

1. What did your SPN do to build/enhance the research capacity or infrastructure at your institution/organization?

■ **Built/increased trust in community by:**

- Training academy
- Volunteer coalitions
- Community participation, funding community projects
- Pilot projects led by junior minority investigators
- Reporting findings to community partners

1a. How has this benefited the institution and community?

- Enhanced relationships with community institutions
- Developed new data
- Increased outreach activities
- Built capacity for mini-grants
- Helped educate institutions (cultural competency)
- Encouraged dialog on the difficult subject of cancer
- Bridging cultures—understanding community concepts of cancer

1b. What evidence shows these benefits?

- Funded research projects with minority investigators
- Institutional support: creative use of indirect costs
- CBOs were able to leverage experience gained through collaboration with SPN to get funding from other sources

2. What lessons have been learned?

- Institutional commitment to project goals is essential
- Need to educate community on
 - Benefits of research
 - Distinction between research and service programs

3. What happened that was not expected, and how did your SPN respond?

- Lack of participation (shortened the program)
- Lack of focus (developed a strategic plan)
- Loss of leadership (stepped back to regroup, recover trust, found new people whose skills enhanced the project, established a disparities lectureship)
- Multistate interest in the project (took the opportunity to launch a multistate conference)

4a. What are your SPN's best practices/accomplishments?

- Down-Home Healthy Living (a cancer information program)
- Minority Faculty Mentoring Minority Junior Faculty
- Community-Based Research Curriculum
- Pilot Project Funding for Junior Researchers

4b. What would you not do again?

- Compromise quality for quantity
- Fail to get participants in at the ground level
- Start locally instead of at the national level to obtain support from CBOs
- Prioritize clinical trials education above more basic issues such as trust and infrastructure

5. How does the community perceive your SPN and your institution/organization?

- Improving perceptions is an ongoing process, complicated by many factors
 - There is historic distrust of some institutions SPNs are affiliated with
 - CBOs do not necessarily perceive the institution; they perceive the people with whom they have a relationship
 - Relationships developed by SPNs are working to improve respect, credibility, and accountability
 - SPN staff act as brokers to build bridges between community and institution, helping each understand the other
 - The community and the institution have needs; SPNs are responsible for stewardship of resources to help the community

Who Are We?

- We represent 51 funding years of SPN activities
- We represent the following SPN projects:
 - Mount Sinai—EHPCA SPN
 - Pacific Islander Cancer Control Network
 - NYU School of Medicine—Cancer Awareness Network for Immigrant Minority Populations
 - ATECAR—Temple University
 - ASPAN—University of Arkansas for Medical Sciences
 - *Redes En Acción*—Baylor College of Medicine/University of Illinois at Chicago
 - NBLIC II: Network Project/Morehouse School of Medicine
 - AIOP: American Indian Oncology Program—University of Arizona and Phoenix Indian Medical Center
 - Spirit of E.A.G.L.E.S.—North Central: Increasing Access to Clinical Studies (ACES)
 - Appalachia Cancer Network—Pennsylvania State University