<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Degree</th>
<th>Abstract Title</th>
<th>Group Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abisola Olaniyan</td>
<td>BCHS</td>
<td>DrPH</td>
<td>More than a Means to an End: Alignment of Social Service Organizations’ Missions with Representative Payee Program Goals</td>
<td></td>
</tr>
<tr>
<td>Brian Adams</td>
<td>BCHS</td>
<td>PhD</td>
<td>Intimate Partner Violence Reporting Discrepancies Within Young Male Dyads</td>
<td></td>
</tr>
<tr>
<td>Caroline Harpel</td>
<td>BCHS</td>
<td>MPH</td>
<td>Evaluation of a New Community Organizing Program at a Latino Advocacy Nonprofit in the Greater Pittsburgh Area</td>
<td></td>
</tr>
<tr>
<td>Devon Descutner</td>
<td>BCHS</td>
<td>MPH</td>
<td>The Gap Between Buprenorphine Treatment Capacity and Opioid Overdose Mortality in Allegheny County, PA</td>
<td></td>
</tr>
<tr>
<td>Hannah Bitzer</td>
<td>BCHS</td>
<td>MPH</td>
<td>Correlates and Outcomes of Return to School in Adolescent Patients Following Concussion</td>
<td></td>
</tr>
<tr>
<td>Janke Mains-Mason</td>
<td>BCHS</td>
<td>MPH</td>
<td>Medical School Learning Environment and Well-Being among Lesbian, Gay, and Bisexual Second-year Medical Students of Color</td>
<td></td>
</tr>
<tr>
<td>Jessica Frankeberger</td>
<td>BCHS</td>
<td>PhD</td>
<td>A Qualitative Study to Explore Mechanisms of Care in Street Medicine</td>
<td></td>
</tr>
<tr>
<td>Nicole Jurina</td>
<td>BCHS</td>
<td>MPH</td>
<td>When the Sacred is Used as the Source of Trauma: An Analysis on the Impact of the Catholic Church Abuse Crisis and Her Hidden Victims</td>
<td></td>
</tr>
<tr>
<td>Sarah Bigelow</td>
<td>BCHS</td>
<td>MPH</td>
<td>Infant Formula, an Alternative to Breastmilk is a Luxury: A Qualitative Study Exploring the Breastfeeding Experience Among Somali Mothers</td>
<td>Chinwoke Isiguzo</td>
</tr>
<tr>
<td>Sarah Sanders</td>
<td>BCHS</td>
<td>PhD</td>
<td>Geographic Distribution of Freestanding Birth Centers in Relation to Black Populations in the Contiguous United States</td>
<td></td>
</tr>
<tr>
<td>Sarah Sanders</td>
<td>BCHS</td>
<td>PhD</td>
<td>Stressors among Youth in an Emerging Latino Community: A Qualitative Assessment</td>
<td>Grace Checo (IDM); Caroline Harpel (BCHS)</td>
</tr>
<tr>
<td>Xinran Liu</td>
<td>BCHS</td>
<td>PhD</td>
<td>Mobility Improvement in Older Caregivers Participating in a Behavioral Weight Management Lifestyle Intervention</td>
<td></td>
</tr>
<tr>
<td>Yuae Park</td>
<td>BCHS</td>
<td>PhD</td>
<td>Blood Pressure Management among Low Income Women: Pennsylvania WISEWOMAN Clinician Perspectives</td>
<td></td>
</tr>
</tbody>
</table>
Abisola Olaniyan - BCHS

More than a Means to an End: Alignment of Social Service Organizations’ Missions with Representative Payee Program Goals

Abisola Olaniyan, MBBS, MPH, Stephanie L. Creasy, MPH, Dana Davis, Ph.D., Mary Hawk, DrPH, LSW

Abstract
Background: Nearly 6 million people are on the representative payee program to help manage their Social Security Administration (SSA)'s disability benefits. Despite this large number, studies have not explored how the missions of these social service organizations affect the implementation of their representative payee programs. Here we report results from a qualitative study describing ways social service organizations incorporate representative payee services into their organizational missions to empower clients and improve their health and qualities of life.

Methods: We conducted nine qualitative interviews with social service organizations in Pennsylvania who provide representative payee services. Interviews explored how the goals of the organizations’ representative payment programs align with the overall missions of the organizations.

Results: Through analysis of the data, we identified three main goals of the representative payee programs, all of which aligned with and supported the organization’s missions, including 1) Financial and Housing Stability, 2) Financial Literacy, and 3) Improving Health Outcomes.

Discussion: Findings indicate that these social service organizations view representative payee service as more than a financial management program, but a means to improve their clients’ knowledge and skills and assist them with achieving their goals. To reduce paternalism and support clients’ goals, programs emphasized the importance of incorporating client-centered practices in their representative payee programs. Program guidance on how to effectively provide client-centered representative payee services in order to improve client outcomes, even beyond meeting SSA expectations, is essential.
Title: Intimate Partner Violence Reporting Discrepancies within Young Male Dyads

Introduction: Intimate partner violence (IPV) is present disproportionately in the relationships of sexual minority populations, including young men who have sex with men (YMSM). IPV among YMSM is associated with increased HIV risk, depression, and substance use. Examining IPV at the dyad level is still an under-researched method for sexual minority populations, and one that can provide insight into the accuracy of other IPV measurement.

Methods: The RADAR Study collected data from YMSM in Chicago, as well as their serious romantic partners (n = 288 dyads, or 576 individuals). This data included victimization and perpetration of IPV in the past six months. Using baseline data, I produced prevalence estimates for victimization and perpetration of any IPV at the individual and dyad level, as well as estimates of congruence and discrepancy of IPV reporting within dyads.

Results: At the individual level, 114 individuals (19.8% of the sample) reported victimization and 92 individuals (16.0% of the sample) reported perpetration. At the dyad level, 49 dyads (17% of the sample) reported unidirectional violence, while 54 dyads (18.8% of the sample) reported bidirectional violence. Five of the 49 dyads who reported unidirectional violence had agreement by both partners on the presence of violence, for a congruence rate of 10.2%. Seventeen of the 54 dyads who reported bidirectional violence had agreement by both partners on the presence of violence for a congruence rate of 31.5%.

Discussion: This study shows substantial underreporting of violence among YMSM in the sample. Collecting data on IPV from both members of a dyad may increase our understanding of how prevalent violence is in YMSM dyads, as well as elucidate associated factors. Additionally, intervention work for IPV in YMSM populations should focus on interpersonal relationships, as well as environmental and structural changes, to more fully address the problem.
Abstract: Evaluation of a New Community Organizing Program at a Latino Advocacy Nonprofit in the Greater Pittsburgh Area

Casa San Jose is a Latino advocacy nonprofit located in Pittsburgh, PA. At the beginning of 2019, the organization created a community organizing program with two components: a leadership initiative and monthly community meetings. This report encompasses a formative process evaluation of the program. Results indicate that both program components have been well-received by the community and are promoting increased civic and social engagement consistent with the organization’s goals. Minor suggestions for each component are delineated, along with data measurement tools collaboratively developed by the evaluator and the organization’s program coordinator.
The Gap Between Buprenorphine Treatment Capacity and Opioid Overdose Mortality in Allegheny County, PA

Background: Buprenorphine is an effective treatment for opioid use disorder that is associated with significant decreases in both fatal and non-fatal overdoses. Federal policy enables providers who are board-certified in addiction psychiatry or addiction medicine and providers who obtain a waiver to prescribe buprenorphine for opioid use disorder. To be eligible for this x-waiver, providers are required to complete a training course and an application to the Substance Abuse and Mental Health Services Administration (SAMHSA). Upon receiving the waiver, they are permitted to prescribe buprenorphine to a maximum of 30 patients for opioid dependence for the first year, 100 patients the year after that, and 275 patients another year later. The x-waiver requirement creates a policy-level gap between those who seek treatment and the number of providers eligible to administer buprenorphine as a type of opioid maintenance therapy. This study examines the relationship between buprenorphine provider treatment capacity along with opioid mortality in Allegheny County by zip code.

Methods: Data from SAMHSA’s publicly available Buprenorphine Practitioner Locator was used in tandem with buprenorphine treatment capacity by zip code. From this data, the location of x-waivered physicians and the treatment capacity of each zip code was mapped. Fatal opioid overdoses in the county as documented by the Office of the Medical Examiner were downloaded from the Western Pennsylvania Regional Data Center and also mapped. Geospatial analyses were used to model buprenorphine access relative to population density according to the American Community Survey 5-year estimates, and opioid overdose deaths in Allegheny County by zip code.

Results: In Allegheny County, there are disparities in buprenorphine access and opioid overdose deaths.

Conclusions: Access to buprenorphine in Allegheny County is not equitable. Removing the policy hurdle that is created by the x-waiver could make obtaining this life-saving medication easier for all.
INTRODUCTION

Prior literature regarding return to school (RTS) recommendations following concussion in adolescents focused on school absence/strict rest in the acute phase of the injury to avoid re-injury\(^1\) and decrease symptom burden by reducing stress following the injury.\(^2\) Emerging literature suggests this restriction may actually prolong recovery.\(^3\) Research examining removal from school has revealed resultant difficulties, such as depression/anxiety, social isolation, and stress about maintaining their grades.\(^3\)-\(^5\) To make appropriate recommendations, it is important for clinicians to understand the effects of RTS in adolescents following a concussion. The goal of the present study was to examine if RTS status was correlated with initial clinical outcomes in adolescents following concussion.

METHODS

This retrospective chart review included 172 patients aged 11-18 who presented to the clinic within 28 days of a diagnosed concussion. All patients completed a clinical interview, Postconcussion Symptom Scale (PCSS), neurocognitive testing (ImPACT), and Vestibular-Ocular Motor Screening (VOMS) at initial visit. Chi-squared tests and independent samples t-tests were used to compare those who returned to school prior to their initial visit (PRTS) and those who had not yet returned to school (NRTS).

RESULTS

Participants (n=172) were predominantly male (54.1%), aged 15.2±1.6 years with sport (89.5%) and non-sport (10.5%) injuries were included. Participants presented to the clinic in 6.5±4.9 days from injury and recovered in 32.6±21.1 days with 50.6% of the sample recovered within 27 days. Concussion signs were reported in 8.2-10% of the sample (LOC: 7.6%; PTA: 10%; Disorientation: 8.2%; Confusion 9.4%) and concussion risk factors were reported in 6.1-39.5% of the sample (Table 1).
The majority of the participants returned to school (n=126, 73.3%) in some capacity (partial or full-time) by first clinic visit. PRTS adolescents presented to clinic in 7.0±5.0 days while NRTS adolescents presented in 5.2±4.6 days (p=.031, d=.38). The two groups did not differ in PCSS total score, concussion signs, age, gender, and most concussion risk factors (Table 1). However, NRTS adolescents were more likely to have a personal psychiatric history (p=.040).

PRTS adolescents recovered in 30.4±18.3 days while NRTS adolescents recovered in 38.7±26.4 days (p=.022, d=.37). Neurocognitive test scores for all ImPACT domains were significantly better for PRTS adolescents. The two groups did not differ on most of the VOMS domains but NRTS adolescents reported higher symptom scores on VOR horizontal and vertical.

DISCUSSION

Demographic variables regarding mechanism of injury, concussion signs, and total symptom score on the PCSS were not statistically different between the two groups suggesting similar injury severity. However, NRTS adolescents were more likely to endorse a personal psychiatric history and presented to clinic on average two days earlier than PRTS. The analysis showed that PRTS adolescents demonstrated better neurocognitive performance and were less symptomatic on two domains of the VOMS. The present study suggests RTS is not detrimental towards recovery and may be beneficial following acute concussion. Future research should analyze the effect of time between injury and initial visit and compare athletes to non-athletes.

REFERENCES
Table 1  
*Mean Comparisons of Demographics, Clinical Risk Factors, Concussion Signs, and Clinical Outcomes by Return to School Status*

<table>
<thead>
<tr>
<th></th>
<th>PRTS (n=126)</th>
<th>NRTS (n=46)</th>
<th>Sig</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Days to Clinic</td>
<td>7.0</td>
<td>5.0</td>
<td>5.2</td>
<td>4.6</td>
</tr>
<tr>
<td>Age</td>
<td>15.2</td>
<td>1.6</td>
<td>15.1</td>
<td>1.8</td>
</tr>
<tr>
<td>Days to Recovery</td>
<td>30.4</td>
<td>18.3</td>
<td>38.7</td>
<td>26.4</td>
</tr>
<tr>
<td>PCSS Total Score</td>
<td>27.3</td>
<td>20.2</td>
<td>30.2</td>
<td>12.3</td>
</tr>
<tr>
<td>ImPACT Verbal Memory</td>
<td>81.8</td>
<td>13.5</td>
<td>74.5</td>
<td>13.9</td>
</tr>
<tr>
<td>ImPACT Visual Memory</td>
<td>70.1</td>
<td>15.0</td>
<td>64.9</td>
<td>12.6</td>
</tr>
<tr>
<td>ImPACT Visual Motor Speed</td>
<td>34.5</td>
<td>7.3</td>
<td>31.6</td>
<td>7.4</td>
</tr>
<tr>
<td>ImPACT Reaction Time</td>
<td>.68</td>
<td>.14</td>
<td>.74</td>
<td>.16</td>
</tr>
<tr>
<td>ImPACT Impulse Control</td>
<td>6.8</td>
<td>5.3</td>
<td>10.6</td>
<td>9.6</td>
</tr>
<tr>
<td>VOMS Smooth Pursuits</td>
<td>4.7</td>
<td>4.5</td>
<td>5.7</td>
<td>4.9</td>
</tr>
<tr>
<td>VOMS Horizontal Saccades</td>
<td>4.9</td>
<td>4.7</td>
<td>6.0</td>
<td>5.0</td>
</tr>
<tr>
<td>VOMS Vertical Saccades</td>
<td>5.1</td>
<td>4.8</td>
<td>6.1</td>
<td>5.1</td>
</tr>
<tr>
<td>VOMS NPC</td>
<td>5.1</td>
<td>4.9</td>
<td>6.2</td>
<td>5.4</td>
</tr>
<tr>
<td>Average Measurement of NPC</td>
<td>2.7</td>
<td>4.0</td>
<td>4.3</td>
<td>6.4</td>
</tr>
<tr>
<td>VOMS VOR Horizontal</td>
<td>5.9</td>
<td>5.3</td>
<td>7.8</td>
<td>6.2</td>
</tr>
<tr>
<td>VOMS VOR Vertical</td>
<td>5.7</td>
<td>5.2</td>
<td>7.8</td>
<td>6.4</td>
</tr>
<tr>
<td>VOMS VMS</td>
<td>7.2</td>
<td>9.5</td>
<td>8.3</td>
<td>6.3</td>
</tr>
<tr>
<td>Mechanism of Injury</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Gender</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>LOC</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>PTA</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Disorientation</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Confusion</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Concussion Hx</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>ADHD/LD</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Motion Sickness Hx</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Ocular Hx</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Personal Psychiatric Hx</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Personal Migraines/HA Hx</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Familial Migraine Hx</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

*Note. PRTS = Positive Return to School (full-time or part-time). NRTS = Negative Return to School. SD = Standard deviation. NPC=Near-point*

*p<.05, **p<.001
Janke Mains-Mason - BCHS

Medical School Learning Environment and Well-being among Lesbian, Gay, and Bisexual Second-year Medical Students of Color

Janke Mains-Mason, B.S., André Brown, Ph.D., Gina A. Garcia, Ph.D., Elizabeth Felter, Ph.D. Kristen L. Eckstrand, MD, Ph.D.

Background: Lesbian, Gay, and Bisexual (LGB) medical students have worse perceptions of and experiences in medical school compared to their heterosexual peers. Medical students of color also report worse perceptions and experiences in medical school compared to their white peers. While studies have examined learning environment of LGB people and people of color separately, few studies investigate learning environment and quality of life among LGB medical students of color.

Methods: We conducted a secondary analysis of demographic, learning environment, and well-being data from the Association of American Medical Colleges’ Year 2 Questionnaire. To assess perceptions of learning environment, we ran Multivariate Analysis of Variance models using three scales: student-faculty interaction, student-student interaction, and emotional climate. To assess well-being, we ran Univariate Analysis of Variance models with quality of life as the outcome variable. We ran models by sexual orientation and race within sexual orientation, with heterosexual people and LGB white people as reference groups. We ran all models at 95% confidence and included sex, age, school region, and in-person attendance as covariates.

Results: The sample included 34,679 second-year medical students. Eight percent (n=2767) were LGB, with 41.3% (n=1144) them being students of color. The LGB students had lower perceptions of student-faculty (CI: -0.49, -0.23; \( p < 0.001 \)) and student-student (CI: -0.49, -0.23; \( p = 0.002 \)) interactions in the learning environment than their heterosexual peers. These effects were exacerbated among students of color, with Asian, Black, and Underrepresented Multiracial LGB students having poorer student-faculty interactions (all \( p < 0.01 \)) compared with white LGB peers, and Asian, Black, Indigenous, and Underrepresented Multiracial LGB students having poorer student-student interactions compared with white LGB peers (all \( p < 0.05 \)). LGB medical students had worse perceptions of emotional climate (CI: -0.72, -0.48; \( p < 0.001 \)) and reported lower well-being (CI: -2.52, -1.74; \( p < 0.001 \)) compared to heterosexual students. There were no significant differences in emotional climate and well-being by racial groups among LGB people.

Conclusions: Student-faculty and student-student interactions, emotional climate, and well-being are poorer for LGB medical students, with these effects exacerbated by race. Further research is required to understand the etiology of these effects, with a focus on the intersections of racism and heterosexism, in order to improve the medical school learning environment and quality of life for LGB medical students, particularly LGB medical students of color.
A Qualitative Study to Explore Mechanisms of Care in Street Medicine

Frankeberger, J. & Hawk, M.- BCHS

Abstract:
Individuals experiencing homelessness, particularly unsheltered and rough sleepers, have increased mortality and morbidity compared to non-homeless individuals. Street Medicine works to meet the acute and chronic medical needs of those experiencing homelessness by providing care on the streets in backpack and mobile units. The current study examines how Street Medicine approaches influence healthcare engagement and address the needs of homeless individuals living on the streets. Qualitative interviews were conducted with 12 staff members of a Street Medicine organization in Pittsburgh, PA. Staff included clinical providers, case managers, outreach team members, and program coordinators. Using deductive coding procedures, four primary themes were identified. Themes included: 1) Street Medicine as transitional care between nonengagement and primary care, 2) the importance of meeting patients where they are located on the streets, 3) the importance of meeting patients where they are mentally and emotionally, and 4) the role of Street Medicine in addressing medical and institutional mistrust among individuals who are homeless. While Street Medicine serves an important role in providing essential medical care to those experiencing homelessness, it also may serve as a valuable mechanism to engage individuals in the larger healthcare and social services systems.
When the Sacred is Used as the Source of Trauma: An Analysis on the Impact of the Catholic Church Abuse Crisis and Her Hidden Victims

Background: Research in the psychological, behavioral and health sciences show religion and spirituality act as a facilitator of support in trauma recovery and generally correlate with psychological and emotional well-being. Clergy sexual abuse in the Catholic Church has emerged as a unique form of spiritual abuse that involves the betrayal of the sacred, by the priest who acts as mediator to the divine, in the heinous perpetration of sexual violence and abuse. Few studies have evaluated the severity of the psychological, emotional and spiritual impact this abuse crisis has on adult victims, members of the Catholic Church, and the Catholic Church as a community.

Objectives: 1) To examine if outlined allegations of clergy sexual abuse in the Diocese of Pittsburgh in each geographically defined diocesan vicariate and location characteristics of clergy abuse produce a distinguishable pattern and if this crisis of abuse is as widespread as the reports infer; 2) To examine the individual and community level impact of the Catholic Church abuse crisis; and 3) Examining the facilitators and barriers in understanding the victimization of adults by members of the Catholic Church.

Methods: In order to gain a visual representation of the data contained in the Pennsylvania State Grand Jury report, geocoded data of the Diocese of Pittsburgh vicariates, parish and school (K-12) addresses, addresses where allegations of abuse occurred, and victim data were mapped in QGIS. A literature review of the existing body of research was completed to develop a comprehensive scope of the psychological, emotional and spiritual impact of clergy sexual abuse on living victims and what makes this form of abuse unique. A secondary data analysis from mixed methods approaches is in the process of being completed.

Results and Conclusions: (pending)
Abstract

“Infant Formula, an alternative to breastmilk is a luxury”: A qualitative study exploring the breastfeeding experience among Somali mothers.

Introduction: The WHO recommends exclusive breastfeeding for six months and feeding breastmilk and food between six months and two years. Breastfeeding rates are typically higher in low-income versus industrialized countries. Traditionally in Somalia, mothers spent the first 40 days of the infant’s life at home breastfeeding exclusively, contributing to the high breastfeeding rates. Decades of civil wars forced many Somalis to flee their country. It is unclear how the American culture, which is mostly not supportive of breastfeeding, affects breastfeeding among Somali women in the U.S.

Methods: We explored the breastfeeding experiences, practices, and perspectives of Muslim Somali women in Pittsburgh as they relate to shifting cultural contexts. We conducted nine qualitative interviews with mothers of Somali origin and analyzed them thematically, using predefined and emerging themes.

Findings: Most participants breastfed for about one year, yet duration was shorter among employed participants. Participants cited strong cultural, religious and social support as helpful, especially highlighting their mothers’ role in providing them breastfeeding education and support. None of the participants exclusively breastfed. They attributed this to lack or inadequate information on exclusive breastfeeding and the belief that breastmilk alone was not adequate for the infant. Interestingly, participants expressed that alternatives to breastmilk were “a luxury they couldn’t afford back home.” They did not mention the risk of using artificial milk or the benefits of exclusive breastfeeding.

Conclusion: It is necessary to design and implement culturally sensitive exclusive breastfeeding promotion among Somali mothers.

Learning objectives

Describe the breastfeeding experiences and perspectives of Muslim Somali women in Pittsburgh.

Explain the influence of American culture on the current breastfeeding practices of Somali mothers.
Geographic distribution of freestanding birth centers in relation to Black populations in the contiguous United States
Sarah A. Sanders, MPH
Doctoral Student, Behavioral & Community Health Sciences
sas436@pitt.edu

Abstract
Birth centers produce significant improvements in maternal and infant health for all racial populations, including Black birthing people who are at the highest risk of adverse outcomes in the US. However, Black representation at birth centers is lower than that of the national Black childbearing population. Their concrete access to this care is poorly understood, making the findings of a spatial analysis of birth centers in the US highly valuable. Applying spatial analysis methods to secondary data, I describe the spatial clustering of freestanding birth centers in the US in relation to where Black and White people reside. Birth center addresses were obtained from the American Association of Birth Centers and the Commission for the Accreditation of Birth Centers; and were geocoded using QGIS software (Version 3.12). County-level demographic data for the contiguous US was obtained from the 2017 American Community Survey. The sample for this study consists of 122 birth centers. Univariate analysis produced a Moran’s I of 0.73, indicating strong spatial autocorrelation of birth centers in the US. Hot spots for birth centers do not overlap with areas that have higher densities of Black childbearing people. Geographic distribution of birth centers appears to be related to racial segregation in the US, as they are not likely to be located in areas with higher densities of Black people. Future research should also address state-level policies regarding birth center licensing and how this impacts access for Black childbearing populations seeking this type of care.
Stressors among Youth in an Emerging Latinx Community: A Qualitative Assessment

Introduction: Emerging Latinx communities (ELCs) have small, yet rapidly increasing proportions of Latinx residents. In ELCs, there is low social support and services are not tailored to Latinxs. We qualitatively assessed the stressors unique to Latinx youth in an ELC, as part of a larger study.

Methods: We conducted three focus groups with Latinx youth, 12-17 years old (n=16); three focus groups with parents/guardians (n=18); and interviewed health and social service providers (n=12) who work with this population. Using an inductive approach, we developed a codebook and coded all transcripts in their original language. We organized our data by applying the Framework Method.

Results: All parent/guardian participants and 44% of youth were immigrants; 11 service providers were Latinx. Youth, parent, and provider participants alike expressed that youth “carry the weight of the world,” try to accommodate their parents’ expectations, work to support the household, and “hold things in” to protect their parents, whom they view as overwhelmed. Providers added that these stressors led to anxiety, depression, self-harm, and suicidal ideation. Participants reported limited school and health care resources to support newly arrived Latinx youth. Participants also mentioned the need for accurate information about mental health.

Discussion: Structural factors, such as anti-immigration policies, directly impact adolescent mental health in ELCs. Latinx youth in these communities face considerable barriers in accessing care. This study expounds upon these concerns and implies how interventions addressing adaptation to US society, mental health education, and immigration reform may improve mental health outcomes in Latinx youth.
Mobility Improvement in Older Caregivers Participating in a Behavioral Weight Management Lifestyle Intervention

Background and Objectives Caregiving stress may make it difficult for caregivers to benefit from behavioral weight management programs. This study examined whether overweight or obese older caregivers benefit from a behavioral weight management program as much as non-caregivers.

Research Design and Methods Community-dwelling older adults (n=303), aged 60+, were enrolled in MOVE UP, a 13-month, pre-post, group-based lifestyle behavioral weight management intervention. A subset of participants (n=155) were called to establish caregiving status during the intervention; 94 were reached and completed the Caregiver Module from the CDC Behavioral Risk Factors Surveillance Survey. Caregivers (n=29) and non-caregivers (n=65) were compared on changes in lower extremity function, weight, depressive symptoms, and self-efficacy. Changes from baseline were analyzed and compared between caregivers and non-caregivers using paired t-tests and ANCOVA.

Results 62.1% of the older caregivers were providing personal care, and 27.6% reported being nearly always stressed. Both caregivers and non-caregivers improved significantly across the three study timepoints in lower extremity function (Short Physical Performance Battery [SPPB]), weight loss, and self-efficacy in diet (p < .01 or p < .05). For each outcome, changes from baseline to the 13-month endpoint were the same among caregivers and non-caregivers. Neither group significantly changed in depressed mood or self-efficacy for exercise. Caregivers attended significantly fewer intervention sessions (p < .05).

Discussion and Implications This study provides evidence that older caregivers can benefit from behavioral weight management lifestyle interventions despite the challenge caregiving poses for effective self-care.

Keywords: caregiving, weight management, mobility, lifestyle intervention
First name: Yuae

Last name: Park

Currently matriculated Pitt Public Health Student: Yes

Affiliation with the department: Department of Behavioral and Community Health Sciences

Degree track: BCHS, PhD student

Anticipated graduation year: 2021

Affiliation with the school: Doctoral student, part-time student researcher

E-mail: yup9@pitt.edu

Title of the abstract: Blood pressure management among low income women: Pennsylvania WISEWOMAN clinician perspectives

My contribution to this work: As a student researcher, I am a part of a research team at the Evaluation Institute with faculty who is the principal investigator of Pennsylvania WISEWOMAN program evaluation. I’ve participated in developing focus groups questions, focus groups implementation, data coding and analysis of qualitative data, and writing a manuscript.

Group project: No

Was the project conducted in collaboration with a community-based organization or program having an established or defined relationship to the underserved population or community?
Yes, WISEWOMAN is a national heart disease and stroke prevention program funded by CDC. The Pennsylvania (PA) program serves the underserved population who are low-income (250% or less of the federal poverty guideline), uninsured or underinsured women aged 40-64 year of both rural and urban areas of PA where existing clinical providers are not accessible to the underserved populations.

Does the project provide insights for policy making and/or applications for improving practice?
Yes, the project was conducted to provide insights for the program’s quality improvement. Based on the identified emerging themes and quotes from the data, implementation recommendations were made for PA Department of Health (PADOH). PADOH shared the finding with overall program clinics, applied some recommendations to internal process and clinics to improve the program.

Was the work completed part of a practicum or internship?
No.

Advisor’s name for this project: Thistle Elias

Advisor’s E-mail: elias@pitt.edu
Abstract:
Researchers conducted four focus groups with 18 Pennsylvania WISEWOMAN (PA-WISE) clinicians at four different clinics across Pennsylvania in 2018, exploring their experiences with, and perspectives on, working with low income women on blood pressure management. PA-WISE funded by CDC aims to address risks for heart disease and stroke among low-income, under-insured and uninsured women aged 40-64 years by employing various strategies to reduce cardiovascular disease (CVD), including 1) free access to CVD risk screenings; 2) risk reduction counseling; and 3) Lifestyle Programs designed to prevent, delay, or control CVD. The University of Pittsburgh’s Evaluation Institute for Public Health completed focus groups as part of ongoing quality improvement efforts by PA-WISE. Clinicians indicated a wide range of environmental and structural challenges confronting PA-WISE clients, which aligned with client testimonies collected by the same researchers 2016-2018, including: lack of income to afford healthy food and exercise options; transportation difficulties (cost, distance, and stigma around taking public transportation); and time constraints due to life challenges such as working multiple jobs and caregiving responsibilities. In a departure from client perspectives however, clinicians shared specific challenges they perceived to helping their clients including: clients’ resistance to standard of care treatment options for managing their blood pressure; client traditions of following ‘grandma’s recipes’ and ingrained cultural food habits; clients’ low health literacy; clients’ perceived lack of seriousness about high blood pressure, defensiveness, and resistance to change. Clinicians identified additional challenges including navigating language barriers, their need to tailor nutrition counseling to very diverse populations; and aiming to be encouraging and realistic while maintaining cultural sensitivity.

Authors: Yuae Park, MA¹, Diane J. Ollivier², Audrey Maddox², Monica Woodring, MBA-HM³, Jennifer King, BA¹ and Thistle Elias, DrPH, MPA¹, (1)University of Pittsburgh Graduate School of Public Health, Pittsburgh, PA, (2)Pennsylvania Department of Health, Harrisburg, PA
First name: Yuae

Last name: Park

Currently matriculated Pitt Public Health Student: Yes

Affiliation with the department: Department of Behavioral and Community Health Sciences

Degree track: BCHS, PhD student

Anticipated graduation year: 2021

Affiliation with the school: Doctoral student, part-time student researcher

E-mail: yup9@pitt.edu

Title of the abstract: Time for Action on the Effects of Perceived Racism on Adverse Birth Outcomes in Healthy Start, Inc. Black Families: Conceptual Framework and Study Design

My contribution to this work:
I have worked with Healthy Start, Inc. since 2018. This is my doctoral dissertation project. For the study, I reviewed relevant literature, developed research aims and approaches, and conducted data analysis.

Group project: No

Was the project conducted in collaboration with a community-based organization or program having an established or defined relationship to the underserved population or community?
Yes, the project was conducted in collaboration with a community-based organization in Pittsburgh, Healthy Start, Inc, which has aimed to reduce racial disparities in maternal and infant health including birth outcomes since 1991, and provides prenatal case management in its compendium of supports and services. Most Healthy Start, Inc. participants are African American (73.4% in 2018).

Persistent disparities exist in adverse birth outcomes including infant mortality, preterm birth (< 37 weeks), and low birth weight (< 2500g) for non-Hispanic Black populations in Pennsylvania (PA) compared to non-Hispanic White populations. In PA, the Healthy People IMR goal for Black babies has never been achieved since its inception in 1990; the Healthy People 2000 target for the total population was 7.0 infant deaths per 1,000 and for Black infants was 11.0 deaths per 1,000 births. In 2016, the IMR for Pennsylvania’s Black infants was 14.6 deaths per 1,000 births, which is substantially higher than White IMR (11.7) even in 1980.
Does the project provide insights for policy making and/or applications for improving practice?
Yes, the project seeks to evaluate a community-driven program with a long term goal to eliminate racial and ethnic disparities in perinatal health. This study can also inform policy makers and funders of Healthy Start, Inc., thereby allowing for the development of new opportunities. Finally, the knowledge gained from this study will be critical in supporting Healthy Start, Inc.’s work in addressing the effects of racism as a barrier to care and providing recommendations for other interventions aiming to eliminate racial/ethnic disparities in adverse birth outcomes in the US.

Was the work completed part of a practicum or internship?
No.

Advisor’s name for this project: Dara D Mendez

Advisor’s E-mail: ddm11@pitt.edu

Abstract:
Recent literature theorizes experiences of racism in everyday life contribute to the formation and maintenance of racial disparities in adverse birth outcomes (ABO). When we posit that racism is a fundamental cause of the persistent Black-White gap in ABO, it is critical to figure out whether and how individuals cope with racism experiences as well as undoing racism in the first place. Despite its importance, it remains unclear what constitutes effective interventions addressing these racial inequalities. Healthy Start (HS) participation has been associated with improved birth outcomes among racial minorities. However, the previous evaluations did not specifically examine if HS interventions attenuate the effects of racism and its potential association with ABO, thereby achieving improved birth outcomes in general. Thus, the study objective is to determine whether and how the HS program buffers in mitigating the effects of perceived racism on ABO using the mixed methods.
Quantitative data obtained from 2017-2019 Pittsburgh HS participants screenings will be analyzed and qualitative interviews will be conducted with HS case managers and participants to describe their perceptions of Black participants’ pregnancies related to racism; and roles of the HS in the context of everyday racism during Black participants’ pregnancies.
This research will provide evidence of the conceptual understanding of racism’s impacts on ABO and be applied in developing and extending existing conceptual mechanisms of how interpersonal racism impacts birth outcomes. The study will also answer important questions about the ways in which HS currently addresses and/or can address in the future the effect of a fundamental cause of racial disparities in ABO.