



Innovation in Healthcare Symposium

March 27th, 2026



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Innovation in Healthcare Symposium

Program at a Glance

7:30 AM — Registration Opens & Breakfast (à la carte)

Keynote Session | Ballroom

8:30 – 8:40 AM — Welcome and Introduction

- Dr. Amy Overman — Dean, Xavier University College of Professional Sciences

8:40 – 9:20 AM — Keynote Address: The Future of Healthcare in Ohio

- Dr. Bruce T. Vanderhoff — Director, Ohio Department of Health

9:20 – 9:40 AM — Q&A Session

9:40 – 10:00 AM — Transition • Poster Session Opens (available until 12:00 PM)

Breakout Sessions

10:00 – 10:50 AM

- Room 2: Building on our Public Health Legacy for Tomorrow's Health - Eric Z. & Michelle B
- Room 4: Student-Led Presentation 11:00 – 11:50 AM
- Room 2: Networking and Career Development - Dr. Valerie Hardcastle, Dr. Brandy Reeves Doyle, Dr. Eric Zgodzinski
- Room 4: Mentoring Session: 1:1 Meetings

12:00 – 12:20 PM — Lunch | Ballroom

12:20 – 1:00 PM — Fireside Chat: The Future of AI in Healthcare and Its Impact on Workforce Development | Ballroom

- Speakers: Dr. David Karol (UC Health), Dr. Anthony Antonoplos (TriHealth), Hunter Muse (Midwest Data Factory)

- Moderator: Donna Peters (TriHealth)

Afternoon Breakout Sessions

1:10 – 2:00 PM

- Room A: Recharge & Reconnect with IN5 — Interactive Workshop on Resilience and Self-Care
- Room B: Dr. Morrie Mullins — Writing Your Thesis or Dissertation: The Stuff They May Not Tell You - On how to of thesis and dissertation writing

2:10 – 2:50 PM

- Room A: Psychology Internship Workshop — Dr. Jennifer Philips and Recent Intern
- Room B: Career Paths in Nursing (RN / DNP / PA) — Dr. Laura Dzurec, Dean of Xavier School of Nursing

3:50 – 4:00 PM — Closing Panel on Healthcare Policy

- Panelists: State Representative Rachel Baker, RN, PhD; Deirdre Beluan, CEO (THC); Candace Sabers (Bi3) • Moderator: Robert Miller, PhD (OHPA)

3:50 – 4:00 — Closing Remarks

- **Jean Griffin — TriHealth / Xavier**

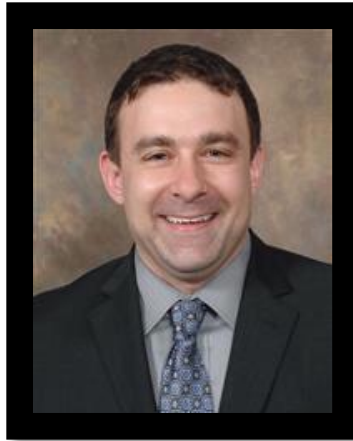
Keynote Speakers



Dr. Bruce T. Vanderhoff

The Future of Healthcare in Ohio | 8:40 – 9:20

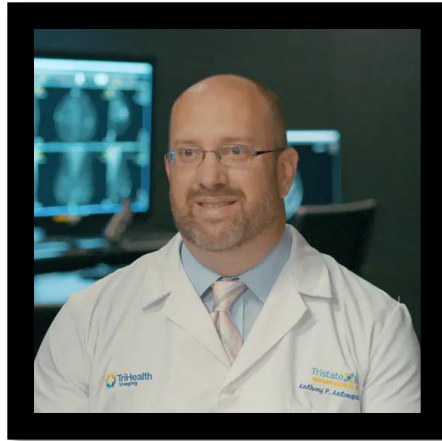
Dr. Bruce T. Vanderhoff is Director of the Ohio Department of Health, appointed by Mike DeWine in 2021. With over 25 years of experience in healthcare leadership, he previously served as Chief Medical Officer at OhioHealth and now leads statewide efforts to strengthen public health and build healthier communities across Ohio.



David Karol, MD, MS, MA

Fireside Chat: The Future of AI in Healthcare and Its Impact on Workforce Development | 12:20 – 1:00 PM

David Karol, MD, MS, MA, is a physician–innovator working at the intersection of medicine, psychiatry, and health system design to improve care for medically complex patients. He serves as Vice Chair of Hospital Services in the Department of Psychiatry and Behavioral Neuroscience at the University of Cincinnati College of Medicine and is trained in both internal medicine and psychiatry. His work focuses on developing integrated models of care and using data-driven approaches to improve clinical decision-making in health care settings. Dr. Karol is currently involved in developing an explainable artificial intelligence (XAI) model designed to help identify medically hospitalized patients who may benefit from early psychiatric consultation, with the goal of improving outcomes and reducing fragmentation of care.



Anthony Antonoplos

Fireside Chat: The Future of AI in Healthcare and Its Impact on Workforce Development | 12:20 – 1:00 PM

Anthony Antonoplos is the Chair of the Department of Radiology at Bethesda North Hospital. He completed a radiology residency at the Cleveland Clinic and a magnetic resonance imaging fellowship at The Ohio State University. He has been an attending radiologist at Bethesda North Hospital since 2008. He is a member of the Board of Directors of Tristate Imaging Medical Group, the radiology practice which serves as the sole imaging provider for TriHealth. He enjoys art, music and travel and lives in Cincinnati with his wife Beth and their enthusiastic collie George.



Hunter Muse

Fireside Chat: The Future of AI in Healthcare and Its Impact on Workforce Development | 12:20 – 1:00 PM

Hunter Muse helps healthcare organizations transform messy, fragmented data into reliable platforms that power operations, analytics, and AI. At Midwest Data Factory, Hunter leads the development and management of modern data stacks—including pipelines, warehouses, and lakehouses, metrics, dashboards, and data products—enabling leaders to make confident, data-driven decisions and accelerate their operations. Hunter also supports teams in becoming AI-ready by establishing the foundational capabilities that make AI practical and effective: clean and governed data, trustworthy semantic layers, robust observability, and secure access to relevant context. In addition, he runs Data Clinic, a healthcare-Focused data bootcamp that trains engineers and analysts to apply modern data skills within real-world healthcare contexts.



Rachel Baker

Closing Panel on Healthcare Policy | 3:50 – 4:00 PM

Rep. Rachel Baker, PhD, RN, CRN-BC serves her second term in the Ohio House representing District 27 in eastern Hamilton County. A nurse researcher and educator, she brings an evidence-based approach to policymaking with a focus on healthcare access, mental health, population health, public education, and strong communities. She holds degrees from the University of Cincinnati and the University of Michigan and has authored 30+ peer-reviewed publications.



Deirdre Beluan
Closing Panel on Healthcare Policy | 3:50 – 4:00 PM

Experienced in the operation of large healthcare organizations, Deirdre is known for her expertise in knitting together the various sides of a multi-faceted company to ensure collaboration and drive everyone together towards a common goal. As Chief Strategy Officer, Deirdre will provide executive leadership for regional initiatives that aim to improve health and healthcare in Greater Cincinnati. She will serve as a key advisor to the CEO, leading efforts to define and execute priority strategic initiatives, and will be responsible for demonstrating membership value and representing the organization to local, state, and national organizations, policymakers, and associations.



Candace Novak Sabers
Closing Panel on Healthcare Policy | 3:50 – 4:00 PM

Candace Novak Sabers is the Vice President of Health Policy and Advocacy for bi3. In her role, she leads the development and implementation of bi3’s health policy agenda, which is focused on improving health outcomes in the Greater Cincinnati community. Candace focuses on building strategic partnerships and expanding the impact of bi3’s direct investments in policy and advocacy efforts. She also works within the team and with grantees to identify system barriers that must be addressed to achieve long-term change and educate policymakers and other key stakeholders about relevant policy and legislation, all of which will lead to better health.

Talks

Early Findings from a Wellness Initiative for Older Adults in Affordable Independent Living Communities

Jeremy Johnson | Johnsonj137@xavier.edu, Yusuf Khalid, Emily Campbell, Autumn Hart, Rachel Glukh, Lauryn Feacher, James Echols, Brennan Patterson, Victor Ronnis-Tobin

Older adults are the fastest growing demographic in the United States and is projected to double by 2050 (Scult et al., 2015; Bar-Tur, 2021; Fullen et al., 2019; McMahon & Fleury, 2012). This population is at an increased risk for physical and psychological distress (Boersma et al., 2023; Crowe et al., 2021; Taylor et al., 2018). Traditional healthcare models focus primarily on symptom reduction and disease management (Boyd et al., 2005; Singh et al., 2024). However, contemporary models have shifted toward more holistic approaches that promote engagement across physical, emotional, and social domains (Blount et al., 2020; Schlitz, 2008; Fullen et al., 2019). In 2023, Episcopal Retirement Services partnered with Xavier University's Center for Population Health to develop and evaluate a wellness program for low-income independent-living residents across 9 sites. The model developed emphasized a resident and staff collaborative framework, and a holistic approach to wellness. The proposed talk will describe program development and share early findings.

Investigating Mental Health Status and Associated Socio-Demographic Factors Among Parents of Special Needs Children in South Bangladesh

MD. Sariful Islam | sharifulju45@gmail.com, Tania Najnin, Rowshan Ara Afrin, Sadia akter Shormela, Md. Mosaraf, Hossain, Md. Tanzir Hossen, Md. Mejbah Uddin Mithu

Objectives: Parenting a child with special needs is often associated with long-term psychological challenges. This study aimed to investigate the mental health status (stress, anxiety, and depression) of parents of special needs children and identify the socio-demographic and financial difficulties associated with these outcomes. **Procedures:** A cross-sectional study was conducted with 206 parents of children with various disabilities. Data were collected using a semi-structured questionnaire covering socio-demographics and financial difficulties, alongside the Depression, Anxiety, and Stress Scale (DASS-21) to measure psychological distress. Statistical analysis, including chi-square tests and logistic regression, was performed using SPSS to determine significant predictors of mental health status. **Main Findings:** The study found that the proportion of mothers and fathers was 31% and 69% respectively. It was found that only 36.41% respondent have reached at the government facilities for special needs child and 63.59%

do not have any government facilities. From this study it was known that among the respondents 17.96%, 16.02% had severe and extremely severe levels of depression respectively where 15.53%, 33.98% had severe and extremely severe levels of anxiety was found. Mothers were suffering more anxiety (78.32%), depression (84.85%) and stress (49.69%) compared to men mental health status. Among the respondents 24.76% special needs children received institutional treatment where 75.24% had no access to this treatment facilities. Conclusions: The study highlights a critical need for integrated support systems that address not only the medical needs of special needs children but also the psychological and financial well-being of their caregivers. Targeted mental health interventions and social safety nets are essential for improving the quality of life for these families. Innovation Statement: This research contributes to the interdisciplinary understanding of caregiver burden by utilizing a validated psychometric framework (DASS-21) to quantify the intersection of financial hardship and mental health in a developing regional context.

Problematic Social Media use Among School-going Adolescents During the COVID-19 Pandemic: Correlates with Depression, Anxiety and Loneliness

Israt Jahan Israt.jahan@ucf.edu, Md Saiful Islam, Muhammad Al Amim Dewan, Md Saif Mahabub, Hally M. Pontes

Background: During the COVID-19 period, online activities such as internet browsing, online gaming, social media use became increasingly popular sources of entertainment for adolescents. However, excessive engagement in social media platforms may lead to problematic social media use (PSMU), which has been associated with negative mental health outcomes. Objective: The present study aimed to investigate the prevalence of PSMU and its association with the psychological factors, including depression, anxiety, and loneliness among school-going adolescents in Bangladesh during the COVID-19 pandemic. Methods: A paper-and-pencil cross sectional survey was carried out between August and September 2021 comprising 543 school-going adolescents (61.0 % males; mean age: 16.13 ± 1.83 years; age range: 9-18 years) recruited through convenience sampling from four selected secondary and higher-secondary schools in Dhaka city, Bangladesh. The self-reported survey included informed consent and questions concerning socio-demographics, lifestyle-related information, and four Bangla versions of psychometric instruments (i.e., Patient Health Questionnaire [PHQ-9], Generalized Anxiety Disorder [GAD-7], University of California, Los Angeles [UCLA] Loneliness Scale, and the Bergen Social Media Addiction Scale [BSMAS]). Results: The prevalence of PSMU in the sample was 26.7 %. In the hierarchical regression analysis, higher mean scores of BSMAS (the score indicates the higher severity level of the PSMU) were significantly associated with being in a relationship ($\beta = 0.11, p < 0.01$), having depression ($\beta = 0.16, p < 0.01$), anxiety ($\beta = 0.11, p \leq 0.05$), and loneliness ($\beta = 0.19, p < 0.01$). The model accounted for 17 % of the variance in PSMU, indicating moderate effect sizes and meaningful associations. Conclusions: The findings suggest that PSMU was significantly connected with depression, anxiety, and loneliness during the COVID-19 pandemic. Accordingly, Bangladesh should prioritize school-based digital literacy, peer support, and awareness programs to curb PSMU among adolescents.

Provision of Nurse-Led Resources in a High ACE Prevalence Environment

Mary E. Bias | biasm1@mymail.nku.edu

Background: This study investigated a sample adult population from a West Texas regional level I trauma and burn center with over 500 beds to determine the prevalence of adverse childhood experiences (ACE) and to assess the impact of educational interventions on community nurse-led resources. To the best of our knowledge, this represents the first evaluation of ACE prevalence in the region. Existing research indicates that survivors of childhood trauma constitute an increasingly vulnerable group with complex healthcare needs and suboptimal morbidity and mortality outcomes. Nurse-led clinics (NLCs) are intentionally established to optimize healthcare expenditures, address increasing healthcare demands, and allocate patient care responsibilities effectively. These clinics offer a comprehensive range of services designed to mitigate structural inequities and reduce health disparities. As trauma-informed care-trained facilities, NLCs are particularly well-equipped to manage complex health conditions often encountered by individuals with Adverse Childhood Experiences (ACEs). **Methods:** Results were collected via an online survey administered using the Centers for Disease Control and Prevention's Adverse Childhood Experience (ACE) Survey, which was distributed to the organization's patient experience digital advisory council. Educational content regarding ACEs, their prevention, and available resources at the community nurse-led clinic was included. The advisory council consisted of 14,019 members. Of the surveys sent, 12,644 were successfully delivered; 637 surveys were initiated, with 244 completed, resulting in a response rate of 5% and a completion rate of 38%. **Results:** Results were obtained using descriptive statistics via the Excel 2016 platform. Our respondent sample exhibited a high prevalence of adverse childhood experiences (ACEs) compared to existing literature, with 70.5% (n=172) reporting at least one ACE and 34.01% (n=83) reporting four or more ACEs. These findings suggest that the region is at significant risk for increased morbidity and mortality associated with unresolved childhood trauma. Additionally, the study found no statistically significant relationship between the provision of nurse-led resource education and outcomes. Of the 244 respondents, 11.48% (n=28) provided contact information for the clinic to facilitate care, and of these, 21.43% (n=6) established care within the eight-week period. However, only 50% (n=3) of those who established care reviewed the educational material provided in the survey, while the remaining 50% provided contact information without reviewing the education. **Conclusion:** The findings of this study suggest that the sample population exhibits a high prevalence of adverse childhood experiences (ACEs) and faces significant risks of increased morbidity and mortality associated with childhood trauma. Nurses should recognize that merely enhancing community awareness and improving access to trauma-informed resources may be essential to delivering care that positively influences patient and community outcomes. Future research should aim to assess the impact of received care on individuals with high ACE scores.

Posters

Addressing Mental Health Stigma and Help-seeking in the African American Community: A Narrative Review of Interventions Focused on African American Church Leader

Olusegun Ogunmola | ogunmooa@mail.uc.edu

African Americans (AA) are known to be the most religious group in the United States, with the vast majority identifying as Christian. Although there is a significant burden of mental and substance use problems in the AA community, African Americans are more likely to see a clergy (compared to a psychiatrist or general physician) for a mental health problem, and those who see a clergy first are less likely to see a mental health professional subsequently. While the African American church has historically been instrumental in providing health care and social welfare to members, mental health issues have been much less prioritized. Given, therefore, the centrality of AA church leaders to mental health help-seeking in the AA community, we conducted a narrative review to (i) highlight interventions focused on AA church leaders, which address mental health stigma and help-seeking in the AA Christian community and (ii) identify opportunities for improving and scaling available interventions. We categorized the available interventions under two main categories ('resource-related' and 'researchrelated') and highlighted selected examples of interventions under each category. Resource-related interventions refer to educational materials created to improve mental health literacy among faith leaders, a major example being a guide created by the Mental Health and Faith Community Partnership arm of the American Psychiatric Association Foundation. Three examples of research-related interventions are highlighted— workshops on depression and autism for AA Christian leaders in a Midwestern city and Milwaukee, Wisconsin, respectively; and establishing 'mental health ministries' in two churches in New Jersey. We discuss the promise— of these efforts in reducing mental health stigma and promoting help-seeking within the AA Christian community— and provide recommendations across four areas: research/evaluation (e.g. the need for more robust study designs); sustainability (e.g. the need for more sustainable funding sources); mutual learning (the need for more mutual learning and respect between clinicians and AA Christian/faith leaders); and adaptation of existing interventions (e.g. the guide created by the American Psychiatric Association) by other programs.

Analysis of Gender Differences in a School-Based Vaping Intervention

Cole Fredricks | fredericksc1@xavier.edu, Evan Sumner, Abigail McCarthy, Victor Ronis-Tobin

Electronic nicotine use has escalated among middle and high school students over the past decade. Female high school students are more likely than males to engage in ecigarette use and are more likely to engage in e-cigarette use during adolescence and experiment earlier than males. This reverses a trend observed in recent years of males having higher usage rates. Additionally, males and females tend to begin vaping for different reasons, leading researchers to wonder whether interventions aimed at curbing vaping in adolescence can be equally effective across genders. More broadly, teachers, administrators, and parents are concerned about the impact increased nicotine use will have on academic performance across both genders. In response to this increase, schools are

seeking these interventions to educate their students about vaping and improve their motivation to quit. Educational interventions have shown some utility in addressing this problem. X-Vaping, a vaping intervention program, was created and offered to middle and high schools in Southwest Ohio over the course of 3 school years. 75 male and 59 female students completed the program, which included engaging with educational content and completing intervention measures. Pre- and post-intervention measures assessed participants' knowledge about, attitudes towards, and intent to use e-cigarettes. Chi-squared analyses and independent samples T-tests were run to investigate whether there were gender differences in student's knowledge, attitudes, and intent postintervention. There were no significant gender differences found in the resulting stage of contemplation post-intervention; a majority of students reported being in the preparation stage of change. Additionally, no significant gender differences were found in knowledge or attitudes post-intervention. These non-significant results suggest that the vaping intervention yielded comparable outcomes for male and female participants, indicating that the intervention can be equally beneficial across genders.

Current Tobacco Use Patterns and Insufficient Sleep Duration Among Non-Hispanic Black and Hispanic Men with Chronic Conditions

Jahmai Irehovbude, Matthew Lee Smith, Jodi L. Kaminski, E. Melinda Mahabee-Gittens, Ledric D. Sherman, Caroline D. Bergeron, Ashley L. Merianos

Insufficient sleep duration is a prevalent public health concern and is associated with numerous adverse physical and mental health consequences, particularly in adults with chronic health conditions. Racial and ethnic minority men experience disproportionate burdens of both chronic disease and sleep insufficiency; however, limited research has examined how patterns of tobacco use may contribute to sleep duration in this vulnerable and hard-to-reach population. This study aimed to examine the association between current tobacco use patterns and insufficient sleep duration among non-Hispanic Black and Hispanic men aged 40 years and older with at least one chronic condition residing in the United States. Data were drawn from a cross-sectional, internet-administered survey, and participants self-reported past 30-day use of multiple combustible and electronic tobacco products, including cigarettes, cigars, cigarillos or little cigars, electronic cigarettes, hookah or waterpipe tobacco, pipes, and bidis. Based on self-reported use, participants were categorized into four mutually exclusive groups: (1) non-tobacco users, (2) exclusive cigarette smokers, (3) dual-tobacco users (cigarettes one other tobacco product), and poly-tobacco users (cigarettes + at least two other tobacco products). Sleep duration was categorized as insufficient (<7 hours) or sufficient (≥ 7 hours) according to the National Sleep Foundation guidelines. Sociodemographic covariates included age, race and ethnicity, educational attainment, marital status, health insurance coverage, body mass index, and number of physician-diagnosed chronic conditions. A multivariable logistic regression model was conducted to estimate adjusted odds ratios (AORs) and 95% confidence intervals (CIs) for current tobacco use patterns and insufficient sleep duration while controlling for all covariates. Overall, 46.9% of the participants reported insufficient sleep duration. Participants who engaged in exclusive cigarette smoking (AOR = 1.43, 95%CI = 1.07-1.92, $p = 0.016$) and dual-tobacco use (AOR = 1.56, 95%CI = 1.06-2.28, $p = 0.024$) had significantly greater odds of insufficient sleep duration than those who did not use tobacco. Concerning significant covariates, participants with an obese body mass index had significantly higher odds of insufficient sleep duration (AOR = 1.55, 95%CI = 1.19-2.04, $p = 0.001$) than participants with a normal weight BMI. Conversely, age was inversely associated with insufficient sleep duration, with older participants having significantly lower odds of insufficient sleep (AOR = 0.97, 95%CI = 0.96-0.98, $p < 0.001$). Hispanic men had significantly lower odds of insufficient sleep duration than non-Hispanic Black men (AOR = 0.79, 95%CI = 0.65-0.98, $p = 0.031$). Participants with health insurance had significantly lower odds of insufficient sleep duration (AOR = 0.55, 95%CI = 0.40-0.77, $p < 0.001$). The current study's results highlight the potential role of cigarette smoking, whether exclusively or combined with other tobacco products, in exacerbating insufficient sleep

duration among middle-aged and older non-Hispanic Black or Hispanic men with at least one chronic condition. Comprehensive chronic disease management programs should consider incorporating tobacco cessation and sleep health education to improve health outcomes in this vulnerable population.

Dual- and Poly-Tobacco Use Associated with Sleep Problems Among Non-Hispanic Black and Hispanic Men with Chronic Conditions

Jodi L. Kaminski, Matthew Lee Smith, Jahmai Irehovbude, E. Melinda Mahabee-Gittens, Ledric D. Sherman, Caroline D. Bergeron, Ashley L. Merianos

Cigarette smoking has been associated with poor sleep quality among U.S. adults. However, less is known about the association between dual-tobacco and poly-tobacco use patterns and sleep problems among racially/ethnically diverse men with chronic health conditions. The objective of this study was to assess exclusive cigarette smoking, dual-tobacco use, and poly-tobacco use and sleep problems among non-Hispanic Black and Hispanic men with one or more chronic conditions. Survey data were collected from non-Hispanic Black and Hispanic men ≥ 40 years old who had one or more chronic conditions and lived across the U.S. Tobacco use included non-tobacco use (did not use any tobacco), exclusive cigarette smoking (smoked only combustible cigarettes), dual-tobacco use (smoked combustible cigarettes and used one other tobacco product), and poly-tobacco use (smoked combustible cigarettes and used at least two other tobacco products). Other tobacco products included cigars, electronic cigarettes, hookah, pipes, and bidis. Sleep problems were defined as having trouble falling asleep, staying asleep, or sleeping too much over the past two weeks, with a response scale of 0-10. Higher scores indicate more severe sleep problems. Scores ranging from 5-10 were defined as experiencing sleep problems. An adjusted logistic regression model was fitted, including participants' age, race/ethnicity, education, marital status, insurance coverage, number of chronic conditions, and body mass index. Of the participants, 46% reported sleep problems in the past two weeks, 15% reported exclusive cigarette smoking, 8% reported dual-tobacco use, and 5% reported poly-tobacco use. In the adjusted logistic regression model, participants who reported dual-tobacco use (adjusted odds ratio [OR] = 1.96, 95% confidence interval [CI] = 1.32-2.91, $p < 0.001$) and poly-tobacco use (adjusted OR = 1.66, 95% CI = 1.01-2.74, $p = 0.045$) were at increased odds of reporting sleep problems than those who reported non-tobacco use. Additionally, Hispanic participants had higher odds of sleep problems than non-Hispanic Black men (adjusted OR = 1.36, 95% CI = 1.10-1.68, $p = 0.004$). Participants with an obese BMI had significantly increased odds of sleep problems compared to participants with a normal weight BMI (adjusted OR = 1.33, 95% CI = 1.01-1.75, $p = 0.041$). Conversely, participants' age was associated with lower odds of reporting sleep problems (adjusted OR = 0.96, 95% CI = 0.95-0.97, $p < 0.001$). Dual-tobacco and poly-tobacco use increased the odds of sleep problems among non-Hispanic Black and Hispanic men with chronic conditions. Future research should consider incorporating sleep health into tobacco cessation interventions.

Group Intervention for Feeding Behaviors for Children with Autism Spectrum Disorder

Emily Campbell | campbelle12@xavier.edu, Emmanuella Hyde-Napolean, Kimberly Kroeger-Geoppinger, Riley Justice

Feeding concerns disproportionately affect children diagnosed with neurodevelopmental disabilities. Approximately 32% of children with neurodevelopmental disabilities exhibit feeding concerns, compared to 25% for typically developing children (Arts-Rodas & Benoit, 1998). Feeding challenges in this population are often linked to sensory sensitivities and food selectivities (Cermak, Curtin, & Bandini, 2013). These concerns can contribute to nutritional deficits, restricted diets, and caregiver stress. Approximately 40% of caregivers reported persistent feeding-related difficulties, highlighting the broader psychosocial burden associated with feeding concerns (Sharp et al., 2010). Given the potential impacts of persistent feeding difficulties, structured early intervention is crucial. Treating feeding concerns is often considered multifaceted in nature, and behavioral interventions grounded in applied behavioral analysis have demonstrated effectiveness in addressing feeding concerns (Hodges et al., 2017). However, structured, stepwise interventions targeting independent self-feeding require further evaluation. The present study evaluated a feeding protocol incorporating shaping, stimulus fading, and differential reinforcement. Shaping breaks down behaviors into successive approximations of appropriate feeding behaviors and prompts were systematically faded to promote independence. Differential reinforcement was used to increase appropriate feeding behaviors and prevent avoidance responses. Participants (N=9) were aged 3-6 years old, primarily male (66.67%), and diagnosed with autism spectrum disorder. As a part of the feeding intervention, children engaged in a hierarchy of feeding approximations: (1) touch, (2) touch to lips, (3) touch to tongue/lick, (4) bite, and (5) consume. A 10-step visual board was used as support for completion of food approximations or bites. Participants received reinforcement (escape) upon completing all 10 approximations for each category of food (e.g., fruit, vegetables). Data were collected using level of tolerance (1-5) weekly across an eight-week intervention period. Baseline and post-intervention feeding tolerance scores were compared to evaluate change over time. A paired-samples t-test was conducted to evaluate changes in average feeding tolerance from week 1 to week 8. Overall, the children showed meaningful improvement in mean tolerance of food from week one to week eight ($MA = 0.54$ on a 0-5 scale), reflecting a large within-subject effect ($d = 0.80$). Although this change did not reach standard statistical significance ($p = 0.08$), the pattern suggests meaningful clinical improvement. This finding may reflect limited statistical power due to the small sample size, which reduces the likelihood of detecting effects that may be clinically meaningful. In sum, findings suggest that a structured behavioral feeding intervention using shaping, fading, and differential reinforcement may meaningfully improve feeding tolerance in children with autism spectrum disorder, as previous literature suggests (Hodges et al., 2017). While statistical significance was not achieved, the large effect size highlights potential clinical relevance. Future research with larger samples is warranted to further evaluate efficacy and generalizability.

Health Communication Needs of College Students Experiencing Intimate Partner Violence

Folakemi Kuku | kukufo@mail.uc.edu, Rebecca A. Vidourek

Background: Intimate Partner Violence (IPV) is a significant public health issue among college students. Approximately 21% of students report IPV by a current partner and 32% by a previous partner. IPV includes physical, sexual, psychological, and digital abuse, all linked to adverse mental, physical, and academic outcomes. Despite risks, formal helpseeking remains low, with most students relying on informal support. Objective: To identify health communication needs

of college students experiencing IPV, assess gaps in current campus-based IPV communication efforts, and propose evidence-informed communication strategies aligned with National Commission for Health Education Credentialing (NCHEC) competencies to enhance student safety and service utilization. Approach: A narrative literature review synthesized peer-reviewed studies, national surveys, and policy reports on IPV among college students aged 18 - 24. Findings were thematically analyzed to identify health communication gaps, help-seeking barriers, and implications for campus-based practice. Findings: Communication challenges faced by college students include - low health literacy regarding non-physical forms of IPV; normalization of abusive behaviors; limited digital literacy related to cyberstalking, monitoring, and digital consent; and confusion about confidentiality, Title IX reporting, and available support pathways. While campuses have implemented bystander programs and awareness campaigns, IPV-specific communication remains fragmented, and often embedded within broader sexual assault prevention efforts. Conclusion: Strengthening IPV-specific health communication on college campuses can enhance health literacy, reduce stigma, and improve help-seeking among students experiencing IPV. Institutions should invest in culturally responsive and digitally accessible communication strategies.

Impact of Temperature Exposure on DNA Methylation During Childhood

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Elevated temperature exposures can trigger epigenetic changes in humans and animals; however, the impact of temperature on the childhood epigenome is unclear. This study investigates the associations between ambient temperature exposure across the lifecourse and DNA methylation during adolescence, using data from the Cincinnati Combined Childhood Cohort (C4). Ambient temperature data were collected and linked to participants (n=452) from the North American Regional Reanalysis dataset based on addresses and birth dates. Monthly temperature exposures were averaged during the prenatal, infancy (0–12 months), early childhood (13–60 months), school-age (61 months–12 years), and over the lifetime (birth–12 years). DNA methylation was measured at age 12 in whole blood using the Infinium MethylationEPIC BeadChip 850k Array. Epigenome-wide methylation analysis was performed using the EnMIX package in R, controlling for batch effects, cell types, lifetime particulate matter 2.5 exposure, and maternal covariates (race, education, age at delivery). Significant associations were identified using a FDR threshold of <0.05. Higher prenatal temperature was associated with differential methylation at cg10866062 (BTBD17). The same CpG showed altered methylation with school-age and lifetime temperature exposures. Higher school-age and lifetime exposures were also associated with methylation changes at cg10553028 (CMTM8). BTBD17 is involved in viral response and ectodermal tissue development, while CMTM8 is a tumor suppressor linked to myelination. Additionally, temperature exposure during infancy and early childhood was associated with 46 and 141 differentially methylated CpGs respectively. These findings suggest prenatal, school-age, and lifetime temperature exposures are key periods influencing DNA methylation during adolescence.

Investigating the Role of Attention and Prediction Error in Memory for Incidental Episodic Details

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How do errors affect the learning of incidental details? Anecdotally, people may vividly recall episodes in which they received correction, suggesting that errorful learning engages episodic memory. The purpose of this study is to investigate the cognitive and neurobiological mechanisms by which corrective feedback may enhance memory for contextual information, with a focus on dopaminergic prediction error signaling. A previous study (Overman et al., 2021) found that participants were more likely to remember the font color of a feedback display that provided a correction to an “incorrect” initial response, compared to a feedback display that confirmed a “correct” initial response. This finding suggested that corrective feedback may boost episodic encoding through attentional processes; for example, via dopamine-signaled negative prediction error. If this is correct, then context memory effects may be correlated with other measures related to prediction error, such as pupil dilation. Additionally, dopaminergic processing is involved in conditions such as ADHD and responses to substances like caffeine, which are linked to changes in attention and reward functioning (MacDonald, 2024). To test for associations between context memory, attention, and pupil-linked arousal, we created a multimodal experiment combining a feedback-based memory task with pupillometry and a modified Eriksen flanker task (Eriksen, 1995). During the encoding phase of the experiment, participants generated category exemplars based on cue categories derived from Van Overschelde et al. (2004). Each response received either corrective or confirmatory feedback in colored font. Participants then took a cued recall test to assess memory for both the items and the font color of the feedback. Finally, participants completed a flanker task. Pupil dilation was recorded throughout the experiment using a Gazepoint desktop eye tracker. Participants also completed a short survey on ADHD symptoms, caffeine intake, and ADHD medication use. At present, data have been collected from 55 participants aged 18–25, with a target sample size of at least $n=60$. Repeated-measures ANOVAs will be used to compare item and context memory performance across conditions, and correlation analyses will be used to test for associations between context memory, flanker task performance, pupil dilation, ADHD symptoms, and caffeine use measures. It is predicted that attention-related measures will be predictive of memory effects of corrective versus confirmatory feedback. The findings may help develop strategies for improving feedback in educational settings and enhancing understanding of how dopaminergic traits, including those related to attention and stimulant use, influence learning.

Parental Post Traumatic Stress Symptoms Following Pediatric Traumatic Brain Injury

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Traumatic brain injury (TBI) is a leading cause of acquired disability in childhood. Parents/caregivers of children with severe TBI are at increased risk for psychological distress, which may influence both child recovery and long-term family functioning (Rashid et al., 2014). Particularly, parent post-traumatic stress disorder (PTSD) post-child injury may predict the child’s development of PTSD later (Silverstein et al., 2022). Post-traumatic stress symptoms (PTSS) refer to trauma-related symptoms that may occur following trauma exposure, regardless of whether full DSM-5 criteria for PTSD are met (McLaughlin et al., 2015). In this poster, we examined self-reports of PTSS among parents of children hospitalized for moderate to severe TBI and explored factors associated with changes in parent PTSS. Ninety-three parents/caregivers (94.6% mothers, $Mage=36.33$ years, $SD=7.435$) of children (ages 3 months to 18 years) hospitalized for a moderate to severe TBI completed measures of psychological functioning within 3 months of their child’s

discharge from the hospital. Seventy-two of these caregivers also completed survey measures 1-month later. Data were collected as part of a randomized control trial of a web-based parenting intervention to support parent and family functioning in the acute phase following pediatric TBI. In this poster, we examined parent-reported PTSS on the PC-PTSD-5 (Prins et al., 2015). The PC-PTSD-5 is a 5-item questionnaire used to screen for PTSD. Parents responded to the measure by reporting whether they experienced (yes [1-point] or no [0-point]) each of the five symptoms described on the measure. PC-PTSD-5 scores range from 0 – 5, with higher scores indicating greater PTSS. In primary care settings, a cutoff score of 3 is typically used to screen for PTSD (Prins et al., 2016). At baseline, the average PTSS score across participants was 2.21 (SD = 1.66). 77.4% reported at least 1 symptom and 43.0% reported 3 or more symptoms. At 1-month follow-up, the average PTSS score across parents was 1.76 (SD = 1.67). 69.33% of parents reported at least one symptom, and 26.9% reported 3 or more symptoms. The most commonly endorsed baseline symptoms were hyperarousal (57.0%), nightmares/unwanted thoughts (47.3%), and avoidance (46.2%). These remained the most frequently reported symptoms at follow-up, though at lower rates (32–34%). Overall, PTSS decreased from baseline to 1-month postinjury across the sample. In this poster, we will examine factors associated with changes in PTSS scores, including child/injury factors (i.e., TBI severity and length of hospitalization), family factors (e.g., annual household income, parent marital status), and parent wellbeing (e.g., parent resilience, parent psychological functioning). Parent PTSS may impact child recovery and functioning following pediatric TBI. As such, it is an important factor to identify and treat as indicated. In this sample, soon after their child’s injury, over 75% of parents reported at least one PTSS and up to 43% reported scores higher than the recommended cutoff of 3. Overall, PTSD symptoms declined from baseline to one-month post-injury. We will report factors associated with change in PTSS scores. These findings may inform screening and intervention targeting parent functioning following pediatric TBI.

Physical Activity and Functional Outcomes in Low-Income Independent Living Communities

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For older adults, physical activities’ association with improved health and wellbeing is well documented (Pinheiro, et al, 2022; Netz, et al., 2005). Less is known about physical activity of low-income older adults living independently (Kalata, et al., 2025). Here we report baseline data from a longitudinal study of a wellness program of residents in low-income independent communities in Southwest Ohio. Baseline assessment included general health, quality of life, and physical function of participants. Participant (N = 119) were older (X=73.5, SD = 8.6) female (83.2%), African American (60.5%) with income below \$25,000 (86%). As part of a new wellness program, participants were invited to attend a variety of activities including activities that included light to moderate exercise, and other activities addressing intellectual and social needs. Overall, during the first six months of the program, 58% of participants attended activities associated with physical exercise (X=6.43, SD=8.95), and 81.5% attended non-exercise activities (X=10.48, SD=11.29). Participation in physical activities correlated positively with chair stand ($r=0.30$, $p<0.001$), 2-minute step test ($r=0.24$, $p<0.001$) and negatively correlated with the Up and Go ($r = -0.21$, $p < .05$) on the physical functioning and participation in non-exercise related activities. No such relationship was found between physical functioning and participation in non-exercise related activities. In summary, consistent with recent findings (Toth et al., 2024) participation in physical activity may have a positive impact on physical functioning of low-income older adults in independent living communities.

Reducing Elopement, Increasing Survival: A Swim Safety Program for Children with Autism Spectrum Disorder

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Drowning is the leading cause of accidental death among children ages 1-4 years old in the United States (Center for Disease Control and Prevention, 2026). Children with Autism Spectrum Disorder (ASD) are at a disproportionately higher risk of accidental drowning compared to neurotypical peers (Guan & Li, 2017). Elopement behaviors, characterized by wandering away from caregivers without permission, have been identified as a significant contributing factor to this increased drowning risk. (McIlwain & Fournier, 2017). Despite increased awareness of the dangers associated with wandering and the need for water safety skills in children with ASD, interventions that integrate elopement reduction with instruction for swim safety and survival are limited. This study evaluated a structured, swim safety program designed to reduce elopement and increase drowning prevention skills in children with ASD. Ten children participated in up to eight 1:1 session with a behavioral health specialist, targeting safety both inside and outside the water. Outside the water, the intervention focused on reducing wandering into the water, increasing functional communication to request swim access, and engaging in structured entry and exit routine, including rehearsal of a “stop” response. Inside the water, participants were taught survival skills including bobbing, traverse wall, back floating to the wall, and for 10 seconds. Goal Attainment Scaling (GAS) scores, a standardized measure of progress towards individualized treatment goals, and elopement frequency were assessed pre-and postintervention. Overall, participants made significant improvements across multiple swim survival skills including bobbing $t(9) = -3.361, p=.008$; traverse $t(9) = -6.328, p < .001$; back floating for 10 seconds, $t(9) = -2.538, p=.032$; and back floating to the wall $t(9) = -2.121, p=.031$. Although elopement frequency decreased from pre-intervention ($M=9.40$) to post-intervention ($M=5.50$), this reduction was not statistically significant, $t(9) = .863, p=.410$ with a small effect size ($d = .273$). Preliminary findings support the need for future research with a larger sample size to further examine the intervention’s impact on elopement behavior.

Reimagining Addiction Treatment: Combining Psychedelic Mechanisms with Prolonged Inpatient Care for Sustained Recovery

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Substance use disorders (SUD) represent a persistent public health crisis in the United States, with over 100,000 annual overdose deaths and relapse rates up to 60% under conventional treatments (National Institute on Drug Abuse, 2023). Existing literature highlights the moderate effectiveness of long-term residential programs in reducing substance use and improving psychosocial functioning (de Andrade, Elphinston, Quinn, Allan & Hides, 2019), while psychedelic-assisted therapies show emerging promise: psilocybin reduces heavy drinking day in alcohol use disorder trials (Bogenschutz, Ross, Bhatt, Baron, Forchimes, Laska, Mennenga, O’Donnell, Owens, Podrebarac, Rotrosen, Tonigan, & Worth, 2022), ibogaine aids methadone detoxification through repeated low-increasing doses (Alper, Lotsof, & Kaplan, 2017), and MDMA supports trauma processing in AUD (Sessa, 2017). However, gaps persist, including limited long-term integration in inpatient settings and a focus on short-term outpatient models, which constrain sustained behavioral change for severe SUD cases. This presentation addresses these limitations by synthesizing psychedelic research and proposing an innovative inpatient protocol to enhance recovery outcomes.

The methodology combines a thorough review of pharmacological, cultural, and clinical studies on psychedelics for addiction with the design of a detailed 9-12 month inpatient program. This protocol includes 3 months of preparation through individual and group sessions focused on treatment goals, expectations, and mindset; two spaced individual psilocybin sessions; extended integration involving trauma-informed therapy and relapse prevention; and a possible third booster session. This comprehensive approach aims to optimize treatment efficacy and long-term recovery. Preliminary data from reviewed studies indicate notable reductions in substance use, such as a 32% long-term abstinence rate in psilocybin-assisted alcohol use disorder trials, along with enhanced psychological flexibility. These findings suggest that a multi-session, extended inpatient model could outperform standard care by leveraging neuroplasticity and ego-dissolution mechanisms to facilitate more profound healing and behavioral change. The significance of this work lies in its potential to transform addiction care through interdisciplinary innovation, merging evidence-based residential care with psychedelic therapies. It offers social work professionals, policymakers, and clinicians a promising avenue to improve treatment access and outcomes, emphasizing the importance of advancing holistic, effective interventions in SUD treatment.

The Influence of Defendant Race and Type of Juror Instruction on Decision-Making in an Insanity Plea Case

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Previous studies have yielded conflicting findings regarding the effects of defendant race on juror decision-making when the defendant has entered an insanity defense (or, Not Guilty by Reason of Insanity [NGRI]). Studies have also found that the typical U.S. citizen's opinions or beliefs regarding the NGRI plea are largely inaccurate; research in response to these findings has suggested that information provided to jurors influences verdict decision-making. This study examined both defendant race and the type of instruction given to jurors regarding NGRI, on juror decision-making in NGRI cases. To our knowledge, no known studies have investigated the interaction of these factors on juror decisions. Utilizing a mock trial vignette, participants (N=277) were presented with a Black versus White defendant, and a detailed flow chart related to the management of someone found NGRI versus standard juror instructions regarding the NGRI statute. Participants were from the psychology participant pool at a private university and Prolific. Participants first completed Daftary-Kapur et al.'s (2010) Knowledge of the Insanity Defense Scale (KIDS) to assess their endorsement of misconceptions of the insanity defense. They then read a summary of a case that described a physical assault of a male neighbor by the male defendant, who entered a plea of NGRI. After reading the case vignette (in which defendant race differed) and juror instructions (standard instructions versus detailed flow chart), participants indicated their verdict (Guilty vs. NGRI) and rated their perceived level of the defendant's behavioral control (0% [no control] to 100% [full control]). Finally, participants completed the KIDS a second time. Chi-square analyses indicated no significant main effects of the information regarding the NGRI plea condition (statute-only vs. enhanced educational material) or defendant race (Black vs. White) on verdict decisions (Guilty vs. NGRI). A 2×2 ANOVA examining participants' ratings of the defendant's behavioral control similarly revealed no significant main effects for information regarding the NGRI plea or defendant race, and no significant interaction between the two variables. Additionally, the interaction between defendant race and information regarding the NGRI plea on verdict outcomes was not statistically significant. In contrast, paired-samples t-tests demonstrated a significant reduction in misconceptions about the insanity defense following exposure to case materials. Further, participants with fewer misconceptions about the insanity plea were more likely to deliver NGRI verdicts. The findings highlight the complexities of legal decision-making in NGRI cases and the need for updated statistics on the outcomes of the NGRI plea in the United States.

X-Out Vaping in Schools: Student Outcomes Following a Vaping Intervention Program

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Usage of electronic nicotine products among school-age children has grown substantially in recent years (Cooper et al., 2022; Lyzwinski et al., 2022) and has been shown to impact health and school performance (Chong-Silva et al., 2024; Novak et al., 2024). Schools are seeking interventions to prevent the spread of the vaping epidemic (Galderisi et al., 2020; Mylocopos et al., 2024). X-Vaping is a psychoeducational intervention designed to prevent and reduce vaping in school-aged youth. In lieu of standard corrective methods for children caught vaping, 10 middle schools and high schools in Southwestern Ohio implemented X-Vaping as a disciplinary alternative over a three-year period. Disciplinary data was collected from a total of 132 students. From the acquired sample, 122 students successfully completed X-Vaping and subsequent measures. Participant knowledge, attitudes, and intent to use e-cigarettes were assessed using preand post- intervention measures. Statistical analyses, consisting of paired samples t-tests and chi-squared tests of pre- and post-intervention measures, were conducted using SPSS statistical software. In post-intervention, X-Vaping participants' knowledge regarding the consequences of vaping, $t(91) = -7.02$, $p < .001$, $d = -0.73$, and confidence to quit significantly increased, $t(63) = -2.58$, $p = .012$, $d = -0.32$. However, results also demonstrated no significant changes in students' attitudes, interest in quitting, or regret towards beginning e-cigarette usage. Furthermore, most students' who reported being in the preparation and contemplation stages of altering vaping habits remained unchanged post intervention. Therefore, future vaping interventions should focus on addressing the ambivalence of students' beliefs and behaviors towards vaping.

Thank You!

