

Reducing Cancer Disparities by Engaging Stakeholders (RCaDES) Initiative - 2nd Annual Conference

Beginning in 2015, the Sidney Kimmel Cancer Center (SKCC), a National Cancer Institute (NCI)-funded cancer center, initiated a 2-year collaborative project with Jefferson Health (JH) and Lehigh Valley Health Network (LVHN) to form a learning community dedicated to reducing colorectal (CRC) and lung cancer (LCA) progress screening disparities in primary care practice patient populations. This project, known as the Reducing Cancer Disparities by Engaging Stakeholders (RCaDES) Initiative, was supported by the Patient Centered Outcomes Research Institute (EAIN 2471) and Thomas Jefferson University. The RCaDES Initiative sponsored its first annual conference in December, 2016. The 2nd Annual Conference, which is described below, took place on December 1, 2017 at Thomas Jefferson University campus.

Ronald E. Myers, DSW, PhD, Professor of Medical Oncology and Director of the Center for Health Decisions at Jefferson, opened the 2nd Annual Conference. He described the learning community infrastructure (a coordinating team [CT]; a steering committee [SC] and a patient and stakeholder advisory committee [PASAC] in each health system), and provided an overview of the meeting agenda. Next, Sharon Sowers, Director of the Comprehensive Cancer Control Program for the Pennsylvania Department of Health described progress made by the Commonwealth of Pennsylvania to address cancer screening disparities. She applauded the work of the RCaDES Initiative and reinforced the importance of collaborative efforts to engage stakeholders in the public and private sectors to increase cancer screening rates and reduce screening disparities.

Following these introductory remarks, members of the RCaDES Initiative CT (Table 1) presented a summary of accomplishments from each year of the 2-year project. These included: 1) Establishing a communication strategy to foster a collaboration and develop trust, 2) Developing shared statements of purpose and common agendas for each learning community component (CT, SC and PASACs), 3) Measuring CRC screening rates among whites, African Americans, Hispanic Americans, and Asian Americans served by JH and LVHN primary care practices, 4) Conducting a literature review to identify effective evidence-based intervention(s) to increase CRC cancer screening adherence and reduce related disparities, and, 5) Completing an environmental scan of CRC and LCA screening programs in the health systems.

These efforts yielded the following observations: 1) CRC and LCA screening rates are low in the general and minority patient populations; 2) decision support and navigation intervention(s) can increase CRC screening rates and reduce CRC screening disparities; 3) the implementation of LCA screening programs lags behind CRC screening programs; and 4) there is little coordination between payers and health systems in efforts to encourage patients to have CRC and LCA screenings.

A panel on LCA screening, "Adapting Evidence-Based Strategies for Implementation," was moderated by Linda Fleisher, PhD, MPH, Senior Researcher, Digital Health, Health Communications and Disparities, Children's Hospital of Philadelphia, in which PASAC patients and providers shared what they learned about the process of adapting a feasible LCA screening program for the respective

Table 1: RCaDES Coordinating Team Presenters
Marty Romney, RN, MS, JD, MPH <i>RCaDES Coordinating Team Assistant Professor Jefferson College of Population Health</i>
Beth Careyva, MD <i>RCaDES Steering Committee Associate Director Lehigh Valley Practice-Based Research Network Lehigh Valley Health Network</i>
Jenné Johns, MPH <i>RCaDES Steering Committee Director of Health Disparities Corporate Medical Management AmeriHealth Caritas</i>
Melissa DiCarlo, MPH, MS <i>RCaDES Project Manager Clinical Research Coordinator Division of Population Science Thomas Jefferson University</i>
Randa Sifri, MD <i>RCaDES Coordinating Team Director of Research Department of Family and Community Medicine Thomas Jefferson University</i>

patient populations and health systems. Panel members reported the following: 1) Literacy-appropriate and culturally-sensitive patient education materials are needed, 2) Clinician support for LCA screening is necessary to encourage patient uptake, 3) Community members are not sufficiently aware of LCA screening opportunities and screening eligibility criteria, and 4) Efforts to encourage patient uptake of LCA screening

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Table 2: Bristol-Myers Squibb Foundation Announcement

The Bristol-Myers Squibb Foundation's \$2.8 million grant to launch a multi-year initiative to increase LCa screening in vulnerable populations in the Philadelphia region was made possible through the efforts of the Jefferson Office of Institutional Advancement and:

- Gregory Kane, MD, Jane and Leonard Korman Professor of Pulmonary Medicine and Chair of the Department of Medicine
- Ronald E. Myers, PhD, Professor and Director of Population Science at Sidney Kimmel Cancer Center
- Rickie Brawer, PhD, MPH, Assistant Professor and Co-Director of the Center for Urban Health
- Nate Evans, MD, Associate Professor and Chief of Thoracic Surgery

Their collaboration leverages the full breadth of Jefferson enterprise's expertise in pulmonary and lung cancer care, public health and community and engagement, and population science and shared decision making research.

must address patient knowledge, attitudes, beliefs, and need for social support.

The morning concluded with an announcement by Bruce Meyer, MD, MBA, Senior Executive Vice-President of Thomas Jefferson University and the Chief Physician Executive for Jefferson Health. Dr. Meyer announced that Jefferson was to receive a \$2.8 million grant from the Bristol-Myers Squibb Foundation that would build on the RCaDES Initiative learning community

model, and launch a multi-year initiative to increase LCa screening in vulnerable populations in Philadelphia. Patricia M Doykos, PhD, Director of the Bristol-Myers Squibb Foundation, followed Dr. Meyer, and expressed her excitement about working with Jefferson to increase LCa screening and improve related outcomes in vulnerable populations, and about the potential for developing a model approach to engaging health systems in LCa screening. Both Drs. Meyer and Doykos highlighted Philadelphia as an important setting for the project, due to a high LCa risk in the population, and socioeconomic and cultural barriers that deter those who are at risk from screening and from seeking smoking cessation services (Table 2).

Following lunch, a panel conversation titled, "Learning Community Formation as a Strategy for Reducing Disparities: Strengths, Weaknesses, Opportunities & Threats" took place between Electra Paskett, PhD, Marion N. Rowley Professor of Cancer Research, Director, Division of Cancer Prevention, of Ohio State University; Jamie L. Studts, PhD, Professor at University of Kentucky Louisville College School of Medicine, and Director of Behavioral Oncology Program at the James Graham Brown Cancer Center and Community-Based Research SRF; and Robert A. Winn, MD, Associate Vice Chancellor for Community-Based Practice, and Director of the University of Illinois Cancer Center.

All panel speakers spoke to the *strengths* of the RCaDES Initiative: the use of diverse partners, assessing organizational readiness as one of the first steps of the project, and the creation of a learning community structure that could be used with other cancers. Dr. Studts noted the use of a systematic approach to identifying and adapting an evidence-based intervention strategy; and the use of a model-based approach to engage diverse populations in

cancer screening. In terms of *weaknesses*, all keynote speakers agreed that greater outreach by the health systems was

Table 3: The RCaDES Initiative 2nd Annual Conference Roundtable Discussion Questions and Answers

- 1) What do learning communities need to achieve their goals?
 - Motivated/engaged patients and other stakeholders
 - Commitment of health system leadership
 - Consensus on shared statement of purpose and common agenda
 - Continuous communication among learning community members
- 2) How can the success of a learning community be measured?
 - Community member participation
 - Adoption by health systems
 - Identification, adaptation, implementation of intervention strategies
 - Intervention strategy reach, fidelity, and effectiveness
- 3) Who should provide resources needed to support and sustain a learning community?
 - Public health grants
 - Private foundations
 - Health systems
 - Private payers
 - Communities

needed to engage those most in need of preventive health care. For example, Dr. Winn suggested that in the future, RCaDES Initiative staff could arrange to have

meetings in the community, in addition to those that take place in health system locations. Dr. Studts noted that in terms of LCa screening, it would be important to focus more attention on understanding the at-risk populations' views of screening, including stigma, perceived bias against smokers and former smokers, and fatalism. The speakers agreed the RCaDES Initiative *opportunities* are substantial. As explained by Dr. Studts, "Persons at risk for lung cancer represent a unique community of individuals that has not been targeted for LCa education and screening in the past. This initiative is a unique effort that can be transformative." Potential *threats* to the success of the RCaDES Initiative included the need to obtain continued support for the learning community, the challenge of encourage health system leadership to embrace the PASACs as a resource to guide the adaptation and implementation

of screening activities, and the problem of catalyzing cooperative efforts involving health systems and payers.

The afternoon session of the conference consisted of roundtable discussions on supporting and sustaining a health-based learning community. Attendees were assigned to 4 groups (including a virtual group of NCI-designated cancer centers) to discuss three questions (see sidebar) designed to facilitate discussion and collaborative thinking about learning communities, their goals, the ways to measure their success and the resources needed to support and sustain them. Each group reported out key points from their discussions at the close of the session (Table 3).

The RCaDES Initiative 2nd Annual Conference provided a unique opportunity for members of the learning community

to share both with each other and all conference attendees the opportunities and challenges that lie ahead to increasing both CRC and LCa screening in health systems and how working together can move this needle forward more efficiently.

If you are interested in learning more about the RCaDES Initiative, and if you would like to become a member of the learning community, please email rcades@jefferson.edu.

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