Message from the Director

I am pleased to provide the Fiscal Year 2018 Annual Report for the Center for Community-Engaged Translational Research (CCETR), highlighting its 9th year of working to bring researchers and communities together to prevent cancer and improve health.

Since its inception in 2010, CCETR has demonstrated successful facilitation and leadership of community-academic collaborations that advance cancer prevention, control and treatment in real-world settings. Through close partnerships with both investigators and community partners, CCETR is ensuring that MD Anderson is conducting research that is relevant and applicable to high risk populations across the cancer continuum. Over the past year, CCETR has supported over 20 proposal submissions and active projects, with topics including treatment delays and disparities, physical activity and cancer prevention, lung cancer screening and education, lifestyle interventions for prostate cancer patients, complementary medicine in disparate populations, and community health. These studies and programs are training the next generation of cancer disparities researchers, helping patients make informed decisions about cancer screening and treatment, addressing obesity among African American families, improving health behaviors of patients and survivors, engaging community members to be active members of research teams, and increasing minority patient access to clinical trials.

Highlights of FY2018 include the award of a prestigious NCI P20 application with University of Houston (UHAND; University of Houston/MD Anderson partnership to reduce cancer disparities), award of a PCORI Pipeline to Proposal grant for partnership building in Houston's Asian community, collaborating on a CPRIT proposal with the Department of Internal Medicine focused on Chronic Cancer Survivors, implementation of the Komen Training Program for Breast Cancer Disparities, launch of the Community Scientist program and co-presenting an NCI seminar on community engagement in research.

In closing, I offer sincere appreciation to the Duncan Family Institute for supporting our mission of engaging communities in research. I would also like to thank each of the CCETR staff, community partners and investigators who we have been privileged to collaborate with. It is through these partnerships that we will ultimately end cancer disparities.

Sincerely,

Lorna H. McNeill, PhD
Chair, Health Disparities Research
Director, Center for Community-Engaged Translational Research
CCETR — Since 2010

Since 2010 we have consulted with 56 faculty in 21 departments across the institution on proposal submissions and active research projects, including:

- General Oncology
- Thoracic/Head & Neck Medical Oncology
- Radiation Physics
- Internal Medicine
- Leukemia
- Symptom Research
- Palliative, Rehabilitation & Integrative Medicine
- Breast Surgical Oncology
- Biostatistics
- All departments in the Division of Cancer Prevention

$84M+
active research projects supported

50+
local partners serving
1 million
people
Overview

Mission Statement
Our mission is to bring researchers and communities together to prevent cancer and improve health.

Goals
CCETR’s overarching goals are to:
- Facilitate research development and implementation between MD Anderson investigators and diverse communities,
- Establish and maintain equitable research partnerships, and
- Increase the capacity of investigators to recruit and retain diverse patients to clinical studies.

What we offer
CCETR offers researchers a broad range of services to accomplish these goals - including assistance with developing community-engaged research, identifying community research partners, facilitating research collaboration agreements with community partners, developing clinical trial recruitment plans for minorities and women, developing grant narratives, responding to reviewer feedback on clinical trial recruitment, and providing technical assistance to ensure project implementation and dissemination. CCETR also leads efforts to track and report progress on minority and women participation on clinical trials, helping researchers to ensure equitable access to interventional clinical trials for all patients with cancer.
The CCETR Team

*from top left to right*

Lorna McNeill, Ph.D., Director of CCETR
Kamisha Hamilton Escoto, Ph.D., Project Director
Lynne Nguyen, Project Director
Cassandra Harris, Health Education Manager
Crystal Roberson, Program Manager
Georgina Avalos Montes de Oca, Program Coordinator
Terrence Adams, Health Education Specialist
Chelsea Waddy, Research Data Coordinator
Advisory Board

from top left to right
Karen Basen-Engquist, Ph.D., Professor, Behavioral Science
Abenaa Brewster, M.D., Professor, Clinical Cancer Prevention
Carrie Cameron, Ph.D., Associate Professor, Epidemiology
Lewis Foxhall, Ph.D., Vice President, Health Policy
Robert Volk, Ph.D., Professor, Health Services Research
Ann Barnes, M.D., Chief Medical Officer, Legacy Community Health Services
Patricia Bray, Ph.D., Director, Menninger Clinic
Michele Salazar-Martinez, Director of Program Planning & Grant Development, Baker Ripley, Inc.
Shao-Chee Sim, Ph.D., Vice President, Episcopal Health Foundation
Research Consultation

The Issue: Large gaps exist between what is known about cancer and what is applied as best practice in clinical, public health, and community settings. Addressing these gaps requires partnership with patients, community residents, advocates, and public health and clinical practice communities to understand how we can best design research and education to reduce cancer disparities. Engaging communities in the research process can improve research questions, recruitment and retention to research studies and is valuable for active dissemination of research findings to target populations. It is no wonder that community engagement is listed prominently among recommendations for advancing cancer health disparities research by leading cancer organizations.

Our Response: Engaging communities in research is an art and science; requiring time, human resources, compassion and skill. Infrastructure to support community engaged research is critical for sustainability of community partners and future research potential. One of CCETR’s most valuable assets is a comprehensive and diverse network of community partners, with solid relationships that can be drawn upon to contribute to a wide range of cancer research. CCETR has successfully facilitated and led community-academic collaborations that advance cancer prevention, control and treatment in real-world settings. CCETR staff consult with MD Anderson investigators in order to identify and connect them to experienced community research partners, develop clinical trial recruitment plans for minorities and women, and provide technical assistance to ensure project implementation and dissemination.

Consult Projects:

Tu Salud Si Cuenta

PI: Larkin Strong, PhD; Health Disparities Research

Most adults in the U.S. fail to meet national physical activity and dietary recommendations and Latinos are less likely to meet these recommendations than non-Latino Whites. “Tu Salud, ¡Si Cuenta!” is a community-based intervention designed to promote engagement in and maintenance of physical activity and healthy eating among Latino adults in Houston. Using “community” health worker approach, this project aims to reach over 500 Latinos that do not meet physical activity or nutrition recommendations. CCETR is supporting Tu Salud, ¡Si Cuenta by:

- Introducing novel recruitment approaches across different media (e.g., print, radio, social media)
- Identifying Latino organizations for recruitment and facilitating partnerships to study recruitment strategies
- Creating opportunities for recruitment with Hispanic media (facilitated recruiting ads with reach of more than 20,000 Latinos.)
Active Living After Cancer

*PI: Karen Basen-Engquist, Ph.D.; Behavioral Science*

Physical activity improves the health, physical functioning, and quality of life of cancer survivors. Yet there are few programs to help cancer survivors become more physically active, particularly those who are low-income and medically underserved. “Active Living After Cancer” (ALAC), developed to meet this need, teaches survivors the behavioral and cognitive skills needed to increase physical activity by incorporating it into their daily life. CCETR was initially engaged to pilot the inclusion of African American churches as ALAC intervention sites. Based on the pilot, churches are now fully integrated into ALAC, greatly increasing access to the African American community. ALAC has reached nearly 400 survivors, with 90% being medically underserved, minority, un-insured, underinsured, or have low health literacy. CCETR is supporting ALAC by:

- Connecting the ALAC research team with 4 African American churches, 30 church members have completed ALAC sessions
- Liaising between the ALAC team and churches to ensure both partners’ needs are met
- Providing recommendations to the ALAC team on study materials
- Discussing challenges and brainstorming solutions with both partners to strengthen program offerings

**Impact:**

The Active Living after Cancer program has benefited immensely from collaborating with CCETR. CCETR has dedicated a staff person who acts as the liaison between ALAC program staff and churches. They have helped make introductions, set up good lines of communication, assist in the adoption of the ALAC program at churches, improve recruitment & retention strategies and curtailed any foreseen communication issues by being hands on. I am certain we have only been as successful as we have been due to CCETR’s facilitation.

— Drs. Leticia Gatus and Karen Basen-Engquist

---

**Supported**

- 10 grant submissions totaling over $14M
- 9 peer-reviewed publications on CCETR-supported research

**Supported**

- 16 active research projects totaling over $24M

**Engaged**

- 45 community partner organizations in grant submissions and active research projects
Community Engagement and Collaboration

**The Issue:** Cancer disparities are exacerbated by low enrollment from women and minority populations on clinical trials. This disparity not only reduces access to cutting edge treatment but generates research that fails to address outcomes important to patients, caregivers, and their family. Empowering vulnerable and high risk communities to participate in research and the research process is critical to diminishing cancer disparities. Experts, and more recently funding agencies (e.g., Patient-Centered Outcomes Research Institute) are calling for cancer research to involve multi-disciplinary collaboration and integration of the patients/community members who have a stake in the research.

**Our Response:** CCETR raises community awareness about clinical trials, educates community members about the research process, and prepares community members to collaborate and have a voice in research.

**Community Partners** *(partial list)*

**Federally Qualified Health Centers:** HOPE Clinic, Spring Branch, Community Health Center, El Centro de Corazon, Harris Health

**Health and Cancer Coalitions:** African American Health Coalition, Asian American Health Coalition, Cancer Alliance of Texas

**Survivorship Organizations:** Breast Health Collaborative of Texas, Susan G. Komen, Sisters Network, CanCare, Filipino Cancer Network of America, Indian American Cancer Network

**Community Services:** Fundacion LatinoAmericana de Accion Social (FLAS), Baker Ripley, City of Houston Health Department

**Churches:** Windsor Village United Methodist Church, New Faith Church, Fallbrook Church, Tabernacle of Praise
Initiatives:

Community Scientist

The Community Scientist program is a network of community members representing vulnerable population groups who consult with researchers on the design, implementation and dissemination of their research. CCETR recruits community members, provides training (e.g., human subjects, biomedical research, methods of community engagement), and coordinates monthly feedback sessions for researchers.

Community Scientists:

• Serve as a sounding board to ensure research addresses local patient and community stakeholder interests
• Provide advice on the development of culturally appropriate studies and recruitment strategies
• Provide input on research questions and study designs

Impact:

• 26 trained community scientists
• 12 feedback sessions conducted with researchers. Sample topics include:
  o Innovative tool development for simple presentation of clinical trial information
  o Community recruitment methods for lung cancer screening trial
  o Reaching diverse audiences for lay science communication
  o Refining recruitment materials to attract hard to reach populations
• Departments served (Partial list):
  o Breast Surgical Oncology
  o Health Disparities Research
  o Behavioral Science
  o Clinical Cancer Prevention
  o Health Services Research
  o Emergency Medicine

What researchers are saying about Community Scientists:

• “The group was very engaged and provided great input on my design examples…It was very helpful to hear from community members who would potentially be participants in a trial what appealed to them, what they found confusing and what they thought could be organized differently.”
  — Mediget Teshome, M.D.

• “Really engaged discussion with the group, our mission is to try to disseminate science in difference communities and we received great input on how to do this, both in terms of topics, venues, and advertising. Very engaging group full of useful suggestions.”
  — Kristina Stemler, Ph.D.

• “It was a very informative, engaging experience that will have direct benefit to the project. I look forward to participating/using Community Scientists again.”
  — Mariana Chavez, M.D.
Community-Academic Research Partnerships

The Department of Health Disparities Research (PI: Lorna McNeill, Ph.D.) and HOPE Clinic (FQHC serving a large proportion of Asian and other immigrant populations; PI: Andrea Caracostis, M.D.) were jointly awarded a PCORI Pipeline to Proposal (P2P) for cancer prevention efforts in Houston’s Asian community.

The cancer burden in Asian Americans is unique. They were the first racial/ethnic group to experience cancer as the leading cause of death, have proportionally higher rates of cancers from infectious origin and receive fewer preventive screenings than other racial/ethnic groups. Asians are also among the fastest growing ethnic populations in Houston, highlighting the importance of education and intervention efforts across the cancer continuum.

The P2P Project goals were to build a strong community-academic partnership with potential to address cancer risk and prevention in Houston’s five largest Asian communities (Indian, Vietnamese, Chinese/Taiwanese, Filipino, Pakistani) and collaborate on future research to reduce disparities. Using community-based participatory research, this project:

- Established a community advisory board of diverse Asian American organizations
- Strengthened the skills for community organizations and community members to actively participate in research using interactive workshops and discussions
- Developed and implemented a survey of cancer to risk to more than 200 Asian Americans in Houston
- Laid the foundation for future research collaborations with MD Anderson investigators interested in Asian cancer disparities

Through CCETR’s work with the P2P, five organizations serving Asian communities partnered with MD Anderson investigators on grant proposals worth more than $2M.

“I am proud that I may be able to make a difference in our community’s health through collaboration with groups such as this Advisory Group. I am proud that my participation and opinions are appreciated and valued by members of the group.”

— Community Advisory Board member
Impact:

Community Health and Education

Targeted educational outreach to minority and underserved communities is an essential part of large scale approaches to address cancer disparities. CCETR leads a supplement to MD Anderson’s Cancer Center Support Grant that supports community health education, the National Outreach Network Community Health Educator (NON CHE). Our CHE, in collaboration with CCETR staff, delivers cancer prevention education via our wide network of community partners. These efforts are key in helping maintain our relationships that support our cancer research studies. Health education is focused on the African American, Hispanic, and Asian communities of Houston with targeted programming and activities developed for minority participation in clinical trials, colorectal cancer, and health promotion in faith-based settings.

Our NON CHE and CCETR Staff:

- Developed the “Equipped to Serve” training series which increases the capacity of African American churches to provide cancer prevention education and programming to their congregations. Topics include using social media to promote health, introduction to group exercise and how to start a cancer wellness ministry. A total of 27 churches have received the training – having potential to reach 36,000 African Americans.

- Led a partnership between the City of Houston, African American churches, and various community partners to implement National Cancer Institute’s “Screen2Save” initiative on colorectal cancer screening. Provided colorectal cancer education, screening information and resources at large faith-based events initiative and distributed free FIT test kits. More than 700 African Americans were reached.

Finnigan Community Center has been collaborating with MD Anderson for five years. This collaboration has focused on various adult and youth health issues by conducting an annual Health Fair Event for Denver Harbor, Fifth Ward and surrounding areas.

MD Anderson has made a great impact in the community with their valuable resources and expertise by providing information on health concerns and issues, exercises, nutrition and all other aspects of healthy living.

— Tony Dale, Coordinator at Finnigan Park, Office of Commissioner Rodney Ellis
Clinical Trials Bingo and Clinical Trial Awareness Events

One of the foremost reasons for lower minority participation in clinical trials is lack of awareness. CCETR works to raise awareness by providing basic information through use of a health educational game - Clinical Trials Bingo. Through an interactive Bingo game, participants learn the basics of clinical trials, gain an understanding of the clinical trial process, and learn where to find additional information if the need arises. CCETR has delivered the Bingo game to both community and professional groups, in settings such as senior centers, clinics, churches, and community centers. Both English and Spanish formats are available.

CCETR also hosts large events to promote awareness of clinical trials, educate the community, and offer investigators opportunity for community recruitment.

Impact

<table>
<thead>
<tr>
<th>Before CT Bingo Session</th>
<th>After CT Bingo Session</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>53%</strong></td>
<td><strong>85%</strong></td>
</tr>
<tr>
<td>I have some understanding of clinical trials</td>
<td></td>
</tr>
<tr>
<td><strong>65%</strong></td>
<td><strong>84%</strong></td>
</tr>
<tr>
<td>If someone I knew was diagnosed with cancer, I would recommend that they consider participating in a research study</td>
<td></td>
</tr>
<tr>
<td><strong>74%</strong></td>
<td><strong>83%</strong></td>
</tr>
<tr>
<td>If I were diagnosed with cancer, I would feel comfortable asking my doctor about participating in a research study</td>
<td></td>
</tr>
</tbody>
</table>

“Very grateful to have this explanation and to know more about this disease that we get more and more….” — participant

“I really enjoyed this activity, integration of information and game was effective in getting the information across.” — participant and MD Anderson employee

“Excellent presentation. Very educational in a fun way!” — participant
Increasing skills and capacity for cancer disparities research

The Issue. With only about 10 percent of the general population considered “health literate”, the vast majority of patients face barriers to understanding health-related information. Further, racial/ethnic groups, older adults, immigrants, and un-insured or publicly insured individuals have the lowest levels of health literacy. Clinicians’ ability to speak plainly, in ways that the patient understands, increases trust and confidence in the health care team. Skills development in patient communication is vital for oncologists, health professionals, and research staff to ensure equitable care.

Our response. CCETR has developed a broad array of trainings for staff at MD Anderson (clinical, research, trainees) and broader professional groups. Trainings have been delivered at MD Anderson, cancer advocacy organizations, and at local and national health systems, and professional organizations.

Training Presentations (partial list)

- Recruiting diverse participants to clinical trials
- Cultural Competency in Health Care
- Health Literacy, Numeracy and Plain Language
- Conducting Research in the Community
- Engaging Patients and Stakeholders in Patient Centered Outcomes Research
- Principles of Community-Based Participatory Research
- Cancer Disparities
Training the next generation of cancer disparities researchers

**The Issue:**
There is a nationwide shortage of minority clinicians and researchers which hindering progress in cancer disparities research. Statistics show less than 10% of master's degrees and 5% of doctoral degrees are awarded to blacks and Hispanics in the sciences. Further, many minority students leave the sciences because of academic and cultural isolation, lack of motivation, discrimination, and lack of support.

**Our response:**
It is important to cultivate the next generation of minority scientists to ensure that they have the necessary attitudes, knowledge, and skills to succeed in the field of cancer disparities. Two training programs, developed and supported by CCETR, meet these needs.

**UHAND** (University of Houston/MD Anderson Program to address cancer disparities, NCI), led by Drs. Lorna McNeill and Lorraine Reitzel (UH) trains underrepresented racial/ethnic minority students to be researchers in cancer disparities by helping them develop the skills, expertise and compassion required to push the field further. UHAND scholars are undergraduate students, doctoral students, and postdoctoral fellows and gain experience in the lab (mentored research experience), classroom (seminars in cancer disparities), and community through various research, educational, and interactive service learning experiences. UHAND launched its first cohort of scholars in June 2018.

**The Komen Graduate Training in Disparities in Research program**, led by Drs. Lorna McNeill and Kelly Hunt, trains graduate students in breast cancer disparities research. Komen scholars are paired with MD Anderson experts in breast cancer and/or cancer disparities for mentored research experiences, volunteer with community organizations who serve breast cancer patients and survivors, and attend seminars in breast cancer research, cancer prevention and disparities. The first cohort of scholars was launched in June 2018.

CCETR supported grant development for both programs and has instrumental roles in programming and administration.

“Through UHAND, I have been able to interact and meet with so many empowering and inspiring women, and I can only hope to someday achieve a modicum of their impressive work towards the betterment of humanity.”

— Basant Gamal
UHAND student
Impact:

190 service/volunteer hours at 7 community organizations serving health disparity populations

37 scientific conference presentations covering physical activity in minority populations, stress and physiology, diet and quality of life, breast cancer risk factors, and tobacco dependence

10 UHAND scholars (undergraduate, doctoral, post doctoral)

4 Komen Trainees (doctoral)
Future Directions: Fiscal Year 2019 and Beyond

**Tobacco Control**

Project CONNECT – CCETR is supporting the expansion of Ask-Advise-Connect (AAC), a clinic-based smoking cessation intervention, funded by the 1115 Medicaid Waiver. AAC will continue operations in four Federally Qualified Health Centers (FQHC) in Houston, but will now partner with MD Anderson’s Tobacco Treatment Program to provide cessation counseling services to the underserved patients seen at these clinics.

**Human Papillomavirus Virus (HPV) Vaccination**

CCETR’s community health educator (NON CHE) will initiate outreach and education efforts in the area of HPV Vaccination, particularly targeting the African American male population. Collaborative work will begin with community partners to determine appropriate strategies for sharing HPV information and messages, planning events and/or partnering on existing programs.

**Disparities**

- **Rural Health Workgroup** - CCETR initiated a Rural Health Workgroup, with the goal of establishing a forum for collaboration with researchers at academic institutions located in rural areas of Texas.

  The workgroup has hosted presentations from investigators across the state to learn about current research, barriers, and opportunity for collaboration. Within this fiscal year, researchers from the workgroup submitted an administrative supplement to the CCSG focused on rural cancer control research in partnership with University of Texas Health Science Center-Tyler.

- **Clinical Trials Navigation** – CCETR will develop and lead a Clinical Trials Navigation program to address racial/ethnic disparities in clinical trial enrollment at MD Anderson. Based on a national model for navigation, the program will raise patient awareness of clinical trials, help patients to become knowledgeable of available resources, address barriers to clinical trial participation, and ultimately help patients become more self-sufficient in following trial protocols and obtaining medical care.
Contact:

Center Director
Lorna H. McNeill, PhD
Chair, Health Disparities Research

713-792-6400
ccetr@mdanderson.org
www.mdanderson.org/CCETR

CCETR is supported by a grant from the University of Texas MD Anderson Cancer Center Duncan Family Institute for Cancer Prevention and Risk Assessment.