

# The Cancer Prevention and Control Research Network (CPCRN)

*New Center/Investigator Orientation*  
*January 27, 2020*

Stephanie B. Wheeler, PhD MPH  
University of North Carolina at Chapel Hill  
Principal Investigator, CPCRN Coordinating Center



@CPCRNcancer  
@StephWheelerUNC

[www.cpcrn.org](http://www.cpcrn.org)

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# Agenda

- CPCR N Overview ( Stephanie Wheeler)
- Progress Reporting and CPCR N Website (Rebecca Williams)
- Policies and Procedures (Becky Lee)

# CPCRN Overview

## CPCRN Mission

- Accelerate the adoption and implementation of evidence-based cancer prevention and control strategies in communities
- Enhance large-scale efforts to reach underserved populations and reduce their burden of cancer
- Deepen our understanding of the predictable processes that achieve those goals
- Develop the D&I workforce in cancer prevention and control

## CPCRN Vision

Reduce the burden of cancer in U.S. populations and eliminate cancer disparities

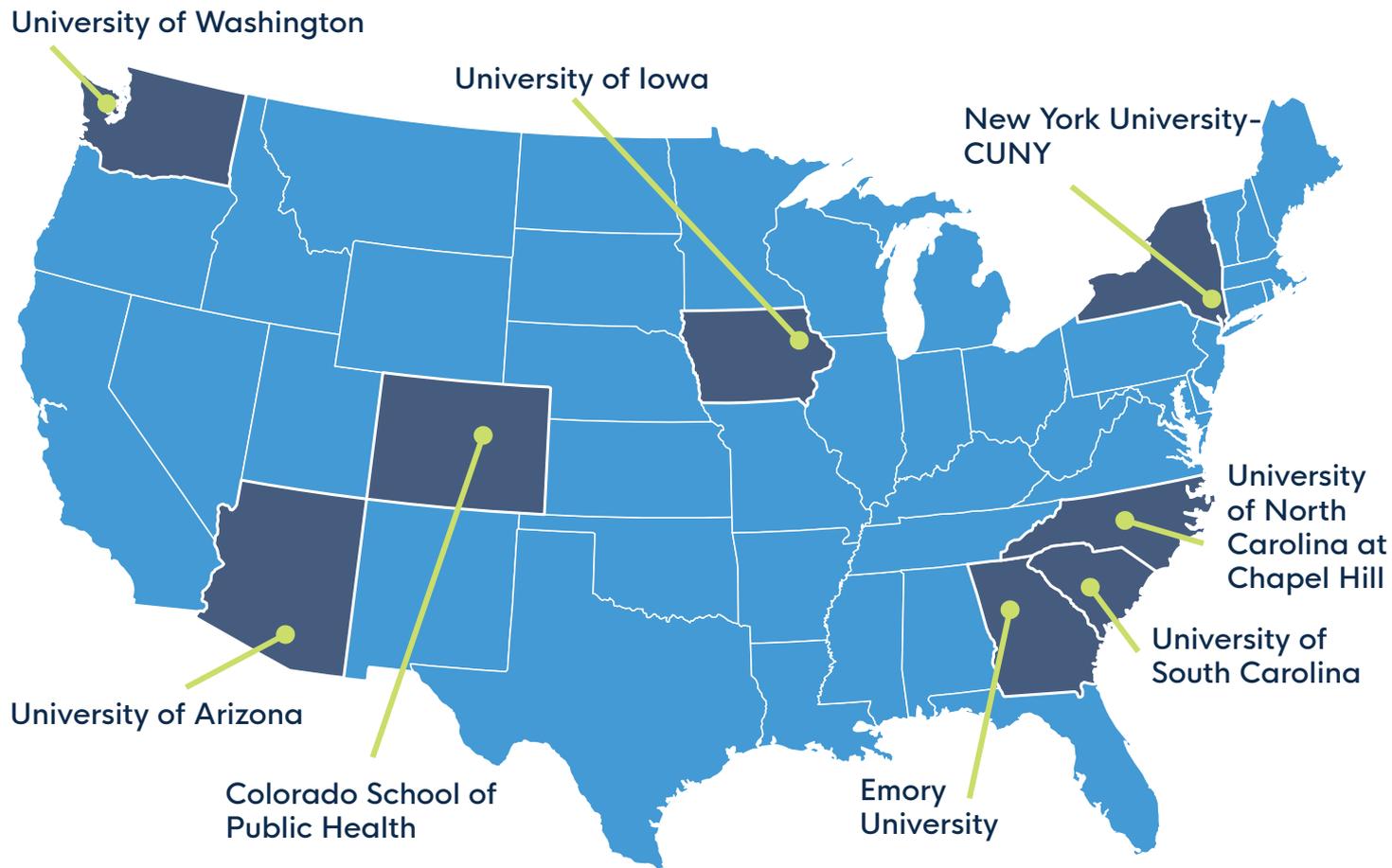
# A Brief CPCRNC History

- The largest (and oldest) thematic research network of the CDC-funded Prevention Research Centers
- Conducts community-based participatory cancer research across network centers
- Pursues objectives of extending the knowledge base of research translation for evidence-based cancer control activities
- A network with broad geographic reach and strong relationships among investigators allows us to achieve more than any individual center could on its own'

# A Brief CPCRNC History

- 2002: CDC funded network for the first time (Harvard, USC, UW, UTX)
- 2004-2009: UNC (CC), Harvard, Emory, UW, WashU, UCLA, UTX, Morehouse
- 2009-2014: UNC (CC), Harvard, Emory, USC, UW, WashU, UCLA, UTX, UColorado, TexasA&M
- 2014-2019: UNC (CC), USC, UW, UPenn, UK, Ulowa, OHSU, Case Western Reserve
- 2019-2024: UNC (CC), USC, UW, Ulowa, Emory, ColoradoSPH, UArizona, NYU-CUNY

# CPCRN Network Map





**Chau Trinh-Shevrin, DrPH**  
New York University



**Cyndi Thomson, PhD**  
University of Arizona



**Betsy Risendal, PhD**  
Colorado School of Public Health



**Cam Escoffery, PhD**  
Emory University



**James R Hébert, ScD**  
University of South Carolina



**Daniela Friedman, PhD**  
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**Peggy Hannon, PhD**  
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**Linda Ko, PhD**  
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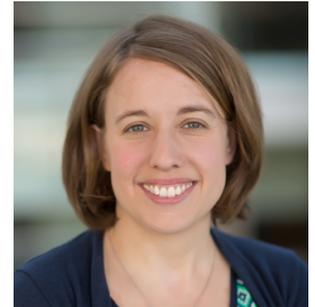
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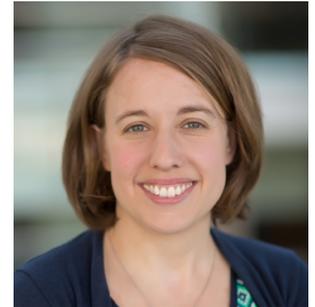
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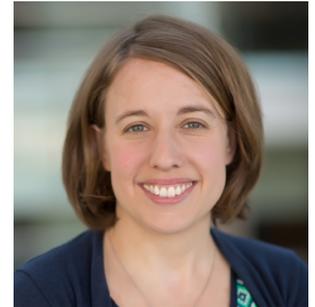
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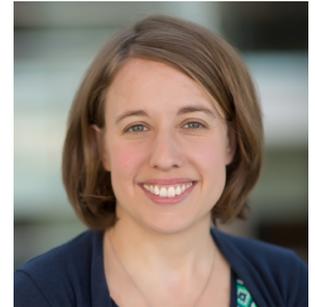
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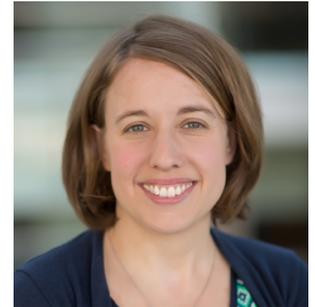
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Cancer Prevention and Control Research Network

# Coordinating Center Team

*University of North Carolina at Chapel Hill*



**Stephanie Wheeler, PhD**  
**Principal Investigator**



**Becky Lee, MS**  
**Project Director**



**Rebecca Williams, PhD**  
**Co-investigator**



**Alexa Young, MPH Candidate**  
**Graduate Research Assistant**

## CPCRN Mission

- Accelerate the adoption and implementation of evidence-based cancer prevention and control strategies in communities
- Enhance large-scale efforts to reach underserved populations and reduce their burden of cancer
- Deepen our understanding of the predictable processes that achieve those goals
- Develop the D&I workforce in cancer prevention and control

## CPCRN Vision

Reduce the burden of cancer in U.S. populations and eliminate cancer disparities

*This document will be used to guide the network going forward and to reflect on past network activities.*

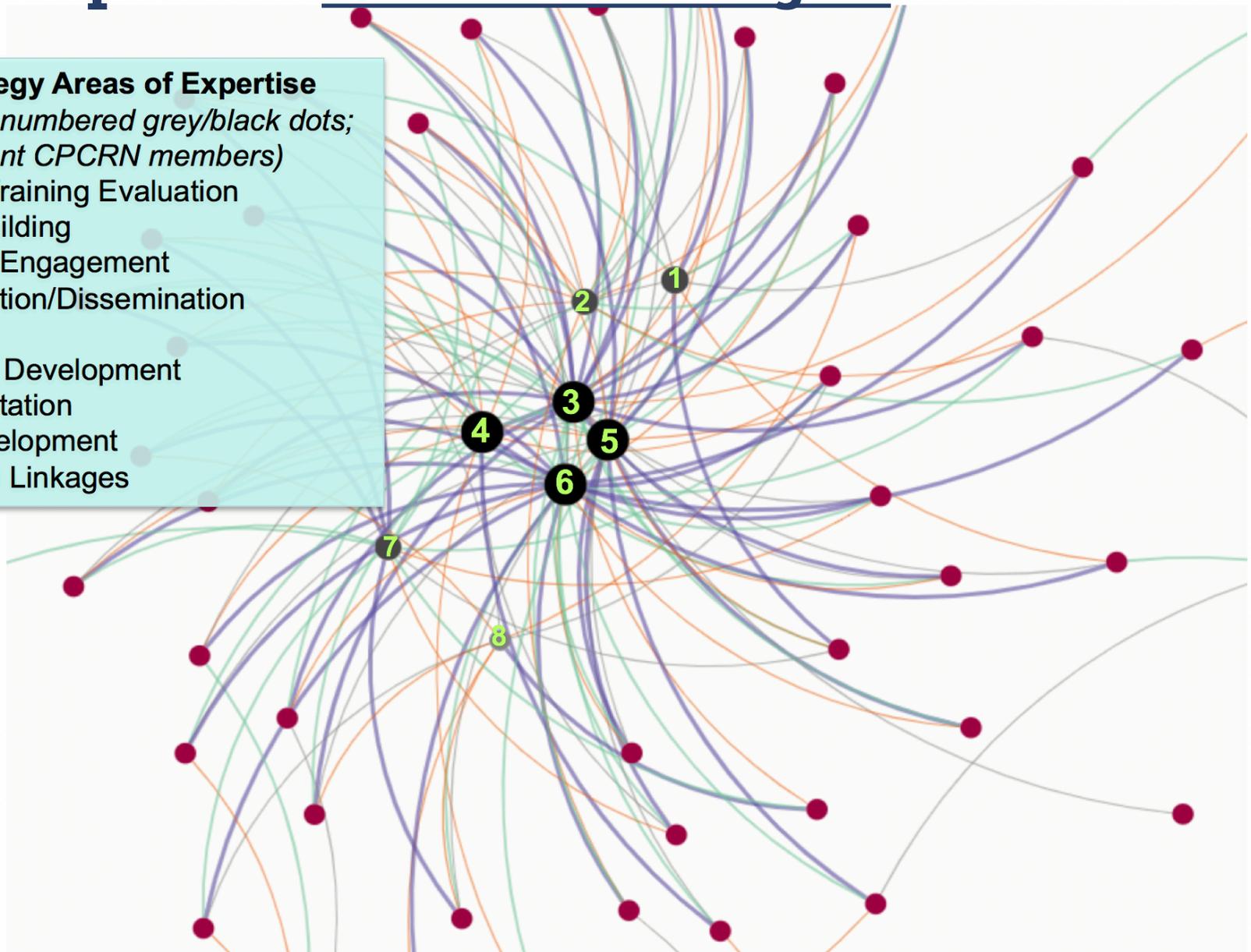
**CPCRN Mission Statement:** *Accelerate the adoption and implementation of evidence-based cancer prevention and control strategies in communities, enhance large-scale efforts to reach underserved populations and reduce their burden of cancer, deepen our understanding of the predictable processes that achieve those goals, and develop the D&I workforce in cancer prevention and control.*

**CPCRN Vision Statement:** *Reduce the burden of cancer in U.S. populations and eliminate cancer disparities.*

<p>CPCRN aspires to...</p> <p><i>(Goals--Our timeliness aspirations, pursued continuously through different objectives)</i></p>	<p>We achieve these goals by:</p> <p><i>(Objectives--What are the SMARTER targets for which we will aim? Specific, Measurable, Achievable, Resourced, Timelined, Evaluated, Reported)</i></p>	<p>We address these objectives by:</p> <p><i>(Tactics--Specific actions that address how we will achieve our objectives)</i></p>	<p>We evaluate our success by:</p> <p><i>(Key Performance Indicators--PROCESS, IMPACT, PRODUCTS)</i></p>
<p>1. Advance the science of dissemination and implementation (D&amp;I) of evidence-based cancer prevention and control (CPC) strategies, especially in underserved populations, in order to:</p>	<p>1.1 Conduct cross-center collaborative projects with broad CPCRN investigator engagement focused on:</p> <ul style="list-style-type: none"> <li>• evaluating the implementation of existing CPC strategies in varying settings (e.g. FQHCs)</li> <li>• developing, testing, and implementing new evidence-based interventions</li> </ul> <p>1.2 Each CPCRN workgroup, project &amp; collaborating center will contribute multiple products including, but not limited to:</p> <ul style="list-style-type: none"> <li>• Presentations at national and local conferences</li> <li>• Publications</li> <li>• One or more collaborative grant submissions</li> <li>• Toolkits</li> <li>• Training materials</li> </ul>	<p>a. Workgroups, projects, and centers will achieve research objectives through community-engaged research involving methods and strategies such as:</p> <ul style="list-style-type: none"> <li>○ capacity building</li> <li>○ simulation modeling</li> <li>○ community engagement</li> <li>○ communication/dissemination</li> <li>○ evaluation</li> <li>○ non-clinical/clinical linkages</li> <li>○ development and evaluation of D&amp;I measures</li> <li>○ intervention development</li> <li>○ training and evaluation</li> <li>○ survey development</li> </ul> <p>b. Workgroup and project teams will meet regularly (based upon current activities/need) to advance their work</p> <p>c. Steering Committee meetings will be held monthly to facilitate potential cross-center collaborations and provide updates on existing workgroups and projects.</p>	<p><i>Process</i> – Extent of cross-center collaborations in workgroups and projects (including but not limited to number of cross-center meetings and related events); Progress towards collaborative and center-specific products (e.g., manuscript, abstract, and grant submissions)</p> <p><i>Impact</i> – Evidence of scientific community leadership by CPCRN investigators in developing D&amp;I science (around CPC or more generally)</p> <p><i>Products</i> – Number of collaborative and center-specific research activities, including, but not limited to, accepted presentations, publications, and grants funded, demonstrating network collaboration and center-specific productivity</p>

# CPCRN Kumu Relationship Map of Members' Areas of Expertise: Research Strategies

- Research Strategy Areas of Expertise**  
*(represented by numbered grey/black dots; red dots represent CPCRN members)*
- 1. Training & Training Evaluation
  - 2. Capacity Building
  - 3. Community Engagement
  - 4. Communication/Dissemination
  - 5. Evaluation
  - 6. Intervention Development & Implementation
  - 7. Survey Development
  - 8. Non-Clinical Linkages

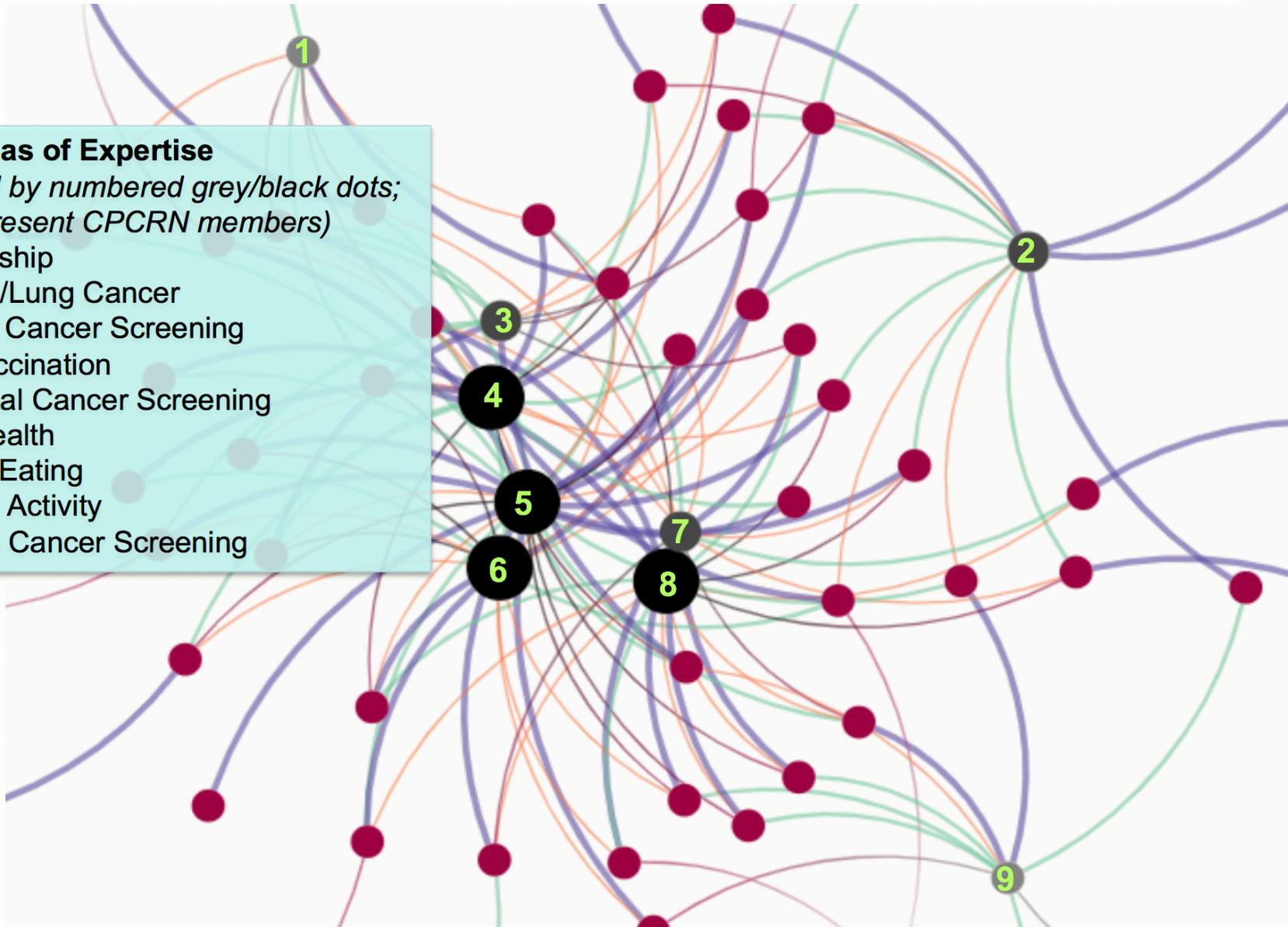


# CPCRN Kumu Relationship Map of Members' Areas of Expertise: Content Areas

## Content Areas of Expertise

(represented by numbered grey/black dots; red dots represent CPCRN members)

1. Survivorship
2. Tobacco/Lung Cancer
3. Cervical Cancer Screening
4. HPV Vaccination
5. Colorectal Cancer Screening
6. Rural Health
7. Healthy Eating
8. Physical Activity
9. Prostate Cancer Screening

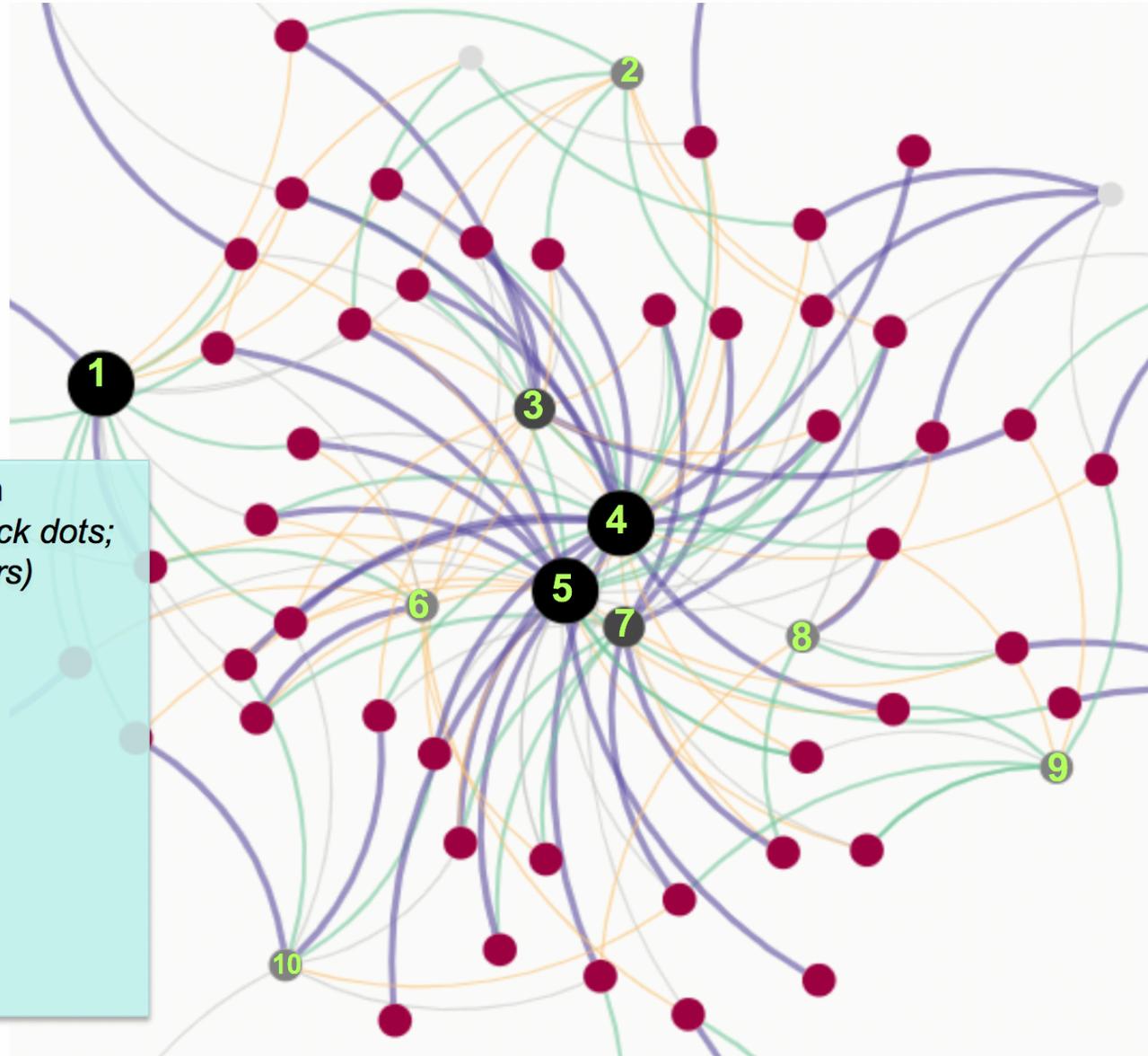


# CPCRN Kumu Relationship Map of Members' Areas of Expertise: Setting-Partner Areas of Strength

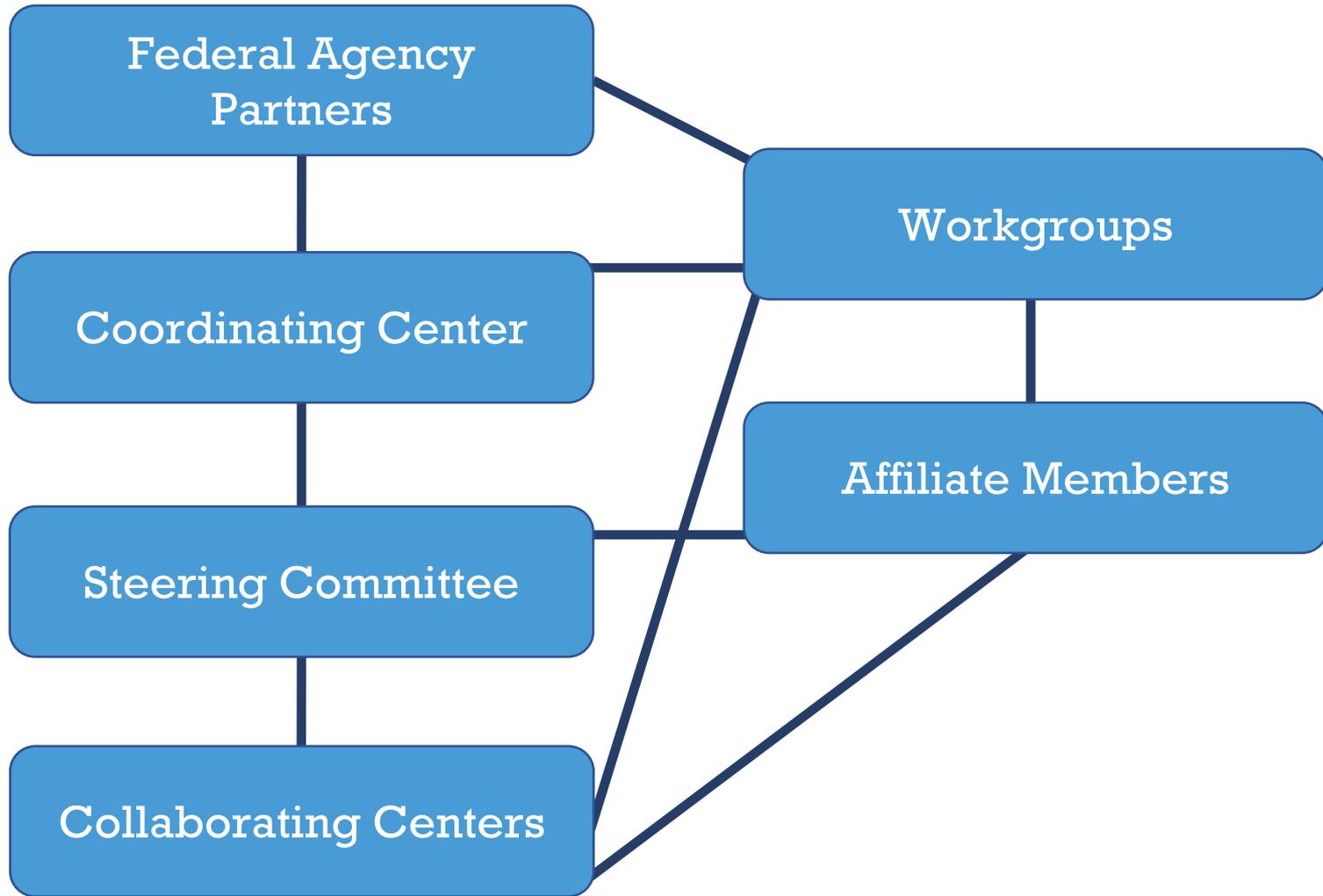
## Setting-Partner Areas of Strength

(represented by numbered grey/black dots; red dots represent CPCRN members)

1. American Cancer Society
2. Faith Based Settings
3. Primary Care Associations
4. Community Health Centers
5. Health Departments
6. Statewide Cancer Alliance
7. CBOs/Coalitions
8. Schools
9. Rural Clinics
10. Medicaid CCOs/PCMHs



# CPCRN Organizational Structure



# CPCRN Operational Structure

- Annual in-person network meeting (Spring)
- Periodic in-person ‘add-on’ meetings (e.g., D&I Conference, CDC National Cancer Conference)
- Monthly Steering Committee Calls
- Monthly Steering Committee Co-Chair Calls
- Monthly Federal Agency Partner Calls with Coordinating Center
- Biweekly or monthly workgroup calls
- Ad-hoc meetings as needed

Human  
Papilloma-  
virus (HPV)  
Vaccination

Rural  
Cancer

Modeling  
Evidence-  
Based  
Intervention  
Impact

Implement-  
ing  
Evidence  
into Action

Tobacco/  
Lung  
Cancer  
Screening

Cancer  
Screening  
Navigation

Organization-  
al Theory in  
Implement-  
ation  
Science

Multiple  
Cancer  
Prevention  
and Control

Colorectal  
Cancer  
Screening

Cervical  
Cancer  
Screening

# Recent Workgroups

CPCRN



Cancer Prevention and Control Research Network

# Impact of the CPCRNR

Disseminating  
Science

Creating  
Awareness

Catalyzing  
Action

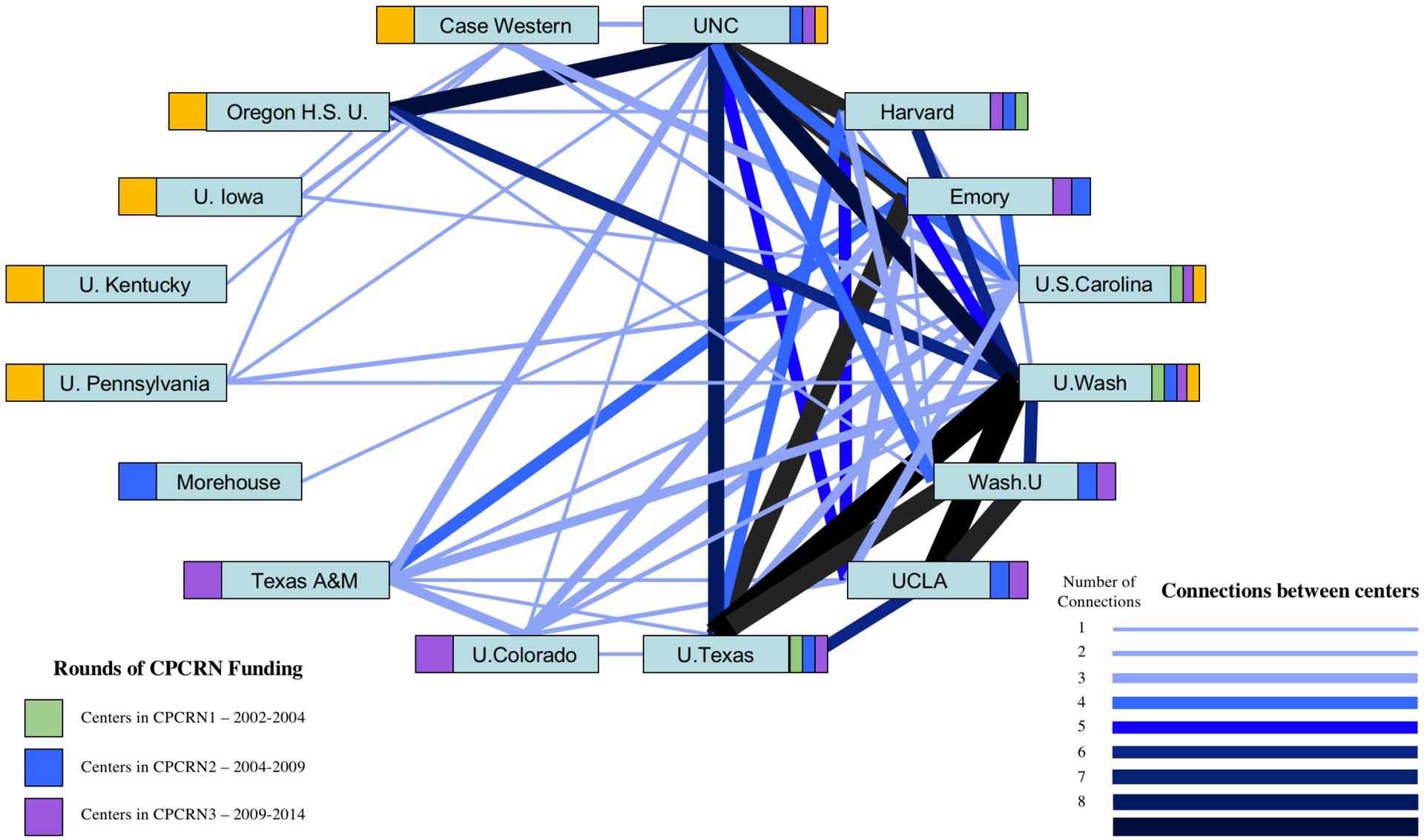
Effecting  
Change

Linda K. Ko, et al.,  
Preventive Medicine,  
[https://doi.org/10.1016/  
j.jpmed.2019.105821](https://doi.org/10.1016/j.jpmed.2019.105821)

1796  
publications

Over \$669  
million in  
funded grants

# Network Diagram: CPCRN Multicenter Publications 2004-2018



# CPCRN Supplemental Issue of *Preventive Medicine*, published online in December 2019

## Theme

Implementation science and population approaches  
to improve equity in cancer prevention and control

## Guest Editors

Jennifer Leeman, *University of North Carolina*

Karen Glanz, *University of Pennsylvania*

Peggy Hannon, *University of Washington*

Jackilen Shannon, *Oregon Health & Science University*

# Example Articles in the CPCRN Supplement

[Mortality-to-incidence ratios by US Congressional District: Implications for epidemiologic, dissemination and implementation research, and public health policy.](#) Eberth JM, Zahnd WE, Adams SA, Friedman DB, Wheeler SB, Hébert JR.

[Challenges of using nationally representative, population-based surveys to assess rural cancer disparities.](#) Zahnd WE, Askelson N, Vanderpool RC, Stradtman L, Edward J, Farris PE, Petermann V, Eberth JM.

[Estimating the impact of insurance expansion on colorectal cancer and related costs in North Carolina: A population-level simulation analysis.](#) Lich KH, O'Leary MC, Nambiar S, Townsley RM, Mayorga ME, Hicklin K, Frerichs L, Shafer PR, Davis MM, Wheeler SB.

[Patient navigator reported patient barriers and delivered activities in two large federally-funded cancer screening programs.](#) Barrington WE, DeGross A, Melillo S, Vu T, Cole A, Escoffery C, Askelson N, Seegmiller L, Gonzalez SK, Hannon P.

[Advancing the use of organization theory in implementation science.](#) Leeman J, Baquero B, Bender M, Choy-Brown M, Ko LK, Nilsen P, Wangen M, Birken SA.

[Putting Evidence Academies into action: Prostate cancer, nutrition, and tobacco control science.](#) Glanz K, Green S, Avelis J, Melvin CL.

# Disseminating & Communicating Science

- Penn PI Dr. Glanz was featured in TV, radio, print news coverage related to regulations for reef-safe sunscreen for television and for Wharton Business Radio, and wrote an Op-Ed for the Philadelphia Inquirer
- UNC PI Dr. Wheeler was featured on NPR, Reuters, HealthDay, MedPage Today, Kaiser Health News and other news outlets for her work focused on the financial impact of cancer.
- CPCRNR's Putting Public Health Evidence Into Action Training was broadly disseminated on the CPCRNR website, with over 1800 views in one year and 7 requests for expertise from its developers, including from organizations as far away as Benin, Africa.
- UI investigators published a manuscript in JNCI that garnered international news coverage and Reuters feature

# Catalyzing Action and Effecting Change

- USC presented to the South Carolina Hospital Association (SCHA) re: developing a uniform health literacy assessment tool, leading to a collaboration with SCHA and a local hospital to develop pilot program addressing health literacy, statewide Clinic Readiness Assessment program, and collaboration with Dorn VA Hospital to develop a health literacy program
- UK disseminated Proactive Office Encounter (POE) framework, entering a new partnership with HealthFirst Bluegrass
- UW developed a tool to fill existing gaps in the Washington Colorectal Cancer Control and Breast and Cervical Cancer Early Detection Programs' ability to track cancer screening navigation efforts
- UI contributed to ACS Strategic Plan to improve HPV vax rates, presented to Iowa Cancer Summit

# Progress Reporting and CPCR N Website

# CPCRN Progress Reporting: Overview of Reporting Obligations

<http://cpcrn.org/progresstool/>

- The network progress report includes:
  - 1) Individual Network center reporting
  - 2) Workgroup reporting
  - 3) Coordinating Center reporting
- Due yearly on **December 15th** for the previous **September 30th-September 29th** grant period.

# Connect with CPCRNC

Find us on the web  
@ [www.CPCRNC.org](http://www.CPCRNC.org)

Follow us on Twitter  
@CPCRNCancer



Like us on Facebook  
@CPCRNC



**CPCRNC** 

Cancer Prevention and Control Research Network

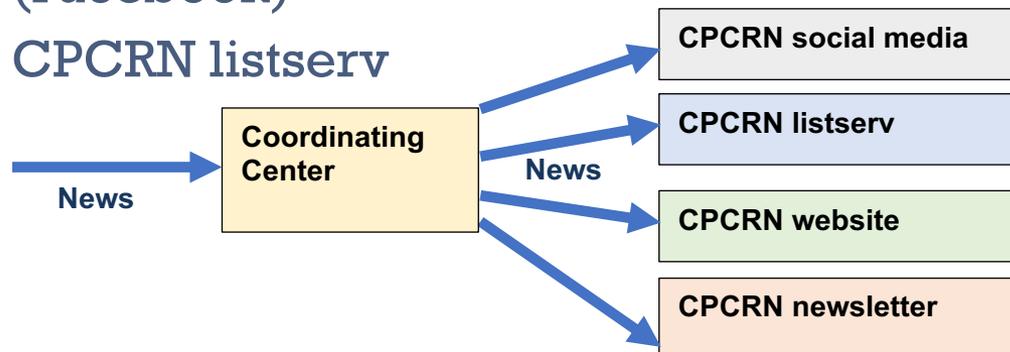
# Policies and Procedures

# CPCRN Communications Plan

**Goal:** Build awareness of the dissemination and implementation research being conducted by CPCRN, such that we are recognized as being a national leader in this area.

## Communications Channels:

- Scientific publications and presentations
- CPCRN website, [www.CPCRN.org](http://www.CPCRN.org)
- CPCRN newsletter
- Social media, @CPCRNCancer (Twitter), @CPCRN (Facebook)
- CPCRN listserv



# Affiliate Membership

## Eligibility

- *Individual investigators* with interest in and capability to contribute to the mission and goals of the CPCRNC
- Able to provide expertise that extends or broadens the ongoing work of the network, often through workgroup participation

## Not limited to:

- Prior network centers
- Prior network members
- Faculty

# Affiliate Membership

## Procedure:

- Identify a current CPCRNC Collaborating or Coordinating Center member who will serve as a sponsor.
- Download and complete the application form ([link](#)).
- Send the completed application form and a CV to the sponsor with a brief paragraph describing what the affiliate applicant will contribute to the network.
- The sponsor submits the application to the Coordinating Center for referral to the Steering Committee and presents/answers questions as they arise about the affiliate application.
- The Steering Committee reviews the application and determines if the affiliate membership will be approved.

# Workgroup Engagement

- ***Workgroup member role may include, but is not limited to:***
  - Development and management of IRB applications
  - Research design, recruitment, qualitative/quantitative data collection/analysis
  - Contacting and engaging partner organizations
  - Drafting and reviewing abstracts, presentations, and manuscripts
  - Grant proposals
  - Trainings/workshops
  - Intervention development and evaluation
  - Attendance at national conferences, stakeholder meetings, and other public venues to present CPCRn work
- **Network centers contribute resources towards workgroup expenses such as participant incentives, transcription, publication fees, etc.**

**CPCRn**



# Workgroup Contributions/Engagement

## ***Workgroup Chair Role:***

- Host meetings and provide members with multiple and varied opportunities for involvement.
- Maintain and distribute meeting agendas and minutes to facilitate inclusion of those members who cannot attend a meeting.
- Initiate smaller-scale, sub-committee meetings to catalyze progress, when appropriate.
- Announce plans for workgroup products in both meetings and email correspondence and provide an opportunity for each center to participate.
- Give team members sufficient time to provide feedback on products including but not limited to abstracts, manuscripts, posters, data collection instruments, infographics, and data briefs, typically 1-3 weeks depending on the complexity of the request.

# Guidelines for Authorship

- At least one person from each participating center involved in the workgroup should be **invited** to serve as an author on research products.
- Authors should meet **all four** criteria from the International Committee of Medical Journal Editors (ICMJE):
  - Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work
  - Drafting the work or revising it critically
  - Final approval of the version to be published
  - Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.
- Contributors who meet fewer than all four criteria for authorship should not be listed as authors. They are included in the acknowledgements.

# Questions?

**Stephanie B. Wheeler, PhD MPH**

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