Engagement and Equity

Poster Symposium B
May 25, 2022

Stakeholder Perceptions of Factors Predicting Successful Implementation of a Sexual Assault Prevention Program in Middle Schools

Daniel W Oesterle, BS, Zoe Zong, BS, Katherine W Bogen, BA, Lindsay M Orchowski, PhD

BROWN

INTRODUCTION

Sexual violence starts early in the lifespan[1] with adolescents experiencing the highest rates of sexual violence compared to other age groups[2].

Nearly 40% of middle school students report some form of sexual victimization over a 6-month period[3]

Most sexual assault prevention programs are designed for college audiences, with a limited number of programs targeting high school youth[4]

The Consolidated Framework for Implementation Research (CFIR)[5] is a theoretical framework created with the purpose of having stakeholders identify, assess, and evaluate site-specific implementation determinants

CFIR consists of 39 constructs organized into five major domains, each designed to assess different aspects of effective implementation[5]

PRESENT STUDY

The purpose of the current study was to utilize the CFIR to assess and identify stakeholder perspectives relating to implementation factors (i.e., facilitators and barriers) relevant to the implementation of sexual assault prevention in middle schools.

Name of Code	# Times Discussed	Examples	Operationalization of the Theme†
Individual Identification with Organization	70	"I'm a guidance counselor and I have seventh and eighth graders."	A broad construct related to how individuals perceive the organization and their relationship and degree of commitment with that organization.
Knowledge & Beliefs About Intervention	137	"I think that you will meet some resistance and you probably will meet it right from the teachers, that's probably the root of some of the problem."	Individuals' attitudes toward and value placed on the intervention as well as familiarity with facts, truths, and principles related to the intervention.
Culture	155	"[Peer group is] very vital. A lot of children work hard to fit in … They want to be popular … they like the attention…"	Norms, values, and basic assumptions of a given organization.
Tension for Change	225	"I think on a day-to-day basis its more just inappropriateness, kids saying more inappropriate things that are really that I always get shocked by it."	The degree to which stakeholders perceive the current situation as intolerable or needing change.
Prior Efforts & Interventions	90	"We also have trained some of our students each year, we train a group of student to do peer mediation. And so if the problem isn't, we feel over their heads, we let the students work as a group and try to mediate the situation. And they're actually, they're pretty good at it."	Any sort of formal or informal programs/efforts to address sexual violence/bullying/or problem behaviors broadly in their schools.

METHOD

N = 10 stakeholder participants (principals, guidance counselors, teachers) from Rhode Island Middle schools participated in a 60-minute semi-structured interview

RESULTS & DISCUSSION

- *Table 1 presents most frequently discussed CFIR constructs and domains identified in interviews*
- Precursors to sexual violence were readily acknowledged by stakeholders as frequently occurring among their students (i.e., homophobic teasing, bullying)
- Relative priority of addressing issues related to sexual violence was low compared with other educational outcomes
- Stakeholders reported reluctance to address problematic behaviors occurring via technology or off school grounds
- School culture and values within school was a key factor for stakeholders in considering implementation and predicting the success of a program's outcomes

doesterl@purdue.edu

@DWOoesterle

Adaptation, Implementation, and Evaluation of Exercise is Medicine into a Student-Run Free Clinic

Susan M Glockner MD; Borsika A Rabin, PharmD, PhD, MPH; J Kevin Dayao, BS, Giovanna O McLaughlin, BS; Michelle L Johnson, MD; Natalie Rodriguez, MD; Sarah E Linke, PhD, MPH

UC San Diego Health

BACKGROUND

- Inadequate physical activity (PA) is a major risk factor for morbidity and mortality
- Exercise is Medicine (EIM) addresses primary care provider (PCP) barriers to PA promotion
- UCSD has tech-assisted decision support built into EMR to enable PCPs to integrate PA assessment, discussions, prescriptions, and referrals to health coaches into routine care
- Implementation science aims to reduce health inequities in areas like PA
- To improve the digital divide access and cultural differences, adaptations to EIM are necessary with multi-stakeholders for communities like the Student Run Free Clinic Project-SRFCP

STUDY OBJECTIVES

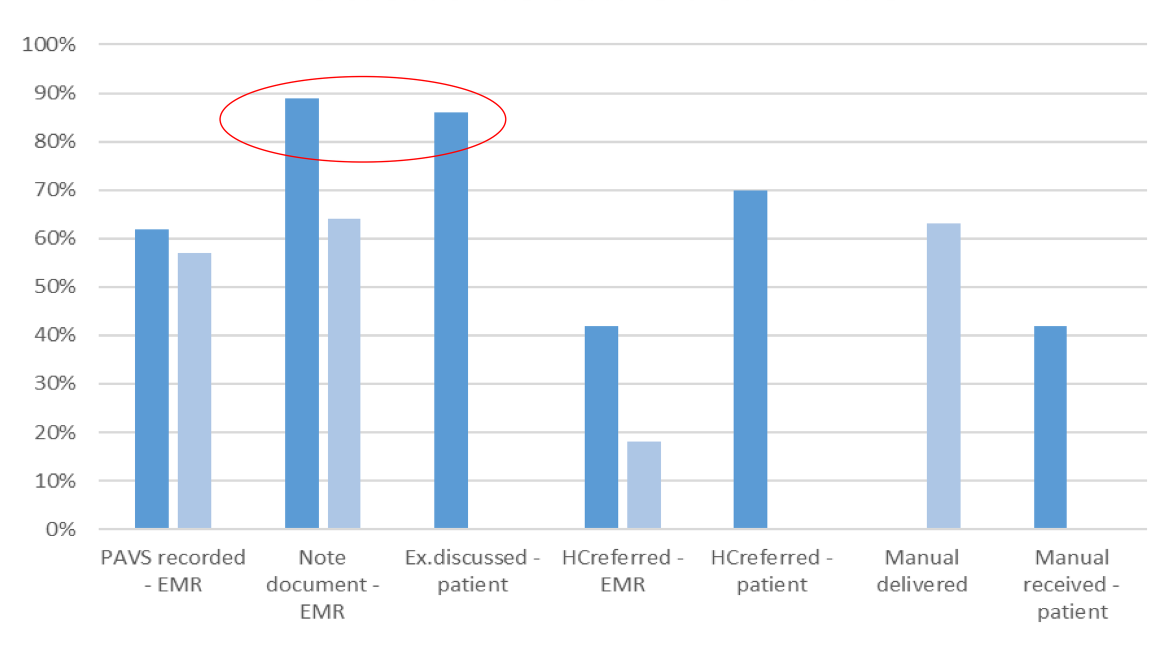
- To catalogue and analyze adaptations for implementing EIM into SRFCP using Framework for Reporting of Adaptations and Modifications Extended,-Implementation Strategy (FRAME-IS)
- To plan and evaluate this implementation through RE-AIM approach with an equity lens
- To engage all stakeholders – students, patients, and implementation team in development

METHODS

- Catalogue adaptations in real time into Excel spreadsheet by reviewing meeting agenda
  - Use structured format of FRAME and FRAME-IS with minor modifications
  - Pre (starting 1/21) through initial (6/2021) until post-implementation (1/22)
- Track provider level data from EPIC (10/1/2021 -4 months and 1/26/2022 - 8 months)
  - Student surveys from their SRFCP pre-/post
- Patient opinions from survey (phone calls from promotoras) in summer 2021
- Assess viewpoint from implementation team (n=6) with Weiner scale questionnaire
  - Post-implementation meeting in 1/2022

RESULTS: REACH & ADOPTION

EIM Components EMR versus Patient Recall over Time



RESULTS:

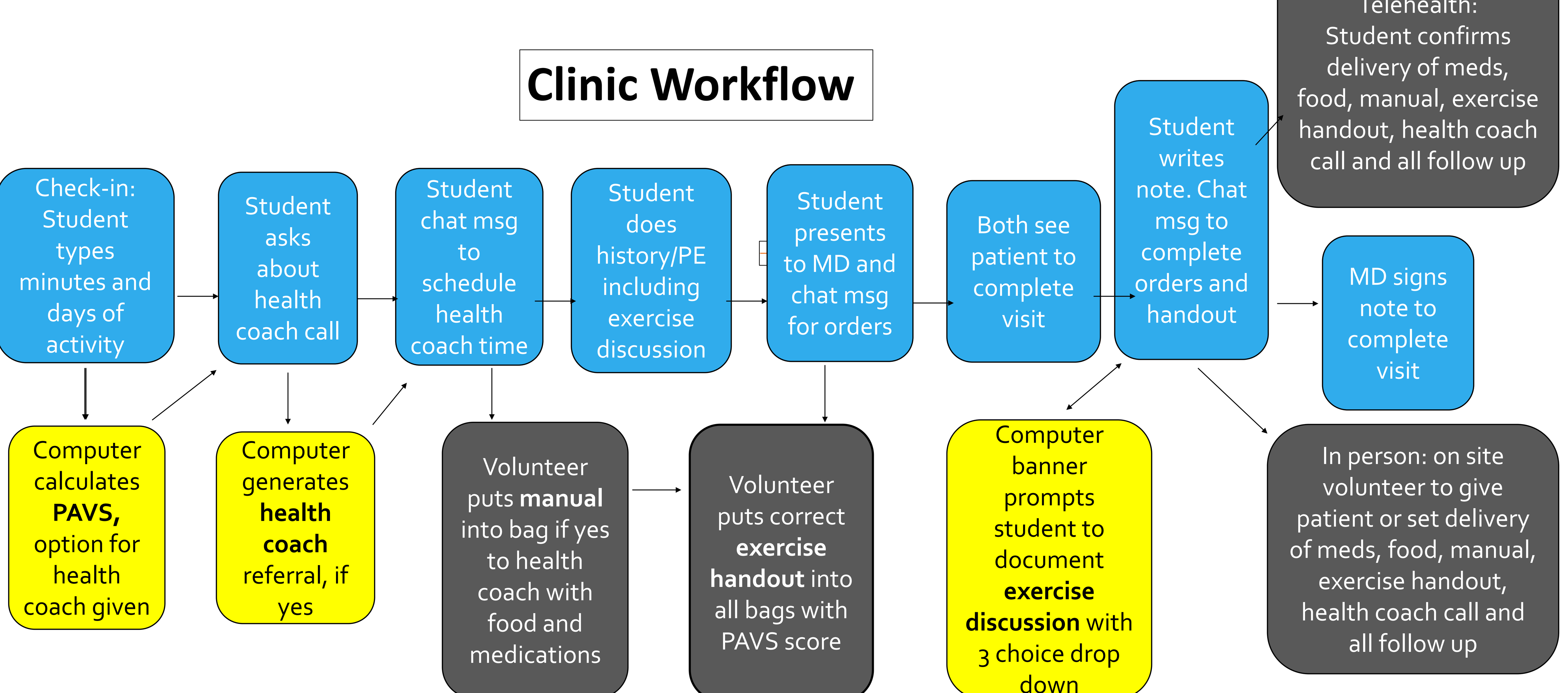
ADAPTATIONS

	EIM	Bicultural Manual	Bicultural Coach	Make HC appt	Deliver Manual/ Rx	Phone Survey	Medical Student as Provider	Total
Which component and/or intervention strategy is adapted?								
Component- Discussion	1							1
Component- Manual		1						1
Component-Health Coach			1					1
IS - Facilitation				1	1	1		3
IS - Training							1	1
WHAT is modified?								
Setting						1	1	2
Other: Workflow	1			1	1	1	1	5
Other: Translation/ Culture/Language		1	1					2
What is the NATURE of the content, evaluation, or training modification?								
Tailoring to individuals		1	1					2
Condensing a component	1			1				2
Integrating with other programs	1			1	1	1	1	5
What is the GOAL?								
To enhance impact		1	1					2
To improve fit	1			1	1	1	1	5
What is the LEVEL for the modification?								
Organizational	1					1	1	3
Implementer				1				1
Clinician			1	1	1			4
Patient		1			1			2
WHO coordinates the decision to modify?								
Entire or most of team					1			1
Administrator	1			1		1	1	4
Researcher	1	1	1	1				4
HOW widespread is the modification for whom/what?								
Patients		1	1					2
Clinic unit	1			1	1	1	1	5
Organization								1
What is the IMPACT?								
Reach		1	1		1			3
Adoption	1			1		1		3
Efficiency (maintenance)	1			1		1	1	4

CLINICAL EFFECTIVENESS

Change in PAVS Over Time by Gender, Diabetes, Hypertension, and Acceptance of Offer for Health Coaching

Demographics And Diseases	PAVS Scores Over Time (among patients with 2 PAVS)			
	Initial PAVS	Last PAVS (SD)	Change in Minutes	p-value
Overall	134 (116)	156 (124)	22	.012*
Gender:				
Female	132 (120)	149 (124)	17	.079
Male	141 (104)	179 (129)	38	.061
Diabetes				
Yes	135 (110)	152 (127)	17	.118
No	133 (124)	161 (124)	28	.048*
Hypertension				
Yes	124 (110)	149 (110)	25	.021*
No	153 (125)	170 (129)	17	.260
Health Coach Accepted				
Yes	124 (110)	137 (127)	13	.112
No	141 (118)	164 (120)	23	.081
missing	145 (135)	196 (134)	51	.275



Acknowledgements

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SETTING and SUBJECTS

Students (~120 annually) as physicians at the SRFCP

- Medical students supervised by volunteer clinical faculty (primary care and specialty) run a multidisciplinary practice to provide the wrap around healthcare with students from pharmacy, dental, acupuncture, social work, optometry,..
- Two UCSD faculty oversee managers and ancillary providers
- Clinics in San Diego - 5 days/week in schools and churches

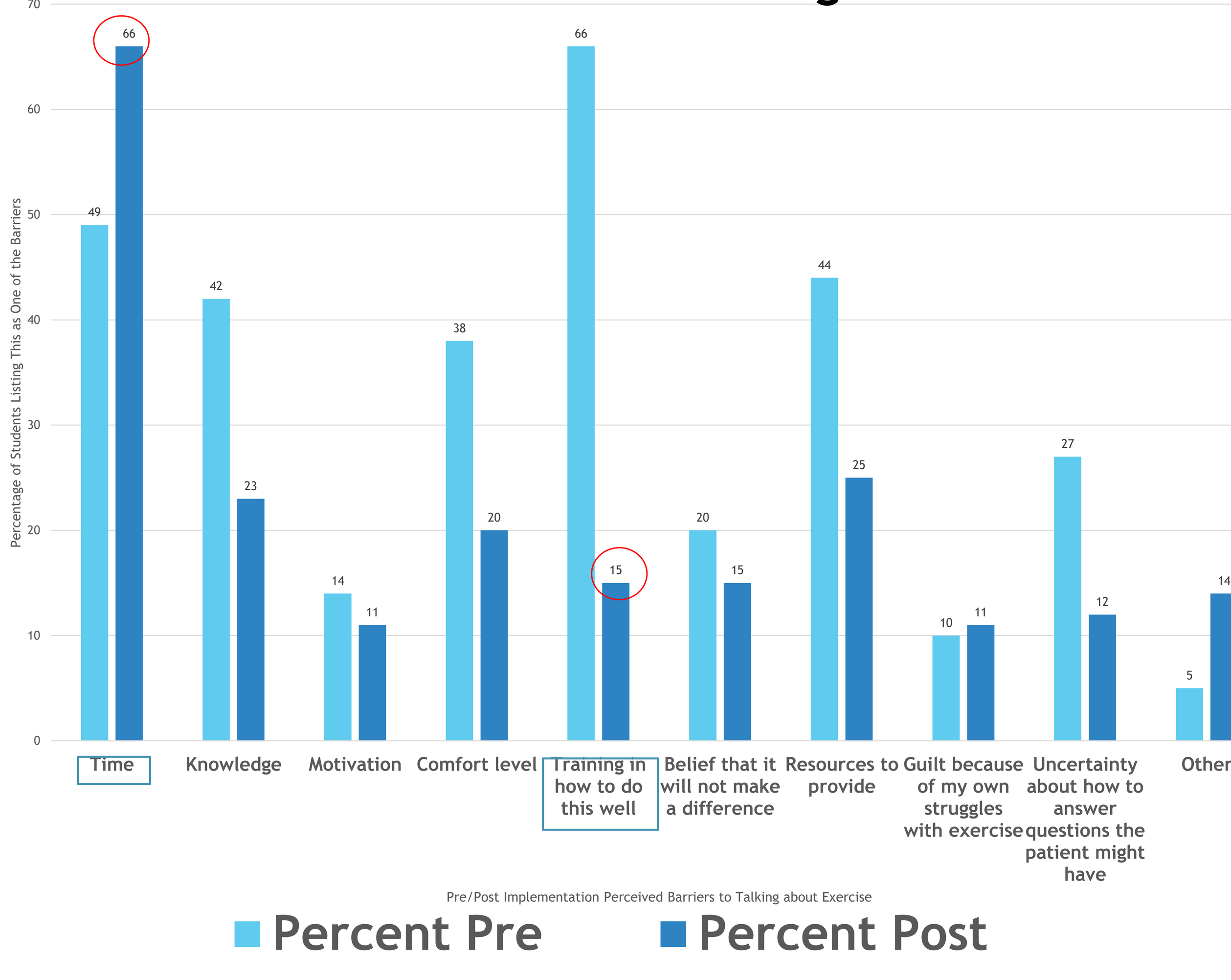
Patients (~400 served annually) without insurance

- Most (92%) are Hispanic, 75% female, over half with diabetes and/or hypertension (average age 56) – most monolingual Spanish communication, many lower educated
- Low-income workers with transportation challenges while caring for family members
- Most with poor computer literacy and no personal smartphone or household computer

RESULTS:

IMPLEMENTION & MAINTENANCE

Perceived Barriers to Talking about Exercise



CONCLUSIONS

- Adaptations catalogued in a blended FRAME-IS were planned in pre-implementation focused on streamlining workflow and integrating with other programs to improve fit at the clinic level to maximize reach, adoption, and clinical effectiveness
- Stakeholder goals of improving student's knowledge and decreasing barriers to exercise discussions were met while impacting patients to increase their PA by 22 minutes/week with 64% who found EIM helpful
- Implementation team found EIM appropriate, acceptable, and feasible
  - Reach – scaled up to SRFCP and measured contacts with patients
  - Effectiveness – maintained fidelity to improving PA of patients
  - Adoption – trained students to use EIM consistently
  - Implementation – worked with stakeholders to smooth workflow
  - Maintenance – co-created a quality improvement project that can endure

Co-Creating a Culturally Tailored COVID-19 Testing Program in the San Ysidro US/Mexico Border Region

Linda Salgin, Lawrence O. Ayers, Maria-Linda Burola, Anne-Marie Engler, Alexis Osuna, Luis Gay, Nicole Stadnick, Borsika Rabin, Ilya Zaslavsky, Louise C. Laurent, Robert Tukey, Marva Seifert

INTRODUCTION

The United States (US) continues to lead the world with the largest number of infections and deaths due to the Coronavirus Disease 2019 (COVID-19), with more than of 81 million infections and approximately 990,000 deaths.[1]

Racial and ethnic disparities in COVID-19 incidence are pronounced among underserved communities as these communities comprise a disproportionate percentage of workers in essential industries and experience higher housing density, which increases risk of COVID-19 infection and transmission.[2-5]

Among US/Mexico border communities, such as San Ysidro, California, these factors can be exacerbated by lack of access to culturally appropriate information and COVID-19 testing, particularly for prenatal and pediatric populations.

We partnered with a Federally Qualified Health Center (FQHC) in San Ysidro and engaged with multiple partners including patients and community members, FQHC partners, and academic research partners to conduct a needs assessment and co-create a culturally-tailored COVID-19 testing program for border communities with a specific focus on prenatal and pediatric patients and their support systems.

METHODS

A cross-sectional survey was used to collect information on experiences accessing COVID-19 testing and perceived risk of COVID-19 infection within the San Ysidro community between December 29, 2020 through April 2, 2021.

RESULTS

- 179 participants completed a survey available for analysis.
- 85% identified as female and 75% as Mexican/Mexican American.
- 56% were between the age of 25-34 years old.

Perceived Risk: 37% of participants rated their risk of acquiring COVID-19 as moderate to high whereas 50% rated their risk of getting COVID-19 as low to none. Figures 1 and 2 further highlight COVID-19 risk perceptions. ***Testing Experience:*** Approximately 68% of participants reported a history of COVID-19 testing. Among those who had been tested, 97% reported having very easy or easy access to testing for COVID-19. Reasons for not testing included limited appointment availability, cost concerns, not feeling sick, and concern about risk of infection while at a testing facility.

FIGURE 1: Perceived COVID-19 risk by sex and cohort among survey participants between December 29, 2020, and April 2, 2021, within a FQHC in San Ysidro (n=179)

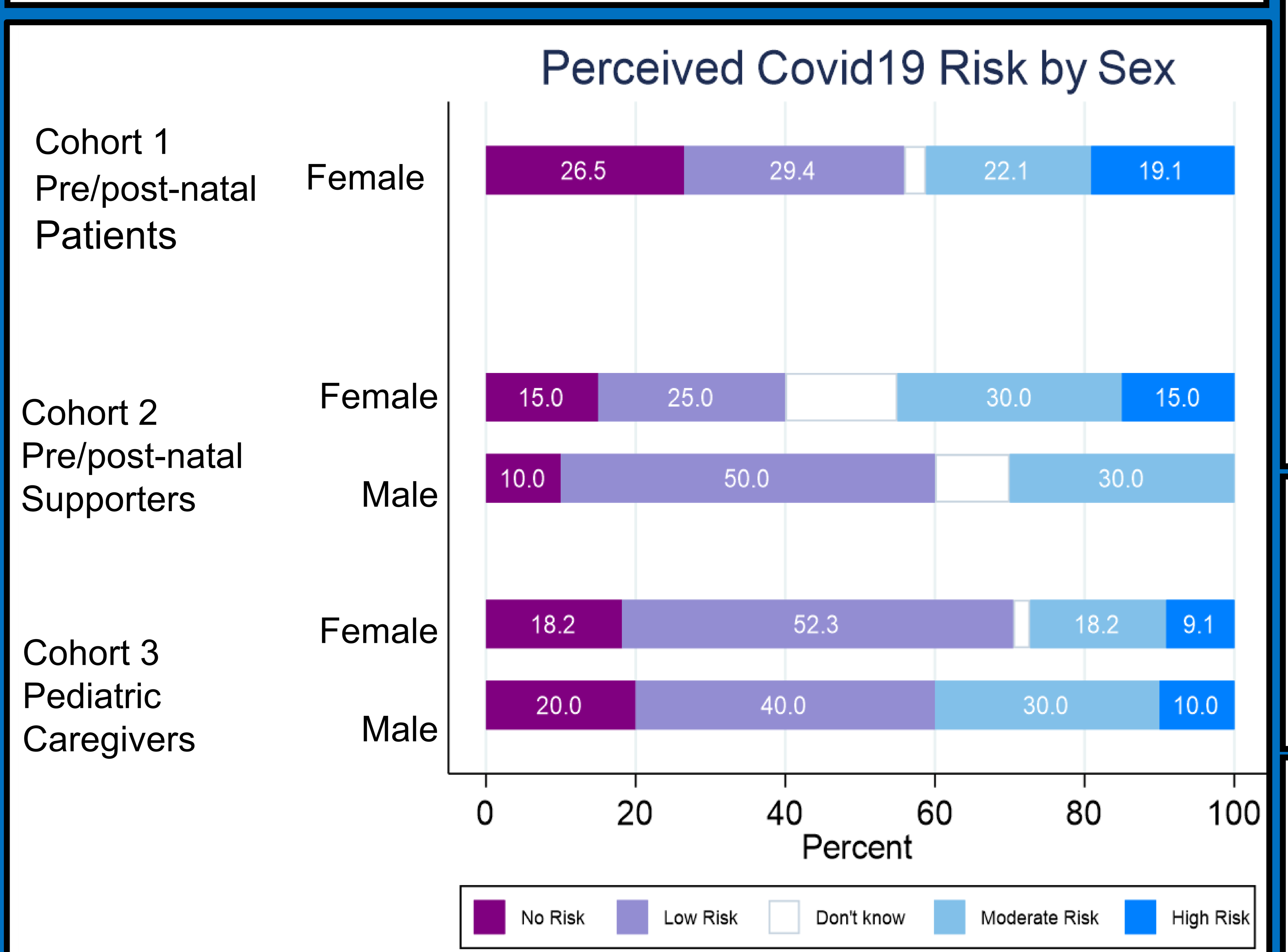
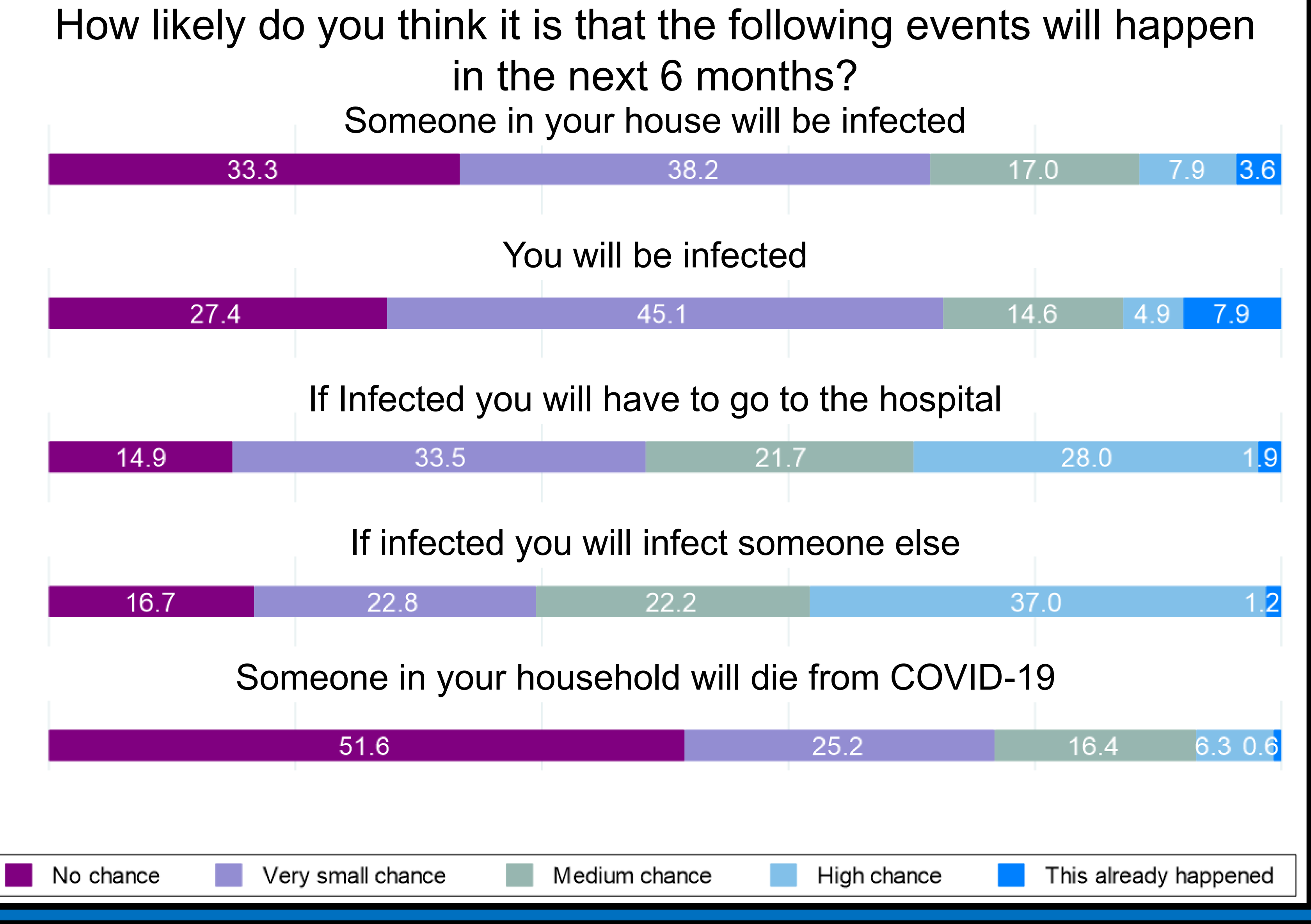


FIGURE 2: Perception of future risk and/or complication from a COVID-19 infection among survey participants between December 29, 2020, and April 2, 2021, within a FQHC in San Ysidro (n=179)



CONCLUSIONS

This study is an important first step to understand COVID-19 risk perceptions and testing access among patients and community members living near the US/Mexico border in San Ysidro, California. These findings informed the iterative design of the RADx-UP testing program, CO-CREATE, which offers no-cost, walk-up testing at a FQHC.

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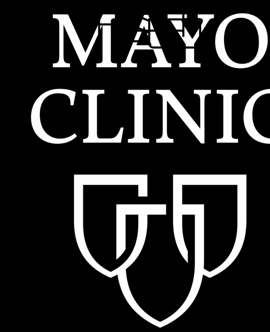

Rapid qualitative methods to inform implementation of a community paramedicine multi-site pragmatic randomized clinical trial

Jennifer L. Ridgeway,[1,2] Erin O. Wissler Gerdes,[2] Michelle Lampman,[2] Michael B. Juntunen,[3] Chad P. Liedl,[3] Rozalina G. McCoy[1-4]
[1]Division of Health Care Delivery Research, [2]Robert D. and Patricia E. Kern Center for the Science of Health Care Delivery, [3]Mayo Clinic Ambulance, [4]Division of Community Internal Medicine, Geriatrics, and Palliative Care, Department of Medicine, Mayo Clinic, Rochester, MN, USA

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BACKGROUND

Practice-embedded pragmatic trials aim to generate timely evidence for translation. While balancing rigor and speed, researchers must also ensure that procedures are feasible, minimize practice burden, and maintain real-world conditions.

This research was conducted in the pre-implementation period of a trial assessing effectiveness and implementation of a community paramedic (CP) program to shorten or prevent emergency department (ED) visits or hospitalizations in adults being treated in the pre-hospital (home, clinic), ED, or hospital setting. The aim was to identify facilitators and barriers to implementation and refine workflows, ensuring feasible program and study conduct.

SETTING

Two Mayo Clinic Ambulance service areas that consist of very rural, rural, and urban communities.

- 40-mile radius of Mayo Clinic (Rochester, MN)
- 20-mile radius of a Mayo Clinic Health System site (Barron, WI)

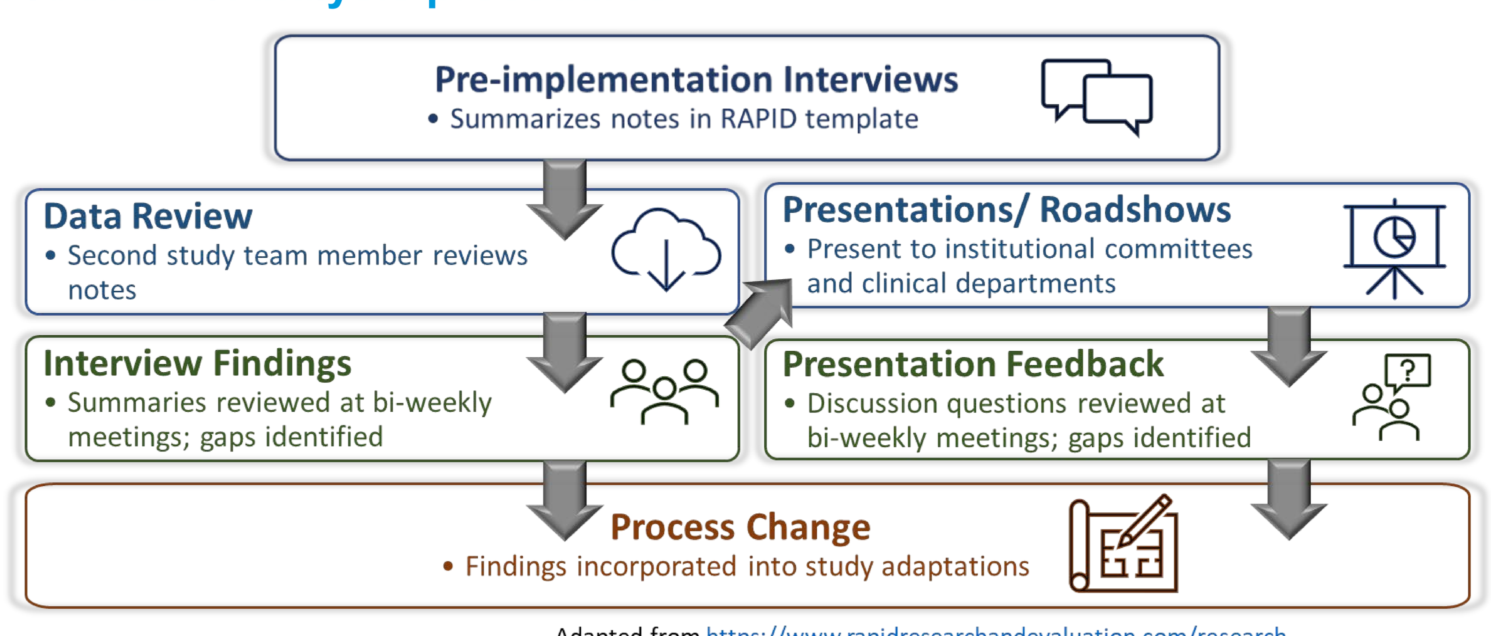
PRE-IMPLEMENTATION METHODS

Recruitment: The study team identified individuals in roles likely to be involved in or impacted by the trial and invited them to participate.

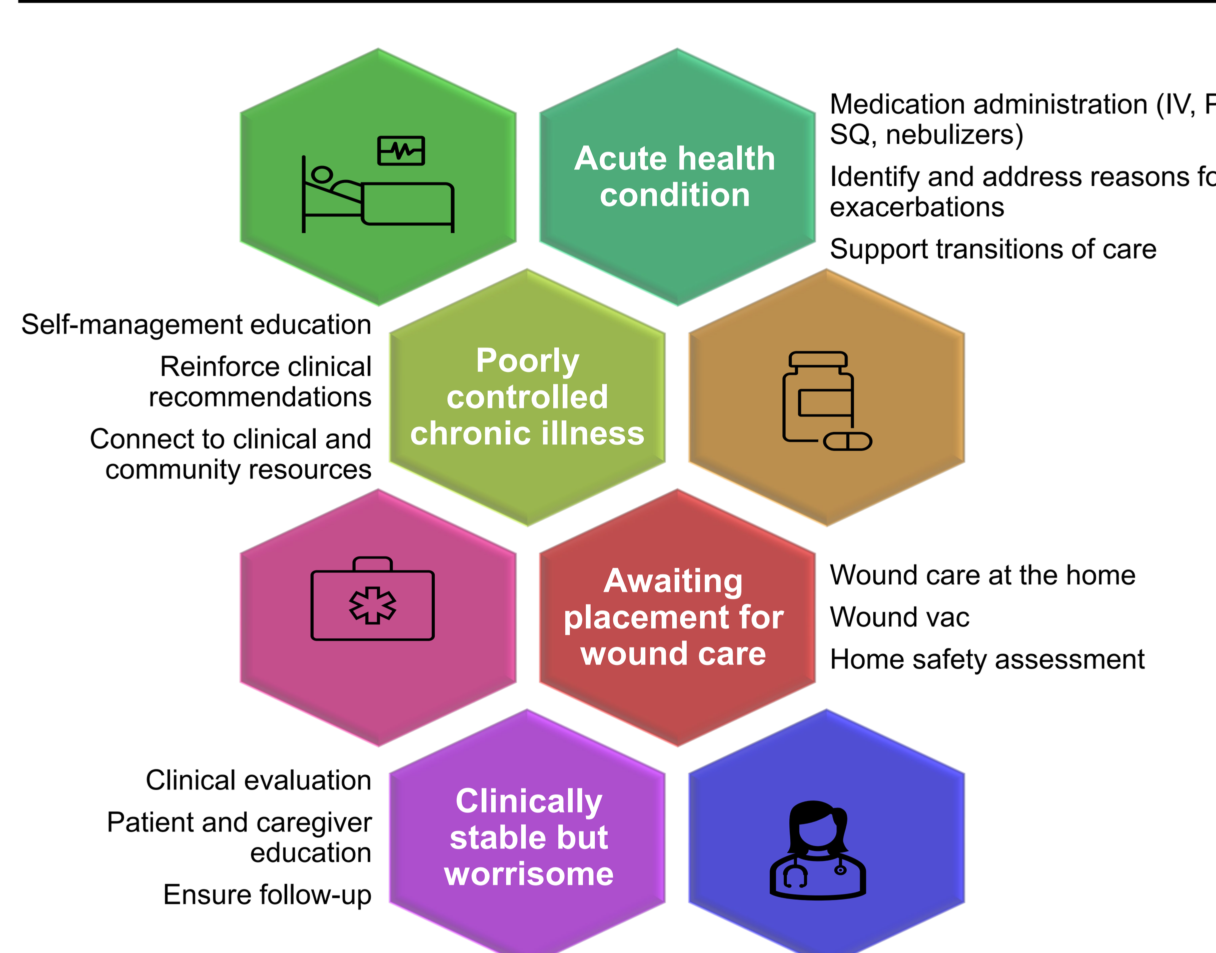
Data collection: Semi-structured interviews were conducted virtually and audio recorded for analysis. The study team also presented trial information to key stakeholder groups to increase awareness and solicit questions and concerns.

Data analysis: Interview recordings were reviewed by two team members and summarized in Rapid Assessment Procedure (RAP) sheets[1] organized by constructs related to implementation determinants. Presentation questions were tracked. The study team met biweekly to debrief findings and identify necessary actions, including trial adaptations to increase feasibility and acceptability.

FIGURE 1. Analysis procedures



INTERVENTION + PRAGMATIC TRIAL



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Intervention: The Care Anywhere with Community Paramedics (CACP) program for patients with intermediate acuity health needs who already are, or may be referred to, the ED or hospital for the receipt of services not typically available in the ambulatory setting.

Design: Pragmatic, two-group parallel, 1:1 randomized clinical trial of CACP vs. usual care among adults 18 years or older.

Study procedure: Randomization of 240 patients with intermediate acuity who present to the clinic, ED, or hospital.

Study aims:

★ 1) Identify potential facilitators and barriers to implementation and refine workflows in pre-implementation phase.

2) Evaluate CACP effectiveness, compared to usual care, as well as RE-AIM implementation outcomes.

3) Assess patient, CP, and clinician acceptability, satisfaction and perceived sustainability.

RESULTS

- Thirty individuals participated in interviews between December 2021 and April 2022, including referring clinicians (n=15), administrators/clinical leaders (n=5), individuals in related service lines, e.g., lab and pharmacy (n=5), and community paramedicine team members (n=5). The mean duration was 31 minutes (range 19, 59).
- The study team presented the study to and held discussions with 17 institutional committees and clinical departments.

TABLE 1. Examples of pre-implementation findings and related actions taken

Need/Issue Identified	Action Taken
1) Lack of CP program awareness	Curated "roadshow" presentations to raise awareness and address questions
2) Vagueness of program parameters	Created brochures, slideshows, and CP website for access to trial information
3) Access to inpatient medications	Work with pharmacy to create "wholesale pharmacy" to supply CP trucks
4) Clear and defined referral process	Referral process designed as an order set and communicated
5) Fear of misuse of CPs as providers	Graphical layout of CP scope of practice; further defined program parameters
6) Interest of other referring providers	Met separately with them to discuss study/enrollment flow
7) Difficult to refer patients "after hours"	Identified other timeframes to enroll patients
8) Remote consenting (i.e., technology issues)	Added access to phone and digital consent and ways to involve others

FIGURE 2. Community paramedic care
Community paramedics deliver care in community settings, including homes, hotels, and community day centers.

CONCLUSIONS

- In the 3 months pre-implementation, the team was able to identify and resolve key areas of concern.
- While resource intensive, rapid methods of engagement, data collection, and analysis provide timely feedback and inform changes to bolster feasibility and stakeholder relationships.

REFERENCES

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Addressing substance use disorders to end the HIV epidemic: The power of community stakeholder perspectives

Sheila V. Patel (svpatel@rti.org), Heather J. Gotham, Hannah K. Knudsen, Tom Donohoe, Michael Bradshaw, Sarah McDaniel, Stephen J. Tueller, Ted Gordon, and Bryan R. Garner

THE NEED FOR STAKEHOLDER INPUT

Substance use disorders (SUDs) among people with HIV (PWH) are highly prevalent. It is imperative to integrate SUD services within HIV service organizations (HSOs) to help end the HIV epidemic. Given the stigma that remains around HIV and SUD and the complexity of addressing SUD among PWH, community-based participatory research strategies are a necessity. Further, the limited integration of SUD services into HSOs to date, despite a strong research base, suggests the need to thoughtfully engage stakeholders at all levels. The STS4HIV Project engaged PWH, HSOs, HIV planning councils/bodies, and AIDS Education and Training Centers (AETCs) to understand how best to address SUDs among PWH.

AN INNOVATIVE APPROACH

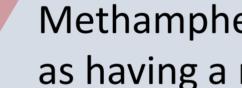
We used an innovative real-time Delphi (RTD) method to engaged a variety of key stakeholders nationally. In a series of three RTDs, stakeholders identified (1) which SUDs have the greatest negative impact on PWH, (2) which SUD interventions are the best fit for integration into HSOs, and (3) which strategies AETCs can use to support integration of SUD interventions into HSOs. Each RTD engaged stakeholders over a two-week period, which involved learning about (1) substance use disorders, (2) SUD interventions, or (3) implementation strategies, rating them across various dimensions, explaining initial responses, reviewing others' responses and comments, and changing responses if inclined. This interactive method facilitated consensus among participating stakeholders by enabling asynchronous perspective sharing.

PROBLEMATIC SUBSTANCES

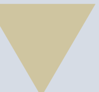
Our national sample of 643 HSO leaders, staff, and clients estimated *rates of SUD among PWH 3-4x higher than seen in the general public*:

42% with alcohol use disorder
42% with cannabis use disorder
35% with opioid use disorder
32% with methamphetamine use disorder
28% with cocaine use disorder

Different types of SUD were perceived to have a greater *negative impact on the HIV care continuum*:


Methamphetamine use disorder was rated as having a moderate-to-major impact

Alcohol, cocaine, and opioid use disorders were rated as having a moderate impact


Cannabis use disorder was rated as having a minor impact

SUDs that were identified as having the *greatest population-level negative impact*:

Alcohol

Methamphetamine

Opioid

PROMISING SUD SERVICES AND STRATEGIES

202 HSO representatives were asked to *rate whether different evidence-based SUD services are Fundable, Implementable, Retainable, Sustainable, Scalable, and Timely* (FIRSST criteria).
They identified 3 *psychosocial interventions* (motivational interviewing, cognitive behavioral therapy, contingency management) *as having the best fit* for integration into HSOs.

64 AETC representatives were asked to *rate whether different exploration, preparation, and implementation strategies are Feasible and Important, whether AETCs are Ready to provide them and could do so at Scale, and whether AETCs encounter Tension to provide them* (FIRST criteria). They rated the strategies as important for supporting integration of the psychosocial interventions into HSOs but with varying levels of feasibility. Overall, one strategy to support HSOs in exploration of SUD services (*disseminating information about evidence-based services*) and one to help them prepare to implement (*provide access to asynchronous training*) were *the most promising*.

STAKEHOLDER INPUT GUIDING RESEARCH & PRACTICE

The STS4HIV Project is using this stakeholder input to inform which SUD services and strategies are the focus of a pragmatic trial seeking to improve integration of SUD services into HSOs to better support PWH. The findings can also be used to inform HIV planning councils/bodies tasked with setting priorities, assessing capacity, and allocating resources to end the HIV epidemic.

FUNDING

This work is supported by the National Institute on Drug Abuse (NIDA): R01DA044051 (PI Garner).

A RETROSPECTIVE ANALYSIS INVESTIGATING RACIAL BIAS IN POLICE ENCOUNTERS AT A PUBLIC MEDICAL RESEARCH UNIVERSITY

Ephrat Fisseha, William Mundo,
University of Colorado – Denver, Anschutz Medical Campus
William.mundo@cuanschutz.edu

INTRODUCTION

- Black and Latino individuals are disproportionately represented in law enforcement encounters and the criminal justice system
- Many health and socioeconomic inequities stem from structural and interpersonal racism and racial bias in policing is one way it manifest in our society
- There are no studies investigating if disparities in police encounters also exists in a public medical research university
- Aim: To investigate racial/ethnic disparities in police encounters and arrests in a public medical research university

METHODS

- Design: retrospective analysis
- Setting: academic tertiary care center
- Timeline: 2010-2019
- Population: Campus and larger community
- Data source: Police encounter reports
- Means, standard deviations, frequencies, and percentages were calculated
- Bivariate and forward, stepwise multivariable logistic regressions
- Calculated RR using Poisson regression
- Statistical analyses were performed in STATA 16 software

RESULTS

- 5118 total police encounters, consisting of subjects (75%), arrestees (13%), and suspects (12%)
- 13.2% of encounters resulted in arrests
- Population characteristics summarized in Table 1.

Table 1. Population Characteristics of Police Encounters, 2010-2019

Variable	Not Arrested (n= 4438)	Arrested (n= 680)	Total (n=5118)
Age: mean (sd)[1*]	39.9 (15.9)	35.3 (12.1)	39.2 (15.5)
Sex: % (n)[2]			
Male	60.4% (2,641)	76.0% (516)	62.5% (3,157)
Female	39.6% (1,733)	24.0% (163)	37.5% (1896)
Race: % (n)[3]			
White	74.7% (3,065)	64.4% (434)	73.2% (3,499)
Black*	22.2% (912)	33.1% (223)	23.8% (1,135)
Asian/Pacific Islander	2.7% (127)	2.8% (115)	1.8% (12)
American Indian/Alaskan Native*	0.3% (13)	0.74% (5)	0.4% (18)
Ethnicity: % (n)[4]			
Non-Hispanic/Latino	79.6% (3,364)	90.9% (2,909)	72.3% (455)
Hispanic/Latino	19.1% (687)	27.7% (174)	20.4% (861)
Reason on campus: % (n)[5]			
Other	50.3% (2,099)	76.7% (486)	53.8% (2,585)
Patient	9.1% (381)	4.4% (28)	8.5% (409)
Visitor	12.9% (536)	15.3% (28)	13.2% (633)
Student	4.5% (186)	0.3% (2)	3.9% (188)
Employee	23.3% (970)	3.3% (21)	20.6% (991)

[1.] n=4,397; missing information on 14.1% (n=721)
[2.] n=5,053; missing information on 1.27% (n=65)
[3.] n= 4,779; missing information on 6.62% (n=339)
[4.] n=4,225; missing information on 17.45% (n=893)
[5.] n=4,806; missing information on 6.1% (n=312)
*p<0.001 using Student T-test/Chi-square

Black and Latino individuals were 1.52 and 1.41 times more likely to have an encounter lead to arrest respectively compared to White individuals even after controlling for confounding variables

- Black individuals were 7.79 times more likely to be arrested for a suspicious incident *
- Black individuals were more likely to be arrested for the following encounters: assault, theft, and suspicious incident *
- Latino individuals were more likely to be arrested for code violations and traffic incidents *
- Black and Latino individuals were more likely to be arrested if they were unaffiliated with the campus *

Denotes statistically significant findings $P < 0.05$

Conclusions

- Black and Latino are at higher risk of arrest than White individuals at a public research university medical campus setting
- Disparities in arrest rates at a medical research university may result in increased mistrust with health and medical institutions

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