OUTREACH NEWSLETTER
by Puerto Rico Community Cancer Control Outreach Program

Introduction to the Puerto Rico Cancer Control Community Outreach Program
The Puerto Rico Cancer Control Community Outreach Program (CCCOP) began as a two-year pilot project in 2006, with a goal of engaging community, government, and non-governmental organizations in coordinating tobacco control efforts in Puerto Rico (PR). This pilot project was part of a U54, which established a partnership between the UPR, Comprehensive Cancer Center and The University of Texas School of Public Health and MD Anderson Cancer Center in Houston, Texas. The pilot exceeded its expectations over its two years existence and was transitioned to a full program that through 2008 to 2013 continued efforts in tobacco control, but also expanded our focus to include efforts to increase breast and cervical cancer screening and Human Papilloma Virus (HPV) vaccination uptake. Over the last five years, the CCCOP has worked with community partners and U54 trainees to identify important areas of cancer control needs and build capacity for both community-based participatory research (CBPR) and program implementation.

The goals of the Outreach Program are twofold: 1) to engage with the U54 in community outreach and community capacity building that will facilitate implementing and sustaining of evidence-based cancer control programs, and training on CBPR and 2) to conduct an outreach research project to reduce the burden of colorectal cancer among Puerto Ricans.

Our vision of a successful Outreach Program is one which establishes community connections, forms and maintains coalitions who work with the researchers in a bi-directional manner to identify problems in the community, investigate why they occur, develop interventions that can be piloted and then tested in full scale projects with the community. The CCCOP can also train community members and researchers on how to work together to accomplish cancer control goals through the development and implementation of community based programs. It is within this framework that we have been working over the past few years. Based on our research findings, extensive community participation, and prioritization with the Community Network, several key cancer control and prevention areas have been identified as priorities for the next funding cycle: colorectal cancer screening, vaccination against HPV, breast and cervical cancer screening and tobacco cessation.

OUTREACH ACCOMPLISHMENTS
Outreach accomplishments for cycle 2008-2013

ROUND TABLE: CULTIVANDO LA SALUD

OUTREACH PRESENTATIONS AND PUBLICATIONS

OUTREACH PARTNERS

OUTREACH NEW CYCLE
Outreach aims and activities for year 1.

OUTREACH TEAM
Team members

IN THIS ISSUE
OUTREACH NEWSLETTER | VOL. 1 NUM. 1

OUTREACH ACCOMPLISHMENTS (2008-2013)

Needs Assessments
We conducted a needs assessment with 56 network members to understand partner needs for assistance in identifying and using evidence-based approaches (EBAs) for cancer control. Results indicated that despite having high levels of confidence in adopting EBAs, there were low levels of awareness and use of existing EBA resources (Calo et al., 2012). To address these needs and develop capacity among organizations and community partners, the CCCOP conducted three workshops for community partners on finding, choosing, and adapting evidence-based programs and interventions. To promote the use of EBAs in academic researchers and graduate students, the CCCOP sponsored and facilitated a week-long short course on Intervention Mapping (Bartholomew, Parcel, Kok, Gottlieb, Fernández, 2011) for adaptation to provide a systematic approach for finding and adapting EBAs to fit community needs. The CCCOP also conducted two trainings in qualitative research, with an emphasis on focus-group techniques, and sponsored three-day training on qualitative analysis using Atlas.ti software.

Focus Groups
We conducted a total of seven focus groups, three focus groups and one interview among young women between 16 to 24 years of age and three focus groups with parents of daughters' age 16 to 24 years to explore factors that influence decisions regarding HPV vaccination. Also, to determine what factors are influencing breast and cervical cancer screening practices in PR, we conducted 10 focus groups with women adhering to the screening guidelines and those who were not.

Cultivando La Salud (CLS)
In response to these focus group findings, the CCCOP conducted a pilot study to test the effectiveness of a community-based educational program to increase breast and cervical cancer screening Cultivando La Salud (CLS). This was done in collaboration with a community-based organization (Taller Salud, Inc.) and the Puerto Rico Clinical and Translational Research Consortium (U54MD007587). The main goals of CLS were to increase breast and cervical cancer screening in low-income women in Canóvanas. The area of Canóvanas was targeted due to its high incidence and mortality of breast cancer and moderate incidence of cervical cancer.

CLS Methodology
Data collectors recruited women to participate. Eligibility criteria were: women 40+ years old with no mammogram in the past year or women 21+ years old with no Pap test in the last 3 years. According to their non-adherence status, women were assigned to either a Mammography or a Pap group, and randomly assigned to intervention or control groups. We conducted a baseline survey that included questions about history of breast and Pap test screening, knowledge about breast cancer screening, Pap test and HPV, perceptions. Trained Promotoras delivered educational sessions to women in the intervention group. Follow-up surveys were conducted four months after the baseline survey (control group) or after intervention delivery (intervention group), to assess mammogram and Pap test screening rates.

CLS Baseline Results
Study period was July 2012-July 2013. A total of 444 women were recruited. This effort involved the collaboration from 25 interviewers and 12 Promotoras. Participation rate for the baseline survey was 94.8%. A total of 211 interventions (89.4%) were completed. Mean age of study participants was 50 ± 14.1 years. 18.0% of the women 40+ years old reported never having a mammography, while 12.4% of the sample reported never having had a Pap in their lifetime. Over half of the participants had not completed high school (52%) and were married (58%). Almost two thirds of the sample reported having a household gross income of less than $19,999 and 9.5% reported having no medical plan. Fifty percent of the participants reported having Mi Salud.
ROUND TABLE: CULTIVANDO LA SALUD

A roundtable was convened on October 4, 2013 with community partners in order to discuss the CLS study from the CCCOP. Collaborators from the Pilot Project that were involved in the development, implementation, and among other of the project’s phases were invited to join and partake of the meeting. We relied on the participation of: recruiters, health promoters, researchers, and among others of the Pilot’s colleagues. The objectives of the activity were: (1) to present the preliminary results of CLS; (2) to discuss the different Study Pilot scenarios; (3) to gather the views in light of the findings presented; and (4) to obtain recommendations about future strategies in the implementation of community studies.

Throughout the course of the activity different scenarios were presented that summed up the Project since the beginning process of adapting materials for educational intervention to their implementation in the municipality of Canóvanas. In light of the results presented by the scenarios, the audience (divided in working groups) was invited to evaluate the processes carried out to reach each of the study aims. A total of four scenarios were presented: (scenario 1) the adaptation of educational material; (scenario 2) the recruitment of participants; (scenario 3) the program’s impact; and lastly (scenario 4) future studies in the community.

When discussing the adaptation of the educational material, the attendees stressed that the flipchart used for conducting the educational intervention worked as an excellent tool; it was both useful and effective to guide the discussion with study participants. They also suggested the idea of adapting the flipchart’s images in order to better reflect cultural reality of the participants. As for the second scenario (the recruitment of participants), they praised the support of the coordinators of the pilot study; as well as suggested that we worked in certain aspects such as: 1) provide a community integration workshop to all involved in the Pilot study staff; 2) increase the recruiters’ compensation; 3) encourage recruiters to work in pairs; and 4) include community leaders in the recruitment process in order to ensure the success of this pilot study’s most important stage.

Furthermore, the roundtable strongly suggested the following: 1) the study’s health promoters should be active members of the community in question; 2) the promoters’ training should include a practice session with an active pilot study promoter; 3) an increase in compensation should be implemented according to the completed interventions and the number of attempts to contact; and, finally, 4) a Google Earth management workshop should be offered in order to improve the recognition of the areas to visit. The roundtable also presented that one of the challenges the pilot faced was the constant cancelled appointments made by the study’s participants, and provided suggestions about how to improve timely implementation and follow-up in future projects.

Finally, the collaborators offered suggestions related to future implementations of cancer study control that should be considered to guarantee the study’s success. The following recommendations must be emphasized: promote the integration and alliances between the academia, community-based organizations, and the community; recognize the particular needs of the community to be studied; offer a community incentive as thanks for their participation; and recruit a significant number of personnel that are directly related to both the pilot study and the participating community.
POSTERS PRESENTATIONS


OUTREACH PUBLICATIONS


MEET OUTREACH PARTNERS

The Puerto Rico Primary Health Association is a nonprofit organization founded in 1984 that serves as a liaison, representation and support to Primary Health Centers in Puerto Rico to achieve their goals of providing access to primary health services and quality in communities of greatest need. This is achieved through technical assistance, training, representation at public forums and assessment of the health system and public policy. http://www.saludprimariapr.org/
AIMS

AIM 1: Expand the existing CCCOP to provide core support to the U54 clinical research projects and trainees with respect to direct community outreach, capacity building, participant recruitment, retention and CBPR training.

AIM 1A: Increase capacity among health care providers and community organizations to implement and sustain evidence-based cancer control programs in PR.

AIM 1B: Develop community-based research projects that build on existing CCCOP partnerships and provide CBPR training opportunities through new grant applications, additional data collection, and manuscript development.

AIM 1C: Identify factors influencing participation in clinical trials and biobanking and develop intervention plans to increase participation among Puerto Ricans to enhance U54 recruitment efforts.

AIM 2: Develop and evaluate the effectiveness of an intervention to increase colorectal cancer screening (CRSC) in PR among patients of FQHCs.

AIM 2A: Identify potential factors influencing CRCS among FQHC patients in PR.

AIM 2B: Use Intervention Mapping (IM), a planning framework that uses theory and evidence, to develop an intervention to increase CRCS among patients in FQHCs.

AIM 2C: Conduct a group randomized intervention trial to assess the effectiveness of the intervention on CRCS completion.

Next Steps - YEAR 1

Capacity Building

We will use existing community partnerships, infrastructure and programs to conduct direct community outreach education in communities in the following identified priority areas: HPV, HPV vaccine, breast, cervical and colorectal cancer screening guidelines, tobacco control and smoking cessation. We plan to offer these educational activities to general public, community organizations, health care providers, cancer prevention and control advocates, U54 investigators and trainees.

Clinical Trial and Biobanking

We will conduct a qualitative study to identify factors influencing participation in different types of clinical trials and biobanking among cancer patients and among the general population.

Colorectal Cancer (CRC)

We will conduct a series of focus group among women and men between 50 – 75 years regarding colorectal cancer screening, to understand the needs of the Puerto Rican population regarding colorectal cancer prevention, as well as understanding factors that influence participation in colorectal cancer screening. This focus group will be held on Federal Qualify Health Clinics in Puerto Rico (Clínicas 330). We have a Memorandum of Understanding (MOU) with ASPPR for conduct this study signed by PR U54 PI’s (Dr. Reynold López and Dr. Marcia Cruz) and APPSR executive director.
OUTREACH TEAM

University of Puerto Rico/Puerto Rico Cancer Center

Dr. Vivian Colón-López, Outreach Co-Leader. Dr. Colón-López is an Investigator at the Puerto Rico Comprehensive Cancer Center and an Associate Professor at the University of Puerto Rico, Graduate School of Public Health. She received her MPH in Epidemiological Sciences from the University of Puerto Rico, Medical Sciences Campus and her PhD in Epidemiology from the University of Michigan, Ann Arbor. Her research investigates the relationship between infectious and chronic diseases, particularly Human papillomavirus (HPV) and HPV-related cancers, and cancer prevention and control among vulnerable and underserved populations. She is the Principal Investigator of a series of studies funded by the National Institutes of Health (NIH) which aims to describe the epidemiology of anogenital (Ro3DA027939) and oral (Ro3DA031590) HPV infection in high-risk men in Puerto Rico. Both Dr. Vivian Colon and Dr. Ana P. Ortiz are Co-Leaders of the study HPV-related cancers and HIV/AIDS in Puerto Rico: A Mixed-Methods Approach (U54CA096297-08) which aims to determine the epidemiology of HPV-related cancers among HIV+ individuals living in Puerto Rico as well as develop targeted educational materials on cancer screening among this group. She is also the Co-Leader with Dr. Ana P. Ortiz of the study: Community-Engaged Research on HIV/AIDS-Related Cancers among Underserved Populations (U54CA096297-105) which aims to develop a webinar to train health care professionals in anal cancer and HPV as well as to develop educational materials on anal cancer screening and clinical trials on AIDS Malignancies.

Camille Vélez, MS. Outreach Program Coordinator. Camille Vélez has a Master in Sciences in Research Evaluation of Health Services at the Graduate School of Public Health, University of Puerto Rico. She joined the Outreach Program in 2010. Her research interests are in program evaluation, cancer prevention and chronic diseases.

Aleli Ayala, MPH. Community Health Educator (CHE). Aleli Ayala-Marin is a licensed Dietitian and Nutritionist with a Master in Public Health with a major in Epidemiology from the University of Puerto Rico, Medical Sciences Campus. Aleli Ayala-Marin has experience in the implementation and evaluation of evidence based practices among governmental and non-profit organizations. Her research interest is related to behavioral research addressing cancer prevention and control.

University of Texas, MD Anderson Cancer Center

Dr. Maria Fernández, Outreach Co-Leader. Dr. Fernández is an Associate Professor of Health Promotion and Behavioral Sciences at the University of Texas, School of Public Health. She is also the Associate Director for the Center for Health Promotion and Prevention Research (CHPPR) at UTSPH. She received her PhD in Health Education from the University of Maryland. The focus of her research is cancer prevention and control among low-income and minority populations, development and evaluation of lay health worker delivered interventions, the application of advanced health communication and interactive technology to health promotion, and dissemination and implementation research. Dr. Fernández has extensive experience with the development and evaluation of health promotion interventions for Spanish speaking populations. She is the P.I. for LINCC – Latinos in a Network for Cancer Control, an NCI and CDC funded Cancer Prevention and Control Research Network which focuses on accelerating the use of evidence-based cancer control in Hispanic communities. She is also the Principal Investigator (P.I.) with Dr. Wetter (multiple PI) on the Community Networks Program Center (CNPC) Latinos Contra El Cancer, which aims to reduce the cancer burden among Hispanics in Texas. In collaboration with the National Center for Farmworker Health, Dr. Fernández developed and evaluated the original Cultivando la Salud program. She is the P.I. of several grants funded by the Cancer Prevention and Research Institute of Texas, including a study that is the first to develop and test culturally appropriate and tailored materials to increase HPV vaccination among Hispanics, and a program developed to increase access to cancer control services among underserved Texans by connecting low income 2-1-1 callers to screening and prevention services. She is an Associate Editor for the journal Health Education and Behavior and on the NIH Dissemination and Implementation Research study section.

Natalie Fernández-Espada, MS. Outreach Program Coordinator. Natalie Fernández-Espada received her Bachelor in Sciences from the University of the Sacred Heart in Puerto Rico and her Masters in Science in Epidemiology from the University of Texas, School of Public Health. She joined the Outreach Program in 2009. Natalie Fernández-Espada research interests are in health disparities among Hispanics and other underserved populations.

The project described was supported by: U54 UPR/MDACC Partnership for Excellence in Cancer Research: U54CA096297 (UPR); U54CA096300 (MDACC)