Meharry Medical College-
Community Health Centers-
Community Networks Program
(MMC-CHC-CNP)

Overview

Margaret K. Hargreaves, Ph.D.
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Purpose

• Reduce cancer health disparities among African Americans
• by conducting
• community-based participatory research, education and training
• in three urban communities
• in Tennessee
• (Nashville, Chattanooga, and Memphis)
CNP Partnership

- Major Community Health Centers (CHCs) in
- Nashville, Chattanooga, Memphis –
  - Matthew Walker Comprehensive Health Center, Nashville
  - Southside/Dodson CHC, Chattanooga
  - Memphis CHC, Memphis
- Meharry is Coordinating Center
CNP Goals

• Significantly improve access to and utilization of beneficial cancer interventions in these three communities; and

• Develop a cadre of well-trained researchers who continue to reduce disparities in these three communities
CNP Implementation

• **Phase I**: Engage in capacity-building to conduct community-based cancer prevention and control research and training activities *(1-5 years)*

• **Phase II**: Develop intervention, research and training programs *(2-5 years)*

• **Phase III**: Establish credible and sustained programs *(3-5 years)*
Staffing

- **CHCs**
  - CEO as Co-PI (5%)
  - Program Coordinator (10%)
  - Health Educator (100%)
  - Technical Assistant (70%)

- **Meharry**
  - Multi-Disciplinary Team
  - Training sessions
Phase I: Capacity Building

• Continue to define the CNP infrastructure at each site
  – Form Steering, Regional, and Local Advisory Committees
  – Establish an “enabling ring” of partners in the region who are committed to decreasing cancer health disparities;
  – Form formal collaborations;
  – Identify, prioritize, and use culturally-appropriate cancer interventions at each site;
  – Obtain funding beyond this grant;
  – Develop a research data infrastructure at each site
Transition from Phase I to II

- Infrastructure in place – evaluated by NCI
- Formal partnership in place (MOUs) with at least one primary and/or secondary prevention facility;
- Formal partnership with at least one cancer research organization;
- Performed at least one activity to increase community participation in primary/secondary prevention;
- Implementation plan for Phase II
- IRB Certification of parent grant.
Phase II: CBP Research and Training Programs

• Develop research that aims to reduce cancer disparities (needs assessments, intervention research, policy assessments)

• Develop pilot research projects (make appropriate applications)

• Train/mentor junior researchers (define “junior”)
Phase III: Establish CNP credibility and sustainability

- Actually reduce cancer disparities (behaviors rather than rates)
- Obtain new funding
- Bring policy makers on board
CNP Guidelines

• Logic Models
• Behavioral Models
• Planning and Management Models
Evaluation

• Internal Evaluation
  – Process Measures
  – Outcome Measures

• External Evaluation
  – Logic Models
Enabling Ring Outputs

Systems

Neighborhoods/Community

Individuals

Health

Cancer Mortality

Resources & Advisors

Materials & Messages

Communication Education

Manuals

Screening

Many Groups Active

Health Promotion

Training Health Providers

Entry into Clinical Trials

Evaluated Core Measures

Increase Primary Prevention Activities

Increase Secondary Prevention Activities

Improve Health Behaviors

Evaluation Core Measures

Sharing Information

Sharing Resources

Waste

Engage in Coordination

Concept of the Enabling Ring to Reduce Cancer Disparities in the CNP* Satellite Regions

Basis for community-based approach

R – Regional Input

N – National Input

CNP – Community Networks Program

*Business Orgs

*Pharmaceutical Companies

*CNP - Community Networks Program

R - Regional Input

N - National Input
Conceptual Framework for Activities in the Meharry-Community Health Centers Community Networks Program (CNP)

**INPUTS**
- Local Cancer Disparities
  - Mortality Rates
  - Risk factors

**Activities**
- Engage the Community
- Establish a Research Agenda
- Conduct Community-Based Research Using Sound Research Methods
- Provide Training, Technical Assistance, or Mentoring
  - Researchers
  - Practitioners
  - Students
  - Community Members

**Outputs**
- Programs and Interventions
  - Research and Evaluation Findings Communicated and Disseminated
    - Publications
    - Presentations
    - Media
    - Reports
- Trainees or Technical Assistance Recipients
- Building Primary and Secondary Research Capacity*

**Outcomes**
- Improved Community And Population Health And Elimination Of Health Disparities
- Widespread Use of Effective Programs and Policy
- Enhanced Community Capacity for Prevention
- Skilled Public Health Professionals
- Expanded Resources
- Recognition

**CNP Committees**
- Steering
- Regional Advisory
- CAP

**Partnerships:**
- State and Local Health Departments
- Community Partners
- University Partners, governments
- Other CNPs
- NCI

**History of Meharry in the Community**
- History of Meharry With CHCS
- Past and current grants

**Community-Based Approach**
*Pilot studies lead to modest intervention studies that eventually lead to large scale, externally funded prevention research*
Exhibit 1. NCI Community Networks Project Preliminary Logic Model for Phase I

Antecedent
- Other community-based cancer prevention programs
- Community social, economic, and demographic characteristics
- Barriers to implementation of partnerships
- Prior research on cancer health disparities
- Level of commitment of community-based organizations
- Previous SPN funding
- Previous NCI collaborations

Goal and Objectives
- Phase 1 Goal: To develop and increase capacity building to support community-based participatory education, research, and training to reduce cancer health disparities.
- Objectives:
  1. Develop a core organizational infrastructure for the local CNP
  2. Create partnerships with communities experiencing cancer health disparities and with organizations working to reduce cancer disparities in these communities
  3. Form at least four collaborations with other NCI Centers/Divisions/Offices
  4. Increase utilization of beneficial interventions to reduce cancer health disparities
  5. Obtain non-CRCHD funding for community-based participatory education and training to reduce cancer health disparities

Inputs
- Cooperative Agreement
- Grant Funding
- Findings from previous SPN program
- Multidisciplinary project staff
- Non-clinical community-based organizations
- Community-based cancer prevention providers
- Community-based health care centers/hospitals
- NCI programs (e.g., NCI Cancer Centers)
- Cancer Information Services (CIS) Partnership Program
- Key community stakeholders
- Other non-NCI funding sources
- NCI/CRCHD staff
- Academic and community sources for researcher trainees

Activities
- Develop infrastructure (new PI, Project Manager, Research Coordinator, etc.)
- Establish project steering committee
- Establish regional advisory committee if applicable
- Establish community-based advisory group
- Identify/form partnerships with local communities that are experiencing cancer health disparities
- Identify/form partnerships with non-clinical community-based organizations that can help reduce community cancer health disparities
- Identify/form partnerships with primary and secondary prevention programs and treatment facilities
- Identify roles and responsibilities of partners
- Establish collaboration with CIS
- Establish collaborations with at least three other programs within NCI centers/divisions/offices
- Identify community-based health providers
- Identify needs of community
- Conduct outreach to hard-to-reach groups
- Conduct cancer education activities to increase utilization of evidence-based interventions (e.g., screening)
- Leverage non-CRCHD funding for CNP activities

Outputs
- Data on hires
- Data on facilities
- Formalized roster for project steering committee
- Formalized roster for regional advisory committee if applicable
- Formalized roster for community-based groups
- Data on MOUs established
- Data on identified communities with cancer health disparities
- Data on partnerships formed
- Data on NCI collaborations
- Data on education activities conducted
- Baseline data on community knowledge, attitudes, and behaviors: screening rates, and stage distribution at partner clinics/hospitals
- Amount of non-CRCHD funding obtained

Outcomes
- Successful partnership synergy

Contextual
- Prevalence and pattern of cancer disparities
- Socioeconomic conditions within the community
- Local and state government support for cancer prevention activities
- Availability of community-based agencies within the community willing to participate
- Racial and ethnic makeup of communities
- Availability of health screening and health care providers

DRAFT—1/11/06
Abstract

The Meharry Medical College–Community Health Centers (CHCs) Community Networks Program (CNP) is a component of the Meharry Center for Optimal Health.

Its purpose is to reduce cancer health disparities among African Americans by conducting community-based participatory research, education, and training in three urban communities in Tennessee (Nashville, Chattanooga, Memphis).

Overall program goals are to significantly improve access to and utilization of beneficial cancer interventions in these three CHC communities, and provide a cadre of well-trained researchers who continue to reduce disparities in these communities.

The CNP will be implemented in three phases over five years.

In Phase I (Year 1), an umbrella coalition of organizations and individuals will be formed to begin making joint plans for community networking activities, and to develop an infra-structure that facilitates research participation in the target population.

Meharry Medical College will be the Coordinating Center.

A Steering Committee will meet annually at Meharry, and Regional Committees representative of their communities will meet at the three sites on a monthly basis. These committees will be advised regularly by persons from the target population that are knowledgeable of the community and of the problem of cancer (Local Advisory Committee)

Furthermore, collaborations will be formed with academic, governmental, and key community organizations that can contribute to the development and implementation of quality research methods.

A Logic Model has been developed to provide operational guidelines across all sites.

Training in community-based and other methods will occur at all levels of personnel, including new, especially minority, investigators.

In Phase II, program development will occur, using the Logic Model and community-based participatory guidelines, as well as guidelines from other management and behavioral models.

In Phase III, funding will be sought to sustain credible beneficial programs on a large scale.

Key Staff

Margaret K. Hargreaves, PhD
Meharry Medical College
Co-PI & Program Manager

Jeffrey McKissack, CEO
Matthew Walker CHC
Nashville, TN

Albert Barnett, III, CEO
Southside & Dodson Ave CHC
Chattanooga, TN

Marilyn Burress, CEO
Memphis CHC, Inc.
Memphis, TN

CHC Partners

American Cancer Society
American Lung Association
Association of Clinicians for the Underserved
Bridges to Care, Nashville
Cancer Information Service
Chattanooga - Hamilton County Health Department
Chattanooga Community Research Council
Fisk University, Nashville
Institute on Health Care for the Poor and the Underserved, Meharry Medical College
International Epidemiology Institute
Meharry Medical College – Vanderbilt-Ingram-Cancer-Center Research Partnership
Metropolitan Government of Nashville and Davidson County
Nashville Metro Public Health Department
Nashville REACH 2010
EXPORT* Center for Health Disparities
Southern Community Cohort Study
TN Department of Health
The University of Tennessee
Vanderbilt University

Analysis Partners

David Schlundt, PhD – Evaluator, Vanderbilt University
Carolyne Arnold, ScD – Evaluator, International Epidemiology Institute
William Blot, PhD – Epidemiologist, International Epidemiology Institute
Barbara Zhao, PhD – Biostatistician, Meharry Medical College

*Excellence in Partnerships for Outreach, Research and Training
Advisory Committee Responsibilities

- Steering Committee
- Regional Committee
- Local Committee

- (see handouts)
Responsibilities
Steering Committee

- The governing and chief advisory committee of the CNP
- Sets policy, provides overall guidance and direction
- Provides support for project-sponsored activities
- Reviews and ensures scientific soundness of project plans
- Approves joint and pilot research project plans
- Prioritizes project needs
- Promotes collaborations
- Ensures that results lead to policy formulation and presentation to appropriate bodies
Responsibilities
Steering Committee (cont)

• Composed of national, regional, and local leaders interested in health disparities research; community-based participatory researchers; clinical personnel serving the community; and others interested in the mission of the CNP;
• Meets annually
• Responsive to community needs and resources
Responsibilities

Regional Committees
(at each site)

• Chief planning and coordinating committees of the CNP
• Guide the development and implementation of population-specific prevention and control activities
• Facilitate positive interactions between investigators, partners, and the target population
• Ensure the scientific soundness of project plans
• Determine appropriate theory for providing working guidelines
• Ensure that data are appropriately collected and managed
• Translate theory into practice
• Assure that community voices are heard and used in project and policy formulation
Responsibilities
Regional Committees
(cont)

• Act as a liaison between the steering committee and the community
• Ensure that the decisions and recommendations are effectively adapted to regional settings
• Assist in development and implementation of regionally-initiated initiatives; strike working groups, as needed
• Identify and encourage minority junior researchers and students
• Interface with regional CIS partners
• Ensure community support for project activities
Responsibilities
Regional Committees (cont)

• Meet monthly, and report to the Steering Committee annually
• Include expertise in epidemiology, biostatistics, public health education, behavioral models, health services, health services research, policy formulation, etc
Responsibilities
Local Advisory Committees
(at each site)

• Articulate the philosophy of the community-based participatory approach
• Represent the voice of the community, and advises on projects that meet the needs of the community
• Enumerate community problems, especially as they affect cancer prevention, control, treatment, quality of life, etc, and advise on priorities for action
• Assist in defining the community action plan
• Assist in defining barriers to program support and participation in the community
• Help disseminate information and materials to the community
Responsibilities
Local Advisory Committees (cont)

• Meet as necessary
• Attend monthly regional committee meetings, and participate on subcommittees, if desired
• Represent a cross-section of the area being served, and include known community advocates, cancer survivors, pastors, retired workers
• Include students in medicine and/or public health, government representatives, business representatives, retired persons, persons on public housing resident councils, local community activists, health care representatives, etc
• Include residents in the area being served, such as African Americans, and other minority or underserved groups, as appropriate