

# Previously Funded Proposals D&I Pilot Award



## Dissemination and Implementation Research Pilot Awardees 2022-2024

Of Note: Due to the D&I Award length of 18 months and the WPP funding cycle of 3 years, D&I awards were not offered as a part of the 3<sup>rd</sup> annual funding cycle in 2024.

Year	Principal Investigator/s	Affiliation	Title
2023	Shivani Garg	SMPH Department of Medicine	Clarifying Misbeliefs About Hydroxychloroquine (HCQ): Developing an Individualized Decision Aid for Diverse Patients with Lupus (HCQ-IDEAL)
2023	Olayinka Shiyabola,	School of Pharmacy	Culturally Tailoring the Delivery of an Evidence-Based Diabetes Self-Management Program for Black Adults to Enhance its Reach, Adoption, and Implementation
2022	Funmi Abraham	School of Pharmacy	Disseminating and Implementing MedSMART Families in the Emergency Department: An Evidence-based Approach for Improving Opioid Safety Among Adolescents and Parents
2022	Beth Martin Betty Chewning	School of Pharmacy	Optimizing Medication Management by Older Adults Through the MedWise Rx Community-based Program

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## 2023 Awards

### ***Clarifying Misbeliefs About Hydroxychloroquine (HCQ): Developing an Individualized Decision Aid for Diverse Patients with Lupus (HCQ-IDEAL)***

**Shivani Garg, MD** – SMPH, Department of Medicine, Division of Rheumatology

**Collaborators:** Medical College of Wisconsin, UW Health and Meriter Rheumatology Clinics, Latino Health Council – Madison, UW Health – Pharmacy, Lupus Foundation of America, Lupus Support Group for Women of Color

**Summary:** Systemic lupus erythematosus (SLE or lupus) affects 1.8 million Americans and is the leading cause of early death and kidney failure in young Black and Latina women which can be prevented by improving hydroxychloroquine (HCQ) adherence. Yet, ~83% of SLE patients stop taking HCQ within the first year due to inflated fears of toxicity (such as rare eye toxicity) and a lack of understanding of HCQ's delayed onset and survival benefit in SLE. Moreover, Spanish-speaking patients have 2-fold higher nonadherence because of limited high-quality medical information available in Spanish. This alarmingly high nonadherence leads to 6-fold higher risk of lupus flares and 8-fold higher mortality with even worse outcomes in racially and linguistically diverse patients, thereby contributing to health disparities. Given striking gaps in patients' knowledge regarding the survival benefits of HCQ and higher risk aversion due to linguistic barriers, there is a critical need for a shared decision-making tool that highlights HCQ's significant benefits vs. rare risks to improve patients' understanding and align treatments with their values.

The current proposal will deliver an effective and scalable intervention with outcomes mapped to the RE-AIM framework to ensure adoption and sustainability across diverse clinic visits. These steps are pivotal for the next NIH multisite trial that will examine long-term SLE outcomes with systematic discussions facilitated by HCQ-SAFE in diverse clinics serving hard-to-reach populations. Our research directly advances the NIH's lupus mission by developing and standardizing the adoption of shared decision-making tools to optimize care and improve survival of all patients with lupus in Wisconsin and the US.

### ***Culturally Tailoring the Delivery of an Evidence-Based Diabetes Self-Management Program for Black Adults to Enhance its Reach, Adoption, Implementation, and Effectiveness***

**Olayinka Shiyabola, PhD** – School of Pharmacy

**Collaborators:** Wisconsin Institute for Healthy Aging, Grace Fellowship Church, YMCA of Metropolitan Milwaukee, UW Community Academic Aging Research Network (CAARN)

**Summary:** Diabetes is a leading cause of death in Wisconsin. More than 1,300 Wisconsinites die annually from diabetes and diabetes-related complications, including Black adults who suffer at higher rates compared to the total Wisconsin population. Contributing to this major disparity is that Black adults experience unique barriers that make them less likely to participate in evidence-based Diabetes Self-Management Education Programs (DSMP) which help people with diabetes navigate diabetes management. Healthy Living with Diabetes (HLWD) is a 6-week DSMP endorsed by the American Diabetes Association and Centers for Disease Control and Prevention, which improves participants' glycemic control and has led to a 53% reduction in emergency room visits. From 2013-2019, HLWD enrolled >5,000 participants across Wisconsin, however during that same

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timeframe, only ~41 Black adults participated annually, which represents 0.13% of the ~31,500 Wisconsin Black adults reporting diabetes each year. There is an urgent need to increase Black adults' participation in HLWD to reduce diabetes-related morbidity and mortality. To understand the barriers to low HLWD participation among Blacks in Wisconsin, we conducted interviews, focus groups, and design thinking stakeholder meetings. We found two major barriers: (1) limited trust between the HLWD facilitator and the Black community, and (2) lack of a culturally relevant approach to facilitating HLWD workshop, due to the limited capacity of the facilitator to tailor HLWD content. Strategies proposed from this prior work included enhancing the cultural relevance of HLWD and tailoring the delivery of HLWD to Black adults. Hence, we will use an asset-based community approach to improve engagement in HLWD by increasing the number of Black facilitators to enhance the visibility of HLWD in Black communities. Additionally, we will provide training and guidance to Black facilitators who will culturally tailor the content.

## 2022 Awards

### ***Disseminating and Implementing MedSMART Families in the Emergency Department: An Evidence-based Approach for Improving Opioid Safety Among Adolescents and Parents*** Funmi Abraham, PhD – School of Pharmacy

**Collaborators:** UW Health BerbeeWalsh Department of Emergency Medicine,

**Summary:** Medical and nonmedical use of prescription opioids during adolescence is a risk factor for opioid misuse later in life and is associated with an increase in substance-related morbidity. Studies have found that prescription opioid misuse is the cause of the most significant injuries and the highest number of pediatric emergency department (ED) admissions. EDs frequently care for individuals who need to be prescribed opioids, yet no preventative interventions have been implemented in EDs to educate the adolescent population and their families about safe and appropriate use of opioid medications.

Recent studies on pediatric opioid prescribing practices found that almost half of pediatric opioid prescriptions were categorized as high-risk. In one study, over 50% of teens reported that they could easily obtain prescription drugs from their parents' medicine cabinet, and only one-third of teens believed it is hard to obtain prescription opioids. Adolescents report parents as useful resources for opioid safety information; however, parents and other family members feel uncomfortable talking to their children about opioid safety and/or do not possess the skills to do so. Our intervention, MedSMART Families™, is the first and only intervention to utilize game-based learning and a family medication safety plan (FMSP) to empower parents and healthcare professionals to proactively reduce opioid misuse. MedSMART Families is an evidence-based digital health intervention informed by human factors engineering and stakeholder-engaged participatory design which incorporates a mobile serious game in conjunction with a digital FMSP. This novel intervention can be used as an interactive tool to promote opioid education and facilitate proactive communication among adolescents, parents, and healthcare staff

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## ***Optimizing Medication Management by Older Adults Through the MedWise Rx Community-based Program***

**Beth Martin, PhD** – School of Pharmacy

**Betty Chewing, PhD** – School of Pharmacy

**Collaborators:** Aging and Disability Resource Center (Calumet, Outagamie, Waupaca Counties; Eau Claire; Kenosha County; Southwest WI), Village of Greendale, UW Community Academic Aging Research Network (CAARN)

**Summary:** The health and economic toll of medication errors by older, community dwelling adults is substantial. Adverse drug events are a major cause of falls, morbidity, hospitalization, loss of independence and death for older adults. In response, the Centers for Medicare and Medicaid Services began reimbursing pharmacists to conduct Comprehensive Medication Reviews for Medicaid Part D recipients. Research consistently documents how older adults are less likely to be active partners in their healthcare encounters, and only 8% reportedly receive comprehensive medication review (CMRs) from a pharmacist. In partnership with CAARN and state Aging and Disability Resource Centers (ADRCs), our long-term goal is to disseminate Med Wise Rx as a national evidence-based program to help older adults safely talk about and manage their medications and remain independent in their communities. This research will evaluate a virtual delivery format for Med Wise Rx and its impact on increasing the number of older adults seeking CMRs. Using the RE-AIM Framework and feedback from ADRC leaders and participants, we seek to enhance the dissemination of Med Wise Rx while retaining its program fidelity.

Through our partnership with statewide ADRCs, our objectives are to: (1) refine strategies to disseminate and implement the Med Wise Rx program through enhanced digital delivery; (2) develop a facilitator training program that maximizes Med Wise Rx delivery fidelity in its new format; (3) evaluate the reach, effectiveness, adoption/acceptability, implementation/enactment and maintenance of the Med Wise Rx program delivery. By so doing we aim to refine Med Wise Rx for sustainability and dissemination and strengthen its distribution network.

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