## **CPCRN Strategic Plan [Updated May 2022]**

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

**CPCRN Mission Statement:** Using a health equity lens, accelerate the adoption, implementation, and sustainment of evidence-based cancer prevention and control strategies in communities, enhance large-scale efforts to reach and reduce the burden of cancer among underserved populations, deepen our understanding of the predictable processes that achieve those goals, and develop the dissemination and implementation workforce in cancer prevention and control.

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

| CPCRN aspires to:   | How we will achieve our goals:   | How we will address our objectives:   | How we evaluate our success:   |
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| Goals: Timeliness aspirations, pursued continuously through different objectives  | Objectives: SMARTER (specific, measurable, achievable, resourced, timelined, evaluated, and reported) targets for which we will aim  | Tactics for Success: Specific actions that stategically address how we will successfully achieve our objectives   | Key Performance Indicators: Process, impact, and products  |
| 1. Advance the dissemination and implementation (D&I) science of evidence-based cancer prevention and control (CPC) approaches, especially in medically-underserved populations, in order to: | <ul> <li>1.1 Conduct cross-Center collaborative projects with broad CPCRN member engagement focused on: <ul> <li>Understanding barriers, facilitators, and contextual factors affecting CPC in diverse communities</li> <li>Developing, testing, and implementing EBIs, including in medically-underserved populations</li> <li>Evaluating the implementation of existing interventions and strategies in varied settings</li> </ul> </li> <li>1.2 Each CPCRN workgroup, project &amp; collaborating center will contribute multiple products including, but not limited to: <ul> <li>Publications</li> <li>≥1 collaborative grant submissions</li> <li>Presentations at national and local conferences</li> <li>Trainings/training materials</li> <li>Toolkits</li> </ul> </li> </ul> | <ul> <li>a. Workgroups, projects, and centers will achieve research objectives through community-engaged research involving diverse methods &amp; strategies, such as: <ul> <li>Capacity building</li> <li>Community engagement</li> <li>Systematic reviews</li> <li>Intervention development/testing</li> <li>Survey development &amp; fielding</li> <li>Qualitative methods</li> <li>Systems science methods</li> </ul> </li> <li>b. Workgroup and project teams will meet regularly (based upon current activities/need) to advance their work</li> <li>c. Steering Committee meetings will be held monthly to facilitate potential cross-center collaborations and provide updates on activities.</li> <li>d. The Coordinating Center will inform Network members of relevant opportunities and organize interest meetings about opportunities</li> </ul> | Process – Extent of cross-center collaborations in workgroups and projects (including but not limited to number of cross-center meetings and related events); extent of focus on medically underserved populations and cancer health disparities; Progress towards collaborative and center-specific products (e.g., manuscript, abstract, and grant submissions)  Impact – Evidence of scientific community leadership by CPCRN investigators in developing D&I science (around CPC or more generally)  Products – 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; number of products focused on medically underserved populations and cancer health disparities |

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| 1a. Accelerate awareness and adoption of evidence-based intervention (EBI) approaches in diverse communities  | <ul> <li>1.3 Develop and sustain engaged relationships with community partners, particularly those engaged with medically underserved populations</li> <li>1.4 Disseminate the latest evidence to broad audiences including policy makers, practitioners, researchers, and the public</li> <li>1.5 Develop and refine toolkits, data and policy briefs, web-based tools, and other products to extend reach and exploration of EBIs to inform decision making in practice and policy</li> <li>1.6 The Coordinating Center will facilitate increased visibility of the Network's contributions and expertise within academic and non-academic channels</li> </ul> | e. Workgroups, projects, and centers will address research questions through community-engaged research involving partners, such as:  • FQHCs/CHCs • Rural clinics • Medicaid CCOs/PCMHs • Worksites • CBOs/coalitions • Retail settings • Schools • Health departments • Faith-based settings • Pharmacies • American Cancer Society • Primary care associations • statewide cancer alliances • CDC-funded state cancer programs  f. Workgroups, projects, centers, and the Coordinating Center will utilize social media, web, print, and/or news coverage to disseminate their work beyond academic audiences  g. The Coordinating Center will provide support for developing and disseminating toolkits and other tools to enhance EBI decision making  h. The Coordinating Center will develop a media strategy to promote the Network actively | Process – Conduct of systematic and scoping reviews to synthesize EBI evidence; Formation of community partnerships; Formative research to translate EBIs to address communities' needs/preferences; Testing strategies to disseminate EBIs; Testing implementation strategies to disseminate EBIs; Marketing and audience research to understand channels to disseminate Network products; Developing network newsletter; Developing twitter, YouTube and other social media presence for the Network  Impact – Number of community partners aware of EBIs and CPCRN products, their attitude toward EBIs, and demonstrated adoption of EBIs  Products – Translation of D&I evidence into products such as toolkits, data and policy briefs and web-based tools to help community organizations with D&I process; Scientific presentations, peer reviewed publications, and grants to disseminate and test strategies that are shown to accelerate adoption of EBIs; Dissemination of Network products through diverse media and web channels; # of newsletter opens and forwards; # of CPCRN twitter engagements; # of YouTube videos posted and views; Press releases to disseminate to media about Network products; Policy or data briefs to disseminate Network findings to diverse stakeholder audiences |
| 1b. Enhance evidence-<br>based strategies to<br>reduce the burden of<br>cancer, particularly in<br>underserved<br>populations using an<br>equity lens | 1.7 Bring substantive expertise to the work of national and state government, non-profit organizations, agencies and coalitions (e.g., Roundtables), and other stakeholder audiences   | <ul> <li>i. Workgroups, projects, and centers will focus on evidence-based CPC approaches in diverse content areas, such as:</li> <li>Colorectal cancer screening</li> <li>Cervical cancer screening</li> <li>Prostate cancer screening</li> <li>HPV vaccination</li> </ul>  | Process – Engagement and partnership with federal and state health agencies, health systems, coalitions, and organizations with broad reach in underserved populations  |

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|   | 1.8 Serve on the board or advisory/steering committee of an organization or coalition whose work relates to CPCRN, when applicable  1.9 Collaborate with community partners, practitioners, or organizations on scientific presentations and/or publications, when applicable  1.10 Collaborate with national organizations and CDC-funded state, tribal, and territory cancer programs  1.11 Engage with larger national networks (ISC3, NOPREN, PAPREN,) | <ul> <li>Tobacco and lung cancer control</li> <li>Colorectal cancer screening</li> <li>Cervical cancer screening</li> <li>Prostate cancer screening</li> <li>HPV vaccination</li> <li>Tobacco and lung cancer control</li> <li>Physical activity &amp; diet</li> <li>Survivorship</li> <li>Cancer health equity</li> <li>Special populations (AYA, rural, LGBTQ+, etc.)</li> <li>j. Network investigators will serve as subject matter experts for peer review panels, national and state government, non-profit organizations, agencies and coalitions (e.g., Roundtables, state cancer coalitions, etc.), and other stakeholder audiences</li> <li>k. Workgroups, projects, and centers will catalyze action through: <ul> <li>Technology creating</li> <li>Unfunded pilot research</li> <li>Work with advocacy groups/NGOs</li> <li>Congressional hearings</li> <li>Presentations to policymakers</li> <li>New partnership development</li> <li>Prompting changes to office/point of care practices</li> <li>Engaging other relevant national networks funded by CDC, NCI, etc.</li> </ul> </li> </ul> | Impact – Leadership and other engagement with local, regional, state, and national cancer coalitions and organizations via Roundtables and other efforts; Implementation of state plan and other reports' goals/objectives; Active work with agencies and organizations utilizing investigator expertise to achieve measurable objectives and/or contribute to those organizations' projects; Media attention for network activities and products  Products – Contributions to state cancer plans and other relevant reports; Receipt of collaborative and community-engaged grant funding to continue/expand scaling efforts of cancer-related EBIs; Joint authorship with community partners on scientific presentations and/or publications; Presentations to policymakers and other decision making entities |
| Enhance practice- or organizational-level capacity to conduct D&I of EBIs | 1.12 Develop, implement, and disseminate high quality training experiences and materials to relevant organizations   | Network members will update the Putting Public Evidence into Action Curriculum regularly      Centers will implement train the trainer programs for the Putting Public Health Evidence into Action  | Process – Deliver and test training, technical assistance, and other implementation strategies for practice organizations and individual practitioners  Impact – Self-efficacy and quality and quantity of ERI implementation within   |
|   | 1.13 Engage with state cancer plans which do not have resources to implement plans   | n. Members will conduct training workshops  | quantity of EBI implementation within practices and by practitioners, identifying characteristics of successful implementatio efforts  |

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|  |  | O. Members will intentionally work to support more diverse partners and partner networks      P. Members will support technical assistance requests, where relevant to network functions   | Products – Future versions of CPCRN Putting Public Health Evidence into Practice – in various formats; Other new training curricula and media; Collaborative and center-scientific presentations and peer reviewed publications and grants reflecting practice-level or organization-level implementation of EBIs  |
| 2. Develop and sustain a diverse research workforce that contributes to D&I science in CPC | <ul> <li>2.1 Engage diverse junior faculty, post-doctoral fellows, and students in the work of the network</li> <li>2.2 Build and support a social and professional community of CPC-focused D&amp;I researchers</li> <li>2.3 Attend and present at relevant D&amp;I meetings</li> </ul> | <ul> <li>a. Senior investigators will mentor junior faculty, post-doctoral fellows, and students.</li> <li>b. Centers will provide funding support to junior faculty, post-doctoral fellows, and students</li> <li>c. Centers will provide travel funds for junior faculty, post-doctoral fellows, and students to attend the CPCRN annual meeting and/or other conferences</li> <li>d. The Coordinating Center will organize and fund regular social and professional engagement opportunities for network members throughout the year among network members, affilicates, federal agency partners and more to build a community</li> </ul> | Process – Disseminating, organizing, and hosting D&I funding, training, and social/professional networking opportunities for researchers at all levels; Involvement of Network-affiliated investigators in D&I and/or cancer-focused training opportunities, fellowships, and relevant leadership & outreach positions; Inclusion of students and post-docs in as many Center & Workgroup activities as is feasible; and development of training products for CPCRN Scholars (e.g., YouTube trainings, etc.)  Impact – Career advancement/progress of Network-affiliated investigators (PIs/co-Is) and CPCRN Scholars  Products – Inclusion of diverse junior investigators, practitioners, postdocs, and/or students in academic products of Network activities (e.g., publications, grants, presentations) and Network meetings/other professional opportunities |