

Cancer Control Research Centers in Persistent Poverty Areas

U54 RFA Request

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What are Persistent Poverty Areas?

Persistent Poverty County Definition

USDA's Economic Research Service:

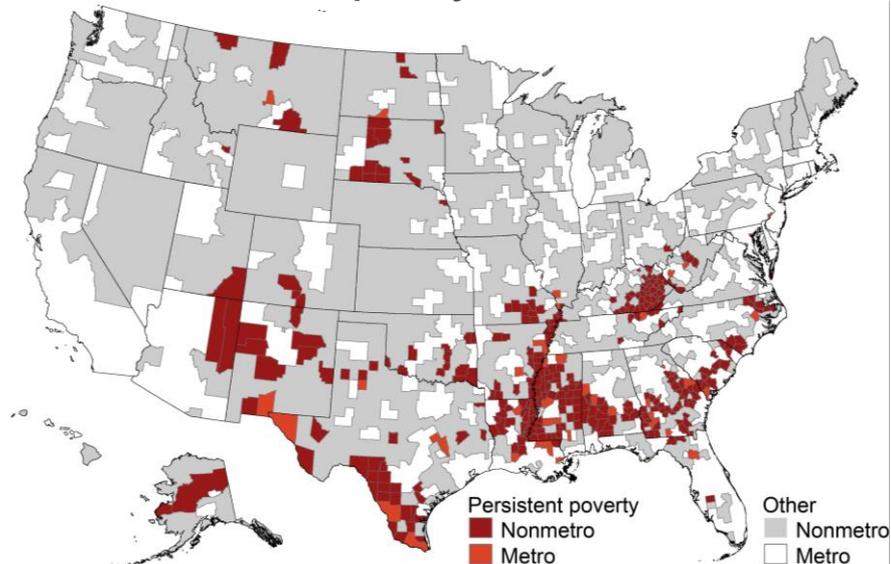
Poverty rates of 20% or more in U.S. Census data from 1980, 1990, and 2000 decennial censuses and 2007-11 American Community Survey 5-year estimates

353 counties (11.2%) across 30 states

301 (85.3%) of counties are nonmetro

Nearly 84% located in the South

Persistent poverty counties, 2015 edition



Note that county boundaries are drawn for the persistent poverty counties only.
Source: USDA, Economic Research Service using data from U.S. Census Bureau.

Persistent Poverty and Cancer

- NCI study found that people who live in persistent poverty counties are more likely to die from cancer than people in other counties
- This risk was greater than the heightened risk seen in areas experiencing current - but not persistent - poverty

CEBP. 2020 Oct; 29(10): 1949-1954.

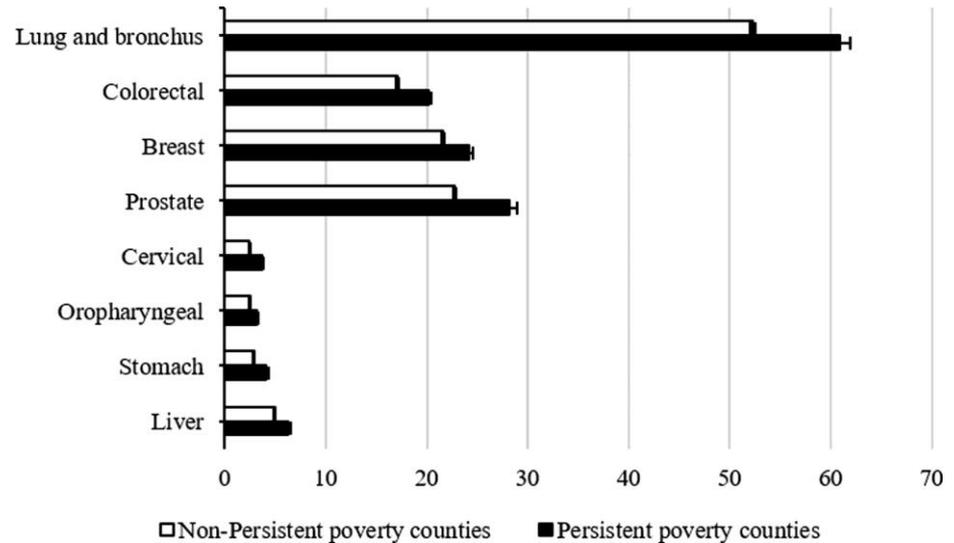


Fig 1. 2007–2011 age-adjusted cancer mortality rates for non-persistent poverty versus persistent poverty counties. Cancer mortality rates are expressed as deaths per 100,000 people per year, except breast and cervical cancers (females only) and prostate cancer (males only)

Persistent Poverty Definition at the Census Tract Level

Limitations of county level definition:

- Many smaller areas of extreme poverty are excluded using this definition, including inner cities (e.g., Los Angeles (L.A. County), Detroit (Wayne County), the District of Columbia)

Refining persistent poverty definition to specific census tracts:

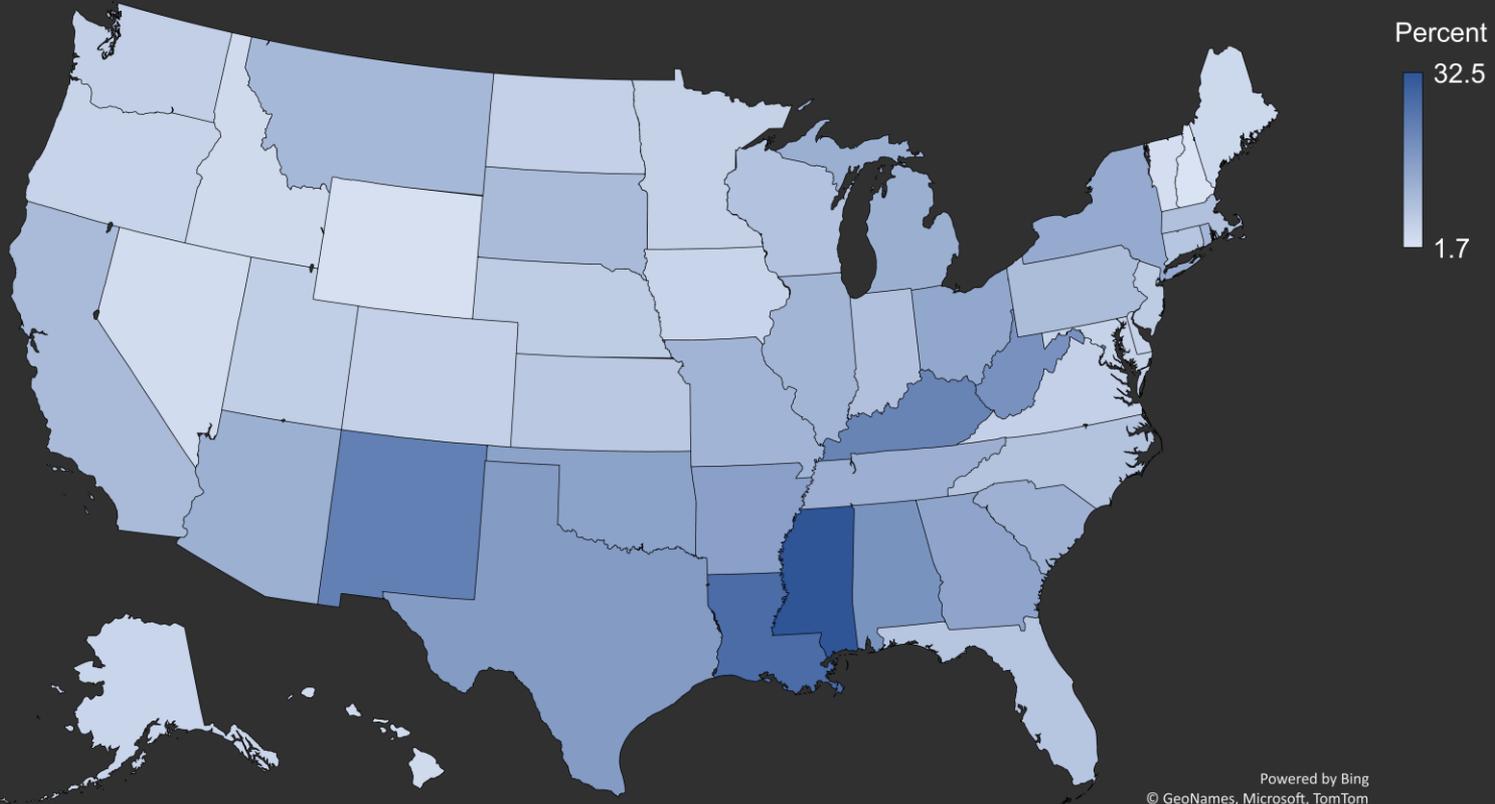
- Working with the USDA, NCI has extended the definition to the ***census tract level*** for this funding announcement
- Census tract level compared to county level:
 - Broader representation across all states (and Puerto Rico) to include communities of extreme poverty
 - Total population of those living in persistent poverty at the census tract level increased by nearly 75% compared to the county level:

28.9 million

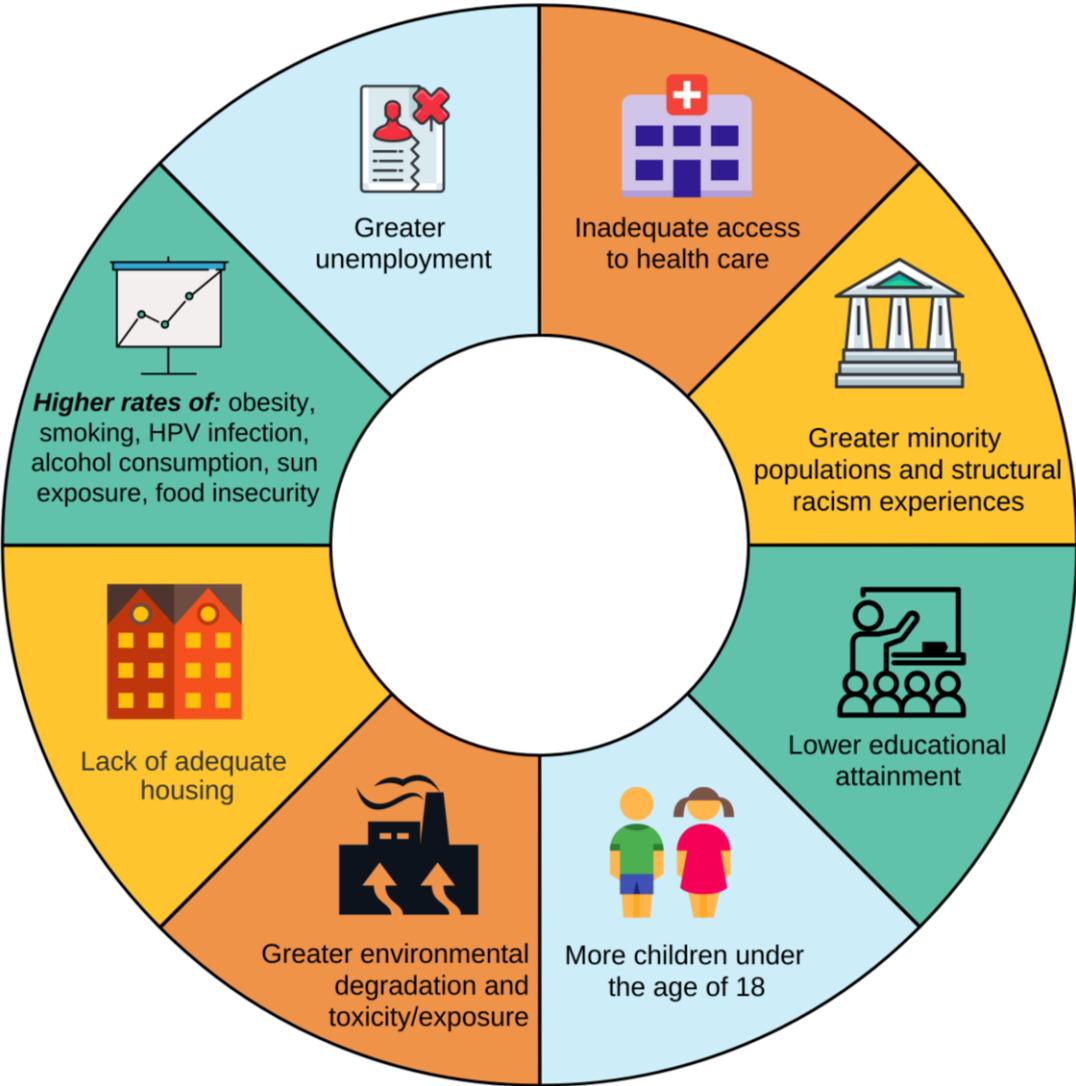
vs

16.5 million

Percent of Census Tracts (Per State) Defined as Persistent Poverty Areas



Unique Characteristics of Persistent Poverty Areas/Populations:



Effects of Living in Persistent Poverty Areas

Persistent Poverty Areas

- The longer that poverty persists in an area, the **greater the likelihood for lack of adequate support services**, private sector disinvestment, and **low levels of social capital**

Exposure to Persistent Poverty

- For both poor and non-poor residents, **exposure to persistently poor areas presents barriers to well-being** such as: ability to access medical services, healthy and affordable food, broadband, and quality education

Double Poverty Exposure

- **Double poverty exposure**—individual poverty and a persistently high poverty rate where the individual resides—**can perpetuate poverty from one generation to the next**
- **Limited opportunities for upward mobility**: lack of jobs paying a living wage, high rates of joblessness and high school dropout, and various interconnected social problems

Aims of Initiative: Across the Cancer Control Continuum

To conduct cancer control and prevention research in partnership with communities and clinics in persistent poverty areas by:

Developing data integration and sharing processes, leveraging existing data resources, and/or conducting **preliminary data collection** to enhance understanding of the cancer burden to inform research interventions



1



2

Conducting multilevel/ multifactorial interventions developed with communities and clinics located in or serving persistent poverty areas

Develop and implement training of transdisciplinary teams of junior researchers to conduct research in underserved communities for cancer prevention and control



3

Example Areas of Research

Focus on investigating the **effects of poverty** and its associated factors at the **structural and institutional levels**

- Interrelated factors inherent to the economy such as employment, income, and education inequality
- Intervention studies are required to address structural or institutional level factors associated with persistent poverty

Targeted outcome examples:



Increase cancer screening (e.g., mammography, colonoscopy, low-dose CT, Pap test)



Increase cancer control prevention strategies: physical activity, nutrition, smoking



Improve care coordination



Increase HPV vaccination rates



Improve survivorship care

Proposed Funding Opportunity

- U54 Specialized Center - Cooperative Agreements
- The proposed Centers must include the following required components:



Study Parameters

- Studies should be proposed from the provided list of census tracts
- To address issues related to persistent poverty, studies are to focus on community, institutional and structural levels
- Studies should be multilevel and multi factorial
- Studies should include measures of the social context and needs of the population(s)
- Intervention studies can adopt quasi-experimental designs (RCT is preferred but not required)
 - No drug or clinical trial recruitment studies are allowed
- Address issues of sustainability of the program and training

Proposed Centers Budget

- Requesting a set-aside of \$10M per year to support 4 U54 centers, for a total cost of up to \$50M over five years (funding beginning FY2023)
 - Direct cost \$1.5M per center per year
- Each research center can be managed by multiple PIs, and may include multiple institutions, health systems, and community partners, therefore the estimated ceiling per research center is based on the structure of each grant and the need to include both full research and pilot studies
- Pilot projects: Applicants are asked to set aside 1.5% of the direct costs per year for the entire funding period to fund two pilot projects
 - One pilot project will be an intervention study
 - **Encourage** cross-center (multi-site) pilot
 - Pilot projects will be decided by the Steering Committee

Evaluation Criteria

- Formation of a Steering Committee comprised of NCI staff, project PIs and collaborators will meet monthly to assess both **short- and long-term** accomplishments that determine whether the major scientific aims are being met among the various project components
- Formation of working groups (and ad hoc groups) in accordance with the needs of the centers, such as junior investigators, methodology, etc., will assist in providing feedback to the Steering Committee
- Annual meetings and monthly calls will allow for progress on projects to be assessed periodically

Relevant Portfolio and Recent Efforts

PORTFOLIO ANALYSIS

- Examined funded grants across NIH over the past ten years (FY 2012 - 2021)
- **Only 5 projects** had research that focused on those living in persistent poverty areas, and incorporated the context of poverty into the research



CANCER CENTER ADMINISTRATIVE SUPPLEMENTS (SPRING 2021)

- Expand research into persistent poverty counties
- 20 applications, funded 5 awards

P01 NOSI (SUMMER 2021)

- Applications should focus on expanding research in persistent poverty counties through multi project research programs



BSA Reviewers & Comments

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- Dorothy K. Hatsukami, Ph.D.
- Michelle M. Le Beau, Ph.D.

Points to be highlighted in the FOA:

- Encourage sustainability of training and the overall program – building network of scientists and community advocates
- Language on adoption of innovative technologies
- Encourage training across all projects: pilots, especially cross-center projects



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