

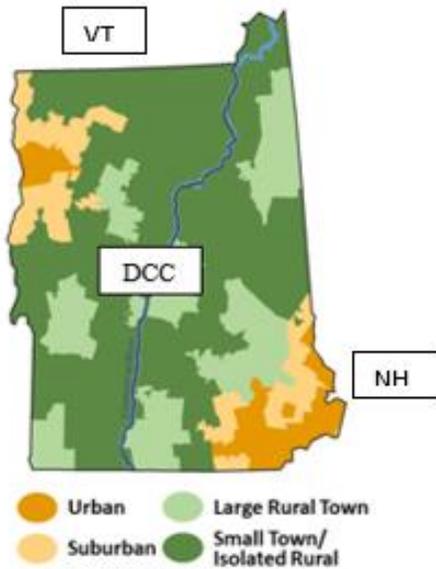
Cancer Center Supplement to Partner with Comprehensive Cancer Control Coalitions to Study Implementation of Evidence-based Interventions

Dartmouth Health – Dartmouth Cancer Center

Catchment Area

The Dartmouth Cancer Center (DCC) is the only NCI-Designated Comprehensive Cancer Center in northern New England. DCC serves a two-state catchment area of New Hampshire and Vermont—a region that is largely rural; nine of the 24 counties in our catchment area are rural using the Rural-Urban Continuum Codes (RUCC) classification system.

Cancer incidence and mortality rates for northern New England are higher than those of the United States. Consistent with other rural areas, our catchment has higher incidence of and mortality from lung cancer. Within Vermont, lung/bronchus cancer is the most common cancer and the leading cause of cancer death.



Dartmouth Cancer Center Catchment Area, NH and VT

Public Health Focus

Lung cancer is the leading cause of cancer death in Vermont, with most lung cancers identified at a late stage when treatment is less promising. Although lung cancer screening can reduce mortality, screening uptake remains low in Vermont and nationally. The *Journal of the National Cancer Institute* noted only 14.5% of eligible Vermonters currently get screened for the disease.¹

To better understand the barriers and facilitators to getting screening, in 2018, Dartmouth researchers conducted a mixed-methods study with screening-eligible residents in our catchment area. The top barriers identified were:

1. Lack of knowledge about lung cancer screening and what it entails.
2. Lack of recommendations from their primary care providers.
3. Transportation challenges with limited options in rural communities and difficult terrain, especially during harsh winter months.²

At a Glance

Working collaboratively with the University of Vermont and a coalition of providers and Vermonters who are members of the Vermonters Taking Action Against Cancer (VTAAC) Lung Cancer Screening Task Force, the projected aimed to:

1. Enhance a partnership with VTAAC Lung Cancer Screening Task Force and its members to co-adapt, co-implement, and co-evaluate a multicomponent, evidence-based pilot intervention to achieve our shared goal of increasing lung cancer screening uptake in Vermont.

2. Leverage and sustain a partnership with VTAAC and its member organizations to support future collaborative dissemination and implementation of interventions and identification of new research directions relevant to the needs of Vermont.

Collaborators

The success of this project is due to the engagement and dedication of the following:

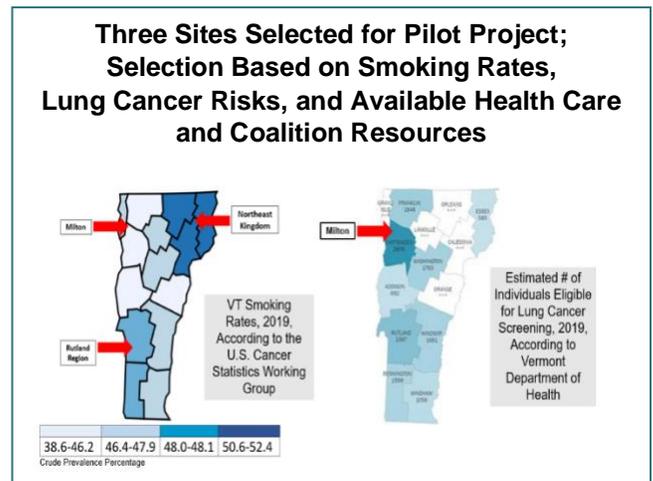
- 802Quits
- Albany Med Health System, Saratoga Hospital
- American Cancer Society
- American Lung Association
- Bi-State Primary Care Association
- BlueCross BlueShield of Vermont
- Community Health Centers of Burlington
- Dartmouth Health
- Little Rivers Health Care, a Federally Qualified Health Center
- Northern New England CO-OP Practice and Community Based Research Network (NNE CO-OP PCBRN)
- Northeastern Vermont Regional Hospital
- Northern (Vermont) Medical Center
- Rutland Regional Medical Center
- Southwestern Vermont Health Care
- The University of Vermont Cancer Center
- The University of Vermont Health Network
- The University of Vermont Medical Center
- Vermont Department of Health
- Vermont’s Free & Referral Clinics, Burlington
- Vermonters Taking Action Against Cancer (VTAAC)

The Approach

The Lung Cancer Task Force worked collaboratively to develop the framework for the project and for the initiatives; both the framework and the initiatives were informed by the Community Preventive Services Task

Force recommendations regarding effective cancer screening efforts.^{3,4}

Increase Community Demand: A multimedia community education campaign about lung cancer screening was conducted utilizing small, social, and mass media and two community educational forums. A public relations campaign targeting local news and radio outlets in the three selected sites was launched to coincide with the small media campaign.



Increase Community Access: Structural barriers related to transportation were addressed by issuing 130 gas cards to seven accredited lung cancer screening sites located in the three target areas.

Increase Provider Delivery: Continuing education programs for providers and staff were held to increase awareness of the screening changes and medical coverage. The University of Vermont enhanced its electronic medical record (EMR) for lung cancer screening reminders for providers by updating the screening eligibility changes developed in 2021. An additional EMR update will take place in fall 2022 to improve the accuracy of documenting the amount a person has smoked over a long period of time. The University of Vermont is also piloting a new EMR format to document lung cancer screening shared decision-making visits.

Enhance Stakeholder Collaborations with VTAAC:

VTAAC’s Task Force infrastructure has been fully redeveloped and has engaged stakeholders and built capacity to conduct collaborative projects.

Identify and Prioritize Future Opportunities for Collaboration with VTAAC:

VTAAC is currently (fall 2022) undergoing an in-depth evaluation of its organizational structure to determine future directions and infrastructure.

Match DCC Investigators with Vermont Stakeholders:

VTAAC is undergoing an extensive evaluation process, and these activities may need to be modified to the scale appropriate and feasible for the stakeholders. DCC Office of Community Outreach and Engagement will continue to seek mechanisms to match DCC investigators with collaborative opportunities.

Implementation Guidance

Several lessons were identified that may serve as guidance for the development and implementation of similar projects:

- Coalition Development** – Careful planning of membership is essential to ensure that a dedicated group of stakeholders can engage and guide the project.
- Consistent Scheduling** – Articulating a year- or project-long schedule in advance influences the momentum and partners’ engagement. Providing detailed minutes aids in communicating plans and keeps the project on track.
- Evaluation** – Developing relevant metrics and practical ways to measure activities is important. Using a logic model is a useful technique to develop the project structure and to articulate metrics that may be used.
- Impact** – Small, engaged groups can partner to accomplish meaningful, tailored programming. Although Vermont is a small state, rural in nature, this project illustrates that small groups can accomplish much.

“The goal of this program is to significantly widen awareness among eligible Vermonters of the proven life-saving benefits of lung cancer screening.”

—Dr. Rian M. Hasson
Assistant Professor of Surgery at Dartmouth’s Geisel School of Medicine and a co-leader of the lung cancer screening project

“We are also working closely with health care teams to make sure conversations about these screenings are a regular and routine part of healthcare in Vermont, and patients can get them in a timely fashion.”

—Dr. John King
Professor of Family Medicine at University of Vermont Larner College of Medicine and a co-leader of the lung cancer screening project

Get Checked, the Community Educational Campaign

References

- ¹ Fedewa SA, Kazerooni EA, Studts JL, et al. State variation in low-dose computed tomography scanning for lung cancer screening in the United States. *J Natl Cancer Inst.* 2021;113(8):1044-1052. doi:10.1093/jci/djaa170
- ² Schiffelbein JE, Carluzzo KL, Hasson RM, Alford-Teaster JA, Imset I, Onega T. Barriers, facilitators, and suggested interventions for lung cancer screening among a rural screening-eligible population. *J Prim Care Community Health.* 2020 Jan-Dec;11. doi:10.1177/2150132720930544
- ³ The Community Preventive Services Task Force. Multicomponent interventions recommended to increase cancer screening. The Community Guide. Accessed November 15, 2022. <https://www.thecommunityguide.org/news/multicomponent-interventions-recommended-increase-cancer-screening.html>
- ⁴ The Community Preventive Services Task Force (CPSTF). CPSTF findings for cancer prevention and control. The Community Guide. Accessed November 15, 2022. <https://www.thecommunityguide.org/pages/task-force-findings-cancer-prevention-and-control.html>

Find Out More

To learn more about the *Get Checked* campaign, please visit the Vermonters Taking Action Against Cancer website at: vtaac.org/lung-cancer-screening



This project was funded through an administrative supplement from the National Cancer Institute to the Dartmouth Cancer Center (3P30CA023108-42S3).

To learn more about Dartmouth Cancer Center's Office of Community Outreach and Engagement, please visit our site at: <https://cancer.dartmouth.edu/scientists-researchers/community-outreach-team>

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Cancer Center Supplement to Partner with Comprehensive Cancer Control Coalitions to Study Implementation of Evidence-based Interventions

National Cancer Institute (NCI)-Designated Cancer Centers' community outreach and engagement (COE) efforts should span all cancer center programs, including basic, clinical, translational, and population research. The FY21 COE supplement is designed to increase COE activities and partnerships among center staff and comprehensive cancer control coalitions. The long-term goal is to build greater connections between cancer centers and state, Tribe, territory, and Pacific Island Jurisdiction-level coalitions that will lead to smoother translation of center research findings and products into use in clinical and community settings.

To learn more, visit us at: <https://cancercontrol.cancer.gov/research-emphasis/supplement/coe>