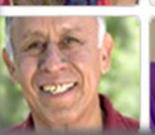
Community Networks Program Reducing Disparities Through Outreach, Research, and Training (CNP-II)

Presentation for the NCI Board of Scientific Advisors



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health





Dr. Sanya A. Springfield Director, Center to Reduce Cancer Health Disparities

Community Networks Program (CNP)



Increase access to and use of beneficial interventions for prevention and early detection of cancer.

Identify and develop a cadre of well trained cancer researchers.



CNP Principal Investigators



Native Hawaiian/





African American











Pacific Islander







Hispanic/Latino









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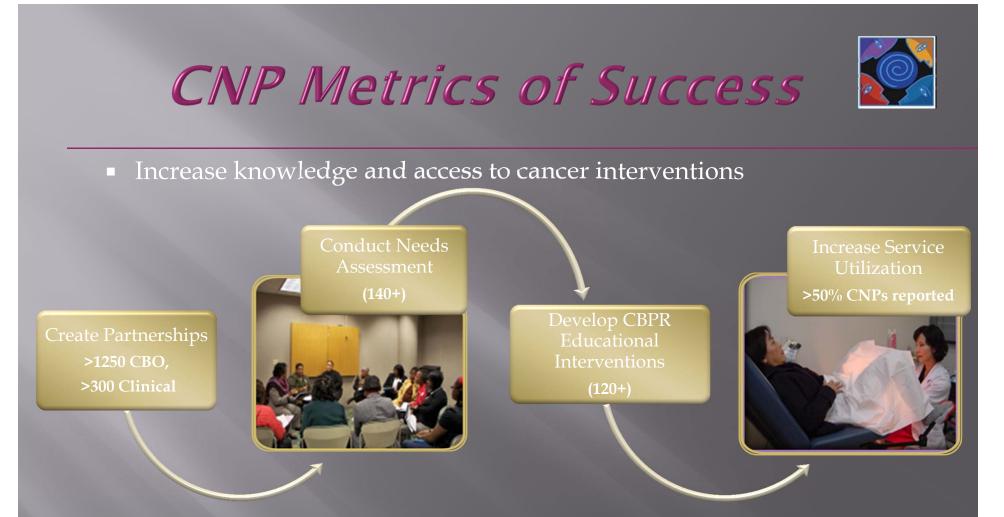








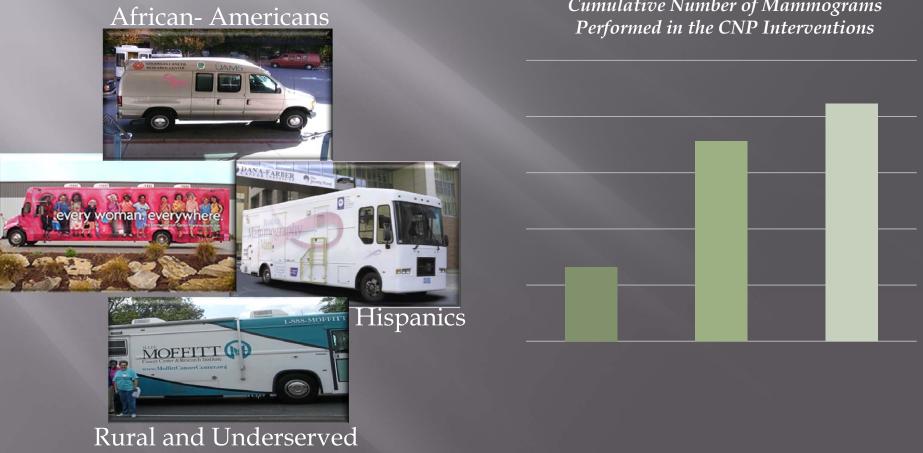
American Indian & Alaska Native



- Develop a cadre of well trained new investigators
- Knowledge/Transfer Dissemination
 - Publications, presentations, and educational resources (~500)
 - Leveraging / obtaining new funding (\$250 million in 3 years)



Reaching African American, Hispanics, and Rural/Underserved Women with Mammovans



Cumulative Number of Mammograms



- Reaching <u>Rural Hispanic Women</u> with Colorectal Home Health Parties (Thompson)
- FOBT Screening

 Baseline

 Sigmoidoscopy/Colonoscopy

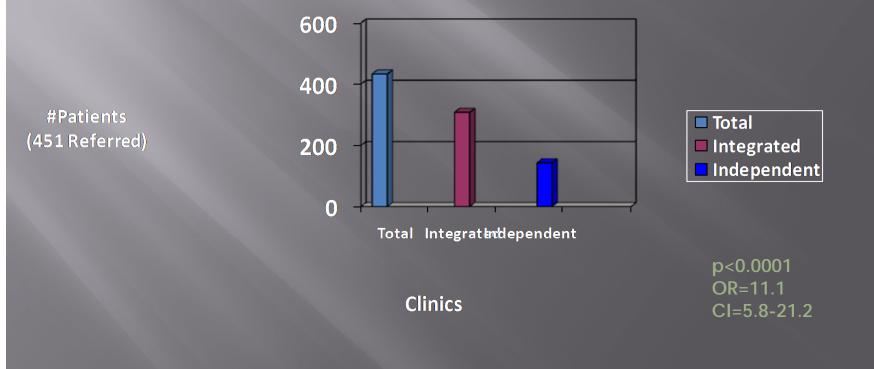
 I7%
 Baseline

 3 months
 - Increasing Mammography Use among Rural <u>Uninsured Women</u> through Food Pantries (Dignam) <u>Mammograms</u>



- Enhancing <u>AA Men's</u> knowledge of Prostate Cancer using *Barbershop Education* (Meade)
 - (59.5% pretest, 79.0% posttest, Z= -2.32, p<0.05)

Promoting Colorectal Cancer Screening in Primary Care Practices through integrated clinics







■ 6-months

Reaching underserved Korean women with cervical cancer education and in-language navigation

A Multifaceted Intervention to Increase cervical Cancer Screening Among Underserved Korean Women. Fang CY, Ma GX, Tan Y, Chi N. *Cancer Epidemiol Biomarkers Prev* 2007; 16: 1298-1302

Post-Intervention Screening Behavior

100

Baseline

65 80 ho of women 60 % of women 45 40 25 20 5 Self-efficacy **Reduce worry** Cost Control Intervention *P < 0.001. P < 0.05.

85





Intervention

Differences in Psychosocial Beliefs Post-Intervention

■ Control





Promoting colorectal cancer screening through a multifaceted, culturally appropriate intervention

Mutlifaceted Intervention, n=105, , 27.6% FOBT 6 months after intervention

Mutlifaceted Intervention, n=105 Usual Care, n=105

Odds ratio = 5.98 (3.98,10.85)

Tu SP, Taylor V, Yasui Y, et al. Promoting Culturally Appropriate Colorectal Cancer Screening Through a Health Educator, Cancer (2006), 107:959-966.





CNP has trained over 330 new investigators.

Students Trained

- 100 Asians
- 50 African American
- 52 Hispanic/ Latino
- 28 Native Hawaiian or Other Pacific Islander
- 20 American Indian or Alaskan Native

Academic Background

- 121 Doctoral
- 53 Professional degree
- 59 Masters
- Faculty Positions
- 60 Assistant Professors
- 13 Associate Professors





Ana Maria Lopez, MD, University of Arizona

Knowledge Transfer/Disseminatio

CNP has published 518 peer reviewed papers and given >200 presentations.





CNP has produced >300 newsletters and websites.



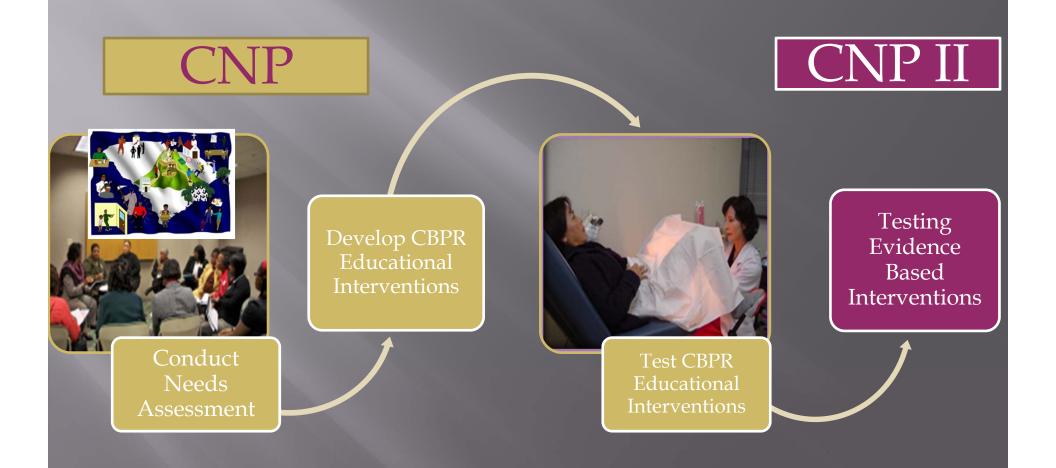






Moving Forward...





Community Networks Program (CNP-II)

Further increase knowledge of, access to, and

utilization of beneficial biomedical and behavioral procedures for cancer and address *co-morbidities* across the *health care continuum* in racial/ethnic minorities and other underserved populations.

- *Co-morbidities* may include HIV-AIDS related malignancies, heart disease, diabetes, stroke, depression, mucositis, neuropathies, pain management, stress, trauma, and changes in cognition and dementia
- *Health Care continuum* includes prevention, early detection, diagnosis, treatment, and survivorship







Administrative Core

Organizational Infrastructure Partnerships Resources

Community Outreach Core

Needs Assessment

Health Promotion/ Educational Activities

Community-level Resources

Dissemination

Research Core

Controlled Educational Intervention Study

Pilot Research Studies

(Education for Biospecimen/biobanking or clinical trial recruitment)

Dissemination

Training Core

CBPR Training Mentoring Grantsmanship CBPR Curriculum



CNP-II Metrics of Success

1. Administrative Core

- Appropriateness of the network infrastructure and level of community involvement.
- Ability to recruit and retain key community members, clinicians, and other partners.
- Ability to obtain additional funds (profit and non-profit organizations, local, state, and federal) and services to accomplish the aims of the project.

2. Community Outreach Core

- Ability to provide community-level resources to community partners.
- Ability to facilitate the dissemination of information gained and approaches used implementing CBPR in addressing cancer health disparities and other co-morbid conditions.

3. Research Core

- Ability to provide evidence-based data to assess a controlled intervention study.
- Ability to implement one pilot clinical research study using a new or early stage investigator.

4. Training Infrastructure Core

- Appropriateness of research training program in the development of new and early stage investigators.
- Submission of hypothesis driven small grant application (R03) resulting from collaborations between new and early stage investigator and their community partners.



CNP-II Mechanism and Budget Request

- U54 cooperative agreement
 - Trans-NCI Advisory Board
 - NCI Office of HIV/AIDS Malignancy
 - NIH Office of AIDS Research
 - NIH Office of Behavioral and Social Science Research
- Open competition
- □ Total cost: \$20.7 million/yr
 - \$19.5 million/yr (CNP base)
- Two types of awards
 - National (up to \$1.2M)
 - Regional (up to \$850K)