Director’s Welcome

For nearly three decades, the Rutgers School of Public Health and the Rutgers Cancer Institute of New Jersey (CINJ) have been respective leaders in health education, research, and cancer care, with a primary emphasis on the residents of New Jersey. While these efforts have certainly contributed to reducing the state’s overall cancer burden, notable disparate outcomes remain in our communities, often linked to race, ethnicity, geography, socioeconomic status, and other factors.

Before joining Rutgers in 2018, I learned that the School of Public Health and CINJ leadership shared a newly aligned value and commitment to equity and social justice with the goal that all people will have the opportunity to reach their full potential in terms of cancer health and wellbeing. Given my career-long devotion to understanding variations in cancer risk, outcomes, and behaviors in populations and communities and using this information to develop effective interventions to reduce health inequities, I was honored to be asked to lead the establishment of a joint Center for Cancer Health Equity.

I envision this Center to be a home to catalyze bi-directional dialogue between interdisciplinary teams of scholars and individuals who work and live in the communities we hope to serve. Together, we will develop new community participatory interventions, disseminate innovative strategies, inform and implement public policy, and advance cancer prevention, diagnosis, treatment, and survivorship while considering social determinants and optimal access to care. The Center will also serve as a rich, engaging environment for the education and training of the next generation of biomedical/public health professionals and researchers who will be better equipped to promote cancer health equity in decades to come.

Leveraging the many strengths of Rutgers and the demonstrable commitment I have already witnessed by civic and community leaders and residents across the state, I am confident that our new Center will make a profound and long-lasting impact, and serve as a quintessential model for others, both nationally and globally. Our five-year strategic plan, outlined in this document, will guide the development of our initial structure, goals, strategies, milestones, and the institutional and statewide commitment needed to ensure success.

Yours truly,

Anita Y. Kinney, PhD, RN
Planning Process

In July of 2018, Dr. Anita Y. Kinney was jointly recruited by the Rutgers School of Public Health and the Rutgers Cancer Institute of New Jersey (CINJ). Charged with leading transdisciplinary efforts to advance cancer health equity, cancer disparities and community participatory research, outreach, and community engagement, Kinney was appointed to serve as the inaugural director of the Center for Cancer Health Equity.

The Center is a formal partnership between the School of Public Health and CINJ, which will serve as a catalyst for training and education, research, community engagement, and public policy advocacy surrounding cancer health equity in one of the nation’s most ethnically and racially diverse states. Needing a well-developed plan to move forward, Kinney partnered with an external firm, Huron Consulting Group, to develop the Center’s initial five-year strategic plan that needed to articulate a shared mission and vision for the Center as well as cross-cutting goals aligned with other departments, institutes/centers, schools, and community efforts across Rutgers University and the state.

The first step in the strategic planning process was to identify and appoint a planning committee of faculty, staff, and students from the University and CINJ to serve in an advisory capacity. Committee members, in addition to other institutional leaders and community partners, provided essential input into existing institutional strengths, ongoing research, community-based education and outreach, cancer prevention and control service initiatives, and opportunities to leverage existing community and government-based partnerships. A total of 34 in-person individual and group interviews as well as phone interviews were conducted, followed by a half-day strategic planning retreat where key observations were presented and discussed. Working groups identified overarching goals, strategies, and resources needed to move the Center forward.

Following the retreat, an initial draft of the plan was developed and distributed for review during an open-comment period. The plan was revised to incorporate committee and stakeholder feedback and is to be presented at the Community Advisory Council meeting in the fall of 2019. Next steps include appointing leaders of each of five pillar goals (Center Structure, Research, Education and Training, Community Engagement and Outreach, and Policy) and garnering sufficient resources to implement the plan and monitor the Center’s progress and metrics of success.
Dr. Anita Kinney jointly recruited to Rutgers School of Public Health and CINJ

School of Public Health and CINJ identified need for Center for Cancer Health Equity (CCHE)

Kinney identified Huron to help develop the Center’s strategic plan

Kinney appointed inaugural CCHE director

Appointed planning committee

Huron conducted in-person and phone interviews

Initial strategic plan developed

Retreat held to identify pillar goals, strategies, and resources needed

Plan distributed to planning committee for open comment

Finalized plan disseminated to greater public
MISSION

Advance the achievement of equitable access, improved health care quality, and better outcomes across the cancer continuum – prevention, early detection, treatment, survivorship, and end-of-life care – through research, education and training, community engagement and outreach, and public policy advocacy.

VISION

Be the leading center in the nation for achieving cancer health equity, improving the quality of cancer care, and reducing the cancer burden.
Establish identity, organizational structure, governance, as well as a business plan, to meet the requirements and expectations of a recognized Center of Excellence

Foster interdisciplinary and community-engaged research addressing cancer health equity in populations suffering disproportionate cancer burdens, particularly underserved and minority populations

Strengthen the pathway of scholars, spanning post-secondary students to faculty and community-based public health practitioners, trained in promoting cancer health equity

Promote community participation and bi-directional engagement in the design and implementation of Center-driven education, research, and dissemination of evidence-based cancer prevention and control guidelines and policies

Influence local, state, and national policy rooted in evidence-based guidelines and strategies to achieve cancer health equity
Pillar One

CENTER STRUCTURE

Establish identity, organizational structure, governance, as well as a business plan, to meet the requirements and expectations of a recognized Center of Excellence

**Strategy 1:** Formulate five-year budget and secure an initial institutional commitment to launch the Center’s strategic planning efforts; ensure long-term sustainability through continued institutional commitment and the procurement of diverse extramural funding mechanisms

**Metrics:** 1) Secure an institutional commitment in Year 1 to leverage current state and NCI funding (e.g., ScreenNJ, NCI P30) with 10% growth in each of Years 2-5; 2) Beginning in Year 2, secure incremental extramural funding to support priority Center initiatives annually (e.g., research grants, philanthropic support, and state funding)

**Strategy 2:** Hire staff as well as appoint and support additional leadership to drive the implementation of initiatives outlined in the Center’s strategic plan; evaluate and monitor progress toward meeting metrics of success

**Metrics (Year 1):** 1) Hire Center administrator to assist Center leadership with application for a Rutgers-recognized Center, overall coordination and management, strategic planning, and evaluation; a second administrative assistant (up to 1 FTE) will likely be needed in Year 2; 2) Hire 1-2 additional Community Health Specialists; 3) Appoint three assistant directors with partial salary support (0.1FTE) to support the Director in the realization of Center’s pillar goals in Education and Training, Research, and Policy

**Strategy 3:** Develop Center membership criteria and establish member base

**Metrics (Year 1):** 1) Describe the policies and requirements for approving Rutgers and non-Rutgers Center members, including the responsibilities and benefits of membership and annual membership renewal criteria; 2) Identify at least 20 members in Year 1; 3) Actively engage more than 50% of members in leading strategic Center efforts annually (e.g., mentoring, teaching, PI on Center-supported pilot grants); 4) Obtain active participation by 75% of members in Center-driven activities annually
**Strategy 4:** Submit Rutgers Biomedical and Health Sciences application to formally recognize the Center for Cancer Health Equity as a Rutgers Center of Excellence

**Metrics:** 1) Draft and submit application by July 2020 if sufficient effort of an Administrator is supported; 2) Submit annual progress report in Years 2-5

**Strategy 5:** Create internal and external digital and traditional communication vehicles to articulate Center mission, vision, goals, and key messaging; establish mechanisms to capture data and track the Center’s outcomes and impact

**Metrics (Year 1):** 1) Build digital platforms (e.g., website, social media, e-newsletter) to engage members, community partners, investors, and community members in Center-wide efforts; 2) Design Center-focused collateral to support the procurement of extramural and philanthropic investments; 3) Identify and tailor data management platform to capture Center outcomes and metrics (e.g., Center-associated grants and publications, membership participation, reach of community engagement)
**Pillar Two**

**RESEARCH**

Foster interdisciplinary and community-engaged research addressing cancer health equity in populations suffering disproportionate cancer burdens, particularly underserved and minority populations

**Strategy 1:** Work with CINJ, School of Public Health, and other University-based academic entities to recruit and create a critical mass of experts in cancer disparities and health equity research, particularly those with established experience in community-based participatory research (CBPR), cancer epidemiology, cancer care delivery, and behavioral interventions

**Metrics:** 1) Nurture existing faculty with expertise in cancer disparities and health equity research; 2) Identify and coordinate, with other University-based entities, the recruitment of Center-affiliated investigators including: i) Two disparities-focused cancer interventionists with expertise in community-engaged, cancer health equity research in Year 1 and Year 2; ii) One cancer epidemiologist in Year 1; iii) Two to three peer-review funded, mid-to-senior level researchers with cancer disparities expertise spanning basic, clinical, translational, and population sciences in Years 3-5

**Strategy 2:** Initiate a pilot research program and other internal funding mechanisms to foster team-science research

**Metrics:** 1) Develop intramural pilot research funding opportunities on a rolling basis to support emerging research concepts aligned with Center priorities (Goal: Support one $50,000 and one $75,000 pilot project annually); 2) Support one $25,000 CBPR-based pilot research project annually ($25,000 may be applied to a $50,000 and $75,000 pilot projects if appropriate); 3) Provide up to $10,000 annually to support publication costs for Center members annually; 4) Provide up to $20,000 in Shared Resource vouchers to promote the development of preliminary data for high-priority research concepts for cancer disparities-focused, peer-reviewed R01-level grant applications

**Strategy 3:** Expand visibility of Center and increase internal and external collaborations

**Metrics:** 1) Support up to 2-3 members to present Center-relevant research at regional and national meetings annually (e.g., Annual American Association for Cancer Research Conference on the Science of Cancer Health Disparities, American Public Health Association, and American Society of Preventive Oncology); 2) Implement quarterly disparities-focused research seminars, coordinating with the School of Public Health and CINJ and other University-based entities, to feature Center-aligned research, from both internal and external speakers; 3) Present research and engage members of diverse communities through public forums and other venues; 4) Create and sustain a Community Advisory Council (CAC) in collaboration with CINJ that provides feedback and guidance on how providers, community-based organizations, and community stakeholders could use research, help frame questions for researchers that are responsive to community needs, and reduce barriers to bi-directional collaboration with Rutgers University
Strategy 4: Assist in the coordination of large, multi-PI extramural transdisciplinary research proposals among basic, clinical, and population science researchers

**Metrics:** 1) Identify additional multi-project, team-science funding mechanisms and support coordination efforts in Years 1-5; 2) Begin the coordination of an NCI Cancer Disparities P20 SPORE planning grant team in Year 1 (Goal: Submit a disparities U series grant in Year 1 and SPORE planning grant application by Year 1; plan a multi-project SPORE (or P50) submission by Year 5)

Strategy 5: Leverage and assimilate existing data resources (e.g., ScreenNJ, New Jersey State Cancer Registry (NJSCR), community-based organizations) and community partnerships to facilitate the evaluation of and increase access to community sub-populations for the development of new research and community-based interventions

**Metrics:** Construct a geospatial, web-based informatics tool for investigators to examine cancer incidence and mortality in the context of social and environmental determinants of health by Year 2; employ the tool in the development of at least five research proposals and five targeted outreach engagements annually

Strategy 6: Promote mentoring opportunities, including: 1) Support for individualized career development plans and collaboration between junior faculty and center members to facilitate successful grant submissions, ensuring the success of junior and mid-senior level faculty who are transitioning their careers to focus on cancer disparities; 2) Provide opportunities for networking and leadership development, locally and nationally, through increased networking opportunities with colleagues of senior faculty

**Metrics:** 1) Match 2-4 junior faculty with established Center members or external investigators annually; 2) Support up to five external grant pre-reviews for extramural applications annually

Strategy 7: Collaborate with CINJ clinical research leadership and Clinical Trials Office staff, as well as other similar clinical and community stakeholders throughout the state, to identify participation gaps among diverse populations (race, ethnicity, geography, age, sexual identity, socioeconomically disadvantaged, etc.) in cancer clinical research; develop, implement, and evaluate strategies to increase participation of minorities and underserved populations in clinical research

**Metrics:** 1) Assess the participation of individuals in CINJ clinical research and note any disparate gaps in participation by specific groups of people; develop strategies to increase participation in those groups in Year 1; 2) Implement strategies and monitor impact on participation with goal of increasing participation of underrepresented individuals by at least 10% in Years 2-5; 3) Identify annually, at least one new cancer clinical research area to develop, implement, and evaluate tailored strategies to increase their patient participation in clinical research by underrepresented individuals
Pillar Three

EDUCATION & TRAINING

Strengthen the pathway of scholars, spanning post-secondary students to faculty and community-based public health practitioners, trained in promoting cancer health equity

**Strategy 1:** Expand the School of Public Health curriculum to integrate cancer disparities-relevant courses and/or modules into the existing educational offerings for graduate students

**Metrics:** Develop and implement three new curricula approaches:

- **Cancer Health Equity:** 1) Create and infuse 1-2 new lecture(s) with multiple case study applications into relevant existing graduate classes in Year 1; 2) Create a two credit course and student internships in cancer equity research, outreach, and/or community engagement targeting graduate students; contribute to CINJ’s Career Enhancement and Training initiatives targeting high school and undergraduate students by Year 2 (e.g., R25); 3) Develop an interdisciplinary designed and taught, two-credit course (by 2021 for traditional classroom delivery)

- **Community Participatory Research Methodology:** 1) Create and infuse 1-2 new lecture(s) and/or virtual mentoring with public health practitioners with case study applications into relevant existing classes in Year 1

- **Implementation Science:** 1) Create and infuse 1-2 new lecture(s) with multiple case study applications into existing relevant classes by Year 2; 2) Develop an interdisciplinary designed and taught, three-credit course (by 2022 for traditional classroom delivery and by 2023 transition to online availability)

**Strategy 2:** Develop a Cancer Health Equity Outreach and Engagement practicum and internship program for undergraduate and graduate students

**Metrics:** Enrollment of least 25 undergraduate and graduate student interns by Year 5

**Strategy 3:** Create a hub and spoke model including Train-the-Trainer programs and community partnerships to facilitate the implementation and dissemination of evidence-based guidelines in diverse populations throughout New Jersey

**Metrics:** Reach at least 10,000 individuals across the state through the Train-the-Trainer program by the end of Year 5
Strategy 4: Grow intramurally and extramurally funded training opportunities within Center member research programs for emerging scholars at the undergraduate, pre- and postdoctoral, and junior faculty levels to receive hands-on experiential training in cancer health equity research and contribute to CINJ high school education and training programs led by the CINJ Career Enhancement and Training Office.

Metrics:
- **CCHE Support for Student Training**: Support 1-2 doctoral students training in Center member research programs annually through Center-provided stipends.
- **Extramural-support for Research Training in Cancer Health Equity**: Facilitate internal and external reviews and mentoring opportunities for students to be matched with Center members with the goal of growing the Rutgers’ portfolio of individual cancer health equity-focused NIH F31 (predoctoral) and F32 (postdoctoral) or equivalent student awards, minority student and junior faculty supplements, as well as NIH-level K awards or other types of career development awards for junior faculty (Goal: Five new F31/F32 awards, three minority supplements, and at least two K-equivalent awards by Year 5); Participate in or lead a collaborative NIH T32, K12, or similar institutional training application (could be in collaboration with other CINJ or Rutgers’ faculty initiatives where there is an articulated cancer health equity focus for participants) by Year 5.

Strategy 5: Coordinate Center-supported seminars, inviting nationally recognized researchers focused on addressing cancer disparities in the domains of basic, clinical/translational, and population sciences; primary target audience will be Center-associated students, trainees, faculty, and community-based members.

Metrics: Host three, CCHE-supported external seminar speakers annually, coordinating and co-sponsoring when appropriate with existing School of Public Health and CINJ-invited seminar speakers by Year 2 (increasing by 1 per year).

Strategy 6: Support Center-associated members to attend national meetings focused on cancer disparities (e.g., American Association for Cancer Research Conference on the Science of Cancer Health Disparities) as well as host a Center-sponsored research symposium every other year.

Metrics:
- **Travel Scholarships**: Sponsor 3-4 students and faculty with travel scholarships annually (up to $2,500 each).
- **CCHE-based Regional Research Symposium**: Beginning in Year 3, organize a research symposium which will be offered every other year with opportunities for Center members to showcase their research as well as regionally invited guests.
Pillar Four

COMMUNITY ENGAGEMENT & OUTREACH

Promote community participation and bi-directional engagement in the design and implementation of Center-driven education, research, and dissemination of evidence-based cancer prevention and control guidelines and policies

Strategy 1: Appoint a Community Advisory Council (CAC), representative of the state’s diverse communities and healthcare perspectives, to provide input in and evaluation of the Center’s ongoing strategic developments across research, professional education and training, community engagement, and policy advocacy

**Metrics:** Secure approximately 10-15 members to serve on inaugural CAC in Year 1; CAC to convene up to 4 times per year

Strategy 2: Evaluate the availability of recent, health-relevant community/population needs assessments across the state and identify targeted communities or populations where the Center should conduct its own assessment of cancer-relevant community needs

**Metrics:** 1) Assess recently completed health-related community/population needs assessment across the state and identify the need for targeted, cancer-specific assessments in communities or populations in Year 1; 2) Design and conduct 1-2 targeted needs assessments in Years 2-3
**Strategy 3:** Promote Center-driven community-engaged research in addressing cancer health equity

**Metrics:** 1) Through the Center’s supported pilot research funding opportunities, support a minimum of one $25,000 community-engaged pilot research project annually; 2) Through other Center education and research strategies, catalyze the submission of at least one new community-engaged research proposal to be submitted for extramural funding annually.

**Strategy 4:** Develop an evidence-based, lay friendly, training curriculum based on best practices for cancer prevention and general cancer education to disseminate throughout communities in the state via Center-supported Community Health Specialists, community health workers/promotoras, and other types of lay educators and/or navigators through deployment of a Train-the-Trainer model.

**Metrics:** 1) Identify, adopt, or adapt NCI-approved or other evidence-based curriculum to be deployed in a Train-the-Trainer program in Year 1; 2) Host at least one training event per quarter in targeted communities or populations in Years 2-5 (Goal: Train at least 40 community representatives annually, charged with providing up to two community-based trainings annually; 3) Reach at least 10,000 individuals through the Train-the-Trainer program by the end of Year 5.

**Strategy 5:** Institute an annual Evidence Academy, where Center-associated members and partners across the state, representing community-based organizations, health agencies, primary care practices, practice-based research networks, faith-based organizations, academic institutions, advocacy groups, professional associations, and community leaders, convene for one day to promote awareness and discuss implementation challenges related to recent topic-specific, cancer research findings and/or practice guidelines or policy changes that could significantly impact the cancer burden in the state.

**Metrics:** Beginning in Year 2, convene an annual, topic-based, Evidence Academy (Goal: 30 participants the first year and 10% growth in subsequent years held strategically throughout the state).
Pillar Five

POLICY

Influence local, state, and national policy rooted in evidence-based guidelines and strategies to achieve cancer health equity

**Strategy 1:** Support Center members in becoming actively involved in furthering the development and evaluation of the State Cancer Control Plan (2019-2024) in coordination with the New Jersey Department of Health (NJ DOH) Office of Cancer Control and Prevention

**Metrics:** Support 4-5 members to be actively engaged in driving the development and evaluation of the State Cancer Control Plan, specifically in its advocacy efforts, and aligning the Center’s efforts with the State Cancer Control Plan; participate in regular meetings with NJ DOH cancer program leaders and ScreenNJ, coordinate forum to share ideas with regional coordinating centers and cancer community advocacy work groups

**Strategy 2:** Identify, strengthen, and build relationships between the Center and policy stakeholders at every level (municipality, county, state, business, pharma, non-government organizations, community organizations, and payors) within New Jersey to effectively implement cancer health equity policies

**Metrics:** 1) Establish 1-3 topic-specific policy working groups in Year 1, comprised of Center-affiliated members and key policy stakeholders, to identify, implement, and evaluate policy development or policy change strategies driving cancer health inequities in the state (topics might include HPV vaccination, ScreenNJ, nicotine product control); 2) Identify 2-3 targets per working group for topic-specific policy development and changes in Year 1; 3) Demonstrate at least three Center-driven policy developments and changes that were successfully implemented by Year 5

**Strategy 3:** Promote Center member efforts in the development and dissemination of policy briefs based on their academic scholarship

**Metrics:** 1) Coordinate topic-specific working groups to develop 1-2 policy briefs to be disseminated locally, regionally, or nationally on an annual basis and presented at 1-2 meetings annually; 2) Conduct “Translating Research into Policy” training sessions for students and faculty to foster translation of research findings to lay audiences and decision-makers; 3) Disseminate policy briefs via social media, public webinars for community partners and stakeholders, and through distribution of printed materials
As long as he lived
He was the guiding star
Of a whole brave nation
And when he died the little children cried.