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

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Reducing Cancer Disparities through Community Engagement in Policy Development: The Role of Cancer Councils

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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

ACS Cancer Facts & Figures 2008
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

- Physicians/Healthcare Professionals
- Survivors and Family Members
- Local Government Representatives
- Education
- Private Sector/Business
- Faith-Based
- Voluntary/Non-Profit
- Media

Arts and Sciences
University of Arkansas for Medical Sciences

Hometown Health Improvement

Guest Speakers

Electric Cooperatives of Arkansas
Nutritional Snacks

American Cancer Society
Educational Material

Community Hospitals

Arkansas Cooperative Extension

Nutrition Education

Susan G. Komen Breast Cancer Foundation, Arkansas Affiliate
Breast Cancer Screening

Arkansas Prostate Cancer Foundation
Prostate Cancer Screening

Arkansas Department of Health

Arkansas Department of Health
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

- A health policy issue: 73.8% Yes, Within 12 mo, 14.3% Yes, Not Within 12 mo, 11.9% No, Never
- Plans or priorities of a health care organization: 69.1% Yes, Within 12 mo, 19.1% Yes, Not Within 12 mo, 11.9% No, Never
- The health policy/platform of a local or state candidate running for office: 31.0% Yes, Within 12 mo, 21.4% Yes, Not Within 12 mo, 47.6% No, Never

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

- State Legislator: Yes, Within 12 mo: 41.2%, Yes, Not Within 12 mo: 23.5%
- City Council/Mayor: Yes, Within 12 mo: 38.2%, Yes, Not Within 12 mo: 23.5%
- Chamber of Commerce: Yes, Within 12 mo: 23.3%, Yes, Not Within 12 mo: 23.3%
- Prominent Area Employer: Yes, Within 12 mo: 21.8%, Yes, Not Within 12 mo: 46.8%
- Local or Regional Health Board/Hospital Board: Yes, Within 12 mo: 62.1%, Yes, Not Within 12 mo: 13.5%
- Arkansas Department of Health: Yes, Within 12 mo: 73.5%, Yes, Not Within 12 mo: 8.8%
- Local Medical Society: Yes, Within 12 mo: 15.1%, Yes, Not Within 12 mo: 6.0%
- County Judge: Yes, Within 12 mo: 44.4%, Yes, Not Within 12 mo: 16.6%
- PTA and/or Local School Board: Yes, Within 12 mo: 31.2%, Yes, Not Within 12 mo: 21.8%
- Community Center Administrator/Leadership: Yes, Within 12 mo: 28.1%, Yes, Not Within 12 mo: 12.5%

UAMS
Winthrop P. Rockefeller Cancer Institute
University of Arkansas for Medical Sciences
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: 12.7%
- Health disparities and health issues: 7.9%
- Environmental health concerns: 8.3%
- Nutrition policy: 9.2%
- Tobacco policy: 7.0%
- Physical activity policy: 10.0%
Types of Methods used to Inform Policy Discussions

- Contacted a Public Official: 92.3%
- Contacted a Newspaper: 88.2%
- Contacted a Radio or Television Talk Show: 87.5%
- Protested: 100%
- Signed an Email Petition: 87.5%
- Signed a Written Petition: 60%
- Boycotted: 62.5%
- Boycotted: 69.1%
- Voting: 100%
- Canvassed: 91.6%
- Letter Writing Campaign: 99.9%

Bar and line graphs showing effectiveness and percentage of methods used.
Perceived Self-Efficacy In Policy Development

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

- **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