



Community & Cancer Science Network

A transdisciplinary team approach to understanding cancer disparities in the transgender/nonbinary population



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BACKGROUND

Little data is available about the impact of cancer in the transgender and nonbinary population. However, several known contributors to cancer health disparities- including low SES and discrimination- disproportionately impact transgender and nonbinary (TNB) individuals.

To effectively address, we must engage those with diverse expertise including knowledge of biology, behavior, and the socio-cultural and physical environments.

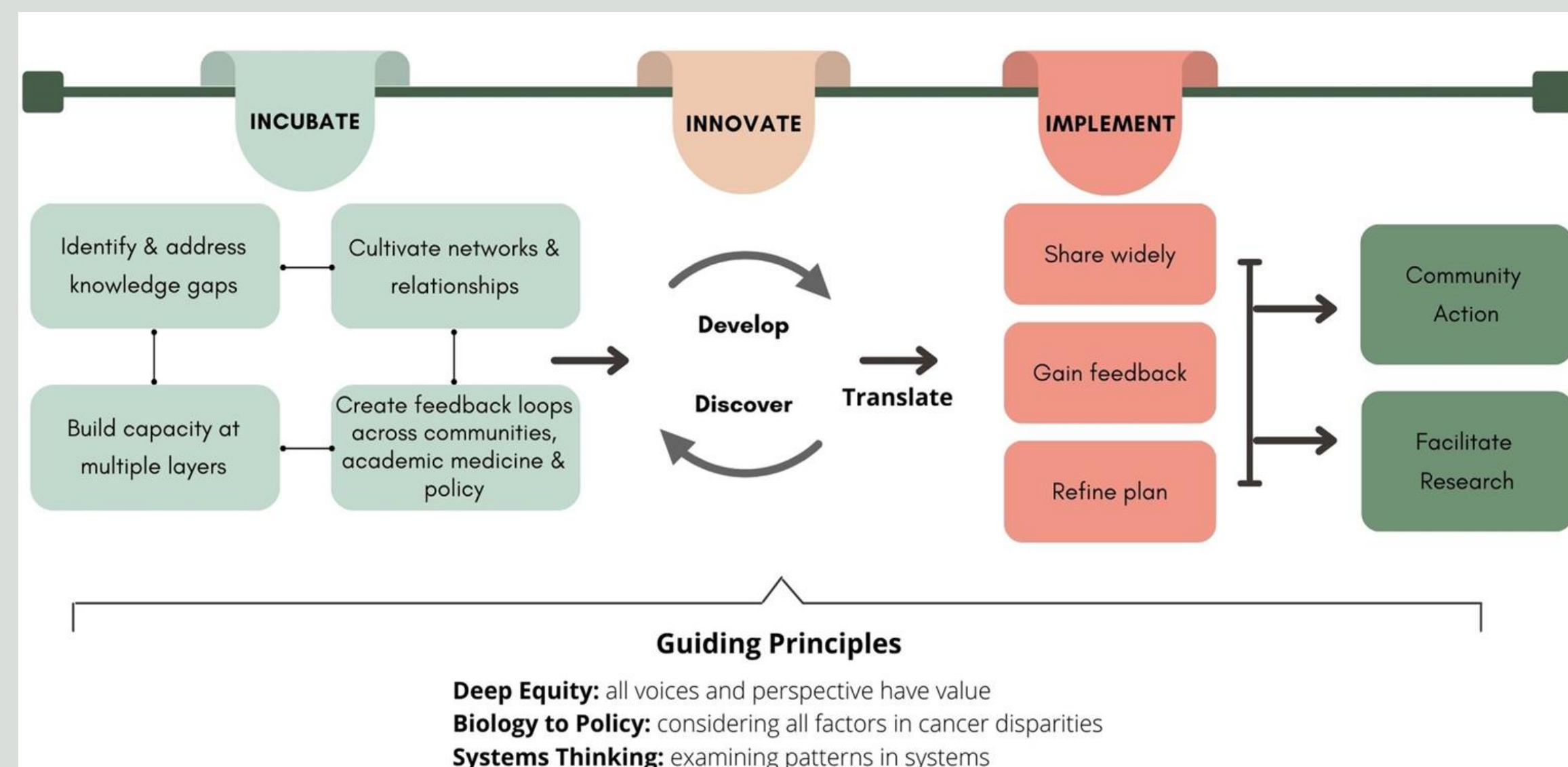
We propose a transdisciplinary (TD) work group with diverse cultural, social and scientific contexts that engages in a collaborative process that

- facilitates openness, respect and trust,
- bridges any gaps in understanding between community and academic partners,
- grows capacity to collaborate, and
- builds knowledge to create a social action and research agenda, including patient-centered and comparative effectiveness research to reduce TNB cancer disparities.

With the Froedtert & MCW Inclusion Health Clinic, a primary and specialty care clinic focused on the LGBTQ+ community, we are adapting our approach from previous work of the **Community and Cancer Science Network (CCSN)**. CCSN, is a transdisciplinary network focused on addressing statewide cancer disparities through authentic and sustainable collaborations between academia and community in Wisconsin.

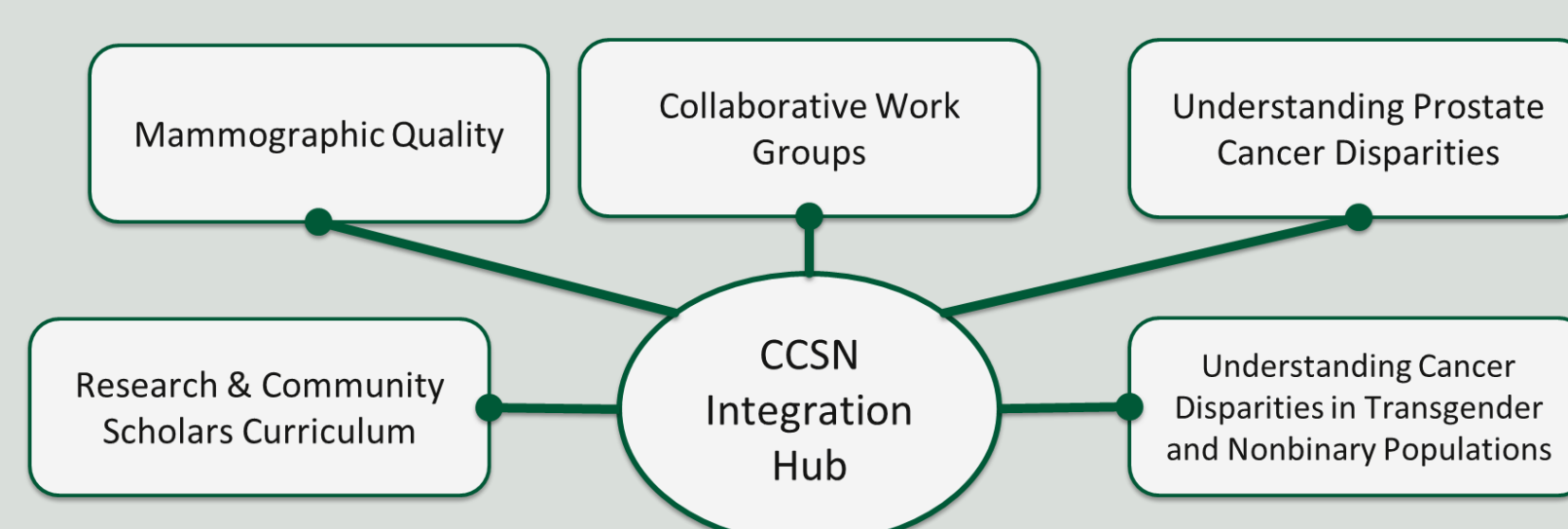
CCSN is grounded in three principles: deep equity, systems thinking, and the integration of biology to policy perspectives.

CCSN INITIATIVE FRAMEWORK



Now in its fourth year, CCSN encompasses five projects guided and supported through the transdisciplinary framework by a leadership structure, known as the Integration Hub.

CCSN Projects



The projects are:

- 1) **Research & Community Scholars** - a curriculum for biomedical researchers and community members to address mistrust and misunderstandings of disparities;
- 2) **Mammographic Quality** - development of a shared measurement system to improve mammographic quality;
- 3) **Collaborative Work Groups** - design and implement community-based action plans to address breast and lung cancer disparities;
- 4) **Understanding Prostate Cancer Disparities** - workgroup explores the potential causes and solutions for prostate cancer disparities in the state.
- 5) **Understanding Cancer Disparities in the Transgender/Nonbinary Population**

Aim 1: Create a TD team with diverse expertise in basic/laboratory, clinical, and population health research and the TNB community members, community-based organizations, and health clinics serving TNB populations.

TD team with diverse expertise

Stakeholder map

CCSN STAKEHOLDER NETWORK ANALYSIS
Mapping of Perspectives for TD Team: Understanding cancer disparities in the transgender & non-binary population

Given: Southeastern Wisconsin, adult

	Community (4) - trans-community voices/centrality of role is in trans community	Provider in Community (3) - centrality of role is in services, clinical care, programming, advocacy/access	Academic/Medicine/ Researchers (4) - centrality of role is in basic, clinical, translational research
Must Have - our team must have these voices	<ul style="list-style-type: none"> • Cancer survivor from trans community/non-binary population and/or caregiver/survivor ("I" or "we" went through this) • Grassroots/Mutual Aid or community-driven support 	<ul style="list-style-type: none"> • NP, MD, DO (gender-affirming care) • Primary Care • One NP • One OB/GYN in gender-affirming care • Oncology • Mental Health provider 	<ul style="list-style-type: none"> • Dual Clinical/Research Role • Primary Care • Oncology • Basic Science • Inclusion Clinic, Endocrinology or Gender-affirming Space • Population/ health services researcher
Should Have - our team should have these voices, or we will intentionally seek their input	<ul style="list-style-type: none"> • Interfaith • Community-serving organization with focus on trans/non-binary community • Multiple body/health issues • Member of transgender/non-binary population 	<ul style="list-style-type: none"> • Surgeon (from MCW/Froedtert) • Pharmacist • Health policy/health care policy • Healthcare navigator • Social work (could fill other roles) 	
Could Have - If we can seek this input or voice, we will	<ul style="list-style-type: none"> • Diverse and resilient (specific: Milwaukee community-based non-profit) • Milwaukee LGBT Community Center (specific: Milwaukee community-based non-profit) • Legal/human rights 	<ul style="list-style-type: none"> • Marketing and Communications • Hospital Administration • Billing • Legal/healthcare • Providers outside of SE WI rural issue 	<ul style="list-style-type: none"> • Researchers outside of SE Wisconsin who might be doing similar work • MCW graduate school leadership • MCW medical school leadership • MCW pharmacy school leadership

TD team: members of the team do not include Leadership team members

Hosted webinar; link on community partner website, outreach in newsletter and social media

Identify researchers with an interest/work on topic



- ✓ Geographic diversity
- ✓ Age diversity
- ✓ Gender diversity
- ⚡ Racial/Ethnic diversity

Team leaders:

1 non-profit leader & clinician researcher

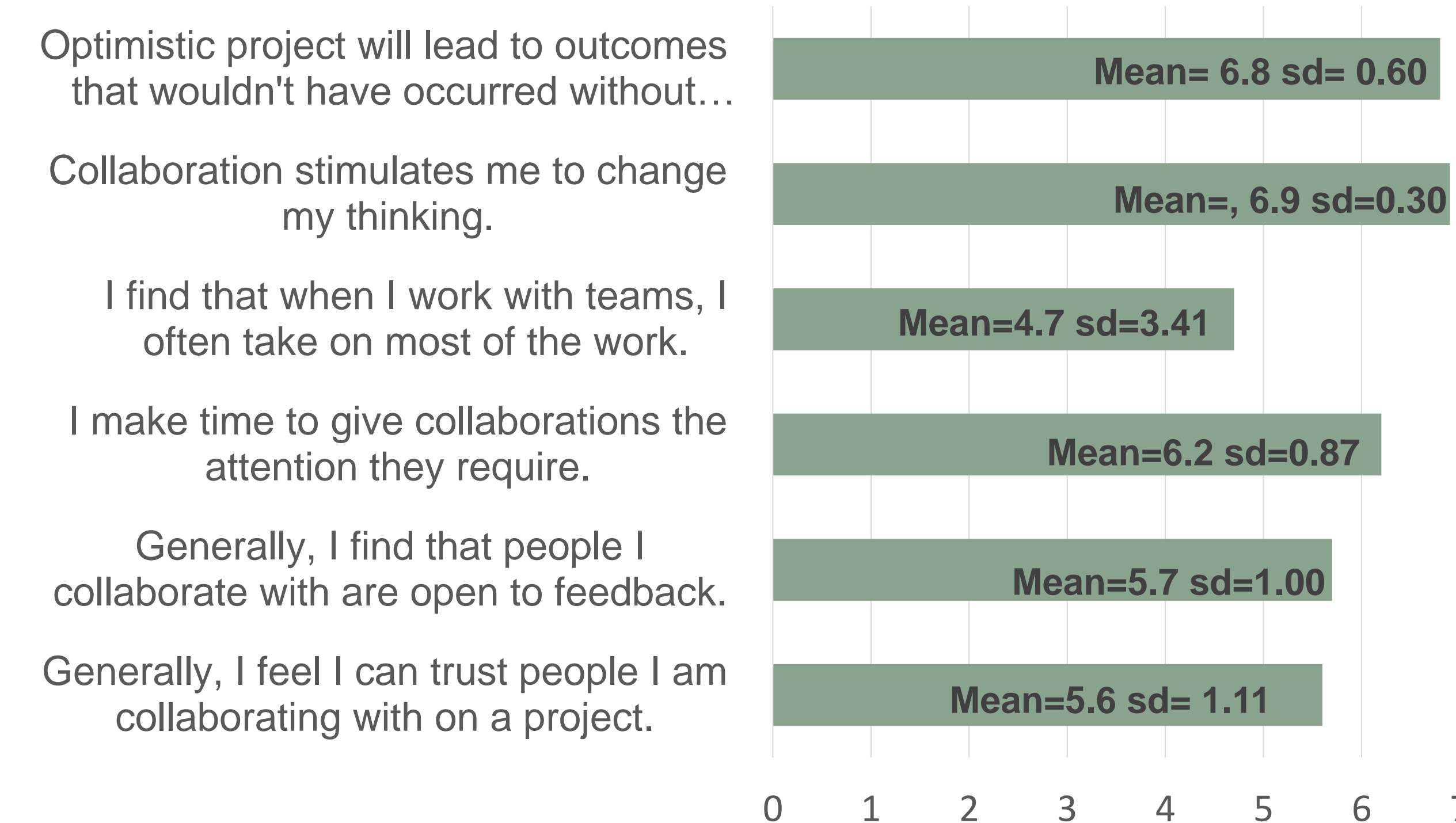
Team members

4 community members
4 health care providers
(1 community provider; 3 from Inclusion Health Clinic)
3 researchers

Collaboration Readiness Survey

A 12-Item scale that examines an individual's perceptions and beliefs about collaboration.¹ Adapted from the Transdisciplinary Tobacco Use Research Centers (TTURC) Initiative Researcher Survey.

Sample Collaboration Readiness Items (n=10, range = 1=7)



FUTURE DIRECTION

- Test tools. Standardize, and create toolbox for future work
- Following development of final plan, determine partners for future collaborations, secure funding, and implement solutions.

Sources:

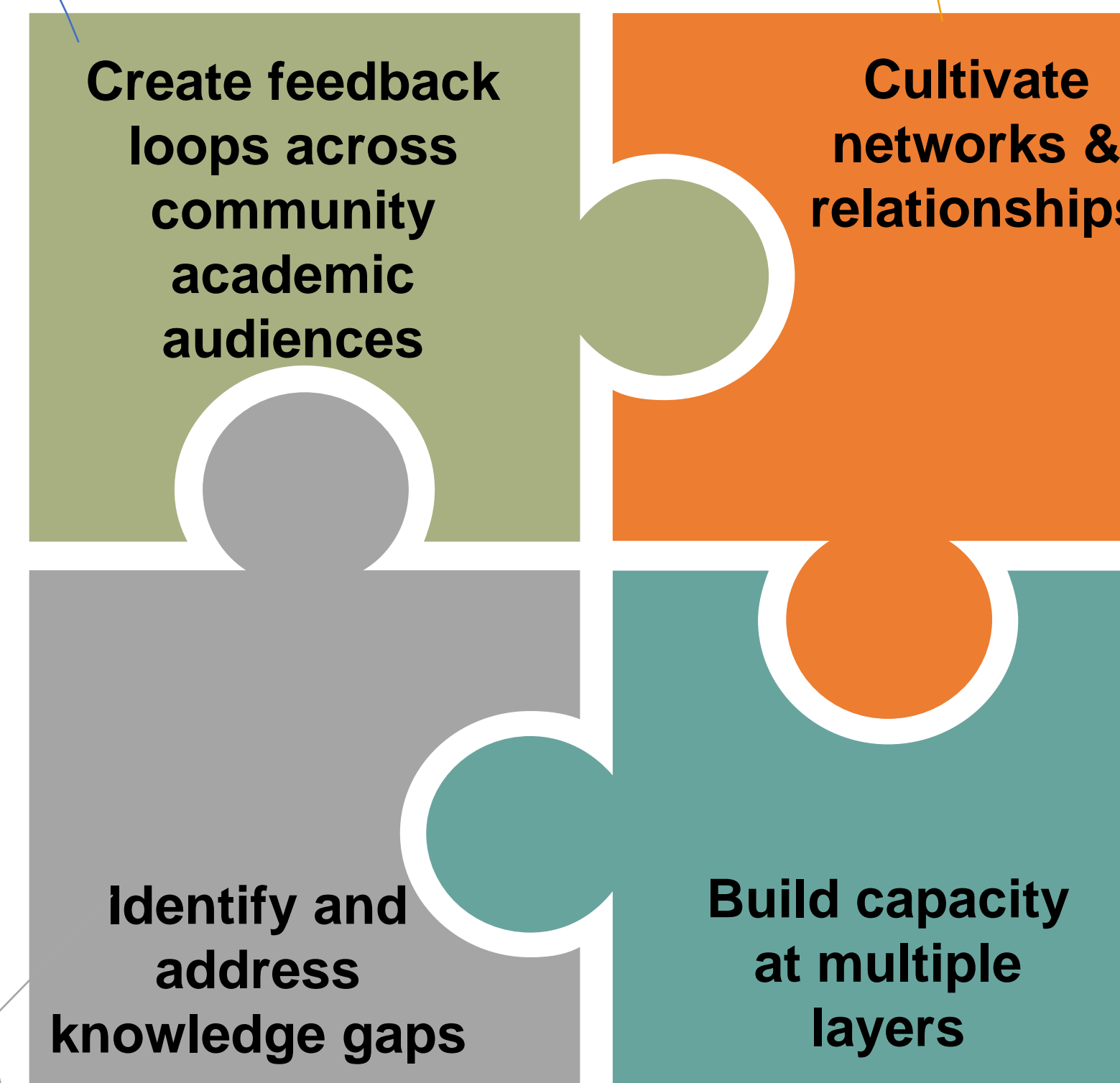
1. Mâsse LC, Moser RP, Stokols D, Taylor BK, Marcus SE, Morgan GD, Hall KL, Croyle RT, Trochim WM. Measuring collaboration and transdisciplinary integration in team science. Am J Prev Med. 2008 Aug;35(2 Suppl):S151-60. doi: 10.1016/j.amepre.2008.05.020. PMID: 18619395.

Aim 2: Facilitate engagement across disciplines to co-learn and generate a conceptual model of cancer disparities among TNB populations and co-create a PCOR/CER agenda

INCUBATE

Host discussion sessions with community and academic audiences; share information with team

Build team cohesion through ice breakers/informal conversations during team meetings



Conduct root cause analysis of cancer disparities with team

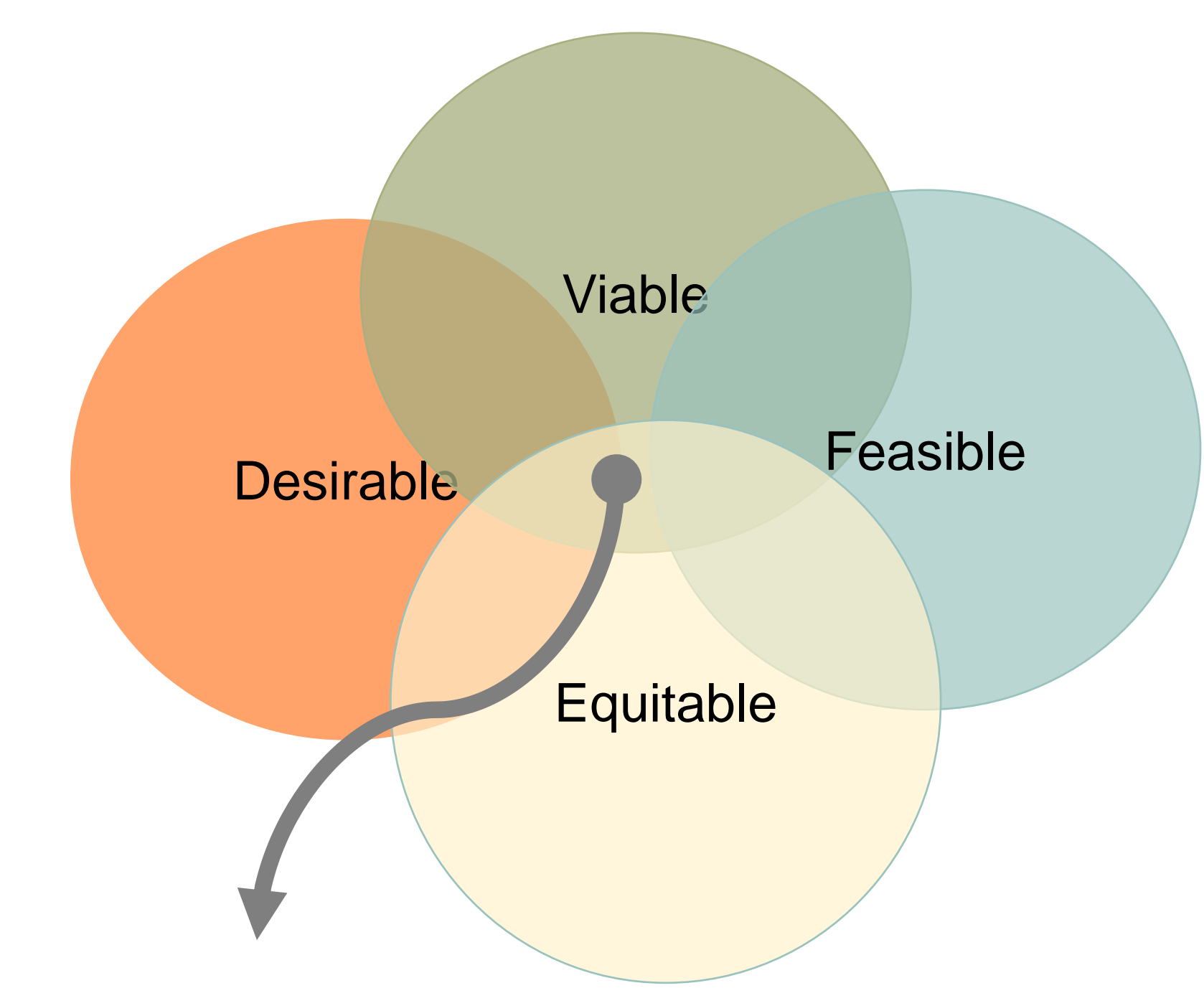
Developing equitable collaboration skills; Sharing resources

INNOVATE

Determining a Solution/Strategy

Team uses data produced during Incubate phase to brainstorm solutions.

Potential solutions are assessed through a strategy screen.



Does this "solution" reduce disparities?
Can this "solution" be implemented in alignment with our values?
Can we measure outcomes?
What are the opportunities for innovation and scaling
Do we have the capacity at all necessary levels to implement this "solution"?
Do we have a clear understanding of what is required to implement?

IMPLEMENTING OUR PRINCIPLES:

Deep Equity

Deep Equity:

All voices and perspectives have value

- Sharing leadership
- Frequent introductions including pronouns
- Opportunities for different ways of sharing – verbal, written, anonymous
- Material provided in advance
- Notes and recordings shared after meeting
- Collectively decide group norms

Integrating Biology to Policy

Integration of biology to policy:

Consider all factors

- Engage perspectives not on the team
- Facilitate discussions and connections between team members
- Create and revisit root causes of cancer disparities analysis
- Involve all in the discussion
- Ask questions

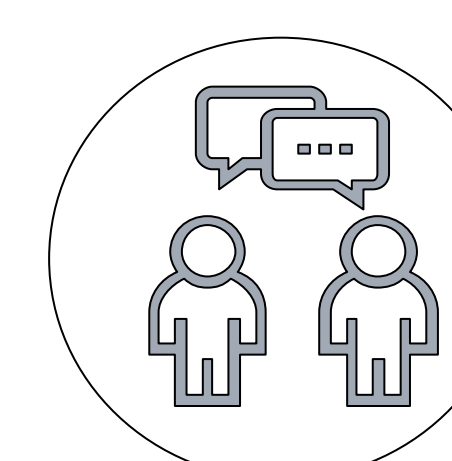
Systems Thinking

Systems thinking:

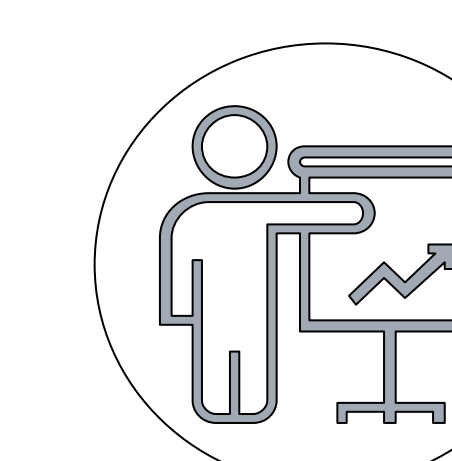
Examining patterns

- Asking why
- Consider and explore connections
- Surface and test assumptions

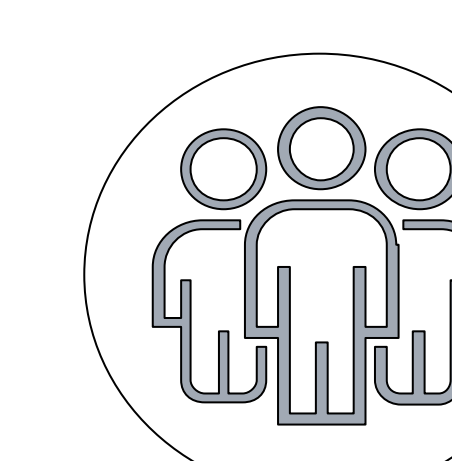
Aim 3: Disseminate the team's social action and research plan in community town halls and in clinical and academic settings.



Draft Plan: TD team will incorporate potential social and research solutions in a draft plan



Town Halls/Grand Rounds: The plan will be shared and feedback sought; feedback incorporated in final plan.



Refine Plan: Final plan will include action items for the team to advance work including securing funding.

This program is funded through a Patient-Centered Outcomes Research Institute (PCORI) Eugene Washington PCORI Engagement Award (EA #25591).

Disclaimer:

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