Category: Community-Engaged Data Collection, Analysis, and Dissemination – Completed Project – Staff

Maximizing Outcomes Following Data Collection for the Community Health Assessment Survey (CHAS) in Rural and Frontier Regions of the Mountain West

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1. Background

Collecting health data is a major effort, but its true value depends on meaningful impact. Huntsman Cancer Institute (HCI) is in a prime position to make such an impact, given that the catchment area consists of 11 urban counties and 158 rural counties with fewer than 100 people per square mile and 51 percent of the geographic area in the most isolated frontier category (Federal Acquisition Regulation [FAR] Level Four). Driving improvement in cancer control efforts in these struggling communities is paramount for catchment area data.

2. Goals

To address significant health challenges in rural and frontier areas, HCI's Community Health Assessment Survey (CHAS) aims to drive change in HCI's catchment area. The CHAS is doing that through publications, partnerships, and data transfer agreements with collaborators, a rural and frontier focused working group, and in informing state comprehensive cancer control plans across the five states HCI serves.

3. Solutions and Methods

The CHAS was developed for frontier communities in Idaho, Montana, Nevada, Utah, and Wyoming to inform cancer control efforts. Partners from universities, health departments, and cancer coalitions collaborated to ensure the survey's relevance, clarity, and rigor. The CHAS included questions on demographics, health care access, internet use, patient satisfaction, barriers to care, and clinical trial participation, using established instruments and community input. Each state created its own module according to cancer control priorities. Data transfer agreements enabled shared ownership and facilitated integrating findings into state cancer plans.

4. Outcomes

Dissemination of the CHAS data has made a measurable impact across multiple states. The Nevada Cancer Coalition incorporated survey findings into their cancer plan, providing insights on health care access, clinical research, and survivorship resources. Their clinical research objectives now include strategies to increase community awareness of clinical trials, identify barriers and facilitators to participation, and implement educational campaigns. They also included a toolkit to support decentralized trials, home self-collection, self-enrollment, and mobile phlebotomy. In Idaho, the CHAS data are slated for inclusion in the 2026-2030 plan cycle, while Wyoming Cancer Coalition contractors used the data during cancer plan kickoff meetings to identify priorities, particularly radon testing and barriers to care. The Wyoming Cancer Coalition similarly shared data in coalition presentations to engage stakeholders around rural barriers. CHAS data was presented at various regional events. Partnerships were established with Mountain Pacific Quality Health Foundation through these presentations. Additionally, the University of Nevada partnership yielded a manuscript. Tracy Onega, PhD, MS, MA, MPAS, will be publishing the manuscript, which includes key partners as authors.

5. Lessons Learned and Future Directions

The CHAS has demonstrated substantial impact by advancing cancer control strategies, stakeholder education, and collaborative initiatives across rural and frontier regions of the Mountain West. By prioritizing data co-ownership and accessibility through tailored data transfer agreements, the CHAS has enabled diverse partners to integrate findings into cancer plans, develop targeted interventions, and address critical barriers such as health care access and geographic disparities. Continued dissemination and partnership-building ensure that the CHAS data not only informs policy and planning but also empowers communities to drive meaningful change in cancer care and outcomes.