

Community Networks to Reduce Cancer Disparities Through Education, Research, and Training

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Overview of Summit

Major purposes of this summit meeting:

- Inform CNP grantees about what is expected in the next 1-2 years.
- Meet NCI groups and other DHHS groups for resources, collaborations and networking.
- Learn about each other. Networking with each other. Share.

My talk – CNP duties, roles, and responsibilities

History

- 1989 National Black Leadership Initiative
- 1992 National Hispanic Leadership Initiative and Appalachian Leadership Initiative
- 1995 Office of Special Populations Research
- **2000 18 Special Populations Networks (SPN) Cooperative Agreements**
- 2001 Center to Reduce Cancer Health Disparities (CRCHD) created
- **2004 Special Populations Networks (SPN) grants end**
- **2005 25 Community Network Program (CNP) Cooperative Agreements**

Community Networks Program

- \$19M 1st Year - \$95M for 5 years
 - 6 *National*
 - 7 *Multi-state or statewide*
 - 12 *Local*
25

 - 13 *SPNs*
 - 12 *New (48%)*
25
- **25 *Total Cooperative Agreements***

Community Networks Program

- *Distribution by racial/ethnic and underserved group:*
 - *8 African Americans*
 - *4 Hispanics*
 - *4 American Indians and Alaska Natives*
 - *3 Pacific Islanders*
 - *2 Asians*
 - *4 Underserved*

Community Networks Program

- **Purpose: Reduce cancer disparities through community-based participatory (CBP) education, research, and training**
- **Goal: Significantly improve access to and utilization of beneficial cancer interventions**

Community Networks Program

■ Program Phases

Phase I: Capacity Building - Education – Years 1-5

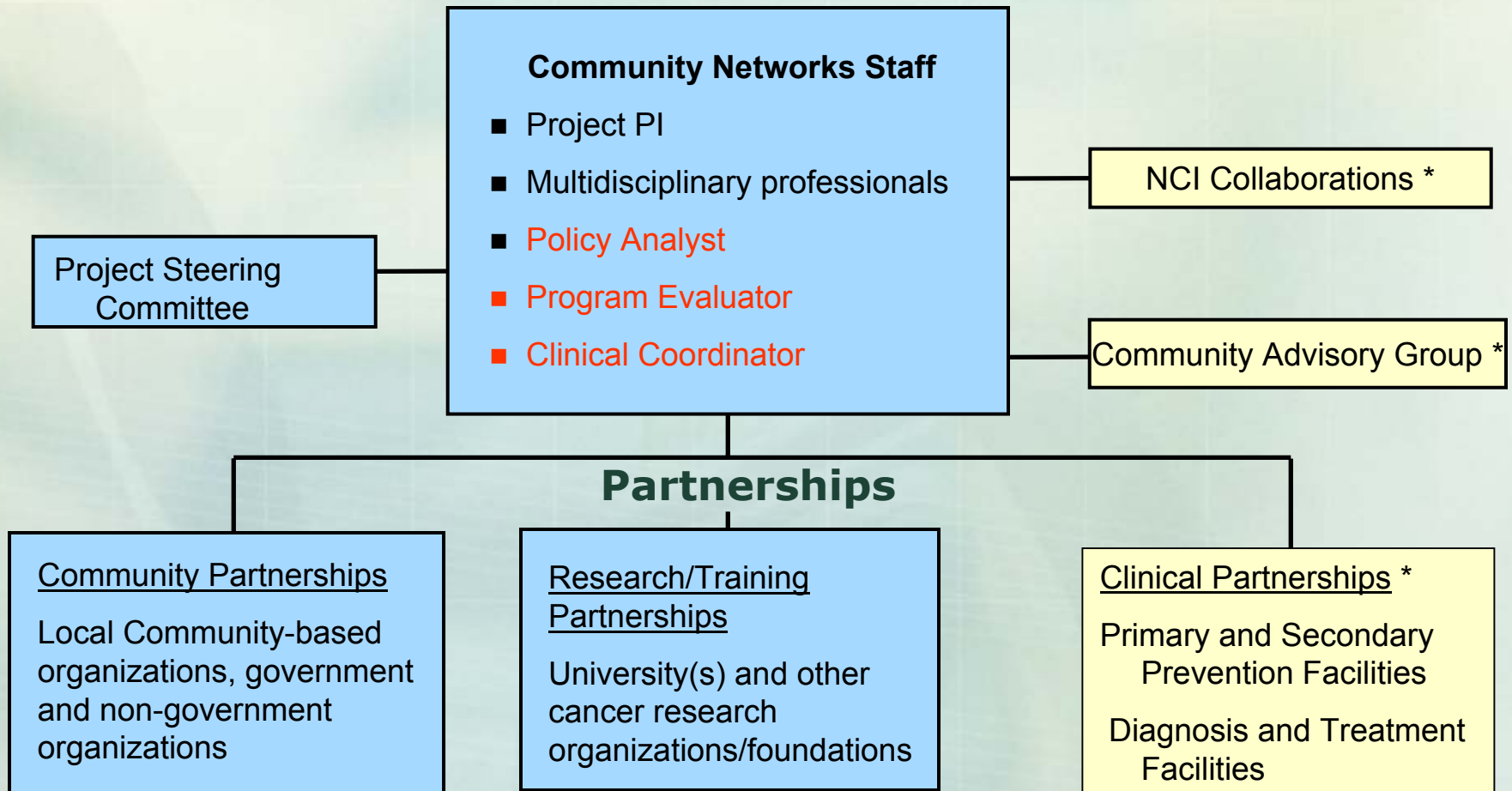
Phase 2: Disparities Research
and Training - Years 2-5

Phase 3: Establish
Credibility and
Sustainability Years 4-5

Phase I Objectives

- I.1. Increase capacity building to reduce cancer disparities
 - **Core infrastructure – Develop Staff**
- I.2. Create Partnerships – (MOU on roles and responsibilities)
 - Local communities
 - **Primary and secondary prevention facilities**
 - **Diagnosis and treatment facilities**
 - **Cancer care hospitals in community**
 - Other Gov't programs
 - Non Gov't programs - ACS

Organization and Partnerships



Committees of CNP

- CNP Steering Committee (Meet at least one time per year)
 - PI of CNP
 - CRCHD Program Director
 - Community Leaders
 - CBP researchers (at least 3)
 - Clinical expertise
 - Others needed to carry out objectives

Committees of CNP

- Community Advisory Group (Meet at least 2 times per year)
 - PI of CNP
 - Community Leaders
 - Roles of CAG
 - Voice of the community
 - Community advise on projects for community
 - Aid in community dissemination

Phase I Objectives (Cont'd)

- I.3. Collaborations with NCI's Centers/Divisions/Offices/Groups to reduce disparities:
 - At least 4 projects with NCI groups in 5 years
 - In general, project is done under the core grant (no additional funding)
 - NCI group may have funding

Integration with Other NCI Programs on Disparities

- NCI Program Collaborations – CNPs work with NCI groups involving disparities
 - CIS Partnership Programs (Mandatory)
 - Minority Institution/Cancer Center Partnerships (MI/CCP)
 - NCI CURE program to develop minority researchers
 - CCR intramural clinical trials
 - DCCPS Centers for Population Health and Health Disparities and other DCCPS cancer disparities programs
 - DCEG epidemiology studies
 - DCP prevention, screening/early detection clinical trials
 - DCTD treatment clinical trials
 - Other NCI programs on reducing disparities

Procedures for NCI Collaborations on Disparities

- **CNP develops project with NCI group**
- **CNP creates a write-up of project with goals, objective and criteria for a successful completion of the project by CNP with approval of the NCI group Director.**
- **CRCHD Program Director approves project**
- **CNP performs project under the direction of the NCI group Director.**
 - **Progress reported in the Annual Report at time of renewal**
- **At the completion of project, NCI group Director evaluates the performance of CNP.**
- **If successful, the CNP has a NCI collaboration.**

Phase I Objectives (Cont'd)

- I.4. Increase utilization of beneficial interventions in your communities (1-5 years) **Cancer Education activities**
 - **Perform CBP educational activities to increase community use of beneficial cancer interventions**
 - **1st (Primary) Prevention – Smoking prevention and cessation, Hepatitis B vaccination, energy balance (control obesity, diet/nutrition and physical activities)**
 - **2nd (Secondary) Prevention –**
 - **Breast cancer: Mammography and clinical breast exam**
 - **Cervical cancer: Pap smear**
 - **Colorectal cancer: FOBT, sigmoidoscopy, colonoscopy**
 - **Prostate cancer: Prostate specific antigen test (perhaps)**

General Framework of Reducing Cancer Disparities

- Cancer Prevention
- Screening can reduce mortality when early detection is followed by early diagnosis and cancer treatment
 - Patient Navigation is a developing strategy to help
- Affect Health Care Delivery
 - Recruit to clinical trials
 - Local Programs to improve access

Early Detection

Abnormal
findings on
screening tests

→ Diagnosis →

Treatment →

Survivorship

Issues in Screening/Cancer Educational Activities

- CNP does not pay for prevention or screening/early detection services;
 - Use existing resources
- Focus on Hard-to-Reach groups
- Screening activities should emphasize first-time and repeat screenings
- If you collect information on individuals that will be used for future research, you must get IRB approval for activity

Phase I Objectives (Cont'd)

- 1.5. Obtain non-CRCHD funding for CBP educational and training activities (1-5 years)
 - Non-government sources:
 - ACS; Legacy, Komen, etc
 - Government sources
 - Other parts of NCI
 - NIH
 - CDC
 - Local, state governments

Transition to Phase II

■ Phase I -> II Transition

- Organizational infrastructure in place
- Formal partnership (MOU) with at one least primary or secondary prevention facility
- Partnership (MOU) with at least one cancer research organization to facilitate recruitment and training of researchers
- Performed at least one cancer education activity to increase community participation in a primary/secondary prevention facility groups
- Plan for implementation of Phase II
- IRB certification/exemption of parent grant

Phase II Objectives

- Goal: Develop community-based participatory (CBP) research and training programs
 - II.1. CBP research that address spectrum of research issues necessary to reduce disparities in the community
 - Needs assessments
 - Intervention research
 - Efficacious community-based interventions
 - Policy assessments and research

Phase II Objectives

- **II.2. Develop pilot research projects**
 - **Submit 10-Page R01-like grant proposals on topics that deal with CBP research to reduce cancer disparities for 1 year projects for junior investigators (not PIs)**
 - **Funding: ~75K (Hopefully)**
 - **Review by NCI and outside reviewers**
 - **Summary statement created for each application**
 - **In the past 30%+ funding level**
 - **Start date: Must transition to phase II to start to submit pilot projects**
 - **Pilot projects are for junior investigators, not PIs.**

Phase II Objectives

- II.3. Train junior researchers in CBP research, particularly from minority/underserved populations
 - Training program/mentorship for junior investigators
 - Junior investigators develop pilot projects

Phase III Objectives

- Goal: Establish credibility and sustainability of Program
 - Reduce cancer disparities in the community
 - Obtain non-CRCHD funding for research proposals
 - Inform policy makers of community-based research that reduces cancer disparities

Outcomes for Reducing Disparities

- Given CNP is a 5-Year program:
 - It cannot reduce mortality in 5 years
 - It cannot increase 5-year survival rates
- It can affect Process outcomes
- It can affect some Impact outcomes

OUTCOMES

PROGRAM BUILDING BLOCKS

FOCUS OF ACTIVITIES

SHORT-TERM (PROCESS) (1-2 years)

INTERMEDIATE (IMPACT) (3-5 years)

LONG-TERM (5-7 years)

ULTIMATE (8+ years)

Establish and maintain infrastructure to address cancer disparities

Create and/or enhance local partnerships with community-based organizations to assess community resources and their value to program

Create and/or enhance partnerships with organizations that can help reduce disparities in the community (e.g., private and government groups, policy makers)

Develop NCI collaborations (including with CIS) to expand local capacity

Develop, through a community-based participatory process, an understanding of relevant resources, assets, and needs to address cancer disparities by creating a synergy of efforts and leveraging local resources

Develop and conduct community-based:
• Education program
• Activities

Develop and conduct community based:
• Provider training
• Recruitment and training of minority students
• Relevant research (i.e. pilot projects)

Develop and conduct strategies to educate policy makers

Predisposing Factors
• Improve patient and public knowledge, beliefs, attitudes, value and perceptions about cancer related issues across the continuum of care

Reinforcing Factors
• Increase health professional knowledge and sensitivity related to cultural compassion
• Increase understanding of issues impacting cancer control among disparate populations
• Mobilize community to support efforts of CNP (i.e., address and improve community norms)

Reinforcing Factors
• Increase understanding among policy makers of issues impacting cancer control among disparate population

Individual Change
• Increase positive health behaviors (e.g., smoking cessation, improve nutrition, etc.) among disparate populations
• Increase utilization of screening diagnosis, treatment, and clinical trials services

Community Change (Enabling Factors)
• Improve local referral patterns, including to clinical trials
• Improve provider interactions with disparate groups
• Increase number of health professional representing disparate populations
• Increase access to preventive, screening, diagnostic and treatment services
• Leverage funding from other sources to enhance services
• Translation of research to practice

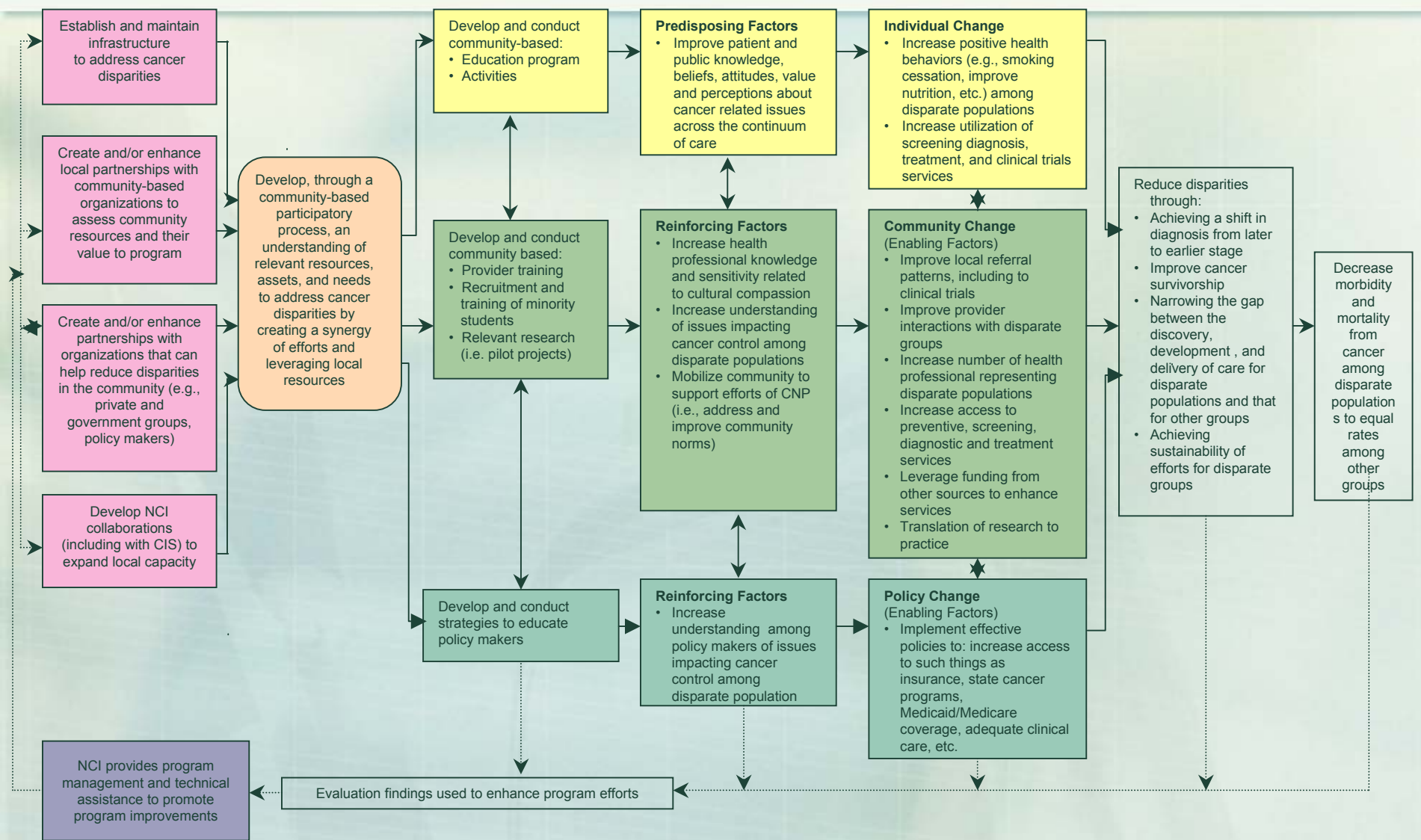
Policy Change (Enabling Factors)
• Implement effective policies to: increase access to such things as insurance, state cancer programs, Medicaid/Medicare coverage, adequate clinical care, etc.

Reduce disparities through:
• Achieving a shift in diagnosis from later to earlier stage
• Improve cancer survivorship
• Narrowing the gap between the discovery, development, and delivery of care for disparate populations and that for other groups
• Achieving sustainability of efforts for disparate groups

Decrease morbidity and mortality from cancer among disparate populations to equal rates among other groups

NCI provides program management and technical assistance to promote program improvements

Evaluation findings used to enhance program efforts



For example, reducing disparities at the individual's level:

CNP Activities

- Develop and conduct community-based:
 - Educational Activities
 - Research Activities

Process Outcomes (years 1 and 2)

- Predisposing Factors**
- Improve subjects' and public knowledge, beliefs, attitudes, values, and perceptions about cancer

Impact outcomes (years 3-5)

- Individual Change**
- Increase positive health behaviors (e.g., smoking cessation, improve nutrition, etc.) among disparate populations
 - Increase utilization of screening, diagnosis, treatment, and clinical trials services

For example, reducing disparities at the community and provider level:

CNP Activities

Develop and conduct community based:

- Provider training
- Recruitment and training of minority students
- Relevant research (i.e., pilot projects)

Process Outcomes (years 1 and 2)

Reinforcing Factors

- Increase health professional knowledge and sensitivity related to cultural compassion
- Increase understanding of issues impacting cancer control among disparate populations
- Mobilize community to support efforts of CNP (i.e., address and improve community norms)

Impact outcomes (years 3-5)

Community Change (Enabling Factors)

- Improve local referral patterns, including to clinical trials
- Improve provider interactions with disparate groups
- Increase access to preventive, screening, diagnostic and treatment services
- Leverage funding from other sources to enhance services
- Stage shifts in cancer cases

For example, reducing disparities at the policy level:

CNP Activities

- *Identify and evaluate existing policies
- *Identify policy/decision makers
- *Determine data needs
- *Educate policy decision makers

Process Outcomes (years 1-2)

Reinforcing Factors

- Increase understanding among policy makers of issues impacting cancer control among disparate population

Impact outcomes (years 3-5)

Enabling Factors Inform Policy Makers to:

- Implement effective policies to: increase access, improve insurance coverage, implement state cancer programs, and provide adequate clinical care

Other Possible Ways of Measuring the Success of the CNP

- Publications, Publications, Publications
- Training of minorities as researchers
- Leveraging to obtain non-CRCHD funding
- Develop interventions that reduce disparities
- Obtain research grant funding

Community Networks Program

