

**CPCRN Strategic Plan – updated March 2018**

***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><b>CPCRN aspires to...</b></p> <p><i>(Goals--Our timeliness aspirations, pursued continuously through different objectives)</i></p>	<p><b>We achieve these goals by:</b></p> <p><i>(Objectives--What are the SMARTER targets for which we will aim? Specific, Measurable, Achievable, Resourced, Timelined, Evaluated, Reported)</i></p>	<p><b>We address these objectives by:</b></p> <p><i>(Tactics--Specific actions that address how we will achieve our objectives)</i></p>	<p><b>We evaluate our success by:</b></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>
<p><b>CPCRN aspires to...</b></p>	<p><b>We achieve these goals by:</b></p>	<p><b>We address these objectives by:</b></p>	<p><b>We evaluate our success by:</b></p>

		d. The Coordinating Center will inform network members of funding opportunities and organize interest meetings about these opportunities	
a. Accelerate the adoption of evidence-based intervention (EBI) strategies in communities	<p>1.3 Develop and sustain engaged relationships with community partners, particularly those engaged with underserved populations.</p> <p>1.4 Conduct and publish at least one scoping / systematic review or commentary related to EBI adoption, where relevant and appropriate to workgroup activities.</p>	<p>e. Workgroups, projects, and centers will address research questions through community-engaged research involving partners such as:</p> <ul style="list-style-type: none"> <li>○ FQHCs/community health centers</li> <li>○ rural clinics</li> <li>○ Medicaid CCOs/PCMHs</li> <li>○ worksites</li> <li>○ CBOs/coalitions</li> <li>○ retail settings</li> <li>○ schools</li> <li>○ health departments</li> <li>○ faith-based settings</li> <li>○ pharmacies</li> <li>○ American Cancer Society</li> <li>○ primary care associations</li> <li>○ statewide cancer alliances</li> </ul> <p>f. Workgroups, projects, and centers will utilize social media, web, print, and/or news coverage to disseminate their work beyond academic audiences.</p>	<p><i>Process</i> – Conduct of systematic and scoping reviews to synthesize 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</p> <p><i>Impact</i> – number of community partners aware of EBIs, their attitude toward EBIs, and demonstrated adoption of EBIs</p> <p><i>Products</i> – Translation of D&amp;I evidence into products such as toolkits to help community organizations with D&amp;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</p>

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<p>b. Enhance large-scale, evidence-based strategies to reduce the burden of cancer</p>	<p>1.5 Bring substantive expertise to the work of national and state government, non-profit organizations, agencies and coalitions (e.g., Roundtables), and other stakeholder audiences.</p> <p>1.6 Serve on the board or advisory/steering committee of an organization or coalition whose work relates to CPCRN, when applicable</p> <p>1.7 Collaborate with community partners, practitioners, or organizations on scientific presentations and/or publications, when applicable</p> <p>1.8 The Coordinating Center will facilitate increased visibility of the network's contributions and expertise within academic and non-academic channels.</p>	<p>g. Workgroups, projects, and centers will focus on evidence-based cancer prevention and control strategies in content areas such as:</p> <ul style="list-style-type: none"> <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</li> <li>○ survivorship</li> <li>○ healthy eating</li> <li>○ rural health</li> </ul> <p>h. Network investigators will serve as subject matter experts for national and state government, non-profit organizations, agencies and coalitions (e.g., Roundtables, state cancer coalitions), and other stakeholder audiences</p> <p>i. The Coordinating Center will develop a media strategy to promote the network actively</p> <p>j. Workgroups, projects, and centers will catalyze action through:</p> <ul style="list-style-type: none"> <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> </ul>	<p><i>Process</i> – Engagement and partnership with federal and state health agencies, health systems, coalitions, and organizations with broad reach in underserved populations</p> <p><i>Impact</i> – 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</p> <p><i>Products</i> – 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; Press releases to disseminate to media about network products; Policy or data briefs to disseminate network findings to diverse stakeholder audiences; Presentations to policymakers and other decision making entities</p>

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c. Enhance practice-level or organizational-level capacity to conduct D&I of EBIs	1.9 Develop, implement, and disseminate high quality training experiences and materials to relevant organizations	k. Network members will update the Putting Public Evidence into Action Curriculum regularly.  l. Centers will implement <i>train the trainer</i> programs for the Putting Public Health Evidence into Action curriculum.  m. Members will conduct training workshops at national conferences.	<i>Process</i> – Deliver and test training, technical assistance, and other implementation strategies for practice organizations and individual practitioners  <i>Impact</i> – Self-efficacy and quality and quantity of EBI implementation within practices and by practitioners, identifying characteristics of successful implementation efforts  <i>Products</i> – 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 the research workforce contributing to D&I science in CPC	2.1 Engage junior faculty, post-doctoral fellows, and students in the work of the network  2.2 Build a social and professional community of CPC-focused D&I researchers  2.3 Attend and present at relevant D&I meetings	a. Senior investigators will mentor junior faculty, post-doctoral fellows, and students.  b. Centers will provide funding support to junior faculty, post-doctoral fellows, and students  c. Centers will provide travel funds for junior faculty, post-doctoral fellows, and students to attend the CPCRn annual meeting and/or other national conferences	<i>Process</i> – Dissemination and organizing/hosting of D&I funding and training and social/professional networking opportunities to network-affiliated researchers at all levels; Involvement of network-affiliated investigators in D&I and/or cancer-focused training opportunities, fellowships, and relevant leadership and outreach positions; Inclusion of students and post-docs in all (or as many as is feasible) center, workgroup, and project activities

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		<p>d. The Coordinating Center will organize and fund regular social and professional engagement opportunities for network members throughout the year.</p>	<p><i>Impact</i> – Career advancement/progress of network-affiliated investigators</p> <p><i>Products</i> – Inclusion of junior investigators, practitioners, postdocs, and/or students in academic products of network activities (e.g., publications, grants, presentations); Inclusion of junior investigators, practitioners, postdocs, and/or students in network meetings and other professional opportunities.</p>