

**CPCRN Policies and Procedures**  
*Updated January 2022*

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**Funded CPCRN Centers (2019-2024)**

<b>CPCRN Center</b>	<b>Cooperative Agreement #</b>
<a href="#">Colorado School of Public Health</a>	U48 DP006399
<a href="#">Emory University</a>	U48 DP006377
<a href="#">New York University - CUNY</a>	U48 DP006396
<a href="#">University of Arizona</a>	U48 DP006413
<a href="#">University of Iowa</a>	U48 DP006389
<a href="#">University of North Carolina - Chapel Hill</a>	U48 DP006400
<a href="#">University of South Carolina</a>	U48 DP006401
<a href="#">University of Washington</a>	U48 DP006398

## Elements of a Vision for CPCRN

Mission: Accelerate the adoption and implementation of evidence-based cancer prevention and control strategies in communities, enhance large-scale efforts to reach underserved populations and reduce their burden of cancer, deepen our understanding of the predictable processes that achieve those goals, and develop the dissemination and implementation (D&I) science workforce in cancer prevention and control.

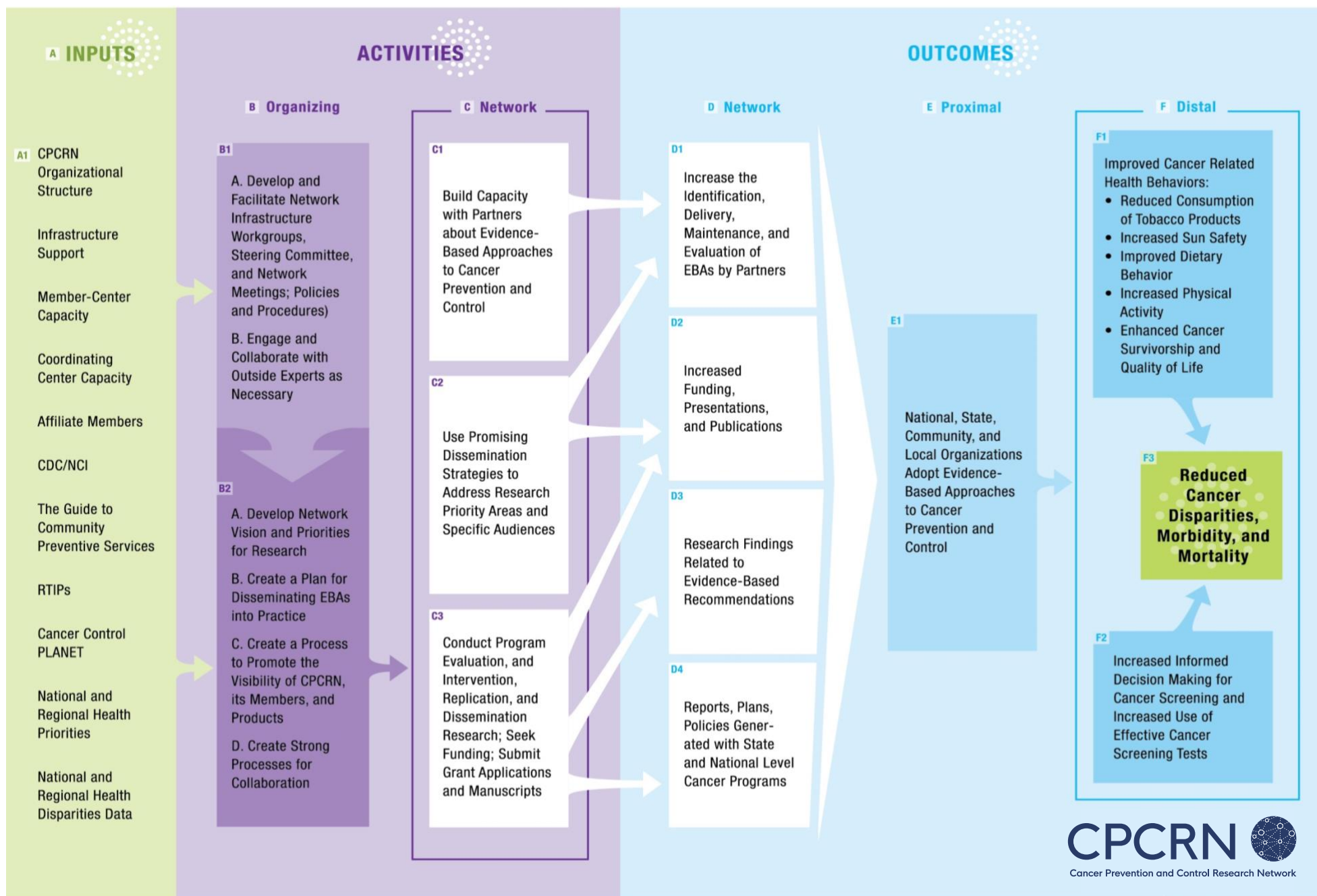
Vision: Community-based agencies and organizations successfully implement cancer prevention and control strategies that are effective in reducing cancer disparities.

Working together, the CPCRN Collaborating Centers, the Coordinating Center, federal agency partners, and affiliates are advancing the science and practice of cancer prevention and control in ways that transcend efforts by each individual center. Each Collaborating Center brings unique and complementary expertise, as well as access to diverse study populations in a wide variety of geographical settings. Collectively and individually, CPCRN has established an extensive infrastructure of collaborative research and practice partnerships across community organizations, governmental agencies, and academic/research institutions. This combination of technical skills, scientific expertise and collaboration across disciplines enables us to respond to long-standing and emerging cancer control needs with a focus on practical implementation, dissemination, and community-engaged research.

### Priority Areas

- Enhance large-scale efforts to reach, engage, and provide service to underserved populations with the aim of building community capacity to reduce cancer disparities
- Identify, develop, and apply rigorous research methods for studying dissemination and implementation processes
- Contribute to and use theory-based models; assess their utility in guiding dissemination and implementation efforts across diverse settings, populations, and conditions
- Develop and promote the use of theory-based, standardized metrics for measuring dissemination and implementation processes and outcomes
- Generate and synthesize research findings to guide practice and policy decisions
- Improve information exchange between practitioners and investigators across all phases of the research project (i.e., from study design through dissemination of research results)
- Create and advance community partnerships for dissemination and implementation processes.

# CPCRN Logic Model



## Expectations for Investigators Funded through CPCRN

Aligned with the Network Strategic Plan (Appendix A14), the objectives below describe the mutually agreed upon expectations for participation in the Network:

- Conduct cross-center collaborative projects with broad CPCRN member engagement focused on:
- extending the knowledge base of processes that facilitate the translation of evidence into practice
- evaluating the implementation of existing cancer prevention and control strategies in varying settings (e.g., rural, FQHCs)
- developing, testing, and implementing new evidence-based interventions
- exemplifying partnership and action research, for example by supporting and furthering the missions of collaborating social service/public health organizations.
- reaching underserved populations to: reduce the prevalence of cancer risk factors and cancer risk in communities; increase the impact of cancer screening; improve the health of cancer survivors, and/or reduce health disparities.

Each CPCRN Workgroup and Collaborating Center will contribute multiple products including, but not limited to:

- Presentations at national and local conferences
- Conduct at least 2 presentations annually on CPCRN, including CDC and NCI presentations.
- Publications
- Have one paper or a major symposium (e.g., highlighted panel or coordinated papers) accepted per year on the activities of the full CPCRN. Suggested conferences are the CDC Cancer Conference when offered and/or at least one other national conference.
- Publish at least one paper annually on the progress and contribution to population cancer control (e.g., Workgroup formation, partnership building process, methods, outcomes).
- Conduct and publish at least one scoping / systematic review or commentary related to EBI adoption, where relevant and appropriate to Workgroup activities.
- One or more collaborative grant submissions
- Toolkits
- Training materials
- Success stories

To utilize CPCRN expertise and to further develop CPCRN collaboration, CPCRN members will consider and/or recommend Network members for external committees (e.g., ACS Guideline Committee) and collaborative authorship opportunities such as books and reports.

### **Community Engagement**

- Develop and sustain engaged relationships with community partners, particularly those engaged with underserved populations.

- Bring substantive expertise to the work of national and state government, non-profit organizations, agencies and coalitions (e.g., Roundtables), and other stakeholder audiences.
- Serve on the board or advisory/steering committee of an organization or coalition whose work relates to CPCRN, when applicable
- Collaborate with community partners, practitioners, or organizations on scientific presentations and/or publications, when applicable
- The Coordinating Center will facilitate increased visibility of the Network's contributions and expertise within academic and non-academic channels.

### **Capacity Building and Career Development**

- Develop, implement, and disseminate high quality training experiences and materials to relevant organizations
- Engage junior faculty, post-doctoral fellows, and students in the work of the Network
- Build a social and professional community of cancer prevention and control-focused public health and implementation science researchers
- Attend and present at relevant cancer prevention and control science-related meetings.

### **Reporting and Requirements**

- Produce and update annually for distribution to Collaborating Centers and federal agency partners a two-page Progress Report description of Workgroup efforts, partners, and products anticipated in the next year, including a contact for more information. If there is no proposed activity, include plans for closing the Workgroup, including distribution of products.
- Develop and update a work plan annually for the next year as part of the annual progress reporting.
- Contribute at least 50% of resources towards cross-center collaborations.
- Include a funding acknowledgment and disclaimer for all communications produced under the CPCRN cooperative agreement.

## CPCRN Progress Reporting: Overview of Reporting Obligations

This document outlines CPCRN's progress reporting obligations, developed by the Coordinating Center through extensive work with the Collaborating Centers and funders. The progress reporting data will be used to show the value added of funding this research Network and show what can be accomplished together that might not be possible without the funding, infrastructure, resources, and colleagues provided by the Network. Progress reports are due yearly on December 15<sup>th</sup> for the previous September 30<sup>th</sup>-September 29<sup>th</sup> grant period. The Network progress report includes:

### Individual Collaborating Center Reporting

Collaborating Centers will use the CPCRN online progress reporting tool at <http://cpcrn.org/progresstool/> to submit yearly progress reports. Informed by the CDC's Science Impact Framework (Appendix A15), data will be collected in the categories below:

- Report summary
- Grant applications
- Publications
- Presentations
- Training and workshops
- Reports, plans, or policies generated with state and national programs
- Research activities
- General dissemination communications
- Quotable feedback and anecdotes
- Requests for scientific expertise
- Catalyzing action
- Effecting change
- Awards/honors
- Mini-grants

### Workgroup Reporting

Workgroup chairs are responsible for submitting a charter form and a 2-3 page narrative report (in MS Word format) to the Coordinating Center each year using the template in Appendix A16. A sunseting Workgroup must submit a final report with plans for completing their work and distributing products.

Workgroup reports will include:

- List of Workgroup contributors
- Number of Workgroup meetings
- Summary of Workgroup progress
- Plan of work for the next year
- List of all Workgroup publications during the reporting period
- List of all Workgroup grant applications during the reporting period

### Coordinating Center Reporting

The Coordinating Center will submit an annual progress report to the Funders detailing Coordinating Center activities around:

- Organizing collaborative research activities with Network members, partners, and affiliates
- Evaluating Network activities and disseminating Network products.



## Steering Committee Roles and Responsibilities

### Steering Committee Co-Chairs

- Facilitate Steering Committee planning and setting overall strategic direction for the next year, and future years
- Lead the Steering Committee's development of Network-wide collaborations, and model cross-center collaboration through direct and visible actions
- Generate and facilitate discussion among PIs and the Coordinating Center to help develop short and long-term plans to achieve priority performance indicators
- Coordinate with funders to clarify expectations and assure that Steering Committee activities are consonant with these expectations
- Assure that the Steering Committee is adhering to agreed-upon timelines and is accountable in meeting benchmarks
- Proactively facilitate potential Network-wide collaborations and among multiple Collaborating Centers.

### Individual PIs (and designated Co-P.I., where appropriate)

- Attend and actively participate in Steering Committee planning and discussion to stimulate collaborations
- Actively participate in at least one cross-center Workgroup
- Provide leadership within their own Collaborating Centers to identify and bring other Network faculty resources/talent into the collaboration process as appropriate

### Steering committee as a whole

- Ensure CPCRN activities are in alignment with the mission, vision, logic model/performance indicators, Network strategic plan, and funder expectations
- Annually review the mission of the Network and all other policy documents and make revisions as needed to ensure the Network will accomplish its goals
- Review affiliate membership applications and make determinations regarding approval
- Stimulate cross-center collaboration to assure the Network adds overall value
- Move forward/participate in discussion of action plans to generate cross-center CPCRN projects/products
- Actively participate in Workgroups to contribute to specific plans for projects/products
- Discuss all potential Workgroups, approve Workgroup formation, and provide feedback in the planning and development of Workgroup projects.

## Coordinating Center Roles and Responsibilities

- Facilitate function of CPCRN Workgroups and Steering Committee
- Develop and implement a Network strategic plan in conjunction with the Steering Committee
- Facilitate a process for new Workgroup formation
- Work closely with the Steering Committee and Steering Committee Co-Chairs to ensure CPCRN activities are in alignment with the mission, vision, logic model/performance indicators, and funder expectations
- Manage conflicts as they arise (*See details in the Guidelines for Collaboration on page 12.*)
- Schedule and/or obtain call-in numbers for conference calls for Workgroups and Steering Committee
- Provide targeted literature reviews or other tasks determined by Workgroups, as requested
- Advise and assist with implementation of multi-site data collection initiatives
- Plan and facilitate meetings
- Develop meeting agendas
- Compile and distribute meeting materials
- Select meeting venues
- Reserve needed audiovisual equipment and coordinate presentations with speakers
- Maintain the CPCRN website ([www.cpcrn.org](http://www.cpcrn.org))
- Maintain current calendar, including Workgroup and Steering Committee conference calls, meetings, and events of interest to the Network
- Share Steering Committee meeting minutes via website and Google Drive
- Share funding opportunities
- Update member directory
- Share PowerPoint presentations from Network meetings
- Update Workgroup information and membership
- Maintain automated functions allowing Workgroups and the Steering Committee to send emails via the website
- Prepare and help draft documents related to the CPCRN policies and procedures
- Draft policies and submit to Steering Committee for input and approval
- Provide other documents as designated by the Steering Committee
- Assist in the implementation of the communications plan for the Network
- Prepare summary documents and presentations about the CPCRN
- Coordinate CPCRN reporting and evaluation



## New CPCRN Workgroup Formation Process

CPCRN utilizes a flexible, inclusive process to develop new CPCRN cross-center Workgroups. Time will be allotted during Steering Committee meetings for Principal Investigators (PIs), co-investigators, Project Directors, and other Network members to pitch research ideas and find collaborators. This process will allow Workgroups to emerge organically and then dissolve when their work is complete. In order to present a Workgroup idea to the Steering Committee, Networks members should:

- Contact the Coordinating Center to request time on the Steering Committee agenda
- Develop a 1-page concept paper and submit it to the Coordinating Center for dissemination throughout the Network. The concept paper should include a description of the proposed Workgroup topic, potential lead investigator(s), brief rationale, preliminary planned activities, general timeline, and estimated resources needed. Collaborating Center PIs will distribute all 1-page concept papers widely within their centers, with special consideration to engage junior faculty, co-investigators, and Project Directors.
- Communicate with interested collaborators after the Steering Committee meeting to determine if the project will move forward and become a CPCRN Workgroup.
- Prepare a 5-minute presentation for the Steering Committee on key aspects of the Workgroup charter. The presentation will be followed by up to 10 minutes for Steering Committee questions and discussion.
- If there are no major objections from the Steering Committee, the Workgroup will be approved

**Please note:** that cross-center Workgroup concepts may be related to or informed by Collaborating Center core project ideas, but should not be completely overlapping work. Cross-center Workgroups should reflect collaborative projects formed between at least two Collaborating Centers around mutual topics of interest and include sufficient investment of time and resources by Collaborating Centers to make the work possible. If there is significant overlap among Workgroup concepts, the Steering Committee will work to consolidate the ideas into a single Workgroup.

Once a CPCRN Workgroup is formed, members are expected and encouraged to use Coordinating Center resources such as web conferencing. Workgroup chairs will regularly report on Workgroup activities during Steering Committee calls, and Workgroup productivity will be monitored through CPCRN progress reports. In the spirit of the Network, CPCRN Collaborating Centers are expected to have significant involvement in cross-center Workgroups and to contribute at least 50% of their resources towards these collaborations.

### Workgroup Guidelines:

- A Workgroup must be focused on one or more specific projects with deliverables (e.g., grant, publication, survey development, data collection, etc.)
- Leadership must be identified (typically chair/co-chairs from different Collaborating Centers)
- Steering Committee consensus should be established around priority ideas
- The new Workgroup must be approved by the Steering Committee.
- All Network members should have the opportunity to participate if they choose

## CPCRN Workgroup Best Practices

### Joining a Workgroup

Workgroup calls are open to all CPCRN members who plan to participate and contribute to the Workgroup. To join a Workgroup and receive regular communications about the Workgroup, please ask your Collaborating Center's Project Director to add you to the Workgroup in the CPCRN Directory. Once you've been added to the Workgroup in the directory, you'll have access to the Workgroup Google Drive, and you'll be included in the Workgroup email distribution list.

### Emailing Workgroup Members

Please use the Email Members feature on the CPCRN website for all Workgroup emails. Workgroup membership changes over time. By using the Email Members feature, you will always use the most up-to-date list of Workgroup members. *As a best practice, do not simply reply all to previous emails as the list may be outdated.* Please use discretion when sending mass emails via the Workgroup Email Members feature.

### Web Conferencing

The CPCRN Coordinating Center encourages all Workgroups to use Zoom for Workgroup meetings. The Coordinating Center is able to set up a recurring Zoom meeting for the Workgroup. Alternatively, Workgroup co-chairs or Project Directors may set up Zoom meetings from their own university's account. Workgroup co-chairs and Project Directors are responsible for sharing meeting documents from their computer via Zoom. Workgroup meetings don't require a Coordinating Center host. However, the Coordinating Center team is available to assist when notified in advance. Members should turn on their web cameras whenever possible, as it helps us build relationships across the distance. All Zoom meetings must be recorded and made available upon request to those who may have missed the call.

### Google Drive

All Workgroups have shared storage space in Google Drive. Each Workgroup member receives an invitation to the Workgroup Google Drive when they're added to the Workgroup in the CPCRN directory. Within one week of each Workgroup meeting, Workgroup Project Directors should add meeting minutes to Google Drive and email the document's Google Drive link to all Workgroup members using the Email Members feature. Other Workgroup documents and collaborative work should also be stored in Google Drive where all members can access it.

### Meeting Frequency

Workgroups typically meet 1-2 times a month, with progress on Workgroup activities occurring between meetings. Depending on the Workgroup's activities, more or less frequent meetings may be appropriate. Workgroups are encouraged to break into subgroups as needed.

### Workgroup Project Directors

Workgroup Project Directors should be identified in the Workgroup's charter. Typically, Workgroup Project Director positions are filled by the Project Directors from each of the co-chairs' Collaborating Centers; however, alternate staff may be identified. Workgroup Project Directors share the responsibility for coordinating Workgroup activities, providing timely communications to Network

members, hosting Zoom meetings, taking meeting minutes, adding minutes and other documents to the Workgroup Google Drive, and drafting annual Workgroup progress reports for review and approval by the Workgroup's co-chairs. Collaborating Centers are expected to contribute at least half of their resources and time towards cross-center Network activities, which should include, in part, Project Director time managing the above tasks to help optimize Workgroup productivity.

### **Adding Workgroup Meetings to the CPCRN Calendar**

All Workgroup meetings must be added to the [CPCRN calendar](#). To add a Workgroup meeting to the CPCRN calendar, the Workgroup co-chairs or Project Directors should email the call date and time to the Coordinating Center ([beckylee@unc.edu](mailto:beckylee@unc.edu) and [alexayoung@unc.edu](mailto:alexayoung@unc.edu)), indicating the following:

- Do you need a Zoom link assigned, or have you already created one? *If the latter, please send it to the Coordinating Center*
- Do you want the Coordinating Center to send out meeting invitations through Google calendar, or will the Project Director send out invitations separately?

## Guidelines for Collaboration (revised December 2021)

**CPCRN Workgroup:** *A group of CPCRN members from two or more Centers who collaborate on tasks/projects to meet goals around a common theme, for which a shared Workgroup charter has been developed and approved by the Steering Committee. Workgroup charters are developed collaboratively and summarize Workgroup goals, planned products, timelines, leadership, meeting frequency, and resources needed/committed for the work. Workgroups are required to report activities and performance to the Coordinating Center during the annual progress reporting season and to update their Workgroup charters annually. Collaborating Centers are expected to contribute at least 50% of their funds to support personnel and resources for collaborative Workgroup purposes.*

**CPCRN Interest Group:** *A group of CPCRN members who share an affinity/interest in a topic or research idea and meet to exchange ideas and opportunities for collaboration, but who have not necessarily defined common goals/tasks. Interest groups may evolve into Workgroups, or they may operationalize as sub-committees under an existing Workgroup. Alternatively, they may continue to meet more informally.*

**For the purpose of this document, we focus on expectations and guidelines for collaboration pertinent to CPCRN Workgroup members, but these principles are also helpful for Interest Group members.**

CPCRN Workgroups operate under an “opt in” model. That is, CPCRN Centers or Affiliates are not required to participate in all Workgroup activities or any specific Workgroup activities. However, all CPCRN Centers and Affiliates are expected to engage in self-selected cross-Center Workgroup activities. Participation in individual Workgroups is voluntary, but involvement requires a minimum level of engagement. This minimum level of engagement is intended to: (1) ensure consistency and continuity in participation; (2) facilitate shared ownership of Workgroup products; (3) ensure fairness in Workgroup members’ contributions and recognition for those contributions; and (4) facilitate timely progress toward Workgroup goals. With these goals in mind, CPCRN teams and individual members have adopted the following suggested guidance for collaboration.

### Setting Expectations

- All Workgroups must have a current, collaboratively developed charter document governing their plans, activities, and functions. This charter is brought before the CPCRN Steering Committee for approval. Workgroup charters should be updated annually at the start of each new funding year. The updated charter will be submitted to the Coordinating Center with the Workgroup progress report by December 15<sup>th</sup> of each year.
- Workgroup member roles and responsibilities should be defined in Workgroup charters. Where possible, Workgroup member names should be attached to specific roles and research activities.
- Workgroup norms should be specified in the Workgroup charter
  - Workgroup Chairs/Co-Chairs will set expectations and norms for meeting attendance
  - Workgroup members should discuss and agree upon norms to facilitate collaboration

- Annual progress report and charter updates require input and participation from Workgroup members to ensure a complete and accurate reflection of current collaborative work
- The length, frequency, and content of Workgroup meetings is expected to vary across Workgroups depending on the Workgroup structure

### Contribution and Engagement

#### ***Workgroup Members:***

- Members may be Collaborating Center investigators, Project Directors, CPCRN Scholars, staff, trainees, Affiliates from other sites, and/or Federal Agency Partners interested in contributing to the work.
- In order to meet the minimum level of engagement for a Workgroup, individuals must lead or become meaningfully involved with Workgroup or sub-committee activities including:
  - Development and management of IRB applications
  - Research design, recruitment, qualitative/quantitative data collection/analysis
  - Contacting and engaging partner organizations
  - Drafting, reviewing, revising, and submitting abstracts, presentations, and manuscripts
  - Developing grant proposals
  - Leading, hosting, coordinating, or attending trainings/workshops
  - Leading intervention development and evaluation
  - Facilitating research and networking opportunities for trainees and CPCRN Scholars
- Meeting attendance alone is not sufficient to be considered a Workgroup member. Workgroup members are expected to be continuously engaged in Workgroup research activities and help move the research forward outside of meeting times.
- When considering which Workgroups to participate in, it is preferable to contribute meaningfully to 1-2 Workgroups rather than contributing minimally to 4-5 Workgroups.
- Workgroup members are expected to attend Workgroup meetings as regularly as possible and to communicate with Workgroup leadership and Project Directors when they are unable to attend. When members only sporadically attend meetings or provide input occasionally, it can be disruptive to Workgroup progress. If scheduling conflicts arise, Workgroup members should continue to be engaged with the Workgroup's efforts via email or other communication method
- Timely and thorough feedback on all Workgroup-related matters is expected.
- Publication and abstract authorship is not guaranteed for all members of Workgroups.
- Authors must ensure that those who qualify for authorship are included. CPCRN authorship criteria follows [ICMJE best practice guidance](#).
- To utilize CPCRN expertise and to further develop CPCRN collaboration, CPCRN investigators sometimes recommend network members for external committees, panels, and other collaborative products, such as reports, but these are not necessarily considered Workgroup activities, if outside the scope of the Workgroup charter. Nonetheless, these activities may be noteworthy and impactful extensions of the network and therefore can be reported in the Collaborating Centers' progress reports

***Workgroup Chairs/Co-Chairs:***

- Workgroup Chairs take on a significant responsibility organizing and advancing project activities, and thus, have autonomy to manage processes, conflicts, and member involvement
- If Workgroup Co-Chairs identify members who are not actively engaged in the Workgroup, they will solicit additional involvement from the members and/or reach out to inactive members to clarify whether the person would like to remain engaged or not.
  - Workgroup Chairs will determine the length, frequency, and content of Workgroup meetings.
  - Workgroup Chairs provide members with multiple and varied opportunities for involvement.
  - Chairs or their representatives (e.g., Project Directors) should engage members in scheduling meetings at a time that is mutually convenient for as many members as possible to attend.
  - Chairs or their representatives (e.g., Project Directors) will ensure that meeting agendas and minutes are maintained and distributed to all Workgroup members.
  - When appropriate, Chairs/Co-Chairs initiate smaller-scale, sub-committee meetings to encourage progress on activities best accomplished in smaller group settings.
- During the early planning phases of Workgroup products, Chairs or first authors should notify all Workgroup members (by email and during meetings) about the product and provide an opportunity for engaged members to participate, including Federal Agency Partners, Project Directors, CPCRN Scholars, Coordinating Center contributors, and Affiliates. A good time to plan and seek engagement for such products is during the annual charter review.
- Workgroup Chairs are responsible for submitting a Workgroup progress report to the Coordinating Center annually by December 15<sup>th</sup> until the group's work is complete.
- Chairs should give members sufficient time to provide feedback on products including but not limited to abstracts, manuscripts, posters, data collection instruments, infographics, and data briefs, typically 1-3 weeks depending on the complexity of the request.
- As outside roles and responsibilities change, Workgroup leaders may wish to step down and seek new Workgroup leaders. If no other volunteers are available to lead the group, Workgroup chairs may opt to sunset the Workgroup.

***Project Directors:***

Project Directors may serve two roles within Workgroups:

1. Each Workgroup will include one or more Project Directors who coordinates Workgroup activities and provides project management support. The Workgroup charter will clearly identify the Project Director(s) in this role, which includes:
  - Scheduling meetings at a time that is convenient for as many members as possible
  - Maintaining and distributing meeting agendas and minutes to facilitate inclusion of those who cannot attend
  - Managing project timelines
  - Communicating regularly with Workgroup members regarding project activities/progress
  - Strategizing with Workgroup co-chairs about Workgroup priorities and direction.
  - Drafting the Workgroup progress report in coordination with Workgroup co-chairs
2. Each Workgroup will include one or more Project Directors who coordinates Workgroup activities and provides project management support. The Workgroup charter will clearly identify the Project Director(s) in this role, which includes:
  - Participating as a scientific contributor without project management responsibilities. Project Directors should always be included as authors on products where they have contributed.



***CPCRN Scholars:***

- As part of the training experience, CPCRN Scholars are expected to work on a cancer control and/or D&I focused project. This may be a local project with mentors at their local organization/ area, a local CPCRN project related to a current CPCRN Center, and/or a project with a national CPCRN Workgroup.
- Projects should be small and negotiated with their mentor(s) so that the Scholar can finish their piece within the program timeframe
- Each Scholar will have a Mentor who serves as lead facilitator of the Scholar's project. Mentors will facilitate access to expertise and resources and review progress. It is the responsibility of the scholar to communicate and set meetings with mentors
- For Scholars pursuing a Workgroup project, within the first month of being in the program, Scholars should establish contact with the Project Director associated with Workgroup. By the third month in the program, the project should be in place and a CPCRN mentor from that Workgroup should be selected to provide guidance for the project. More than one Scholar may be involved with a CPCRN Workgroup project
- Scholars may choose to remain involved in CPCRN and Workgroup activities after the completion of their training. Scholars alumni who are not connected to a funded CPCRN Center will be asked to complete an Affiliate Member application, and membership will need to be approved by the CPCRN Steering Committee for continued engagement
- The same principles for collaboration included on this guidelines document will apply to Scholars regarding authorship on papers and presentations

***Network Collaborating Centers:***

- Collaborating Centers are expected to contribute at least 50% of their funds to support personnel and resources for collaborative Workgroup purposes
- Collaborating Centers are expected to have at least one member serving as Chair/Co-Chair for a Workgroup and to contribute project management support to at least one Workgroup
- Collaborating Centers are expected to contribute resources towards Workgroup expenses such as participant incentives, transcription, publication fees, etc.
- Collaborating Centers are expected to contribute funds to send members to national conferences, stakeholder meetings, and other public venues to present CPCRN work

***Federal Agency Partners:***

- Federal Agency Partners will participate in Workgroup activities in a variety of ways, including attending calls, consulting on projects, contributing scientifically, and authoring written products
- Federal Agency Partners who participate in a Workgroup should be asked if they are interested in contributing as an author on Workgroup products
  - Sometimes Federal Agency Partners may decline to participate in a product due to conflicts of interest or clearance process limitations.
- Lead authors must build time for the clearance process into the Workgroup's writing timeline

***CPCRN Coordinating Center:***

- All Workgroups will have a Coordinating Center liaison who attends Workgroup meetings and provides guidance

- A limited amount of Coordinating Center funds is also available to further support Workgroup activities. A process for requesting Coordinating Center funds is described in detail elsewhere.
- Coordinating Center team members should be invited as authors on Workgroup products where they have contributed scientifically.
- The Coordinating Center team will:
  - Host Workgroup calls on Zoom as needed
  - Maintain an email list of Workgroup members
  - List Workgroup meetings on the CPCRN calendar
  - Program surveys and provide other technical support as needed
  - Help maintain Workgroup Google Drive folders if asked
  - Disseminate Workgroup products through the CPCRN newsletter and social media

### Meeting Attendance and Conduct

- Regular and timely attendance at relevant Workgroup meetings is encouraged. If possible, members should notify the Chairs of an anticipated absence as early as possible and take initiative to obtain missed information. Meeting minutes and/or audio recordings are available from the Chairs, Workgroup Project Director or Coordinating Center.
- Workgroup Chairs should work with members to establish expectations for meeting attendance
- Meetings have a defined purpose and are efficient to make the best use of everyone's time. Meetings that can be completed in 30 minutes are preferred over full hour meetings.
- Workgroups are not required to have monthly (or any other frequency) full-Workgroup meetings. Workgroups should collaboratively establish the most efficient meeting schedule and share plans via email/other form of asynchronous communication to productively advance the work without being too burdensome. E.g., sub-committees/smaller group meetings and use of collaborative technology, such as Teams, are excellent ways to make efficient progress
- Meeting occurrences may be canceled if a large number of attendees are unavailable, or if Workgroup activities are scheduled and communicated about to members in lieu of a meeting
- Workgroup members establish norms for communication and decision-making, including:
  - How decisions get made in the Workgroup (e.g., by consensus, majority rule, voting, etc.).
  - How conflict between members is resolved
  - How power imbalances are mitigated to ensure that all members feel comfortable speaking up
  - Norms around meeting participation (e.g., knowing when to step up or step back from speaking)
- Whenever possible, updates may be provided in a consent agenda or via email so meeting time is spent making decisions or working

### Research Ethics

- Anyone requesting to use Workgroup data must notify all members of their plans in writing
- Data cannot be shared with individuals or organizations beyond those clearly stated in the original IRB application. With appropriate IRB approval, shared data must be de-identified and all efforts made to ensure that identities cannot be uncovered from other data provided. Further, data sharing must be consistent and compliant with any applicable data use agreements and/or data management plans.
- Exercise ethical behavior in all areas of the research process. Research misconduct is not permitted in any capacity.

### Authorship

- As a collaborative Network, authentic inclusivity is expected. This means including all members where they have contributed and always erring on the side of inclusion.
- Lead authors, in conjunction with Workgroup Chairs/Co-Chairs, are expected to notify Workgroup members (by email and during meetings) about Workgroup and sub-committee products when those products are in the early planning phases and invite participation from engaged Workgroup members.
- If the number of authors needs to be condensed, at least one person from each participating Center actively involved in a Workgroup or sub-committee project ideally should be invited to serve as an author on research products
- Federal Agency Partners, Coordinating Center contributors, Project Directors, CPCRN Scholars, and Affiliates who have been meaningfully engaged in Workgroup efforts should be invited if they are interested in contributing as an author.
- For secondary analyses and ancillary papers, lead authors should reach out to the Workgroup Chairs/Co-Chairs and their Collaborating Center's PI to discuss authorship.
- Authors should meet **all four** criteria from the International Committee of Medical Journal Editors (ICMJE):
  - Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
  - Drafting the work or revising it critically for important intellectual content; AND
  - Final approval of the version to be published; AND
  - Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved
- Contributors who meet fewer than all four criteria for authorship should not be listed as authors. They may be included in the acknowledgements (with their permission). Lead authors should be generous in their acknowledgement of Workgroup members who contributed to conceptualization and data gathering efforts

### Conflict Resolution

- If a conflict occurs within or across Workgroups, individual(s) involved transparently discuss the conflict within the Workgroup
- If the conflict cannot be resolved within the Workgroup, Steering Committee Co-Chairs and Coordinating Center are consulted
- For conflicts that remain unresolved, the matter will be discussed during a full Steering Committee meeting. All individuals involved in the dispute will have the opportunity to present to the Steering Committee, who will discuss and ultimately arbitrate the dispute. Given that the Steering Committee felt that such disputes would be rare, they opted for this approach over establishing a formal *Publications and Presentations Committee*

## Funding Acknowledgment Policy

Communications produced under a CDC cooperative agreement must bear an acknowledgment and disclaimer. This requirement applies to PRC Core and Special Interest Projects awards, including CPCRN ([General Terms and Conditions](#), revised Feb 2020). When issuing statements, publications, press releases, proposal requests, bid solicitations, and other documents such as toolkits, resource guides, websites, and presentations (hereafter “statements”) describing programs/projects funded in whole or part by US DHHS federal funds, the recipient must clearly state:

1. Percentage and dollar amount of the total costs of the program/project funded using federal money
2. Percentage and dollar amount of the total costs of the program/project funded by non-governmental sources

When issuing statements resulting from activities supported by HHS financial assistance, the recipient entity must include an acknowledgement of federal assistance using one of the following or a similar statement:

- If the HHS Grant/Cooperative Agreement is NOT funded with other non-governmental sources:  
*This [project/publication/program/etc.] [is/was] supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$[X] with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by CDC/HHS or the U.S. Government.*
- If the HHS Grant/Cooperative Agreement IS partially funded with other non-governmental sources:  
*This [project/publication/program/website, etc.] [is/was] supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$[X] with [X] percentage funded by CDC/HHS, and \$[X] and [X] percentage funded by non-government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by CDC/HHS or the U.S. Government.*
- General CPCRN Workgroup/Center product:  
*This [publication/report/peer-reviewed manuscript/peer-reviewed presentation/tool/etc.] is a product of a Health Promotion and Disease Prevention Research Center supported by Cooperative Agreement Number [add Cooperative Agreement Number] from the Centers for Disease Control and Prevention. The findings and conclusions in this [product listed above]] are those of the author(s) and do not necessarily represent the official position of the Centers for Disease Control and Prevention.*

### Acknowledgement

- a. If there are multiple CPCRN Centers involved in the research product, the cooperative agreement number for each member Center should be listed
- b. Furthermore, the main title slide of all CPCRN presentations and homepage of all CPCRN websites must include the above statement AND the PRC logo
- c. For products from CPCRN4 or earlier, NCI must also be included in the statement above



## CDC Publications Clearance Policy

All publishable CPCRN products with CDC staff listed among the authors must receive formal clearance from the agency before publishing. This includes employees of CDC, but does *not* include employees of other universities/CPCRN Collaborating Centers that receive CDC funding. Clearance is to be coordinated by the first-listed CDC author. The CDC clearance process must happen *after* a final draft is ready, but *before* the draft is submitted to the publishers for review. When preparing a publication for submission, authors should leave ample time (at least 4-6 weeks) in between completion of the document and submission to publishers to allow for CDC clearance. Products requiring formal clearance include but are not limited to: manuscripts; journal articles; book chapters; abstracts for meetings; and website content. *See the DHHS memo below for more information.* The NCI or other federal agencies may have separate clearance policies that should also be followed.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control  
and Prevention (CDC)  
Atlanta, GA 30341-3724

Date: December 19, 2019  
To: Co-authors who work with CDC authors  
From: Associate Director for Science Office,  
National Center for Chronic Disease Prevention and Health Promotion,  
Centers for Disease Control and Prevention  
Subject: Information to non-CDC coauthors about CDC clearance

CDC values the contributions that scientists outside the agency make when they collaborate with CDC staff, and we thank you for your collaborative efforts.

Please be aware that manuscripts that include a CDC author must successfully complete CDC's clearance review process prior to submission to a journal or dissemination. This process helps ensure that your CDC co-author(s), as employees and representatives of a federal agency, are held to a high standard of scientific rigor. It also ensures that CDC co-authors adhere to applicable federal laws and current policies and do not present individual opinion in a manner that could be interpreted as the position of the agency. Clearance involves multiple levels of review within CDC and can involve relevant subject matter experts across the agency. Clearance is not for editing or peer review but authors may receive suggestions, and sometimes changes are required for clearance approval. Many authors find that comments received during CDC clearance help improve a manuscript.

The CDC clearance process typically takes at least four weeks and can take longer depending on the complexity of the manuscript and the level of clearance review that it might require. CDC appreciates your patience during the review process and asks that authors plan for 4-8 weeks of clearance time in their schedules. If you have questions concerning the CDC clearance process or need status updates about a manuscript undergoing review, please contact the CDC lead author.



## CPCRN Communications Plan

The broad goal of the communications plan is to build awareness of the dissemination and implementation research being conducted by CPCRN, such that we are recognized as being a national leader in this area. The Coordinating Center will disseminate CPCRN research and information through the following communications channels:

**Scientific publications and presentations**, including trainings for national, state, and local partners.

**CPCRN website**, [www.CPCRN.org](http://www.CPCRN.org)

The website describes in detail the Network's mission and vision, Collaborating Centers, and Workgroups. It also will feature:

- Recent news - The Coordinating Center will add all news items sent from Network members.
- Presentations about CPCRN work given at conferences
- Boolean searchable database of CPCRN publications (with abstracts and PubMed links)
- Training curriculum files for the Network's Putting Public Health Evidence into Action curriculum
- Interactive application allowing users to visually explore connections between various Network members and their areas of expertise
- "Meet our Experts" feature that allows users to identify CPCRN members to contact for scientific consultation with filters for expertise and location.

### **CPCRN newsletter**

The newsletter is distributed quarterly to Network members, Funders, partners, and outside audiences. The newsletter is published around the 15<sup>th</sup> of February, May, August, and November. It includes details about CPCRN presentations at upcoming conferences and dissemination of CPCRN reports, publications, awards, events, and member updates, as well as funding announcements and job postings. Network members are encouraged to submit news items for the newsletter to the Coordinating Center at any time. Additionally, before the newsletter is published, the Coordinating Center will solicit additional news items and set a deadline for submissions (typically two weeks before publication).

### **Social media**

CPCRN's primary social media channel is Twitter ([@CPCRNCancer](https://twitter.com/CPCRNCancer)). All Network members are encouraged to follow CPCRN and share CPCRN tweets so that CPCRN research and information will be disseminated widely. The Coordinating Center will also use Facebook ([@CPCRN](https://www.facebook.com/CPCRN)) when appropriate.

### **CPCRN listserv**

The CPCRN listserv includes email addresses for all CPCRN members listed in the CPCRN directory. Any CPCRN member may distribute CPCRN-relevant information to the Network by sending an email to the listserv at [cpcrn@listserv.unc.edu](mailto:cpcrn@listserv.unc.edu).



## Affiliate Member Policy

This policy establishes procedures and expectations for individuals who are not part of funded CPCRN Collaborating Centers to participate in CPCRN as affiliate members. Members may include, but are not limited to, faculty, researchers, or community partners.

### **Eligibility for Affiliate Membership**

To be eligible for affiliate membership, individuals must have interest in and capability to contribute to the mission and goals of the CPCRN. Affiliate members are expected to provide expertise that extends or broadens the ongoing work of the Network. Affiliate members agree to represent themselves and not their institutions. Applicants must not have conflicts of interest.

### **Procedure for Becoming an Affiliate Member**

*Individuals* seeking to become affiliate members must:

- Identify a current CPCRN Collaborating or Coordinating Center member who will serve as a sponsor.
- Download and complete the application form (Appendix A18).
- Send the completed application form and a CV to the sponsor.
- The sponsor will add a brief paragraph describing what the affiliate applicant will contribute to the Network.
- The sponsor submits the application to the Coordinating Center for referral to the Steering Committee.
- The Steering Committee reviews the application and determines if the affiliate membership will be approved.

### **Expectations of Affiliate Members**

Affiliate members are expected to participate actively in the work of the Network. The specific role and contribution of the affiliate member will vary based on his or her interest and expertise and Network needs. At a minimum, affiliate members must attend two or more Workgroup calls or meetings per year and engage in at least one Workgroup project or activity.

### **Benefits of Affiliate Membership**

Affiliate members collaborate with a wide range of researchers in the cancer control research community. Affiliate members are listed in the CPCRN directory and are subscribed to CPCRN Workgroup-specific and Network-wide communications. Affiliate members participate in or co-lead efforts to:

- Conduct research
- Develop manuscripts, presentations, tools, or products
- Develop grant applications

Affiliate members do not become eligible to receive Special Interest Project funding from CDC; however, new funding opportunities may emerge as a result of an affiliate member's involvement with CPCRN. Workgroups are encouraged to delineate the roles and responsibilities of affiliate members in the initial stages of research, projects, manuscripts, grant applications and other activities. Data use agreements, if appropriate, should describe affiliate members' access to and use of data originating from Workgroup research.

**Support for Affiliate Members**

The Coordinating Center has some funds available to support affiliate members' participation in Workgroups and other Network activities. For example, the Coordinating Center has previously provided research incentive funds and travel funds for affiliate members.

**Removal and Reinstatement of Affiliate Membership**

Affiliate members that do not meet minimum participation requirements will be deemed inactive and removed from Network communications and activities. With a commitment to actively participate, membership can be re-established.

## Appendix A: CPCRN Strategic Plan (revised March 2018)

**CPCRN Mission Statement:** *Accelerate the adoption and implementation of evidence-based cancer prevention and control strategies in communities, enhance large-scale efforts to reach underserved populations and reduce their burden of cancer, deepen our understanding of the predictable processes that achieve those goals, and develop the D&I workforce in cancer prevention and control.*

**CPCRN Vision Statement:** *Community-based agencies and organizations successfully implement cancer prevention and control strategies that are effective in reducing cancer disparities.*

<b>Goals</b> <i>(Aspirations of the CPCRN)</i>	<b>Objectives</b> <i>(SMARTER targets [Specific, Measurable, Achievable, Resourced, Timed, Evaluated, Reported] by which to achieve goals)</i>	<b>Tactics</b> <i>(Specific actions that address how we will achieve our objectives)</i>	<b>Key Performance Indicators</b> <i>(Evaluate success by assessing process, impact, and products)</i>
<p>Advance the science of dissemination and implementation (D&amp;I) of evidence-based cancer prevention and control (CPC) strategies, especially in underserved populations.</p>	<p>Conduct cross-center collaborative projects with broad CPCRN member engagement focused on:</p> <ul style="list-style-type: none"> <li>• evaluating the implementation of existing CPC strategies in varying settings (e.g., FQHCs)</li> <li>• developing, testing, and implementing new evidence-based interventions</li> </ul> <p>Each CPCRN Workgroup, project, &amp; Collaborating Center will contribute multiple products including, but not limited to:</p> <ul style="list-style-type: none"> <li>• Presentations at national and local conferences</li> <li>• Publications</li> <li>• One or more collaborative grant submissions</li> <li>• Toolkits</li> <li>• Training materials</li> </ul>	<p>Centers and Workgroup projects will achieve research objectives through community-engaged research involving strategies and methods such as:</p> <ul style="list-style-type: none"> <li>• capacity building</li> <li>• simulation modeling</li> <li>• community engagement</li> <li>• communication/dissemination</li> <li>• evaluation</li> <li>• non-clinical/clinical linkages</li> <li>• development of D&amp;I measures</li> <li>• intervention development</li> <li>• training and evaluation</li> <li>• survey development</li> </ul> <p>Workgroup and project teams will meet regularly (based upon current activities/need) to advance their work.</p> <p>Steering Committee meetings will be held monthly to facilitate potential cross-Center collaborations and provide updates on existing Workgroup projects</p> <p>The Coordinating Center will inform Network members of funding opportunities and organize interest meetings accordingly</p>	<p><i>Process</i> – Extent of cross-center collaborations in Workgroups and projects (including but not limited to number of cross-center meetings and related events); Progress towards collaborative and center-specific products (e.g., manuscript, abstract, and grant submissions)</p> <p><i>Impact</i> – Evidence of scientific community leadership by CPCRN members in developing D&amp;I science (around CPC or more generally)</p> <p><i>Products</i> – Number of collaborative and center-specific research activities, including, but not limited to, accepted presentations, publications, and grants funded, demonstrating Network collaboration and center-specific productivity</p>

Goals	Objectives	Tactics	Key Performance Indicators
<p>Accelerate the adoption of evidence-based intervention strategies in communities</p>	<p>Develop and sustain engaged relationships with community partners, particularly those engaged with underserved populations.</p> <p>Conduct and publish at least one scoping/systematic review or commentary related to EBI adoption, where relevant and appropriate to Workgroup activities.</p>	<p>Workgroups, projects, and centers will address research questions through community-engaged research involving partners such as:</p> <ul style="list-style-type: none"> <li>• FQHCs/community health centers</li> <li>• rural clinics</li> <li>• Medicaid CCOs/PCMHs</li> <li>• worksites</li> <li>• CBOs/coalitions</li> <li>• retail settings</li> <li>• schools</li> <li>• health departments</li> <li>• faith-based settings</li> <li>• pharmacies</li> <li>• American Cancer Society</li> <li>• primary care associations</li> <li>• statewide cancer alliances</li> </ul> <p>Workgroups, projects, and centers will utilize social media, web, print, and/or news coverage to disseminate their work beyond academic audiences.</p>	<p><i>Process</i> – Conduct of systematic and scoping reviews to synthesize evidence; Formation of community partnerships; Formative research to translate EBIs to address communities’ needs/preferences; Testing implementation strategies to disseminate EBIs; Marketing and audience research to understand channels to disseminate Network products</p> <p><i>Impact</i> – number of community partners aware of EBIs, their attitude toward EBIs, and demonstrated adoption of EBIs</p> <p><i>Products</i> – Translation of D&amp;I evidence into products such as toolkits to help community organizations with D&amp;I process; Scientific presentations, peer reviewed publications, and grants to disseminate and test strategies that are shown to accelerate adoption of EBIs; Dissemination of Network products through diverse media and web channels</p>

Goals	Objectives	Tactics	Key Performance Indicators
<p>Enhance large-scale, evidence-based strategies to reduce the burden of cancer</p>	<p>Bring substantive expertise to the work of national and state government, non-profit organizations, agencies and coalitions (e.g., Roundtables), and other stakeholder audiences.</p> <p>Serve on the board or advisory/steering committee of an organization or coalition whose work relates to CPCRN, when applicable</p> <p>Collaborate with community partners, practitioners, or organizations on scientific presentations and/or publications, when applicable</p> <p>The Coordinating Center will facilitate increased visibility of the Network's contributions and expertise within academic and non-academic channels.</p>	<p>Workgroups, projects, and centers will focus on evidence-based cancer prevention and control strategies in content areas such as:</p> <ul style="list-style-type: none"> <li>• colorectal cancer screening</li> <li>• cervical cancer screening</li> <li>• prostate cancer screening</li> <li>• HPV vaccination</li> <li>• tobacco and lung cancer control</li> <li>• physical activity</li> <li>• survivorship</li> <li>• healthy eating</li> <li>• rural health</li> </ul> <p>Network members will serve as subject matter experts for national and state government, non-profit organizations, agencies and coalitions (e.g., Roundtables, state cancer coalitions), and other stakeholder audiences</p> <p>The Coordinating Center will develop a media strategy to promote the Network actively</p> <p>Workgroups, projects, and centers will catalyze action through:</p> <ul style="list-style-type: none"> <li>• technology creating</li> <li>• unfunded pilot research</li> <li>• work with advocacy groups/NGOs</li> <li>• congressional hearings</li> <li>• presentations to policymakers</li> <li>• new partnership development</li> <li>• prompting changes to office/point of care practices</li> </ul>	<p><i>Process</i> – Engagement and partnership with federal and state health agencies, health systems, coalitions, and organizations with broad reach in underserved populations</p> <p><i>Impact</i> – Leadership and other engagement with local, regional, state, and national cancer coalitions and organizations via Roundtables and other efforts; Implementation of state plan and other reports' goals/objectives; Active work with agencies and organizations utilizing member expertise to achieve measurable objectives and/or contribute to those organizations' projects; Media attention for Network activities and products</p> <p><i>Products</i> – Contributions to state cancer plans and other relevant reports; Receipt of collaborative and community-engaged grant funding to continue/expand scaling efforts of cancer-related EBIs; Joint authorship with community partners on scientific presentations and/or publications; Press releases to disseminate to media about Network products; Policy or data briefs to disseminate Network findings to diverse stakeholder audiences; Presentations to policymakers and other decision making entities</p>

Goals	Objectives	Tactics	Key Performance Indicators
<p>Enhance practice-level or organizational-level capacity to conduct D&amp;I of EBIs</p>	<p>Develop, implement, and disseminate high quality training experiences and materials to relevant organizations</p>	<p>Network members will update the Putting Public Evidence into Action Curriculum regularly.</p> <p>Centers will implement <i>train the trainer</i> programs for the Putting Public Health Evidence into Action curriculum.</p> <p>Members will conduct training workshops at national conferences.</p>	<p><i>Process</i> – Deliver and test training, technical assistance, and other implementation strategies for practice organizations and individual practitioners</p> <p><i>Impact</i> – Self-efficacy and quality and quantity of EBI implementation within practices and by practitioners, identifying characteristics of successful implementation efforts</p> <p><i>Products</i> – Future versions of CPCRN Putting Public Health Evidence into Practice – in various formats; Other new training curricula and media; Collaborative and center-scientific presentations and peer reviewed publications and grants reflecting practice-level or organization-level implementation of EBIs</p>
<p>Develop and sustain the research workforce contributing to D&amp;I science in CPC</p>	<p>Engage junior faculty, post-doctoral fellows, and students in the work of the Network</p> <p>Build a social and professional community of CPC-focused D&amp;I researchers</p> <p>Attend and present at relevant D&amp;I meetings</p>	<p>Senior investigators will mentor junior faculty, post-doctoral fellows, and students.</p> <p>Centers will provide funding support to junior faculty, post-doctoral fellows, and students</p> <p>Centers will provide travel funds for junior faculty, post-doctoral fellows, and students to attend the CPCRN annual meeting and/or other national conferences</p> <p>The Coordinating Center will organize and fund regular social and professional engagement opportunities for Network members throughout the year.</p>	<p><i>Process</i> – Dissemination and organizing/ hosting of D&amp;I funding and training and social/professional networking opportunities to Network-affiliated researchers at all levels; Involvement of Network-affiliated members in D&amp;I and/or cancer-focused training opportunities, fellowships, and relevant leadership/outreach positions; Student/post-doc representation in as many Workgroup project and Center activities as possible</p> <p><i>Impact</i> – Career advancement/progress of Network-affiliated members</p> <p><i>Products</i> – Inclusion of junior investigators, practitioners, postdocs, and/or students in Network products (e.g., publications, grants, presentations) and Network meetings or other professional opportunities</p>



## Appendix B: CDC Science Impact Framework – Key Indicators

Degree of Impact	Potential Measurable Indicators
Disseminating Science	<ul style="list-style-type: none"> <li>• Scientific publications (open access journals)</li> <li>• Trade publications</li> <li>• Professional meetings/conferences</li> <li>• General communication (social media, web, print)</li> <li>• Presentations</li> <li>• Training, coursework</li> <li>• Other scientific output (e.g., CDC Public Health Grand Rounds, Vital Signs, Science Clips)</li> </ul>
Creating Awareness	<ul style="list-style-type: none"> <li>• Continuing Education (e.g., CME, CEU)</li> <li>• Stakeholder resources, curriculums, and trainings</li> <li>• Feedback (e.g., surveys, focus groups, anecdotes, etc.)</li> <li>• Information-sharing and communications among professional societies</li> <li>• Electronic communications (i.e., information shared via listservs, social media, news, etc.)</li> <li>• Requests to contribute to efforts that further the science output</li> <li>• Awards</li> <li>• Queries</li> </ul>
Catalyzing Action	<ul style="list-style-type: none"> <li>• Technology creation</li> <li>• New funding (pilots/research)</li> <li>• Advocacy groups/NGOs</li> <li>• Congressional hearings</li> <li>• Partnerships and collaborations</li> <li>• Research and development</li> <li>• Office practice/point of care changes</li> </ul>
Effecting Change	<ul style="list-style-type: none"> <li>• Building public health capacity (e.g., workforce development, funded research, competency)</li> <li>• Creation of registries/surveillance</li> <li>• Legal/policy changes</li> <li>• Accreditation</li> <li>• Cultural/social change</li> <li>• Behavioral change</li> <li>• Economic change</li> <li>• CMS reimbursement</li> <li>• Other payer actions</li> <li>• (New) formal guidelines and recommendations (e.g., WHO)</li> <li>• Hospital standards</li> <li>• Funding</li> <li>• Anecdotes/case studies</li> <li>• Sustainable and scalable science translation</li> </ul>
Shaping the Future	<ul style="list-style-type: none"> <li>• New hypotheses/continuous quality improvement</li> <li>• Implementation of public health programs/initiatives</li> <li>• Health outcomes**</li> <li>• Prevalence and incidence</li> <li>• Morbidity and mortality (e.g., frequency of outbreaks, trends)</li> <li>• Life expectancy</li> <li>• Quality of Life improvements</li> <li>• Reductions in economic burden</li> </ul>

\*The degree of impact is not necessarily a progression, therefore, events captured may not be reflected at every domain

\*\* Health outcomes is the ultimate goal - driven by the 5 domains of impact

**Appendix C: Workgroup Progress Report Template**

CPCRN Workgroups are required to submit a narrative report each reporting period. The report should be 2-3 pages in length and should address the following. Please insert your responses in the boxes provided, expanding as needed. Do not alter the report’s formatting (fonts and margins), as these will be combined into a master report for the funders. Feel free to include photos and figures as desired, and/or to delete red instructions. **And of course, change your Workgroup name and the date above.**

The funders are not looking for substantial background information about your research in this report, they are most interested in what has been done since your last report, and how you are keeping things moving forward with things like IRBs, study recruitment, and publications & presentations, and in learning about ways your work has had impact.

Please list **Workgroup Co-Chairs** and their Center Affiliations.

Please list **investigators, staff, CPCRN Centers, and collaborating organizations** that have been *substantially involved* in your Workgroup’s activities during the reporting period (*add rows as needed*).

Center/ Organization	Investigator/ Staff Name	Workgroup Activity	Role/ Contribution

Please list the **number of Workgroup meetings** during the reporting period.

**Phone meetings:**  
**In-person at CPCRN events:**  
**In-person at non-CPCRN events:**

Please provide a **summary of your CPCRN Workgroup’s accomplishments and research findings/progress/work completed** during the funding period.

What is your **plan of work** for the next reporting period?

Please list *all* **Publications** by your Workgroup in this reporting period (*published or in-press only*).

Please list *all* **Grant Applications** (and funding status) by your Workgroup in this reporting period.

## Appendix D: CPCRN Workgroup Formation Concept Paper Template

**Proposed Workgroup Topic:**

[Click here to enter text.](#)

**Potential Lead Investigator(s):**

[Click here to enter text.](#)

**Brief Rationale:**

[Click here to enter text.](#)

**Preliminary Planned Activities:**

[Click here to enter text.](#)

**General Timeline:**

[Click here to enter text.](#)

**Estimated Resources Needed:**

[Click here to enter text.](#)

**Appendix E: CPCRN Workgroup Charter Template**

When a workgroup concept is ready to move forward as a CPCRN workgroup, workgroup members will collaboratively develop a workgroup charter to guide their work using the template below. This document will be shared with the Steering Committee at least one week before the meeting where the workgroup will be considered for approval and presented to the Steering Committee by the proposed Chairs/Co-Chairs.

1. **Workgroup Name:** [Click here to enter text.](#)
2. **Overall Objective:** [Click here to enter text.](#)
3. **Key Members:**

Chairs/Co-Chairs	[Names]
Workgroup Project Director(s)	[Names]
Workgroup Members	[Names]
External Stakeholders	[Names]

4. **Roles and Responsibilities** – *What is expected of Workgroup members? How frequently will the Workgroup meet?*

[Click here to enter text.](#)

5. **Background** – *Why is the project being undertaken? What gap in knowledge does it address?*

[Click here to enter text.](#)

6. **Scope, Deliverables and Timeline** – *What will be the end result or deliverables of the project? Describe what phases of work will be undertaken. It may be important to mention what activities will not be included in this project. Identify the project timeline and milestones.*

[Click here to enter text.](#)

7. **Resources Needed** – *Describe the time and funds to be contributed by workgroup members and collaborating centers. If there are any “asks” of the coordinating center, describe those as well. Remember that Collaborating Centers are expected to dedicate at least 50% of their funding to Workgroup projects, including project management/direction where needed.*

[Click here to enter text.](#)

8. **Communications Plan** – *How and when will information be communicated to and from Workgroup members?*

[Click here to enter text.](#)

## Appendix F: Affiliate Member Application Form

Prior to completing this form, please refer to our [Affiliate Member Policy](#) to determine your eligibility.

Applicant Full Name: [Click here to enter text.](#)

Applicant Organization: [Click here to enter text.](#)

Degrees/Certificates: [Click here to enter text.](#)

Email Address: [Click here to enter text.](#)

Phone Number: [Click here to enter text.](#)

Work Address: [Click here to enter text.](#)

Nominating CPCRN Sponsor Name: [Click here to enter text.](#)

Nominating CPCRN Sponsor Center: [Click here to enter text.](#)

CPCRN Workgroup Name (*optional*): [Click here to enter text.](#)

How are you affiliated? (Please *select one*):  Community Partner  Co-Investigator  Other

Affiliate member's area(s) of expertise (*affiliate applicant completes*):

[Click here to enter text.](#)

Affiliate member's expected role or contribution (*affiliate applicant completes*):

[Click here to enter text.](#)

Endorsement comments about what the applicant brings to the Network (*sponsor completes*):

[Click here to enter text.](#)

Sponsor emails this form and applicant's CV to the Coordinating Center at [beckylee@unc.edu](mailto:beckylee@unc.edu). The application will be reviewed by the Steering Committee