Improving Vision and Eye Health in the Addiction Recovery Community

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UAB School of Optometry, The Foundry Ministries

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Outcomes

- Screened residents of the Foundry Farm and CLCC for ocular disease and preserved best corrected vision via corrective eyewear.
- Educated target population on importance of comprehensive eyecare and the ocular effects of systemic conditions
- Established relationship between UAB Eyecare and the UABSON CLMC

Outputs

- Provided vision services to over 200 >patients including target and non-target populations.
- Dispensed 32 pairs of prescription eyewear

Activities

- Performed comprehensive eye exams, dispensed free glasses, and provided an educational proponent to participants of selected sites. Referrals were made to retina specialists, and primary care when needed

Inputs

- Partnership between UAB Eye Care and CLCC Birmingham /Foundry Farm, equipment to provide eye exam, pamphlets for education material, supervising Doctor of Optometry, VSP vouchers/donated glasses.

Introduction

The Foundry Ministries and Changed Lives Christian Center (CLCC) are organizations that house individuals in substance use recovery who vary widely in age and with a variety of chronic health conditions and mental illnesses that have been untreated for many years. Our mission was to connect UAB Eyecare with these organizations to serve the vision and eye health needs of the community.
The project aimed to provide eye exams and subsequent care to create visible improvement in residents' quality of life through their vision, which is often overlooked in terms of general wellness and systemic health.
The project foundation was aided by the SON Changed Lives Mobile Clinic (CLMC) and past ASF fellows.

Lydia Smith, a partner of this project, analyzing the retina of a participant through a Binocular Indirect Ophthalmoscope..

Impact

Through comprehensive eye exams and the provision of free eye glasses, we were able to restore and reserve patients' vision, and provide referral to an eye specialist and primary care provider if warranted. Additionally, we educated participants on the 3 silent killers: Glaucoma, Hypertension, and Diabetes along with proper care of their glasses via direct interaction and pamphlets.
We established sustainability of our project by instituting Foundry Farm (FF)as a BlackBelt site, meaning a team of students doctors, doctors, and staff will provide yearly comprehensive eye exams and distribute free eyeglasses. Similarly, we have established Changed Lives Christian Center (CLCC)as a annual screening site for UAB's NOSA chapter.

Critical Assessment

The most difficult challenge was finding time slots that worked for majority of the partakers. This included attending doctors, site mentors, site participants, academic mentor, and CAB members. Additionally, we had to expand our target population to increase our direct hours. There were several homeless shelters that had partnership with eyecare providers, so we had to adjust our project to cater to other communities that were in need of vision services.
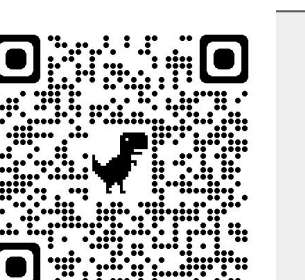

The team of students, professors, and staff who assisted with providing comprehensive eye exams at Foundry Farm.

References

Assessing Self Stigma Surrounding Hearing Loss in Individuals with Health Related Disparities

Abigail Weyerman

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CHAMBERS COUNTY Community Health & Wellness Center aub.ie/ruralhealth

AUBURN UNIVERSITY Outreach

Logic Model

Outcomes
- Provide hearing screenings to individuals living with limited resources.
- Assess the impact of stigma on individuals with untreated hearing loss
- Over 40 individuals with hearing loss identified

Outputs
- Completed hearing screenings and marketing at 10 partner sites
- Over 100 individuals screened for hearing loss
- A contract approved from legal at Auburn for the dispensation of refurbished hearing aids for individuals in need

Activities
- Weekly hearing screenings performed
- Multiple educational talks on the importance of hearing healthcare
- Created a long-term clinic placement of Auburn University Doctoral Students

Inputs
- Created educational handouts available to each site
- Authored survey assessing the stigma and access to hearing healthcare

Introduction

The affordability of hearing aids remains a significant barrier for three-fourths of Americans with functional hearing loss. Purchasing hearing aids may potentially lead to impoverishment for hundreds of thousands. One study suggests that the average bundled cost of $2500 for hearing aids could push 77% of individuals with hearing loss into financial crisis and increase the poverty rate by 4%. Another study stressed the importance of addressing demographic groups less likely to use hearing aids, including younger adults, those living alone, and ethnic minorities. By offering hearing screenings and referrals for evaluation and amplification in partnership to frequently used programs for those with limited resources my project directly confronts the lack of access to hearing healthcare for underserved communities. This approach aims to mitigate health inequities by promoting early detection and intervention for hearing loss, which is often linked to various comorbidities such as depression, thyroid disease, diabetes, heart disease, dementia, cognitive impairment, and frequent falls among the elderly. Through targeted interventions and community partnerships, this initiative strives to bridge gaps in hearing healthcare, ensuring equitable access to essential services and improving overall health outcomes for vulnerable populations.

Impact

Impact on Auburn University Doctor of Audiology Program:
- 10 new partnerships with community resources
- A long term clinical placement for Doctor of Audiology Students
- A contract to distribute refurbished technology to individuals in need

Impact on individuals living with untreated hearing loss:
- Over 40 individuals living with untreated hearing loss identified
- Over 100 individuals screened for hearing loss
- Access to more affordable treatment options (refurbished technology continues to be distributed)
- Greater access to hearing healthcare both in location and affordability

Impact on Cognitive Functioning and Perceived Stigma:

The impact of the stigma survey is as follows: Statistical analysis was completed on IB-SPSS version 28 software using data collected from forty individuals with UHL who completed auditory (audiometric), hearing handicap (quality of life), and cognitive (MOCA) assessment outcomes. A binary logistic regression model was used for statistical analysis of data collected above because the output (dependent variable) of interest was MOCA score (high versus low). The predictor variables were: 1) age as binary variable: younger (age <65 years) versus older (age>65 years); 2) Socioeconomic Status or SES as binary variable: lower income (<$55, 000 annually) versus higher income (>$ 55, 000 annually); and 3) hearing handicap (continuous variable). Hearing handicap was a total quantitative score based on self-reported survey responses on four subscales: 1) emotional handicap, 2) social handicap, 3) psychological handicap, and 4) economic handicap. Specific questions were included in each of the subscales to assess the handicapping influence of UHL.

Results showed that age was the best predictor of cognitive function on MOCA for individuals with UHL (p=0.04). Specifically, younger individuals with UHL were 4.36 times more likely to have higher MOCA (better cognition) than their older counterparts. Hearing handicap was next most significant predictor of cognitive function; individuals with UHL who showed lower self-reported handicap scores were 1.96 times more likely to have better cognition (MOCA scores) than counterparts with higher handicap scores. Finally, higher SES individuals with UHL were more likely to have better cognition than lower SES counterparts.

Critical Assessment

During the Fellowship year, we encountered two significant challenges: encouraging individuals to follow-up for full evaluations after hearing screenings and obtaining approval to distribute used amplification. To address these obstacles, we provided written resources for scheduling appointments and reviewed documents at the screenings. Meanwhile, my academic mentor crafted a document, which was subsequently approved by legal at Auburn, that permits the distribution of refurbished hearing aids to those in need. This experience revealed my profound passion for expanding healthcare access among underserved populations and it solidified my commitment to this aspect of my career. Additionally, input from the Community Advisory Board and individuals with untreated hearing loss greatly informed the development of our handouts and services, enhancing our understanding of health disparities and social determinants of health.

References

Tailored Recipes for Individuals with Chronic Illness and Food Insecurity

Alanis Stansberry
University of Alabama at Birmingham and Live Health Smart Alabama

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UAB

Live HealthSmart ALABAMA

Logic Model

Outcomes

18 shoppers at Mobile Market (MM) prepared and consumed recipes developed for individuals with type II diabetes, hyperlipidemia, and hypertension.

Outputs

86 shoppers stopped to listen.
43 shopper accepted recipes.
6 Shoppers used a QR code.

Activities

Alanis attended MM stops to distribute recipes and engage in conversations about healthy eating and nutrition.
Alanis collected contact information to follow up with survey about recipe satisfaction and experience.

Inputs

We developed recipes for individuals with common chronic illness that utilized foods available on the MM.
RDs volunteered their time to ensure the recipes were appropriate for individuals experiencing hyperlipidemia, hypertension, and or type II diabetes.
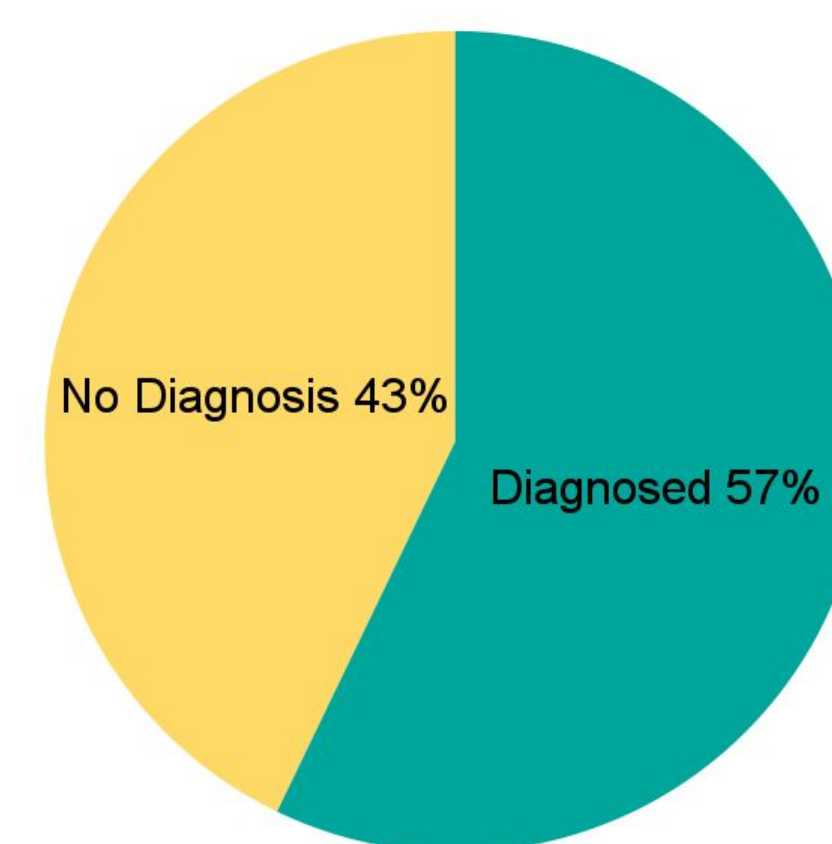
Introduction

Alabama ranks among the lowest in the United States regarding health indicators. Alabama has staggering rates of obesity, hypertension, hyperlipidemia, type II diabetes, and other chronic illness .[1] These illnesses are often preventable, yet the rates continue to rise due to limited access to resources including nutritious foods and nutrition education.[2] This is a matter of systemic inequity that should be addressed. According to the USDA, community efforts to address nutritionally related illness by means of food access and nutrition education has shown to be effective. [3]
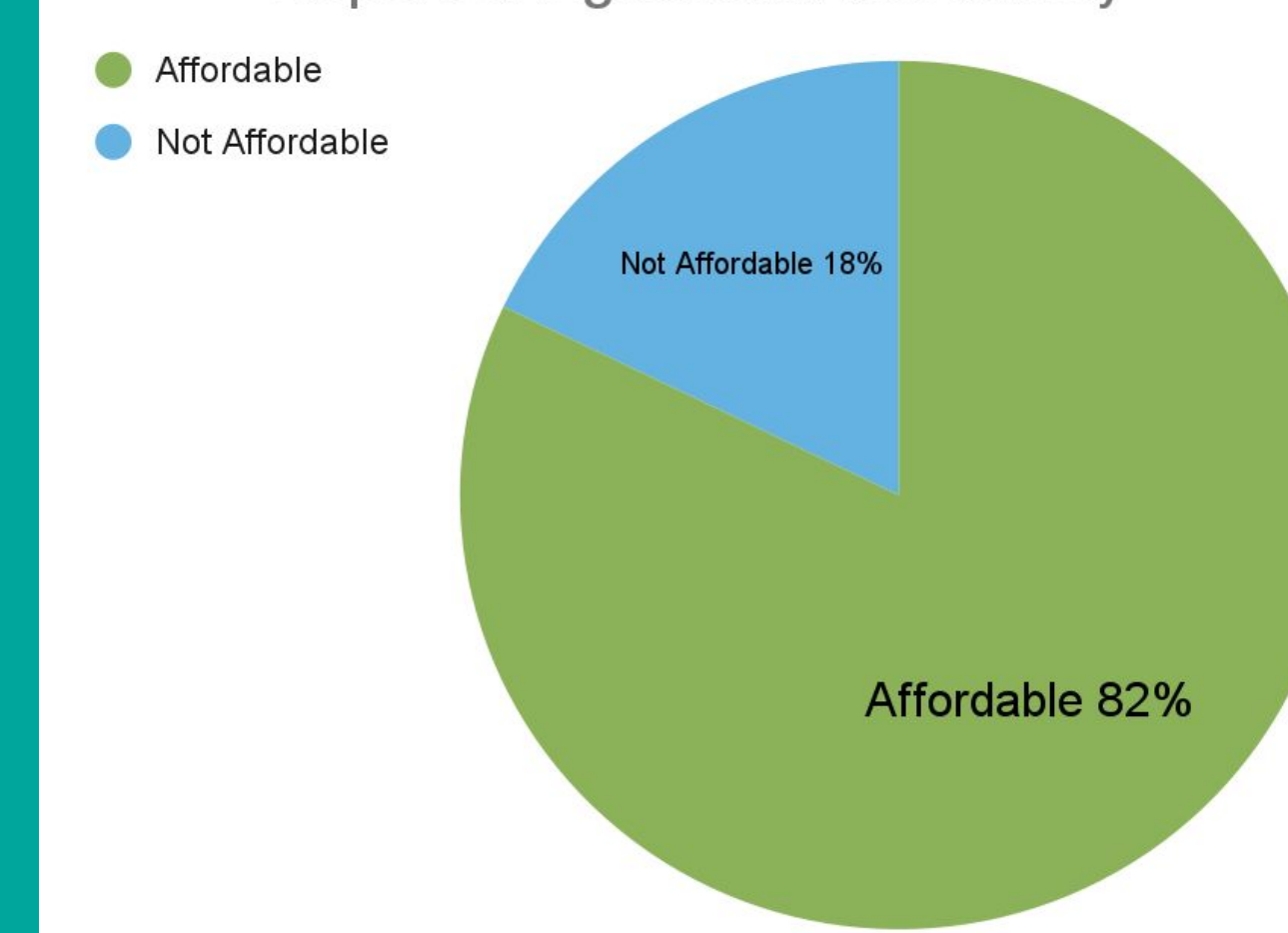
Interior view of Mobile Market

Impact

28 shoppers completed survey.   18 shoppers completed at least one recipe.

Shoppers' Chronic Illness Diagnosis: Diabetes, Hypertension, and/or High Cholesterol
- Diagnosed
- No Diagnosis

No Diagnosis 43%
Diagnosed 57%

Reported Ingredient Affordability
- Affordable
- Not Affordable

Not Affordable 18%
Affordable 82%

Recipe Satisfaction
- Loved
- Liked

Liked 44%
Loved 56%

*No shoppers reported that they disliked the recipes.

The Mobile Market will continue to provide printed recipes and QR codes for recipe access on LHSA website.

Critical Assessment

This year it was difficult to balance school work, service, and personal responsibilities. Through this, I have learned that good work does not always require perfection to be impactful and effective. Additionally, I learned that I am exceedingly resilient about accomplishing goals when the outcome affects a cause greater than myself. Finally, with my hands on experience, I further understand the extensive role food insecurity and nutrition education plays in health equity. As a trainee researcher, health equity will be critical consideration in all future investigation efforts.

Photo of the Mobile Market

References

Tackling Alabama's Dental Provider Shortage: Measuring Success of a Pipeline Program to Increase Dental Workforce

Jade Kim and Su Kim
UAB School of Dentistry
North Alabama Area Health Education Center

Logic Model

Inputs
- Time to create lecture materials and curriculums
- Materials/funds to print and prepare for hands-on activities
- Feedback on the curriculum from mentors and organization instructors

Activities
- Created presentation slides for each population of students in different sites
- Curated hands-on dental activities for students

Outputs
- Student Groups Reached: 4
- Surveys Distributed: 87
- Delivered oral hygiene instruction and dental career introductions to 214 students

Outcomes
- Goal to increase number of students interested in dental career by 50%
- Goal to increase in the dental career perception scores by 10%

Introduction

There is an urgent need for dental care in the state of Alabama.
Increased interest and exposure in dental careers amongst Alabamian students is needed, especially in rural settings.
- Alabama is ranked 51st in the country for dental care access - ADA
- 71% of Alabama counties are face dental care shortages - ADA
- Nearly half of Alabama counties have fewer than 10 dentists - CDC
- The overall US population to dentist ratio is 1,380:1
  Alabama's overall population to dentist ratio is 4,008.38:1 - County Health Ranking

Impact

- Created a pipeline program to increase interest in dental careers for middle school students in Alabama .
- Following the program, students showed increase in perception scores in all target domains: job prospects (5.7% increase), social influences (2.8% increase), self efficacy (4.7% increase), and nature of work (3.5% increase) (Figure 1).
- A 125% increase in the number of students interested in dental career was also observed (Figure 2).
- Project will be sustained through continued collaboration, outreach, and data collection with UAB SOD Office of Admissions

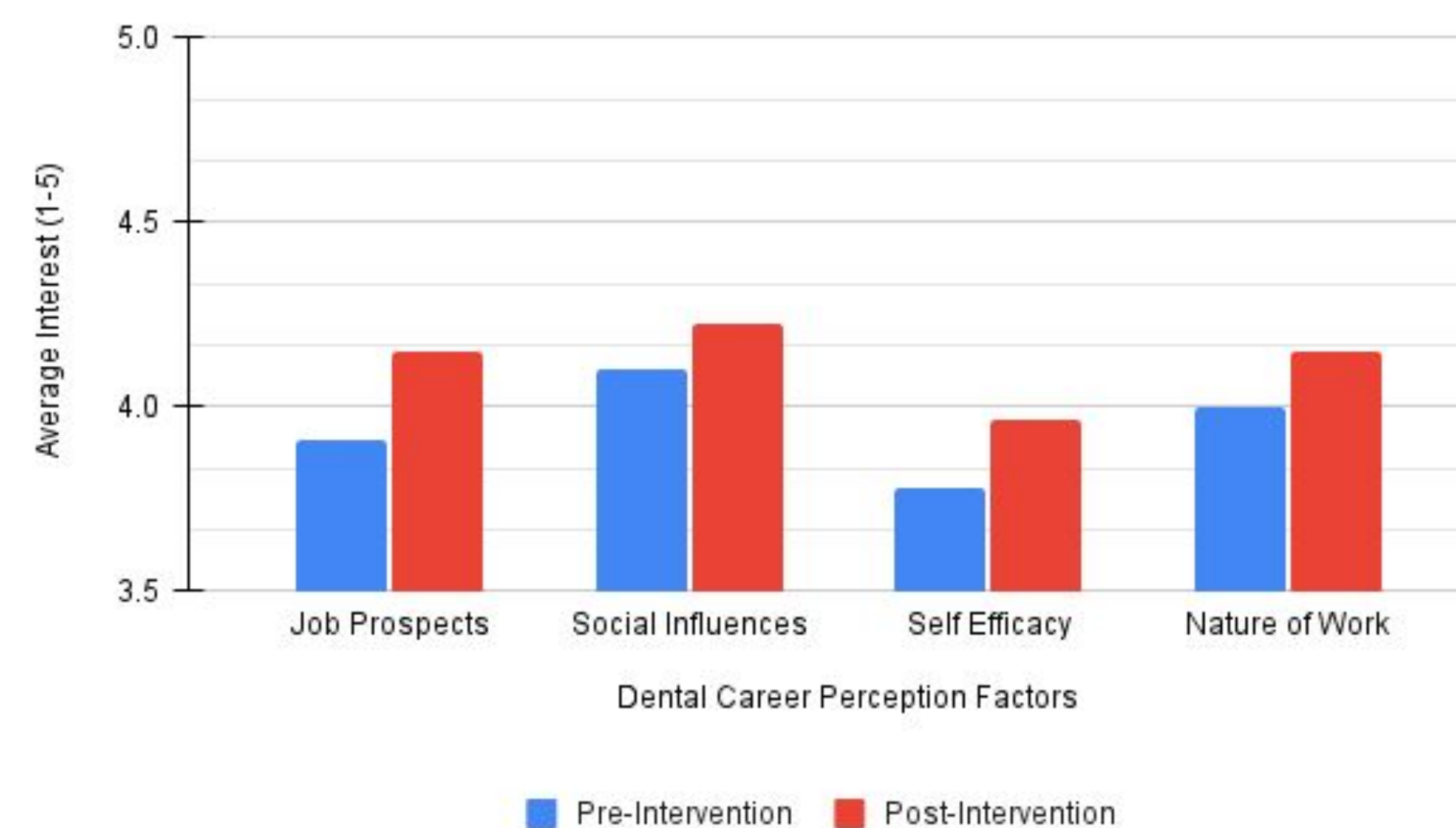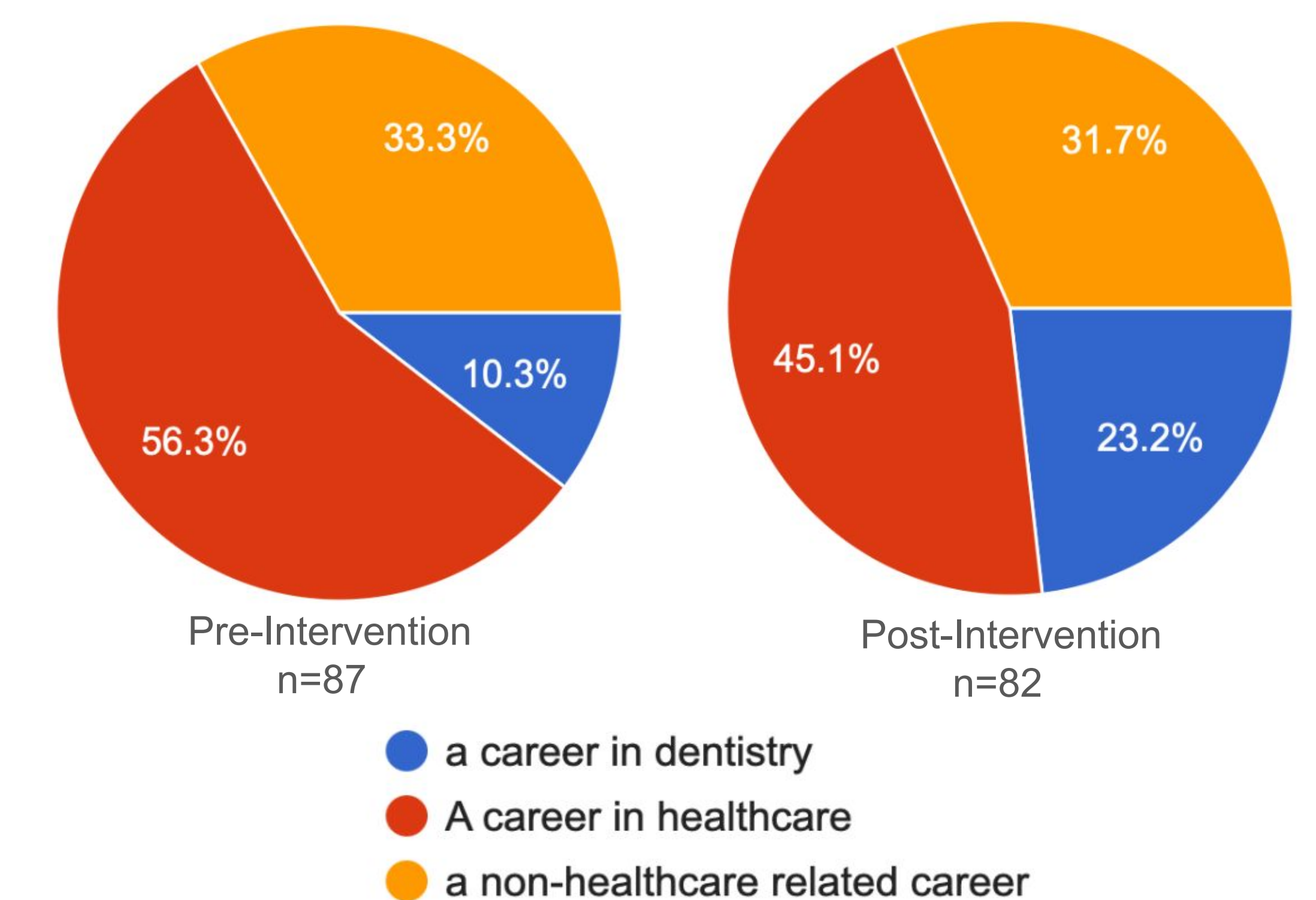Figure 1. Change in Dental Career Interest After Pipeline Program

Figure 2. Change in Dental Career Interest

Pre-Intervention n=87: 56.3%, 10.3%, 33.3%
Post-Intervention n=82: 45.1%, 23.2%, 31.7%

- a career in dentistry
- A career in healthcare
- a non-healthcare related career

Critical Assessment

We experienced challenges establishing connections with schools in rural areas. Through facilitated connections provided by our mentors and directors, we were able to reach out to various schools, student organizations, and nonprofits. This experience highlighted the difficulty in accessing rural communities due to limited connections. Maintaining ongoing outreach efforts and preserving established connections will be critical to overcome such barrier.

Local YMCA Oral Hygiene Instruction presentation

References

Enhancing Health Efficacy: Promoting Diet and Exercise Behaviors among Patients at Cooper Green's MOD Clinic

Paul Jones & Josiah Perry
UABHSOM- Cooper Green Mercy Health System

Logic Model

Outcomes
- Measurable increase in perceived self-efficacy in developing and adhering to diet and exercise programs.
- Enhanced ability to seek, comprehend, and evaluate health information
- Collect survey data to assess current level of health literacy and inform future directions

Outputs
- Monthly in-person workshops tailored to patients' needs (delivered 7 workshops)
- 165+ patient contacts with assessment of baseline health efficacy and literacy
- Validated materials on sustainable healthy diet and exercise

Activities
- 200 hours of direct patient service
- Workshop design and implementation
- Working with Dynamic health to connect patients with long term personalized care

Inputs
- Site and education mentor guidance
- Evidence based guidelines on exercise and diet practices
- Clinical staff to help facilitate patient flow

Introduction

According to the UAB Center for Clinical and Translational Science, approximately 57 percent of all Alabamians are affected by low health literacy, which contributes to numerous poor health outcomes including increased morbidity and mortality. The effects of poor health literacy are especially pronounced in downtown Birmingham, where safety net hospitals like Cooper Green Mercy Health Services provide care to the city's most vulnerable groups. To measure and improve health literacy among patients at Cooper Green, this project hosted in-person workshops with patients at the Cooper Green MOD clinic and laid the groundwork for longitudinal relationships between UAB Heersink School of Medicine students and patients.
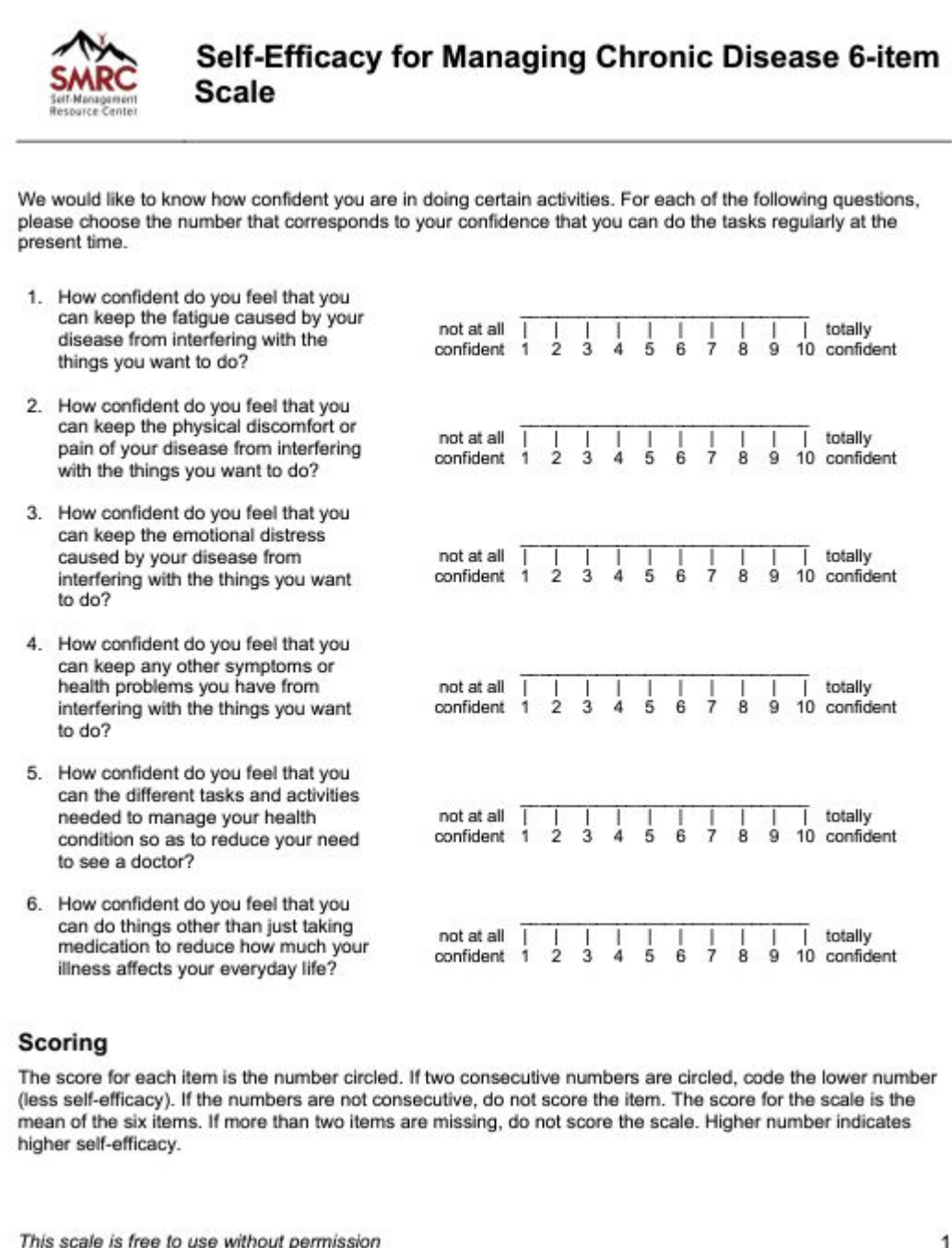
Impact
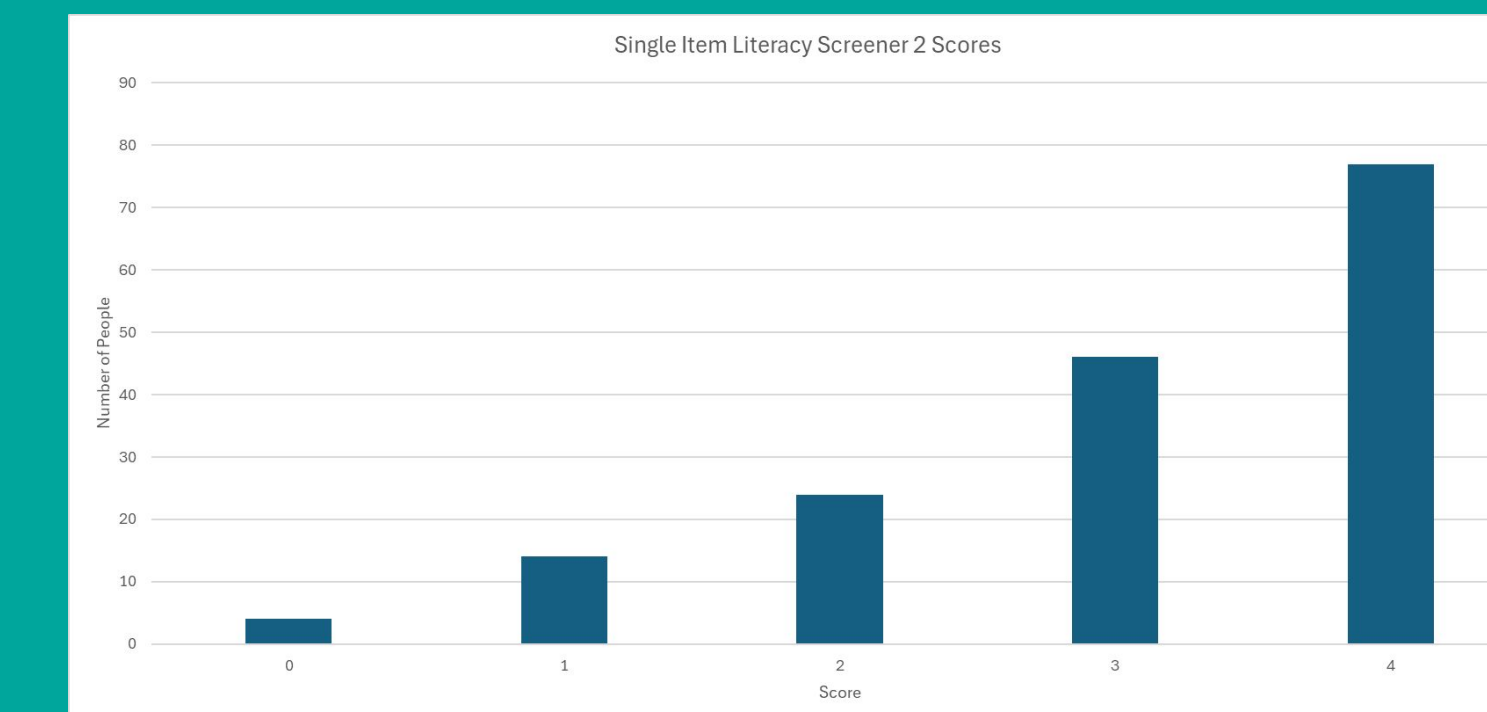
SILS2 Answer Wording	SILS2 Score
Not at all	0
A little bit	1
Somewhat	2
Quite a bit	3
Extremely	4

SILS 2 scores, a well-validated measure of baseline literacy, were obtained from 165 participants. Scores on the Self-Efficacy for Managing Chronic Disease 6-Item Scale were also obtained from all participants. Among participants in the workshop, a mean improvement of 4.29 points on the latter questionnaire was observed (CI 19.75 - -11.17; p=0.55). We were unable to demonstrate a statistically significant effect of the workshops on questionnaire scores, however. More optimistically, 16 patients were paired with volunteers from the UABHSOM organization Dynamic Health and received 1-1 counseling on diet and exercise from trained medical students with that organization.

Critical Assessment

This year, we worked with people with highly variable schedules, limited access to smartphones and laptops, and limited access to transportation. They were highly receptive to our questionnaires, and the SILS2 data collected this year will be useful for future projects with the MOD clinic at Cooper Green. Despite several different recruiting strategies, workshops proved to be an ineffective way of reaching people here. However, we had much more success working with Dynamic Health and look forward to more fully exploring a partnership with them moving forward.

References

Standardizing Inclusive Community on Campus
Katherine Hultquist
Samford University & Samford's Office of Accessibility and Accommodations

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Samford University
Office of Accessibility and Accommodations

Logic Model

Outcomes
- 27 student organizations advertised built-in accommodations for 3+ events
- A reported decrease in ableist attitudes for participants
- A reported increase in knowledge and confidence when interacting with Disability Community

Outputs
- 96 active student organizations completed the in person or online training
- 29 student organizations completed the online training and a one on one consultation
- Online training made available
- 49 students completed the pre and post training questionnaires

Activities
- Led 2 inclusivity trainings
- Developed an online Inclusivity Training (videos and quizzes)
- Held one on one consultations for student organization leaders
- Analyzed questionnaire data
- Created an Inclusivity Award for student organizations

Inputs
- Diversity Development Grant from Samford's Office of Student Success and Diversity
- Time researching and developing the training/materials (~100 hours)
- Developed a 40 minute training for leaders of student organizations
- Developed an 8-item pre and post training questionnaire

Introduction

National trends have indicated that on average 11% of college students self identified to their higher education institution as disabled (Wilke et al., 2019). Recent research discovered that various forms of ableism have been identified as barriers to inclusion for the Disability Community in the college setting. Ableism is discrimination and social prejudice against the Disability Community and present across society. Moreover, students with disabilities have reported a lack of sense of belonging on campus which is linked to negative, long-term effects on health and well-being (Bessaha et al., 2020). In response to this, a training was developed and implemented to increase the inclusivity and accessibility of student life at Samford University.
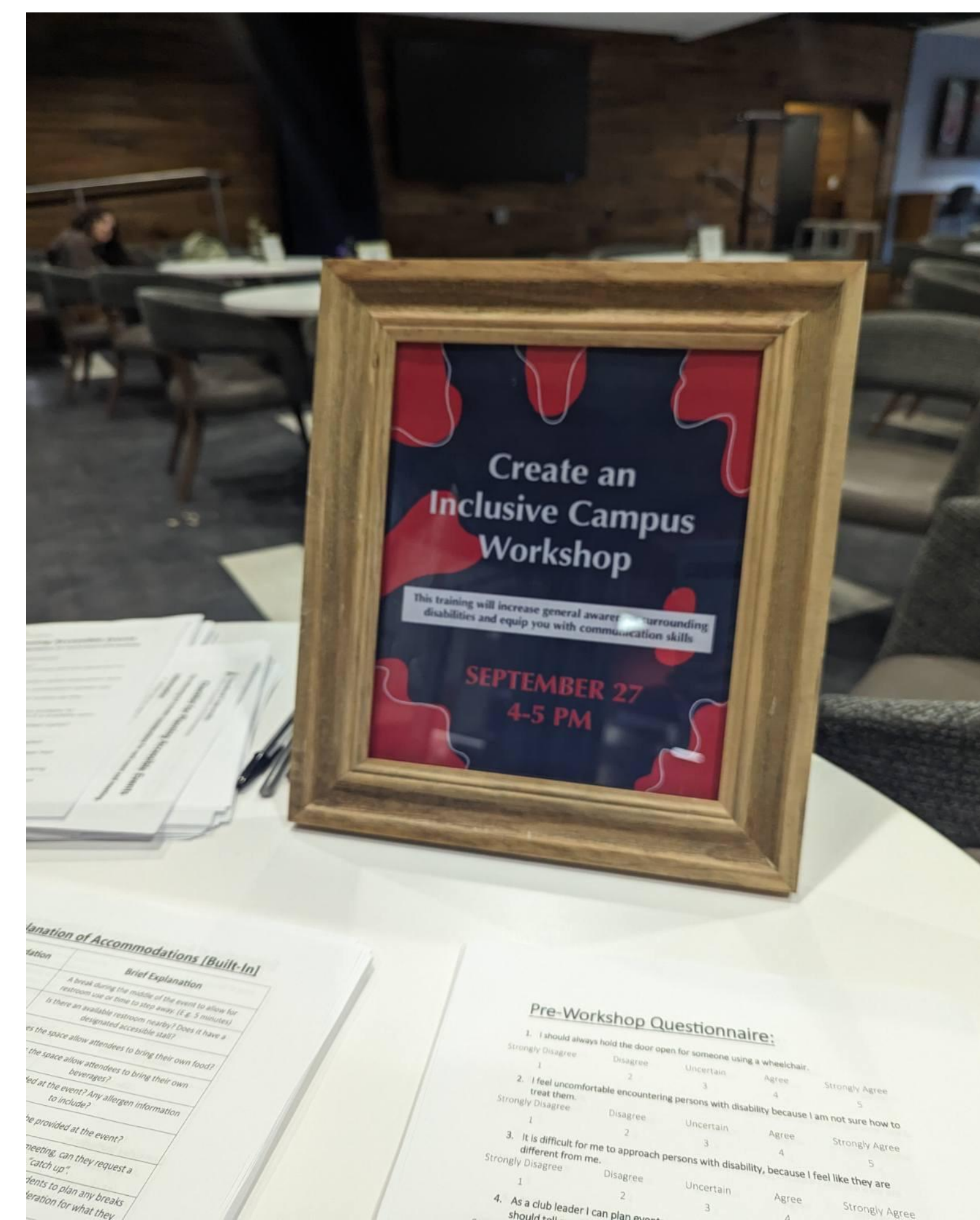
Questionnaires and resources at the Inclusive Workshop.

Impact

- **40 student organizations** that attended the training advertised built-in accommodations for at least one event throughout during the 2023-24 school year.
- Over **100 student events** advertised and included built-in accommodations.
- **52 student organizations** attended the inclusivity training, but did not record any events through the platform I used for tracking.

The Director of Student Involvement has standardized the completion of the workshop to be an annual requirement for all active student organizations. A member of the Office of Accessibility or the Office of Student Affairs will carry this out or the online version of the training will be used.

Critical Assessment

Throughout this project, I encountered challenges primarily related to content development and data collection. For instance, a number of student organizations did not record any events through the platform I used for tracking. This skewed the results I collected. Throughout my project, when challenges arose, I often collaborated with my mentors and Community Advisory Board to develop and implement creative solutions. I learned that making space for the perspective of others is crucial when you are faced with complications.
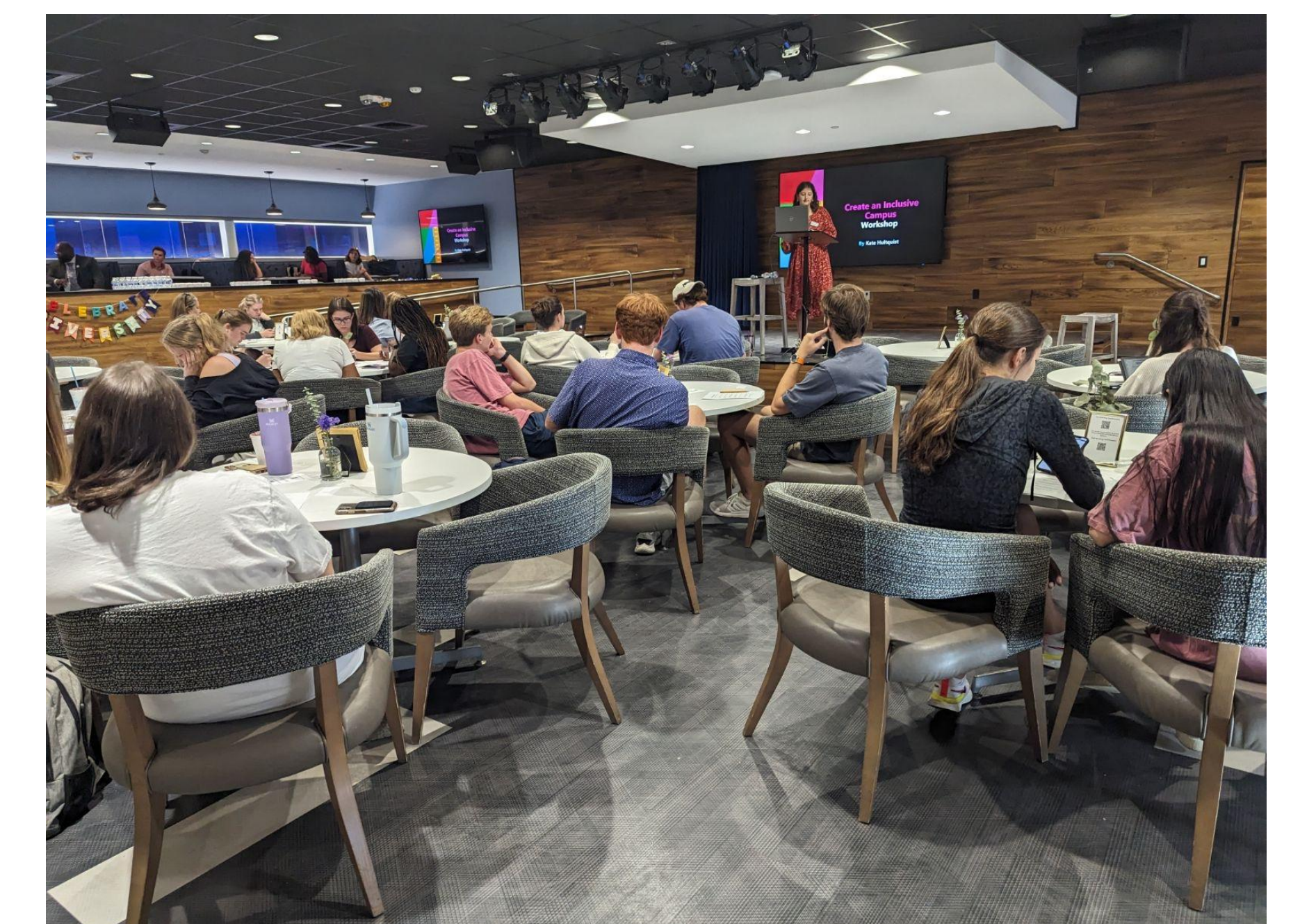

Photo of attendees at the Inclusive Workshop for student organization leaders.

References:

Tight-Knit: Using Art to Create a Community of Support

Sarika Mullapudi
UAB Heersink School of Medicine & UAB Arts in Medicine

Logic Model

Outcomes
- Tight-Knit added as a supportive care class on O'Neal Cancer Center website
- Cancer patients, survivors, and caregivers gained a new community of support

Outputs
- 30 meetings
- 22 total participants
  - 1 participant attended 28 sessions
  - 11 participants joined 3+ sessions

Activities
- Weekly 2-hour knitting groups for cancer patients, survivors, caregivers, and volunteers
- Creating starter kits for participants

Inputs
- Donations of supplies from community members
- Volunteers to assist with knitting instruction
- Flier distribution for participant recruitment
- Meeting space provided by Cancer Center

Introduction

Chronically ill patients can be unequally impacted by a lack of social and community context, and by a lack of coping mechanisms during their illness and recovery. Studies have shown that higher levels of distress in cancer patients is associated with a lower survival rate, indicating a need for intervention to help individuals cope[1]. Engaging in arts encourages self-expression and stress reduction, while also serving as a welcome distraction during treatment and beyond. I created Tight-Knit, a weekly knitting group for cancer patients, survivors, and caregivers, to use art to both improve participants' wellbeing while also creating a community of support.

TIGHT-KNIT KNITTING GROUP

Tight-Knit is a new knitting group open to all patients with cancer at UAB Medicine. The group is led by UAB Heersink School of Medicine student Sarika Mullapudi and volunteers from Blazing Hooks and Needles. No knitting experience is required. Join us to learn a new craft and build a new support community.

Supplies and instruction will be provided. However, if you already have yarn, needles, or projects that you are working on, feel free to bring them. Participants will be able to knit items such as scarves, blankets, and hats, which they may keep or donate to hospital patients.

Mondays, 3-5 p.m.
Wallace Tumor Institute, Room 101
Free parking in the 4th Avenue deck. Enter near the corner of 18th Street South and 4th Avenue South. Bring your ticket to have it validated.

Questions?
Call 281-954-1158 or email skmullap@uab.edu

Support provided by:
UAB arts
UAB ARTS IN MEDICINE
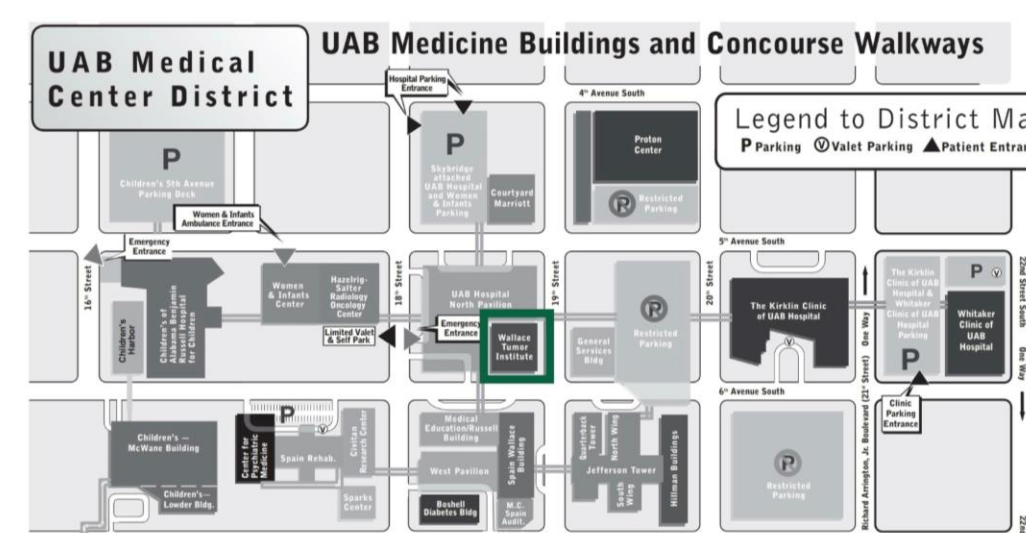
O'NEAL COMPREHENSIVE CANCER CENTER
UAB MEDICINE

Recruitment Flier

Impact

By joining Tight-Knit, participants gained a new skill that they could use as a coping tool throughout their treatment and beyond. For example, participants brought their knitting projects to their chemotherapy infusion treatments to serve as a distraction.

Tight-Knit will continue to be offered so long as there is an interest from participants. The project will be continued by volunteers of UAB Blazing Hooks and Needles knitting group.

Critical Assessment

Social and Community context are an important social determinant of health that are often overlooked. Not every patient is guaranteed a community of support throughout their journey – so my project, Tight-Knit, sought to create one by using arts as a means of connection. Hearing participants' journeys emphasized a need for holistic care and how projects such as Tight-Knit have a role in filling that gap. Furthermore, my project taught me that there is an ongoing need to connect patients to supportive care services, which is something that I will continue to advocate for beyond my ASF fellowship year.

References

Addressing Barriers to Medication Access for Underserved Patients in Mobile, Alabama

Briley Graves and Lila Parrish
Auburn University Harrison College of Pharmacy and USA Stanton Road Clinic

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AUBURN UNIVERSITY
Harrison College of Pharmacy

Logic Model

Inputs

- Validated SDOH screening tools for reference
- Clinic EHR
- Database of local resources to address SDOH
- Educational printed handouts on community resources

Activities

- Created a novel screening tool
- Developed a protocol for connecting patients with relevant resources
- Administered the screener weekly and counseled patient on resources
- Connected clinic patients to the social worker and community health worker

Outputs

- 67 clinic patients screened
- 61% of screened patients had barriers and were educated on at least 1 resource
- Roughly ⅓ of referrals made were to SHIP

Outcomes

- 5 patients reported contacting a referred community resource
- 100% of patients polled at follow up stated they enjoyed openly discussing barriers to medication access with their provider and felt in control of their own health
- 90% of patients polled at follow up stated this intervention made them feel valued at a person rather than solely as a patient
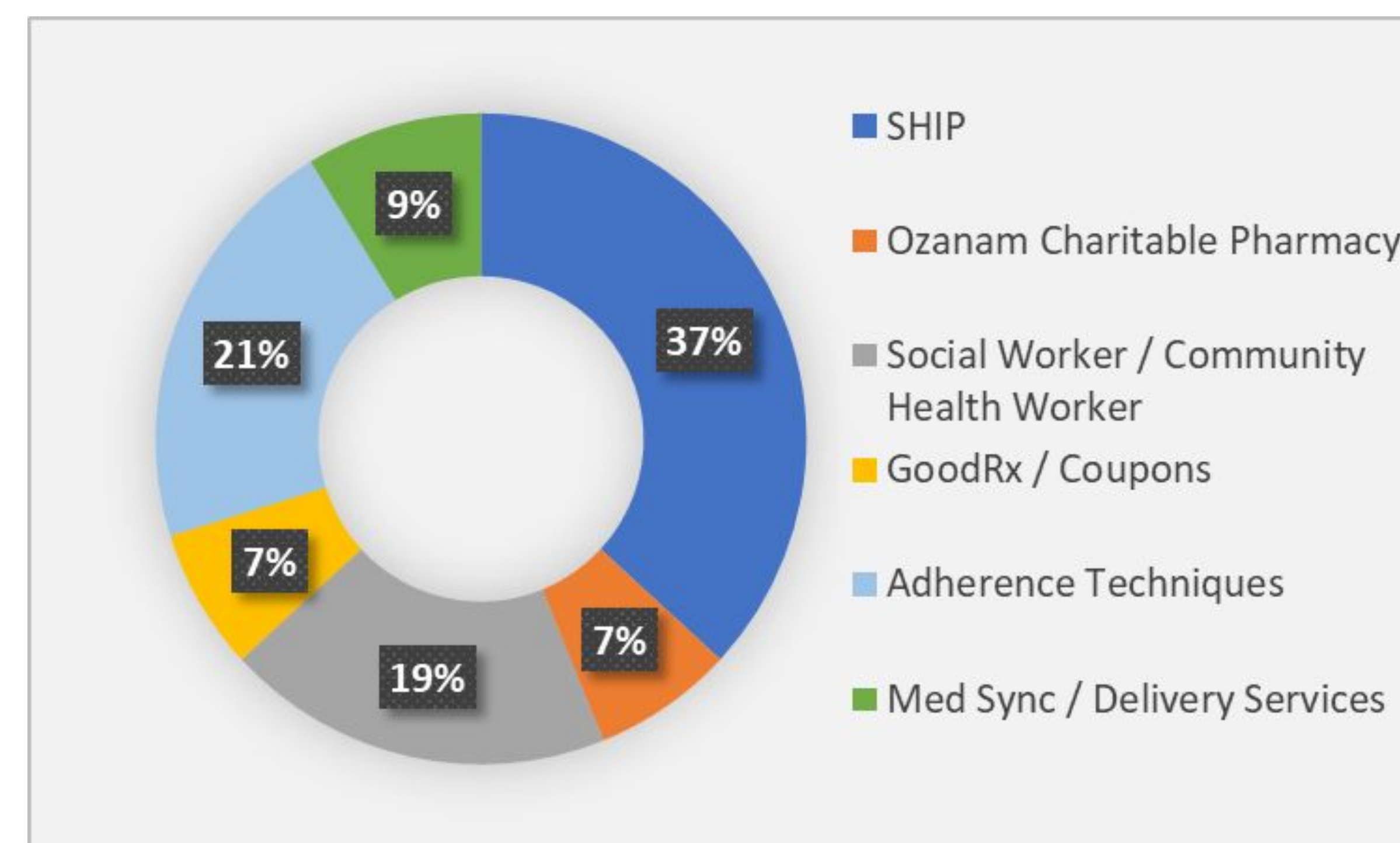

Fellows Counseling on a Community Resource

Introduction

A patient's ability to access medication directly impacts individual health and wellness, but this ability also has implications on the health system, leading to increased utilization and costs.[1] Many screening tools exist to quantify medication adherence, but it is difficult to locate a tool eliciting reasons for non-adherence or which SDOH affect medication taking. To combat this gap, a screener was devised and implemented at Stanton Road Clinic (SRC), which lies within one of thirteen "struggling Mobile communities," where many patients face challenges with transportation, insurance, physical ability, and health literacy.[2] By choosing this setting, we aimed to expose a need for a formal process by which SDOH are consistently identified and addressed.

Impact

The most profound effect observed from SRC patients was measured during the follow-up survey when patients were asked how this intervention impacted their attitude towards healthcare. Patients agreed this intervention made them feel valued and part of the healthcare team. Moreover, many resident physicians at SRC commented on their appreciation of the screener, which increased awareness of the need to consider SDOH in their patient encounters. Finally, the most common SDOH barriers to medication access were quantified and strong relationships were established between the clinic and two prominent community resources: SHIP and Ozanam Charitable Pharmacy. To sustain this success, written documents demonstrating how to implement this process in similar clinics will be distributed throughout the community. Additionally, future plans are in place to utilize this project in HCOP curriculum as a real world example of course content.

Screening Tool Developed to Assess Barriers to Medication Access Related to SDOH

Critical Assessment

As with many capacity building initiatives, this project faced initial challenges of acceptance within the clinic due to the pre-existing workload of clinic staff. Moreover, SRC underwent several staffing changes: a new clinic director, new community health workers, and the loss of an on-site pharmacist. These changes encouraged development of clear communication skills and determination to continue to advocate for our role in the clinic. This project also highlighted the importance of understanding the resources your community offers and devoting the time and effort to not only understand these opportunities for yourself but also how to apply these resources to those who can benefit from them most.
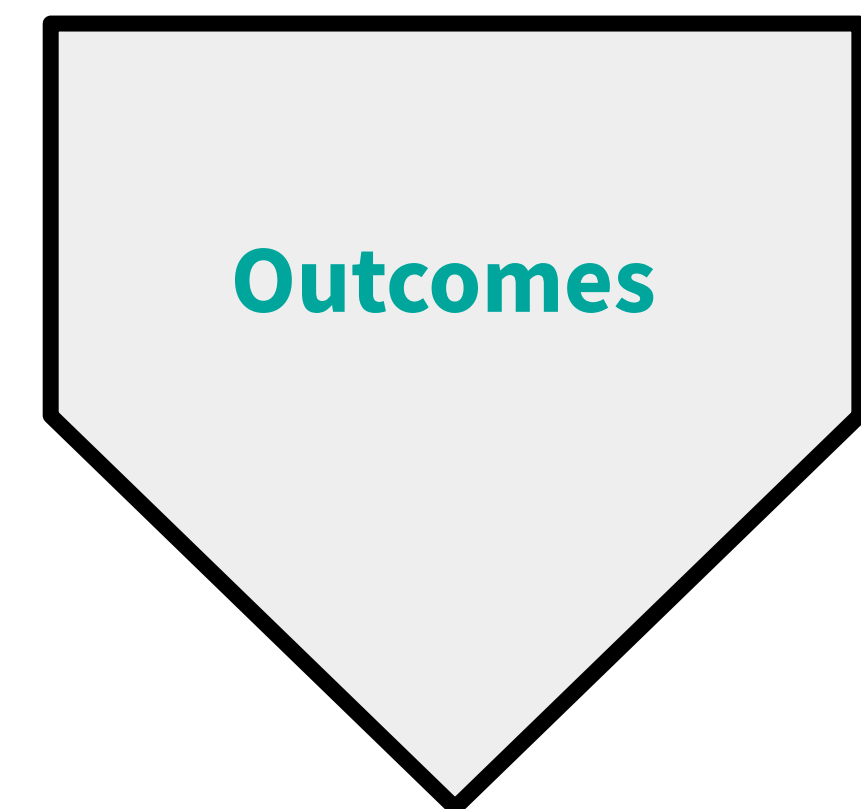

- SHIP — 37%
- Ozanam Charitable Pharmacy — 7%
- Social Worker / Community Health Worker — 19%
- GoodRx / Coupons — 7%
- Adherence Techniques — 21%
- Med Sync / Delivery Services — 9%

Distribution of Referrals

References

Child Sex Trafficking Education for Nurses

Dannelle Paz, CRNA, MNA, BSN, DNP(c)
Samford University Moffett & Sanders School of Nursing
Children's of Alabama CHIPS/ Sunrise Center

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Children's of Alabama

Samford University Moffett & Sanders School of Nursing

Logic Model

Outcomes
- Target population for data collection was Surgical Services(SS): n=215 nurses completed *Child Sex Trafficking Awareness* training
- 96% of nurses who completed post survey (n=157) show they have increased awareness and knowledge
- Nurses' scores show the training improved knowledge
- Evidenced by self report and scores on surveys related to increased awareness
- No increase in # of referrals to the Sunrise Clinic
- Long-term goal: Increase the number of referrals to Sunrise Clinic due to increased identification of victims

Outputs
- 2528 RNs were assigned the training
- 1304 nurses completed the presurvey
- 1077 nurses completed the training *Child Sex Trafficking Awareness* (42%)
- 929 nurses completed all surveys and training
- 66% of SS RNs completed the training and the postsurvey n=143
- 100% RNs scored ≥90% on post training test
- 6 participated in voluntary questionnaire
- 4/6 respondents to voluntary questionnaire shared information with family, friends, coworkers

Activities
- Shadowing at the CHIPS/Sunrise clinic
- Research the impact training in other hospitals has on victim identification
- Working with Trafficking Hope with child victim outreach monthly
- Computer-based training module development
- Surveys and questionnaire development
- Implementation of project
- Assessment of data

Inputs
- COA Information Technology (IT) staff and I invested time developing the training module, surveys, and questionnaire
- Meetings with directors of Nursing Education and ED, Educators of inpatient and outpatient units, and IT
- Deb Schneider and CHIPS/Sunrise staff invested their expertise and knowledge of victim and treatment needs
- CAB members invested time and expertise and provided perspectives and feedback
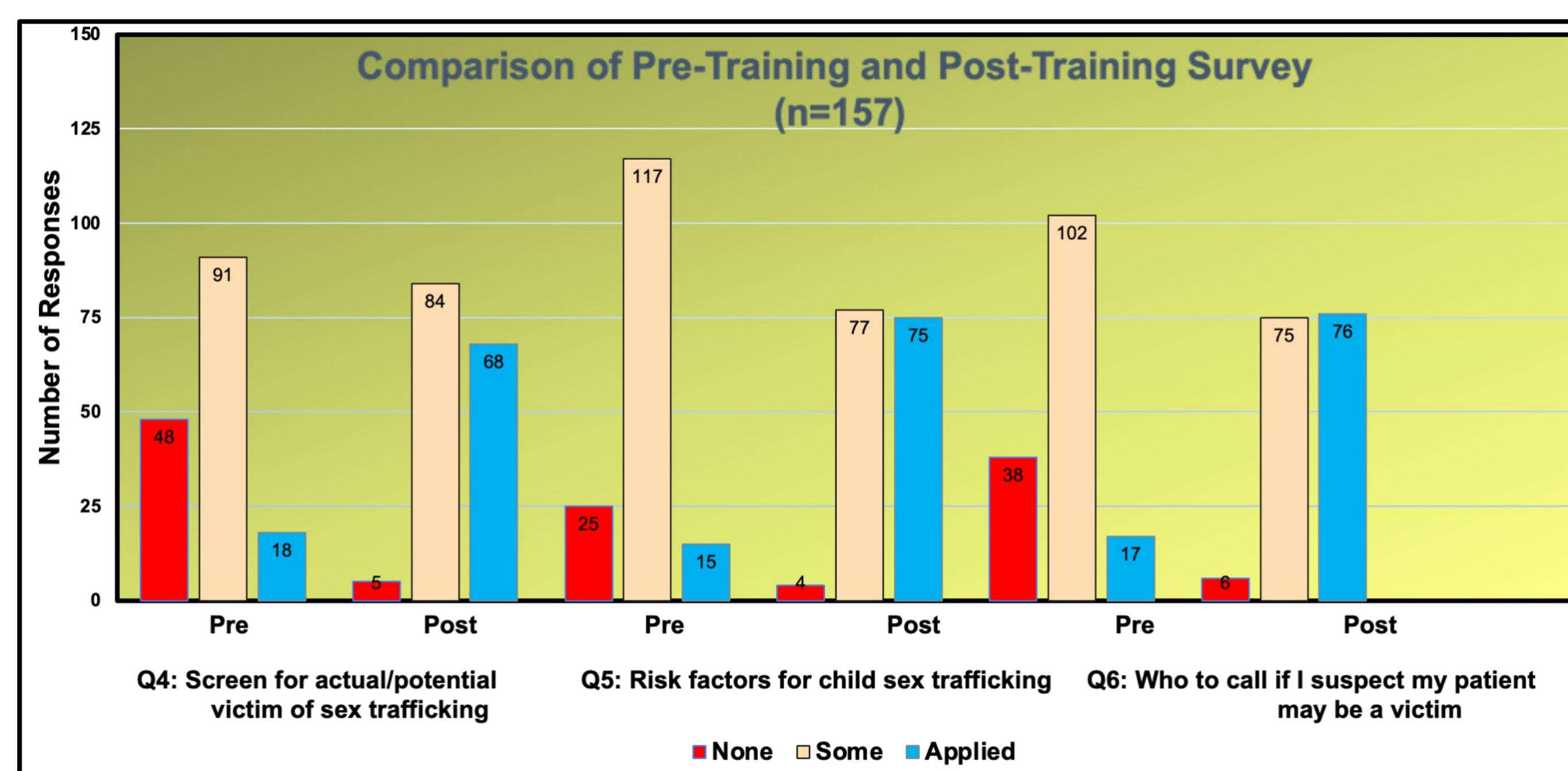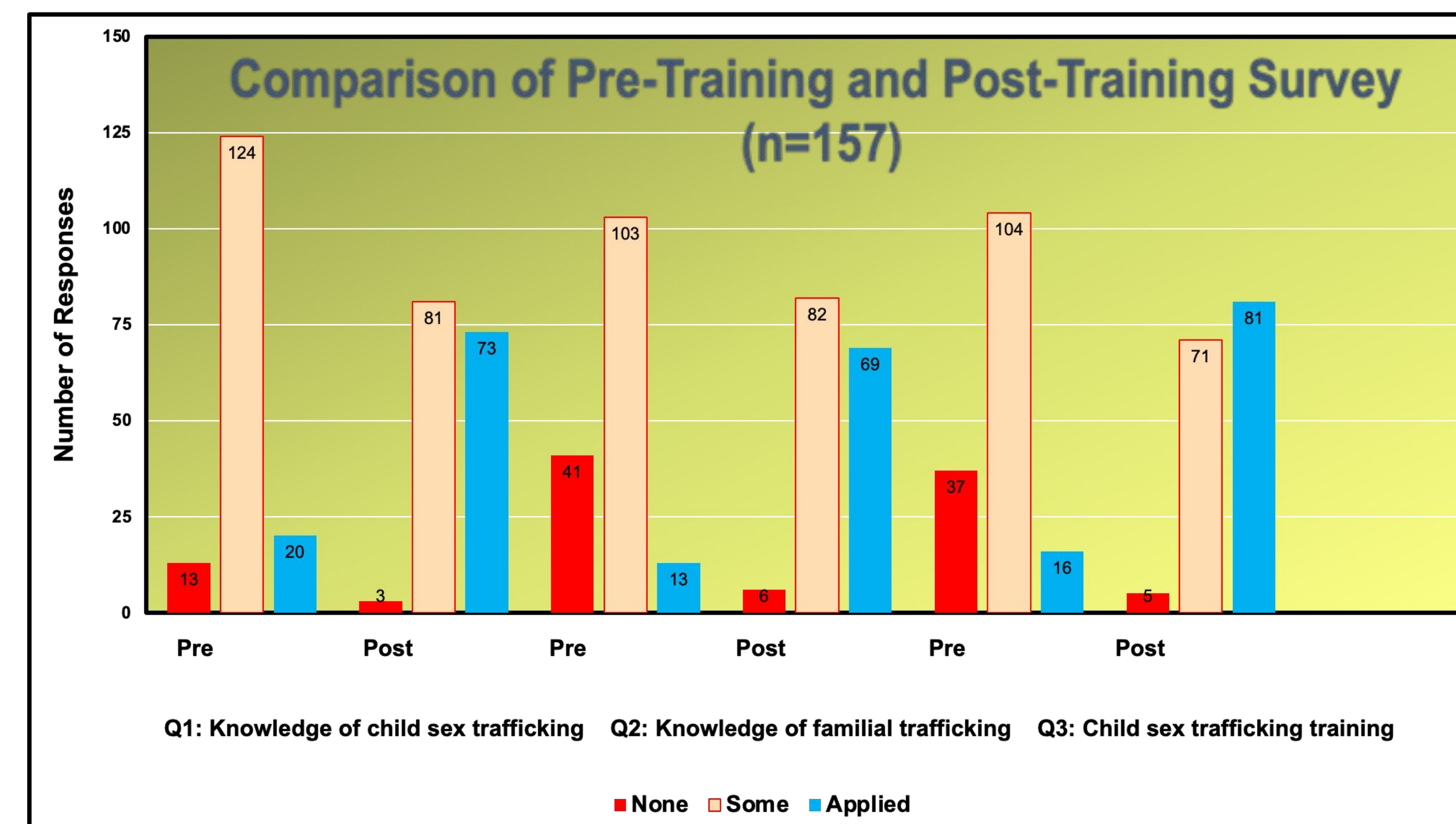
Alabama State Nurses' Association Convention, October 2023

Introduction
- Almost 100% of trafficking victims are seen by a healthcare provider while being trafficked (Leslie, 2018).
- In Alabama, schools of nursing do not have required child sex trafficking education in the curriculum, so it must occur in the workplace.
- The Children's Hospital Intervention and Prevention Service (CHIPS) Center, Sunrise Clinic for victims of trafficking, and Emergency Department (ED) at Children's of Alabama (COA) have highly trained providers that serve victims of child abuse and trafficking.
- COA did not have required sex trafficking training for all nurses (RN) prior to the ASF project.
- Awareness is the first step towards eradication of sex trafficking of children and few clinicians know how to identify victims (Albright et al., 2020; Barnert et al., 2017; Leslie, 2018; Stoklosa et al., 2017).
- This awareness deficit, possible gap in victim identification, and referrals of victims from other units in the hospital led to the project.

Online training for nurses at Children's of Alabama

Comparison of Pre-Training and Post-Training Survey (n=157)

Q1: Knowledge of child sex trafficking   Q2: Knowledge of familial trafficking   Q3: Child sex trafficking training

None   Some   Applied

Comparison of Pre-Training and Post-Training Survey (n=157)

Q4: Screen for actual/potential victim of sex trafficking   Q5: Risk factors for child sex trafficking   Q6: Who to call if I suspect my patient may be a victim

None   Some   Applied

Impact
Quotes from voluntary questionnaire:
"I am aware of tattoos and ask more pointed questions."
"I think I am less judgmental towards people and look for warning signs of trafficking."
"Because I share this information at church and to other parents and nurses, people ask me questions and seek more information

Emerging themes after training:
- Training is needed
- Increased awareness of signs among friends and family
- Increased awareness at work

Sustainability plan:
- Training will be updated yearly and become incorporated into orientation curriculum at COA for onboarding nurses
- This data will be shared with the Alabama Board of Nursing to support required training for license renewal for all nurses, with potential to reach 97,000 nurses.
- Speakers Bureau members with Trafficking Hope can share this information with school staff, nurses, and students to increase public awareness.

Critical Assessment
- Flexibility and adaptability are necessary for interdisciplinary projects (e.g., Dependence on IT specialty skills and work constraints).
- Limited opportunity to measure project impact, as all participants did not complete post-training surveys or questionnaire
- I learned about the hospital dynamics and large number of people involved in the nurses' training within various areas of the health system.
- I learned to listen first and hear others' concerns, explain the end goals for the project and how it would impact the overall health and health equity for all children.
- Children are impacted in multiple outpatient areas and hospital settings.
- The Community Advisory Board (CAB) members gave perspectives from their community viewpoints on how to prepare nurses.
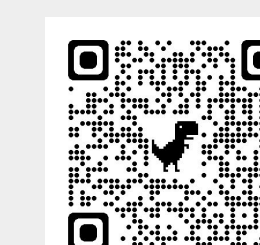
References
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The Effect of Untreated/Undertreated Mental Health in PLWHIV in East Central Alabama

Keith Matthews, CRNP
Auburn University College of Nursing
Unity Wellness Center

THE ALBERT SCHWEITZER FELLOWSHIP® ALABAMA

Logic Model

Outcomes
- Improved viral load suppression - 48% to 84% at 1st month then to 64% at 3rd month)
- Improved mental health scores
  PHQ-9 improved ~3.38 pts
  GAD-7 improved ~3.06 pts
- Need for SODH assessment - Assessed due to issues with follow-up

Outputs
- Screen and offer treatment to 50 patients
- Follow-up at month 1, 3, & 6

Activities
- Screening for depression and anxiety
- Viral load checks at each appointment
- Multiple treatment options
- Social work to help with counseling referrals
- Social work to asses SODH

Inputs
- Medical Staff - NP, RN, and MA
- Social Workers
- Insurance Assessment _ insured/uninsured
- ART and treatment options
- Mental health screening tools - PHQ-9 and GAD-7
- Barriers to Care - housing, transportation, finances

Introduction

Unity Wellness Center

Needs addressed
- Mental health conditions in people living with HIV
- Low medication adherence shown through high viral loads
- Social Determinants of Health that impact people living with HIV

Health Inequity
- HIV Stigma, Income Instability, Unstable Housing, Low Education, Food Insecurity

Whitney & Ty - UWC Medical Staff

Impact
- Routine screening for depression and anxiety at appointments
- Improved viral suppression rate
- Increased mental health education
- Assessing social determinants of health for PLWHIV and rural communities
- EAH has implemented mandatory mental screenings at outpatient appointments

Critical Assessment
- Barriers and Challenges - Patient follow-up
  - Healthcare is complex - importance of addressing SDOH
- Top 5: Sexual Minority, Economic Instability, Lack of Transportation, Unstable Housing, and Food Insecurity & Provider Access
- Major lesson learned:
  - Addressing rural health in more equitable ways
  - Rethinking rural health since the majority of Alabama is rural
- CAB impact:
  - Taking in perspectives of multiple parties in different areas to address major healthcare issues
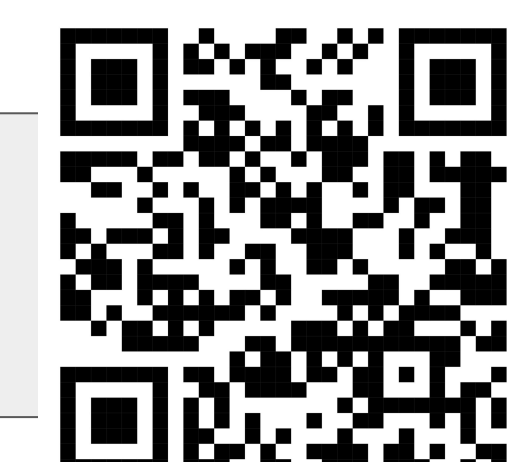
UWC Social Workers: Philip Kierce, Emily Stubblefield, Hannah Talburt, Victoria Hoehn, & Mollie Jewett

References

Vision Resources and Screenings for the Hispanic Community
Samantha Chapman and Demetric Jones
UAB School of Optometry and Cahaba Valley Health Care

Logic Model

Outcomes
- Increased **trust** between the Hispanic population and optometrists
- **Archive** of Instagram reels scripts and ideas for CVHC patient education

Outputs
- Of the 49 Hispanic patients that received vision screenings, **38 completed the post-screening questionnaire**
- Of those 38, **22 reported hearing about the screening from social media**

Activities
- Write, translate, film, caption, and post reels advertising CVHC screenings and containing patient education about common eye conditions

Inputs
- Partnership with CVHC with access to their Instagram account
- Brainstorming scripts and videos for educational content
- Captioning and video editing software
- "Actors" for roles in reels

Introduction

Knowledge about vision health has been shown to be lowest in the Hispanic population. In addition, transportation, cultural beliefs, and a significant language barrier may keep Spanish-speaking patients from seeking preventative vision care in America.[1,2,3,4]

We partnered with Cahaba Valley Health Care (CVHC) to make vision health education in Spanish more accessible to working age Hispanic adults via Instagram reels. To measure the effectiveness of our strategy, we utilized a questionnaire administered after receiving a vision screening at one of CVHC's free clinics.

Filming the "UV Protection" reel about the importance of wearing sunglasses

Impact

- **56.4%** of participants that completed the post-screening survery reported learning about the vision screening from social media posts.
- The **Instagram reels are educational and can be reposted** to continue educating the Hispanic population on common vision problems and the need for proper eye exams. In addition, we left a series of translated scripts for future reels that CVHC can film after we leave.
- In 2025, CVHC will acquire space for exam lanes in the new Cooper Green Mercy Health building. We helped CVHC begin gathering donated **optometric equipment to furnish an eye exam lane** that will allow full, in-house exams for patients that require them.

Critical Assessment

- Our main challenge was coordinating our schedules around our extremely busy school curriculum. While we feel this impeded us from reaching our overall impact goal, our coordination and flexibility allowed us to make meaningful progress towards it.
- Being open to criticism from our Community Advisory Board allowed us to modify our project methodology to best suit our target population's needs. They also helped us think outside of the box by suggesting resources to help us towards our goal.
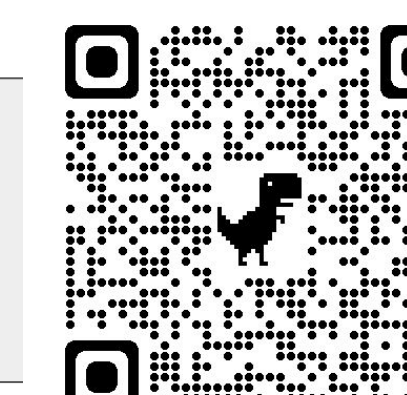

Filming the "Myopia" reel talking about the signs, symptoms, and management of nearsightedness

References

Sun Safety in the South
Mike Anderson and Richie Heng
UAB Heersink School of Medicine
UAB Primary Care Clinic

THE ALBERT SCHWEITZER FELLOWSHIP® — ALABAMA

UAB HEERSINK SCHOOL OF MEDICINE — The University of Alabama at Birmingham

Children's of Alabama®

Logic Model

Outcomes
- Patients with increased knowledge on sun protection and UV rays
- Patients with higher engagement with UV protection

Outputs
- 90 articles of UPF 50+ sun protective gear distributed
- Parents displayed positive attitudes towards use of protective UPF gear
- Traveled to three rural communities, delivering our comprehensive day-long skin cancer awareness program

Activities
- Gifted sun protective gear and educational pamphlet to parents with children under the age of two at the UAB Primary Care Clinic
- Educated parents on sun protection and skin cancer

Inputs
- Sun safety for babies educational pamphlet
- UPF protective gear - baby sun blanket and sun hat
- Collaborated with the UAB pediatric department staff

Introduction

Infant and toddler skin, despite its delicate nature, remains a relatively unexplored frontier in understanding its responses to Ultraviolet Radiation (UVR) exposure. Research indicates that the skin's barrier protection remains immature throughout the first two years of life, and evidence suggests that UVR-induced changes may commence as early as the initial summer months. This lack of understanding underscores the critical need for heightened sun protection measures for young children. Research reveals that just one blistering sunburn during childhood can more than double the risk of melanoma later in life. Given that young skin is thinner, more delicate, and produces less melanin - the pigment responsible for skin protection - parents must be particularly vigilant in safeguarding their children from harmful UV rays. The repercussions of excess sun exposure during infancy extend far beyond immediate effects, with significant implications for long-term health outcomes including heighted rates of skin cancer, hypopigmentation and hyperpigmentation.

1st Shipment of UPF Protective Gear!

Impact

Throughout the 2023-2024 fellowship, our initiatives centered on raising awareness about skin cancer and promoting sun safety for babies. The first half of our project focused on skin cancer awareness with outdoor workers and enthusiasts, addressing their heightened exposure to harmful UV rays. These tailored presentations elucidated essential preventive measures and early detection signs, empowering attendees to prioritize their skin health and seek timely medical intervention when warranted. Transitioning to the latter part of the fellowship, we collaborated with the UAB Primary Care Clinic to implement our sun safety program for babies. This program concentrated on educating parents about the adverse effects of excessive sun exposure on infants. Additionally, we provided parents with UPF 50+ baby sun blankets and hats to mitigate UV exposure risks. Notably, both endeavors deliberately targeted communities with limited access to healthcare resources and insufficient knowledge regarding sun safety practices, thus aiming to bridge these gaps and promote equitable health education and protection.

Critical Assessment

Despite initial hurdles, including difficulties in finding a site partner and reaching our target audience, we adapted our project to collaborate with the UAB Primary Care Clinic. Constant communication with staff facilitated efficient distribution of sun protective gear and increased patient outreach. This underscored the significance of multidisciplinary teamwork in healthcare settings. Our fellowship has provided invaluable insights into the complexities of community service projects, enhancing our understanding of community engagement, humility, and leadership in healthcare. Despite deviations from our original plan, we successfully educated others on sun protection and skin cancer. This experience has reinforced our commitment to serving our community as future physicians.

A morning at the Primary Care Clinic!

Becoming a Loving, Optimistic, Open-Minded Me (B.L.O.O.M.)
Kiaira Anderson and Maia Singleton
Notasulga High School and 21st Century Afterschool Program

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AU PHARMACY

Alabama's 21st CCLC — Soaring Beyond Expectations

Logic Model

Outcomes
- 4 faculty members expressed gratitude regarding the impact of guidance, support and resources for personal and academic growth
- Educated target population on the importance of mental health
- Established relationships between program participants, NHS faculty and BLOOM directors.
- Gained a community of 45 social media followers supporting the participants throughout the program
- 100% of participants felt that B.L.O.O.M. created qualities within themselves that were unbeknownst to them which was expressed in their journal entry

Outputs

The focal output of this program are the 12 participates at Notasulga High School who attended and completed the program.
- Completion of 20 learning sessions in six months targeting mental health and well-being
- Completion of 3 social events such as Halloween & Hygiene, Christmas Gathering, and Galentine's Day Party
- 12 Participants are eligible to celebrate their achievements with a Mother Daughter Tea held in their honor

Activities
- Weekly Journaling
- Rose, Thorn, and Bud Check-In
- Mental Health Lessons
- Etiquette Class
- The 6 Pillars of Self-Esteem
- Hands on Activities:
  - Decorating Christmas Ornaments
  - Mirror Decorating
  - What's on your PLATE

Inputs
- The input of this program included:
  - Funding from the Albert Schweitzer Fellowship of Alabama and Walmart Incorporated to purchase needed materials for lesson plans.
  - Volunteers that helped execute events such as an etiquette class, galentines and halloween & hygiene parties, as well as the mother/ daughter tea.

Introduction

The BLOOM initiative targeted adolescent females in Macon County to improve their social- emotional skills which allowed them to become more self aware of mental health changes and challenges while matriculating through life. The goal was to improve their emotional skill set by creating a safe space built on the foundation of trust where the participants can be vulnerable. Throughout the program, student participants were engaged in active learning activities while learning how to manage the mental and physical changes related to coming of age.

First Meeting of the New Year 2024

Impact

The project focused on increasing mental health literacy among the population served, which helped them make informed decisions about their wellbeing. We focused on topics associated with the social pressures of life such as creating healthy relationships, building a sense of discernment, and the impact of social influences.

"BLOOM has provided invaluable support and guidance, helping our young girls navigate the challenges of life they face. BLOOM created an environment which helped to foster self-confidence and a strong sense of self-worth for our girls. Programs like BLOOM play a crucial role in nurturing the next generation of leaders and changemakers, and it has been encouraging to see the positive impact they've made in the lives of our girls. The dedication of organizations like B.L.O.O.M investing their time to ensure the personal and academic developmental needs of our girls are met. This partnership with the Blue Devil N.A.T.I.O.N 21st CCLC After School program has been truly inspiring."

- Mrs. Saniqua H. Rock, Ed.S. Blue Devil NATION 21st CCLC Site Director

"BLOOM has made a meaningful difference in the lives of our girls by offering them guidance, support, and resources for personal and academic growth. Through BLOOM, they gained the confidence to set and reach goals, cultivate leadership abilities, and pursue their interests. The bond between our girls and BLOOM cultivates a feeling of belonging and provides support as they navigate life's challenges and opportunities."

- Mrs. Keyauna Provo Teacher

"BLOOM has been extremely beneficial and a motivating factor in the everyday lives of the young ladies at Notasulga High School and myself. Among so many things taught, I appreciate that they are able to communicate effectively with their peers without putting them down. This helps dramatically during a regular school day. They have built meaningful relationships that will last a lifetime. Thanks for shaping the young ladies at Notasulga!"

- Mrs. Alicia Levett NHS Counselor/21st CCLC Teacher

Critical Assessment

A barrier that we encountered was a limited amount of funds. We wanted to ensure that we had impactful activities that correlated with our lesson plans. Due to this, we created wishlists and accepted donations from individuals who believed in our program. Each week we had a fluctuating number of participants, to mitigate that we created lessons and activities that were not dependent on the amount of participants. A few of the activities consisted of playing jeopardy, watching movies, and creating handmade crafts that corresponded with the lesson that was being taught. This fellowship experience has impacted our future work by ensuring that we are making a commitment to lifelong learning by staying up-to-date on the best health equity practices. Our teamwork skills that were developed during this fellowship will help us in the future be able to collaborate with others to develop and implement effective health equity interventions. The input we received from our CAB and other stakeholders was essential for developing and implementing a successful health equity project. Their insight and guidance helped us to understand of the issues at hand and allowed us to develop an effective intervention tailored to the needs of the community.

Halloween and Hygiene Party

References

Parental Involvement in the Social and Emotional Learning of Children Grades Pre-K through 5th Grade

Chrysanthemum McDaniel
Oxmoor Valley Elementary School

THE ALBERT SCHWEITZER FELLOWSHIP®
ALABAMA

Logic Model

Outcomes
- 8 of the 14 OVE parents receiving the "Spot Your Emotions" (SYE) check-in chart used it to monitor the emotional well-being with their child(ren), Pre-K to 5th grade.
- 5 of the 8 parents used the SYE check-in chart at least 3x's per week.

Outputs
- A total of 39 parents, grandparents or guardians enrolled in the SEL project.
- 90% of the parents completed the intake/ pre-test phase of the SEL project.
- 65% of parents completed the 5 component CASEL training competencies for Parents & Caregivers, and post-test.
- 20% of parents completed the SYE check-in chart with the child(ren).

Activities
- A month of project promotion, recruitment, and survey collection.
- One month of pre-tests / SEL questionnaire distribution.
- 6 months of bi-weekly / follow-up phone calls and CASEL psycho-education.
- 1 to 3 month review of CASEL competencies, and distribution of post-test questionnaires.
- 1 to 3 months of SYE check-in chart monitoring.

Inputs
- Monthly / weekly learning space
- Computers and copiers
- Digital and printed CASEL, SYE, Paneramo and OVE media, including; surveys, questionnaires, handouts, charts, promotional flyers, and memos.
- OVE Parental Engagement Coordinators
- OVE Pre-K through 5th grade teachers and staff
- Postage, copier, copy paper, miscellaneous office supplies
- District-wide SEL training meetings and networking events
- Event snacks, refreshments, and door prizes

Introduction

-Determinants of Health:
One of the leading Social Determinants of Health (SDOH) associated with the availability of mental health resources affects the children population of marginalized communities.

**-Data Exhibiting the Need:**
According to a 2016 U.S. report from the National Center for Children in Poverty (2023), "approximately 60 percent of children age 5 and younger not enrolled in kindergarten were in a regular nonparental early care and education (ECE) arrangement, with nearly 60 percent of these children regularly attending a center-based setting.

-Describe the context of the health inequity or social determinant
Pre-K through 5th grade African-American children who reside in the 35211 area code represent the "vulnerable" population of people that would be served by my project. And, based upon a 2017 U.S. Census report, the following is indicated: The percentage of residents in the 35211 zip code, age 5 is 5.5%. The average for the state of Alabama is 5.8%.

Impact

During the 2023-2024 community partnership of the ASF Parental Involvment in the Social and Emotional Learning of Children grades Pre-K to 5th grade at Oxmoor Valley Elemenary School, parents and caregiver have gained invaluable exposure to the core components that drive Social and Emotional Learning (SEL), have become immersed in the process of helping to improve the social and emotional well-being of early learners, and have increased their parental engagement in the SEL initiatives of OVE.
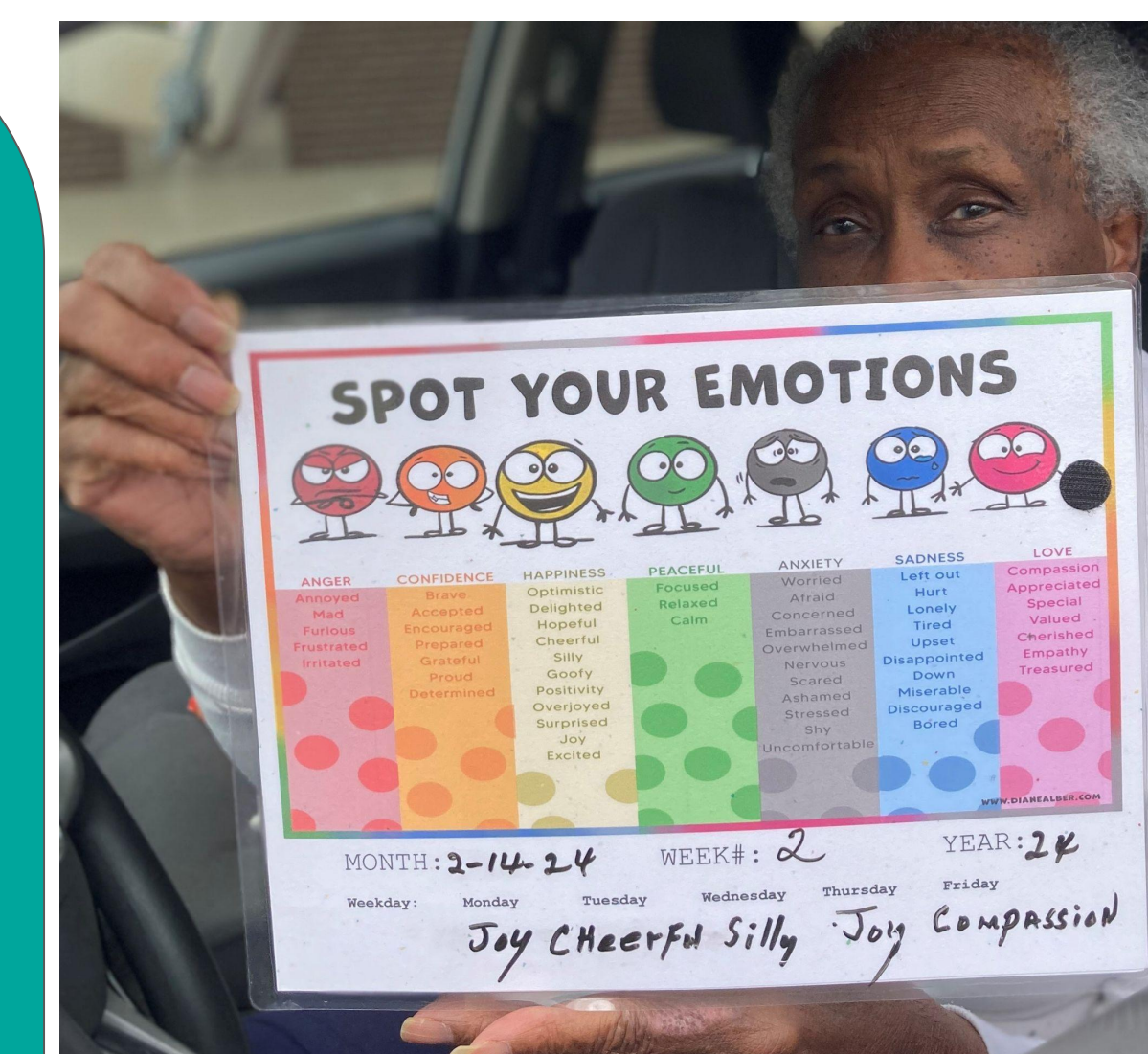
"In order for a child to learn, they must leave home with positive emotions!"
Mrs. R. Oliver

Critical Assessment

During the 2023-2024 Fellowship year a number of barriers were presented. Due to the nature of the project, rapport-building with stakeholders became a major challenge when sensitivity to the research design was approached with some resistance, thoughts of stigmatization and feelings of objectification. In addition, scheduled shool-closing dates, the observance of national holidays, and seasonal school breaks taken during the Summer months presented a unique challenge with regards to accessibility the target population. Those barriers were mitigated, however, by leveraging activities which included the participation of stakeholders, such as; project planning and design, cultivating collaborative partnerships with existing Parental Engagement staff at OVE, participation in existing district-wide SEL initiatives, and attendance at OVE's school-sponsored events that provided opportunities for professional, personal and social interactions with faculty, staff, students, parents and the Oxmoor Valley community, at large.

-During the process of the ASF project I have personally learned the value of partnering with those with "lived" experiences in both providing and receiving mental health-related services, and the impact of such partnership upon the achievement of effective outcomes.

-The Community Advisory Board involved in the ASF project provided a wealth of professional expertise and experience in working in the public-school sector after having functioned in their professional capacities in providing SEL services to student populations of marginalized communities. The invaluable resources and "best practices" knowledge the CAB provided helped to overcome many barriers throughout the process.

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