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
<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tbody>
<tr>
<td>1989</td>
<td>National Black Leadership Initiative</td>
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<tr>
<td>1992</td>
<td>National Hispanic Leadership Initiative and Appalachian Leadership Initiative</td>
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<tr>
<td>1995</td>
<td>Office of Special Populations Research</td>
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<tr>
<td>2000</td>
<td>18 Special Populations Networks (SPN) Cooperative Agreements</td>
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<tr>
<td>2001</td>
<td>Center to Reduce Cancer Health Disparities (CRCHD) created</td>
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<tr>
<td>2004</td>
<td>Special Populations Networks (SPN) grants end</td>
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<tr>
<td>2005</td>
<td>25 Community Network Program (CNP) Cooperative Agreements</td>
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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

Community Networks Staff
- Project PI
- Multidisciplinary professionals
- Policy Analyst
- Program Evaluator
- Clinical Coordinator

Partnerships

Community Partnerships
Local Community-based organizations, government and non-government organizations

Research/Training Partnerships
University(s) and other cancer research organizations/foundations

Clinical Partnerships
Primary and Secondary Prevention Facilities
Diagnosis and Treatment Facilities

NCI Collaborations *
Community Advisory Group *
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
1.3. 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
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
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 least one 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
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.
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
PROGRAM BUILDING BLOCKS

FOCUS OF ACTIVITIES

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

- Establish and maintain infrastructure to address cancer disparities
- Develop and conduct community-based: • Education program • Activities
- Predisposing Factors • Increase patient and public knowledge, beliefs, attitudes, value and perceptions about cancer related issues across the continuum of care
- Reinforcing Factors • Improve 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)

INTERMEDIATE (IMPACT) (3-5 years)

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

LONG-TERM (5-7 years)

- Develop NCI collaborations (including with CIS) to expand local capacity
- Develop and conduct strategies to educate policy makers
- Reinforcing Factors • Increase understanding among policy makers of issues impacting cancer control among disparate population
- 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.

ULTIMATE (8+ years)

- NCI provides program management and technical assistance to promote program improvements
- Evaluation findings used to enhance program efforts

OUTCOMES

- 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
  - 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
  - Implement effective policies to: increase access to such things as insurance, state cancer programs, Medicaid/Medicare coverage, adequate clinical care, etc.

- Ultimate Change
  - Achieving sustainability of efforts for disparate groups
  - Decrease morbidity and mortality from cancer among disparate population to equal rates among other groups

- 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 population to equal rates among other groups
For example, reducing disparities at the individual’s level:

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<th>CNP Activities</th>
<th>Process Outcomes (years 1 and 2)</th>
<th>Impact outcomes (years 3-5)</th>
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| Develop and conduct community-based: | **Predisposing Factors**  
  - Improve subjects’ and public knowledge, beliefs, attitudes, values, and perceptions about cancer | **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 |
|   - Educational Activities  
   - Research Activities | | |

- Educational Activities
- Research Activities
For example, reducing disparities at the community and provider level:

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<td>Develop and conduct community based:</td>
<td><strong>Reinforcing Factors</strong></td>
<td>Community Change (Enabling Factors)</td>
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<td>• Provider training</td>
<td>• Increase health professional knowledge and sensitivity related to cultural compassion</td>
<td>• Improve local referral patterns, including to clinical trials</td>
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<tr>
<td>• Recruitment and training of minority students</td>
<td>• Increase understanding of issues impacting cancer control among disparate populations</td>
<td>• Improve provider interactions with disparate groups</td>
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<td>• Relevant research (i.e., pilot projects)</td>
<td>• Mobilize community to support efforts of CNP (i.e., address and improve community norms)</td>
<td>• Increase access to preventive, screening, diagnostic and treatment services</td>
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<tr>
<td></td>
<td></td>
<td>• Leverage funding from other sources to enhance services</td>
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<td></td>
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<td>• Stage shifts in cancer cases</td>
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For example, reducing disparities at the policy level:

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<td>*Identify and evaluate existing polices</td>
<td>Reinforcing Factors</td>
<td>Enabling Factors Inform Policy Makers to:</td>
</tr>
<tr>
<td>*Identify policy/decision makers</td>
<td>• Increase understanding among policy makers of issues impacting cancer control among disparate population</td>
<td>• Implement effective policies to: increase access, improve insurance coverage, implement state cancer programs, and provide adequate clinical care</td>
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<tr>
<td>*Determine data needs</td>
<td></td>
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<tr>
<td>*Educate policy decision makers</td>
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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