

Cancer Center Supplement to Partner with
Comprehensive Cancer Control Coalitions to
Study Implementation of Evidence-Based Interventions (FY21)

Abstracts
COE Supplements to NCI-Designated Cancer Centers 2021–2022
January 2022

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Institution: Dartmouth-Hitchcock Norris Cotton Cancer Center

Project Contact(s): Judith Rees, Rian Hasson, John King, and Garth Garrison

Project Title: Collaborating on a Multi-Component Intervention to Increase Lung Cancer Screening Uptake

Program Overview:

Norris Cotton Cancer Center (NCCC) is the only NCI-Designated Comprehensive Cancer Center in the northern New England region (i.e., Vermont, New Hampshire, Maine). NCCC has a bistate catchment area composed of New Hampshire and Vermont that is impacted by high lung cancer incidence and mortality rates. The Centers for Disease Control and Prevention–funded Vermont Cancer Plan for 2021–2025, includes a goal to increase lung cancer screening (LCS) uptake—as only 26% of eligible Vermonters were up to date with screening in 2019. Vermont’s cancer coalition, Vermonters Taking Action Against Cancer (VTAAC), convenes individuals and organizations from across Vermont (including NCCC and project partners Vermont Department of Health and University of Vermont Medical Center) to help implement the Cancer Plan. VTAAC has an existing Task Force infrastructure to bring together partners focused on specific areas of the cancer plan—including an LCS Task Force. While this infrastructure has supported connections, networking, and cooperation among partners, VTAAC’s Steering Committee and NCCC would like to foster deeper, collaborative relationships in which partners—including NCCC—coimplement and coevaluate projects. The project team will pilot an enhanced Task Force model with the LCS Task Force, building its capacity to truly collaborate on a shared project by convening the group specifically for project collaboration, assessing the Task Force’s membership, and reviewing project evaluation results and jointly determining future directions for sustained collaboration. Drawing on The Community Guide’s robust evidence base for interventions that effectively increase uptake of other cancer screenings, the project team will collaborate with the VTAAC LCS Task Force and its members to co-implement and co-evaluate a multicomponent intervention to increase LCS uptake while addressing known barriers to LCS in the center’s catchment. The intervention will include (1) an educational campaign to increase community demand for LCS, (2) transportation programs and streamlined appointment scheduling to increase community access, and (3) continuing education, provider reminders, and provider assessment/feedback to increase provider delivery of LCS referrals. The LCS Task Force will review the evaluation results and determine which components to sustain and scale with additional partners based on impact and feasibility. To further sustain the enhanced partnership and optimize the opportunities for collaboration, the team will conduct a consensus-building exercise with coalition leadership to identify broader priorities, support the development of new Task Force(s) aligned with those priorities, and seek collaborative funding. To facilitate engagement of additional NCCC investigators with VTAAC, the team will conduct an in-reach assessment of NCCC Cancer Population Science Research Program investigators’ areas of expertise, train them on community engagement principles, and match them with the appropriate VTAAC Task Forces.

Institution: Fred Hutch/University of Washington Cancer Consortium

Project Contact(s): Jason Mendoza, Kathy Briant, Craig Dee, Myra Parker, Kerri Lopez, Torrie Eagle Staff, and Alyssa Farrow

Project Title: Indigenous Intergenerational Intervention to Address Cancer

Program Overview:

The Fred Hutch/University of Washington Cancer Consortium (the Consortium) encompasses partners who work together to address the full spectrum of cancer research and programs in the Consortium’s catchment area to reduce the burden of cancer among the populations served. The Northwest Portland Area Indian Health Board (NPAIHB) is a nonprofit tribal advisory organization serving the 43 federally recognized tribes of Oregon, Washington, and Idaho. The Consortium’s Office of Community Outreach & Engagement (OCOE), in partnership with the NPAIHB, proposes a cancer control project entitled, “Indigenous Intergenerational Intervention to Address Cancer” in response to “Administrative Supplements for the NCI P30 Cancer Center Support Grants to extend partnerships with comprehensive cancer control coalitions to study implementation of evidence-based cancer control interventions.” Through a collaboration with NPAIHB’s Northwest Tribal Comprehensive Cancer Program (NTCCP), the OCOE proposes to provide technical assistance to Washington tribes to implement evidence-based interventions that address breast and colorectal cancer disparities, as well as HPV vaccination rate disparities, among American Indian and Alaska Native (Indigenous) populations in the state through the following specific aims: (1) empower participating tribal communities to increase breast and colorectal cancer screening and HPV vaccination among Indigenous peoples in Washington state by implementing a media campaign by and for Indigenous people; (2) implement an intergenerational cancer control evidence-based intervention (EBI) to increase community access to breast cancer screening for Indigenous women and HPV vaccination for Indigenous youth by reducing structural barriers; and (3) evaluate the impact of this intergenerational cancer control intervention by examining both the reach of the media campaign for breast and colorectal cancer screenings (views, shares, likes, comments) and the numbers of resources and people who receive educational outreach and breast cancer screening or HPV vaccinations at the Indigenous intergenerational EBI events.

Institution: Huntsman Cancer Institute

Project Contact(s): David Wetter, Melissa Yack Hall, Ray Meads, and Kara Kikuchi

Project Title: Research Practice Partnership: Supporting Nevada's Cancer Coalition's Goals

Program Overview:

In collaboration with the Nevada Cancer Coalition (NCC), Nevada Primary Care Association (NVPCA), and the Nevada Department of Health and Human Services-Tobacco Control Program (DHHS-TCP), this project addresses a Nevada State Cancer Plan priority area of tobacco. More specifically, the project helps NCC to grow its work disseminating evidence-based interventions (EBIs) and supporting healthcare systems in implementing EBIs. Built around the Exploration, Preparation, Implementation, Sustainment (EPIS) framework, partners and project team members utilize their expertise and community contact points to increase engagement and participation with the Nevada Tobacco Quitline (NTQ) by implementing Ask-Advise-Connect (AAC) in Community Health Centers (CHCs). AAC is a CDC Best Practice EBI for increasing engagement with tobacco cessation services. Primary care is the largest platform for delivering health care and provides an ideal setting to address tobacco cessation because there is an established relationship and coordination of care. Moreover, tobacco use both nationwide and within Nevada has become increasingly concentrated among low socioeconomic status (SES) populations (e.g., uninsured, unemployed, and below the federal poverty threshold). For example, in Nevada, individuals with an income level of \$50,000 or more had a smoking prevalence of 12.6% compared to a 22.2% prevalence among individuals making <\$24,999. CHCs serve patients regardless of their ability to pay. As such, CHCs are extraordinary venues for reaching low SES populations with EBIs for tobacco cessation. The NTQ provides evidence-based treatment for tobacco cessation but is underutilized. This project builds on a Research Practice Partnership model that Huntsman Cancer Institute (HCI) developed in Utah. HCI now has statewide-funded projects in Utah to address tobacco cessation (PCORI), colorectal cancer screening (CDC), HPV vaccination (ACS), opioid use (NIH), and COVID-19 (NIH) with a similar set of partners (e.g., cancer coalition, state department of health, primary care association, and CHCs). It is envisioned that the project will build the foundation for expanding HCI's ability to support our partners' cancer prevention goals in Nevada in the same way. As such, the project will include a systematic evaluation that gathers ongoing feedback from partners and participants while also evaluating the AAC adaptation and implementation effectiveness using data available from the CHCs, NTQ, and HRSA's Uniform Data System (UDS).

Institution: Karmanos Cancer Institute, Wayne State University

Project Contacts: Hayley Thompson and Jennifer Beebe-Dimmer

Project Title: Improving Cancer Survivorship Outcomes Through Engagement in Regular Physical Activity

Program Overview:

Karmanos Cancer Institute (KCI) is the largest cancer care and research network in the state of Michigan. There are 16 KCI sites serving a catchment area covering 46 of Michigan's 83 counties, home to 6.7 million residents and 95% of KCI patients. Both African Americans (AfAms) and rural residents are disadvantaged by striking cancer disparities in incidence and mortality as well as cancer risk factors. According to the Michigan Behavioral Risk Factor Survey, the proportion of overweight adults is highest in the more rural regions of the KCI catchment area, and the proportion of obese adults is highest in the predominantly AfAm city of Detroit as well as in the more rural, central region of the state. Reporting of no leisure activity is also higher in Detroit compared to other areas. Additional data from the Detroit Research on Cancer Survivors (ROCS) study show that AfAm cancer survivors were significantly less likely to report engaging in regular physical activity post-diagnosis versus a comparable White sample, and less than one-quarter of survivors reported patterns of physical activity consistent with meeting the American Cancer Society (ACS) guidelines of 150 minutes or more per week of moderate to vigorous physical activity. Partnership with the Michigan Cancer Consortium (MCC), the state's comprehensive cancer coalition, holds strong potential to address these problems. The MCC was responsible for developing the Comprehensive Cancer Control Plan for Michigan 2021–2030, and among the priorities for 2021–2023 is increasing the percentage of Michigan adult cancer survivors who meet the guidelines for aerobic physical activity and muscle-strengthening activity. In response to the needs described, the proposed work has two specific aims. First, the center will partner with the MCC to create and coordinate a statewide workgroup to increase physical activity among adult cancer survivors. Second, they will implement evidence-based strategies to increase physical activity among adult cancer survivors in collaboration with the statewide workgroup. The PAS workgroup will develop a CME activity to educate oncology providers and other health care providers about physical activity guidelines for cancer survivors and will implement a data-driven high-intensity interval training (HIIT) program for cancer survivors at one urban and one rural site within the KCI catchment area. Through these activities, the center will be able to leverage the MCC infrastructure to extend the impact of the cancer center's resources and science through the KCI catchment area.

Institution: Knight Cancer Institute, Oregon Health and Science University

Project Contact(s): Kerri Lopez, Torrie Eagle Staff, Paige Farris and Amanda Bruegl

Project Title: HPV Vaccination EBI Adaptation in Collaboration with NPAIHB's NW Tribal Comprehensive Cancer and Knight Cancer Institute's Community Outreach and Engagement programs

Program Overview:

Oregon Health and Science University's Knight Cancer Institute (the Knight) Community Outreach and Engagement (COE) program and the Northwest Tribal Comprehensive Cancer Program (NTCCP) will unite in the ongoing national, regional, and tribal goal of improving human papillomavirus (HPV) vaccination uptake in Oregon tribes. The Knight's catchment area, the state of Oregon, has a large geographic footprint with communities ranging from densely populated Portland to frontier regions of farmers, ranchers, and agricultural workers along the eastern border. Two-thirds of the 36 counties are categorized as "non-metropolitan" (Rural-Urban Continuum codes [RUCC] 4–9), resulting in more than a quarter of the population residing in rural or frontier areas with limited access to health care and prevention strategies. Additionally, Oregon is home to nine federally recognized tribes, most of which are located in rural regions. The Northwest Portland Area Indian Health Board (NPAIHB) is a regional nonprofit organization that represents and serves the 43 federally recognized tribes of the Pacific Northwest (PNW) and also houses the NTCCP. Dr. Amanda Bruegl, a citizen of the Oneida Nation and descendant of the Stockbridge-Munsee Band of Mohican Indians, is a gynecologic oncologist who will be leading this project from the Knight. A publication by Dr. Bruegl and the NPAIHB's Tribal Epidemiology Center shows that the disparities suffered by American Indian/Alaska Native (AI/AN) women have persisted over time with 1.5x the incidence and nearly 2x the mortality rate, as well as nearly 3x the mortality rate in older age groups, when compared to their non-Hispanic White counterparts. Increasing awareness among AI/ANs of the relationship between HPV and cervical cancer is an established objective within NTCCP's Twenty-Year Comprehensive Cancer Control Plan. The most recently available data in the PNW show that up-to-date HPV vaccination rates in tribal youth are higher than other rural youth. In 2020, 67.5% of AI/AN adolescents had completed their HPV immunization series, compared to 56.1% of White adolescents. However, these rates still remain below the Healthy People 2020 target of 80%. Overall up-to-date rates vary widely between clinics, with the highest up-to-date clinic rates at 80% and the clinic with the lowest rates at 32%, as of July 2020. This grant proposes leveraging the partnership between the Knight's COE and the NTCCP to (1) assure updated evidence-based guidelines are included in the Indian Health Service HPV Best Practices Guide, (2) increase provider knowledge and comfort with HPV vaccination as a cancer prevention tool, (3) increase provider knowledge and comfort with updated cervical cancer screening guidelines, (4) create culturally tailored HPV vaccination materials and media, and (5) evaluate and disseminate all materials in Oregon tribal regions as well as within Knight clinics in which tribal youth receive care.

Institution: Siteman Cancer Center, Washington University

Project Contacts: Bettina Drake, Kia Davis, Erin Linnenbringer, Graham Colditz, Sarah Chavez, and Aimee James

Project Title: Mammograms across Missouri

Program Overview:

This project builds on the strong relationship between Community Outreach and Engagement (COE) at Siteman Cancer Center (SCC), the Missouri Cancer Consortium (MCC), and the Department of Health and Senior Services (DHSS) to develop a statewide approach targeting counties with the highest breast cancer mortality rates in Missouri. Many of these counties are rural and have limited resources and access to mammography facilities, leading to mammography rates below the pre-pandemic state and national averages. Given the existing disparities in cancer screening and the fact that many of these counties lie outside of the SCC catchment, COE has partnered with state and local resources to develop strategies related to cancer prevention, screening, diagnosis, and patient navigation, with the goal of expanding mammography in these target counties. As part of the gap analysis, the project team will intentionally examine social and structural determinants across multiple levels of influence. These multilevel factors of influence include individual, interpersonal and family, organizational, neighborhood, and societal. This project will make use of existing work groups and relationships between stakeholders to assess the organizational capacity of federally qualified health centers and Show Me Healthy Women providers to ramp up mammography screening to address the urgent need for cancer screenings in these counties. To accomplish these goals, the aims are to (1) conduct a needs assessment among mammography providers in the target counties to assess the presence and need for patient navigation and mobile mammography, (2) implement new or expand existing patient navigation within mammography providers in the target counties, and (3) evaluate the success of the implementation.

This project extends the current partnership with MCC and the Missouri Comprehensive Cancer Control Program to implement a sustainable, evidence-based intervention in the highest-need rural counties in Missouri.

Institution: University of Colorado Cancer Center

Project Contacts: Evelinn Borrayo, Sarah Roberts, Jamie Studts, and Andrea Dwyer

Project Title: Colorado's Partnership to Implement Evidence-Based Interventions to Reduce the Cancer Burden.

Program Overview:

The University of Colorado Cancer Center (UCCC) and the Colorado Cancer Coalition (CCC) will collaborate to develop regional networks to implement cancer control interventions to reduce cancer disparities in Colorado. UCCC's catchment area is the state of Colorado and is the only NCI-Designated Cancer Center in the state driving cancer discovery and innovation through its basic, translational, clinical, and population science investigations. The CCC is a statewide organization seeking to eliminate the cancer burden in Colorado by engaging, facilitating, expanding, and strengthening the statewide network dedicated to improving Colorado lives touched by cancer. As leaders in the state, the UCCC and CCC will bring key stakeholders from five regions in Colorado (Front Range, Eastern, Western, Central Mountain, and the San Luis Valley/Southern regions) to partner and meaningfully reduce the incidence, mortality, and late-stage cancers that disproportionately affect underserved populations. Coloradans affected by cancer disparities would benefit greatly from increased access to and uptake of cancer control evidence-based interventions (EBIs) across the cancer continuum, especially those EBIs that are designed to reduce modifiable risk factors (e.g., smoking, human papillomavirus infection, and low cancer screenings). Strengthening networks of community stakeholders from primary care and public health holds great promise for the wider implementation of EBIs and to increase cancer control research in Colorado. Thus, the project team will convene and support seven RCNs to build collaboration and the infrastructure needed to bolster cancer control efforts. The team has determined cancer disparity counties' needs and capacity to implement cancer control activities and to conduct research. As the next step, UCCC and CCC will convene the seven RCNs of key stakeholders to begin planning and implementing cancer control EBIs in disparity counties and to conduct research to study the implementation of EBIs. Each network will have a regional planner, an individual or organization, who will oversee the implementation and the short-term evaluation (one year) and long-term evaluation (five years) of the initiatives. The planner will also coordinate regional representation in the CCC's Cancer Task Forces to expand the referral resources and connect smaller regions of the state to the broader coalition efforts towards decreasing the state's cancer burden. Also, the RCNs will collaborate with UCCC investigators to conduct a pilot project to study the implementation of EBIs relevant to the regional cancer priorities and to affect cancer control targets such as improving HPV vaccine rates, lung cancer screenings, and colonoscopies, among other targets. The projects proposed will use a combination of conceptual frameworks to study the implementation of EBIs, including the Reach, Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM) framework; the Practical, Robust Implementation and Sustainability Model (PRISM); and the Consolidated Framework for Implementation Research (CFIR), which aid in designing and evaluating the implementation of EBIs to improve the cancer control outcomes targeted.

Institution: University of Iowa Holden Comprehensive Cancer Center

Project Contacts: Natoshia Askelson, Sarah Nash, Kelly Sittig, Megan Schmidt, Elizabeth Chrischilles, and Amanda Kahl

Project Title: Partnering to Reach Communities with Iowa's Largest Cancer Disparities

Program Overview:

The Holden Comprehensive Cancer Center (HCCC) and the Iowa Cancer Consortium (ICC) have a highly collaborative relationship and actively engage communities to address cancer outcomes in Iowa. Nevertheless, there continues to be a need to enhance efforts focused on the communities with the most significant cancer disparities. Data from the Iowa Cancer Registry indicate that cancer disparities in Iowa are greatest between the Black/African American population and Whites. The data also indicate that, of the 50 states, Iowa has the second-highest cancer mortality among its Black population. As a long-standing, successful statewide coalition, ICC has extensive expertise in facilitation and relationship building. ICC also has connections with partners across the state in Black/African American communities. ICC does not have the resources or expertise to help these partners identify community needs or implement interventions to address the needs. The HCCC Community Outreach and Engagement (COE) team can address these gaps by providing expertise in data collection, analysis, and interpretation of community needs assessments, including access to the Iowa Cancer Registry data. HCCC COE also has extensive experience in community-engaged research to address community cancer needs. HCCC COE has successfully identified appropriate evidence-based interventions to align with community needs, adapted these interventions to fit the community, and conducted process and outcome evaluations in collaboration with community partners. The combined expertise and experience of HCCC COE and ICC will be used to accomplish the following aims: (1) to strengthen the relationship between HCCC and ICC by testing a process to engage Black/African American communities in Iowa in identifying cancer-related community needs and (2) to address cancer-related community needs in Black/African American communities in Iowa by matching evidence-based interventions with community-identified needs, then adapting, implementing, and evaluating these interventions. The outcome of achieving these aims will be (1) a stronger, more productive relationship between HCCC and ICC, (2) improved connections between HCCC and the Black/African American communities, (3) a proven-effective process for engaging Black/African American communities in Iowa, (4) the implementation of evidence-based interventions to address significant cancer disparities in Iowa, and (5) the sustained engagement with the Black/African American community through ICC.

Institution: Lineberger Comprehensive Cancer Center, University of North Carolina

Project Contacts: Stephanie Wheeler, Jennifer Leeman, Veronica Carlisle, and Mary Wangen

Project Title: Extending Partnerships with Comprehensive Cancer Control Coalitions to Study Implementation of Evidence-Based Cancer Control Interventions

Program Overview:

Since receiving NCI cancer center designation in 1975 and comprehensive status in 1990, UNC Lineberger Comprehensive Cancer Center (LCCC) has served as the only public comprehensive cancer center in North Carolina with patients, outreach, and research efforts in all 100 North Carolina counties. For decades, LCCC has been committed to implementing evidence-based interventions (EBIs) to address specific needs in its 100-county catchment area, particularly in racial/ethnic minority and rural populations; the LCCC Community Outreach and Engagement (COE) Office now coordinates these responsibilities. A large and growing number of EBIs are available to reduce high-risk behaviors and improve early detection, treatment, survivorship, and health outcomes for patients with disproportionately high cancer burden. These EBIs include, but are not limited to, interventions to reduce tobacco use and improve HPV vaccination, cancer screening uptake, navigation to cancer treatment, regular symptom monitoring, and linkage to comprehensive survivorship support and palliative care. To increase uptake of these EBIs, we will provide funding, training, and technical assistance to build community-level capacity to select and implement EBIs to reduce cancer burden. Our training will build upon the Putting Public Health Evidence in Action (PPHEIA) curriculum and toolkit, an existing resource developed by public health scholars and practitioners within the Cancer Prevention and Control Research Network (CPCRN) and Comprehensive Cancer Control Collaborative of North Carolina (4CNC). The COE Office will partner with the North Carolina Division of Public Health's Cancer Prevention and Control Branch and the state's Community Cancer Network (CCN), composed of community cancer-focused organizations and stakeholders, to identify community organizations interested in receiving the PPHEIA training and toolkits. We aim to develop community capacity to identify, adapt, and implement cancer prevention and control EBIs by (1) delivering the PPHEIA training to CCN members across the state and (2) launching and evaluating a community pilot grant program to support and sustain EBI implementation. Competitive community pilot grant proposals will address a specific community cancer need, identify and implement an existing EBI or set of EBIs, and plan for the meaningful sustainment of EBIs beyond the funding period to reduce cancer burden and disparities in North Carolina.