EMORY UNIVERSITY SCHOOL OF MEDICINE

Department of Medicine

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May 20, 2025

HEALTH EQUITY DAY

9:00 AM - 2:00 PM

EMORY UNIVERSITY SCHOOL OF MEDICINE

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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 a an innovation award. All members of the Emory DOM and SOM community are welcome to attend.

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Table of Contents

Schedule of Events 5

Special Guest Speaker 6

Keynote Speaker 7

Category Groupings 8

Featured Presentations 9

Poster Presentations 13

Acknowledgements 34

Health Equity Day 2025 Schedule of Events

9:00 am – 9:05 am	**Welcome -- VIRTUAL** **Carlos del Rio, M.D.**, Chair, *Department of Medicine (DOM)*
9:05 am – 9:15 am	**Opening Reflections and Remarks -- VIRTUAL** **Sandra Wong, MD, MS,** Dean, *Emory School of Medicine (SOM)* **Sheryl Heron, MD, MPH, FACEP**, Professor, *Chief Diversity and Inclusion Officer* **Kimberly Manning, MD,** Vice Chair, *RYSE (DOM)* **Zanthia Wiley, MD,** Associate *Vice Chair, RYSE (DOM) - moderator*
9:15 am – 9:45 am	**Featured Presentations I -- VIRTUAL** 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 – 10:05 am	**Special Guest Speaker -- VIRTUAL** **Jada Bussey-Jones, MD, MACP,** Associate Dean, *Professional Development, Emory at Grady, Chief of Grady General Internal Medicine, and former Vice Chair of RYSE*
10:05 – 10:35 am	**Concurrent Poster Session I – VIRTUAL** **Group 1:** Clinical Quality **Group 3:** Education **Group 2:** Community, Policy, Advocacy **Group 4:** Research
10:35 am – 11:05 am	**Featured Presentations II – IN-PERSON or ZOOM** 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 Professional Development Presentation
11:05 am – 11:10 am	**Transition**
11:10 am – 11:40 am	**Concurrent Poster Session II – IN-PERSON**
11:40 am – 12:00 pm	**Lunch**
12:00 pm – 1:00 pm	**Keynote Presentation – IN-PERSON or ZOOM** **Yolanda Wimberly, MD, MSc,** *Senior Vice President and Chief Health Equity Officer at Grady Health System*
1:00 pm – 2:00 pm	**Awards Presentation and Final Remarks – IN-PERSON or ZOOM**

Guest Speakers

Special Guest Speaker* | *9:45 a.m. – 10:05 a.m.

Jada Bussey-Jones, MD, FACP, is a Professor of Medicine in the Department of Medicine of Emory University's School of Medicine. She received her BS in Sociology and later her MD from Emory University. She currently serves as the Chief of Grady General Medicine and Geriatrics, the Vice Chair for Diversity, Equity, and Inclusion for the Department of Medicine, and the Associate Dean for Professional Development for Emory at Grady. Dr. Bussey-Jones has nationally recognized educational expertise in the areas of minority health, health equity, as well as patient and provider education. She has developed several program initiatives addressing health promotion and disease prevention for vulnerable populations. She developed and directed curricula on cultural competence, disparities, and social determinants of health for students, residents and faculty and was recognized with an Educational Innovation Award for this work. She has chaired the National Disparities Education Task Force for the Society of General Internal Medicine organization and served as editor for a special issue of the Journal of General Internal Medicine dedicated to disparities education. In this role, her leadership resulted in an award-winning national disparities course, web based educational modules, and national symposia on disparities at both the Society of General Internal Medicine and at the American Association of Medical Colleges. In 2023, she was recognized with the AAMC-GDI Exemplary Leadership in DEI Award. She is the current president for the Society of General Internal Medicine.

Keynote Speaker | 12 p.m. – 1 p.m.

Yolanda Wimberly, MD, MSc, is a nationally respected and distinguished healthcare and public health leader, educator, and community advocate. Dr. Wimberly currently serves as senior vice president and Chief Health Equity Officer at Grady Health System. Dr. Wimberly also serves as an adjunct professor of pediatrics at Morehouse School of Medicine (MSM). Her leadership and nationally respected voice in the health equity movement are born of 21 years of clinical experience. Combining her leadership, research, and administrative experience, Dr. Wimberly incorporates into her work a unique and comprehensive understanding of the various facets of health equity and social determinants of health. Her educational and pedagogical acumen have impacted healthcare demonstrably, specifically in enterprising medical decision-making, fiscally responsible cost-effectiveness, and successful incorporation of clinical best practices. As the former Senior Associate Dean of Graduate Medical Education and Clinical Affairs for Grady at MSM, Dr. Wimberly led the clinical experience and educational enterprise of hundreds of medical students, residents, and faculty for 20 years. Since stepping into the role of the inaugural Chief Health Equity Officer at Grady Health System in October 2021, Dr. Wimberly has chartered a Health, Equity, Diversity, and Inclusion Council (HEDI), consisting of members and leaders from religious, corporate, non-profit, and grassroots organizations, and representatives from local municipalities. The council serves in an advisory capacity to Grady's Office of Health Equity. One of Dr. Wimberly's many community initiatives is the Teen Experience and Leadership Program (TELP), which she developed and implemented. The mission of TELP is to generate teens' interest in working in the healthcare fields. For those in the community beginning their medical careers, Dr. Wimberly led efforts to develop a business of healthcare internship program at Grady for entry-level healthcare jobs. Dr. Wimberly earned her Doctor of Medicine degree from Meharry Medical College and her Master of Science in Epidemiology from the University of Cincinnati. After completing her pediatric residency at Northwestern Children's Hospital, she completed an adolescent medicine fellowship at Cincinnati Children's Hospital. Dr. Wimberly serves on several boards, including the board of directors for the Accreditation Council on Graduate Medical Education (ACGME), Metro Atlanta YMCA, and Camp Twinlakes. Dr. Wimberly was the recipient of the Association for American Medical Colleges' prestigious Arnold P. Gold Foundation Humanism in Medicine Award, and of numerous other national awards. In 2022, Dr. Wimberly was named a Top Diversity and Inclusion Officer by the Atlanta Business Chronicle, was recognized by Becker's Hospital Review as a Top Diversity and Inclusion Officers to Watch in 2023 and consistently from 2011 through 2024, recognized as one of Atlanta's Top Doctors by Atlanta Magazine.

Category Groupings

Category	Presenting Author Last Name	Title	Group #
Clinical Quality	Williams	My patient is not improving, do I need to re-explore my differential diagnosis?	1
	Cortes	Using Rapid Qualitative Analysis to Assess PrEP Implementation Strategies in Title X Family Planning Clinics within Metro Atlanta	1
	Travis	Quality assessment of documentation of chronic kidney disease (CKD) among patients in an academic primary care clinic	1
Community, Advocacy, & Policy	LeCates	Grady Health Coaching: Supporting Patient Health Goals through Motivational Interviewing with Early Career Medical Students	2
	Shuford	Promoting Healthcare Literacy for Incarcerated Women in Georgia	2
	Torrey, Agu, Okafor	Fostering Social Connectedness Among Adults in a Long-Term Care Facility	2
	Chaudhary	The Patient as Criminal: Carceral Logics of Trauma Centers	2
	Alam	Identifying Barriers and Facilitators to Attending Psychiatrist Engagement at a Student-Run Mental Health Clinic	2
Education	Reuter	Didactic Curriculum Co-Creation for the Community Learning and Social Medicine Course	3
	De Oliveira	Spanish Language Skills Among Medical Students at a Single-Institution in Georgia: An Initial Medical Education Needs Assessmen	3
	Brady	Exploring the role of social determinants of health in investigating root causes of recurrent retroperitoneal abscesses in an adult male	3
	Williams	Building Healthy Habits that will Last a Lifetime using AI-Powered Videos: Bridging the Health Literacy Gap Amongst Elementary Aged Children	3
	Costanza	Student Led Interdisciplinary Case Competitions (SLICC) to Improve Education on Health Disparities	3
Research	Gillette	Geospatial Analysis of Access to Healthcare for Children with Disabilities in Kilifi County, Kenya	4
	Gerke	Advancing Health Equity: Real-World Outcomes of Lu-PSMA-617 in a Racially Diverse Cohort of Patients with Metastatic Castration Resistant Prostate Cancer	4
	Byrd	Barriers and Facilitators to Engaging Transgender and Gender Diverse People in Sexual Health Research	4
	Fritz	Association of Anxiety and Sleep Behaviors among Adolescents	4
	Chung	Key Factors in the Quality of Life of African American Parents Living with Dementia: The Importance of Relationship Quality and Voice	4

Featured Presentations

Outstanding Scientific Citation RYSE Award Winner

9:15 am – 9:25 am

Undiagnosed HIV in Patients on Immunosuppressive Medications Presenting with HIV-Associated Kidney Disease

Nathaniel Forrester, Jonathan Zhang Suo Keyes, Ronan Cajimat, Yelena Burklin, Mary Ann Kirkconnell Hall, Jason Cobb

In the US, almost 160,000 HIV-positive individuals are unaware of their status. Missed HIV diagnoses compromise care, particularly among patients receiving immunosuppressive and immunomodulatory agents. Despite this risk, HIV testing prior to immunosuppressive therapy is not the norm in the United States. This case series exemplifies the need for immunodeficiency disease screening, particularly HIV, before initiating biologic immunosuppression. We describe three patients recently treated with immunosuppressive agents who presented with signs concerning for HIV-associated kidney diseases who had undiagnosed HIV. We frame the case series with a concise discussion of the structural, interpersonal, and intrapersonal barriers associated with cases of undiagnosed HIV. (Citation: Forrester N, Keyes JZS, Cajimat R, Burklin Y, Hall MAK, Cobb J. Undiagnosed HIV in Patients on Immunosuppressive Medications Presenting with HIV-Associated Kidney Disease. South Med J. 2024 May;117(5):254-259. doi: 10.14423/SMJ.0000000000001688. PMID: 38701846.)

Clinical Quality

9:25 am – 9:35 am

Are there differences in care across hospitals? A Pilot Implementation Survey Study amongst Emory Hospitals

Anushua Bhattacharya MD, MPH; Natalie Connell MD; Sarah Reuter, MD; Suyu Zhang, MD; Daniel Enrique Barboto, MD; James Pennoyer, MD; Irtiqa Fazili, MD; Maura George, MD

Background: Ensuring safety and quality of care has been a central priority for hospitals across the United States since the late 1990s. Internal Medicine residents, uniquely positioned to rotate across multiple hospitals, often observe and anecdotally report differences in care delivery. However, systematic data on these disparities is limited, frequently hindered by infrastructural challenges or institutional reluctance to address such inequities. Understanding and addressing these disparities is critical for developing targeted interventions that promote high-quality, equitable, and safe care across diverse hospital settings. *Objective:* The objective of this study was to identify and characterize disparities in care delivery across Emory-affiliated training hospitals. *Interventions:* We implemented a structured survey distributed to all Emory Internal Medicine residents across Emory University Hospital, Emory Midtown Hospital, Atlanta Veterans Affairs Hospital, and Grady Memorial Hospital. Residents were asked to submit case examples where care either met, did not meet, or exceeded the standard of care. The survey captured insights across three domains: patient-specific factors (e.g., language barriers, healthcare mistrust, insurance status, housing instability), systemic factors (e.g., floor protocols, limited case management, communication breakdowns between medical and interdisciplinary teams), and provider-specific factors (e.g., implicit bias, limited understanding of social determinants of health).
Outcome: Preliminary results revealed notable systemic disparities, particularly related to floor protocols, staffing limitations, and case management inconsistencies across hospitals. Interestingly, private academic hospitals were reported to have less robust case management resources compared to the public safety-net hospital, challenging assumptions that private institutions inherently provide superior care. Residents noted that these disparities influenced both patient outcomes and their own experiences of burnout and moral distress. The long-term goal of this project is to establish a framework for ongoing evaluation and continuous improvement of equitable care across Emory training sites so as to promote high-quality, equitable hospital systems.

Community, Advocacy, & Policy

9:35 am – 9:45 am

Bridging the Gap: Medical Students as Key Allies for Uninsured Patients

Dylan Perito, Kate Eisenbraun, Toby Terwilliger, MD

Background: Lack of insurance and underinsurance remain major barriers to healthcare for many people in the United States. Lapses in healthcare coverage contribute to inferior health outcomes in the US compared to other high-income countries, and complex eligibility requirements make it challenging for patients to access publicly subsidized coverage. We created this pilot program as a novel workflow in which medical students serve as Care Navigators within a student-run clinic. Navigators help assist uninsured patients by identifying insurance eligibility, providing information about coverage options, and offering support in filling out applications. *Objectives/Aims:* This pilot serves as a proof of concept study in which 10 patient-navigator encounters will be completed. The pilot will guide further outcomes-driven research with the goal of refining the insurance navigation process and optimizing the deployment of student Care Navigators. The broader goals of this project are to increase access to publicly subsidized healthcare coverage and empower the next generation of physicians to facilitate patient access to insurance. *Intervention:* We designed a survey tool for Care Navigators to identify patients' eligibility for affordable coverage options like Medicare, Medicaid, and Healthcare Marketplace Tax Credits. This survey tool adapts to patients' responses, so eligibility outcomes were unique to each patient's circumstance. After completing the initial survey, Navigators provided patients with informative flyers about their eligible insurance options. For patients who requested more support, student Care Navigators assisted in completing the appropriate application*. Outcomes:* Within seven visits to the clinic, more than 25 people were informed of their eligibility for an insurance option. Of these, five coinsurance applications were confirmed, and one Medicaid application for an uninsured patient was confirmed. The project's biggest barrier to ensuring health coverage was loss to follow-up after patients requested additional application support via phone. Navigators found more success completing applications on-site. *Conclusions:* Overall, having medical students serve as Care Navigators is a scalable way to increase access to health insurance for the uninsured population and is more effective when Navigators work on-site. Future applications of this model could include environments with a high density of uninsured patients but limited or absent social work resources, such as other student-run clinics, public health events, or prison re-entry programs.

Research

10:25 am – 10:35 am

Community Action Circles to raise awareness of climate change's impact on health in low-income communities in the West and Southwest of Atlanta

Ramitha Rajendragowda Pallavi, Eri Saikawa, Opeyemi Aransiola, and Saria Hassan

Background: Low-income black communities in the West and South of Atlanta have high exposure to chemical (air, water, and soil pollution) and non-chemical (social determinants of health) stressors in addition to the disproportionate impact of climate change (urban heat islands and flooding). The cumulative impact of these factors worsens health disparities. The REACH ATL (Resilience, Equity, and Adaptation for Climate Change and Health in Atlanta) initiative seeks to address the cumulative health impacts of chemical and non-chemical exposures exacerbated by climate change in highly impacted neighborhoods in Atlanta. A key component of the program, Community Action Circles (CACs), aims to foster community engagement, increase climate change awareness, and empower residents to take action to reduce the impact of climate change on their health. *Methods:* The nine neighborhoods of West Atlanta were divided into three CAC Cohorts. The CACs use a participatory approach to engage community members in structured group discussions, collaborative learning activities, and developing actionable strategies to address climate change-related health challenges. The effectiveness of the CACs is evaluated through pre- and post-assessment surveys measuring changes in knowledge, beliefs, and adaptive capacity among participants. The assessments focus on the domains of 1. climate change awareness and resilience; and 2. adaptive capacity to climate-related stressors. The survey questions were sourced from both validated and non-validated instruments and were further refined based on stakeholder and community partner feedback to ensure cultural and contextual relevance. Data analysis was performed using R programming, descriptive statistics, and paired t-tests, which were used to assess changes with p-values calculated to determine statistical significance. A second round of CACs was held to address knowledge gaps identified after the first round. *Results:* Fourteen monthly CAC sessions were held for each of the cohorts. Significant findings included increased belief in climate change (from 5.83% to 6.41%, $p = 0.03$) and recognition of climate patterns (from 3.48% to 3.94%, $p = 0.03$). Positive trends were observed in understanding human causes of climate change (from 5.53% to 5.65%, $p = 0.67$) and awareness of infectious diseases (from 59.68% to 71.15%, $p = 0.19$). General climate change awareness remained stable (from 96.8% to 96%, $p = 0.82$). Participants report greater confidence in their ability to respond to climate challenges and a stronger commitment to advocating for health and environmental justice. *Conclusion:* Community engagement through participatory methods like CACs is essential for addressing climate change-related health disparities. By integrating local knowledge with scientific research, CACs bridge gaps in awareness and empower residents to take action. The findings underscore the importance of culturally relevant, community-driven interventions in enhancing resilience and reducing vulnerability to environmental stressors. Moving forward, the scalability and long-term sustainability of CACs will be key considerations in expanding their impact across other communities facing similar climate challenges.

Education

10:35 am – 10:45 am

Women’s Health Training Day Teaches Medical Students Clinical Skills to Volunteer at Community Gynecology Clinic

Gigi Grigorian; Angella Appah; Iris Abrahantes Morales; Leenah Abojaib; Caitlin Nygren; Vega Walke; Supriya Jain; Lucy Walke; Shubha Verma; Julianna Richards; Jennifer Goedken, MD; Stacia Crochet, MD

Background: The Harriet Tubman Women’s Clinic (HTWC) is a gynecologic clinic for uninsured female patients in Clarkston, GA, run by medical students from Emory University SOM. Medical student volunteers have the opportunity to develop their clinical skills in reproductive health under the guidance of Emory University faculty while helping to provide critical medical care to members of our Atlanta-area community. HTWC student coordinators host an annual Women’s Health Training Day (WHTD) to teach fundamental gynecologic skills to first-year medical students. *Objective:* We aim to evaluate the effectiveness of a student-run training day in introducing first-year medical students to the field of OB/GYN and preparing students to volunteer at a student-run women's clinic. *Intervention:* In 2024, WHTD consisted of four interactive, small-group sessions: pelvic/breast examinations (on anatomic models), sexually transmitted infections (STIs), family planning/contraceptive options, and taking a sexual history. These sessions were led by fourth-year medical students who have completed their OB/GYN rotation. An anonymous survey was administered to WHTD attendees before and after the training. Each participant evaluated their confidence with specific gynecologic health-related skills on a Likert scale ranging from 1 (not at all confident) to 5 (very confident).
Outcomes: In 2024, 40 first-year students attended WHTD. The majority (60.5%) reported no prior OB/GYN experience. Following WHTD, there was a significant increase in respondents reporting they felt at least "somewhat confident" in all skills. Specifically, there was an absolute increase of 59%, 51%, 49%, and 48% in the proportion of respondents reporting higher confidence levels in the following skills, respectively: eliciting a sexual history, conducting clinical pelvic exams, discussing family planning options, and identifying common STIs. Additionally, confidence in volunteering at HTWC and approaching an OB/GYN rotation increased by absolute percentages of 42% and 33%, respectively. By teaching skills that are not emphasized in the preclinical medical curriculum, WHTD prepared students to volunteer at HTWC and participate meaningfully in patient care under the supervision of women’s health providers before participating in the third-year OB/GYN clerkship. Additionally, WHTD serves to ensure that the patients of HTWC receive care from students who are aware of common clinical concerns within the field of gynecology.

Professional Development

10:45 am – 10:55 am

Building Community: Perspectives on Professional, Resource, and Social Interventions from the First Graduating Class of the Emory University School of Medicine's FGLI in Medicine affinity group

Rylea Trudeau, Sarah C. Touponse, Jennifer Spicer

Background: First-generation and low-income (FGLI) populations are often combined due to common experiences and overlapping identities. Of 2024 matriculants, 11% identified as first-generation college students and 12.5% qualified for fee-assistance benefits. A growing body of literature highlights barriers faced by FGLI medical students, including financial constraints, limited social support, and insufficient mentorship and networking opportunities. *Objectives/Aims:* To assess exit surveys of the first graduating class of “FGLI in Medicine” students at the Emory University School of Medicine (EUSOM) who had access to the organization throughout all four years of their education. Aims include: 1) to identify FGLI-related student concerns before and during medical school; 2) assess satisfaction with interventions; 3) explore themes in student experiences and organization strengths; 4) identify areas for growth; and 5) compare findings to the growing body of national literature on FGLI student experiences. *Intervention:* FGLI in Medicine was founded in Spring 2022 by EUSOM medical students in response to a clear need to support students of these backgrounds. Goals included building a supportive FGLI community and helping students navigate the medical curriculum and profession. Specific interventions include a mentorship program with student-to-student and faculty-to-student guidance, panels to promote knowledge-sharing between Emory medical and undergraduate students, and donation drives to collect and distribute educational and clinical supplies. *Outcomes:* The survey was sent to 14 graduating FGLI medical students in March 2025. To date, 8 responses (57%) have been recorded. 100% of respondents reported limitations with financial resources, social support, and professional connections. Recurring themes of building community, connections with peers and faculty of similar backgrounds, and cultivating a safe space were noted as strengths of the organization. The majority of respondents ranked satisfaction with existing interventions between neutral and satisfied. Areas for growth were identified as creating a more structured event schedule and mentorship program. *Discussion:* There is a need for increased resources, social support, and professional networking for students from FGLI backgrounds in medicine. Emory FGLI in Medicine has worked to create support in each of these areas through initiatives since its founding. Further research is needed to identify which interventions and academic supports would offer the greatest benefit to FGLI medical students.

Poster Presentations

Clinical Quality

(1) My patient is not improving, do I need to re-explore my differential diagnosis?

Jasmyne Williams, Seema S. Tekwani MD, MHA, FCCM.

Introduction
Efforts to eliminate HIV transmission are ongoing, with widespread availability of testing opportunities. However, opportunities for HIV testing and diagnosis are sometimes missed. Pneumocystis jirovecii pneumonia (PJP) often presents as the initial opportunistic infection in patients admitted to Intensive Care Unit.

Description
A 36-year-old healthy female with recent hysteroscopic myomectomy for uterine bleeding two weeks ago presented to the Emergency Room with complaints of persistent shortness of breath, dyspnea on exertion, and palpitations persisting for two weeks post recent surgery. CT Chest following the Pulmonary Embolism (PE) protocol revealed a right lower lobe PE, diffuse pulmonary edema, and ground glass opacities. She was transferred to the Intensive Care Unit (ICU) due to worsening tachycardia and acute blood loss anemia. She was started on Intravenous heparin but continued to have refractory tachycardia and remained febrile. Workup was requested for upper and lower respiratory pathogen panels, and she was empirically started on Levofloxacin. She had minimal improvement, and we requested an HIV test that was subsequently reported positive. A broader infectious workup was repeated, including a sputum test for PJP, confirming the diagnosis. Her CD4 count was 20 and Viral Load was 109,000. PJP treatment was initiated, and the patient had clinical response to treatment and was subsequently discharged from ICU.

Discussion
The CDC recommends that everyone aged 13 to 64 get tested for HIV at least once as part of routine health care, a recommendation also supported by the USPSTF. This case highlights a missed opportunity and underscores gaps in routine HIV screening within healthcare settings. Acute or early HIV infection diagnosis is infrequently made in clinical practice. In a case series from Seattle, the diagnosis of HIV infection was considered in only 26 percent of patients with acute retroviral syndrome who sought care from primary care clinicians, emergency departments, and walk-in clinics. We maintained a high index of suspicion for an immunocompromised status and hence directed HIV testing while the patient was in the ICU. The diagnosis of acute PJP as an AIDS-defining illness emphasizes the need to improve compliance with CDC and USPSTF guidelines.

(2) Using Rapid Qualitative Analysis to Assess PrEP Implementation Strategies in Title X Family Planning Clinics within Metro Atlanta

Elora Cortes, MPH, Kate Winskell, PhD, Jessica Sales, PhD

Background: Over half of all new Human Immunodeficiency Virus (HIV) diagnoses occur in the Southern United States (US). Pre-exposure prophylaxis (PrEP) is a highly effective HIV prevention method that is underutilized by those at risk for HIV in the South. PrEP underutilization is pronounced among women, who represent a small percentage of PrEP users in the South. Title X Family Planning (FP) clinics are funded by Georgia Family Planning System (GFPS) to provide sexual and reproductive services, including HIV testing and PrEP counseling. However, Title X FP clinics in the South experience barriers to adopting evidence-based practices (EBPs) that involve PrEP care delivery. GFPS has deployed tailored PrEP implementation strategies in the form of trainings/technical assistance (TA)/resources with the expectation that clinics will adopt and implement PrEP.

There is a need to conduct ongoing assessments to ensure these PrEP trainings/TA/resources are optimized to meet the needs of Atlanta Title X FP clinics. Rapid Qualitative Analysis (RQA) is one potential strategy to generate actionable results from qualitative data in a timely fashion. The purpose of this study was to describe and assess RQA as a strategy to inform PrEP implementation strategies in Atlanta Title X FP clinics.

Methods: RQA was used to analyze existing data. Title X FP clinics had been recruited at the annual Ending the HIV Epidemic (EHE) conference hosted by Georgia Family Planning Services (GFPS) in 2022. Qualitative data from 9 focus group discussions (FGDs) among clinical administrators in Title X FP clinics across Metropolitan (Metro) Atlanta were collected one year after their anniversary date of recruitment (baseline). Each FGD was recorded, transcribed, and de-identified.

Results: Relevant quotes from each clinic extracted from FGD transcripts, were organized into a matrix that was sorted by questions from the FGD interview guide. Quotes were observed for patterns in each key domain from the interview guide using rapid thematic analysis. Lastly, a narrative summary was drafted to further conceptualize major themes emerging across focus groups.

Discussion: Due to the potential need to further tailor and adapt PrEP trainings/TA/resources to meet the evolving needs of Atlanta Title X FP clinics, RQA was used to produce actionable results that will inform potential changes to these strategies. RQA was found to be quick, cost-efficient, and able to produce outputs that respond to the community’s needs. If Title X FP clinics update their PrEP care delivery system due to this project’s findings, it is expected that cisgender women, especially women of color, will benefit from improved services.

(3) Quality Improvement Project: Addressing InvoluntaryDischarged Hemodialysis Patients in an Urban Predominantly Black US Population

<u>Siddartha Bhandary, Zikora Nnadike, Anjuli Shah, Carol Gray, Loren Cobb, Christopher O’Donnell, Jose Navarrete, Jason Cobb</u>

Introduction:
Insurable, involuntarily discharged hemodialysis (HD) patients receiving maintenance HD in the hospital are a growing, vulnerable population in our clinical learning environment (CLE). We present a quality improvement (QI) project examining the clinical characteristics and results of second chance placement of involuntary discharged HD patients receiving maintenance HD through inpatient care in our urban predominantly Black population

Methods:
QI project at Emory Hospitals and Grady Memorial Hospital. We included all patients involuntarily discharged from a HD center, and those who started HD as inpatient and were seen for inpatient dialysis >60 days, from 1/2020 – 9/2023. Clinical information followed until 3/2024.

Results:
We included 30 ESKD patients. 21 (70%) male Mean age 49.8 years.100% (n=30) identified as Black, and 77% (n=23) with Medicaid insurance. Most common reasons for discharge: noncompliance (n=17) & disruptive behavior (n=9). 11 (37%) patients had documented substance abuse, and 12 (40%) documented psychiatric disorders. 6 patients with HIV and 6 were homeless. 16 patients received second chance HD placement prior to QI project and 9 patients received second chance HD placement as our QI intervention (5/2023 – 9/2023). 6 of the 9 second-chance placement patients had reduced admissions. 1 patient was an outlier with 43% of HD admissions. The remaining patients had 52 admissions for HD prior, and only 5 admissions after with a 90% reduction. Average outpatient HD billing is approximately $280 to 335 per treatment and inpatient cost for HD only admissions is approximately $1300.

Conclusion:
This QI project brings attention to a vulnerable nephrology patient population. The subjective analyses used to adjudicate the 'lack of adherence' and 'disruptive behaviors' may be vulnerable to cultural bias and lead to discrimination against these patients. This QI project demonstrated 9 patients were successfully placed with a dramatic decrease in HD associated admissions. Considering that outpatient dialysis billing averages about 25% of the cost of inpatient dialysis admissions, this in turn adds to the significant financial costs. Further investigations of insurable HD patients receiving maintenance HD in the hospital settings are warranted to determine the prevalence, financial burden and possible interventions to improve outcomes

(4) Advanced Cervical Cancer in a Non-Sexually Active 28 Year Old, Complicated by Financial Barriers

<u>Brian Chung, Sarah Koumtouzoua MD, Ryanne Lehenaff</u>

Background
This case report discusses a 28 year old female with no sexual history who presented to the ED with abnormal uterine bleed found to have incidental miliary pulmonary nodules on imaging, confirmed to have advanced cervical cancer with pulmonary and osseous metastasis. The patient’s presentation, social history, and engagement with the healthcare system present several points highlighting the equity challenges certain populations face today.

Objectives
1. Highlight the importance of considering cervical cancer when presented with a young patient with abnormal uterine bleeding
2. Highlight the financial barriers undocumented patients face when receiving care at Grady
3. Consider the implementation of HPV screening in the emergency room setting for certain populations

Intervention
The patient is a 28 year old female with a past medical history of abnormal uterine bleeding who presented to the ED with a 6 day history of vaginal pain, hematuria, and back pain. She had two emergency visits 1 month and 4 months ago for abnormal uterine bleeding. The vaginal pain was a new symptom that prompted the patient to seek care. Renal stones were suspected due to

hematuria and a CT stone protocol was ordered. Imaging ruled out renal or urethral abnormalities but found diffuse miliary pulmonary nodules. Patient was admitted to the hospital for workup of the nodules. ID was consulted and started droplet precautions and ordered a tuberculosis workup. Due to the patient's vaginal tenderness and abnormal uterine bleed, gynecology was consulted. Gynecology performed an exam under anesthesia and found advanced cervical cancer. Pathology confirmed squamous cell carcinoma. Tb workup was negative. MRI and PET imaging were ordered to identify metastasis and found pulmonary and osseous metastasis of ischial spine.
The patient immigrated from Mexico at 6months old and has lived in Georgia ever since. At the time of presentation, she worked in hospital housekeeping cleaning the operating rooms. She denied any tobacco or recreational drug use and drank alcohol socially. She has never been sexually active. She never sought primary care and did not engage with the healthcare system until her first abnormal uterine bleed. She never received a pap smear. She denies ever having healthcare coverage.

Outcome
When planning for patient discharge, the medical team was unable to schedule the patient's outpatient follow-up due to Grady scheduling preventing the patient from being scheduled until she demonstrated the ability to pay. Financial counseling was consulted to determine patient's Medicaid eligibility where it was revealed the patient was ineligible due to immigration status. Patients was still eligible to be enrolled in the Grady financial assistance program but patient was unaware of this due to lack of communication from the finance office. A member of the medical team served as a liaison between financial counseling and the patient to eliminate any gaps in communication and help with filling out financial assistance documents. Patient underwent an expedited approval process and was discharged with oncology and primary care visits in place after being approved for Grady financial assistance.

(5) Quality assessment of documentation of chronic kidney disease (CKD) among patients in an academic primary care clinic

<u>Natasha Travis, Miranda Moore, PhD, Shelly Fluker</u>

Background: Chronic kidney disease (CKD) affects more than 1 in 7 US adults; however, as many as 9 in 10 adults do not know they have it. Primary care is the front line for early detection of CKD and management to slow progression of disease; however, many health care providers (HCPs) are not appropriately screening for CKD. Even if appropriate screening is conducted, only a small percentage of patients have CKD documented in the medical record as a problem by their HCP. Studies demonstrate that clinician behavior changes when CKD diagnosis is documented on the problem list, with improvements including increased urinary albumin testing, appropriate use of ACE/ARB's, appropriate nephrology consultations and avoidance of NSAIDS by providers and patients using over the counter therapies.

Methods: We performed a retrospective chart review of all patients seen from October 2022 to September 2024 seen at an academic primary care clinic staffed by Internal Medicine faculty and residents to determine the percentage of patients seen with a CKD diagnosis documented. Additionally, we identified patients who meet CKD criteria of a glomerular filtration rate (eGFR) of <60 more than 90 days apart. We used these values to calculate the percentage of patients who should have a CKD diagnosis documented but do not.

Results: 11,975 unique patients were seen in the clinic. Of these, 1,997 (17%) patients had a diagnosis of CKD, 3,441 (28%) had a diagnosis of diabetes, and 6,917 (56%) had a diagnosis of hypertension. Overall, 2,123 patients had two eGFR results of <60 more than 90 days apart. Thus, at least 126 (1%) patients meet the clinical criteria for CKD but do not have the diagnosis documented.

Conclusions: Our finding of patients who meet screening criteria for CKD but did not have the diagnosis documented in the medical record may speak to HCP, and ultimately patient awareness of CKD diagnosis. This gap in documentation quality highlights an urgent need for further evaluation of the barriers for appropriate diagnosis and documentation in the medical record. Given the large and growing burden of CKD in the USA, it is imperative that primary care settings are structured for early diagnosis, appropriate documentation in the medical record and patient education of this diagnosis to stem progression of disease with evidence-based therapies.

Community, Advocacy, & Policy

(1) Medicine and Mercy: Improving Physician Engagement in Compassionate Release

<u>Kahsavyah Buckley MS, Mark Spencer MD</u>

Background:
Compassionate release (CR) is a legal mechanism that allows for the early release of incarcerated individuals with terminal illnesses or severe medical conditions that cannot be adequately managed within correctional facilities. The primary goal of CR

is to facilitate appropriate medical care in a more suitable setting, such as a hospital or hospice, and at times ensure dignity in a patient's final days. However, CR remains underutilized due to limited physician awareness. For patients that do pursue CR, over 85% are denied due to the extremely punitive politics and risk averse nature of the criminal legal system. There are many reasons physicians lack awareness as well as comfort in pursuing CR. Many stem from the minimal knowledge most physicians possess regarding the legal system. Unfortunately, despite many past efforts, healthcare in jails and prisons across the country remains substandard and carceral conditions continue to have a myriad of adverse effects on patients. Ultimately these systems are made to punish, not to heal, and CR is one mechanism to reduce suffering for some of our most vulnerable patients.

Objective:
This abstract aims to equip healthcare providers with the knowledge necessary to identify when compassionate release should be considered for hospitalized incarcerated patients. It also shows a novel step-by-step visual algorithm outlining the CR process. We hope to increase appropriate utilization of CR and reduce unnecessary suffering among many ill incarcerated individuals.

Intervention & Outcome:
Mr. Doe, a 60-year-old incarcerated male, was admitted from a local jail with complaints of abdominal pain, dark urine, and emesis. His medical history included chronic alcohol use. Physical examination revealed scleral icterus, jaundice, ascites, and right upper quadrant pain. Laboratory tests showed significant liver injury and an AFP level >300K. Imaging revealed a 19 cm liver mass, leading to a diagnosis of advanced hepatocellular carcinoma (HCC). Given his poor prognosis and rapid functional decline, a CR request was initiated and ultimately approved. Mr. Doe was unshackled and transitioned to comfort care, receiving palliative services in a dignified setting. He passed away six weeks later, receiving appropriate end-of-life care outside of incarceration. This case underscores the crucial role of physician advocacy in ensuring terminally ill incarcerated patients receive humane and appropriate medical care. Our decision-making framework can increase the appropriate utilization of CR.

(2) Unshackling Pulmonary Emboli: An Underappreciated Risk Factor for In-Hospital Thrombosis

Owen Cooper, Mark Spencer

Cases: A 28yo with schizoaffective disorder was admitted from jail with abdominal pain and diagnosed with diabetic ketoacidosis. He remained shackled to his bed with an arm and leg metal cuff around the clock. After two days of enoxaparin prophylaxis, acute thrombocytopenia led to its discontinuation. Days later, he experienced sudden hemodynamic collapse with refractory hypotension and tachycardia. He was diaphoretic and lightheaded but without hypoxia. CT revealed a massive saddle PE. Lower extremity doppler did not reveal a DVT. He received thrombolytic therapy and was placed on long-term anticoagulation. A second case involved a 64yo with a history of opioid and tobacco use who was admitted from jail for opioid withdrawal. He was likewise shackled to his hospital bed. DVT prophylaxis was withheld due to downtrending hemoglobin in the setting of an upper GI bleed. H. pylori-associated gastric ulcers were identified on endoscopy and treated. Days later, he developed sudden dyspnea and chest pain. CT showed extensive bilateral Pulmonary emboli. Doppler ultrasound found no DVT. He underwent thrombolysis and was eventually discharged on a direct oral anticoagulant.

Impact/Discussion: In addition to the documented physical and psychological harms of shackling patients, the practice significantly reduces mobility, a known risk factor for VTE. When pharmacologic prophylaxis is contraindicated, the prolonged immobility imposed by shackles may contribute to an incomplete risk assessment by healthcare providers. Both cases underscore a potentially preventable pattern of life-threatening PE in shackled patients, where conventional VTE risk stratification such as Padua or IMPROVE-VTE scores may fail to account for the unique constraints posed by forced immobilization. Compounding this issue, the absence of hospital guidelines, nursing protocols, or EMR alerts for managing shackled patients may enhance patient risk. Therefore, it is important that all hospital systems begin with a thorough analysis of in-hospital DVT/PE, comparing unshackled to shackled patient rates. Policies should be established for prolonged removal of shackles in certain circumstances. If prolonged removal is not possible, protocols should be in place for shackle rotation, allowances for out-of-bed mobility, and systematic documentation of shackle use to mitigate patient harm.

Conclusion: While the direct evidence connecting shackling to increased VTE risk is limited, the established link between immobility and thromboembolism provides a compelling rationale for considering shackling as a significant contributing factor. While reasons already exist to strongly consider significantly curtailing the use of shackles in hospital settings, this risk is another to be taken into consideration for all hospitalized incarcerated patients. Further investigation to compare relative event rates of shackled and non-shackled inpatients are needed as are policy reforms to ensure the safety and dignity of all incarcerated patients.

(3) The effects of socioeconomic status on enrollment in clinical trials for head and neck cancer: data of a single institution, retrospective study

Isabella M. Le, MS, Melissa F. Riedel, MPH, ODS-C, Subir Goyal, PhD, Mihir R. Patel, Jennifer H. Gross, Mark W. El-Deiry, James E. Bates, William A. Stokes, Conor E. Steuer, Soumon Rudra, Dong M. Shin, Nabil F. Saba, and Nicole C. Schmitt

Background & Objectives: Enrollment in cancer clinical trials (CCTs) is vital for improving survival outcomes among cancer patients. However, patients with limited resources, including the uninsured and racial/ethnic minorities, are underrepresented in CCTs, particularly for head and neck cancer. This study analyzed one year of patient enrollment at our institution to assess the impact of socioeconomic status (SES) and distance from the cancer center on CCT participation.

Methods: We utilized a prospective multidisciplinary clinic database to identify patients deemed potentially eligible for a clinical trial during their initial visit. Eligibility and enrollment data were extracted from medical records, while SES and distance were estimated using patient zip codes. Univariate analyses (chi-squared test and t-test) were performed.

Results: Of the 192 patients included (May 2023–April 2024), 59 enrolled in a trial, 23 were ineligible despite interest, and 110 declined enrollment. Univariate analysis revealed significant associations for sex (males more likely to enroll; $p = 0.04$) and distance from the trial site ($p = 0.03$). Enrolled patients lived an average of 40 miles from the center, compared to 70 miles for those who declined. Patients with stage IV disease were less likely to enroll, though this was marginally significant ($p = 0.052$). Age, race/ethnicity, median income, insurance status, and Charlson comorbidity index were not significantly associated with enrollment. Multivariate analyses are ongoing.

Conclusion: Our findings suggest that patient sex, proximity to the trial site, and disease stage may influence CCT enrollment for head and neck cancer. Study limitations include its retrospective design and reliance on zip code-based SES estimates. Further prospective studies are needed to validate these findings and assess their generalizability to broader patient populations.

(4) Grady Health Coaching: Supporting Patient Health Goals through Motivational Interviewing with Early Career Medical Students

Abigail LeCates, Christopher He, Amanda Walker, Katharine Torrey, Isabella Le, Rachel Lazris, Sophie Jordan, Stacey Schmidt

Background: Goal-oriented health coaching programs effectively modify health behaviors in chronic disease patients. In underserved communities with limited healthcare access, such programs can enhance primary care recommendations while providing additional support. A key component of successful health coaching is engaging patients in meaningful discussions that promote behavior change. Motivational interviewing (MI), an evidence-based approach to goal setting, has been shown to influence health behaviors impacting disease prevention, treatment, and outcomes. The Grady Health Coaching (GHC) program utilizes MI-based coaching by medical students to support patients in achieving their health goals.

Methods: GHC pairs Grady Memorial Hospital primary care patients with first- and second-year medical students trained in MI through didactic and case-based sessions. Senior students provide longitudinal MI training. Health coaches work with patients to set specific, measurable health goals and conduct bi-monthly telehealth MI coaching for one year. Session documentation is uploaded to patient records for provider reference.

Impact on Patient Goals: In 2024-25, 19 patients participated. Common conditions for which goals were set included controlling hypertension (23%), diabetes (17%), and exercise (14%). Other goals involved improving depression, medication adherence, transportation, and appointment scheduling. Health coaches helped refine goals into actionable steps, such as attending exercise classes, tracking glucose levels, and scheduling therapy.

Impact on Medical Student Development: In 2022-24, post-program surveys conducted among student health coaches showed increased confidence in MI, coaching, and addressing social determinants of health (SDH). In 2023-24, additional improvements included comfort in defining and discussing SDH with patients. Surveys for 2024-25 are ongoing.

Conclusion: A medical-student-led MI-based health coaching program has the potential to benefit both patients and students. Preliminary improvements in patient goal setting and student competency suggest broader applications beyond primary care. Future efforts should focus on more rigorous evaluation of impact on students and assessment of long-term patient outcomes.

(5) A Qualitative Exploration of the Impact of Abortion Restrictions on People with High-Risk Pregnancies in Georgia (GA): EAR on GA

<u>AnnaMaria Maples, Peggy Goedken, Valentina Larrivey, Vega Walke, Nisha Verma</u>

Objective: To assess what barriers people with high-risk pregnancies face while attempting to access abortion care in Georgia, and understand how House Bill (HB) 481, which bans most abortions in the state after detection of fetal cardiac activity, has affected these care-seeking journeys.

Background: “High-risk” pregnancies are those that increase the risk of complications or maternal mortality. Georgia has one of the highest morbidity and mortality rates in the U.S. with 36% of women living in counties defined as “maternal care deserts” (March of Dimes). There is limited data on how inequities in abortion access based on socioeconomic factors including insurance status, race/ethnicity, and location of residence affect people with high-risk pregnancies in restrictive states. Our research aims to examine barriers faced by people with high-risk pregnancies attempting to access abortion services in Georgia and the impact of HB481 on healthcare access and outcomes.

Intervention: We conducted a qualitative study using semi-structured Zoom interviews with people with high-risk pregnancies seeking abortion care at hospital and independent clinic sites in Atlanta, GA. The interviews focused on participant’s journeys attempting to access abortion care within or outside the state after HB481 went into effect. We transcribed, coded, and analyzed the interviews, and are presenting a subset of themes.

Outcomes: We interviewed 18 people from January 2023 through January 2024. Participants with high-risk pregnancies often described a lack of understanding of how HB481 would impact their ability to access abortion care in Georgia, and discussed ways in which they felt their specific abortion was necessary and should qualify for care under the law. As participants attempted to access abortion care post-HB481, many described feeling betrayed and abandoned by the government, healthcare system, their individual support networks, and even God and/or the universe. Participants shared how HB481 exacerbated their suffering as they attempted to navigate the “best” of multiple “bad” options available to them. Conclusions: Our results indicate that, even when abortion bans include exceptions for “medical emergency” and “medically futile pregnancy,” people with high-risk pregnancies face additional barriers to accessing care that exacerbate suffering and lead to feelings of betrayal and abandonment.

(6) Promoting Healthcare Literacy for Incarcerated Women in Georgia

<u>Julia Shuford, Megan Wasson, Alexis Hernandez, Mark Spencer</u>

Background:
Women’s incarceration has surged by 600% over recent decades, with nearly 200,000 confined daily. This rise coincides with the criminalization of reproductive health, underscoring the need to address health disparities among incarcerated women. Marginalized women—often facing housing insecurity, unemployment, and trauma—are disproportionately impacted. Social determinants such as poverty, racism, and limited economic opportunities exacerbate healthcare inequities, exemplified by disproportionate burden of chronic disease experienced by incarcerated individuals.

A myriad of systemic barriers hinder equitable access to healthcare within carceral facilities. Private medical contractors profit incentives result in a quality of care that is subpar and frequently deviates from evidence-based medicine. There is little transparency, accreditation remains voluntary, and co-payments prove cost prohibitive to many. Furthermore, many incarcerated women are survivors of sexual, physical, and emotional abuse, deterring them from seeking care in environments that compound trauma.

As of February 2025, 3,836 women are incarcerated in Georgia correctional facilities. A significant portion are of reproductive age (median age = 34 years and 58 are currently pregnant.

Objectives
Founded in 2013 by Marilynn Winn and Xochitl Bervera, Women on the Rise amplifies the voices of justice-affected women. Beyond advocacy, the organization fosters meaningful connections for women inside and returning home from carceral facilities. Led by a sisterhood of Black women impacted by the legal system, this membership-based organization educates, heals, and empowers members. As part of their community building efforts, Women on the Rise sends a monthly newsletter inside Georgia’s women's prisons.

Intervention
In collaboration with medical students and OBGYN residents, the Women on the Rise newsletter

includes a health section in each issue targeting a specific women's health topic with the goal of health education and empowerment. Topics review symptoms, treatment, and prevention of gynecologic disorders such as abnormal uterine bleeding, fibroids, and polycystic ovarian syndrome (PCOS). The newsletter also promotes preventative measures like HPV testing, Pap smears, and recognition of urgent conditions such as postmenopausal bleeding.

Outcomes
This initiative has increased awareness and engagement in healthcare among incarcerated women. Future efforts will assess the program's long-term impact, expand topics based on incarcerated women's needs, and strengthen partnerships with healthcare providers inside and on reentry to enhance medical access and quality of care.

(7) Pocket Advocacy: Empowering Medical Students to Uphold Incarcerated Patient Rights

Kahsavyah Buckley M.Sc., Arielle Lawson MBE, Vega Walke, Sheila Rajagopalan, Caroline Olsen, Mark Spencer M.D.

Background:
Between 2010 and 2019, incarcerated adults in the U.S. made approximately 733,457 emergency department (ED) visits, averaging 73,000 visits per year (CDC). In Georgia, which has the 7th highest incarceration rate, and particularly in Fulton County, where people are jailed at three times the rate of other counties, medical students (MS) and physicians frequently interact with patients in police custody, from jails, and from prisons. These encounters extend beyond emergency medicine to internal medicine, surgery, obstetrics and gynecology and other specialties.

Despite this, medical education provides little guidance on how students and healthcare professionals should interact with in-custody patients. Ensuring incarcerated patients receive proper care requires an understanding of their rights, yet training on this topic is minimal. To address this gap, Emory Medical Students for Carceral Education and Advocacy (EMSCEA) developed a "Rights of Patients in Custody" pocket card, a quick-reference tool empowering medical students, particularly M3s and M4s, to advocate for equitable care.

A lunchtime educational session was conducted to assess and improve knowledge on incarcerated patient rights. Presurvey results showed 81% of Emory medical students felt not at all (⅕) to slightly confident (⅖) in describing these rights. After the session, 86.4% were fairly (⅘) to very confident (5/5). Similarly, 67% were moderately(⅗) to fairly confident in understanding hospital conditions for incarcerated patients before this session, increasing to 90% post session.

Beyond students, residents and attendings likewise lack formal education on the impact of the criminal legal system on health. Without standardized training, incorrect practices persist. This tool provides concise, expert guidance to bridge knowledge gaps and improve clinical care.

Objective/aims:
To equip medical students with a quick-reference advocacy tool ensuring incarcerated patients receive equitable, ethical and legally sound medical care. By integrating this resource into clinical education, we aim to bridge knowledge gaps, empower student advocacy, and enhance health equity.

Intervention/Outcome:
Third Year medical students will receive the "Rights of Patients In Custody" pocket card, covering patient privacy, shackling, medical-legal rights, surrogate decision making, and more.

(8) Status and Barriers to NCD Care for Syrian Refugees in Lebanon: the Refugee Perspective

Sanam Patel, Nathalie Fakhreddine, Bahaa Kazzi, Haritha Dharamondran, Tyler Goodlett, Erin Yoon, Rami Yacoub, Nael Alami, Ghada N. Farhat

Background: Protracted displacements – like those arising from the Syrian civil war — compromise displaced populations' access to therapeutic, diagnostic, and other healthcare services, especially for noncommunicable diseases (NCDs).

Objective/aims: The objective of this study was to understand the status and barriers of NCD care for Syrian refugees in Lebanon from their perspective – an often-neglected viewpoint.

Intervention: Using the WHO's Health Systems Strengthening framework, a socio-ecological model was created to better understand the status and barriers to NCD care in Lebanon for this refugee population. Based on this framework, a quantitative survey was administered to 213 Syrian refugees living in 13 informal settlements in Lebanon who suffer from a NCD themselves or have an affected family member.

Outcomes: Hypertension was the most reported NCD among participants at 42.2%. Heart disease was the most reported NCD among participant families at 19.9%. Of all participants, 70.4% reported receiving no healthcare coverage. 70% of respondents say they are satisfied with the care they or their family members received for their NCDs. 92.5% of respondents noted that the cost of care and medications is burdensome for their families. Overall, the survey indicates that there is high trust in services, high acceptability and accommodation, and an overarching sense of safety. Many refugees feel knowledgeable about their conditions and confident about where to receive care. However, healthcare financing and service delivery pose significant barriers to NCD care for families. The issues raised by the survey highlight the need for more robust investments into healthcare resources at the federal level.

(9) Accessing Prenatal Care in Georgia: A Host of Challenges and Proven Solutions

Grace Landram, Natasha Taylor, Liz Coyle, Maura George

Background: Georgia's maternal health crisis is characterized by significant disparities based on demographics, geography, and insurance status, leading to preventable injuries and deaths across the state. The Maternal Mortality Review Committee (link?) has consistently found that most maternal deaths in Georgia are avoidable., Limited access and coordination of prenatal care are considered key contributors to adverse health outcomes for both mothers and infants.

Objectives/Intervention: Georgia Watch conducted initial targeted research in 2024 that highlighted systemic gaps in the healthcare system, leading to barriers in seeking care and in delays in starting or denial of care. By next engaging with stakeholders, including the Department of Public Health (DPH), Department of Community Health (DCH), providers, community advocates, maternal health experts, and mothers from across the state, we were able to more fully elucidate the operational landscape of the healthcare and health coverage systems. We worked to explore the root causes of prenatal care disparities in Georgia and propose patient-centered and community-responsive strategies to increase access to care, with the ultimate goal of improving overall health and wellbeing for mothers and babies.

Outcomes: Key strategies we identified to improve prenatal care access include: ensuring the effective dissemination of information regarding healthcare programs and services to patients and providers; streamlining the Medicaid application process to reduce administrative challenges; and expanding support for the maternal health workforce to deliver equitable care statewide. Addressing these challenges requires a comprehensive, multi-faceted approach involving collaborative leadership among legislators, government agencies, healthcare providers, and other key stakeholders. Implementing short and long-term solutions to improve access to care will not only enhance maternal health outcomes but also contribute to broader positive impacts on the overall healthcare system, benefiting all residents of Georgia.

(10) Towards Health Equity for Georgia’s Formerly Incarcerated Patients: the Foundation of a Transitions Clinic in Atlanta

Janhavi Dubhashi, Mark Spencer, Ariella Fogel, Saria M. Hassan, Abigail Clark, Caroline Idehen

Background: In Georgia, where Medicaid has not yet been expanded, many people returning have difficulty obtaining medical insurance, limiting their options for access to comprehensive or timely healthcare. Atlanta has no formerly incarcerated transition program to link individuals to care. Through interviews with recently released individuals from the Georgia State prison system, we hoped to learn about what the re-entry experience is like in Georgia, including what barriers or facilitators to accessing healthcare may exist.

Objectives: Recognize barriers to healthcare that exist for formerly incarcerated patients during the re-entry period, Assess the factors that impact incarcerated people inside of carceral facilities

Methods: We aimed to better understand formerly incarcerated Georgians' experience shortly before, during, and after release to inform what clinical interventions and policy reforms might improve access to care in this population. Our qualitative study used semi-structured interviews of individuals over 18 who were previously incarcerated in a Georgia state prison and released less than two years ago. Recruitment was done through our research teams community advisory board, a group of eight community based organizations that work in the re-entry space. Our interview guide explored the following areas: healthcare quality and access while incarcerated, priorities during transition, and facilitators and barriers to healthcare on re-entry. This IRB approved study’s interviews were conducted over zoom. An inductive, iterative approach was used for our thematic analysis. At least two team members coded each transcript in forming our code book.

Results: Four large themes arose regarding health during incarceration 1) negative impact on mental health 2) structural barriers from rules and regulations on healthcare access 3) perceptions of indifference of staff 4) limits of care available. The main themes described during the re-entry period included 1) lack of support in obtaining healthcare access and other resources 2) competing priorities of re-entry period 3) concerns regarding cost 4) facilitators of successful re-entry, including family support.

Conclusions: Overwhelmingly people did not feel that healthcare services in prison were adequate. Improvements can come most directly through state level legislation and external medical oversight. There is a significant need for care navigation that ideally begins prior to release. Facilitating a connection to a clinic with trusted providers and supporting through the special enrollment period for insurance when possible would improve access. Economic stress and marginalization forced many to deprioritize their own immediate physical and mental health needs in search of income and housing. Many reforms can address this through improved transitional housing programs, increased cash assistance on release, and state level elimination of many of the collateral consequences that continue to punish individuals long after release.State and local funding should consider covering care costs for a certain period of time post-release to remove cost barriers and reduce emergency room visits and hospitalizations.

(11) Fostering Social Connectedness Among Adults in a Long Term Care Facility

Elena Cabb, Ekene Agu, Katharine Torrey, Kene Okafor

Background: Budd Terrace is a skilled nursing facility offering both short-term care following hospital admissions and long-term care for adults requiring assistance with daily living. Though Budd Terrace does serve a population of older adults, many younger residents (under 55) also live in the long-term care facility for support following strokes, injuries, and chronic illnesses.

Immersion Phase: We spent the fall of 2023 visiting Budd Terrace residents, getting to know them through conversation, games, and listening. Through our conversations, we noticed the theme that many bed-bound younger residents voiced feeling lonely, isolated from co-residents, and less engaged with group programming. Budd Terrace staff also expressed concern over increased trends of depression and anxiety among residents in this younger population. These observations inspired our project's focus: promoting connection and engagement for Budd Terrace residents under the age of 55.

Focus Group: We talked with a focus group of nine residents to understand their needs and gather ideas for the program. We used their input to generate a slate of monthly activities with the goal of promoting connectedness between them.

Outcomes: We held five events over the course of the 2023/24 winter/spring. Each event aimed at fostering conversation and friendship between residents through a variety of artistic, self-care, competitive, and/or movement-based activities. We gathered positive qualitative feedback from residents, who expressed feeling more connected to fellow residents.

Opportunities and Next Steps: We hope the next group of medical students working at Budd Terrace can build upon this framework to continue running the program. There is also opportunity to gather more qualitative and quantitative feedback from residents regarding social connection and well-being.

(12) Pregnant and Shackled: Ensuring Dignity and Care for Incarcerated Pregnant Patients

Chiagoziem Ohamadike, BS, Sara Brenner, MD, Marcus Rasmussen, BA, Mark Spencer, MD

Background:
A 35 year-old 21 weeks 6 days gestation presented in police custody for “medical clearance”. During the day shift, the patient was shackled to the bed. The officer was informed that according to the Georgia State law, OCGA code 42-1-11.3, it is illegal to shackle patients who are in the second and third trimester. After receiving this information, the officer unshackled the patient. However, when the night shift arrived, the patient was re-shackled. The night team physicians requested that the officer unshackle the patient, reiterating state law. However, both the officer and the sergeant refused to unshackle the patient. There was no clear justification for this and it was unclear what next steps the medical team should take. Ultimately, this patient remained shackled during her admission, which was morally and legally wrong. We do not know how often this happens as neither the jails, prisons, nor hospitals keep robust statistics on pregnant people in custody. This leads to confusion around policies and worse outcomes for pregnant patients.

Objective:
To teach providers about the laws that exist to protect pregnant patients.
To provide healthcare workers with information to advocate for pregnant patients in custody.

Intervention:
Our team utilized an Incarcerated Patient Reporting Form that exists for questions, concerns, and guidance. In this way we received real-time

guidance and support. This allowed our team to share an In Custody Patient Guide that provides general guidance for all in custody patients, not just those who are pregnant. It additionally shares other resources available at Grady and in the community. For example, for pregnant patients in custody, providers should be aware of Motherhood Beyond Bars, which provides support to incarcerated persons and their support networks. In the end, utilizing a real time reporting form and the In Custody Patient Guide allowed for engagement with the respective jurisdiction to ensure all policies are properly followed in the future. Only through improved reporting and ensuring all students and providers have access to an in custody patient guide can we reduce many of the preventable harms that impact our in custody patients.

(13) Surveying the Familiarity with and Attitudes Towards Compassionate Release Among Hospital-Based Physicians

Liam Hackett, AB, Mark Spencer, MD

Background:
Compassionate Release (CR) is a process where incarcerated persons in prisons or jails apply for release from custody. Certain criteria vary, but medical concerns can make individuals eligible for these programs. The incarcerated population in the United States is aging, lacks access to evidence-based care, and faces disproportionately worse health outcomes relative to the general population. In time, it's reasonable to expect more incarcerated persons to meet medical criteria for CR.

Objective:
Healthcare providers play an important part in CR. On behalf of their patients, providers submit a letter outlining a patient's condition, prognosis, and the specific health risks they face by returning to a carceral facility. This project was designed to better understand the familiarity, experience, and attitudes hospital-based physicians have regarding CR at Grady Memorial Hospital in Atlanta, GA.

Intervention:
A two-section survey was designed using Google Forms to assess providers in the Division of Hospital Medicine at Grady, who frequently care for patients who are incarcerated. The first section contained survey eligibility criteria and an attestation. The second section consisted of 11 questions. For 10 questions, responses were assessed using a Likert Scale. There was one "Yes/No" question. A survey link was emailed to members of the Division of Hospital Medicine by Mark Spencer, MD, and the survey period lasted nine days from 11/11/2024 - 11/20/2024.

Outcome:
47 responses were collected from the following providers: 29 Attending Physicians, 4 PGY-3s, 3 PGY-2s, 7 PGY-1s, 2 NPs, and 2 PAs. Position, and past participation in the CR were used to group respondents for analyses. We failed to reject our first hypothesis. More Attending Physicians have engaged in the CR process than Residents (62% of Attendings vs 21% of Residents). We partially failed to reject our second hypothesis. When asked "I can define the term Compassionate Release," 19/21 providers who indicated experience with CR responded ≥ "Agree," with the remaining two being "Neutral." There was more variation among providers with no previous experience. The other parts of this hypothesis and the remaining hypotheses did not demonstrate clear significance.

Next Steps:
After further statistical analysis, these results will be used to apply for an IRB approved follow-up study investigating the effectiveness of a Grand Rounds Session educating Grady Providers on CR. Qualtrics surveys would be administered at the following intervals: pre-session, end of session, 6 months post, 1 year post.

(14) Homelessness In Atlanta and The Gateway Center: How Community Comes Together

Natalie Albright, Shreya Bandlamudi, Rylea Trudeau, Bria Ward, Allison Schwartz, Brian Chung, Maura George, MD

Background:
Gateway Center is a shelter in downtown Atlanta providing emergency shelter, public housing assessments, and referrals for long-term resources. It offers services such as laundry, healthcare, job training, and addiction counseling. Additionally, it operates Evolution Center, a no-barrier shelter for individuals often excluded from traditional facilities, and Trinity Women's Center, which serves women and children.

Objectives/Aims:
Our goal was to engage with Gateway Center to understand its operations, contribute through hands-on volunteer efforts, and identify opportunities for future involvement.

Intervention:
During the Immersion Phase, we toured the facility, learned from leadership about funding and community engagement, and observed Gateway's role in addressing homelessness. In the Initiative Phase, we assisted with organizing spaces, meal preparation, and inclement weather preparedness. By maintaining open communication with site

leaders, we ensured our efforts aligned with the Center’s immediate needs.

Outcomes:
Our engagement provided a deeper understanding of homelessness in Atlanta and Gateway’s impact. While our work primarily supported existing volunteer initiatives, we identified gaps, such as grant writing and counseling, that could be areas for future involvement. We also recognized the value of consistency in volunteering and incorporating programming that fosters resident engagement. Moving forward, opportunities include expanding efforts to Evolution Center, establishing a structured volunteer schedule, and pursuing projects that amplify residents’ voices to break down stigma.

Conclusion:
Our experience at Gateway reinforced the importance of person-first language when discussing homelessness and highlighted ways to provide meaningful support. Future efforts should focus on sustainability, increased volunteer involvement, and expanding initiatives that directly benefit Gateway Center and its residents.

(15) The Patient as Criminal: Carceral Logics of Trauma Centers

Mihir J Chaudhary, Mark L Spencer

Background
While hospitals are often seen as universal places of healing, in reality the police and carceral logics of society often follow patients into clinical spaces and continue to reproduce their criminalization. Specifically trauma patients experiencing violent injury — especially secondary to police violence — come to hospitals dually labeled as a “patient” and “criminal”. It remains an open question how such patients, who are under legal custody, experience their healing within hospitals.

Objectives/Aims
This study uses a case series of patients suffering state violence at the hands of municipal police to chart the continued application of carceral practices in the hospital setting. A primary objective of this study is to use the sociological tools of participant observation and textual analysis to analyze the hospital experience of patients suffering police violence within the context of the hospital systems larger medicolegal regime governing the treatment of patients under legal custody.

Intervention
A trauma surgery fellow positioned to observe the medical and social treatment of patients suffering state violence uses their field notes to describe the processes of criminalization that extend into the hospital setting. They note how these patients are treated throughout the continuum of their care — from arrival to the trauma bay, through their operation and into their postoperative recovery. The authors additionally use various sociological lenses to perform a textual analysis of the same trauma centers official policies and practices in regards to patients under custody to reveal the relation between the trauma center and organs of state violence (police and carceral systems).

Outcomes
The observed experiences of patients experiencing state violence and then being cared for within a prototypical medico-legal regime is the primary outcome that is described. Specifically, beyond clinical outcomes, what are the experiential outcomes of “patients” who are also “criminals” as labeled by police, carceral and hospital systems. Additionally, a descriptive analysis will explore the institutional policies, procedures, and common practices that contribute to the blurring of lines between a site of care and one of criminalization. Far from passive observers, we describe how these official and unofficial actions enable and encourage the criminalization, and thus dehumanization, of patients injured by the state.

(16) Perspectives on Point-of-Care Ultrasound in South Africa

Alex Abdollahzadeh, BS; Merry Sebelik, MD; Matthew White, MD; Maxwell Kligerman, MD, MPH

Background: Access to timely and affordable imaging is a common barrier to patient care in Sub-Saharan Africa. Point of Care Ultrasound (POCUS) by surgeons offers patients with head and neck (H&N) and endocrine disorders an opportunity for more accessible, affordable, and timely imaging, but effective use requires focused training.

Objectives: Assess baseline utilization and attitudes towards point-of-care ultrasonography (POCUS) among otolaryngologists in Sub-Saharan Africa
Identify key barriers and obstacles to POCUS implementation
Develop a framework by which we may assess long term impact of our POCUS course

Methods: We performed a POCUS training course in Cape Town, South Arica on December 9, 2024 for surgeons and surgical trainees across Sub-Saharan Africa. Prior to the course we administered a pre-course survey to assess baseline perceptions and barriers to POCUS. Results were recorded in REDCap and routine descriptive analysis was performed.

Outcomes: 22 surgeons completed the pre-course survey. The majority of respondents had never received ultrasound education (63.6%), and none reported using ultrasound regularly. In addition, access to ultrasound was quite limited as only 9% of participants reported consistent access to a machine. The most commonly reported barriers to POCUS were lack of support from ultrasound mentors (66.7%), insufficient access to training (61.9%), and limited access to machines (61.9%). The vast majority of respondents (81.8%) overall felt that with training and access, POCUS would be a benefit to patients.

Discussion: The primary barriers to POCUS for head and neck surgeons in sub-saharan Africa are primarily centered around education, skill development, and mentorship. Most surgeons expressed a desire to learn and feel POCUS could be beneficial to patients. We plan to perform a six month follow-up survey assessing the long-term impact of this POCUS training course.

(17) Encouraging high school students of color to enter healthcare through teaching and mentorship

<u>Dr. Stacie Schmidt, Jasmine Herd, Lauren Williams</u>

Despite the growing need for diverse healthcare professionals, there is still a significant shortage of students of color in medicine, particularly in cities with high populations of people of color. The city of Atlanta, for example, is 33% Black, 14% Immigrants, and 12% Hispanic or Latino. My position is that diverse cities such as Atlanta need an equally diverse healthcare workforce, as it results in better outcomes for patients. High school students at predominantly minority high schools are rarely exposed to the variety of healthcare careers. A group working to change this predicament is Health Careers Collaborative, a national non-profit organization. In the Atlanta chapter, mentors are recruited from different health professional schools to present emergency room cases to the junior and senior high school students at Benjamin E. Mays High School on Atlanta's East side. Students are walked through the work up, physical exam techniques, and medical decision making while making impactful connections with their presenters. Through in-class teaching, hands-on activities, and mentorship, volunteers from different health professional schools work to encourage high school students to go into healthcare-related fields. Students were given surveys before and after their program to gauge their interest in going into a healthcare-related field. The survey showed 87% of students reported being more interested in going into healthcare than before the program and 70% of students surveyed reported the cases were interesting and important. In conclusion, when students are given more exposure to healthcare fields, they are more interested in going into healthcare. Programs like these improve cultural competence in healthcare, provider-patient relationships, break, down communication barriers, and increase trust in the healthcare field from minority populations.

(18) Creating an Online Community Resource Guide to Support Transgender and Non-binary Patients

<u>Sabrina Rehman; Sarah Wishloff; Anne Emanuels; Allison Murphy; J Sonya Haw, MD; Jason S Schneider, MD, FACP</u>

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.

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(19) Identifying Barriers and Facilitators to Attending Psychiatrist Engagement at a Student-Run Mental Health Clinic

Rafae Alam, Harleen Kaur, Ify Ogu, Anisa Iqbal, Sonya Williams, Grace Lee, Aakilah Brown, and Jennifer Wootten

Background:
The Mosaic Mental Health Clinic in Clarkston, GA is a grassroots initiative managed primarily by students at the Emory University School of Medicine (EUSOM). It arose from efforts in 2017 by EUSOM students to establish a mental health clinic in partnership with the Clarkston Community Health Center (now known as the Mosaic Health Center). It remains the only student-run clinic at EUSOM specializing in mental health services and serves a community composed primarily of immigrants and refugees. The clinic operates on a monthly basis and requires at least one attending psychiatrist to be available each session. Although the clinic has a small number of dedicated and engaged psychiatrists, the student coordinators have faced challenges in physician recruitment. As a result, we are interested in exploring and characterizing the factors that might influence the decision of local psychiatrists to volunteer at our clinic.

Objectives:
We aim to identify barriers and facilitators that influence attending psychiatrist engagement at the Mosaic Mental Health Clinic. Data collected from this project will inform targeted strategies for recruitment and retention.

Intervention:
This mixed methods study will examine both subjective and objective factors influencing physicians' decisions to engage with the clinic. Subjective factors include personal motivations, professional development goals, and alignment with the clinic's mission, while objective factors include clinical experience, time constraints, and the clinic's accessibility. Psychiatrists at EUSOM and the broader local community will be emailed an electronic survey designed to capture these elements using multiple choice, Likert scale, and open ended questions. As this is a quality improvement (QI) project, it does not require institutional review board (IRB) approval.

Outcomes:
Quantitative data will be analyzed using descriptive statistics, while qualitative responses will undergo thematic analysis in order to identify potential barriers and facilitators influencing psychiatrists' decisions to volunteer at the clinic. The findings will guide interventions aimed at improving psychiatrist recruitment and retention, thereby enhancing the sustainability and effectiveness of the clinic.

Equity Interventions for Professional Development

(1) Building community: Perspectives on professional, resource, and social interventions from the first graduating class of the Emory University School of Medicine's FGLI in Medicine affinity group

Rylea Trudeau, Sarah C. Touponse, Jennifer Spicer

Background:
First-generation and low-income (FGLI) populations are often combined due to common experiences and overlapping identities. Of 2024 matriculants, 11% identified as first-generation college students and 12.5% qualified for fee-assistance benefits.
A growing body of literature highlights barriers faced by FGLI medical students, including financial constraints, limited social support, and insufficient mentorship and networking opportunities.

Objectives/Aims: To assess exit surveys of the first graduating class of "FGLI in Medicine" students at the Emory University School of Medicine (EUSOM) who had access to the organization throughout all four years of their education.
Aims include: 1) to identify FGLI-related student concerns before and during medical school; 2) assess satisfaction with interventions; 3) explore themes in student experiences and organization strengths; 4) identify areas for growth; and 5) compare findings to the growing body of national literature on FGLI student experiences.

Intervention:
FGLI in Medicine was founded in Spring 2022 by EUSOM medical students in response to a clear

need to support students of these backgrounds. Goals included building a supportive FGLI community and helping students navigate the medical curriculum and profession. Specific interventions include a mentorship program with student-to-student and faculty-to-student guidance, panels to promote knowledge-sharing between Emory medical and undergraduate students, and donation drives to collect and distribute educational and clinical supplies.

Outcomes: The survey was sent to 14 graduating FGLI medical students in March 2025. To date, 8 responses (57%) have been recorded. 100% of respondents reported limitations with financial resources, social support, and professional connections. Recurring themes of building community, connections with peers and faculty of similar backgrounds, and cultivating a safe space were noted as strengths of the organization. The majority of respondents ranked satisfaction with existing interventions between neutral and satisfied. Areas for growth were identified as creating a more structured event schedule and mentorship program.

Discussion: There is a need for increased resources, social support, and professional networking for students from FGLI backgrounds in medicine. Emory FGLI in Medicine has worked to create support in each of these areas through initiatives since its founding. Further research is needed to identify which interventions and academic supports would offer the greatest benefit to FGLI medical students.

Education

(1) Patient perceptions of a vaccine information brochure

Japaridze, M., Peña, I., Vaughan, C., Liu, J., Campbell, P., Thompson, T., Sultan, F.

Background: As part of an initiative to increase vaccine uptake among older adults, three academic geriatric clinics implemented quality improvement strategies to boost vaccination rates. One strategy was developing a patient brochure with information about six commonly recommended vaccines in order to increase knowledge & discussion with the patient’s geriatrician. We assessed patients' perception of these brochures.

Methods: The team designed a brochure with information about six recommended vaccines. Brochures were provided to patients by the doctor. A Likert scale was developed consisting of five domains: 1) Ease of understanding, 2) Brochure increased knowledge of vaccines, 3) Enough time to discuss information with the provider, 4) Brochure helped the patient develop a personalized vaccine plan, 5) Similar brochures would be helpful when discussing care. The questionnaire was distributed to 24 patients in one clinic. Descriptive statistics were used to summarize results.

Results: Overall, perceptions of brochures were positive. All patients agreed that it was easy to understand (24/24, (100%)). Most agreed that it increased knowledge about vaccines (22/24, (91.7%)) & helped develop a plan for vaccination, with two episodes of disagreement. The majority felt they had enough time to discuss vaccines with the provider and that similar brochures would be helpful for care (20/24 (83.3%)), while 4/24 (16.7%) neither agreed nor disagreed with these statements.

Conclusion: Older adults reported an informational vaccine brochure was easy to understand & had sufficient time to discuss a personal vaccine plan with their provider. Future evaluation will determine whether the brochure as part of a multi-pronged quality improvement program increases vaccine uptake.

(2) Didactic Curriculum Co-Creation for the Community Learning and Social Medicine Course

Sarah Reuter; Alexis Stokes; Shreya Ganguly; Cassidy Golden; Sonya Vijavargiya; Megan Wasson; Sydni Williams; Jillian Balser; Olivia Veira; Kim Curseen, MD; Abhi Kole MD; Amy Zeidan, MD; Maura George, MD

Background: The Community Learning and Social Medicine (CLSM) course included in the Emory University School of Medicine MD program curriculum has two components: (1) direct service-learning/community engagement with community-based organizations in the metro Atlanta area and (2) a didactic curriculum centered on social determinants of health. The didactic content for the course was created by a team of physician faculty members and tackles topics such as structural violence, justice-involved populations, and immigration-informed healthcare, frequently involving community partners and guest lecturers.

Objectives/Aims: We aimed to create a process for third- and fourth- year medical students to co-create didactic content for the CLSM course with faculty members with the goal of highlighting information and resources particularly important for students on clinical rotations.

Intervention: We created a team of seven third- and fourth- year medical students who had taken a particularly active role in the CLSM course as well additional community engagement efforts during medical school. Each CLSM didactic activity had a designated student lead from the co-creation team. Student members of the co-creation team partnered with CLSM course faculty to create and deliver didactic content. Rather than standardizing student contributions across didactic activities, co-creation team students were given the autonomy to contribute to course content in the manner most suitable for the didactic activity topic and format. Co-creation team students additionally provided feedback on second-year student community projects and assisted with putting on the annual Community Engagement Day for preclinical medical students and community partner organizations.

Outcomes: This curriculum co-creation model offered medical students a unique opportunity to work alongside physician faculty to contribute to the education of their peers. Additionally, co-creation team student members were able to serve as near-peer facilitators for their designated CLSM course didactic activities, helping to foster a supportive learning environment for their preclinical peers.

(3) Spanish Language Skills Among Medical Students at a Single-Institution in Georgia: An Initial Medical Education Needs Assessment

Isabella Amaniera, Sarah Samaranayake, Alex Abdollahzadeh, Iris Abrahantes Morales, Daniela Farchi, Katherine Torres, Sarah Pullen, DPT, Laila Woc-Colburn, MD

Background/ Relevance
Medical Spanish curricula are highly variable across U.S. medical schools, with only 21% meeting expert-defined standards in 2021 [1]. Language-concordant care for Spanish-speaking patients is of well-documented benefit to clinical outcomes and the therapeutic alliance [2]. Still, non-English fluency in the clinical setting is also a goal for many Latino/Hispanic/Spanish/other (LHS+) trainees who demonstrate remarkable dedication and potential, with most reporting at least an intermediate level of Spanish.[3] Despite composing only 2.27% of students enrolled in a single institution in GA, these LHS+ trainees deserve an inclusive medical education infrastructure that supports their professional aspirations to deliver language-concordant care to the 546,000 Hispanic/Latino patients living in the metro Atlanta area.

Purpose / Objectives:
This project aims to understand medical students' roles in the clinical care of Spanish-speaking patients and quantify student interest and motivation to learn medical Spanish for language-concordant care and/or interpretation skills via survey over a 3 month period.

Methods/ Approach:
A 19-question, anonymous electronic survey was distributed via social media and email. The study population includes current M.D. students who attend a single Georgia medical school. Demographics, Spanish fluency, interpretation skills, Spanish use in clinical settings, and availability and barriers to medical Spanish courses will be collected.

Results/ Outcomes:
Thirteen responses were collected via anonymous, electronic survey. All 14 respondents reported Latino/a/x or Hispanic heritage, with some identifying with more than one ethnicity. The majority (9/14, 64%) were born within the continental United States; two students were born in Puerto Rico, one in Colombia, and one in Cuba. When asked to self-assess their Spanish fluency, 7 reported “native,” 3 reported “advanced,” and 1 reported “intermediate.” All native Spanish speakers reported “somewhat confident” or “very confident” about speaking Spanish with patients. Six out of 13 students reported hearing an inaccurate interpretation by another provider or certified interpreter. Other common challenges faced while interpreting/translating included different regional dialects (6/13, 46%) and difficulty with medical vocabulary (6/13, 46%). Medical Spanish training opportunities were limited to a student-led organization, a since discontinued elective, and an undergraduate medical interpreters club. All advanced and native speakers reported envisioning themselves speaking to patients in another language other than English as physicians.

Conclusions & Impact:
Medical Spanish is typically considered an extracurricular endeavor in undergraduate medical education, and our survey revealed a strong desire among Spanish-speaking students for more robust and comprehensive support in medical Spanish training. Many of these students work in high-volume hospitals or resource-limited medical centers as they pursue opportunities to treat Spanish-speaking patients. Individual barriers to using Spanish with patients include differences in dialect and difficulty with medical vocabulary. Despite most students envisioning themselves as bilingual physicians, formal training has been limited to student-led workshops and an undergraduate medical interpretation group. Medical Spanish education should be a priority for advancing equity and inclusion for bilingual U.S. medical students who enter medicine with the goal of caring for Spanish-speaking patients.

(4) Exploring the role of social determinants of health in investigating root causes of

recurrent retroperitoneal abscesses in an adult male

Nita Chai MSEd, Abaigeal Brady, Shree Patel MD, Kevin Rymut MD, Kimberly Manning MD

Background: Patient is a 40-year-old male with past medical history of recurrent right retroperitoneal abscesses, cyclic neutropenia, leukemia, and congenital ureter abnormality, presenting with fever and back pain concerning for recurrence of back abscess with concern for sepsis. The patient was admitted earlier in the month for similar symptoms and was managed with drain placement and antibiotics. However, the drain was removed prematurely due to patient's wish to be discharged to return to work.

Objectives/aims: The patient had been admitted several times since 2021 for drainage and management of the abscesses. Goal on this admission was to appropriately manage the acute abscess and identify a root cause.

Work up: Workup for root causes of the recurrent abscesses explored structural, hematological, or social factors.

Fistulogram demonstrated tethering of small bowel to right kidney. Subsequent small bowel follow-through and imaging was negative for definite fistulous communication. Colorectal surgery recommended further outpatient follow up to explore structural causes.

Collateral from the patient's mother revealed that patient was diagnoses with "pre-leukemia" as an infant, but family did not pursue treatment or further workup. Hematology consulted and recommended outpatient follow up.

Investigation of ~4000 pages of records from outside hospital gave background to previous infectious and surgical workup, and insight to patient's approach to management. Given a history of abscess with mixed bowel flora, it is possible that a microperforation could be contributing to the recurrent abscesses. In some instances, the patient declined admission or management due to challenges getting time off from work.

Intervention: On this admission, drain was placed. Cultures from abscess grew prevotella denticola and candida tropicalis, and he was treated with IV piperacillin, tazobactam and anidulafungin. Patient demonstrated improvement and was discharged on oral antibiotics.

Outcomes: In cases of recurrent illnesses of unknown etiology, investigation of both medical and social determinants of health are essential. Efforts to retrieve records from outside hospitals shed light on patient's prior history and workup, reducing need for prolonged hospitalization and workup. In this case, with a patient having a history of self-discharge, shared-decision-making and utilization of previous records facilitated complete management of the patient's acute problem and helped establish next steps for the patient's future care.

(5) Building Healthy Habits that will Last a Lifetime using AI-Powered Videos: Bridging the Health Literacy Gap Amongst Elementary Aged Children

Tyler Williams, Stephen Agyepong, Helen Abadiotakis, Leigha Lee, Andrew Pendley

Background: Healthy lifestyle habits are an integral but underemphasized part of a child's education, despite their long-term impact on health outcomes. In Georgia, there is no standardized curriculum for healthcare education, leading to significant variability in delivery and outcomes.

Objectives: The Elementary Pediatric Health Curriculum (EPHC) addresses health literacy disparities through a longitudinal curriculum tailored for K-5 students. In partnership with Burgess Peterson Academy (BPA), an Atlanta elementary school (65% minority/31% economically disadvantaged), EPHC utilizes its network of local healthcare professionals/students to deliver lessons over the academic year.

Intervention:
EPHC has expanded this curriculum to the home environment by creating accompanying take-home videos utilizing AI. The videos feature diverse characters designed to resonate with BPA families, transcending cultural/age barriers and ensuring critical health messages reach the broader Atlanta community. To facilitate future scaling, EPHC has leveraged AI video creation tools to advance production. These videos offer an innovative messaging solution, providing engaging, personalized, and interactive content that enhances comprehension and retention, especially among demographics that experience disparate health literacy rates. Through this, EPHC has created a blueprint for a national elementary health literacy program with endless opportunities for implementation and scale-up. This approach has the potential to transform health education, empowering children across the U.S. with the knowledge and motivation to build lifelong healthy habits.

Outcomes: Preliminary anecdotal evidence indicates students' ability to recall and apply these concepts

across multiple grade levels, highlighting the curriculum's effectiveness.
The expansion to video format aims to amplify EPHC's impact on families, ensuring that habits can be reinforced outside of school. We anticipate preliminary engagement/adoption metrics to be available by the conference date.

(6) Student Led Interdisciplinary Case Competitions (SLICC) to Improve Education on Health Disparities

Emma Kate Costanza, Vikram Varadarajan, MBA, Lauriane Pinto, Meg Winata, Fred Sanfilippo, MD, PhD

Background: Undergraduate and graduate students are interested in addressing health inequities but face challenges in getting adequate experience. Health equity education is difficult to incorporate into compartmentalized medical education experiences. Students also lack the time to pursue opportunities to create tangible solutions to health equity problems. According to an article in the AMA Journal of Ethics, health equity content in medical education should limit lecture-based strategies, should factor in current events, and should make students ask for help outside of their expertise. Case competitions grant students an active learning opportunity to do so in a condensed period and naturally address these recommendations by encouraging student teams to concentrate on timely healthcare problems, not typically addressed in medical education.

Therefore, the Emory Institute for Healthcare Improvement (IHI) chapter created a student-led interdisciplinary Case Competition (SLICC).

Objectives/Aims: We aimed to foster students' interest in addressing real-world healthcare issues by having them compete to develop structured proposals to tackle large-scale and timely healthcare problems.

Intervention: Beginning in 2022, the authors implemented a 4 to 6-week SLICC hosted at Emory University. Students were organized into interdisciplinary teams of three to five. Each year, the authors developed a prompt detailing a challenge for teams to address — such as care access inequities due to the closure of Atlanta Medical Center and preparedness for issues arising from climate-related events. These prompts included information regarding the health systems' problems, impacted populations, healthcare costs, and socioeconomic factors. Competition participants were tasked to research the subject, define a specific solution, and create a PowerPoint pitch for their ideas.

Outcomes: From 2022 to 2025, student participation grew from 97 to 387. The number of represented disciplines rose from nine in 2022 to over 20 in 2024. Over four years, the IHI SLICC spurred students to develop dozens of unique proposals - from care coordination mobile applications to policy reforms. The annual growth in participation and increased diversity of represented disciplines underscores the interest in case competitions as a learning medium. And ultimately, the diversity of the proposals over IHI SLICC reveals health professions students' untapped interest and ingenuity for addressing large-scale healthcare problems.

Research

(1) Geospatial Analysis of Access to Healthcare for Children with Disabilities in Kilifi County, Kenya

Meagan Gillette, Kristen Wells, Kathryn Quissell

Using data provided by Kuhenza/Kupenda for the Children, advocacy organizations for children with disabilities in the Kilifi County, Kenya area, this study seeks to measure access to health facilities for children with disabilities in four wards in Kilifi County. An updated, geolocated database of public health facilities was created based on an existing database of health facilities in sub-Saharan Africa, and access was measured using buffer analyses in ArcGIS Pro for various categories of health facilities. This study found that 99.33% of children included lived within a 5 km radius of a level 2 health facility, though children generally lived farther from level 3 facilities, level 4 facilities, and facilities with physiotherapy and/or occupational therapy services. However, all children lived within a 20 km radius of a health facility for each category studied. These findings suggest the need for increasing access to physiotherapy and occupational therapy services as well as higher-level health facilities.

(2) Dimensions of Choice: How Black Women in the South Navigate PrEP Decision-Making

Mekonen, H; Matuszewski, T; Deweese, A; Sheth, AN; Sales, JM

Despite making up only 15.3% of the total population of women in the United States (U.S.), Black women represent 54% of new HIV diagnoses; the largest proportion of new diagnoses of any racial group among women.1,2 In the Southern U.S., HIV prevalence is high. In the South, Black cis-gender women account for 67% of new HIV infections among women.3 PrEP is a combination of antiretroviral medications taken prior to exposure that, when taken as directed, can reduce the risk of contracting HIV from sex and injection drug use by up to 99% and at least 74%, respectively.4 Despite the effectiveness of PrEP, less than 2% of eligible Black cis-gender women are taking it.5-7 Additionally, the Southern population accounts for just 27% of PrEP users.8 At the intersection of race, gender, sexuality, and geographical region, Black women in the South face unique barriers to PrEP access. This project aims to better understand how known factors that influence PrEP uptake (i.e. perceived risk, economic barriers, stigma) are considered and prioritized by Black women in the South when making a decision about PrEP for HIV prevention. Women, ages 13-45 years, who have been seen at one of three family planning clinics in metro-Atlanta that provide PrEP services, and were identified as PrEP candidates based on clinic-performed HIV testing and risk assessment were eligible for participation. 101 enrolled and consented women participated in self-administered and staff-administered surveys that were completed at baseline, 3-months, and 6-months. Preliminary analyses revealed low PrEP interest and uptake among participants. In-depth interviews were added post-hoc to better understand the decision-making process. This analysis focuses on the 17% (18 total) of women who self-identified as Black and completed both surveys and an in-depth interview. 7 (39%) participants reported not being willing to take PrEP and having no plans to start it. 7 (39%) participants reported being willing to take PrEP, but not being ready to take any steps to get started. The side effects of PrEP and potential interactions with birth control/other medications, both in the short- and long-term, were the most prioritized concerns expressed by participants when considering PrEP for HIV prevention. The cost of PrEP was the second most prioritized PrEP decision making factor expressed in interviews, despite only 5 (28%) participants citing cost as a barrier for PrEP uptake in the surveys. Not knowing enough about PrEP was a commonly expressed concern in both the interviews and surveys. Other salient concerns expressed during interviews related to having limited access to medications (i.e. concerns about having to get the prescription filled, refilling the prescription, and having to see their provider regularly). Results from this study suggest that the decision-making factors that are most prioritized by Black cis-gender women in the South (cost, access, and lack of adequate information about the drug) indicate a need for increased access to affordable medication and adequate HIV and PrEP education in this population.

(3) Advancing Health Equity: Real-World Outcomes of Lu-PSMA-617 in a Racially Diverse Cohort of Patients with Metastatic Castration Resistant Prostate Cancer

Margo Gerke, Angelo Marra, Yuan Liu, Saima Muzahir, Akshay Bedmutha, Jacqueline T Brown, Bassel Nazha, Jacob E Berchuck, Ravi Bharat Parikh, Jordan Alana Ciuro, Caitlin Hartman, Greta Russler McClintock, Sarah Caulfield, Omer Kucuk, Bradley Curtis Carthon, David M. Schuster, Mehmet Asim Bilen

Background: Despite recent advances, metastatic castration-resistant prostate cancer (mCRPC) remains incurable with notable disparities in health outcomes. Mortality rates among Black men are nearly double those of White men. 177Lu–PSMA-617, a radioligand that delivers beta-particle radiation to PSMA-expressing cells, recently gained approved for treatment of mCRPC based on the VISION trial cohort which included a total enrollment of Black or African-American patients of 6.6%. Considering the notable racial disparities in prostate cancer, it is crucial to assess if the findings of the VISION trial apply broadly to a diverse patient population.

Study Aims: Evaluate whether patient response to 177Lu-PSMA-617 differs by social factors, including race. Future analyses will explore additional factors including median annual income and zip code to further our understanding of potential disparities.

Methods: A retrospective analysis was conducted on patients with mCRPC treated with 177Lu-PSMA-617 at Emory Winship Cancer Institute between 2022-2024. Primary endpoints were PFS, OS, and PSA reduction ≥ 50% (PSA50). Univariate association by survival analysis and logistic regression was carried out.

Results: We analyzed 84 patients with PSMA PET+ mCRPC treated with 177Lu-PSMA-617; 47.6% self-identified as Caucasian and 42.9% self-identified as Black. The median cohort age was 71.5 (IQR: 64-77.5). Median number of prior lines of therapy was 5 (range: 4-7). 98.8% of patients had prior treatment with novel hormonal agents; 84.5% received prior taxane treatment. 84.5% were characterized as high-volume disease. Median baseline PSA was 105.5 (IQR: 20.4-454.8), and ALP was 103.5 (IQR: 72-177.5). The cohort completed a median of 4 cycles of 177Lu-PSMA-617. The overall cohort had a 12-month survival of 84.4%. 12-month survival rate was 88.3% in the white cohort compared to 81.4% in the non-white cohort. mPFS for the overall cohort was 6 months with a 12-month PFS rate of 41.9%. 12-month mPFS for the non-white cohort was 42.7% compared to 41.5% in the white cohort. 50.0% of the overall cohort had a PSA50 response. 56.1% of the non-white cohort had a PSA50 response compared to 43.9% of the white cohort ($p = 0.377$). Net BMI decline during treatment was associated with a 56%

increased risk of mortality (OS HR 1.56, CI 1.18-2.06, p < 0.002).

Conclusions: With similar PFS, OS, and PSA50 in this racially diverse cohort of patients with mCRPC, our results demonstrate Lu-PSMA-617 effectiveness in a real-world patient population. Prospective studies are needed for further validation.

(4) Determining Barriers to Access First-Line Treatment in High Volume Facilities in Adolescents and Young Adults (AYA) with Acute Leukemias

Laneisha Maldonado, MD, Tarrant McPherson, PhD, MA, Yuan Liu, PhD, MS, Theresa W. Gillespie, PhD, MA, FAAN

Background: Adolescents and young adults (AYAs) with acute leukemias, including acute myeloid leukemia (AML) and acute lymphoblastic leukemia (ALL), face substantial challenges in receiving optimal care, with disparities in outcomes driven by race, ethnicity, and socioeconomic status. While treatment in high volume centers has been associated with improved survival outcomes, the specific challenges that hinder AYA patients from obtaining this care have not been thoroughly examined. Investigating these barriers is critical to enhancing health equity and optimizing outcomes for this vulnerable population.

Objectives/Aims To investigate how patient factors (demographics, social determinants) affect access to definitive treatment at high vs low-volume centers for AYA patients with acute leukemias, and how these factors relate to delayed treatment (≥8 days) and overall survival (OS).

Intervention: We conducted a retrospective analysis using the National Cancer Data Base (NCDB) for AYA (18-39 y/o) diagnosed with acute leukemias (AML, B and T cell ALL) between 2010-2021, with at least one year of follow up who received first line definitive treatment at the reporting facility. Since facility type in the NCDB is censored for AYA patients, we used facility volume as a surrogate measure. Patient demographics and socioeconomic factors were compared between high and low-volume facilities using chi-square tests. Logistic regression assessed factors influencing treatment delays and Cox proportional hazards models evaluated survival. Statistical significance was set at p <0.05.

Outcomes: We identified 4749 AYA with acute leukemias, 53.9% were treated at high-volume facilities and 46.1% at low-volume facilities. Older age (22-39 y/o), Hispanic ethnicity, and lack of insurance were more common among patients at low-volume facilities (p <0.001). Patients at low-volume centers had higher odds of treatment delays (OR= 1.46, p <0.0001) and worse survival (HR=1.24, p=0.0036). Older patients (HR≈ 1.5, p <0.0001), Black race (HR=1.24, p=0.0010), and government or no insurance (HR=1.45-1.54, p <0.0001) were associated with higher mortality.

Conclusion: These findings suggest that low-volume facilities are associated with both treatment delays and worse survival outcomes in AYA with acute leukemias.
Treatment delays at low-volume centers are likely multifactorial, driven by resource limitations, referral inefficiencies, diagnostic delays, and institutional workflows. Race, insurance status, and socioeconomic factors continue to contribute to disparities in treatment access and OS.

(5) Barriers and Facilitators to Engaging Transgender and Gender Diverse People in Sexual Health Research

Rosalind Byrd, Abigail LeCates, Sarah Wishloff, Shericia Campbell, Athena D.F. Sherman, and Cassie G. Ackerley

Background:
Transgender and gender diverse people often experience discrimination and stigma that negatively impact their health and well-being, including their sexual health. The burden of HIV and STI transmission is disproportionately high in some gender minority communities relative to the general population. Yet, despite this disparity, gender minority groups remain underrepresented in HIV and STI prevention research.

Objectives:
Our study sought to identify barriers and facilitators to participation of transgender and gender diverse people in HIV and STI prevention research

Methods:
Participants were recruited between September and November 2023. We utilized convenience sampling to recruit people who identified as transgender or gender expansive to complete our online survey. Participants who indicated they would be interested in being contacted for virtual interviews were stratified into 4 gender identity groups: transmasculine (TM), transfeminine (TF), non-binary assigned female at birth (NB-AFAB), and non-binary assigned male at birth (NB-AMAB). We purposively selected 10 people from each gender identity category for interviews and applied a team-based coding approach to conduct thematic analysis

Results:

Surveys were completed by 141 participants, 31 TF, 36 TM, 50 NB-AMAB, and 24 NB-AMAB The median age was 28 years old. 79.4% of participants were white, 19.9% were Black, African, or African American, 8.5% were Hispanic or Latinx, 7.8% were Asian, and 14.2% were multi-racial. 60% of participants identified as queer, 28% as bisexual, and 26% as pansexual compared to 9% who identified as straight. The majority of respondents (70%) described themselves as interested or very interested in HIV prevention research participation and 72% interested in STI research participation. Top motivations for sexual health research participation were compensation, contribution to research, access to HIV/STI testing, and access to other medical care. Barriers to participation included fear of invasive procedures, time off from work or school, and concerns about taking experimental medications. Participants were more likely to participate in sexual health research that offers high compensation, focuses on the health of queer people, prioritizes inclusion of all gender identities, and involves recruitment by TG, NB, and other queer people.

(6) Association of Anxiety and Sleep Behaviors among Adolescents

Ambar Kulshreshtha, MD, PhD, Devan Fritz, Margalit Leiser, Julie A. Gazmararian, PhD, MPH

Abstract
Objective: To assess the relationship between anxiety and sleep behaviors among adolescents throughout the COVID-19 pandemic.

Methods: Three cross-sectional surveys were conducted among ninth graders in Barrow County, Georgia, during the pre-pandemic, peak-pandemic, and transition phases of the pandemic from 2020 to 2022. The association between anxiety diagnosis and self-reported symptoms (Generalized Anxiety Disorder Criteria for Adolescents (GAD-C)) with sleep behaviors was examined via logistic regression.

Results: At baseline, 475 students completed the survey; 30% reported anxiety symptoms. Students with clinical anxiety diagnosis were more likely to report daily sleep disturbance (PRadj,pre = 5.9, 95% CI (3.2, 10.5). Higher GAD-C scores were also associated with sleep disturbance (PRadj,pre = 14.5, 95% CI(8.1, 16.0). Results were comparable at all timepoints.

Conclusion: This study demonstrates that adolescents with anxiety are more likely to report poor sleep behaviors, extending previous findings among adolescents to understudied communities. Addressing anxiety and sleep health behaviors should be prioritized among low-income, semi-rural adolescents.

Keywords: Anxiety, COVID-19 pandemic, Adolescents, Sleep behaviors

Introduction
Nearly a third of Americans aged 13-18 years have an anxiety disorder [1]. Adolescent anxiety is rising, with a 10% increase in anxiety disorders reported between 2012-2018 [2]. The COVID pandemic affected anxiety, learning environment, and academic performance [3,4], but few studies have described how anxiety symptoms can vary among adolescents by teaching modality. Further, prior studies show an association of anxiety with sleep-related problems, but there is limited data on adolescents living in rural, and low-income populations [5].

This study was conducted in Barrow County, a semi-rural county in Georgia, where 10% of the population lives under the poverty line [6]. Our objective was to understand the association between anxiety and sleep behaviors among adolescents over the COVID-19 pandemic with varying teaching modalities (in-person, remote, and hybrid).

Participants and Methods
Three cross-sectional online surveys assessing general health and sleep behaviors were administered among ninth graders at two semi-rural high schools in Barrow County, Georgia. Surveys were conducted during different pandemic phases with varied teaching modalities: entirely in-person pre-pandemic in Spring 2020, remote during Fall 2020, and hybrid during Spring 2022. Students assented, and parents could opt their children out. The online survey (Qualitrics v 2020) was shared with 1,133 students, 54% of whom consented. After excluding non-respondents and those who did not answer GAD-C questions, completed surveys were analyzed at each time point (475/500, 353/500, and 284/500). The Emory University Institutional Review Board approved the study protocol.

(7) Key Factors in the Quality of Life of African American Parents Living With Dementia: The Importance of Relationship Quality and Voice

Daum Chung, MSN, RN, Kalisha Bonds Johnson, PhD, RN, PMHNP-BC

Background: Relationship quality and involvement in decision making are crucial for the quality of life (QoL) of people living with dementia (PLWD). However, PLWD are often faced with exclusion from decision making or struggle to have their opinions acknowledged by family members.

Objectives/aims: This cross-sectional secondary data analysis aimed to investigate how the QoL of African American parents was influenced considering life course.

Methods: Data were originally collected from 39 African American parent–adult daughter dyads. Parent data with no missing values (N=33) were included in the analysis. PLWD reported age, their QoL, self-rated health, their perceptions of the dyadic relationship quality, and their perceived level of difficulty in having their opinions heard by family members. PLWD's dementia severity was assessed by their adult daughters using the Dementia Severity Rating Scale.

Outcomes: In the final hierarchical regression model (adj. R square = .593, F(8, 24) = 6.833, p < .001), "good" and "very good" self-rated health (β = .874, p = .018; β = 1.304, p <.001), positive interaction of the dyadic relationship (β = .289, p = .026), and having "some" difficulty in having opinions heard by family (β = -.288, p = .021) were identified as significant predictors of QoL.

Conclusions: Better self-rated health and positive interaction in the relationship quality were associated with better QoL, while greater difficulty in having their opinions acknowledged by family was associated with worse QoL.

Discussion and Implications: Findings suggest that maintaining a positive dyadic relationship alone is not sufficient to enhance QoL among African American PLWD. Their perceptions of how difficult it is to have their opinions heard by their family members seem to matter, too. Therefore, interventions targeting QoL improvement for African American PLWD may benefit through a dual approach: strengthening positive dyadic relationships while implementing strategies that facilitate the expression and recognition of PLWD's perspective in decision making.

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Health Equity Day Planning Committee

Zanthia Wiley
Kimberly D. Manning
A'Kristionna King
Mark Spence
Yolanda Wimberly
Khaalisha Ajala
TaRessa Wills
Shub Agrawal
Ambar Kulshreshtha

Grady Office of Health Equity Partnership

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