

UW Board of Trustees Research and Economic Development Committee  
 Agenda  
 March 25, 2026, at 1:00 pm

**Public Session:**

Agenda #	Description	Page #
1.	<p><b>Research Excellence Presentations:</b>  <b>College of Health Sciences Student Research presentations:</b>  <b>Patrick Hardigan and Eric Moody</b></p> <p><b>Devon King</b>, Undergraduate in Kinesiology and Health Promotion  <b>Dr. Ben D. Kern</b>, Associate Professor, Kinesiology and Health Promotion  <i>Development and Significance of the State of the States Policy Report</i></p> <p><b>Rece D. Ziegler</b>, Undergraduate, Kinesiology and Health Promotion  <b>Dr. Emily Schmitt</b>, Associate Professor, Kinesiology and Health Promotion  <i>Running Against Time: Exercise and Circadian Regulation in Aging</i></p> <p><b>Chanel Thrasher</b>, DNP FNPO Candidate, Fay W Whitney School of Nursing  <i>Increasing Annual Wellness Visits to Increase Financial Stability in the Rural Clinic Setting</i></p> <p><b>Carlos Garcia</b>, First year WWAMI  <b>Dr. Jennifer Stephens</b> – Associate Professor, Dr. Jenifer Thomas – Professor, Fay W. Whitney School of Nursing.  <i>The experience of being cancer ghosted: A Netnographic Study</i></p>	2
2.	<p><b>REDD Updates</b>  <b>Vice President Parag Chitnis</b></p>	72

**Research and Economic Development**  
**COMMITTEE MEETING MATERIALS**

**AGENDA ITEM TITLE: Research Excellence Presentations: College of Health Sciences – Student research**– Patrick Hardigan, Eric Moody

- OPEN SESSION
- CLOSED SESSION

PREVIOUSLY DISCUSSED BY COMMITTEE:

- Yes
- No

FOR FULL BOARD CONSIDERATION:

- Yes [Note: If yes, materials will also be included in the full UW Board of Trustee report.]
  - No
- Attachments/materials are provided in advance of the meeting.

EXECUTIVE SUMMARY:

College of Health Sciences Students present on their current research projects.

**Devon King, Undergraduate in Kinesiology and Health Promotion**  
**Dr. Ben D. Kern, Associate Professor, Kinesiology and Health Promotion**  
*Development and Significance of the State of the States Policy Report*

The *SHAPE of the Nation* report by SHAPE America provided a comprehensive overview of state-level policies governing Physical Education (PE) and physical activity (PA) in schools across the United States. However, since its last publication in 2016, the report has become outdated due to frequent changes in education policy. The *State of the States Policy Report* updates and expands on this work, offering 53 detailed profiles summarizing current PE and PA laws across all 50 U.S. states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. Designed for educators, policymakers, and advocates, the report delivers an accessible yet thorough analysis of the current policy landscape to inform understanding, decision-making, and advocacy for stronger PE and PA policies nationwide. The purpose of this proposal is to explain the methodology behind and significance of the new *State of the States Report*.

**Rece D. Ziegler, Undergraduate, Kinesiology and Health**  
**Dr. Emily Schmitt, Associate Professor, Kinesiology and Health**  
*Running Against Time: Exercise and Circadian Regulation in Aging*

Critical biological and physiological processes are regulated by the circadian clock, which produces endogenous 24-hour rhythms governing multiple aspects of behavior and metabolism. The central molecular clock, located in the suprachiasmatic nucleus (SCN) of the hypothalamus, functions as the master pacemaker that synchronizes peripheral oscillators throughout the body. Although most tissues express core clock genes, the SCN is essential for maintaining internal coordination across systems.

**Chanel Thrasher, DNP FNPO Candidate, Fay W Whitney School of Nursing**

*Increasing Annual Wellness Visits to Increase Financial Stability in the Rural Clinic Setting*

In rural communities, hospitals and hospital-affiliated clinics often serve as the cornerstone for care delivery, extending primary services to populations that would otherwise experience significant geographic barriers in accessing healthcare. Between 1990 and 2020, 334 rural hospitals in the U.S. closed, with additional closures occurring between 2020 and 2025. A major driver of rural hospital closures is persistent financial instability from inadequate revenue streams. Approximately 70% of Wyoming’s rural hospitals report negative operating margins. These hospitals serve populations with a high percentage of publicly insured or uninsured individuals, limiting revenue potential. Hospital closures disrupt entire local healthcare systems, decreasing inpatient and outpatient services and leaving rural residents with fewer care options. Assuring the financial viability of rural hospitals and their affiliated clinics is critical to the health of rural populations.

**Carlos Garcia, First year WWAMI**

**Dr. Jennifer Stephens – Associate Professor, Dr. Jenifer Thomas – Professor, Fay W. Whitney School of Nursing.**

*The experience of being cancer ghosted: A Netnographic Study*

The overarching research aim of this study was to illuminate the phenomenon known as “cancer ghosting” and to explore recommendations for healthcare provider education and patient interventions.

Ghosting, originally associated with online dating apps, describes the experience of having communication terminated without warning. Increasingly over the past few years, oncology patients have reported being *cancer ghosted*. There are no studies of oncology patients and the phenomenon of cancer ghosting available. This presentation reports the Phase one results of a two-phased qualitative study designed to explore cancer ghosting in a way that informs psycho-oncology and survivorship care.

**PRIOR RELATED COMMITTEE DISCUSSIONS/ACTIONS: Information only**

**WHY THIS ITEM IS BEFORE THE COMMITTEE: Information only**

**ACTION REQUIRED AT THIS COMMITTEE MEETING: None**

**PROPOSED MOTION: N/A**

## Development and Significance of the State of the States Policy Report

Author: Devon King, undergraduate student, University of Wyoming, Division of Kinesiology & Health  
Adviser: Dr. Ben D. Kern, Associate Professor, University of Wyoming, Division of Kinesiology & Health

**Introduction:** The *SHAPE of the Nation* report by SHAPE America provided a comprehensive overview of state-level policies governing Physical Education (PE) and physical activity (PA) in schools across the United States. However, since its last publication in 2016, the report has become outdated due to frequent changes in education policy. The *State of the States Policy Report* updates and expands on this work, offering 53 detailed profiles summarizing current PE and PA laws across all 50 U.S. states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. Designed for educators, policymakers, and advocates, the report delivers an accessible yet thorough analysis of the current policy landscape to inform understanding, decision-making, and advocacy for stronger PE and PA policies nationwide. The purpose of this proposal is to explain the methodology behind and significance of the new *State of the States Report*.

**Methods:** To collect the most current legal data, the Fastcase legal research platform ([www.fastcase.com](http://www.fastcase.com)) was used to access state statutes, administrative codes, regulations, and legislative acts across all jurisdictions. Search results were filtered to include only codified state policies relevant to K–12 school settings. The resulting policy documents were compiled into state-specific legal dossiers in PDF format. These files were uploaded to a custom-trained AI platform designed to extract, analyze, and summarize policy content according to a standardized set of categories such as “Amount of Required Physical Education” and “Teacher Licensure and Certification.” The AI system generated direct in-text citations for every legal reference summarized, allowing users to trace findings back to their exact location in state law.

**Results:** This process produced a comprehensive report summarizing the legal codes governing PE and PA in all 50 states and three territories. Each state profile includes summaries organized into 14 standardized policy categories that together form a complete picture of PE and PA requirements. The state profiles were compiled into a single manuscript for accessibility. The report is designed to complement the *School Health Map* (<https://schoolhealthmap.wygisc.org/>), which provides educator-reported data on students’ access to PE and PA throughout the school day. Used together, these resources enable meaningful comparisons between policy and practice, supporting advocacy, research, and decision-making.

**Discussion:** The *State of the States Policy Report* represents the most current and comprehensive analysis of PE and PA laws available. Beyond serving as a valuable resource for educators and policymakers, it establishes a framework for an automated, AI-driven system that can reflect real-time changes in state laws affecting PE and PA. This innovation ensures that future updates will remain accurate and timely. The report is scheduled for publication in the *Journal of Physical Education, Recreation, and Dance (JOPERD)* as part of a January 2026 Special Feature. Upon release, it will provide practitioners nationwide with an up-to-date, evidence-based understanding of the legal foundations that shape their professional practice.

Word count: 466



UNIVERSITY OF WYOMING

# Development & Significance of the State of the States Policy Report

Author: Devon King, undergraduate student, University of Wyoming, Division of Kinesiology & Health

Adviser: Dr. Ben D. Kern, Associate Professor, University of Wyoming, Division of Kinesiology & Health

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# Why Physical Education Policy Matters

- Schools are the **primary setting for youth physical activity**
- Policies determine:
  - Minutes of PE students receive
  - Who teaches PE (licensed & trained or not)
  - Class sizes and scheduling
  - Policy decisions influence **student health and learning**



# The Problem: Outdated National Information

- Previous national policy report: **SHAPE of the Nation (2016)**
- State education policies change frequently
- No current comprehensive national update
- Policymakers and educators lacked **current information**



# Purpose of the State of the States Report

- To create the **most current national summary of PE and PA laws**
- The report includes:
  - All **50 U.S. states**
  - **District of Columbia**
  - **Puerto Rico**
  - **U.S. Virgin Islands**



# Research Led at the University of Wyoming

- Conducted in the **Division of Kinesiology & Health**
- Led by **Dr. Ben D. Kern (Associate Professor, PE Teacher Education)**
- Undergraduate research leadership
- Part of the **School Health Map research initiative**



# Step 1: Collecting State Laws

- Policy sources included:
  - State statutes
  - Administrative codes
  - Education regulations
  - Legislative acts
  - Data accessed using: **Fastcase.com Legal Research Platform (UW Law)**



## Step 2: Organizing Policy Documents

- Policy documents compiled into **state legal dossiers**
- One file created for each state
- Organized for consistent analysis



# Standard Policy Categories

- Each state profile includes **14 policy categories**
- Examples include:
  - Required PE minutes
  - PE exemptions and waivers
  - Teacher licensure
  - Physical activity requirements

## State Profile: Wyoming

### Amount of Required Physical Education:

- All Grades: Wyoming mandates that physical education is included as part of the Common Core of Knowledge in all K-12 schools (Wyo. Stat. § 21-9-101[b][i][F]). However, the state does not specify the number of minutes or frequency for physical education instruction, leaving implementation details to local districts.

**Physical Education Class Size:** State policy does not specify a number of students per class or teacher-to-student ratio in physical education classes.

**Physical Education Standards and Curriculum:** The state enforces the Wyoming Physical Education Content and Performance Standards revised December 2023, which align with national benchmarks such as SHAPE America National Physical Education Standards. These standards are included in Wyo. Code § 10-3 and focus on motor skills, fitness knowledge, and responsible behavior.

**Substitutions and Waivers:** Local districts determine acceptable substitutions for physical education credits (Wyo. Stat. § 21-9-101). Waivers for physical education requirements are not explicitly addressed in Wyoming's statutes or codes.

**Physical Activity Policies:** There are no statewide mandates for minimum weekly physical activity or daily recess in elementary schools (Wyo. Stat. § 21-9-101). Decisions about withholding physical activity as punishment are left to local school policies.

**Fitness Assessments:** The state does not require student fitness assessments. Implementation is optional and at the discretion of individual districts (Wyo. Code Ch. 10, § 3).

**Facilities and Equipment:** School districts must provide sufficient facilities to meet the requirements of the educational program, including gymnasiums and outdoor playfields (State Construction Department, Ch. 3, § 8[d]-[e]). Minimum space standards for physical activity are outlined in the regulations.

**Online Physical Education Courses:** Online courses may be used to fulfill physical education requirements as long as they adhere to state content and performance standards (Wyo. Stat. § 21-9-101).

**Teacher Certification:** Physical education teachers are required to hold a state certification and pass the relevant Praxis exam to teach at the elementary, middle, and high school levels (Wyo. Code Ch. 4, § 4). Certification includes standards set by the Professional Teaching Standards Board.

**Inclusion and Equity:** Adapted physical education for students with disabilities follows the National Consortium for Physical Education for Individuals with Disabilities standards, incorporated into Wyoming state requirements (Wyo. Stat. § 21-9-101[c][i]).

**Funding and Administration:** Physical education funding varies by district, with no statewide-specific allocation. Local school boards manage resource distribution (Wyo. Stat. § 21-9-101).

**Local Wellness Policies:** Schools are required to develop wellness policies but are not obligated to submit them to the state or make them public in accordance with federal regulation (7 CFR §210.30; Wyo. Stat. § 21-9-101[b][i][G]). Implementation and monitoring are managed locally.

**Teacher Evaluations:** Wyoming law requires teacher evaluations statewide, applied to all licensed staff, including physical education teachers. Districts develop evaluation criteria locally but must report compliance to the state (Wyo. Stat. § 21-3-110[a][xvii-xviii]).

**Key New Additions:** Recent updates include technology integration encouraging the use of digital tools and apps to enhance learning experiences in physical education (Wyo. Code Ch. 10, § 3), mental health emphasis incorporating activities and lessons addressing mental health alongside physical fitness to promote holistic well-being, and a focus on lifelong fitness-promoting curricula that encourage lifelong physical activity, aiming to instill habits that sustain health and wellness beyond school.

**Enforcement and Accountability:** Regulations assign responsibility for physical education policy implementation to Local Education Agencies through curriculum standards and required instructional programs. The regulations include enforcement provisions such as mandated annual district-level reporting to the state and undergo a state-led accreditation review every five years, periodic audits and reviews by the Wyoming Department of Education, and required alignment of local policies with state standards. They do not include specific penalties for noncompliance (Wyo. Stat. § 21-3-110[a][xxxiv]).

**Contact Information:** For more details, call the Wyoming Department of Education at 307-777-3793, visit <https://edu.wyoming.gov/about/contact/>, or go to 2300 Capitol Avenue Hathaway Building, 2nd Floor, Cheyenne, WY 82002.



## Step 3: AI-Assisted Policy Analysis

- Custom AI system used to:
  - Extract relevant policy information
  - Summarize laws consistently
  - Generate **direct legal citations**



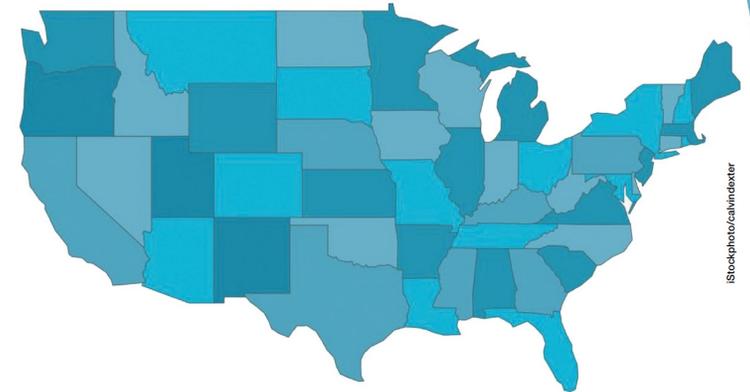
# Final Output of the Project

- **53 jurisdiction profiles**
- Comprehensive national policy report
- Published in **Journal of Physical Education, Recreation and Dance (2026)**

## State of the States Policy Report:

### Physical Education and Physical Activity Policy in the United States and its Territories

DEVON KING , CHAD M. KILLIAN , BEN D. KERN , LISA PAULSON ,  
WESLEY J. WILSON , DAVID S. WOO , AND TRISTAN WALLHEAD 



istockphoto/cabindexter

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# Why This Resource Matters

- **Supports:**
  - **Policymakers**
  - **Educators**
  - **Researchers**
  - **Advocacy organizations**
- **Helps identify:**
  - **Policy gaps**
  - **Opportunities for improvement**
  - **Differences between states**



# Connecting Policy and Practice

The report complements the **School Health Map**

Together they show:

- **Policy requirements**
- **What schools actually implement**



[schoolhealthmap.wygisc.org](http://schoolhealthmap.wygisc.org)



# Why This Matters for Wyoming

University of Wyoming research:

- Leading a **national policy initiative**
- Supporting evidence-based decision making
- Engaging undergraduate researchers



# Closing

The State of the States Policy Report provides:

- The most current national analysis of PE policy
- A foundation for research, advocacy, and decision-making

Thank you.



**Running Against Time: Exercise and Circadian Regulation in Aging**  
Rece D. Ziegler (Undergraduate) & Emily E. Schmitt (Principle Investigator)  
Division of Kinesiology & Health  
University of Wyoming, Laramie, WY

Critical biological and physiological processes are regulated by the circadian clock, which produces endogenous 24-hour rhythms governing multiple aspects of behavior and metabolism. The central molecular clock, located in the suprachiasmatic nucleus (SCN) of the hypothalamus, functions as the master pacemaker that synchronizes peripheral oscillators throughout the body. Although most tissues express core clock genes, the SCN is essential for maintaining internal coordination across systems.

Previous research has identified a robust pathway linking neuropeptide Y (NPY)-expressing neurons in the intergeniculate leaflet (IGL) of the thalamus to the SCN. This the IGL<sup>NPY</sup>→SCN pathway, part of the geniculohypothalamic tract, plays a key role in phase shifts and entrainment to environmental and behavioral cues such as voluntary wheel running (VWR)—a validated model of exercise in rodents. Chronic disruption or desynchronization of molecular clocks across tissues is strongly associated with the onset of metabolic, cardiovascular, and neurodegenerative diseases, highlighting the *significance* of a disrupted circadian rhythm.

With aging, circadian rhythms lose robustness as SCN neuronal activity diminishes. This reduction in rhythmic firing weakens clock output and shortens the circadian period, leading to phase advances of roughly 30 minutes per decade beginning in middle age. Concurrently, metabolic pathways that sustain neuronal function decline, contributing to cognitive deficits and physiological deterioration. As a result, weakened circadian regulation during aging not only disrupts sleep–wake patterns but also heightens the risk of chronic disease

Adults aged 65 and older currently comprise nearly 18% of the U.S. population and 19.7% of Wyoming’s residents—a proportion expected to rise significantly in coming decades. This demographic trend highlights the urgency of identifying interventions that preserve circadian health. Aerobic exercise offers a low-cost, effective intervention with extensive benefits, including enhanced neurogenesis, improved synaptic plasticity, and protection against cognitive decline. Yet, the neural mechanisms by which exercise influences circadian function remain poorly defined. *The purpose of this study was to determine how exercise, (VWR) late in life, influences SCN activity and related neural pathways in very aged male mice.*

Experimental mice (aged, ~22mo) were given 24-hour access to a running wheel for four weeks (n=8), while control mice (n=8) remained sedentary without wheel access. VWR activity was characterized using ClockLab software quantified in 15-min bins, and brains were collected for immunohistochemical (IHC) analyses to determine neural activation within circadian-related pathways of the SCN, including NPY projections and c-FOS expression. Data analyzed in ClockLab fit the data for each day to a sine wave function of 24-hours to determine the bathyphase of the rhythm to understand exercise circadian entrainment patterns. For all IHC measurements, within group differences (for exercise condition) were compared with an ANOVA.

Preliminary findings indicate that greater voluntary exercise corresponds with stronger circadian entrainment and increased c-FOS expression within SCN-related circuits, suggesting enhanced neuronal activation and synchronization. Future work will continue to investigate exercise as a cost-effective strategy to restore circadian function in aging, focusing on molecular and neural pathways underlying these adaptive responses.

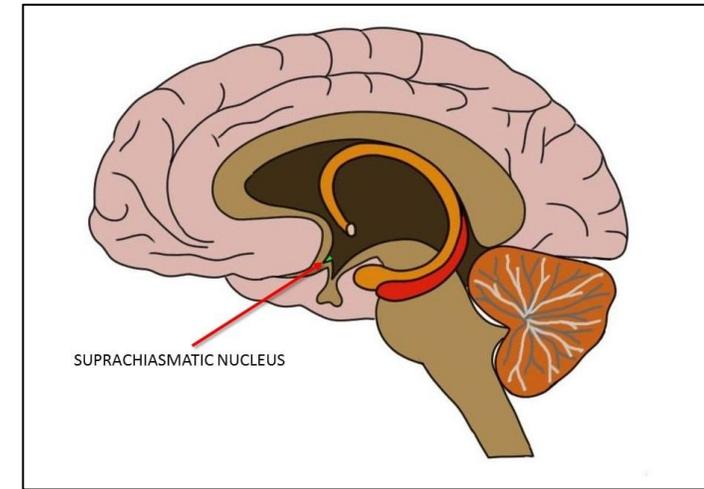
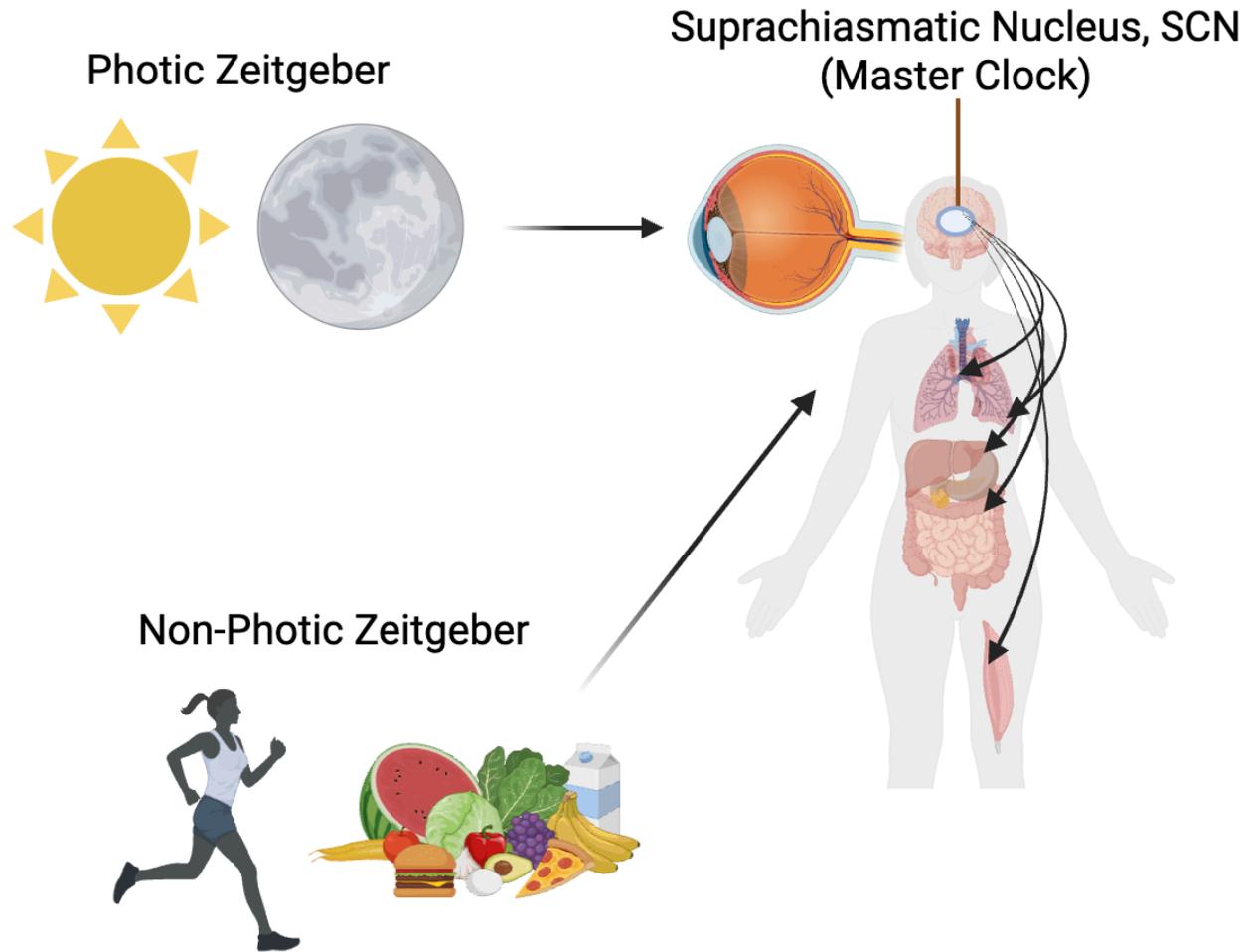
# Running Against Time

## Exercise and Circadian Regulation in Aging

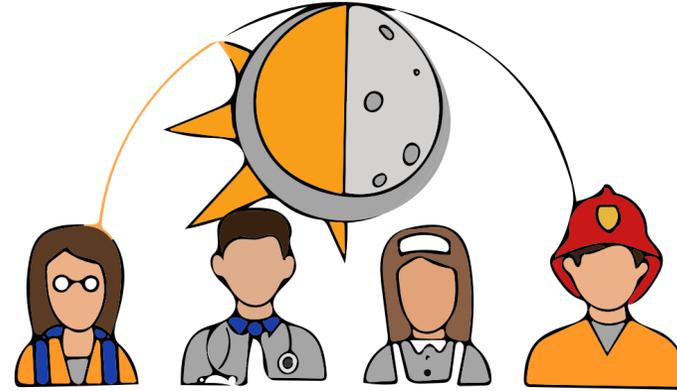
PI: Dr. Emily Schmitt

By: Rece Ziegler, Gustavo Hernandez, Ethan Forbis

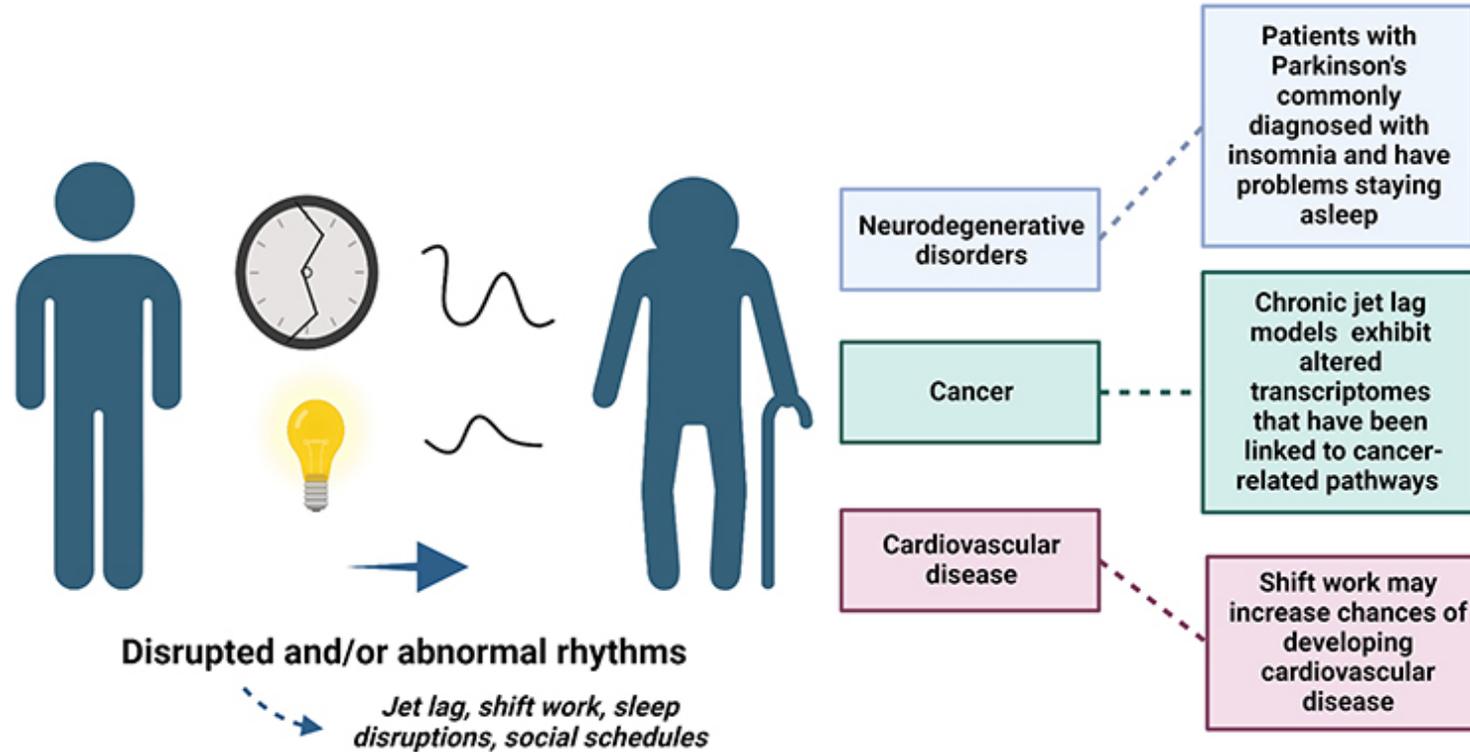
# Background: Circadian Rhythms



# How do rhythms become disrupted?

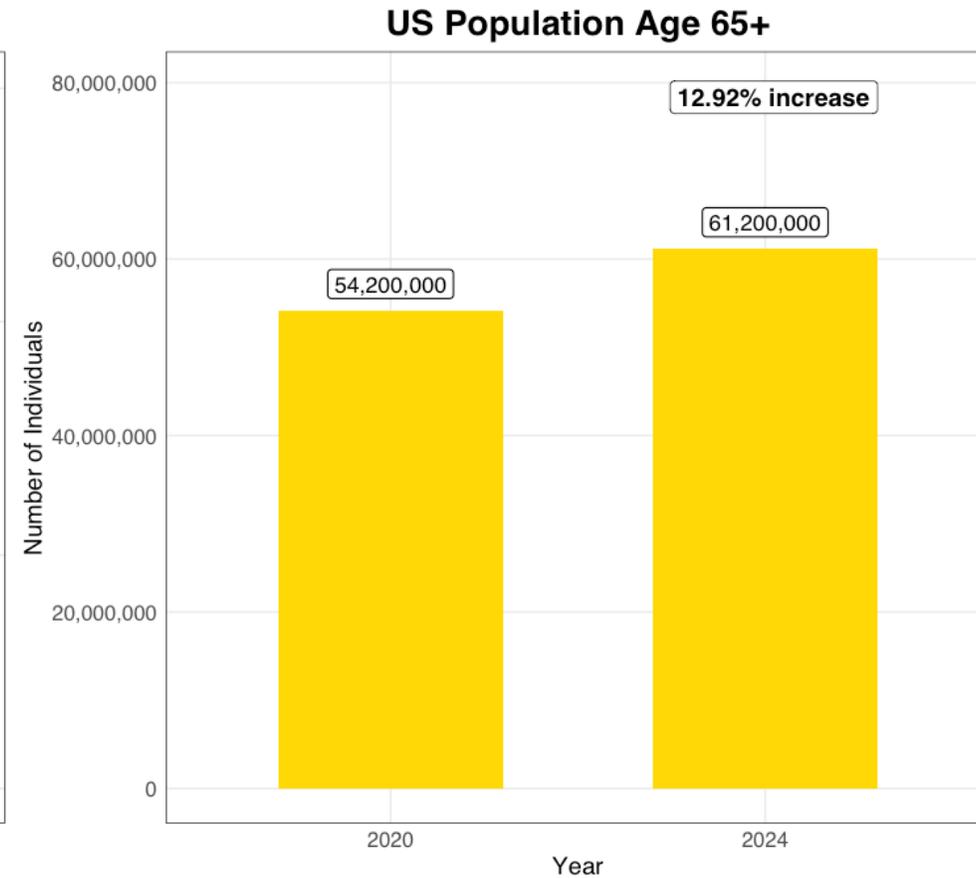
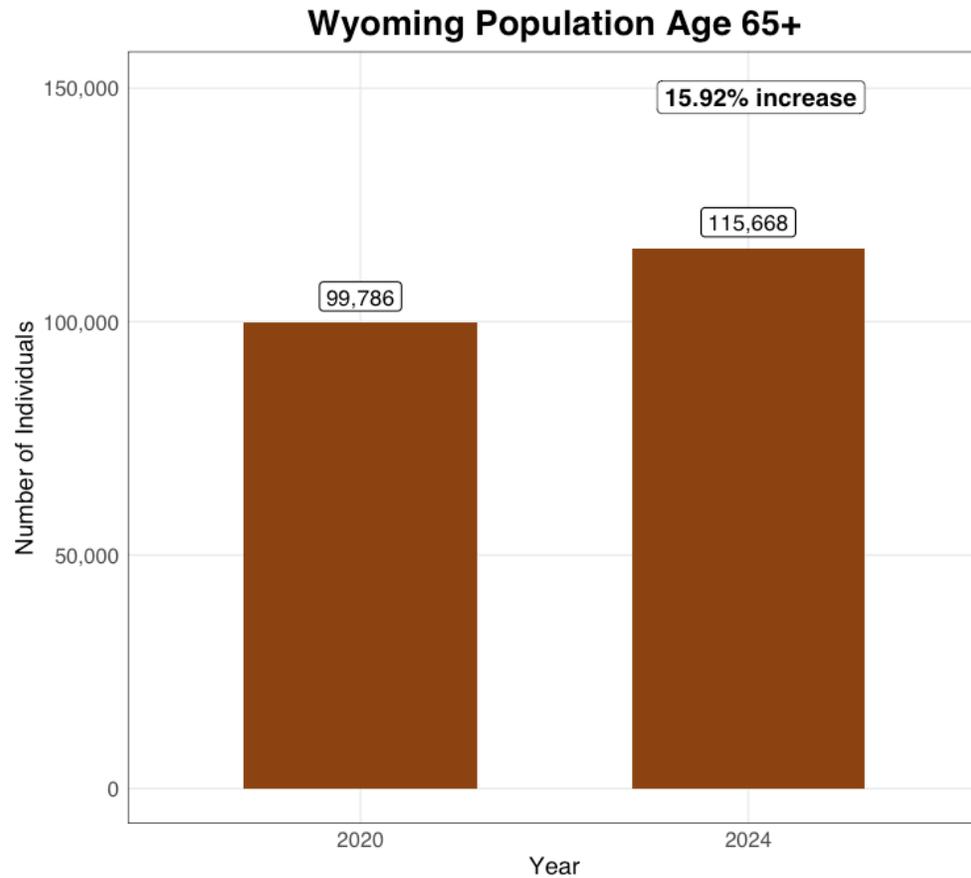


# Why do we care ?



**BAD NEWS!!!**

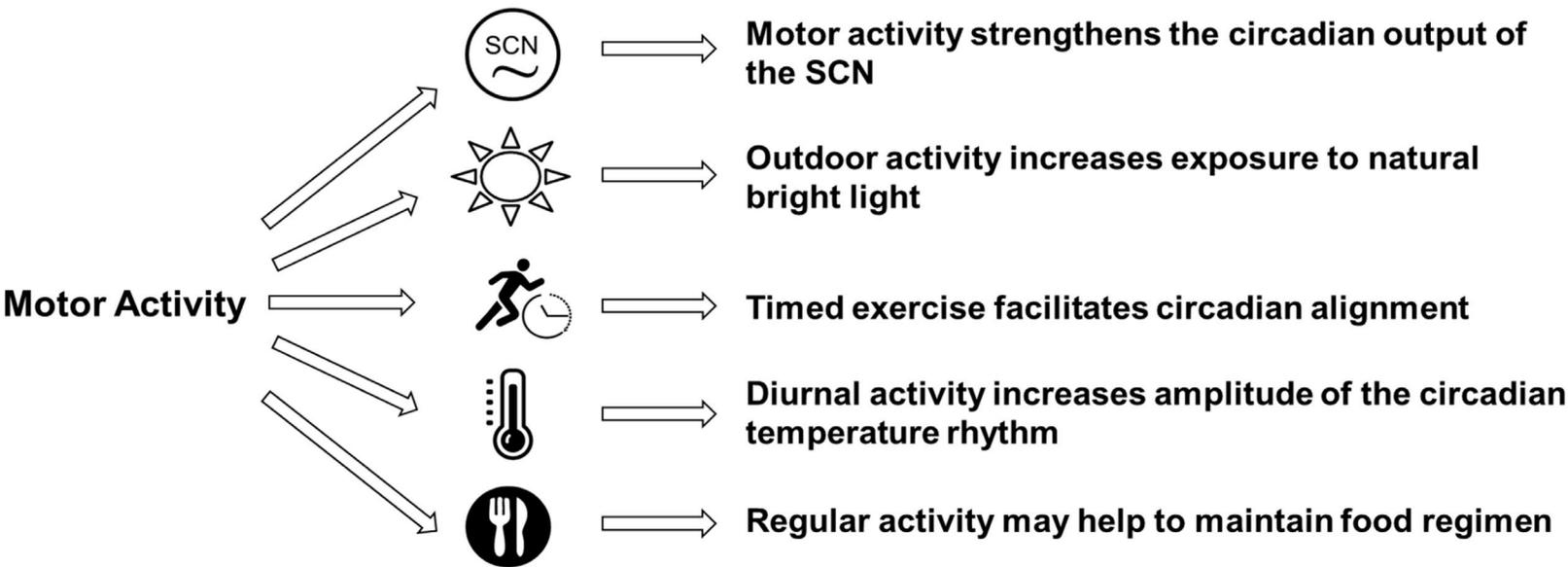
# Why does this matter?



**Good News: EXERCISE CAN HELP REGULATE BIOLOGICAL CLOCKS**

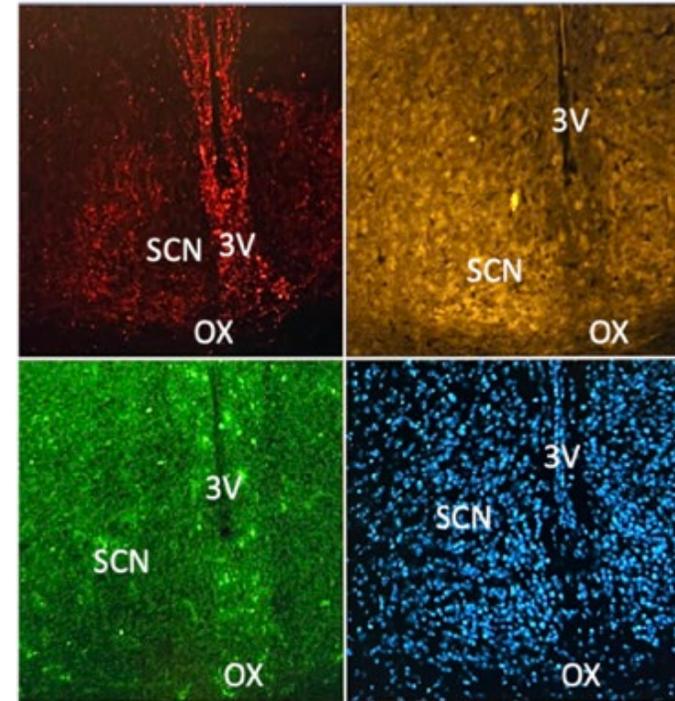
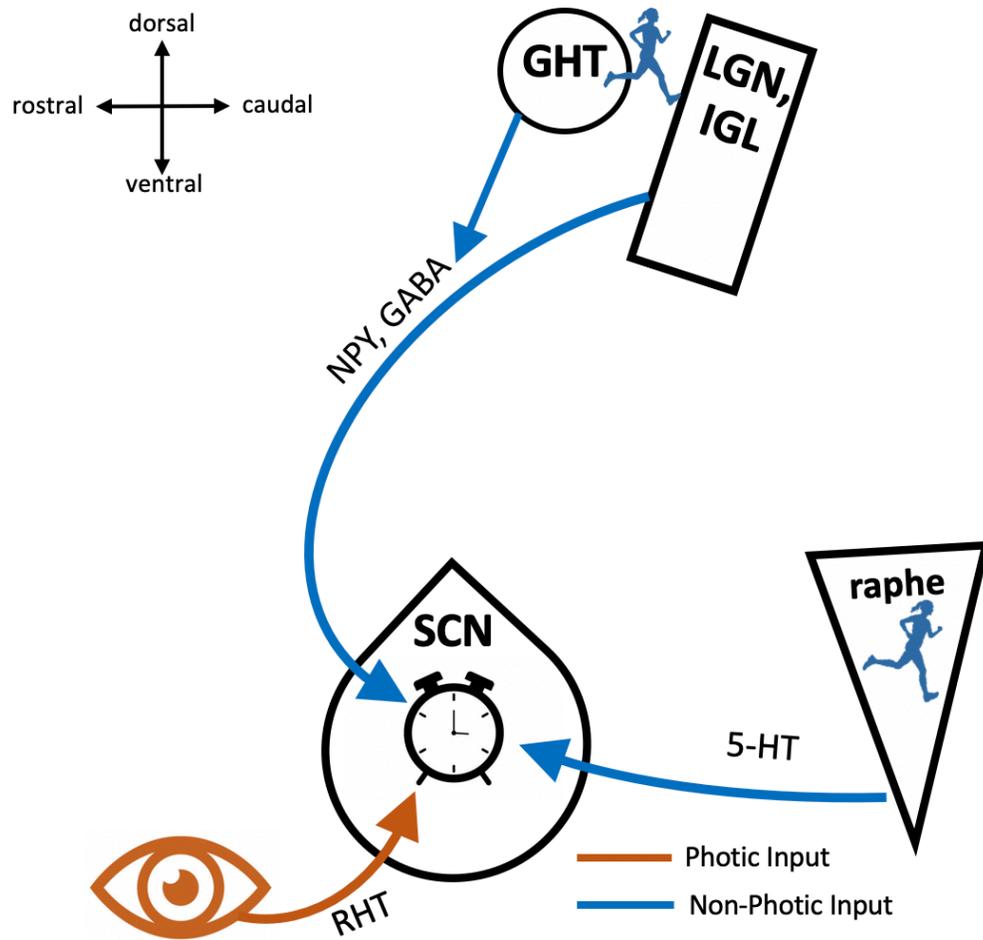
# How does exercise help?

**Activity → Circadian robustness → Wellbeing**



**Altogether, these factors enable robust circadian alignment, high rhythm amplitude and wellbeing**

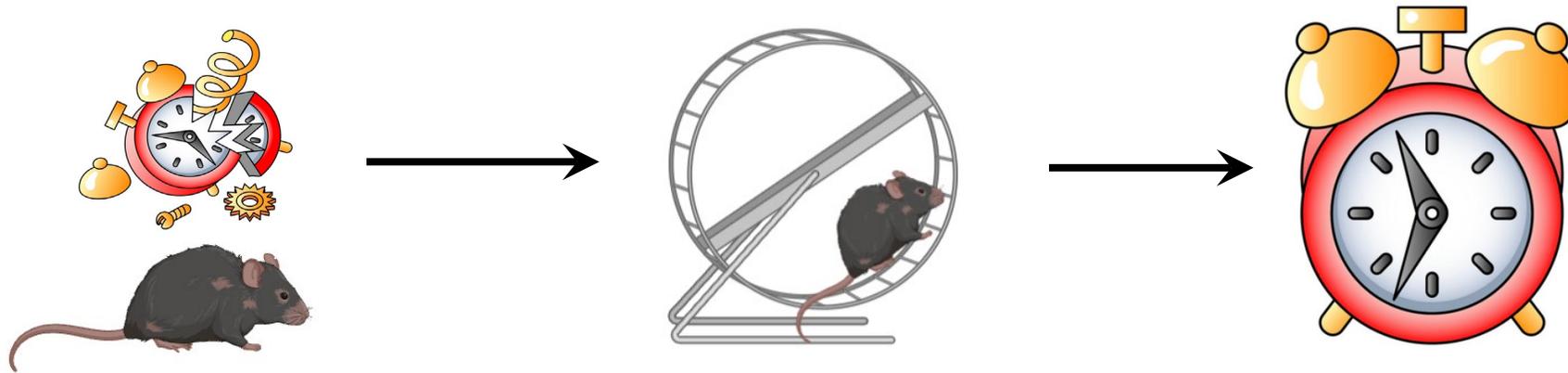
# How does exercise help?



**5HT**, serotonin  
**NPY**, neuropeptide Y  
**cFOS**, neuronal activation  
**DAPI**, cell nuclei

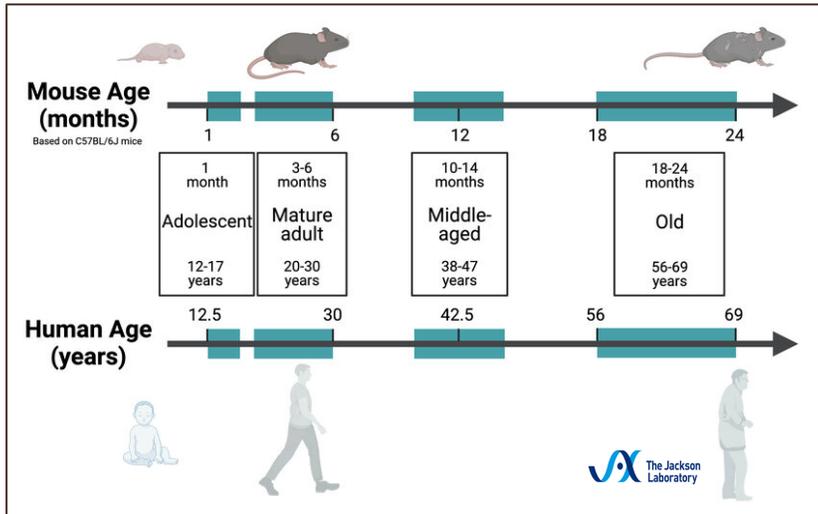
# Purpose and Hypothesis

Hypothesis: Voluntary Exercise will re-align a disrupted central circadian clock in aging mice.

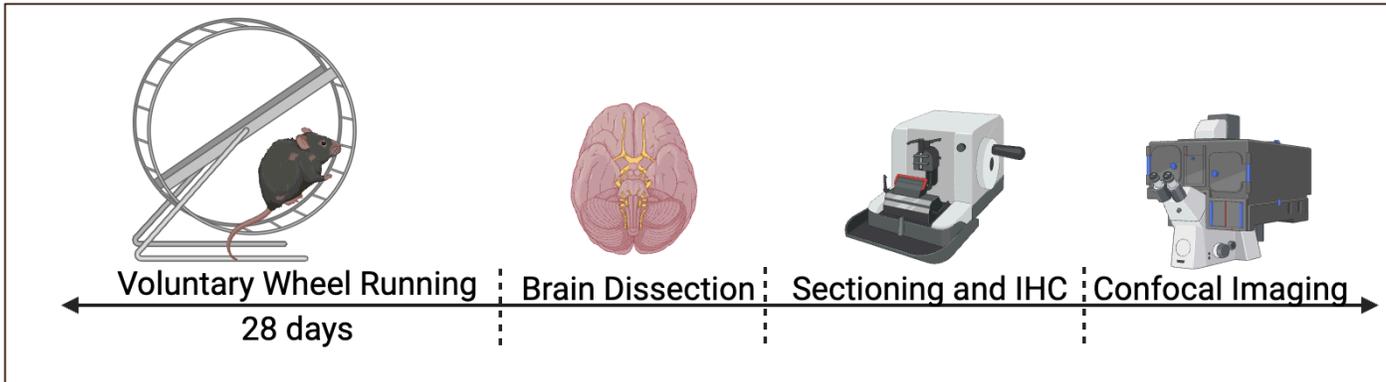


1. 92-week-old male mice will voluntary wheel run (VWR) when introduced to a wheel after being sedentary.
2. Evaluate circadian-driven VWR activity and neuronal activation markers in SCN.

# Methods

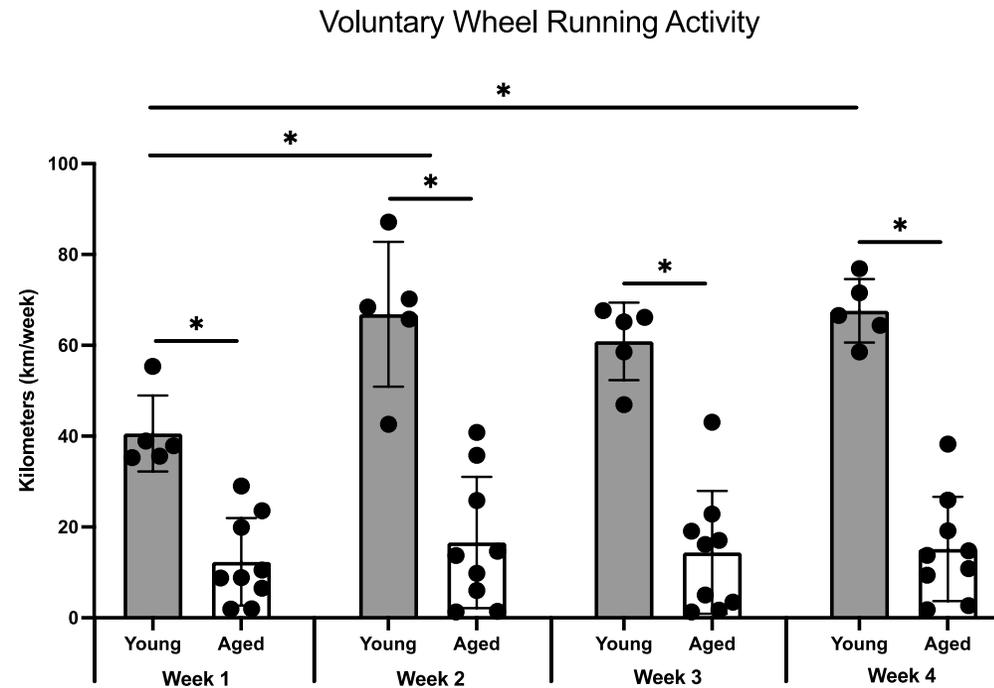


- N = 19 Very Aged Male Mice (~ 22-24 r)
  - N= 10 Sedentary
  - N= 9 Wheel Runners
- N = 10 Young Male Mice (~ 3-6 mo)
  - N = 5 Sedentary
  - N = 5 Wheel Runners



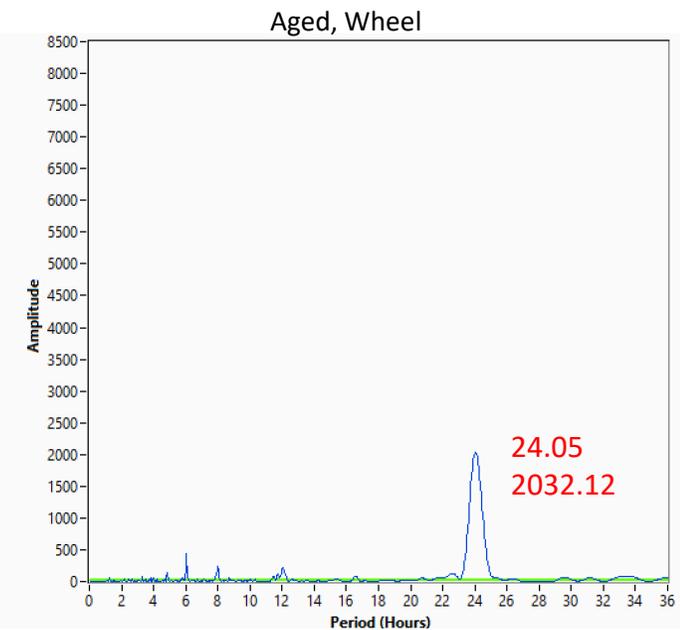
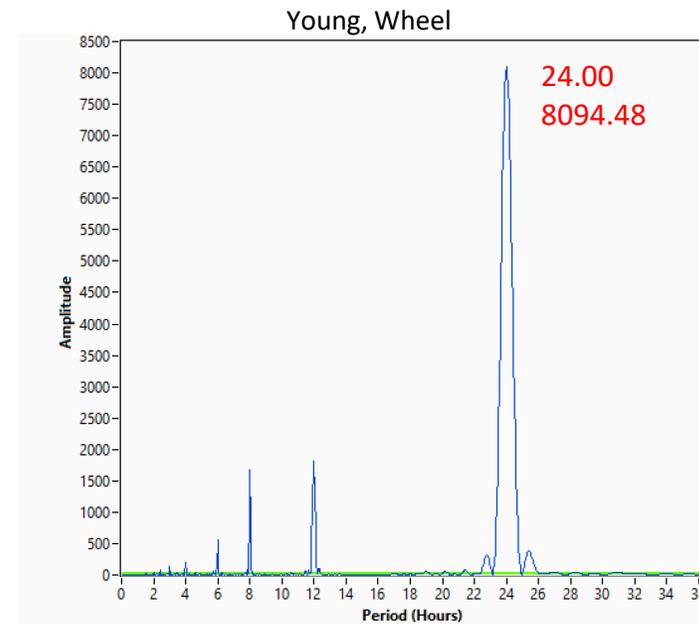
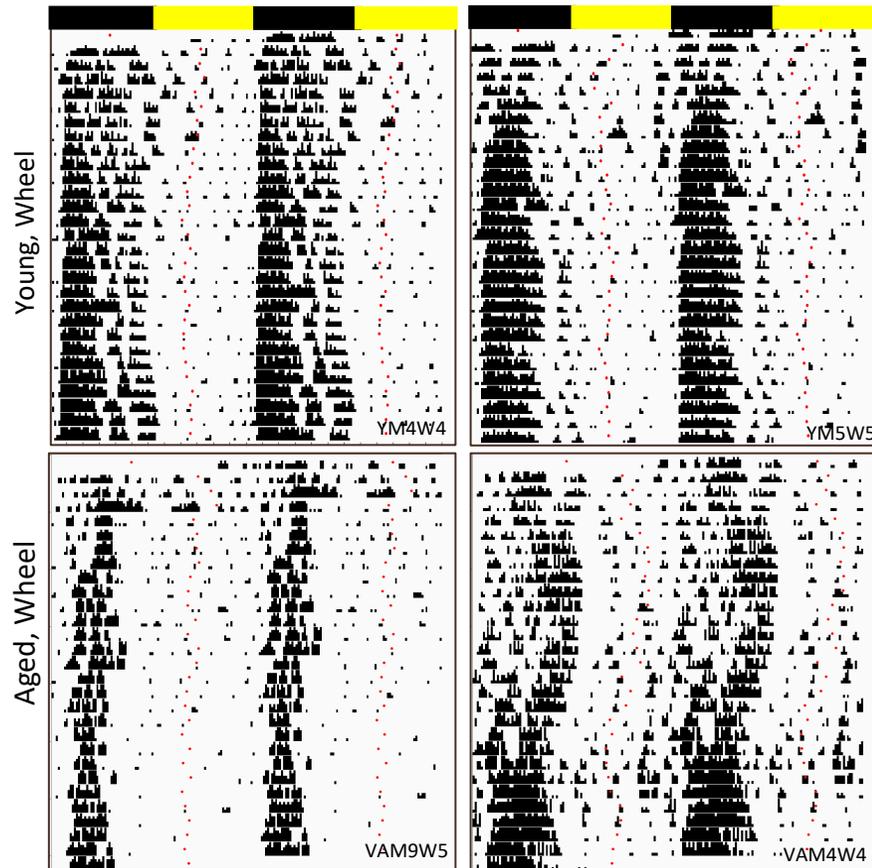
# Results: Aim 1

1. 92-week-old male mice do voluntarily use the running wheel.
2. As expected, aged mice run less than younger mice.
3. Young & aged mice increase running distances over time, but peak in week 2.

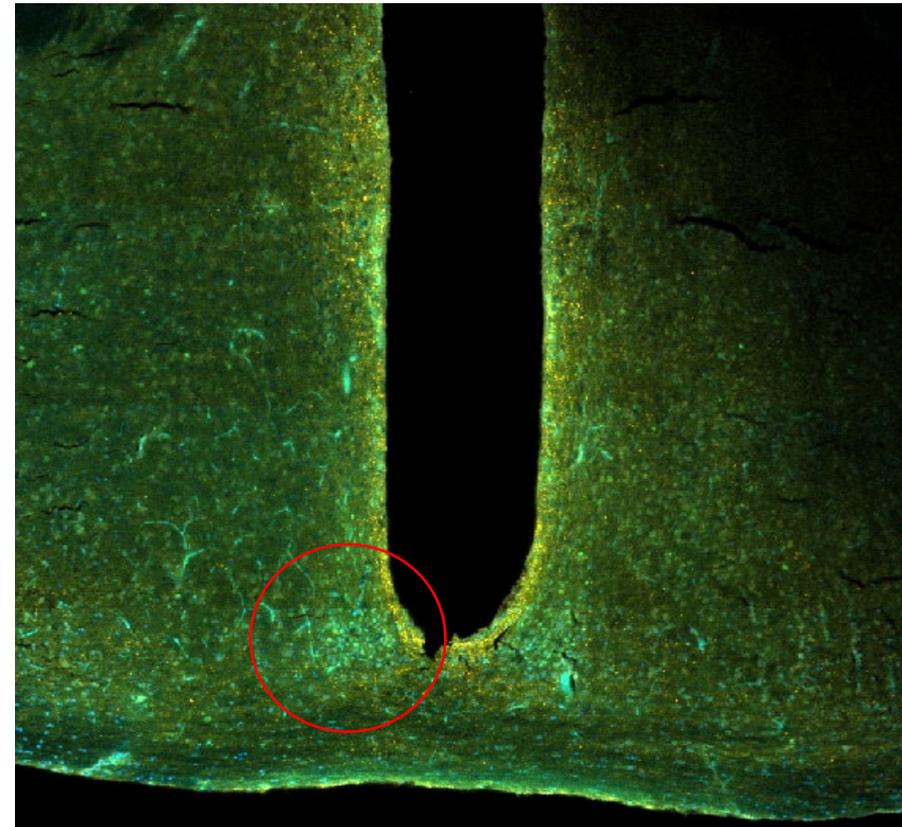
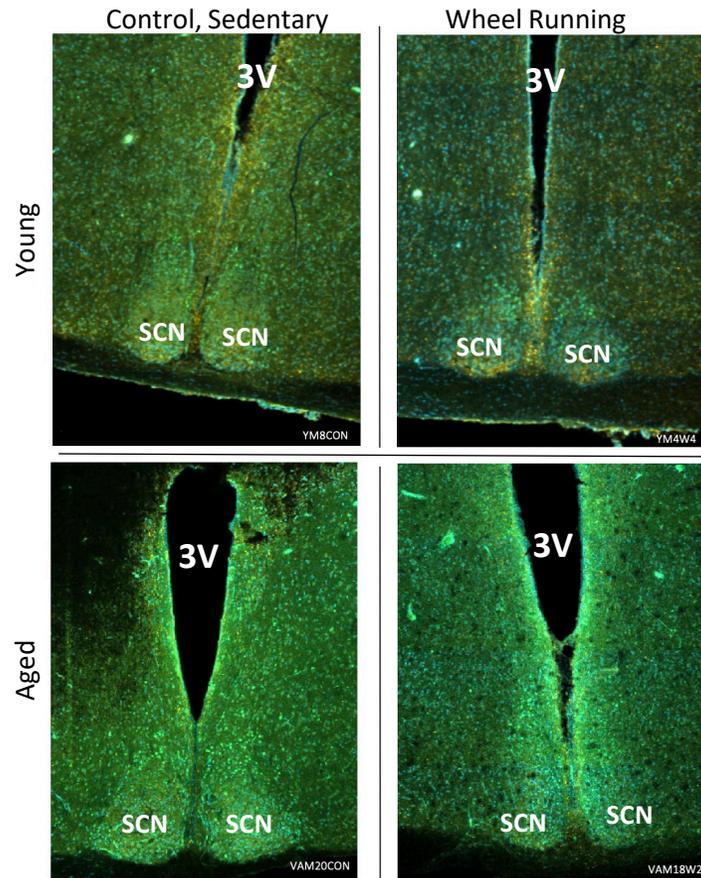


# Results: Aim 2

1. As expected, young mice show more consolidated wheel running during the dark phase.
2. Young mice exhibit greater circadian rhythm amplitude, indicating stronger peak power of circadian rhythmicity compared to aged mice.



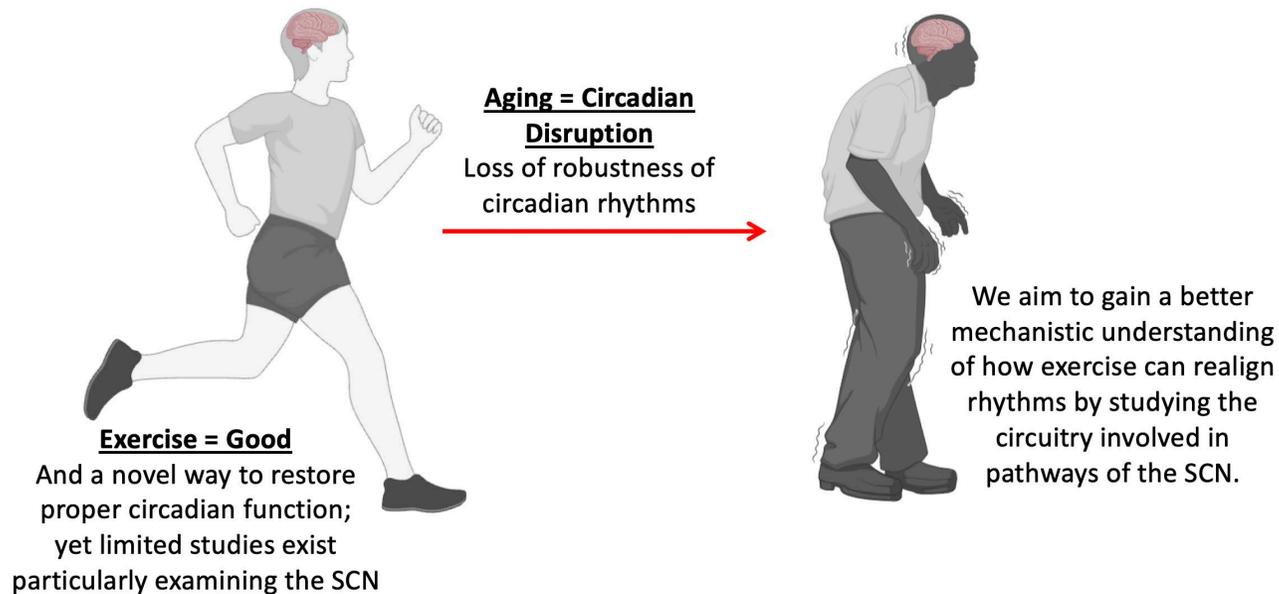
# Results: Aim 2



Yellow: NPY  
Green: C-fos,

- We are still quantifying appositions from NPY fibers onto these Fos cells, but our preliminary observations suggest that much of the increase of Fos expression occurs in the rostroventral region of the SCN that is innervated by NPY fibers.
- This lends further support for the protective effects of exercise in aged mice.

# Concluding Thoughts/Future Directions



1. Identifying ways to mitigate the harmful consequences that arise from circadian disruption and their impact on human health is imperative.
2. Our data, though preliminary, show a promising effect of exercise rescuing age-related circadian disruption in aged mice.
3. We aim to continue to study associated changes in SCN and peripheral clock function across the lifetime in mice subjected to voluntary or forced time-dependent exercise and the pathways involved in such modulation.

# Thank you!

1. Wyoming Sensory Biology Center, COBRE:

- Qian-Quan Sun, PhD
- Zhaojie Zhang, PhD
- William 'Trey' Todd, PhD
- Brandon Roberts, PhD

3.  UNIVERSITY OF WYOMING | College of Health Sciences  
Division of Kinesiology and Health

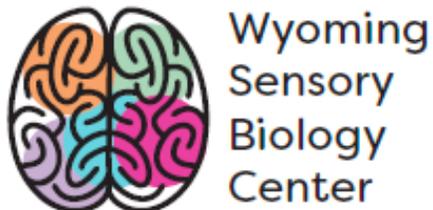
- Patrick Hardigan, PhD, Dean College of Health Sciences
- Eric Moody, PhD, Associate Dean of Research
- Derek Smith, PhD, Senior Associate Dean
- Arthur Zhu, PhD, Director Kinesiology and Health

2. Science Initiative, where the Schmitt Lab resides:

- Jennifer Pinello, PhD
- Jim Pru, PhD
- Dan Wall, PhD
- Jennie Cook, DVM

4. Schmitt Lab:

- Gustavo Hernandez
- Ethan Forbis
- Jackson Gail
- Karla Pitha
- Sherry Negaard
- Macei Engelke
- Rilee Hauber





# Questions?

*THE WORLD NEEDS MORE  
INSPIRED CREATIVITY.*

**Increasing Annual Wellness Visits to Increase Financial Stability in the Rural Clinic Setting**

Chanel Thrasher DNP FNP Candidate

Fay W. Whitney School of Nursing, University of Wyoming

**Background:** In rural communities, hospitals and hospital-affiliated clinics often serve as the cornerstone for care delivery, extending primary services to populations that would otherwise experience significant geographic barriers in accessing healthcare. Between 1990 and 2020, 334 rural hospitals in the U.S. closed, with additional closures occurring between 2020 and 2025. A major driver of rural hospital closures is persistent financial instability from inadequate revenue streams. Approximately 70% of Wyoming's rural hospitals report negative operating margins. These hospitals serve populations with a high percentage of publicly insured or uninsured individuals, limiting revenue potential. Hospital closures disrupt entire local healthcare systems, decreasing inpatient and outpatient services and leaving rural residents with fewer care options. Assuring the financial viability of rural hospitals and their affiliated clinics is critical to the health of rural populations.

Several high-impact, easy-to-implement revenue sources for hospital-affiliated clinics include Medicare's Initial Preventive Physical Examination (IPPE), Annual Wellness Visit (AWV), and Subsequent Annual Wellness Visit (SAWV), which are fully covered by Medicare. Research demonstrates that these visits help prevent avoidable hospitalizations and improve patient outcomes, particularly in rural communities. They also promote early disease detection, enhance patient engagement in self-management, and support adherence to evidence-based care. Moreover, they strengthen population health and reduce the burden of advanced disease.

Memorial Hospital of Carbon County (MHCC) is a designated Critical Access Hospital in Rawlins, Wyoming, which operates two affiliated rural health clinics: MHCC Family Practice Clinic (MHCC FPC) in Rawlins and MHCC Platte Valley Clinic (MHCC PVC) in Saratoga. Like many rural hospitals, MHCC has experienced sustained financial losses over the past several years and currently faces an estimated \$7 million deficit.

Despite Medicare's coverage of IPPEs, AWVs, and SAWVs, uptake of them remains low, particularly in rural populations. MHCC PVC is no exception, with less than half of its eligible Medicare population partaking in them. This results in missed opportunities for early disease detection and prevention. At a reimbursement rate of approximately \$160/visit, these missed visits also result in lost revenue. Increasing IPPEs, AWVs, and SWVs has the potential to improve patient outcomes while enhancing revenue for MHCC.

**Specific Aim:** The aim of this quality improvement project is to increase the number of completed IPPEs, AWVs, and SAWVs at MHCC PVC by  $\geq 10\%$  during the project's timeline (October 2025 through March 2026). The project team also seeks to establish a framework for successful interventions that could be adapted and implemented by MHCC and the MHCC FPC.

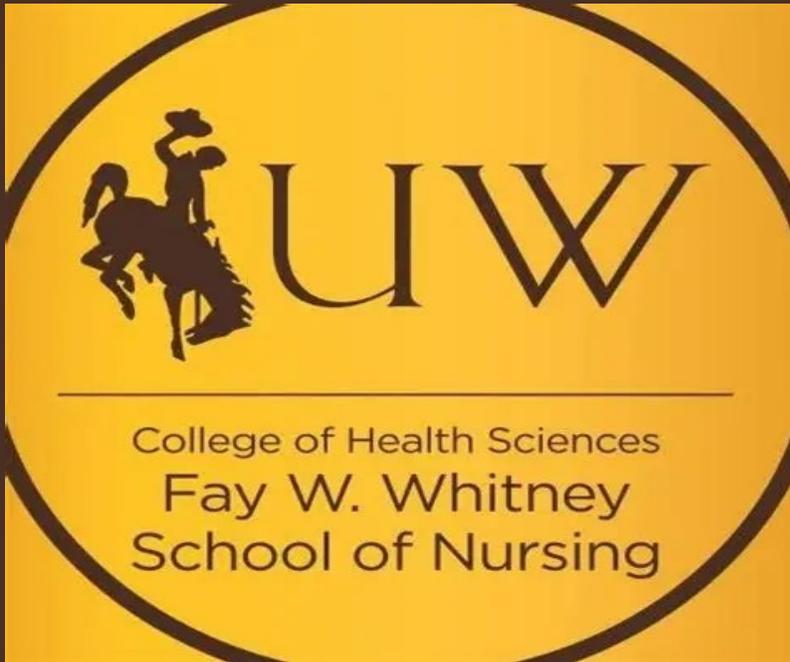
**Methods:** The project team, led by a Doctor of Nursing Practice (DNP) student, who resides in Saratoga, Wyoming, will implement interventions aimed at increasing patient awareness, uptake, and completion of IPPEs, AWVs, and SAWVs, including but not limited to scripted phone calls, newspaper advertisements, and messaging on an electronic community bulletin board. The project will employ a rapid improvement process, using the plan-do-study-act (PDSA) framework, whereby outcomes data are frequently collected, studied, and used to inform the next improvement cycle. Outcomes data will include baseline and post-intervention visit IPPE, AWV, and SAWV completion rates.

# Improving Rural Hospital and Clinic Financial Stability Through Increased Annual Wellness Visits

Chanel Thrasher, BSN, RN, DNP-FNP Candidate  
University of Wyoming Fay W. Whitney School of Nursing  
MHCC Platte Valley Clinic  
March 2026

# DNP FNP Role/ Project Framework

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## DNP FNP

- Advanced evidence based clinical care across the lifespan
- Lead data-driven quality improvement in healthcare systems

## Quality Improvement (QI)

- Structured approach to improving processes
- Focuses on measurable improvement within a local healthcare system

# Problem



## Rural Hospital Systems Financial Instability

- 334 rural hospitals permanently closed between 1990–2020 <sup>1</sup>



## Wyoming Specific

- $\approx$ 70% of **Wyoming's** rural hospitals report negative operating margins <sup>2</sup>



## Impacts of Closures

- Reduced access to local primary and preventive care <sup>1 3 4</sup>

# Medicare Wellness Visits

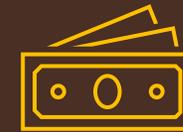
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Fully covered  
for Medicare  
Beneficiaries <sup>5</sup>



Reliable revenue  
stream for low-  
volume rural  
clinics <sup>6</sup>



Generate  
downstream  
revenue <sup>7</sup>

# MWVs

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- Medication reconciliation
- Risk assessment (HTN, diabetes, cholesterol)
- Preventive screening review
- Earlier disease detection and improved preventive screening adherence <sup>8 9</sup>

# MHCC PVC



## Hospital Affiliated Rural Clinic

- Serving Saratoga, Encampment, Riverside and surrounding areas



## Persistent Financial Losses

- Ongoing financial deficit



## Medicare Population

- Medicare Beneficiaries 25% of patient panel
- Less than 40% MWV completion rate



## Intervention Constraints

- Minimal staff
- Limited financial resources

# Project Aim

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- Increase MPV scheduling at MHCC PVC
- Target 50% (from 6 scheduled visits to 9 scheduled visits)
- Measured Timeframe: December 12, 2025-February 12, 2026



# PDSA

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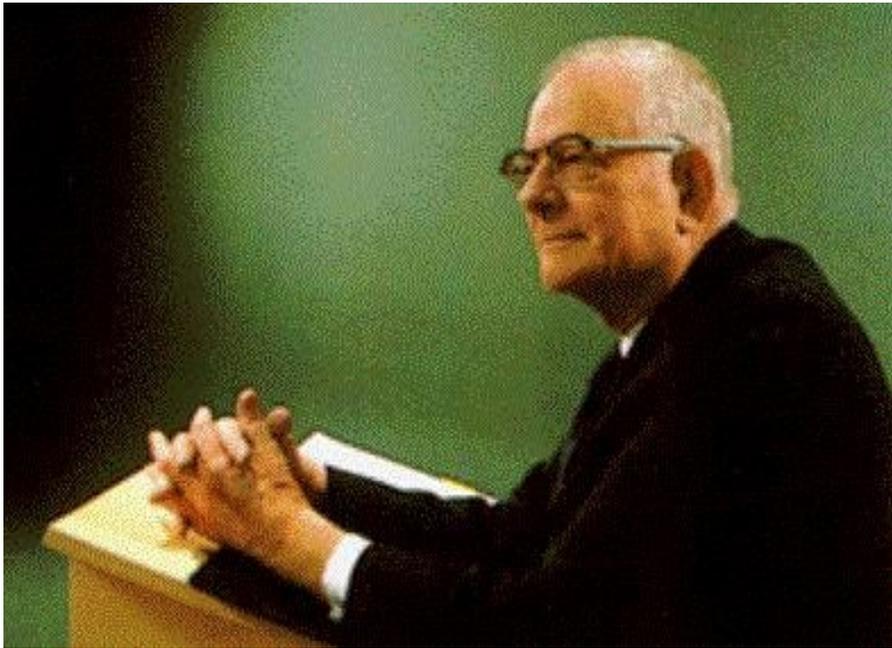
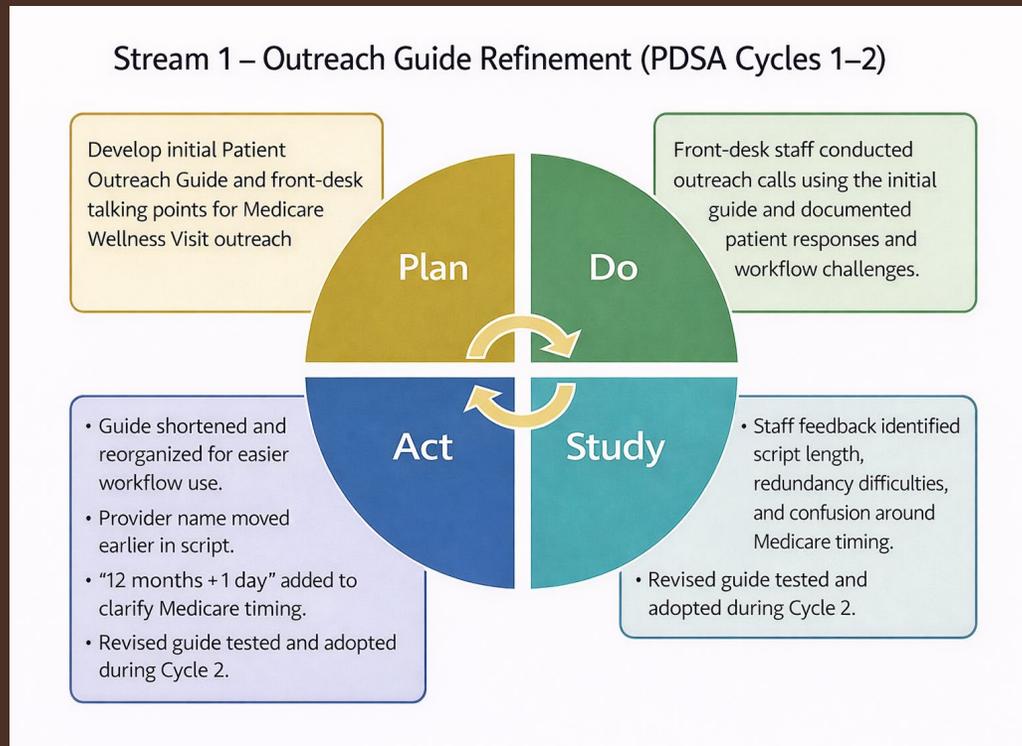


Image source: U.S. Food and Drug Administration (Public Domain)

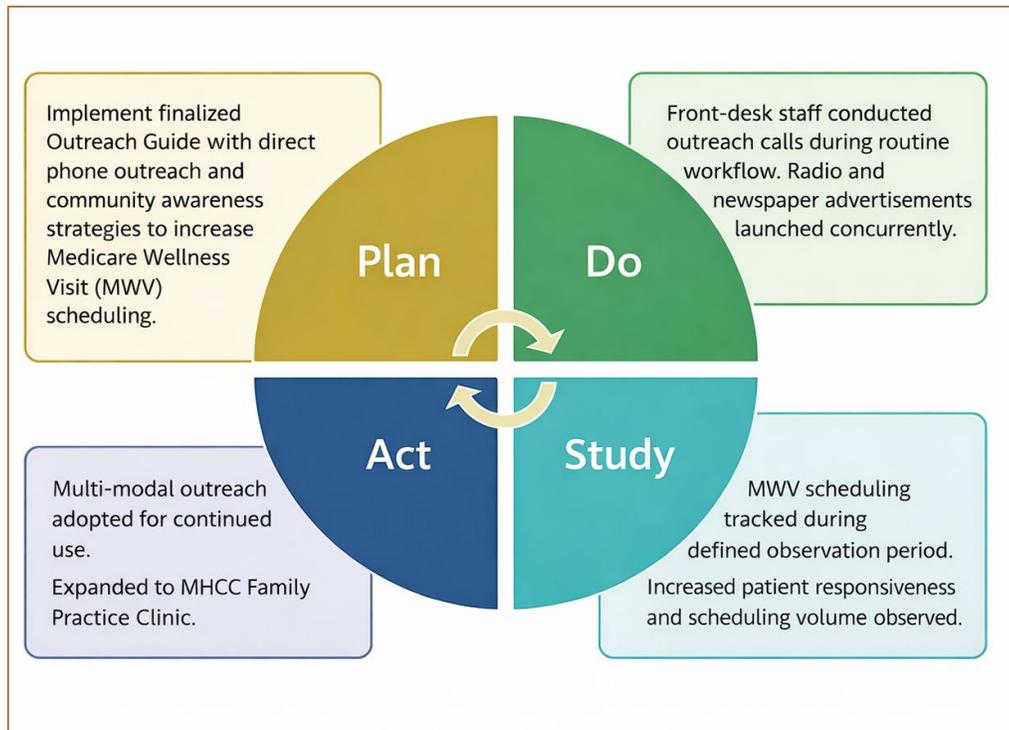
- **Plan** – Identify a change and define the test
- **Do** – Implement the change on a small scale
- **Study** – Evaluate results and assess impact
- **Act** – Refine, adapt, or scale based on findings <sup>10</sup>

# Stream 1: Patient Outreach Guide Development



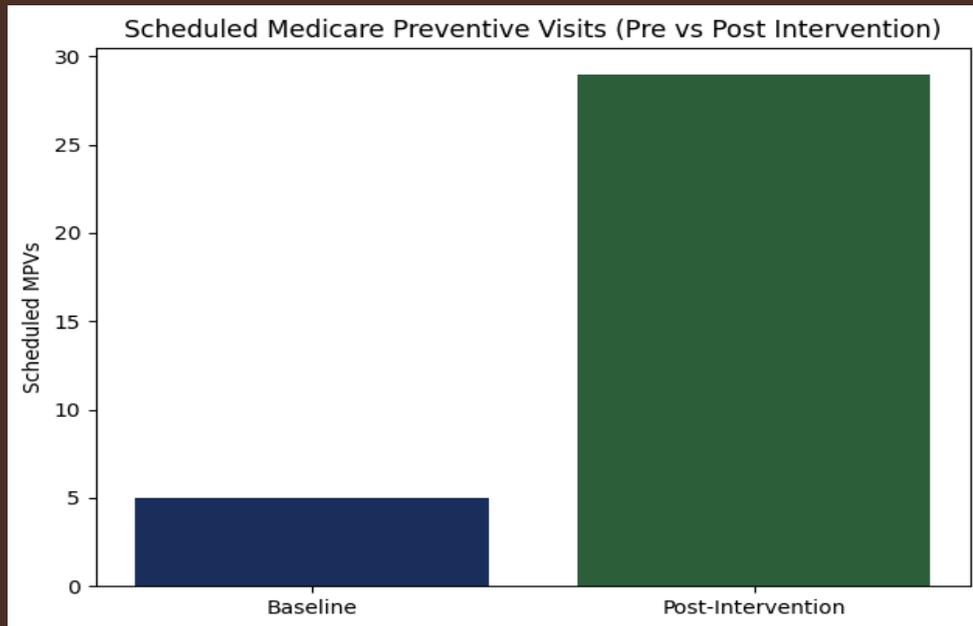
- **Two PDSA cycles** tested and refined the outreach guide
- Initial testing revealed script length and navigation challenges
- Patients confused about Medicare timing
- Guide revised for clarity and easier workflow integration
- Final outreach guide adopted for ongoing outreach

# Stream 2: Multi-Modal Outreach



- Implementation period: Dec 12- Jan 12
- Final outreach guide deployed
- Multi-modal outreach launched
- Evaluated impact on MWV scheduling

# Results



- **Baseline:** 5 MWVs scheduled
- **Post-intervention:** 29 MWVs
- **Increase:** +24 visits (+480%)
- **Estimated direct reimbursement:** ~\$3,300<sup>6</sup>
- **No additional staffing or workflow changes**
- **Expanded to MHCC FPC**

# Discussion



- PDSA refinement improved workflow integration
- Scripted Guided outreach alone demonstrated measurable scheduling response
- Multi-modal outreach further amplified scheduling volume
- Achieved without additional staffing or operational restructuring
- MWVs support preventive care, rural population health, direct and downstream revenue <sup>7 8 9</sup>



# Limitations

- Measured scheduling not completed visits
- Short observation period
- Occurred during the holiday period
- Conducted in one low-volume rural clinic
- Multiple outreach methods implemented concurrently
- Downstream revenue not directly measured



# Conclusions



- Targeted, structured outreach increased MWV scheduling (+480%)
- Improvement achieved within existing staffing and clinic workflow
- Guided outreach demonstrated measurable response; community advertising amplified impact
- Intervention adopted at MHCC Family Practice Clinic without modification
- Workflow-aligned outreach represents a credible, repeatable strategy for rural clinic sustainability



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# Special Thanks

**UW BoT**  
**Ann Marie Hart**  
**MHCC Staff**



## **Title: The experience of being cancer ghosted: A Netnographic Study**

### **Research Team:**

Dr. Jennifer Stephens – associate professor, Fay W. Whitney School of Nursing

Carlos Garcia – first year WWAMI medical student

Dr. Jenifer Thomas – professor, Fay W. Whitney School of Nursing

### **Purpose**

The overarching research aim of this study was to illuminate the phenomenon known as “cancer ghosting” and to explore recommendations for healthcare provider education and patient interventions.

### **Background & Significance**

Ghosting, originally associated with online dating apps, describes the experience of having communication terminated without warning. Increasingly over the past few years, oncology patients have reported being *cancer ghosted*. There are no studies of oncology patients and the phenomenon of cancer ghosting available. This presentation reports the Phase one results of a two-phased qualitative study designed to explore cancer ghosting in a way that informs psycho-oncology and survivorship care.

### **Methods**

Phase one of the larger study involved a comprehensive netnographic study of multiple social media platforms. Through extensive searches of public posts on sites including Twitter (X), Facebook, Reddit, chat rooms, and Linked-In as well as numerous blogs, over 150 entries within the past five years were analyzed. These posts specifically referred to being “ghosted” due to a cancer diagnosis. Using a comprehensive netnographic approach described by Kozinets (2019), this research revealed a wide range of public social media posts describing cancer ghosting either directly or indirectly. These posts were analyzed using netnographic technique as well as thematic analysis (per Naeem, Ozuem, Howell, & Ranfagni, 2023 and Sundler, Lindberg, Nilsson, & Palmér, 2019) to generate knowledge around the experience.

### **Findings and Interpretations**

Investigations into the occurrence of ghosting and its growing prevalence over the past five years has provided rich descriptive data as well as recommendations for healthcare provider interventions. Themes arising from this work included cancer stigma, existential crisis, impacted quality of life, isolation and loneliness, and mental health decline.

### **Discussion**

The netnographic approach of this research allowed for novel insight into cancer ghosting as a deeply impactful psych-oncology experience. The increasing frequency of posts indicates that cancer ghosting is a rising phenomenon, taking on an increasingly harsh and punitive tone.

Recommendations for healthcare professionals include ghosting-specific support groups and increased awareness of ghosting that can affect quality of life in survivorship. A three-question assessment tool was developed to assist providers in asking questions about ghosting and social media use. The opportunity exists to explore alternative methods of communication by patients to deter, or to address, ghosting experiences. Future directions (phase two) for this research focuses on short interviews with patients describing ghosting using critical incident technique (Flanigan, 1954) for each occurrence.

**Publication:**

Stephens, J., Garcia, C., & Thomas, J. (2025). Cancer Ghosting: A Netnographic Exploration of the Oncology Patient's Experience. *Cancer Care Research Online*, 5(4), e079. DOI: 10.1097/CR9.0000000000000079

# The Experience of Being Cancer Ghosted: Brief Review of a Netnographic Study

Presentation for the  
UW Board of Trustees

Wednesday  
March 25, 2026



**Jennifer M.L. Stephens, MA, PhD, RN, OCN, CCNE (study PI)**  
Assistant Professor

with **Carlos Garcia (RA)**, Meredith and Jeannie Ray Cancer Center, Laramie, WY

and **Jenifer Thomas (co-I)**, PhD, Fay W. Whitney School of Nursing, University of Wyoming

# What is Cancer Ghosting?

Cancer Ghosting is the sudden and deliberate ending of a relationship with someone who is diagnosed with cancer.

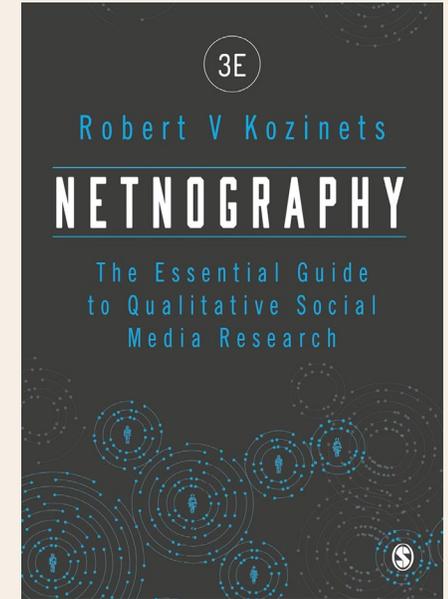


# Background and Significance

- Ghosting generally associated with online dating and social media.
- Few studies exist exploring oncology patients and cancer ghosting.
- Increasing prevalence of cancer ghosting being reported.
- This is phase one of a two-phased study exploring ghosting.
- Evaluate and inform others for survivorship care.

# Methods

- Qualitative Netnographic study of multiple social media platforms.
- Wide range of social media platforms including Twitter/X, Facebook, Reddit, LinkedIn and individual blogs included.
- Posts included mentioned being “ghosted” due to cancer diagnosis.
- Netnographic approach used as described by Kozinets (2019).
- Netnographic technique and thematic analysis used to evaluate and interpret posts.



# Netnography

Figure 8.1 from Kozinet *Netnography*, page 214.  
Used with permission.

# Findings

# N= 149 posts

Media Sources	
Social Media	Occurrences
X/Twitter	76
Reddit	33
TikTok	19
LinkedIn	7
Facebook (public)	7
Misc Blogs	5
Quora	2

General Demographics	
Year Posted	Occurrences
2024	50
2023	42
2022	25
2021	10
2020	20
2019	2
Pre-2019	0

# Findings and Interpretations

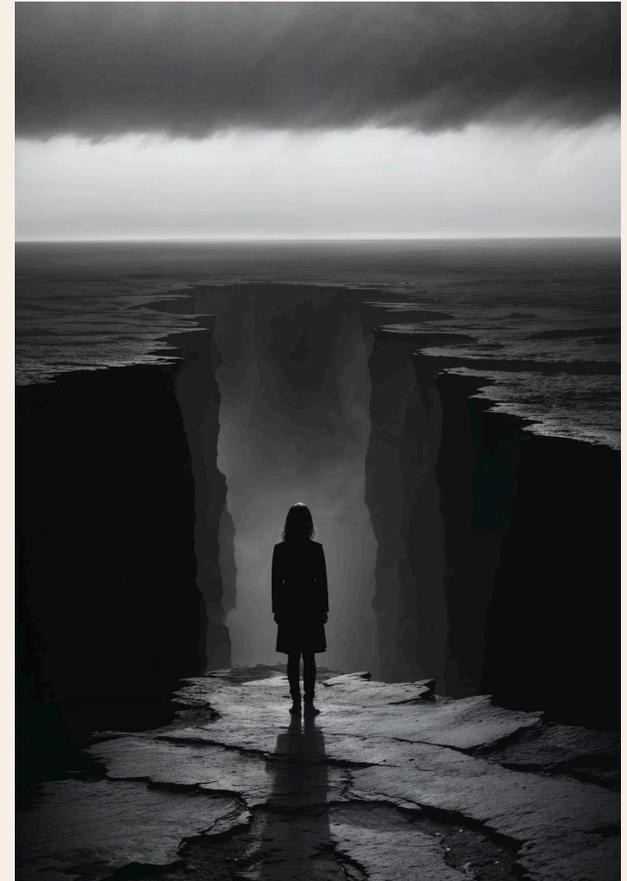
- Ghosting prevalence has increased over the past 5 years.
- Data regarding oncology patient experience is easily accessible for intervention creation.
- Common themes included:
  - 1) Abandonment
  - 2) Existential crisis
  - 3) Cancer stigma
  - 4) Meaning making
  - 5) Cancer community

# Examples from the Data

## 1. Abandonment

“Instead of going out with friends, I spent my days going in for labs, scans, and radiation treatments. It seemed like my care team were the only people who were there for me when my friends abandoned me. I still feel alone most days (if not every day).”

“I had few friends to begin with. As I generally keep my personal life and social life/work life separate. And all but one person has moved on from me. Which is fine. I learned years ago I can walk alone with me and my shadow and my cat.”



# Examples from the Data

## 2. Existential Crisis

“Sometimes I feel I have become less human in their eyes. It's definitely lonely.”

“People don't want to be friends with someone who's sick. It reminds them of the delicate condition of humanity.”



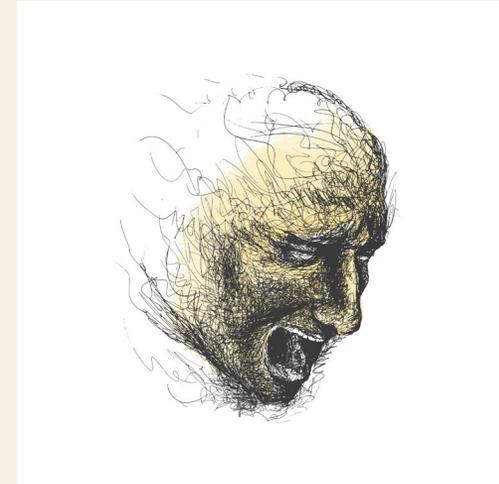
“What is it about cancer that makes people  
SO DAMN WEIRD.  
Like they forget how to human?”

# Examples from the Data

## 3. Cancer Stigma

“My friends disappeared into the night. Even my parents abandoned me during this time. hilariously when confronted, I was told my drama wasn’t their problem.”

“I tested the waters with a job I wasn't really qualified for. The interview was going great until they asked how my quarantine year went. Once they found out I was a cancer survivor the change was palpable. I was also ghosted. Not even a rejection email.”



# Examples from the Data

## 4. Meaning Making

“I’ve realized that a lot of people want to ‘give space’ and ‘not say the wrong thing.’ It definitely sucks.”

“Maybe they can’t handle bad news, maybe it triggers something in them, or maybe they just want to distance themselves in case you don’t make it.”



# Examples from the Data

## 5. Cancer Community

“There are 2 cities. One is the city of the healthy and the other is the city of the unhealthy. We all got banished to the latter when we got cancer unless we can hide it which for those of us in active treatment or recovering means we cannot hide it.”



“It hurt at first, but I have since met many wonderful new friends. And the cancer community on Twitter rocks!”

# Discussion

The most common words from the media posts collected were formed into a word cloud to represent some of the experience involved in being cancer ghosted.

# Discussion

- Netnography allows for a novel approach to psych-oncology experiences such as cancer ghosting
- Cancer ghosting is a rising phenomenon across social media
- Recommendations for healthcare professionals
  - Ghosting specific support groups
  - Increased ghosting awareness
  - Explore alternative communication methods to address ghosting experience
- Future opportunity for interviews using critical incident technique (Phase two)

# Knowledge Translation

- Stephens, J., Garcia, C., & Thomas, J. (2025). Cancer Ghosting: A Netnographic Exploration of the Oncology Patient's Experience. *Cancer Care Research Online*, 5(4), e079. DOI: 10.1097/CR9.0000000000000079
- Stephens, J., Garcia, C., & Thomas, J. (2025, April 9-13). *The experience of being cancer ghosted: A Netnographic Study*. [Podium presentation]. Oncology Nursing Society Congress, Denver, Colorado. <https://www.ons.org/education-hub/events/ons-congress>
- UPCOMING: Stephens, J. (2026, April 9). *Using netnography in nursing research: The example of cancer ghosting*. [Keynote Speaker, invitation]. NetnoTalk of the Association for Netnographic Research (ANR). <https://netnographicresearch.org/events/>

The screenshot shows the top navigation bar of the Cancer Care Research Online website. It includes links for 'Log in or Register', 'Subscribe to journal', and 'Get new issue alerts'. The main title 'Cancer Care ResearchOnline' is prominently displayed. Below the title, there are dropdown menus for 'Articles & Issues', 'For Authors', and 'Journal Info'. The article title 'Cancer Ghosting: A Netnographic Exploration of the Oncology Patient Experience' is shown in a large font, followed by the authors' names: 'Stephens, Jennifer M. L. MA, PhD, RN, OCN, CCNE; Garcia, Carlos BS; Thomas, Jenifer PhD'. There is an 'Author Information' link and a citation string: 'Cancer Care Research Online 5(4):p e079, October 2025. | DOI: 10.1097/CR9.0000000000000079'. A sidebar on the left contains icons for 'Outline', 'Images', 'Download', 'Cite', 'Share', 'Favorites', and 'Permissions'. The main content area has an 'OPEN' button and tabs for 'Abstract' and 'Plain Language Summary'. The 'Background' section begins with the text: 'Ghosting, originally associated with online dating, describes the experience of having communication terminated without warning. Increasingly, oncology patients are reporting being "cancer ghosted."' and the 'Objective' section starts with: 'This paper reports on a comprehensive netnographic study undertaken to explore the'.

# Conclusion and Future Directions

- Cancer ghosting is a phenomenon that is increasing in incidence among cancer patients.
- The psychological and social effects of being ghosted after a cancer diagnoses are staggering.
- Netnographic method is useful for nursing research and patient experience studies.
- Thanks to a Fay W. Whitney School of Nursing Humenick Grant, our team is currently undertaking Phase 2 research (a qualitative study) using critical incident theory (CIT).



**Thank you for inviting us to  
present this important research.**



**Questions?  
Thoughts?**

**Research and Economic Development**  
**COMMITTEE MEETING MATERIALS**

**AGENDA ITEM TITLE:** REDD Update – Parag Chitnis

- OPEN SESSION
- CLOSED SESSION

PREVIOUSLY DISCUSSED BY COMMITTEE:

- Yes
- No

FOR FULL BOARD CONSIDERATION:

- Yes [*Note: If yes, materials will also be included in the full UW Board of Trustee report.*]
  - No
- Attachments/materials are provided in advance of the meeting.*

EXECUTIVE SUMMARY:

Vice President Parag Chitnis will update the committee on current activities within the Research and Economic Development Division, to include updates on the recent Division Reorganization previously discussed.

PRIOR RELATED COMMITTEE DISCUSSIONS/ACTIONS: **Information only**

WHY THIS ITEM IS BEFORE THE COMMITTEE: **Information only**

ACTION REQUIRED AT THIS COMMITTEE MEETING: **None**

PROPOSED MOTION: **N/A**