



**MEDICAL
COLLEGE[®]
OF WISCONSIN**

**COMPREHENSIVE
INJURY CENTER**

Comprehensive Injury Center

Impact Report 2025



Letter from the Director

Dear Colleagues, Partners, and Friends,

As we reflect on the noteworthy body of work accomplished over the last year, I am filled with immense pride and gratitude for our collective accomplishments. Despite turbulent and unpredictable challenges to research, the Comprehensive Injury Center (CIC) continues to grow in reach and impact—advancing injury prevention and control through research, education, community partnership, and programming.

Our designation as a CDC-funded Injury Control Research Center (ICRC) highlights the importance of injury science nationally and also the importance of the work happening here at the Medical College of Wisconsin. This designation places us among a select group of centers across the country committed to reducing injury and violence through research, training, community collaboration, and innovations that translate evidence into action.

At the core of our work is the CIC's vision for a healthier and safer community for all. This principle guides us to prioritize the well-being of our communities and anchors every program, project, and partnership represented in this report. None of our achievements would be possible without the dedication of our collaborators, advisory board members, community partners, colleagues, and stakeholders across Wisconsin and beyond. We are appreciative of your trust in us and will continue to hold your partnership as an invaluable component central to the core of our operations.

Injury remains the leading cause of death in the US and therefore, a pressing public health concern—but it is one we have the power to prevent. I am grateful for your continued partnership and excited for what we will accomplish in the year ahead.



With gratitude,

A handwritten signature in black ink, which appears to read "Terri deRoos-Cassini". The signature is fluid and cursive.

DR. TERRI A. deROON-CASSINI, PhD, MS

Director

Comprehensive Injury Center



Major CIC highlights
and accomplishments

\$8 million

IN SPONSORED GRANTS AND
PROGRAMS BROUGHT IN
(APPROXIMATE)

\$3.7 million

IN AWARD OPPORTUNITIES IN
FY25 (APPROXIMATE)

209

PUBLICATIONS IN 2025



The CIC developed a Community Advisory Board comprised of eighteen community leaders with expertise and lived experience that provides valuable feedback and input to advance the CIC's mission and impact.

The CAB has fostered new collaborations, created a research dissemination process and resource map, generated new research partnerships, and supported meaningful community-facing efforts.

We are beyond appreciative and proud of their contributions impacting the CIC and the greater community.

CIC Organizational Structure

CIC LEADERSHIP



**TERRI deROON-
CASSINI, PhD, MS**
Professor, CIC Director



MICHAEL LEVAS, MD, MS
CIC Associate Director



JENNIFER M. HARRIS, MEd
CIC Deputy Director



ERIK VAN NEWENHIZEN
CIC Department
Administrator

CIC ADMINISTRATIVE TEAM



JOHN EMMITTE
Grant Operations
Coordinator



HEIDI GREMMER, BS
Senior Business
Operations Coordinator



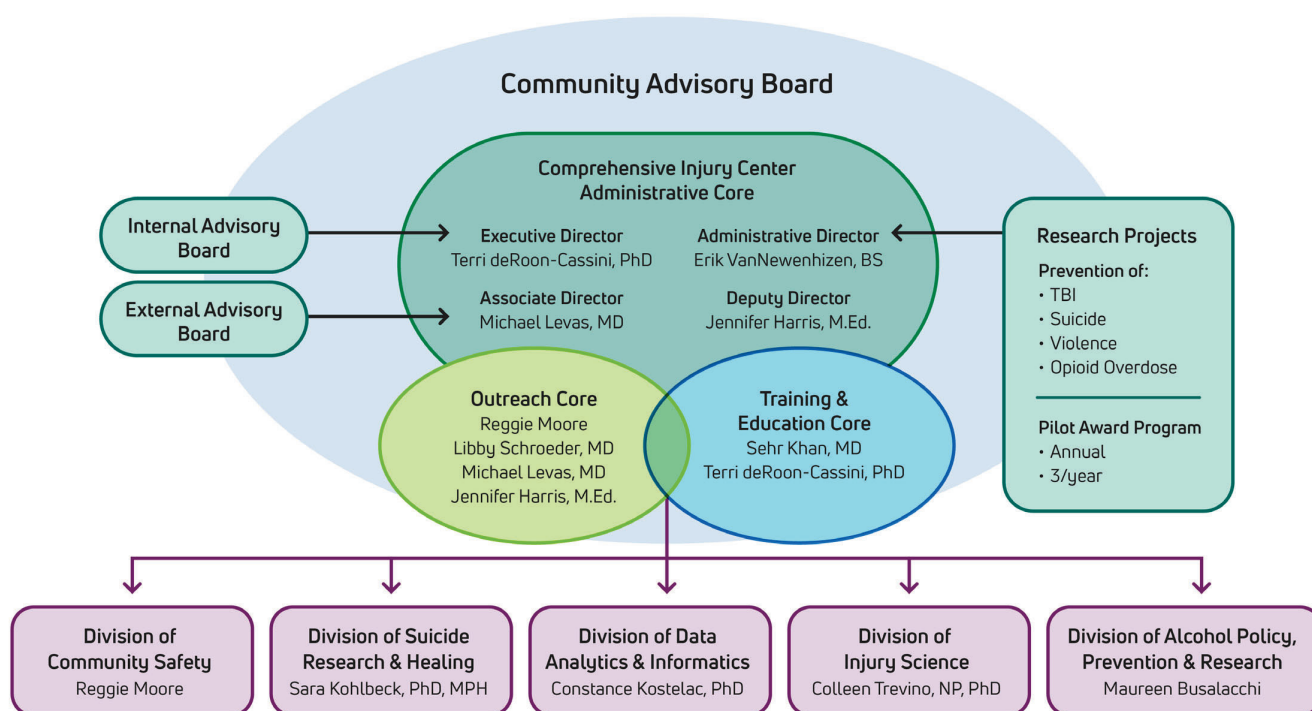
HOLLY L. HOHNER
Program Associate



ALISON MOLITOR, MPH
Communications
Consultant

Cores

As an organizational structure, the CIC functions with three cores – administrative, education, and community outreach. Each of these cores informs and guides the broader work of our center.



Administrative Core

The Administrative Core supports the CIC's goals and objectives by providing the leadership, oversight, and infrastructure necessary to oversee the administrative functions of the center. This includes integrating and facilitating center activities around research, education and training, outreach, and translation. It also provides fiscal and resource management, allowing for the prudent use of resources and assuring compliance with rules and regulations. The Administrative Core works with the Community Advisory Board – developed by the Outreach Core – to center the work of the CIC in health equity by addressing injury disparities and injury-related priorities defined by the community. Additionally, the Administrative Core convenes internal and external advisory committees to provide strategic guidance that ensure that CIC activities and direction match emerging trends in the field of injury and violence prevention.

The CIC's current structure includes five divisions that reflect the work for our center. The lead of each Division, the co-leads of each Core, and the Administrative Core team comprise the Leadership Council of the CIC. Together, the Leadership Council provides support to the PIs conducting the research projects and will ensure that all efforts center health equity as their primary guiding principle. Including the co-leads of our Cores in the Leadership Council helps integrate the work of the Cores and the individual research projects into the overall center's activities.

The Administrative Core also monitors and evaluates progress toward achieving the overall goals and objectives of our CDC-funded center. This involves tracking metrics for success, including publications in peer-reviewed journals (including those publications that inform policy), seed project successes, community engagement activities, success with extramural funding, educational offerings, as well as preparing and publishing annual reports to CDC.

Finally, the Administrative Core manages a revamped injury prevention and control Seed Funding Research Program to assist researchers, particularly early career investigators, in advancing the science of injury disparities, and advise on the analysis of pilot data that will lead to larger federal grant applications that strengthen injury prevention and control science. This allows the CIC to fund three \$25,000 pilot grants annually (for a total of 15 new projects over the five years) that are required to have a focus on injury disparities.

CORE LEADS:



TERRI deROON-CASSINI, PhD, MS
Professor, CIC Director



MICHAEL LEVAS, MD, MS
Professor, CIC Associate Director



JENNIFER M. HARRIS, MEd
CIC Deputy Director



ERIK VAN NEWENHIZEN
CIC Department Administrator

Outreach Core

The Outreach Core focuses on the reduction of the burden of injury among vulnerable populations in Milwaukee and across Wisconsin. This is achieved by intentionally and actively collaborating with community partners, public health agencies, and healthcare systems to identify and reduce disparities in the burden of injury. The CIC has expanded its outreach efforts by developing active partnerships with health departments and community organizations to improve community safety and health.

The Outreach Core Leadership oversees the Community Advisory Board (CAB) outreach team. The team consists of community members representative of populations in Wisconsin who experience injury-related health disparities or are at risk for health disparities related to injury from municipalities across the state who have the highest burden of suicide, gun violence, opioid overdose, and traumatic brain injury as determined by the Wisconsin county health rankings. The goals of the CAB include:

- Providing CAB members with opportunities to gain skills in injury prevention, research, and evaluation of injury prevention programming
- Informing the CIC of community values and norms
- Sharing their community's unique history
- Providing accurate information about the community
- Helping to make decisions that become part of the goals and activities of the CIC
- Sharing ideas, perspectives, and opinions about programming and dissemination of findings

Other goals of the Outreach Core include:

- Disseminating research findings and sharing injury data broadly to support injury prevention and control policies and strategies that target and reduce injury disparities.
- Providing technical assistance (TA) and research assistance (RA) to communities across the state vulnerable to injury disparities.
- Leveraging the Data and Surveillance Capabilities of the CIC to further support efforts of reducing injury disparities.

CORE LEADS:



MICHAEL LEVAS, MD, MS

CIC Associate Director



REGGIE MOORE

Director of Community Safety
Policy and Engagement



JENNIFER M. HARRIS, MD

CIC Deputy Director



LIBBY SCHROEDER, MD, MS

Associate Professor, Chief
Medical Officer, Froedtert Hospital

Training and Education Core

Currently, the CIC organizes and supports the training of medical and graduate students in injury-related topics across the MCW campus. The ICRC funding has allowed the CIC to further expand these efforts by developing, implementing, and evaluating multi-disciplinary and cross-disciplinary training and education that will reach multiple audiences in the community engagement, research, public health, and clinical aspects of injury science.

Key activities in this core:

- Summer Injury Prevention Institute
- Hargarten Injury Research Fellowship
- Development and implementation of trauma-informed care curriculum at Froedtert Hospital for staff providers
- Injury-related didactics and course offerings for learners on MCW campuses and other local campuses
- Mentorship of medical and pharmacy students, residents, and fellows in injury-related scholarly activities
- Mentorship of graduate students in injury-related field placements, capstone projects, theses, and dissertations
- Mentorship of junior faculty in injury-related research to support career development
- Support of field placements and capstone work at the CIC for mentored injury research or evaluation projects
- Enhancement of educational opportunities for trainees to be exposed to injury science
- Development of annual summer injury symposium
- Host grand rounds, lectures, webinars, and podcasts on injury prevention and control
- Host community townhalls on injury prevention and control
- Engaging in collaborative inquiry with community to address injury priority topics
- Providing Stop the Bleed training for locations in Milwaukee with clustering of violence

CORE LEADS:



SEHR KHAN, MD
Assistant Professor



TERRI deROON-CASSINI, PhD, MS
Professor, CIC Director



HEIDI GREMMER, BS
Senior Business
Operations Coordinator

Division of Alcohol Policy, Prevention, & Research

The Division of Alcohol Policy, Prevention, and Research supports policy, systems, and environmental change that prevents and reduces excessive alcohol use and its associated harms in Wisconsin.

Through a cross-disciplinary and cross-institutional approach, the Division seeks to work with other departments at MCW, other academic institutions, and coalitions across Wisconsin to prevent and reduce excessive alcohol use in the state. It also examines the effectiveness of current alcohol policies, recommend prevention-focused policies for implementation at the local level, and ultimately change the alcohol environment in the state.

STAFF:



MAUREEN BUSALACCHI
Director of Alcohol Policy,
Prevention, and Research



**FELICE BORISY-
RUDIN, JD, PhD**
Assistant Professor

Project Highlight

Within the Division, the Wisconsin Alcohol Policy Project (WisAPP) supports prevention work related to reducing excessive alcohol use with training, tools, and technical assistance. They support local elected leaders, public health professionals, and others as they identify local alcohol-related issues and implement policies to address them. One of WisAPP's main initiatives is Alcohol Age Compliance Checks (AACCs).



AACCs are operations where an underage young adult, aged 18-20, works with a law enforcement agency by attempting to purchase alcohol using their own ID or without any ID with support from public health and/or prevention coalitions. If the youth completes an alcohol purchase, the law enforcement agency issues a citation to the individual (clerk, cashier, bartender, server, waiter, etc.) who sold the alcohol. Retailers are notified in advance in writing that checks will occur. Compliance checks are best performed at least every six months at both on premises (e.g., restaurants, bars, taverns, movie theaters, etc.) and off-premises retail alcohol businesses (e.g., supermarkets, groceries, liquor stores, convenience stores, gas stations, etc.). Businesses that pass can receive positive publicity, while businesses that fail need to improve their ID checking practices. Two failures and a business may face licensing consequences. In 2025, WisAPP recorded over 600 AACCs.

Community of Practice (CoP): Strengthening Alcohol Age Compliance Checks for Safer Communities

WisAPP has been supporting a Community of Practice (CoP) that brings together coalitions and health departments engaged in AACCs. This collaborative space has strengthened shared understanding of how AACCs are implemented, while also fostering stronger partnerships among public health professionals, law enforcement, and alcohol retailers. Through regular dialogue, CoP participants exchange practical strategies and lessons learned. One key area of focus has been navigating compliance checks in nontraditional settings—such as festivals, fairs, and waterparks—where alcohol access can be less controlled. These environments are important to address because they are locations where youth may be more likely to obtain alcohol.

From an injury prevention perspective, reducing underage access to alcohol is critical. Youth who drink often consume large quantities in short periods, increasing their risk for injuries, assaults, impaired driving incidents, and other negative outcomes, including contact with law enforcement. By strengthening enforcement strategies and improving retailer compliance, communities can reduce these risks and prevent harm before it occurs.

Ultimately, the CoP supports a shared goal: creating environments where community members—especially young people—can gather, celebrate, and have fun safely. By aligning enforcement, prevention, and education efforts, communities are building safer spaces that reduce alcohol-related harms and promote health and well-being.

Division of Community Safety Policy & Engagement

The Division of Community Safety Policy and Engagement works to advance public health solutions for the prevention of violence through strategies that promote health equity and community well-being. They do this work by:

- Working with local, state, and national partners to enhance their capacity for advancing policy, research, and practice in the areas of community safety and violence prevention
- Increasing knowledge regarding the impact of intentional injury and violence and strategies to address it
- Facilitate public and private investment to support public health approaches for community safety and violence prevention

STAFF:



REGGIE MOORE

Director of Community Safety Policy and Engagement



ANN MCCULLOUGH, MA

Statewide Community Safety Program Manager



TRISTAN GROSS

Education Program Coordinator III



AMALIA CABIGAS-BUSTAMANTE

Program Coordinator



Project Highlight

The Community Violence Intervention and Prevention Initiative (CVIPI) is designed to:

- Enhance the capacity of community violence intervention (CVI) programs in Wisconsin
- Increase their ability to serve individuals at high risk of community violence through evidence-informed strategies
- Enhance support for personal and professional development of CVI team members with a focus on communities carrying the highest rates of community violence.

This round of funding is supporting the second cohort of grantees through the CIC Wisconsin Community Safety Fund (WCSF). The WCSF pairs funding with a robust training and technical assistance (TA) package to build a statewide network of organizations addressing violence as a public health issue.

Organizations receiving funding through CVIPI are engaging in a structured capacity-building process designed to strengthen their CVI programming. The process includes six key steps:

1. Conducting a needs assessment
2. Identifying and understanding opportunities
3. Identifying capacity constraints
4. Creating logical and effective solutions
5. Taking actionable steps
6. Evaluating results

Organizations will:

- Receive individual TA plans designed to improve policy, process, and practices and track progress
- Participate in regular training opportunities to support professional development and standardization
- Gather as a cohort for community of practice and peer exchange sessions, leveraging collective knowledge to improve practices

The following organizations received funding through CVIPI:

- Asha Family Services, Inc.
- Focused Interruption, Inc.
- SAFE Haven of Racine, Inc.
- Uniting Garden Homes, Inc.
- WestCare Wisconsin

The performance period of this award runs through September 30, 2027.

This funding is supported by the Bureau of Justice Assistance (BJA), Office of Justice Programs (OJP), US Department of Justice (USDJ) Grant No 15PBJA-24-GK-03113-CVIP through the FY24 Community Based Violence Intervention and Prevention Initiative (CVIPI) Site-Based Grant Category 4: CVIPI Capacity Building for CBOs via Intermediary Organizations; therefore, the opinions, findings, and conclusions or recommendations expressed in this publication are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

414LIFE Staff



LYNN LEWIS, MSW, APSW
414LIFE Program Director



MARK BRIGGS
Hospital Responder
Supervisor



DORIAN TELLIS
Community Program
Coordinator II



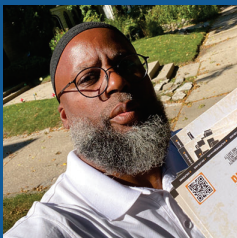
COREY DENTON
Lead Violence
Interrupter



AMIR GROOMS
Outreach Lead



TERRY O'KELLY, JR.
Violence Interrupter
Supervisor



**JAMES "MAHMOOD"
WATKINS**
Community Violence
Interrupter



DAVID SINCLAIR
Outreach Supervisor



**TAMECIA "SHAY"
GORDON**
Hospital Responder
Supervisor



MORRIS KROMAH
Hospital Responder



KRYSTAL LEE
Hospital Responder



TARA O'KELLY
Outreach Worker



JAMES
"COMPTON" PRICE
Violence Interrupter



AISHA RENT
Hospital Responder



SHARQUILLE
"AKIL" RHODES
Violence Interrupter



VERLIN WALKER
Outreach Worker

414LIFE is a community-driven violence interruption program that treats gun violence as a public health issue. They engage community members as violence interrupters to mediate conflicts and prevent retaliatory violence. The program also provides support to survivors of gun violence and their families.

Division of Data Analytics & Informatics

The Division of Data Analytics and Informatics provides data, analytical, and research support to initiatives across the divisions of the CIC, along with academic, agency, and community partners. Their research and evaluation work informs program and policy implementation in support of a healthier and safer community.

STAFF:



CONSTANCE KOSTELAC, PhD, MS

Assistant Professor, Director of
Data Analytics and Informatics



CARISSA TOMAS, PhD

Assistant Professor, Deputy Director
of Data Analytics and Informatics



KAYLIN M.B.

CAMPBELL, MA
Data Analyst Coordinator



SHANE HUANG

Biostatistician



KARA KALLIES, MS, PhD

Postdoctoral Researcher



ROBERT MACKENZIE, MA

Research Analyst



PRANJAL SRIVASTAVA, MS, BDS

Biostatistician I



TAJAMMAL YASIN

MSW Program Evaluation Manager



Project Highlight

Violence Response Public Health and Safety Team (VR-PHAST)

The Violence Response Public Health and Safety Team (VR-PHAST) was established in response to the high levels of violence in Milwaukee as a point of coordination and collaboration with a focus on addressing violence as a public health issue. The mission is to reduce the impact of firearm violence and homicides on individuals, families, and communities across Milwaukee County by implementing strategies that span multiple levels of prevention. This multisector team includes a broad spectrum of partners including, but not limited to, public health, local violence intervention, fire/EMS, community-based organizations, health and human services, law enforcement, and criminal justice agencies, among others.

A significant portion of supporting the work involves analyzing data from a variety of sources to better understand current and emerging trends in violence, factors related to changes in the prevalence and characteristics of violence, along with the needs and gaps in resources available for response to incidents occurring across the city and the county. Data were used to create a focus area and micro hotspots based on the highest concentration of homicides and nonfatal shootings in the city. This is a key approach to understanding and addressing violence and tracking changes by geographic area over time. VR-PHAST is part of the implementation of Milwaukee's Blueprint for Peace, a community-driven initiative designed to address and reduce multiple forms of violence, specifically supporting Goal 6: Strengthen Capacity and Coordination of Violence Prevention Efforts. By working collaboratively, all partners can better utilize their limited resources to improve health and safety within the community.

Division of Injury Science

The Division of Injury Science advances research and programmatic work that increases the understanding and awareness of factors that contribute to injury and violence. Through their work, they also seek to develop and support innovative injury and violence prevention programs that meet the needs of communities across Wisconsin to reduce injury disparities.

STAFF:



COLLEEN M. TREVINO, PhD, NP

Associate Professor, Director
of Injury Science



Project Highlight

Collaborative for Healthcare Harm, Hazard, and Risk Reduction and Prevention (CHiRP)

Healthcare harm is the result of hazards and poor design within complex sociotechnical systems - involving people, environments, tools, and technology - and their interactions with other system components. The phenomena labeled as "error" is a product of complex system interactions and not the cause of harm events. Instead, error is a symptom of poorly designed systems. Importantly, the same systems that yield lifesaving outcomes can also lead to harm to patients and healthcare workers.

The CIC's Collaborative for Healthcare Harm, Hazard, and Risk Reduction and Prevention (CHiRP) focuses on preventing and reducing harm to patients and healthcare workers. Through its interdisciplinary approach, CHiRP brings together researchers, healthcare providers, patients, and people with lived experience to improve healthcare experiences and outcomes.

In its first year of existence, CHiRP members have disseminated their research to audiences at MCW, across the United States, and around the world through a variety of methods including:

Two accepted or published manuscripts:

- Ladell M, Jacobson N, Yale S, McDermott K, Papautsky E, Catchpole K, Scanlon M. The problem with how we view medical (and diagnostic) error in emergency medicine. Academic Emergency Medicine. 2025 March; 00:1-8. PMID: 40033164.
- Ladell M, Jacobson N, Yale S, Venkitachalam R, McCarthy C, Suenkens K, Catchpole K, Nimmer M, Scanlon M, Papautsky E. Getting SSPOT to Run: Development of a Novel Direct Observational Tool for Usage in Clinical Settings. Applied Ergonomics

One International Presentation

- SEIPS Model Scottish Quality and Safety Fellowship

Three International Posters (all with MCW students as first authors)

- Scheduled Medication Administration in a Pediatric Intensive Care Unit: It's Harder Than You Think
- Workflow Disruptions and Adaptive Nursing Strategies in Pediatric Intensive Care Medication Administration
- Data Acquisition in the Emergency Room, It's Harder Than You Think!

Two National Presentations

- Systems Engineering Initiative for Patient Safety Introduction. Solutions for Patient Safety PETT Scan Project
- PETT Scan Introduction. Solutions for Patient Safety PETT Scan Project

Nine Regional Presentations

- Four at Wisconsin Chapter of the American College of Emergency Physicians; Two presented by MCW students
- One at the National Association of EMS Physicians
- One at the Midwest PICU Collaborative
- One at Purdue University
- Two at Washington University

Numerous Local Presentations

- MCW Neurology Grand Rounds
- MCW Pediatric Grand Rounds
- MCW Medicine Quality Committee
- Multiple presentations to the Quality Improvement and Patient Safety Scholarly Concentration
- Two presentations to the Health Systems Management Professionals Scholarly Concentration
- Two presentations to the Good Doctors Thread
- Multiple presentations to the MCWAH QI and Safety Elective
- Two educational sessions on Systems Thinking using the game, Friday Night in the ER

Mentorship and Advisors

- At least 30 MCW medical and graduate students
- One Emergency Medicine resident, three Pediatric Critical Care Fellow, and one Pediatric Hospital Medicine Fellow

Consultations

- Pediatric Readiness in Community ED Settings
- Milwaukee County EMS Safety Review Tool
- Event Review and PETT Scan Use for PHM (multi-disciplinary with Neurosurgery and nursing)
- Incorporation of PETT scan into post-simulation debriefing for Sports Medicine Interdisciplinary Simulation (Yale, McDermott)

Division of Suicide Research & Healing

The Division of Suicide Research and Healing promotes a public health approach to suicide that actively investigates and disseminates new knowledge and influences systems change to address disparities in suicide outcomes. We are driven by collective action and individual lived experience.

STAFF:



SARA A. KOHLBECK, PhD, MPH
Assistant Professor, Director of
Suicide Research and Healing



SKYLAR EISMAN
Community Program
Coordinator III



LINDSAY FUSS, MPH
Research Program
Coordinator II



RACHEL GLASSFORD, MPH
Research Program
Coordinator III



JACEY M. KANT, BS
Research Program
Coordinator II



**TRICIA MONROE,
MA, MCHES**
Program Manager

Project Highlight

Suicide Mortality Review

Mortality/fatality review consists of a multidisciplinary team of practitioners including public health, healthcare, public safety, and social services. These teams review a wide variety of public health and public safety issues, including child death, overdose, and suicide. Since 2021, the Division of Suicide Research and Healing (DSRH) has been a partner in suicide mortality review (SMR), hosting a Milwaukee-County focused team, supporting communities of practice for the over 15 teams across Wisconsin doing similar work, and in 2024, they took part in the creation of the State of Wisconsin Suicide Mortality Review Team (WSMR), focusing on veteran suicides across Wisconsin. Together, DSRH actively coordinates the sharing of recommendations made across teams, supporting the training and technical assistance for new teams, and engaging statewide partners in actionable recommendations to decrease preventable deaths across Wisconsin.

Mortality review continues to grow as an effective approach for cross-sector collaboration and intervention. This year, several accomplishments have been made in this work, including:

Legislation:

In collaboration with several agencies across the state, including child death, overdose, and suicide review leaders, legislation in Wisconsin passed to provide more guidance for teams conducting mortality review across the state. Wisconsin joins a limited number of states that have created legislation supporting this work and is an exciting step in providing guidance and sustainability for these efforts.

Training and Technical Assistance:

Three new SMR teams were trained by DSRH staff and have begun reviewing suicide death reviews in their community.

Wisconsin Suicide Mortality Review Team:

WSMR is celebrating one year of meeting and reviewing cases. WSMR has reviewed four cases from across Wisconsin this year and is now a team of 10 people representing several agencies across sectors, urban and rural communities, as well as veterans with lived experience.

DSRH is excited to continue supporting the expansion of SMR across Wisconsin and is dedicated to sharing best practices and creating spaces where professionals doing similar work can come together to celebrate, learn, and solve problems.



Injury Control Research Funds in Action

Through the CIC's Injury Control Research Center grant from the Centers for Disease Control and Prevention (CDC), four research teams were awarded funding to conduct studies related to injury prevention and control priorities. Two of the studies began in 2024 during the first two years of the grant, and the next two are slated to begin in 2026.

*Funded by CDC Injury Control Research
Center grant (R49CE003560)*

Addressing Health Equity and Barriers to Access to Care in Emergency Departments for mild Traumatic Brain Injury (AHEAD-mTBI)

OVERVIEW

The work of this study characterizes the patient and family experience and health disparities that exist among patients experiencing concussion (mTBI) within the pediatric emergency department population. It has also looked at how to improve concussion (mTBI) diagnosis and management in the adult emergency department population.

CO-PRINCIPAL INVESTIGATORS

Dr. Lindsay Nelson and Dr. Danny Thomas

The Role of Detoxification in Preventing or Contributing to Opioid Overdose

OVERVIEW

This project will seek to understand how detoxification (detox) is used for people with opioid use disorder in Wisconsin and explore geographic variability, referral source, and patient-level characteristics associated with receiving detox. Through key informant interviews, investigators will also seek to gain greater understanding of the drivers of inappropriate use of detox for opioid use disorder. Finally, the project will develop a multi-level, de-implementation strategy for inappropriate use of detox with the goal of replacing it with more effective treatment for opioid use disorder.

PRINCIPAL INVESTIGATOR

Dr. Julia Dickson-Gomez

Experiences with Police Violence and Suicidal Thoughts and Behaviors among Young Black Men

OVERVIEW

Examining young Black men's experiences with police violence and mental health challenges through qualitative interviews with young Black men and through quantitative analysis examining relationships between police violence and suicidal thoughts and behaviors has been the primary focus of this project.

CO-PRINCIPAL INVESTIGATORS

Dr. Sara Kohlbeck and Dr. Katherine Quinn

Evaluating the Roles of Alcohol and Firearms on Disparities in Homicides and Suicides in Wisconsin

OVERVIEW

This project will seek to determine if there are differences in the victim, event, and community characteristics of homicides and suicides in which the victim had a positive Blood Alcohol Concentration (BAC+) overall and at various thresholds compared to those in which the victim tested negative. Investigators will also examine the intersection between the victims of firearm and non-firearm homicides and suicides in relation to alcohol consumption across demographic groups.

CO-PRINCIPAL INVESTIGATORS

Dr. Carissa Tomas and Dr. Constance Kostelac

Highlights from in progress studies

Neighborhood conditions shape how children recover from concussions, new CIC study shows

New research from a CIC-funded study on pediatric concussion recovery shows that children who experience concussions and live in neighborhoods with a lower Childhood Opportunity Index (COI) may experience a longer recovery process for their concussions. Lower neighborhood opportunity was associated with greater symptom burden, reduced likelihood of seeing a concussion specialist or any healthcare provider for follow up after injury, and increased family strain after concussion.

How they analyzed the data

The research team, led by Dr. Danny Thomas, MD, MPH, professor of pediatrics at MCW and medical staff president and pediatric emergency medicine research director at Children's Wisconsin, conducted a secondary analysis of a multi-center randomized trial of four concussion treatments. They stratified the children included in the data by COI - a measure of community-level educational, health, and economic resources - into low, middle, or high groups and then looked at outcomes including demographics, injury characteristics, Post Concussion Symptom Scale scores through two months, return to sport, follow-up within 14 days, healthcare specialty utilization, missed workdays, childcare days, and parental perceptions.

Detailed results

From the analysis, the results showed that within the study's patient population, Black and Hispanic families and those insured by Medicaid were more likely to reside in lower COI communities. Children from lower COI neighborhoods were more likely to go to an emergency department for treatment following concussion and had higher symptom scores at 14 days, meaning they were experiencing more symptoms than children from middle and high COI neighborhoods two weeks after injury. They were also less likely to have returned to sports by one month after injury, have a follow-up medical appointment with any healthcare provider within 14 days, or be seen by sports medicine concussion specialists. Families of children in these groups reported more missed work and childcare days. Low COI was also independently associated with reduced follow-up and greater family burden.

Why this matters

The results of this study show that where a child lives plays an important role in how they recover from concussions. The long-term impacts of concussion injuries are felt throughout nearly every facet of a person's life, so improving access to care and support systems is essential for equitable health outcomes.

To learn more about the study, contact Dr. Thomas at dthomas@mcw.edu. This study was funded by the CIC's Injury Control Research Center grant from the Centers for Disease Control and Prevention.



DANNY THOMAS, MD, MPH

Professor of Pediatrics;
Research Director, Section of
Pediatric Emergency Medicine

Two-thirds of traumatic injury patients report unmet basic needs, according to new CIC study

New research from Dr. Lin Nelson and her team shows that meeting basic nonmedical needs – such as food, housing, and money – is one of the most common challenges experienced by level I trauma center patients with traumatic injuries. Nelson’s project with the CIC focuses on the important but often overlooked question of how healthcare systems should address basic nonmedical needs.

Patients treated in Level 1 Trauma Centers – like Froedtert Hospital – are disproportionately likely to experience challenges related to meeting basic needs, which can prevent access to follow-up care and slow recovery. With her study funded by the CIC’s ICRC grant, her team is looking at several foundational questions needed to build better systems of care, including:

1. How common are unmet basic needs among trauma patients in the hospital?
2. How do patients feel about being asked about unmet needs during emergency department and other healthcare visits?
3. What is the experience and impact to patients of current hospital programs designed to identify and address these needs?

To start answering some of these questions, Nelson’s team surveyed 220 emergency department patients. Through the surveys, the study team found that unmet basic needs are extremely common, as more than two-thirds of participants reported at least one unmet basic need. The most frequently reported were those related to food insecurity, housing instability, and financial strain. From the survey, they also learned that patients are highly supportive of healthcare teams screening

for basic needs, and some participants even shared specific preferences that could be used in designing screening programs that are respectful, comfortable, and useful. Then, the team interviewed individuals who reported unmet needs during their inpatient stays and inpatients who screened as needing support for meeting basic needs by asking questions that provided deeper insight into how existing hospital screening programs could be improved.

“Patients emphasized that timing matters – being screened while in pain or immediately after injury can feel overwhelming,” Nelson said. “Many also described how their injury temporarily changed their mobility and independence, meaning community resources they previously could access were no longer realistic after discharge.”

For the team, this highlighted the importance of tailoring resources to a patient’s current abilities. Additionally, although federal policies require hospitals to screen for basic needs, patients often do not fully understand the impact of their injury until they return home. Following up after discharge is essential to identifying new or worsening challenges and connecting people with more effective support. By addressing both medical and nonmedical needs, patients leave the hospital better supported for recovery from injury and long-term wellbeing.

To learn more about the study, contact Dr. Nelson at linelson@mcw.edu. This study was funded by the CIC’s Injury Control Research Center grant from the Centers for Disease Control and Prevention.



LINDSAY NELSON, PhD, ABPP
Professor, Director of
Translational Research,
Department of Neurosurgery

CIC study looks at effects of police violence on mental health of young Black men in Milwaukee

Witnessing or directly experiencing police violence has negative impacts on the mental health of young Black men in Milwaukee, according to preliminary results from a new CIC study. Through a series of interviews with participants, themes emerged indicating that these experiences, along with Milwaukee-specific issues, contribute to poor mental and emotional health.

How they designed the study and analyzed existing data

The study, led by Dr. Sara Kohlbeck, PhD, MPH, director of suicide research and healing in the CIC and Dr. and Mrs. Michael C. Kubly Community-Based Suicide Prevention Research Assistant Professor in psychiatry and behavioral medicine and Dr. Katherine Quinn, PhD, associate director of MCW's Center for AIDS Intervention Research and associate professor of psychiatry and behavioral medicine, was designed with two aims. The first qualitatively explored how police violence affects the mental health of young Black men between the ages of 18 and 30 living in the Milwaukee area through a series of interviews with a goal of identifying potential opportunities for systems-level intervention. The second aim, which is still in progress, is examining relationships between police violence and suicide and identifying potential mediating factors, such as social support, mental health treatment, and family relationships.

To date, Aim 1 is complete. The team conducted 23 interviews and achieved conceptual depth, so they were able to conclude the work on this aim. Aim 2 is still in progress, with 38 of 200 quantitative interviews completed.

Detailed results

Through the 23 interviews conducted as part of Aim 1, several preliminary themes emerged. These included:

- “Blackness” shifting in different environments and contexts
- Perceptions and experiences of injustice
- Milwaukee-specific context contributes to poor mental health
- Emotional and mental health impacts of policing

The themes identified through the interviews suggest that the challenges experienced by Black Milwaukeeans, including witnessing and experiencing police violence, may negatively impact their mental health.

The data from Aim 2 will be analyzed following completion of data collection.

Why this matters

While suicide rates overall are decreasing nationally, rates of suicide deaths for young Black men are increasing. The results of this study so far show that witnessing and experiencing police violence may negatively impact mental health and may contribute to increased suicide risk among young Black men living in Milwaukee. By designing systems-level solutions, partners across the suicide prevention continuum can intervene earlier and potentially save lives.

To learn more about the study, contact Dr. Kohlbeck at skohlbeck@mcw.edu. This study was funded by the CIC's Injury Control Research Center grant from the Centers for Disease Control and Prevention.



SARA KOHLBECK, PhD, MPH

Assistant Professor; Director,
Division of Suicide Research
and Healing

CIC Seed Projects

Each year, the CIC's Division of Injury Science funds three projects for \$25,000 each that focus on reducing injury disparities through its Seed Project Funding Program. The purpose of the projects is to provide data or supporting information to facilitate a federal grant proposal (e.g., NIH, CDC, AHRQ) planned to be submitted within six months of the end of the project. Each year, the projects begin on January 1, and investigators have one year to complete their projects.

The following projects were funded for 2025:

- Youth and Caregiver Endocannabinoid Signaling and Youth PTSD Following Traumatic Injury
Investigators: Dr. Christine Larson and Dr. Tyler Lennon
- Comprehensive Care Model for Firearm Injury Patients: Evaluating the Continuum of Care on Mental Health Outcomes
Investigator: Dr. Sydney Timmer-Murillo
- Creating a Medical-Legal Partnership between Legal Action of Wisconsin and the Adult and Pediatric Trauma Quality of Life Clinic to Support Comprehensive Recovery
Investigators: Dr. Libby Schroeder and Dr. Katherine Flynn-O'Brien

The 2026 funded projects were chosen in late 2025 and include:

- Mixed-methods study proposes to quantitatively and qualitatively identify the health needs and predictors of seeking care among patients referred to TQoL-PC
Investigator: Dr. Laura Hawks and Dr. Joni Williams
- Therapeutically Preventing Pathological Fibrinogen Attenuation as a Countermeasure for Microthrombosis and Tissue Injury in Freezing Cold Injury
Investigator: Dr. Christian Kastrup and Dr. Mitchell Dyer
- Tiny Tokes, Little Highs, Big Risks: A Survey Approach to Building an Altered Mental Status Guideline
Investigators: Dr. Amanda Dupont

To learn more about the CIC's Seed Project Awards, contact Dr. Colleen Trevino at ctrevino@mcw.edu.

CIC Leadership Roles in Injury Prevention and Public Health

Service is a core tenet of the CIC. Faculty and staff hold a number of roles in injury prevention and public health outside of the CIC where they are able to advance the field and its practices. Some of the roles held by CIC team members include:

DR. SARA KOHLBECK

President of the Board for the Wisconsin Chapter of the American Foundation for Suicide Prevention

MAUREEN BUSALACCHI

Wisconsin Public Health Association President (2025) | Chair-elect of the Alcohol, Tobacco, and Other Drugs Section of the American Public Health Association | State Council on Alcohol and Other Drugs (SCAODA) Prevention Committee

TRICIA MONROE

Steering Committee for Prevent Suicide Greater Milwaukee

DR. CARISSA TOMAS

Statistical Director for the Public Health and Community Health PhD Program at MCW

DR. FELICE BORISY-RUDIN

President of the Wisconsin Municipal Judges Association

REGGIE MOORE

Board Member of the National Prevention Institute | Board Member of the Medical Society of Milwaukee County | Instructor for the Community Violence Intervention Leadership Academy at the University of Chicago

DR. MICHAEL LEVAS

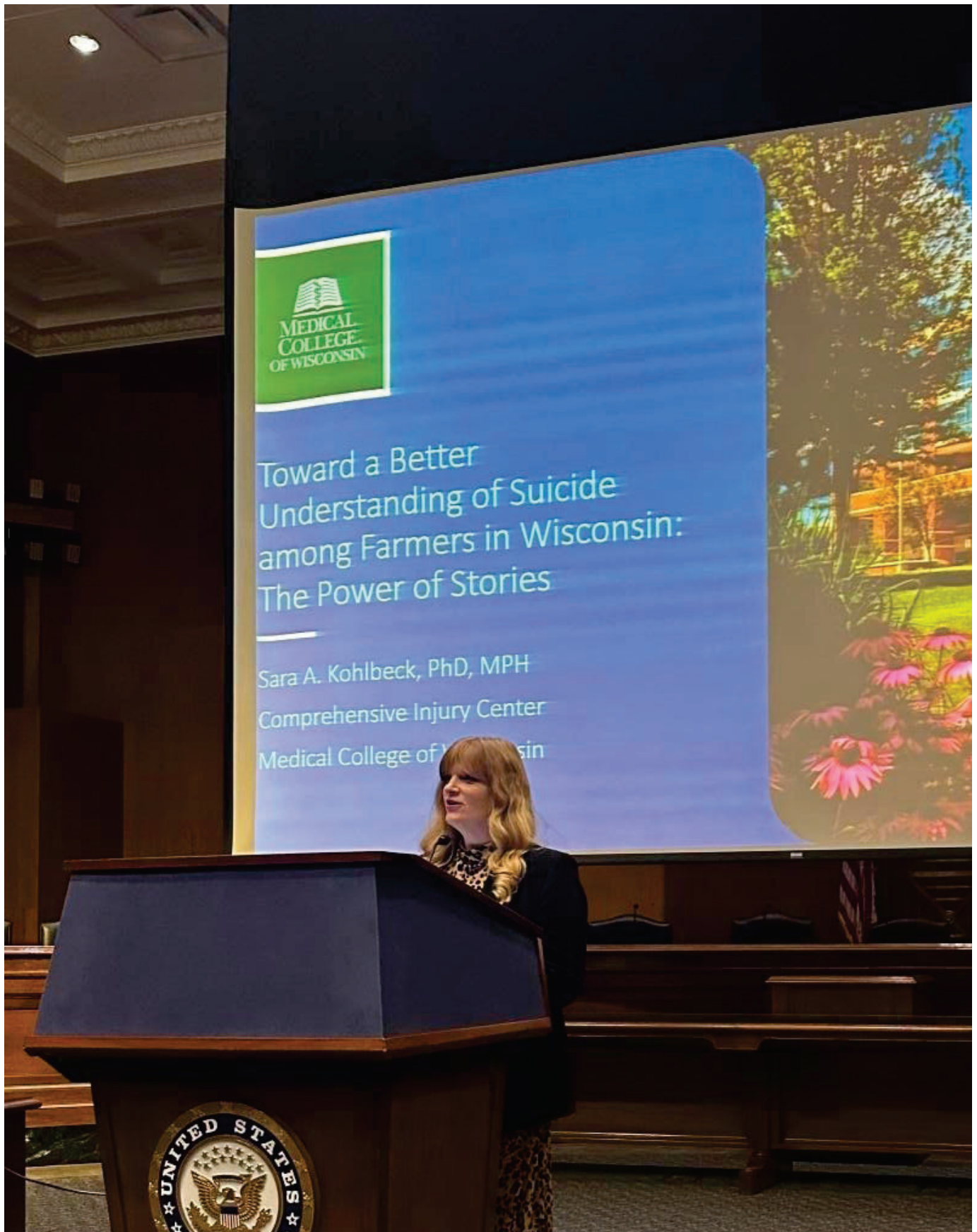
President of Injury Free Coalition for Kids | Medical Director of Project Ujima at Children's Wisconsin

DR. SEHR KHAN

Board of Directors of the Medical Society of Milwaukee County

DR. CONSTANCE KOSTELAC

Appointed member of the Research Advisory Committee for the International Association of Chiefs of Police | Board member for the National Criminal Justice Association (NCJA) | Co-chair, Data Sharing and Outcomes Trends and Indicators Subcommittee of the State Criminal Justice Coordinating Council | Co-chair, Data Subcommittee, Milwaukee Community Justice Council | Executive Committee Member, Milwaukee Community Justice Council



414 LIFE hospital responder provides outstanding support of family navigating organ donation for loved one

Housed within the CIC, 414 LIFE is a community violence intervention program focused on reducing conflict and retaliatory gun violence in the city of Milwaukee. Their hospital responder team provides services to survivors of gun violence and their families at Froedtert, Ascension St. Joseph Hospital, and Advocate Aurora Sinai Hospital. They support patients and families through all phases of their hospital stay following injuries due to gun violence. Aisha Rent, a hospital responder with the team, recently supported a family whose loved one died from their injuries related to an incident of gun violence as they considered organ donation for their family member. Rent was recognized by Versiti for her expertise, compassion, and dedication to supporting the family as they navigated the end-of-life and organ donation processes. In the interview below, Rent talks about her role with the team and experience with this case.

What is your title with 414LIFE?

I'm a Hospital Responder with 414 LIFE, a hospital-based violence intervention program (HVIP). My role focuses on engaging patients and families impacted by violence, through patient engagement, crisis intervention, resource navigation, and long-term support and advocacy to help reduce the risk of reinjury and retaliation.

How long have you been with the team?

I've been with 414 LIFE since July 2022.

What drew you to this work?

I've always been passionate and enjoyed being there for people at some of the most difficult times in their lives. Violence doesn't just affect the person who was injured, it affects whole families and communities. I was drawn to this work because I wanted to be part of breaking that cycle and providing hope, support, and meaningful connections that help people heal beyond their physical

injuries and their invisible wounds.

What part(s) of your job do you most enjoy?

The most rewarding part of my job is building relationships with patients and families and helping them navigate incredibly difficult circumstances. I enjoy being someone they can trust and someone who's going to advocate for their needs, along with witnessing their resilience as they begin to heal. Knowing that my presence can help someone feel supported during a crisis is what motivates me every day. I give patients HOPE!

Tell me a little bit about your experience supporting the family considering organ donation for their loved one who lost their life from gun violence.

Being transparent, supporting this family was one of the most emotional and meaningful experiences I have had in this role. They were being asked to make the incredibly difficult decision to release their loved one within a limited timeframe because organ donation is a time-sensitive process. While still processing profound grief and shock, they had to balance their desire to spend every possible moment with their loved one against the opportunity to honor their life through the gift of organ donation. My role was not to influence their decision but to provide compassionate support, answer questions when appropriate, help them navigate available resources, and simply be present throughout the process.

How were you connected with this family?

I was connected with this family through my role as a Hospital Responder. I received a call from a special someone who informed me that there was a family that was having a difficult time, and my assistance was needed. I worked alongside the healthcare team to provide emotional support and ensure the family had someone they could lean on throughout their hospital journey.

What was it like helping them walk through the process?

It took patience, compassion, and listening. Each family has their own grieving process, and it was important to meet them where they were emotionally. They had times of heartbreak, of uncertainty, anger, disappointment, guilt, and reflection, but they also had moments of comfort knowing that their loved one's legacy could continue by helping others.

What kind of support were you able to provide?

I provided emotional support, crisis intervention, grief support, advocacy and practical assistance. I assisted the family in navigating the hospital process, linked them to relevant resources, offered a steady source of support, and established an environment where they could share their emotions without being judged.

How do you think having an HVIP worker's support impacted the family's experience?

Having an HVIP worker provided continuity during an incredibly overwhelming time. Families often interact with many healthcare professionals, but an HVIP specialist offers a different kind of support - one centered on trust, relationship-building, and trauma-informed care. I believe my presence helped reduce some of the uncertainty, ensured the family felt heard, and reminded them they were not facing this experience alone.

What were your biggest takeaways from the experience?

One of my biggest takeaways was recognizing the incredible strength families demonstrate even during their darkest moments. I was reminded that sometimes the most meaningful support isn't having the perfect words, it's simply being present. I also gained an even deeper appreciation for organ donation as an opportunity for families to create hope and healing in the midst of tragedy.

What do you wish people knew about organ donation and the experience of families considering donating their loved one's organs?

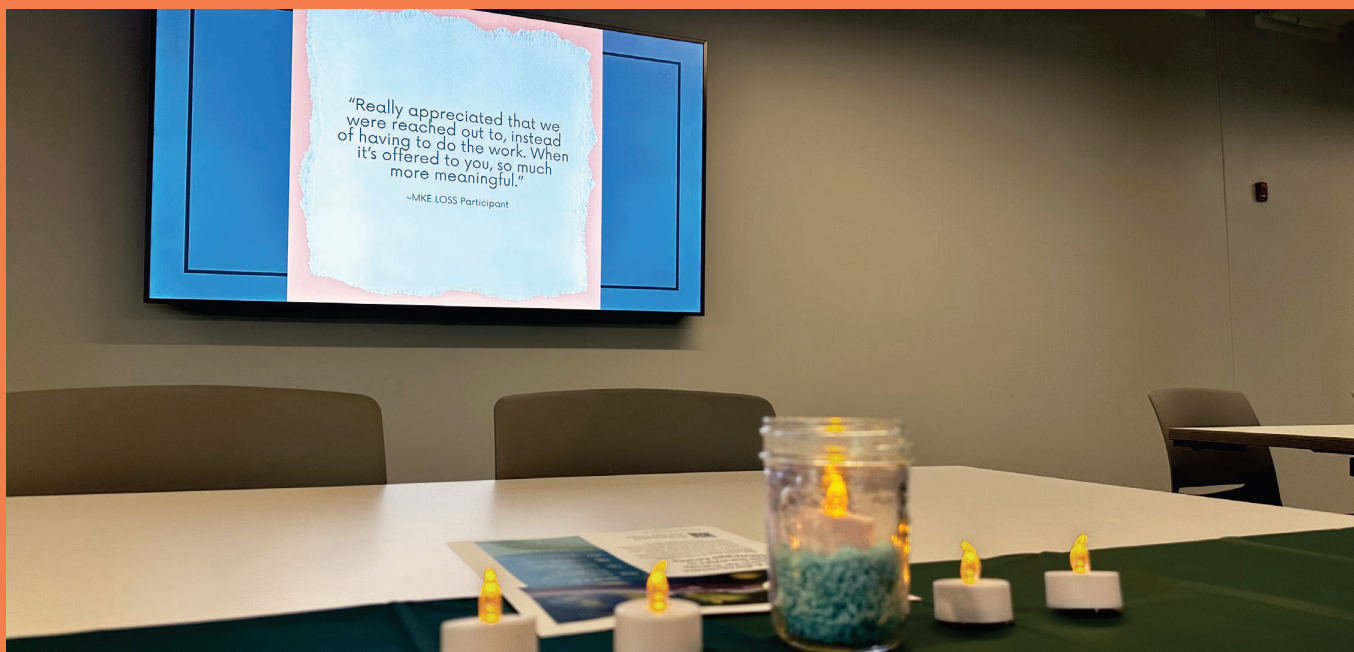
I hope people understand that organ donation is a deeply personal decision, and every family has a unique story. Families should be given the time, compassion, and support they need to make the decision that feels right for them. For families whose loved ones have already consented to organ donation, transparency is equally important. They deserve clear communication about the process, the timeline, and what to expect every step of the way. While no act can erase the pain of such a profound loss, the gift of organ donation creates a legacy that extends far beyond one life, offering hope to families and a second chance to those waiting for one.

What advice do you have for other HVIP workers who might encounter similar experiences?

Lead with compassion. Listen more than you speak. Never underestimate the power of your presence. Families don't need you to fix their grief, they need someone to walk with them through it. Build trust, work with the healthcare team, respect the family's values and decisions, and remember trauma-informed care is not just for the patient, but for everyone that loves them.

Is there anything else you'd like to add?

This experience demonstrated the need for hospital-based violence intervention programs. Our work is not limited to the bedside. We support families through trauma, loss, healing, and hope in life's most challenging times. As I supported this family, I was reminded that healing can take many forms, and that even in the face of unimaginable tragedy, compassion, connection, and dignity can have a lasting effect. It also highlighted how HVIP programs working with organ donation teams can offer families comprehensive, trauma-informed support throughout their journey.



Postvention program offers hope, support to suicide loss survivors

Research shows that for every suicide death, an additional 135 people are affected. Suicide loss survivors are at a greater risk of mental health issues; feelings of rejection, shame, guilt, and loneliness; prolonged grief; and suicidal ideation. Through the CIC's MKE L.O.S.S. (Local Outreach to Suicide Survivors) postvention program, suicide loss survivors in Milwaukee County are offered specialized support and help following a suicide.

What is postvention?

Postvention is the support and help given after a suicide has happened. It focuses on assisting people who are affected by the death, such as family, friends, coworkers, and communities. The main goal of postvention is to reduce the risk of more suicides, help people deal with their grief and pain, and support healing in a healthy way. Postvention is considered an important part of suicide prevention efforts.

How does MKE L.O.S.S. offer support?

The MKE L.O.S.S. team works in close partnership with the Milwaukee County Medical Examiner's Office to contact suicide loss survivors of every suicide death that happens in the county. Team members help make connections with others who have experienced a loss and also help coordinate services and support within the community that are culturally responsive and healing. They offer follow up for at least two years after a suicide through direct outreach for grief and bereavement support.

MKE L.O.S.S.' impact in the community

Since 2022, MKE L.O.S.S. have provided over 700 resource packets, and engaged 152 individuals in long-term follow up. The team has provided navigation support to healing resources, shared information about suicide loss and the grieving process, and conducted multiple outreach connections. Almost 100% of participants have been highly satisfied with this support and would strongly recommend the program to others. Many participants have stated that the connections, especially months after the loss, have been the most beneficial.

Wound ballistics testing quantifies damage caused by firearms and bullets

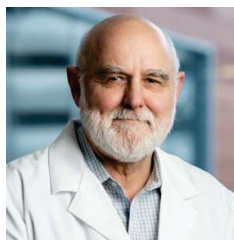
Firearm-related injury has been the leading cause of death in U.S. children and the third leading cause of death among 15-34 year-olds in the U.S. since 2020. Despite their devastating impact, very little research on the harm from bullets has occurred. Dr. Stephen Hargarten, MD, MPH and Dr. Frank Pintar, PhD with the CIC's Division of Injury Science and his team are changing that.

Hargarten and Pintar, along with their partners at the Wisconsin Crime Lab of Milwaukee have demonstrated the ability to apply state-of-the-art video technology to wound ballistics testing, providing a quantitative and visual assessment of how a bullet behaves in gelatin. This quantified energy data of the "damage" caused by firearms and the bullets they carry is critical to understanding the magnitude of their potential for injury. It provides an unbiased, scientific perspective on the implications for the clinical care of bullet-injured patients and informs policy discussions for determining a relative ranking of wounding potential, along with regulating bullets

and firearms. By studying differences in firearm types and bullet calibers, we can better understand energy transfer and the types of wounds created by varied sizes of bullets and the types of firearms that carry these bullets.

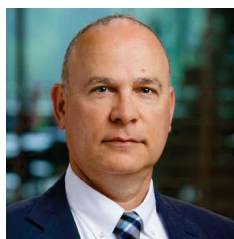
Hargarten and Pintar are also working to make their videos available to the public through an educational resource library. The library will not only house the videos themselves, but it will also have videos made in collaboration with trauma surgeons where the surgeons explain what the wounding potential from different types of bullets means for their preparation to treat patients who are injured by those bullets.

To learn more about the CIC's Wound Ballistics Testing work, contact Dr. Hargarten at hargart@mcw.edu or Dr. Pintar at fpintar@mcw.edu.



**STEPHEN HARGARTEN,
MD, MPH**

Professor; CIC Senior
Injury and Policy Advisor



FRANK A. PINTAR, PhD
Professor

Looking to the Future

As we turn the page on another year, the Comprehensive Injury Center approaches a significant milestone—nearly 30 years of contribution to the field of injury science research! This occasion provides an opportunity not only to reflect on the progress we have made together, but also to look ahead with renewed purpose and vision.

In preparation for the years to come, CIC leadership is engaged in an intensive strategic planning and implementation process focused on strengthening our impact and advancing our mission. Elevating our vision of healthier and safer communities for all is no small task. We remain deeply committed to fostering meaningful impact while supporting and mentoring the next generation of injury research scientists.

None of this work would be possible without the dedication and collaboration of our many partners and supporters. We extend our sincere gratitude to the leadership of the Medical College of Wisconsin, our community partners, and the individuals who continue to champion the mission of the CIC. We also offer special thanks to our Community Advisory Board, Affiliate Faculty, Internal and External Advisory Boards, our ICRC counterparts, and CDC Program Staff for their guidance, partnership, and unwavering support.

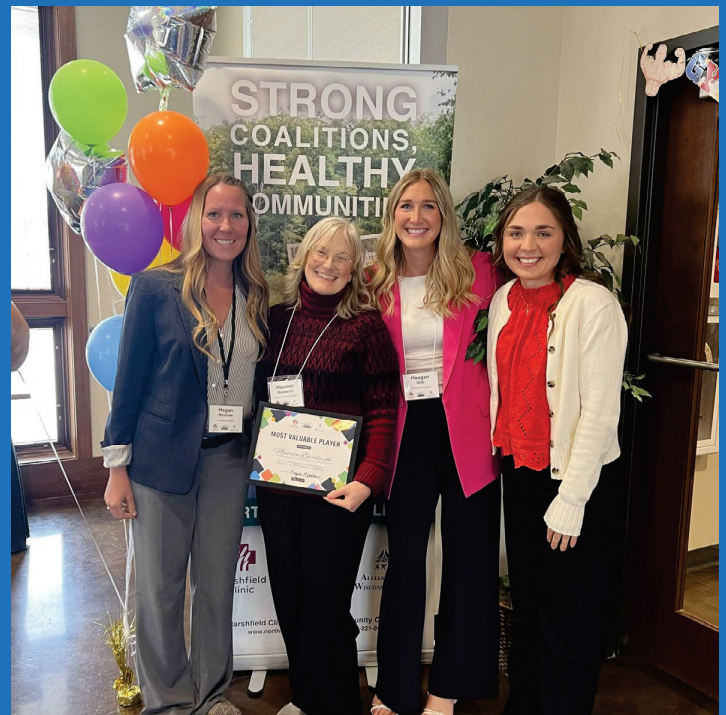
As we look to the future, we do so with gratitude, optimism, and a shared commitment to advancing injury prevention research and improving the health and safety of the communities we serve.

Respectfully,

TERRI deROON-CASSINI, PhD, MS – CIC Director

MICHAEL LEVAS, MD, MS – CIC Associate Director

JENNIFER M. HARRIS, MEd – CIC Deputy Director





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2153 N. Dr. Martin Luther King Jr. Dr.
Milwaukee, WI 53212

(414) 955-7671 | cic@mcw.edu

mcw.edu/cic