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2026

STREET MEDICINE: LOW-BARRIER BUPRENORPHINE TREATMENT FOR OPIOID USE DISORDER AMONG PEOPLE EXPERIENCING HOMELESSNESS

ABSTRACT:

People experiencing homelessness (PEH) experience disproportionately high rates of opioid use disorder (OUD) and overdose mortality, driven in part by fentanyl contamination of the illicit drug supply and limited access to consistent healthcare. California is home to half of the nation's unhoused population, underscoring the need for scalable, evidence-based street medicine interventions. Despite this burden, many street medicine programs lack standardized approaches for low-barrier medication-assisted treatment (MAT).

This poster reviews current evidence supporting long-acting injectable buprenorphine (LAIB) initiation in street medicine settings and presents a practical framework for implementation among PEH in California. Peer-reviewed literature, including publications from the California Bridge Program, was reviewed to identify evidence-based strategies for treatment initiation, retention, overdose prevention, and patient safety.

Findings suggest LAIB may improve continuity of care by reducing barriers associated with daily medication adherence, medication loss, diversion risk, and inconsistent

follow-up. Low-barrier buprenorphine treatment in street medicine settings may improve engagement in care and reduce opioid-related mortality among vulnerable populations.

STREET MEDICINE: LOW-BARRIER BUPRENORPHINE TREATMENT FOR OPIOID USE DISORDER AMONG PEOPLE EXPERIENCING HOMELESSNESS

AUTHOR:



Cecilia Lande, MSPA, PA-C

Cecilia Lande, PA-C, is a street medicine physician associate with Akido Care, delivering acute and chronic medical care directly to people experiencing homelessness in Los Angeles County. Her clinical interests include behavioral health, harm reduction, and expanding access to medications for addiction treatment (MAT)."

LOCATION:

Group 1

STREET TO CLINIC: PHYSICIAN ASSISTANT STUDENTS LEARNING HOMELESS HEALTH CARE FROM PRACTICING PAS

ABSTRACT:

Individuals experiencing homelessness face significant barriers to accessing comprehensive health care, including primary care, psychiatric services, substance use treatment, and chronic disease management. Physician assistant (PA) education often provides limited exposure to the unique clinical and social needs of this population. To address this gap, a PA-led training program was implemented to prepare PA students to provide patient-centered care for individuals experiencing homelessness. The program has offers clinical opportunities to PA students in a variety of homeless healthcare settings, including street medicine, mobile clinics, and shelter-based clinics. Since its inception in 2021, the program has trained more than 28 PA students, each completing an average of 120 clinical hours. Students are precepted by a PA whose responsibilities also include development and maintenance of student schedules, coordination of clinical experiences, and creation of structured educational content. Students are also precepted by doctors practicing in street-based settings. Curriculum topics focus on both social medicine and population-specific medical care including primary care psychiatric management, substance use services and medication-assisted treatment (MAT), and treatment of chronic hepatitis C infection. Students complete post-training surveys assessing perceived knowledge gains, confidence in caring for underserved populations, and recommendations for program improvement. We will present survey data and student perceptions of the rotation experience.

STREET TO CLINIC: PHYSICIAN ASSISTANT STUDENTS LEARNING HOMELESS HEALTH CARE FROM PRACTICING PAS

AUTHOR:

Carrie Kowalski, MPAP, PA-C



Carrie Kowalski was born and raised in Milwaukee, Wisconsin. After graduating from University of Wisconsin, she worked as a medical assistant and was shocked to learn how many Americans were uninsured. She learned about the importance of preventative medical care and adopted a core value of health care as a human right. Carrie trained at USC's Primary Care Physician Assistant Program—a Program geared toward training clinicians to work with the medically underserved. She began her career at Venice Family Clinic in 2012, serving as the clinic's first Physician Assistant. She learned about the tenants of Homeless Healthcare from Dr. Terri Brehove and was trained in Street Medicine by Dr. Coley King. She is skilled in street medicine, mobile clinics, and shelter-based care, providing care for the communities' most vulnerable patients. Carrie was recognized in USC's Trojan PA Alumni Hall of Fame in 2017, and she received Venice Family Clinic's Etz-Chaim Compassionate Care Award in 2018.

LOCATION:

Group 2

THE BLACK PATIENT'S GUIDE TO COMMON CHRONIC HEALTH CONDITIONS

ABSTRACT:

Background The intention of this project is to develop a culturally tailored patient education booklet that improves disease understanding, medication adherence, and healthcare engagement amongst Black patients diagnosed with common medical conditions. **Methods** An illustrated booklet titled "The Black Patient's Guide to Common Chronic Health Conditions" was created, focusing on hypertension, diabetes, and hypercholesterolemia education directed towards black patients. Content was written in plain language and referenced from UpToDate. Each disease-specific section included an explanation of the condition, associated risk factors and complications, methods of monitoring, names and images of common medications, suggested questions to ask healthcare providers, and disease-specific tracking logs. Post-section quizzes were included to reinforce learning. **Results** The success of this booklet will be assessed by an increase in correct responses to disease-specific knowledge questions in the post-intervention survey. Additionally, patients will feel more confident engaging in discussion with providers and providers will note the booklet improved patient engagement and knowledge. Finally, tracking logs and improvement disease management will show improvement in blood pressure and blood glucose control. **Conclusion** Educational patient materials tailored to black patients can enhance health literacy and knowledge, promote better self-management of common chronic healthcare issues, and strengthen patient-provider communication in black populations.

THE BLACK PATIENT'S GUIDE TO COMMON CHRONIC HEALTH CONDITIONS

AUTHOR:



Chizoba Okodogbe, PA-C

LOCATION:
Group 3

FASTING INSULIN PREDICTS CARDIOVASCULAR MORTALITY IN PRE-DIABETES AND REMAINS ELEVATED ACROSS TYPE 2 DIABETES: A NHANES 2007–2018 COHORT ANALYSIS

ABSTRACT:

Purpose. Fasting glucose and HbA1c dominate dysglycemia screening, while fasting insulin is infrequently measured in primary care. This framing positions type 2 diabetes (T2D) as a disease of glucose and overlooks insulin itself. We tested whether fasting insulin predicts death across the dysglycemic spectrum and whether hyperinsulinemia persists into long-standing T2D.

Methodology. We pooled six NHANES cycles (2007–2018) with National Death Index follow-up through 2019. Survey-weighted Cox models within health-state groups, adjusted for age, sex, race/ethnicity, BMI, smoking, activity, education, income, and insulin-assay generation, estimated death risk per unit of log-transformed fasting insulin.

Results. Among 8,287 adults, higher fasting insulin tripled cardiovascular death risk in pre-diabetes (HR 3.09, 95% CI 1.69–5.63) but halved it in oral-therapy T2D (HR 0.50, 0.26–0.99). The same lab value pointed in opposite directions. Fasting insulin in T2D stayed 1.6 to 2.3 times the non-diabetic level even 15+ years after diagnosis.

Conclusion. Fasting insulin carries strong prognostic information in pre-diabetes that fasting glucose and HbA1c alone do not capture. Adding fasting insulin to dysglycemia work-ups could identify pre-diabetic adults at high cardiovascular risk and supports reframing type 2 diabetes as a disease where hyperinsulinemia, not glucose, persists across the full disease course.

FASTING INSULIN PREDICTS CARDIOVASCULAR MORTALITY IN PRE- DIABETES AND REMAINS ELEVATED ACROSS TYPE 2 DIABETES: A NHANES 2007–2018 COHORT ANALYSIS

AUTHORS:



Nadia Ernst, BS, PA-S



Sana Mirza, BS, PA-S

Josh Moen, PhD

LOCATION:

Group 4

BEYOND EDUCATION: COLORECTAL CANCER SCREENING IN DIABETES CARE

ABSTRACT:

Introduction: Black and Latino adults with type 2 diabetes are at higher risk for colorectal cancer (CRC) and often face barriers to screening. We tested whether a culturally tailored colorectal cancer education session could improve patient understanding and screening completion.

Methods: Two community clinics enrolled 125 Black and Latino adults aged 45–75 years with type 2 diabetes who were not up-to-date with CRC screening. About half received CRC education, and the other half continued usual care. Surveys assessed knowledge, perceived risk, barriers, and benefits of screening before and after the intervention. Electronic health records were reviewed for screening completion.

Results: Patients in the education group showed greater knowledge gains about CRC than those who received usual care. Perceptions of screening risks, barriers, and benefits did not differ between groups. Within 6 months, CRC screening completion did not differ between the education and usual-care groups.

Conclusion: Education improved knowledge but did not meaningfully increase screening. For PAs, the clinical takeaway is that CRC screening requires education plus follow-through. Addressing socioeconomic barriers, using repeated reminders, operationalizing team-based workflows, and implementing closed-loop follow-up may help patients move from understanding screening to completing it.

AUTHORS:

Lucy W. Kibe, DrPH, PA-C; Ehsan Yaghmaei, PhD; Katrina M. Schrode, PhD
All authors are PA faculty, Department of Physician Assistant, Charles R. Drew University of Medicine and Science, Los Angeles, CA 90059, USA

LOCATION:

Group 5

CREATING PATHWAYS TO PA EDUCATION: OUTCOMES OF THE EDGE-PA PIPELINE PROGRAM

ABSTRACT:

Introduction: Significant barriers continue to limit access to Physician Assistant/Associate (PA) education for many aspiring students, particularly those facing educational, financial, or personal hardships. A national program, EDGE-PA, was developed to support prospective PA students through mentorship, academic enrichment, and CASPA application support to improve readiness for PA school admission.

Methods: Between 2022-2025, 96 participants were enrolled. Participants received mentorship from practicing PAs, application guidance, mock interviews, academic enrichment resources, opportunities to audit PA coursework, and financial support for application-related expenses. Program data, participant surveys, and interviews provided outcome results.

Results: Across cohorts, 69 participants applied to PA programs through CASPA. More than two-thirds were first-generation college students and reported between 2,676 and 6,714 direct patient care. Of those who applied to PA school, 55 (79.7%) received interviews, and among those interviewed, 45 (81.8%) received PA program acceptance, with several receiving multiple interviews and acceptances. Qualitative findings demonstrated increased confidence, resilience, and a sense of belonging throughout the application process.

Conclusion: EDGE-PA demonstrates promise as a scalable national model for expanding access to PA education through structured mentorship, professional development opportunities,

AUTHORS:

Lucy W. Kibe, DrPH, PA-C; Holly Johnson, MPH; Erin Jackson, MS; Katrina Schrode, PhD - All authors are PA faculty - Department of Physician Assistant, Charles R. Drew University of Medicine and Science, Los Angeles, CA 90059, USA

LOCATION:

Group 5

ASSESSMENT OF COMPASSION AND PERCEIVED STRESS LEVELS AMONG PHYSICIAN ASSOCIATE STUDENTS

ABSTRACT:

Purpose:

Health care profession students and practitioners identified perceived stress as a barrier to the expression of compassion. Physician Associate students report high levels of stress during their education. Given that perceived stress is a significant barrier to compassionate practice, this study seeks to better understand how stress during health care education influences compassion.

Methods:

We used validated instruments to assess the levels of compassion and perceived stress among students in the didactic, clinical and final year of Physician Associate education. We used Chi-square tests to evaluate bivariate associations using a significance level of 0.05.

Results:

Seventy-five students (25 per cohort) responded to the study survey. The demographic variables were comparable across the three classes. The perceived stress level was significantly higher among the didactic year students than among the clinical and final year students (x versus y , $p=0.005$). There was no significant difference in the compassion levels across the three classes.

Conclusions:

Although Physician Associate students in the didactic year experienced higher stress than those in other years, the increased stress was not associated with reduced levels of compassion. These results suggest that healthcare professionals are able to maintain compassion toward their patients despite high levels of perceived stress.

ASSESSMENT OF COMPASSION AND PERCEIVED STRESS LEVELS AMONG PHYSICIAN ASSOCIATE STUDENTS

AUTHORS:

Lucy W. Kibe, DrPH, PA-C; Holly Johnson, MPH; Erin Jackson, MS; Katrina Schrode, PhD - All authors are PA faculty - Department of Physician Assistant, Charles R. Drew University of Medicine and Science, Los Angeles, CA 90059, USA

LOCATION:

Group 6

AI LANGUAGE TRANSLATION FOR PATIENT DISCHARGE INSTRUCTIONS

ABSTRACT:

Purpose: Language barriers can reduce understanding of discharge instructions and contribute to inequities in care. This study evaluated whether AI-based tools differ in quality when translating English discharge instructions into Spanish.

Methodology: Fifteen English discharge-instruction texts across five medical specialties were translated into Spanish using ChatGPT, Stanford GPT, Google Translate, and iTranslate. Five professional medical translators evaluated translations using a preset 0–3 rubric assessing accuracy, terminology, style/register, grammar/syntax, source preservation, shorthand, payment tools, formatting, and idiomatic language. Overall score was calculated as the sum of individual domains. All 60 rubric evaluations were complete and included. Kruskal–Wallis tests were used due to limited sample size and non-normal score distributions, with Bonferroni post-hoc comparisons assessing pairwise differences.

Results: Overall translation quality differed significantly across engines. ChatGPT and Google Translate performed similarly well, with no significant difference in overall performance. Stanford GPT had lower overall estimates, while iTranslate performed worst and was significantly poorer than the other engines. In addition, domain-level performance varied by rubric category.

Conclusion: AI translation tools are not interchangeable. Selected tools may assist with Spanish discharge-instruction translation but should be validated, reassessed over time, and used as adjuncts to professional medical translators.

AI LANGUAGE TRANSLATION FOR PATIENT DISCHARGE INSTRUCTIONS

AUTHORS:



Jennifer Ruffing PA-S

Jennifer Ruffing is a third-year Physician Assistant student (MSPA) at Stanford University School of Medicine, with a background in engineering, healthcare, and technology. She earned her undergraduate degree in Bioengineering from the University of California, Berkeley and worked as a Project Manager at Epic, where she gained experience in healthcare technology and clinical information systems. Jennifer has also worked in both a burn center and a prosthetics clinic, experiences that strengthened her interest in patient-centered care and the application of technology to medicine. She is passionate about integrating innovation and technology into clinical practice to improve patient care and outcomes. Jennifer is currently completing her clinical training and pursuing research focused on the intersection of healthcare, technology, and clinical practice.

Dr. Mitchell Barnett PharmD

Dr. Eric Ip PharmD

Peter Young PA-C

LOCATION:

Group 7