CPCRN
Cancer Prevention and Control Research Network

Rural Cancer Workgroup

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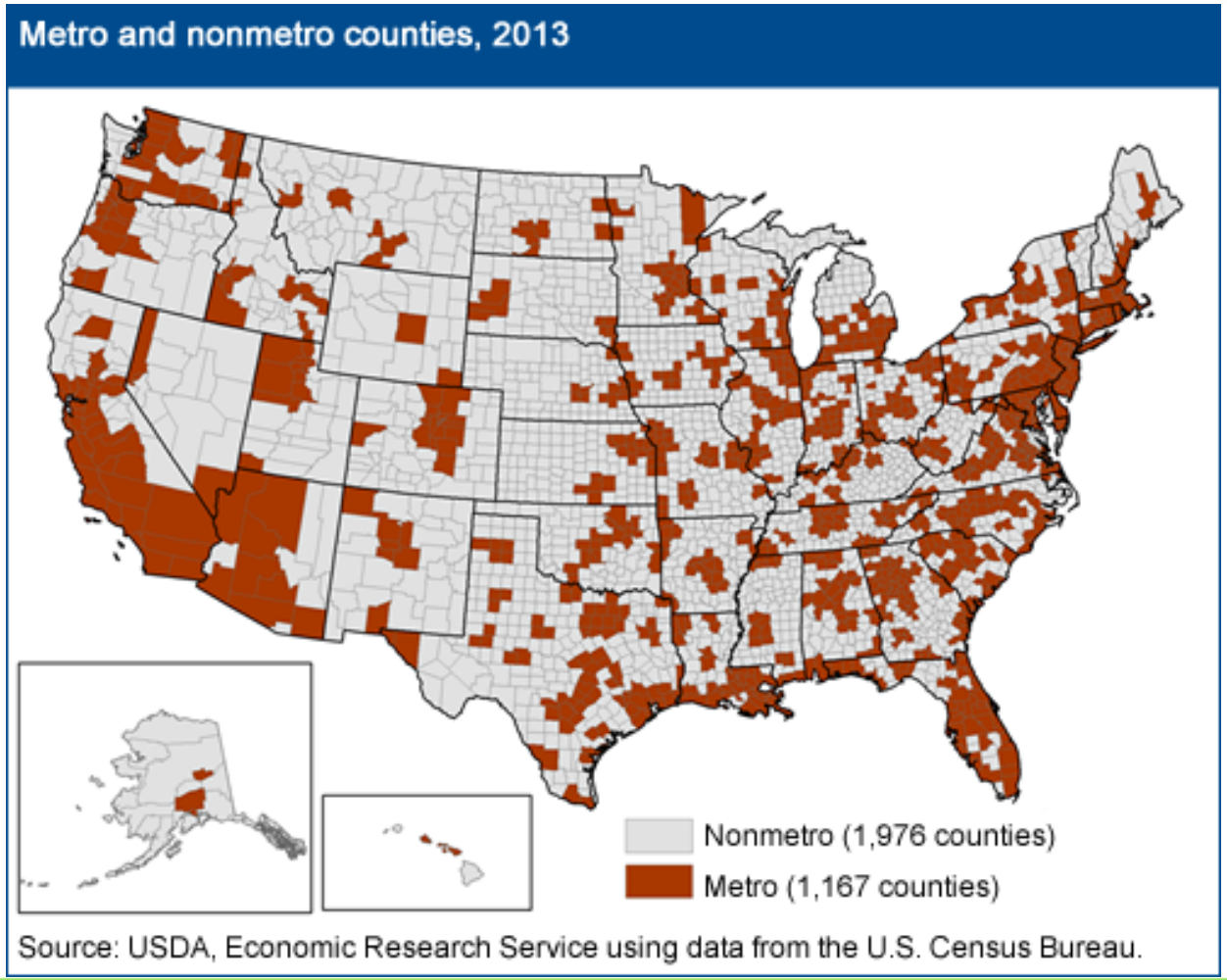
CPCRN Annual Meeting ● May 22, 2018

PRC
Prevention Research Centers

Rural vs. Urban



Impetus for new CPCRN Workgroup

- Although cancer rates have slowed nationwide, that decline is slower in rural areas. Rates of lung, colorectal, and cervical cancer are particularly high in rural (vs. urban) areas.

- Unique financial and structural barriers to quality cancer prevention and treatment services in rural areas
  - Transportation challenges
  - High level of uninsured adults
  - Few medical specialists available
  - More lenient policies towards tobacco use/exposure

Henley et al. Invasive Cancer Incidence, 2004-2013, and Deaths, 2006-2015, in Nonmetropolitan and Metropolitan Counties – United States. *MMWR Surv Summ*. 2017;66(14):1-13.

Investment by Federal Agencies

Morbidity and Mortality Weekly Report (*MMWR*)

MMWR Rural Health Series

November 17, 2017

- Racial/Ethnic Health Disparities Among Rural Adults — United States, 2012–2015
  - "Racism and Health in Rural America" *Journal of Health Care for the Poor and Underserved*

November 3, 2017

- Occupational Exposure to Vapor-Gas, Dust, and Fumes in a Cohort of Rural Adults in Iowa Compared with a Cohort of Urban Adults

October 20, 2017

- Illicit Drug Use, Illicit Drug Use Disorders, and Drug Overdose Deaths in Metropolitan and Nonmetropolitan Areas — United States
  - "Portraying a More Complete Picture of Illicit Drug Use Epidemiology and Policy for Rural America: A Competing Viewpoint to the CDC's MMWR Report" *The Journal of Rural Health*

October 6, 2017

- Suicide Trends Among and Within Urbanization Levels by Sex, Race/Ethnicity, Age Group, and Mechanism of Death — United States, 2001–2015

September 22, 2017

- Rural and Urban Differences in Passenger-Vehicle–Occupant Deaths and Seat Belt Use Among Adults — United States, 2014

September 8, 2017

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Rural Health

Spotlight

CMS Rural Health Strategy

The Centers for Medicare & Medicaid Services (CMS) Rural Health Council released the agency's first Rural Health Strategy intended to provide a proactive approach on healthcare issues and to ensure that individuals who live in rural America have access to high quality, affordable healthcare.

Read the Strategy

CMS is taking measureable steps toward improving access to health care for rural populations, including forming a council of experts tasked with addressing rural health issues, engaging stakeholders in rural communities, and partnering with health organizations to raise awareness.

Federal Communications Commission

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FCC-NCI Broadband Cancer Collaboration

Connect2HealthFCC

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- Mapping Broadband Health in America
- Virtual Listening Sessions
- Beyond the Beltway Series

The FCC's Connect2Health Task Force (C2HFCC) and the National Cancer Institute (NCI) have joined forces to convene key stakeholders around a public-private partnership to help bridge the broadband health connectivity gap in Appalachia. This collaboration will study how increasing broadband access and adoption in rural areas can help address the burden of symptom management for cancer patients.

- Read the press release.
- Read the MOU.
- Read Chairman Pai and Commissioner Clyburn's Joint Op-Ed in the Lexington Herald-Leader: Cancer project also a bet on rural broadband's future.

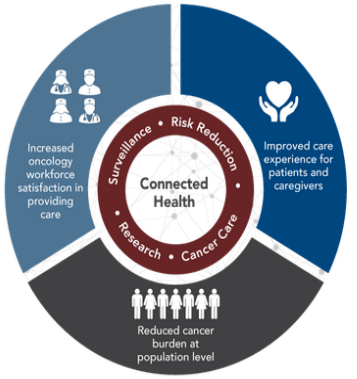

Image Credit - The President's Cancer Panel Report: "Improving Cancer-Related Outcomes with Connected Health"

L.A.U.N.C.H. *(Linking & Amplifying User-Centered Networks through Connected Health): A Demonstration of Broadband-enabled Health for Rural Populations in Appalachia*

As illustrated in the President's Cancer Panel report, *Improving Cancer-Related Outcomes with Connected Health*, cross-sector collaboration among those in the healthcare, biomedical research, and technology fields is essential to the future of cancer care. Consistent with this blueprint, the L.A.U.N.C.H. project will focus on how broadband connectivity can be leveraged to improve symptom management for rural cancer patients, presenting a compelling case for greater deployment and adoption of broadband in rural areas.

Investment by Federal Agencies

- Rural Cancer Control: Challenges and Opportunities meeting in Memphis (May 2017)
- Rural Definition Workshop at NCI (October 2017)
- National Academies hosted a workshop on “Improving Health Research on Small Populations” (January 2018)
- Dr. Croyle and other NCI staff attended Rural Health Policy Institute hosted by the National Rural Health Association (February 2018)
- NCI staff recently visited South Carolina for a 2-day trip to visit rural health providers (e.g., FQHC, CAH, RHC)
- NCI solicited supplement applications for P30 CCSGs to develop rural cancer control capacity (May 2018)

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RFA-CA-18-026 due in September 2018

Department of Health and Human Services

Part 1. Overview Information

Participating Organization(s)	National Institutes of Health (NIH)
Components of Participating Organizations	National Cancer Institute (NCI)
Funding Opportunity Title	Improving the Reach and Quality of Cancer Care in Rural Populations (R01 Clinical Trial Required)
Activity Code	R01 Research Project Grant
Announcement Type	New
Related Notices	None
Funding Opportunity Announcement (FOA) Number	RFA-CA-18-026
Companion Funding Opportunity	None
Number of Applications	See Section III. 3. Additional Information on Eligibility.
Catalog of Federal Domestic Assistance (CFDA) Number(s)	93.939
Funding Opportunity Purpose	The purpose of this Funding Opportunity Announcement (FOA) is to reduce the burden of cancer and improve the quality of cancer care in rural areas among low-income and/or underserved populations. The FOA encourages two types of applications: 1) observational research that includes pilot testing of intervention to understand and address predictors of cancer care/treatment and outcomes in rural low-income and/or underserved populations; or 2) intervention research to address known predictors of cancer care/treatment and outcomes in rural low-income and/or underserved populations. Specifically, the focus for observational studies (with pilot testing) is understanding and addressing the predictive and/or

https://grants.nih.gov/grants/guide/rfa-files/RFA-CA-18-026.html

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Proposed Workgroup Aims & Structure

- Workgroup Co-Leaders:
  - Jan Eberth (University of South Carolina)
  - Robin Vanderpool (University of Kentucky)

- Workgroup members will attend the ARCC Research Meeting, May 30-31, 2018; working dinner the evening of May 30

- Prioritize conference call schedule for summer 2018

Possible Project Idea

- Utilize Medicare Expenditure Panel Survey (MEPS): “Your Experiences with Cancer” Survivorship Supplement to explore urban-rural differences in self-reported financial burden post-cancer diagnosis
  - Conduct qualitative interviews with rural-dwelling cancer patients regarding financial toxicity experiences associated with cost of cancer treatment

- Remaining questions for workgroup:
  - Sampling design and recruitment strategies for qualitative component
  - Suggestions for questions, topics, domains of interest
  - Centers’ IRB requirements/timing, study logistics, budgets, etc.
  - Proposed pilot studies or RCTs to improve financial planning and associated stress reduction among cancer patients and their healthcare provider team

Financial Hardship Associated with Cancer

J Clin Oncol. 2016 Jan 20;34(3):259-67. doi: 10.1200/JCO.2015.62.0468. Epub 2015 Dec 7.

Financial Hardship Associated With Cancer in the United States: Findings From a Population-Based Sample of Adult Cancer Survivors.

Yabroff KR[1], Dowling EC[2], Guy GP Jr[2], Banegas MP[2], Davidoff A[2], Han X[2], Virgo KS[2], McNeel TS[2], Chawla N[2], Blanch-Hartigan D[2], Kent EE[2], Li C[2], Rodriguez JL[2], de Moor JS[2], Zheng Z[2], Jemal A[2], Ekwueme DU[2].

Author information

Abstract

PURPOSE: To estimate the prevalence of financial hardship associated with cancer in the United States and identify characteristics of cancer survivors associated with financial hardship.

METHODS: We identified 1,202 adult cancer survivors diagnosed or treated at ≥ 18 years of age from the 2011 Medical Expenditure Panel Survey Experiences With Cancer questionnaire. Material financial hardship was measured by ever (1) borrowing money or going into debt, (2) filing for bankruptcy, (3) being unable to cover one's share of medical care costs, or (4) making other financial sacrifices because of cancer, its treatment, and lasting effects of treatment. Psychological financial hardship was measured as ever worrying about paying large medical bills. We examined factors associated with any material or psychological financial hardship using separate multivariable logistic regression models stratified by age group (18 to 64 and ≥ 65 years).

RESULTS: Material financial hardship was more common in cancer survivors age 18 to 64 years than in those ≥ 65 years of age (28.4% v 13.8%; P < .001), as was psychological financial hardship (31.9% v 14.7%, P < .001). In adjusted analyses, cancer survivors age 18 to 64 years who were younger, female, nonwhite, and treated more recently and who had changed employment because of cancer were significantly more likely to report any material financial hardship. Cancer survivors who were uninsured, had lower family income, and were treated more recently were more likely to report psychological financial hardship. Among cancer survivors ≥ 65 years of age, those who were younger were more likely to report any financial hardship.

CONCLUSION: Cancer survivors, especially the working-age population, commonly experience material and psychological financial hardship

MEPS Section 6:
The Effects of Cancer and Its Treatment on Finances

1. Have you or has anyone in your family had to borrow money or go into debt because of your cancer, its treatment, or the lasting effects of that treatment?
2. How much did you or your family borrow, or how much debt did you incur because of your cancer, its treatment, or the lasting effects of that treatment?
3. Did you or your family ever file for bankruptcy because of your cancer, its treatment, or the lasting effects of that treatment?
4. Have you or your family had to make any other kinds of financial sacrifices because of your cancer, its treatment, or the lasting effects of that treatment?
5. Have you ever worried about having to pay large medical bills related to your cancer?
6. Please think about medical care visits for cancer, its treatment, or the lasting effects of that treatment. Have you ever been unable to cover your share of the cost of those visits?

Preliminary Timetable

Activity	April	May	June	July	August	September
Regular Conference Calls			X	X	X	X
Recruitment scholars w/ rural cancer expertise	X	X				
CPCRN and NCI ARCC meetings		X				
Finalize workgroup project			X			
Conduct selected project				X	X	X
Write project manuscript					X	X
Generate progress report to CPCRN Steering Committee						X
Consider future of workgroup and/or additional grant applications						X

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Questions?