

Community Outreach and Engagement Dana-Farber Cancer Institute/Harvard Cancer Center

Setting

This study is being conducted among the Community Outreach and Engagement (COE) Programs at the nation's clinical and comprehensive cancer centers (CCs).

Our goal is to characterize the expertise and context for use of evidence-based interventions in the COE programs.



Project Aims

Aim 1

Conduct a quantitative portfolio analysis using NIH Reporter to evaluate the level of implementation science expertise at each CC.

Aim 2

Evaluate the strategies used by comprehensive cancer center COE programs to translate evidence-based interventions (EBIs) into practice by conducting key informant interviews with the COE director or designee at all 64 CCs.

Aim 3

Evaluate community partner perspectives on CC efforts to translate EBIs into practice by conducting key informant interviews with COE program community partners at a sample of 20 CCs.

At a Glance

The National Cancer Institute expects that cancer centers contribute to cancer research while also engaging in active efforts to implement evidence-based approaches to cancer prevention, early detection, and treatment within their catchment area. This study seeks to understand the ways in which COE programs provide support to their community partners in the identification, adoption, implementation, and maintenance of EBIs. We also explore whether having implementation science expertise at cancer centers facilitates success in translation of EBIs.

Collaborators

This work has been led by a team with expertise in implementation science and health equity (Karen Emmons, Rebekka Lee, Shoba Ramanadhan, Nora Mueller), and supported by staff with extensive qualitative and quantitative research expertise (Sammy Augenbraun, James Daly, Ada Hsieh). We are grateful to the COE directors and COE community partners that willingly participated in this study.

Approach and Findings

Aim 1. Portfolio Analysis of Dissemination and Implementation (D&I) Grants at CCs.

The purpose of this aim was to summarize the characteristics of NCI-funded D&I science grants in the nation's CCs to understand the nature, extent, and opportunity for this key type of translational work. We used the NIH Research Portfolio Online Reporting Tool (RePORTER) to identify active NCI-funded grants in D&I science at the CCs.

Results. We identified 104 active NCI-funded D&I research or training grants at the 64 CCs; 58 percent of CCs had at least one NCI-funded D&I grant. Most awards (71 percent) were for research grants; 29 percent were for training grants. Overall, 50 percent of grants (n=52) concentrated on specific cancers. Two-thirds of grants (n=68) had a stated health equity focus.

Conclusions. These findings reflect a significant investment by NCI in D&I research at the nation's CCs. However, there remains considerable room to develop implementation science expertise at most CCs, which would further support NCI's translational mission (Mueller et al. 2021).

Aim 2. Characterize the strategies used by COE programs to translate EBIs into practice.

Results (Preliminary). These preliminary results outline several of the key themes that emerged regarding the types of supports that COE programs need to enhance their ability to use EBIs, and to conduct COE activities overall, including: (1) increased access to D&I training and resources for COE staff and community partners involved with implementation. Suggestions included cross-center trainings on topics such as adapting EBIs, and where to find up-to-date inventories of EBIs to choose from; (2) further investment in networks to support cross-center collaboration and learning, including opportunities at the leadership, investigator,

and staff level. This could involve providing additional convening opportunities beyond the annual ASPO meeting and involving COEs in NCI cooperative group efforts; and (3) increased access to funding to support infrastructure building and overall continuity of funding. Participants expressed a need for enhanced infrastructure to facilitate community-engaged or partnered research, to improve implementation of EBIs, and to support community health educator and liaison roles, which are primarily made up of people from partner communities.

Conclusions. Participants shared a range of approaches to increasing use of evidence-based interventions in their COE activities. There was significant interest in opportunities for peer learning and support across centers as well as from NCI.

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The whole approach of COE is—we call ourselves silo players—where everybody's doing their own thing, and we're trying to reduce the silo so we can see across. I think having that happen across the COEs, across all the CCs, is really important ... that network and learning environment, if that could be cultivated and become much more robust, I think that could help all of us learn from each other, be able to troubleshoot, and implement faster, better.
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COE leader, Region: South

We need more D&I investigators at our institution. We will never have enough, but we could have more of those that would help.

COE leader, Region: South

Aim 3. Evaluate community partner perspectives on CC efforts to translate EBIs into practice.

We conducted key informant interviews with a selected sample of 20 COE community partners to understand their experience in partnering with their COE and in the use of EBIs.

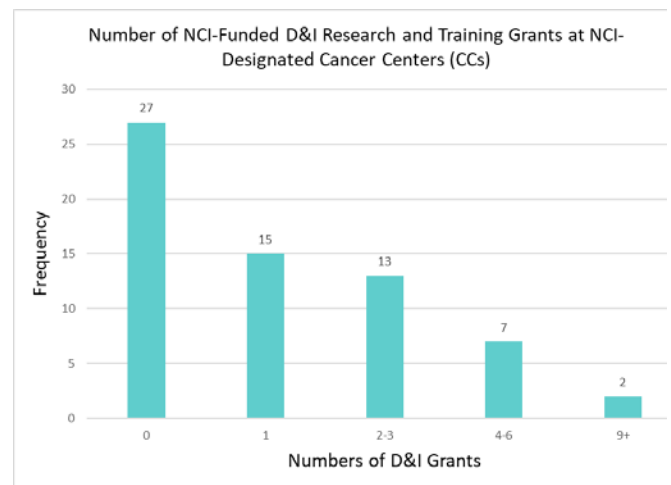
Results. Community partners highlighted the positive nature of their partnerships with CCs and validated COE director perspectives captured in Aim 2. Nearly all participants leverage resources (e.g., funding, clinical expertise) from the CC to expand the scope and reach of their work. Many participants shared that their partnership with the COE helps to bridge the gap between the CC and the local community, and both draw on and enhance community trust. Level of support from the CC varies across partnerships, and some community partners identified additional resources that would support further EBI translation. For example, community partners would benefit from increased funding, additional staff support and diversification of skill sets (e.g., support for an in-house data analyst), training/technical assistance, and a centralized repository of information relevant to EBI translation.

Conclusions. These findings reflect the important role that clinical-community partnerships play in translating EBIs into practice, and highlight the need for additional investment to sustain these partnerships.

Application of Findings

There are several recommendations that have emerged from this study, including:

- Cancer centers should develop strategies to build implementation science expertise more deeply among their faculty in ways that would support increased translation of evidence-based approaches in their catchment areas.
- Increased focus is needed on helping COE partners to identify and implement evidence-based interventions.
- NCI should consider developing training programs that would include both COE programs and their community partners. Collaborative training that helps to build capacity across the partnership will likely have significant returns.



Reference: Mueller NM, Hsieh A, Ramanadhan S, Lee RM, Emmons KM. The Prevalence of Dissemination and Implementation Research and Training Grants at National Cancer Institute-Designated Cancer Centers.

JNCI Cancer Spectr. 2021 Dec 15;6(1).

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We're able to leverage some very specialized expertise to be able to roll out some of these evidence-based quality improvement projects. It's not something we can do with our current levels of funding, and it's not something that we can necessarily bring in-house.
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COE leader, Region: West

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What I like about the partnership [is that], as community members, we're able to sometimes get to the bottom of some of the issues of why individuals are not participating in preventive screening because we're out in the community.
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COE leader, Region: West Founder, Region: South

Find Out More

Dana-Farber/Harvard Cancer Center
<https://www.dfhcc.harvard.edu/>

Harvard Catalyst Community Engagement Program
<https://catalyst.harvard.edu/community-engagement/>

Implementation Science Center for Cancer Control Equity (ISCCCE)
<https://www.hsph.harvard.edu/isccce/>

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Community outreach and engagement (COE) activities across the translational research continuum

National Cancer Institute (NCI)-designated Cancer Centers' COE efforts should span all cancer center programs, including basic, clinical, translational, and population research. In FY20, NCI issued a call for Cancer Center Administrative Supplements to support COE activities that focus on either basic science or the translation of evidence-based interventions into community practice. The long-term goal of the supplement initiative is to build capacity for Cancer Centers' COE programs to adapt and implement evidence-based programs and successfully collaborate with cancer center investigators across research programs and in partnership with community members. To learn more, visit us at: <https://cancercontrol.cancer.gov/research-emphasis/coe>