

# The Cancer Prevention and Control Research Network (CPCRN)

## *CPCRN Orientation & Becoming More Involved in the Network January 27, 2022*

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University of North Carolina at Chapel Hill  
Principal Investigator, CPCRN Coordinating Center

@CPCRNcancer  
 @StepWheelerUNC

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

# Agenda

- CPCRNR Overview, *Stephanie Wheeler*
- Progress Reporting and CPCRNR Website, *Rebecca Williams*
- CPCRNR Communications Plan, *Alexa Young*
- Workgroup Engagement, *Becky Lee*

# CPCRN Overview

## CPCRN Vision

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

## 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



- 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 CPCR History

# Funded CPCRN Centers

<b>CPCRN1 2002-2004</b>	<b>CPCRN2 2004-2009</b>	<b>CPCRN3 2009-2014</b>	<b>CPCRN4 2014-2019</b>	<b>CPCRN5 2019-2024</b>
University of Washington	University of Washington	University of Washington	University of Washington	University of Washington
University of South Carolina	Morehouse School of Medicine	University of South Carolina	University of South Carolina	University of South Carolina
University of Kentucky – West Virginia University	Emory University	Emory University	University of Kentucky	Emory University
Harvard University	Harvard University	Harvard University	University of Pennsylvania	New York University - City University of New York
University of Texas, Houston	University of Texas, Houston	University of Texas, Houston	Case Western Reserve University	University of Arizona
	University of North Carolina (Coordinating & Collaborating Centers)			
	St. Louis University/Washington University in St. Louis	Colorado School of Public Health	Oregon Health & Science University	Colorado School of Public Health
	University of California, Los Angeles	University of California, Los Angeles	University of Iowa	University of Iowa
		Washington University in St. Louis		

# CPCRN Network Map

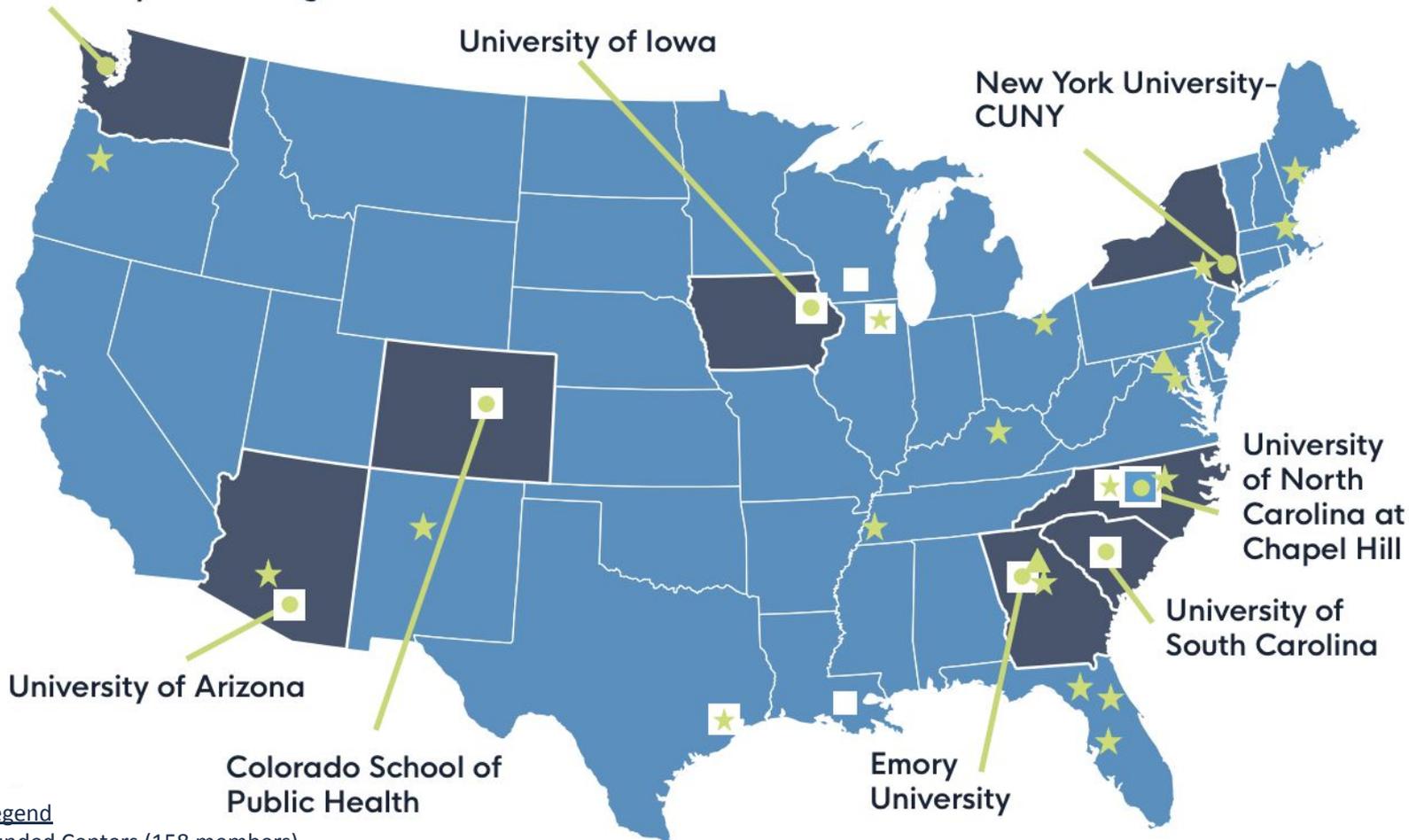
*Over 230 Network Members*

University of Washington

University of Iowa

New York University-  
CUNY

Switzerland



## Legend

- Funded Centers (158 members)
- Coordinating Center (5 members)
- ▲ Federal Agency Partners (18 members)
- ★ Affiliate Members (34 members)
- CPCRN Scholars (17 scholars, current cohort)

**CPCRN**

Cancer Prevention and Control Research Network



**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**  
University of South Carolina



**Natoshia Askelson, PhD**  
University of Iowa



**Linda Ko, PhD**  
University of Washington



**Stephanie Wheeler, PhD**  
University of North Carolina



**Jennifer Leeman, DrPH**  
University of North Carolina



**Alison Brenner, PhD**  
University of North Carolina

**Principal Investigators**



Cancer Prevention and Control Research Network



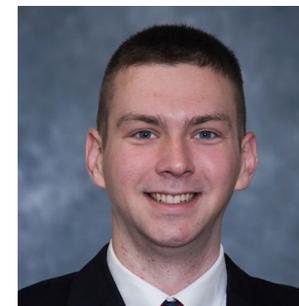
**Emily Bilenduke, MA**  
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**Julie Kranick, MA, MPhil**  
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**Sam Noblet, MPH**  
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**Rosi Vogel, BBA/MBA**  
University of Arizona



**Heidi Haines, MS**  
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**Thuy Vu, MPH**  
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**Courtney Petagna, MPH**  
Emory University



**Mary Wangen, MPH**  
University of North Carolina



**Catherine Rohweder, DrPH**  
University of North Carolina



**Becky Lee, MS**  
University of North Carolina

**Project Directors**



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**  
**Research Associate**

# Meet the Moderators



**Natoshia Askelson, PhD**  
**University of Iowa**

# CPCRN Strategic Plan

Updated March 2018

This document is used to guide the Network moving forward and to reflect on past Network activities.

<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>o capacity building</li> <li>o simulation modeling</li> <li>o community engagement</li> <li>o communication/dissemination</li> <li>o evaluation</li> <li>o non-clinical/clinical linkages</li> <li>o development and evaluation of D&amp;I measures</li> <li>o intervention development</li> <li>o training and evaluation</li> <li>o 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>

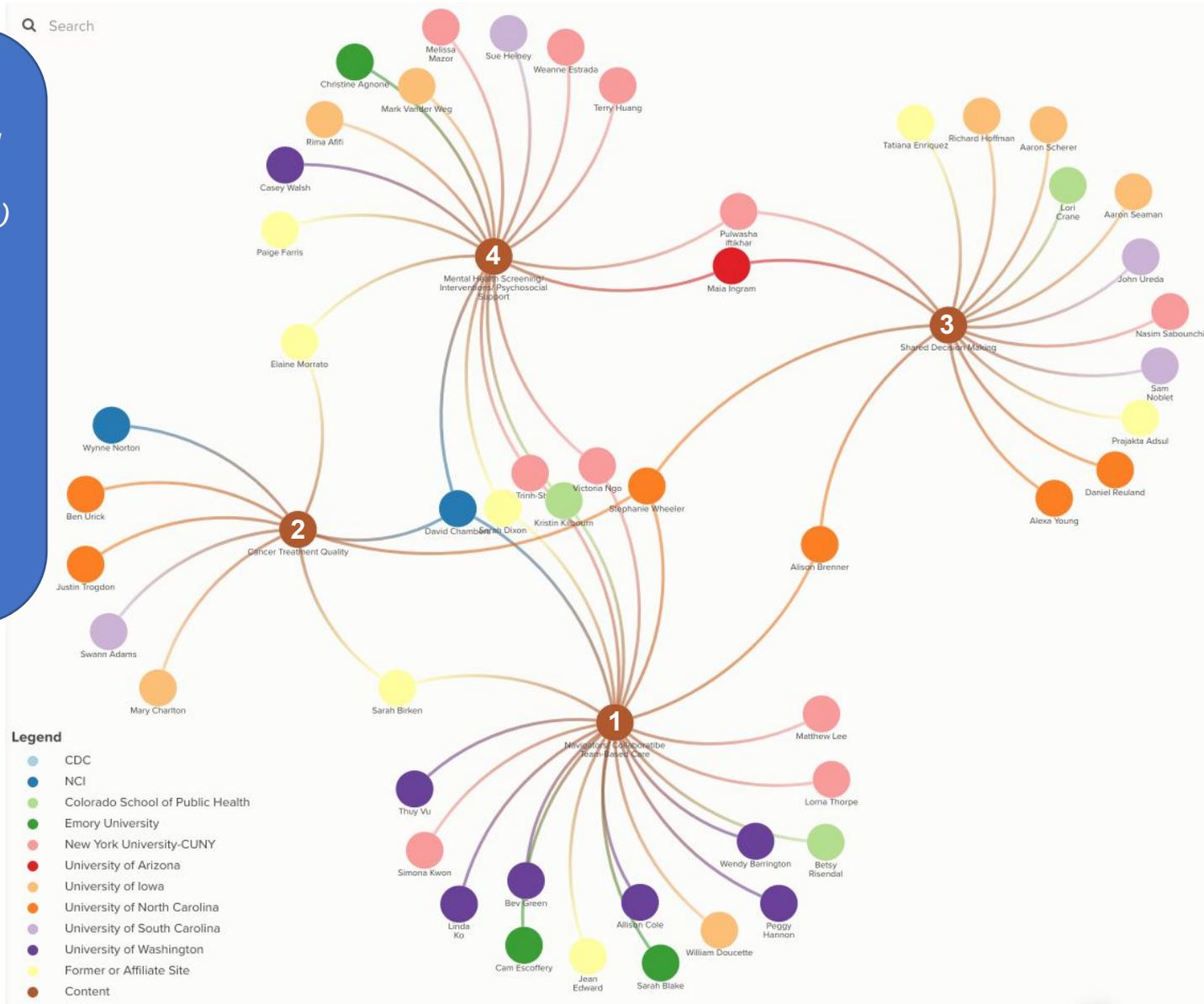
# CPCRN Kumu Relationship Map of Members' Areas of Content Expertise: Cancer

## Treatment

### Content Expertise: Cancer Treatment

(represented by numbered brown dots; other dots represent CPCRN members)

1. Navigators/ Team-Based Care
2. Cancer Treatment Quality
3. Shared Decision Making
4. Mental Health/ Psychosocial Support



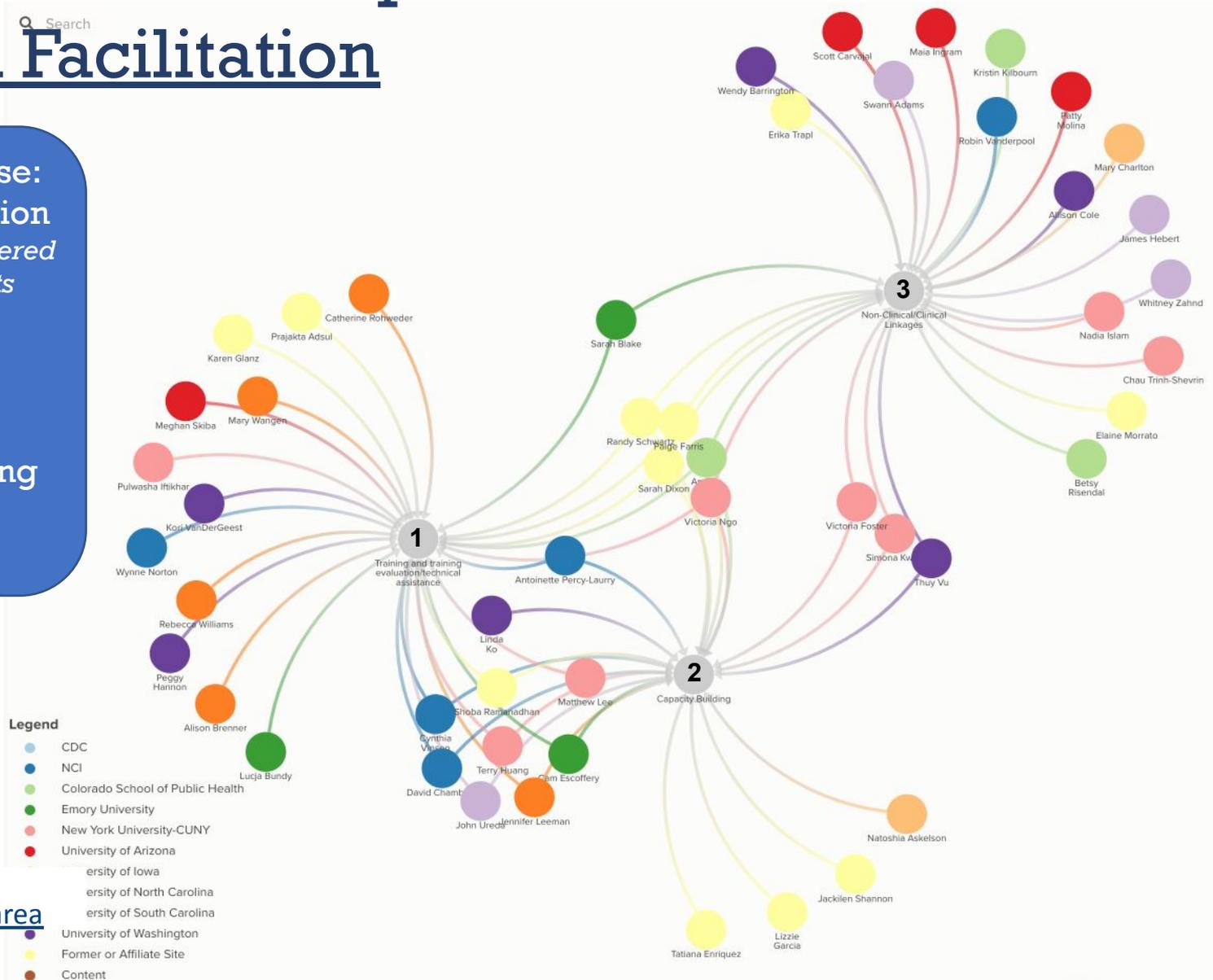
# CPCRN Kumu Relationship Map of Members' Areas of Methods Expertise:

## Research Facilitation

Search

Methods Expertise:  
Research Facilitation  
(represented by numbered  
grey dots; other dots  
represent CPCRN  
members)

1. Training/Tech Assistance
2. Capacity Building
3. Non-Clinical Linkages

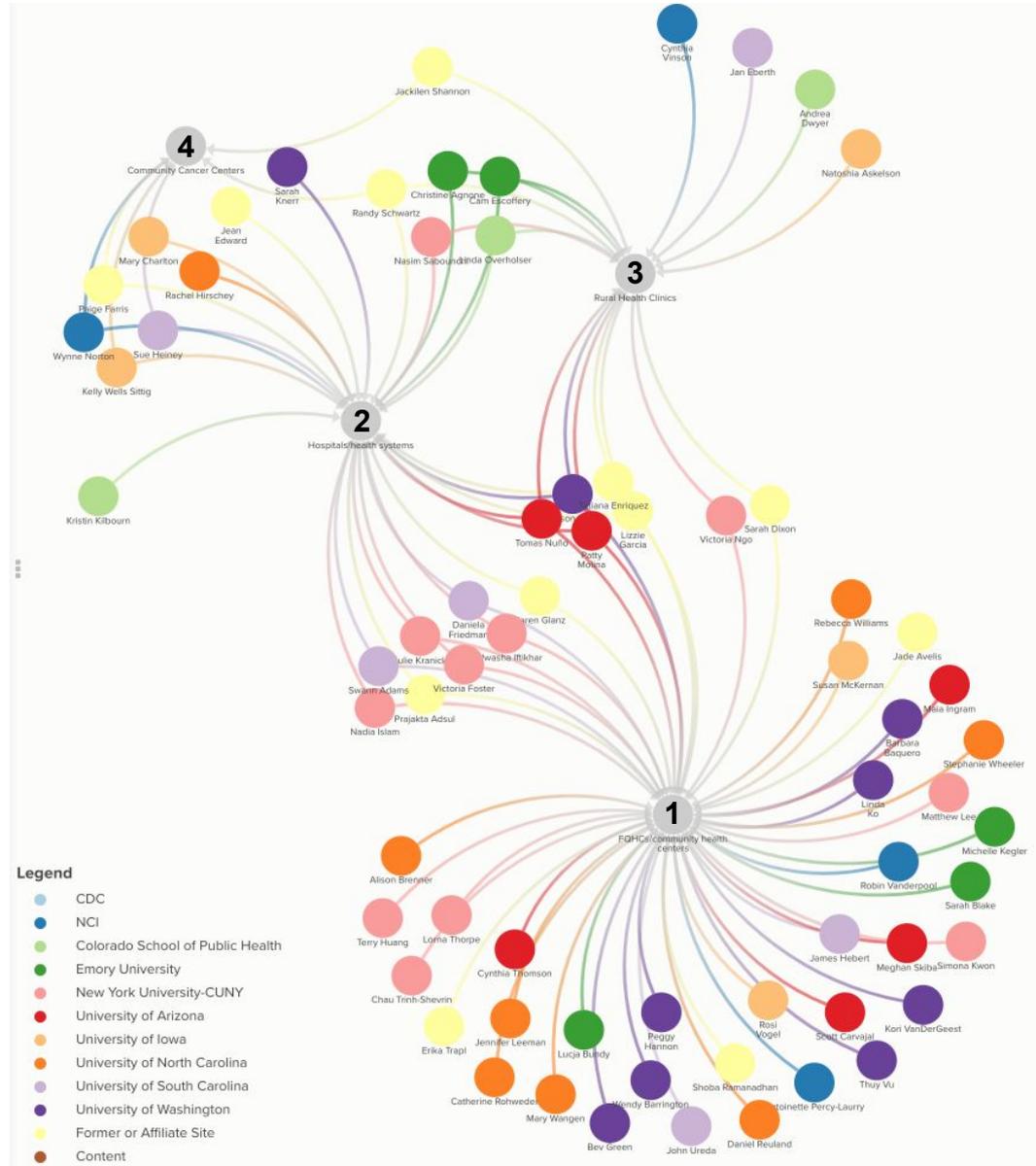


# CPCRN Kumu Relationship Map of Members' Areas of Partner Expertise: Providers

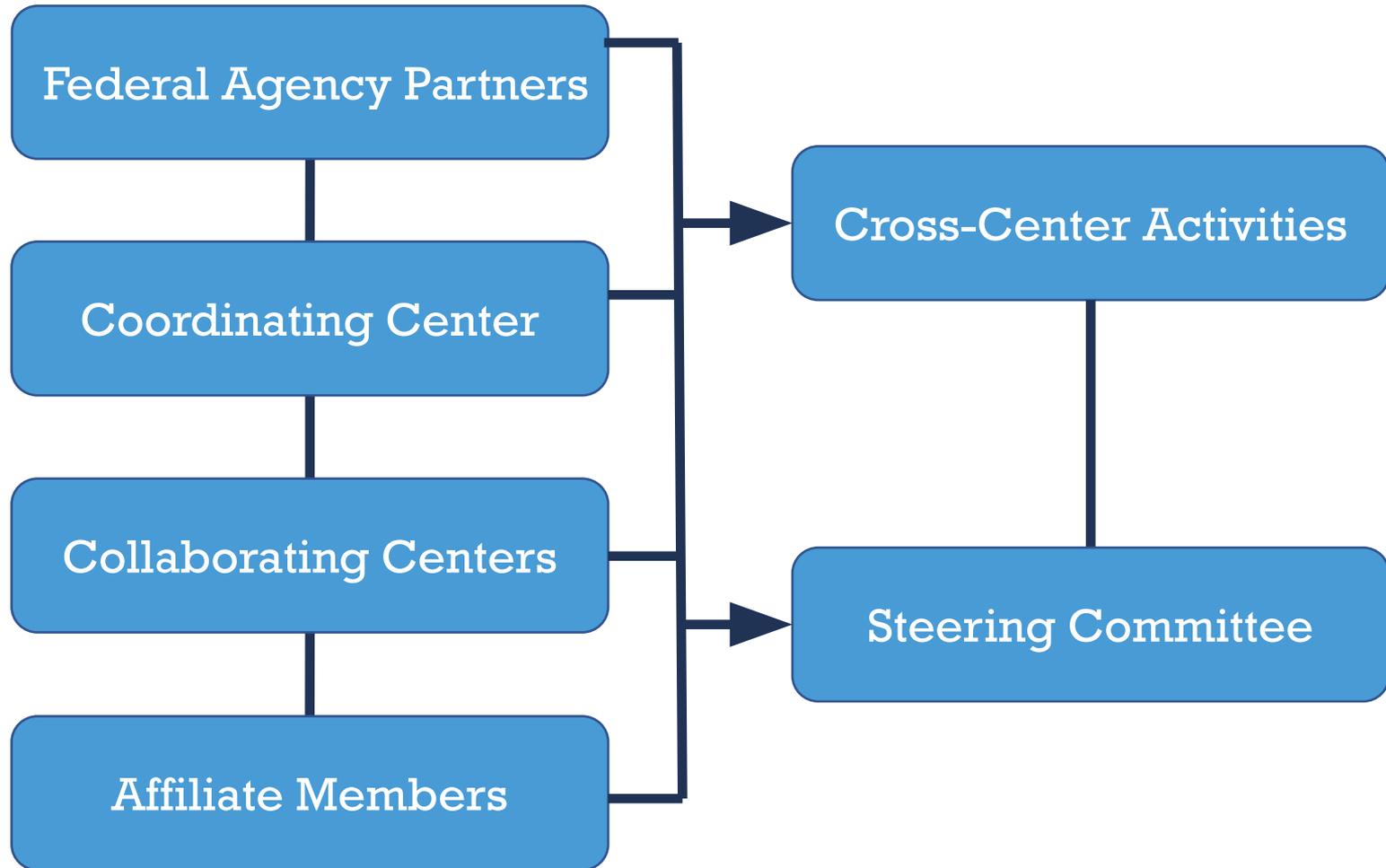
## Setting/Partner Expertise: Providers

(represented by numbered grey dots; other dots represent CPCRN members)

1. FQHCs
2. Hospitals/Health Systems
3. Rural Health Clinics
4. Community Cancer Centers



# CPCRN Organizational Structure



# Opportunities to Become Involved in CPCRNR

1

Through **CPCRNR Cross-Center Activities**, Network members have an opportunity to collaborate across academic institutions and geographic boundaries around common topics of interest. Activities include Workgroups, interest groups, and ad hoc projects.

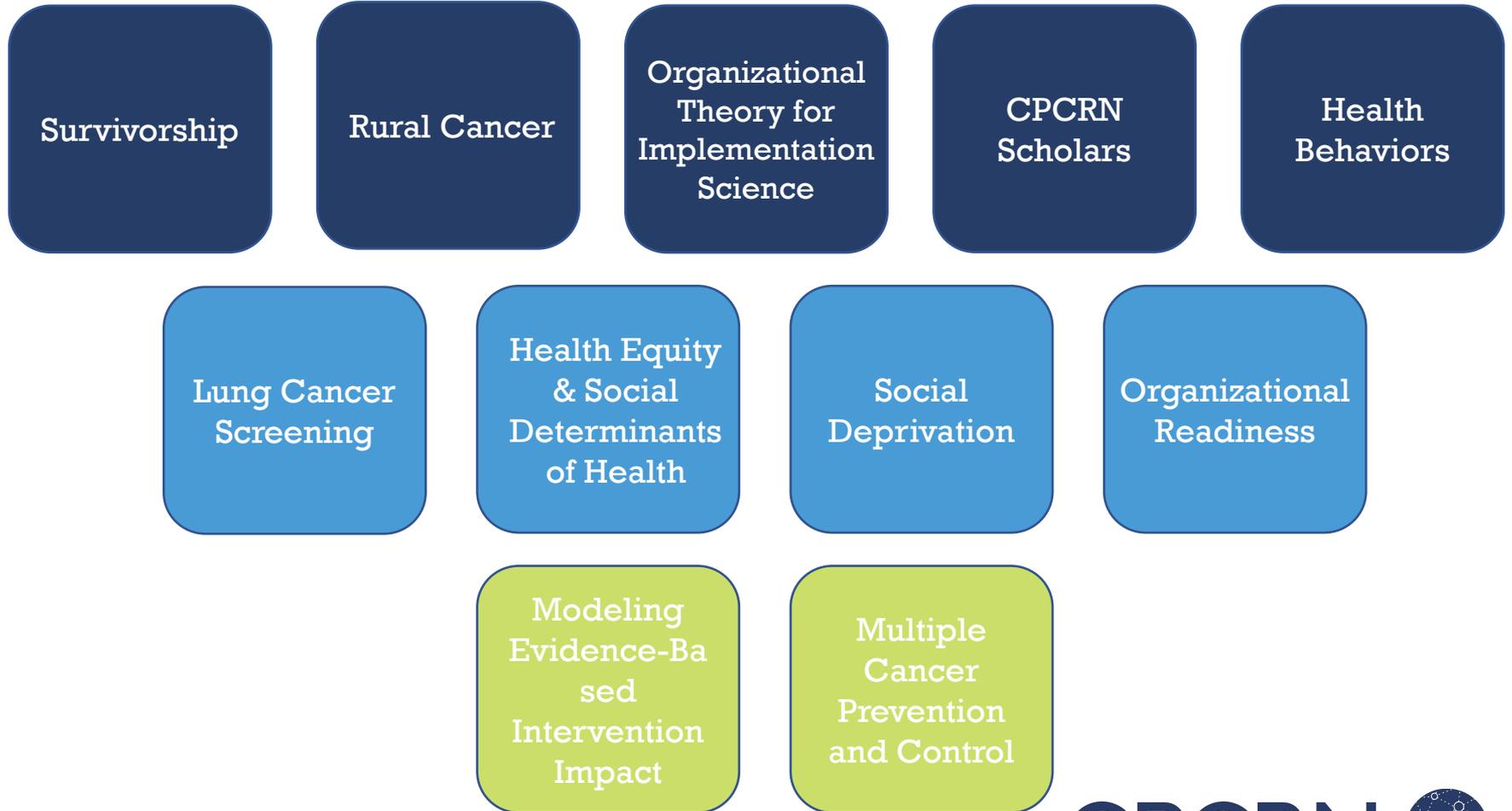
2

**CPCRNR Affiliate Membership** is open to investigators outside of collaborating centers who have interest in and capability to contribute to the mission and goals of CPCRNR. To apply, download the application form at [www.cpcrn.org/member-resources?open\\_col=51](http://www.cpcrn.org/member-resources?open_col=51), and send the completed form and a CV to [beckylee@unc.edu](mailto:beckylee@unc.edu)

3

The **CPCRNR Scholars Program** strives to educate students, postdoctoral fellows, junior faculty, practitioners, and other health professionals in dissemination and implementation (D&I) science focused on cancer prevention & control and health equity. To learn more, email [courtney.n.petagna@emory.edu](mailto:courtney.n.petagna@emory.edu) and [noblet@mailbox.sc.edu](mailto:noblet@mailbox.sc.edu).

# Overview of Current Cross-Center Activities



# Contacts for Cross-Center Activities

Project	Project Director(s)	Email Address(es)
CPCRN Scholars	Sam Noblet Courtney Petagna	<a href="mailto:noblet@mailbox.sc.edu">noblet@mailbox.sc.edu</a> <a href="mailto:courtney.n.petagna@emory.edu">courtney.n.petagna@emory.edu</a>
Health Behaviors	Thuy Vu	<a href="mailto:thuytvu@uw.edu">thuytvu@uw.edu</a>
Health Equity & SDOH	Julie Kranick Victoria Foster	<a href="mailto:julie.kranick@nyulangone.org">julie.kranick@nyulangone.org</a> <a href="mailto:victoria.foster@nyulangone.org">victoria.foster@nyulangone.org</a>
Lung Cancer Screening	Alexa Young	<a href="mailto:alexayoung@unc.edu">alexayoung@unc.edu</a>
Organizational Readiness	Derek Craig	<a href="mailto:derek.w.craig@uth.tmc.edu">derek.w.craig@uth.tmc.edu</a>
Organizational Theory for Implementation Science (OTIS)	Alex Peluso	<a href="mailto:apeluso@wakehealth.edu">apeluso@wakehealth.edu</a>
Rural Cancer	Heidi Haines	<a href="mailto:heidi-haines@uiowa.edu">heidi-haines@uiowa.edu</a>
Social Deprivation	Julie Kranick	<a href="mailto:julie.kranick@nyulangone.org">julie.kranick@nyulangone.org</a>
Cancer Survivorship	Rosi Vogel	<a href="mailto:rosimvogel@arizona.edu">rosimvogel@arizona.edu</a>
Multiple Cancer Prevention and Control	Jade Avelis	<a href="mailto:jade.avelis@penmedicine.upenn.edu">jade.avelis@penmedicine.upenn.edu</a>
Modeling EBI Impact	Sarah Drier	<a href="mailto:sarah.drier@unc.edu">sarah.drier@unc.edu</a>

# IMPACT OF CPCR N

*By the Numbers*

	Funded Grants	Publications	Presentations	Trainings
Past Year (FY '20-'21)	<b>\$44.8M</b> Awarded	<b>155</b> Published	<b>98</b> Presented	<b>23</b> Delivered
CPCR N5 (Years 1&2)	<b>\$69.5M</b> Awarded	<b>302</b> Published	<b>209</b> Presented	<b>39</b> Delivered
All Time (Since '04)	<b>\$740M</b> Funding Awarded	<b>2,092</b> Works Published	<b>2,208</b> Presentations Delivered	<b>93</b> Trainings Delivered* *past 5 years only

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# Progress Reporting and CPCRNC Website

## Appendix B: CDC Science Impact Framework – Key Indicators

Degree of Impact	Potential Measurable Indicators
Disseminating Science	<ul style="list-style-type: none"> <li>• Scientific publications (open access journals)</li> <li>• Trade publications</li> <li>• Professional meetings/conferences</li> <li>• General communication (social media, web, print)</li> <li>• Presentations</li> <li>• Training, coursework</li> <li>• Other scientific output (e.g., CDC Public Health Grand Rounds, Vital Signs, Science Clips)</li> </ul>
Creating Awareness	<ul style="list-style-type: none"> <li>• Continuing Education (e.g., CME, CEU)</li> <li>• Stakeholder resources, curriculums, and trainings</li> <li>• Feedback (e.g., surveys, focus groups, anecdotes, etc.)</li> <li>• Information-sharing and communications among professional societies</li> <li>• Electronic communications (i.e., information shared via listservs, social media, news, etc.)</li> <li>• Requests to contribute to efforts that further the science output</li> <li>• Awards</li> <li>• Queries</li> </ul>
Catalyzing Action	<ul style="list-style-type: none"> <li>• Technology creation</li> <li>• New funding (pilots/research)</li> <li>• Advocacy groups/NGOs</li> <li>• Congressional hearings</li> <li>• Partnerships and collaborations</li> <li>• Research and development</li> <li>• Office practice/point of care changes</li> </ul>
Effecting Change	<ul style="list-style-type: none"> <li>• Building public health capacity (e.g., workforce development, funded research, competency)</li> <li>• Creation of registries/surveillance</li> <li>• Legal/policy changes</li> <li>• Accreditation</li> <li>• Cultural/social change</li> <li>• Behavioral change</li> <li>• Economic change</li> <li>• CMS reimbursement</li> <li>• Other payer actions</li> <li>• (New) formal guidelines and recommendations (e.g., WHO)</li> <li>• Hospital standards</li> <li>• Funding</li> <li>• Anecdotes/case studies</li> <li>• Sustainable and scalable science translation</li> </ul>
Shaping the Future	<ul style="list-style-type: none"> <li>• New hypotheses/continuous quality improvement</li> <li>• Implementation of public health programs/initiatives</li> <li>• Health outcomes**</li> <li>• Prevalence and incidence</li> <li>• Morbidity and mortality (e.g., frequency of outbreaks, trends)</li> <li>• Life expectancy</li> <li>• Quality of Life improvements</li> <li>• Reductions in economic burden</li> </ul>



Cancer Prevention and Control Research Network

# CPCRN Progress Reporting: Overview of Reporting Obligations

- 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.

## What Needs to Be Reported:



# CPCRN

## Communications Plan

# CPCRN Communications Plan

**Goal:** Promote broader awareness of, and engagement with CPCRN through strategic and effective dissemination of research related to cancer prevention & control and D&I science, with the aim of enhancing the reputation of the Network as a national leader in these fields.

## Communications Channels:

- Scientific Publications and Presentations
- CPCRN Website ([www.cpcrn.org](http://www.cpcrn.org))
- Social Media: Twitter (@CPCRNCancer); Facebook (@CPCRN)
- Quarterly CPCRN Newsletter
- CPCRN Listserv
- YouTube Channel

# Workgroup Engagement

# Workgroup Engagement

**Workgroup member roles may include, but are 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

**Collaborating centers contribute resources towards Workgroup expenses (i.e. participant incentives, transcription, and publication fees, among others).**

[https://cpcrn.org/member-resources?open\\_col=36](https://cpcrn.org/member-resources?open_col=36)

## Guidelines for Collaboration (updated December 2021)

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**Workgroup:** *A group of CPCRN members from two or more Centers who collaborate on tasks/projects to meet goals around a common theme, for which a shared Workgroup charter has been developed and approved by the Steering Committee. Workgroup charters are developed collaboratively and summarize Workgroup goals, planned products, timelines, leadership, meeting frequency, and resources needed/committed for the work. Workgroups are required to report activities and performance to the Coordinating Center during the annual progress reporting season and to update their Workgroup charters annually. Collaborating Centers are expected to contribute at least 50% of their funds to support personnel and resources for collaborative Workgroup purposes.*

**Interest group:** *A group of CPCRN members who share an affinity/interest in a topic or research idea and meet to exchange ideas and opportunities for collaboration, but who have not necessarily defined common goals/tasks. Interest groups may evolve into Workgroups, or they may operationalize as sub-committees under an existing Workgroup. Alternatively, they may continue to meet more informally.*

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**For the purpose of this document, we focus on expectations and guidelines for collaboration pertinent to CPCRN Workgroup members, but these principles are also helpful for Interest group members.**

CPCRN Workgroups operate under an “opt in” model. That is, CPCRN Centers or Affiliates are not required to participate in all Workgroup activities or any specific Workgroup activities. However, all CPCRN Centers and Affiliates are expected to engage in self-selected cross-Center Workgroup activities. Participation in individual Workgroups is voluntary, but involvement with any CPCRN Workgroup requires a minimum level of engagement. This minimum level of engagement is intended to: (1) ensure consistency and continuity in participation; (2) facilitate shared ownership of Workgroup products; (3) ensure fairness in Workgroup members’ contributions and recognition for those contributions; and (4) facilitate timely progress toward Workgroup goals. With these goals in mind, CPCRN teams and individual members have adopted the following suggested guidance for collaboration:

### **Setting Expectations**

- All Workgroups must have a current, collaboratively developed charter document governing their plans, activities, and functions. This charter is brought before the CPCRN Steering Committee for approval. Workgroup charters should be updated annually at the start of each new funding year. The updated charter will be submitted to the Coordinating Center with the Workgroup progress report by December 15<sup>th</sup> of each year.
- Workgroup member roles and responsibilities should be defined in Workgroup charters. Where possible, Workgroup member names should be attached to specific roles and research activities.
- Workgroup norms should be specified in the Workgroup charter.
  - Workgroup Chairs/Co-Chairs will set expectations and norms for Workgroup meeting attendance.

## Connect with CPCRNC:



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



Follow us on Twitter:  
[@CPCRNCancer](https://twitter.com/CPCRNCancer)



Like us on Facebook  
[@CPCRNC](https://www.facebook.com/CPCRNC)

## Questions?

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