



## THE CANCER PREVENTION AND CONTROL RESEARCH NETWORK

The Cancer Prevention and Control Research Network (CPCRN) is a national network of academic, public health, and community partners who work together to reduce the burden of cancer, especially among those disproportionately affected. The CPCRN was initiated in October 2002, with funding from the Centers for Disease Control and Prevention (CDC) and the National Cancer Institute (NCI) as part of their efforts to more effectively translate research into practice. It is a thematic research network of the Prevention Research Centers (PRCs) (<http://www.cdc.gov/prc>), which is the CDC flagship program for preventing and controlling chronic diseases. **The mission of CPCRN is to accelerate the adoption of evidence-based cancer prevention and control in communities**, which we are doing through increased understanding of the dissemination and implementation process. Network members are actively engaged in enhancing large-scale efforts to reach underserved populations and reduce their burden of cancer, while also deepening our understanding of the predictable processes that achieve that end. Sites undertake cross-site projects, described on next page, that pursue the overall objective of extending our knowledge base of translation processes, measures and outcomes for evidence-based cancer control activities and develop partnerships with major national systems and networks. Having a network with broad geographic reach and strong relationships among investigators allows us to achieve more than any individual center could achieve on its own. Currently, 173 members participate, including 17 physicians and 91 individuals with doctoral degrees.

## CPCRN MEMBERS

1. **Emory University (PI: Michelle Kegler, DrPH)**
2. **Harvard University (PI: Jennifer Allen, ScD)**
3. **Texas A&M University (PI: Marcia Ory, PhD)**
4. **Washington University/St. Louis University (PI: Matt Kreuter, PhD)**
5. **University of California at Los Angeles (PI: Roshan Bastani, PhD)**
6. **University of Colorado at Denver (PI: Betsy Risendal, PhD)**
7. **University of North Carolina at Chapel Hill (PI: Jennifer Leeman, DrPH)**  
(also serves as the network's coordinating center, PI: Kurt Ribisl, PhD)
8. **University of South Carolina at Columbia (Co-PIs James Hébert, ScD, Daniela Friedman, PhD)**
9. **University of Texas Health Science Center at Houston (PI: Maria Fernandez, PhD)**
10. **University of Washington at Seattle (Co-PI's: Vicky Taylor, MD, Peggy Hannon, PhD)**

## CPCRN FUNDING

CPCRN investigators have successfully worked with other CPCRN sites to seek research funding, which is called multi-center funding. Sites have also sought funding for their own center. Since 2009, CPCRN has received over \$31 million in multi-center grant funding; most of this is due to collaborations started within CPCRN. Total research funding (single center + multi-center funding) since 2009 is over \$149 million.

## SELECTED RECENT PUBLICATIONS

Network members have published 563 articles (2009-2012) of which 40 involve 2 or more centers.

1. **Hannon PA, Fernandez ME, Williams RS, et al. Cancer control planners' perceptions and use of evidence-based programs. J Public Health Manag Pract. 2010; 16(3):E1-E8.**
2. **Fernandez ME, Allen JD, Mistry R, Kahn JA. Integrating clinical, community and policy perspectives on Human Papillomavirus vaccination. Annu Rev Public Health. 2010; 31:235-252.**
3. **Emmons, KM, Weiner B, Fernandez ME, et al. Systems antecedents for dissemination and implementation: a review and analysis of measures. Health Educ Behav, 2012 Feb; 39(1):87-105. Epub 2011 Jul 1.**
4. **Purnell, JQ, Kreuter, MW, Eddens, KS, et al. Cancer control needs of 2-1-1 callers in Missouri, North Carolina, Texas, and Washington. J. Health Care Poor Underserved. May 2012;23(2):752-767.**
5. **Sabatino SA, Lawrence B, Elder R, et al. Community Preventive Services Task Force. Effectiveness of interventions to increase screening for breast, cervical, and colorectal cancers: nine updated systematic reviews for The Guide to Community Preventive Services. Am J Prev Med, 2012;43(1):765-86.**
6. **Hall KL, Stipelman B, Eddens KS, et al. (2012). Advancing collaborative research with 2-1-1 to reduce health disparities: Challenges, opportunities, and recommendations. Am J Prev Med, 43(6S5):S518-S528**

# Network Highlights

## FEDERALLY QUALIFIED HEALTH CENTER (FQHC) PROJECT

The goal of CPRN's FQHC Project is to collaborate with FQHCs, as well as state and national associations representing FQHCs, to advance the dissemination and implementation of evidence-based cancer programs to clinics providing primary care to underserved populations. Workgroups from the FQHC Project focuses on issues important to FQHCs that intersect with fundamental dissemination and implementation areas. This project examines theoretical and conceptual frameworks pertinent to FQHCs; promising models and measures applicable to FQHCs; and FQHC infrastructure, capacity and processes key to dissemination and implementation.

## IMPLEMENTING EVIDENCE-BASED COLON CANCER SCREENING STRATEGIES

The CDC Colorectal Cancer Control Program (CRCCP) funded 29 states and tribal organizations to increase population-based colorectal cancer (CRC) screening rates to 80% by 2014. Grantees are strongly encouraged to use one or more evidence-based strategy (EBS) recommended by the Guide to Community Preventive Services to increase CRC screening (client reminders, small media, reducing structural barriers, provider assessment and feedback, and provider reminders). Grantees implement these strategies with their community partners and contractors. The CPRN CRCCP Workgroup has partnered with the CDC CRCCP evaluation team to study the process of translating EBSs to local practice. Annual grantee surveys and case studies are being conducted to understand and characterize the grantees' process of adopting, translating and implementing the EBSs to increase CRC screening, as well as identifying facilitators and barriers to EBS use. These data will inform future implementation practice and research.

## CPCRN BUILDS RESEARCH PARTNERSHIPS WITH 2-1-1 NATIONWIDE

2-1-1 is a nationally designated 3-digit telephone exchange - like 9-1-1 for emergencies or 4-1-1 for directory assistance - that links callers to health and social services in their community. The 2-1-1 network covers 91% of the U.S. population with 240 call centers, which answered more than 15.8 million calls in 2012. Callers are poor and disproportionately women and minorities, and the overwhelming majority are seeking to meet basic human needs such as housing, shelter, electricity, heat, and food. In 2009, four CPRN Network Centers worked with 2-1-1s in their states to complete a study of over 1,400 2-1-1 callers which showed that 2-1-1 callers have significantly higher rates of cancer risk factors (e.g., smoking) and are less likely to receive most types of cancer screening than the general population. This led to several other collaborative projects to test delivery of evidence-based cancer control interventions among 2-1-1 callers, including an NCI-funded multi-site intervention to promote smoke-free home policies. CPRN also led the development of a national 2-1-1 Research Consortium and made significant contributions to a 2-1-1 supplement to the *American Journal of Preventive Medicine*.

## INCREASING EVIDENCE-BASED STRATEGIES IN COMMUNITIES

This workgroup works to build the capacity of cancer control planners and public health professionals to locate, select, adopt, adapt, implement and evaluate evidence-based cancer prevention programs, policies and practices through face-to-face training and technical assistance. We are developing a training curriculum on using cancer evidence, with slides, interactive exercises, and resources for cancer planners, which has been delivered at national conferences and to local community partners. CPRN centers have presented this training at the National Academy of Chronic Disease Directors (NACDD), Society for Public Health Education (SOPHE), and to state health departments. The group also researches models of capacity building and evaluates training or technical assistance initiatives to translate evidence-based approaches into communities. We are also collaborating to guide the evaluation of an NIH-funded decision support system to increase self-efficacy in competencies related to use of evidence and adoption of evidence-based behaviors.

## SURVIVORSHIP

The high number of unmet needs and co-morbidities experienced by the estimated 13.7 million survivors make cancer survivorship an important public health concern. The mission of the Ad Hoc Survivorship Workgroup established April 2011 is to advance both the science and practice of cancer survivorship through the study and application of translation /dissemination frameworks, and to link survivorship issues to other Network activities. Highlights of CPRN multi-center activities around cancer survivorship include: an environmental scan to identify the state of implementation of health promotion programs; a scoping study (literature review) of physical activity programs; and an evaluation of an adapted evidence-based chronic disease self-management program in cancer survivors.