Enhancing Comprehensive Cancer Control in Rural Communities

INTRODUCTION

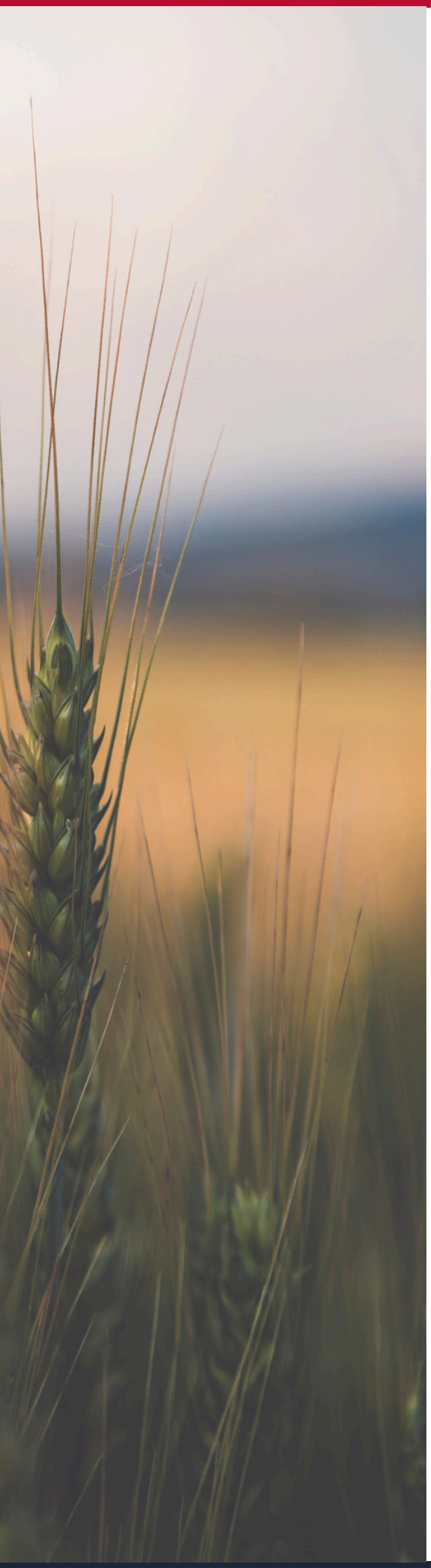
Cancer is the second leading cause of death in the United States. A paradox of lower cancer incidence and higher mortality rates with a slower decline over time highlights the vulnerabilities and burden in rural communities.2,4 Furthermore, the incidence for cancers associated with primary cancer prevention approaches ("tobacco- and HPV-associated cancers") are markedly higher in rural communities.4 Challenges across the cancer prevention, care and survivorship continuum are noted for rural residents and are further compounded by social determinants of health linked to cancer disparities like poverty, education, and insurance status.4

Comprehensive cancer control programs and coalitions are uniquely positioned to address rural cancer burden at the state-level. In 2019, the National Advisory Committee on Rural Health and Human Services recommended that state cancer plans assess and address rural cancer mortality disparities.1 This presents an opportunity to expand approaches to improve health equity and further engage rural communities in comprehensive cancer efforts.

This brief shares key strategies to enhance comprehensive cancer control efforts in rural areas across the country.

RECOMMENDED CCC STRATEGIES

- START WITH SEGMENTED DATA
- ENGAGE LOCAL PARTNERS & COMMUNITY ASSETS
- USE THE DUAL APPROACH
- UTILIZE TECHNOLOGY SOLUTIONS TO EXTEND REACH



DEFINING RURAL IN YOUR COMMUNITY

Nearly 60 million people (19%) reside in rural areas across **every state** in the nation. Rural communities are defined by varying criterion established by local, state and federal agencies such as the United States Census Bureau, Office of Management and Budget or the Health Resources and Services Administration's Federal Office of Rural Health Policy. Key indicators are used to assign communities along the continuum from rural to urban: population size/density, geographic distance, and travel times for work (commute). 3

Tools to learn more about rural communities in your state

1

Rural Health Information Hub "Am I Rural" Tool
https://www.ruralhealthinfo.org/am-i-rural
Identify the rural designation for an address across several federal definitions, federal program eligibility, and access to care shortage indicators.

2

Rural Health Information Hub Rural Data Explorer
https://www.ruralhealthinfo.org/data-explorer
Demographic and health data are available for nonmetro and metropolitan counties, states and the nation.

3

CDC US Cancer Statistics: Data Visualization Tool
https://www.cdc.gov/cancer/dataviz/
Cancer incidence, mortality and survival/prevalence estimates for states, counties, and congressional districts.

START WITH SEGMENTED DATA

As recommended by the *National Advisory Committee on Rural Health and Human Services*, states should explore cancer mortality rates across rural and urban geographies.1 Identifying rural areas with high cancer burden can help to drive priority areas for cancer plan implementation. In addition, stratifying the data by age group, race/ethnicity, and income within geographies can help to examine disparities.1

Resources to explore:

- Rural Health Information Hub
- Places: Local Data for Better Health (CDC)
- Community Commons
- United States Cancer Statistics: Data Visualizations (CDC)
- Rural Health Data (HRSA)

PROMISING PRACTICES

Idaho uses geographic priority maps by cancer type or related factors to identify: "potential reach, population" and the burden of disease. Idaho suggests reviewing mortality rates because "many rural areas have much higher mortality rates". They prioritize using the data to show the areas with 'greatest need or impact".

ENGAGE LOCAL PARTNERS & COMMUNITY ASSETS

Local partner engagement is critical to program success. Rural community members can serve as coalition members, advocates or support local health education outreach efforts. Consider local engagement in the following areas:

- Coalition Diversity: Representatives across sectors, geographies, and populations served
- Champions: Local champions that are trusted members of the community can reduce potential mistrust
- Outreach: Community engagement that includes local community members serving in lay health roles (e.g. Community Health Worker) or as a partner from local community serving organizations. Promising partnerships have engaged faith-based organizations, ACO's, Community health organizations, local clinics/FQHC's, and rural transportation assistance programs.
- Staff from local Public Health entities (districts, regions, etc.) are an important partner in state-wide initiatives reaching rural communities. In Maine, "the district liaison is vey involved in our rural work. The liaisons are very knowledgeable about their communities, and the communities trust the liaisons and know who to reach [out] to for support."

HIGHLIGHT: ACCESS TO CARE

Access to care and transportation or distance to facilities are noted in the literature and the most cited challenges or needs for rural communities amongst interviewed program directors.

Considerations:

- Many rural areas are considered **medically underserved** with fewer providers or healthcare facilities in the area.
- **Distance and longer travel times** that patients have for screening, early detection and treatment services.

"Yes, with smaller towns most people have to travel to get to appointments. They go from one small town to the next that is a little bigger for different appointments with specialists. They may need a follow-up, but the chance of getting different appointments scheduled on the same day is rare".

Promising Rural Program:

Working with local health systems can address this issue for rural communities. For the past 12 years, **Wyoming** has implemented a program for contractors to serve in community health worker roles. Currently have 6 that work throughout the state (4 counties per region) to provide community-level support such as patient navigation. They partner with organizations to do smaller scale evidence-based interventions.

ADAPT PROGRAMS: USE THE DUAL APPROACH

Rural and frontier communities differ in population, resources and social norms across the country. Consider using some of the following resources to develop strategies to address the unique needs of your state.

Use resources to adapt evidence -based approaches to align with community needs and resources

- RHIhub Considerations When Adapting a Program
- CPCRN Putting Public Health Evidence in Action
- NCI Implementation Science Practice Tools

Implement the dual approach to pair state-wide initiatives with tailored multi-level rural programs specifically addressing local needs or barriers (e.g. individual behaviors/knowledge, health systems, and environmental approaches)1,2, 12

Promising Rural Program:

Texas is using the dual approach to conduct HPV vaccination work in the Dallas and Louisiana border, which is a more rural population. Mobile vaccination clinics are conducted in partnership with school districts and rural federally qualified health centers in the rural area. The rural outreach work is implemented by the health department and physicians to enhance HPV vaccination promotion, which was identified as a need. Transportation vouchers are provided "to those who need to complete the vaccination series or follow-ups".

UTILIZE TECHNOLOGY SOLUTIONS TO EXTEND REACH

Rural communities may have variable access to technology like Wi-fi or cell service, which can impact community engagement, telehealth, and virtual coalition engagement. Consider identifying the coverage, including gaps, across your state and develop multi-pronged strategies to extend reach. For example, share both the video link and conference line for virtual meetings or offer a hybrid meeting with both in-person/virtual options. The following recommendations can enhance coalition engagement and cancer prevention and screening reach with rural partners.

- Consider virtual opportunities for program implementation and education (i.e. provider training, community health education) and coalition engagement
- Implement systems change approaches to improve monitoring or navigation for cancer screening/prevention services (i.e. EHR prompts, registries, follow-up lists, automated patient communications, automated client reminders)
- Utilize telehealth, satellite clinics, mobile facilities, virtual tumor boards, extended office hours or other means to improve care delivery and reduce patient barriers

PROMISING PROGRAM HIGHLIGHTS

North Carolina trains lay health educators to extend their reach across the state. *"We seek to reach out to communities and work with them to educate local communities about cancer. This work is mostly done with rural areas."*
North Carolina's Comprehensive Cancer program and coalition collaborated with Rocky Mount to implement a one-day training for cervical cancer lay educators. We have trained women who can then go back to their church communities and will reach between 80-90 churches. As part of the program the women received training and informational packets that they can distribute to their groups with items such as mammogram reminder cards.

Mississippi implemented breast cancer screenings during Alcorn University's homecoming events to reach women in the rural community. They recommend "tying events to individual interest for better outreach and involvement ... [to] keep public interest and the momentum of program outreach". They are offering a variety of programs to reach rural communities across the cancer continuum. Highlighted activities included farmers market vouchers to address food deserts and engaging partners to offer same day screening and results for breast, cervical, oral and skin cancers for underinsured and uninsured women (See, Test, and Treat Program). Partners included University of Mississippi Medical Center, Academy of Pathologist (Mississippi Association of Pathologist?), Susan G. Komen, American Cancer Society, Jackson Hinds Health Center, Central Mississippi Comprehensive Health Center, and the MS breast and cervical program.

COMMUNITY RESOURCES

- State Offices of Rural Health – https://www.ruralhealthinfo.org/organizations/state-office-of-rural-health
- State / Regional Agencies and Organizations - https://www.ruralhealthinfo.org/organizations/state-and-regional-agencies-and-organizations
- State Rural Health Association - https://www.ruralhealthinfo.org/organizations/state-rural-health-associations
- NCI-designated Cancer Centers - https://www.cancer.gov/research/infrastructure/cancer-centers/find

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ACS COMPREHENSIVE CANCER CONTROL INITIATIVE

The American Cancer Society's Comprehensive Cancer Control Initiative (ACS CCC) has been funded since 2001 to improve capacity for CDC's National Comprehensive Cancer Control Program (NCCCP) recipients and their coalitions through technical assistance and training (TAT). The ACS CCC addresses five core strategies as outlined in DP18-1805 (needs assessment, evidence-based TAT framework, national partnerships, TAT implementation and evaluation) to build NCCCP program and coalition capacity to implement the following effective approaches in their state and local communities:

- evidence-based interventions (EBI)
- policy, systems and environmental (PSE) change
- dissemination and training for partners
- using data and evaluation

Visit www.acs4ccc.org to explore resources across the cancer continuum and cross-cutting content (health equity, policy, and cancer data).

For more information about the ACS CCC contact Katie Bathje, Strategic Director, Comprehensive Cancer Control Initiative, Katie.Bathje@cancer.org

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