

**Program: Outreach Core - Puerto Rico Community Cancer Control Outreach Program**  
**Co-leaders: Drs. Maria E. Fernandez (UT/MDACC) and Vivian Colón (UPR)**

The overarching goals of the Outreach Program are twofold: 1) to provide core support to the U54 on community outreach, community capacity building for implementation and sustainability of evidence-based cancer control programs, and training on Community Based Participatory Research (CBPR) and; 2) to conduct an outreach research project to reduce the burden of colorectal cancer among Puerto Ricans

Inputs	Aims	Activities	Outcomes -- Impact		
			Short-term	Intermediate	Long-term
<ul style="list-style-type: none"> <li>▪ UPR Comprehensive Cancer Center</li> <li>▪ MD Anderson Cancer Center</li> <li>▪ University of Texas School of Public Health</li> <li>▪ UPR Graduate School of Public Health</li> <li>▪ Community Advisory Group</li> <li>▪ ASPPR</li> <li>▪ FQHCs (330 Community Health Centers)</li> <li>▪ PR Community Outreach Network &amp; Comprehensive Cancer Control Coalition</li> <li>▪ Texas Networks:               <ul style="list-style-type: none"> <li>○ NCI- Community Network Program Center;</li> <li>○ CDC/NCI- Cancer Prevention and Control Research Network</li> </ul> </li> <li>▪ UPR undergraduates and graduates students</li> </ul>	<ol style="list-style-type: none"> <li>1. Expand the existing CCCOP to provide core support to the U54 with respect to direct community outreach, capacity building, participant recruitment, &amp; CBPR training.               <ol style="list-style-type: none"> <li>a. Increase capacity among U54 investigators &amp; trainees, health care providers &amp; community orgs. to implement &amp; sustain evidence-based cancer-control programs in PR.</li> <li>b. Develop community-based research projects that build on existing CCCOP partnerships &amp; provide CBPR training opportunities through new grant applications, additional data collection, &amp; manuscript development.</li> <li>c. Identify factors influencing participation in clinical trials &amp; biobanking and develop intervention plans to increase participation among Puerto Ricans to enhance U54 recruitment.</li> </ol> </li> <li>2. Develop &amp; evaluate the effectiveness, cost-effectiveness, &amp; budget impact of a tailored intervention to increase CRCS in PR among patients of FQHCs.               <ol style="list-style-type: none"> <li>a. Identify potential factors influencing CRCS among FQHC patients in PR.</li> <li>b. Use Intervention Mapping to develop an intervention to increase CRCS among patients in FQHCs.</li> <li>c. Conduct a group randomized intervention trial to assess the effectiveness of the intervention on CRCS completion.</li> <li>d. Assess the cost-effectiveness &amp; budget impact of the CRCS intervention.</li> </ol> </li> </ol>	<p><b>Activities for Aim 1a:</b></p> <ol style="list-style-type: none"> <li>1. Offer training to providers and community orgs. to implement evidence-based cancer control programs, policies &amp; practices.</li> </ol> <p><b>Activities for Aim 1b:</b></p> <ol style="list-style-type: none"> <li>2. Collaborate with community to assess needs, gather data, plan programs, seek funding &amp; write manuscripts.</li> </ol> <p><b>Activities for Aim 1c:</b></p> <ol style="list-style-type: none"> <li>3. Conduct a qualitative study to identify factors associated with clinical trial participation and biobanking.</li> <li>4. Interview U54 investigators to determine needed assistance for recruitment and retention.</li> <li>5. Develop intervention plans and seek funding for material development.</li> </ol> <p><b>Research (CRCS RCT):</b></p> <ol style="list-style-type: none"> <li>6. Identify factors influencing CRCS in PR through secondary analyses &amp; a qualitative study.</li> <li>7. Utilize data collected through focus groups &amp; secondary analyses to develop a CRCS intervention.</li> <li>8. Implement &amp; assess the effectiveness of the CRCS intervention on CRCS completion.</li> <li>9. Collect operational, overhead, &amp; indirect patient cost data to assess the cost-effectiveness and budget impact of the intervention.</li> </ol>	<ol style="list-style-type: none"> <li>A. Implement and maintain effective EBP for community &amp; providers               <ol style="list-style-type: none"> <li>1. Tobacco and oral cancer control</li> <li>2. Breast &amp; Cervical Cancer screening guidelines</li> <li>3. HPV &amp; HPV vaccination</li> <li>4. Colorectal Cancer Screening guidelines</li> </ol> </li> <li>B. More Puerto Ricans reached with EBAs.</li> <li>C. Increased funding for research in cancer control.</li> <li>D. Increased and diversified funding for research and cancer control.</li> <li>E. Develop educational interventions to encourage participation in clinical trials and biobanking.</li> <li>F. Increased CRCS in FQHCs</li> <li>G. Establish a Policy and System Changes in the FQHCs for sustainability of improvements in CRCS.</li> </ol>	<ol style="list-style-type: none"> <li>H. Decrease tobacco use.</li> <li>I. Increase HPV vaccination rates</li> <li>J. Increase mammography screening rates.</li> <li>K. Increase colorectal cancer screening rates</li> <li>L. Increase Pap smear screening rates.</li> <li>M. Increase participation in biobanking &amp; clinical trials</li> <li>N. Increase cancer related health disparities research</li> </ol>	<ol style="list-style-type: none"> <li>O. Cancer morbidity and mortality reduced</li> <li>P. Cost of cancer is reduced</li> </ol>

**Process Evaluation**

**Outcome Evaluation**