



## RURAL CANCER CONTROL RESEARCH

### **Administrative Supplements for the P30 Cancer Center Support Grant To Develop Rural Cancer Control Research Capacity**

#### **Background**

Rural communities face disadvantages compared with urban areas, including higher poverty, lower educational attainment, and lack of access to health services. MMWR recently reported that nonmetropolitan areas had lower annual age-adjusted cancer incidence rates (2009-2013); however, these areas had higher average annual age-adjusted death rates (2011–2015) for all cancer sites combined than nonmetropolitan urban and metropolitan counties. Additionally, nonmetropolitan rural counties had higher incidence and death rates for cancers associated with smoking (e.g., lung and laryngeal cancers). They also had higher rates of incidence of cancers that can be prevented by screening (i.e., colorectal and cervical cancers).

[https://www.cdc.gov/mmwr/volumes/66/ss/ss6614a1.htm?s\\_cid=ss6614a1\\_w](https://www.cdc.gov/mmwr/volumes/66/ss/ss6614a1.htm?s_cid=ss6614a1_w)

This is a growing area of disparity that needs further research along the cancer control continuum. These research initiatives would provide the groundwork to develop and implement cancer control programs that are sustainable in these communities across the US. The National Cancer Institute (NCI), Division of Cancer Control and Population Sciences (DCCPS), is funding 21 of the NCI-Designated Cancer Centers to develop research capacity and feasibility on rural cancer control, including but not limited to conducting studies in collaboration with clinics serving low-income and underserved rural populations and/or Native American (NA) populations. For the purposes of this supplement, Native Americans include the following populations: Alaska Native, American Indian, and Native Hawaiian. The term 'Native Hawaiian' means any individual any of whose ancestors were natives prior to 1778 of the area that now comprises the State of Hawaii.

The primary aims of this supplement opportunity are 1) the successful development of a collaboration with rural communities and clinics (such as HRSA/IHS clinics, primary care clinics) to conduct studies in cancer prevention and control; 2) to acquire a better understanding of the cancer burden in low-income and/or underserved rural and/or NA communities; and 3) to develop and/or study implementation of programs for research in cancer prevention and control in rural communities and clinics (such as HRSA/IHS clinics, primary care clinics). These supplements are part of a larger effort that NCI is undertaking to increase the development and rate of adoption of evidence-based cancer prevention (primary and secondary) and control interventions and the delivery of high-quality cancer care, as part of the larger rural cancer control research initiative.

For the purposes of the supplement, centers define the rural population for the proposed study based on the non-metropolitan 2013 Rural-Urban Continuum Codes (RUCC) codes as defined at this link:

<https://www.ers.usda.gov/data-products/rural-urban-continuum-codes.aspx>. Special consideration was given to those centers that include populations in the categories 7, 8, and 9.