



Community Outreach and Engagement (COE) @ UMGCCC

26th 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**

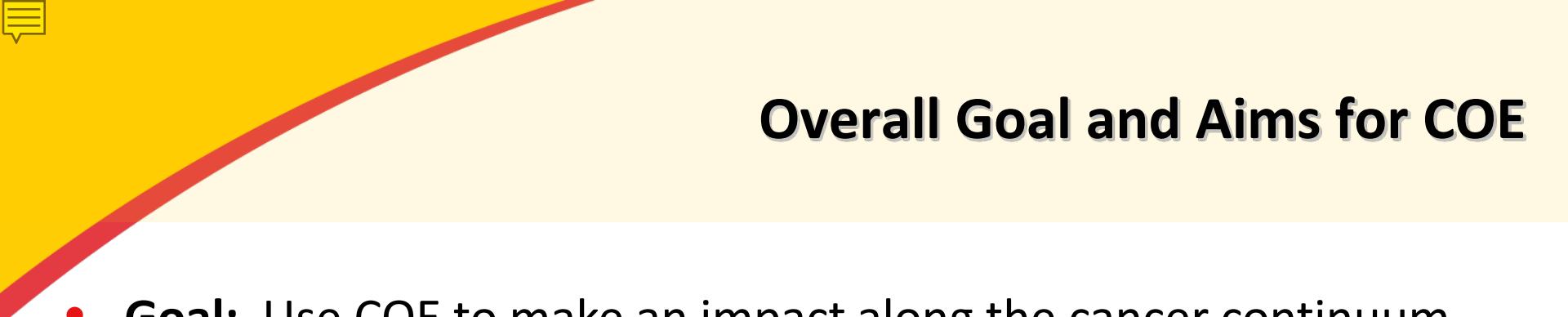
Overview

- 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



Rhonda Boozer-Yearly, MA
Community Health Educator



Shana O. Ntiri, MD
COE Coordinator



Cheryl L. Knott, PhD
Associate Director, COE



Community Advisory Board (CAB)
N=12



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
- UMGCC Navigators
- Baltimore City Cancer Program staff
- CHAMP lab volunteers
- Community Researchers: Slade; Williams

UMGCC Catchment Area (CA)

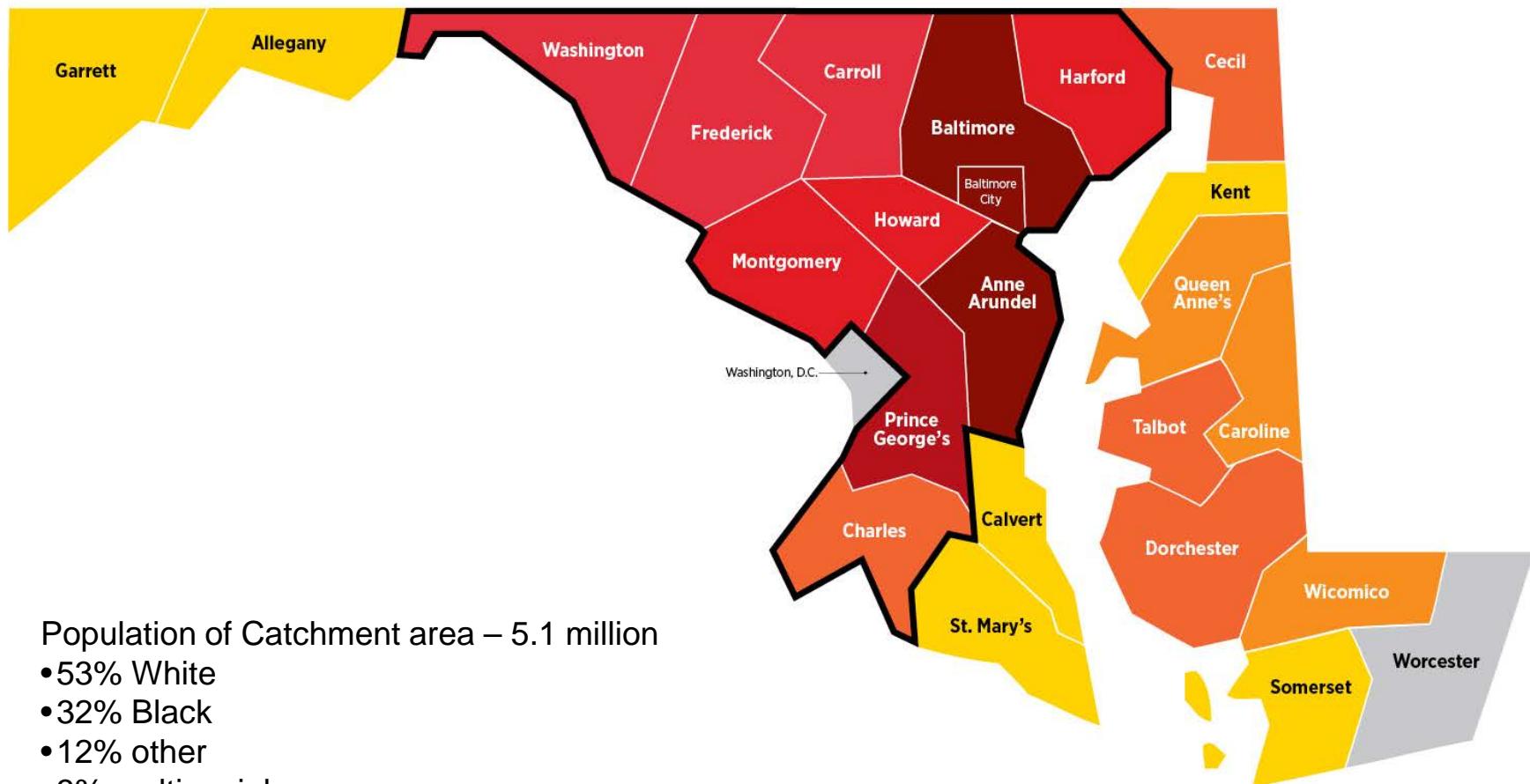


FIGURE 2.7

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

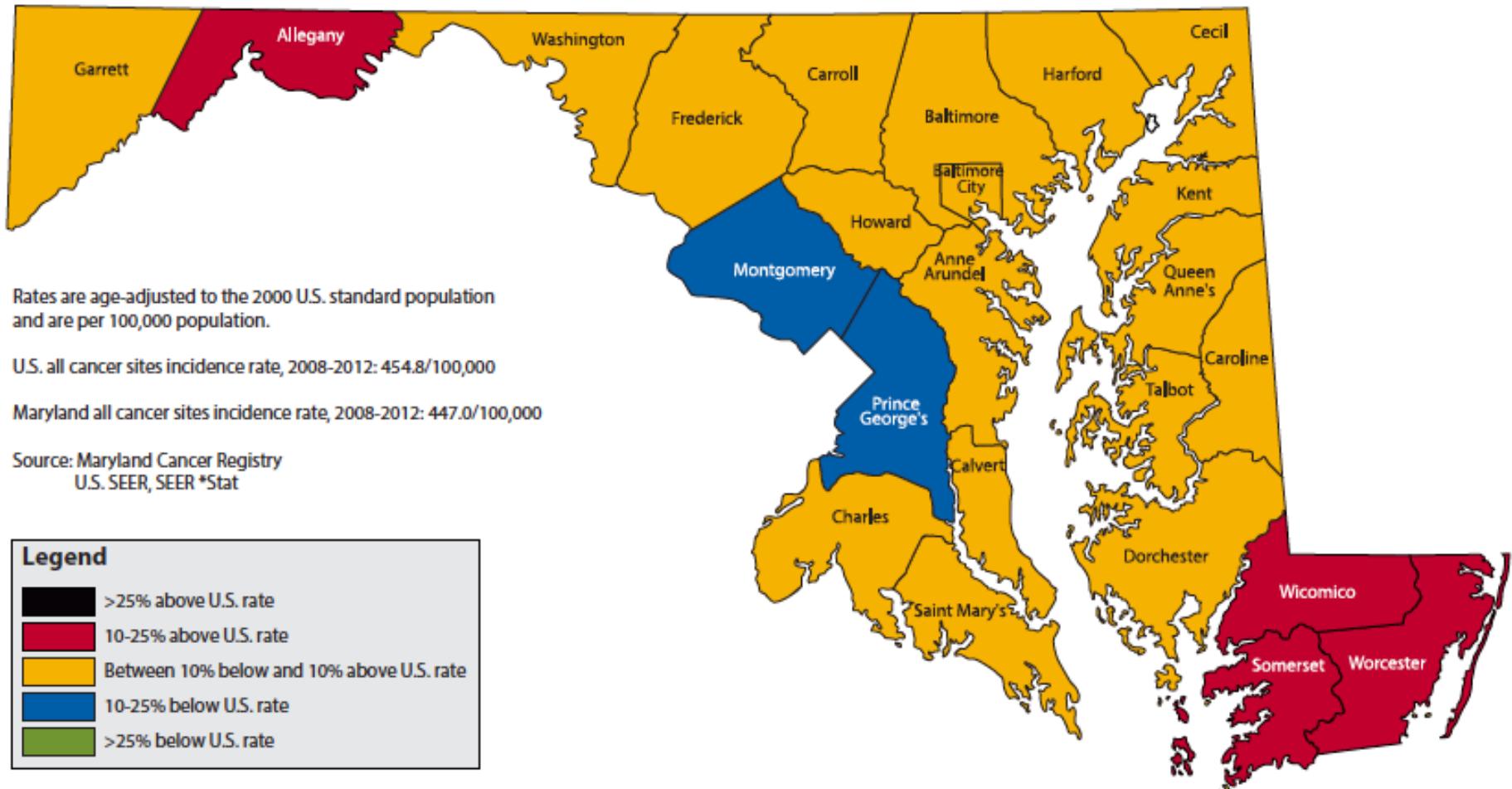
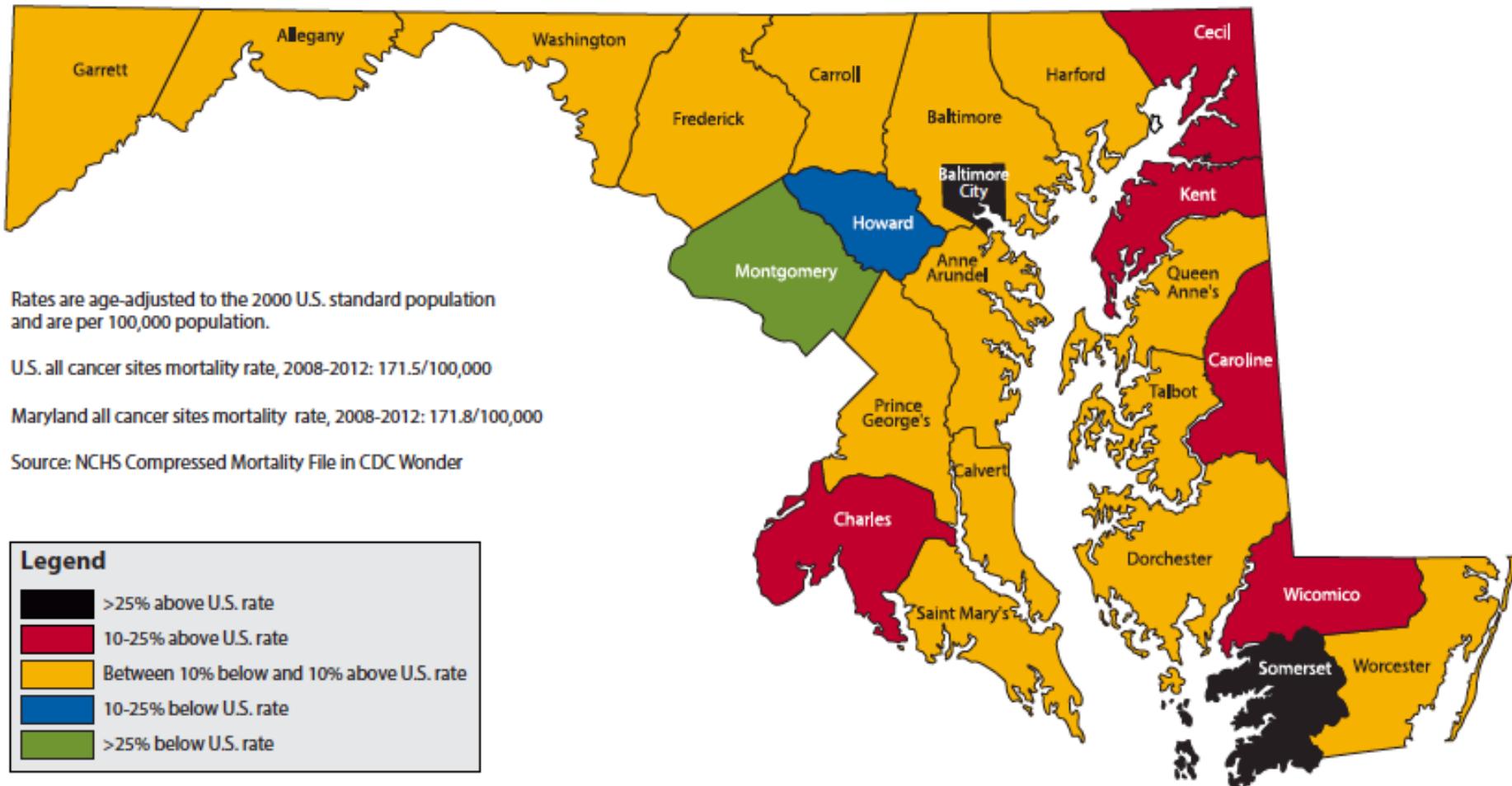


FIGURE 2.8

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



Factors Influencing CA Cancer Burden

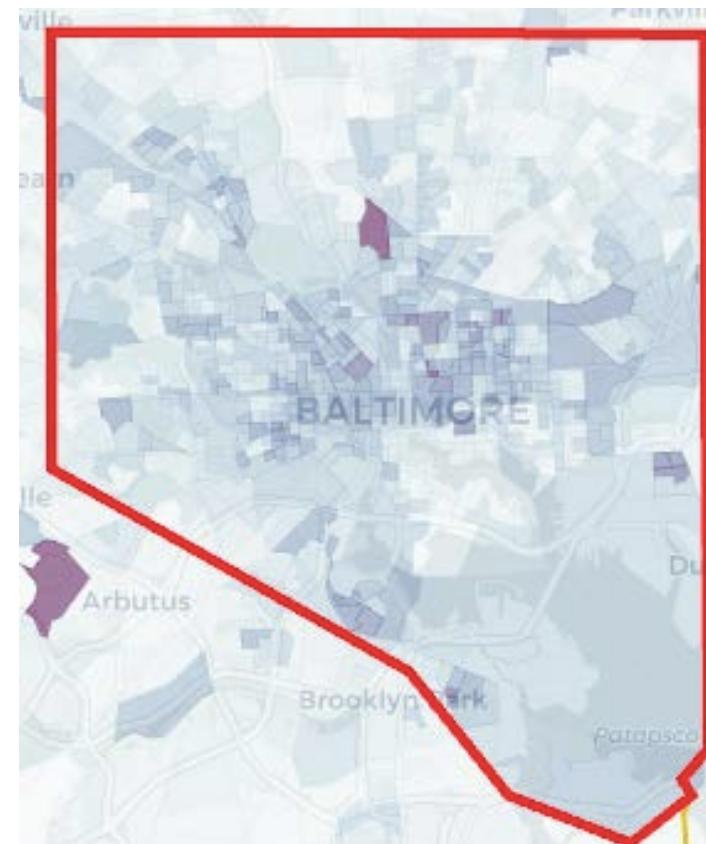
- High percentage of populations disproportionately impacted by cancer
 - 32% African American (63% in Baltimore City)
- Socioeconomic factors:
 - Concentrations of poverty
 - Structural racism
 - Gentrification
- High incidence/mortality cancers
- Environmental factors

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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 - Cancer prevention through healthy lifestyle and avoiding tobacco
 - 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 – Health through Early Awareness and Learning

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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 - Trained lay Community Health Advisors conduct evidence—based cancer educational workshops in African American churches
 - Community engaged approaches throughout
 - Significant increases in cancer knowledge & screening baseline-24 mos.¹
 - Community researcher first-authored paper on church engagement²

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 - Over 40 Community Health Advisors trained
 - Workshops serving >400
 - Top Community Health Advisors will be invited to serve as Cancer Health Ambassadors as part of UMGCCC COE team

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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 Snead
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

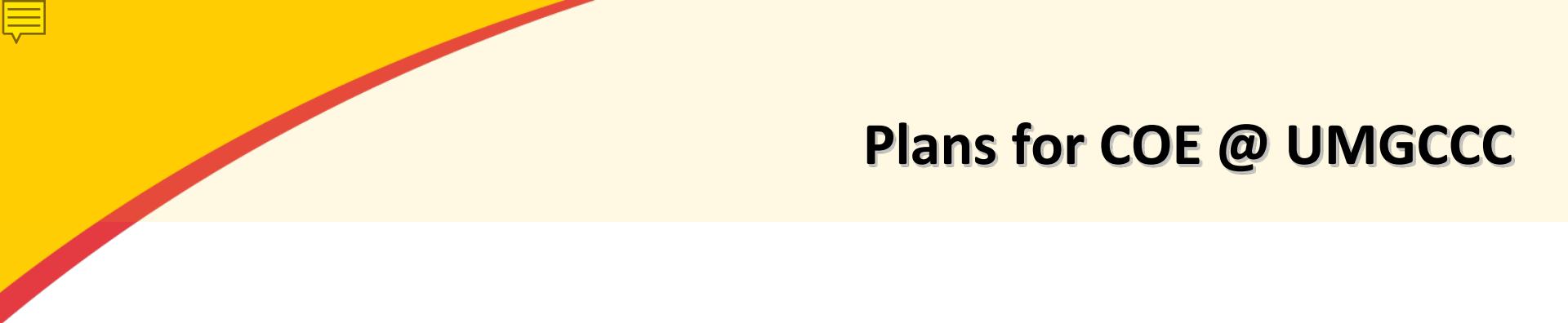
Dr. Kamala Foster
Internist

Community Engagement to Identify Priorities

| What types of cancer affect your community most? | Percentage |
|--|------------|
| 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

| <u>What types of community services and support should the UMGCCC provide to prevent cancer in the community? (Check all that apply)</u> | Percentage |
|--|------------|
| 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% |



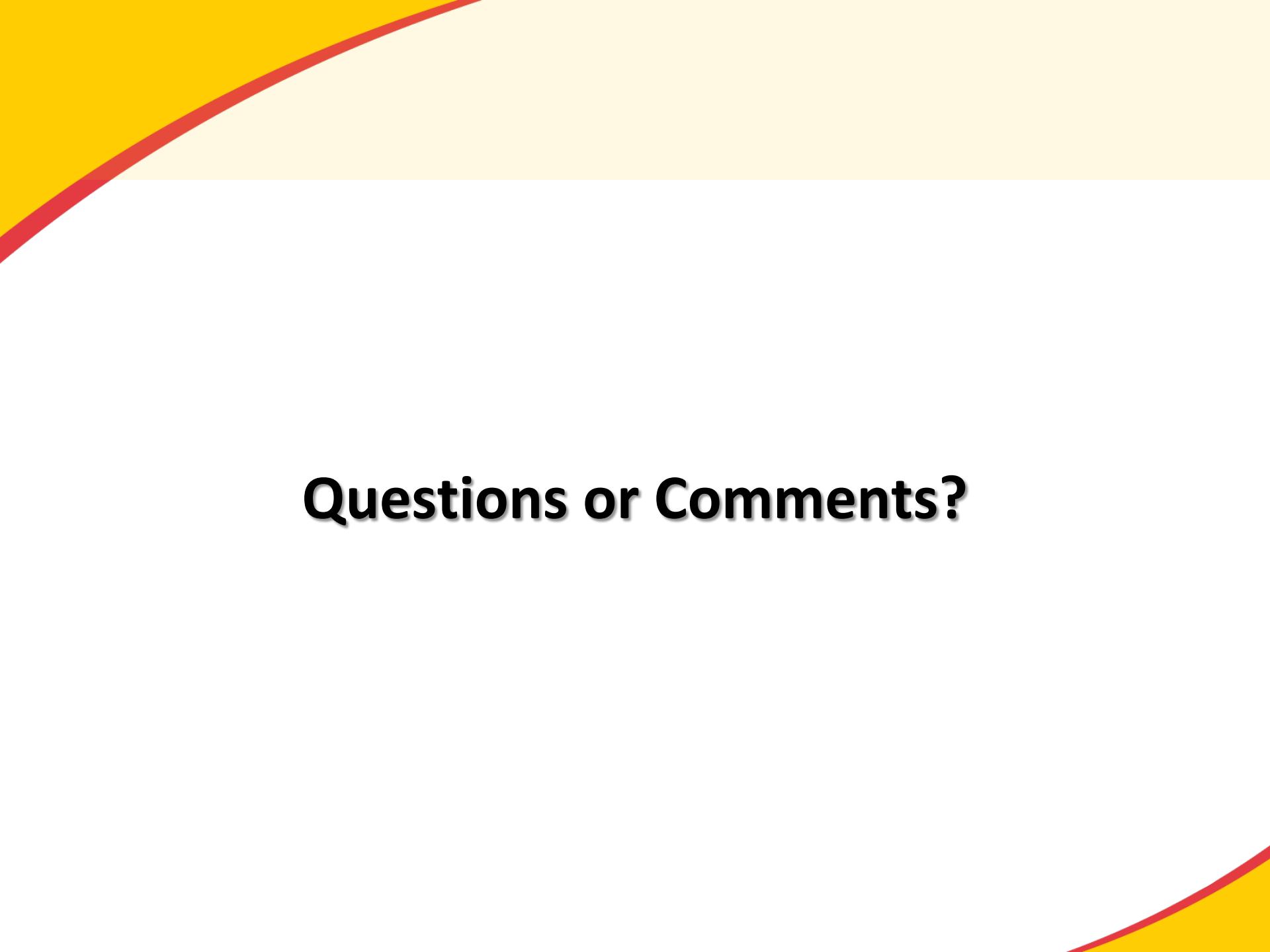
Plans for COE @ UMGCCC

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?