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

Huntsman Cancer Institute

Catchment Area

Huntsman Cancer Institute's (HCI) Area We Serve encompasses five states in the Mountain West (Idaho, Montana, Nevada, Utah, and Wyoming), a 524,000-square-mile region covering 17% of the continental US landmass. The population of the Mountain West is nearly 10,000,000 people, with Utah, Idaho, and Nevada all ranked among the top-five fastest-growing states in the 2020 U.S. Census. Of the 169 counties in this region, 158 are rural (< 100 people per square mile), covering 97% of the landmass.[1] HCI is the only NCI-Designated Cancer Center in the Mountain West. This project worked with partners in Nevada. Nevada is the seventh largest state by landmass, with much of its population concentrated in three urban counties and the remainder dispersed throughout rural and frontier counties that cover 87% of Nevada's landmass geographically.[2]
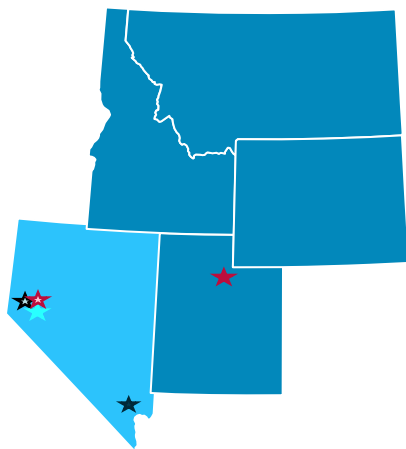
★ Southern Nevada CHC
★ Nevada Cancer Coalition
★ Nevada Primary Care Association
★ Nevada Dept. of Health and Human Services – Tobacco Control Program
★ Huntsman Cancer Institute

Public Health Focus

Tobacco use remains the leading preventable cause of death in the US, with more than 480,000 deaths, including cancer deaths, annually.[3] Approximately 4,100 Nevadans die from smoking-related illness each year. Nevada has a higher prevalence of smoking (15.5%) than the United States (14.4%) as a whole. In Nevada, individuals with an income level of $100,000 or more have a smoking prevalence of 5.0% compared to 27.5% among individuals earning $15,000–$24,999.[4] One resource available to address tobacco cessation are quitlines. The Nevada Tobacco Quitline (NTQ) provides evidence-based treatment for tobacco use, including specific services for youth, American Indians/Alaska Natives, and pregnant or postpartum callers. The NTQ is grossly underutilized, with Nevada's quitline utilization at only 1.4 callers receiving medication/counseling for every 1,000 tobacco users.[5,6]

At a Glance

This research-practice partnership (R-PP)[7] includes partners from across Nevada, as well as HCI. The project is focused on addressing the Nevada State Comprehensive Cancer Plan and Nevada Cancer Coalition (NCC) priority area of tobacco. The project provides NCC and Nevada opportunities to grow their work by disseminating evidence-based interventions (EBIs) and supporting health care systems in the implementation of EBIs. The project is built around the EPIS[8] (Exploration, Preparation, Implementation, and Sustainment) implementation framework, described on page 3. Project team members utilize their expertise and community contact points to increase engagement and participation of Community Health Center (CHC) patients with the NTQ by implementing

Ask-Advise-Connect (AAC), a Centers for Disease Control Best Practice EBI for increasing engagement with tobacco cessation services.

Collaborators

- The Center for Health Outcomes and Population Equity (HOPE) at HCI and the University of Utah brings communities and researchers together to create long-term solutions to prevent cancer and improve health among underserved populations. The Center for HOPE is part of HCI's Cancer Control and Population Science Research Program, a comprehensive basic and applied research program that spans the cancer control continuum.

- NCC is a nonprofit organization working to reduce the burden of cancer in Nevada by fostering statewide collaboration, empowering people with information and resources, and advocating for equitable access to care. NCC has developed strong ties with like-minded coalitions and has a statewide network of partners, collaborators, and supporters that are all working together for a healthier Nevada.

- The Tobacco Control and Nevada Tobacco Cessation Programs of Nevada Department of Health and Human Services (DHHS) are a comprehensive statewide tobacco control program leading a coordinated effort to establish smoke-free policies and social norms, to promote and assist tobacco users to quit, and to prevent initiation of tobacco use.

- The Nevada Primary Care Association (NVPCA) is the federally designated Primary Care Association for the State of Nevada. NVPCA is dedicated to assisting health centers and other community health providers with the implementation of solid business practices and community-responsive programs in an effort to improve service delivery effectiveness and efficiency.

- Southern Nevada Community Health Center (SNCHC) is a Federally Qualified Health Center at the Southern Nevada Health District.

Southern Nevada Community Health Center Overview[9]

- **7,000+** patients served annually
- **65%** of patients are Hispanic/Latino
- **22%** of patients are Black/African American
- **68%** of patients are at or below the federal poverty level

> "
> **The project helped us boost our efforts in cancer prevention by screening our patients. We are so glad to have partnered with Huntsman Cancer Institute in developing a screening tool and referral pathway in the electronic medical record that made it easy for the staff to Ask, Advise and Connect.**
> **—Bernadette Meily, SNCHC**
> "

The Approach

The Center for HOPE has created strong, sustainable partnerships with CHCs in Utah and has started this same process in the additional states HCI serves. By committing to the R-PP model, which has several key features including shared goals, resources, and data, these partnerships provide opportunities to implement, adapt, and disseminate EBIs that support partner priorities.

This project provided an opportunity to build on work with partners in Nevada on the shared goal of addressing tobacco use in the state. It utilized the R-PP model and the EPIS framework. EPIS highlights key phases of the implementation process, guiding the project team's work to disseminate, adapt, and implement AAC.

EPIS activities:

Exploration – Tobacco control is a priority for many partners across Nevada and is outlined as a goal in the 2021–2025 Nevada State Cancer Plan:

Goal: *Prevent cancer by reducing exposure to risk factors*. **Objective**: *Increase the percentage of adults who are former smokers.* **Strategies:** *Increase annual call volume to the Nevada Tobacco Quitline, promote health systems changes to support tobacco cessation, and disseminate evidence-based policies and programs to increase cessation.*

Preparation – The Center for HOPE had existing relationships with all partners of this project and leveraged these relationships to host project proposal meetings where partners outlined their project goals. Meetings were with NCC, DHHS, and NVPCA to develop a workplan to disseminate information about AAC to health systems and patients. The project team worked with SNCHC to adapt its current implementation of AAC, which included working to optimize its electronic health record (EHR) and clinic workflows.

Implementation – Implementation activities with SNCHC included (1) conducting readiness assessments, (2) performing workflow observations, (3) collecting clinic-specific tobacco use data, and (4) meeting with the NTQ and DHHS to discuss challenges and success. The project team supported SNCHC staff in implementation of AAC in the EHR through regular check-ins with workflows, data entry, health information technology implementation support, bidirectional direct connections to the NTQ, and NTQ engagement reports. Project partners participated in quarterly meetings/focus groups to discuss AAC implementation progress, EBI dissemination plans, and CHC recruitment. NVPCA identified additional CHCs that have not implemented AAC, and recruitment efforts have been underway for a second CHC partner. Partners have provided, monitored, and reviewed baseline NTQ referral data throughout the project.

Sustainment – The HCI team developed guides, which can be disseminated to health systems, for implementing AAC. Additionally, these guides were adapted specifically for SNCHC after its readiness assessment and workflow observations were conducted. Recordings of trainings that review this implementation process were also available.

Implementation Guidance

Implementation Tip #1

CHCs are required to complete quality measure reporting to the Health Resources & Services Administration. Monitoring the adapted workflows through data collection and feedback during implementation is vital. This project worked with clinical staff, IT, and EHR specialists and administration to ensure accurate, reportable data were being collected.
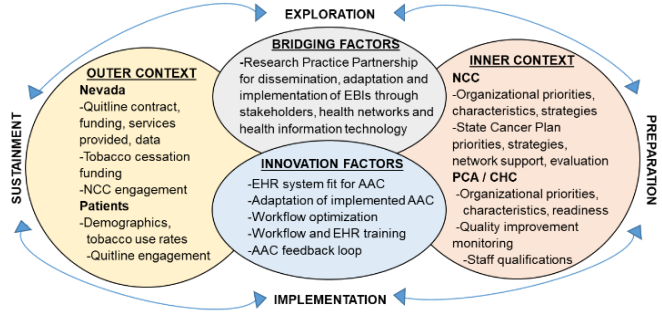
Implementation Tip #2

Developing and sustaining partner trust and communication is critical to implementation work as the team adapts clinical workflows and optimizes EHRs based on partner feedback and best practices.

Sustainability Plans

HCI is committed to continued work with NCC, NVPCA, and DHHS through the HCI Community Advisory Board

and additional projects that can be implemented in CHCs to address priority areas. These projects work to provide opportunities to share research findings, seek grant funding for implementation projects, and support additional partner requests. Aligning partner goals is key to sustained commitment for continued tobacco EBI implementations and future partnership opportunities.

EPIS Framework

References

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Find Out More

This project was funded through an administrative supplement from the National Cancer Institute to the Huntsman Cancer Institute (HCI), grant 3P30CA042014-32S5.

Community Outreach and Education (COE) at HCI monitors the Mountain West's cancer needs, coordinates research relevant to the Mountain West, engages and informs the community, and informs cancer clinical services, research, and policy. Examples of our COE activities include a 33-member community advisory board, policy and advocacy, community health and screening events, region-wide coalition support and leadership, health promotion, community presentations, patient navigation, and community engaged research. Visit our website: **https://healthcare.utah.edu/huntsmancancerinstitute/about-us/community-outreach.php**

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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**