

# **Community Outreach and Engagement (COE) @ UMGCCC**

**26<sup>th</sup> Annual State Council on Cancer Control Conference**

**Cheryl L. Knott, PhD**

**Associate Director for Community Outreach and Engagement  
University of Maryland Marlene and Stewart  
Greenebaum Comprehensive Cancer Center**

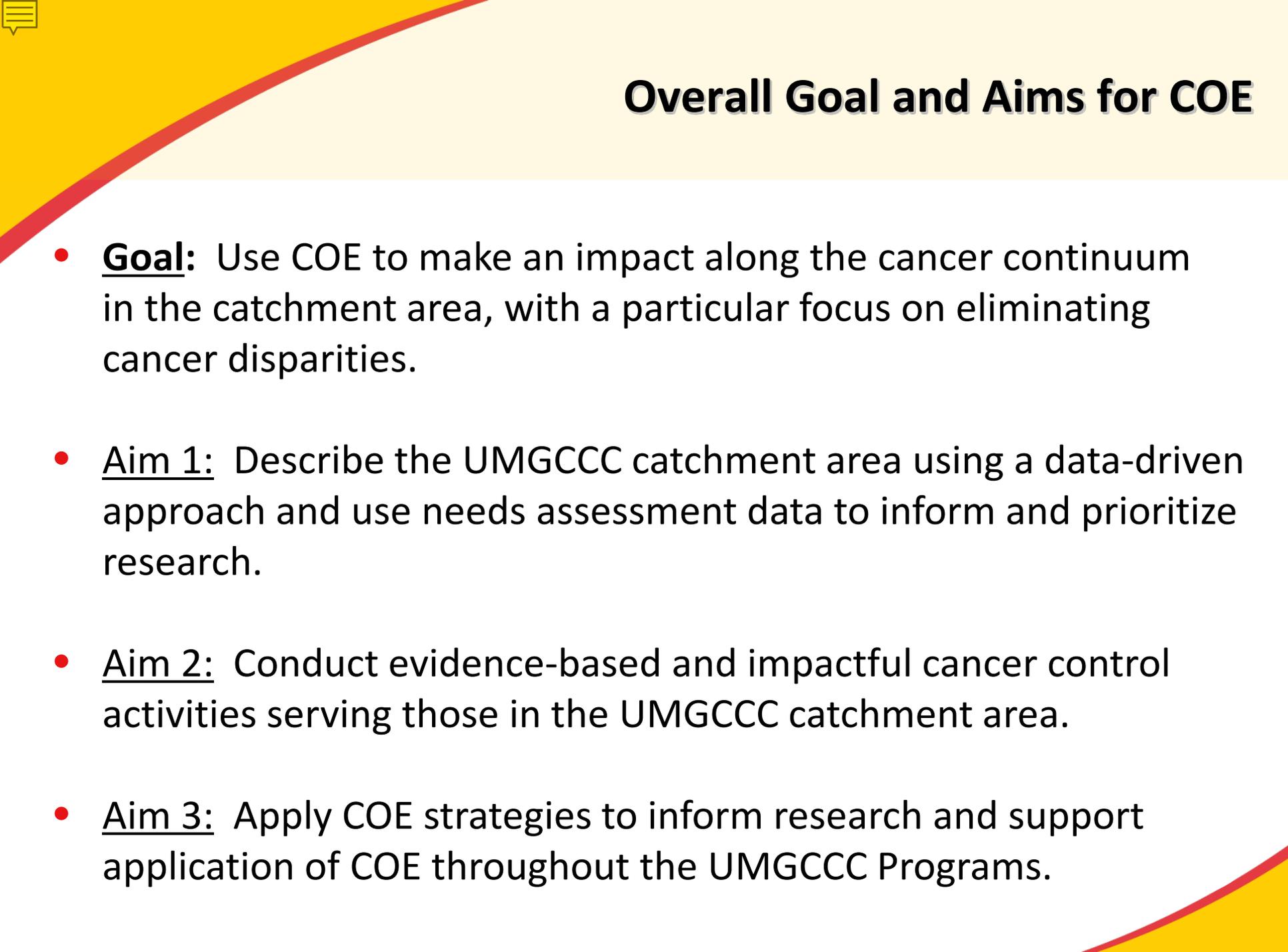
# Overview

- National Cancer Institute (NCI) recent emphasis on and expectations for Community Outreach and Engagement (COE) in NCI-designated Comprehensive Cancer Centers.
- How UMGCCC defines its catchment area and describes cancer issues relevant to the area.
- Review key UMGCCC COE activities and how they inform cancer research.



# Defining Community Engagement

- Meaningfully engaging relevant community members and stakeholders in UMGCCC cancer research and activities.
  - Bidirectional listening and learning
  - Power and resource-sharing
- **Continuum of engagement**
- Examples include but are not limited to:
  - Development of an advisory board
  - Community needs assessments to identify priorities
  - Obtaining feedback on intervention materials
  - Cancer outreach and education activities
  - Community-based participatory research (CBPR)



# Overall Goal and Aims for COE

- **Goal**: Use COE to make an impact along the cancer continuum in the catchment area, with a particular focus on eliminating cancer disparities.
- **Aim 1**: Describe the UMGCCC catchment area using a data-driven approach and use needs assessment data to inform and prioritize research.
- **Aim 2**: Conduct evidence-based and impactful cancer control activities serving those in the UMGCCC catchment area.
- **Aim 3**: Apply COE strategies to inform research and support application of COE throughout the UMGCCC Programs.

# COE Team



Cheryl L. Knott, PhD  
Associate Director, COE



Community Advisory Board (CAB)  
N=12



Rhonda Boozer-Yearly, MA  
Community Health Educator



Shana O. Ntiri, MD  
COE Coordinator



Cancer Health Ambassadors (CHAs)  
N=4; TBD

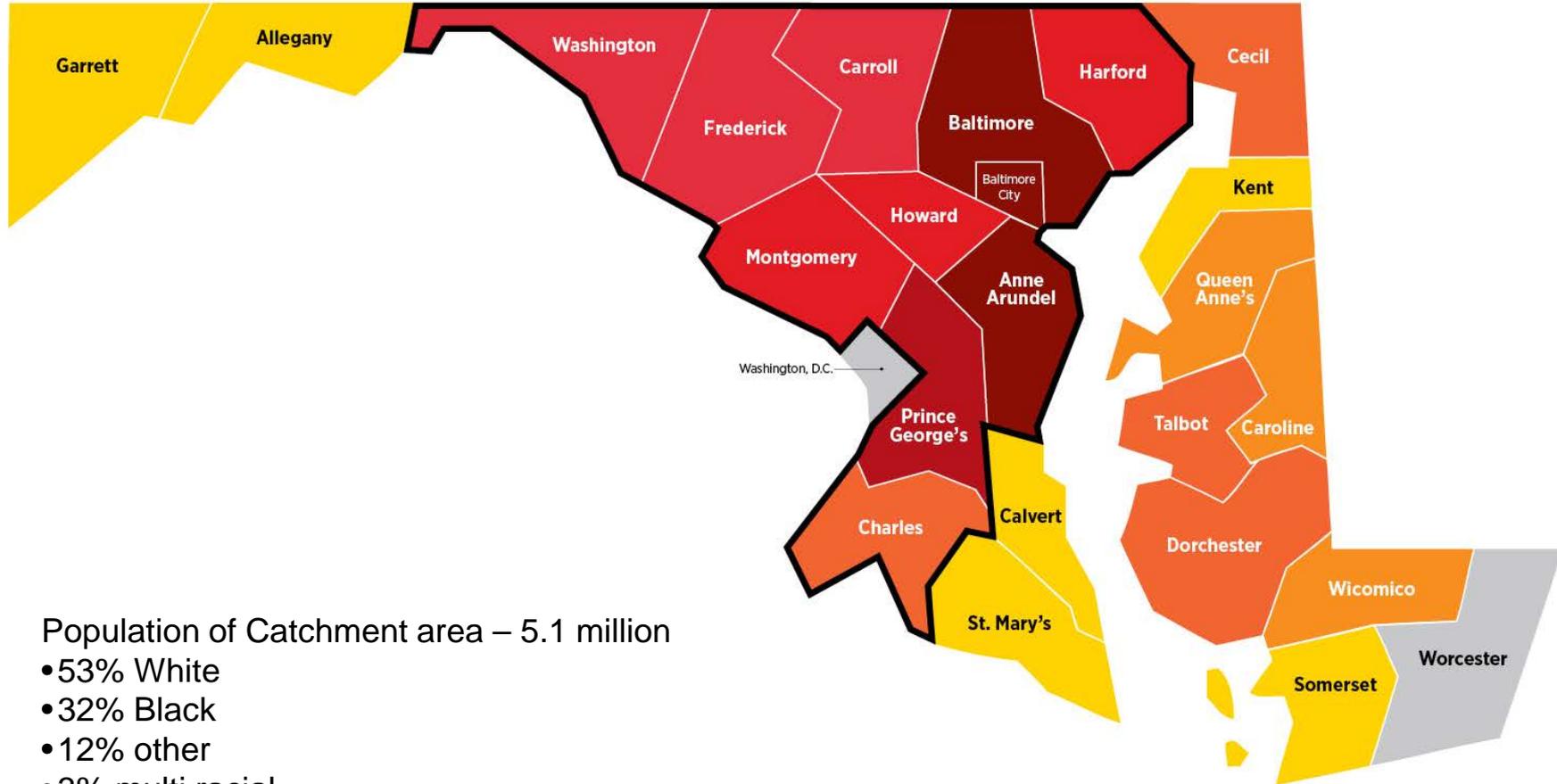


Florence Wade  
Administrative Assistant

## In-Kind COE Team Members

- Laundette Jones, PhD, MPH
- Nate Woodard, MPH
- Leonore Okwara, MPH
- BJ Shaneman-Robinson, RN, MS
- UMGCCC Navigators
- Baltimore City Cancer Program staff
- CHAMP lab volunteers
- Community Researchers: Slade; Williams

# UMGCCC Catchment Area (CA)



Population of Catchment area – 5.1 million

- 53% White
- 32% Black
- 12% other
- 3% multi racial

FIGURE 2.7

## Maryland All Cancer Sites Incidence Rates by Geographical Area: Comparison to U.S. Rate, 2008 - 2012

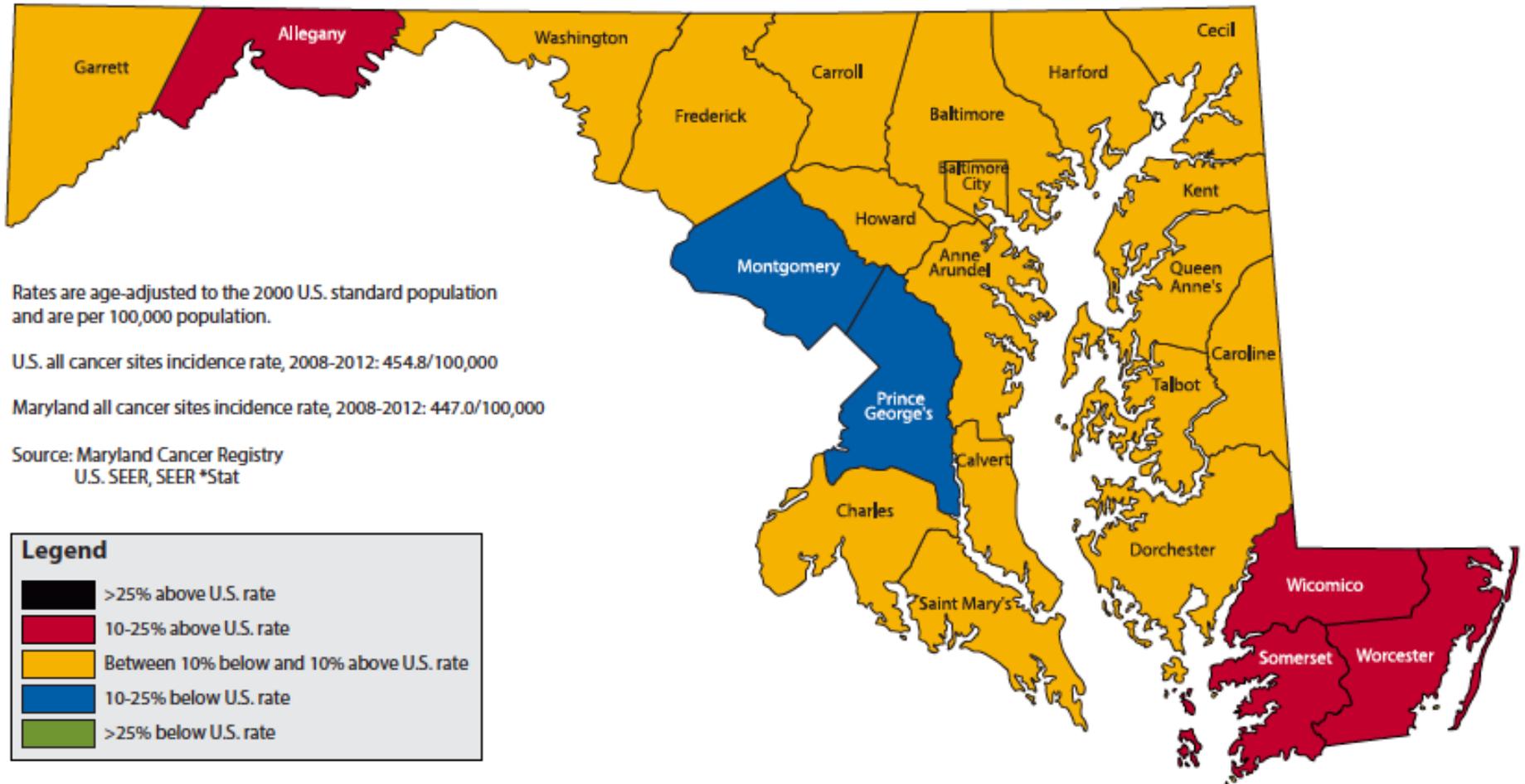
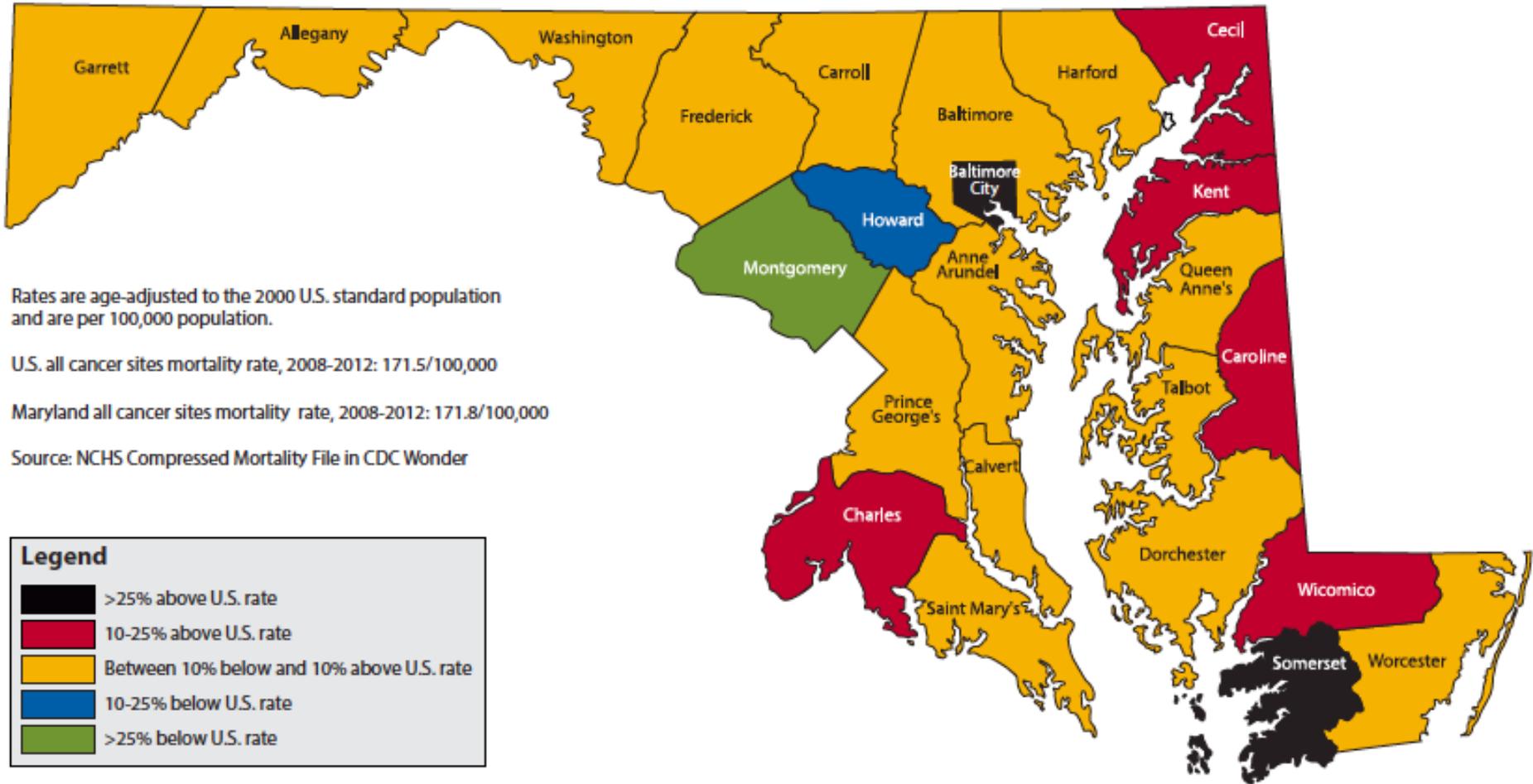


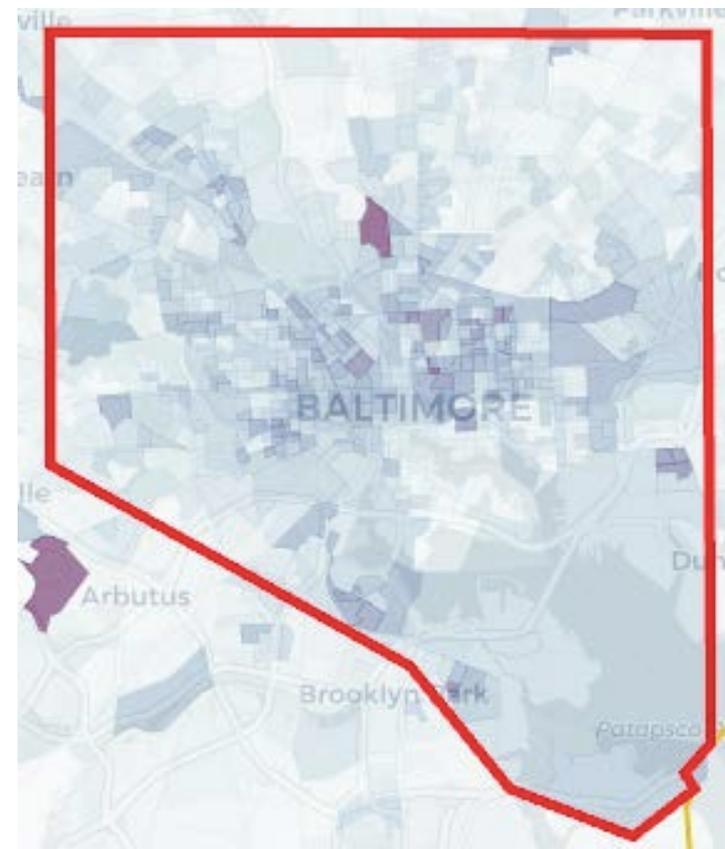
FIGURE 2.8

## Maryland All Cancer Sites Mortality Rates by Geographical Area: Comparison to U.S. Rate, 2008 - 2012



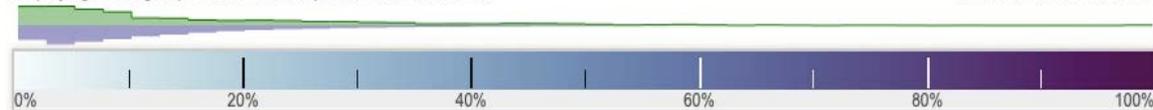
# Factors Influencing CA Cancer Burden

- High percentage of populations disproportionately impacted by cancer
  - 32% African American (63% in Baltimore City)
- Socioeconomic factors:
  - Concentrations of poverty
  - Structural racism
  - Gentrification
- High incidence/mortality cancers
- Environmental factors



Displaying: block groups. Zoom out and pan to view other areas

Based on 2000-2016 data



<http://www.city-data.com/poverty/poverty-Baltimore-Maryland.html>

# Tradition of Community-engaged Research @ UMGCCC

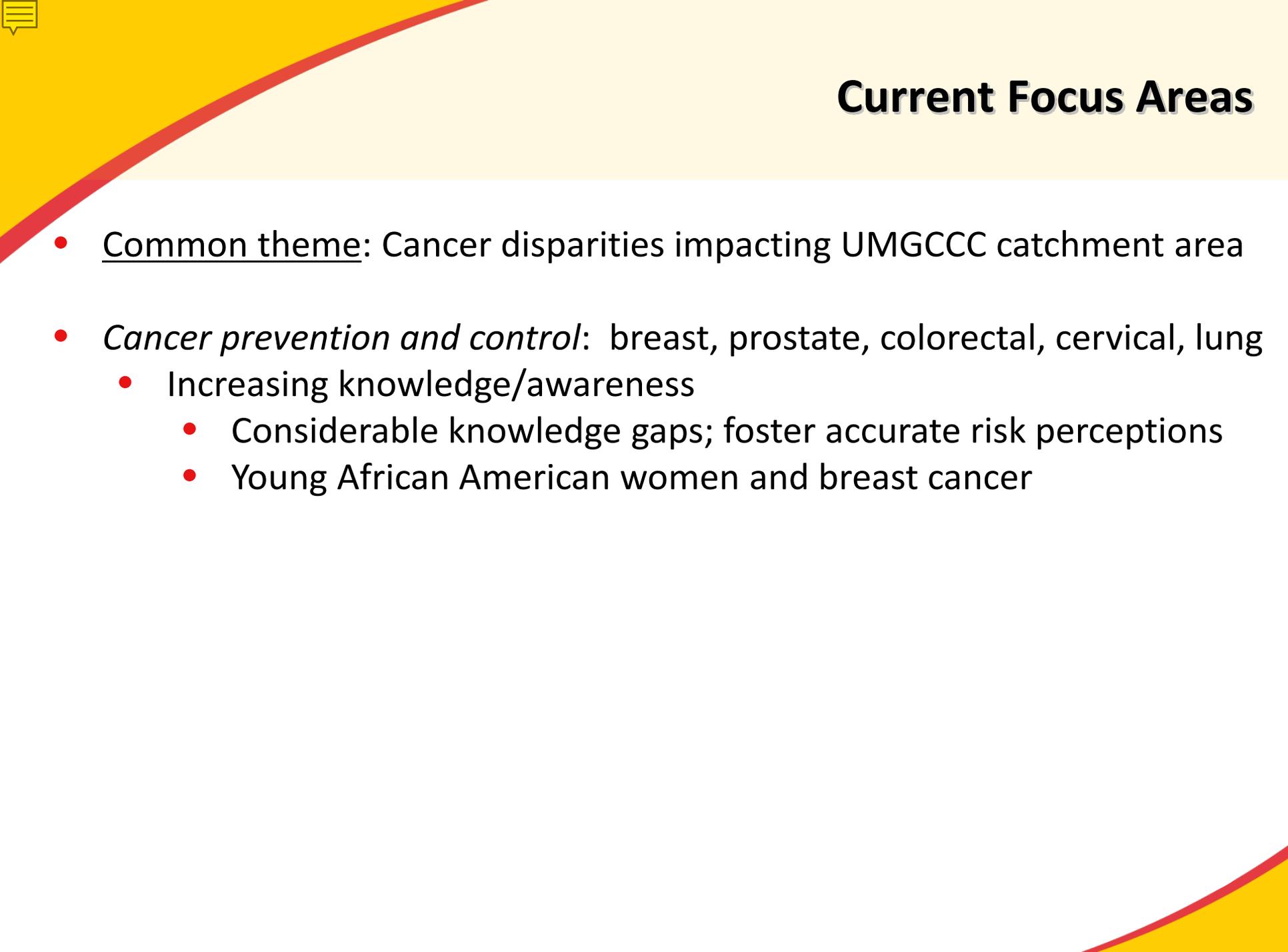
- Framing HPV vaccination messages for African American parents (NCI/R01; Nan, [PS])
- PATIENTS: Patient-centered involvement in evaluating effectiveness of treatment (PCORI/AHRQ; Mullins, [PS])
- Culturally adapted multilevel decision support navigation trial to reduce colorectal cancer disparity among at-risk Asian American primary care patients (NIMHD/R01; Lee [PS])
- Implementation of evidence-based cancer early detection in Black churches (NCI/R01; Knott, [PS])





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    - Cigarettes, e-cigarettes, hookah, cigars, marijuana
    - Tobacco policy
      - Smoke-free public housing
      - Ban on sale of loose cigarettes in Baltimore

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- *Patient-centered* navigation, empowerment, and outcomes



# The Project HEAL Story

- Project HEAL – **H**ealth through **E**arly **A**wareness and **L**earning

**Funding:** R01 CA147313; ACS RSG-16-022-01-CPPB

1. Holt, et al., *Transl Behav Med.* 2018 Jun 28.
2. Slade, et al., *J Relig Health* 2018 57:751–761.
3. Marin, et al., *Prog. Community Health Partnersh*, In Press.



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    - Significant increases in cancer knowledge & screening baseline-24 mos.<sup>1</sup>
    - Community researcher first-authored paper on church engagement<sup>2</sup>

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  - Top Community Health Advisors will be invited to serve as Cancer Health Ambassadors as part of UMGCCC COE team

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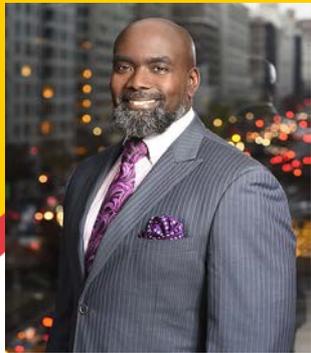
3. Marin, et al., *Prog. Community Health Partnersh, In Press.*

# Cancer Outreach @ UMGCCC

- Baltimore City Cancer Program
- Social media and materials dissemination
- Community cancer education activities
- Community Health Educator on staff (P30 supplement)
- Training lay Community Health Advisors
- Patient Navigators
- Health fairs and community events
- Speaking engagements and experts
- Cancer resource guide



# Community Advisory Board Members



**Brain Morris**  
Cancer Survivor



**Ericka Alston-Buck**  
Grace Counseling  
Services



**Linda Hollander**  
Nurse Case  
Manager, BCCP



**Raneitra Grover**  
Public Health  
Doctoral Student



**Rev. Lottie  
Sneed**  
Community  
Health Advisor



**Lucia Bautista**  
Mis Raices



**Rev. Stephanie  
Atkins**  
Caregiver



**Ruth Travis**  
The Pink House  
for BC Survivors



**Sean Stinnett**  
MD Dept of  
General Services



**Veronica Duran**  
Latino Comm  
Health Worker  
BCCP



**Alfred Diggs**  
Prostate Cancer  
Advocate



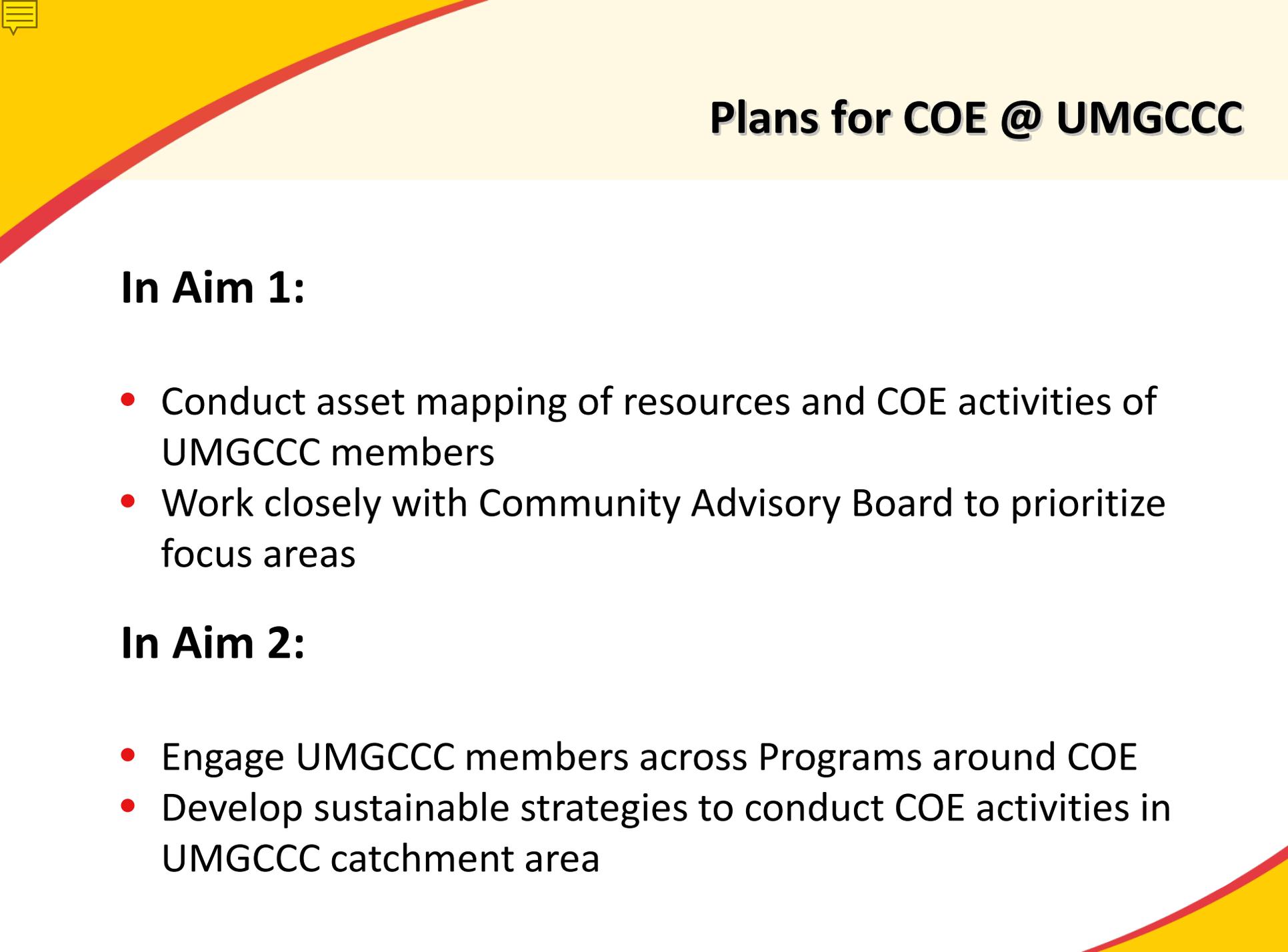
**Dr. Kamala  
Foster**  
Internist

# Community Engagement to Identify Priorities

<b>What types of cancer affect your community most?</b>	<b>Percentage</b>
Breast cancer	26.7%
Prostate cancer	23.3%
Lung cancer	16.7%
Colon/colorectal cancer	13.3%
Skin cancer	3.3%
Heart disease	3.3%
Cancer	3.3%
Pancreatic cancer	3.3%
Diabetes	3.3%
Cervical cancer	3.3%

# Community Engagement to Identify Priorities

<b>What types of community services and support should the UMGCCC provide to prevent cancer in the community? (Check all that apply)</b>	<b>Percentage</b>
Health events (like workshops, seminars and presentations) held at churches or faith-based health events	15.5%
Free or low-cost cancer screening program	15.5%
Available social and community resource support programs	15.5%
Health events (like workshops, seminars community health days) held at recreational facilities	13.8%
Health education through social media (e.g., Facebook, Instagram, twitter, etc.)	13.8%
Health education through traditional media (e.g., newspaper, radio, etc.)	12.1%
Informational brochures, pamphlets, documents available at clinics and medical centers	12.1%



# Plans for COE @ UMGCCC

## In Aim 1:

- Conduct asset mapping of resources and COE activities of UMGCCC members
- Work closely with Community Advisory Board to prioritize focus areas

## In Aim 2:

- Engage UMGCCC members across Programs around COE
- Develop sustainable strategies to conduct COE activities in UMGCCC catchment area

**Questions or Comments?**