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Reducing Cancer Disparities Through Innovative Partnerships: A Collaboration of the South Carolina Cancer Prevention and Control Research Network and Federally Qualified Health Centers

Daniela B. Friedman,

Department of Health Promotion, Education, and Behavior, Arnold School of Public Health, University of South Carolina, Columbia, SC 29208, USA. Statewide Cancer Prevention and Control Program, University of South Carolina, Columbia, SC, USA

Vicki M. Young,

South Carolina Primary Health Care Association, Columbia, SC, USA

Darcy A. Freedman,

Statewide Cancer Prevention and Control Program, University of South Carolina, Columbia, SC, USA. College of Social Work, University of South Carolina, Columbia, SC, USA

Swann Arp Adams,

Statewide Cancer Prevention and Control Program, University of South Carolina, Columbia, SC, USA. Department of Epidemiology and Biostatistics, University of South Carolina, Columbia, SC, USA. College of Nursing, University of South Carolina, Columbia, SC, USA

Heather M. Brandt,

Department of Health Promotion, Education, and Behavior, Arnold School of Public Health, University of South Carolina, Columbia, SC 29208, USA. Statewide Cancer Prevention and Control Program, University of South Carolina, Columbia, SC, USA

Sudha Xirasagar,

Statewide Cancer Prevention and Control Program, University of South Carolina, Columbia, SC, USA. Department of Health Services Policy and Management, University of South Carolina, Columbia, SC, USA

Tisha M. Felder,

Statewide Cancer Prevention and Control Program, University of South Carolina, Columbia, SC, USA. South Carolina College of Pharmacy, University of South Carolina, Columbia, SC, USA

John R. Ureda,

Insights Consulting, Inc, Columbia, SC, USA

Thomas Hurley,

Statewide Cancer Prevention and Control Program, University of South Carolina, Columbia, SC, USA

Leepao Khang,

Statewide Cancer Prevention and Control Program, University of South Carolina, Columbia, SC, USA. Department of Epidemiology and Biostatistics, University of South Carolina, Columbia, SC, USA

Dayna Campbell, and
South Carolina Primary Health Care Association, Columbia, SC, USA

James R. Hébert
Statewide Cancer Prevention and Control Program, University of South Carolina, Columbia, SC, USA. Department of Epidemiology and Biostatistics, University of South Carolina, Columbia, SC, USA

Daniela B. Friedman: dbfriedman@sc.edu

Abstract

The South Carolina Cancer Prevention and Control Research Network, in partnership with the South Carolina Primary Health Care Association, and Federally Qualified Health Centers (FQHCs), aims to promote evidence-based cancer interventions in community-based primary care settings. Partnership activities include (1) examining FQHCs' readiness and capacity for conducting research, (2) developing a cancer-focused data sharing network, and (3) integrating a farmers' market within an FQHC. These activities identify unique opportunities for public health and primary care collaborations.

Keywords

Community health centers; Evidence-based cancer interventions

Cancer-related health disparities in South Carolina (SC) are among the largest in the nation [1–4]. Indicators such as education and economics drive and derive from these disparities [5–8]. The South Carolina Cancer Prevention and Control Research Network (SC-CPCRn) is one of ten federally funded cancer research networks in the USA working to reduce cancer disparities in partnership with the South Carolina Primary Health Care Association (SCPHCA), the training, technical assistance (TA), and advocacy membership organization for federally qualified health centers (FQHCs), also known as community health centers (CHCs), to assist in the promotion of quality preventive and primary care services. The FQHC model emphasizes the community's pivotal role in planning and delivering healthcare services. Currently in SC, 19 CHCs provide outpatient care through 136 delivery sites. These centers served over 312,000 individuals in 2010: 59% at or below 100% of poverty, 40% uninsured, 32% on Medicaid, and 64% racial and ethnic minorities [9]. SC-CPCRn seeks to improve the health of these underserved groups by collaborating with the SCPHCA to increase people's utilization of FQHCs and conduct community-based research designed to facilitate adoption of evidence-based community and clinical practices [10, 11].

Methods

SC-CPCRn and SCPHCA used a community–academic partnership approach [12] consisting of brainstorming sessions, presentations, and formal and informal discussions to develop infrastructure to contribute to the national CPCRn agenda, advance cancer prevention and control research needs in SC, and assist the SCPHCA in advancing its research and data analysis agenda. “Discovery” and “effectiveness/implementation” studies falling within the research phase of the Centers for Disease Control and Prevention's Knowledge to Action Framework [13] are being conducted. Three initiatives underway are as follows: (1) exploring FQHCs' interest in, readiness to, and capacity for conducting health-/cancer-related research; (2) creating an academic–clinical network for cancer-focused data sharing; and (3) examining the feasibility of integrating a farmers' market with an FQHC.

Results

Understanding Community Research Capacity

A research opportunity and capacity assessment survey has been designed to explore FQHCs' interest, readiness, and capacity to conduct research. The survey was pilot tested with representatives from selected centers. Based on preliminary results, and in collaboration with the National Association of Community Health Centers, revisions to the survey were made. Representatives from all 19 CHC systems will complete the web- or paper-based survey. Interviews with selected FQHC leaders will be conducted to yield additional in-depth qualitative data on centers' levels of research readiness, capacity, and interest. Information gained will guide FQHC research and training and SCPHCA training/TA efforts and improve future research collaborations between SCPHCA, FQHCs, and researchers.

Creating Academic–Clinical Network for Data Sharing

Data sharing is viewed by the team as critical to support networking between FQHCs and researchers for future research efforts aimed at translating evidence-based strategies into practice. A data-sharing subcommittee with representatives from the University of South Carolina Cancer Prevention and Control Program and the SCPHCA has been convened and a formal data use agreement amended with identified FQHCs to pilot the sharing and analysis of data currently housed in the SCPHCA central data repository. Integrating geospatial information with clinical practice and cancer screening and health outcomes [14] will inform strategies for the dissemination and implementation of evidence-based cancer interventions [15].

Integrating Community Farmers' Market with an FQHC

Increasing fruit and vegetable intake can reduce risk of cancer and related health conditions [16, 17], and farmers' markets increase access to fresh fruits and vegetables [18]. While farmers' markets are proliferating [19], few studies have explored the effect of increasing access to healthful foods in healthcare settings to leverage people's intuitive associations of these settings with health. A multistage process was used to identify a candidate FQHC site for a farmers' market intervention. Surveys, interviews, and contextual analyses of potential sites revealed five themes related to FQHC readiness for hosting a farmers' market: capacity, social capital, awareness of health problems and solutions, logistical factors, and sustainability [11]. Upon site selection, a community-visioning meeting was organized to gain feedback from stakeholders about the goals of the farmers' market, and a community advisory board developed ways to increase healthy food purchases by FQHC patients. Funds were leveraged to create a documentary that portrays the development, implementation, and evaluation of the market. It is designed to promote future expansion and sustainability of the market and will facilitate sharing of such community-based participatory research strategies with other CPRNs and with FQHCs interested in including farmers' markets in their service portfolios.

Conclusion

SC-CPCRn engages with clinical and community partners to realize a shared vision of reducing cancer burden [20]. It employs a three-pronged approach designed to leverage collaboration between primary care and public health to reduce cancer rates among disparate populations: infrastructure development/assessing FQHC readiness for research, research networking and data sharing, and dissemination and implementation of research through pilot studies and a community-based mini-grant program aimed at implementing and sustaining evidence-based intervention strategies critical for reducing cancer disparities.

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