## Summary of Previous Awards

**ICTR Collaborative Health Equity Research (CHER) Pilot Grants**  
2017-2019

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### 2019 Award

**PI: Farah Kaiksow, MD, UW School of Medicine & Public Health**  
**Title:** Investigating the Impact of Incarceration on Cancer: A Novel Collaboration Between the Institute for Research on Poverty and the UW School of Medicine and Public Health

- **Academic Collaborators:** Noelle LoConte, MD, UW SMPH, Lawrence Berger, PhD, UW L&S, Amy Trentham-Dietz, PhD, UW SMPH
- **UW Program Partners:** Institute for Research on Poverty (IRP)
- **Community Collaborators:** Nehemiah Center for Urban Leadership Development

**Summary**

Wisconsin is the worst state in the country for black men when it comes to incarceration, with black male incarceration rates nearly twice the national average. Little is known about the health of formerly incarcerated Wisconsinites; preliminary data from other locations suggest that these patients, regardless of race/ethnicity or insurance status, face poorer outcomes than those who have never been incarcerated. This pilot will link a unique database from the Institute for Research on Poverty (IRP) to the UW Health tumor registry. The IRP database contains information on incarceration history, while the UW Health database has information on every patient diagnosed with and/or treated for cancer at UW Health, including tumor characteristics, first-course treatment received, and survival. Using a retrospective cohort study design, we will compare cancer patients with and without incarceration histories using a number of descriptive variables. With input from community stakeholders, the ultimate goal is to identify specific areas of intervention to reduce the burden of cancer in this population. Successful completion of this project will result in a rich data source that can be used for future research focused on identifying high-yield areas of intervention to reduce disparities faced by formerly incarcerated patients.
2017 Awards

PI: Olayinka Shiyanbola, PhD, School of Pharmacy
Title: Feasibility and Acceptability of a Pilot Culturally Specific Educational-Behavioral Intervention for African Americans with Type 2 Diabetes

Collaborators: North East Side Senior Coalition

Summary
In the United States, diabetes affects 3.7 million African Americans (AAs) who are more likely to be diagnosed with the disease and are at a greater risk for diabetes-related death and disability compared to non-Hispanic whites. The magnitude of the diabetes disparity within Wisconsin is enormous. This project advances the development of culturally appropriate adherence interventions for AAs with diabetes and focuses on specific behavioral constructs identified from our prior work to influence adherence. This project will utilize patient and community stakeholders to design and determine the feasibility and acceptability of an educational-behavioral intervention focused on addressing culturally informed illness and medication beliefs, self-efficacy, and medication adherence among African Americans with type 2 diabetes. AAs have a 25% lower adherence to diabetes medications than whites. Existing adherence interventions are sometimes ineffective for AAs because of their unique beliefs regarding disease and medicines, as well as low self-efficacy, which are not adequately addressed in interventions. Our long-term goal is to decrease diabetes-related morbidity among AAs by implementing culturally appropriate interventions to increase medication adherence.

PI: Andrea Gilmore-Bykovskyi, PhD, RN, School of Nursing
Title: Development of Tailored Approaches for Optimizing Research Engagement among Disadvantaged Patients with Alzheimer’s Disease and their Caregivers in Acute Care Settings

Collaborators: BerBeeWalsh Department of Emergency Medicine, UW Hospital; St. Joseph Hospital, Ascension Healthcare Wisconsin

Summary
Despite well-documented disparities in Alzheimer’s disease (AD) prevalence, incidence, treatment, and mortality, individuals from disadvantaged backgrounds (racial/ethnic minorities, low socioeconomic status) are disproportionately under-represented in clinical AD research. Current recruitment methods for AD research predominantly identify patients from outpatient and memory screening clinics, or with pre-existing dementia diagnoses. Research suggests that these methods create systematic barriers to including individuals from disadvantaged. Effective strategies for addressing these multi-faceted barriers to research participation are not available, and the overwhelming contribution of lack of access to routine outpatient care in these groups remains unaddressed. In response to this need, we propose to develop tailored recruitment strategies that are responsive to these barriers and can be initiated in acute care settings to facilitate improved research participation among disadvantaged individuals with AD and their caregivers.