

Cancer and aging: Linking community partners for advocacy and policy change

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CNP for Older Underserved African American Adults

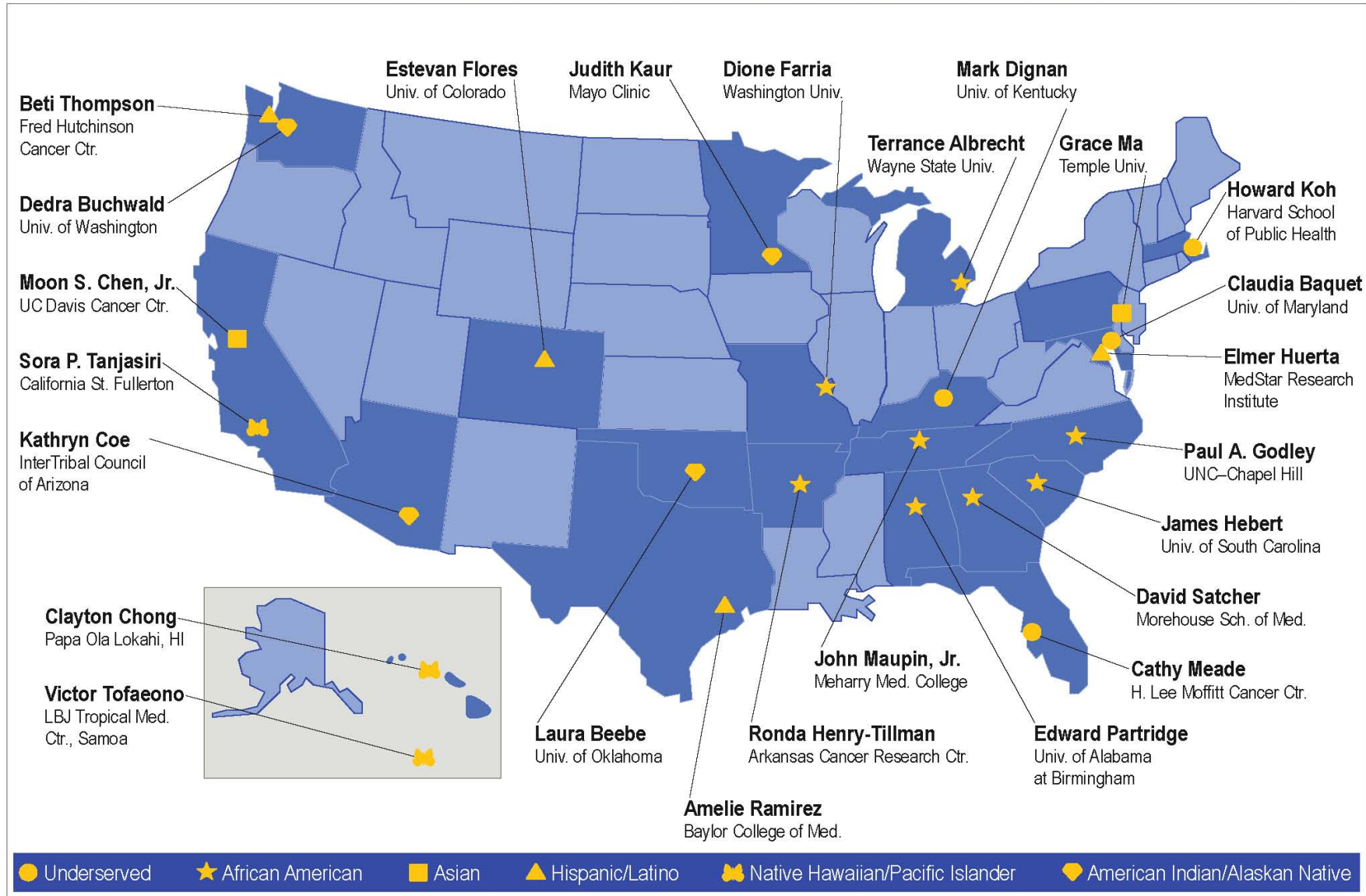
Barbara Ann Karmanos Cancer Institute and Wayne State University Institute of Gerontology

Detroit Community Network Program (CNP) for Older, Underserved African-American Adults

Who We Are:

A consortium of agencies that serve the Detroit metropolitan area, made up of senior service agencies, local health providers, academic institutions and local government health agencies

COMMUNITY NETWORKS PROGRAM SITES



Why a CNP?

- Conceived as a project to impact the dramatic disparities among older Detroit (Wayne County) residents
- Existing relationships were drawn on to form the foundation of the Detroit CNP (Barbara Ann Karmanos Advisory Committee and WSU Institute of Gerontology Healthier Black Elders Center)
- Baseline evaluation was designed to get a sense of the shared goals

Baseline Evaluation

- Focused on the assessment and measurement of the extent to which we are successful in nurturing and developing a sustained, collaborative network focused on addressing the of elderly African Americans in the areas of prostate, colorectal, breast, and lung cancer

Methodology

Network Analysis

First: Pre-CNP network partner collaboration
(baseline assessment)

Subsequently: Changes annually in number
and depth of partner collaboration

Structured interview and network interaction
matrix to capture types of collaboration

Key Hypotheses

- As the network matures we will achieve an increasing number and percent of collaborative exchanges in the nature, depth, and level of complexity of the collaborative exchanges
- Following post CNP Program funding, the Detroit CNP will be able to sustain a robust level of collaboration

Baseline Assessment Findings

Reported Collaborative Contacts:

- The most frequently reported relationships were of the least complex and involved level (Networking): sharing information, marketing support and printed materials.
- Educational activities for staff and community constituencies and sharing of personnel and financial relationships were the next most frequent.
- The number of research and program development level partner links was the least frequently reported.

CNP Network Relationships With CNP In Place

Key

Pink Lines – Reported Links

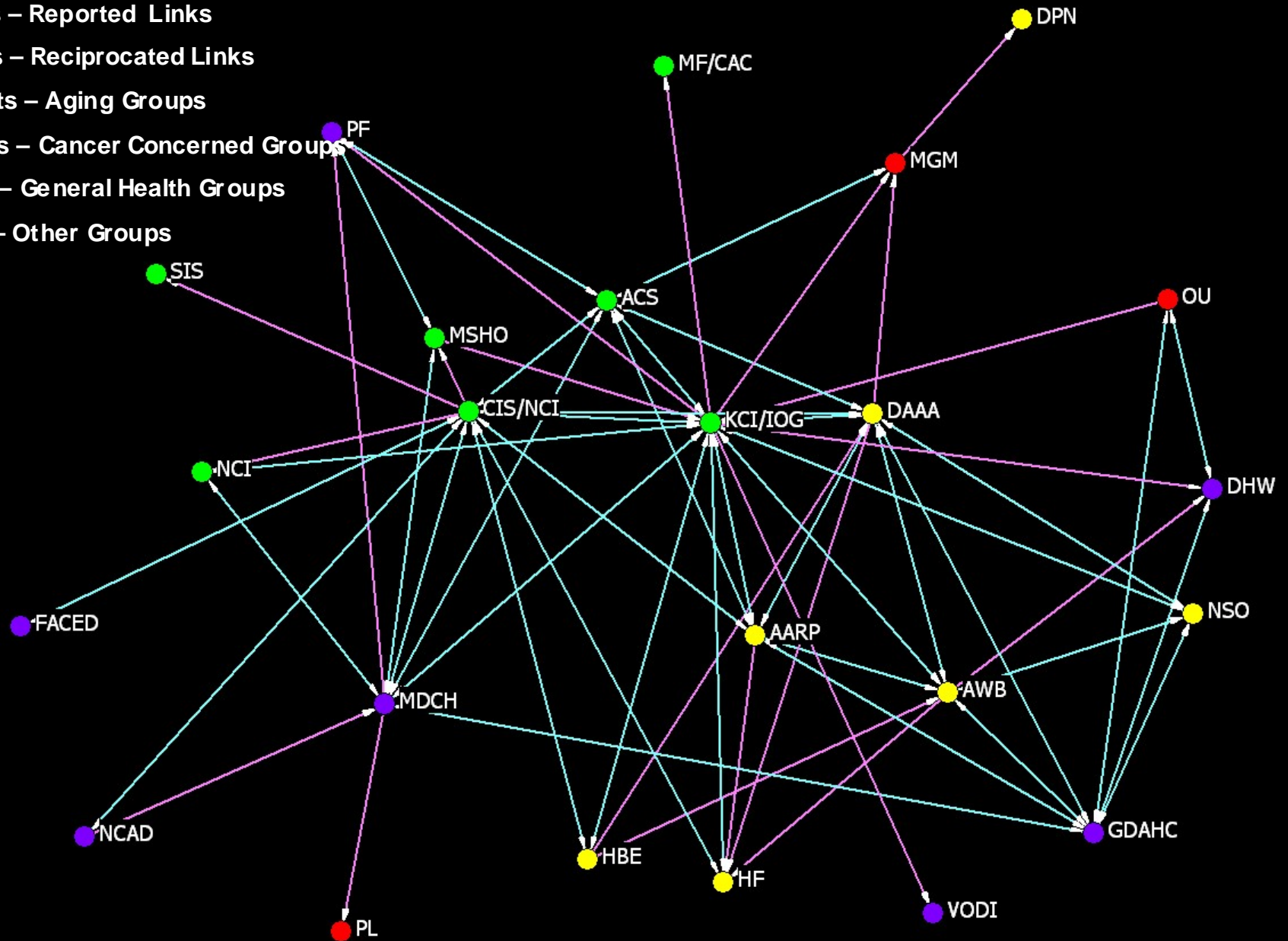
Blue Lines – Reciprocated Links

Yellow Dots – Aging Groups

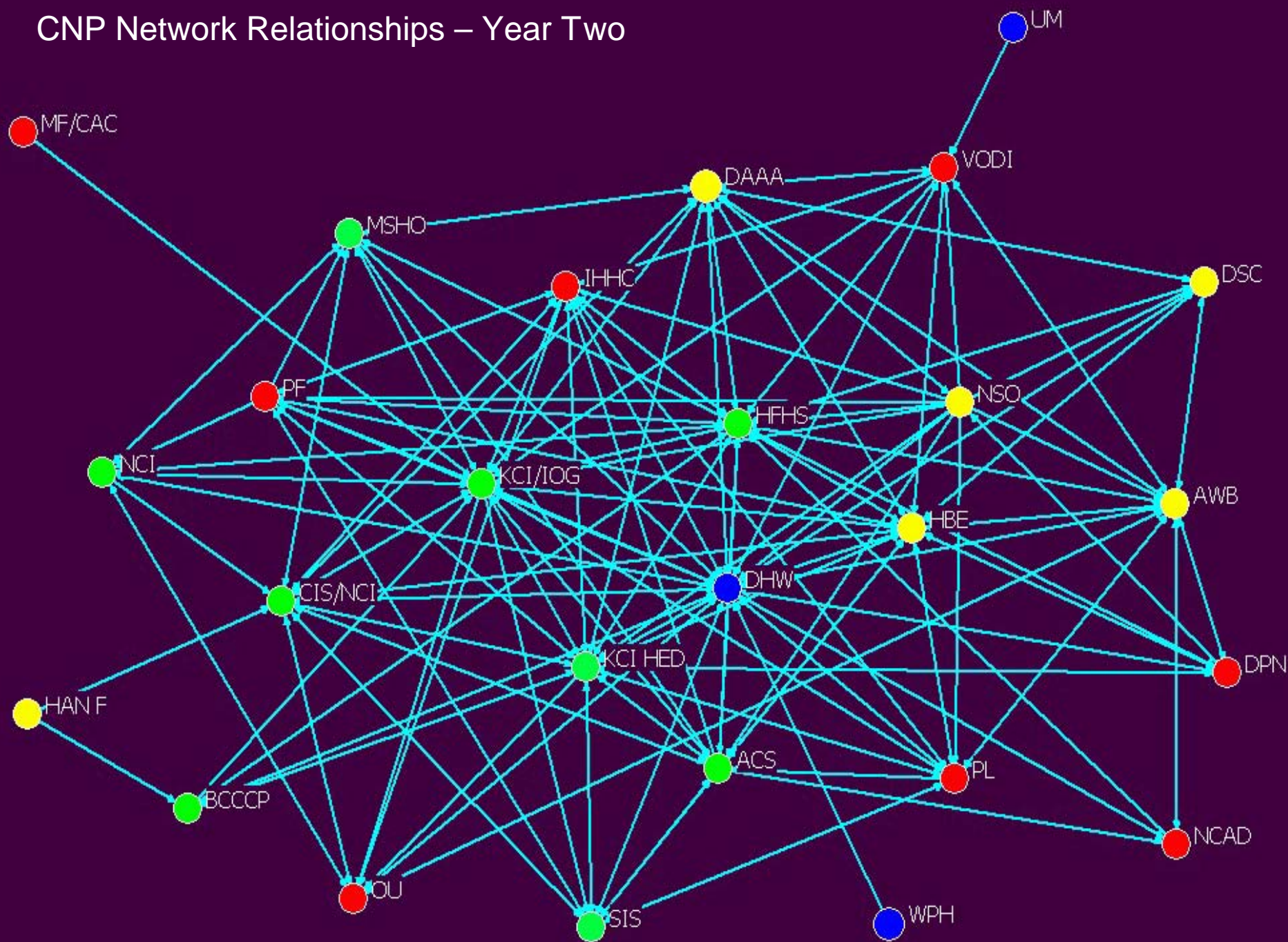
Green Dots – Cancer Concerned Groups

Blue Dots – General Health Groups

Red Dots – Other Groups



CNP Network Relationships – Year Two



Baseline Measure of Partners Cancer Participation

Nearly half of the 21 partners responding stated they provide some type of cancer service:

- 2 provide promotion services
- 6 provide screening and/or treatment services
- 3 provide referral services
- Only 3 partners identified research as a service they provide
- No partners identified training as a service they provide

Partners' Willingness to Collaborate

- 21 of the original 26 partners were willing to collaborate or expand existing collaborations to support services
- 9 partners stated they could provide educational materials
- 7 partners could provide staff (e.g., educators, volunteers)
- 5 partners could provide clinical services
- 4 partners had interest to participate in research
- 4 partners offered expertise in the planning of community interventions

Current Collaborations

Project collaborations underway

- Interfaith Health & Hope Coalition
- Centers for Medicare & Medicaid Services
 - Henry Ford Health System
- Adult Well Being Services
- Healthier Black Elders Center
- Hannan Foundation
- More than 25 projects suggested at our most recent network meeting

Barriers to Effective Collaborations

- Seventy-eight percent (18/21) of partners indicated that they experience barriers that inhibit their ability to provide adequate support and services:
 - a. Money, resources and time
 - b. Competitiveness for resources
 - c. Cancer is not part of their core mission (policy issues)

Addressing Organizational Policy



- Partners identified Cancer as not part of their core mission yet expressed a willingness to collaborate on cancer as an important issue
- Partners are being asked to look at their unique organizational level policy as a starting point for effecting change

Translating the Cancer Problem into Useable Terms

- Race and Socioeconomic Status are both factors in health disparities
- Summer 2007: Poor minorities charged more at hospitals for same care
- Racism is a serious chronic stressor
- Poor Blacks (37%) in poorer health than high income Blacks (5%) or Whites (4.2%)
- Blacks at any income have higher mortality rate across lifespan than Whites
- Life course perspective is critical
- In older Blacks, issue of co-morbidity is a key context for understanding cancer's effects



The CNP and Public Health Policy



- 74% (17/21 respondents) indicated they are involved in efforts to influence PH Policy related to their constituent focus
- 9 of 23 respondents saw the CNP as a way to engage other partner organizations in locating new funding streams and working to educate legislators and policy makers
- 20 out of 23 partners indicated that the CNP is an appropriate setting for exploring policy change

Where we are

- Initial baseline data collected, analyzed and summarized.
- Information on partner mission, resources and sharable resources organized into a retrievable form. Information organized into both narrative and tabular form.
- Phase II partner interviews completed and preliminary analysis commencing.
- Have engaged partners to actively seek out ways to collaborate after reinforcing the available resources that each organization brings to the table

Next Steps:

- Determining how best to make partnership information available
- Determining how to keep partners continually engaged
- How best to make use of the information we have gathered to nurture network collaboration
- Galvanizing organizational influence to affect local, state and federal policy impacting cancer disparities

Thanks to the Research Team

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