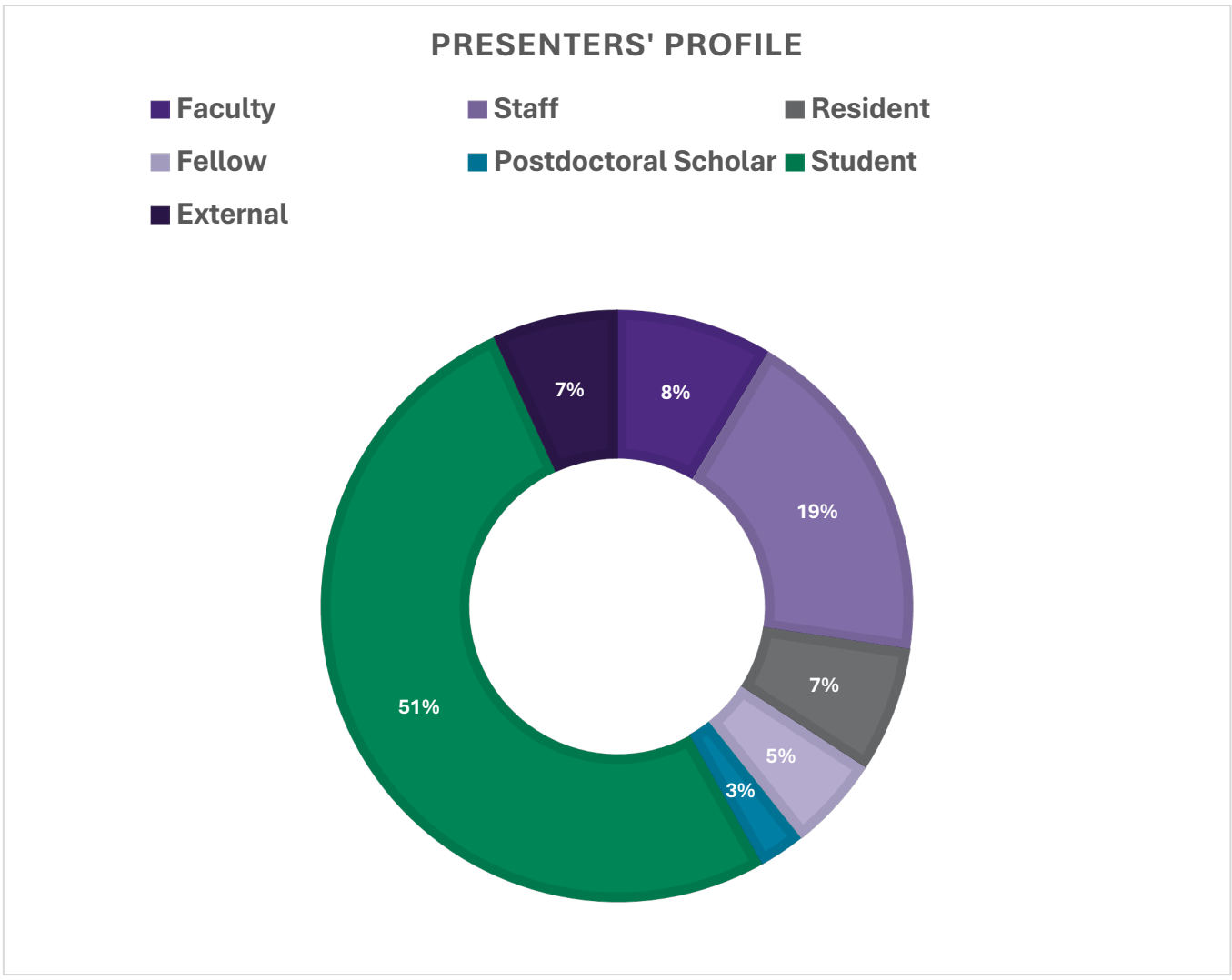
2026 Health Equity Research Symposium

Feinberg Office of Health Equity

The Health Equity Research Symposium - Poster Session showcases cutting-edge research and innovative solutions addressing health disparities across diverse populations and communities. Each poster highlights the work of professionals and researchers dedicated to advancing health equity, improving healthcare access, and achieving better outcomes for underserved populations.

Key themes include:

- Social Determinants of Health
- Access to Care
- Cultural Competence
- Community-Based Interventions
- Policy and Advocacy
- Innovative Research and Technologies



2026 Awards Winners Health Equity Research Symposium

Northwestern Medicine®
Feinberg School of Medicine

2026 Health Equity Research Symposium Awards

The Health Equity Research Symposium proudly recognizes outstanding individuals who have demonstrated exceptional commitment to advancing justice, inclusion, and opportunity in medicine. Through these awards, we celebrate the spirit of leadership, innovation, and dedication that drives meaningful progress toward equity and justice in medicine.

The Melissa A. Simon Champion Award – Faculty Recognition

This highest honor recognizes an individual whose career or body of work exemplifies leadership, vision, and lasting impact in advancing justice, inclusion, and belonging in medicine. Named in honor of Dr. Melissa Simon, MD, MPH, a nationally recognized physician, researcher, and health equity leader, this award celebrates transformative leadership that demonstrates what is possible through equity-driven leadership.

Robert Turelli, MD
Feinberg School of Medicine

The Health Equity Excellence Award – Resident/Fellow Recognition

Celebrating residents and fellows at the forefront of innovative projects, research, or initiatives that advance fairness, access, and representation in healthcare and medical training.

Sean Rowan Halloran, MD, MBA
Northwestern Medicine

The John E. Franklin Innovation Award – Student Recognition

This award honors students who are forging new pathways through advocacy, research, or service, creating opportunities that advance inclusion and equity in medicine and the broader community. Named in honor of Dr. John E. Franklin, MD, MSc, MA, for his dedication to mentoring, education, and championing diversity, this award celebrates the next generation of leaders.

Ahmed Ebada, second-year medical student

The Health Equity Advancement Award – External Participant Recognition

Recognizing external participants whose research, innovation, or practice advances health equity and inspires new approaches to addressing health inequities across communities.

Riya Patel, MPH
DePaul University

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1. Cardiovascular Risk Factors and Access to Care among US Women of Reproductive Age: Findings from the 2023 Behavioral Risk Factor Surveillance System - Presenter's Name: Ritaj Abdulkadir Abdulquani

This 2023 BRFSS study examined cardiovascular risk factors and access-to-care barriers among 52,930 US women aged 18-44 (weighted N=46.6 million). Nearly half (45.4%) had at least one cardiovascular risk factor, and 5.1% had high comorbidity burden. Access barriers were common: 21.3% lacked a personal provider, 17.6% avoided care due to cost, and 4.1% hadn't had a checkup in five-plus years. Uninsured women fared worse across all access measures than privately insured women. Notably, women with the highest comorbidity burden were more likely to have a provider (90.2% vs. 78.1%) but still more likely to skip care for cost reasons (29.8% vs. 16.9%) than lower-burden women. The findings suggest affordability, rather than provider access alone, is the primary barrier for high-risk women, and that expanding insurance coverage and reducing out-of-pocket costs could meaningfully improve cardiovascular care access for reproductive-age women.

Authors: Ritaj Abdulkadir Abdulquani, MD/MPH Candidate; Joseph Feinglass, PhD

2. Empowering Caregivers, Engaging Families: A Qualitative Evaluation of Parent Hero Academy's Impact on Supporting Children's Future - Presenter's Name: Elizabeth Akfaly

Parent Hero Academy (PHA) is a family-centered program offered alongside Rosalind Franklin University's Mini Medical School to help caregivers support students exploring medicine and other STEMM pathways. Through focus groups with PHA participants and non-participants, we examined how caregivers described their experiences, confidence, and involvement in

supporting students' educational and career interests. PHA participants more frequently discussed their own confidence, family engagement, and ability to access resources and navigate barriers to higher education. These findings support the value of family-centered programming and highlight the importance of engaging caregivers alongside students in STEMM education.

Authors: Elizabeth Akfaly, MS; Marc Rollin; Mitch Cyganiak; Jamie Henning, MPH; Ian Hlad; Hector Rasgado-Flores, Ph.D.

3. Usual Source of Care and the Hypertension Cascade Among Adults Screened in Low-Resource Chicago Neighborhoods - Presenter's Name: Rossul Al-Dhufari

This project looks at where adults in low-resource Chicago neighborhoods usually get their healthcare: a personal physician, a community health center, the emergency room, or nowhere at all, and how that shapes whether high blood pressure gets diagnosed, treated, and controlled. Drawing on seven years of Keep Your Heart Healthy screening data from over 34,000 community members, we found that awareness and treatment of hypertension dropped off sharply among adults without a regular source of care. Once someone started treatment, though, their blood pressure control was no different based on where they usually sought care. In other words, the biggest gap is not in managing hypertension after it is caught, but in catching it in the first place, which makes community-based screening especially important for reaching adults who rely on the ER or have no usual source of care at all.

Authors: Rossul Al-Dhufari, BA; Siddhartha Kalala, Sc.B; Lucy Hederick, BA; Joe Boston, BA; Preeti Kansal, MD; Nilay S. Shah, MD MPH

4. Refugee Resource Assistant: An LLM-Powered Tool to Improve Access to Verified Local Services for Refugee and Underserved Communities - Presenter's Name: Mowaffak Alraiyes

Refugees and underserved communities often face fragmented or outdated information when searching for healthcare and social services. We developed the Refugee Resource Assistant, an AI-powered tool that connects users with verified Chicagoland healthcare, education, legal, shelter, and resettlement resources. The tool is being refined through community stakeholder feedback and evaluated under a Northwestern IRB protocol. Participants will assess its usability, trust, and relevance, while anonymous interactions will help identify resource gaps and system errors. This community-engaged approach explores how conversational AI grounded in verified local information can make resource navigation more accessible for populations facing barriers to care.

Authors: Mowaffak Alraiyes, BA; Eric Jia, MS; David Liebovitz, MD

5. Religious Refusal in Xenotransplantation: Balancing Patient Autonomy and Equitable Organ Allocation - Presenter's Name: Ismail Ansari

Xenotransplantation may one day expand the supply of organs available for transplant, but it also raises new questions about religion, patient choice, and fairness. This project examines how organ allocation policy should respond when a patient sincerely declines a xenogeneic organ for religious reasons. Although many major faith traditions may permit xenotransplantation in life-saving circumstances, individual beliefs can differ. The project argues that religious refusal should be respected as a matter of patient choice without automatically changing a patient's priority for scarce human donor organs.

Authors: Ismail Ansari, EMT, NREMT; Hope Fury, MSTP Candidate; Satish N. Nadig, MD, PhD, FACS

6. Geographic Clusters of Elevated Colorectal Cancer Incidence and Social Determinants of Health in the LCC Catchment Area - Presenter's Name: Daniel Antonio

Colorectal cancer (CRC) is a major cancer burden within the Robert H. Lurie Comprehensive Cancer Center (LCC) catchment area. This study used zip code-level Illinois cancer registry data from 2019–2023 to identify geographic clusters of elevated CRC incidence and evaluate their relationship with social determinants of health. Three significant clusters were identified in southern and western Cook County and southern Grundy County. Clustered zip codes had greater socioeconomic deprivation, higher uninsured rates, and distinct racial/ethnic composition. In adjusted analyses, greater Area Deprivation Index and limited English proficiency were independently associated with cluster membership. These findings demonstrate the value of fine-scale geographic analysis for identifying communities that may benefit from targeted CRC outreach and research strategies.

Authors: Daniel Antonio, MPH; Tarneka Manning, M.Ed; Jorge Andres Heneche; Monique McQuay, Psy.M; Melissa Simon, MD MPH

7. Advancing Health Equity through Hospital-Community Partnerships: NM2035 Strategic Plan and the Development of a System-Wide Collaboration Framework - Presenter's Name: Harmony Arcilla

In support of Northwestern Medicine's strategic priority to "deepen relationships in our communities to improve health equity," a qualitative assessment was conducted to examine community partnership practices across 11 hospital service areas and to identify opportunities for a more coordinated approach to community collaboration. Through listening sessions with internal stakeholders, semi-structured interviews with community partners, and a review of industry best practices, key themes emerged related to shared goal setting, communication, accountability and capacity building. These findings informed the development of the NM

Community Collaboration Playbook, a system-wide framework for assessing, engaging, implementing, managing and measuring partnerships. The Playbook provides a scalable approach to strengthening hospital-community partnerships and advancing health equity.

Authors: Harmony Arcilla, MPH; Dawn Roznowski, MBA; Ann Hall, MBA; Dinee Simpson MD, FACS

8. Participation in a Community Wellness Walk Program combining Health Education and Physical Activity - Presenter's Name: Kethan Malhotra Bajaj

The Wellness Walk initiative at Lake Shore Park is a partnership between Feinberg School of Medicine Community Health Advocacy Initiative teams and the Chicago Parks Foundation. Each weekly session combines a 10-minute health education presentation with a 35-minute group walk and informal conversation. Health education topics included cardiovascular-healthy nutrition, fall prevention, sleep hygiene, allergic diseases, Medicaid, Medicare, and eye health. Across the first 20 consecutive walks in 2026, the program recorded 190 registrations from 50 unique participants. Most participants were 55 years or older and lived near Lake Shore Park. Repeat registration was common, suggesting that the walks may serve as a recurring community gathering. Future evaluations should assess participant satisfaction with the program and changes in health knowledge, physical activity, and emotional well-being. Targeted outreach and a greater diversity of program formats may help engage younger adults.

Authors: Kethan M. Bajaj, BA; Aditi Deokar, BA; James Li, BA; Kristen M. Kester, MD, MPH

9. Step Therapy Policy Impact on Treatment Delays and Access Disparities in Psoriatic Disease: A National Survey - Presenter's Name: Sarayu Balachandar

Step therapy requires patients to try insurer-preferred treatments before accessing clinician-prescribed therapy, but its impact on patient treatment experiences in psoriatic disease is poorly understood. We analyzed the National Psoriasis Foundation 2025 Advocacy Survey of U.S. adults with psoriasis and/or psoriatic arthritis. Among 536 respondents with complete data, step therapy exposure was associated with severe delays in treatment satisfaction (41.3% vs 29.6%; OR 1.67) and greater financial worry about treatment costs (OR 1.63). Exposure was more common among women and younger patients and varied by insurance type, with the highest prevalence among marketplace/ACA and employer-sponsored plans. These findings suggest that step therapy may delay satisfactory treatment and contribute to financial burden among patients with psoriatic disease, supporting efforts to reform restrictive insurance practices.

Authors: Sarayu Balachandar, BS; Alicia L. O'Neal, PhD, Med; Elizabeth Siembida, PhD, MPH; Xiaolong (Alan) Zhou, MD; Alan B. Fleischer Jr, MD

10. Characterizing Disability and Healthcare Accommodation Needs Among Adult Patients with Diabetes at Northwestern Medicine - Presenter's Name: Clancy Jones Barry

Diabetes is associated with increased risk of functional impairment and disability, creating additional considerations for accessible and effective healthcare. We surveyed patients with diabetes at Northwestern Medicine to characterize disability and healthcare accommodation needs. Approximately one-third reported at least one disability, most commonly cognitive or mobility, and nearly one-third reported a specific healthcare accommodation need. However, without specific prompts, only 11% initially reported needing disability-related assistance or accommodations. This underlines a need for

more effective disability screening in diabetes care. Findings will inform the co-design of a scalable clinical practice support for disability-competent diabetes care.

Authors: Clancy Jones Barry, BA; Carol Haywood, PhD, OTR/L

11. SILOS: Understanding Structural Inequities across Layers Of Social-context as Drivers of HIV and Substance Use - Presenter's Name: Michelle Birkett

This project seeks to understand the social and contextual systems around the most marginalized HIV-impacted populations by investigating how differences in access to people and places confer HIV risk. Specifically, we have recently launched an observational study across five US cities, administering in-depth remote network surveys to 2,700 racially diverse young men who have sex with men and transgender women.

Authors: Michelle Birkett, PhD; Kate Banner; Louis Porras; Vanessa Obi; Joshua Stadlan; Tom Wolff; Joshua Melville; Caden Buckhalt; Sammy Stoll; Patrick Janulis

12. Early Pregnancy Cardiovascular Health Differences by Partnership Status - Presenter's Name: Jaclyn D. Borrowman

Unpartnered individuals with children have been observed to have less optimal cardiovascular health (CVH) compared to partnered individuals with children. We aimed to identify the individual- and neighborhood-level factors driving this difference in CVH by partnership status during early pregnancy. To address this aim, participants from the nuMoM2b pregnancy cohort with complete partnership data were included. CVH was assessed during the first trimester of pregnancy by a composite score assessing 8 risk factors for cardiovascular disease. Individual- and neighborhood-level factors were assessed via validated surveys or detailed interviews with research staff. Decomposition analysis estimated the difference in CVH by partnership

status and identified factors contributing to this difference. Among 4418 nulliparas individuals, unpartnered individuals CVH scores were significantly lower compared with partnered individuals. Key factors attributing to this difference was education and area deprivation index, suggesting that partnership status may serve as a marker for broader social and structural disadvantages.

Authors: Jaclyn D. Borrowman, PhD; Xiaoning Huang, PhD; Natalie A. Cameron, MD; Janet M. Catov, PhD, MS; George R. Saade, MD; C. Noel Bairey Merz, MD; Lisa D. Levine, MD, MSCE; David M. Haas, MD; William A. Grobman, MD, MBA; Philip Greenland, MD; Lynn M. Yee, MD, MPH; Sadiya S. Khan, MD, MSc

13. Implementation of an Enhanced Recovery Protocol Improves Racial and Ethnic Equity in Pediatric Surgical Care - Presenter's Name: Johanna Borst

Enhanced recovery protocols (ERPs) may reduce disparities by standardizing delivery of evidence-based surgical care. In a secondary analysis of the 18-site ENRICH-US trial, ERP delivery increased significantly across implementation phases for 597 pediatric gastrointestinal surgery episodes. Hispanic/Latino patients received fewer ERP elements than non-Hispanic White patients at baseline, but this disparity narrowed from 1.1 elements at baseline to 0.5 during sustainability and was no longer statistically significant. The greatest improvement occurred in preoperative care, where the disparity decreased by 83%, largely driven by improved preoperative hydration. These findings suggest standardized perioperative pathways may promote more equitable pediatric surgical care.

Authors: Johanna Borst, MD, MS; Johanna M. Borst, MD; Alexandra Highet, MD, MSc; Ashley C. Dodd, MD, MSc; Willemijn L.A. Schäfer, PhD; Jane L. Holl, MD, MPH; Yao Tian, PhD, MPH; Mehul V. Raval, MD, MS, MBA

14. Systematic Review of Managed Care Medicaid Outcomes Versus Fee-for-Service Medicaid Outcomes for Youth in Foster Care - Presenter's Name: Emma Breen

This systematic review examined the limited evidence on how transitioning children in foster care from fee-for-service (FFS) Medicaid to Medicaid managed care (MMC) affects healthcare utilization and costs. Across five eligible U.S. studies, findings on behavioral healthcare were mixed and supported by low-certainty evidence, while evidence on well-child visits showed significant but inconsistent effects depending on how outcomes were measured. No studies evaluated dental or vision care outcomes. Overall, the review highlights a substantial lack of research on the impact of Medicaid delivery system transitions for foster youth and underscores the need for more rigorous studies that account for differences in benefits and program design across FFS and MMC models.

Authors: Emma R. Breen, MSW; Nosherwan Yasin, MPPA; Zhidi Luo, MS; Annie B. Wescott, MLIS; Richard A. Epstein, PHD, MPH

15. The Neighborhood Environment Study: A Mixed Methods Community Priority Assessment on the Far South Side of Chicago - Presenter's Name: Maggie Butler

The Neighborhood Environment Study, a partnership between Phalanx Family Services and Northwestern University researchers, leveraged community-engaged methods, guided by implementation science frameworks for intervention development, to conduct a strategic priorities assessment and laying the foundation for subsequent development of multi-level interventions targeting improvement in neighborhoods on the Far South Side of Chicago. We learned that Far South Side community members view neighborhood-level determinants, primarily those related to social disorder, as significant problems warranting intervention.

Authors: Margaret Butler, PhD; Samuel Battalio, PhD; Martinez Chapman, MA; Laura Bailey; Kiarri Kershaw, PhD, MPH

16. Advancing Sun Protection and Skin Cancer Detection: A Medical Student-Led Community Intervention for the Latinx Population - Presenter's Name: Liza Yusem Carstens

I designed a medical student-led community intervention project aimed at improving skin cancer awareness and sun-protection practices within the Latinx community. With support from the LMSA Community Impact Grant, I developed bilingual, double-sided English-Spanish keychains featuring the ABCDEs of melanoma detection and a built-in measurement tool for self-screening. Along with another student volunteer, I provided individualized counseling, educational materials, and sunscreen to 191 participants at a local Latinx community health fair. When counseling community members, common misconceptions identified included beliefs that darker skin tones are not at risk for skin cancer and that sunscreen does not require reapplication. Findings suggest that culturally and linguistically tailored community education may help address disparities in skin cancer prevention, early detection, and dermatologic health outcomes. Acknowledgements include the Latino Medical Student Association, Dr. Julia Riley, and the Northwestern Medicine Department of Dermatology for their support of the project through funds, letter of recommendation, and sunscreen samples.

Authors: Liza Yusem Carstens, BA

17. Addressing Cancer Screening Gaps Through Patient Navigation in Chicago's Chinatown Community – Presenter's Name: Sophia Castaneda

This study examines cancer screening reports among adults in Chicago's Chinatown community receiving standard or remote, checklist-based patient navigation. The analysis aims to compare self-reported cancer screening completion, including lung, colonoscopy/sigmoidoscopy, stool/FIT, pap/HPV, mammogram, and PSA, among participants who reported no prior history of each specific test. By focusing on participants who reported no prior testing,

this study investigates the potential for patient navigation to address disparities in routine cancer screening rates. Neither navigation group consistently showed higher screening completions across tests during 18 months of follow up. These descriptive findings support further evaluation of remote navigation as a potentially scalable approach to expand access to preventive care, although inconsistent screening histories and missing responses limit conclusions about first-time screening.

Authors: Sophia Castaneda; Ayoub Ayoub; Chui Yi Kwan; Erin Chen; Ivy Leung; Ann Yau; Laura Tom; Melissa Simon, MD MPH

18. Loneliness and trust in health information sources: Findings from the Chicagoland Community Engagement Alliance Against COVID-19 Disparities - Presenter's Name: Ethan Chen

Loneliness is associated with lower trust in the U.S. healthcare system. However, little research has explored whether loneliness is associated with decreases in trust towards other sources of health information. This study sought to characterize the relationship between loneliness and trust across different sources of health information, and whether there were differences by race and ethnicity. We analyzed data from the Chicagoland Community Engagement Alliance Against COVID-19 Disparities Common Survey, collected from April-August 2025. Loneliness was measured using a continuous 3-item variable, and participants rated trust in sources of health information at the interpersonal, institutional, community, and media domains. Results from 531 adults [mean age 48±16.8 years (SD); 67% Black; 73% women] showed that loneliness was negatively correlated with trust in doctors/healthcare providers, faith leaders, family/friends/personal networks, and state/local government. In our linear regression model, loneliness was not associated with composite trust scores when adjusted for sociodemographic variables.

Authors: Ethan Chen; Sarah Huang, BA; Jade Chi, BS; Ariel Zhou, MSW, MDiv; Melissa Gutierrez-Kapheim, PhD; Kiarri Kershaw, PhD; Ninh Nguyen, BS; Milkie Vu, PhD; Tiwaloluwa Ajibewa, PhD

19. Skin of Color Education in Physician Assistant Dermatology Curricula: A National Needs Assessment - Presenter's Name: Namrata Vyshnavi Chintalapati

Skin of color (SOC) is underrepresented in medical education, which may contribute to disparities in dermatologic diagnosis and care. This study examines the incorporation of SOC-specific dermatology education across physician assistant (PA) programs in the United States. Through a national survey of PA program directors, we assessed curricular structure, SOC content, faculty expertise, and perceptions of curricular adequacy. While SOC content was widely reported to be included in PA dermatology curricula, the depth of instruction varied considerably across programs. Differences were also observed based on program setting, program length, and faculty expertise. These findings highlight opportunities to strengthen SOC dermatology education through targeted curricular development and faculty training, with particular attention to programs facing structural barriers to comprehensive instruction.

Authors: Namrata Vyshnavi Chintalapati, MD, MBA; Marissa O Liveris, MMS, PA-C; Pooja Jain, BA; Julia M Riley, MD

20. Phonetic Posteriorgram Modeling to Mitigate Perceptual Bias in Pediatric Speech Sound Disorder Assessments - Presenter's Name: Emily Chun

Speech sound disorders (SSD) are among the most common pediatric developmental conditions, yet reliance on clinician auditory-perceptual judgments to manually transcribe child speech has contributed to disparities in assessment, particularly for children from underrepresented racial, ethnic, and/or socioeconomic backgrounds. This study evaluates phonetic

posteriorgram (PPG) probability representations as an innovative, objective tool for pediatric speech assessment. Single-word speech recordings from four-year-old children were retrieved from SPROUT (Speech Production Repository for Optimizing the Use of Artificial Intelligence Technologies), a diverse dataset of children with and without SSD. We conducted an analysis to evaluate whether PPGs reliably mirror established phoneme acquisition milestones across diverse demographic groups. Preliminary results demonstrate that PPGs show patterns of normative consonant acquisition and provide a window into subtle differences in articulation not easily heard by human listeners. PPGs represent a vital step toward standardizing early detection to mitigate diagnostic bias and ensure timely, targeted interventions.

Authors: Emily Chun, MS; Marisha Speights, PhD, MS, CCC-SLP

21. Emergency Contraception Administration in Pediatric Emergency Departments - Presenter's Name: Lauren Coffey

We evaluated emergency contraception administration across 47 U.S. pediatric emergency departments with data from over 1.3 million encounters among females aged 9–30 in 2024–2025. EC was administered in only 0.24% of encounters, with substantial variation in rates of administration between hospitals. We evaluated patient characteristics and state reproductive legislative policy as confounders, finding that patient age and payment method were associated with EC administration, while abortion-related legislative environment was not. Hospital-level variation in EC administration persisted even after accounting for patient characteristics and reproductive health policy, suggesting hospital-specific practices and systems may play a more important role in access.

Authors: Lauren Coffey, MD; Sriram Ramgopal, MD; Cherie Priya Dhar, MD

22. Utilizing patient and provider perspectives to inform implementation of hospital discharge interventions for opioid use disorder - Presenter's Name: Byrd Cook

The SUPPORT-D project utilized qualitative interviews with patients diagnosed with opioid use disorder (OUD) and their providers at a large urban hospital to identify barriers and facilitators to follow-up care and access to medications for opioid use disorder (MOUD) post-discharge. Using CFIR-guided interviews and directed content analysis, the study identified multiple multilevel barriers including restrictive external clinic policies, the short length of inpatient stays, and limited warm handoffs to external clinics. Transportation access, insurance status, and social environment were also identified as major individual barriers to post-discharge care. Study findings highlight the need to address structural and social determinants of health across hospital settings when designing equitable hospital discharge interventions to improve the transition of care for patients with OUD post-hospitalization.

Authors: Byrd Cook, MPH; Ashti Doobay-Persaud, MD; Katherine Welter, MD; Zoey Hall, MPH; Rashondra Rankin, MS; Hallie Goldstein; Michael Mathews; Corey Hazekamp, MD; Carolina Sierra Correa; Austin Drysch; Aden Goolsbee; Sanjana Shankar; Kelli Scott, PhD

23. Racial and Ethnic Disparities in Cancer Incidence, Stage at Diagnosis, Survival, and Mortality by Urban-Rural Residence in the U.S.: A Systematic Review - Presenter's Name: Arian De La Torre

This systematic review of 50 U.S. studies (2006–2025) finds that rural residence consistently predicts worse cancer mortality and survival for White and Black adults, with a similar but less certain pattern for American Indian/Alaska Native populations. Notably, the disadvantage shows up after diagnosis, not necessarily before. Most groups are diagnosed at similar stages regardless of rurality, meaning the gap opens in treatment and follow-up care, not detection. This study also identified a clear gap into Asian/Pacific Islander

populations who remain understudied and uniformly treated as a single category, likely masking differences within the group. Overall, this study highlighted opportunities for better elucidating racial subtleties in cancer research as well as suggested that closing rural cancer gaps will take investment in specialty care and oncology infrastructure, not just more screening.

Authors: Arian De La Torre; Jesus Junior Vallejo Cardenas; Abrar Chaudhry; Ammar Alwani; Dennis Stevens, MD

24. Building Community Capacity for Equitable Pediatric Mental Health Care: Piloting a Competency-Based Training for Community Health Workers - Presenter's Name: Roxanna De La Torre

The youth mental health crisis is compounded by inequitable access to timely, culturally responsive care. Community health workers (CHWs) may help bridge barriers to pediatric mental health services, yet standardized, evidence-based child mental health training for CHWs is lacking. Our multidisciplinary team partnered with a local CHW organization to develop and pilot a 20-hour, 15-module virtual training informed by a Delphi process. Across six evening sessions, 23 of 45 invited CHWs enrolled and 20 completed the training and surveys. Training fidelity was high, with 67 of 68 learning objectives covered. Participants demonstrated statistically significant improvements in child mental health knowledge and self-efficacy. Participants also identified opportunities to strengthen accessibility and cultural responsiveness, including increased active learning, greater support for clinically oriented content, and broader representation of minority populations. Findings and participant feedback are informing refinements for a second pilot planned for early 2027, with the goal of strengthening CHW capacity to support more equitable pathways to pediatric mental health care.

Authors: Roxanna De La Torre, MD; Sophia Jang, MD; Kryztal Pena, MD; Kim Kaczor, MPH, PhD; May Dartez, M.ED, MPH; Stacy Ignoffo; Rebecca Ford-Paz,

PhD; Marilyn Sampilo, PhD, MPH; Anna Volerman Beaser, MD; Jocelin Vanegas; Ndeah Terry, MS; Justin Hinton; Andrea Spencer, MD

25. From Stabilization to Definitive Care: Health-System Barriers to Orthopedic Trauma Access in Rural Philippines - Presenter's Name: Ahmed Ebada

This quality-improvement project examined barriers to orthopedic trauma care across two hospitals in Eastern Samar, Philippines, where local access to orthopedic specialists is limited and patients often require transfer for definitive treatment. Staff identified recurring challenges related to transportation, referral coordination, treatment costs, supply shortages, and patient hesitation about distant transfer. Across assessments of immobilization and open-fracture care, these barriers consistently extended beyond bedside management and reflected broader health-system constraints. The findings highlight locally identified priorities for improving trauma readiness, referral processes, transport access, and financial support, providing a foundation for future orthopedic trauma quality-improvement efforts in resource-limited settings.

Authors: Ahmed Ebada; Imaan Arshad, BA; Rami Alrefai, BS; Geoffrey Slaughter, MD; Breanna Polascik, MD; Alithia Zamantakis, PhD; Phillip Gorrindo, MD, PhD; Juan Avitia, MPH; Lionel Adal, PMP, MCSE; Rumelle Reyes, MD; Antonia Sabalberino, MD; Magdy Milad, MD, MS

26. From Food Access to Food Choice: Evaluating a Digital Grocery Fund Intervention for Families Experiencing Food Insecurity - Presenter's Name: Elena Eisenberg

Food insecurity disproportionately affects families with children and is a critical health equity issue in Chicago. This project evaluates a Family Food Program intervention at Ann & Robert H. Lurie Children's Hospital that provides families experiencing food insecurity with digital grocery funds for use at local retailers. Using the Blended Value framework, the evaluation

considers value of investment and social return on investment, alongside traditional return on investment. Purchasing data from 26 families were analyzed from January through July 2026, with foods classified using Healthy Eating Research guidelines. Most top food items purchased (58%) were classified as “Choose Often,” and produce represented the highest spending category. Preliminary findings suggest that direct grocery funds may support healthy, culturally relevant food choices while increasing autonomy and reducing barriers to equitable food access.

Authors: Elena Eisenberg, MS; Stephanie Folkens, MBA; Bako Orionzi, MD, MSc

27. Artificial Intelligence–Driven Phone Outreach for Unscheduled Lung Cancer Screening: Racial and Demographic Predictors of Engagement - Presenter’s Name: Adrianna Elashker

Lung cancer screening (LCS) uptake remains low nationally (~18–20%), with persistent sociodemographic disparities. We evaluated an AI-driven phone outreach program (Hippocratic AI) to re-engage patients with unscheduled low-dose CT (LDCT) orders at a tertiary referral center. Among 1,704 eligible patients, 23.2% were successfully transferred to a human scheduler. Nearly half of calls went unanswered. In multivariable analysis, Black patients had significantly higher odds of transfer than White patients (OR 1.84, 95% CI 1.23–2.76, p=0.003), and older age was also associated with higher transfer odds. These findings suggest AI-driven outreach can meaningfully re-engage patients lost to follow-up and may help narrow, rather than widen, racial gaps in LCS completion — though low overall reach highlights the need for complementary, multi-modal outreach strategies.

Authors: Adrianna Elashker, MD; Yupeng Liu; Christopher M. Kapp; Alivia Gao; Jorge Garcia; Nishi Patel; Nikola Yerken; Momen M. Wahidi

28. Out of Sight: Geographic and Socioeconomic Disparities in Repeat Traditional Glaucoma Surgery - Presenter's Name: John Michael Fallon

Traditional glaucoma surgeries often fail, leading to repeat surgery. However, the impact of social determinants of health on reoperation is unknown. In this multicenter cohort study of 8,559 patients across 16 US academic medical centers from the SOURCE database, we examined associations between social factors and traditional glaucoma surgery reoperation rates. While social factors were not associated with reoperation among patients who completed 12 months of follow-up, sensitivity analysis without the follow-up criterion revealed significantly lower reoperation rates among patients living in rural and economically distressed communities. Because these communities are known to have greater loss to follow-up, lower reoperation rates may suggest unmet surgical need rather than better surgical outcomes.

Authors: John Michael Fallon, BS; Dustin D. French; Brian Carter; Samuel Liu; Adovich S. Rivera; Xueqing Zhou; Paul J. Bryar; Bryce Tatum; Kunal Kanwar; Melinda Xu; Ethan James; Helena Kim; Richa Shah; William Marcus; Arun Ahuja; Yang Li; Chris A. Andrews; Timothy M. Janetos; Charlesnika T. Evans; Abel N. Kho; Shikha Marwah; Joshua D. Stein

29. Let's Talk CPS: Evaluating an Evidence-Based Substance Use Harm-Reduction Curriculum in Chicago Public Schools - Presenter's Name: Karin Felsher

Using a community-based participatory research approach, our academic team partnered with CPS to identify school needs, guided curriculum implementation using health equity principals, and informed dissemination activities. Participants were 1,253 students, ages 11-18 across 12 Chicago Public Schools during the 2025 to 2026 academic year. Trained research staff delivered two adapted lessons from the Safety First curriculum during 45- to 50-minute classroom periods focused on substance use education, adolescent health, harm-reduction strategies, and opioid overdose

prevention. CPS students demonstrated significant immediate improvements in substance use and harm-reduction knowledge following curriculum delivery. Findings support the feasibility and potential value of implementing evidence-based harm-reduction education within urban public schools. Future research should examine longer-term knowledge retention and implementation strategies that support sustainable delivery by school personnel and/or student facilitators.

Authors: Karin Felsher, BA; Kennedy Curtis, BA; Yiyang Liu, BS; Sarah Sauerteig, BS; Caroline Roa, LCSW; Lindsay Bridegum, LCSW; Faith Summersett Williams, PhD, MS

30. Developing a Telementoring Program to Improve Clinician Communication about Toddler Mental Health Risk Using Human-Centered Design - Presenter's Name: Thilini Fernando

Our project aims to develop a telementoring program to improve clinician knowledge, self-efficacy, and family-centered communication about toddler mental health risk. Using human centered design, we developed a training series which addresses when to worry, what to say, and what to do about toddler mental health risk, considering working with families of diverse backgrounds.

Authors: Thilini Fernando, MPH; Aeysha B. Chaudhry, PhD, MSc; Kryztal Pena; Hodan Jibrell, MPH; Iheoma U. Iruka, PhD; John Parkhurst, PhD; Adriana Weisleder, PhD; Daniel Johnson, MD; Courtney Zulauf-McCurdy, PhD; Caitlin Engelhard, MD, PhD; Karen Lee, MS; Courtney Elizabeth Lynam Scherr, PhD; Audrey G. Brewer, MD, MPH; Susan Friedland, MD; Laurie Wakschlag, PhD; J.D. Smith, PhD; Andrea E. Spencer, MD

31. Trends Across the Northwestern University Feinberg School of Medicine Planetary Health Report Card - Presenter's Name: Prairie R. Fiebel

Planetary health and climate change are important to consider alongside other social determinants of health when evaluating health disparities, as marginalized communities are often the most affected. Despite its importance, this connection is not always reflected in medical school policy or curriculum. The Northwestern University Feinberg School of Medicine (FSM) Climate Action Group completes a standardized evaluation tool, the Planetary Health Report Card (PHRC), to reflect on areas for improvement and progress over time and to advise on future policy. The latest publication of the FSM PHRC demonstrated an improvement in the school's planetary health curriculum and community outreach and advocacy efforts.

Authors: Prairie R. Fiebel, BS; Andrew Kearney, BA; Miranda Bagar, BS; Thea Joseph, BS; Ann Vertovec, MD

32. Longitudinal Changes in Depression and Association with Interpersonal Characteristics in South Asian - Presenter's Name: Sahithi Gangavarapu

This study examined whether social support, cultural traditionalism, and perceived discrimination were associated with the development of depression among South Asian immigrants in the United States. Using longitudinal data from 671 participants in the MASALA Study who did not have depression at baseline, we evaluated risk of depression over a median follow-up of 10.89 years. High cultural traditionalism was associated with more than twice the risk of developing depression after adjustment for sociodemographic characteristics, health behaviors, and baseline mental health symptoms. Low social support was associated with increased risk in minimally adjusted models, but this association was attenuated after further adjustment. Perceived discrimination was not associated with incident depression. These

findings highlight the importance of cultural factors and early mental health symptoms in depression prevention among South Asian immigrants.

Authors: Sahithi Gangavarapu, BA; Nithya Mahakala BA; Joseph Feinglass PhD; Juned Siddique DrPH; Namratha Kandula MD, MPH

33. Optimizing survey recruitment methods for Illinois community health centers (CHCs) - Presenter's Name: Grace Godwin

Lower-resource settings are often not included in implementation studies (i.e., studies of how to implement evidence-based practices in real-world settings) because they have limited capacity to support research efforts. However, to promote generalizability and ensure that all populations are included, it is vital that implementation studies be conducted in these settings (Lee et al., 2024). In this study, we worked with community health centers (CHC) to optimize a survey recruitment method for a secure firearm storage program implementation trial.

We proposed an approach where patients could provide contact information directly to the research team. Multiple recruitment materials were developed to link interested participants to the survey, allowing clinics to select approaches that best fit their workflows while minimizing burden.

Early engagement with CHCs identified important barriers and informed adaptation of recruitment strategies to better fit CHC workflows and contexts. Ongoing collaboration with participating organizations will continue to guide research efforts.

Authors: Grace Godwin, BA; Hannah Cheng, MS; Kate Zeller, MA; Ashley Colwell, MS; Cheri Hoots, BS; Katelin Hoskins, PhD; Christina Johnson, MPH; Kristin A. Linn, PhD; Maryann Mason, PhD; Katie McAuliff, PhD; Mirta Milanes, MPH; Martha Munoz; Taylor Miranda Thompson, MPH; Sarah Velez-Osorio, BS; Yufan Wang, MA; Railey Stern Yen, BA, BM; Rinad S. Beidas, PhD

34. Budget Impact of Illinois' Laser Hair Removal Coverage Mandate for Hidradenitis Suppurativa, and the Cost of the Medicaid Exclusion - Presenter's Name: Caroline Gonzalez

This budget impact analysis examines Illinois House Bill 3248, which mandates insurance coverage of laser hair removal for hidradenitis suppurativa for commercial and state employee plans starting in 2027 while excluding Medicaid. Over a five year horizon, commercial coverage is virtually budget neutral at base pricing and becomes cost saving at realistic clinical rates. Covering Medicaid incurs an incremental cost over five years at base rates mostly because lower baseline biologic utilization among Medicaid enrollees yields fewer cost offsets rather than a lack of clinical benefit. The authors conclude that mandated coverage represents minimal payer expenditure and excluding the population with the highest disease burden lacks budgetary justification while raising health equity concerns.

Authors: Caroline Gonzalez, MD, MBA; Julia Riley MD

35. Caregiver Communication Experiences and Empowerment in the PICU - Presenter's Name: Stephanie Granada

Caregiver communication and empowerment are modifiable pathways to reduce PICU disparities. This prospective single-center study uses ecological momentary assessment via surveys on days 1-3 of PICU admission to capture caregiver-reported communication frequency and empowerment among English-, Spanish-, and Arabic-speaking families. To date, 32 caregivers (29 English, 3 Spanish) have enrolled. Caregivers reported frequent nurse communication (median 10+/day) versus less frequent physician/APP communication (median 5-6/day). Most felt empowered to ask questions (73-88% across days), with Family Empowerment scores rising from 88 to 96 (day 1 to 3). Continued enrollment, particularly of Spanish- and Arabic-speaking caregivers, is needed.

Authors: Stephanie Granada, MD; Mary Pilarz, MD; Colleen Badke, MD; Adrian Zurca, MD

36. Use of a Language Other than English and Increased Floor-to-PICU Transfers - Presenter's Name: Stephanie Granada

This retrospective cohort study of 39,612 inpatient admissions (2015-2025) at a quaternary children's hospital examined whether language other than English (LOE) predicts PICU transfer and post-transfer deterioration. Spanish- and other-language-using families had significantly higher adjusted risk of floor-to-PICU transfer than English-using families (aRR 1.21 and 1.43, respectively). However, language was not associated with early transfer (within 6 hours) or with critical deterioration within 12 hours of transfer. Findings suggest LOE families may experience delayed recognition of clinical deterioration on inpatient units, warranting further investigation, though early-transfer analyses were limited by small sample size.

Authors: Stephanie Granada, MD; Alison Austermuehle, MD; Colleen Badke, MD; Nelson Sanchez-Pinto, MD, MBI, FAMIA, FCCM; Mary Pilarz, MD

37. Estrannaise: A Community-Developed Pharmacokinetic Simulator for Transgender Feminizing Hormone Therapy - Presenter's Name: Ariel Halle

To better inform the selection of doses for transgender feminizing hormone therapy, we have created a pharmacokinetic model derived from published studies as well as community-submitted data from individual estradiol blood tests. This model is available as webtool at https://estrannai.se/ for both transgender people interested in their own healthcare, and clinicians who wish to better understand the pharmacokinetic evidence base underlying existing dosing guidelines. As a project developed entirely by the trans community, for the trans community, we consider Estrannaise both an

example of community-driven healthcare research, and a practice of liberatory harm reduction.

Authors: Ariel Halle, PhD Candidate

38. Disparities in Heart Failure Hospitalization Outcomes Among Adults with Documented Incarceration: A Nationwide Cohort Study - Presenter's Name: Sean Rowan Halloran

Incarcerated individuals face disproportionate cardiovascular risk factors and barriers to guideline-directed care, yet heart failure (HF) hospitalization outcomes in this population have never been characterized nationally. Using the Nationwide Readmissions Database (2018–2022), we identified 1,923 incarcerated adults hospitalized for HF and compared outcomes to a propensity score-matched cohort of non-incarcerated adults. Incarcerated patients were younger and presented with greater acuity despite lower comorbidity burden. After matching, in-hospital outcomes were equivalent between groups; however, 30-day HF readmission was significantly higher among incarcerated patients (12.9% vs 8.1%, $p<0.01$), highlighting the need for improved post-discharge care within correctional facilities.

Authors: Sean Halloran, MD, MB; Zachary Neronha, MD; Anthony Kalousdian, MD; Zhiying Ming, MS; Anjan Tibrewala, MD, MSc; Sarah Chuzi, MD, MSc

39. Examining Impacts of Rurality and Neighborhood Opportunity on First Hospital Readmission Following Initial Discharge After Tracheostomy - Presenter's Name: Courtney Harris

This retrospective cohort study will examine associations between rurality and Childhood Opportunity Index on time-to-first readmission following tracheostomy placement. We will utilize the Pediatric Health Information System database to help characterize high-risk sub-populations of the ever-

growing population of children with medical complexity with hopes of informing future evidence based resource allocation, teaching, and advocacy.

Authors: Courtney Harris, MD; Sriram Ramgopal, MD; Mary Pilarz, MD; Denise Goodman, MD

40. Care-Seeking After Positive Hypertension Screening at Community Events - Presenter's Name: Lucy Hederick

Keep Your Heart Healthy (KYHH) is an academic-community collaboration targeting underserved populations in Chicago where trained medical students screen consenting participants for hypertension at local community events. KYHH participants who screened positive for hypertension (BP ≥130/80 mmHg) and consented to a follow-up call were contacted 3 months ± 2 weeks after the encounter and asked a series of questions regarding their ability to see a physician, counseling received, and lifestyle/medication modifications made. Over half of patients who screened positive for hypertension at community screening events subsequently sought care with a personal physician, at a community health center, and/or an ER; lack of usual care was the primary barrier to care-seeking.

Authors: Lucy Hederick, BA; Siddhartha Kalala, Sc.B; Rossul Aldhufari, BA; Joseph Boston, BS; Preeti Kansal, MD; Nilay Shah, MD, MPH

41. Learning Together, Living Healthier: Caregiver-Child Engagement in Health Education - Presenter's Name: Jamie Henning

The Parent Hero Academy (PHA) pilot study evaluates a paired caregiver-child intervention designed to build intergenerational health literacy and translate health knowledge into positive household behaviors within under-resourced communities. Conducted alongside the Mini Medical School program, this mixed-methods study compared outcomes between PHA participants and a comparison group. Results demonstrated that caregivers engaged in PHA reported higher rates of adopting healthy routines, implementing nutrition

changes, and initiating at-home discussions regarding health concepts. These findings suggest that a parallel educational structure fosters shared health literacy among family members, effectively bridging the gap between youth-based health interventions and tangible household application.

Authors: Jamie Henning, MPH; Mitchell Cyganiak; Ian Hlad; Bhavika Joshi; Chrysanthemum Gorospe, MS, MEd; Melissa Chen, MD; Hector Rasgado-Flores, PhD

42. A Narrowing Safety Net for Hidradenitis Suppurativa Patients on Adalimumab: A Cross-Sectional Audit of Manufacturer Copay and Patient Assistance Programs - Presenter's Name: Theresa Hopkins

Hidradenitis suppurativa (HS) is a chronic skin disease often treated with the biologic adalimumab and its biosimilars, which can be costly out of pocket. HS disproportionately affects patients with low socioeconomic status, who are more likely to rely on Medicaid or Medicare. Federal law bars government-insured patients from using manufacturer copay cards, leaving income-based patient assistance programs (PAPs) as their only financial safety net. We audited copay and PAP terms for all 11 FDA-approved adalimumab products indicated for HS. All active copay cards (9 of 11) exclude government-insured patients by law, and only 5 of 11 products currently offer a PAP. Three PAPs were recently made unavailable to new applicants. Only one product documents a pathway for Medicare Part D patients. These findings reveal a narrow, unstable safety net for low-income HS patients and support the need for policy attention to PAP stability.

Authors: Theresa Hopkins, BA; Kelsey S. Flood, MD; Julia M. Riley, MS, MD

43. Community Resource Linkage Addresses Some Health-Related Social Needs: Patient Survey Findings - Presenter's Name: Lynn Huang

Northwestern Medicine (NM) implemented a program to screen and support patients with unmet health-related social needs (HRSN) through community health worker outreach and provision of community resource lists. We conducted a survey of NM patients to assess if resource linkage was associated with HRSN resolution. We found that linkage status was associated with issue resolution among those with medication, transportation, and mental health needs. However, there was no difference among those with food, housing and utility needs. Future work will focus on understanding mechanisms and improving implementation to achieve better outcomes.

Authors: Lynn Huang, MS; Shahin Davoudpour, PhD; Callie Walsh-Bailey, PhD; Steven Pan, BS; Jenni Holtz, MA; Paul Nelson, BA; Nicole Pavlick, MPH; Norinna B. Allen, PhD; Cynthia Barnard, PhD, Lauren Beach JD, PhD; Stephen Persell, MD; Jennifer Calabria, MS; Adovich Rivera MD, PhD

44. Weekend sedentary behaviors in adolescents from different Asian origin groups - Presenter's Name: Sarah Huang

The purpose of this study is to examine sedentary behavior patterns among adolescents, including screen use, computer gaming, and other sedentary activities, across diverse Asian-origin populations. These risk factors have been identified as adverse health outcomes, including compromised cardiovascular and metabolic health, elevated cancer incidence, cognitive decline, and emotional dysregulation. Further, using disaggregating Asian American health data may help identify specific groups that are disproportionately affected by sedentary behaviors and may benefit from targeted interventions. The overall goal of this study is to inform targeted, culturally tailored community interventions aimed at addressing group-

specific barriers that can reduce sedentary activities and mitigate long-term health risks in these high-risk adolescent populations.

Authors: Sarah Huang, BA; Meng-Han Tsai, PhD; Ethan Chen, BS; Ninh Ngyuen, BS; Milkie Vu, PhD

45. Welcome to PrEP School: Developing a Peer-Led HIV-Prevention Program to Improve PrEP Awareness at HBCUs - Presenter's Name: David Inwards-Breland

Welcome to PrEP School is a culturally responsive, peer-led HIV-prevention program for Historically Black Colleges and Universities. Development followed two stages. First, nine focus groups with 80 students across four Atlanta University Center Consortium campuses explored PrEP knowledge, HIV risk perceptions, stigma, sexual health communication, and preventive behaviors. Thematic analysis and a Priority Index identified PrEP knowledge, preventive behaviors, social perceptions, stigma, risk perception, communication, modality preferences, attitudes, and willingness as curriculum priorities. These findings informed the curriculum and Train-the-Trainer guide. Second, a student advisory group representing all four campuses evaluated the curriculum's content, messaging, presentation, engagement, and effectiveness. All six respondents providing evaluable feedback found the curriculum relevant, relatable, and understandable. Four requested more interactive activities, and four identified stigma or stereotypes as barriers. Feedback guided revisions emphasizing stigma reduction, risk reframing, peer communication, and interactive learning. Future implementation will evaluate effects on participant knowledge, attitudes, and prevention engagement.

Authors: David Inwards-Breland, MD, MPH; Claude Robinson, BA, MS; Kara Garretson DHS(c) MPH

46. Addressing Cultural and Health-Literacy Barriers to Goals-of-Care Discussions and Advance Care Planning Among Uninsured Patients with Life-Limiting Illness in the Northern Chicago Suburbs - Presenter's Name: Nazia Jamali

This project addresses disparities in end-of-life care among uninsured patients with life-limiting illness by examining cultural and health-literacy barriers to goals-of-care discussions and advance care planning. A navigator-supported, culturally and literacy-adapted intervention will use accessible ACP tools to help patients identify and communicate their values, preferences, and desired family involvement. Patients will then be offered a clinician-family goals-of-care meeting to translate these preferences into medical decision-making and ACP documentation. The project will evaluate whether this "priming-plus-meeting" approach improves ACP completion, goals-of-care engagement, and patients' experience of feeling heard and understood, while exploring how language, health literacy, and cultural factors influence outcomes.

Authors: Nazia Jamali, DO; Gena Grospe, DO

47. Health Equity in Evidence-Grounded Clinical AI: Sociodemographic Differences in Recommendations and Reasoning - Presenter's Names: Eric Jia

Evidence-grounded clinical AI is increasingly used to support physician decision-making, but whether literature grounding reduces sociodemographic differences in model behavior remains unclear. We evaluated OpenEvidence across identical emergency-department cases paired with different sociodemographic descriptors. Recommendations for triage, diagnostic workup, and treatment were broadly stable, while substantial differences emerged in mental-health screening and in how models justified their recommendations. These differences were particularly prominent for patients

described as unhoused, transgender, or belonging to intersectional demographic groups. Our findings suggest that health equity evaluation of clinical AI should assess not only what a system recommends, but also how demographic information influences the reasoning used to apply population-level evidence to individual patients.

Authors: Eric Jia, MS; Mahmud Omar; Yiftach Barash; Olga R. Brook; Muneeb Ahmed; Jonathan B. Kruskal; Alon Gorenshtein; Eyal Klang

48. Access to Urgent Care in AI-Assisted Triage: Clinical Task Assignment Suppresses Safety Warnings - Presenter's Name: Eric Jia

Clinical AI systems are increasingly being integrated into intake and triage workflows, where failures to communicate urgent recommendations may delay access to care. We evaluated whether assigning language models a structured single-patient triage task affected their response to an urgent problem involving a second patient mentioned in the same encounter. Across 16 models, urgent-care warnings decreased substantially under the structured task despite unchanged clinical information. Importantly, models often continued to recognize and document the second patient's emergency without directly communicating the recommendation to the caller. These findings demonstrate that evaluating clinical AI requires testing the complete workflow, including whether important recommendations reach the person who can act on them, rather than assessing model recognition alone.

Authors: Eric Jia, MS; Mahmud Omar; Yiftach Barash; Olga R. Brook; Muneeb Ahmed; Jonathan B. Kruskal; Alon Gorenshtein; Eyal Klang

49. Safe to Sleep Guideline Adherence: Exploring Parental Decision-Making and Infant Sleep - Presenter's Name: Dominique Johnson

This community-engaged mixed-methods study combined a survey and focus groups conducted between April and September 2024. Guided by Fuzzy Trace

Theory, this study explored caregivers' knowledge of safe sleep recommendations and examined the barriers, decision-making processes, and lived experiences that influence adherence to American Academy of Pediatrics (AAP) safe sleep guidelines within the home environment.

Authors: Dominique Johnson, MPP, NDTR, CLS; Leonardo Barrera, MPH; MicKayla Jones, MPH; Renee E. Walker, DrPH, MPH; Amy L. Hill, MS, MPH

50. Who Bears the Burden? Medicare Advantage Prior Authorization, Equity and Access to Care: A Rapid Scoping Review - Presenter's Name: Jheannelle Johnson

Medicare Advantage prior authorizations have continued to impact healthcare for older adults, yet its implications for medically vulnerable populations remain understudied. This study presents a preliminary rapid literature review to examine empirical studies on MA prior authorization and patient outcomes. The aim was to identify which social and clinical vulnerabilities are considered when analyzing differential outcomes. The findings highlight the gaps in equity-focused evaluation of prior authorization policy, especially in evaluating access and continuity of care for vulnerable Medicare Advantage beneficiaries.

Authors: Jheannelle Johnson, MSL

51. The Relationship between Unfair Policing, Social Support, and Health Outcomes for Female Add Health Survey Participants - Presenter's Name: Layla Joseph

This study explores the relationship between exposure to policing, social support, and health in middle-aged adults in the United States. Analyses revealed a negative relationship between unfair policing and SRH and a positive relationship between social support and SRH. The interaction between unfair policing and social support on SRH was significant in the overall sample. Stratified by racial/ethnic group, the interaction approached significance for White participants only. Social support is a potential

protective factor in the relationship between exposure to policing and SRH. Further research is needed to clarify the buffering effect for members of different racial/ethnic groups.

Authors: Layla Joseph, BA; Stephanie Koning, PhD

52. Screen-Detected Hypertension Among Adults Who Report No Chronic Conditions: Yield of Community Screening in Chicago - Presenter's Name: Siddhartha Kalala

Keep Your Heart Healthy screens residents of low-resource Chicago neighborhoods for cardiovascular risk at events hosted by community partners. We asked how often those screenings find high blood pressure in adults who believe they are healthy. Among 15,931 adults screened between 2013 and 2019 who reported no chronic conditions, one in six had a blood pressure of 140/90 mmHg or higher, 595 were at 160/100 or higher, and 91 were at 180/120 or higher. These participants made up two fifths of every undiagnosed elevated reading the program detected. The yield rose with age and was higher in men, in Black participants, and at higher body mass index, but did not differ by insurance or by whether the participant had a personal physician. Routine care is not catching these cases, and screening venues that draw people who feel well deserve priority.

Authors: Siddhartha Kalala, Sc.B; Lucy Hederick, BA; Rossul Aldhufari, BA; Joe Boston, BS; Preeti Kansal, MD; Nilay Shah, MD

53. Bridging the PrEP Equity Gap: Determinants of Non-Delivery for Black Women in Healthcare Settings - Presenter's Name: Deja Knight

Black cisgender women remain disproportionately affected by HIV, yet PrEP delivery continues to lag despite clinical eligibility and routine healthcare engagement. This qualitative study examined multilevel implementation

determinants of PrEP non-delivery among 26 PrEP-eligible Black women in Baltimore, Maryland. Although participants reported regular healthcare utilization and often longstanding relationships with providers, none recalled receiving provider-initiated PrEP counseling, education, or referral. Findings identify a constellation of implementation barriers, including limited provider knowledge and prescribing confidence, inadequate sexual health communication, workflow constraints, and structural inequities such as fragmented care, medical dismissal, and racism. Rather than reflecting deficiencies in patient engagement, these missed opportunities point to failures within healthcare systems to equitably implement evidence-based HIV prevention. Results underscore the need for implementation strategies that integrate routine PrEP assessment and delivery into primary care to advance HIV prevention equity for Black women.

Authors: Deja Knight, PhD, MPH, MA; Brenice Duroseau, PhD, MSN, FNP-C, RNC-OB, AAHIVS; Tiara C. Willie, PhD, MA

54. Professional Growth of Preclinical Medical Students Through Leading a Mini Medical School Pathway Program - Presenter's Name: Thomas Kunstbeck

This study examined how serving as a student leader in a Mini Medical School pathway program influenced the professional growth of 21 first- and second-year medical students. Retrospective surveys showed self-reported improvement across leadership, communication skills, cultural responsiveness, confidence working with children and parents, and community engagement. Executive officers reported greater gains in leadership and communication, while teaching assistants improved more in community engagement and cultural awareness. Working as or alongside an interpreter was also associated with stronger development in several areas. Overall, structured, student-led community teaching appears to support broad professional growth.

Authors: Thomas Kunstbeck MSN, MBA, RN; Priya Pradhan; Chrysanthemum Gorospe, MS, Med; Hector Rasgado-Flores, PhD; Melissa Chen, MD

55. Community Perspectives on Power-Sharing in Community-Academic Implementation Research Partnerships - Presenter's Name: Chui Yi Kwan

Power is widely recognized as fundamental to community-engaged implementation research, yet it remains poorly defined and rarely measured. This study examined how Community Advisory Board members from the ACCERT consortium conceptualize and experience power within community-academic partnerships. Semi-structured interviews with nine community advisors revealed that power is often associated with authority over funding, decision-making, and research direction. Participants also described negative experiences with performative partnerships that failed to meaningfully involve community voices. Findings informed the development of a preliminary power measurement and collaboration tool intended to identify and evaluate opportunities for shared authority throughout implementation research. Community advisors emphasized that equitable power-sharing is essential for fostering trust, strengthening partnerships, and advancing health equity. However, discussions of power may also surface past harms and trauma related to inequitable research experiences, highlighting the need for careful and reflective approaches to measurement and practice.

Authors: Chui Yi Kwan, MPH; Carol Haywood, PhD, OTR; Callie Walsh-Bailey, PhD; Emily Bilenduke, PhD; Diana Buitrago, MPH; Nan Rothrock, PhD; Magdalena Nava, MPH; Rachel Shelton, ScD, MPH; Rinad S. Beidas, PhD; Melissa Simon, MD, MPH; Betina Yanez, PhD

56. Evaluation of Resource Pamphlet Distribution on English Second Language (ESL) Class Enrollment at CommunityHealth Clinic - Presenter's Name: Jason Kwon

Language barriers significantly impact healthcare communication, treatment plan adherence, and participation in preventive care and screening services among populations with limited English proficiency. CommunityHealth Clinic, a federally qualified health center serving a predominantly Spanish-speaking

population, is evaluating an initiative to address these challenges. This project integrates standardized ESL screening, brief counseling, and direct-link informational pamphlets into routine patient encounters. By examining intake feasibility, enrollment outcomes, and structural barriers to class participation, the study aims to identify effective strategies for connecting patients directly with local language resources.

Authors: Jason Kwon, BS; Ella Foster, BS; Sideeq Ibrahim, MPH; Jake Morales; Matthew Chang; Anya Dhar; Rom Brown

57. Attitudes toward Hospice and Palliative Care among Chinese Immigrants in Chicago - Presenter's Name: Beatriz Machado Lacerda

This longitudinal survey study examined knowledge and attitudes toward hospice and palliative care among 599 Chinese American immigrants in the Greater Chinatown area of Chicago. The study aimed to characterize participants' awareness and perceptions of hospice and palliative care and determine whether these perceptions varied by year immigrated. Despite substantial gaps in awareness and knowledge, approximately 90% of participants reported that they would want hospice care if diagnosed with an incurable illness, and perceptions did not differ by year immigrated. These findings highlight an opportunity for culturally and linguistically appropriate education and healthcare navigation to improve awareness and promote equitable access to end-of-life care among Chinese American immigrant communities.

Authors: Beatriz Machado Lacerda; Chui Yi Kwan; Erin Chen; Ivy Leung; Ann Yau; Laura Tom; Melissa Simon, MD MPH

58. Feasibility of Breast Cancer Navigate – Presenter's Name: Sara Lang

We partnered with The Chrysalis Initiative to evaluate Breast Cancer Navigate (BC-Navi), a digital platform to support overcoming barriers to timely adjuvant

chemotherapy initiation (ACI). We evaluated the feasibility and preliminary efficacy of BC-Navi among breast cancer patients at Northwestern Medicine requiring adjuvant chemotherapy. Favorable acceptability and usability findings, but high attrition, suggests limited feasibility of BC-Navi. Limited follow-up and the small number of ACI delays observed limit conclusions regarding efficacy.

Authors: Sara Lang, BA; Ambrosine M. Mercer, BS; Alma Diaz, BA; Diana C. Buitrago, MPH; Jamil Rivers; Betina R. Yanez, PhD

59. Protecting Our Wellness Through Education and Resilience (POWER Study): Filling Mental Health Support Gaps through Community-Based Participatory Research - Presenter's Name: Leiszle Lapping-Carr

Black and Latinx LGBTQ+ communities experience poorer mental health outcomes due to racism, homophobia, and transphobia., yet few mental health providers understand their needs. TaskForce and Northwestern's Pride Center partnered to assess perspectives on community-based mental health support and to obtain feedback on a proposed program. Using a community based participatory research approach, we conducted six listening sessions with TaskForce community members (N=16) and staff (N=10), along with an online, community survey (N=59). Participants reported a strong need for accessible mental health support and noted several barriers. Participants responded positively to a proposed community-led mental health support program, and identified concerns related to peer facilitator training, confidentiality, a crisis-response protocol, and sustainability. Online survey respondents reported interest in accessing mental health support at TaskForce (71.2% Agree or Strongly Agree). Findings demonstrate strong community interest and will inform the development of a community-led mental health support program.

Authors: Leiszle Lapping-Carr, PhD; Chris Balthazar, PhD; Sabrina Frye; Kevin Hascher, MD, MPH; Anthony Morales, MS

60. Spirituality as a Social Determinant of Health: A literature review on the relevance, accessibility, evaluation, and quality of spiritual care as a part of holistic healthcare - Presenter's Name: Avery Lazaro

Despite growing recognition of spirituality as a social determinant of health, its translation into healthcare practice remains limited. Existing research demonstrates associations between spirituality and improved physical, psychological, and neurological health outcomes, including blood pressure, chronic pain, mental health, and sleep. Prayer may represent an important mechanism underlying these relationships, with research associating prayer and spirituality with greater hope and well-being, as well as improved neurological outcomes, including reduced symptoms and slowed progression of dementia. Beyond individual health outcomes, the communal structure and routine of religiosity highlight the potential for places of worship to serve as accessible settings for integrating spirituality into holistic healthcare and public health initiatives. Future research should examine the neurological processes associated with spirituality, including different approaches to prayer, to clarify its relationship to health and support the development of standardized approaches for evaluating and integrating spirituality within healthcare.

Authors: Avery Lazaro, BS

61. Applying the Multiphase Optimization Strategy to Develop and Test a Culturally-Relevant Digital Health Intervention, HPV Education & Resources for the U.S. Vietnamese Population (HERO), Targeting HPV Vaccination among U.S. Vietnamese - Presenter's Name: Minh Quan Le

U.S. Vietnamese individuals experience disproportionately high rates of HPV-related cancers and low HPV vaccine uptake. Yet, few digital health

interventions on HPV vaccination exist for U.S. Vietnamese, and existing digital health intervention research bundles intervention components, which fails to identify the individual and interaction effects of each intervention component. This study aims to develop HERO- a digital health intervention targeting HPV vaccination and to understand the effects of distinct intervention components for optimization prior to a larger trial using the Multiphase Optimization Strategy framework. Using a factorial design, 96 Vietnamese parents of unvaccinated adolescents will be randomized to receive 0 to 4 HERO components (expert video, self-persuasion, narrative storytelling, and motivational interviewing). We assess feasibility, acceptability, primary effectiveness, and secondary effectiveness outcomes. Findings will inform the selection and refinement of intervention components for future trials and offer a reproducible strategy to systematically develop and optimize culturally-relevant digital health interventions.

Authors: Quan M. Le; Ninh V. Nguyen, B.S; Phuong Do; Linh Do, B.A; Quang Nguyen; Phuong Ngu; Norah Luong, B.S; Juned Siddique, DrPH; Jasmin Tiro, PhD; Heather M. Brandt, PhD; Siobhan M. Phillips, PhD; Namratha Kandula, MD, MPH; Milkie Vu, PhD

62. Quality of Life and Healthcare Access of Children with Epilepsy: Results from the 2021-2024 National Survey of Children's Health - Presenter's Name: Edan Leshem

Using a novel composite measure, quality of life of children with epilepsy in the United States is associated with neurodevelopmental condition burden, epilepsy severity, and overall caregiver-reported health status, but not sociodemographic factors like race and ethnicity. Importantly, poorer quality of life is associated with greater caregiver-reported frustration accessing healthcare services and greater difficulty obtaining specialist care for their child with epilepsy. These findings underscore the multifactorial influences of epilepsy on children's quality of life and their family's ability to access equitable and appropriate healthcare to manage their wellbeing.

Authors: Edan Leshem, BA; Grace Johnson, BA; Talia Shear, MD; Joe Feinglass, PhD

63. cfDNA fragmentomics as a biomarker for early detection of preterm birth and small for gestational age - Presenter's Name: James Wenhan Li

There is a substantial burden of preterm birth (PTB, <37) and small for gestational age births (SGA, <10 percentile weight for gestational age), disproportionately affecting low-income countries. Current screening methods require specialized equipment and facilities, limiting access in resource limited-settings.

cfDNA fragmentation patterns encode epigenetic information from distant tissues of origin, including placental fetal DNA. We analylized a case-control cohort from Pemba Island, Tanzania (101 PTB-term pairs matched by maternal characteristics and SGA status) by performing WGS of first-trimester plasma cfDNA.

Preliminary analysis has shown significant differences in cfDNA plasma concentration ($p<0.05$), motif diversity score ($p<0.01$), and fragment-length distribution (FDR<0.05), suggesting that cfDNA fragmentomics may be used to identify at-risk pregnancies.

Future work will further explore cfDNA fragmentomics and machine-learning in discrimination of PTB and SGA births. This work addresses a critical gap in accessible PTB screening globally, particularly in LMICs.

Authors: James Wenhan Li, BA; Zitong Lin, MPH; Hailu Fu, PhD; Saikat Deb, PhD; Ge Zhang, PhD; Sunil Sazawal, MD, PhD; Yaping Liu, PhD

64. Oh SNAP, CPS! – School Needs, Assets, and Priorities in CPS: Informing Equitable Implementation of Substance Use Prevention - Presenter's Name: Yiyang Liu

Schools represent a critical setting for adolescent substance use (ASU) prevention; however, implementation needs and resources may vary considerably across school and neighborhood contexts. This study examined school-reported ASU prevention assets, priorities, and needs among 43 Chicago Public Schools (CPS), integrating district- and nationally-derived neighborhood opportunity measures to characterize the structural contexts in which prevention occurs. ASU was identified as a priority concern by 84% of schools. Schools reported inadequate educational materials (67%), limited awareness of existing resources among students (56%) and caregivers (67%), and challenges with caregiver engagement (42%). Schools named ASU education (77%), behavioral health services (58%), ASU referral resources (70%), and community partnerships (70%) as priorities for strengthening prevention efforts. Findings underscore accounting for the unique assets and systemic inequities that have shaped neighborhood opportunity and school environments in CPS to support the successful implementation of ASU interventions.

Authors: Yiyang Liu, BS; Kennedy Curtis, BA; Sarah Sauerteig, BA; Karin Felsher, BA; Lindsay Bridegum, LCSW; Caroline Roa, LCSW; Kourtney Olive, MPH; Daniel Few; Faith Summersett Williams, PhD, MS

65. Advancing Type 2 Diabetes Health Equity: The Role, Knowledge, and Training Needs of Home Care Aides Supporting Older Asian American Adults - Presenter's Name: Layna Lu

This mixed-methods study examined the roles, diabetes knowledge, self-efficacy, and training needs of home care aides (HCAs) supporting older Asian American adults with type 2 diabetes (T2D). Among 169 surveyed HCAs and 30 interview participants, HCAs commonly supported food selection, diet

adherence, physical activity, medical appointments, medication management, and emotional support. Diabetes knowledge was higher among HCAs with greater English proficiency, higher educational attainment, and confidence completing medical forms. Shared language and culture facilitated support, while limited paid hours, client resistance, and comorbidities created challenges. HCAs identified nutrition, physical activity, and chronic disease management as key training priorities. Culturally relevant HCA training may strengthen diabetes care and help address T2D disparities.

Authors: Layna Lu, BA; Si Hyun Park, BA, MA; Ethan Chen; Falak Grover; Huyen-Anh Giang, BS; Ninh Nguyen, BS; Jeimmy Hurtado, BA; Ketkesy Hereña, BA; Emma Macdonald, BA; Roshita Pandey, BA; Himali Bharucha, BA; Chau Tran; Joanna Chi; Loretta Hsueh, PhD; Rachel Kornfield, PhD; Namratha Kandula, MD, MPH; Milkie Vu, PhD, MA

66. Association Between the Motor Optimality Score–Revised and Childhood Opportunity Index in Infants Born Preterm - Presenter's Name: Meghan Ludke

This retrospective cohort study examined whether neighborhood-level opportunity was associated with very early motor development in infants born preterm. Neighborhood-level opportunity was assessed using the Childhood Opportunity Index (COI), and motor development was assessed using the Motor Optimality Score–Revised (MOS-R). 132 infants born at ≤32 weeks gestation were included and had the MOS-R completed at 3–5 months corrected age. 25.7% of infants lived in areas with low–very low COI scores. Infants living in areas with lower COIs were more likely to have high-risk MOS-R scores, even after adjustment for neuroimaging findings and bronchopulmonary dysplasia (adjusted OR: 4.34 (95% CI 1.23, 15.33)). These findings suggest that neighborhood-level opportunity may be associated with very early motor development following preterm birth.

Authors: Meghan Ludke, BS; Raye-Ann deRegnier, MD

67. Determinants of Delayed Cleft Palate Repair in the United States: A Systematic Review - Presenter's Name: Eliya Makabeh

This systematic review examines determinants of delayed cleft lip and/or palate (CL/P) repair in the US, where timely surgery is critical for speech, feeding, and long-term function. Searching PubMed/MEDLINE, Scopus, Cochrane, and Google Scholar, authors screened 745 records and included 22 studies, applying qualitative thematic synthesis. Four major domains were identified: race and ethnicity, insurance status and socioeconomic position, geographic and systems-level factors, and downstream clinical outcomes. Black, Hispanic, Asian/Pacific Islander, Medicaid-insured, and socioeconomically disadvantaged children underwent later repair, while delays were associated with higher complications, healthcare utilization, hospital charges, and worse speech and language outcomes. Disparities in CL/P repair timing extend beyond clinical factors and are consistently associated with social, socioeconomic, and health system determinants, highlighting persistent inequities in access to timely cleft care.

Authors: Eliya Makabe, BS; Luz Mata-Iriarte; Tina Ting; Havish Gattu; Shivam Patel; Tulsi Roy, MD

68. Exploring Equity in a Pediatric Emergency Department Infant Supply Insecurity Screening and Distribution Program - Presenter's Name: Ashley Maras

This project aims to evaluate equity within the Lurie Children's Pediatric Emergency Department infant supply (IS) insecurity screening and distribution program through analysis of patient and encounter characteristics associated with IS insecurity screening, positivity for IS insecurity, and offering of resources. Findings from this study will be used to help guide quality improvement initiatives to optimize program functioning.

Authors: Ashley Maras, MD; Lindsey Arenberg, MPH, MS; Elena Chen, MD; Hannah C. King, MD; Ashlyn McRae, MD; Elizabeth N. Laska, MD, MPH; Karen

Mangold, MD, Med; Doug Lorenz, PhD; Megan O. Barrera-Lessinger, BS, MPH; Susana Marchan-Rojo, MBA; Selina Varma Thomas, MD, MPH; Megan M. Attridge, MD, MS

69. Nothing About Us Without Us: Developing a Community Advisory Board to Advance Cardiovascular Health Equity - Presenter's Name: Sadhana Matheswaran

The purpose of this project was to develop a community advisory board (CAB) to elevate community voices and guide the improvement of cardiometabolic health initiatives for food-insecure adults. Members contribute lived experience to improve an individualized lifestyle coaching intervention by identifying barriers and facilitators to healthy behavior change, refining health coach training materials, and translating lifestyle medicine recommendations into achievable goals. The CAB serves as a model where academic institutions and community members collaborate to address the health needs of a community.

Authors: Sadhana Matheswaran, BS; Randy Bravo, MS; Daniel Luger, MD

70. Meeting Communities Where They Are: A Partnership-Driven Model for Cancer Prevention, Treatment Access, and Survivorship Support - Presenter's Name: Monique McQuay

Cancer disparities persist across diverse populations due to barriers such as limited health literacy, mistrust of the medical system, and inadequate survivorship resources. Robert H. Lurie Comprehensive Cancer Center sought to address these gaps through intentional, community-centered programming spanning prevention, treatment support, and survivorship. Partnerships with local health systems, faith-based organizations, nonprofits, and neighborhood businesses were central to this approach.

Authors: Monique McQuay, Psy.M; Tarneka Manning - Diggs

71. Building Community Research Capacity for Health Equity: A Community-Driven Fellowship Mode - Presenter's Name: Sherida V. Morrison

The Chicagoland Community Research Fellowship, developed by Northwestern University's Alliance for Research with Chicagoland Communities (ARCC), is an 18-month initiative that strengthens organizational research capacity and community leadership in research. Using a human-centered, community-driven approach, the Fellowship integrates applied learning, peer exchange, organizational capacity-building projects, and community-academic collaboration to build the knowledge, skills, infrastructure, and relationships needed to shape, lead, and translate research responsive to community priorities. Now in Year Two, Fellows are implementing projects within their organizations while extending their leadership through community research ambassadorship, scholarship, and capacity-building activities. The Fellowship offers an equity-centered model for moving community partners from research participation toward greater leadership and influence across the translational research ecosystem.

Authors: Sherida V. Morrison, MA, MS; Jay Brown, MPH; Edith Freeze, MSEP; Ann Jackson, DPT, MPH; Maryam K. Muhammad, MS; Reyna Ortiz; Lesli Skolarus, MD, MS

72. Accounting for Subjective Pain When Comparing Care: Patient-Reported Pain Scores and Emergency Department Disparities - Presenter's Name: Sammy Mustafa

Pain is subjective, and the pain score is the only part of an emergency department record that captures the patient's own experience of it. This study shows why that information matters and what is missed when it is not considered. Among 171,944 adult emergency visits, comparisons were limited to patients who reported the same severe pain, so no difference could be explained by differences in what patients reported. Within that group, Black, Hispanic, Medicaid-insured, and non-English-preferring patients were

6 to 10 percentage points more likely to have neither a pain score reassessment nor an analgesic dispensed within three hours. When the pain score was left out, as is in usual data analyses, these disparities shrank toward zero and in one case reversed direction. Studies that compare care across patient groups should account for reported pain, or the disparities it reveals will go unmeasured.

Authors: Sammy Mustafa, MS; Ryohei Yamamoto, MD, PhD; Keshav Saxena, BS; Sicheng Hao, MS; Andre Kurepa Waschka, PhD; Sharon C. O'Donoghue, DNP, RN; Mary Collette, BSN; Josephine Nanyonjo, BSN; Leo Anthony Celi, MD, MPH, MSc

73. Equity in Surgical Management: Factors Associated With Route of Hysterectomy at a Single Medical Center - Presenter's Name: Bridget Neal

This retrospective study examined factors associated with surgical route among patients undergoing hysterectomy for benign indications at an urban academic institution. Medical records from 533 patients undergoing hysterectomy between 2023 and 2024 were analyzed to compare minimally invasive hysterectomy (MIH) with total abdominal hysterectomy (TAH). Sociodemographic and clinical characteristics were evaluated using bivariate analyses and multivariable logistic regression. Most patients underwent MIH (88.4%). Preferred language and greater uterine specimen weight were independently associated with lower odds of MIH, while race, ethnicity, age, BMI, insurance type, and prior intraabdominal surgeries were not significantly associated with surgical route.

Authors: Bridget Neal; Yaa Ofori-Marfoh; Makenna Kuecks; Kayla Nixon-Marshall, MD, MS; Adrianne Flynn-Dade, MD

74. Cultural Duty and Caregiving Experiences Among Home Care Aides Supporting Older Asian American Adults with Type 2 Diabetes - Presenter's Name: Ninh V. Nguyen

This mixed-methods study examined caregiving experiences among home care aides (HCAs) supporting Asian American older adults with type 2 diabetes. Surveys (n=169) and interviews (n=30) revealed that while quantitative measures showed low reported strain, interviews revealed substantial caregiving burden among family HCAs, who often worked beyond scheduled hours and described blurred personal-professional boundaries. Caregiving was frequently framed as cultural duty, which normalized and masked strain. Findings suggest cultural norms of filial duty shape how strain is perceived and reported, highlighting the need for interventions that recognize caregiving burden and support HCA self-care.

Authors: Layna Lu, BA; Si Hyun Park; Ethan Chen; Falak Grover; Huyen-Anh Giang; Jeimmy Hurtado, MPH; Ketkesy Herena, BA; Emma Macdonald, BA; Roshita Pandey, BA; Himali Bharucha, BA; Chau Tran; Joanna Chi; Loretta Hsueh, PhD; Rachel Kornfield, PhD; Namratha Kandula, MD, MPH; Milkie Vu, PhD

75. Meeting Communities Where They Are: A Partnership-Driven Model for Cancer Prevention, Treatment Access, and Survivorship Support - Presenter's Name: Quang Duy Nguyen

U.S. Vietnamese adolescents have markedly lower HPV vaccination initiation and completion than national estimates, despite elevated HPV-related cancer burden. Narrative interventions may improve uptake by promoting identification, emotional engagement, and transportation, yet culturally tailored narrative interventions for U.S. Vietnamese parents remain limited. We describe the iterative, community-engaged development of a culturally tailored Vietnamese-language narrative video across three phases: formative interviews with 34 parents, providers, and community leaders, alongside a

targeted literature review and environmental scan; prototype development incorporating peripheral, linguistic, constituent-involving, and sociocultural tailoring strategies; and iterative refinement through semi-structured interviews with 20 parents, analyzed using hybrid thematic analysis. The intervention features parallel maternal and paternal narratives, communicating HPV vaccine relevance for both sons and daughters. Findings inform an ongoing pilot trial and a transferable model for designing culturally tailored health interventions in other immigrant communities.

Authors: Quang Duy Nguyen; Phuong Do; Ninh Nguyen; Chau Tran; Huong Dinh; Michael Nguyen; Phuong Ngu; Norah Luong; Quan Le; Dr. Milkie Vu

76. Using a novel group intervention to increase access to care for youth with Avoidant Restrictive Food Intake Disorder - Presenter's Name: Katrina Obleada

This project aims to expand access to care for Illinois youth diagnosed with Avoidant Restrictive Food Intake Disorder (ARFID), particularly those with public insurance or geographic barriers. Using the Institute for Healthcare Improvement's Model for Improvement, the team developed and refined a six-week group intervention through four Plan-Do-Study-Act cycles. The multidisciplinary program incorporates cognitive behavioral strategies, food exposure practices, nutrition education, occupational therapy, and school advocacy. Since May 2025, six groups have served 27 patients and their families. Family feedback highlighted the value of psychoeducation and guided exposure practices, especially given limited access to resources. Findings suggest that this group-based approach is a promising model for expanding ARFID care, with further evaluation needed to assess its impact on symptom reduction.

Authors: Katrina T. Obleada, PhD; Andrea Jennings, OT; Megan Brinkworth, RD; Sarah Cohen, LCSW; Riley Maloney, RD; Ariela Kaiser, PhD; Nina Rickett-Green, LCSW; Gregg Montalto, MD, MPH; Kelly N. Horn, PhD, LCSW

77. Promoting Equitable Physical and Mental Healthcare Access for Newcomer Immigrant Children Through Community Health Worker Integration - Presenter's Name: Daniel O'Connell

Despite well-documented physical and mental healthcare needs among forcibly displaced children, few receive care because of structural and cultural barriers. The current quality improvement project examined the clinical needs, social determinants of health (SDoH) needs, and the perceived utility of bilingual/bicultural community health worker (CHW) support among newcomer families at Lurie Children's New Arrivals Wellness Clinic. Caregivers of patients (n = 55) completed an SDoH survey, and a subset completed a three-month follow-up CHW feedback survey. The most frequently reported SDoH concerns were language barriers, legal challenges, and social disconnection. CHW acceptability was high; families reported feelings of belongingness, bolstered confidence, and improved patient-provider communication. Findings highlight the need for culturally responsive care and suggest CHWs may improve caregiver empowerment, satisfaction, and access to services.

Authors: Daniel O'Connell, MA; Lauren Vasilakos, MD; Yessenia Castro-Caballero, MD, FAAP; Rebecca Ford-Paz, PhD

78. Perspectives from Pediatric Clinicians and Community Partners to Inform the Development of a Mental Health Intervention for Black Youth - Presenter's Name: Anthony Oddo

This qualitative study explored perspectives from pediatric clinicians and community partners to inform the development of a culturally responsive mental health intervention for Black youth. Two virtual focus groups examined perceived mental health needs, barriers and protective factors, youth engagement, and recommendations for intervention content and delivery.

Thematic analysis highlighted the importance of structural and community context, trusted relationships, culturally relevant and accessible communication, practical resources, and meaningful youth involvement. Participants emphasized that intervention development should consider not only what information is provided, but also who delivers it, where youth encounter it, and how young people participate in shaping the program. Findings will inform subsequent youth-engaged intervention development and refinement.

Authors: Anthony Oddo, MPH, MSW; Danielle Brown, MD, MHS; Ashley Hayes, BS; Kathyayini Mendu, BS; Kathryn Moton-Ospino, MD; Audrey Brewer, MD, MPH

79. A Representation Gap in Radiation Oncology: Monte Carlo Modeling of Tattooed Skin with Dose Perturbations - Presenter's Name: Hongjun Park

With 32% of adults having a tattoo, prevalence varies across demographics. Tattooed skin represents an underrecognized source of heterogeneity. Yet conventional treatment-planning systems do not explicitly account for the tattoo embedded in the skin. Based on our findings in PLoS One 21(4): e0346501, we demonstrate that a tattoo pigment can produce localized, modality-dependent dose perturbations. Our Monte Carlo modeling showed substantial variation by composition and beam modality (electron and photon), with a peak dose enhancement factor (DEF) up to 2.5 under an 18 MV photon beam, relative to non-tattooed skin. Recognizing such heterogeneity may improve precision and support more individualized treatment in radiation oncology.

Authors: Hongjun Park, PhD; Beechui Koo; Jungwook Shin, PhD; Byoung Hyuck Kim, MD, PhD; James J Sohn, PhD

80. Low Energy Availability in Tactical Athletes: A Systematic Review of Female Athlete Triad and Relative Energy Deficiency in Sport in Military Personnel - Presenter's Name: Julie Paska

This systematic review evaluated Female Athlete Triad (FAT) and Relative Energy Deficiency in Sport (RED-S)-related outcomes in female tactical athletes. Across 9 included studies representing 3,639 female tactical athletes, low energy availability, menstrual dysfunction, and altered body composition were identified as relevant concerns. However, the literature remains limited by heterogeneous screening tools, inconsistent reporting of hormonal contraception and bone health outcomes, and a lack of bone stress injury, sport-related injury, or occupational injury data. These findings highlight the need for standardized multi-domain screening and prospective research to better understand FAT/RED-S prevalence, musculoskeletal consequences, and occupational readiness in tactical athlete populations.

Authors: Julie Paska, BA; Prairie R. Fiebel, BS; Laura C.M. Ndjonko, BA; Samantha L. Watson, BS; Vehniah K. Tjong, MD, FRCSC

81. Examining How Community Health Workers Can Combat Short Sleep Duration Utilizing Digital Cognitive Behavioral Therapy for Insomnia - Presenter's Name: Riya Patel

Digital delivery of CBT-I is one way to address the lack of widespread dissemination of CBT-I. However, completion rates among those who use dCBT-I are low. This study explores how CHWs can support dCBT-I completion and advance health equity. Seven Zoom focus groups were conducted with CHWs who currently serve clients in Chicago. The interviews were coded and 54 excerpts were operationalized into nine themes. CHWs shared varied approaches that could be used to support the completion of dCBT-I. CHWs

could play a meaningful role in assuring completion of dCBT-I, and in turn, addressing short sleep and its harm.

Authors: Riya Patel, MPH; Joanna Buscemi, PhD; Tetyana Krutsik, MA; Julia Napolitano, BA; Daniel J. Schober, PhD

82. Implementing Behavioral Nudges for Prediabetes: A Qualitative Evaluation of Implementation Outcomes in the BEGIN Trial - Presenter's Name: Emma Pauer

Despite the existence of effective prevention strategies for prediabetes, adoption remains low. The use of behavioral nudges may improve adoption, though little is known about their implementation, particularly among low-resourced patient populations. This qualitative study sought to explore the implementation of behavioral nudges for patients with prediabetes within a large, urban federally qualified health center (FQHC) network. The study utilized data from the Behavioral Nudges for Diabetes Prevention (BEGIN) Trial, which compared adoption of prediabetes treatment for adults who received automated text messages, a health educator-delivered decision aid, or both. Our analysis of patient interviews (n=14) demonstrated positive implementation outcomes for both nudges, particularly in regards to acceptability, appropriateness, and penetration. Findings highlight the importance of accessibility and convenience when implementing behavioral nudges, while identifying opportunities to improve nudge delivery and reinforce information following one-time encounters.

Authors: Emma Pauer, BA; Christopher J. Gonzalez, MD; Gracia J. Pineda, BS, AS; Richa Shah, BA; Maria C. Vargas, MPH; Daniel OConnell, MA; Matthew J. O'Brien, MD, MSc; Taynara Formagini, PhD, MSc

83. Addressing Food Insecurity: Implementation of a No-Questions-Asked Food Pantry in a Student-Run Free Clinic - Presenter's Name: Morgan Perry

Food insecurity is a significant barrier to health among underserved populations and can make it difficult for patients to follow healthy dietary recommendations. Our student-run free clinic implemented a no-questions-asked food pantry in 2023 to improve access to nutritious food for uninsured patients. The pantry evolved through three phases of food sourcing, ultimately establishing a formal partnership with the Northern Illinois Food Bank. Future efforts will integrate nutrition education and cooking skills through culturally tailored recipe bags and diabetes-focused shared medical appointments.

Authors: Morgan Perry; Jeffrey A. Damaschke, PT, DPT, PhD, FNAP

84. The Climate-Housing-Health Nexus: How Extreme Weather Compounds Inequities in Chicago - Presenter's Name: Lauren Petersil

Extreme weather events are increasing in frequency and severity due to climate change. In the City of Chicago, little is known about the extent to which unhoused communities can access warming and cooling centers during the summer and winter months. Chicago Street Medicine, a local non-profit, has implemented a survey collection with unhoused communities to explore awareness, utilization, and accessibility of extreme weather shelters in Chicago. Ultimately, this project seeks to identify actionable opportunities to improve access to shelters during climate extremes.

Authors: Lauren Petersil; Cecile Schreidah; Alexa Canning; Avi Fogel; Claire King; Anna Patterson; Johanna Wefes-Potter, MD; Thomas Esposito, DO

85. Spatial Inequities in Opioid Overdose Mortality and Treatment Access in Chicago - Presenter's Name: Nithin Reddy

This poster presents findings from a study of opioid overdose deaths in Chicago and their relationship to neighborhood socioeconomic hardship and treatment access. Using 2024 ZIP code-level data, the study identified statistically significant geographic clusters, or "hot spots," of overdose mortality concentrated primarily in West and South Side neighborhoods. These hot-spot ZIP codes had significantly higher socioeconomic hardship than the rest of the city and lower, though not statistically significant, availability of buprenorphine, a medication used to treat opioid use disorder. These results suggest that opioid overdose mortality in Chicago is closely linked to neighborhood-level disadvantage and support directing resources, such as expanded buprenorphine access, mobile outreach, and targeted naloxone distribution, to the identified hot-spot neighborhoods.

Authors: Nithin Reddy, MPH

86. Developing a Trauma Organizational Health Literacy Program (TOHLiP) to Enhance Arizona Trauma Centers as Learning Health Systems - Presenter's Name: Telma Ebisan Reis

Trauma-related injuries among vulnerable populations, particularly older adults, can result in preventable complications, re-injuries, and rehospitalizations when patients and caregivers face challenges understanding and navigating complex recovery instructions. This project addresses this gap by developing the Trauma Organizational Health Literacy Program (TOHLiP), a standardized, implementation-ready approach that embeds health literacy into trauma care. By hardcoding health literacy into everyday trauma workflows, TOHLiP makes evidence-based communication a sustainable institutional habit while supporting continuous learning and improvement—key characteristics of a Learning Health System (LHS). At the

population level, the project can strengthen health equity by reducing organizational barriers to understandable, actionable care for vulnerable trauma populations. Its policy implications include informing future trauma center verification standards and providing a framework that can be translated and implemented across trauma centers throughout the United States.

Authors: Telma Ebisan Reis, MPH; Tawab Saljuqi, MD, DrPH; Leila Barraza, JD, MPH; John Ehiri, PhD, MPH, MSc; Bryna Koch, DrPH

87. Plan A for Plan B: Implementing Emergency Contraception Access for Uninsured Patients at a Student-Run Free Clinic - Presenter's Name: Baylee Rogers

The Medical Students for Choice (MSFC) Chapter of Rosalind Franklin University (RFU) in partnership with the institution's Interprofessional Community Clinic (ICC), a student-run free clinic (SRFC), secured Plan B One-Step® donations and has developed a distribution protocol using the clinic's existing "no-questions-asked" free pantry to make emergency contraceptives (EC) available at every clinic to anyone. Consistent patient utilization demonstrated a greater need for EC. This project demonstrates how SRFCs can reduce barriers to EC and improve reproductive healthcare access for underserved communities.

Authors: Baylee Rogers, BS, MPHa; Kaitlyn Sweeney, BS, MSa; Morgan Perry, BAa; Ani Oganesyan, BSa; Kristine Burgess, MS, PA-C, CLCb

88. Suicide and Opioid Overdose Prevention in Construction: A Systematic Comparison of Purveyor Organizations and Program Approaches - Presenter's Name: Havin Saldan

Construction workers experience disproportionate suicide and opioid overdose mortality relative to workers in other industries, driven by underlying environmental and occupational conditions such as hazardous work environments, employment instability, and limited access to behavioral health services. Despite a growing number of prevention initiatives, no systematic comparison exists to guide organizational decision-making. In partnership with the American Foundation for Suicide Prevention, we conducted an environmental scan of peer-reviewed and gray literature, organizational websites, and program materials, applying a standardized coding guide informed by established intervention and implementation frameworks. Most initiatives lacked substance use content, none integrated suicide and overdose prevention protocols, and family-focused resources were universally absent. Together, these gaps constrain access to comprehensive care for a high-risk population. These findings yield a practical decision-support resource for construction organizations and a replicable framework for characterizing prevention landscapes across other high-risk industries.

Authors: Havin Saldan; Grace Godwin, BA; Corbin J. Standley, PhD; Heather Mavronicolas, PhD, MPH; Mackenzie Pelaez, BA; Radhika Sood, PhD, MPH; Ryan Price, MPA; Shannon Limjuco, MPH; Trisha Calabrese, MPH; Valerie Ratner-Smith, MA; Meredith Boyd, PhD; Rinad S. Beidas, PhD

89. Organ Donation Attitude and Beliefs among Chicago Chinatown Community - Presenter's Name: Jessica Mercedes Santos

This study examined attitudes surrounding organ donation around Chinese American communities, with a focus on how willing they were to donate,

receive, and learn more about organ donation. We found that participants' attitudes toward organ donation varied depending on their age and gender. Differences in attitudes toward organ donation suggest that their willingness may be shaped by cultural beliefs, misinformation, and trust in the healthcare system. More research needs to be done to better understand the factors shaping these attitudes and to inform culturally responsive organ donation education and outreach.

Authors: Jessica Mercedes Santos; Chui Yi Kwan; Erin Chen; Ivy Leung; Ann Yau; Laura Tom; Melissa Simon, MD, MPH

90. Meds-to-Beds: A Quality Improvement Effort on 11W Cardiology Teaching Service - Presenter's Name: Malavika Satheesh

SDOH can create barriers to medication access and contribute to post-discharge medication non-adherence. This QI project aimed to improve access to discharge medications by increasing Meds to Beds (MTB) utilization on the Feinberg 11W cardiology/medicine resident teaching services through standardized screening and referral processes. Interventions included SDOH Wheel screening in Epic, visual workflow cues, and resident education. MTB utilization on Feinberg 11W increased from 3.8% to 9.7% over two months, with cardiology-specific utilization reaching 14.6%. Despite increased SDOH Wheel completion, screening did not significantly impact MTB referrals; resident education and workflow cues appeared to be the primary drivers of improved utilization.

Authors: Malavika Satheesh, MD; Fatemeh Behnia, MD; Preeti Kansal, MD

91. Utilizing Psychosocial Support in Multimodal Head and Neck Survivorship Care - Presenter's Name: Emily Schamber

Head and neck cancer (HNC) survivors face a substantial and interconnected survivorship burden involving mental health challenges, substance use, and

functional impairments that affect speech, swallowing, appearance, and social participation. Evidence indicates that depression, anxiety, smoking, and alcohol misuse frequently co-occur and are associated with poorer quality of life, reduced treatment adherence, increased recurrence risk, and worse survival outcomes. Functional and social disruptions further exacerbate psychological distress, creating a self-reinforcing cycle of burden. Despite this complexity, most survivorship interventions remain focused on individual domains rather than addressing multiple needs simultaneously. Emerging evidence suggests that integrated, multidisciplinary survivorship care, including early psychological support and coordinated behavioral and rehabilitative services, may improve physical, emotional, and functional outcomes and represent a promising strategy for enhancing long-term survivorship among HNC patients.

Authors: Emily Schamber, MAS

92. Evaluation of risk factors for hypertensive disorders of pregnancy before and after a quality improvement initiative - Presenter's Name: Ema Seferovic

Using electronic medical records from Boston Medical Center, a safety-net hospital, we evaluated ten risk factors for hypertensive disorders of pregnancy (HDP), categorized by the United States Preventive Services Task Force (USPSTF) as high- or moderate-risk, before and after a quality improvement (QI) initiative that expanded HDP screening and low-dose aspirin (LDA) prophylaxis. Among 6,402 deliveries, HDP prevalence declined from 14.2% pre-QI to 12.3% post-QI. When we examined the magnitude of each risk factor within our racially and ethnically diverse cohort post-QI, we found that they did not align with USPSTF's high- versus moderate-risk categorization. At the same time, adjusted risk ratios moved toward the null from pre- to post-QI, suggesting that expanding LDA prophylaxis may have had some protective effect. Taken together, these findings suggest that current USPSTF risk categorization may not adequately capture HDP risk among racially and ethnically diverse patients receiving care in a safety-net hospital.

Authors: Ema Seferovic, PhD; Anthony Rosellini, PhD; Christina Yarrington, MD; Samantha E. Parker, PhD

93. Knowledge vs. Practice: Pre-clinical Students' Perceptions of Medical Interpreter Use - Presenter's Name: Pooja Senthil

Medical interpreter access is essential to equitable, patient-centered care; however, clinicians may rely on nonprofessional interpreters due to time constraints or misconceptions. We conducted a cross-sectional survey of 48 first- and second-year osteopathic medical students at Rocky Vista University to assess knowledge and attitudes toward professional interpreter use. Students demonstrated strong foundational knowledge, with all participants identifying appropriate indications for medical interpreters and recognizing their benefits for patient safety and communication. However, gaps remained regarding appropriate alternatives, with only 48% recognizing that family members are not professional interpreters and 58% identifying that children should not interpret. Attitudes toward implementation were variable, with 58% agreeing or neutral that time constraints may limit interpreter use and 88% agreeing or neutral that bilingual staff can provide equivalent interpretation. Early curricular interventions may help address these misconceptions and promote equitable care for patients with limited English proficiency (LEP).

Authors: Pooja Senthil, OMS-III, MS; Dilara Portelli, BA; Zi Phang, BS; Amanda Karimkhani, MS; Ping Huang, PhD

94. Understanding State-based Variation for the Implementation of IEP under IDEA Part B - Presenter's Name: Anvi Shevade

This project details a 50-state policy analysis of the Individual Education Plan (IEP) under the Individuals with Disabilities Education Act (IDEA) framework. Because each state has the discretion to decide how it wants to utilize

resources and funding, the focus is to look at different programs and funding formulas the state has implemented to help the state's IEP timeline from when an evaluation is requested to when services are received. Features like rural, urban, population, and policy update periods are utilized to better understand certain timeline delays and district efficiency. Overall percentages of students covered under the IEP are also analyzed per state, working to understand why certain states may have higher and lower percentages and whether that is related to timeline efficiency and supporting resources. Overall, the goal is to identify strong and weak system structures and analyze them to provide improvement in the overall national system.

Authors: Anvi Shevade, BS; Zain Mohammud, BS; Tina Schuh, MPH; Anna Whelen, MPH; Reshma Shah, MD, MPH, FAAP; Preschool and Me Program UIC IHRP

95. Addressing Social Determinants of Health in Community Clinic Spaces - Presenter's Name: Jade Sterling

This pilot study examined Social Determinants of Health factors among new patients at two Worry Free Community free clinic sites in Oak Lawn and Carol Stream, Illinois, beginning in 2023. Surveys assessed four domains: social, economic, lifestyle, and physical environment. Findings demonstrated that patients at both sites experienced needs beyond clinical care, with differences in the primary needs identified within each community-both communities faced challenges related to economic stability, healthcare access, transportation, and basic needs Continued standardized screening, as well as having Community Health Workers in these settings, may help free clinics and healthcare systems better serve the communities they're located in.

Authors: Jade Sterling; Collaborators include: Worry Free Community, DePaul University, Advocate Aurora Health, Get Covered Illinois

96. Racial and Ethnic Differences in the Receipt of Low-Value Care - Presenter's Name: Pavini Bhutani Thurston

This study examined racial and ethnic differences in low-value care among Medicare beneficiaries using historical claims data and 47 algorithm-based measures of low-value care. Asian, Black, and Hispanic beneficiaries had lower receipt of low-value care than White beneficiaries, with differences varying by service type. However, lower receipt may reflect lower overall healthcare utilization rather than selective avoidance of unnecessary care. Findings highlight the importance of considering existing healthcare disparities when developing efforts to reduce low-value care.

Authors: Pavini Bhutani Thurston, BA; Elliott Crummer, MA; David D. Kim, PhD

97. Addressing Social Barriers to Improve Retention: Early Outcomes of the Employee Success Navigator Program - Presenter's Name: Tiara Travis

The Employee Success Navigator Program was launched in January 2026 to support newly hired frontline healthcare employees during onboarding and their first 90 days of employment. Participants complete a Social Determinants of Health (SDoH) screening and receive individualized support, referrals, and emergency assistance to address barriers such as transportation, food insecurity, housing instability, childcare, and mental health concerns. During the first nine months of implementation, the program supported 40 employees, achieving a 95% retention rate and a 5% turnover rate. Early findings suggest the program may improve retention, reduce preventable turnover, and strengthen workforce stability by addressing social and economic barriers that affect employment success.

Authors: Tiara Travis, MHRM; Mandee Polonsky, MPP; Ann Hall, MBA; Dinee Simpson, MD, FACS

98. Writing for Wellbeing: Evaluating a Community-Based Poetry Program for Youth Mental Health - Presenter's Name: Maya Tsingos

This project evaluated a community-based poetry program designed to support youth mental health through creative expression. Over the course of six weeks, 28 Chicago high school students participated in mental health-centered poetry workshops. Participants reported using creative writing and other coping strategies outside workshop sessions, and average wellbeing scores increased over the program period. The project demonstrates the feasibility and value of integrating accessible, community-informed creative expression into community-based mental health programming.

Authors: Maya Tsingos, BA

99. MD vs AI and The Use of Stigmatizing Language - Presenter's Name: Asantewaa Ture

This study examined the frequency of stigmatizing language in AI-generated (Nuance DAX) and physician-generated outpatient notes. Researchers reviewed 500 de-identified general medicine outpatient progress notes and used a GPT-based tool to identify stigmatizing language. Stigmatizing terms were common in both note types with a higher observed prevalence in AI-written notes (63% vs 48%, p=0.19). Common examples included judgmental descriptions of substance use, credibility-doubting language, and weight-based labels. Findings suggest that both human- and AI-generated documentation can perpetuate stigma, underscoring the need for targeted education, implementation of preferred language standards, and removal of stigmatizing terminology from clinical AI systems to promote equitable, patient-centered care.

Authors: Asantewaa Ture, MD; David Liebovitz, MD; Luis Rivas, MD

100. HANDS at the Bedside: Housing, Access, Navigation, Dignity, and Stability. Early Results from a Unique Partnership Model to Address Housing Instability and Frequent ED Utilization - Presenter's Name: Robert Turelli

Emergency Departments (EDs) increasingly serve as a safety net for people experiencing homelessness, whose utilization is often driven by unmet social needs. The HANDS at the Bedside program (HANDS) embeds Thresholds community outreach workers in the Northwestern Memorial Hospital ED to provide real-time connections to behavioral health, housing, and supportive services. Over 12 months, 98 patients were referred, 61 engaged in ongoing services, and 11 obtained housing. Among housed patients, ED utilization fell from 948 visits in the prior 12 months to just 5 following intervention. Thus, HANDS demonstrates that ED-based community partnerships can engage high-need patients, dramatically reduce ED utilization, and offer a scalable model to improve patient outcomes, ED capacity, and health system performance.

Authors: Turelli, R., MD, MA; Wessling, E., MD; Doblin, B., MD; Rarick, H., MSW, Mormino, S., MSW; Langshur, S., MD; Guardino, S., MSW; Powell, S., MPH; Lillian Risser; Jaclyn Story, LCSW; Erin Springer LCSW, MPH

101. Somali Immigrants' Experiences with Pharmacists in Minneapolis-St. Paul: A Pilot Study - Presenter's Name: Omolayo Umaru

This pilot study examined Somali immigrants' experiences and perceptions regarding interactions with pharmacists in Minneapolis-St. Paul. Among 22 participants, trust in pharmacists and overall satisfaction were high, yet important gaps emerged in pharmacist-patient communication, medication understanding, and cultural responsiveness. Many participants also reported replacing prescribed medications with traditional or alternative medicines. Participants emphasized the need for greater cultural awareness, language access, and clearer communication. The findings highlight how positive

perceptions of pharmacists can coexist with unmet needs, underscoring the importance of culturally-responsive care. The findings also informed a qualitative research study exploring Somali immigrants' broader healthcare experiences with other healthcare providers.

Authors: Omolayo Umaru, PharmD, MS; Ayan Issa, PharmD; Olihe Okoro, PhD, MPH

102. Strategies to Improve Clinical Trial Participation Among Historically Underrepresented Populations - Presenter's Name: Kerryann Cherizette Van Velzen

This systematic review examined strategies to improve clinical trial participation among historically underrepresented populations. Fourteen studies involving approximately 7,861 participants stakeholders were included. Community engagement, culturally tailored communication, institutional change and multi-component approaches showed the greatest benefits. Finding support targeted, multilevel strategies addressing cultural, informational, financial and logistical barriers.

Authors: Kerryann Cherizette Van Velzen, BS

103. Addressing Health Disparities in Type 2 Diabetes at a Community Health Center Using Remote Patient Monitoring - Presenter's Name: Andrew Wang

Adults with uncontrolled insulin-treated type 2 diabetes at a federally qualified health center participated in a 4-month cluster-randomized trial comparing blood glucose monitoring (BGM) with remote patient monitoring, automated engagement, and health coaching; continuous glucose monitoring (CGM) self-monitoring; and usual care. CGM achieved the greatest improvement in glycemic control, reducing mean HbA1c from 11.09% to 8.62% (-2.35%), compared with a reduction from 10.02% to 8.51% (-1.16%) with BGM. Both interventions produced greater reductions in blood pressure than usual care. CGM showed the largest improvements in dietary control and

physical activity, while BGM demonstrated the greatest improvements in glucose management, healthcare utilization, and implementation outcomes, including acceptability, appropriateness, and feasibility. These findings support that CGM is the most effective strategy to improve diabetes outcomes and reduce health disparities in underserved populations.

Authors: Andrew Wang, PhD, MPH; Emily Burton, RN; Abel Polanco, MPH; Lucia C Petito, PhD; Amisha Wallia, MD, MS; Wayne Detmer, MD; Catherine Lin, MD

104. Beyond Data Collection: Integrating Participant Support into Pediatric Research - Presenter's Name: Eryck Wiles

This research describes a systematic approach to addressing social determinants of health (SDOH) and mental health needs identified during perinatal research. In the Chicago Perinatal Origins of Disease (CPOD) birth cohort, validated screeners, REDCap surveys, and qualitative interviews identified participant needs, with automated alerts triggering a tiered referral response. Among 382 participants, 58.3% triggered at least one referral flag, identifying 486 total needs; over half had multiple needs. All participants with identified needs received referrals to clinical, social work, or community resources. This model demonstrates that integrating participant support into research workflows is feasible, scalable, and ethically essential.

Authors: Eryck Wiles, BS; Mary Akel, MPH; Eryck Wiles, BS; Ivy Gleason, BS; Kennedi Williams, BA; Estefania Espinosa, BA; Samantha P. Gottlieb, BS; Madeline Meirhaeghe, BS; Sarah Kaplan, BA; Frances Kincaid, MS; Vanessa Hernandez, MS; Leena B Mithal, MD, MSCI; Stephanie Fisher, MD, MPH; Tonia Branche, MD, MPH

105. Building vaccine literacy through a student-led program “Mini Medical School” - Presenter’s Name: Xiaowei Wu

A vaccine literacy curriculum for 4th–8th graders were delivered through a medical student-led "Mini Medical School" program over 5 months and 8 sessions, using trivia-based review to reinforce learning. Pre/post assessments showed improved vaccine knowledge and fewer misconceptions. Among students with complete data (n=21), willingness to vaccinate rose from 81% to 86%, though "no" responses also increased from 5% to 14% while parent surveys indicated increased at-home vaccine discussions, supporting early education as a tool for building vaccine literacy and health communication.

Authors: Xiaowei Wu; Jules Kouki; Chloe Traeder; Sofia Ramos de la Cruz; Maig Castellon

106. Historical Redlining and Urban Renewal Policies Are Associated with Current-Day Access to Orthopaedic Care - Presenter’s Name: Shawn Yates

This study examines how historical housing policies may influence present-day orthopaedic care access in Chicago. We investigated associations between 1930s Home Owners’ Loan Corporation (HOLC) redlining grades, federally designated urban renewal areas, and contemporary orthopaedic surgeon density and insurance acceptance. Orthopaedic surgeons in Cook County were identified using national provider databases/publicly available listings, with practice locations mapped to historical HOLC grades and urban renewal areas. Among 281 surgeons practicing across 691 locations, 264 sites were located within historically graded or urban renewal areas. Surgeon density was lowest in neighborhoods historically classified as HOLC Grade C (“declining”) and D (“hazardous”), while higher density was observed in urban renewal areas, reflecting the concentration of medical institutions in these redeveloped zones. Insurance acceptance differed by historical grade, with

lower Medicare and higher Medicaid acceptance in Grade C/D neighborhoods. These findings suggest that historical policies should be considered when investigating and addressing current disparities.

Authors: Shawn Yates, BA; Isabel Gippo, MPH; Chris Lane, PT, DPT, PhD; Breanna Ciemny, BS; Eric Durudogan, BS; Caroline P. Thirukumaran, MBBS, MHA, PhD; Neeraj M. Patel, MD, MPH, MBS

107. Barriers to Completing Reproductive Endocrinology and Infertility Referral and Initiating Fertility Treatment Among Women in Chicago - Presenter's Names: Jennie Jungmin Yean

Infertility affects many individuals, yet access to fertility evaluation and treatment remains inequitable, even after referral to specialty care. This ongoing study examines where patients disengage after referral to reproductive endocrinology and infertility (REI) care at Northwestern Medicine and the barriers that may contribute to this disengagement. Using retrospective electronic medical record data and a patient survey, we will evaluate referral follow-through and examine financial, insurance-related, and healthcare-system barriers to accessing fertility care. By identifying where patients encounter barriers between referral and treatment, this study aims to inform strategies to improve equitable access to fertility services and support the development of a community-responsive fertility insurance navigation toolkit.

Authors: Jennie Jungmin Yean, BS; Tarun Jain, MD

108. U.S. Vietnamese parents' patterns of adolescent vaccine confidence and trust in medical authorities: a latent class analysis - Presenter's Names: Jimin Yeom

This study examined patterns of adolescent vaccine confidence among U.S. Vietnamese parents and how these patterns relate to sociodemographic

characteristics, acculturation, and perceptions of HPV vaccine promotion messages. Using survey data from 408 parents, we identified three groups with differing levels of vaccine confidence: doubtful, moderately supportive, and highly confident. Parents with greater ability to understand medical information in English and higher American acculturation were more likely to be highly confident. Despite differences in vaccine confidence, messages emphasizing scientific evidence, safety records, provider endorsement, and cancer prevention were perceived as effective across all three groups. These findings may help inform future efforts to develop vaccine promotion strategies that resonate with U.S. Vietnamese families across different levels of vaccine confidence.

Authors: Jimin Yeom, BA; Huyen-Anh Giang, BA; Alice Pham, MPH; Ninh V. Nguyen, BS; Jane Gou, BA; Duy Trinh, PhD; Milkie Vu, PhD, MA

109. Socioeconomic Vulnerability and the National Distribution of Mechanical Thrombectomy Providers - Presenter's Names: David Zhang

Mechanical thrombectomy is the standard treatment for large-vessel-occlusion stroke, but it is performed by a small workforce concentrated at a limited number of centers. Using national Medicare billing data from 2016 through 2024, we identified every clinician billing for intracranial thrombectomy and examined where these providers practice in relation to the CDC Social Vulnerability Index. The number of providers nearly tripled over the study period, yet only 8% of US counties ever contained one, and nearly all practiced in metropolitan areas. The individual components of social vulnerability related to provider location in opposing directions: providers concentrated in counties with high minority and language vulnerability but were comparatively absent from socioeconomically vulnerable counties. Because the overall index combines these opposing components into a single score, it may obscure where access gaps truly lie.

Authors: David Zhang, BA; Nikhil Sriram, BA; Rishi Jain, BA; William Metcalf-Doetsch, MD; Babak Jahromi, MD, PhD; Matthew B. Potts, MD