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Strategies Used and Lessons Learned by Community Assistants in Organizing Regional Forums for Cancer Education in Iowa, USA

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Introduction

Cancer is a leading cause of death in the United States and cancer cases are expected to increase by 24% in men and 21% in women between 2010 and 2020 (Weir, Thompson, Soman, Moller, Leadbetter, & White, 2015). Cancer cases around the world are expected to increase to 24 million by 2035 up from 14 million in 2012 (Ferlay, Soerjomataram, Ervik, Dikshit, Eser, Mathers, et al, 2014). Moreover, cancer rates vary by country, region, and state (Ferlay et al, 2014; Siegel, Miller, & Jemal 2015). Understanding community dynamics at the local level can provide insights into how to build meaningful relationships between researchers and community organizations. The use of the Community-Based Participatory Research (CBPR) model is recognized as an effective and important approach to establishing a working partnership with community leaders and organizations (Weiner & MacDonald, 2013).

The CBPR model has four key features: (1) It recognizes the community as the primary unit of identity; (2) It enhances and builds on the existing strengths of the community; (3) It fosters collaborative relationships between the academic institution and community partners throughout the entire research process; and (4) Knowledge gained through the partnership is translated into specific action (Weiner & MacDonald, 2013). These key features provide the foundation to bring community leaders and organizations to the research table, whereby researchers can better understand important local health concerns, as well as, specific social, environmental, and political characteristics of a community (Ablah, Brown, Carroll, & Bronleewe, 2016). CBPR principles are helpful to deploy interventions for at-risk communities and with the use of a communication, awareness, relationship and empowerment model trust can be enhanced in the endeavor (Ceasar, Peters-Lawrence, Mitchell, & Powell-Wiley, 2017). Thus, understanding the principles of CBPR and how you implement CBPR is important in the process of building sustainable cancer research infrastructure in communities throughout a state.

By referring to the key features of the CBPR model, the University of Iowa, Department of Family Medicine, the Iowa Research Network (IRENE), a practice-based research network, and the University of Iowa Holden Comprehensive Cancer Center (HCCC) in collaboration with the Iowa Cancer Consortium (ICC), collaborated to develop a comprehensive program (including funding for infrastructure, information technology resources, human resources, and physical facilities) that would provide the infrastructure to support community-based, cancer control research across Iowa and provide cancer prevention education to Iowans. Cancer control “aims to reduce the incidence, morbidity and mortality of cancer and to improve the quality of life of cancer patients in a defined population, through the systematic implementation of evidence-based interventions for prevention, early detection, diagnosis, treatment, and palliative care” (World Health Organization, 2007a, p. iv).

Communities are defined as groups of people with common interests living in a particular area. Community participation in healthcare research facilitates the development of best practices, improves changes in healthcare delivery and health outcomes (Chen, Mullins, Novak, & Thomas, 2016; Wallerstein & Duran, 2006). The National Institutes of Health (NIH) purports that to maximize the relevance, dissemination, and implementation of health science research for the public; communities must have the opportunity to be actively engaged in the research enterprise. This active engagement includes participation in formulating research questions; designing and conducting research; translation and application of research findings to community-based practice and public health initiatives; and using research-generated evidence to support public health policy decisions (Rodgers, Akintobi, Thompson, Evans, & Escoffery 2013).

Researchers at the North Carolina Translational and Clinical Sciences Institute have found that tapping into an established community-based network and linking researchers to community-identified priorities ensures that the most pressing health needs of North Carolina’s residents are met (Jones, Lightfoot, De Marco, Isler, & Ammerman 2013). Other researchers have found that community-based organizations have an interest in and access to local knowledge that can help inform health authorities and establish research priorities (Kwon, Rideout, Tseng, Islam, & Cook 2012).

The purpose of this project was to enhance the infrastructure for community-based cancer control research across the State of Iowa. Part of enhancing the infrastructure for cancer control involved hiring five community assistants to conduct educational forums for the public. The community assistants were trusted community members from across the state that were selected and trained to serve as peer educators, frontline health workers, and promoters of research collaboration (Simonsen, Ralls, Guymon, Garrett, Eisenman, Villalta, et al., 2017). The World Health Organization conducted a report to determine the evidence of community health workers known by different titles throughout the world and concluded they can improve the access to and coverage of communities with basic health services (World Health Organization, 2007b). The work by the community assistants provided a valuable opportunity to capture lessons and insights from their work throughout a three year project.

The purpose of this study was to: (1) describe the process/strategies community assistants used to schedule and host community forums in Iowa; (2) to determine the specifics of their preparation, scheduling, and hosting of forums; and (3) offer suggestions for improving community-based cancer control research.

Methods

University of Iowa institutional review board approval was received for this study. The study was considered exempt because no personal or identifying information was linked to each assistant's responses. At the start of this project, five part-time community assistants were hired to cover different regions in the state of Iowa. During the three years of the project, one community assistant retired and another was hired. All six community assistants were invited by email to participate in this study by a project team member (JD). Nineteen interview questions were attached to the email invitation. The questions were open ended with answer foils available for the interviewer. Once a return email was received from the community assistants saying they would participate, a telephone appointment time was arranged. The potential participants were told they would receive a second email if they did not respond to the first email. In their email response, assistants had the opportunity to decline participation in the study.

Once the participant agreed to participate, a telephone interview was arranged between the project team member/researcher (JD) and the participant. Each interview was recorded and transcribed for data analysis after permission was received for tape recording. Transcripts were identified by number so as not to know the participant while under review. Questions about the forums pertained to the following: arranging a forum, content of forum, making contacts, location, cost, and set-up of forums. In addition, information technology issues were discussed that included use of IT equipment, Skype, and conference phone. (See Appendix: Forum Interview for community Assistants). Participants were aware of the interviewer's project team member role in the Iowa Research Network and her research background.

Background of Collaborating Agencies

Following is a brief background of the key agencies that collaborated in this project.

- 1) IRENE established in 2001 has a membership of 315 physicians (mostly family physicians) in 190 practices in 77 of Iowa's 99 counties. The work of IRENE depends on a close collaboration of community-based primary care physicians and academic primary care physicians at the University of Iowa.
- 2) The ICC was formed in 2001 to coordinate efforts of individuals and organizations engaged in the fight against cancer in Iowa; it consists of more than 250 individuals representing over 80 public and private entities across the state. The strength of the ICC lies in its extensive partnerships including community-based organizations, cancer survivors, public health officials, healthcare providers, and researchers. Members have expertise spanning the continuum of cancer control including physical activity, diet, tobacco control, screening, treatment, clinical trials, and survivorship.

Collaboratively, the Director and Associate Director of IRENE worked with the Executive Director and Outreach Specialist of the ICC to recruit and hire five community assistants for this project. The main responsibility of each community assistant was threefold: (1) to interface with community organization members of the ICC; (2) engage with IRENE practices in their region; and (3) attend the annual Iowa Cancer Summit. In addition, they were to solicit other organizations/groups that would be interested in hosting a forum related to cancer prevention. The community assistants were to conduct 6 forums each year to learn about issues related to cancer control from the community perspective (both lay individuals and healthcare providers) and by visiting IRENE offices in their region to learn about issues related to screening and cancer care. In the first year, the forums were to have a focus on colorectal cancer (CRC) screening. Later, forum topics included cancer prevention and screening recommendations with other individualized topics based on the community assistant's experience.

Prior to hosting forums, the community assistants were provided training which included a full day of presentations of relevant topics including human subject education, cancer prevention, and networking with the research team members. Each community assistant completed human subject education. Community assistants were provided a laptop and conference phone for their work. They were also provided power point presentations on cancer prevention and screening and cancer maps of CRC incidence, late-stage, and mortality (www.uiowa.edu/iowacancermaps2/). Community assistants provided monthly progress reports, had a monthly conference call with the research team, and used a List serve to communicate (See Table 1 for an example).

Twice annually, all community assistants and researchers gathered together face-to-face at the Iowa Cancer Summit held in Des Moines or at the University of Iowa to discuss best practices, strategies, and receive additional training identified by both the community assistants and researchers.

The above mentioned collaborating agencies and the specific training program provided to the community assistants created the framework to support the community assistants in accomplishing their assigned responsibilities.

Community Assistants

Strengths of this project were two-fold: 1) the ICC formed in 2001 has a diverse partnership of Iowans working together to conquer cancer and in doing so has well-established relationships with community partners; and 2) as such was able to hire dedicated, hard-working community assistants for the project. In this role, ICC was responsible for community assistant's job performance and evaluations. The community assistant's vast experiences, such as Tobacco Prevention Specialist, co-founder of a Center for the Advancement of Latino Health, registered nurse with a master's degree in public health, a certificate of health education and promotion, and Chair of the LGBT Health Initiative of Iowa, provided great value in arranging and hosting forums in cities throughout their designated regions. Thus, in short, their varied background experiences, project's training sessions, and attendance at semi-annual ICC summit meetings, served as the foundation to effectively interact with community agencies and host their forums.

Data Analysis

Semi-structured interviews were conducted to explore the experiences of the community assistants to find out specifics about their preparing for, scheduling and hosting of forums. A multistep process of thematic analysis was used to identify the core themes that represent the perceptions of the community assistants about the process/strategies they used to schedule and host community forums in Iowa determining the specifics of their preparation, scheduling, and hosting, and suggestions for improving their work (Charmaz, 2006). The first step in this process was for the researchers to familiarize themselves with the data. The researchers had attended a few of the forums and were familiar with the presentations and content of the forums but not the groundwork that went into the endeavor.

Transcripts and notes from the interviews were analyzed for content by question. The analysis team was made up of two researchers, a nurse (JD) and a physician (BL) who separately reviewed the transcripts and each developed a preliminary codebook generating initial codes. The two researchers met to reach consensus on codes reviewing their individual codes with each other. Consensus of codes was reached with minor changes to names of the codes. After the codebook was finalized, each researcher then applied these codes to the transcripts of responses of all persons interviewed. Reviewing the coded transcripts together and reconciling any coding differences, the researchers individually generated themes that represented a patterned response across transcripts. Together they reviewed the lists and mutually agreed on the themes. Once themes were determined, they named the themes and presented them in the results. Quotations from the community assistants were selected that characterized the main answers.

Results

All six community assistants participated in this study and they were interviewed within a two-week time period by the same interviewer (JD). Interview length ranged from 30 to 60 minutes. In the three years of the infrastructure grant, community assistants conducted a total of 113 forums, which included 49 city locations throughout the state of Iowa. Two thousand two hundred and nine persons attended the forums (See Table 2 and Figure 1).

Project team members from IRENE or ICC attended 16 of the forums either in-person, through Skype, or on the conference phone when connection was available. The following themes are presented forum contact strategies, strategies to publicize forums, strategies to secure sites for the forums, strategies for information technology use at forums, and feedback and insights from community assistants to project team.

Forum Contact Strategies

The ICC provided a list of member contact information, by region, to the community assistants. All community assistants used this information to schedule meetings and to invite members to attend forums. However, some of the community assistants found that some of the contacts needed to be updated to be more useful. The two community assistants, employed by the Public Health Departments, had an advantage of having contacts from local public health professionals, policymakers, health care providers, and other business professionals. A common source of forum contacts was Rotary Clubs that have memberships of businesses and professional people devoted to serving the community. Other strategies that were used to host forums included contacting the local Chamber of Commerce, hospital public relations director, industry leaders, school teachers, churches, and senior centers. One community assistant was fluent in Spanish and reached out to the businesses and communities that accommodated immigrant and refugee newcomers living and working in Iowa.

Additional strategies included making “cold calls” on potential contacts for forums. One community assistant said “contacts are better than cold calls” for arranging a forum. When they made the “cold call,” they may have reached the person who was interested or may have been referred to someone else. For the most part, people were receptive of the idea to host a forum. One of the community assistants commented that he, “learned along the way, the challenging part was making the connection—then a waiting period—then calling them back—the process lingered on.” This community assistant felt they may have spent too much time with the back and forth, finding the right person, waiting for a return call to find out it wasn’t the right person. Thus, the take away point was not to spend too much time with any one person. Another community assistant said, “It is just hard, it is just a matter of getting out there and finding contacts.” If progress was not being made in the scheduling of a forum, then just move on to other contacts. Another useful strategy for enhancing the possibility of someone hosting a forum was emailing or showing the agency contact person the slides ahead of time. It helped to influence a positive connection. One community assistant reported, “once a contact was made the scheduling was straight forward.”

Strategies to Publicize Forums

Advertisement of forums was conducted mainly electronically and by social media. One community assistant generated a flier template and shared with the other community assistants. All community assistants usually generated a flier for an event and may have been placed them on a bulletin board in the venue hosting the event or used as an attachment to the email invite list. One hospital advertised the forum along with other hospital news in the local newspaper and paid for that advertisement. For one forum a community assistant advertised in the local newspaper at a cost of \$100, which also allowed for a radio

advertisement. Three of the community assistants consistently used a Public Service Announcement to advertise their forums, disseminated by the media without charge. A standard template for the flier was created and used by all of the community assistants that included the topic, location, date and time of the event, their name and telephone number for additional information, and a telephone number and password to log into a conference line to join by telephone.

Twenty-five dollar gas gift cards were purchased for the community assistants to give to individuals who wanted to attend the meeting but didn't have the means to get to the meeting. Five of the six community assistants advertised the gas cards on the flier. Two of the community assistants didn't feel the gas cards were an enticement to come to forums. One said, "I don't like giving out the gas cards." Another said, "no one in attendance had noticed the gas card information on the flier." The others thought it did have an impact especially when disadvantaged populations attended the meeting. At a couple of the forums, the gas cards were raffled off for the attendees. The main point in using incentives, such as gas cards, is to know your target audience, e.g. the socio-economic characteristics of the community, to determine if such an incentive would be appropriate and useful.

Strategies to Secure Sites for the Forums

Community assistant's main strategy for securing sites to conduct a forum was to identify and contact available community resources. Community assistants never had to rent space to host a forum and found it easy to find appropriate locations. Main sites were conference rooms in hospitals or libraries, community colleges, schools, senior centers, health care facilities, and community centers. Some unusual places included a courthouse annex, fitness center, county fair, cafe, 4-H club meeting, gazebo in the park, and business conference room. One community assistant was charged a \$50 deposit for using a room in a public library, but the deposit was given back at the end of the event.

Challenges encountered while hosting a forum were few and unique to each situation. Some locations had no telephone jack in the room which prevented the use of a conference phone. Sometimes, if there was a telephone jack it was for the main telephone line and could not be used. Some locations did not have a projector to display slides from the computer so handouts were prepared ahead of time. One community assistant had a small challenge when a forum was hosted at a migrant camp. The forum was held in a laundry room and the projector was placed on a chair for displaying the slides on the wall. When telephone jacks were available and the conference phone was set-up for use, a research team member could call in to the meeting and participate. Overall, the conference phones did not turn out to be as useful as anticipated and were seldom used.

Strategies for Information Technology Use at Forums

Some facilities had Internet connections, such as the hospitals or community colleges. When available, the community assistants were able to demonstrate the Iowa Cancer Consortium website and the webpage dedicated to cancer education topics. Two of the community assistants used Skype during a meeting. One of the research team members was able to join the forum which seemed to be appreciated by the participants. An issue with using Skype

was the attendees wanted to learn how to use it. They wanted to install it on their computers to talk with their children. They seemed fascinated with the technology more than the topic of the forum.

Four of the community assistants would have liked to have had a projector for displaying the slides. When a projector was not available, one of the community assistants turned the laptop around for everyone to view.

Feedback and Insights from Community Assistants to Project Team

For the most part, the community assistants were satisfied with the support and training they received from the research team. One of the community assistants said she would have liked feedback to know she was doing a good job. Another would have liked to receive material in a timelier manner for handouts for the public. Community assistants felt the forums were useful and brought up many issues related to cancer. Across the forums common discussions focused on concerns about bisphenol A (BPA) in plastics, radon, carcinogens that are produced while charcoal grilling, and the possibility of having colorectal cancer, but no symptoms. The community assistants felt the forum presentations were broad enough to reach many people of all nationalities and race. They found that some participants were surprised that healthy living could have an impact on cancer prevention.

One community assistant translated his slide presentations into Spanish. He stated, “it was an eye opener, at the forums hosted in Spanish, one or two folks were illiterate, they had no formal education.” The participants couldn’t read the descriptive titles on his slides; they could only understand the pictures so it was helpful to have more illustrations/pictures on the slides than text. Six forums were conducted in Spanish. In general, for these forums, the presenter made sure to rely more on illustrations and to use simple to understand terms.

Another community assistant learned at the end of the first year that her emails should come from the ICC rather than where she worked, the department of public health. She realized that other public health agencies were not receptive to hosting forums as she was infringing on their territory.

Discussion

The community assistants were successful in hosting a wide range of forums throughout the state of Iowa and presented in close to half (40 counties) of Iowa’s 99 counties. The community infrastructure grant program supported the development and expansion of bi-directional relationships between the Department of Family Medicine and the College of Public Health in the academic health center, the Iowa Cancer Consortium, and many community entities across the state of Iowa. These outcomes of shared goals, attitudes supporting collaboration, and mutual respect were consistent with those reported by Rogers et al. (2013). Partnering with individuals and some agencies research interests and collaboration were enhanced by the work of the community assistants.

This infrastructure building work was successful for the following reasons. (1) The groundwork and connections the two separate entities of the ICC and IRENE had in place

prior to funding facilitated the work. Both entities had numerous, loyal, and active members. (2) The background and qualifications of the individuals hired to be community assistants. They were all prior active members of the ICC and were eager to learn at our training sessions. They were dependable and took the initiative to make contacts to arrange forums throughout the state. They were motivated and flexible to accomplish the mission assigned to them. One of the community assistants was honored with the ICC Spirit of Collaboration Award for his outstanding commitment to collaborative cancer control efforts in Iowa and focusing a lot of his work educating the lesbian, gay, bisexual, and transgender (LGBT) community on cancer prevention. (3) The Community-based Participatory Research model provided a workable framework with guiding principles to use in this project (Weiner & MacDonald, 2013). Factors that impacted the success of the community assistants were there strong leadership styles, support from the ICC and project team members (Simonsen, Ralls, Guymon, Garrett, Eisenman, Villalta, et al., 2017). The community assistants readily noted barriers to arranging forums and while hosting the forums encountering technology problems.

The intended partnerships and infrastructures sought through this initiative differ from traditional practice in that the fundamental purpose was to facilitate bi-directional communication, decision-making, and participation in research to improve public health. Our ability to leverage partnerships has been strengthened through this work with the potential for sustained collaboration and future research a reality. At the end of this grant period, each of the community assistants had many more contacts across the state and enhanced membership in the ICC and IRENE. They have been introduced to other public health researchers at the university to promote community-based participatory research (CBPR). One community assistant was even hired part-time to continue some of his work with the LGBT community by another organization. This individual also participated on an LGBT coalition that he led efforts to have the first ever LGBT Health and Wellness conference in Iowa and conduct the first ever LGBT Health Study in Iowa. We are hopeful these transformative collaborative arrangements may influence the next generation of health science researchers.

As an outgrowth of the strengthened relationship, additional research proposals have been submitted with community partners. For example, one family physician who attended a training session with two of her staff members also attended the annual Iowa Cancer Consortium Summit. After attending a session on radon control, she approached the IRENE Director to submit a research proposal for a study on radon. The research idea was generated from the community and with facilitation by academic researchers was written and funded (Levy, Wolff, Niles, Morehead, Xu & Daly, 2015).

Information technology is changing and as such was demonstrated in the work of the community assistants. A flier or poster in the traditional sense is no longer created and displayed on a poster board to advertise an event. The content of a flier or poster may be developed to include the key components of who, what, where, when, and why but is mainstreamed as an announcement through various List serves, emails, Facebook or Twitter. Many facilities/agencies have space available at no charge for public education. Since the conference phones were rarely used, it would be recommended in the future to avoid

purchasing them at a cost of \$500. With new technology, Skype and Internet connections are available for educators and learners at a distance.

The researchers were involved with guiding the community assistants to arrange forums and even attended some of the forums but they were not involved in the intimate details of arranging them and encounter problems. As such, these interviews provided information regarding forum contact strategies; strategies to publicize forums, secure sites for the forums, use of information technology; and feedback and insights from community assistants to project team. As such this information may be descriptive in nature but the connections established were substantial.

The ICC, IRENE, and the community assistants have provided education and contacts for future research and education collaboration. Working together, this group of researchers, community assistants, forum participants, the ICC, and IRENE members are ready for future endeavors as other community-based participatory research have experienced (Ablah, Brown, Carroll, & Bronleewe, 2016).

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

References

- Ablah E, Brown J, Carroll B, & Bronleewe T (2016). A community-based participatory research approach to identifying environmental concerns. *Journal of Environmental Health*, 79(5), 14–9.
- Charmaz K, *Constructing grounded theory: a practical guide through qualitative analysis* 2006, London; Thousand Oaks, CA: Sage Publications.
- Chen J, Mullins CD, Novak P, & Thomas SB (2016). Personalized strategies to activate and empower patients in healthcare and reduce health disparities. *Health Education & Behavior*, 43(1), 25–34. [PubMed: 25845376]
- Cearas J, Peters-Lawrence MH, Mitchell V, & Powell-Wiley TM (2017). The communication, awareness, relationships and empowerment (C.A.R.E.) Model: An effective tool for engaging urban communities in community-based participatory research. *International Journal of Environmental Research and Public Health*, 14, 1422.
- Ferlay J, Soerjomataram I, Ervik M, Dikshit R, Eser S, Mathers C, Rebelo M, Parkin DM, Forman D, & Bray F (2014). GLOBOCAN 2012 v1.1, Cancer Incidence and Mortality Worldwide: IARC CancerBase No. 11 [Internet] Lyon, France: International Agency for Research on Cancer; 2014 Available from: <http://globocan.iarc.fr>, accessed on 12/06/2017.
- Jones B, Lightfoot A, De Marco M, Isler MR, Ammerman A (2012). Community-responsive research priorities: health research infrastructure. *Progress in Community Health Partnerships*, 6, 339–348. [PubMed: 22982847]
- Levy BT, Wolff CK, Niles P, Morehead H, Xu Y, & Daly JM Radon testing: Community engagement by a rural family medicine office. *Journal of the American Board of Family Medicine*, 28(5), 617–23.
- Kwon S, Rideout C, Tseng W, Islam N, Cook WK (2012). Developing the community empowered research training program: building research capacity for community-initiated and community-driven research. *Progress in Community Health Partnerships*, 6, 43–52. [PubMed: 22643787]
- Rodgers KC, Akintobi T, Thompson WW, Evans D, Escoffery C (2013). A model for strengthening collaborative research capacity: Illustrations from the Atlanta Clinical Translational Science Institute. *Health Education and Behavior*, 41, 267–274. [PubMed: 24311741]

- Siegel RL, Miller KD, Jemal A (2015). Cancer Statistics, 2015. CA: A Cancer Journal for Clinicians, 65, 5–29. [PubMed: 25559415]
- Simonsen SE, Ralls B, Guymon A, Garrett T, Eisenman P, Villalta J, Tavake-Pasi F, Mukundente V, Davis FA, Digre K, Hayes S, Alexander S, & Coalition for a Healthier Community for Utah Women and Girls and the Utah Women's Health Coalition University of Utah. (2017). Addressing health disparities from within the community: Community-based participatory research and community health worker policy initiatives using a gender-based approach. Women's Health Issues, 27-S1, S46–S53. www.uiowa.edu/iowacancermaps2/, University of Iowa [PubMed: 29050658]
- Wallerstein NB, & Duran B (2006). Using community-based participatory research to address health disparities. Health Promotion Practice, 7(3), 312–323. [PubMed: 16760238]
- Weiner J, MacDonald J (2013). Three models of community-based participatory research. Leonard Davis Institute of Health Economics: Issue Brief, 18, 1–7.
- Weir HK, Thompson TD, Soman A, Møller B, & Leadbetter S (2015). The past, present, and future of cancer incidence in the United States: 1975 through 2020. Cancer, 121(11), 1827–1837. [PubMed: 25649671]
- World Health Organization. (2007a). Cancer control: Knowledge into action: WHO guide for effective programmes. Geneva: Department of Chronic Diseases and Health Promotion Accessed 12/7/2017 from <http://www.who.int/cancer/modules/Prevention%20Module.pdf>
- World Health Organization. (2007b). Community health workers: What do we know about them? Geneva: Evidence and Information Policy, Department of Human Resources for Health Accessed 12/7/2017 from http://www.who.int/hrh/documents/community_health_workers.pdf

Summary Box

What is already known on this subject?

The Community-Based Participatory Research (CBPR) model is a helpful reference for connecting communities and researchers. Communities are groups of people with common interests living in a particular area. Communities can be broadly defined to include neighborhoods, schools, and workplaces; public health departments, health care providers, and social service agencies; community coalitions; state, county, and local governments; business-community collaborations; campus-community partnerships; public-private partnerships; and others who can provide and explain research findings to the public.

What does this study add?

This study demonstrates that a collaboration of academic and state organizations working together with community assistants provided an infrastructure to support community-based cancer prevention education to more than 2,000 Iowans. A detailed description of the forums hosted for education and collaboration is provided.

Figure 1.
Locations of Forums and Number of Attendees

Table 1.

Abbreviated Example of Community Assistant Monthly Progress Report.

Date of Forum: July 9, 2012	Notes/Items for Follow-Up: → Topic: Prevention → How quickly will a small polyp develop into a later stage of CRC? → What is the STAR program?
City: Ft. Madison, IA	
Organization: Ft. Madison Community Hospital	
Number in Attendance: 10	
County: Lee	
Gas Cards given: 10	
Audience: Ft. Madison – General Population	

Notes:

5/1/13 Called to reserve room at Public Lib for forum on Wed. July 17, 2013

5/1/13 Sent ICC email letting them know of date for forum

5/1/13 Drove to Des Moines for workshop on Cultural Competency at Raccoon River Lodge

5/2/13 Attended the workshop on Cultural Competency

5/3/13 Sent email to Quad Cities Gilda's Club to schedule forums

5/3/13 Called Mt Pleasant CH oncology Infusion department; office closed, call before 4 pm

5/6/13 Received email response from Quad Cities, wants more info; Sent her a reply with intro letter and poster

5/6/13 Received email from researchers about using template to get email addresses at upcoming forums

5/7/13 Called Medical Center, Contact in cancer center, not in office. Hours Mon and Thursday 8 to 4.

5/7/13 Received email from Quad cities; Going to take my material to her meeting, will contact me afterwards

Table 2.

Number of Forums Hosted by Region.

Year One 8/30/2010–7/31/2011			
Region	# Forums Hosted	City Forum Hosted	# Attended Forums
1	5	Lake City, Le Mars, Rockwell City, Sibley	45
2	2	Harlan, Red Oak	14
3	4	Des Moines	31
4	2	Mason City, Waterloo	7
5	2	Fairfield	10
Year Two 8/01/2011–7/31/2012			
1	6	Auburn, Denison, Jefferson, Lake City, Rockwell City	201
2	10	Clarinda, Coin, Corning, Council Bluffs, Lamoni, Lenox, Mt. Ayr, Shenandoah, Winterset	139
3	11	Ames, Des Moines, Grinnell, Perry, Indianola, Toledo, Webster City	123
4	7	Cedar Falls, Decorah, Grundy Center, Independence, Osage, Waterloo	124
5	9	Centerville, Fairfield, Fort Madison, Iowa City, Ottumwa	176
Year Three 8/01/2012–7/31/2013			
1	13	Farnhamville, Lake City, Lohrville, Pomeroy, Rockwell City, Sibley	295
2	14	Clarinda, Council Bluffs, College Springs, Lenox, Red Oak, Shenandoah	224
3	11	Albion, Ames, Des Moines, Iowa City, Mason City	121
4	7	Belmond, Cedar Falls, Mason City, Osage, Waterloo, West Union	567
5	10	Centerville, Davenport, Fairfield, Fort Madison, Oskaloosa, Muscatine, Keokuk, Williamsburg	132