Using Catchment Area Data Within a Cancer Center Prioritization Process to Guide Community Outreach and Engagement Research Initiatives

N. Acuna, R. Balingit, Z. Surani

Cedars-Sinai Cancer

1. Background
Outreach and Engagement (COE) at cancer centers plays a critical role in reducing the cancer burden within the catchment area. However, cancer centers have unique processes in place to determine community-informed cancer priorities that ultimately lead to outreach and research. The use of catchment area data within the cancer center's prioritization process provides community stakeholders and cancer center leadership with a methodical approach in identifying priorities for research and outreach with a focus on encouraging the use of evidence-based strategies for cancer prevention and control.

2. Goals
Our goal was to demonstrate how catchment area data guides the cancer center prioritization process for COE and research.

3. Solutions and Methods
Cedars-Sinai Cancer COE identified priorities using a process that engaged community and leadership and aligned with the state's cancer plan. Data from the state cancer registry and various publicly available data sources were examined and presented to stakeholders/partners and the Community Advisory Board. These partners identified gaps and voiced a need to conduct assessments for communities that were invisible in the data. Several assessments were launched focused on cancer related health behaviors in Korean; Filipino; and Lesbian, Gay, Bisexual, Transgender, Queer/ Questioning+ (LGBTQ+) communities, as well as in the Antelope Valley. The data and findings were presented to community members through town halls with leadership present, which resulted in priorities.

4. Outcomes
Catchment area data revealed low breast cancer screening (45.1 percent) among Korean Americans, high late-stage breast cancer diagnosis in Koreatown, low colorectal cancer screening among Filipinos (34.7 percent), high smoking rates among LGBTQ+ individuals (11.3 percent), high lung cancer diagnoses in South Los Angeles, and low breast cancer screening in the Antelope Valley (67.1 percent). Priority cancer sites based on the data and input from community as well as research programs included breast, prostate, colorectal, and pancreas. Five COE-led and researcher-led initiatives have been implemented. First are the Health and Faith Initiative that led to the *Faith in Action!* study, which utilized a church-based navigation model that trained 45 lay church members as navigators to increase breast cancer screening among 235 Korean American women. Second is *Be Your Own Fan*, a culturally tailored colorectal cancer awareness and screening campaign co-developed with input from the Filipino community that increased awareness among 81 Filipinos. Thirdly, The *QuitAlliance*, an online platform providing evidence-based smoking cessation strategies focused on the LGBTQ+ community, led to a tobacco prevention curriculum developed through researcher collaborations. Fourth, stakeholders in the Antelope Valley identified the need to increase breast cancer screening through the use of trained community cancer navigators, an evidence-based strategy adapted for this semi-rural area. Fifth, high

lung cancer incidence rates in South Los Angeles have led to the development of a lung cancer coalition, which is included in a new lung cancer screening research study grant.

5. Lessons Learned and Future Directions

Catchment area data are key to the cancer center priority framework, which is based on fostering bi-directional engagement. Publicly available data serve as a preliminary assessment of the catchment area and should be supplemented with a needs assessment to address the gaps. Cedars-Sinai COE has demonstrated how data collected and analyzed informed priority cancer sites within the framework, leading to evidence-based COE initiatives.