

Building Community Capacity for Sustainable Cancer Control Interventions in Appalachian Virginia

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OBJECTIVES

- (1) To describe how Community Advisory Board (CAB) members systematically identified priority cancer control areas during the first year of a research capacity building project
- (2) To identify changes in the CAB's capacity related to conceptualizing, planning, resourcing, executing, and sustaining regional cancer control projects during this time

BACKGROUND

Southwest Virginia:

- > Close-knit communities that are primarily rural
- Disproportionately impacted by cancer, including higher cancer mortality
- Impacted by poor social determinants of health (i.e., medically underserved, high rates of poverty, low educational attainment, high rates of un/underinsured, high prevalence of chronic diseases)



UVA Cancer Center Without Walls (CCWW)

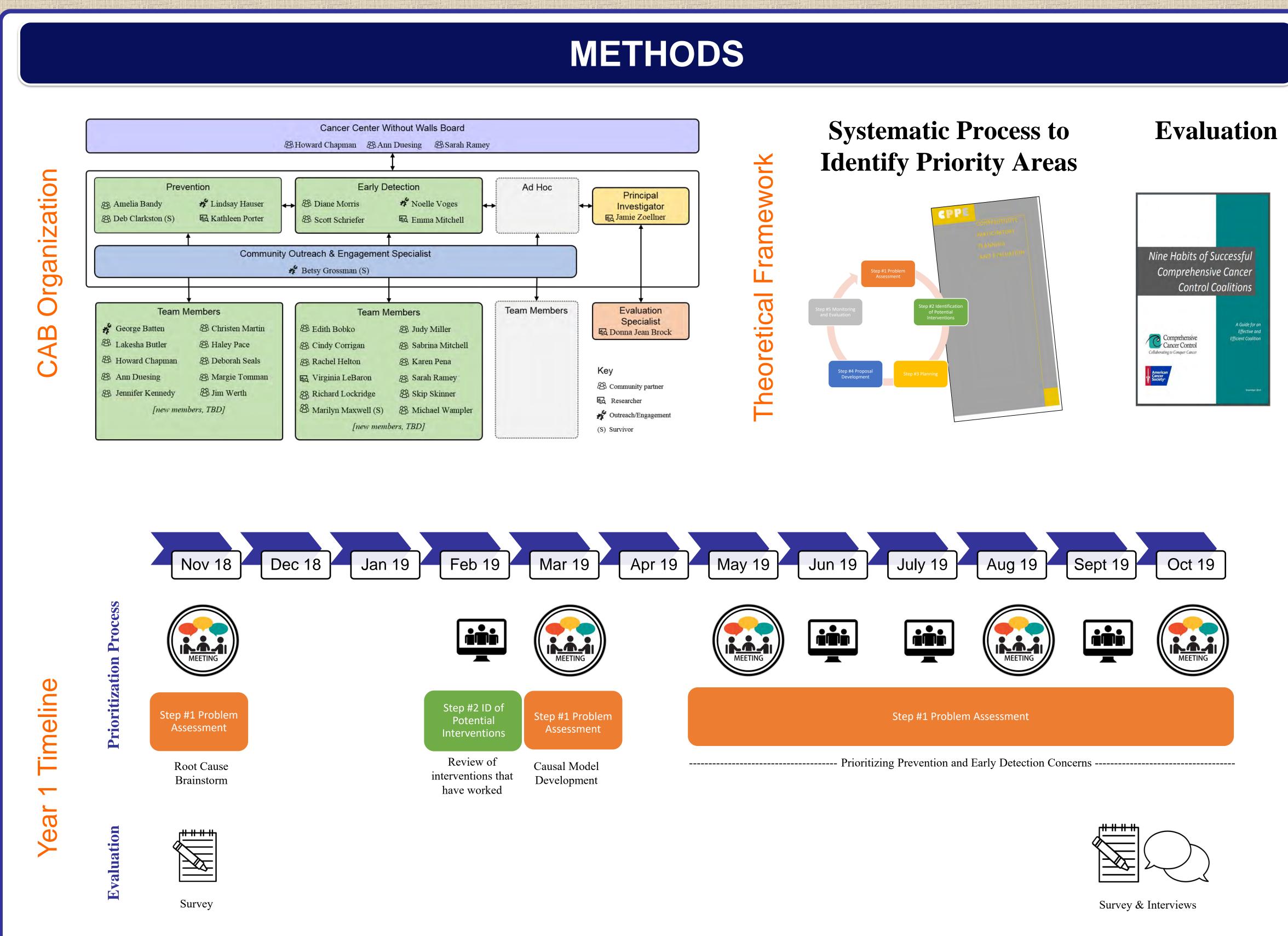
- Means by which the UVA Cancer Center connects its resources and research expertise to address the needs of its catchment area
- Southwest Virginia CAB
 - Established in 2013 and includes 40+
 representatives from three health districts
 - Received a Eugene Washington PCORI
 Engagement Award in 2018 to advance its capacity to conceptualize, plan, resource, execute, and sustain regional cancer control projects



Acknowledgements:

- UVA Cancer Center Without Walls Southwest
 Virginia Community Advisory Board
- Patient Centered Outcomes Research Initiative (PCORI) Engagement Contract # 12054





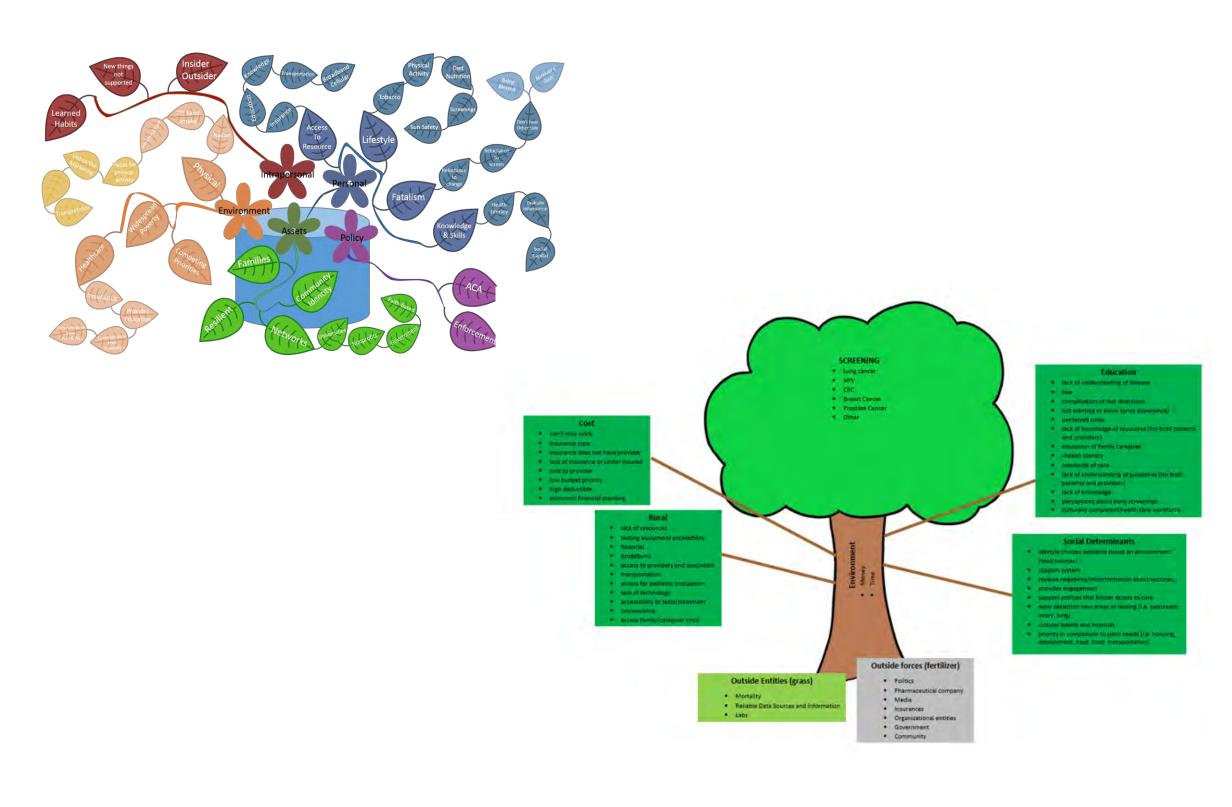
EVALUATION OF CAB CAPACITY Paired Mean Scale Score Comparisons (n=29) Fall 2018 Fall 2019 * Indicates a significant change of p < 0.05 CAB has moved forward as a group Keeping a diverse group informed and engaged as the process moves from Formalized process for developing an action plan planning to action Balancing diverse stakeholder priorities a that takes into account stakeholder input and regional data planning moves to action Established small subcommittees that focus on Solving inequities in influence as direction prioritized areas and report back to the larger CAB is decided upon Established tasks, roles, and accountability Retaining key stakeholders and identifying gaps in stakeholder representation Leveraging unused CAB member Identified key expertise and resources needed to carry out action plans Identifying and obtaining funding is Improves efficacy for finding future funding competitive funding climate Developed a website ➤ Increased collaboration efforts

PRIORITIZATION PROCESS & IDENTIFIED PRIORITY AREAS

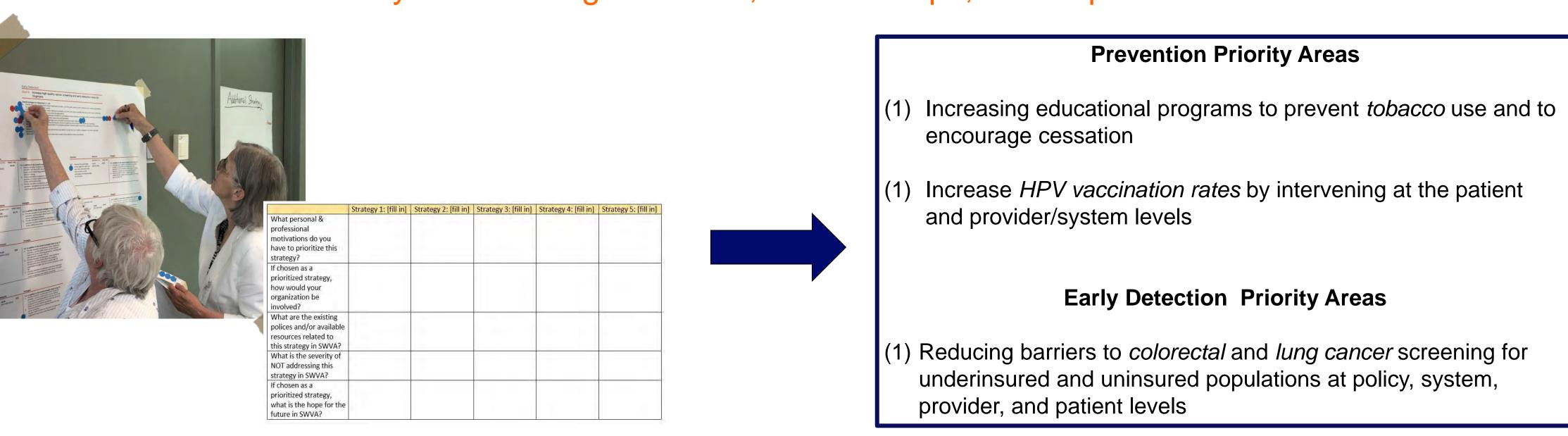
Reviewed Evidence on Needs

2018 - 2022 VIRGINIA CANCER PLAN CANCER CENTER WITHOUT WALLS Prevention and Early Detection Snapshot The Control of the Con

Created Causal Maps

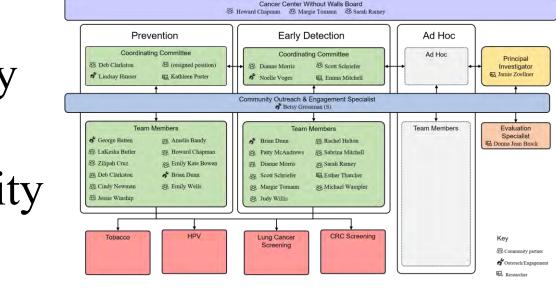


Ranked Priority Areas Using Evidence, Causal Maps, and Experience



NEXT STEPS

The structure of the CCWW CAB will be reorganized to support subgroups for each priority area. As needed, additional researchers and stakeholders engaged in work related to the priority areas will be recruited to join the CCWW CAB.



- ➤ In Year 2, Action Teams for the subgroups will continue to engage in the CPPE process, with the goal of developing research and other grant proposals to address the identified priority areas.
- Continued CAB capacity evaluation to further identify assets and areas needing strengthening as well as recommendations for next steps

CONCLUSIONS & IMPLICATIONS

For cancer prevention and control in Southwest Virginia

- ➤ By engaging in the CPPE process, the CAB has enhanced the likelihood of the sustainability of the developed cancer control projects.
- The CPPE process has set the stage by which the CAB (members) can continue to develop capacity which will allow for future impact on cancer control needs.

For cancer prevention and control in other regions

This process highlights ways (i) other cancer control focused groups can build and measure capacity to address priority needs in their region and (ii) academic institutions build research capacity among their community partners.