



Medical Organization for
Latino Advancement

4th Annual Latino Health Symposium

Beyond Health

Más allá de la salud

VIRTUAL ACADEMIC EVENT

September 28th-October 3rd, 2020

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Pilar Ortega, MD

Arielle Guzmán, MPH



Editorial

The Medical Organization for Latino Advancement (MOLA) prides itself in our mission to improve career advancement, linguistic and cultural competency, personal wellness, and reduced health disparities for the good of the entire Hispanic/Latinx community. As part of this mission, our Education & Research Committee and Scholarship Subcommittee aim to promote the visibility and impact of scholarly work done by our members--Latinx physicians, nurses, researchers, trainees, public health officials, health professionals, and students--for the benefit of advancing health equity for the Hispanic/Latinx community.

Every year since our founding, we have gathered together in the spirit of unity, community, and scholarship, to host one of the only academic events in the nation that features health-related academic work and community solutions by Latinos, for Latinos, our Annual MOLA Latino Health Symposium.

Our 2020 Latino Health Symposium, focused on how socio-economic, political, geographical, cultural, and historic factors play a role on the disparities in health that are faced in our underrepresented and underserved Latinx community. This is what brought to fruition this year's symposium theme: #BeyondHealth, Más allá de la salud.

In the midst of the COVID-19 pandemic, which has deeply impacted all of our lives in

numerous ways, MOLA's Fourth Annual Latino Health Symposium was transformed into a fully virtual event. The conference was proudly sponsored by the Michael Reese Research and Education Foundation, 5/3 Bank, Howard Brown Health, and the American Medical Association, and took place from September 28th-October 3rd, 2020 with a weeklong poster session and culminating in a conference session on Saturday, October 3rd.

While the task of hosting a completely virtual symposium seemed daunting at first, our planning and execution process has always been grounded by what makes MOLA so special--our commitment to putting people first and to jointly celebrating warmth, support, and unity of our familia.

Thanks to our incredible membership that is committed to our mission, we are proud to state that this year's symposium boasted an attendance of over 110 health professionals, officials, and students, 25 academic posters, 11 keynote speakers and a rich setting for academic discussion, networking, mentorship, innovation and collaboration.

Respectfully,

Pilar Ortega, MD and **Arielle Guzmán, MPH**
Co-Chairs, Education & Research Committee

MOLA's passion and personal approach was palpable despite the limitations of the virtual setting! Thank you for being there with us to share many laughs and even a few heartfelt tears as we watched our community grow and celebrate our accomplishments together.

It is with great orgullo in our community of professionals and students that we submit this report highlighting the abstracts, many of which we are certain will lead to successful publications, new research ideas, and impactful solutions to the health issues that uniquely affect our underserved Hispanic/Latinx community.

We look forward to featuring your work and achievements next year at our next Symposium! To keep up to date on MOLA's news and announcements, please visit www.chicagomola.com On behalf of MOLA's Board of Directors and Scientific Committee, we extend a heartfelt ¡enhorabuena! to all our poster and oral presenters and wish all of you sincere success in all your future endeavors at improving health equity and workforce diversification in the U.S. and beyond.

¡Muchísimas gracias!

Symposium Highlights

25 Poster Presentations

11 Keynote Speakers

100+ Attendees

30+ Volunteers

“I learned the importance of advocating for myself for the sake of my own mental health. I also learned the importance of accepting that I belong in medicine, and that I am needed.”



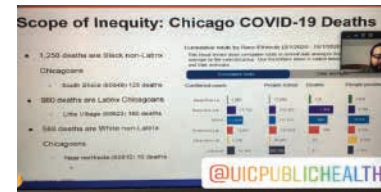
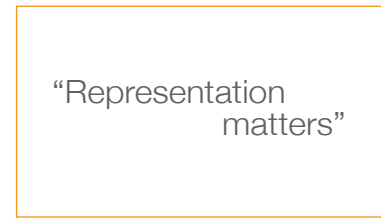
“I felt empowered by various presenters to view my background as a big strength.”



“It makes me SO happy to see all the strong and amazing individuals that make out MOLA. I love that we are proud of being Latinx community members and that we celebrate our diversity. I will continue to bring this fire to every part of my life.”

“Latino Advancement is in full force”

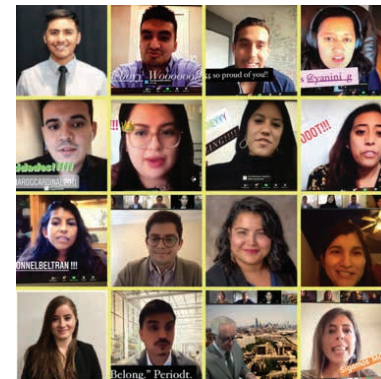
Symposium Highlights



“It makes me happy to see solidarity and a sense of community within the latinos in healthcare and I hope to pass this along to other people who might come behind me in the path to provide them with the same positivity and aid that MOLA is giving me.”



"Sigamos MOLAndo!"



Our 2020 MOLA Scholars Program Cohort recognized for their successful completion of the program and their poster presentations at the symposium)

Poster Presentations

Clinical, basic or translational research

Poster #1

Title: Racial Distribution and Characterization of Pelvic Organ Prolapse in a Hospital-Based Subspecialty Clinic

Authors:

- Katherine Brito, BA - University of Chicago Pritzker School of Medicine, Chicago, IL
- Shilpa Iyer, MD, MPH - Obstetrics and Gynecology, University of Chicago, Chicago, IL
- Dianne Glass, MD/PhD - Obstetrics and Gynecology, NorthShore University HealthSystem, Chicago, IL
- Kevin Hellman, PhD - Obstetrics and Gynecology, University of Chicago, Chicago, IL
- Obianuju Sandra Madueke-Laveaux, MD, MPH - Obstetrics and Gynecology, University of Chicago, Chicago, IL

Background: The racial distribution of pelvic organ prolapse (POP) is heavily debated and literature addressing this issue is conflicting.

Objectives: To determine if there is a difference in the percentage and type of POP between Black and non-Black women in new patients seen in a urogynecology clinic, and to assess type of POP after accounting for uterine weight in women who had a hysterectomy as part of surgical treatment for POP.

Methods: We conducted a retrospective chart review of all new patients seen between 4/2017 to 4/2019 at a tertiary urogynecology clinic. ICD9 and 10 codes identified women with a clinical diagnosis of POP. Women 18 years or older diagnosed with symptomatic POP and documented POP quantification (POPQ) were included. Other variables collected were race, age, smoking history, medical history including connective tissue disorders, gravity, vaginal delivery, uterine weight by pathology, if hysterectomy was performed, and the presence and size of the largest fibroid. Chi-squared tests were used to compare Black and non-Black rates and types of prolapse. Bivariate and multivariable logistic regression were performed.

Results: 85.3% of women identified as non-Black and 14.7% identified as Black. The average age was 63 years old. Black women had higher average BMI, and higher rate of hypertension and diabetes compared to non-Black women. 44.3% of Black women were either current or former smokers compared to 28.2% of non-Black women. Black women had a higher median parity. Black women had a higher prevalence of fibroid diagnosis, median uterine weight and median fibroid size. The majority of women presented with primary anterior prolapse (56.9%). Prevalence of POP was higher in non-Black women compared to Black women. There was no significant difference in type of prolapse between Black and non-Black women after adjusting for age, BMI, parity, or delivery route.

Conclusion/Impact: More non-Black women than Black women presented with pelvic organ prolapse. However, there was no significant difference in prolapse type based on race or uterine weight. These observational data may spur further research that could help us better understand differential access to care or differences in pathophysiology of pelvic organ prolapse.

Poster #2

Title: Addressing fever misinformation and antipyretic misdosing for multilingual pediatric patients in the emergency department: A quality improvement initiative

Authors:

- Hollender, DG - University of Illinois at Chicago College of Medicine
- Kos, N - University of Illinois at Chicago College of Medicine
- Burhoe, D - University of Illinois at Chicago College of Pharmac
- Solis, EM - University of Illinois at Chicago College of Medicine
- Dickow, D - University of Illinois at Chicago College of Pharmacy
- Gimbar, RM - University of Illinois at Chicago College of Pharmacy, University of Illinois at Chicago Department of Emergency Medicine
- Hathcock, AM - University of Illinois at Chicago College of Medicine, University of Illinois at Chicago College of Pharmacy

Background/Purpose: Fever is a common reason for visits to the pediatric emergency department (PED). Accurate information on measurements of fever and antipyretic use and when to seek medical treatment are critical for preventing unnecessary returns to the PED. In this quality improvement study, we aimed to improve provider documentation of fever measurement and management at home, including bilingual antipyretic dosing information.

Objective: The objective of the study is to bolster the management and measurement of fever for English- and Spanish-speaking patients through documentation.

Methods: We performed a retrospective randomized chart reviews of children aged 3 months to 18 years who presented to the emergency department for fever. We collected data regarding discharge instructions on fever measurement and definitions and provision of antipyretic dosing at baseline and after each intervention. The first intervention introduced a sheet for accurate dosing of medication in Spanish and English, and counseling by a pharmacy resident regarding antipyretic usage; the second intervention added a standardized bilingual discharge document with correct methods of fever measurement, when to seek medical advice, and frequently asked questions. Chi square analysis was used to test for statistical significance.

Results: We reviewed 199 charts total. At baseline, 10.2% of patients received information on fever measurement, 20.4% on fever definitions, and 8.2% on antipyretic dosing. After the first intervention, these increased to 23.6%, 36%, and 9%, respectively. After the second intervention, 13.1%, 24.6%, and 9.9%, respectively.

Conclusions: The data trends show an overall increase in the percentage of patients that received discharge information and fever management instructions between the baseline data and the second intervention. The decrease in documentation noted between intervention 1 and 2 are likely due to a lack of proper EMR documentation of instruction sheet distribution. Future directions for this project are to increase provider education, integrate dosing sheet information in the EMR to improve documentation, and to expand family counseling by a pharmacist. Overall, there is a measurable improvement in documenting at-home fever management.

Poster #3

Title: Health Care Disparities and Impressions of Access to Health Care During the Covid-19 Pandemic: A Cross-Sectional Survey

Authors:

- B. Perez
- H. Steven Sims, MD
- Heather Weinreich, MD
- Jeffrey Yu, MD
- Sarah Khayat, MD

- Christopher Mularczyk, MD
- Tajanna Stinn, BS

Background: The COVID-19 global pandemic is a public health emergency. Preliminary analyses of demographic data for those afflicted with the virus in the United States show that fatalities have disproportionately affected minorities, specifically African-Americans and Latinos. The disparate ways in which this virus has affected underserved communities is an urgent issue. Health literacy and stereotype threat are two factors that have been shown to affect these disparities.

Objective(s): We aim to understand underserved communities and racial disparities that may exist during a public health crisis/pandemic and to evaluate community impressions of COVID-19 as well as its perceived access to healthcare resources. In times of public health emergencies, evaluate how to provide care within populations and communities that have traditionally been underserved. Assess perceptions and sources of information to better serve patients. The purpose of this cross-sectional study is to examine the perceptions regarding COVID-19 among two populations - adult age patients treated at University of Illinois Health (UIH) or its affiliated Mile Square clinics and health care workers employed by the same clinics. The objective is to quantify perceptions in each group and to compare differences between each to understand if healthcare disparities exist and how they may be magnified during a public health crisis. Furthermore, the project will evaluate community impressions of access to and actual availability of resources by linking data to the Chicago Health Atlas.

Method: A self-administered electronic survey (available in both English and Spanish) will be used to collect information on perceptions COVID-19 to any patient of UIH 18 years or older who has sought care from a UIH facility or affiliated Mile Square clinic within the previous 12 months.

Results & Conclusions & Impact: We will be implementing the survey in the near future. Outcomes and data are currently pending for our project. We propose there will likely be factors that increase the public's risk that are systemic and beyond the control of underserved communities. We hope this exploratory study will translate into recommendations to address systemic issues and improve outcomes ahead of a potential "second wave" of the virus.

Poster #4

Title: Hija PrEPParada, Madre Contenta!

Authors:

- Isa Alvarez
- Sadia Haider, MD
- Agustina Pandiani, BA
- Amy Moore, MS
- Emily Ott, MS
- Amy K. Johnson, PhD

Background: Latinas are disproportionately burdened by HIV infection in the United States. Pre-exposure prophylaxis (PrEP) is an effective prevention strategy that has the potential to reduce HIV incidence among HIV-vulnerable populations. Despite PrEP's demonstrated effectiveness, Latina women remain under-represented in HIV prevention efforts and data regarding cultural influences on awareness and uptake of PrEP remains very limited.

Objective: To explore the role of female caregivers and cultural influences that affect PrEP education and uptake among this community.

Method: Participant dyads (adolescents between the ages of 12-18 and mothers) were recruited through community organizations in Chicago to complete a 45-minute survey. Participants completed the survey in-person pre-COVID-19 and over the phone post-COVID-19 in either English or Spanish. The survey addressed sexual behavior, perceived HIV risk, exposure to HIV prevention strategies, PrEP awareness and delivery preference, parent-child communication, and acculturation.

Results: To date, 15 dyads (15 cisgender Latina adolescents and their mothers) have been recruited of the 50 dyads planned. The median age of adolescents was 14.8 years and 45.7 years for mothers. The majority of adolescents identified as second generation (US born), while all mothers identified as first generation (foreign born). Thus far, preliminary themes that have emerged include low knowledge and awareness of PrEP, with majority of adolescents and all caregivers reporting that they had not heard about PrEP. Overall, interest in taking PrEP was high. Caregivers and adolescents reported interest in taking PrEP as an injection, vaginal ring, or a combination of PrEP and hormonal birth control. The majority of adolescents reported that they had never discussed PrEP with their mother, with more than half indicating that they had never or rarely discussed HIV prevention. Most adolescents reported high levels of honesty when discussing sexual health topics with their mother.

Conclusion/Impact: Our preliminary findings suggest low PrEP

knowledge and awareness among Latina adolescents and their primary female caregiver. Acknowledgement of the dyadic cultural context of HIV prevention, specifically PrEP knowledge, should be leveraged to decrease rising HIV rates in the Latina community.

Education

Poster #5

Title: Patient Perceptions of Clinician Medical Spanish Skills

Authors:

- Santiago Avila - Pritzker School of Medicine, University of Chicago
- Pilar Ortega, MD - Department of Emergency Medicine, Department of Medical Education, University of Illinois Chicago

Background: Increasing competent language concordance in healthcare communication can lead to improved satisfaction, outcomes, and safety among patients in the United States with limited English proficiency (LEP). The assessment of clinician medical language skills has not been standardized, and little is known of patient perception of the medical Spanish language skills of their clinicians.

Purpose: The purpose of this study is to understand patient perception of language skills of clinicians participating in an 8-week medical Spanish course.

Methods: The language skills of 18 clinicians were evaluated during 214 clinical encounters at an urban, comprehensive medical center. Evaluations of participating clinician communication skills were solicited from Spanish-speaking and English-speaking patients (controls) during the course. Clinician self-evaluations were also collected from corresponding patient encounters. Clinician communication scores (3-12 points) were calculated based on three Likert-style questions asked of both clinicians and patients.

Results: Both patient-reported and clinician self-reported communication scores were lower in Spanish than in English encounters. Clinician-reported scores were lower than those reported by patients in Spanish encounters (9.05±0.23 vs. 8.05±0.23; p<0.001) while there was no difference in English encounters (11.17±0.15 vs. 11.35± 0.19; p=0.914).

Impact: As the population of Spanish speakers with LEP continues to rise, accounting for patient perception of clinician Spanish communication skills is a critical element in improving language concordance in healthcare.

Poster #6

Title: The Impact of Mentorship on Latino Students Pursuing a Career in Medicine

Authors:

- Jaquelin Solis Solis, MD Candidate - Loyola University Stritch School of Medicine, Medical Organization for Latino Advancement
- Dr. Joaquín Estrada, MD - Loyola University Stritch School of Medicine, Medical Organization for Latino Advancement

Background: There is a significant underrepresentation of Latino physicians in the United States. According to the U.S. Census Bureau, in 2019 the Hispanic population represented 18% of the nation's population, and nationwide, Latinos make up 5.8% of the physician population. In 2019, the matriculated Hispanic medical students represented 1,412 compared to 10,184 white medical students (AAMC, 2019). In Illinois, Hispanics make up 17% of the population while the number of Latino physicians parallel low national numbers (U.S. Census Bureau, 2019). Latino and other underrepresented minority (URM) pre-health students face additional barriers that range from socioeconomic factors, cultural barriers, and lack of mentorship when applying to a healthcare career. Research studies have shown that mentorship is critical in an individual's pursuit of a healthcare career. Mentorship bridges the gap between the omnipresent underrepresentation of minorities in a medical field and can facilitate a pathway towards promoting diversity in healthcare fields.

Purpose: The purpose of this project is to assess the overall effectiveness of the MOLA Mentorship Program to support, prepare, and matriculate Latino students into medical school, and to evaluate which components of the mentoring program are most effective to meet these goals.

Method: A survey was sent to MOLA mentees to analyze the effectiveness, significance, and impact of the MOLA mentorship program. The survey questions were associated with the following sections: impact on participant's healthcare professional pursuit and action plan, attitudes regarding careers in medicine, confidence in pursuit of health professional careers, commitment to serving underserved Latino communities, and interest to serve as a mentor to other students. A qualitative approach was

employed. Data was collected for over two weeks.

Results: The MOLA Mentorship program had a positive impact in students' understanding of the value of mentorship, increased their commitment to serve Latino communities, and serving as a mentor to others.

Conclusions/Impact: By creating an environment that cultivates a supportive and encouraging mentorship relationship, MOLA's mentorship program has positively impacted Latino students' desire and confidence to further pursue medicine and increased their commitment to serving Latino communities.

Poster #7

Title: Identifying Barriers for Underrepresented in Medicine Dermatology Residency Applicants Amidst the COVID-19 Pandemic

Authors:

- Kayla A. Clark, BS - Department of Dermatology, University of Illinois at Chicago, Chicago, Illinois, USA
- Virginia A. Jones, MS - Department of Dermatology, University of Illinois at Chicago, Chicago, Illinois, USA
- Maria M. Tsoukas, MD, PhD - Department of Dermatology, University of Illinois at Chicago, Chicago, Illinois, USA

Background: The expansion of SARS-CoV-2 has caused substantial disruptions to medical education which requires adequate attention and response from medical educators and leadership. Specifically, these disruptions in education may disproportionately affect students who are Underrepresented in Medicine (UIM), in competitive fields such as dermatology.

Objectives: Identify ways the COVID-19 pandemic may impact UIMs applying to dermatology residency.

Methods: A literature search through PubMed/Medline was first conducted to identify eligible articles delineating major barriers faced by UIMs. Once barriers were identified, a 25-question IRB-approved anonymous survey assessing dermatology residency applicants' concerns due to the COVID-19 pandemic was created. Our inclusion criteria consisted of US MD students applying to dermatology residency in the 2020-2021 and 2021-2022 application cycles. We distributed the survey to 246 eligible medical students via social media including Groupme, Twitter, and

Instagram.

Results: Of the 246 eligible students, 77 attempted the survey, whereas 69 completed the survey. One response was excluded as race or ethnicity was not provided. Of the respondents, 35/68 (51%) were UIM. 25/35 (71.4%) of UIM respondents indicated concerns about their USMLE STEP 1 or STEP 2CK score being affected by the pandemic versus 17/33 (52%) of non-UIM students. 20/35 (57%) of UIM participants were concerned about the financial burden with testing cancellations, traveling to different states to take USMLE exams, and the costs associated with extending educational subscriptions, while 14/33 (42%) of non-UIM respondents voiced this concern. All UIM participants indicated concerns about both standing out during visiting virtual electives and not having in-person dermatological networking opportunities versus 31/33(94%) and 30/33 (91%), respectively for non-UIM participants. While the COVID-19 pandemic will have profound effects on most dermatology residency applicants, our data shows that UIMs applying to dermatology residency may be disproportionately affected by the COVID-19 pandemic.

Conclusion & Impact: Our study sought to examine how the COVID-19 pandemic may impact UIMs applying to dermatology residency. From our findings, it is evident that this application cycle will require additional considerations and significant modifications with regard to residency candidate selection for all applicants, particularly for UIM students who may be disproportionately affected by the pandemic.

Poster #8

Title: The Correlation Between Underrepresented Minority Faculty and Students in Medical School and an Exploration of Promising Practices and Obstacles

Authors:

- Damaris García, Tanya López, MS - University of Illinois College of Medicine, American Medical Association

Background: Underrepresented minority (URM) students make up less than 15% of medical students despite representing 28% of the US population and URM faculty make up less than 10% of all medical faculty (Page et al., 2011). This study looks to see if there is a correlation between the number of URM faculty and URM students in US medical schools and to describe diversity efforts in institutions with varying numbers of URM students and faculty.

Specific Aims/Objectives: To explore the correlation between the number of URM students and URM faculty at U.S. medical schools. To describe promising practices in institutions with higher-than-average number of URM students and faculty. To describe common obstacles that schools face in their diversity and inclusion efforts

Methods: I utilized the AAMC 2019 FACTS and Faculty Roster data on URM faculty and URM students in US medical schools to assess if there is any correlation between URM faculty and students in institutions. I will identify three schools with higher than nationwide averages of URM, three with average numbers of URM, and three with below nationwide averages of URM. I developed interview questions and will conduct phone interviews with designated diversity contacts. The interviews will be transcribed and reviewed for common themes.

Results: The Pearson correlation coefficient of percentage of URM faculty and URM students by medical school is 0.58 ($p < 0.05$). The data collected in 2019 from 142 US medical schools demonstrates a statistically significant positive correlation in the percentage of URM faculty and percentage of URM students present in individual institutions. Regarding the qualitative interview data, I hypothesize that institutions with an inclusive academic environment and investment in URM faculty will have higher numbers of URM students and faculty.

Impact: I hope to identify ways that institutions can advance their diversity efforts for both URM students and faculty. By understanding what institutions with larger numbers of URM students and faculty are doing, I hope to disseminate generalizable principles to other medical schools. Similarly, I hope to identify common obstacles that institutions face in order to advance the discussion on how to best overcome them.

Poster #9

Title: Evaluation of a Bilingual Cultural Hispanic/Latinx Workshop About Diabetes for Pre-health and Health Professions Students

Authors:

- Reniell Iniguez, MS - University of Illinois College of Medicine (UIC-COM), Department of Education (UIC-COM), Department of Emergency Medicine (UIC-COM)
- Pilar Ortega, MD - University of Illinois College of Medicine (UIC-COM), Department of Education (UIC-COM), Department of Emergency Medicine (UIC-COM)

- Yoon Soo Park, PhD - University of Illinois College of Medicine (UIC-COM), Department of Education (UIC-COM), Department of Emergency Medicine (UIC-COM)
- Jorge A. Girotti, PhD, MHA - University of Illinois College of Medicine (UIC-COM), Department of Education (UIC-COM), Department of Emergency Medicine (UIC-COM)

Background: Hispanic/Latinx diabetes care in the United States is suboptimal due to linguistic and cultural discordance between clinicians and patients. Currently, no published bilingual educational modalities address diabetes education for pre-medical or medical students focusing on the cultural and linguistic communication needs of Hispanic/Latinx patients.

Purpose: To evaluate the impact of a bilingual cultural health workshop about diabetes on pre-health and health professions students' confidence in and attitudes about caring for Hispanic/Latinx patients with diabetes.

Methods: The 1-hour workshop consisted of an interactive didactic and bilingual slide presentation to introduce participants to common Hispanic/Latinx cultural beliefs pertaining to diabetes, diabetes terminology in Spanish, and best practices when caring for Spanish-speaking patients with high risk of diabetes. Two workshops were conducted in July and August, 2020 in partnership with the Medical Organization for Latino Advancement and the Hispanic Center of Excellence's LaHSEP program. The voluntary pre- and post-surveys asked students to self-rate their confidence level with diabetes-related topics in Hispanic/Latinx populations.

Results: Of 60 attendees, 51 participants (85%) completed the surveys. In comparing pre- and post-workshop responses, there was a statistically significant increase in respondents' confidence to explain the definition of diabetes to Spanish-speaking patients (2.38 vs. 1.47, $p < .001$) and to explain how diabetes relates to general health (2.20 vs 1.42 $p < .001$). There was an increase in learners' knowledge of cultural diabetes beliefs and its impact on health decisions (2.00 vs 1.27, $p < .001$). The workshop was effective across learners with variable Spanish-proficiencies. Participants reported increased confidence that pursuing language and cultural skills will result in better diabetes preventative care and management for Latino patients (2.69 vs 1.29, $p < .001$).

Impact: Our results suggest that educational modalities centered around a health-topic taught bilingually may be effective for teaching the importance of culture and its integral role in the health of Hispanic/Latinx populations to pre-health and health professional students who are heritage Spanish or

second-language learners. This workshop represents an effective module that can be replicated at other institutions.

Poster #10

Title: Current Data on Deferred Action for Childhood Arrivals (DACA) Applicants and Medical Students to US Allopathic Medical Programs

Authors:

- David Mata - Loyola University Stritch School of Medicine, American Medical Association, Medical Organization for Latino Advancement
- Tanya Lopez - Loyola University Stritch School of Medicine, American Medical Association, Medical Organization for Latino Advancement
- Fred Lenhoff - Loyola University Stritch School of Medicine, American Medical Association, Medical Organization for Latino Advancement
- Mark Kuczewski - Loyola University Stritch School of Medicine, American Medical Association, Medical Organization for Latino Advancement
- Emily Anderson - Loyola University Stritch School of Medicine, American Medical Association, Medical Organization for Latino Advancement

Background: According to the Association of American Medical Colleges (AAMC), there are nearly 200 Deferred Action for Childhood Arrival (DACA) students and residents training at United States (US) medical schools and teaching hospitals. Qualitative data suggests that DACA medical students generally stem from lower-income upbringing, bilingual and racially/ethnically diverse, heavily involved in civics, and display a high level of commitment to underserved communities. It has been suggested that these individuals may be more likely to pursue a career in a primary care specialty versus a subspecialty, filling the growing demand for primary care physicians. Nonetheless, quantitative data outlining the current state of DACA medical school applicants and contributions of medical students and residents to US healthcare remain largely unknown.

Objective: In this study, I will review available AAMC data on DACA medical school applicants and matriculants to US allopathic medical school programs to describe trends in applicants and matriculation to US allopathic medical school programs.

Methods: Publicly available data regarding DACA medical school applicants and matriculants was requested from the AAMC using American Medical College Application Service (AMCAS) information.

Results: During the 2019-2020 academic year there were 134 applicants

and 36 matriculants. From 2016 to 2020 there was an average of 129 (62 men, 68 women) DACA applicants and an average of 36 (19 men, 17 women) DACA matriculants to US allopathic medical school programs each cycle.

Discussion: This study is the first to provide quantitative data on DACA applicants and matriculants to US allopathic medical school programs. Due to small sample sizes, additional demographic variables are not available to protect the privacy of DACA students. Moreover, DACA-status wasn't available as a visa option on AMCAS until 2016, excluding applicant and matriculation data from 2013-2015.

Conclusion: Future directions involve examining specialty choices of DACA medical students and the factors that influence those career decisions. By documenting the contributions of DACA medical students, this work is expected to impact recommendations regarding DACA policies and guide lawmakers to develop compassionate and informed policy that benefit the healthcare system at large.

Poster #11

Title: Sexually Transmitted Diseases: The Effects of Prevention Interventions

Authors:

- Jose Pelaez
- Arielle Guzman, MPH

Background: In the United States, sexually transmitted diseases (STD) are more prevalent in the Latinx community than in white communities. Specifically, data from the Centers for Disease Control and Prevention indicates that Latinx individuals have a three times greater risk of suffering from an STD than their white counterparts. Prior literature suggests some contributions to this disparity include limited sexual knowledge and information, unequal access to clinical resources in low-income communities, and the current social norm and social stigmas of avoiding any sex-related conversations or health-related issues resulting from unprotected sex. However, the current literature is not specific to Latinx communities. Therefore, it is important to further investigate the prevalence and contributing factors of STDs in the Latinx population and to gather the current resources and information available to Latinx communities.

Objectives: The purpose of this study is to identify the effects of primary

prevention intervention methods targeting U.S. Latinx adolescents.

Methods: A systematic review of the literature was conducted using the databases, PubMed and PsychInfo and key search terms that focused on primary STD/ HIV/ STI/ AIDS prevention interventions within the U.S. and conducted in any type of setting. The prevention methods were categorized by main outcomes and objectives which included empowering decision making skills, changes in attitude toward safer sex practices, reducing high risk behaviors, abstinence, and condom use.

Results: Of the 323 articles that matched our search terms and topics, 41 articles were included in the analysis and evaluated HIV/STI interventions in adolescents. Among the reviewed articles, the prevention methods aimed to reduce the risk or prevent STI and HIV/AIDS by focusing on adolescent behavioral changes in various forms including but not limited to parent-child conversations, educational workshops, and large group discussions. These interventions had various designs, delivered a similar sexual health message to their audience and were located in different parts of the U.S.

Conclusion & Impact: The overall goal is to achieve a better understanding of the current status of primary STD prevention strategies for adolescents in the Latinx communities. The next steps of this project require evaluating the effectiveness of such strategies and to develop guidelines on how to implement a culturally relevant and effective STD primary prevention program.

Poster #12

Title: Latino Caregivers' Barriers to Accessing Augmentative and Alternative Communication for Children with Communication Challenges

Authors:

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- Sarah Sobotka, MD, MSCP - Lurie's Children's Hospital of Chicago, Northwestern Feinberg School of Medicine, University of Chicago Pritzker School of Medicine

Objective: Latinos experience significant barriers to seeking and obtaining healthcare services like assistive technology (AT). Limited research has focused on barriers to access to augmentative and alternative communication (AAC), a type of AT. AAC is essential for persons with

disabilities, including persons with disorders like Autism Spectrum Disorder, Rett's Syndrome, and Cerebral Palsy. We hypothesize that barriers from various domains exist in AAC utilization and access.

Method: We employed theoretical thematic analysis methodology to engage in semi-structured qualitative interviews to understand firsthand experiences pertaining specifically to AAC. The interviews were recorded, transcribed, and in some instances, translated into English and analyzed using thematic analysis. Demographic information was collected through a survey presented on a computer or mobile device via REDCap.

Results: Ten semi-structured interviews were conducted, of which 6 (60%) occurred in Spanish. Participants were 80% female with a mean age of 37 years old, of which 70% were born in Mexico. The children with disabilities under their care were predominantly male (80%), mean age of 6 years old, and born in the United States (90%). Seventy percent of participants reported an annual household income of <\$29,999, with 3(30%) obtaining at least a high school degree. Identified themes about barriers to AAC access were organized into the following categories: Healthcare System Barriers, Financial Barriers, Parent and Direct Social Network Factors, Community Support Factors, and School and Special Education Factors.

Conclusion & Impact: Latino caregivers described systemic, government, financial, educational, and personal barriers in attempting to access AAC for their children. All children with communication challenges deserve access to an AAC modality that would most suit their communication needs. The research presented here points out some barriers to AAC access. Further studies into the specific barriers, like how to better improve graduate medical education in the use of AAC, could offer a long-term solution.

Poster #13

Title: Hate Speech, Acts of Hate, and Impacts of Hate: A Qualitative Study of Violent Political Rhetoric and Health Implications for Spanish and Chinese Speaking Immigrants

Author:

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- James Zhang (BA)
- Katherine Lopez
- Aresha Martinez-Cardoso (PhD, MS)
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Background: Violent political rhetoric regarding immigrants in the U.S. often incites discriminatory treatment at both interpersonal and institutional levels, shaping health and healthcare experiences. This qualitative study explores and compares how Spanish- and Chinese-speaking immigrant populations in Chicago understand violent political rhetoric, utilize strategies to cope, and experience downstream health consequences.

Methods: We conducted, recorded, and transcribed 14 semi-structured focus groups with immigrant adults (N=80), ages ≥ 35 years. Recruited from predominantly Hispanic/Latino or Chinese neighborhoods in Chicago. Focus groups were conducted by racially- and linguistically concordant interviewers in Spanish, Mandarin, or Cantonese. The research team developed a codebook iteratively and analyzed transcripts using grounded theory.

Results: The mean age of participants was 61.4 ± 13.1 years; the majority were female (62%), unemployed (68%), and attained less than a high school diploma (53%). Almost two-thirds (61%) were Chinese-speaking and one-third (39%) were Spanish-speaking. While 93% of Spanish-speaking participants indicated some level of stress due to rhetoric against immigrants, 39.6% of Chinese-speaking participants reported some stress due to rhetoric. Approximately one-third (32%) of Spanish-speaking participants screened positive for PTSD, compared to only 4% among Chinese-speaking participants. Participants described several ways by which violent political rhetoric increased discrimination against immigrants: "They think we're fifth class citizens, not second or third, but fifth." Another woman said: "They've always got a foot against our necks, you know? The police just antagonize the worker." Many participants responded to these experiences by using coping strategies like self-blame, helplessness, and propagating model minority expectations: "We should look to integrate into society, speaking like society, getting educated like society, being useful." Downstream consequences included impacts on mental health ("I would like to be at peace, without the fear of always thinking what's going to happen tomorrow") and physical health ("Maybe at the beginning, they're able to deal with it. But with time, they lose a lot of sleep and they wind up sick.")

Conclusions: Participants often described increased experiences of acts of hate toward immigrants with impacts on mental and physical health. They formulated coping mechanisms to maintain a sense of self in the face of violent political rhetoric.

Poster #14

Title: A Telephone-Based Remote Monitoring Program for COVID-19: Utilization and Outcomes Among Spanish-speaking Patients

Authors:

- Ana Reyes
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- Jeffrey A Linder, MD, MPH, FACP
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- Jillian M Weber
- Pilar Ortega, MD

Background: Since the start of the coronavirus disease 2019 (COVID-19) pandemic, health systems have been using telephone triage systems to manage patients with signs of infection. Though telephone triage has been shown to improve efficiency of medical resource utilization, little is known about its effectiveness for Spanish-speaking patients with limited English proficiency. Evidence supports that a lack of language concordance between patient and clinician can result in higher use of medical resources. Negative outcomes related to emergency medical service calls among patients with limited English proficiency has been shown. In this study, we will examine patients' preferred language and type of language support as predictors of health resource utilization among patients in the COVID-19 remote monitoring program at our institution.

Methods: Patients enrolled in the COVID-19 monitoring program between March 30, 2020 and June 30, 2020 were identified. Patients' preferred language and whether the call required an interpreter was indicated in the patient's chart. An initial questionnaire of symptoms and an assessment for life-threatening conditions were prospectively collected for all patients who called the line. A chart review will be conducted to determine use of medical services after initial enrollment in the program, including emergency department visits and telemedicine appointments, and outcomes from those visits. We will also examine engagement in the monitoring program and loss to follow-up. Statistical significance will be assessed by chi-square analysis.

Results: Pending student summer research project.

Conclusion & Impact: This study sheds light on the effectiveness of telephone-based systems for managing Spanish-speaking patients with concern for COVID-19. As medicine continues to explore mediums for

evaluating patients remotely, for example via telemedicine, leaders in the field should ensure that these systems are accessible and effective for Spanish-speaking patients and other patients with limited English proficiency.

Poster #15

Title: The impact of socioeconomic status on social stigma and depression among Latinx patients with lung cancer

Authors:

- Jackelyn Cantoral, MS
- Arielle Guzman, MPH
- Madeline Pasquinelli, DNP, APRN

Background: Lung cancer is the second most common cancer. Among Hispanic men, it is the third most commonly diagnosed cancer and accounts for 16% of cancer deaths among Hispanic men, and 13% for Hispanic women (ACS, 2020). Prevalence of lung cancer is highest in males and individuals of low socioeconomic status (Torre, Siegel, & Jemal, 2016). The U.S. Census Bureau reported that 19.4% of Hispanics, compared to 9.6% of non-Hispanic whites, were living in poverty (HHS, 2019). Of the 95% of lung cancer patients that report stigma, 48% of those report feeling stigmatized by their own provider (Shen, Thomas & Ostroff, 2016).

Objective(s): The purpose of our project was to characterize the association between socioeconomic status and social stigma and depression among Latinx lung cancer patients.

Methods: This project was conducted as a secondary analysis on a dataset resulting from a prospective survey study conducted at University of Illinois Cancer Center that surveyed lung cancer on their perceived stigma and depression regarding their diagnosis. The secondary analysis compared stigma and depression scores among different minority groups and by certain socioeconomic statuses. A sub-analysis, which focused on the LatinX respondents, compared depression and stigma scores by insurance type and education level.

Results: In Latinx, 66.6% had a high school degree or less and 33.3% had either post high school training or some college completed. The average stigma score in Latinx was 41 (compared to 39.22 for blacks and 32.87 for whites). The average depression score was 3.83 (compared to 2.98 for blacks and 2.09 for whites).

Conclusions & Impact: It was found that Latinx had the highest stigma and depression scores compared to their non-Latinx black and white counterparts. We did not find a trend among lower socioeconomic status and increased depression and stigma, hence individual data on household income and unemployment is needed. This study can inform and direct health care delivery, as well as future research, to focus on ameliorating depressive symptomatology by targeting the individual's perceived stigma.

Poster #16

Title: An Unending Cycle: The Relationship Between Menstrual Poverty and Food Insecurity in the City of Chicago

Authors:

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Background: Menstrual poverty is the lack access to affordable hygiene products, and/or the lack of scientifically accurate menstrual education. While much research has been conducted to learn about the effects of menstrual poverty in developing countries, this issue has been greatly overlooked in the United States.

Purpose: This research aims to fill in some of these knowledge gaps, specifically when it comes to the relationship between menstrual poverty and food accessibility in the city of Chicago.

Methods: To gather this knowledge, we administered a needs assessment survey in Chicago-land areas considered food deserts and in areas with abundant affordable food resources. From these surveys we assessed the number of individuals experiencing menstrual poverty in Chicago and stratified results by neighborhood. We compared this data to publicly available food insecurity data to observe any trends. We also conducted a menstrual product asset map of the communities surveyed. Finally, we utilized trends observed to strategize on initiatives or policies that could be put in place to address menstrual poverty.

Results: 155 surveys were collected from participants spanning twenty-three Chicago communities. 65% of those surveyed screened positive for menstrual poverty using our needs-assessment screening tool. 33% of those that screened positive agreed to participate in follow-up interviews for further discussion.

Conclusion/Impact: While the needs assessment results provide a window into the pervasiveness of menstrual poverty in Chicago, diversity across community distribution was lacking; this allowed no correlations to be identified between menstrual poverty prevalence and food insecurity. Further studies will need to do more extensive surveying of all communities. The next phase of this project is to conduct validation of our screener, and to conduct follow up interviews with willing participants.

Poster #17

Title: Assessing the Value and Implementation Potential for Diabetes Mobile Health Interventions in Low-Resource Settings

Authors:

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Background: Treatment for type 2 diabetes (T2D) hinges on self-care routines to address the risk for disease progression. Amongst people with T2D, many barriers exist to disease management and more barriers are experienced by racial/ethnic minorities and people with low socioeconomic status.

Objectives: While evidence of efficacy for diabetes mobile phone-delivered interventions is growing, few studies have shown sustainability and specificity to socioeconomically and racially and ethnically diverse populations. The Rapid Education/Encouragement And Communications for Health (REACH) intervention was designed to support the self-care adherence of diverse groups using basic mobile phone technology.

Methods: We partnered with 13 Federally Qualified Health Center (FQHC) sites to evaluate REACH with a randomized control trial (RCT) using a type 1 hybrid effectiveness implementation approach. Following the trial, we

conducted interviews with patients and clinic staff to explore the perceived value of the REACH intervention, focusing on the perceived benefits and utility. We also identified common barriers and facilitators to implementing REACH into clinical care.

Patient and clinic staff interviews were audio-recorded and transcribed verbatim. Patient and clinic staff interviews were coded separately using thematic analysis. We coded the transcripts independently, with one-third coded by two coders to establish inter-rater reliability ($\kappa=.80$). Patient participants ($n=36$) were 56% female, 44% had \leq a high school degree, 61% were non-White (53% Black), and 53% had an annual income \leq \$25K.

Results: Across interviews, patients' common reasons for finding REACH helpful included medication reminders and feedback (69% of interviews), behavior changes (67%), and increased accountability (53%), while clinic staff ($n=12$) reported reasons which included increased patient engagement (75%), individualized clinical care (58%), and behavior changes (50%). Common facilitators included alignment with organizational goals and integration with existing clinic flow and workforce. Common barriers included integration with clinic work processes, limited staff availability, and cost. Although all interviews identified at least one barrier to implementation, they reported facilitators more frequently.

Poster #18

Title: Design & Planning of “Su Salud Viene Primero/Your Health Comes First” A Hybrid Lifestyle Intervention Program during the COVID-19 Pandemic

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Background: Metabolic syndrome (MetS) is a group of cardiometabolic risk factors that increase the risk of chronic illness, such as cardiovascular disease and diabetes. One third of US adults are affected by MetS and current data shows that MetS is present in 36% of Hispanic women and 34% of Hispanic men. Among the factors contributing to the higher prevalence, include low socioeconomic status, lack of access to healthy foods, and low health literacy. While lifestyle intervention programs have proven to be effective in improving outcomes for the Hispanic population, primary care physicians (PCP) lack the time during clinic appointments to provide adequate and thoughtful health coaching. This project will address the need of a program to decrease risk of MetS by using a hybrid intervention.

Aims: The goal of this study is to determine if a virtual lifestyle intervention program will help a low-income, uninsured patient population improve knowledge of health and wellness, anthropometric measurements, blood pressure, glycemic and lipid levels, mental health, and medication adherence.

Methods: Patients will be recruited through the Access to Care (ATC) Clinic in Maywood, IL to participate in a 12 to 18-week program that incorporates lessons to educate patients about MetS, general health, and lifestyle change tools. Individual counseling will be implemented to set goals using motivational interviewing while considering biopsychosocial factors and limitations. Data on anthropometric measures (weight, height, waist circumference, BMI), A1C/fasting blood glucose, blood pressure, cholesterol levels, medication adherence, and health literacy will be collected before and after the program. Labs, chart reviewing, and questionnaires will be used to collect data. Phone calls, messaging, and other virtual platforms will be used to support the patients throughout the intervention.

Results: Pending MOLA Scholar project data collection.

Impact: The program will provide valuable tools, knowledge, and emotional support that are all vital for behavioral change in patients with a high MetS prevalence. Additionally, the virtual project curriculum can serve as a resource to facilitate health coaching for other clinics around the country.

Poster #19

Title: Evaluating impact and implementation of RAICES, a parent-based intervention for Latina adolescent mental health outcomes

Author:

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Background: Latinx female adolescents experience higher rates of suicidal ideation and self-harm than their non-Hispanic peers. Family tensions, migration stress, and other risk factors have been linked to this disparity. Over the past 20 years, several programs focusing on mental health in Latinx youth have incorporated a family-based model into their intervention, with positive results. To better support the mental health needs of participants in the SEEDS program at Sixteenth Street Community Health Center, Raíces seeks to normalize mental health disorders and increase parental understanding of mental illness.

Objectives: To assess 1) the impact and process of Raíces through primary data from former participants; 2) the quantitative effect of the Raíces curriculum on participants beliefs and knowledge surrounding mental health; 3) the implementation of the program over its first 5 cycles.

Methods: All parents of SEEDS participants were invited to join Raíces. Each cohort ran for 16 weeks. Each Raíces participant completed a pre- and post-intervention 14-item Likert scale survey in Spanish asking about mental health beliefs and stigma. Data from the first 5 cohorts was compiled and analyzed. Participants from Cohorts 1-5 were invited to participate in individual or small-group interviews to discuss their experience with Raíces. Interviews were conducted in the participant's preferred language, audio-recorded with consent, then transcribed and read for key themes. Findings: Parents perceive improved communication with their children after participating in Raíces. The group learning model and sharing of experiences surrounding mental health is a highlight of the program. Low attendance and retention rates were noted as detracting from the participant experience. The parent experience may be further enhanced by improving details of program implementation such as printed materials provided during group sessions.

Conclusions & Impact: Raíces is effective for the few parents who can attend consistently. Parents describe practicing the tools and techniques presented in Raíces with their entire family unit, which is promising. Strategies for increasing accessibility to all parents of SEEDS participants

such as developing resources for childcare during group sessions are an important next step for expanding the impact of this program.

Systematic Review/Literary Review

Poster #20

Title: Complementary and Alternative Medicine as Treatment for Common Skin Disorders: Normalizing Use Disclosure in Racial and Ethnic Minorities

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Background: Complementary and alternative medicine (CAM) treatments are growing in popularity as alternative treatments for common skin conditions yet, racial and ethnic minorities are less likely to disclose their use of CAM to their healthcare professional.

Objectives: We performed a systematic review and meta-analysis to determine the tolerability and treatment response to CAM treatments in acne, atopic dermatitis (AD), and psoriasis. The study was conducted to understand the efficacy of CAM treatments in all races and ethnicities in order to normalize use and to promote use disclosure in racial and ethnic minorities.

Methods: PubMed/Medline and Embase databases were searched to identify studies measuring the effects of CAM in acne, AD, and psoriasis.

Effect size with 95% confidence intervals (CI) was estimated using random-effects models.

Results: The search yielded 417 articles. 40 studies met inclusion criteria. Quantitative results of CAM showed a standard mean difference (SMD) of 3.78 (95% CI [-0.01, 7.57] and 0.58 (95% CI [-6.99, 8.15]) in acne total lesion count, a -0.70 (95% CI [-1.19, -0.21]) SMD in EASI score and 0.94 (95% CI [-0.83, 2.71]) SMD in SCORAD for AD, and a 3.04 (95% CI [-0.35, 6.43]) and 5.16 (95% CI [-0.52, 10.85]) SMD in PASI for psoriasis.

Limitations: Differences between the study design, sample size, different outcome measures, and duration of treatment used limit the generalizability of data.

Conclusions: CAM may be a beneficial treatment in certain diseases. Physicians must interpret this data with caution and advise patients on CAM treatments on a case by case assessment. Within minority populations, understanding the barriers faced regarding nondisclosure of CAM use to their healthcare providers is necessary. Increased awareness and appreciation for the cultural context of their CAM use through the exploration of health belief systems and the potential effect on health behaviors and outcomes may also help address racial and ethnic health disparities in the United States.

Poster #21

Title: Systematic Review of Nutritional Interventions for Latinx Adults in the United States and Latin America

Authors:

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Background: Obesity and type 2 diabetes mellitus are risk factors for cardiovascular disease, which is one of the leading causes of death worldwide. These risk factors disproportionately affect the Latinx community. Lifestyle modifications such as nutrition and exercise have been recommended as preventative measures. Implementing these changes successfully in Latinx communities must take into consideration social and cultural factors such as immigration, food security, language, and cultural practices.

Objectives: This systematic review aims to (1) identify nutritional interventions implemented for Latinx adults in urban communities in the US and Latin America, (2) analyze whether their nutritional interventions were tailored to Latinx cultural and linguistic needs, and (3) determine whether statistically significant clinical outcomes were achieved.

Methods: A systematic review was performed from March to August 2020 by searching scientific databases and conducting backward searches from the reference lists of articles of interest.

Results: Initially, 523 studies were identified of which 14 studies met inclusion criteria. The percentage of Hispanic/Latinx individuals in the study population ranged from 89-100%. Fifty-seven percent of selected studies targeted women, but all studies had a majority of women as participants. The most commonly used curriculum was the Diabetes Prevention Program (n=6). Ten studies (71%) reported patient outcomes showing significant weight reduction, out of which 4 studies (29%) described a moderate weight loss of more than 5%, which has been linked to favorable cardiovascular outcomes. There was a concordance in 93% of studies between language of intervention and primary language of participants. Other examples of how interventions were tailored for cultural needs included use of community health workers, Latinx recipes and community centers.

Conclusions: Nutritional interventions that are tailored to the culture of the participants seem to be effective in achieving weight reduction goals to improve long-term cardiovascular health for those with elevated BMIs, not for those already diagnosed with type 2 diabetes. Interventions reviewed that used individual coaching and included cultural modifications were particularly effective. Given that the majority of the participants in available studies consisted of women, additional study may be needed to study the effectiveness of nutritional interventions for Latino men.

Poster #22

Title: Literary review of lifestyle modification strategies aimed at Latina pregnant women to reduce the incidence of gestational diabetes mellitus, prevent excessive gestational weight gain and reduce negative pregnancy outcomes

Author: Rebecca Liebl

Background: Latinas are disproportionately affected by being overweight and obese and are more likely to enter pregnancy overweight and develop Gestational Diabetes Mellitus (GDM). GDM makes pregnant women more

susceptible to complications and increases risk for Type 2 DM later in life. When compared to normal weight, overweight Latinas and those who have excessive gestational weight gain (GWG) during their first trimester are at higher risk for GDM and abnormal glucose tolerance (AGT). The aim of this review is to provide an update on lifestyle intervention programs in the United States for Latina women at risk for developing GDM.

Methods: A systematic search of PubMed was conducted to identify research articles from January 2015 through March 2020. Ten studies were included in the analysis, one systematic review and 9 were either RTCs, retrospective cohort studies or focus group results.

Results: Diet only, or mild physical activity started later in pregnancy don't reduce the risk of GDM or adverse birth outcomes. There is no clear consensus on what the best method is and most studies lacked statistical power due to difficulties with recruitment and retention, which are challenging to overcome due to socioeconomic barriers.

The systematic review suggests combining long-term intensive counseling with low calorie or low glycemic diet. Another study concludes that maintaining low weight gain by week 28 is associated with decreased risk of GDM. A monitored moderate-to-vigorous intensity exercise program in the first trimester helped 22% of overweight women stay within the IOM GWG recommendations. Incidences of macrosomia and labor dystocia were significantly improved in the exercise group, even for women who exceeded GWG limits.

Understanding of what healthy GWG is, and how to achieve it, as well as having family and social support allows Latinas to make and sustain healthier eating choices. Participation in Spanish Centering-pregnancy based groups provides additional pre and post-natal benefits.

Conclusion/Impact: Offering diet and moderate-to-vigorous intensity exercise interventions that are culturally sensitive and delivered in Spanish can reduce GWG, GDM and negative birth outcomes. Additional education and training for the entire family facilitates the adoption of these healthier habits.

Poster #23

Title: US Asylum Seekers: A Literature Review of Sociodemographic, Health Profile, and Healthcare Resource Utilization Data.

Authors:

- Yanina Guevara - Rosalind Franklin University, Lifeundocumented, Inc
- Mario Mendoza, MD, MS - Rosalind Franklin University, Lifeundocumented, Inc.

Background: There is limited data on the sociodemographics and health profiles of asylum seekers (inclusive of all countries of origin) in the US. In addition, there are no regionally or nationally representative publications on the sociodemographics, health profiles, or healthcare resource utilization of asylum seekers in the US.

Objectives: This literature review aimed to understand the published literature on sociodemographic, health profile, and healthcare resource utilization data on asylum seekers in the US.

Methods: Two independent reviewers conducted a literature review using PubMed, Cochrane CENTRAL, OvidMedline, and Academic Search Complete searching only abstracts and peer-reviewed articles in English and Spanish using keywords related to/iterations of asylum seekers, migrants, refugees, and immigrants in the US. (years 1982 to 2020).

Results: We identified 568 publications that met criteria, of which, 376 were excluded. 192 articles underwent full-text review based on our criteria: US-focused asylees data on demographics, healthcare profiles, healthcare resource utilization. Screening inclusion (duplicates and based on criteria) resulted in 87 publications in our final analysis.

Of the 87 publications, there were 24 articles on refugees: 2 on refugee health (inclusive of D2M, HTN), 1 on comprehensive health profiles, 1 on refugee women and birthing outcomes, 1 on TB screening in refugees, 4 on refugee mental health, and 2 on Hepatitis B prevalence, 6 on refugee children demographic and health profile data (ie, blood lead levels, nutrition).

In the literature, immigrant and migrant communities are dehumanized by terms inclusive of 'seasonal worker' and 'farmworker'. The majority of the literature on these communities reported on demographic and health profile data (prevalence of TB and Hepatitis B).

About half of the 6 articles on asylees reported demographic and health profile data, 2 on demographic and health profile data on the LGB community. While they reported information on a vulnerable population, their data was limited to partial demographics, a mental health and trauma-focused health profile, and varied study designs (questionnaire-base and retrospective chart review).

Nearly all of the 14 articles focused on undocumented immigrant

communities from Mexico and the Northern Triangle. 3 articles on mental health, and 1 on health profiles (partial). Only about 33% of the articles reported undocumented immigrant demographic and health profile data.

No publications comprehensively reported demographic, health profile, or healthcare resource utilization data.

Conclusion: Our results showed limited data on demographics and health profiles and no published data on regionally/nationally representative asylum seeker healthcare utilization. There is a need for further research to elucidate the healthcare needs of asylum seekers in order to better serve immigrant communities.

Poster #24

Title: “Clinical Guideline Recommendations for Screening, Diagnosing, and Managing Cognitive Impairment and Dementia in the U.S. Hispanic/Latino Population”

Authors:

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- Joseph J. Cooper, MD - Loyola University Stritch School of Medicine, University of Illinois at Chicago Department of Psychiatry

Background: As the U.S. Hispanic/Latino population is both growing and aging, the number of Hispanic/Latino patients with cognitive impairment and dementia is anticipated to rise sharply in the next thirty years. To date, no evidence-based clinical guidelines are available for the screening, diagnosis, and management of dementia among U.S. Hispanic/Latino patients.

Purpose: The aims of this review are: to provide a data-informed summary of appropriate methods for screening U.S. Hispanic/Latino patients for dementia with cultural, linguistic, and socioeconomic factors considered; and to provide a set of evidence-based recommendations for the management of Hispanic/Latino dementia patients, as well as guidance and counseling for family members in need of educational and supportive resources.

Methods: A Pub-Med search was conducted to find literature on screening, prognosis, and management of Hispanic/Latino patients with dementia.

Results: Conventional dementia screening methods (ie MDRS, MMSE, MoCA) demonstrated higher likelihood of misclassifying Hispanic/Latino patients in accurate cognitive state categories. Screening modalities that tested patients on more culturally universal concepts (ie clock drawing) were more reliable, as did screening methods provided in Spanish. Prognostic factors associated with developing dementia include cardiovascular comorbidities, such as diabetes and hypertension, and physical inactivity. Strategies that used creative methods to engage Hispanic/Latino caregivers and address psychosocial stressors showed significant reductions in self-reported stress levels and symptoms consistent with depression.

Impact: Study findings help support that considering cultural context and linguistic competency in screening Hispanic/Latino patients is imperative to achieving diagnostic accuracy. Additionally, significant prognostic factors reveal that proactive management of comorbidities in this community may help to reduce risk of dementia and to slow its rates of progression. This review can help raise awareness of the need for quality dementia care for the increasingly large U.S. Hispanic/Latino community, which continues to display evidence of disproportionately inadequate care and barriers to accessing treatment.

Case Report

Poster #25

Title: Streptococcus mitis as a cause of retropharyngeal abscess in an Hispanic immunocompetent adult

Author:

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- Arnaldo Rodriguez, MD
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- Rishi Chadha, MD
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Background: Deep neck infections uncommon in adults. Retropharyngeal abscess requires early diagnosis and management due to rapid progression of complications. We describe a case of Streptococcus mitis bacteremia, retropharyngeal abscess, odontoid OM and meningitis with an

atypical presentation of polyarthralgia and weakness after a dental procedure.

Case: 70-year-old Hispanic-Spanish speaking female with HTN, hypothyroidism, spinal surgery and recent dental procedure who presented to the emergency department with severe weakness, polyarthralgia, high grade fever, and rigors for 3 days. Vitals T37 RR22 HR86 BP139/94 SpO2 100% on room air. Clear blisters in lower lips, right wrist swollen, tender with ROM limited by pain, bilateral knees swollen, nontender, ROM limited by pain, no fluctuance, neck stiffness with decreased ROM limited by pain, strength 5/5 in upper extremities, bilateral LE 4/5 limited by soreness/pain. WBC 22.4K with neutrophil shift, 14 bands. In the ED started on empiric treatment for meningitis and septic arthritis with cefepime, vancomycin, ampicillin and acyclovir. Sedimentation rate 91 and CPR high sensitivity 681. ASO, ANA, cyclic citrullinated peptides, parvovirus IgM, RA, Lyme titers were negative. Right knee X-ray with complex fusion. Right knee US guided arthrocentesis showed 20 cc of slightly cloudy yellow viscous blood-tinged joint fluid with calcium pyrophosphate crystals. LP done on antibiotics: 50 WBC with 85% PMNs, 610 RBC, protein 111, glucose 53, culture negative but positive antigen for *Streptococcus pneumoniae*. Blood cultures grew *Streptococcus mitis*. TTE and TEE without evidence of vegetation.

Patient developed RUE weakness but could lift arms against gravity. MRI cervical/thoracic spine showed retropharyngeal fluid concerning for retropharyngeal abscess with epidural extension and cervical OM (C1/C2), T4-T5 epidural thickening and enhancement and marrow edema, and enhancement/thickening around T9-T10 epidural space. Lumbar spine MRI showed orthopedic spacer/expander, 1.5 cm collection around L4 thought seroma or micro abscess with post- surgical or infectious enhancement. MRI brain showed similar findings along with proteinaceous CSF concerning for infection. Patient was transferred to a higher-level care hospital.

Discussion: Historically retropharyngeal abscess is a relatively uncommon illness and is difficult to diagnose alone by physical examination, with most complications arising from delayed diagnosis. This case shows the impact of how limited access to healthcare systems can impact delivering care and prognosis. Our case represented a diagnostic challenge given an atypical presentation, broad differentials. Initial presentation with fever and polyarthralgia rose suspicion for septic arthritis. At the time of diagnosis infection had already spread to meningeal space. Retropharyngeal Abscess is known to present with high fever, leukocytosis, neck stiffness, malaise,

and difficulty swallowing, which were present in our case.

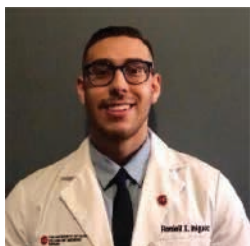
Conclusions: A high degree of clinical suspicion for prompt diagnosis is key to prevent the complication of retropharyngeal abscess such as septic shock, airway obstruction, and CNS involvement. Treatment modalities include high-dose antibiotic therapy, abscess drainage with often surgical intervention.

Awards MOLA Latino Health Symposium 2020

Poster Presentation Awards:



1st Place: Santiago Ávila
 “Patient Perceptions of Clinician
 Medical Spanish Skills”
 (Poster #5)



2nd Place: Reniell Iniguez
 “Evaluation of Effectiveness of a Bilingual Cultural
 Health Topic Workshop on Diabetes for
 Pre-health and Health Professions Students”
 (Poster #9)



3rd Place: Karen Dueñas Ruiz
 “Systematic Review of Nutritional Education
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 and Latin America”
 (Poster #21)

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