

Administrative Supplements for the NCI P30 Cancer Center Support Grants to support community outreach and engagement (COE) activities across the translational research continuum

Background

Community outreach and engagement (COE) has been a fundamental activity of National Cancer Institute (NCI)-designated Cancer Centers since the initiation of the Cancer Centers program in 1971. Historically, COE has been commonly considered an extension of Centers' Population Science/Cancer Prevention and Control Research Programs. However, since the 2016 and 2019 reissuances of the P30 Cancer Centers Support Grant (CCSG) guidelines, COE is expected to now span all aspects of Centers' programs, including basic, clinical, translational, and population research. Cancer Centers – working with community stakeholders – should identify community needs, communicate those needs across the Center's leadership and research programs (i.e., "in-reach"), and catalyze activities of special relevance to the Cancer Center's self-defined geographic catchment area population. Cancer Centers are encouraged to generate examples of research projects where outreach to and engagement of communities informed and resulted in high-impact science. In addition, Centers are expected to work with communities to disseminate and implement evidence-based interventions (EBIs) and guidelines, public education, and public health policy recommendations. This bidirectional relationship between communities and Cancer Centers promotes an understanding of cancer that is more holistic (bench-to-bedside-to-community), transdisciplinary, encompassing of different views and experiences, culturally sensitive, and reflective of mutual goals.

Purpose and Goals

Cancer Center COE activities have made meaningful contributions to participant recruitment into therapeutic and behavioral intervention studies. However, there has been less focus on COE contributions to either basic science or translating EBIs into community practice. The National Cancer Institute (NCI), Division of Cancer Control and Population Sciences (DCCPS), announces the opportunity for supplemental funding for NCI-designated cancer centers to build capacity for COE activities that address two distinct areas of the translational research continuum: basic science and public/community health.

Supplement proposals must focus on one of the following areas.

- 1) COE activities are well aligned with Population Science/Cancer Prevention and Control Research Programs given the shared emphasis on implementation science, public health research and practice, health communication, health policy, community-based participatory research, and cancer disparities, among other priorities. However, integrating COE into other Center Research Programs may be more challenging due to: basic science investigators' limited knowledge of COE principles and methods; the time, dedication, and relationship building that COE requires; differences in research targets and outcomes (e.g., genes vs. cells vs. communities); communities' limited understanding of basic research; and inaccurate perceptions that COE is not relevant to basic biomedical sciences and vice versa. This option is designed to help bridge the divide and increase NCI-designated Cancer Centers' transdisciplinary capacity for engaging in bidirectional linkages between COE-related activities, community stakeholders, and basic research programs and investigators. Centers who choose this option must develop, pilot, and evaluate a 1-year capacity building project that either serves to initiate a new collaboration between COE, community partners, and one of the Center's basic research programs or enhance an existing collaboration.
- 2) Cancer Centers have a history of generating EBIs through efficacy and effectiveness research, particularly through their Population Science/Cancer Prevention and Control Research Programs. Subsequently, through COE activities, Centers now have an enhanced opportunity to translate that research into practice with an implementation science lens. The purpose of this option is to understand how COE programs at NCI Cancer Centers work with community partners to identify, adapt, and implement existing EBIs to meet the needs of the communities that they serve. EBIs could be identified from interventions developed at the Cancer Center or from existing repositories.

For example, EBIs can be found on NCI's Research-tested Intervention Programs (RTIPS) website (<https://rtips.cancer.gov/rtips/index.do>), which is designed to provide cancer control researchers and practitioners with access to EBIs that have outcomes published in peer-reviewed journals and tangible products that can be implemented in practice. Similarly, The Community Guide (<https://www.thecommunityguide.org/>) uses a science-based approach to determine whether an intervention approach works and is cost-effective. Although these EBI repositories are available for widespread use, it is unclear how many EBIs are put into practice by Cancer Center COE programs (either alone, or more commonly, in partnership with other organizations), and if they are, how they are adapted, implemented, and evaluated. Centers who choose this option must conduct a 1-year project that assesses how Cancer Centers identify, adapt, implement, and evaluate existing EBIs in collaboration with community stakeholders.

This supplement initiative is a part of a larger NCI research initiative to engage Cancer Centers and communities in collaborative, translational research focused on decreasing the cancer burden across the U.S., including among minority and underrepresented populations. It also supports the current P30 CCSG guidance wherein Cancer Centers are encouraged to describe knowledge, best practices, and tools developed by COE activities, and to share these with other NCI Cancer Centers. Centers will collaborate across the funded consortium of NCI Cancer Centers, sharing best practices for: training activities, data collection, evaluation metrics, partnership models, working with underserved populations, etc. The long-term goal of this administrative supplement opportunity is to build capacity for Cancer Centers' COE programs to adapt and implement evidence-based programs and successfully collaborate with Cancer Center investigators across research programs and in partnership with community members. The projects proposed will serve as a model or use-case for subsequent COE initiatives conducted within the Cancer Center as well as across the NCI Cancer Centers community.

Eligibility and Budget

- This opportunity is open to currently funded clinical and comprehensive NCI-designated cancer centers.
- Only one supplement request per center will be considered.
- To be considered responsive for supplemental funding, centers must choose one of the two options described above and articulate a detailed project plan.
- Supplement requests may not exceed \$150,000 total costs, and the project period is for one year.
- Cancer centers whose P30 Cancer Center Support Grant will be in an extension at the time the award is made in FY20 are not eligible for this supplement.
- It is anticipated that awards for this supplement opportunity will be made in September 2020.

Application Submission Format

Applications should be submitted as a signed, scanned PDF to Robin Vanderpool (robin.vanderpool@nih.gov) and Stacey Vandor (stacey.vandor@nih.gov) no later than COB May 4, 2020.

Email confirmation of application receipt from Stacey Vandor must be obtained to be officially considered and evaluated.

Requests must include the following:

- The Standard PHS 398 Face Page
- A detailed budget and budget justification
- NIH Biographical Sketches for new key personnel proposed in the supplement
- Summary of the Project, not to exceed 5 pages (references are excluded from the 5-page limit; no appendices, please)

The 5-page summary must:

- Provide a brief description of the Cancer Center’s catchment area and how analysis of catchment area data informed the cancer research priorities being addressed by the project.
- Include a brief overview of the Center’s COE infrastructure and the relevant basic science research program or the Population Science/Cancer Prevention Control Research Program.
- Provide a clear overview of the proposed project, articulating Option 1 or Option 2 as described above.
- Provide a description of the involved community stakeholder(s) and organization(s).
- Briefly explain the process to engage researchers and community stakeholders around a common understanding of the shared goals of the project, COE and scientific terminology and methodologies, how to translate research into practice, and/or one another’s perspectives on the cancer research priorities to be addressed.
- Outline a work plan that provides a timeline and milestones for the proposed 1-year supplement activities.
- Provide a systematic evaluation of the proposed supplement activities.
- Briefly describe preliminary plans for continuing to grow and develop the proposed body of COE work beyond the supplement funding period.
- Describe the qualifications for the identified lead(s) of the supplement.
- Provide a budget that includes funds to support the travel of two project team members to attend the annual Cancer Center Community Impact Forum (CCCIF) meeting.

NCI Evaluation of Supplement Requests

Administrative supplements do not receive peer review. Instead, NCI staff with expertise in cancer prevention and control will evaluate supplement requests to determine overall merit. Proposals will be reviewed for quality and for responsiveness to application criteria outlined in the requirements for the 5-page summary described above.

Reporting Requirements

As part of the progress report for the parent CCSG, information must be included on what has been accomplished via the administrative supplement (program details such as trainings; tactics implemented; sustainability actions; progress on timeline tasks; and results from evaluation measures on reach, uptake, and other noted measures) as well as progress on the Cancer Center’s work and future development plans. Each Cancer Center that is awarded a supplement will be expected to provide a case study that will be shared among the Cancer Center community. NCI will provide a template that may be used for the case study. Project leaders (at least two from each cancer center) should plan to attend the annual CCCIF meeting, where they will be expected to present their findings to other awardees of these supplements.

Pre-Submission Informational Webinar:

An informational webinar will be held as noted below:

Time: Wednesday, March 18, 2020, 12:00 PM Eastern Time (US and Canada)

The registration link is as follows:

<https://cbiit.webex.com/cbiit/onstage/g.php?MTID=efd5d082d707e740d9e21c3b1a67209c1>

Dial-in information:

Call-in toll number (US/Canada)

1-650-479-3207

Meeting Number/Access Code: 739 299 805

Event password: J2d5pEBZw\$6

Questions

For technical inquiries (including eligibility), please contact your CCSG administrator or your NCI program director. For inquiries about the scientific objectives and goals of this administrative supplement, please contact Robin Vanderpool (robin.vanderpool@nih.gov).