26th ANNUAL MATERNAL AND CHILD HEALTH FORUM

FRIDAY, DECEMBER 5th, 2025
1:30 - 4:30 PM EST

PROGRAM ABSTRACTS

Boston University
School of Public Health
CENTER OF EXCELLENCE IN MATERNAL & CHILD HEALTH
EDUCATION, SCIENCE & PRACTICE

PRACTICE FELLOWS

Expanding Reach, Impact, and Connection

Akila Raj Anand, *Practice Fellow*
Preceptors: Prof. Lois McCloskey and Dr. Anisa Saleh | BUSPH MCH Center

Introduction: The Maternal and Child Health National Network's(MCH-NN) mission is to share information and advocate for MCH while fostering leadership development, building relationships, and promoting connection among emerging MCH professionals nationwide. **Methods:** As MCH-NN Director, I led the following activities: Board Structure: Introduced interviews in the board member selection process and set recurring board meeting times that had a modified structure with pre-filled agenda slides that required equal contribution from board members each month. Events: We shifted away from asynchronous recorded events during the January - June 2025 term to virtual live events in our second term, July – December 2025.Our events had a more consistent social media presence with registration links, were recorded and posted on our YouTube Channel with references to our website and social media platforms. **Results:** Board Member Engagement: With the improved meeting structure, our average monthly board meeting attendance increased from 42% (n =3) to 90% (n = 10) with board member engagement improved. Additionally, we increased our board member institution diversity from 5 to 7 institutions. Event Engagement: We increased our event engagement with at least 50% of registered members attending events. **Conclusion**: Focusing on board member engagement, emphasizing and building social media presence and consistency, and event diversity, is essential to the growth of the National Network's growth and success.

C^2-Critical Conversations that Lie at the Heart of Health Justice Podcast

Angelina Bazzell-O'balles, *Practice Fellow*
Preceptor: Prof. Lois McCloskey and Dr. Anisa Saleh | BUSPH MCH Center

Background: The BUSPH Center of Excellence in Maternal and Child Health (MCH CoE) specializes in leadership, research, education, and practice programs for graduate students pursuing MCH education. The Center's goals are to support trainees, increase the MCH workforce, promote interprofessional education, generate research, translate findings, and disseminate them. The purpose of the C^2 podcast is to spark conversations in classrooms and living rooms about issues and strategic solutions crucial to the well-being of communities and families, focusing on how we can achieve health for all as a collective. **Methods:** As a fellow, I supported C^2's goal of increasing awareness of intersecting topics within MCH and disseminating information in educational and digestible formats; researched critical topics within MCH, such as Midwifery, Autism, and Fatherhood; identified experts within these fields and crafted customized interview guides and conducted interviewed them on their expertise and work experience; edited and posted the podcast monthly on all podcast platforms alongside social media graphics related to the guest and episode. **Results:** Over the last 10 months, engagement has remained steady across all podcast platforms with an average of 54.5 listeners per episode. Instagram continues to generate the highest engagement, while TikTok and LinkedIn have been less effective in reaching larger audiences. On average, episode-related posts on Instagram receive 3 times more views than those on LinkedIn. **Conclusion:** The podcast remains an engaging way to reach students and public health professionals on MCH topics outside the traditional classroom. Future efforts could focus on advancing community organizations and broader public health audiences.

PRACTICE FELLOWS

Strengthening Medicaid Maternal Health Systems Through Doula Access and Multi-Stakeholder Collaboration

DeJah Fleurancois and Margaret Jones, *Practice Fellows*
Preceptor: Dr. Jordana Frost | The Institute of Medicaid Innovation

Introduction: The Institute for Medicaid Innovation (IMI) is a national 501(c)(3) nonprofit, nonpartisan research policy and community power- building organization dedicated to improving the lives of Medicaid enrollees through equitable access to quality maternal healthcare services. IMI advances this mission through innovative solutions that integrate multi-stakeholder engagement, research, data analysis, education, and quality improvement initiatives. As part of the Maternal Health Fellowship, this project supported IMI's Doula Learning and Action Collaborative and its National Strategic Medicaid Maternal Health Coalition. These initiatives aim to strengthen maternal health outcomes by expanding doula access, fostering state-level innovation, and uniting diverse stakeholders to address gaps in Medicaid maternal health care. **Methods:** Fellows facilitated educational foundational sessions with state teams to advance doula initiatives, developed materials for in-person convenings, and synthesized discussions to inform future research and implementation. **Results:** The fellows successfully supported the completion of year one of the Doula Learning and Action Collaborative, including foundational sessions and the implementation of SMARTIE goals and action plans to guide state teams into year two. Additionally, fellows successfully contributed to the planning and facilitation of two national convenings that brought together key stakeholders to advance maternal health equity. Fellows synthesized information gathered from convenings, which will fuel further implementation efforts for IMI's future work. **Conclusion**: These contributions established a strong foundation for IMI's multi-year project implementation efforts, equipping stakeholders with the tools, resources, and collaboration needed to strengthen maternal health initiatives for Medicaid enrollees nationwide.

Digital Modernization of Client Management Systems for the Division of Children & Youth with Special Health Needs

Julia Heller, *Practice Fellow*
Preceptor: Megan Young & Elizabeth Bostic | Massachusetts Department of Public Health

The Division for Children & Youth with Special Health Needs (DCYSHN) within the Massachusetts Department of Public Health (MDPH) supports children and youth with special health needs (CYSHN) from birth to 22 and their families. Historically, each of DCYSHN's nine programs operated its own data collection system, creating challenges in assessing program reach, outcomes, and equity in service provision. This project aims to modernize and standardize client management systems to streamline family intake, improve data quality, and strengthen data-driven decision-making across programs. Weekly Joint Application Development (JAD) sessions were conducted with program leadership to document workflows, identify data needs, and evaluate existing systems. Using Excel, new or translated data dictionaries were developed in REDCap and APEX-compatible formats. Program-specific REDCap surveys were piloted for quality assurance and subsequently migrated into the centralized APEX database and piloted. User guides were created to support staff proficiency, and Spanish translations of surveys were developed to enhance accessibility for diverse and promote racial equity. Currently, I have worked on data-systems for seven DCYSHN programs and two additional Bureau programs. Deliverables include standardized data dictionaries, validated REDCap surveys, accurate database migrations, and user guides to optimize data utilization. This modernization initiative strengthens DCYSHN's capacity to collect and analyze standardized data, improving efficiency, equity, and evaluation of statewide services for CYSHN. The project provides a scalable model for digital transformation and data modernization across MDPH programs, promoting sustainable, equitable public health infrastructure.

Fatherhood Experiences among New Fathers in Massachusetts

Rabia Kassim, *Practice Fellow*
Preceptors: Sarah L Stone & Xiaohaui Geng | Massachusetts Department of Public Health

Introduction: Fathers play an important role in supporting the health and well beings of their children and families. In 2022-2023, the Massachusetts Department of Public Health (MDPH) conducted the MA Parenthood & Fatherhood Experiences survey to learn more about fathers' experiences and identify way to better support them. The survey asked about father's feelings about becoming a parent, the types of information they wanted to receive, healthcare experiences, and more. **Methods:** As a fellow, I reviewed existing literature on fatherhood to understand the experiences of new fathers. I then developed a codebook in SAS to format, define and label variables from the survey results. Working with Sarah and Xiaohui, I learned how to code in SAS and create frequency tables to analyze the results. After completing the analysis, I collaborated with my supervisors to write a comprehensive report summarizing key findings and to develop graphs that illustrate major trends. We also plan to create infographics summarizing the report's findings to share with a broader audience once the final draft is completed. **Results:** Overall, fathers in Massachusetts reported positive experiences with early fatherhood. Many fathers expressed excitement, and confidence in their new role, though some also described feelings of stress and anxiety Fathers generally demonstrated strong knowledge of infant care, but many wanted more information about topics such as supporting mothers' health, navigating health insurance, and understanding Paid Family and Medical Leave (PFML). **Conclusion:** The findings from this report can help inform policies and guide the development of programs that better support fathers and strengthen the health and well-being of families across Massachusetts.

Developmental & Behavioral Pediatrics (DBP) Referral Quality Improvement Initiative: Improving Access to Developmental Services and Promoting Wrap-Around Care

Jessica Mahoney, *Practice Fellow*
Preceptor: Dr. Audrey Christiansen & Katie Campbell | Boston Medical Center

Introduction: Developmental and Behavioral Pediatrics (DBP) at Boston Medical Center (BMC) evaluates children ages 0-22 for developmental and behavioral concerns in a 3-part consultation model that aims to support the 1 in 6 children who have a developmental disability in the United States. The DBP Referrals Quality Improvement (QI) Initiative focuses on identifying the barriers and systematic errors contributing to access challenges and addressing the unmet developmental service needs of referred patients. **Methods:** Design: A QI framework was used to identify and address barriers to an effective referral process. Retrospective chart review of DBP referrals placed between 2022-2025 in the month of July were conducted. Sample & Data: DBP referrals submitted for the month of July in all years 2022-2025. Data were extracted from the EHR and referral numbers were adjusted to account for removal of IEP clinic referrals (which share a referral work queue with DBP referrals) and technical errors. **Results:** Upon reviewing July 2022, 2023 and 2024 DBP referrals, erroneous/inappropriate referrals were found to include duplicates, established patients, and incorrect hospital or department referrals. These errors likely contribute to the backlog of referrals, increasing wait time from referral to evaluation. **Conclusion:** Identifying sources of erroneous and incomplete referrals creates the opportunity for continued operational improvements, and targeted education for referring clinicians and referred families. The next steps in the DBP QI include expanding and strengthening partnerships with referring healthcare centers, education dissemination, improving efficiency of operational processes and ongoing data collection to assess the impact of operational upgrades.

Data for Doulas: Advancing Equitable Birth Experiences through Data

Olivia Ott, *Practice Fellow*
Preceptor: Christina Gebel | Accompany Doula Care

Introduction: Doula care is often only available to those with the means to pay out of pocket. Boston-based nonprofit Accompany Doula Care works to address this inequity in maternity care by connecting pregnant people enrolled in MassHealth with doula services. To advance this goal, Accompany Doula Care has started the process of evaluating client experiences and developing a systematic process to improve birthing experiences. **Methods:** As a fellow, I supported Accompany in the development of a client experience survey by completing a literature review of existing birth experience and doula experience instruments, synthesizing findings, and reporting useful insights. I also cross-referenced these with grant reporting requirements. I worked closely with the team and a consulting agency, providing my research, making edits, and utilizing my prior knowledge of client surveying and grant reporting. In a separate but related project, I supported the team in the creation of a data dashboard. This will be used to display previous data collections as well as the new data collected during the survey rollout. **Results:** The survey creation is in final stages and is currently being reviewed by Accompany's Board of Directors and staff. The survey will be rolled out shortly afterwards and data will be available in the new data management dashboard. Through this survey process, Accompany will better be able to assess the client-doula matching process, evaluate birthing experience and doula satisfaction, and identify areas for improvement. These insights will be used to advance Accompany's mission of ensuring equitable birthing experiences for all.

Understanding the Impact of MHAP for Kids Attorneys within Family Resource Centers

Aman Qutab, *Practice Fellow*
Preceptors: Prof. Trish Elliott and Isabel Redman | Health Law Advocates

The Mental Health Advocacy Program for Kids (MHAP for Kids) is a Health Law Advocates (HLA) initiative which places staff attorneys in Massachusetts' Family Resource Centers (FRCs). The attorneys serve youth and families, providing free legal assistance in matters of special education and mental health access. **Methods:** As a fellow, I helped to conduct a program assessment using a self-administered questionnaire distributed via Qualtrics to FRC staff members. The methodological approach was informed by the RE-AIM and PRISM frameworks. I analyzed staff roles, familiarity, confidence, and perceptions regarding the dedicated MHAP for Kids attorney's role in the FRC. **Results:** Survey results indicate that MHAP for Kids attorneys have a significant, beneficial impact, with 85.7% of FRC staff agreeing that MHAP attorneys positively impacts their work. According to the reports, the FRC staff perceived attorneys to be highly accessible to families and youth (71.4%). FRC staff also found MHAP attorneys reliable (80.0%), and strongly agreed that their confidence in understanding legal processes like CRAs and special education increased (65.7%). Legal assistance often involved understanding rights (65.8%) and IEP questions (63.2%). **Conclusion:** The survey implies that the HLA initiative successfully embeds legal support within FRCs. FRC staff notably believe losing access would be a "detrimental loss", indicating that families would have "next to no-options" for advocating for mental health and educational needs without this service. The high satisfaction outcomes further proves the necessity for these attorneys.

PRACTICE FELLOWS

The Utah Criteria: Standardized Implementation for Determining Pregnancy Relatedness of Maternal Death Caused by Accidental Overdose or Suicide

Eleanor Saffian, *Practice Fellow*
Preceptors: Susan Manning and Mahsa Yazdy| Massachusetts Department of Public Health

Introduction: Pregnancy-related deaths occur during pregnancy or within one year due to pregnancy complication or pregnancy-related chain of events.[1] From 2020-2021, substance use disorder “contributed or probably contributed” to 56% of pregnancy-related deaths in Massachusetts.[2] Massachusetts’ Maternal Mortality and Morbidity Review Committee (MMMMRC) review maternal deaths and determine pregnancy relatedness. Cases involving accidental overdose or suicide lacked a standardized approach. The Utah Criteria was developed to guide consistent classification of such cases (Appendix 1). Although the MMMMRC applied these criteria intermittently, opportunity for routine utilization remained.[3] **Methods**: Workflow for determining which cases required criteria application is shown in Appendix 2. Implementation workflow was approved by key stakeholders. **Results**: Implementation began July 2025. Among applicable cases (n = 3), one included the template slide only, and two included standardized language only. Implementation workflow was adjusted prior to the next meeting (September 2025). All applicable cases (n = 4) showed improvement: all included the template slide and three included the standardized language. **Conclusion**: MMMMRC use of The Utah Criteria has improved. The goal is 100% inclusion of both the template slide and standardized language by 2026. Quantitative implementation tracking has been established to ensure sustainable use beyond the fellowship period.

[1] CDC, “Preventing Pregnancy-Related Deaths,” Maternal Mortality Prevention, May 21, 2025, https://www.cdc.gov/maternal-mortality/preventing-pregnancy-related-deaths/index.html.
[2] “Maternal Mortality and Morbidity Review Data & Statistics | Mass.Gov,” accessed November 4, 2025, https://www.mass.gov/info-details/maternal-mortality-and-morbidity-review-data-statistics.
[3] Marcela C. Smid et al., “Standardized Criteria for Review of Perinatal Suicides and Accidental Drug-Related Deaths,” Obstetrics and Gynecology 136, no. 4 (2020): 645–53, https://doi.org/10.1097/AOG.0000000000003988.

Access to Doula Care for Pregnant People Living in DOC Custody - Programmatic and Policy Recommendations for Massachusetts

Rachel Shuman, *Practice Fellow*
Preceptor: Maia Raynor| Massachusetts Department of Public Health

Introduction: Perinatal incarcerated individuals in Massachusetts don’t have access to doulacare, despite evidence that perinatal doula support for incarcerated folks can improve perinatal outcomes. The Bureau of Family Health and Nutrition (BFHN) program policy team assigned me to identify policy and programmatic recommendations to support a sustainable prison doula program in the MCI-Framingham prison. **Methods**: I conducted virtual interviews with Rebecca Shafer, PI, and Karenna Thomas, RA, of the University of Minnesota Enhanced Perinatal Programs for People in Prison (E4P) research team to assess multi-state implementation data on doula prison programs. I conducted interviews with Marisa Pizii and Lisa Andrews, former co-directors of The Prison Birth Project of Massachusetts to identify barriers to doula prison program sustainability. **Results**: I produced a policy brief summarizing programmatic and policy recommendations to the state to support implementation of a doula prison program in Massachusetts. Programmatic recommendations included developing a program in line with E4P implementation guidelines to meet immediate needs of perinatal incarcerated folks, and collaborating with community advocates towards prison abolition and economic investment in communities. Policy recommendations include alternative sentencing options for perinatal folks, oversight and enforcement policies in regards to anti-shackling laws, clear language mandating diet/nutrition/hydration access in line with national health standards, access to abortion care in line with state law, mandating funding of lactation support groups, and community harm reduction programming. In November 2025, I will propose the recommendations listed in the report to the BHFN policy team and identify next steps for policy development and implementation.

Advancing Accessible Health Transition Resources for Youth and Young Adults with Special Health Needs

Astrid Veloz-Maury, *Practice Fellow*
Preceptor: Amy Benison | Massachusetts Department of Public Health

Introduction: Youth and young adults with special health needs (YYASHN) face significant challenges during transition from pediatric to adult health care, including difficulty finding appropriate resources, historical lack of inclusion in the healthcare system, limited provider experience, and inaccessible resources. To address barriers, the Mass DPH Division for Children and Youth with Special Health Needs developed the Health Transition Toolkit; a multi-chapter resource supporting YYASHN, families, and support structures, through self-management, advocacy, and healthcare system navigation. Its goal is to promote health equity by ensuring materials are inclusive and accessible to YYASHN as they transition from pediatric to adult care.
Methods: Activities included strategic planning and management by contributing to plain language/design revisions of the Healthcare Transition and Self-Management chapters, collaboration with the communications team to enhance visual accessibility/readability, and meeting with subject matter experts for feedback on the usability of the toolkit material. I helped conduct focus groups with families to gather feedback and implement their perspectives into toolkit content. Project Outcomes: Edits improved accessibility, visual flow, and cultural responsiveness of the materials, including revisions that incorporated family and youth priorities/feedback to ensure language and tone reflected their experiences and needs.
Conclusion: This project is a work in progress and has strengthened the accessibility and inclusivity of state resources for health transition. With a focus on centering the needs of youth and families, and upholding equity principles, the Health Transition toolkit will further support YYASHN during their development of self management skills and improve their transition to adult care.

RESEARCH FELLOWS

Bridging Gaps in Food Access: A Qualitative Study of Supplemental Nutrition Programs in Cumberland County, Maine

Holly Ainsworth, *Research Fellow*
Preceptor: Prof. Cristina Gago | Dept. of Community Health Sciences, BUSPH

Background: Food insecurity affects one-in-ten households in Cumberland County. While federal and charitable nutrition assistance programs are evidenced to alleviate food insecurity nationally, little is known about program access determinants in this unique region. To fill this gap, our qualitative study explored challenges with and opportunities to improve food security in Cumberland County. **Methods:** Semi-structured focus group interviews were conducted by the Cumberland County Department of Public Health in 2025. Participants were recruited by local partner organizations and included residents who utilized food assistance programs in the past. Focus group notes and transcripts were thematically analyzed by two qualitative researchers. **Results:** Four key themes emerged. First, administrative burden, program fragmentation, and communication barriers hindered enrollment and retention across food assistance programs- especially within SNAP. Second, participants expressed concerns about benefit adequacy, quality, accessibility, and complexity. Third, using food assistance resources was often accompanied by shame, stigma, guilt, stress, and anxiety. Finally, social support, community assistance, and participant expertise facilitated access. For example, community health workers, caseworkers, and social networks provided guidance and administrative help, while participants used their own experiences to assist others. **Discussion:** By identifying food access barriers (i.e., administrative burden, program fragmentation, and stigma) and facilitators (i.e., social support and communication), findings offer novel insight into how federal, state, and charitable food organizations can be improved to reduce food insecurity in Cumberland County, Maine.

Empowering Youth to Prevent Childhood Obesity: Insights from the H2GO! Study

Lily Fotovat, *Research Fellow*
Preceptor: Prof. Monica Wang | Dept. of Community Health Sciences, BUSPH

Introduction: Approximately one in five U.S. children and adolescents have obesity, posing serious and lasting health challenges. The H_2GO! Study is a youth empowerment-based intervention designed to prevent childhood obesity by reducing sugar-sweetened beverage (SSB) consumption among children participating in Boys & Girls Clubs (BGCs). **Methods:** As part of the research team, I conducted site visits to four BGCs across Massachusetts to collect anthropometric data (height and weight), administer child surveys, and contribute to literature reviews on youth empowerment and nutrition-focused interventions. The study enrolled 437 parent-child pairs (mean child age = 10.0 years). **Results:** Preliminary findings (under review) indicate that children in intervention sites experienced greater reductions in zBMI scores at 12 months ($\beta=-0.19$; $p<0.05$) compared to those in comparison sites. While between-group differences in SSB intake were not statistically significant, both groups reported decreased consumption over time. Complementary literature reviews on nutrition for obesity prevention and empowerment as a mechanism for behavior change were developed and published in Public Health Post. **Conclusion:** The H_2GO! intervention shows promise for preventing childhood obesity through empowerment-focused strategies implemented in community settings. Findings highlight the importance of engaging youth as active agents in shaping healthier behaviors and provide a foundation for scaling the program through national BGC partnerships.

RESEARCH FELLOWS

Development and Adaptation of the WHO's Self Help+ Intervention for Implementation at Boston University–Boston Medical Center (BU-BMC) Cancer Center.

Analiese Gobel, *Research Fellow*
Preceptor: Prof. Phuongthao Le | Dept. of Community Health Sciences, BUSPH

Background: Cancer diagnosis and treatment often cause significant psychological distress, affecting patients' quality of life and adherence to care. While evidence-based stress management interventions exist, few are scalable or adapted for safety-net hospital settings. This pilot study addresses this gap by implementing the World Health Organization's Self Help Plus (SH+), an Acceptance and Commitment Therapy (ACT)-based program, among cancer patients at Boston University–Boston Medical Center (BU-BMC) Cancer Center. The study aims to evaluate feasibility, acceptability, and participant feedback to inform future implementation. **Methods:** A one-armed, non-experimental, unblinded study was conducted with adults (≥18 years) diagnosed with cancer within the past 12 months and receiving curative-intent treatment at BU-BMC. The adapted SH+ program consisted of four 75–90-minute group sessions, facilitated by a healthcare worker or trained research staff, in this implementation Dr. Le, and co-facilitated by a social worker. Engagement and satisfaction were assessed using Qualtrics surveys, and descriptive analyses summarized participation and feedback. **Results:** Ten participants attended at least one session; five completed all four sessions. Of seven survey respondents, six rated the program as "Excellent," and five were "Very likely" to recommend it. All participants reported that the program helped at least "somewhat." Feedback indicated difficulty remembering SH+ techniques and connection across age groups that were participating. **Discussion:** The adapted SH+ intervention was feasible, well-received, and beneficial for managing stress among cancer patients. Findings support its potential as a low-resource, scalable approach to enhance emotional well-being in oncology care.

Association Between Life Stressors and Small Vulnerable Newborns: A Population-Based Study (2016-2022)

Mai Hussein, *Research Fellow*
Preceptor: Prof. Kathryn Thompson | Dept. of Community Health Science, BUSPH

Background: Life stressors are critical determinants of maternal and neonatal outcomes, yet few studies have examined their cumulative burden in relation to small vulnerable newborns (SVN-infants born preterm, small for gestational age (SGA), and/or with low birthweight (LBW). For pregnant persons with conditions such as gestational diabetes or hypertension, stressors may have compounded effects as medical, social, and structural challenges intersect. Guided by Ecosocial theory, this study examines how life stressors, embedded within social determinants of health (SDOH), are associated with the delivery of SVN. **Methods:** We analyzed 2016-2022 data from the CDC's Pregnancy Risk Assessment Monitoring System (PRAMS), linking maternal survey data with birth certificates. Stressful life events in the 12 months before childbirth (e.g., divorce, job loss, financial hardship) were categorized as none, 1-2, 3-5, or ≥6. Participant characteristics were compared across categories and adjusted logistic regression models estimated the odds of SVN by stressor level, stratified by gestational diabetes and pregnancy hypertension. **Results:** Among 164,733 participants aged 18-54, 41.3% reported 1-2 stressors. High stressor burden (≥6) was most common among low-income (55.6%) and rural (78.4%) mothers. Persons with ≥6 stressors were significantly more likely to experience multiple unfavorable SDOH (73% vs. 16%). High stress burden was associated with increased SVN odds (OR=1.29, 95% CI: 1.15-1.44). Among those with gestational diabetes or hypertension, 3-5 stressors also elevated SVN odds (OR=1.21, 95% CI: 1.03-1.42). **Conclusions:** Cumulative life stressors, intertwined with social disadvantages, heighten SVN risk, underscoring the need for integrated policies addressing psychosocial and structural determinants of maternal-child health.

Barriers to Timely Prenatal Care Among AI/AN Women: Insights From PRAMS

Rowena Lindsay, *Research Fellow*
Preceptor: Prof. Eugene Declercq | Dept. of Community Health Sciences, BUSPH

Introduction: American Indian/Alaska Native (AI/AN) women face persistent maternal health challenges. Timely prenatal care (PNC) is crucial for improving maternal and infant outcomes. This analysis identifies the self-reported reasons why AI/AN women experience greater barriers to care. **Methods:** This study analyzes 2016-2022 Pregnancy Risk Assessment Monitoring System data from 34 states and jurisdictions. Our sample includes self-identified AI/AN women (n=13,854) and NHW women (n=99,642). Logistic regression models estimated odds ratios for late initiation of PNC or no PNC, controlling for age, income, education, marriage, parity, and insurance. **Results:** In 2016-2022, AI/AN women were twice as likely (28.4% v. 13.4%) as NHW women to start PNC after the first trimester, and almost 3 times as likely (9.1% v. 3.2%) to report third trimester or no PNC. After adjusting for covariates, AI/AN women had 72% higher odds (OR: 1.72, 95% CI: 1.48, 2.00) of starting PNC in the third trimester or not having PNC compared to NHW women. AI/AN women also reported a higher prevalence of barriers to PNC, including lack of transportation (19.2% v. 7.0%), being too busy (29.4% v. 14.2%), not knowing they were pregnant (49.3% v. 26.7%), and keeping their pregnancy secret (17.1% v. 7.5%). **Conclusion:** AI/AN women are less likely to start PNC on time because of identifiable barriers that can be addressed with targeted initiatives. These findings highlight the need for targeted policies to improve PNC access and address maternal health inequities in Indigenous communities.

Structural Racism, Social Disadvantage, and Small Vulnerable Newborn Outcomes: Evidence from PRAMS 2016–2022

Jennifer Madu, *Research Fellow*
Preceptor: Prof. Kathryn Thompson | Dept. of Community Health Sciences, BUSPH

Background: Small vulnerable newborns (SVN)–infants born preterm, small for gestational age, or with low birth weight–affect one in four births globally, increasing risk of adverse complications, especially with diabetes and/or hypertension. Persistent racial gaps in SVN outcomes reflect structural racism operating through neighborhood-level disadvantage. This study assesses whether structural disadvantage increases SVN risk and whether associations differ by race/ethnicity and chronic disease status. **Methods:** We analyzed 249,970 respondents to the CDC's Pregnancy Risk Assessment Monitoring System (PRAMS, 2016-2022), representing 12.3 million pregnancies. A composite structural disadvantage measure was constructed using insurance status, healthcare access, food insecurity, and housing instability, categorized into tertiles. We estimated relative risks using Poisson regression, controlling for sociodemographic and clinical covariates. Stratified models examined effect modification by diabetes/hypertension. **Results:** Overall, 24% of participants experienced SVN and 18% had diabetes/hypertension. High structural disadvantage was associated with 25.7% increased SVN risk in unadjusted models (RR=1.257, 95% CI: 1.221–1.294). After adjusting for individual-level social determinants, this association became non-significant (RR=1.018, 95% CI: 0.980–1.057). Instead, the strongest predictors were Non-Hispanic Black race/ethnicity (RR=1.174), poverty (RR=1.394), and domestic abuse (RR=1.214). **Conclusions:** Structural racism's impact on birth outcomes operates through measurable, interconnected social pathways reflecting systemic inequities rather than individual characteristics. Non-Hispanic Black individuals experience elevated SVN risk regardless of location, suggesting systemic racial factors supersede neighborhood conditions, highlighting the need for structural interventions and policy reforms to close maternal–infant health gaps.

Evaluation of Adverse Childhood Experiences (ACEs) in Winthrop, Massachusetts

Greta Shawver, *Research Fellow*
Preceptor: Prof. Jacey Greece| Dept. of Community Health Sciences, BUSPH

Introduction: Adverse Childhood Experiences (ACEs) are associated with negative health outcomes including several leading causes of death. To address the high prevalence of ACEs in Winthrop, MA, the Winthrop Department of Public Health and Clinical Services (WDPH&CS) partnered with the Boston University School of Public Health (BUSPH) to investigate the factors influencing ACEs in Winthrop to inform future intervention efforts to address ACEs within the community. **Methods:** Mixed-methods approach including: 1) Conducting a literature review of the current landscape of ACEs; 2) Conducting a stakeholder power and interest analysis with the WDPH&CS to identify key stakeholders; 3) Creating and administering a stakeholder survey using the Consolidated Framework for Implementation Research (CFIR); and 4) Conducting qualitative interviews with stakeholders selected through the power and interest analysis. **Results:** The literature review suggested additional ACEs that should be considered in this evaluation and emphasized the need for universal screening methods and prioritizing interventions to combat ACEs. Preliminary findings of the stakeholder survey and interviews show that stakeholders identified living with a family member with mental illness or substance use disorder as the most common ACEs in Winthrop, and that immigrant families are currently facing a disproportionate amount of adverse experiences. Stakeholders also emphasized the need for more free spaces and programs for youth to utilize after-school, and that their organizations require additional funding to further support efforts related to ACEs. **Conclusion:** Findings from this evaluation will support actionable recommendations to reduce and address ACEs in Winthrop, which will improve community public health outcomes.

Severe Maternal Morbidity at the Intersection of Maternal Race/Ethnicity and Education

Rashida Smith-Webb, MCH Epi-Doctoral Fellowship
Preceptor: Prof. Martha Werler | Dept. of Epidemiology, BUSPH

Background: Racial and socioeconomic disparities in severe maternal morbidity (SMM) are well documented; however, they are often examined separately. Guided by intersectionality theory, we examined SMM rates at the intersection of maternal race/ethnicity and education. **Methods**: We used data from the Pregnancy to Early Life Longitudinal Data System in Massachusetts to identify nulliparous birthing people, aged 12-55 years who delivered from 1998–2021. We used generalized linear models with an identity link to estimate SMM rates per 10,000 in-hospital deliveries as well as rate differences (RD) along with 95% confidence intervals (CI) for six intersectional groups defined by race/ethnicity (Black, Hispanic, White) and maternal education (no college degree, college degree or higher). **Results**: Rates of SMM were highest for Black birthing people with a college degree or higher (160) and lowest for their White counterparts (87). Compared with White birthing people with at least a college degree, Black birthing people with the same level of educational attainment experienced an excess of 73 SMM events per 10,000 in-hospital deliveries (95% CI: 53, 93). Black and Hispanic birthing people with no college degree also experienced excess SMM events: Black (RD = 62; 95% CI: 51, 73); Hispanic (RD = 27; 95% CI: 19, 35). **Conclusion**: Higher levels of education offer little protection against SMM for Black birthing people. Addressing structural racism and other socioeconomic drivers is critical to mitigating disparities in SMM.

LGBTQ+ Emerging Adults' Experiences of the Impact of State Policies on Mental Health

Rebecca Spaulding, *Research Fellow*
Preceptor: Prof. Allegra Gordon | Dept. of Community Health Sciences, BUSPH

Introduction: LGBTQ+ young adult populations experience higher risk of poor mental health outcomes relative to their heterosexual/cisgender peers. Growing evidence indicates these disparities are affected by LGBTQ+-related state policies (e.g., healthcare bans, service denial laws), but little has been explored about how LGBTQ+ emerging adults subjectively understand and conceptualize these mental health impacts. **Methods:** We recruited 19 LGBTQ+-identifying undergraduate students from around the US from the Healthy Minds Study, and interviewed them about a variety of topics, including their perceptions of the impact of state policy on their mental health. Interview transcripts were analyzed via an iterative qualitative coding process, beginning with a deductive codebook, adapted with inductive codes as needed. We then conducted a thematic analysis. **Results:** Participants reported a variety of mental health impacts of state-level policy. Participants' descriptions of the mental health impacts varied in severity depending on the supportiveness or discrimination of the climates of their states of residence and origin. Participants frequently discussed concerns about their futures, regarding both anticipated discrimination in pursuing lifecourse milestones and limited freedom of movement due to varied state-level policy climates. **Conclusion:** The varied policy climate across U.S. states has the potential to limit opportunities for LGBTQ+ emerging adults to pursue lifecourse milestones, leading to potential long-term negative consequences for the current cohort of emerging adults. This suggests a need for additional support from trusted adults for emerging adults to navigate this particular developmental stage in an unstable political climate, in addition to continued advocacy for supportive state-level policies.

Feasibility of ART Adherence Support and Monitoring Interventions in Cape Town, South Africa: Evidence from the SUSTAIN Trial

Laura Stehler, *Research Fellow*
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Introduction: Implementation of antiretroviral (ART) adherence support and monitoring interventions in resource-constrained public health settings must balance feasibility with impact. This qualitative study explored participant and staff perspectives on the feasibility of five evidence-based interventions provided to participants in various combinations during the SUSTAIN randomized intervention trial. Three interventions monitored adherence (via electronic adherence monitors (EAM), pharmacy refill, and viral load test) with outreach by phone to non-adherent participants, while two offered adherence support (enhanced motivational counseling and text messages). **Methods:** In-depth interviews (IDIs) were conducted with participants and staff at three study clinics in Cape Town, guided by Proctor's implementation framework. Feasibility was assessed by perceived ease of implementation, fit within existing systems, and resource requirements. Transcripts were coded and analyzed in NVivo. Data were triangulated across participant types and sites to help ensure thorough representation of findings. **Results:** Interventions were viewed as feasible when perceived as low-burden and easily integrated into clinic routines. EAM was valued for portability and habit-formation, but was perceived as limited by charging issues and pill capacity. Counseling interventions were well-received, without major opinions on the benefit of the enhanced counseling versus the basic counseling provided to all nonadherent patients per standard care. Outreach efforts were viewed as effective but resource-intensive. Staff identified digital integration and training gaps as barriers to feasibility. **Conclusion:** Intervention feasibility is contingent on alignment with existing workflows, staff capacity, and patient context. Strengthening supportive infrastructure and training may enhance sustainability of providing feasible, impactful adherence support of ART.

Barriers to Participation in Fertility Research Among African American Women: Findings from the Pregnancy Study Online (PRESTO) Study

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Introduction: African American women remain underrepresented in fertility research, limiting understanding of reproductive health inequities and reducing the generalizability of study findings. This project aimed to identify effective recruitment strategies and participation facilitators for African American women in the Pregnancy Study Online (PRESTO),to enhance equitable representation in fertility research. **Methods**: We conducted four virtual focus group discussions with a total of 19 African American women who were eligible for participation in the PRESTO fertility cohort. Interview summaries were synthesized into a comprehensive matrix that captured participant perspectives across key domains. Using thematic analysis, transcripts were independently coded and reconciled to identify consensus themes within the domains of "Additional Recruitment Strategies" and "Facilitators of Participation." **Results**: Participants emphasized multiple approaches to improve recruitment and engagement. Key facilitators included offering tailored incentives (examples include monetary compensation, free pregnancy tests), integrating mental health support resources, ensuring anonymity and confidentiality, improving clarity of research terms (examples include definitions and use of biospecimens), and providing structured timelines to minimize participant burden. Suggested recruitment strategies included partnering with community organizations and leaders, leveraging local cultural events, engaging trusted influencers, collaborating with OBGYNs and health systems, and using tech-enabled partnerships such as fertility tracking apps to reach women in familiar digital spaces. **Conclusion**: Findings highlight that trust, accessibility, and cultural relevance are central to successful recruitment of African American women in fertility research. Culturally responsive and community based recruitment strategies, coupled with transparent communication and mental health support, may strengthen participation and advance equity in reproductive research.

The CHANCE Study: Considering the Health of Adolescents Navigating Community Violence Exposure

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Introduction: In 2023, 30% of United States youth witnessed violence in their neighborhood. Although exposure to neighborhood violenceis linked to poor mental wellbeing among youth, few interventions beyond the individual-level exist. This formative qualitative study explored how youth-serving organizations support the mental wellbeing of youth in communities impacted by violence to ultimately inform community-level solutions. **Methods:** We conducted11 semi-structured interviews with adults working at youth-serving organizations in Boston, Massachusetts. Adults were recruited via listservs and community meetings sharing the study flyer.Participants completed a brief survey and 30-minute interview via Zoom. Survey questions included participant demographics (e.g., age, race/ethnicity) and organizational characteristics (e.g.,location, mental health resources provided). Interview questions focused on identifying adolescent needs and how the organization supports these needs. Participants received a $30 gift card. Interviews were transcribed verbatim and coded using thematic analyses. **Results:** Themes were (1) social determinants of violence and youth mental wellbeing and (2) strategies organizations use to support adolescent mental wellbeing. These themes mapped onto the socio-ecological model. Social determinants of violence and youth mental wellbeing were at the community and societal levels (sub themes: housing instability, food insecurity, educational inequities, racism, and transportation barriers). While strategies organizations used were at the individual, interpersonal and community levels (sub themes: mentorship, workshops, youth–adult partnerships, and resource referrals). **Conclusion:** Our findings highlight how youth-serving organizations address social determinants of youth violence and mental wellbeing and point to potential community-level solutions (e.g., facilitating resource referral). Future studies should examine youth perspectives to inform solutions.