

Appendix C

National Outreach Network Progress Report

CHE-Directed Education/Outreach Intervention Summary

A. Description of CHE Intervention – Provide a description of the CHE Directed Education/Outreach Pilot Project.

Local Cancer Health Disparity Issue		
Population Focus	Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input checked="" type="checkbox"/> Black/African American <input checked="" type="checkbox"/> White/Caucasian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	Ethnicity: <input checked="" type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Additional Characteristics Describing Target Population (i.e. immigrants, Limited English Proficiency, Low SES, medically underserved, etc)	The population seen in the Women's Health Group is comprised primarily of medically underserved and low SES women from the surrounding communities in Boston. The community outreach involves many low SES (living in public housing) and minority populations.	
Cancer Focus AND Cancer Continuum/Topic Area	Cancer Focus	Cancer Continuum/Topic Area
	<input checked="" type="checkbox"/> Breast <input type="checkbox"/> Colorectal <input type="checkbox"/> Prostate <input type="checkbox"/> Cervical <input type="checkbox"/> Lung <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Diagnosis <input type="checkbox"/> Survivorship <input type="checkbox"/> End of Life <input checked="" type="checkbox"/> Biospecimen Collection <input checked="" type="checkbox"/> Screening & Detection
Intervention Overview		
Type of Intervention	<input checked="" type="checkbox"/> Individual-directed <input type="checkbox"/> System or provider - directed <input checked="" type="checkbox"/> Community education <input type="checkbox"/> Access enhancing strategy	<input type="checkbox"/> Media Campaign <input type="checkbox"/> Social Network/Group <input type="checkbox"/> Policy level <input checked="" type="checkbox"/> Multi-strategy (check all that apply)
Intervention Description (include Aims, Theoretical Framework, Strategies, Channels, etc)	With recent support from the NON CHE program, we have built upon the work of the MB-CCOP and the Boston PNRP to develop and evaluate a model of community health education in clinical trials, directed at the point of cancer screening in the primary care setting. In the past year, we have demonstrated: a) the ability to integrate a CHE into a safety net primary care clinical practice, b) the willingness of vulnerable populations to engage with a CHE, c) the ability to enhance cancer screening and interest in cancer clinical trials via the CHE. We are now well poised to expand the capacity of this primary care CHE model into the community. We propose here an exciting partnership with the Boston University Partners in Health and Housing Prevention Research Center , a CDC funded community-based collaborative program targeting the health of residents living in Boston Public Housing, a population known for poor health outcomes. This new partnership will provide a unique opportunity to utilize a CHE to bridge the clinical and community settings and thus increase our ability to engage an historically hard to reach population.	

Opportunities to reduce cancer disparities exist across the entire cancer spectrum, including primary and secondary prevention. Some examples of modifiable cancer risk factors that vary by race/ethnicity and socioeconomic status include cigarette smoking, physical inactivity, and obesity. Regardless of race/ethnicity, men and women whose income is less than twice the poverty level are much more likely to have these risk factors.¹ Disparities in early detection of cancer are reflected both in rates of use of recommended screening tests and higher stage at diagnosis among low income and racial/ethnic minorities. **Thus the cancer health disparity this CHE supplement seeks to address is low rates of participation in cancer prevention and screening activities among the low-income urban populations served across the Boston University Medical Center SafetyNet institution (BU/BMC).**

The Boston Medical Center MB-CCOP Program is unique in that it strives to screen all patients for CCOP trials utilizing a patient navigation model that is integrated into the primary care practices across the medical center and affiliated CHCs and therefore serves as the ideal parent award for the proposed CHE supplemental activities. The MB-CCOP uses our primary care model of patient navigation to promote timely cancer care as an entry point into clinical trial enrollment. The CHE program is a natural extension of this network of MB-CCOP navigation as it targets the prevention and early detection spectrum of care, rather than diagnosis and treatment. To date, our CHE program has demonstrated the ability to engage the community through targeted education, and enhance their participation in cancer screening as well as their interest in cancer prevention trials.

In direct support of the NON strategies, the long-term goal of this proposed work is to increase knowledge of and participation in cancer prevention clinical trials among low-income, racial/ethnic minority populations by actively incorporating culturally and linguistically appropriate education and outreach into the BMC MB-CCOP. Through a unique partnership with the *Boston University Partners in Health and Housing Prevention Research Center*, which will allow us to replicate our educational model in public housing communities, this new proposal will enhance NCI's ability to develop and disseminate evidence-based, culturally appropriate cancer educational materials to the most vulnerable. The **Specific Aims** of this supplement award are:

Aim # 1: To expand the capacity of the primary care-based CHE into the community setting through a new partnership with the Boston University Prevention Research Center.

Hypothesis: We will increase by 100%, the number of vulnerable community members reached.

Aim # 2: To evaluate community acceptance of incorporating clinical trials messages at the time of comprehensive screening conducted in public housing developments.

Hypothesis: The CHE will successfully engage residents of public housing as demonstrated by willingness to participate in an educational session.

Aim # 3: To evaluate whether our culturally tailored educational materials impacts participation in cancer prevention activities, cancer screening and enrollment onto available cancer prevention trials.

	<p><i>Hypothesis:</i> Community members who receive an educational session with the CHE will demonstrate participation in prevention activities, cancer screening and/or enrollment.</p> <p>When this research program is complete, we will have addressed all four goals of the National Outreach Network, including promoting a diverse and culturally competent cancer health disparities workforce, by employing a CHE in the clinical and now in the community setting. Our research team, which has an established relationship with our proposed community partner, is uniquely qualified to conduct this health education research and then disseminate evidence-based materials widely.</p>	
<p>Intended Outcomes and Evaluation Methods (education resource and outreach strategy)</p>	<p>Data will be collected by the CHE during outreach activities. The CHE will be trained to document all educational encounters including date and type of activity, purpose, community partners, number of participants reached, and dissemination strategies utilized.</p> <p>During intervention activities, all participants will complete an interviewer administered survey (at baseline and 4-6 weeks) to assess outcomes including participation in screening, willingness to consider a cancer prevention clinical trial and accrual onto a cancer prevention trial. Research assistant staff will administer the surveys. Participants will receive a \$10 gift card upon completion of each survey, for a total of \$20. This is consistent with incentives provided by the PHH-PRC projects in the past.</p> <p>Data analyses will be largely descriptive to provide a realistic representation of the clinical impact of these educational materials. Main outcomes of interest include: participation in recommended cancer screening, willingness to enroll in cancer prevention trial, and accrual to cancer prevention trials.</p> <p><u>Dissemination:</u> Findings, including the newly developed educational materials, will be disseminated widely throughout our community partners. We plan to distribute these educational materials in several primary care clinical waiting areas, on the web and during all educational encounters with the CHE, both on and off BMC campus. More importantly, these educational materials will be implemented during regularly scheduled screening sessions both on campus at BMC and at local housing developments.</p>	
<p>Cancer Education Resource #1</p>		
<p>Title of Resource</p>	<p>Why Care About Health Research?</p>	
<p>Type of Resource Available</p>	<input checked="" type="checkbox"/> Training Curricula/Toolkits <input type="checkbox"/> Internet tool <input type="checkbox"/> Social Networking Resource <input type="checkbox"/> Program planning tool	<input checked="" type="checkbox"/> Print Resource (Brochure) <input type="checkbox"/> Audio/Video Resource <input type="checkbox"/> Program planning tool <input type="checkbox"/> Other: _____
<p>Purpose of Resource</p>	<input checked="" type="checkbox"/> Awareness Raising <input type="checkbox"/> Informed Decision Making <input type="checkbox"/> Behavioral Change	<input checked="" type="checkbox"/> Education <input type="checkbox"/> Motivation <input type="checkbox"/> Other: _____
<p>Source of Resource/ Adapted from</p>	<input type="checkbox"/> NCI: <input type="checkbox"/> ACS _____ <input checked="" type="checkbox"/> Locally developed/Project-generated <input type="checkbox"/> Other: _____	
<p>Average Reading Level</p>	<p>Delivered in person</p>	
<p>Languages Available in</p>	<p>English</p>	
<p>Outreach Strategy</p>		

Delivery Methods

- Workshops
- Meetings (town hall, CAB)
- Social Media
- Face-to-Face Encounters

- Newsletters
- Health Fairs/Community Events
- Kiosk
- Other: _____