

HHS Public Access

Author manuscript

Cancer Epidemiol Biomarkers Prev. Author manuscript; available in PMC 2020 March 01.

Published in final edited form as: *Cancer Epidemiol Biomarkers Prev.* 2019 March ; 28(3): 431–434. doi:10.1158/1055-9965.EPI-18-0794.

Standardizing Measurement of Social and Behavioral Dimensions of Cancer Prevention and Control to Enhance Outreach and Engagement in NCI-Designated Cancer Centers

Elizabeth A. Gage-Bouchard, PhD¹ and Susan M. Rawl, PhD, RN, FAAN²

¹Department of Cancer Prevention and Control, Roswell Park Comprehensive Cancer Center Buffalo, NY, Elizabeth.bouchard@roswellpark.org

²Indiana University Simon Cancer Center, Indianapolis, IN

Keywords

Behavioral Prevention Research; Prevention Research

Introduction

In recent years, the National Cancer Institute (NCI) has focused on the impact that NCIdesignated cancer centers have in reducing the cancer burden in their defined catchment areas.(1) NCI requires that designated cancer centers define and describe their catchment areas, highlight community outreach and engagement activities within their catchment areas, and identify how research conducted at designated cancer centers has relevance to local catchment areas.(1) However, to conduct outreach and research that truly reduces cancer burden in their defined catchment area, each cancer center must have a mechanism to assess cancer-relevant factors, needs, and opportunities in the populations they serve. While data on cancer incidence, mortality, and clinical trial enrollments at the local level are readily available, data on cancer-relevant social and behavioral factors are less routinely collected in a standardized way. In 2016, NCI funded 15 cancer center support grant supplements to support cancer centers' abilities to better define and describe their catchment areas and needs to enhance cancer prevention and control. As part of this initiative, a working group developed standardized measures to capture demographic, social, knowledge, attitude, and behavioral factors to be included in the surveys fielded by all 15 cancer centers. In this commentary, we describe the process of selecting domains for measurement, the core measures used, and advantages of standardizing how social and behavioral factors are assessed. The survey items were streamlined enough to be incorporated into existing data collection efforts at designated cancer centers and in other cancer care delivery contexts, and results can be used to inform community engagement, outreach activities, and research development.

Reprint requests should be sent to: Elizabeth A. Gage-Bouchard, Elm and Carlton Streets, Buffalo, NY 14263, Elizabeth.bouchard@roswellpark.org.

The authors declare no potential conflicts of interest

Tool Development

A measurement working group of 15 researchers (Table 1) was convened to identify core measures to be fielded among all 15 sites that received P30 administrative supplements to define and describe NCI-designated cancer center catchment areas. Working group members identified standard demographics as well as key domains related to cancer prevention and control, and through an iterative process narrowed the domains to be measured to: information seeking and information access, cancer screening behaviors, cancer screening knowledge, tobacco use, cancer beliefs, awareness of cancer risk, health care access, and financial barriers to health care. The final domains were determined in an effort to balance needs of core measure brevity and inclusion of key domains of broad relevance to cancer prevention and control. All 15 funded cancer centers included additional site-specific items to capture additional domains of relevance to their defined catchment area and research priorities.

Teams of working group members with expertise in each domain reviewed national surveys to identify and nominate candidate items for inclusion in the core measures to capture each respective domain. All core measures were selected from the Health Information National Trends Survey (HINTS), the Behavioral Risk Factors Surveillance System (BRFSS), the National Health Interview Study (NHIS), or Gallop surveys. The measures working group decided to rely on these national surveys to ensure use of measures with established psychometrics, as well as to permit comparison of catchment area data to national data. As shown in Table 2, the measurement working group identified 21 measures to capture the eight cancer-relevant knowledge, attitude, and behavioral domains. The final core measures also included 13 items assessing socio-demographic characteristics (Table 3).

Conclusion

Understanding the needs and opportunities related to cancer prevention and control in a designated cancer center's defined catchment area is critical to reduce the burden of cancer among the populations served by each cancer center. A foundational step in this process is conducting population health assessments to identify the cancer-relevant demographic, social, knowledge, attitude, and behavior factors most critical to target. Understanding more about the unique opportunities and barriers in a cancer center's catchment area can enhance the impact of research that is directly relevant to the catchment area and enhance participation in research. Measurement of demographic, social, knowledge, attitude, and behavior factors can also guide community outreach and engagement activities, and permit tailoring of such activities to meet the needs of a cancer center's defined catchment area. Within health care delivery there is a growing focus on standardizing assessment of the social determinants of health and other factors that shape health and health care experiences. (2, 3) In the context of designated cancer centers, standardized measurement of factors related to cancer prevention and control has several important advantages. First, use of measures replicated from national surveys ensures that assessments are psychometrically sound and permits comparison with national data sets. Second, using uniform measures affords the opportunity for analysis of data across cancer centers and the merging of data from multiple catchment areas into a larger, comprehensive national dataset. Third,

standardization of the demographic, social, knowledge, attitude, and behavior domains included in catchment area assessments can contribute to harmonization of benchmarks for such domains among cancer centers. Finally, these measures and benchmarks will allow consistent data to be collected repeatedly over time in order to monitor changes/ improvements in catchment areas that may directly result from cancer prevention and control efforts. Ongoing evaluation of progress is essential to reducing the burden of cancer and improving population health.

Acknowledgments

This work was supported by the National Cancer Institute (NCI) grants P30 CA016056–39S4 (PI: C. Johnson) and P30 CA082709–17S6 (PI: P. Loehrer).

References

- Paskett ED, Hiatt RA. Catchment Areas and Community Outreach and Engagement: The New Mandate for NCI-Designated Cancer Centers. Cancer Epidemiol Biomarkers Prev. 2018;27(5):517– 9. Epub 2018/05/03. doi: 10.1158/1055-9965.EPI-17-1050. PubMed PMID: . [PubMed: 29716925]
- Adler NE, Stead WW. Patients in context--EHR capture of social and behavioral determinants of health. N Engl J Med. 2015;372(8):698–701. Epub 2015/02/19. doi: 10.1056/NEJMp1413945. PubMed PMID: . [PubMed: 25693009]
- Billioux A, Verlander K, Anthony S, Alley D. Standardized screening for health-related social needs in clinical settings: The accountable health communities screening tool Discussion Paper, National Academy of Medicine, Washngton, DC., 2017.

Table 1.

Measures Development Working Group Members

| Working Group Member | Affiliation |
|-----------------------------|--|
| Susan Rawl | Indiana University Simon Cancer Center |
| Elizabeth Gage-Bouchard | Roswell Park Comprehensive Cancer Center |
| Heather Aker | Ohio State University Comprehensive Cancer Center |
| Nadine Barrett | Duke Cancer Center |
| Kelly Blake | National Cancer Institute |
| Rachel Faulkenberry McCloud | Dana-Farber/Harvard Comprehensive Cancer Center |
| Laura Fish | Duke Cancer Institute |
| Karen Glanz | Abramson Cancer Center, University of Pennsylvania |
| Gem Le | UCSF Helen Diller Family Comprehensive Cancer Center |
| Shannon Lynch | Fox Chase Cancer Center |
| Tracy Onega | Dartmouth- Hitchcock Norris Cotton Cancer Center |
| Electra Paskett | Ohio State University Comprehensive Cancer Center |
| Bruce Rapkin | Albert Einstein Cancer Center |
| Linda Robertson | University of Pittsburgh Cancer Institute |
| K. Vish Viswanath | Dana-Farber/Harvard Comprehensive Cancer Center |

Knowledge, Attitude, and Behavioral Measures

| Domain | Item | Response Options | | Item source |
|---|--|---|--|-------------|
| Information Seeking and Information Access | Have you ever looked for information about health or medical topics from any source? | • Yes • No | | HINTS |
| | The most recent time you looked for information about health or medical topics, where did you go first? | Books Brochures, pamphlets, etc. Cancer organization Family Friend/Coworker Doctor or health care provider Internet Library Magazines | Newspapers Telephone information number Complementary, alternative, or unconventional practitioner Social media site, such as Facebook, PatientsLikeMe, Caring Bridge Other | HINTS |
| | Overall, how confident are you that you could get advice or information about health or medical topics if you needed it? | Completely confidentVery confidentSomewhat confident | • A little confident • Not confident at all | HINTS |
| Cancer Screening Behaviors | er Screening Behaviors A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? ^{$\dot{\tau}$} • Yes | | | BRFSS |
| | How long has it been since you had your last blood stool test using a home kit? $\stackrel{f}{\tau}$ | Within the past year (anytime less than 12 months ago) Within the past 2 years (1 year but less than 2 years ago) Within the past 3 years (2 years but less than 3 years ago) Within the past 5 years (3 years but less than 5 years ago) 5 or more years ago | | BRFSS |
| | Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? $\dot{\tau}$ | • Yes • No | | BRFSS |
| | For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy? $\dot{\tau}$ | • Sigmoidoscopy • Colonoscopy | | BRFSS |
| | How long has it been since you had your last sigmoidoscopy or colonoscopy? Mark only one. [†] | Within the past year (ar ago) Within the past 2 years ago) Within the past 3 years ago) Within the past 5 years ago) Within the past 10 years years ago) | ytime less than 12 months (1 year but less than 2 years (2 years but less than 3 years (3 years but less than 5 years s (5 years but less than 10 | BRFSS |

| Domain | Item | Response Options | | Item source |
|--------------------------------------|--|---|--|-------------|
| | | • 10 or more years ago | | |
| | A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? [₹] | • Yes • No | | BRFSS |
| | How long has it been since you had your last mammogram? [‡] | Within the past year (anytime less than 12 months ago) Within the past 2 years (1 year but less than 2 years ago) Within the past 3 years (2 years but less than 3 years ago) Within the past 5 years (3 years but less than 5 years ago) S or more years ago | | BRFSS |
| Cancer Screening Knowledge | At what age are most women supposed to start having mammograms? | Years Old | Years Old | |
| | At what age are most people supposed to start doing home blood stool tests, having a sigmoidoscopy or having a colonoscopy? | Years Old | | HINTS |
| Tobacco Use | Have you ever smoked at least 100 cigarettes in your entire life? | • Yes • No | | HINTS |
| | Do you now smoke cigarettes | • Every day • Some days • Not at all | | HINTS |
| Cancer Beliefs | How much do you agree or disagree with each of the following statements? I. It seems like everything causes cancer. There's not much you can do to lower your chances of getting cancer. There are so many different recommendations about preventing cancer, it's hard to know which ones to follow. | Strongly agree Somewhat agree Somewhat disagree Strongly disagree | | HINTS |
| Awareness of Cancer Risk | Compared to other people your age, how likely are you to get cancer in your lifetime? | Much less likely Less likely About the same | More likelyMuch more likely | HINTS |
| Health Care Access | Is there a place that you USUALLY go to when you are sick or need advice about your health? | Yes There is NO place There is MORE THAN ONE place | | NHIS |
| | What kind of place do you go most often? | Clinic or health center Doctor's office or HMO Hospital emergency room Hospital outpatient department Some other place | | NHIS |
| Financial Barriers to Health Care | In the past 12 months was there a time when you needed to see a doctor, but could not because of cost? | • Yes • No | | BRFSS |

Note: Question wording was provided for both self-administered and interviewer-administered surveys. The question wording was adapted for mode without fundamental or consequential changes to the stem or response options.

 \dot{t} this item was only asked if respondent was 50 years old or older

 \ddagger this item was only asked if respondent was female

Table 3.

Socio-Demographic Measures

| Item | Response Options | | Item source |
|--|--|---|-------------|
| What is your age? | Years old (18–130) | | HINTS |
| Are you male or female? | • Male • Female | | HINTS |
| What is your race? One or more categories may be selected. Mark all that apply. | White Black or African American American Indian or Alaska Native Asian Indian Chinese Filipino Japanese | Korean Vietnamese Other Asian Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander | HINTS |
| Are you Hispanic, Latino/a, or Spanish origin? Mark all that apply. | Mexican, Mexican American, Chicano/a Puerto Rican Cuban Another Hispanic, Latino/a, or Spanish origin None of these | | BRFSS |
| Thinking about members of your family living in this household, what is your combined annual income, meaning the total pre-tax income from all sources earned in the past year? | • \$0 to \$9,999 \$10,000 to \$14,999 \$15,000 to \$19,999 \$20,000 to \$34,999 \$35,000 to \$49,999 \$50,000 to \$74,999 \$75,000 to \$99,999 \$100,000 to \$199,999 \$200,000 or more | | HINTS |
| Do you currently rent or own your home? | Own Rent Occupied without paying monetary rent | | HINTS |
| Which one of these comes closest to your own feelings about your household's income these days? | Living comfortably on present income. Getting by on present income. Finding it difficult on present income. Finding it very difficult on present income | | Gallup |
| Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, or Indian Health Service? | • Yes • No | | BRFSS |
| What is the primary source of your health care coverage? | A plan purchased through an employer or union (including plans purchased through another person's employer) A plan that you or another family member buys on your own Medicare | Medicaid or other state program TRICARE (formerly CHAMPUS), VA, or Military Alaska Native, Indian Health Service, Tribal Health Services Some other source | BRFSS |
| What is the highest grade or level of schooling you completed? | Less than 8 years 8 through 11 years 12 years or completed high school Post high school training other than college (vocational or technical) Some college College graduate Postgraduate | | HINTS |
| What is your marital status? Mark only one. | Married Living as married Divorced | Widowed Separated Single, never been married | HINTS |
| What is your current occupational status? Mark only one . | • Employed • Unemployed • Homemaker • Student | • Retired • Disabled • Other (Specify) | HINTS |

| Item | Response Options | Item source |
|-------------------------------------|------------------|-------------|
| Were you born in the United States? | • Yes • No | HINTS |

Note: Question wording was provided for both self-administered and interviewer-administered surveys. The question wording was adapted for mode without fundamental or consequential changes to the stem or response options.