

**CPCRN Steering Committee Meeting Minutes**

May 12, 2020  
2:00 - 3:00 PM ET

**Roll Call:**

Colorado SPH – Betsy Risendal, Andi Dwyer  
 Emory – Cam Escoffery, Christine Agnone  
 New York University-CUNY – Chau Trinh-Shevrin, Simona Kwon, Julie Kranick, Victoria Foster  
 U. Arizona – Cyndi Thomson  
 U. Iowa – Natoshia Askelson, Heidi Haines  
 UNC-Chapel Hill – Jennifer Leeman, Catherine Rohweder, Mary Wangen  
 U. South Carolina – Daniela Friedman, James Hébert, Jan Eberth, Sam Noblet, Sue Heiney  
 U. Washington-Seattle – Linda Ko, Thuy Vu  
 CDC – Arica White, Mary White, Sue Sabatino  
 NCI – Cindy Vinson  
 UNC Coordinating Center – Stephanie Wheeler, Becky Lee, Rebecca Williams, Alexa Young

**All documents from this meeting are located in the CPCRN Steering Committee Google Drive folder ([link](#)).**

Agenda Item and Presenter	Comments, Notes, and Discussions	Decisions and Action Items
Coordinating Center Updates <i>(Lee/Wheeler)</i>	-Coordinating Center has been monitoring and responses from the Areas of Expertise Survey, and have received responses from all and but one member; will begin analyzing the survey data and working on creating the Kumu map this week.  -The Spring 2020 CPCRN newsletter is scheduled for dissemination on Friday, May 15 <sup>th</sup>	-Investigators with newsworthy information from their respective centers/ workgroups should send the items to Alexa to be included in the upcoming CPCRN Newsletter
Affiliate Member Application <i>(Leeman, Escoffery)</i>	-Review of Affiliate Member Application: <ul style="list-style-type: none"> <li>• <a href="#">Randy Schwartz, Public Health Systems Consultants</a> <ul style="list-style-type: none"> <li>○ Sponsors: <i>Jennifer Leeman &amp; Cam Escoffery</i></li> </ul> </li> </ul>	

<p>Affiliate Member Application Continued (Leeman, Escoffery)</p>	<ul style="list-style-type: none"> <li>○ Applicant Info: <i>Has been a valuable, contributing affiliate of CPCRN in the last year; several CPCRN investigators participated in a training that he helped to organize with the National Association of Chronic Disease Directors (NACDD); recently put forward a request for CPCRN investigators to collaborate with them on a proposal; prior to that, CPCRN investigators engaged with Schwartz through his affiliation with ACS; he brings value to the Network through his broad range of affiliations and work with practitioners, people with boots on the ground at ACS, healthcare teams that provide training and technical systems quality improvement support, and now in his new role working with the NACDD, that could be a great partnership for CPCRN; he also works and publishes in implementation science, and has great thoughts and input from a practitioner perspective</i></li> <li>○ Affiliate Status: <b>Approved</b></li> </ul> <p>-Comments/Questions</p> <ul style="list-style-type: none"> <li>● [M. White]: <i>We [CDC] work with Randy too. He has experience with other organizations, but when he joins, he speaks for himself, and isn't here to represent those organizations, correct?</i> <ul style="list-style-type: none"> <li>○ [Leeman]: <i>Yes, that's my understanding. He will represent himself in his affiliation with CPCRN.</i></li> </ul> </li> </ul>	
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<p>Workgroup Charter Presentations and Workgroup Approval Discussion (<i>Eberth, Friedman/Escoffery</i>)</p>	<p><b><u>Rural Cancer Workgroup Charter</u></b>  <b>[Eberth]</b></p> <ul style="list-style-type: none"> <li>• Askelson, Eberth, and Haines put together the charter, with input from workgroup members</li> <li>• Continue to hold monthly meetings which most of the members are able to regularly attend</li> <li>• Overall objective is to leverage the relationships and expertise from the large group of investigators that make up the Rural Cancer Workgroup, in order to conduct research related to rural cancer capacity and outcomes in rural residents</li> <li>• The workgroup is representative of nearly every CPCRNC collaborating center, and has good external stakeholder representation as well</li> <li>• Hope to have a face-to-face meeting in addition to monthly virtual meetings; considering NRHA, APSO, or D&amp;I Conferences as options to meet as a group</li> <li>• Asking all Workgroup members to be involved in one or more of the three identified subcommittees within which manuscripts and projects will be carried out</li> <li>• No signature project, but initial project for Cycle 5 will be to look at the state Cancer Control Plans to see how they are integrating relevant rural data; doing a baseline review and primary data collection with State Cancer Control Program directors to get a better sense of their upcoming plans</li> <li>• Have identified leads for several workgroup projects: <ul style="list-style-type: none"> <li>○ Three continuing manuscripts that have rolled over from Cycle 4: two are currently in the outline stage;</li> </ul> </li> </ul>	
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<p>Workgroup Charter Presentations and Workgroup Approval Discussion <i>Continued (Eberth, Friedman/Escoffery)</i></p>	<p>and one has been completed and is awaiting final approval by the CDC</p> <ul style="list-style-type: none"> <li>○ Four new manuscripts have been identified for Cycle 5 thus far: one has already begun and members are in the data analysis phase. This manuscript will be submitted to the CDC's <i>Preventing Chronic Disease</i> around September</li> <li>● Envision needing some financial support from the Coordinating Center to fund an organization like CHAI Core for assistance with primary data collection-related tasks such as interview transcriptions and data analysis</li> </ul> <p><u>-Questions/Comments:</u></p> <ul style="list-style-type: none"> <li>● [Wheeler]: <i>Because there are so many investigators across the Network who have interest in rural cancer control, new people may want to engage. Is there an onboarding strategy, or is it just easier to direct them to start participating on the calls and go from there?</i> <ul style="list-style-type: none"> <li>○ [Eberth]: <i>A couple of affiliates have expressed interest and get approved through the Steering Committee, at which point they join the calls. As for others, I'm open to suggestions.</i></li> </ul> </li> <li>● [Wheeler]: <i>Maybe we can facilitate matchmaking for this and other Workgroups, if someone [student, researcher, etc.] has a strong mentor that's already in the Workgroup or Network, that seems to make sense.</i> <ul style="list-style-type: none"> <li>○ [Hébert]: <i>There are natural and organic connections to the rural workgroup:</i></li> </ul> </li> </ul>	
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<p>Workgroup Charter Presentations and Workgroup Approval Discussion <i>Continued (Eberth, Friedman/Escoffery)</i></p>	<ul style="list-style-type: none"> <li>▪ <i>Work with farmers market, connecting food production</i></li> <li>▪ <i>Health behaviors related to obesity, etc. and how higher rates are exhibited among rural populations</i></li> </ul> <ul style="list-style-type: none"> <li>○ [Eberth]: <i>I'm interested in seeing how other Workgroups branch and partner off with one another. There are definite overlaps; however, it's hard to make those connections being that they meet independently</i></li> </ul> <p><u>-Workgroup Status: <b>Approved</b></u></p> <p><b>CPCRN Scholars [Friedman, Escoffery]</b></p> <ul style="list-style-type: none"> <li>• The overall goal is to create a network of CPCRN scholars</li> <li>• Plan is for investigators to identify and bring together a collection of existing resources to inform the Workgroup about what is appropriate for a mentee-mentor relationship, as that's what will ideally exist within CPCRN</li> <li>• There are many programs that exist, but the Scholars program would be for those within CPCRN, to give them the opportunity to engage with one another</li> <li>• Workgroup members have been meeting monthly by phone/Zoom, with dialogue taking place in between via email</li> <li>• Hoping to have different categories of scholars (undergrads, grad students, faculty, practitioners, etc.); there would be common components across all categories</li> <li>• When scholars enter the program, they will complete a baseline survey with a mentor to gauge where they might fit in with others and across</li> </ul>	
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<p>Workgroup Charter Presentations and Workgroup Approval Discussion <i>Continued (Eberth, Friedman/Escoffery)</i></p>	<p>Workgroups/collaborating centers; CPCRN Scholars will help to connect Workgroups and centers through ongoing work, as well as educational and professional development activities</p> <ul style="list-style-type: none"> <li>• Scholars may have one or more mentors who will support, monitor, and assess their progress through the program</li> <li>• Toward the end of the program, there will be an exit survey to see what the scholar has accomplished</li> <li>• There will be flexibility in terms scholars' duration of involvement</li> <li>• 11 people have reached out with interest in the Scholars Program: four from USC; four from Emory; and three from UNC. This includes program managers, doctoral students, and undergraduates.</li> <li>• Currently, in the formative phase, which includes three components; <ul style="list-style-type: none"> <li>○ 1) Conducting an environmental scan <i>to see what other programs offer:</i> <ul style="list-style-type: none"> <li>▪ Looking at the Brain Health Network to inform the curriculum</li> <li>▪ Looking at curriculums in D&amp;I science, and training programs such as NCI's TIDIRC to get a sense of the components, how long the program operates for each participant, how they engage with each other, and what their relationship with mentors looks like.</li> </ul> </li> <li>○ 2) Conducting an env. scan <i>to gauge competencies of D&amp;I training programs or published literature:</i></li> </ul> </li> </ul>	
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<p>Workgroup Charter Presentations and Workgroup Approval Discussion <i>Continued (Eberth, Friedman/Escoffery)</i></p>	<ul style="list-style-type: none"> <li>○ 3) Interviewing different stakeholder groups so that they can build something for people to enthusiastically subscribe and apply to</li> <li>● Workgroup members were asked to nominate anyone from postdocs to faculty to practitioners to health professionals for 30min interviews</li> <li>● Would like assistance from the Coordinating Center once they have scholars in the program, and it comes time to distribute surveys</li> </ul> <p><u>-Questions/Comments:</u></p> <ul style="list-style-type: none"> <li>● [Wheeler]: <i>I liked the ideas circulated around webinars. It sounds like the distinction between the webinars and journal club is that the latter is intended to be more interactive and discussion-based, whereas webinars could appeal to a broader audience of D&amp;I investigators. Have you talked about making those open for others beyond the scholars to attend? Might also be a way to get scholars into the program.</i> <ul style="list-style-type: none"> <li>○ [Friedman]: <i>That's a great idea. At the Annual Meeting, when we had the webinar of journal editors for the Healthy Brain Network, the investigators were just as excited as the scholars. We had people beyond the network on that call. I think it's a good recruitment tool to get people involved. It also promotes awareness that we're hosting these types of events that could count as prof dev activities for others.</i></li> </ul> </li> </ul> <p><u>-Workgroup Status:</u> <b>Approved</b></p>	
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<p>Finalize CPCR Policies and Procedures (Wheeler, Lee)</p>	<p>-The Coordinating Center disseminated the most up-to-date iteration of the <a href="#">CPCR Policies and Procedures</a> Network document via email</p> <p>-Received input from co-chairs, Escoffery and Friedman, federal agency partners, and members of the Steering Committee</p> <p>-Several important edits have been made:</p> <ul style="list-style-type: none"> <li>• Broadened the recommendation that people attend implementation science meetings, to more generally recommend CPC science meetings</li> <li>• Added CDC Science Impact Framework to the appendix</li> <li>• In terms of expectations for investigators, added a point that members should consider/ Recommend other for external committees and collaborative authorship opportunities</li> </ul>	<p>-Investigators may access the most up-to-date version of the Policies and Procedures document from the CPCR website under <a href="#">Members Resources</a></p>
<p>Cancer &amp; COVID-19 Interest Group (Thomson, Risendal)</p>	<p>-A group of investigators have participated in two calls to date, and hope to put forth an opinion piece or commentary on Cancer and COVID-19</p> <p>-Have seen a need for two types of documents that could be submitted to journals as a joint submission:</p> <ul style="list-style-type: none"> <li>• The first, led by Risendal, focuses on various public health approaches that have been historically used by CPCR investigators, and how these approaches might be important to think about in addressing the Pandemic</li> <li>• The second, led by Thomson and Linda Ko, would be more clinically-based, focusing on why cancer patients are at higher risk and the implications for health</li> </ul>	<p>-Risendal will share with Thomson the IS systematic review that she identified as having potential overlap with their idea for the more clinically-oriented manuscript</p>



<p>Cancer &amp; COVID-19 Interest Group <i>Continued</i> (Thomson, Risendal)</p>	<p>-Forming two subgroups to work on these manuscripts, with a mutual interest in health disparities and looking at IS approaches that could be applied to public health or clinical settings. For the public health-focused paper, two broad areas of focus have been identified:</p> <ul style="list-style-type: none"> <li>• The first emphasizing shovel-ready approaches in terms of pop. management with a particular focus on structural barriers that might be relevant to the COVID-19 response, as well as pop. management strategies and differentiating that from diagnostic screening and some of the lessons learned from cancer;</li> <li>• The second focusing on highlighting the foundational building blocks of public health-focused programs, and lessons learned from cancer that might be missing from the COVID-19 response so far <ul style="list-style-type: none"> <li>○ Risendal did not find any overlap with this topic and other work that has been published to date</li> <li>○ There is one systematic review that might have some commonalities with the clinical paper, which Risendal will share with Thomson to review</li> </ul> </li> </ul> <p>-Hoping to garner interest and engagement from investigators and begin writing in the next couple of weeks</p> <ul style="list-style-type: none"> <li>• Escoffery and Friedman expressed interest in contributing to public health-focused paper</li> </ul>	
<p>CPCRN4 Year 5 Progress Report (Wheeler)</p>	<p>- The Coordinating Center has been working on finalizing the Progress Report</p> <p>-Currently seeking input from centers funded in Cycle 4 of the Network</p>	

<p>Federal Agency Partners' Corner (CDC, NCI)</p>	<p>-CDC [<i>A. White</i>]</p> <ul style="list-style-type: none"><li>• No updates to report.</li></ul> <p>-NCI [<i>Vinson</i>]</p> <ul style="list-style-type: none"><li>• Keep an eye out from Vanderpool for a save-the-date for NCI's virtual Implementation Science Consortium in Cancer (ISCC), which will take place on September 22-23, 2020</li><li>• Plans are still being made for an in-person D&amp;I Meeting in December</li><li>• Investigators with interest in submitting to COVID-19-related RFAs, supplements, etc. should do so as soon as possible; these are being accepted and funded on a rolling basis.</li></ul>	
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