

Using Strategies that Work: Evidence-Based Interventions and Connecticut's New Cancer Plan

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Connecticut Cancer Partnership Annual Meeting

November 15, 2022

Overview and Mission



- The National Cancer Institute (NCI) is the federal government's principal agency for cancer research and training.
- NCI leads, conducts, and supports cancer research across the nation to advance scientific knowledge and help all people live longer, healthier lives.

Disclosures

- I have no financial relationships to disclose.
- Opinions are mine, not official positions of the National Cancer Institute, the National Institutes of Health, or the U.S. federal government.

Acknowledgments

- NCI colleagues for allowing me to borrow some slides: David Chambers, Wynne Norton, Gila Neta, Cindy Vinson

Learning Objectives

After this presentation, you will be able to:

- ❑ Define and identify evidence-based interventions (EBIs)
- ❑ Explain how implementation science advances cancer control
- ❑ Apply new knowledge to select, adapt, and evaluate EBIs related to priority strategies in the "Connecticut Cancer Plan 2021-2026"

NCPCP 2022-2027

Priority strategies paraphrased:

1. Data collection, use, dissemination

- Registries, surveys, policy scans, etc. (collaborate with universities, cancer centers)
- Share data with partners & public
- Use data for cancer plan, identify disparities, target/tailor interventions

2. Multi-sectoral coalition & partnerships

3. Select implementation strategies, implement (adapted) EBIs, focus on health equity & PSE change

- Primary prevention (tobacco, alcohol, obesity, HPV/HBV, UV, evtl carcinogens) & SDOH
- Screening/early detection (breast, cervical, CRC, lung, BRCA)
- Survivorship

4. Program monitoring and evaluation

- RE-AIM a suggested framework
- “Participate in evaluation, dissemination & implementation science-driven studies to contribute to viable models for sustainable comprehensive cancer control”

Learn more: [CDC-RFA-DP22-2202](https://www.fda.gov/oc/2022/04/22/cdc-rfa-dp22-2202)

What is evidence-based public health (EBPH) practice?

- *Ideally:* Always incorporate scientific evidence in selecting and implementing programs, developing policies, and evaluating progress
- *Reality:* Intervention decisions are often based on perceived short-term opportunities, lacking systematic planning and review of the best evidence regarding effective approaches
- Barriers to EBPH:
 - **Deficits in relevant and timely research**
 - Lack of information systems, resources, leadership
 - Practitioner competencies
 - Political environment

Source: Brownson RC, Fielding JE, Maylahn CM. Evidence-based public health: A fundamental concept for public health practice. *Annu Rev Public Health*. 2009;30:175-201. <https://doi.org/10.1146/annurev.publhealth.031308.100134>

What is evidence?

- Scientific literature in systematic reviews and meta-analyses
- Scientific literature in one or more journal articles
 - Type of study design
- Public health surveillance data
- Program evaluation
- Qualitative data
 - Community members
 - Others
- Media/marketing data
- Word of mouth
- Personal experience

Objectivity



Subjectivity



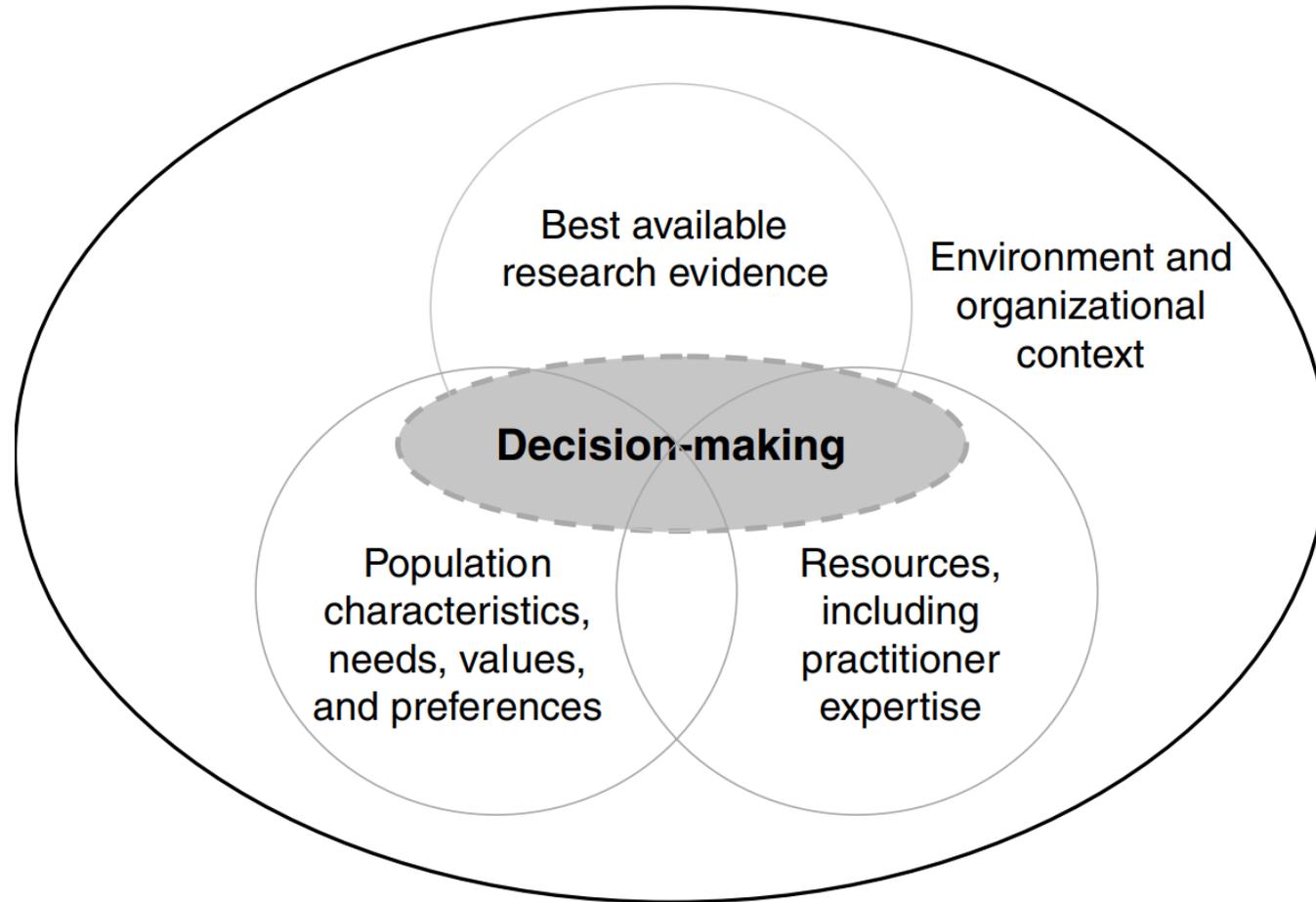
“Weight of Evidence” Approach



Image source: Murad MH, Asi N, Alsawas M, et al. New evidence pyramid. *BMJ Evidence-Based Medicine*. 2016;21:125-127. ©2016 by BMJ Publishing Group Ltd. <https://doi.org/10.1136/ebmed-2016-110401>

Source: Adapted from Chambers & Kerner, 2007 in Brownson RC, Fielding JE, Maylahn CM. Evidence-based public health: A fundamental concept for public health practice. *Annu Rev Public Health*. 2009;30:175-201. <https://doi.org/10.1146/annurev.publhealth.031308.100134>

What informs evidence-based decision-making?



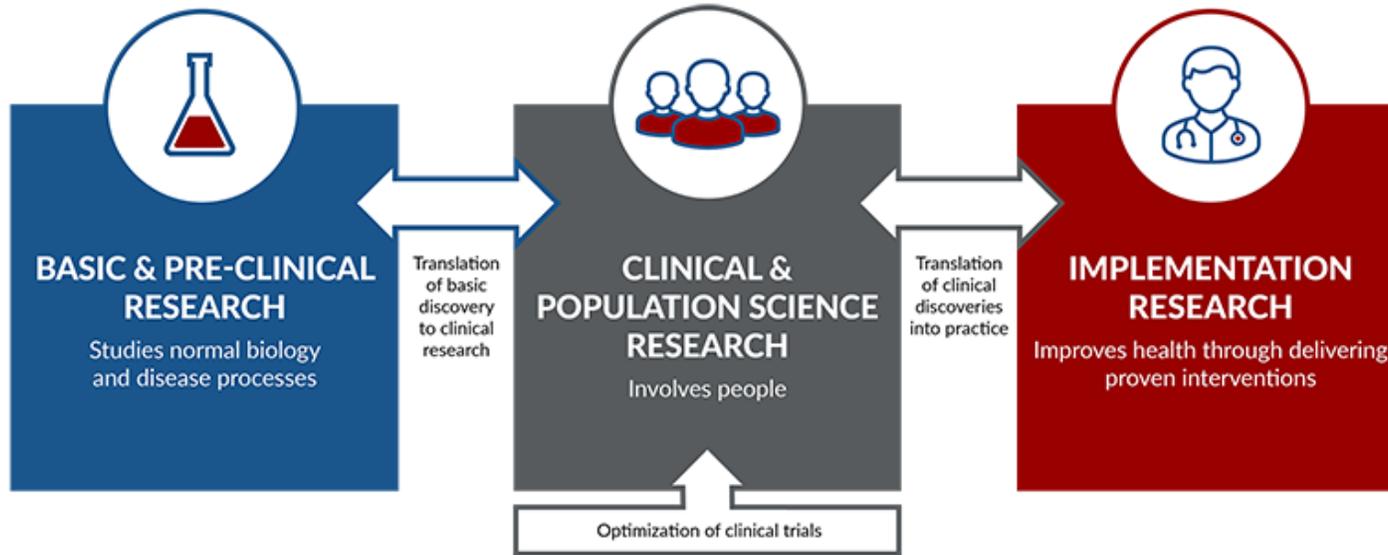
Source: Adapted from Spring et al. 2007 & 2008 in Brownson RC, Fielding JE, Maylahn CM. Evidence-based public health: A fundamental concept for public health practice. *Annu Rev Public Health*. 2009;30:175-201. <https://doi.org/10.1146/annurev.publhealth.031308.100134>



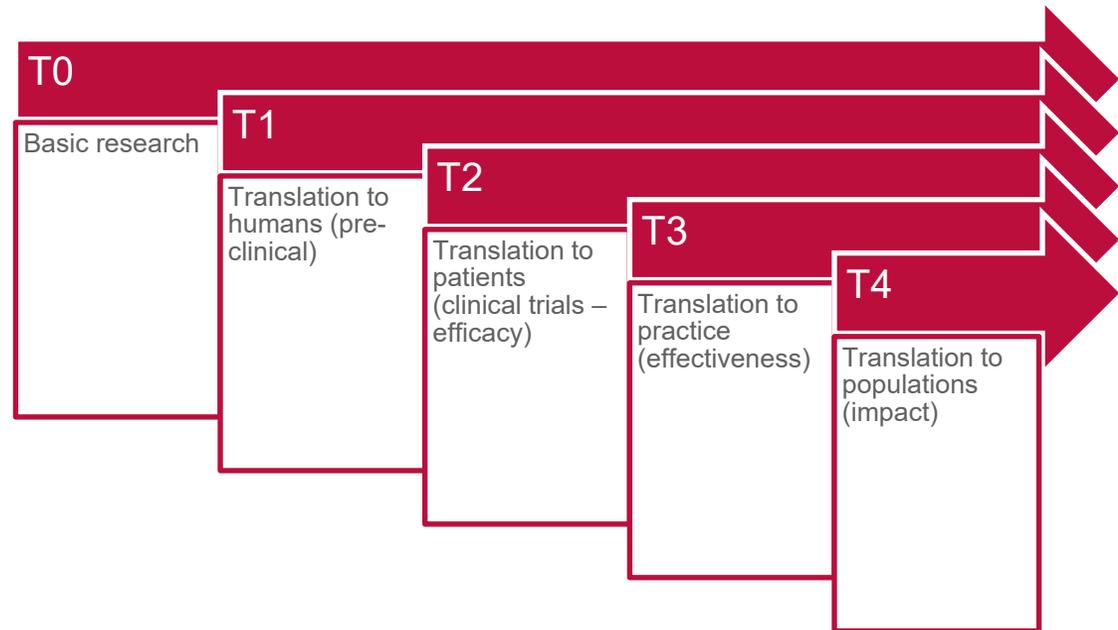
Translation of Evidence to Practice

Why we need implementation science

Linear Models of Research Development and Care



<https://nhlbi.nih.gov/science/research-spectrum>



Beyond the evidence for efficacy/effectiveness

Evidence is only as good as how and whether...

- It is adopted
- Practitioners and communities are trained to use it
- Trained practitioners and communities choose to use it
- Eligible populations/patients benefit from it

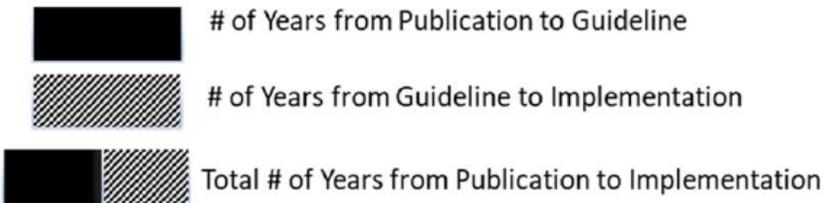
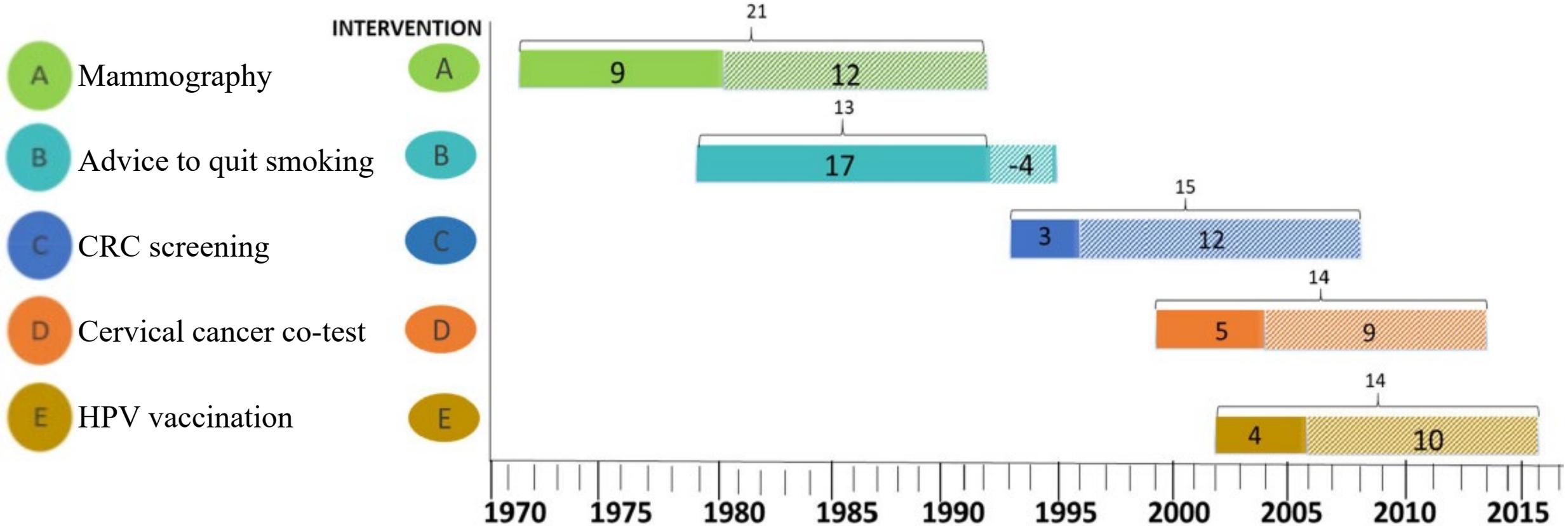
If we assume 50% threshold for each step...

(even w/perfect access/adherence/dosage/maintenance)

Impact: $.5 * .5 * .5 * .5 = 6\%$ benefit

Source: David Chambers, NCI, adapted from Glasgow, RE-AIM

Time to Translation in Cancer Control



Khan, S., Chambers, D., & Neta, G. (2021). Revisiting time to translation: implementation of evidence-based practices (EBPs) in cancer control. *Cancer causes & control : CCC*, 32(3), 221–230. <https://doi.org/10.1007/s10552-020-01376-z>

What is implementation science?

- **Implementation research:** Scientific study of the use of strategies to adopt and integrate evidence-based health interventions into clinical and community settings to improve individual outcomes and benefit population health.
- **Implementation practice:** Using interventions in health care, public health, and community settings.
- **Dissemination research:** The scientific study of targeted distribution of information and intervention materials to a specific public health or clinical practice audience. The intent is to understand how best to communicate and integrate knowledge and the associated EBIs.
- **Dissemination practice:** Sharing information to raise awareness and increase knowledge about something.

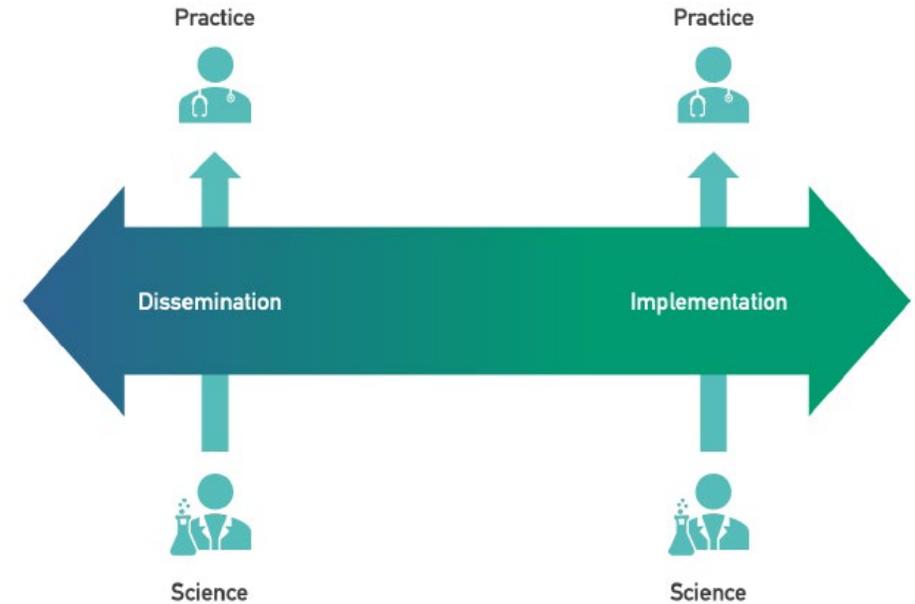
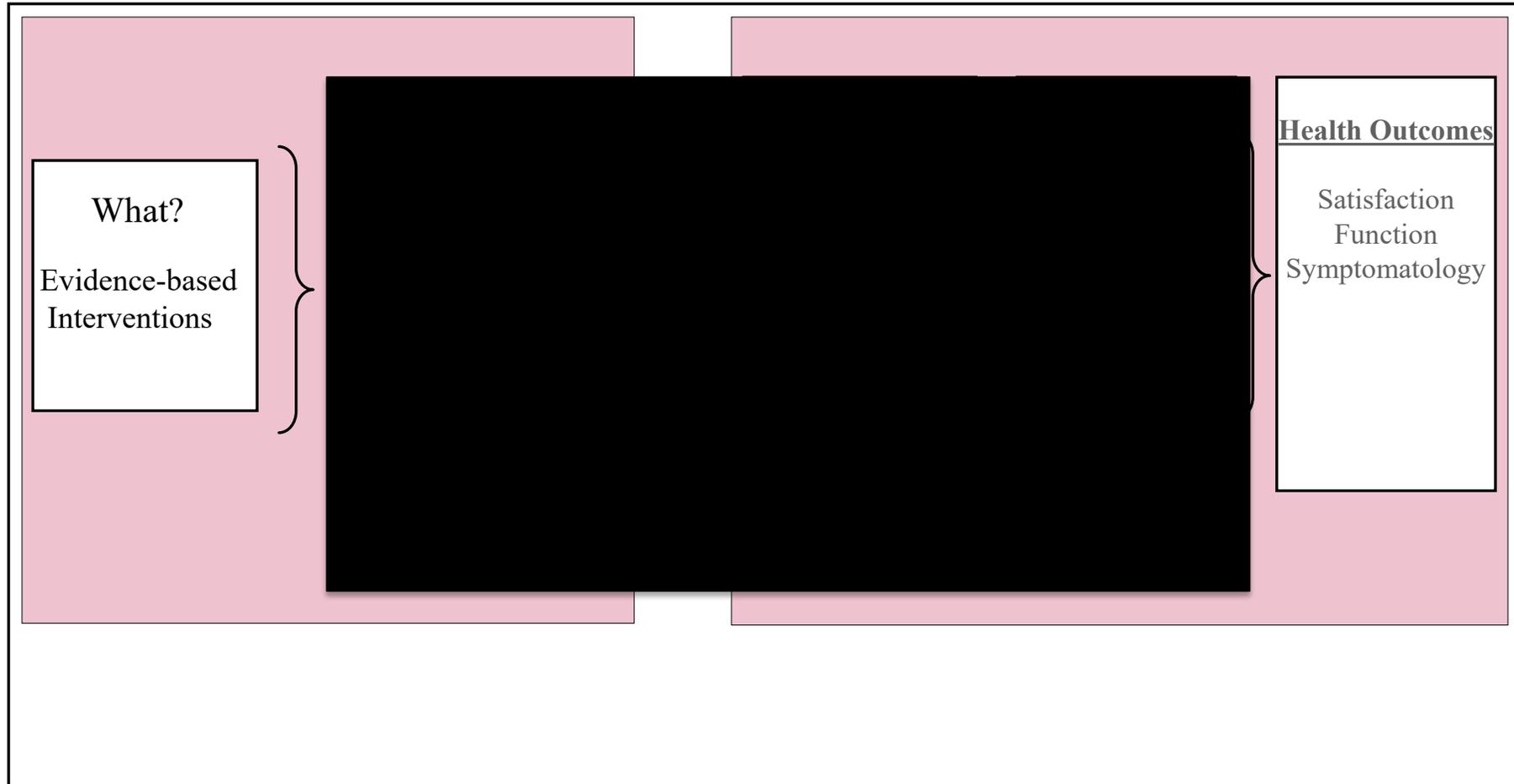


Illustration credit: The Center for Implementation,
<https://thecenterforimplementation.com>

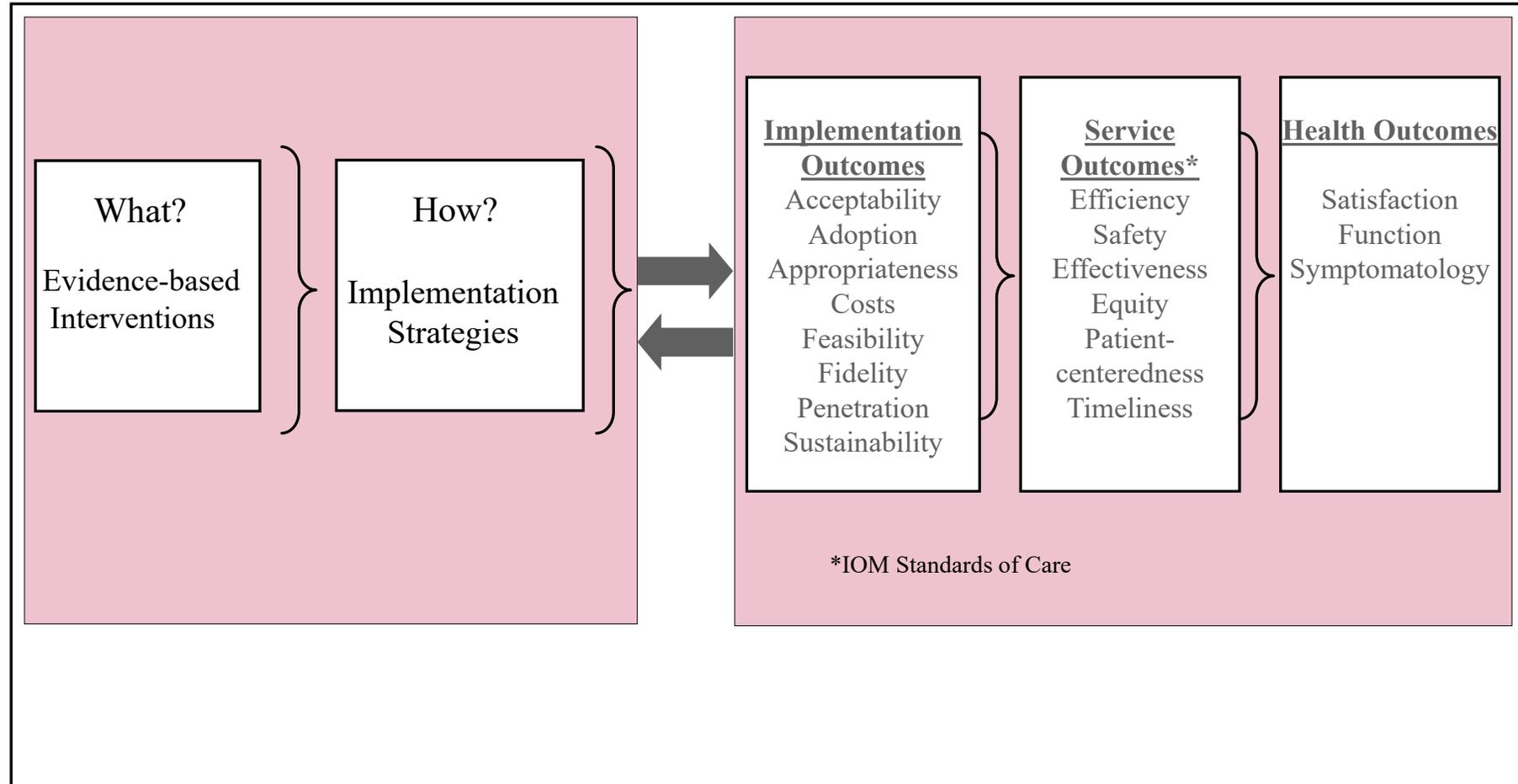
Research definitions from: National Institutes of Health, Dissemination and Implementation Research in Health, PAR-19-274, <https://grants.nih.gov/grants/guide/pa-files/PAR-19-274.html>

Implementation science demystifies the black box



Proctor et al., 2011

Implementation science demystifies the black box



Proctor et al., 2011

How much evidence is enough for implementation?

It depends...

- Does some evidence of EFFICACY and effectiveness exist?
 - Ideal minimum is some published data on efficacy, but no magic number for N, ideally beyond pilot study
- What is the URGENCY? (magnitude of problem * likelihood of occurrence)
 - When both are high, evidence threshold may be lower
 - E.g., imminent catastrophe, global pandemic, climate change
- What is the RISK of negative effects or potential harm?
 - E.g., actual harm, poor use of resources, opportunity costs, decrease in public trust in health/medical research
- What is the delivery system CAPACITY?
- What is the DEMAND (implementer and beneficiary)?



Resources to Help with EBI Implementation

Implementation Science at a Glance



A Guide for Cancer Control Practitioners



ASSESS

- » Evidence-Based Interventions
- » Stakeholder Engagement and Partnerships



EVALUATE

- » Sustainability
- » Scale-Up
- » De-Implementation
- » Return on Investment



PREPARE

- » Adaptations
- » Fidelity



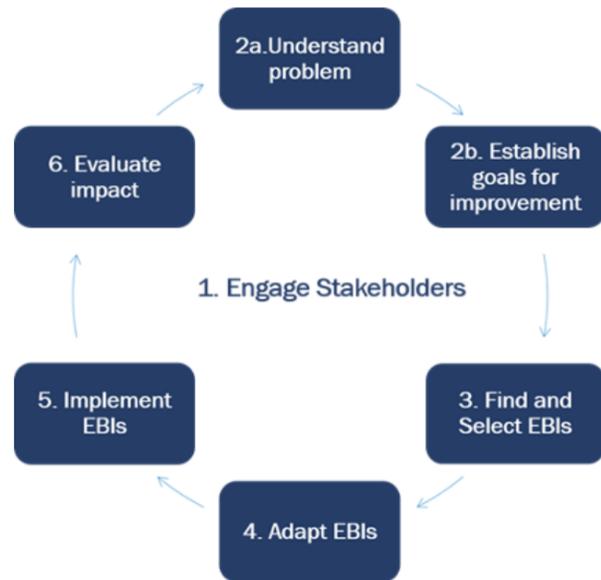
IMPLEMENT

- » Theories
- » Models
- » Frameworks
- » Implementation Strategies

<https://cancercontrol.cancer.gov/is/tools/practice-tools>

[PDF](#) [EPub](#) [Kindle](#)

Putting Public Health Evidence in Action



Over multiple funding cycles, the CPCRN has created an interactive training curriculum to support community program planners, health educators and practitioners in developing capacity to use evidence-based approaches to improve the health of their community. This curriculum has been disseminated widely over the years, both nationally and internationally, and provides the background and tools needed for planning, implementing, and evaluating community health interventions.

See below for the resources needed to plan and deliver a “Putting Public Health Evidence in Action” training workshop with links to videos and supporting materials.

[Click here](#) to download all of the files associated with this training in one click.

[Click here](#) to watch the full training playlist.

[Click here](#) to download the curriculum overview document.

Adaptation is the balance between:

Making an EBI compatible with your population/context

Maintaining FIDELITY

Achieving FIT

Implementing an EBI as proscribed in the original protocol

7 Rabin, B.A., Brownson, R.C., Haire-Joshu, D., Kreuter, M.W., & Weaver, N.L. (2008) A glossary for dissemination and implementation research in health. *J Public Health Management Practice*, 14(2), 117-123.

CPCRN
 Cancer Prevention and Control Research Network

Cancer Control Implementation Science Base Camp

July - October 2022

Applications open March 1, 2022 and due May 1, 2022

Cancer Control Implementation Science Base Camp
Training for Comprehensive Cancer Control Professionals and Partners

Application

To apply for the Base Camp Training, please complete the Application Form and Letter of Support. The Application Form and Letter of Support must be sent via email to gycanceradm@gwu.edu with the subject line "Base Camp Training Application" by **May 1, 2022**. Applications will be accepted on a rolling basis.

Decision notifications will be sent to all applicants via email the week of June 1st, 2022.

THE GEORGE WASHINGTON UNIVERSITY
WASHINGTON, D.C.

Cancer Control Implementation Science Base Camp
A Virtual Team Training for Practitioners
July-October 2022

LEARN HOW TO OPTIMIZE EVIDENCE-BASED INTERVENTIONS WITH YOUR CANCER COALITION

- 1 Learn What Implementation Science Is
- 2 Assemble Your Team & Recruit Community Partners
- 3 Apply

GW Cancer Center

Questions? Contact us at basecamp@georgetown.edu

Introduction to Cancer Control Implementation Science Base Camp

GW Cancer Center

<http://www.cancercontroltap.org>

Evidence-Based Cancer Control Programs (EBCCP)



Transforming Research into Community and Clinical Practice

The EBCCP (formerly RTIPs) website is a searchable database of evidence-based cancer control programs and is designed to provide program planners and public health practitioners easy and immediate access to program materials.

 Search Now

Evidence-Based Programs Listing

Enter text to search the table ...

Showing 1 to 10 of 202 programs

Export to Excel Print

Filters Active - 0 Clear All

- Program Area
- Population Focus
- Delivery Location
- Community Type
- Age

Program Title & Description	Program Area	Population Focus	Delivery Location	Community Type	Age	Sex
<input type="checkbox"/> 1-2-3 Pap: Easy Steps to Prevent Cervical Cancer	HPV Vaccination		Clinical, Home, Other Settings, School (K-College)	Rural	19-39 years	Female
<input type="checkbox"/> 5 A Day Peer Education Program	Diet/Nutrition	Employees	Workplace		19-39 years, 40-65 years	Female, Male
<input type="checkbox"/> 5-a-Day Power Plus	Diet/Nutrition, Obesity	School Children	School (K-College)		0-10 years	Female, Male
<input type="checkbox"/> A Self-Help Intervention for African American Smokers	Tobacco Control	Current Smokers	Home		19-39 years, 40-65 years, 65+ years	Female, Male



Case Studies: Insights from the Cancer Control Field

The EBCCP website features case studies from real-world implementers that help provide more information about program adaptation and implementation for their setting. View these narrative(s) from various programs from the list provided below.



DOSE HPV: Development of Systems and Education for HPV Vaccination in Boston, MA

A community health center in Boston uses DOSE HPV to support its mission of vaccinating all patients who are between 9 and 18 years old. Read this case study narrative to learn how the center uses DOSE HPV and how you can use DOSE HPV in your setting.



Nutrition Pathfinders in Monterey County, CA

The Monterey County Health Department uses the EBCCP program, Nutrition Pathfinders, within the county's public schools to teach students how to make healthy nutrition and physical activity decisions. Read this success story to learn how the county uses Nutrition Pathfinders and how you can use Nutrition Pathfinders in your setting.

Insights from the Cancer Control Field DOSE HPV: Development of Systems and Education for HPV Vaccination in Boston, MA

Public Health Challenge

Each year in the United States, nearly 3 million men and women seek medical care related to human papillomavirus (HPV) and more than 30,000 are diagnosed with a cancer caused by HPV. The most dangerous forms of HPV—those that cause cancer—can be prevented by the two-dose HPV vaccination series. Nevertheless, HPV vaccination rates remain low in some areas, including Massachusetts. To improve vaccination rates, a community health center in Boston that serves almost half of South Boston's population implemented DOSE HPV: Development of Systems and Education for HPV Vaccination.

At a Glance

A community health center in Boston uses DOSE HPV to support its mission of vaccinating all patients who are between 9 and 18 years old. Read this case study narrative to learn how the center uses DOSE HPV and how you can use DOSE HPV in your setting.

The Setting

Since summer 2017, the South Boston Community Health Center has implemented DOSE HPV. This Federally Qualified Health Center serves a large underserved and vulnerable population, with over 70,000 service visits in the past year.

The community health center decided to implement DOSE HPV to help increase the HPV vaccine uptake rates at the center level. A pediatrician who is also the center's Chief Information Officer championed DOSE HPV, with the goal of implementing a sustainable program to increase vaccination rates.

“As a center, our HPV vaccination rates plateaued, and I was excited to implement DOSE HPV to help increase our HPV vaccine uptake rates at the center level. This program helped get everyone on board.”

Chief Information Officer, South Boston Community Health Center

Insights from the Cancer Control Field Pool Cool in Kansas

Public Health Challenge

In Kansas, cases of melanoma, the deadliest form of skin cancer, increased significantly from 2006 to 2017. Protection from the sun's rays could prevent about 90% of all skin cancer cases. Youth are most at risk for overexposure to the sun because they spend the most time outdoors. To protect Kansas youth from the harmful effects of sun exposure and melanoma, a cancer alliance implemented Pool Cool, a sun safety program, throughout the state.

At a Glance

The Masonic Cancer Alliance (MCA), the outreach network of The University of Kansas Cancer Center, implemented Pool Cool in Kansas to educate youth across the state about the importance of practicing sun safety behaviors. Read this case study narrative to learn how the MCA uses Pool Cool and how you can use Pool Cool in your setting.

The Setting

Pool Cool is implemented across Kansas at outdoor aquatic centers (e.g., public pools, private pools, country clubs). Participating pool sites can be found in cities of all sizes, from those in metropolitan areas to those in frontier counties (less than six people per square mile).

The MCA chose to implement a sun safety program because data showed that sunburns and cases of melanoma were increasing throughout Kansas. The MCA found Pool Cool on the Evidence-Based Cancer Control Programs (EBCCP) website and thought the program components (e.g., providing

sun protection items) were a great fit for broad dissemination in the state.

The Approach

The MCA started implementing Pool Cool seven years ago. Pool sites were recruited by engaging stakeholders (e.g., coalitions, parks and recreation groups, pool councils). The MCA first tried using Pool Cool in the Kansas City area, then expanded to Topeka and Western Missouri.

Through word of mouth and social media, the program began to grow. Over the years, the MCA has broadened Pool Cool's reach by implementing the program at 70 different sites across the state.

The program targets each pool's swimming patrons of all ages, and children who are taking swimming lessons (typically children ages 5 to 10 years old).

“Pool managers, who have witnessed the harmful effects of sun, are happy to implement Pool Cool because they think that's a great program to promote safety practices among younger generations.”

Outreach Coordinator, Masonic Cancer Alliance



Find Out More

To learn more about Pool Cool and how to use the program at your organization, view the program summary at: <https://ebccp.cancercontrol.cancer.gov/program/Details.do?programid=288737>

Contact

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aadorante@umkc.edu

The Developer
Karen Glanz, PhD, MPH
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kglanz@penmedicine.upenn.edu

About EBCCP

The Evidence-Based Cancer Control Programs (EBCCP) website has a searchable database of programs, plus resources that planners and public health practitioners can use to help prevent cancer and support cancer survivors and their caregivers in community and clinical settings. EBCCP is the recently refreshed version of Research-Tested Intervention Programs (RTIPs). The new website includes improved navigation and search capabilities, case study narratives, program summaries, and more. Visit us at ebccp.cancercontrol.cancer.gov for the latest resources today!

Primary Prevention: HPV

Support the use of reminder systems in provider offices to increase HPV vaccination completion rates.

HPV Delivery System Implementation Guide



Developing a System for Clinician-Focused and Family-Focused Decision Support for Adolescent Vaccines

Authors:

Alexander G. Fiks^{1,2}, Robert W. Grundmeier^{1,2}, Stephanie. Mayne¹, Lihai Song¹, Ryan O'Hara¹, James Kristen Feemster^{1,2}, Louis M. Bell^{1,2}, Russell Localio^{1,2} Dean Karavite¹. ¹Children's Hospital of Philadelphia ²Perelman School of Medicine, University of PA

The HPV Clinical Decision Support and Delivery System was developed to improve HPV vaccine rates for girls. The system was implemented by The Children's Hospital of Philadelphia Care Network and is based on a set of integrated components including technology, educational content, data analysis and...

Different organizations have a wide range of technologies, capabilities and/or even diff delivering clinical decision support. While this guide provides specifications on the deve is designed to be flexible. We do this by focusing broadly on the concepts and strategie the system and wherever possible include suggestions on alternative approaches, eithe process-oriented, that support achievement of the system's objectives.



Provider=
Practice= * Note: all feedback is based on specified practice only
Network=«Center»

Using Health Information Technology to Improve Healthcare Quality in Primary Care Practices and in Transitions between Care Settings:

The GIVE (Give Immunizations through Vaccine Education) Teens Vaccines Study

Clinician Feedback Report for [Start Date] to [End Date]

Visit Type	Human Papilloma Virus (HPV) Vaccine Given to Eligible Adolescent					
	You		Your Practice		Network	
	Number of Visits at which HPV Vaccine Due	Number of Visits at which HPV Vaccine Given*	Number of Visits at which HPV Vaccine Due	Number of Visits at which HPV Vaccine Given	Number of Visits at which HPV Vaccine Due	Number of Visits at which HPV Vaccine Given
Well Visit	36	8 (22%)	216	68 (31%)	3913	1131 (29%)
Sick Visit	38	0 (0%)	253	13 (5%)	3860	85 (2%)

Automated Reminder Call Scripts¹

Sample Reminder Phone Message Given to Families of Adolescent Girls with a Well-Visit Scheduled and Due for Vaccines (Received 2 Business Days Before Appointment)

This is [hospital/health network name] at [practice name], calling to remind you about an appointment for [patient's first name] on [day and month/date] at [time] with [clinician name]. Please bring your insurance card and your copayments to your visit. If you are scheduled for a physical or are a new patient, please arrive 15 minutes prior to your appointment time. At your visit, these vaccines are due and recommended by your doctor: [list vaccine names]. Getting these vaccines (this vaccine) is an important part of protecting your child's health. If you want to learn more about the vaccines before your visit, please go to the website <http://www.chop.edu/centers-programs/vaccine-education-center>. Again, that website is <http://www.chop.edu/centers-programs/vaccine-education-center>. Remember to discuss vaccines with your doctor at your upcoming visit. We look forward to seeing you.

Sample Reminder Phone Message Given to Families of Adolescent Girls Due for a Well- Visit and Due for Vaccines, but with No Visit Scheduled.

This is [hospital/health network name] at [practice name]. We are placing this call because the last visit for [patient's first name] was on [date]. Yearly visits are recommended for teens. Please call our office at [practice phone number] to make an annual visit appointment for [patient's name]. At your visit, these vaccines are due and recommended by your doctor: [list vaccine names]. Getting these vaccines (this vaccine) is an important part of protecting your child's health. If you want to learn more about the vaccines before your visit, please go to the website <http://www.chop.edu/centers-programs/vaccine-education-center>. Again, that website is <http://www.chop.edu/centers-programs/vaccine-education-center>. Remember to discuss vaccines with your doctor at your upcoming visit. We look forward to seeing you.

Sample Reminder Phone Message Given to Families Of Adolescent Girls With No Preventive Visit Due, But Due for Vaccines (HPV 2 and 3)

This is [hospital/health network name] at [practice name]. We are calling because the

Electronic Health Record (EHR)-based Alerts for Adolescent Vaccines.

These alerts appeared in the EHR when an encounter was opened with an eligible adolescent girl. While HPV was the primary vaccine of interest, alerts were presented for all due vaccines to avoid confusion. © The Children's Hospital of Philadelphia



Vaccines Due Now Order Today

- HPV
- Tdap
- Meningococcal
- Varicella

Upcoming Vaccines

- Influenza

Resources [ACIP schedule](#) [VIS-multiple languages](#)

Survivorship

Encourage community-based self-management workshops for cancer survivors.



NIH NATIONAL CANCER INSTITUTE

Insights from the Cancer Control Field

The Touch, Caring and Cancer Program in the South Side of Chicago

Public Health Challenge

Racial minorities in the United States are more likely than Whites to lack adequate health care. Having poor access to effective health care contributes to health disparities between White and minority populations. In the South Side of Chicago, community members identified the need for more local cancer resources. In response, Chicago State University and the University of Chicago Medicine planned The Touch, Caring and Cancer Program through a P20 training grant¹ and trained local volunteers how to run the program so that it could be sustained and remain an asset in the community after the grant funding ended.

At a Glance

Chicago State University began using The Touch, Caring and Cancer Program in its community to increase the local cancer resources available for patients and their caregivers. Read this success story to learn how the university implemented the program and how you can use it in your setting.

The Setting

Through a grant funded by the National Cancer Institute, University of Chicago Medicine formed a partnership with Chicago State University, a minority-serving institution.

The partnership aimed to provide research opportunities for minority researchers and address cancer disparities. With this partnership in place,

Chicago State University used The Touch, Caring and Cancer Program in a neighborhood in the South Side of Chicago. Participants were 98% African American with a mean age of 66, and they all attended local churches. The program's champion, from the University of Chicago Medicine, was interested in using The Touch, Caring and Cancer Program in this community because the organization had success using the program the previous year with a Chinese American cancer support group from the Center for Asian Health Equity.

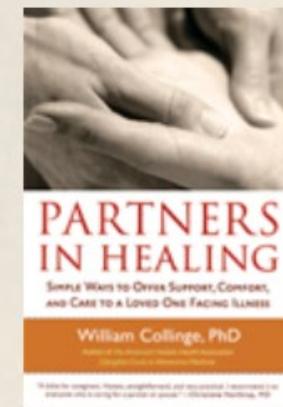
“We are trying to be proactive about this because we knew the funding was coming to an end, and we did not want to leave these communities that were already suffering, just did not have a lot of resources, without anything. That is why we did the train-the-trainer model.”

Director for Community Outreach and Engagement,
University of Chicago Medicine

¹ PI: Thomas Britt, MD, MPH; P20CA165587 and PI: Karen Kim, MD; P20CA165582



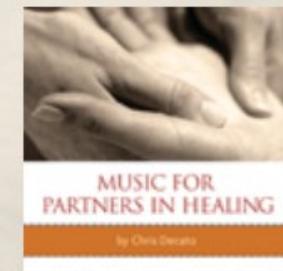
ebccp.cancercontrol.cancer.gov | 1



The Book

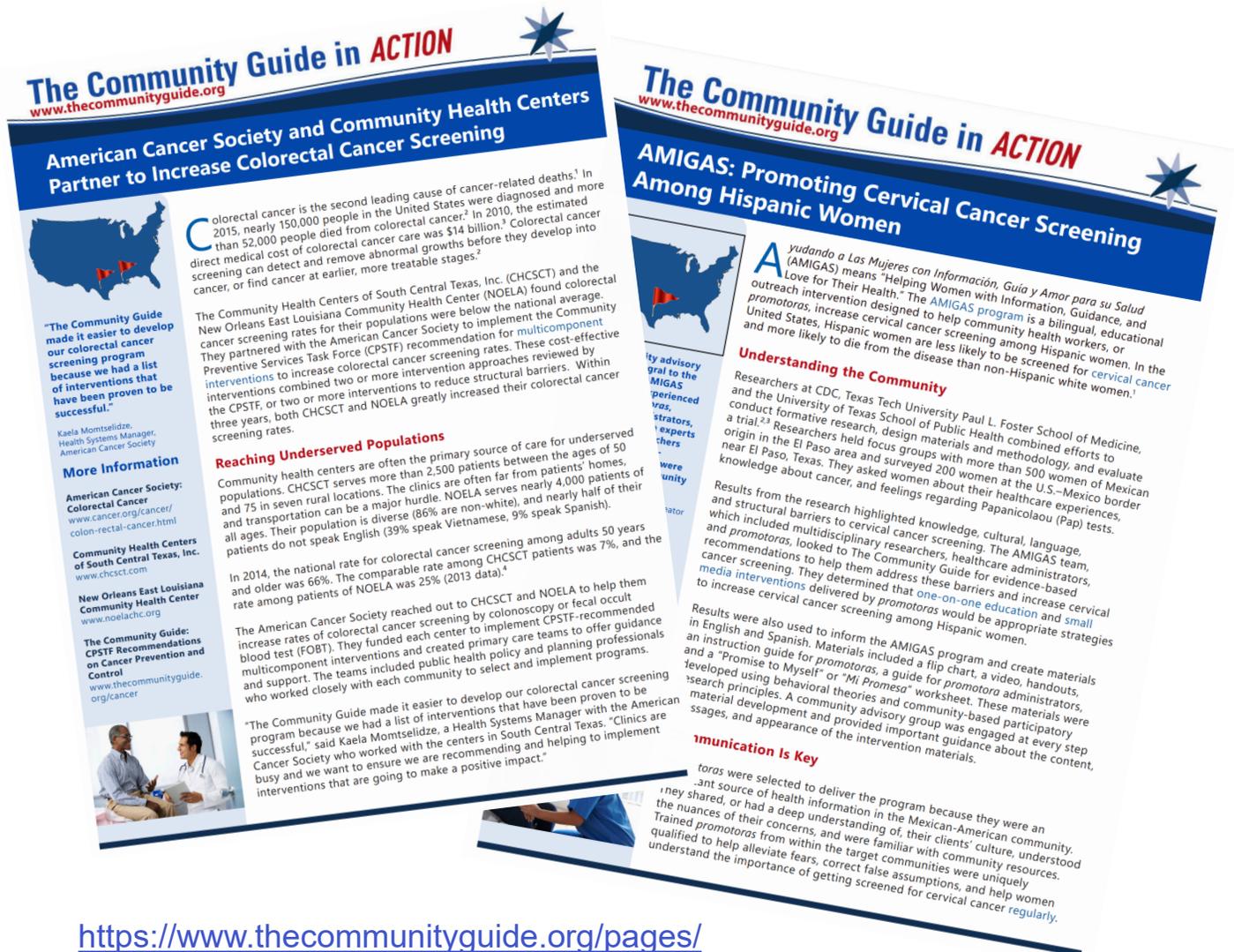


Instructional Video Program



Music

Identifying “Best Practice” Implementation Strategies



<https://www.thecommunityguide.org/pages/community-guide-action-stories-list.html>

Healthy People 2030

Partnership Stories

Healthy People Partnership Stories highlight the work of Healthy People's official partners. These stories show how our partners are working across sectors to achieve health equity and our vision of a society in which all people can achieve their full potential for health and well-being across the lifespan.

Community Stories

Healthy People Community Stories demonstrate how communities across the country are working to address specific Healthy People 2030 topics and objectives. These communities are putting evidence-based strategies for improving health into practice or using rigorous evaluations of promising practices.

<https://health.gov/news/tag/healthy-people-partnership-stories>

<https://health.gov/news/tag/healthy-people-community-stories>

Cancer Roundtables



National Consortium for Cancer Screening and Care



consortium.acs4ccc.org

www.cancer.org/about-us/our-partners/american-cancer-society-roundtables.html



White House Office of Science & Technolog... @WHO... · Oct 26

Replying to @WHOSTP

This week, @FLOTUS joined @AmericanCancer to announce the launch of the National Breast & Cervical Cancer Roundtables — an effort bringing together experts, with more than 40 organizations already participating, to take action to improve cancer outcomes.



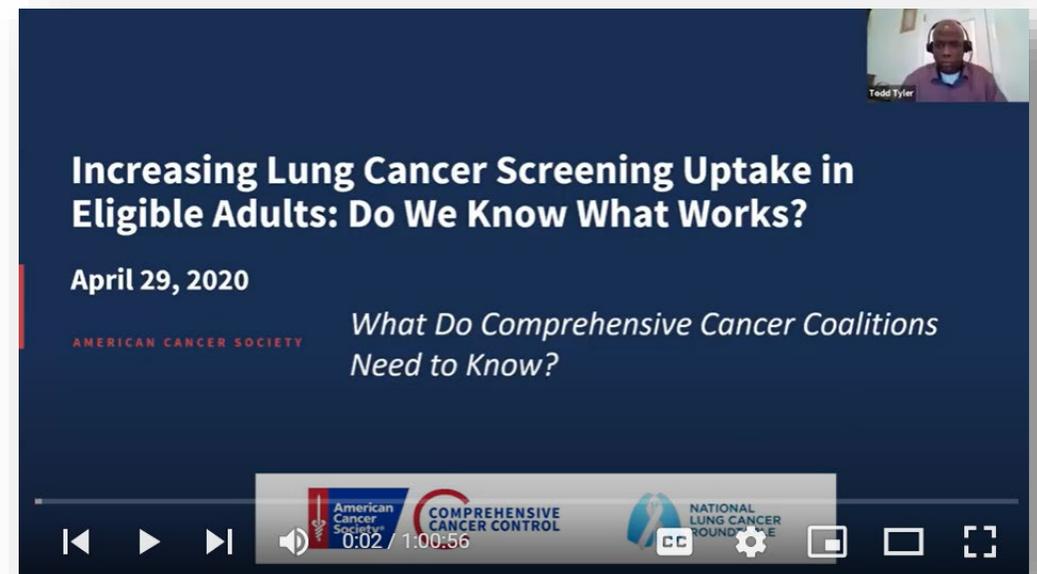
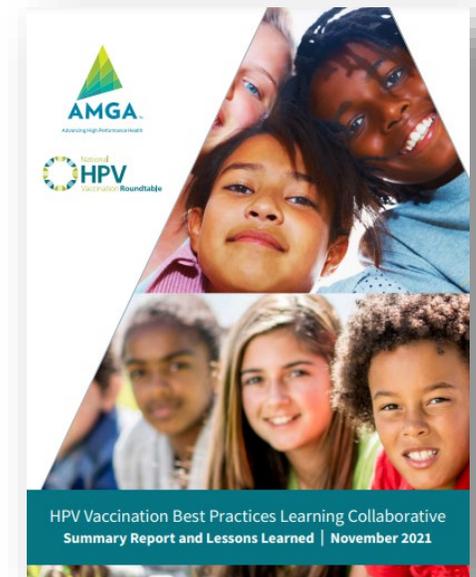
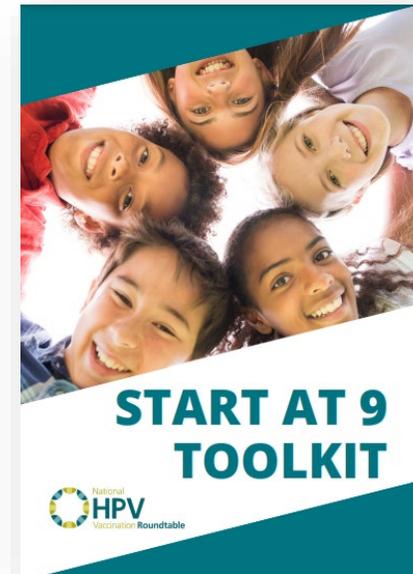
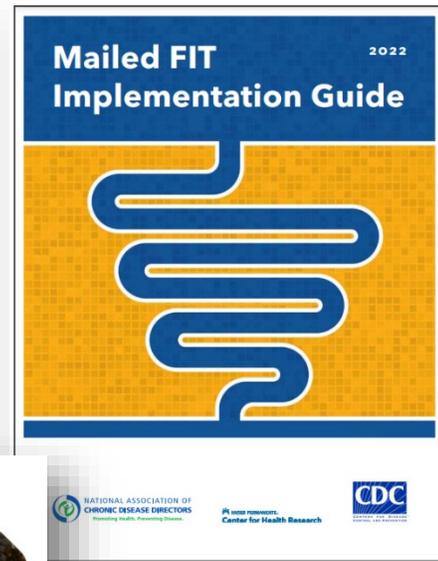
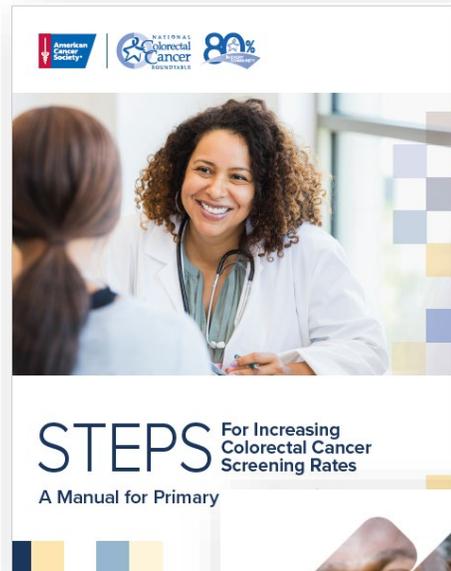
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39



Roundtables Resources



Survivorship + Health care access and quality

Provide assistance to the largest employers in the state to incorporate and promote evidence-based obesity, nutrition, and physical activity interventions into worksite wellness programs, with a specific focus on cancer survivors.

Work with state partners and business and industry organizations to build support for paid leave policies for cancer screenings.



www.ceoroundtableoncancer.org/

CEO CANCER GOLD STANDARD™

The Gold Standard is a **workplace wellness accreditation program** developed by the CEO Roundtable on Cancer that encourages and celebrates organizations committed to reducing the risk and burden of cancer among employees, families, and communities. The Gold Standard offers an evidence-based framework for organizations to provide a healthier workplace by focusing on cancer risk reduction, early detection and high quality care.

The online **Gold Standard Accreditation Application** asks organizations to demonstrate that its health benefits and workplace culture include extensive, concrete actions in five key areas known as the **Five Pillars**:

- **Pillar 1: Health Education & Navigation**
Effectively share health and well-being resources across diverse employee populations
- **Pillar 2: Prevention & Early Detection**
Encourage physical health by supporting healthy lifestyle choices, cancer screenings and vaccinations
- **Pillar 3: Advancing Treatment**
Ensure access to quality treatment including cancer clinical trials
- **Pillar 4: Survivorship**
Support those living with and beyond a cancer diagnosis
- **Pillar 5: Well-Being**
Adopt a holistic approach to individual and community health



Research-Practice Partnerships

HAVE YOU EVER ASKED YOURSELF...

- Why isn't my public health program working as well as expected?
- What strategies could improve this public health program?
- How can my program effectively engage the most underserved populations?
- What resources and assistance are available to help me make improvements?

IMPLEMENTATION SCIENCE and Evidence-Based Public Health



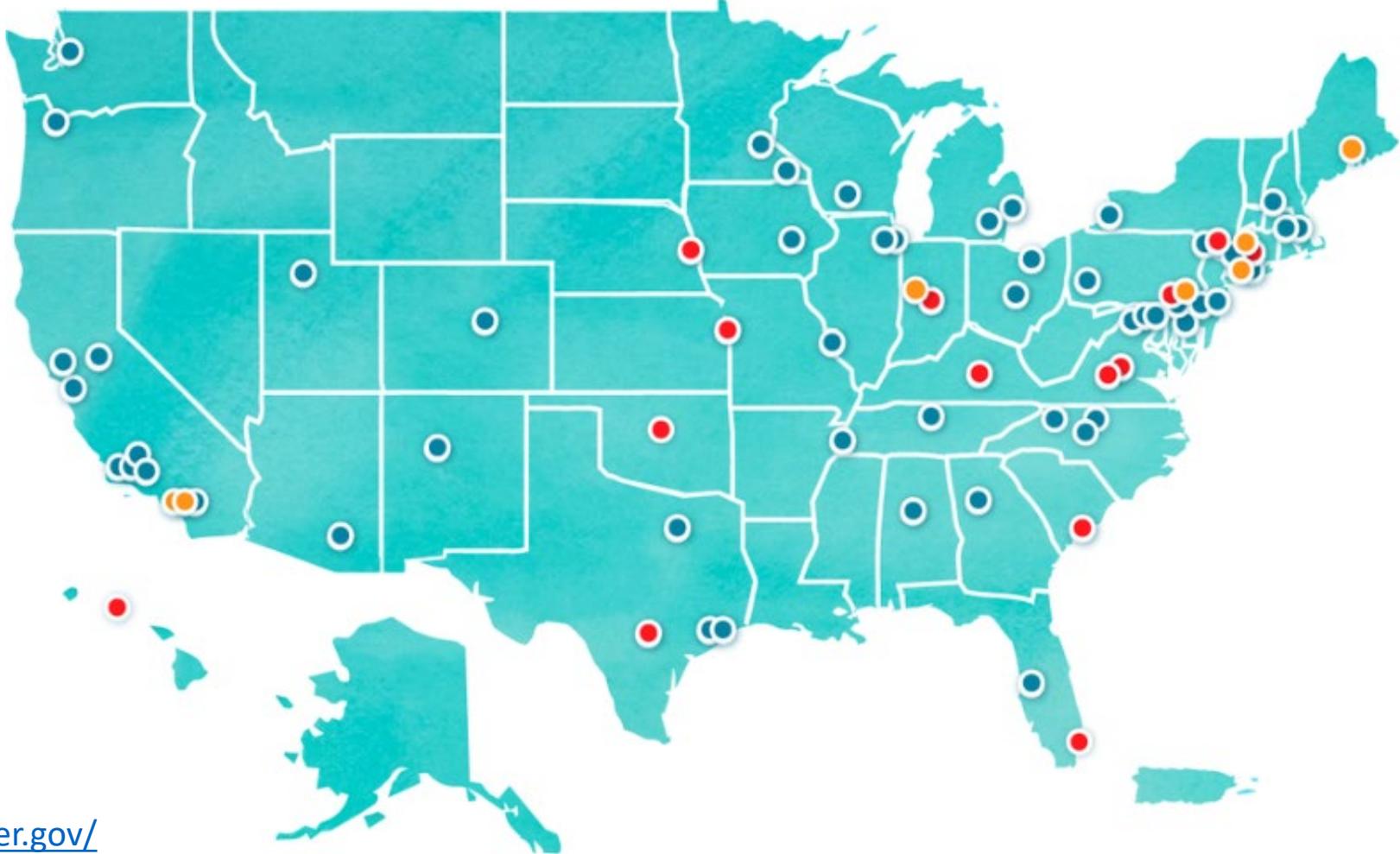
Scan to learn more and
access resources



Implementation science is essential for improving population wellness by using evidence-based, implementable solutions in communities, including underserved populations, programs, services, and policies. Implementation science helps us do this work effectively and equitably.

Implementation science can help answer these key questions so program managers, researchers, and policy makers can enact proven solutions to common public health challenges. Public health and implementation science intersect to increase positive impacts on population health.

71 NCI-Designated Cancer Centers



<https://cancercenters.cancer.gov/center/cancercenters>

- **CANCER CENTER**
- **COMPREHENSIVE CANCER CENTER**
- **BASIC LABORATORY**

Community Outreach and Engagement



Stanford Cancer Institute Community Outreach and Engagement
 & Stanford Medicine Office of Community Engagement Present:

CANCER & COVID TOWN HALL

Thursday, October 29, 2020

Stanford Cancer Institute
 A National Cancer Institute
 Comprehensive Cancer Center



Arizona Cancer Center
 A National Cancer Institute
 Comprehensive Cancer Center

MORNING CAT CHAT:

Learn some mo' with a cup of joe!

WHAT: Join the UAAC's Office of Community Outreach and Engagement for our monthly online community coffee social! We will be having a virtual cup of coffee and chatting with experts that are working to advance cancer-related basic science efforts, and gather community input to help guide research in the fight towards a #CancerFreeAZ.

WHO: Our featured guest will be the Director of the University of Arizona Cancer Center, Dr. Jovani Swains, PhD!

Join us on Tuesday, June 30, 2020 at 8:00 am MST
 Free Registration at: <https://bit.ly/2Y.P5EV>

Follow us on social media!
 #CancerFreeAZ

@UAACancer_COE | Arizona Cancer Center | uaacancer_coe

Herbert Irving Comprehensive Cancer Center
 Community Outreach and Engagement Presenta:

Concientización sobre la salud mamaria y el cáncer de mama

Presentación y preguntas y respuestas
 8 de octubre 2pm
 En línea a través del Zoom

Únase a nosotros para:

- Obtenga información sobre la salud de mama, los factores de riesgo del cáncer de mama y los exámenes de detección
- Haga cualquier pregunta que tenga

Presentadora:
 Andria Reyes, M.A.
 Educadora de salud, Community Outreach and Engagement at Columbia University's Herbert Irving Comprehensive Cancer Center

HERBERT IRVING
 COMPREHENSIVE CANCER CENTER
 COLUMBIA | New York Presbyterian

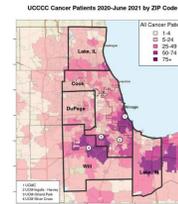
Sampling of Prior COE-Related Supplements

- 2014, 2017, 2020 – HPV vaccination uptake (environmental scans, vaccine misinformation in community)
- 2016 & 2018 – Population health assessment in cancer center catchment areas
- 2018 & 2019 – Rural cancer control activities
- 2020 & 2021 – EBI implementation in communities



Catchment Area

The University of Chicago Comprehensive Cancer Center (UCCCC) is located in Chicago's historically rich and culturally diverse Hyde Park community on the south side. Our five-county region includes four Illinois counties: Cook County represents the largest region and encompasses our local impact area, Chicago, as well as DuPage, Lake, and Will counties. We also serve Lake County, Indiana, in Northwest Indiana. The combined catchment area population of 8 million represent 49 percent non-Hispanic White, 19 percent Black/African American, 8 percent Asian, and 22 percent Hispanic communities. The catchment area is based on patient density and reflects the residence of new cancer patients (83 percent) and patients on therapeutic trials (62 percent).



Community Engagement Focus

At a Glance
The Community Outreach and Engagement (COE) supplement supported the initiation of new collaborations between the UChicago COE Office, the Office of Community Engagement and Cancer Health Equity (OCECHE), community partners, and the cancer center's basic and translational research programs. Community Outreach, Research & Engagement (CORE) piloted community integration across the cancer research continuum within our cancer center.

Collaborators

The CORE team recruited twenty-one community organizations, survivors, caregivers, and advocates representing each of the five screenable cancers: the Blue Hill Foundation (colorectal), EGFR Resisters (lung), Equal Hope (ovarian), Sisters Working It Out (breast), and Peer Plus Education and Training Advocates (prostate). The CORE team recruited diverse participants from the University of Chicago (UChicago) Hospital Patient and Family Advisory Council (PFAC), COE mini-grantees, COE Community Advisory Board members, and fourteen cancer investigators from each of the four UCCCC cancer research programs: Cancer Prevention & Control, Clinical & Experimental Therapeutics, Immunology and Cancer, and Molecular Mechanisms of Cancer. Workshop facilitators included COE staff and faculty, the Black Cancer Collaborative, UChicago Office of Diversity and Inclusion, the Knight Cancer Institute, and the Alan Aida Center for Communicable Science at Stony



allowing for both local and national exposure to our CORE participants.

...the time I've spent living cancer, I'd never met with the disease type I was jating. The CORE program ed me the opportunity to an actual person living with icific type of cancer I was hing, as well as an entire advocacy group.

ch amunity and academic CORE pilot ncer patients, survivors, caregivers, ommunity-based organization leaders ic and translational researchers at hicago Comprehensive Cancer Center ster web-based capacity-building nity members to build skills in: h advocacy ples and methods stic and translational research ster web-based training modules for

- Investigators in:
- The patient experience
 - Community needs
 - Cancer disparities

- Effective scientific communication to diverse non-scientific audiences
- Plan and execute a community-wide event, the "Cancer and the Microbiome Community Connection Summit," scheduled for March 2022 in coordination with the community and academic clusters. The summit included:
 - Scientific presentations on cancer and the microbiome by UChicago researchers
 - Presentations by community advocates
 - Interactive breakout sessions between attendees
 - Evaluating the CORE pilot program and community academic summit through evaluations administered online following each training module and summit

Implementation Guidance

CORE project workshops are recorded and packaged into self-guided learning modules that can be used to replicate the program and requires no grant funding to sustain.

Intentional integration of these and future CORE members into the UCCCC Annual Cancer Disparities Symposium, to provide opportunities for investigators to share current research progress, findings, and forthcoming research, as well as a platform where community cluster members can share patient experiences. Members of each cluster participated in the current year's event, and it was a success.

Coordinate, encourage, and support members of each cluster to collaborate on community-focused events that require minimal resources. To date, multiple CORE participants from each cluster have participated in our Webinar (Wednesday employee cancer education series, Facebook Lives events, in-person community events, and cancer support groups, and helped launch our Community Lifetime Learners Program. CORE participants from each cluster provide necessary academic and experiential knowledge. COE staff supported event marketing, advertising, audience development, and technical aspects (Zoom registration and operation).

members' work to and UChicago y Advisory Council.

- Spotlighting CORE members and their work in the weekly COE newsletter
- Incentivize and support community-academic partnerships from each CORE cluster to apply for COE community-academic partner research mini-grants
- Provide valuable experience for members from each cluster to serve as community-academic research partnership mini-grant reviewers.

Participation in CORE has helped me finally bridge the connection between bench science and cancer survivorship.
—CORE Community Cluster Participant



On March 22, 2022, CORE hosted its culminating event: 1st Annual UCCCC Community-Academic Research Summit. The virtual event, including the Theme of Cancer and the Microbiome, the agenda and schedule was a collaborative and bidirectional effort that engaged community and academic partners. The summit featured community and academic CORE dyads serving as event moderators. Key speakers included Dr. Adesunke Odum, the UCCCC director; Dr. Eric Paner, director of the UChicago Duchossois Family Institute for the Microbiome; and Dr. Benjamin Shogan, a colorectal surgeon, member of the Cancer Prevention and control research program, and a microbiome researcher.



See reports and case studies at:
<https://cancercontrol.cancer.gov/research-emphasis/supplement>

Enhancing COE Partnerships with Comprehensive Cancer Control Coalitions



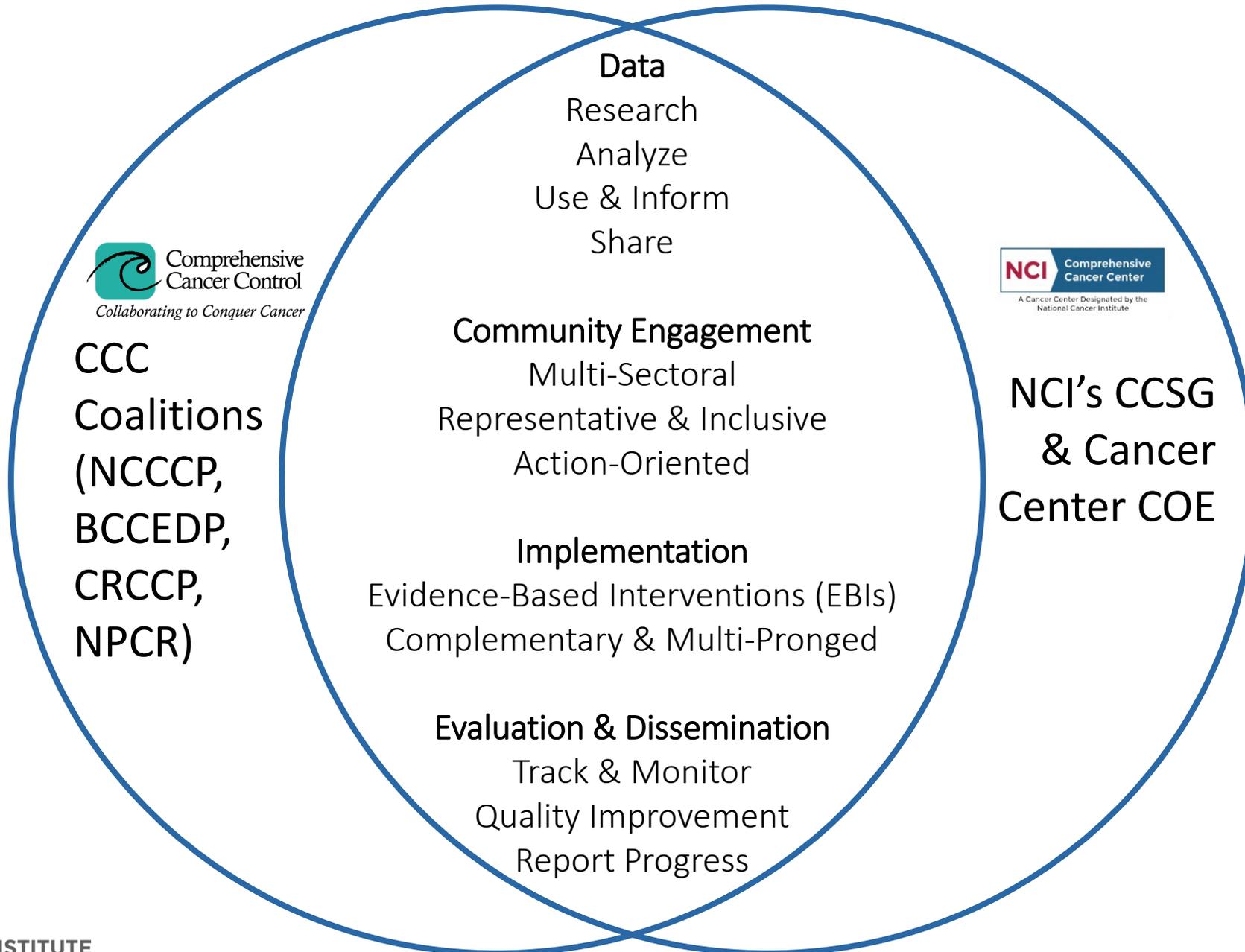
A Cancer Center Designated by the
National Cancer Institute



Purpose: Demonstrably improve how NCI-Designated Cancer Centers collaborate and work with comprehensive cancer control coalitions to identify priorities for cancer control within the center's catchment area

- 1 year of funding
- \$150k total cost

Synergies



2021 COE Supplement Awardees

NCI DESIGNATED CANCER CENTER	CANCER COALITION PARTNER(S)	STATE	TOPIC
Dartmouth-Hitchcock Norris Cotton Cancer Center	Vermonters Taking Action Against Cancer	NH	Lung cancer screening
Fred Hutch/University of Washington/Seattle Children's Cancer Consortium	Northwest Portland Area Indian Health Board	WA	American Indian and Alaska Native (AI/AN) intergenerational cancer control (breast, colorectal, HPV vax)
Huntsman Cancer Institute	Nevada Cancer Coalition, Nevada Primary Care Association, and the Nevada Department of Health and Human Services Tobacco Control Program	UT	Tobacco Quitline referral in community health centers
Karmanos Cancer Center (Wayne State)	Michigan Cancer Consortium	MI	Cancer survivorship and regular physical activity
Oregon Health and Science University, Knight Cancer Institute	Northwest Portland Area Indian Health Board	OR	HPV vax in AI/AN communities
Siteman Cancer Center at Washington University	Missouri Cancer Consortium	MO	Mammography
University of Colorado Cancer Center	Colorado Cancer Coalition	CO	Various cancer control EBIs for disparities
University of Iowa Holden Comprehensive Cancer Center	Iowa Cancer Consortium	IA	Prioritized engagement with Black/African American communities
University of North Carolina Lineberger Comprehensive Cancer Center	NC Community Cancer Network	NC	Capacity building on EBI implementation + pilot grant program for EBI implementation by community orgs



Comprehensive Cancer Control

Collaborating to Conquer Cancer



Visit the CCCNP website: www.ccnationalpartners.org

Learning Objectives

After this presentation, are you able to:

- ✓ Define and identify evidence-based interventions (EBIs)?
- ✓ Explain how implementation science can advance cancer control?
- ✓ Apply new knowledge to select, adapt, and evaluate EBIs related to priority strategies in the "Connecticut Cancer Plan 2021-2026"?

Questions?

Contact me: Aubrey.Villalobos@nih.gov



**NATIONAL
CANCER
INSTITUTE**

www.cancer.gov

www.cancer.gov/espanol