

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

University of Colorado Cancer Center

Catchment Area

Approximately 28,480 Coloradans were diagnosed with cancer in 2022, and over 8,000 died from the disease.¹ To understand the cancer burden in Colorado (catchment), the University of Colorado Cancer Center’s (UCCC) Office of Community Outreach and Engagement (COE) analyzed data from the Colorado Central Cancer Registry; the Surveillance, Epidemiology, and End Results (SEER) Program; and local and national databases.² Colorado’s top incident and mortality cancers are breast, prostate, lung, and colorectal cancers. Figure 1³ displays that incidence, mortality, and late-stage disease are higher in rural and frontier counties,⁴ with cancer disparities more pronounced for southeastern counties where a high proportion of residents live in poverty and are of Hispanic origin.² Rural–urban differences are likely due to higher prevalence of smoking, diet, obesity, human papillomavirus, and sun exposure in rural and frontier communities. In addition, low socioeconomic status reduces access to cancer screenings and diagnostic and treatment services, aggravated by longer travel times to services as rurality increases.^{4,5}

Public Health Focus

The UCCC is committed to reducing the cancer burden and disparities in cancer risk and outcomes across Colorado through education, advocacy, community outreach and engagement, and breakthrough research. The UCCC, the Colorado Cancer Coalition (CCC), and the Colorado Department of Public Health and Environment (CDPHE) established five Regional Cancer Networks (RCNs) across Colorado to build partnerships and

capacity to implement cancer prevention and control interventions to reduce cancer burden, risk factors, and disparities around access and uptake of cancer early-detection services.

Colorado: Cancer Disparities

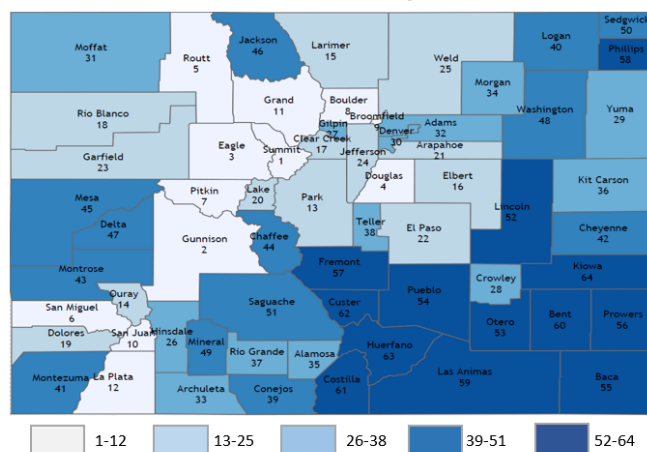


Figure 1. Cancer Disparity Index 1-64 (lighter to darker blue): increased incidence, mortality, late-stage cancer diagnosis. Colorado Central Registry Data, 2013-2015, Colorado Department of Public Health & Environment (2017).³

At a Glance

Our goal is to establish the **UCCC-CCC Implementation-Research Collaborative** to advance a sustainable partnership focused on disseminating and implementing cancer control evidence-based interventions (EBIs) and build capacity to conduct research to study the implementation of cancer control EBIs across the five regions in Colorado. The long-term goal is to reduce the cancer incidence, mortality, and late-stage disease affecting disadvantaged Coloradans (e.g., rural, poor, Hispanic) by:

- Convening key stakeholders from five state regions to build the infrastructure of RCNs to address disparities.
- Facilitating pilot projects to ultimately implement cancer control EBIs consistent with each region's priorities.

Collaborators

This project is co-led by UCCC's COE and the CCC. The COE provides scientific direction and planning for the UCCC's Commission on Cancer activities and dissemination of research. The CCC, a nonprofit statewide organization, serves to eliminate the burden of cancer in Colorado through engaging, facilitating, expanding, and strengthening the statewide network of stakeholders dedicated to improving Colorado lives touched by cancer. The project leverages scientific expertise from the UCCC's Cancer Prevention and Control (CPC) program that hosts over 35 researchers with a grant portfolio of \$15+ million per year. We also partner with the CDPHE to provide data to the regions on cancer incidence, mortality, and disparities, as well as data on cancer risk factors affecting communities in the regions for them to prioritize activities and interventions likely to have impact toward reducing the cancer burden.

Members of the RCNs represent diverse stakeholders that are interested and invested in implementing necessary cancer prevention and control interventions disseminated through local community health clinics, hospitals and healthcare systems, local public health, nonprofits, patient advocacy groups, policymakers, and local businesses.

“The hospital and clinics struggle to get community members, to get that awareness out. And so, if they're not coming to the health care clinics or hospitals, they really don't know, and the reason it's difficult for them [clinics and hospitals] to get them in. A good number of their, um, community members are farmers and ranchers, so they don't have time, again many of them don't qualify for health insurance. So having discussion about how we get creative around, um around getting folks to do surveys and to get them to be aware of screenings, you have to get to them.”

— Community Needs Assessment
Interviewee. 2022

The Approach

1. The COE, CCC, and CDPHE teams identified 1–2 Regional Lead Planners, individuals, or organizations to convene meetings with a core of about 10–12 key stakeholders per RCN from the eastern, southeastern, southwestern, northwestern, and San Luis Valley/southern regions of Colorado (figure 2).

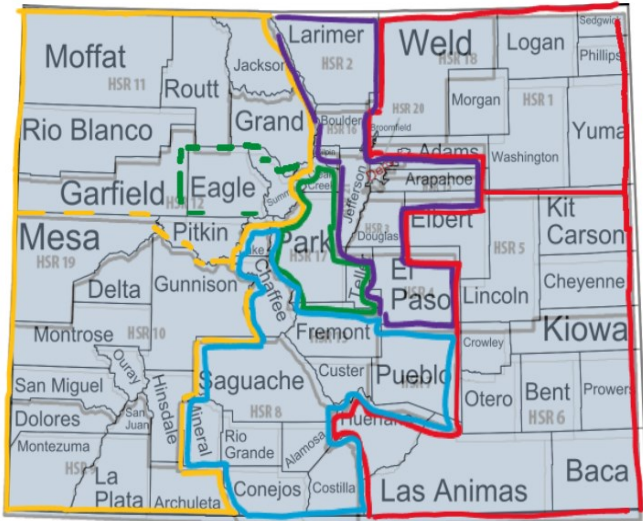


Figure 2. Five Regional Cancer Networks in the 1) Northwest, 2) Southwest, 3) San Luis Valley, 4) Southeast, and 5) Eastern Plains of Colorado

2. The COE and CCC meet with each of the Regional Lead Planners monthly and with the RCNs quarterly or on a cadence set by the Regional Lead Planner. Each RCN hosts an RCN kick-off meeting to convene regional stakeholders and get buy-in for the initiative of creating these region-specific cancer networks. During the convening meeting, the RCNs review disparities and interviews’ findings from the previous P30 supplement to conduct a Community Needs Assessment related to cancer affecting rural and frontier counties. The COE and CCC also assist the RCNs in identifying cancer control EBIs using the CDC’s Community Preventive Services Task Force recommendations on evidence-based cancer control interventions.
3. The Regional Lead Planner will oversee subsequent RCNs’ meetings to discuss, develop, and conduct 1-year and 5-year action plans for implementing cancer control EBIs that align with the Colorado Cancer Plan.

RCNs are collaborating with UCCC investigators with expertise in cancer control EBIs and in community-based participatory research to address the regional cancer priorities. The UCCC-CCC Collaborative will facilitate matching “RCN-and-UCCC investigators teams” to strengthen capacity to conduct research to study the implementation of EBIs in their region. They will also engage the teams in a participatory process to develop a common understanding of shared goals for the project, scientific terminology and methodologies, and translation of evidence into practice to address the regional cancer priorities for each region.

4. Deliverables include (1) convening RCN meetings, (2) attending three partner RCN meetings (and planning a regional portion in tandem with the statewide partner meeting), (3) attending corresponding CCC’s task forces and regular meetings with CCC’s steering committee, and (4) finalizing a 5-year action plan, with specified short-term (1-year) and long-term (5-year) outcomes.

Implementation Guidance

Conceptual Framework. Leveraging expertise from CPC and COE in dissemination and implementation science, the pilot studies proposed by the RCNs will use the *Reach, Effectiveness, Adoption, Implementation, and Maintenance* (RE-AIM) framework to guide implementation planning and evaluation. COE and CCC will work with the RCNs to complete a project plan that aligns with the RE-AIM framework to define the target population, project setting, intervention components, timeline, and evaluation measures (process and outcomes). Proposals will be submitted to the University of Colorado’s Human Subjects Internal Review Board (IRB) for review, as appropriate, to assure that protocols comply with requirements for human subjects’ research, and that the work may be published to share new knowledge.

Tips/Lessons Learned

- Each of the 64 counties in Colorado is unique, and convening RCN stakeholders with shared interests requires developing partnerships over time.
- Health care and public health professionals are short-staffed and overwhelmed. It has been difficult to build and maintain momentum in some of the regions.
- Knowledge of cancer and EBIs varies across RCNs. We are building a library of educational resources to support RCNs and increase their knowledge base.

References

¹ American Cancer Society. Cancer Facts and Figures 2022. *Am Cancer Soc.* 2022:1-80

² Mellies A. Unpublished analyses using data from the National Program of Cancer Registries and Surveillance, Epidemiology, and End Results SEER*Stat Database: NPCR and SEER Incidence – U.S. Cancer Statistics 2001–2016 Public Use Research Database, November 2018 submission (2001–2016), United States Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute. Released June 2019, based on the November 2018 submission. Accessed March 4, 2020, at <http://www.cdc.gov/cancer/uscs/public-use>.

³ Colorado Department of Public Health and Environment. CDPHE Open Data. Cancer, Cardiovascular, and Chronic Pulmonary Disease (CCPD) Disease Disparity County Index Ranking. 2017. <https://data-cdphe.opendata.arcgis.com/>

⁴ Singh GK, Williams SD, Siahpush M, Mulhollen A. Socioeconomic, rural-urban, and racial inequalities in US cancer mortality: part I—all cancers and lung cancer and part II—colorectal, prostate, breast, and cervical cancers. *J Cancer Epidemiol.* 2011;2011:27. doi:10.1155/2011/107497

⁵ Singh GK, Miller BA, Hankey BF, Edwards BK. *Area Socioeconomic Variations in U.S. Cancer Incidence, Mortality, Stage, Treatment, and Survival, 1975–1999*, NCI Cancer Surveillance Monograph Series no.4, National Cancer Institute, Bethesda, MD, USA, 2003, NIH Publication No. 03-5417, <http://seer.cancer.gov/publications/ses/index.html>

Find Out More

at: <https://medschool.cuanschutz.edu/colorado-cancer-center/community/CommunityOutreachEngagement>

This project was funded through an administrative supplement from the National Cancer Institute to University of Colorado Cancer Center (3P30CA046934-32S5).

Contact

Jan Lowery, PhD

Jan.Lowery@cuanschutz.edu

Evelinn Borrayo, PhD

Evelinn.Borrayo@cuanschutz.edu

Christi Cahill

Christi@coloradocancercoalition.org

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>