



Using a Transdisciplinary Collaboration Process to Create a Plan to Address Prostate Cancer Disparities



Tobi Cawthra¹, Robert Allen², Kyle Ashley³, Darryl Davidson⁴, Marquayla Ellison⁵, Alvin Flowers³, Ken Jacobsohn¹, Alexis Krause¹, Marques Hogans, Kevin Izard⁷, Dev Karan¹, Deepak Kilari¹, Chris Nielsen⁸, Ericka Sinclair⁹, Ambrose Wilson-Brown¹, Leonard Wilson¹⁰, Melinda Stolley¹

¹Medical College of Wisconsin, ²Zablocki VA Medical Center, ³Milwaukee Community Member, ⁴City of Milwaukee, ⁵Elastic Design, ⁶S&H Emerged, ⁷Palladina Health, ⁸American Cancer Society, ⁹Health Connections, ¹⁰DI Fitness

BACKGROUND:

- Wisconsin (WI) ranks highest in the US for overall cancer incidence and mortality among Black/African American (Black) individuals.
- Prostate cancer (PC) is the most frequently diagnosed cancer among men in WI and the second leading cause of cancer death.
- This region has numerous challenges including segregation, poverty, educational achievement gaps, and high Black imprisonment rates which impact PC awareness, screening, and treatment.

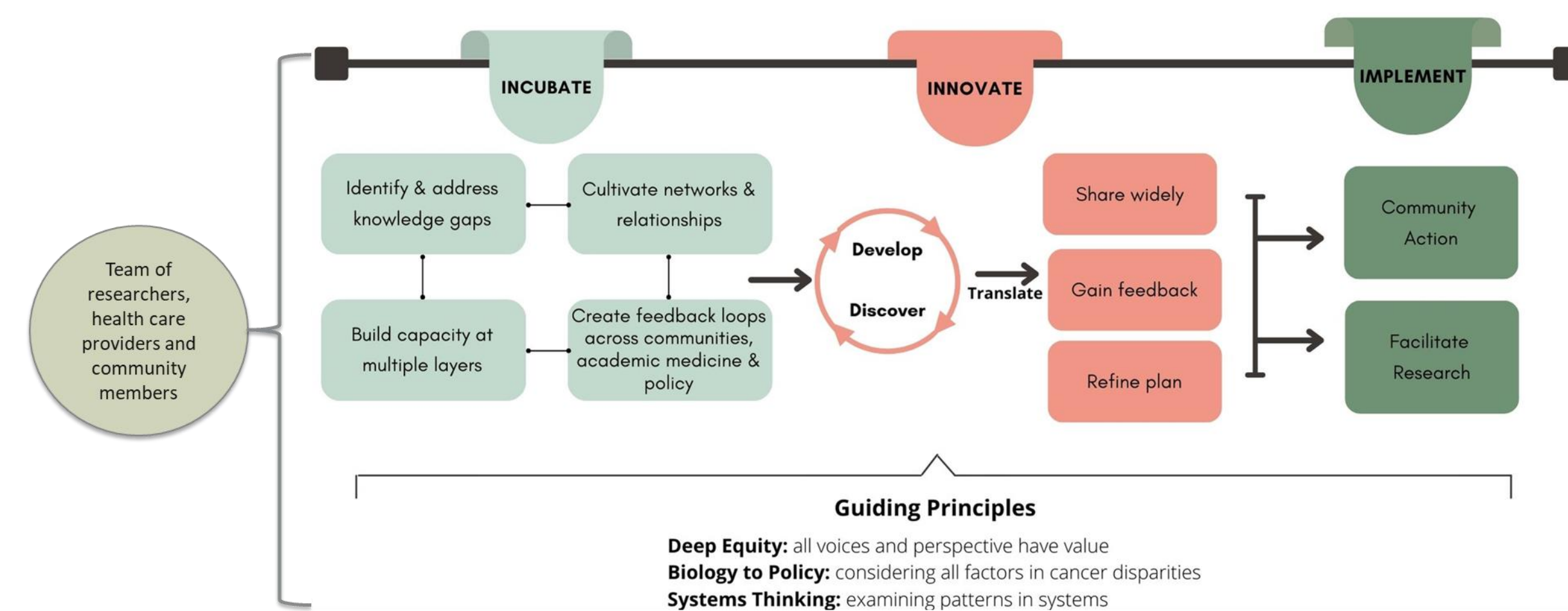
Prostate Cancer Incidence and Mortality Rates (per 100,000) in SE WI by Race/Ethnicity		
	Age-Adjusted Incidence Rate 2015-2019	Age-Adjusted Mortality Rate 2016-2020
Non-Hispanic White	58.1	7.7
Non-Hispanic Black	86.7	15.4
Hispanic	40.9	4.7

- Multiple perspectives are needed to effectively address complex problems like PC disparities.
- We brought together a transdisciplinary community-academic team to 1) develop a shared understanding of PC disparities and potential causes and 2) develop a community action and research agenda to address PC in Black men.
- The **Community and Cancer Science Network (CCSN)** Theory of Change Framework (Figure 1) guided this work.
- CCSN** is a transdisciplinary network focused on addressing statewide cancer disparities through authentic and sustainable collaborations between academia and community in WI. The work is grounded in principles of **deep equity**, **systems-change**, and the **integration of biology to policy**.

We bring diverse perspectives together through a three-phase model:

- Incubate** - co-learn among team members to build trust and knowledge, integrate diverse perspectives and create a shared vocabulary;
- Innovate** - use learnings to develop, prototype and pilot potential solutions;
- Implement** - execute scalable and sustainable solutions.

Figure 1. CCSN Theory of Change Framework

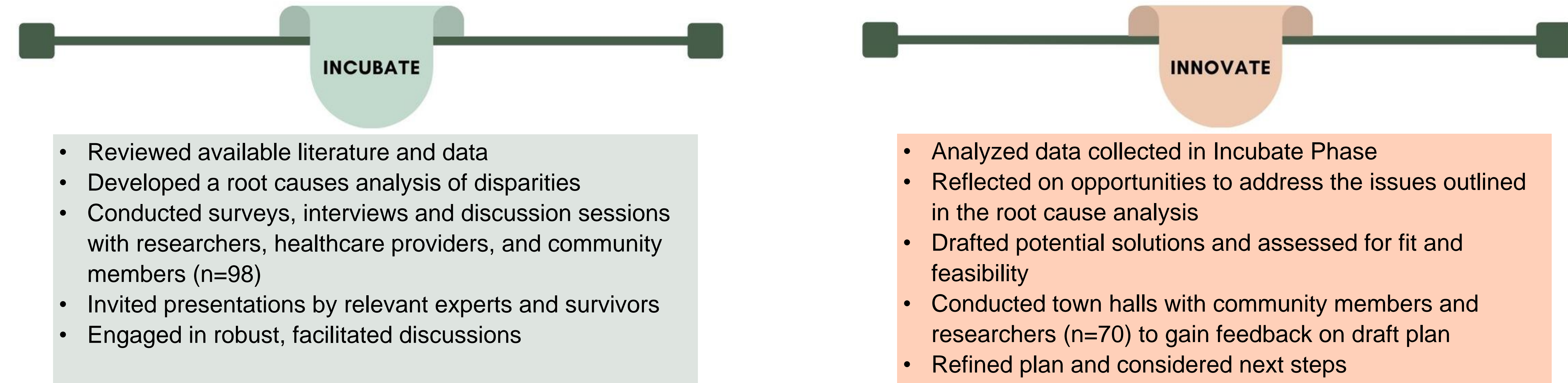


For more information, visit ccsnwi.org.

Funding: This effort was funded by the Greater Milwaukee Foundation, CCSN is funded by the Advancing a Healthier Wisconsin Endowment.
Acknowledgment: We are grateful for the engagement and support of the Prostate Cancer Transdisciplinary Team and all who participated in discussion sessions, interviews surveys, and townhalls.

METHODS

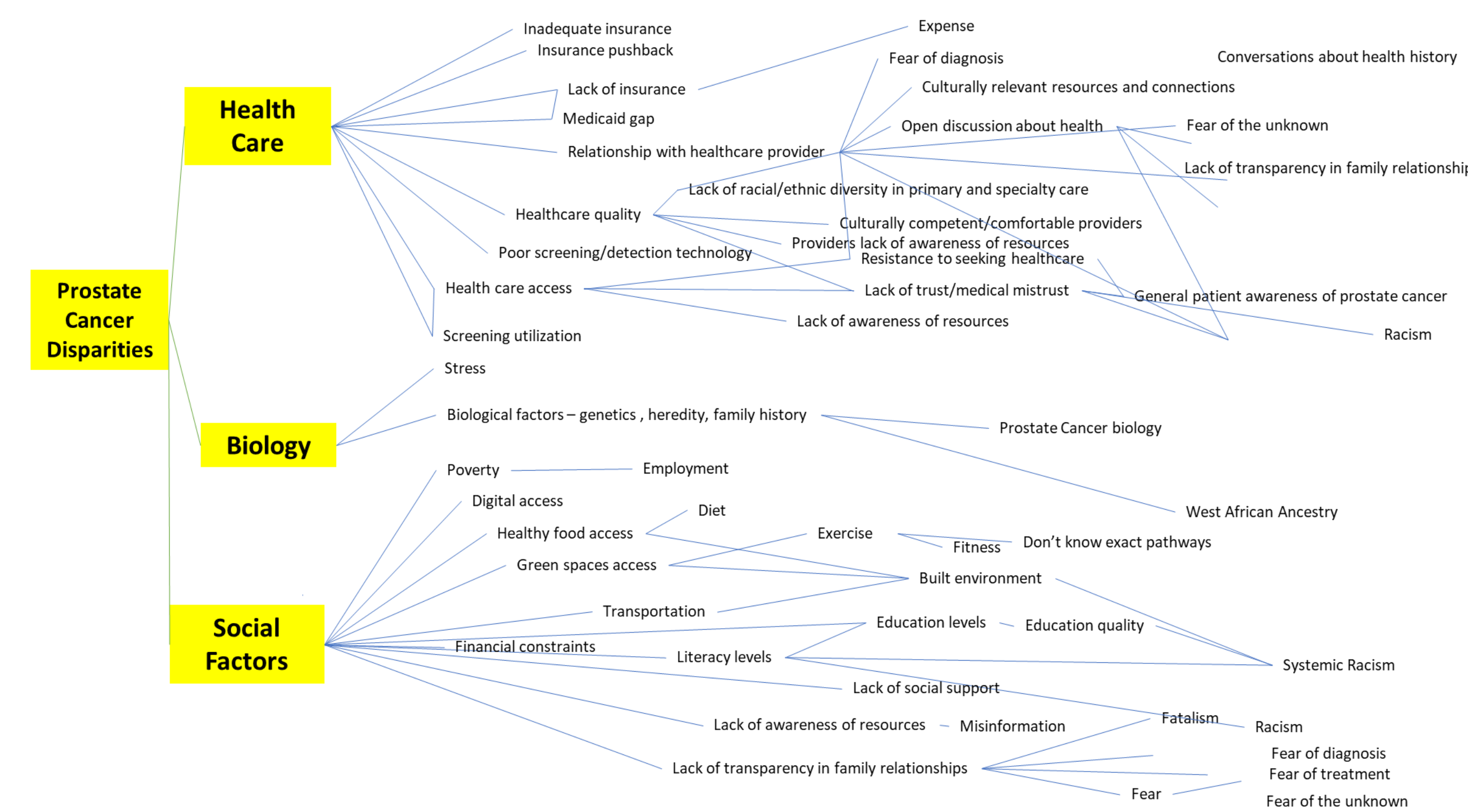
- Team met every other week for 16-months.
 - Meetings were facilitated through the first two stages of the CCSN process (Figure 1):
- Incubate:** co-learning about the multi-factorial causes of PC disparities by reviewing data, engaging experts, and seeking input from researchers, health care providers and community members;
 - Innovate:** using this information, the team a) considered potential solutions to create a draft plan, b) sought feedback to ensure the draft plan met the needs of diverse audiences and c) refined the solutions.



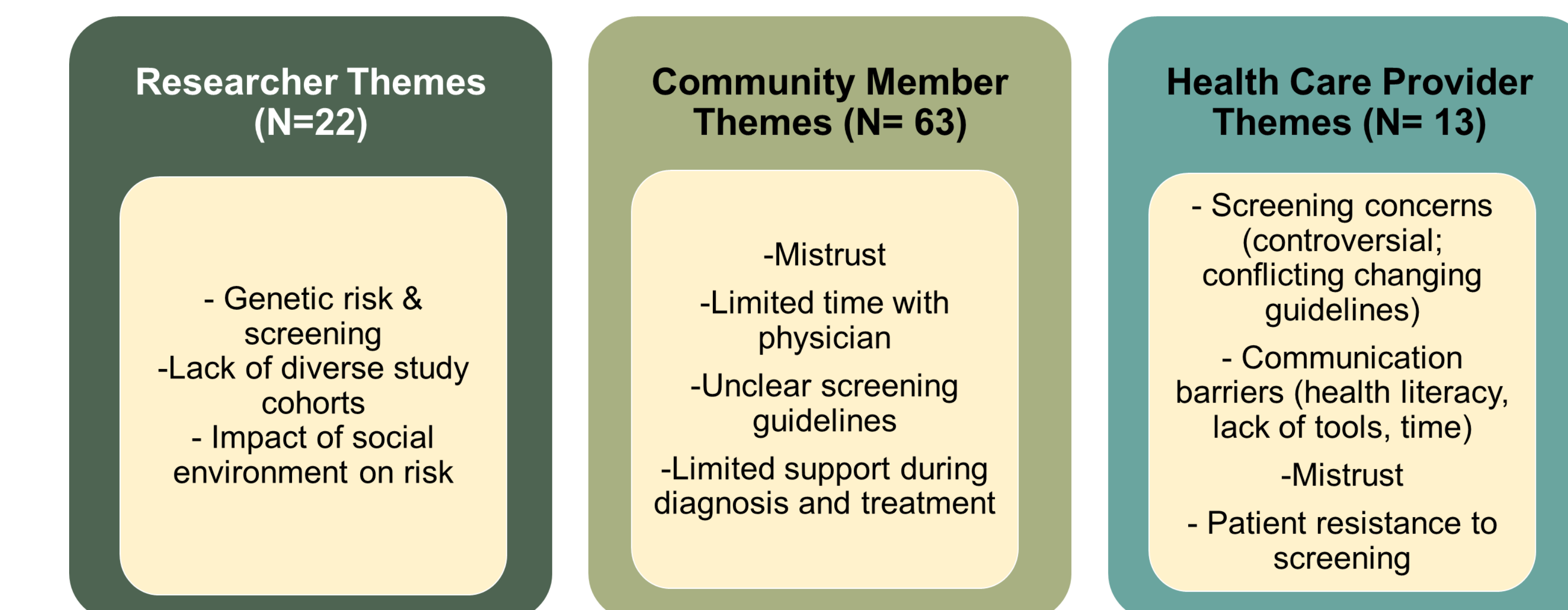
RESULTS

A. Sample Root Cause Analysis: Prostate Cancer Disparities

- The team engaged in a facilitated "5-Whys" process to explore the root causes of disparities.
- Causes were linked and grouped into 4 primary themes:
- 1) Healthcare; 2) Biology; 3) Social Factors, and 4) Policy



B. Surveys, Interviews, discussion sessions: groups and themes



C. Assessing Potential solutions

- The team brainstormed possible solutions and then assessed solutions for fit and feasibility.

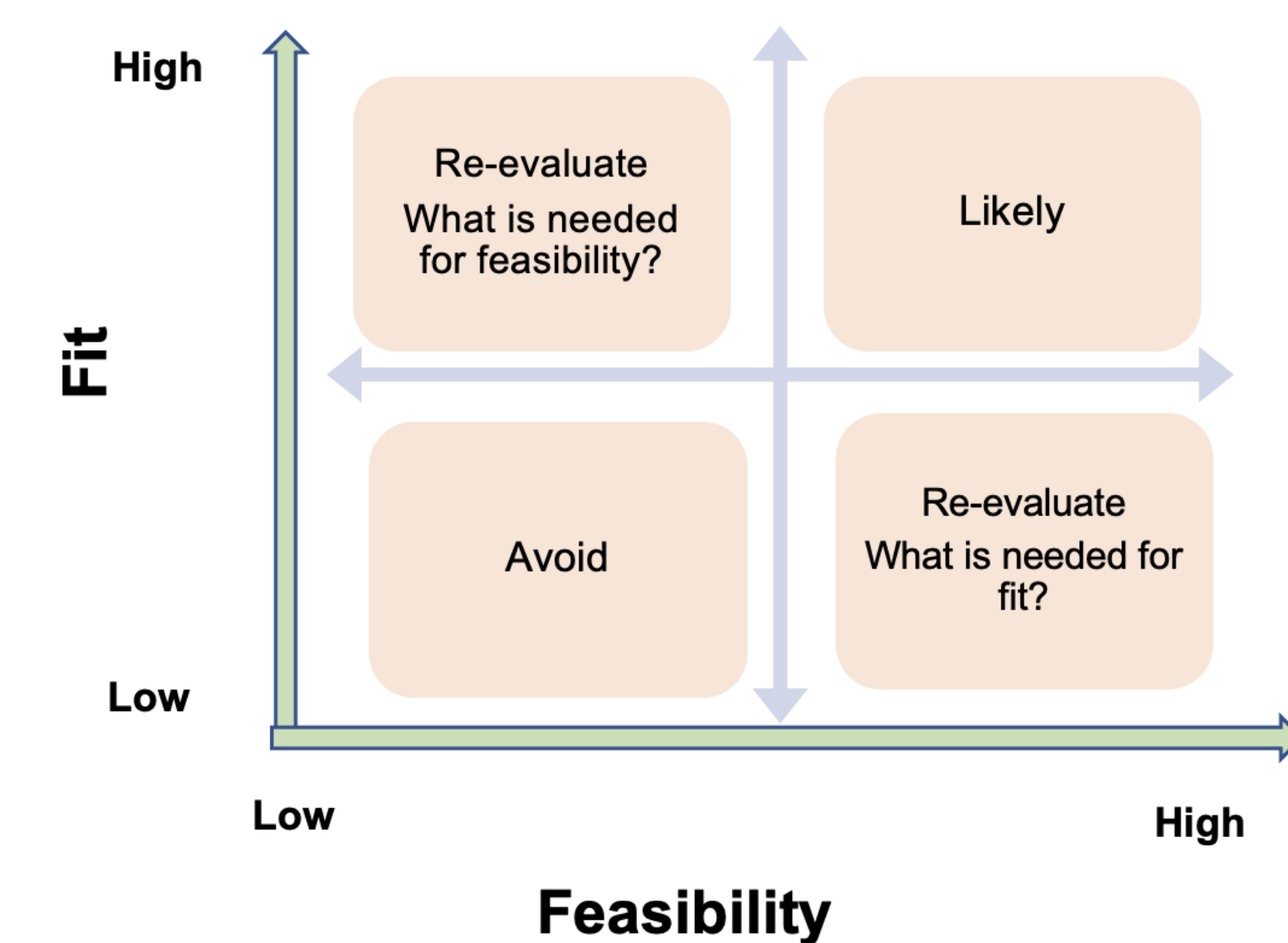
CCSN FIT AND FEASIBILITY MATRIX:

Proposed Solution: _____

Step 1: Please rate the proposed concentration area against the following criteria:

Fit	We have evidence that this approach will address this disparity.	Low ← → High
Fit	We can measure the impact of this approach.	Unlikely ← → Absolutely
Fit	Community, researchers and/or clinicians are interested in this approach.	Unlikely ← → Absolutely
Fit	Community, researchers and/or clinicians will collaborate on this approach.	Unlikely ← → Absolutely
Feasible	Improvements in this area will result in a meaningful impact.	Minor ← → Significant
Feasible	This work is different than what is currently being done.	Similar ← → Dissimilar
Feasible	If the work is similar, we can influence or add to existing work to impact.	Minor ← → Significant
Feasible	We can identify resources (people/funds) to implement.	Unlikely ← → Absolutely

Step 2: Consider how you ranked each one of the above criteria and indicate where you rank it on the matrix below.



D. Recommendations

- Provide patient navigation for men with prostate cancer
- Host provider-patient forums to build relationships and trust
- Increase provider awareness of current guidelines, emerging screening, and genetic risk
- Expand survivor support offerings for Black men with prostate cancer
- Develop and implement a trusted messenger campaign to increase awareness
- Improve prostate cancer screening education for patients
- Increase community awareness of genetic risk and counseling
- Conduct research to understand the role of stress in prostate cancer

Discussion and Future Efforts:

- The CCSN transdisciplinary process enabled the successful creation of a community-academic informed action plan to address prostate cancer disparities in Milwaukee.
- Subsets of this team have continued to work together to develop funding proposals to implement solutions including patient navigation, trusted messenger campaign, and patient-provider forums.
- The Medical College of Wisconsin Community Outreach and Engagement team is using this work to inform their strategic plan related to prostate cancer.