Reducing cancer disparities through community engagement in policy development: The role of cancer councils

Michael Preston, University of Arkansas for Medical Sciences
Reducing Cancer Disparities through Community Engagement in Policy Development: The Role of Cancer Councils

April 8, 2009

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OBJECTIVES

- Explore local cancer councils (CCs) as vehicles for community engagement in policy development
  - Current roles
  - Opportunities and potential capacity
  - Technical assistance needs
Cancer

- The second leading cause of death in the U.S
- A source of large racial and ethnic disparities
CANCER IN ARKANSAS

- Higher Cancer Mortality Rate 207.3 (189.8)
- ACS 2008 14,840 new cases and 6,350 deaths
The Logic of Cancer Councils

- Engage communities in identifying causes and potential solutions to cancer disparities
  - Disparities in risk
  - Disparities in prevention & early detection
  - Disparities in treatment and outcomes
- Policy development as a potentially powerful tool for communities to address disparities
Cancer Councils as Coalitions

- Arkansas Department of Health
- University of Arkansas for Medical Sciences
- Hometown Health Improvement
- Guest Speakers
- Electric Cooperatives of Arkansas
- Nutritional Snacks
- American Cancer Society
- Educational Material
- Arkansas Cooperative Extension
- Community Hospitals
- Nutrition Education
- Arkansas Prostate Cancer Foundation
- Prostate Cancer Screening
- Susan G. Komen Breast Cancer Foundation, Arkansas Affiliate
- Breast Cancer Screening
- Physicians/Healthcare Professionals
- Survivors and Family Members
- Local Government Representatives
- Education
- Private Sector/Business
- Faith-Based
- Voluntary/Non-Profit
- Media
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Study Design

- A descriptive, formative study to identify current and potential capacity for policy development within CCs
- A self-administered survey of cancer council members (n=45; 86% response rate)

Information
- Members’ current and past experience in cancer policy development
- Types of policy issues addressed
- Array of policy decision-makers with which council members interact
- Types of methods used to inform policy discussions
Population Studied

- Six Community Cancer Councils in Arkansas with each council having 10–15 members.
- Bradley, Cleveland, Marion, Mississippi, Phillips, St. Francis
RESULTS

- Current and Past Experience in Cancer Policy Development
Cancer Council Membership

- Elected or appointed official of a state/local government: 6.1%
- Church or other faith-based organization: 9.2%
- Health care professional: 6.1%
- Arkansas Department of Health: 27.6%
- Hospital or health care organization: 6.1%
- Business owner and/or chamber of commerce member: 5.1%
- Community-based organization: 39.8%
Experience in Policy Development Discussions

81.0% Discussion of Prevention/Screening
76.9% Discussion of Prevention/Screening
78.3% Discussion of Prevention/Screening
Interaction with Policy Stakeholders

- Yes, Within 12 mo
- Yes, Not Within 12 mo

- State Legislator: 41.2%
- City Council/Mayor: 38.2%
- Chamber of Commerce: 23.3%
- Prominent Area Employer: 21.8%
- Local or Regional Health Board/Hospital Board: 17.1%
- Arkansas Department of Health: 13.5%
- Local Medical Society: 8.8%
- County Judge: 44.4%
- PTA and/or Local School Board: 31.2%
- Community Center/Administrators/Leadership: 28.1%
Types of Health Policy Issues Addressed

- Cancer prevention/screening: 13.1%
- Cancer treatment: 5.7%
- Survivorship issues: 3.9%
- Health insurance coverage/health care costs: 9.2%
- Health disparities and health issues: 7.0%
- Environmental health concerns: 10.0%
- Nutrition policy: 5.7%
- Tobacco policy: 7.9%
- Physical activity policy: 12.7%
- Other: 8.3%
Types of Methods used to Inform Policy Discussions

<table>
<thead>
<tr>
<th>Method</th>
<th>Yes within 12</th>
<th>Yes not within 12</th>
<th>Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contacted a Public Official</td>
<td>92.3%</td>
<td>88.2%</td>
<td>82.3%</td>
</tr>
<tr>
<td>Contacted a Newspaper</td>
<td>7.5%</td>
<td>11.8%</td>
<td>9.7%</td>
</tr>
<tr>
<td>Contacted a Radio or TV Talk</td>
<td>100.0%</td>
<td></td>
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<tr>
<td>Signed an Email Petition</td>
<td>60.0%</td>
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<tr>
<td>Signed a Written Petition</td>
<td>87.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boycotted</td>
<td>62.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boycotted</td>
<td>69.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Canvassed</td>
<td>100.0%</td>
<td></td>
<td></td>
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<tr>
<td>Voting</td>
<td>91.6%</td>
<td></td>
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<tr>
<td>Letter Writing Campaign</td>
<td>99.9%</td>
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</tbody>
</table>

Note: Effectiveness values are derived from the percentage of successful outcomes for each method.
Perceived Self-Efficacy In Policy Development

Knowledge to talk with a local official about a health issue:
- Yes: 85.4%
- No: 4.9%
- I don’t know: 9.8%

Skills to support your interest:
- Yes: 73.2%
- No: 22.0%
- I don’t know: 4.9%

Resources to support your interest:
- Yes: 41.5%
- No: 26.8%
- I don’t know: 31.7%
Perceived Technical Assistance Needs

- Speaking with the media on health policy topics: 12.7%
- Establishing relationships with decision-makers: 15.5%
- Understanding the policy making process at the local level: 14.1%
- Understanding the policy making process at the state level: 16.9%
- Coalition building around policy issues or concerns: 16.9%
- Knowing who to go to in addressing a policy concern: 22.5%
- Other: 1.4%
Conclusions

- CC members are engaged in frequent policy development opportunities on a variety of cancer policy issues.

- Current engagement occurs more often with governmental policy stakeholders than with influential private sector interests (e.g. chambers, medical society, hospitals).

- CC members have high perceived self-efficacy but need resources and technical assistance to support policy development.
Implications

- Responsive public health systems require vehicles for communities to engage in policy development
- Cancer councils provide promising models of engagement
- Untapped opportunities for enhancing policy engagement exist
  - Expanded targets of engagement
  - Expanded methods of engagement