

UCSF Helen Diller Family Comprehensive Cancer Center

## Community Advisory Board and Faith Communities

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Director, Administration and Planning  
Chief of Staff

“When you invite strong community leaders to the table, you must be prepared to follow their lead.”

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Assistant Director, Community Education and Outreach

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### HDFCCC Overview

- Comprehensive status in December 1999
- Matrix Center
- Just over 400 members and associate members
- Ten research programs
  - Pediatric Oncology, Breast Oncology, Hematopoietic Malignancies, Prostate Cancer, Developmental Therapeutics
  - Tobacco Control, Cancer Control
  - Cancer, Immunity & the Microenvironment, Cancer Genetics
- Nine shared resources, Investigational Trials Resource
- Senior leadership includes President, one Deputy Director, five Associate Directors, three Assistant Directors

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### UCSF HDFCCC Catchment Area

UCSF Cancer Cases 2005-2009 Per 100,000 Population 2009

300  
250  
150  
50  
0

Data from California Cancer Registry and UCSF Finance department

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### HDFCCC Community Outreach

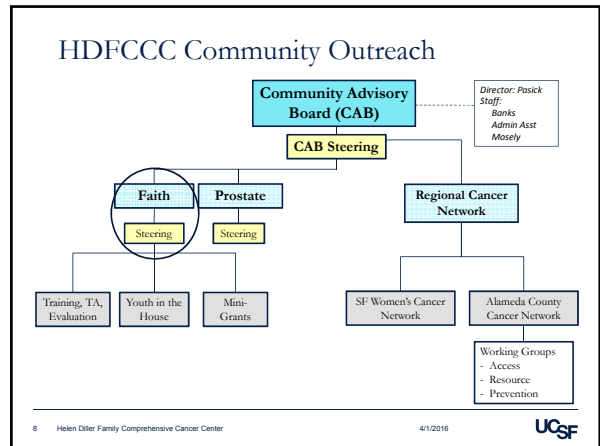
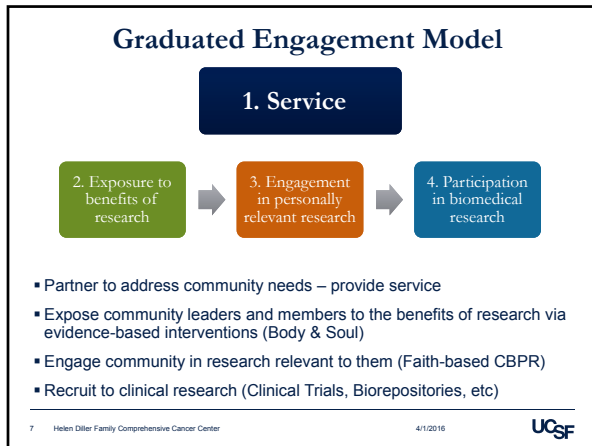
- 1999
  - Initial Comprehensive designation (3 year award)
  - Reviewer concerns over minority accrual
- 2002
  - 5 year award; commitment to recruit Associate Director for Community Education & Outreach and establish Community Advisory Board
  - Nov 2002, Rena J Pasick hired as Associate Director
- 2007 and 2012
  - Successful CCSG renewals: continued funding for AD position

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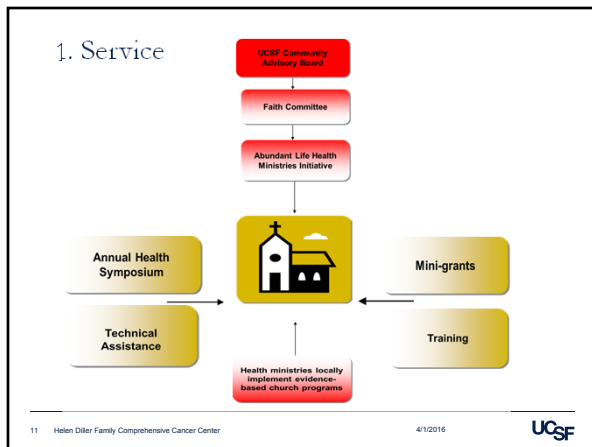
### HDFCCC Community Outreach

- Original charge:
  - address disparities
  - focus on increasing diversity in clinical trials
  - extending the strengths of the center
- Recruited initial Community Advisory Board
- Dissemination of evidence based interventions proposed, by Rena
- Faith Committee proposed during first meeting, by members
- These ideas took a couple of years to gain structure and momentum

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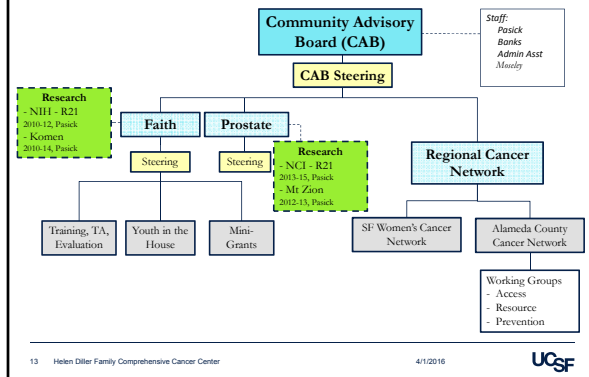


- ### 1. Service
- Faith Communities Committee established 2005
    - Ministers' Workshops
    - Youth in the House
  - The vision emerged in 2007: to foster church health ministries
  - Abundant Life Health Ministries Initiative
    - Focus: Build the capacity of church health ministries to promote the health of congregants and community
  - More than 60 churches from 3 counties participate
  - 67 mini-grants awarded to date to facilitate programs
    - \$750-\$2,000 each
    - sources include grants and partner contributions
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- ### 2. Exposure to Benefits of Research via Evidence-Based Intervention
- #### Body & Soul\*
- Increase consumption of fruits & vegetables
  - 4 Pillars
    - pastoral leadership
    - church events
    - change in church practices/policy
    - peer counseling
- Environmental change
- Individual behavior change
- \*From formative research to RCT to national dissemination  
Campbell et al., 1999 & 2007; Resnicow et al., 200 & 2006; Allicock et al., 2010  
<http://cancercontrolplancct.cancer.gov>
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### 3. Engage in Relevant Research



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#### Mechanisms & Capacity to Reduce Disparities: The Abundant Life Health Ministries

- To expand the capacity of SF Bay Area African American churches to deliver and sustain evidence-based health promotion interventions by fostering the development of 10 new health ministries and strengthening 10 existing health ministries per year for two years;
- To measure the impact of this program on key behaviors among 1500 congregants in a delayed intervention controlled trial;
- To assess and demonstrate expanded church capacity in 10 churches using comparative case studies that include records of health program activities, key informant interviews, and observations.

Funded by: NIH/National Center for Minority Health Disparities, 2010-12

### Partner Roles: *Participatory in All Phases*

#### Academic Team

- Initiation of partnership  
Establish CAB
- Embrace vision  
Recognize as high priority  
Vision & dissemination of EBI
- Operationalize model  
Introduction of EBI
- Introduce research as evaluation opportunity

#### Faith Leaders

- Initiation of partnership  
Establish Faith Committee
- Formulate overall vision  
to foster health ministries
- Development of model  
Abundant Life Health Ministries
- Embrace EBI  
Recognize as priority
- Embrace research/evaluation  
With limitations

### Tribulations of Participatory Research

#### Mechanisms & Capacity to Reduce Disparities: The Abundant Life Health Ministries

- | Original Plan  | Revised Plan  |
|--|---|
| • Recruit 10 new churches & 10 existing partner churches   | • Work with 11 existing church partners   |
| • surveys reveal significant differences in f/v consumption between new churches and established church partners   | • Surveys measure f/v consumption and exposure to the intervention<br>– look for increases over time<br>– identify differences among churches |
| • Integration of other forms of data illuminates<br>– components of ministry capacity<br>– intervention fidelity<br>– variations in capacity that help explain differences in fidelity and f/v consumption | • associated with degree of implementation<br>• Other data plans unchanged  |

### 4. Recruit to Clinical Research

#### Connecting the dots

- Abundant Life began at UCSF
- And brought you Body & Soul, a research-tested program
- Yes, there has been good & evil in research, but protections are now in place
- What we have done together is good research; here are the early results
- Science is making major leaps, but this community is not participating

### Where do we go from here?

- Continue to develop Abundant Life (via service, use of research-tested interventions, engagement in preferred research/Phases 1-3)
  - Further study of the Abundant Life model in an R01
  - Develop communication campaign for Men's Health
- Broaden the focus of the Outreach program to integrate with other cancer disparities researchers, programs, populations
- On these bases, pursue new directions to encourage participation in biomedical research (Phase 4)

## CCSG Supplement: CHE/NON

- Utilize UCSF's extensive clinical and community networks to conduct community outreach and disseminate culturally appropriate, evidence-based cancer information to underserved communities prioritized in accordance with local cancer disparities, e.g., late stage diagnosis of colorectal cancer screening. The purpose will be to create direct and personal linkages between these communities and the HDFCCC.
- For each of the five HDFCCC clinical programs, develop and implement plans tailored by program to enhance community engagement; and develop and maintain channels to disseminate research findings to local communities. The purpose will be to increase the value and relevance of HDFCCC research, and scientific research in general, to HDFCCC's local communities.
- Develop and implement culturally relevant strategies for the African American, Chinese, and Latino communities to recruit a minimum of 200 community members per population per year to a registry of prospective cancer research participants for prevention, diagnostic, and therapeutic trials. The purpose will be to increase the racial/ethnic diversity of participants and community engagement in cancer research at the HDFCCC.

## SF CAN: a precision population health initiative

- Public health effort to complement existing efforts at the DPH and San Francisco Health Improvement Partnership (SFHIP).
- Goal is to align and coordinate citywide efforts in cancer prevention, screening, and survivorship.
- An SF-CAN Executive Committee will include core leadership from the DPH, UCSF, other health care systems, and community organizations, while an Advisory Council will have broad membership from these and other stakeholder groups.

## SF CAN: a precision population health initiative

Initial focus on five types of cancer. For each of these cancer types, there are promising, evidence-based, prevention, screening, and survivorship tactics that are not yet being fully implemented across all population groups in San Francisco.

- Breast cancer
- Colorectal cancer
- Liver cancer
- Lung and other tobacco-induced cancers
- Prostate cancer

