

Initiative to Eliminate Cancer Disparities
Sample Minority Recruitment and Outreach Plan
July 28, 2008

[NOTE: This is offered as a range of suggestions that SPORE, PO1, and RO1 grants can use. It's effectiveness for the DF/HCC overall will be determined by the extent that those who use it actually follow-up on the strategies suggested. If you use any portion of this plan, please contact Karen Burns White Karen_burnswhite@dfci.harvard.edu. At the time of funding, she will then be able to help you set up an implementation plan]

Background:

DF/HCC has a large *primary service area*, with the majority of its patients coming from southern Massachusetts, although it also draws patients throughout New England and beyond. DF/HCC's primary service area is overwhelmingly Caucasian.

In accordance with NCI definitions, the *catchment area* for DF/HCC is Boston. While a major metropolis, the city of Boston is geographically much smaller than most major cities in the United States and has a rather small population of 560,000. In fact, Boston is smaller than such cities as Milwaukee, Baltimore, and El Paso. In the catchment area of Boston, forty-nine percent of the population is White, 24% Black, 14% Hispanic, and 7% Asian. Boston has a total of 2,478 cancer cases per year, of which only 700 cases are among non-whites, and 167 are among Hispanics. Across all disease areas, 55% of non-white cancer patients in Boston are treated by DF/HCC; 75% of Hispanic residents who have cancer are treated by DF/HCC.

Thus, while the non-white population within the city of Boston is high, the actual number of non-white residents who develop cancer is not. Despite the fact that DF/HCC treats a majority of these individuals, their percentage of representation among the total number of patients treated by DF/HCC is small.

Recruitment to Trial:

[Insert information here about the # of white/non-white cancer cases in the specific disease area; data is available at http://www.mass.gov/Eeohhs2/docs/dph/cancer/registry_statewide_01_05_report.pdf]

[Research Program: Present data here about anticipated recruitment rate]

Minority Outreach and Recruitment Plan:

Recruitment of minorities to clinical trials continues to be a national challenge. This is a challenge that many Comprehensive Cancer Centers face, and is particularly acute in a city like Boston that has relatively small population and

few minority cancer patients. Another local health care institution, Boston Medical Center, has a long tradition of serving the minority community in Boston, in large part because of its location, which is in the center of several underserved neighborhoods. Although DF/HCC partner institutions also have a deep commitment to serving these neighborhoods and provide a variety of services in the community, such as cancer screening services (e.g. mobile mammography, prostate screening, and skin cancer screening programs), many of the patients reached through these mechanisms receive their primary care at Boston Medical Center. We have a long-standing institutional policy that we will not redirect screened patients needing additional care or cancer treatment to a DF/HCC institution unless they independently request information about treatment at our facilities. This ultimately impacts our minority accrual, but is critical to maintaining strong ties with the community, ensuring continuity of health care, and continuing to receive community support of our outreach screening efforts.

Members of the [XX RESEARCH TEAM] participate in a multi-pronged approach to address the challenge of cancer disparities called the DF/HCC Initiative to Eliminate Cancer Disparities (IECD). The IECD is led by Dr. Karen Emmons, a Professor at DFCI and Harvard School of Public Health, and a leading cancer disparities researcher. We work closely with Dr. Emmons to ensure that we are participating in all of the mechanisms developed through the Initiative to support efforts to enhance diversity in accrual and to address cancer disparities, including:

1. Diversity offices and policies have been established at [list institutions participating in this project], with a key goal of increasing the diversity of clinical research staff. We work with this/these office(s) to maximize the diversity of our research support team. The IECD also has a strong partnership with University of Massachusetts – Boston, a minority-serving institution that has very strong programs in science and nursing. Through this partnership, mechanisms have been developed to recruit their students and graduates, a large percentage of whom are from underrepresented backgrounds. We will take advantage of these mechanisms in filling any available staff positions.
2. The IECD has established a dynamic Community Engagement Committee (CEC) which facilitates and coordinate a wide array of community education activities. The CEC is currently engaged in an extensive effort to increase knowledge and awareness of cancer clinical trials in the Boston community. This undertaking is linked to a Lance Armstrong Foundation grant and the Education Network to Advance Cancer Clinical Trials (ENACCT). Since partnering with the “Breaking It Down” initiative, 22 workshops have been held and over 200 community leaders being trained. In addition, three presentations have been provided to health care providers within local

community health centers. Next steps will focus on additional trainings for health care providers and staff directly responsible for clinical trials recruitment. Members of this [NAME OF RESEARCH PROGRAM] will participate in the trainings and provide information on relevant trials as appropriate.

3. The CEC has also developed a strong and growing partnership with faith-based institutions focused on cancer education. The Faith-Based Cancer Disparities Network represents nine congregations with over 7,500 congregants. The Network is being expanded to additional churches within the local Black community, and to a network of 100 Latino churches. Collectively, the participants represent the leadership of their respective health ministers who are passionate and committed to ensuring a healthy congregation. To support these activities, a toolkit has been developed for health ministers that provides extensive 'select and use' materials (e.g. bulletin inserts, bible bookmarks, educational materials). We will provide materials for the toolkit related to [TARGET CANCER], and will also provide staffing for community education speaking engagements as requested.
4. The CEC also sponsors a wide range of community events for National Minority Cancer Awareness Week. Members of this research team make themselves available to provide community talks throughout the year, and have provided resource material related to [CANCER TARGET] for use in the on-going outreach efforts. The CEC has also created cancer education boards called "The Choice is Yours" – a cancer prevention-focused poster display as part of a collaboration with local libraries. In 2008, for a period of 2 weeks, a display of six posters along with brochures and books were showcased at six branch Boston Public libraries in recognition of National Minority Cancer Awareness. With over 4000 visitors to these libraries during this period, this is an excellent mechanism to reach a broad and diverse population. This display will be made available to the other branch offices within the Boston Library network, and will be a centerpiece of the Cancer Center's National Minority Cancer Awareness Week activities going forward. We will work with the CEC to include information about [TARGET CANCER] in the next iteration of the library outreach program.
5. DF/HCC institutions have a strong portfolio of community-based research in cancer prevention. These research teams are highly engaged with Boston's communities of color, and provide an important portal into our cancer treatment and research programs. The IECD is currently planning a training for all community-based research field staff regarding DF/HCC's clinical research activities, and how to most effectively connect patients when requested. There will be specific information provided on the [TARGET CANCER].

6. DF/HCC hosts a call center and participates in an internet service where patients can get answers to questions about participating in clinical trials and can learn about trials for which they may be eligible. Information about these resources is incorporated into the CEC's outreach education materials, and community-based research staff are trained on providing this information to community members in need of cancer treatment information.