



Assessing Population Measurement for Cancer Control Across the Rural-Urban Continuum

NCCC Director: Dr. Chris Amos

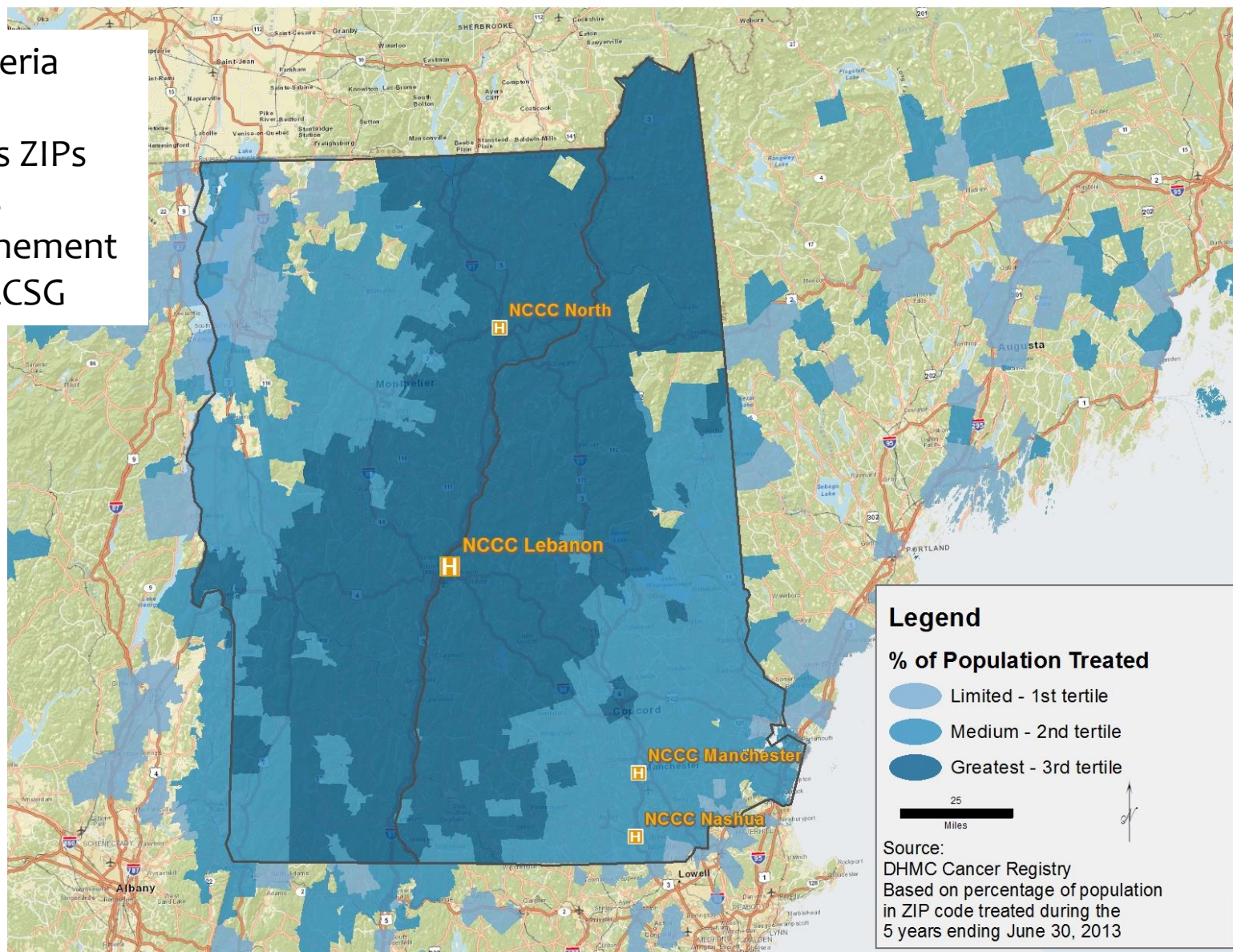
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Jenna Schiffelbein, MPH (NON-CHE)



Defining our Catchment

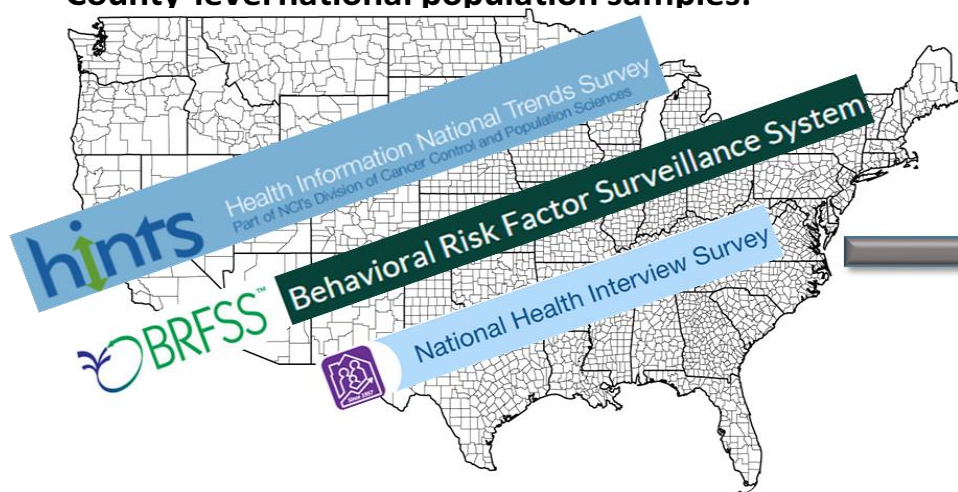
- Coarse criteria
- NH & VT
- Contiguous ZIPs with pop. %
- Needs refinement
- Same for CCSG



- Focus on domains of communication and access to care within the NCCC catchment, based on HINTS and other national surveys
- Compare overall national survey estimates to rural area subset to assess generalizability
- Examine rural-urban gradient of communication and access measures and correlation with: screening, HPV vaccination
- Characterize variation in cancer control for rural v. non-rural areas to identify actionable units for targeted populations (county v. small areas analysis)

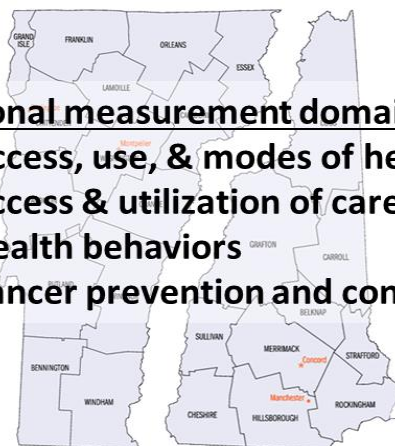
Survey Strategy

County-level national population samples:



National measurement domains (county-level):

- Access, use, & modes of health information
- Access & utilization of care
- Health behaviors
- Cancer prevention and control



+ catchment-specific questions:

- Rural identity
- Travel time perceptions
- More barriers

Two Survey Strategies:

1. Telephone
2. MTurk

Target Population



All adults in general
population of catchment

Two Survey Strategies:

1. Telephone
2. MTurk

- Probabilistic sample NH & VT residents (N=1,000)
- 35-item survey
- Sampling based on rurality of ZIP code
- Partnering with UNH Survey Center
- Most questions taken from our core measures
- Additional questions: Rural identity, barriers
- Script has been tested (13 min.)

Timeline: (IRB approval for all activities is completed)

March 7th, 2017 - March 14th - Revisions to question set

March 21st - April 14th -- Survey deployed

Mid May - Final dataset and report

Two Survey Strategies:

1. Telephone
2. MTurk
 - Convenience sample (N=1,000 respondents)
 - 50-item Qualtrics survey
 - Sampling based on NH and VT
 - Duplicate all core measures questions and add catchment-specific questions
 - Methodological studies planned (rural perception/residence concordance, telephone v. MTurk, IP address v. physical address)

Timeline:

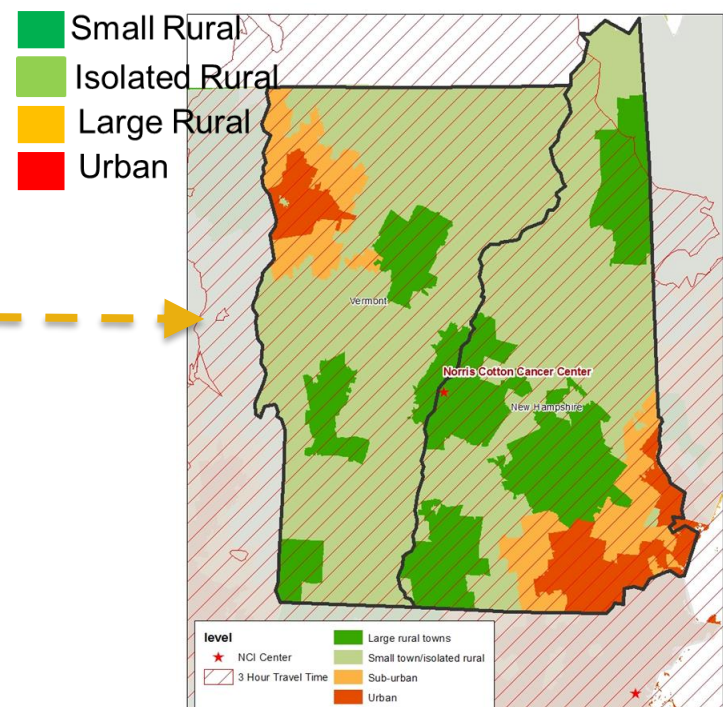
March 14th - Final survey ready – set up in MTurk

March 21st - April 30th -- Survey deployed (estimated response time)

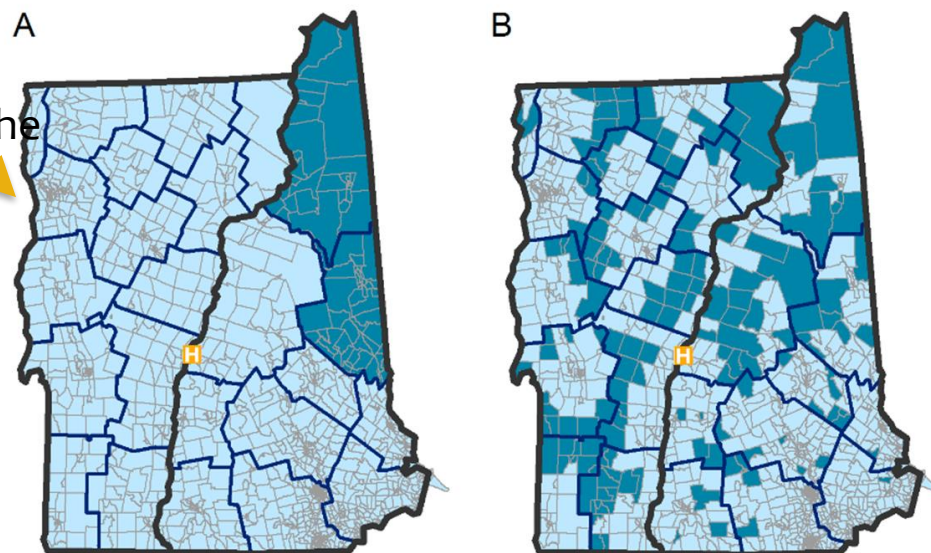
May - Final dataset and report

Deliverables

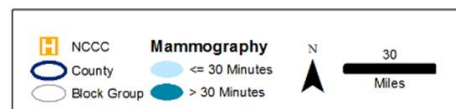
- Comparative analyses:
 - National surveys and catchment
 - Measures by rurality
 - Measures by geographic unit
 - Correlational analyses
 - Methodological analyses
- Recommendations to NON-CHE



NCCC catchment area with the Modifiable Areal Unit Problem (MAUP) illustrated with the example of mammography access, for which county level measures (A) obscure marked heterogeneity when measured at the block group level (B).



- County
- ZIP
- Town
- Census tract
- Census block group



Project Overview

PRIMARY CONSTRUCTS OF INTEREST

Communication / Health Information	Info seeking Health info a
Healthcare Access and Utilization	Access
Cancer Prevention and Control	

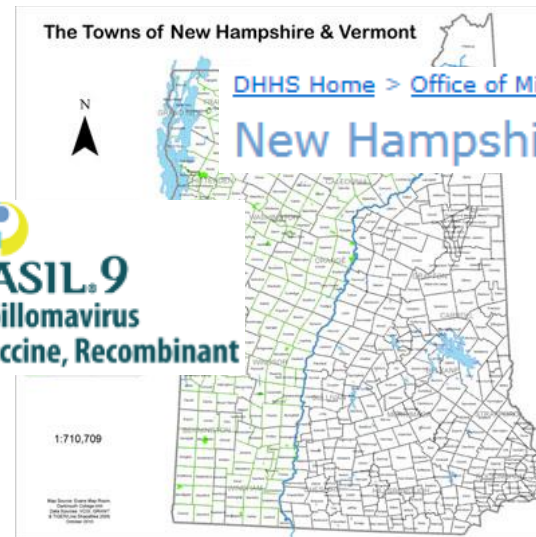
PLANNED ANALYSES

Summary measure X: - Catchment-level RUCA - ZCTA-level RUCA	
Population Measure X: - National overall v. NCCC overall - National rural counties and ZCTAs v. NCCC rural counties, , census tracts, and ZCTAs	all and
Population Measure X: - National county v. catchment county, census tract, ZCTA	Primary measure geographic unit

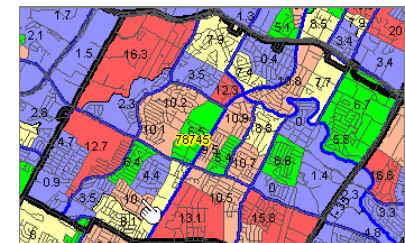
Gap to fill: Determine if national measures are generalizable to rural populations (nationally and locally) and identify an actionable spatial unit for rural population measurement

Consulted with regional stakeholders on priority domains:

- New Hampshire Comprehensive Cancer Collaboration
 - New Hampshire Department of Health and Human Services
 - Vermonters Taking Action Against Cancer
 - Vermont Department of Health
 - American Cancer Society
- Inform income inequity vulnerabilities
 - Identify rural impacts on attitude, access, behaviors, outcomes



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Dartmouth
GEISEL SCHOOL OF MEDICINE



Dartmouth-Hitchcock
NORRIS COTTON
CANCER CENTER

Thank You

