

Health Services Administration/Management

APHA 2025 Annual Meeting and Expo

Abstract

Influence of MyChart usage on gynecology patient no-show rates at an urban hospital-based clinic

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Background: At our institution's gynecology clinic, the no-show rate is over 30%, posing a challenge to managing efficient clinic schedules. Identifying factors influencing appointment adherence is critical for designing interventions to decrease patient no-show rates.

Methods: This IRB-approved single-institution prospective cohort study surveyed patients at our gynecology clinic from January to March 2025. We analyzed responses using descriptive statistics, Fisher's exact test, and multivariate analysis.

Results: Among 473 patients that completed the survey, 68.1% were Hispanic/Latino and 64.7% reported Spanish as their primary language. 89.4% reported using MyChart app on phone or tablet to check appointment status while 69.7% of those reported using MyChart very often. 35.9% reported previously missing appointments at our gynecology clinic (No-Shows). The most common reasons reported for missing appointments amongst No-Shows were misremembering appointment date/time (39.4%), or lacking available and affordable transportation (21.1%).

Spanish-speaking patients were more likely to be No-Shows (OR=1.89, 95% CI [1.22, 2.89],p=0.003). Black patients were less likely to be No-Shows (OR=0.50, 95% CI [0.27, 0.90],p=0.02). Among those who report using MyChart very often, Hispanic/Latino and Black patients were less likely to be No-Shows (OR=0.56, 95% CI [0.38-0.83],p=0.02; OR=0.54, 95% CI [0.34-0.88],p=0.007).

Conclusions: While Spanish-speaking patients were more likely to be No-Shows, Hispanic/Latino and Black frequent MyChart users were less likely to be No-Shows, highlighting benefits of electronic patient portals. Preliminary findings also highlight misremembered appointments and transportation difficulties as top reasons for no-show rates among our institution's gynecology patients. Further data is needed to stratify these factors' relation to no-show reasons.

Assessment of individual and community needs for health education Other professions or practice related to public health Program planning Public health or related research

Abstract

Optimization of equity and access for at-risk populations through delivery of harm reduction and substance use care on mobile clinics.

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Description of evidence and theory:

Expanding mobile substance use disorder (SUD) services is warranted due to high opioid overdose rates and barriers to facility-based care. Research demonstrates that mobile clinics are cost-effective, improve treatment access, reduce emergency service reliance, and enhance harm reduction efforts. This model integrates comprehensive SUD care to reduce disparities and improve health outcomes.

Description of program activities:

The mobile vans are licensed clinics that provide care focused on conditions driving the highest rates of preventable deaths. The mobile vans have recently partnered with the hospital-based SUD team to provide comprehensive SUD and harm reduction services directly within underserved neighborhoods. Community partners assist in guiding deployment locations. Services during addiction medicine sessions include SUD assessments, pharmacotherapy, recovery coaching, naloxone distribution, safer use supply distribution and referrals. These vans have the potential to play a critical role in reducing overdoses and supporting recovery by integrating medical care and harm reduction at the point of need.

Outcomes Evaluation:

Retrospective and prospective data collection assessed service impact. Over one-year, unique patient volume increased by 325% (119 individuals) and total encounters for clinical services and harm reduction rose by 557.76% (296 encounters). Monthly comparisons showed a 160% rise in unique patients and a 225% increase in appointments. These trends highlight expanded reach and improved engagement with at-risk populations.

Recommendation for practice:

Mobile delivery of harm reduction and SUD care is scalable, community-centered and effectively engages underserved populations. Continued investment in mobile health infrastructure and cross-sector partnerships is recommended to expand this impact.

Chronic disease management and prevention Clinical medicine applied in public health Public health or related research

Abstract

Revisiting health information technology adoption among U.S. hospitals by urban/rural location

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Background: Our study objective was to examine how urban/rural disparities in HIT adoption have evolved over time. Specifically, we investigated variations in hospital adoption of telehealth, patient engagement (PE), and health information exchange (HIE) functionalities by urban/rural location in 2023 and compared these patterns to adoption rates observed in 2018.

Methods: We used the linked 2023 American Hospital Association Annual Survey and Information Technology Survey data. We examined average adoption rates of 8 telehealth, 8 PE, and 3 HIE functionalities across metropolitan, micropolitan, and rural acute care hospitals.

Results: Our findings reveal that hospital adoption rates of telehealth, PE, and HIE functionalities have improved across metropolitan, micropolitan, and rural areas between 2018 and 2023. For example, hospital ability to query data from external providers during HIE was substantially higher across all locations in 2023 (rural: 85%, micropolitan: 93%, metropolitan: 95%; $p < 0.001$) compared to 2018 (rural: 56%, micropolitan: 69%, metropolitan: 80%; $p < 0.001$). Our results also suggest that the urban/rural gap in HIT adoption has

narrowed over time. For instance, the difference in the ability of metropolitan and rural hospitals to query data from external providers during HIE was only 10% in 2023, compared to 24% in 2018.

Conclusions: While urban/rural disparities in HIT adoption persist in 2023, the gap has narrowed compared to 2018. This continued progress is encouraging and highlights the importance of ongoing investment and policy efforts to further close the digital divide in health care access and technology adoption across geographic regions.

Provision of health care to the public Public health administration or related administration Public health or related public policy

Abstract

Exploring burnout in hospitalists post COVID: Identifying key contributing factors

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Background

Hospitalists play a vital role in hospital systems, yet rising burnout rates contribute to physician attrition and may compromise patient care quality. This study identifies factors contributing to hospitalist burnout post COVID that may inform strategies that support hospitalist well-being and healthcare system sustainability.

Methods

In October 2023, an anonymous online cross-sectional survey was distributed to hospitalists in a large community hospital system. Burnout was assessed using the Mini-Z burnout scale. Participants selected from 13 potential contributors to burnout, with a write-in option for other factors. Descriptive statistics summarized self-reported contributors and chi-square tests assessed associations with burnout.

Results

Our sample consisted of 113 hospitalists (44% female, 62.8% were aged 36-50). There was a burnout prevalence of 35.4% among all participants. The most cited contributors among those with burnout were staffing shortages (72.5%), lack of workload control/working too many hours (57.5%), and excessive time spent on bureaucratic tasks (45%). Among those without burnout, these same factors were reported most frequently but at lower rates: 41%, 30%, and 42.5%, respectively.

Factors significantly associated with burnout included: lack of shared values with leadership ($p=0.02$), staffing shortages ($p=0.003$), lack of effective teamwork ($p<0.001$), lack of workload control ($p<0.001$) and chaotic work environment ($p=0.02$)

Conclusions

Workplace factors associated with burnout in hospitalists included staffing shortages, administrative burdens, and lack of workload control. Increasing staffing and implementing targeted interventions addressing burnout contributors may help alleviate burnout and promote a healthier, more sustainable work environment for hospitalists, and ultimately improve patient care.

Occupational health and safety Social and behavioral sciences

Abstract

Adequate maternal plasma folate levels are associated with deceleration of epigenetic aging: insights from Boston birth cohort

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Background

The proportion of aging population is rising globally, leading to greater chronic disease burden. Previous research suggests that folate may help mitigate the risk of various adverse health conditions. This study explores a novel hypothesis that folate may also have a protective role in slowing biological aging (BA).

Method

This study included 752 mothers enrolled in the Boston Birth Cohort (1999–2014). Plasma folate concentrations were measured within 1-3 days postpartum by chemiluminescent immunoassay and grouped into low (lowest quartile) vs adequate (second through fourth quartile). BA acceleration was calculated as the difference between Levine epigenetic clocks (based on Illumina Infinium MethylationEPIC BeadChip) and chronological age at delivery. The folate-aging acceleration association was assessed by multivariable linear regression models adjusting for race/ethnicity, education, marital status, nativity, smoking, parity, preterm birth, pre-pregnancy overweight or obesity, diabetes, and pregnancy hypertensive disorders.

Results

Participants had a mean age of 28.4 (± 6.7) years; 61% were non-US born, and 66% identified as non-Hispanic Black. The median folate level was 31.3 nmol/L (interquartile range: 20.6-45.5). Compared to mothers with low folate, adequate folate levels were significantly associated with slower ageing (adjusted $\beta = -1.31$, 95% CI: $-2.35, -0.27$). The association pattern was consistent across the subgroup analyses regardless of race/ethnicity and nativity.

Conclusion

Adequate folate levels were associated with slower BA in the overall sample and subgroups. If confirmed by future studies, these findings imply that adequate folate during pregnancy may not only support favorable pregnancy outcomes but also contribute to long-term health by decelerating BA.

Biostatistics, economics Chronic disease management and prevention Epidemiology Public health or related research Social and behavioral sciences

Abstract

Association between family history of cancer and Long COVID: A cross-sectional analysis

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Background:

Long COVID involves persistent symptoms such as fatigue, cognitive dysfunction, and shortness of breath that interfere with daily functioning. While established risk factors include female sex, diabetes, and Epstein-Barr virus reactivation, the relationship between family history of cancer and long COVID remains underexplored.

This study examines whether a family history of cancer is associated with an increased likelihood of developing long COVID.

Methods:

A retrospective cross-sectional analysis was conducted using data on 23,972 adults from the 2023 National Health Interview Survey. Outcome variable was long COVID, defined as symptoms lasting for 3+ months. The exposure variable was self-reported family history of cancer. Multivariable logistic regression was estimated to obtain adjusted odds ratios of long COVID. Models were adjusted for demographic attributes (sex, age, race, marital status), socioeconomic status (urban/rural residence, education, income, health insurance coverage), health conditions (body mass index, disability status, chronic conditions [e.g., hypertension, diabetes, etc.], recent hospitalizations), and health-risk behaviors (smoking status) and preventive measures (flu shot, COVID-19 vaccination). We also adjusted for interview month and region fixed effects.

Results:

Around 38.05% adults reported family history of cancer. After adjusting for all covariates, individuals with a family history of cancer had higher odds of reporting long COVID compared to those without such a history (AOR = 1.17, 95% CI: 1.04-1.31).

Conclusions:

These findings suggest that familial or genetic predispositions related to cancer may also influence long COVID risk. Further research is warranted to explore underlying biological mechanisms and inform strategies for prevention and targeted care.

Biostatistics, economics Epidemiology Protection of the public in relation to communicable diseases including prevention or control Public health or related research Social and behavioral sciences

Abstract

Opportunities for Integrated Care Between Providers and Community Based Organizations for SDOH Needs through Health Information Exchange

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Background: Social Determinants of Health (SDOH) significantly influence morbidity and mortality, yet many physicians lack the resources to adequately address patients' social needs. Standardizing provider SDOH collection methods and connecting community-based organizations (CBOs) to health technology could enhance referrals and improve patient care. On behalf of the state Health Information Exchange (HIE), this study examined provider and CBO perspectives on using an HIE for social needs referrals.

Methods: This report reflects the qualitative arm of a larger study which conducted key informant interviews and focus groups with nine healthcare professionals and nine CBO professionals to explore experiences and needs regarding SDOH data exchange and referrals. Sessions were recorded, transcribed, and analyzed using thematic analysis. Theme coding was performed by independent coders for interrater agreement.

Results: Thematic analysis revealed that challenges to SDOH referrals included staff and technology limitations, funding constraints, unreliable data, and lack of closed-loop communication. HIEs could be leveraged to standardize widely varying provider screening methods and workflows. Providers saw benefits in an HIE-embedded, interoperable system that would enhance SDOH screening, facilitate referrals, and improved care continuity. CBOs similarly expressed interest in direct communication with providers and better data infrastructure.

Conclusions: Understanding both provider and CBO perspectives is critical to improving referrals for patients with complex social needs. An electronic, closed-loop referral system that addresses implementation barriers

could help improve patient care and health outcomes. Leveraging HIEs for SDOH screening and referrals at a state level could create a more coordinated approach to wide-ranging patient SDOH needs.

Clinical medicine applied in public health Communication and informatics Planning of health education strategies, interventions, and programs Public health or related organizational policy, standards, or other guidelines

Abstract

A Rapid Literature Review of Student Pharmacists' Knowledge, Attitudes, and Awareness regarding Pre-Exposure Prophylaxis (PrEP)

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Background

Pre-Exposure Prophylaxis (PrEP) is an essential intervention for preventing the transmission of Human Immunodeficiency Virus (HIV). As future leaders in public health arena related to HIV prevention there have been limited studies assessing student pharmacists' knowledge and preparedness regarding PrEP.

Methods

A search was conducted over the course of one month in 2025 using the databases PubMed and Scopus. The search strategy employed Medical Subject Headings (MeSH): "student pharmacists," "pharmacy students," "PrEP," and "HIV." The inclusion criteria targeted studies published in English that explored the role of student pharmacists in the context of PrEP in the US.

Results

A total of 38 articles were identified. After removing duplicates and applying inclusion criteria, nine articles were selected for analysis. Five articles focused on student pharmacists' knowledge, attitudes, and preparedness regarding PrEP. Although student pharmacists had a strong awareness of PrEP they lacked confidence in PrEP patient counseling. Three articles investigated attitudes and awareness related to PrEP among various healthcare professions. These studies found that student pharmacists displayed the highest level of knowledge about PrEP, while medical students felt the most comfortable with clinical activities involving PrEP. An article described an interprofessional, student-led initiative aimed at educating healthcare teams about PrEP access.

Conclusion

This rapid literature review revealed knowledge gaps were most pronounced in prescribing guidelines, drug interactions, and adherence monitoring. These findings highlight the need for improved pharmacy curricula that integrate activities that focus on PrEP counseling to better prepare the student pharmacists to enhance patient outcomes.

Other professions or practice related to public health Public health or related education Public health or related research

Assessing the Accuracy and Understandability of AI Chatbots in Offering Colorectal Cancer Screening Guidance for College-Aged Populations

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Background: As colorectal cancer (CRC) rates are rising among young adults, there is an increased need for accurate screening guidance. AI chatbots like ChatGPT and Gemini are emerging sources of health information, yet their reliability in providing screening recommendations remains unclear. This study evaluates AI-generated responses to CRC-related screening inquiries and compares them to government and medical guidelines.

Methods: Over four separate days, six CRC-related screening scenarios were posed to both ChatGPT and Gemini (n=48 responses). Questions were specifically designed to mimic those of college students, incorporating behaviors such as drinking, smoking, and academic stress as potential risk factors. AI responses were assessed for scientific accuracy and understandability using the Patient Education Materials Assessment Tool. A content analysis was conducted to assess discrepancies between AI-generated advice and established guidelines.

Results: Preliminary findings indicate that AI-generated responses were highly accurate, with almost complete alignment with established medical guidelines. Responses consistently provided correct screening recommendations and risk assessments based on family history and behavioral factors. While minor differences in wording and emphasis were observed between the AI models, no significant discrepancies or misinformation were detected.

Conclusions: AI chatbots demonstrate strong potential as reliable tools for CRC screening guidance, with preliminary results showing near-perfect accuracy. Their ability to address behavioral risk factors relevant to college students suggests they could serve as an accessible resource for young adults seeking health information. Continued research is needed to further assess AI's role in digital health literacy and ensure ongoing alignment with trusted medical sources.

Communication and informatics Public health or related education

