Background

The UI CAAN (University of Illinois Cancer Screening, Access,

Awareness & Navigation) Project is a community-focused cancer education, prevention, screening and navigation program aimed at

addressing the elevated burden of cancer among marginalized

communities in the UI Cancer Center (UICC) catchment area.

Within the UICC catchment, under-represented racial/ethnic

minorities carry the greatest burden of cancer disparities, which is

further impacted by social determinants of health and intersecting

identities such as being a sexual or gender minority (LGBTQ) or

UI CAAN is a population-specific cancer prevention and screening

program conducted at community hospitals and health centers in

three Chicago neighborhoods - Austin, Humboldt Park and South

Shore. The programs will rely on community navigators who will

work directly in those communities to help remove barriers to

cancer prevention and early diagnosis, key factors in long-term

differently abled.

cancer survival.

Rural counties → more individual risks

University of Illinois Cancer Screening, Access, Awareness and Navigation

UNIVERSITY OF ILLINOIS CANCER CENTER

Office for Community Engaged Research & Implementation Science

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Partners

Community outreach & cancer screening and navigation will be conducted within two community safety net hospitals on the west side of Chicago and our federally qualified health center on the south side of Chicago.

Colorectal Cancer Screening

Colorectal cancer prevention and screening will be the focus of the program in South Shore, where the UI Cancer Center will work with UI Health Mile Square Health Center, a network of federally qualified health centers with a community health center in the neighborhood, and Project Brotherhood, a community-based organization established more than 20 years ago to address the causes of poor health and low participation in the health care system among black men.

project Brotherhood Black Men's Clini





Higher burden of socioeconomic/structural and individual level barriers compared to the US. **Excessive alcohol** Physical inactivity Diabetes Higher pollution Lower income Cook, Will, Livingston → MUA La Salle → HPSA Urban counties → more structural risks

Theoretical Framework

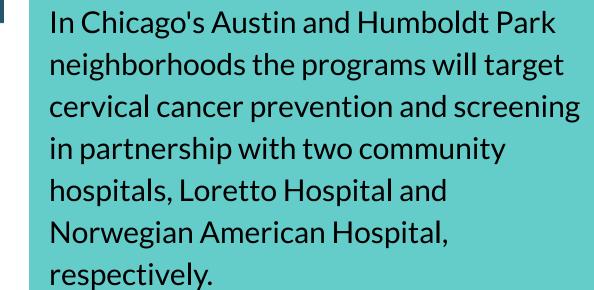
UI CAAN utilizes a multi-level approach to cancer prevention and is

guided by the socio-ecological model.

Enable individuals to receive quality care in communities in which they live, increase trust in healthcare systems, improve health outcomes

African American women → 3X cervical cancer mortality compared to US

The UICC catchment



Hand The Loretto Hospital



Loretto Hospital

Brotherhood/Mile

Hospital

Project

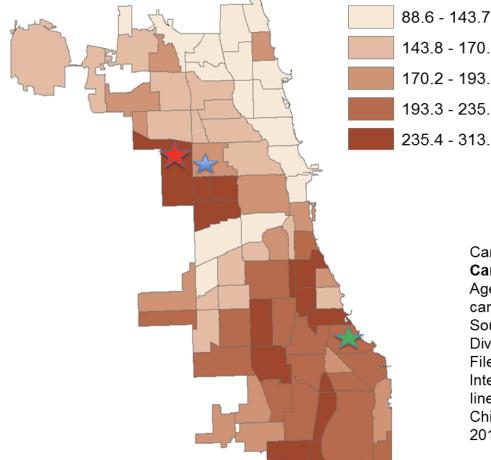
Square

Norwegian American

The Community Hub Model of UI CAAN brings together safety net hospitals, FQHCs and community stakeholders located on the west and south side of Chicago in community areas that carry some of the greatest burden of cancer mortality.

Cancer Mortality

Cervical Cancer Screening



170.2 - 193.2 193.3 - 235.3 235.4 - 313.5 Cancer Deaths, 2013-2017: Quintile

Cancer deaths - Rate Age-adjusted rate of people who died due to cancer per 100,000 population. Source: Illinois Department of Public Health, Division of Vital Records, Death Certificate Data Files; US Census Bureau, 2010 and 2000 Census Intercensal years (2001-2009) estimated through linear interpolation by the Office of Epidemiology, Chicago Department of Public Health; For 2011-2014, 2010 Census population was used.

Intervention Methods

Pre-Implementation Phase (Jan 2019 - May 2019):

- Partnership building, community stakeholder meetings
- Conduct needs and assets assessments of stakeholders
- Develop navigation and clinical process work flow
- Calculate baseline cervical and colorectal cancer screening rates
- Conduct navigation trainings
- Implement system-level on-boarding

Implementation Phase (Jun 2019 - Jun 2021):

- Implement Grassroots Outreach model for colorectal cancer screening with "community fixtures" (beauty salons, barber shops, LGBTQ bars)
- Implement CBO Outreach model for cervical cancer screening (women's wellness parties at hospitals, community events)
- Conduct one-on-one patient navigation and data capture
- Assess annual screening rates
- Conduct quarterly meetings with UI CAAN HUB partners
- Create quarterly community cancer profiles
- Conduct process evaluation
- Develop dissemination plan
- Develop and implement sustainability plan

Post-Implementation Phase (Jul 2021 - Dec 2021):

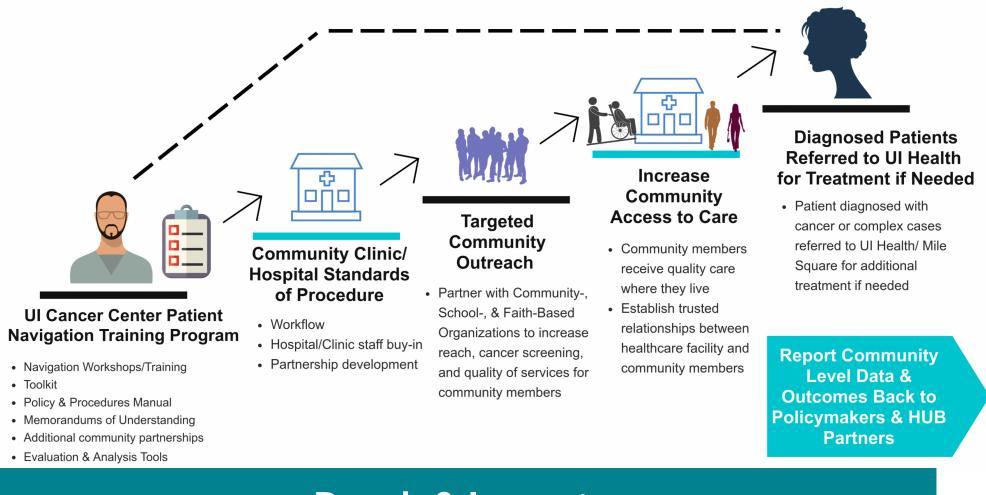
- Conduct summative evaluation
- Implement dissemination plan
- Implement and continue sustainability plan

UI CAAN Monitoring Plan Goal: to reduce the elevated burden of colorectal and cervical cancer among the UI Cancer Center catchment area

Hierarchy of Objectives [HOO]/Results- Based Objectives (RBO)	Indicators/Target	Source/ Measurement method	Frequency of Measurement	Responsible person	Related Activities
Objective 1: Health outcomes					
Aim 1: Conduct community based cancer screening, prevention, education, and navigation relevant to the cancer burden of its catchment	Colorectal and cervical cancer baseline and annual screening rates	Intake Forms/Quantitative data analysis	Baseline & annual	CHWs, navigators, data analyst	Calculating baselin & annual screening rates based on electronic health records data Data management
	Education and outreach activities including number of target population reached by zip code	Tracking forms/Spatial data analysis Tracking Forms/Quantitative data analysis	Every 6 months	CHWs, navigators, data analyst	Community & educational outread events Partnership development Data capture and management
Objective 2: Partnership & Capacity Building					
Aim 2: Facilitate engagement of community- academic partners to involve populations within the catchment area in the design, conduct and	Assess operational needs of partnering clinics/ hospitals to improve and maintain screening services	Survey/Quantitative data analysis Focus Group/Qualitative data analysis	Baseline & Annual	Project manager/ data analyst/Principal investigators	Needs assessment clinical partners/si
participation in research and dissemination.	Assess needs of and support community partners in outreach and education efforts	Survey/Quantitative data analysis Focus Group/Qualitative data analysis	Baseline & Annual	Project manager/ data analyst/ Principal investigators	Needs assessment community partne
Objective 3: Integrate Health Disparities Fran	nework in all UICC Programs			<u>'</u>	<u>'</u>
Aim 3: Integrate a health disparities and health equity framework in the UI Cancer Center programs including cancer biology, translational/clinical oncology, training and education, survivorship and global cancer research that fosters multi-and transdisciplinary research that addresses biological, environment, and social determinants that impact the burden of cancer in underserved communities.	Office of Community Engaged Research & Implementation Science utilized as a shared resource with the UICC	Consultation Tracking Logs Consultation Evaluation from consultee	Ongoing	Principal investigators/Project manager	Consultation with UICC members/research Presentations
Objective 4: Inform Policy					
Aim 4: Identify and develop health policy and research priorities that are relevant to the catchment population, Federally Qualified Health Centers (FQHCs), community agencies, and other health delivery stakeholders.	Policy briefs that inform changes needed based on project findings	Outcomes Evaluation Process Evaluation	Throughout duration of project	Principal Investigators/Project manager	Dissemination through publication town hall, social media outlets

We would like to acknowledge the Bristol Myers Squibb Foundation (094123AS) for making this work possible. We would also like to acknowledge our community partners at Loretto Hospital, Norwegian American Hospital, Project Brotherhood, Sisters Working it Out, and the UI Health Mile Square FQHC health system.

Patient Navigation Process HUB MODEL



Reach & Impact

The UI CAAN Program achieves several of the Cancer Center Support Grant (CCSG) mandates by: addressing cancer disparities of three communities in the UI Cancer Center Catchment Area, building community capacity that will increase access and awareness to support clinical trial participation and coordinating activities that support patient education, screening and navigation.

Planned REACH

- West Side predominantly African American population with documented lower cervical cancer screening, decreased uptake of prevention, and elevated rates of cervical cancer
- West Side predominantly Latinx population with documented lower cervical cancer screening, decreased uptake of prevention, and elevated rates of cervical cancer
- South Side predominantly African American population and Sexual and Gender Minorities (SGM) with documented lower colorectal cancer screening, decreased uptake of prevention, and elevated rates of colorectal cancer

Planned IMPACT

- Establishing partnerships among safety net hospitals, Federally Qualified Health Centers (FQHCs) and other healthcare delivery systems within the UI Cancer Center Catchment
- Building capacity to decrease Incidence and Mortality of Cervical and Colorectal Cancer Screening within three underserved communities within the UI Cancer Center Catchment
- Increasing access and awareness of evidence based cancer screening and prevention guidelines through community based dissemination and education
- Gathering data to inform future research and policy development relevant to the catchment area

Next Steps

Program: UI CAAN (University of Illinois Cancer Screening, Access, Awareness, Navigation) Project Problem: Within the UI Cancer Center catchment area, under-represented racial/ethnic minorities carry the greatest burden of cancer disparities which is further impacted by social determinants of health.

Inputs (What we invest)	Outputs (What we do and who we do it to)		Outcomes – Impact (The incremental events/changes that occur as a result of the outputs)			
	Activities	Participation	Short (within 1 year)	Medium (within 2 to 3 years)	Long (>3 years)	
	(What we do and	who we do it to)	`	vents/changes that occur as a re Medium (within 2 to 3		
	Training REDCap Training Monitor pilot projects progress Plan and conduct dissemination activities					

- NCI R01 grant submissions in cervical and colorectal cancer disparities
- Continued capacity and sustainability building with stakeholders
- Develop clinical trials model at Norwegian and Loretto Hospitals