted a theory of change statement explaining why the program can yield the proposed outcomes and developed action steps with assigned timelines for program implementation. We also created a blueprint for the formative and process evaluation of the implementation plan, assessing adherence to the plan, program dose delivered and received, the quality of program delivery, and program context.

Conclusion: This implementation science framework is one of the first to operationalize ILE integration into a maternal/child health program. It can be used as a template for other programs seeking to adapt their policies to affect equitable change in their communities.

Public Health Implication: The integration of ILEs into public health initiatives can help provide a deeper understanding of health issues affecting at-risk communities while guiding the provision of responsive services to these communities.

### **(30) Analysis of county representation in the Grady patient population requiring ophthalmological services**

Julia Byrnes BS, Mung Yan Lin MD, Jacquelyn O'Banion, MD, MSc

Background: Grady Memorial Hospital is one of the largest publicly-funded safety net hospitals in the United States. Its outpatient eye clinic is primarily intended to serve uninsured and underinsured Fulton and DeKalb County residents, as those counties solely fund the hospital's healthcare services. However, in the past decade, there has been a steady rise of patients from other counties that are transferred by ambulance or present to the Grady emergency room for management of complex eye diseases and ocular emergencies. This is unsurprising since 33% of counties in Georgia currently lack eye care providers.

Objectives/Aims: To better understand the needs of out-of-county patients seeking care at Grady Eye Clinic with the goal of finding treatment options for patients in their home counties.

Intervention: We performed a retrospective chart review of all patients presenting to Grady for ophthalmological services between 2012 to 2023 to understand trends in county representation over time. We also performed a prospective study, where patients seen at Grady between July 2022 and April 2023 who were not residents of Fulton or DeKalb

counties were asked to participate in a survey. Patients were asked about their demographics, county of residence, insurance status, employment status, estimated annual personal and household income, the reason for choosing Grady, whether they were evaluated by another ER or physician before coming to Grady, and the amount they could afford to pay for clinic exams, surgical procedures, and eye drops.

Outcome: The majority of out-of-county patients seen for eye care at Grady between 2012 and 2022 were residents of Clayton (1282), Gwinnett (694), Cobb (534), Henry (310), and Douglas (173) counties. 208 out-of-county patients were seen as emergency room consultations between July 13, 2022 and April 20, 2023. Of the 208 patients, only 35 consented to completing the survey. Patient age ranged from 16 to 74, with a mean of 46. The highest self-reported ethnicity was black (51%). Most patients were insured with 49% reporting private insurance, 40% reporting Medicare or Medicaid, and 11% reporting no insurance. Patients predominantly presented by ambulance and the most common reason for presenting to Grady was for traumatic ophthalmologic injuries. 25% were referred to Grady by an outside provider, and 69% were evaluated by another ED or eye provider prior to their presentation at Grady.

## **Diversity, Equity, & Inclusion Interventions for Professional Development**

### **(1) Unveiling the Gaps: LGBTQIA+ Representation on Emergency Medicine Residency Websites – A Call for Inclusivity**

Eliot Blum MD, Michelle Lall MD, Khiem Hoang MD, David Kulp, Christopher Awad, Lauren Jenkins

Background: There is significant underrepresentation of those who identify as LGBTQIA+ in emergency medicine (EM). Residency program websites serve as a critical source of information and recruitment tool, and medical students rely on them significantly when deciding where to interview, rank, and match. Discerning programmatic emphasis on LGBTQIA+ representation from their websites serves as useful tool for gauging inclusivity and program emphasis on LGBTQIA+ principles. We hypothesized that an analysis of EM residency program websites would provide insights into LGBTQIA+ representation, inclusion, and/or allyship.

Methods: Our study reviewed 282 EM residency websites for 1) use of pronouns on resident biographies/public pages; 2) use of a diversity webpage; and 3) specific emphasis/inclusion of an LGBTQIA+ subsection.

Results: The data demonstrated only a handful of Emergency Medicine programs across the country including pronouns, diversity resources, and/or an LGBTQIA+ subsection. Shockingly, less than 5% (4.26%; n=12) of programs included pronouns on EM residency websites, with no programs in the West, Southwest, or Puerto Rico incorporating pronoun references. Less than 32% (31.21%; n=88) featured diversity-specific content, showcasing a diversity page. A mere 3.90% (n=11) of all residencies included content specific to queer trainees.

Conclusion: This study underscores a deficiency in diversity and specifically, LGBTQIA+ content on EM program websites, a critical source of information and recruitment tool for medical students. While there are various markers for programmatic efforts in diversity, equity, and inclusion, a minority of programs signal these commitments on their websites. We contend that programs incorporating such signals not only contribute to increased representation but also attract greater diversity to their programs which is imperative for fostering an inclusive and representative landscape in EM.

### **(2) Evaluation of a Health Equity Advocacy Track for GME learners**

Aly S. Toure, Tracey L. Henry, MD, MPH, MS

Building off our small interdisciplinary pilot program last year, we created a stepwise approach on how to implement a collaborative interdisciplinary curriculum across GME programs. We identified areas of curriculum overlap and interests for the GME programs. We developed a list of lecturers and speakers followed by including interprofessional education (IPE) principles for each lecture. We mapped each lecture to the Health System Science core competency and use the Interprofessional Education Collaborative five core competencies for IPE: roles and responsibilities, ethical practice, conflict resolution, communication and collaboration and teamwork. We are utilizing the “flipped classroom” approach to IPE to assist in ensuring a “level playing field” for our learners from different medical specialties and professions.

### **(3) Increase in promotion actions immediately following a URiM faculty development program**

Jada Bussey-Jones, Sheryl Heron, Kimberly Manning

Background: Despite increasing diversity in the United States, diversity has not been similarly reflected in higher ranks of academic medicine.

Objectives: The Emory SOM and DOM collaborated to develop a 5-month longitudinal URiM Faculty Development Program to 1) augment peer mentoring and sense of community, 2) enhance career development skills, 3) facilitate discussions about navigating academia as a URiM faculty member, and 4) support an inclusive environment.

Intervention: There were several components to the program including experiential seminars on standard faculty development topics along with discussions about navigating academia as a URiM faculty member. There was peer review and support for individual projects. Additionally, faculty were matched with institutional leader coaches.

Results: In year one, 14 faculty completed the program and 11 were eligible for promotion based on time in rank (mean 9, range 5 –18 yrs). Nine (81%) of the eligible faculty were promoted within 2 yrs of completion. Pre and post-tests demonstrate program impact in areas including “navigating the organizational culture, dossier prep & understanding promotion criteria, and ability to identify and approach individuals for mentorship”.

Conclusion: A faculty development program that includes peer mentoring and coaching elements can increase diversity and promote the advancement participants collectively and individually. Additionally, stronger social and collegial bonds within the academic medicine community may also result.

#### **(4) Implementing a Palliative Curriculum for Health Equity**

Janelle Williams Holder, MD, FACP, Kimberly Curseen, MD, FAAHPM

Background: Recognizing the exacerbated healthcare disparities in patients with serious illnesses and those nearing end-of-life, our initiative focuses on developing a palliative medicine-based program infused with health equity topics for our fellowship class. The absence of diversity, equity, and inclusion (DEI) topics in current palliative care curriculums necessitated the creation of a comprehensive curriculum aimed at addressing these deficiencies.

Objectives: To develop and integrate a health equity-focused palliative curriculum for our fellowship class by engaging Emory faculty with DEI expertise

and addressing key issues such as implicit bias, limited English proficiency, LGBTQ advocacy, ableism, and disparities affecting Black and Latino Americans.

Methods: A systematic survey was conducted to identify gaps in DEI-related topics within the existing palliative care fellowship curriculum. A proposal was developed and presented to the fellowship's leadership, incorporating their feedback. The revised curriculum was introduced to the teaching faculty for further input and awareness. The curriculum kickstarted with Implicit Bias training for all Division of Palliative Medicine members. It covered a broad spectrum of topics, including Understanding DEI, LGBTQ advocacy, and disparities for specific populations, complemented by sessions on emerging topics like Artificial Intelligence in health equity. The curriculum leveraged resources from the ACGME Project Equity and the Center to Advance Palliative Care's Project Equity. Each session featured two faculty moderators. To facilitate open discussion in a safe and welcoming space, we limited our group size to the fellowship class and the speakers. We also allowed time for any current relevant health equity topics the learners wished to discuss.

Results: The curriculum has been successfully implemented, with topics delivered by both internal and external speakers. Sessions allowed for interactive learning and personal topic presentations by learners. An evaluation tool was developed for fellows to assess the educational quality of presentations and provide feedback for curriculum improvement.

Conclusion: Our palliative curriculum for health equity represents a significant step towards addressing healthcare disparities in palliative care education. Through a structured approach to integrating DEI topics, the curriculum promotes a comprehensive understanding of health equity, aiming to equip future palliative care professionals with the knowledge and skills to provide equitable care. Further evaluation

#### **(5) The Power of Affinity Groups: Supporting Black Women in Academic Medicine**

Michelle C. Wallace, MD; Khaalisha B. Ajala, MD, MBA, FHM; Cherie Hill, MD, FACOG; Sheryl Heron, MD, MPH; Wendy Greene, MD, FACS, FCCM



Background: Black women in medicine experience gender and racial bias, increased burden of expectations, and isolation contributing to attrition. Affinity groups foster a diverse and inclusive work environment within the context of an organization's mission, values, and goals.

Objective: The Diversity Engagement Survey completed by Emory School of Medicine (SOM) faculty, staff, and trainees demonstrated less favorable responses from African American/Black respondents and women in engagement cluster and inclusion factors. To address this need, the SOM sought opportunities to enhance the engagement and inclusion of underrepresented groups.

Intervention: The pre-existing African American Women's Collaborative (AAWC) was chartered as an official Emory SOM affinity group. This group was created to provide a safe space for African American women faculty within the SOM to have discussions about work-life integration, engage in collaborative research, and receive academic promotion support while providing meaningful community service.

Outcomes: Since its official chartering by the SOM, the AAWC has increased the engagement of Black women faculty with the SOM and fostered interdisciplinary relationships with a sixfold increase in membership comprised of faculty from multiple divisions. Members have engaged in community service projects and advocacy and sponsored each other for awards. Additionally, the AAWC was awarded grant funding to conduct a workshop series entitled "Health as a Leadership Strategy" in support of its members which is currently on-going.

Future directions: Future directions include partnering with other affinity groups, enhancing group scholarship, and measuring impact of the "Health as a Leadership Strategy" series.

#### **(6) Developing an Anti-Racism Medical Ethics versus Oath: Healthcare Professionals Navigating a Malignant Healthcare Environment**

David Kulp, MSc; Elizabeth McCord, MD; Douglas Flanagan, LPN; Travion Sabra

In the sanctum of healthcare, professionals are sworn to an oath of service that demands impartiality and compassion. Yet, the reality of clinical practice often presents a stark contrast, as caregivers are confronted with patients whose actions and words transgress the boundaries of respect. This ultimately portends a barrier to the therapeutic relationship – influencing the dynamics of care and overarching

satisfaction of both the patient and the members of the care team.

Healthcare professionals are bound by their oath to avoid or minimize harm and respect the values and autonomy of the patient. However, when patients cause moral harm, our ethical principles can come into conflict. This conflict can lead to moral distress, which subsequently leads to moral injury and burnout over time. The long-term impacts of such moral harm can be profound, affecting the psychological, social/behavioral, physical, and financial aspects of healthcare professionals.

The data backing these conclusions is significant. A JAMA cross-sectional longitudinal survey of U.S. physicians found that mistreatment and discriminatory behaviors by patients, families, and visitors within the previous year were common. The study showed that "approximately 1 in 5 physicians (21.6%) had experienced a patient or their family refusing to allow them to provide care because of the physician's personal attributes at least once in the previous year". Nearly one-third of survey respondents noted experiencing racially or ethnically offensive remarks, notably more prevalent amongst female providers and providers of diverse ethnic/racial groups. Physical violence by patients and visitors also remained high – 15% of respondents experienced workplace violence, most experienced by women. However, the study notes that "little is known about how best to mitigate risk of workplace violence" in a delicate healthcare setting (Dyrbye et al, 2022).

While patients' needs must be balanced with the safety of providers, a renewed conversation about the reasonable tolerance of healthcare professionals must be had. Amidst higher rates of provider burnout, it is crucial to prioritize and protect the mental health and wellbeing of healthcare professionals without abandoning the biopsychosocial needs of patients. Systemic changes are needed to foster healthcare environments that not only tolerate diversity and equity, but also actively protect those who serve within it, ensuring that the mission of healthcare is not overshadowed by the malignant behaviors of some of those it aims to heal.

## **Education**

### **(1) A Cautionary Tale: Gathering Qualitative Stakeholder Perceptions prior to Anti-Racism Curricular Change**

Chung, Grace; Maitra, Aparajita; Romero, Cynthia; White, DeJuan; Castillo, Richard; Ajala, Khaalisha; Parker, Monica Lauren; Mwarumba, Tuzo; Cornely, Max; Bussey-Jones, Jada

Background: Becoming an anti-racist institution requires managing multiple mindsets and experiences. As part of the Emory School of Medicine's (ESOM) Office of Equity and Inclusion strategic plan, an Actionable Education Initiative Committee on Anti-Racism was formed to plan related curricular interventions for ESOM.

Intervention: A call for participation across ESOM solicited focus groups of diverse stakeholders including students, trainees, faculty, staff, patients, and families. Additionally, key leaders were solicited for individual interviews. A total of 56 participants were engaged across all focus groups and stakeholders.

Outcomes: Several themes were present across all stakeholder groups including broad support for the importance of this topic for members of the ESOM community. Participants expressed concerns including the potential for making things worse, discomfort, shame, lack of engagement, and undue burden among historically marginalized groups. Important recommendations emerged from these discussions including requests for increased accountability and leader engagement to support any planned educational intervention. Regarding the curricular content, several suggested that sharing REAL Emory experiences would be impactful and inspire transformative learning. Participants also suggested content should provide historical context, be data-driven, integrated, ongoing, and simultaneously emphasize empathy and healing.

## **(2) Policing, Incarceration, and Health: A Novel Curriculum for Medical Students**

Mark Spencer, Hannah Marcovitch

The United States incarcerates more people than any other country on earth. One in two adults in America have had a direct family member incarcerated at some point. Despite exposure to constant rhetoric of public safety and justice, most do not understand how our criminal legal system operates, its costs, or its outcomes regarding health or safety. With policing and prisons ever-present across news, social media, politics, and popular culture, it is more important than ever for future physicians to interrogate what this system does and how various aspects of it hinder the overarching goals of health equity and health justice.

While the criminal legal system sits at the intersection of nearly all of the social determinants of health, medical students receive little to no education about it. The same vulnerable and marginalized groups experiencing worse health outcomes are disproportionately harmed by hyper criminalization and mass incarceration. If we are to take seriously addressing health disparities, it is imperative to understand the relationship of policing and carceral spaces to health.

The Policing, Incarceration, and Health Curriculum, a novel educational opportunity for Emory medical students was developed to fill these gaps. This discussion-based course provides a structured and evidence-based critique of various aspects of the criminal legal system. It is likely one of the most comprehensive medical school courses to date exploring connections between the prison industrial complex and health outcomes. The course serves as an introduction, encouraging participants to further critically engage with what constitutes public safety and what role healthcare, public health, and physicians in particular might play in re-defining it.

Objectives:

- Describe the main components of the criminal legal system
- Differentiate between types of carceral institutions
- Analyze how vulnerable and marginalized patient populations are disproportionately criminalized
- Assess the wide-reaching collateral consequences of incarceration
- Define key terms and concepts related to policing and incarceration
- Describe how the concept of structural violence manifests across the criminal legal system
- Evaluate the systemic barriers to adequate healthcare in prisons and jails
- Apply a critical analysis of the opportunity cost of investments in carceral institutions
- Explain some potential alternative responses outside of the criminal legal system

Intervention: 9 Meetings on an every-3-week basis on Tuesday evenings, readings assigned before

Outcomes: pre to post course survey data

## **(3) Addressing Health Disparities Through Advocacy: UAEM at Emory University**

Danielle Cicka, Ian Kushar, Jessica McHenry, Avery Brown, Mariana Dodd, Kenneth Mueller

Universities Allied for Essential Medicines (UAEM) is a global organization that promotes access to

medicines by focusing on issues such as advocating for increased transparency in research funding and drug pricing. Through a multifaceted approach, UAEM Emory graduate chapter has spearheaded efforts to promote access to essential medications and empower students to advocate for equitable healthcare. Understanding the complexities of drug pricing and access is crucial as advocacy directly impacts the well-being of patients; we focused our recent efforts on educating graduate students about hemophilia treatment accessibility, a topic that highlights the intersection of healthcare affordability and patient care.

Background: UAEM Emory Graduate chapter has encompassed students from a variety of programmatic backgrounds including business, medicine, law, public health, and theology. A diversity of expertise is critical for addressing such complex issues as access to medications. As such, our chapter has been able to host seminars, conferences, journal clubs, research projects, and movie screenings to educate Emory students and faculty on drug pricing and accessibility.

Objective: UAEM at Emory's most recent objective has been to educate the student body on difficulties in accessibility to hemophilia treatments.

Intervention: UAEM hosted Dr. DiGiandomenico for a lecture and discussion on access to hemophilia treatment. We hypothesized that this event would allow attendees to expand their knowledge of hemophilia treatment barriers. During the event, students learned about global inequality in access to hemophilia treatment and considered new treatments that could serve as an inroad to a more equitable future.

Outcomes: Nine students who attended the meeting reported increased knowledge of hemophilia treatments. Five students specifically reported learning about the many disparities in accessing hemophilia treatment, and three students reported learning about the costs of the different hemophilia treatments.

These initiatives demonstrate UAEM at Emory's commitment to globally reducing health disparities surrounding access to medicine. By advocating for equitable access to essential medications and fostering an understanding of drug development and dissemination, UAEM at Emory has proven to have an important role in raising awareness of these issues in the Emory community.

#### **(4) Improving Health Literacy in Voice Disorders using Health Communication Material Created by an AI Application**

Anthony Law, Alexa Robbins, Rachel Norotsky, Katharina Goebel, Mary Katherine Henry, Darcey Still

Background: Effective communication of health information is crucial for patient understanding, adherence to treatment, and overall satisfaction with healthcare. However, disparities in health literacy often hinder this communication, particularly in specialized fields like voice disorders. Existing literature highlights the need for tailored health communication at appropriate literacy levels to address these challenges.

Objectives/Aims: This prospective randomized controlled study aims to investigate the impact of translating health information to patients' literacy levels on understanding, compliance with medication/therapy recommendations, and satisfaction in individuals with voice disorders. Specifically, the study seeks to test the hypothesis that providing health information at the patient's literacy level will improve comprehension and satisfaction.

Intervention: The intervention involves the creation of health communication materials using an AI application, Chat GPT, tailored to individual patients' literacy levels. These materials, including handouts and multimedia content, are designed to convey complex medical information in plain language and accessible formats.

Outcomes: Primary outcomes include testing patients' clinical understanding, assessing satisfaction with communicated health information, and measuring adherence to treatment recommendations through questionnaires. Secondary outcomes involve evaluating patient adherence to specific treatment regimens, including voice rest, medication compliance, attendance to voice therapy, and practice of home exercises. Data collection will utilize the REDcap application, ensuring HIPAA compliance.

In conclusion, this study addresses the critical issue of health literacy in voice disorders by exploring innovative approaches to health communication. By leveraging AI technology to tailor communication materials to patients' literacy levels, this research seeks to improve patient outcomes and enhance the quality of care in voice disorder management.

#### **(5) An Innovative Population Health and EMR Curriculum at a Large Academic Internal Medicine Residency Program**

Alex Galloway MD, Dheepa Sekar MD, Shub Agrawal MD, MBA, Pamela Vohra-Khullar MD, Britt

Marshall MD, Danielle Jones MD, Aakriti Arora MD, Dylan Baker MD

Objectives:

1. Use the EMR to identify and address population health care gaps at a clinician panel level
2. Develop and assess resident skills in systems-based practice through a population health curriculum

Background: Health systems are investing in informatics to address patients' health and align with new quality focused reimbursement models. These tools are particularly vital in addressing health disparities in patients with limited access to healthcare services. Resident physicians need training to use these Electronic Medical Record (EMR) tools. Teaching this skill in resident primary care clinic is challenging due to the time and structure of clinic. While EMR tools were available in our health systems, there was no curriculum for residents. We implemented a population health curriculum at a large urban academic internal medicine residency program at three continuity clinic sites.

Description: We first delivered an introductory didactic on EMR population management skills. We then developed a longitudinal asynchronous curriculum for continued skill development. We identified target metrics based on resident learning needs and health system priorities. We emailed guides to each resident outlining steps to identify patients in need of intervention, and then to send targeted mass messages. With the guide, residents collected de-identified data on the number of patients that met criteria for intervention.

Evaluation/Outcomes: Our evaluation focuses on assessing resident knowledge, skills, and attitudes towards panel management and our curriculum's impact on patient outcomes. To assess the impact on resident learning we are using surveys. To assess curricular impact on patient outcomes, we are measuring pre-and post-intervention adherence to screening guidelines within the resident clinics and collecting the number of patients identified on each residents' panel. Our control group are residents who did not opt-into the longitudinal asynchronous curriculum. Preliminary data suggests most residents are "not at all comfortable" or only "somewhat comfortable" with panel management.

Discussion: Population health is difficult to prioritize in the ambulatory setting due to unique challenges like time constraints, interruptions, and limited physician-patient continuity. Yet, panel management also offers a critical opportunity to teach and assess skills in systems-based practice and address health disparities. Our curriculum is limited by resident time

and EMR-based challenges, prompting efforts to integrate more in-clinic panel management time.

## **(6) Teaching Faculty Health Equity and Advocacy**

Natalie Rilo, Jada Bussey-Jones MD, Bill Sexon MD, Tracey L. Henry MD, MPH, MS

Background: Academic medical centers are commonly known for their three main objectives: clinical service, education, and research. However, incorporating advocacy as a fourth component has the potential to enhance healthcare, reduce patient inequality, and train more physician leaders.

Objective: This educational intervention aims to unite faculty among different specialties, learners, and community members to advocate for common health-related priorities. The course utilizes experiential learning to yield tangible outcomes, covering topics such as building partnerships, selecting issues, understanding legislative processes, developing pitches, and utilizing social media for advocacy.

Methods: Pre- and post-curriculum data in the form of surveys was collected to determine participants' advocacy skills. Upon completion of the advocacy curriculum, our aim is for participants to 1) identify key health equity issues in Atlanta, 2) demonstrate an improved understanding of state legislation and current laws, 3) communicate with state representatives about priority health equity issues, 4) express opinions to stakeholders via op-ed writing, social media, and other communication tools, and 5) feel more comfortable with advocacy as part of their healthcare profession.

Results: While a full analysis of the curriculum is forthcoming, initial data shows a trend toward increased advocacy core competencies for faculty participants.

Conclusion: Based on our preliminary analysis, we met our programmatic goals. After the murder of Georgie Floyd in 2020, there was a resurgence in our roles as clinicians to be advocates not only for our professions but most importantly for our patients and communities. However, many faculty did not have such training during their medical education and thus educational curriculum like this is paramount.

## **(7) Portal de Salud: interprofessional education through a student-run health screening clinic**

Sarah Samaranayake, Nicolas Quiroga-Gutierrez, Valentina Larrivey, Arie Szomstein, Maria Elena

Cunningham, Hallie Stevens, Mary Cate Walsh, Emilia Grill, Susana Alfonso

Background: Interprofessional education (IPE) is an essential competency for U.S. medical students as healthcare grows increasingly interdisciplinary, sub-specialized, and collaborative. Educational principles for interprofessional collaboration from the Liaison Committee on Medical Education (LCME) specify the need for learning experiences that “include participation in practical clinical experiences, such as real and simulated collaborative patient care activities.” Integrating IPE into allied health training programs, in a dynamic and meaningful way, remains challenging for many institutions. Volunteering at free community clinics is a common form of early clinical exposure for pre-clinical students; at our institution, Portal de Salud is the only student-run clinic that operates with equal student participation from the MD and PA student programs. Primarily serving the Hispanic/Latinx community of Gwinnett County, Georgia, Portal de Salud Inc. is a 501-(c)-3 organization that partners with several local healthcare networks and academic institutions to provide primary care services, health screening, and chronic disease patient education. This project evaluates a single institution experience of using student-run clinics as early exposure to interprofessional collaboration.

Objective: We sought to evaluate our student-run health screening clinic as an experiential learning tool for interprofessional education among MD and PA students.

Intervention: We will administer pre- and post- clinic surveys to MD and PA students who volunteer at Portal de Salud to evaluate self-reported trainee attitudes towards each other and interprofessional competency attainment. The 20-question student survey draws questions from the Readiness for Interprofessional Learning Scale (RIPLS), the Interprofessional Collaborative Competency Attainment Survey (ICCAS), and the Interdisciplinary Education Perception Scale (IEPS), in addition to investigator-developed questions.

Outcomes: Quantitative data will be analyzed based on Likert-scale (1 to 10) response to survey questions. Qualitative data and written feedback will be analyzed for narrative data regarding the student experience with a focus on its value as an interprofessional learning experience.

### **(8) Trauma-Informed Speech: A Pedagogical Primer on Patient-Centered Language for Clinicians who Care for the Injured**

Lucy Hart, MD, Christine Castater, MD, MBA, John N. Bliton, MD, Randi N. Smith, MD, MPH

Background: Trauma-informed care (TIC) is a healthcare delivery model that emphasizes compassionate care of ill or injured individuals. Included in TIC is verbal and written language. Stigmatizing language is commonly used in healthcare and can have detrimental effects. To combat harmful language, we introduce Trauma-Informed Speech (TIS), a framework rooted in TIC that provides language solutions for those who care for the injured.

Objective: We discuss problematic language used in healthcare settings and offer patient-centered language solutions.

Intervention: Examples of health-harming language were solicited from 5 clinicians caring for injured individuals at three high-volume trauma centers in Atlanta, New York and Philadelphia. A team of clinicians, educators and an ethicist conferred on the implications of this language and determined alternative language. Three examples are provided: 1. “You’re lucky!” to a patient presenting after a firearm injury (FI). While the intent is likely to convey that the injuries could have been worse, this language implicitly blames patients and undermines their situation. Language should provide safety and empathy; nothing is lucky about a FI. 2. Sarcasm, “he was just walking to church, minding his own business” while discussing a victim of FI. This criminalizes a patient’s behavior, implying that they are responsible for their FI. Avoid these phrases altogether. 3. “They’re refusing care” is browbeating language. This underemphasizes autonomy and fails to recognize re-traumatization. Instead, utilize shared decision-making and selective anxiolytics per patient safety.

Outcomes: In the healthcare setting, language matters. TIS has the potential to improve patient care; in avoiding stigmatizing language, patients receive better pain management and have more trust in the healthcare system. Teaching TIS in medical education has far-reaching effects in combatting problematic language in textbooks and the “unspoken curriculum”.

TIS promotes health equity, particularly in caring for violently-injured patients. Responsible language breaks the cycle of reinjury by decriminalizing patients and reframing violent injury. Rather than discussing a patient’s injury as a result of bad character, it can be viewed as the consequence of systemic racism, financial insecurity, or housing instability. In this way, TIS reframes violent injury as a consequence of inequity, rather than a

consequence of individual behavior. Future directions include incorporating this work into resident education and widely disseminating TIS.

### **(9) Evaluating Student Perceptions of Success and Equity in a Pass-Fail Clinical Curriculum at a Medical School**

Oreoluwa E. Olakunle, BS1\*, Maeve McNamara, BA1\*, Jasmin A. Fatman, MS2, Sarah Reuter, BS1, Keenan Davis, PhD2, Mariana Sanchez-Medina, BA1, Morgan N.V. Buchanan, MPH1, Maja Wichhart Donzo, BA1, Natalie Rilo, BS1, Ashley Harriott, BA1, Onyie Eze, BA1, Maxwell Richardson, BA1, & Tracey L. Henry, MD, MPH, MS3.

Background: Emory University School of Medicine (EUSOM) shifted from a 13-point letter clerkship grading system to a pass/fail (PF) system in 2022, and reconsidered other measures of medical student performance, such as Alpha Omega Alpha (AOA) and the Gold Humanism Honors Society (GHHS).

Methods: The Independent Student Analysis Steering Committee (ISASC) administered a 96-question survey to assess perceptions of success, well-being, and equity related to clinical clerkships and honors societies. Student satisfaction was measured on a 5-point Likert scale. Chi-squared statistics were calculated to compare satisfaction between groups. Qualitative data was captured through free response questions. Consensus code was established by three independent coders.

Results: Of 310 clinical students (54.5% female), 147 students (47.4%) were graded with a letter grading system and 138 students (44.5%) were graded with a PF system. No significant difference existed between the two grading systems on the basis of satisfaction with student workload, ratings of quality of required clerkships, and quality or amount of formative feedback during clerkships. Students assessed with letter grades were significantly more satisfied with opportunities to showcase knowledge and skills in a clinical environment than students assessed PF [ $\chi^2(2, N = 285) = 0.207, p=0.022$ ]. Race stratification had no impact on satisfaction of clinical curricular elements. Thematic analysis of comments revealed the positive impact of P/F on learning opportunities and wellness. However, many shared concerns about how this transition effects honor society inductions and residency competitiveness. In terms of honor society perceptions, 17% of students believed that AOA should exist, of which 73.5% were white. 57.8% of students who did not believe AOA should exist identified as a race/ethnicity other than white. Narrative comments highlighted concerns with lack of transparency for induction criteria, student selection by popularity and bias and equity in the

process affecting students on the bases of race, dual degree enrollment and gender.

Conclusion: As more medical schools consider a shift to a Pass-Fail curriculum, certain elements need to be examined beyond student satisfaction, with a special focus on its impact on student well-being, residency competitiveness and preparedness, and criteria for induction into honor societies. Student-led focus groups are a platform for institutions to incorporate student concerns in an iterative evaluation of institutional goals of equity and inclusion.

### **(10) Non-Traditional Mentorship Opportunities for URIM Faculty & Medical Students**

Leah Phillips, Maya Younker, Akiirayi Ademoyo, Sheryl Heron, Wendy Greene, Michelle Wallace, Cherie Hill, Khaalisha Ajala

Introduction: Students who are underrepresented in medicine encounter notable hurdles in securing mentors and cultivating meaningful connections with professionals in their chosen fields. Traditional networking events often prove overwhelming for medical students, exacerbating the challenge of finding mentorship. Our solution proposes a departure from conventional approaches, advocating for reflective, collaborative activities like crafting vision boards. These activities foster a sense of belonging and facilitate genuine connections conducive to finding mentorship. A prime example of this approach in action occurred when students from Emory's Student National Medical Association (SNMA) joined with physicians from the African American Women's Collaborative (AAWC) faculty affinity group to co-host a vision board-making party. Here, SNMA students engaged with faculty members across various specialties, forging valuable mentorship connections in an organic and inclusive setting.

Methods: We sent out a 21-question survey through Microsoft Forms to the attendees of the Vision Board Event. The survey included questions regarding demographics, degree of personal enjoyment of the event, attitude toward networking/mentorship events, attitude toward vision board activities, and opportunities and relationships formed through the event. The survey was sent out twice via institution email. Of the twenty-one attendees of the event, there were 3 student respondents and 3 faculty respondents.

Results: The student respondents were black women between the ages of 18-24. One student remarked that it was great to be able to meet new people in a non-clinical, relaxed setting. Two out of 3 student respondents strongly agreed that they felt

comfortable networking at the vision board event while one out of the three student respondents strongly agreed that they feel comfortable at traditional networking events. The three student respondents strongly agreed that the process of creating vision boards helped facilitate organic dialogue with other attendees. The three faculty respondents represented junior and senior faculty, who noted satisfaction with the opportunity to bond with students and create a path toward mentorship.

Discussion: Cultivating mentorship opportunities may require a deviation from the traditional formulaic events. Quotes from the survey respondents cast an optimistic light on the use of reflective, collaborative events in facilitating genuine connections conducive for mentorship relationships.

### **(11)The Unconscious Roots of Racial Bias: New Perspectives and Implications for Psychotherapeutic Care and Training**

Beverly J Stoute, MD

The impact of implicit bias permeates all levels of our healthcare system regardless of the arena of medicine or psychiatry being practiced. To compound the problem, there is a learned silence in our culture that suppresses awareness and prevents open conversation about how our minds become racialized. The dynamics of socialization across the racial ethnic divide, a growing area of recent research, helps us understand how implicit bias develops. Cultural propositions about race are internalized in the course of development, as is the inclination to discriminate-- an active operation in ego functioning--shaping our intrapsychic perceptions of self and Other. As clinicians brought up in a racialized society, we are limited by this unconscious bias which erodes our ability to provide culturally sensitive and equitable care. Clinical case examples from psychotherapeutic work with patients of varying ethnic backgrounds will highlight how the clinician, using the framework presented here, can facilitate therapeutic engagement in a way that positively impacts healthcare delivery and has implications for psychiatric education and training. Data from the 2023 Holmes Commission on Racial Equality report based on a three-year research study will be integrated to discuss the kind of educational directives that can be applied to expand education and training in the field of psychiatry. If race and ethnicity are seen as multidimensional rich entry points, not obstacles, for understanding and intrapsychic exploration maybe, just maybe, we have a chance at achieving racial equity in our consultation rooms, our clinics, our classrooms and, yes, in our healthcare system.

Learning Objectives:

1. Participants will be able to identify ways that developmental differences in racial and ethnic socialization impact the therapeutic relationship
2. Participants will be able to identify the developmental factors that impact the clinician's ability or inability to recognize racial bias and discuss racial dynamics including racial trauma.
3. Participants will be able to identify two ways to adapt education and training to foster clinician skill development in addressing their Participants will be able to analyze how their own personal history impacts their own bias as a psychiatric provider bias as psychiatric providers.
4. Participants will be able to analyze how their own personal history impacts their own bias as a psychiatric provider.

## **Research**

### **(1) Nausea and Vomiting, More than just a GI Case**

Lana Aleuy Parth Patel

Background: Nausea and vomiting are two of the most common complaints patients present to the hospital with. After anti-emetics and the ability to tolerate PO, patients are usually discharged, and the cause is usually unknown. Language barriers can certainly make it harder to make the diagnosis. This is a unique case of a Spanish-speaking patient with multiple healthcare facilities for nausea, vomiting and weight loss ultimately found to have Adrenal Insufficiency.

Case Report: 37 year old Spanish-speaking female with Hashimoto's thyroiditis presented to the emergency department (ED) complaining of intractable nausea and vomiting, inability to tolerate oral intake, and 35 pound weight loss. She saw her PCP and her thyroid study was significant for elevated Thyroglobulin and TPO Antibody. Thyroid ultrasound was normal and she was started on Levothyroxine with no improvement in symptoms. She was then referred to GI and started on a proton pump inhibitor (PPI) again with no improvement. She even had a CT abdomen/pelvis that only showed "focal area of decreased enhancement of the cervix. This is a nonspecific appearance however correlate with physical exam to exclude underlying cervical lesion." She then resorted to outpatient intravenous normal saline infusion and B12 shots to stay hydrated and energized since that's all she seemed to get in the ED. Her symptoms had gotten to the point where she required assistance from her sister for her activities of daily living (ADLs). At presentation, she was hypotensive (102/55 mmHg) with signs of dehydration. Labs were remarkable for serum sodium = 132 mmol/ L, serum potassium = 4.6 mmol/L. Given the history of significant weight loss,



we pursued cancer workup and got inpatient GI involved. She underwent an upper GI endoscopy with biopsies, ultrasonography of the abdomen, pelvic exam, and another CT abdomen/pelvis, all of which were unremarkable. One day, her sister at bedside pointed out marked hyperpigmentation of the skin and she was becoming persistently hypotensive no longer responding to fluids. This prompted a morning cortisol level which was <math>0.4</math> mcg/dL (normal: 8.7 -22.4 mcg/dL) and an ACTH level which was 964 pg/mL (normal: 6-50 pg/mL) confirming the diagnosis of primary adrenal insufficiency. Endocrine was consulted and patient was initiated on hydrocortisone and fludrocortisone with resolution of her symptoms.

Conclusion: Language barriers delay the diagnoses of patients and subject them to multiple healthcare encounters. Working to rid these barriers will help our patients obtain the care they need.

## **(2) Determining the association between residential segregation and Paxlovid prescription orders and fills among Kaiser Permanente Georgia (KPGA) adults with COVID-19 infection.**

Jasmine A. Berry, Alexander F. Hudgins, Franchesca Amor A. Aguilar, Robert Neuman, Jessica L. Harding, Imanii Kolailat, Monica Martinez, Sierra G. Thompson, Patricia A. Bush, Sushma K. Cribbs, Jenny E. Han, Tiffany A. Walker, Larissa Teunis, Zanthia Wiley, Igbo Oforokun, Jennifer C. Gander

Paxlovid is a COVID-19 treatment shown to reduce risk of hospitalization and mortality when taken within five days of symptom onset. Prior studies suggest that disparities in Paxlovid treatment exist by race and in areas with high social vulnerability. We examined the association of racial residential segregation with access to Paxlovid among patients diagnosed with COVID-19.

We included KPGA adults (age  $\geq 18$  years) diagnosis with COVID between January 2022 – September 2023, and remained enrolled for a minimum of 30 days during their COVID infection. The primary outcomes were a Paxlovid order and Paxlovid fill. The 2017-2021 American Community Survey and the racial Index of Concentration at the Extremes (ICE) was used as a measure of residential segregation at census tract level and categorized into tertiles: predominantly Black, mixed, or predominantly White neighborhoods. Multivariable logistic regression assessed the association between residential segregation and Paxlovid prescriptions orders and fills, adjusting for age, sex, and race.

Among 45,326 patients (49% Black and 63% women) who have had at least one COVID-19 diagnosis and available racial ICE data, 13% had a Paxlovid order and 11% had a prescription filled. Compared to adults diagnosed with COVID-19 and living in predominantly White neighborhoods, those living in predominantly Black neighborhoods were 9% (OR=1.09, 95% CI: 1.01, 1.17) more likely to have Paxlovid ordered. Adult living in mixed neighborhoods had a similar likelihood (OR=1.03, 95% CI 0.96, 1.11) of Paxlovid order as adults in predominately White neighborhoods. KPGA members living in mixed neighborhoods (OR=0.86, 95% CI 0.73, 1.01) and predominantly Black neighborhoods were (OR=0.78, 95% CI: 0.66, 0.92) less likely to have Paxlovid filled when compared to individuals in predominantly White neighborhoods.

Adults diagnosed with COVID-19 and living in predominately Black neighborhoods were more likely to have Paxlovid ordered, although they were less likely to fill their Paxlovid prescription. Additional analyses are needed to determine the challenges to accessing care for COVID-19. Care teams are encouraged to consider structural or contextual inequalities and challenges for members accessing care.

## **(3) Undiagnosed HIV in three patients on immunosuppressive medications presenting with HIV-associated kidney disease: Multidisciplinary case series**

Nathaniel Forrester, Jonathan Keyes, Ronan Cajimat, Yelena Burklin, Mary Allen Hall, Jason Cobb

Approximately 158,500 adults and adolescents in the United States live with undiagnosed human immunodeficiency virus (HIV). Missed or delayed diagnoses adversely affect disease management and outcomes. This is particularly salient for patients receiving immunosuppressive and immunomodulatory therapy for the management of chronic inflammatory conditions, where additional immunosuppression may increase risk and severity of opportunistic infections. Despite this risk, comprehensive HIV testing prior to the initiation of immunosuppressive therapy is not yet the norm. We describe a case series containing the narratives of three patients recently treated with immunosuppressive agents, who presented with signs concerning for HIV-associated kidney diseases and who were found to have undiagnosed HIV later in the treatment course, which unfortunately resulted in poor outcomes. The screening for HIV or related illnesses, such as viral hepatitis or mycobacterial co-infections, including tuberculosis, is essential before initiating biologic immunosuppression.

#### **(4) Racial disparities across multiple stages of the deceased organ donation process**

Raymond C. Givens, MD, PhD

**Background:** Pervasive structural violence causes higher organ failure rates among Black Americans and an excess of Black potential deceased organ donors. Underuse of Black donors would exacerbate organ shortages that disproportionately harm Black transplant candidates.

**Objectives:** This study retrospectively investigates racial differences in transit between distinct donation steps among 132 968 potential donors across 557 hospitals and 6 organ procurement organizations (OPOs) from 2015 through 2021.

**Findings:** Multilevel multistate modeling with patient covariates and OPO random effects shows adjusted likelihoods (95% confidence interval) of non-Black versus Black patients transitioning from OPO referral to approach of 1.39 (1.35, 1.44), approach to authorization: 1.64 (1.56, 1.72), authorization to procurement: 1.10 (1.04, 1.16), and procurement to transplant: 1.00 (0.95, 1.06). Overall organ utilization rates for Black, Latino, White, and other OPO referrals were 5.89%, 8.18%, 6.79%, and 5.24%, respectively. Adjusting for patient covariates and hospital and OPO random effects, multilevel logistic models estimated that compared with Black patients, Latino, White, and other patients had odds ratios of organ utilization of 1.81 (1.61, 2.03), 3.19 (2.91, 3.50), and 1.24 (1.05, 1.47), respectively. Nationwide in 2022, donor conversion disparities likely lost more than 1700 donors—two-thirds of whom would have been Black.

**Conclusion:** This study demonstrates underutilization of Black deceased organ donors in a retrospective cohort, potentially implicating racial bias in deceased donor recruitment. Achieving racial equity for transplant candidates will require reducing racial disparities in organ donation.

#### **(5) An analysis of oral versus long-acting PrEP patient demographics at an urban safety-net hospital**

Alexander Kaplan, MD; Emma Hollenberg, BA; Sara Turbow, MD, MPH; Meredith Lora, MD; and Dylan Baker, MBBS

**Background:** Oral pre-exposure prophylaxis (PrEP; Truvada and Descovy) is effective at preventing HIV. Disparities in oral PrEP uptake have limited its impact in vulnerable populations. Long-acting injectable cabotegravir (LAI-CAB) is superior to Truvada at preventing transmission of HIV in cisgender men who have sex with men (MSM),

transgender women, and cisgender women. Few data exist on LAI-CAB's implementation, particularly in marginalized communities. We sought to evaluate if there were any sociodemographic differences between our patients on oral PrEP and those who started LAI-CAB that might reflect disparities in access to LAI-CAB.

**Methods:** This retrospective study included patients who were prescribed oral PrEP or LAI-CAB in our PrEP program. We collected sociodemographic data of both oral and long-acting PrEP users through chart abstraction. We used Fisher's exact tests for categorical variables and t-tests for continuous variables to compare sociodemographic characteristics of patients (age, sexual orientation, gender identity, race, ethnicity, and insurance) on oral versus long-acting PrEP.

**Results:** Of the 562 patients included in the analysis, 77 were on LAI-CAB and 485 on oral PrEP. Although a higher proportion of LAI-CAB users identified as cisgender female (24.7% v 14.8%), transgender female (7.8% v 4.3%), and other gender identities (2.6% v 1.9%) compared to oral PrEP users, the difference in gender was not significant ( $p=0.078$ ). A higher proportion of patients on LAI-CAB were Black (68.8%) compared to those on oral PrEP (63.9%), but this was not statistically significant ( $p=0.101$ ). The percentage of MSM on LAI-CAB (54.5%) was similar to those on oral PrEP (57.7%) and more heterosexual females were on LAI-CAB (23.4% v 14.4%); but, there was no statistical significance ( $p=0.163$ ) based on sexual orientation. When looking at insured versus uninsured patients, there is not a statistically significant difference between those on LAI-CAB versus oral PrEP ( $p=0.230$ ).

**Conclusions:** No significant differences in sociodemographic factors were identified between patients on oral versus injectable PrEP, suggesting that a diverse group of patients had similar access to (and similar interest in) LAI-CAB in our program. Our results demonstrate feasibility to implement LAI-CAB programs in an equitable manner in underserved communities.

#### **(6) A Review: SAEM GRACE 3 Guidelines on Acute Dizziness through the Sex and Gender Lens**

Muriel Solberg, Jennica Siddle, Caroline Lee Gillanders, Alayna McLaughlin, Amy Zeidan, Mehrnoosh Samaei

**Background:** Sex and gender differences in manifestation, diagnosis, and management of various diseases is well established, including stroke and cardiovascular disease. The SAEM GRACE 3 guideline focuses on the management of dizziness,

including central causes of dizziness (e.g. stroke). Clinical guidelines play a pivotal role in clinical practice, however, the degree to which these guidelines address sex and gender differences remains uncertain.

**Objective:** Through the use of sex and gender-based analysis (SGBA) tools we explored the inclusion of the sex and gender differences in the body of evidence that the SAEM GRACE 3 guideline is founded upon and the inclusion in its recommendations. **Methods:** We applied existing SGBA appraisal tools to the five GRACE 3 Systematic Reviews (SR) utilized to inform the guidelines as well as the 71 individual articles included in these five reviews. For the SR we used the Sex and Gender Appraisal Tool-Systematic Reviews (SGAT-SR), and for the individual studies we used the Sex and Gender Equity in Research Guidelines (SAGER) tool. All articles were evaluated by two independent reviewers. Categorical variables were described using frequencies and percentages.

**Results:** Of the five GRACE 3 SR, only one reported female participants but the pooled analysis lacked the overall number. Of the articles reviewed using the SAGER checklist, 40% used the terms sex/gender correctly, 19% included the sex/gender breakdown of participants in the abstracts and 9% included any potential implications of sex/gender on their study results. There were 12 other SRs included as original articles within GRACE 3, using the SGAT-SR tool, 8% reported on sex/gender in the abstract. No papers outlined sex/gender in their objectives, considered sex/gender in their eligibility criteria, analyzed results across sex/gender, or discussed implications of the existing evidence as it relates to sex/gender. There were 15 recommendations in GRACE 3, none of these included specific sex or gender recommendations.

**Conclusion:** Application of SGBA tools to the SAEM GRACE 3 guideline reveals that few of the articles included sex- and gender-based analysis and/or reporting. The impact of sex and gender on diagnostic and therapeutic differences is important to recognize and incorporate into medical research. Future work should incorporate a sex- and gender-based approach into evidence-based guidelines.

### **(7) Evaluating Acceptability and Initiation of Long-Acting Injectable Cabotegravir for HIV Pre-exposure prophylaxis (PrEP) in a Diverse Safety Net Patient Population**

Emma J. Hollenberg, BA, Dylan Baker, MBBS, Alexander Kaplan, MD, Lauren F. Collins, MD MSc, Valeria Cantos, MD, and Meredith Lora, MD

**Background:** Long-acting injectable cabotegravir (LAI-CAB) is a novel Pre-exposure Prophylaxis (PrEP) modality for HIV prevention, with superior efficacy to oral PrEP. If equitably implemented, it could help bridge the current racial, ethnic, and geographical HIV incidence inequities, especially in the southern US, where over 50% of all new HIV infections occur and disproportionately impact Black and Latino men who have sex with men. We evaluated LAI-CAB acceptability and initiation at a safety net healthcare PrEP program in the Southern U.S., where LAI-CAB was recently implemented for PrEP.

**Methods:** We performed a retrospective chart review of 136 referred patients who completed an LAI-CAB education visit at Grady's PrEP program from 12/2022-10/2023. All referred individuals were considered LAI-CAB eligible, unless they had gluteal implants or there were LAI CAB adherence concerns. We collected sociodemographic, insurance status, food insecurity, transportation needs, and housing status data of all eligible individuals. We determined the proportion of eligible patients who agreed to start LAI-CAB (acceptability measure), those for whom medication coverage was authorized either through health insurance or pharmaceutical patient assistance programs, and those who initiated LAI-CAB.

**Results:** 132 patients were eligible for LAI-CAB. Eligible patients had a median age of 35 years, 72% were male sex assigned at birth, and 68% Black. 33% were uninsured, 11% had unmet transportation needs, 24% had food insecurity, and 23% had housing insecurity. Of all LAI-CAB eligible individuals, 105 (79.5%) agreed to be on LAI-CAB. Of all patients who agreed to start, 83 (79%) received medication authorization and 59 (56%) initiated LAI-CAB. Reasons for declining LAI-CAB included: patient readiness to start (30%), appointment frequency requirement concerns (19%), hesitation to commit to injections (7%), pregnancy intent (15%), and transportation barriers (11%). 93% of uninsured patients who accepted LAI-CAB received medication authorization while only 74% of insured patients received medication authorization.

**Conclusions:** In a socially vulnerable population setting, LAI-CAB had high acceptability. However, there was a large drop between patients' initial agreement to and initiation of LAI-CAB. Implementing innovative strategies to address the increased frequency of visits required, transportation to/from clinic, injection hesitancy, and cumbersome medication authorization processes for insured patients, are needed to improve LAI-CAB initiation.

### **(8) Opioid Use Disorder Treatment: A Neglected Area of Healthcare in GA Jails**

Kaitlin Cole, Ruby Rousseau, Mark Spencer, MD

Background: There are high rates of opioid use disorder (OUD) among individuals incarcerated in the United States, with nearly one in five people using opioids regularly prior to incarceration. Despite an ongoing overdose crisis driven by an unregulated opioid supply, few incarcerated individuals in the United States are offered treatment for OUD. Evidence based treatment for OUD exists and is effective at reducing unregulated opioid use and risk of overdose death. buprenorphine, methadone, and naltrexone all have extensive supporting evidence. While not a treatment for OUD, naloxone, an opioid antagonist, is an over-the-counter medication that can reverse opioid overdose. Prisons and jails also routinely fail to link patients to treatment or provide naloxone on release, despite the well documented high risk of overdose during this critical transition period. While there are many elements of carceral facilities that make them far from ideal treatment environments, patients with OUDs who wind up there still deserve access to evidence based, lifesaving medication.

Objectives/aims: Our objective is to determine current availability of MOUDs and naloxone in jails in Georgia to better understand gaps in care and reasons for these gaps.

Intervention: We contacted all publicly listed jails in Georgia with an email address online and sent a survey to assess (1) availability of buprenorphine, methadone, and naltrexone, (2) education on naloxone, (3) distribution of naloxone on release, and (4) current methods of screening for opioid use disorder. We then reached out to the 40 largest jails directly by phone with the same questions.

Outcomes: Of the 138 jails with an email address listed online, only one responded to the initial survey. Of the 40 largest jails by population contacted by phone, eleven were willing to answer the survey. Nine out of 12 jails offered no MOUDs at all. Two of the 12 jails offered MOUDs during detox but not outside of detox. One jail continued naltrexone if someone was taking it prior to incarceration. Two of the 12 jails provided education on naloxone and naloxone kits on release. Screening for opioid use disorder was variable but most often done by asking on intake if people use opioids.

**(9) Length of stay, readmission rates, and mortality are similar between hospitalized individuals with sickle cell disease with and without COVID-19**

Karen Clarke, Mohamad Moussa, Mary Ann Kirkconnell Hall, Yoo Mee Shin

Background: We sought to clarify the impact of COVID-19 on clinical outcomes in sickle cell disease patients, given their baseline hypercoagulable state in combination with COVID-19-related coagulopathies and other complications.

Methods: Retrospective chart review of two groups of sickle cell disease patients hospitalized between March 2020–December 2021: Group 1 did not have COVID-19 (n = 121) and Group 2 did (n = 76). Results: Groups 1 and 2 were similar in terms of age, race, sex, comorbid illnesses, and opioid use. Group 1 and 2 patients had mean hospital lengths of stay of 6.36 and 7.42 days (p = 0.81), respectively. ICU-level care was required for 9 (7.4%) Group 1 patients and 4 (5.3%) Group 2 patients (p = 0.77). Readmissions within 30 days occurred for 27 (22.3%) Group 1 patients, and 19 (25%) Group 2 patients (p = 0.73). Mortality occurred in 3 (2.5%) Group 1 patients and 1 (1.3%) Group 2 patient (p = 1). There were no significant differences in commonly ordered laboratory values between Group 1 and Group 2 patients.

Outcomes: We observed no significant differences in clinical outcomes among sickle cell disease patients hospitalized due to COVID-19 compared to those without COVID-19.

**(10) Perceptions of Clinical Trial Participation among the Very Elderly**

Haley N. Barge, William K. Brown, Gabriel Najarro, Julia Felrice, Ambar Kulshreshtha

Background: Adults aged 75 and older account for more than 6% of the U.S. population and are historically underrepresented in clinical trials due to age, multi-morbidity, and disability that impedes their enrollment. The lack of representative enrollment of older adults in clinical trials produces results that are often not generalizable to this population.

Objective: This cross-sectional survey study aims to understand the perceptions and factors related to participation in clinical trials among older adults (aged ≥ 75 years).

Methods: A qualitative survey was conducted between October 2022 and January 2024. Eligible people (older than 75 years or older, not on a statin, and with no history of heart disease) were approached for their participation in the PREVENTABLE trial, the largest clinical trial in those aged 75 years or older, evaluating the role of taking atorvastatin for dementia prevention. Patient

demographic information was extracted from the Epic electronic health record and summarized by descriptive statistics.

Results: A total of 2,606 adults, potentially eligible people, were contacted by telephone. Of 326 who were finally eligible and responded to the call, 116 opted to stay on the line for a brief 3-item survey. The analytic sample (n = 116) had a mean age of 79.5 ± 4.0, was predominately female (74.0%), and White (69.8%). A total of 68.9% previously knew someone living with dementia. Having a family member with dementia was the most cited motivator to be enrolled in PREVENTABLE (45.5%). Among survey respondents, 51.7% reported concerns about taking atorvastatin. Of those enrolled, White adults were nearly twice as likely to participate in the study compared to Black adults (25.9% versus 16.1%).

Conclusion: Research participation for the very elderly was motivated by having a family member with dementia. Hence, incorporating family history into risk communication may encourage enrollment in clinical trials. Concerns about taking a trial medication remain an important barrier to research participation among the very elderly.

### **(11)Evaluating the Association of Structural Racism with Acuity and Severity at Initial Presentation in Pediatric Patients with Solid Tumors**

Alexandra Cathcart, MD; Sharon M. Castellino, MD, MSc; Nicholas DeGroot, MPH; Karen Wasilewski-Masker, MD, MSc; Andrew L. Hong, MD; Heeju Sohn, PhD; Ann Mertens, PhD, MS; and Xu Ji, PhD, MSPH

Background: There are differential outcomes in pediatric oncology by race/ethnicity. Prior to the diagnosis of a new cancer, pediatric patients are particularly vulnerable to structural barriers in their communities, including structural racism. Patients' acuity and severity of illness at initial presentation may be associated with these structural barriers and can ultimately be linked to morbidity and mortality. Understanding and quantifying structural racism – racial/ethnic disparities embedded in disadvantaged neighborhoods – is a critical step toward delineating modifiable factors that underlie disparities in pediatric cancer outcomes.

Objectives/Aims: To determine the association of structural racism as measured by the index of concentration at the extremes (ICE) with acuity (need for intensive care unit [ICU]-level resources)

and severity (metastatic disease staging) at initial presentation of illness among pediatric patients with solid tumors.

Intervention: This is a retrospective single-institutional study of pediatric patients diagnosed with solid tumors at Children's Healthcare of Atlanta between 2010-2016. Patient characteristics were compared by tertiles of ICE. High acuity was defined by the need for ICU-level resources within 30 days prior to and 72 hours after diagnosis, and high severity was defined by metastatic staging at diagnosis. Multivariable logistic regressions were conducted to assess the association of the ICE with acuity and severity of illness.

Outcomes: Among 829 patients eligible for the analysis, 13.3% presented with high acuity of illness and 27.5% had disease with high severity. Living in areas with greatest (vs. lowest) levels of structural racism as measured by ICE was significantly associated with a higher likelihood of high severity (adjusted OR 1.46; 95% CI 1.03, 2.07; p=0.03). Additionally, non-Hispanic Black patients living in areas with the greatest structural racism were more likely to have high severity compared to non-Hispanic White patients living in areas with the lowest structural racism (adjusted OR 1.83; 95% CI 1.15, 2.92; p=0.002). This study provides new information about how structural racism is associated with the acuity and severity of illness at initial diagnosis, both of which can affect short- and long-term morbidity and mortality. This work identifies areas for future interventions in community care, resource allocation and investment, and public policy changes targeting this vulnerable patient population.

### **(12)Advancing Equitable Postpartum Care for Women with Hypertensive Disorders of Pregnancy in the Fourth Trimester: Community Health Workers as Care**

Elianna Paljug, MS, MPH; Emily L. Chen, BA; Iris D. Abrahantes Morales, BS; Janae Johnson, MSW; Maria C. Perdomo, BS; Akouvi A. Dansou, MPH; Tsegab Arega, BS; Claudia Orobio, MD; Leslie H. Mashburn, MBA, MPH; Stacie R. Schmidt, MD; Victoria L. Green, MD; Amy W. Girard, PhD; Modele O. Ogunniyi, MD, MPH

Background: Hypertensive disorders of pregnancy (HDP) are a major contributor to maternal morbidity and mortality in the U.S., particularly among racial and ethnic minority women due to structural inequities and systemic racism. Cardiovascular (CV) complications from HDP often continue during and beyond the postpartum period, but CV risk can be reduced through medical therapy in addition to

lifestyle modification and addressing social determinants of health. Community health worker (CHW) programs are a potentially effective strategy to provide this enhanced postpartum hypertension management support.

**Objectives:** A multi-disciplinary team at Grady Memorial Hospital is conducting a demonstration project to determine the feasibility of CHWs providing enhanced postpartum support for women with HDP to address both hypertension management and social determinants of health. Specifically addressed are access to food and transportation, financial stability, exercise, nutrition, and healthcare accessibility.

**Intervention:** CHWs received training in blood pressure self-monitoring (SMBP), motivational interviewing, SMART goal setting, nutrition, and addressing SDOH. The CHWs served as health coaches/educators and healthcare navigators, connections to community resources, and taught participants hypertension self-management skills through home visits and phone calls, among other activities. The CHWs scheduled primary care and cardiovascular clinic appointments and made reminder calls to encourage adherence. A mixed-method evaluation approach currently underway provides a broad insight into women's experiences in the program.

**Outcomes:** 70 women were enrolled over a 1-year period with 12 lost to follow up. The first 30 participants were 52% Black and 27% Hispanic, and their insurance covered varied, with 45% on Medicaid and 22% were uninsured. Participant adherence to SMBP ranged from daily to monthly. Initial results from 30 participants show that they are benefiting from the program. In the first round of interviews {Spanish (n=2), English (n=4)} participants described increased motivation around hypertensive management due to tailored and consistent interactions with CHWs. Following descriptions of challenges related to consistent SMBP, the project initiated a pilot program of using SMART Goal motivational interviewing and Bluetooth-enabled BP measurement devices. These preliminary findings suggest that CHWs can serve as culturally appropriate healthcare navigators/educators for women with HDP during the postpartum period in a safety-net healthcare system.

### **(13) Qualitative Evaluation of Participants' Experiences with Community Health Workers providing Enhanced Postpartum Hypertension Management Support to Women with Hypertensive Disorders of Pregnancy**

Claudia Orobio, MD; Elianna Paljug, MS, MPH; Janae Johnson, MSW; Maria C. Perdomo, BS;

Leslie H. Mashburn, MBA, MPH(2); Stacie R. Schmidt, MD; Victoria L. Green, MD; Amy W. Girard, PhD; Modele O. Ogunniyi, MD, MPH

**Background:** Women of underrepresented groups with hypertensive disorders of pregnancy (HDP) have an increased risk of developing future cardiovascular disease (CVD). Evidence shows that community health workers (CHWs) can effectively deliver behavioral change interventions and facilitate equitable healthcare access.

**Objective:** This qualitative analysis evaluates the impact of a CHW enhanced postpartum support program at Grady in which Black and Hispanic women diagnosed with HDP are provided CHW support to access healthcare and adopt behavior changes related to blood pressure management.

**Intervention:** Between January and December 2023, 12 In-depth interviews (IDIs) were conducted with six program participants at 3 and 12 months of program participation. Recruitment considered differences in race and ethnicity for variability. The transcriptions were deductively and inductively analyzed in MAXQDA using framework and comparative analysis.

**Outcomes:** Participants described receiving new knowledge from the CHWs such as self-measuring blood pressure (SMBP), awareness of symptoms associated with high BP, and additional ways to manage their BP beyond medication. They described behavior changes due to the program such as incorporating new lifestyle habits, adding physical activity to their childcare duties, modifying culinary routines, and engaging in personalized ways of relaxation. Diet changes were easy for some participants but challenging for others. Overall, behavior changes were challenging due to busy schedules and overwhelming amounts of new information with an HDP diagnosis. Some participants described incorporating SMBP into their daily routine and having increased knowledge of when to seek emergency care. SMBP motivations included feelings of calmness if BP numbers were within normal range and the desire to avoid hospitalization. Participants described increased motivation when receiving CHW feedback about the numbers. Limited SMBP adherence was often related to lack of time due to childcare responsibilities. Participants described that CHWs reminders across multiple modalities had an impact in improving appointment attendance and motivation, but barriers included transportation challenges, perceived indifference or delayed attention from clinicians, and limited English proficiency. Recommendations for program improvement include scheduling appointments closer to home, expanding participant interactions

with the broader project team, improving accessibility of cooking classes, and better addressing transportation needs.

#### **(14) Analysis of Participants' Blood Pressure Measurements within a Community Health Worker Enhanced Postpartum Hypertension Management Support Program**

Elianna Paljug, MS, MPH; Yujia Dou, BS; Tsegab Arega, BS; Janae Johnson, MSW; Maria C. Perdomo, BS; Yi-An Ko, PhD; Leslie H. Mashburn, MBA, MPH; Stacie R. Schmidt, MD; Victoria L. Green, MD; Amy W. Girard, PhD; Modele O. Ogunniji, MD, MPH

Background: Women with hypertensive disorders of pregnancy (HDP) are at increased risk of cardiovascular morbidity and mortality in the postpartum period. Postpartum hypertension management is particularly important for racial and ethnic minority women who are also impacted by systemic inequities impacting their social determinants of health (SDOH). Community Health Worker (CHW) programs are being evaluated as effective models to provide effective postpartum hypertension management for this population.

Objectives: This quantitative analysis analyzes the changes in BP measurement frequency and BP measurement values among participants in a one-year program at Grady Memorial Hospital in which CHWs provided enhanced postpartum hypertension management support to women with HDP.

Intervention: CHWs received training in blood pressure self-monitoring (SMBP), motivational interviewing, SMART goal setting, nutrition, and addressing SDOH. The CHWs served as health coaches/educators and healthcare navigators, connecting patients to community resources, assisting with appointment scheduling, and taught participants SMBP skills through home visits and phone calls. Blood pressure (BP) measurements are collected from participant's self-measurement of BP and electronic medical records during office visits.

Outcome: Of the first 34 participants, 5 of them were excluded due to lack of follow-up BP measurements, resulting in a final sample size of 29 for analysis. The length of follow-up (weeks) showed a median of 44 (Q1 20, Q3 48). Of the total of 1,444 BP measurements, 1,274 (88.2%) measurements are from self-reports by participants and 170 (11.8%) measurements are from electronic medical records during office visits. The mean systolic blood pressure (SBP) was 132.8 mmHg (SD 12.9) at baseline, and the average change in SBP from baseline to endline was -8.3 mmHg. A number of 19

(65.5%) of participants experienced a decrease in SBP during follow-up. The linear mixed-effects model revealed a significant association between the change in SBP by time and frequency of blood pressure measurement, after adjusting for baseline SBP. Particularly, participants grouped as low (less than 10), medium (10 to 50), and high (over 50) frequency of blood pressure measurement (SMBP and EHR combined) showed distinct effects ( High vs. Low:  $\beta = -5.1$ ,  $p = .001$ ; High vs. Medium:  $\beta = -3.9$ ,  $p < .001$ ). These results show that participants with more engagement in SMBP had a larger decrease in their SBP, providing potential evidence for the benefit of SMBP programs in hypertension reduction.

#### **(15) Assessing Attitudes Towards Non-Needle Vaccine Delivery Devices in the State of Georgia**

Logan Melot, Erica Spence, Kyra Hester, Robert Bednarczyk

Suboptimal vaccine coverage contributes to continued infectious disease transmission. Some hurdles to improving vaccination include vaccine hesitance, logistical considerations, and insufficient community education. A reliance on primarily needle-based vaccine delivery can lead to supply and cold chain issues, vaccine hesitance due to needle fear, and the need for additional training of vaccinations to deliver needle-based vaccines. Prior to widespread implementation of non-needle-based vaccine delivery systems, we need to understand the drivers of acceptance of these devices. To address this question in the state of Georgia, we surveyed 427 adults residing in the state through existing Qualtrics-based panels, assessing differences in attitudes towards vaccine devices by race, age, and education, and underlying vaccine hesitance. We identified that respondents who identified as hesitant were more likely to accept a non-needle-based vaccine than non-hesitant respondents (32.4% versus 28%, respectively). We also identified that respondents who identify as Black or Hispanic were more likely to accept non-needle-based devices than those who identified as white (33.7% and 35.8% versus 25%, respectively). Other differences were found based on age and education levels. These findings provide a framework for future outreach to address vaccine hesitance and promote acceptance of new vaccine delivery mechanisms.

#### **(16) Allostatic Load, Metabolic Syndrome and Self-rated health in non-Hispanic Whites, non-Hispanic Blacks, and Mexican American Adults**



Alexis Stokes, Collins Airhihenbuwa, Y. Monique Davis-Smith

Allostatic load (AL) and metabolic syndrome (MetS) describe the long-term effects of exposure to chronic stress and the comingling of cardiometabolic risk factors, respectively. AL is a summary index of the cumulative burden resulting from the body's adjustment to the physiological dysregulations over time and defines body "wear and tear." Only a few studies focus on the relationship between MetS and physiological dysregulations defined by h<sub>ALS</sub>. Unfortunately, many of these studies are restricted to small samples, with relatively little attention being paid to the effect of MetS on racial/ethnic differences in AL. This study aims to examine the associations between metabolic syndrome (MetS), high allostatic load score (h<sub>ALS</sub>), and self-rated poor health status in non-Hispanic White (NHW), non-Hispanic Black (NHB), and Mexican American (MA) adults.

The 2015-16 and 2018-18 US National Health and Nutrition Examination Survey data (n=4403) were used for this study. The odds ratio from multivariable logistic regression analysis was used to examine the association between MetS, h<sub>ALS</sub>, and self-rated poor health status, adjusting for age, education, gender, income, lifestyle behaviors, and marital status.

The rates of MetS in NHW, NHB, and MA participants with h<sub>ALS</sub> were 56.9%, 58.8%, and 51.9%, respectively (P<0.05). The corresponding rates for self-rated poor health status were 26.7%, 31.9%, and 46.5%, respectively. h<sub>ALS</sub> (OR=2.02; 95% CI: 1.54-2.65) and MetS (OR=1.68; 95% CI: 1.32-2.16) were independently associated with increased odds of self-rated poor health status. MetS was associated with 9.03 (95% CI: 6.23-13.05), 20.30 (10.95-37.71), and 5.78 (95% CI: 3.34-10.63) increased odds of h<sub>ALS</sub> in NHW, NHB, and MA, respectively. An increase in age was found to be associated with 1.02 (95% CI: 1.01-1.03), 1.02 (95% CI: 1.00-1.04), and 1.03 (95% CI: 1.02-1.04) increased odds of h<sub>ALS</sub> in NHW, NHB, and MA, respectively.

This study presents some evidence of metabolic syndrome as a potential risk factor for body wear and tear. The effect of metabolic syndrome on body wear and tear was much more pronounced in non-Hispanic Blacks than in non-Hispanic Whites and Mexican Americans. Thus, suggesting the need for race/ethnic-specific interventions tailored toward metabolic syndrome awareness.

Race/ethnic-specific lifestyle interventions, including patient education regarding the deleterious effect of weight gain and smoking, may help to mitigate the impact of metabolic syndrome and self-reported poorer health including body wear and tear.

### **(17) Breast Cancer Risk Assessment tools in African American Women: A Review of the literature**

Britney Beckett, Olivia Singleton, Leah Phillips, Sydney Morrow

Purpose of study: Breast Cancer Risk Assessment (BRCA) tools are a way to calculate a patient's 5 year, 10 year, and life long likelihood of developing breast cancer. The Gail model, Tyrer-Cuzick (TC), and Black Womens Health Survey (BWHS) have been used in the clinical setting to determine next steps in care for individual patients. Additionally, the Gail model has been used in research settings to determine participant eligibility for breast cancer medication trials. Of note, many of the BRCA tools use Caucasian participants during data validation. This study aims at comparing conventional BCRA models, Gail model and Tyrer-Cuzick, as well as a novel Black Women's Health Survey (BWHS) model in breast cancer risk assessment of African American women.

Methods: We conducted a literature review on BRCA tools such as the GAIL model, the Black Women's Health Study (BWHS) risk assessment tool, and the Tyrer-Cuzick model on Embase.

Results: One study has shown the Gail Model to be well calibrated in African American women. In comparison, upwards of 10 studies have validated the tool in large predominantly Caucasian populations. Two studies have validated the BWHS. Both studies were in African American women. One study has shown the Tyrer-Cuzick model to be well calibrated in African American women. In comparison, upwards of 5 independent studies have looked at the tool in predominant white populations. Several other studies have been done, but racial and ethnic background of the population was not reported.

Discussion: Validating a BRCA tool requires repeated study and refinement. Models that have been validated in Caucasian women continue to undergo numerous independent validation studies to better determine their utility in this specific population. This rigorous testing has proven beneficial as each model has improved its accuracy due to the data collected in these studies. It is essential to continue evaluating these BCRA tools in black women to improve their validity and utility.

### **(18) Gulf War-Era Veterans' Presumptive Exposures and Service-Related Conditions: Scoping Review**

Matthew Tuck, MD; Athena Beldecos, MD; Nicholas Honko, MD; Chase Houghton, MD; Mary Ann Kirkconnell Hall, MPH; Joyce Akwe, MD

Background: Many United States Veterans receive health care through the Department of Veterans Affairs (VA) Health Care System. In recent years, federal legislation has expanded enrolled Veterans' access to care outside the VA system, the number of conditions that qualify a Veteran for services based on their presumed connection to military service, and the services available. Providers working outside the VA system may be unfamiliar with Veterans' service-related exposures and presumptive service-related conditions. We aimed to summarize research on service-related exposures and conditions among Veterans of the 1990-1992 Gulf War.

Methods: We searched PubMed, EMBASE, and Web of Science databases in June 2023, importing references into EndNote citation management software. We utilized Covidence collaborative review software with a team of 5 VA hospitalists supported by a medical writer, using inclusion and exclusion criteria updated iteratively through discussion among the team. We excluded papers published before 2013; those focused on non-US Veterans, non-Gulf War Veterans, or animal subjects; genetic/modeling studies; study protocols; single case reports and small case series; history/political science papers; clinical trials; editorials without data; and papers with no relevance to hospital medicine.

Results: We identified 1462 unique articles; following title/abstract and full text review, we included 147 studies. We included 74 articles on Gulf War illness (GWI)/chronic multisymptom illness, 44 on exposures specific to the Gulf War veteran population, 38 on neurological conditions, 25 on psychiatric conditions (including posttraumatic stress disorder [PTSD]), 15 on treatments/markers, and 11 on cognition. Women were the subject of 18 references, but we found little literature specific to other demographic cohorts.

Conclusions: Many potential service-related exposures and conditions have been recognized by VA and may assist hospitalists caring for veterans providing care outside the VA. Current evidence suggests that Gulf War Veterans are at increased risk of PTSD, GWI, chronic fatigue syndrome, functional gastrointestinal conditions, generalized anxiety disorder, depression and substance abuse, but ongoing research into GWI has not identified a single causal mechanism. A complex interplay between environmental factors from chemical agents to traumatic events contributes to varied health effects, but our understanding of health effects

resulting from deployment to Gulf War remains limited.

### **(19)Clogged Arteries and Safety Net Holes: Treating an Underinsured Patient for Homozygous Familial Hypercholesterolemia with Plasmapheresis**

Stacey Watkins, MD, PhD; Iheoma Alinnor, MD;  
Mary Ann Kirkconnell Hall, MPH; Parth Patel, MD

We present a case of a man with previously diagnosed familial hypercholesterolemia (FH) that worsened significantly when he lost insurance and access to medications. We how our team-based approach facilitated innovative and effective treatment.

Our patient, a 40-year-old man, had noticed worsening dyspnea on exertion in his early 30s; after extensive cardiac workup, he had a coronary artery bypass graft in 2015 followed by a regimen of statin, ezetimibe, and niacin. He lost his job and insurance in March 2023; between March and presentation in July, he was unable to obtain these medications.

He presented with chest pain suggestive of non-ST elevation myocardial infarction (NSTEMI), with LDL-C of 984 mg/dL and reversible perfusion defect on his nuclear medicine stress test. The general cardiologist strongly recommended lipid reduction before diagnostic and potentially therapeutic left heart catheterization (LHC), advising LDL-C apheresis to rapidly reduce LDL levels prior to catheterization. However, LDL-C apheresis was available at only one center in the city. Given the lack of strong data related to rapid lowering of LDL in acute coronary syndrome (ACS) in homozygous FH patients, there was no justification for patient transfer.

A multidisciplinary team including hospital medicine, general cardiology, interventional cardiology, and transfusion medicine physicians as well as lipid clinic and inpatient cardiology pharmacists discussed the case. Transfusion medicine suggested plasmapheresis, which is readily available at more sites (including ours) and has a class 2 indication for lipid lowering. Interventional cardiology agreed to perform LHC, despite the patient's elevated LDL-C levels, followed by plasmapheresis and initiation of a PCSK9 inhibitor, alirocumab. During LHC, no evidence of a culprit causing ACS was found, and chronic graft occlusions were observed in the venous grafts. Cardiothoracic Surgery evaluated the LHC images and recommended no acute intervention or surgery.

Upon administration of atorvastatin, ezetimibe, niacin, and newly initiated PCSK9i, the patient's

LDL-C decreased to 786 mg/dL. He then had a temporary central venous catheter placed for plasmapheresis. After the first plasmapheresis, LDL-C dramatically lowered to 189 mg/dL; after the second, it declined to 67 mg/dL.

He was discharged in stable condition and scheduled for outpatient follow up. Our institution's pharmacy is assisting with obtaining continued alirocumab therapy through the manufacturer's patient assistance program.

## **(20) Lessons Learned from Social Medicine Student Reflections**

Sonya Vijayvargiya, Maura George, MD, Austin Montgomery, Nicole Greene, Dorcas Adetokunb, Ulemu Luhanga, Jada Bussey-Jones, MD, Tracey L. Henry, MD, MPH, MS

Background: Research shows that patient experiences and health outcomes improve significantly when culturally competent care is delivered. Social medicine curricula focus on such educational competencies and skill sets, but these curricula vary in scope and duration in medical education. It has been proposed that physician training should prepare students to understand the needs of our socially complex communities and equip them to minimize bias and communication barriers about psychosocial, emotional, and financial factors. While endless editions to medical school curriculum can be made, measuring the effectiveness of the implementation on student specialty choice continues to pose challenges. Of the few social medicine driven curricula across the country, less is known about the impact they may have on career choice and a learner's future practice in medicine.

Objective: The aim is to examine the impact of a social medicine curriculum on medical career choice. Can a social medicine curriculum affect medical student's career choice and future practice in medicine?

Methods: A qualitative content analysis approach was used to analyze data from 174 students who took the social medicine elective from 2013-2017 at Emory University School of Medicine. The primary focus of this study was on "Where I am in 10 years" essay. A coding sheet was developed with subcategories of themes relating to social medicine objectives based on results from student essays. Three individuals from different professional backgrounds separately read the essays and assigned subcategories to each essay. Student demographics and what/where they matched for residency and stratify frequency of themes by demographics and career choice are being

analyzed. Based on this, we will assess if students that chose to take a social medicine elective are geared towards a specific specialty.

Results: In the preliminary analysis, we found an interrater agreement of 74-84% between the three individuals who read and categorized the essays with the following themes including: career aspiration; underserved/social determinants of health; advocacy; health issues; educate others.

Conclusion: In our preliminary analysis, we have determined that a social medicine curriculum could affect medical student's specialty choice and future practice in medicine.

## **(21) Effect of Neighborhood Disadvantage on 30-Day Readmission Rates: A Systematic Review**

Lindsey Garrett, Adil Muhammad, Ambar Kulshreshthra, MD, PhD

Background: Socioeconomic status has long been recognized as a critical social determinant of health. However, the geographic location of a patient's home has emerged as a factor that can also affect health outcomes. A quantifiable measure of neighborhood disadvantage, the area deprivation index (ADI) uses census-level information to quantify patients' neighborhood deprivation level based on their address. Many studies have since used ADI to examine the relationship between a patient's home location and various health outcomes, including 30-day readmission rates.

Objective: This systematic review was conducted to determine the effect of ADI on the rates of 30-day readmission for both medical and surgical conditions.

Methods: We performed a comprehensive literature search in scientific databases, including PubMed, Embase, Web of Science, and SCOPUS from 2013 – 2024. Our search included terms related to area deprivation index and patient readmission in adult populations in the United States. Studies were included if they utilized ADI as their primary exposure and examined the risk of readmissions within 30 days as an outcome. Two reviewers independently extracted the data and assessed the studies for bias.

Outcomes: Our search yielded 40 publications that were all retrospective cohort studies. 20 studies (50%) met the criteria for inclusion in the review. Of these 20 studies, three reviewed readmission rates in the general patient population, five focused on patients admitted for a cardiac etiology, two on patients hospitalized with sepsis, eight on patients

who had received surgery, one on neurological, and one on pulmonary conditions. When examining the highest level of ADI, only ten studies (half of which focused on post-surgical patients) found that high ADI is significantly associated with 30-day readmission.

Conclusions: Our systematic review reveals that living in a high ADI area could have a significant impact on 30-day readmission, particularly for patients who have undergone surgery. Our overall mixed findings suggest that ADI is less impactful in a patient population with serious medical disease and underscores the complexity of the association of socioeconomic factors and health outcomes.

## **(22) Exploring the Effectiveness of Multimodal Pain Management Strategies in the Surgical ICU: Diverse Pain Assessment Methods, Medication Administration Disparities, and Solution.**

Karen Dordor, Alexis Shaw, Alysha Shaw, Jasmin Strong, Wendy Greene, MD, FACS, FCCM

Background: Pain is a vital measurement of patients' general well-being. For a while, opioids have been used as the mainstay of pain control, which comes with potential side effects and dependency concerns. Multimodal analgesia (MMA) involves using multiple pain control agents such as NSAIDs, gabapentin, and ketamine with the aim of targeting several pain pathways to improve analgesic effects while reducing opioid use. There exist racial, ethnic, and socioeconomic disparities in pain medication administration.

Objectives: This review aims to evaluate the effectiveness of different multimodal pain management strategies in the surgical ICU partly via pain assessment reported scores, explore disparities in pain medication administration, and propose a solution.

Methods: Using the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA), a comprehensive literature search is conducted from Cochrane Library, PubMed, and EMBASE databases using relevant keywords to gather supporting evidence. Relevant articles regarding perioperative pain and multimodal management strategies were reviewed. Patient-reported outcomes such as pain scoring using pain assessment tools such as the verbal description scale (VDS), the visual analogical scale (VAS), the 0-10 numeric rating scale (NRS), behavioral pain scale (BPS), and the critical-care pain observation tool (CPOT) are measured.

Outcomes: Much of the literature has shown that MMA regimens reduce perioperative and long-term opioid use by as much as 50% in some studies; however, pain scores following different pain management agents have varied. Regimens with agents such as NSAIDs correlate with slightly lower pain scores compared to opioids alone, while ones with agents such as ketamine show mixed results. Enhanced Recovery After Surgery (ERAS) guidelines support NSAIDs as an effective component of routine MMA regimens in the postoperative period and do not recommend routine use of ketamine unless other strategies are contraindicated. Notably, some studies have shown that Black and Hispanic patients receive lower doses of analgesic medications compared to their white counterparts during hospitalization after undergoing the same type of surgery. Additionally, patients with lower incomes had worse postoperative pain and functionality. It is important to have policies in place that encourage guideline-based administration of pain medications to reduce variations in pain control. Promoting cultural competence and anti-bias education can combat some of these disparities.

## **(23) MTHFR gene mutation, accelerated cardiovascular disease, and its unique impact on women.**

Sonya Vijayvargiya, Gina Price Lundberg, MD

MTHFR (methylene tetrahydrofolate reductase) is an enzyme that works with B vitamins to metabolize homocysteine, a protein derivative in our body. An inherited genetic mutation in MTHFR causes low enzyme and high homocysteine levels. MTHFR deficiency is emerging as a risk factor for myocardial infarction (MI) and premature cardiovascular disease (CVD) because hyperhomocysteinemia promotes atherosclerosis and thrombosis. Women experience unique complications of the MTHFR mutation particularly during pregnancy and post-menopause. Literature review show hyperhomocysteinemia as a risk factor for recurrent pregnancy loss, preeclampsia, and placental abruption. Post-menopausal women are at higher risk for CVD because of estrogen deficiency. It is predicted that high homocysteine only accelerates this risk. Women are underrepresented in cardiology and more research is needed to understand the unique conflict of estrogen and high homocysteine working against each other for CVD. There is limited data assessing the incidence of CVD in women with MTHFR mutation and how to decrease risk, especially with age. The aim is to review the impact of the MTHFR mutation on risk for accelerated cardiovascular disease. Case studies were performed using two patients at Emory Heart & Vascular East Cobb in GA. The primary focus was to

analyze patient demographics, MTHFR mutation status, and CVD history.

Patient 1 is a 59-year-old female heterozygous for the MTHFR mutation. Based on data, she likely has an expected MTHFR enzyme function of 65% compared to controls. At age 52, she had an anterior wall MI requiring a stent in the left coronary artery. Her past medical history was non-contributory. Her family history is significant for heart disease in her parents, one of who passed the mutation to their daughter. Patient 2 is a 54-year-old female homozygous for the MTHFR mutation. According to data, her estimated enzyme function is 30% compared to controls. She has not had a cardiac episode, but complains of chest pain, dyspnea on exertion, and palpitations. Her family history is significant for both parents having MTHFR mutations and her son inheriting her mutation and complaining of similar symptoms. Initial data shows the dichotomy between a heterozygous post-menopausal female having a cardiac episode versus a homozygous female with likely worse MTHFR function not having an episode but symptoms suggestive of heart disease. This research will continue to follow these patients focusing on lab values and clinical interventions to evaluate and mitigate acute coronary disease.

#### **(24) Alopecia associated with significant psychosocial burden and diminished quality of life**

Nourine Kamili, Jade Howard, Marta Taye, Loren Krueger

Background: Alopecia, or hair loss, is divided into several subtypes. Some forms of alopecia, including those that cause scarring and irreversible hair loss, disproportionately affect Black women. Quality of Life (QoL) is often impacted by these diseases. In treating alopecia patients, it is imperative to consider and monitor the psychosocial burden of the disease.

Aims: The primary aim of this study is to assess and describe the impact of alopecia on QoL as it relates to daily activities, relationships and mood. A secondary aim is to characterize how QoL is impacted in different subtypes of alopecia, with varying severity of alopecia and in different demographic groups.

Method: This is a mixed methods study consisting of a focus group and a QoL questionnaire composed of validated survey instruments including the Dermatology Life Quality Index (DLQI), Skindex-16, and the Short Form Health Survey (SF-36).

Results: Patients with cicatricial alopecias, which cause scarring and irreversible hair loss, consistently

scored poorly compared to those with reversible forms of hair loss. Cicatricial alopecias reported by patients in this study include Central Centrifugal Cicatricial Alopecia (CCCA), Frontal Fibrosing Alopecia (FFA), and Lichen Planopilaris (LPP). Additionally, patients with active alopecia scored poorly on QoL measures compared to those with resolved alopecia. While gender did not play a significant role in QoL differences, racial differences were apparent, with Black patients scoring poorly on QoL measures compared to White patients. Overall, QoL measures most significantly impacted were mood and self-image, while relationships were less impacted.

The correlation between disease severity and psychosocial burden was echoed in the focus group as well, where patients reported extreme distress and even suicidal ideation that resolved with visible improvement in alopecia. Another common theme emerged in focus group analysis was patient frustration with delayed diagnosis and limited provider willingness to refer to a dermatologist for early, aggressive intervention.

Conclusion: While alopecia significantly impacts patient mental health and QoL, improvement in alopecia visibility correlates with improvement in associated psychosocial burden. Early diagnosis and successful intervention may help decrease both disease burden and psychosocial burden. These data will inform future surveys about alopecia and interventional studies aimed to reduce the psychosocial burden of alopecia and improve patient-provider communication in medical decision making.

#### **(25) Strengthening Immunity against Genitourinary Pathogens in Transgender Persons**

Elizabeth MB Collins, Richa S. Varughese, Thien Duy Chen, Ariana R. Jimenez, Rheinallt M. Jones, and Alison Swaims-Kohlmeier

Serious infections caused by genitourinary pathogens can occur due to sexual contact with an infected person or due to changes in the immune composition of the reproductive tract microbiome (dysbiosis). Although the CDC reports that transgender persons are at higher risk of genitourinary infections, including those caused by sexually transmitted pathogens, the underlying immune mechanisms of increased risk are unclear. We hypothesize that a significant contributor to increased risk of infection is exogenous hormone therapies used in gender-affirming care, which may lead to changes in both the tissue-resident immune cell response and microbiome composition of the reproductive tract. Our program uses advanced cell and molecular profiling, and transcriptomics (a

measure of how DNA is expressed as a protein) to investigate immune cell activity in tissues of the reproductive tract following the initiation of hormone therapies by transgender persons. Our preliminary findings identified distinct changes in immune cell composition within the reproductive tract tissues of transgender men. These findings will be used to inform biomedical intervention and prevention strategies aimed at strengthening immunity in transgender persons.

### **(26) Childhood opportunity and its association with inequitable short-term pediatric gastrostomy tube outcomes**

Goeto Dantes, MD, Swathi Raikot, MBBS, Afrin Jahan, Nikolay Barykov, Jonathan Beus, MD, MS, Hanna Alemayehu, MD, Allison F. Linden, MD, MPH

Introduction: Social determinants of health (SDOH) are associated with increased disparities in healthcare outcomes across multiple specialties including pediatric surgery. Proper care of gastrostomy tubes (GTs) requires access to supplies, resources, and additional healthcare visits which can be challenging for communities with increased vulnerability in SDOH. We sought to investigate the impact of SDOH on short-term GT outcomes by evaluating the rate of unexpected emergency department (ED) visits within 6 weeks following GT placement.

Methods: A retrospective review was performed of children (<18 years old) who received a GT between January 2015 and December 2022. Demographics, insurance status, primary language and perioperative outcomes were collected. Home address was utilized to calculate individual Child Opportunity Index (COI) scores, a composite measure of SDOH. State-normed COI scores ranging from 1 (lowest opportunity) to 100 (highest opportunity) were represented in tertiles (low, moderate, high) and analyzed in aggregate and by domain (education, health and environment, and social and economic). Patients with an unexpected return to the ED within 6 weeks following GT placement were compared to those that did not have an unexpected ED return using univariable and multivariable logistic regression.

Results: 1337 patients underwent GT placement of which 343 (25.6%) had an unexpected ED return within 6 weeks postoperatively. Black children had significantly increased odds of an unexpected return to the ED compared to White children (OR 1.33, 1.03-1.69,  $p=0.03$ ) and low COI had significantly increased odds of an unexpected return to the ED compared to high COI (OR 1.6, 1.22-2.18,  $p=0.002$ ). Neither ethnicity, insurance status, nor primary language were associated with increased ED rates of return. On multivariable analysis, significant interactions between race and COI scores in certain

domains were found: Black children in the lowest COI tertile had higher odds of ED return relative to the highest tertile for education (OR 2.5, 1.24-4.95,  $p=0.006$ ) and health and environment (2.01, 1.07-3.77,  $p=0.03$ ). Disparity by domain was not found when comparing White children with low COI to White children with high COI. Figure 1.

Conclusions: COI and the interaction with race can be associated with increased rates of ED returns within 6 weeks following pediatric GT placement. COI can help delineate specific modifiable domains upon which interventions can be made that may improve equity in outcomes.

### **(27) Global Patterns of Hemophilia Clinical Trials and Hemophilia Care**

Stacey A. Fedewa, Leonard A. Valentino, Andee Koo, Lorraine Cafuir, Ana Antun, Christine L. Kempton

Background: Clinical trials play an important role in establishing efficacious treatments for congenital hemophilia, a rare blood clotting disorder. The global distribution of hemophilia clinical trials (HCTs), and their alignment with hemophilia care is unknown.

Objective/Aims: In this study we evaluated the global distribution of HCTs and whether it was associated with hemophilia care and health indicators across the globe.

Methods and outcomes: In this cross-sectional study, the clinicaltrials.gov database was queried in April 2023 for interventional HCTs conducted between 2007-2022. The proportion and density of trials were assessed according to measures of hemophilia care (factor VIII and IX utilization), which were derived from World Federation of Hemophilia data. Results: Of 129 trials analyzed, there were an average of 7.8 countries per trial and 55 countries were represented. Most HCT sites were in high income (70.4%) or upper-middle income (23.3%) countries, however, the number of sites in lower-middle income countries doubled, from 12 in 2007-2011 to 30 in 2017-2022, proportionately this translated to a non-significant increase (from 5.6% to 6.9%,  $p\text{-value}=0.53$ ). Per capita factor VIII and IX use was substantially lower in lower-middle [0.4 international units (IUs) per 1000 expected number of people with hemophilia (ePwH)] and upper-middle (2.8 IU per ePwH) income compared to high-income (6.8 IUs per ePhW) countries. HCT density was moderately correlated with factor VIII and IX usage ( $r=0.35, p\text{-value}<.001$ ).

Conclusions: HCT sites were mostly located in high-income countries, though a substantial proportion were in upper-middle income countries and an increasing number of trials being conducted

in lower-middle income, where per-capita factor usage is fraction of what is used in high-income countries. These findings raise questions regarding opportunities and ethics of global clinical trials, within the context of a rare disease.



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