

The Cancer Prevention and Control Research Network: Accelerating the Adoption of Evidence-Based Cancer Prevention and Control in Communities

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ARC Northwest
(Alliance for Reducing Cancer Northwest)
CPCRN Collaborating Center since 2002

Partners

- Researchers: University of Washington, Fred Hutchinson Cancer Research Center, Kaiser Permanente Research Institute, Seattle Children's Research Institute, and Veteran Affairs Puget Sound Health System
- Community: Community Health Centers, Community-based Organizations, Local and State Health Departments, and American Cancer Society

Background

- Cancer remains a formidable challenge.
- Screening efforts for breast, cervical, and colorectal cancer save lives.
- Cancer screening rates are still low, especially among underserved population.
- Evidence-based interventions improve cancer screening rates, but implementation is low.
- Activities focused on three settings: 1) community health centers, 2) CBOs, and 3) state and local health departments, for impact and broad reach to priority populations.
- Use the team science training and principles.

Specific Aims

1. Collaborate with the CPRN Coordinating Center, other Collaborating Centers, CDC and NCI to advance the CPRN research agenda.
2. Grow and sustain local, regional, and national collaborations with state and local health departments, health systems, CBOs, and a multi-disciplinary team of researchers to advance D&I science and practice in our region.
3. Implement research activities that
 - a) study the implementation of cancer control EBIs at multiple levels of the health care and community context
 - b) reach underserved populations
 - c) build rural infrastructure on implementation science
 - d) build research and community capacity to disseminate and implement cancer prevention and control EBIs

Project 1. Building Capacity of Rural CBOs to implement EBIs

- **Health Problem:** Implementation of evidence-based intervention is low in rural communities due to lack of research infrastructure, capacity, and access to scientific expertise
 1. Conduct a capacity building training to assist a CBO to select, adapt, and implement EBIs to promote breast, cervical or colorectal cancer screening.
 2. Assess acceptability and usability of the capacity building training to support a rural CBO's EBI selection, adaptation, and implementation.
- * First conduct with a single CBO, then scale to a group setting

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Capacity Building Training

Implementation Studio: a structured training and ongoing consultation workshop focused on facilitating the selection, adaptation, and implementation of cancer prevention and control EBIs.

Researchers	CBOs
1. Researchers create the Implementation Studio	1. CBOs participate in the Implementation Studio and select EBIs
2. Researchers deliver the Implementation Studio to CBOs	2. CBOs implement the EBI(s) that they have selected and adapted
	3. Cancer screening is increased in rural communities

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Training Content and Delivery

- Content includes five steps
 - creation of an implementation blueprint
 - review of EBIs and adaptation to rural context
 - CBO engages partners and collaborators
 - training and education for CBOs
 - monitoring of implementation steps
- Delivery
 - Pre-meeting
 - Two half-day studio
 - Biweekly consultation

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Assess Acceptability and Usability

Key questions:

1. What is the optimal content and delivery method of the Implementation Studio to increase CBOs acceptability and usability?
 2. What rural organization can serve as the “infrastructure for research expertise” to adopt and deliver the Implementation Studio to rural CBOs?
- Conduct training with 4 CBOs (max)
 - Assess the implementation of EBIs by the CBOs
 - Assess cancer screening rates among community members

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Project 2. Optimization of Colorectal Cancer Screening Program

1. Optimize patient instructions and content for a health education intervention and mailed FIT program to increase CRC screening among LEP patients who have never previously completed CRC screening.
2. Assess the feasibility, acceptability, and pilot effectiveness of the health education plus mailed FIT program that includes the optimized patient instruction materials and telephone support.

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Optimizing Mailed FIT to Reach Spanish-speaking Patients

- Work with a Community Advisory Board to refine existing intervention materials
- Mailed FIT Components:
 - Use of EHR data to identify patients due for colorectal cancer screening
 - Proactive mailing of FIT kits and instructions to patients at home
 - Tracking returned kits, sharing results and ensuring appropriate follow-up

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Pilot Intervention Study

Key question: Does addition of a *pre-mailing* phone call to patients, explaining the importance of colorectal cancer screening and instructions for completing and returning test, increase rates of FIT kit return among Spanish speaking patients in a FQHC?

- Enroll approximately 200 Spanish speaking patients
- Randomize to either standard mailed FIT or pre-mailing phone call PLUS mailed FIT
- Assess rate of FIT kit return in both groups
- Assess patient experience/satisfaction in both groups

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Conclusion

- In the 2019-2024 cycle, we have an exciting opportunity:
- to accelerate EBIs to underserved communities in partnership with CBOs, community health centers, and state and local health departments.
- to contribute to the D&I science through the pilot projects and participation in national workgroups

Questions?