

# Meeting Report

*Redes En Acción:*  
*Nuevas Fronteras in*  
Cancer Research

## Redes En Acción



**ANNIVERSARY**

10th Annual National  
Steering Committee Meeting

March 3-5, 2010

Hotel Contessa, San  
Antonio, Texas

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**R**edes En Acción: The National Latino Cancer Research Network, supported by the National Cancer Institute's Center to Reduce Cancer Health Disparities, began in 2000 and has built a network of 1,800 community leaders, researchers and public health professionals from across the U.S. to work to reduce the Latino cancer burden through research, training and education. **Redes En Acción** is establishing training and research opportunities for Latino students and researchers, generating research projects on key cancer issues impacting Latinos and supporting cancer awareness materials and events. Redes' national network center is based at the Institute for Health Promotion Research at The UT Health Science Center at San Antonio, and the network has regional network centers in New York, Miami, San Francisco, San Diego and Houston.

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## EXECUTIVE SUMMARY

# Nuevas Fronteras

**Redes En Acción: The National Latino Cancer Research Network**SaludToday 15 videos 

*Watch this unique video about Latino cancer, Redes' achievements and our future impact.*

**A** decade ago, we had an idea. Develop a national network – an online army of researchers and advocates – to fight Latino cancer on the fronts of research, training and education.

Today, 10 years and 1,800 members later, we're winning the battle.

Redes En Acción has tested novel interventions to improve access to care and screening. We've trained the next generation of Latino cancer researchers. We've raised awareness of Latino cancer challenges and solutions.

All these successes and more were showcased at our 10th-annual National Steering Committee Meeting, March 3-5, 2010, in San Antonio, Texas.

At the meeting, we found out how

the field of health disparities research is evolving.

We heard updates from National Cancer Institute leaders. We heard from Redes rising stars and those who will take the fight against Latino cancer to the next level in survivorship, border health, diet and exercise and more.

And we celebrated Redes' huge impact over the years with a **striking video**.

We couldn't have made such strides in research, training and education to reduce Latino cancer without our National Steering Committee and all of our

1,800 members, from the researchers to physicians to community leaders.

Because of you, Redes continues to reach *nuevas fronteras* in Latino cancer research.

Thank you all so much. *JMil Gracias!*



*Amelie Ramirez*

## Redes Research, Training & Awareness

**R**edes En Acción: The National Latino Cancer Research Network has built a network of 1,800 community leaders, researchers and public health professionals from across the U.S. to work to reduce the Latino cancer burden through research, training and education.

Redes is based in San Antonio and the program has regional network centers in New York, Miami, San Francisco, San Diego and Houston.

**Redes research** focuses on policy and organizational change and innovative interventions to reduce disparities. Redes investigators do groundbreaking Latino cancer research in: genetics; network analysis; obesity; tobacco; cancer screening; cancer clinical trials; cancer survivorship; and patient navigation. In all, Redes researchers have more than \$200 million in peer-reviewed Latino cancer and chronic disease research grants.

**Redes training** activities have instructed or mentored more than 200 emerging cancer researchers from undergrads to doctoral students to junior faculty, building a national pipeline of Latino researchers and physicians. Redes also launched the careers of 18 NCI pilot investigators who leveraged \$900,000 in NCI cancer research funding into \$100 million in cancer and chronic disease research.

**Redes education** seeks to improve access to cancer screening, treatment and beneficial cancer interventions. Redes has reached communities and researchers nationally through: more than 2,000 cancer education events; bilingual education materials, such as *Buena Vida* cancer health magazines and *Nuestras Historias* for Latina cancer survivors; Web sites and E-communications; a Latino Cancer Expert's Directory; and PSAs.

## NCI TARGETS DISPARITIES

# NCI & CRCHD: Advancing the Vision to Lessen the Burden of Cancer

**C**ancer takes a tremendous toll on minority populations.

That's why the Center to Reduce Cancer Health Disparities at the National Cancer Institute is developing exciting new research, training and capacities to lessen the burden of cancer and reduce cancer health disparities.

The key is "personalized medicine" – understanding differences in biology, beliefs, behaviors and environment, said CRCHD Deputy Director Deborah Duran, PhD.

"What's been the definition of cancer health disparities? The same thing [as personalized medicine.] So I think we should applaud ourselves, that science has actually caught up with us," Duran said. "Now the whole mantra, everywhere, across NIH, is doing personalized medicine."

Duran listed the CRCHD's goals:

- Increase cancer health disparities programs
- Increase competitive, diverse cancer research investigators
- Create a cadre of cancer health disparities researchers from all groups
- Integrate cancer health disparities research and training into the mainstream

These activities aim to establish a scientific field that reflects the populations served and expand knowledge of biological variations in different types of cancer and populations.



*Deborah Duran*

The flagship example of this approach is the NCI/NIH CURE program.

CURE aims to develop students and trainees of all races/ethnicities – from high school up to university faculties – in cancer research.

"Building organizational/regional will enable us to bridge community and researchers to develop a synergistic cultural research environment," Duran said.

How do you build organizational/regional capacity?

Find an acronym or two.

For example, the Minority Institution/Cancer Center Partnerships (MI/CCPs) enable minority-serving institutions (MSIs) and Cancer Centers to train scientists from diverse backgrounds in cancer research to bring cancer advances to racial/ethnic communities.

The Community Networks Program (CNP), of which *Redes* is one, increases evidence-based approaches to educate communities in prevention and early detection.

Also, the new Geographic Management Program (GMaP) splits the U.S. into regional hubs that aim to facilitate cancer health disparities research. *Redes* leader Dr. Amelie Ramirez heads the Region 4 GMaP.

"We believe that it will be the sum total of all these activities – in research, resource capacity building, and dissemination – that will enable us as a center to advance the vision of personalized medicine and, one day, enable us to overcome cancer health disparities," Duran said.

## New CNP Centers Initiative

**N**earing the end of its five-year run, the NCI's Community Networks Program (CNP) initiative has spawned scientific advances, educated the public and trained hundreds of new researchers to prevent cancer and reduce related disparities.

But CNPs aren't finished yet.

As early as July 2010, the NCI will fund "CNP Centers" to involve the community in cancer prevention and test interventions with control groups to produce data.

"The overall purpose of the CNP Centers is to engage the community and increase knowledge access and utilization of beneficial biomedical and behavioral procedures in racial/ethnic and other underserved populations," said Maria Teresa Canto, program officer at the CRCHD. "The CNP was focusing more on prevention and early detection. For the CNP Centers, it's expanding to diagnosis, treatment and survivorship."

In each CNP Center, a new/junior investigator will conduct a pilot study.

Another feature is using community health educators to better link communities with research efforts, Canto said.



*Maria Canto*

## LATINO CANCER POLICY

# Policy Challenges for Latino Health Issues

**L**atinos are America's majority minority.

Yet they have less income and less health insurance, and they struggle with cultural barriers and disparities in health and cancer care.

The situation warrants new approaches to increase Hispanics' access to culturally competent health care – and Congress' recent health care **overhaul** to increase coverage for the nation's 31 million uninsured is a great start, said Elena Rios, MD, president and founder of the National Hispanic Medical Association (NHMA).

"This would address Hispanic health disparities by increasing access... affordable universal insurance, lifting the immigrant ban and increasing cultural competence and language services," said Rios.

Rios' NHMA, which represents 45,000 U.S. Latino physicians, lobbied for health care reform throughout 2009 and before crucial votes in March 2010.

They also pushed for several other bills or bill improvements, including: HR 1740/S 994, to create a national education campaign about breast



Elena Rios

cancer's threat to the lives of young women of all ethnic and cultural backgrounds, and HR 3200, to include a national strategy to

end racial/ethnic health disparities.

"Our mission is to improve the health of Hispanics," Rios said.

## C-Change: Collaborating to Conquer Cancer

**T**om Kean has seen years of rhetoric and reports documenting health disparities, yet little traction on the issue as people continue to die, year after year.

Kean's group, C-CHANGE, is doing something about it.

C-CHANGE, comprised of public, private and nonprofit leaders dedicated to conquering cancer through collaboration, is creating a case statement to address societal and economic impacts of cancer health disparities.

"We want to develop messages for the public and policy-makers that show disparities as a societal problem requiring societal action now for the benefit of society as whole," said Kean,



Tom Kean

MPH, C-CHANGE executive director.

The case statement, part of C-CHANGE's 2010 strategic agenda to breed meaningful action to eliminate cancer health disparities, will summarize existing reports on prevalence, diagnosis and treatment

of disparities; contrast direct medical and indirect costs of disparities; and analyze a survey on the relationship between cancer status and socioeconomic status and access to care.

A study on these issues is due out soon, Kean said, and an advisory group is working on strategies in message development and long-term action.

"Long-term changes that are needed fly in the face of a society that is increasingly engaging in short-term thinking," Kean said. "My optimism comes from hanging out with people who have had enough of this and who want to work for real change."

## LATINO INTERNATIONAL/BORDER HEALTH

# Advancing Cancer Research with Latin America

**R**educing the Latino cancer burden in the U.S. depends on researchers' abilities to understand and control cancer at the cultural, behavioral and molecular level.

One agency is looking beyond borders for help.

The NCI's Office of Latin American Cancer Program Development (OLACPD) promotes cancer research by collaborating and building on existing resources in the U.S. and Latin America to develop cancer research, training and infrastructure.

"The value of collaborating with Latin American countries improves care for the growing Hispanic population in the U.S.; leverages countries' resources and breaks down research silos; and enhances research capabilities in Latin America and the U.S. for global benefit," said Teri Brown, a biologist with OLACPD, which is led by Dr. Jorge Gomez.

OLACPD heads the new United States-Latin America Cancer Research Network, which teams the U.S. with Argentina, Brazil, Chile, Mexico and Uruguay to understand disease burden, develop cancer research and care infrastructure and build collaborative relationships to



Teri Brown

support high-quality basic and clinical research.

The network is studying invasive breast cancer profiles in 1,500 Latin American women.

Results could improve breast cancer diagnosis and treatment by describing Latin American women's breast cancer molecular profiles and their correlations with long-term survival and response to therapy.

Building the pipeline of cancer researchers is another expected outcome.

"It will create better partners in Latin America for international cancer research," Brown said, "and increase the pool of Latin American investigators."



*The NCI's Office of Latin American Cancer Program Development aims to advance cancer research in Latin America.*

## Tackling Health on the U.S.-Mexico Border

**R**esidents along the U.S.-Mexico border frequently deal with tuberculosis, obesity, infectious disease and public health emergencies.

That's why the U.S. – Mexico Border Health Commission, which provides international leadership to optimize health and quality of life along the border, is targeting those very issues, said Dan Reyna, MSS, MPA, commission general manager.

"Our particular roles are: facilitate identification, study and research; be a catalyst to raise awareness; promote sustainable partnerships; and serve as an information portal for community partners" across 2,000 miles encompassing six Mexican border states and Texas, Arizona, New Mexico and California, Reyna said.

Tuberculosis was the first on Reyna's priority list.

He said the commission has conducted a tuberculosis legal issues forum and begun a cross border pilot project to collect specimens. More forums are planned, as well as a bi-national report on the disease and a border-wide conference in 2010.

In 2010, plans include a bi-national multimedia campaign on childhood obesity along with a call for projects and a report on border obesity and diabetes.

The commission also will conduct a border-wide conference on infectious diseases.

Reyna said other plans include conducting the 2nd Biannual Bi-national Health Councils Strategic Planning Summit, starting work on Border Health 2020, funding pilot projects and commissioning research papers on cancer topics.

To stay updated, [sign up](#) for E-bulletins on border health news.



Dan Reyna

## IMPROVING HEALTH CARE DELIVERY

# Improving Health Care and Health Care Delivery Through Science

**A** key to improving health and cancer care and delivery is a comprehensive, national effort for surveillance and development of system-level interventions, said Robert Croyle, PhD, director of the NCI's Division of Cancer Control and Population Sciences.

"We really need a national monitoring and surveillance system to allow us to say, 'What are cancer patients getting, what is being delivered and what is the quality?'" Croyle said. "We really need national resources to link cancer care and outcomes to all those data to be able to explain variations in the pattern of care and the quality that's delivered."

He said he believes in creating data systems that can rapidly answer and address myths about health care and the underserved, such as myths on who drives up care costs.

A lung and colorectal cancer project, for example, collects "all kinds of data known to man," from surveys to claims data to medical records to biospecimens.

Such an approach could "get us to a point, 10 or 15 years out, where we truly have integrated linkage between survey data, incidence and mortality, self-reported patient data, health care cost data, quality of care data and outcomes data," Croyle said.

At NCI, Croyle oversees a half-billion research portfolio and operating budget.

His division covers many scientific domains and disciplines, including epidemiology, behavioral science,



*Robert Croyle*

surveillance, cancer survivorship and health services research.

He said he believes in breaking down parallel silos of activities and piggybacking on existing resources to improve the evidence base.

The NCI is working toward this end by building up regular research funding in health disparities, as well as scaling up more elaborate, interdisciplinary scientific projects, such as the P50 Centers for Population Health

and Health Disparities.

The NCI also is active in tobacco and obesity working groups, and is helping other groups with Spanish-language smoking quit lines and online resources.

Another vital push is increasing health care system-level interventions and the number of investigators asking questions about care coordination, health care systems and systems-level interventions to improve behavioral risk factors, smoking cessation, etc.

Redes researchers can be a part of the solution, Croyle said.

"It's up to us – academics, researchers, community leaders – to make this happen," he said. "Whether we have policy change, whether we have program change or whether we have health care access change, making this work, evaluating how this works – the science is going to be absolutely critical in making that happen."



## TRENDS IN LATINIO SURVIVORSHIP, DIET

# Survivorship: Developing Successful Strategies to Help Latinos Live With, Through & Beyond Cancer

**L**atinos can indeed survive cancer.

In fact, a half-million Hispanics diagnosed with cancer less than 15 years ago were alive in 2008, according to SEER data, and that number will mushroom in coming years.

But more research and Institutes of Medicine (IOM) panels and reports should account for Latino survivors of all cancer types, said Diana D. Jeffery, PhD, a health care research analyst with the Department of Defense.

"We need to: develop a standing, working committee to focus on cancer survivorship among Hispanics/Latinos, prioritize areas of study and facilitate research and publication/dissemination," Jeffery said. And we need to "get at the table, particularly IOM committees...and continue to raise awareness of cancer survivorship issues among Hispanic/Latino survivors and their health care



*Andy Miller*



*Diana Jeffery*

providers."

One program doing its part is the Lance Armstrong Foundation (LAF).

In 2008, LAF launched an outreach campaign targeting Latinos. They

created a [Web site](#) with a cancer dictionary, videos of Spanish-speaking cancer survivors, information on common Latino cancer myths and much more. LAF also offers the LIVESTRONG SurvivorCare [program](#), which provides free, one-on-one support in English or Spanish to anyone in the U.S. affected by cancer, from diagnosis and beyond.

The foundation also is providing Redes with funding to support five part-time *promotores*, one in each of the network's regions.

"Recognizing that Hispanics/Latinos are the fastest-growing population in the U.S., we're trying to address that by elevating the amount of work we do to reach out effectively to those communities and ensure that cancer survivors access information and services they need," said Andy Miller, MHSE, CHES, LAF's director of survivorship.

## Diet & Exercise: Trends in Cancer Intervention Research

**H**alf of cancer deaths are preventable by implementing lifestyle modifications like eating healthier or exercising more.

Yet Latinos are more obese and less active than the norm.

So researchers at the Alvin J. Siteman Cancer Center are working to develop multi-component interventions to curb obesity, increase physical activity, and improve diet and nutrition among minorities, said Aimee James, PhD, MPH, an assistant professor with Siteman's Program for the Elimination of Cancer Health Disparities in St Louis.



*Aimee James*

The program conducts screening and education at health fairs, developed a farmer's market initiative and works to increase physical activity in cancer survivors. It also examines the built environment and neighborhood factors in diet and exercise.

Other cancer-prevention activities include the "Your Disease Risk" [Web site](#).

"We constantly work on collaboration and shared decision making," James said. "Part of what we want to accomplish is to build the capacity of all partners and create sustainable collaborations."

**REDES LEADERS**

# From the Field: The *Redes* Regional Impact and Outcomes



*Redes* co-principal investigators Eliseo Pérez-Stable, Emilio Carrillo, Frank Penedo, Maria Fernandez, and Greg Talavera.

**A**sk Emilio Carrillo in New York about *Redes'* impact.

Or Maria Fernandez in Houston. Or Eliseo Pérez-Stable or Greg Talavera in California. Or Frank Penedo in Miami.

The answer you'll get from each leader of *Redes'* five Regional Network Centers (RNCs) is the same: *Redes* truly reduced Latino cancer across the nation.

"*Redes* nurtured Latino researchers, which has a multiplier effect. *Redes'* navigators helped overcome healthcare access barriers. *Redes'* outreach workers and social marketing campaigns delivered knowledge and made connections," said Carrillo, who leads *Redes'* cancer-prevention efforts in the Big Apple. "A lot has been accomplished."

The Central RNC in Houston, led by Fernandez, has trained Latino researchers, raised public cancer awareness and led research studies to prevent Latino cancer.

Research includes: patient navigation; *Tu Salud, Si Cuenta!*, a mass media campaign in South Texas and Mexico; a project to increase use of colorectal cancer screening and informed decision-making

among Latinos; an intervention trial to evaluate *Amigas*, a promotora-delivered educational program to promote cervical cancer screening in Latinas; and tests of *Vivir Sin Cáncer* educational materials.

*Redes'* Northwest RNC in San Francisco, led by Pérez-Stable, has recruited minorities into cancer clinical trials and cancer research, while maintaining its own network of 160 community-based groups, churches, businesses and clinics that distribute bilingual cancer prevention materials in Northern California and Nevada.

The region also supported the research activities of 33 minority investigators, from summer interns to post-doctoral fellows.

In *Redes'* Southeast and Southwest RNCs, the "Sol" continues to rise.

The NIH's Hispanic Community Health Study: Study of Latinos, known as Project SOL, is the largest ever long-term epidemiological study of health and disease in U.S. Latinos.

Project SOL's Miami field site is co-led by Frank Penedo, head of *Redes'* Southeast RNC. The San Diego field site is led by Gregory Talavera, head of *Redes'* Southwest RNC.

Both say *Redes* has helped spawn

much more research on Latino cancer.

Talavera is leading a Center of Excellence for Minority Health and Health Disparities program to build a community-based platform for research and training in collaboration with its community partner, the San Ysidro Health Center.

Penedo helms a study evaluating the efficacy of psychosocial group interventions in improving quality of life and disease status in prostate cancer, and another study assessing bio-behavioral factors in ovarian cancer progression. He's also conducting a multi-site ancillary study to Project SOL to evaluate the roles of sociocultural and psychosocial factors on cardiovascular disease risk factors among Latinos.

Back in New York, Carrillo said that *Redes'* Northeast RNC infused the region with more than a half-dozen new Latino cancer researchers.

It also integrated patient navigation into the culture of two major hospitals.

"There is a depth of knowledge – a depth of appreciation – in the community for the work that has been done," said Carrillo.

## REDES RISING STARS

## Redes Research & Training: Successful Career Trajectories



(From L-R) Carlos Mazas, Eliseo Pérez-Stable (moderator), Anna Nápoles, Isabel Scarinci and Ana Natale-Pereira.

**A** door-opener. A safety net. A spinner of research “spider webs.”

In so many ways, *Redes* helped launch the careers of its 18 NCI pilot investigators – including Carlos Mazas, Ana Natale-Pereira, Isabel Scarinci and Anna Nápoles.

Mazas, PhD, of the UT M.D. Anderson Cancer Center, said *Redes* spun “spider webs in research,” starting when *Redes* Co-PI Maria Fernandez urged him to apply for a *Redes* pilot to test a cultural ecological momentary assessment among Latino smokers.

That project spun into an NCI U54 as *Redes* led Mazas to Aida Giachello, who helped him connect with Puerto Rico researchers. The web spun again when Mazas, with aid from Fernandez and another *Redes* Co-PI, Eliseo J. Pérez-Stable, earned an NCI career development award to further examine smoking cessation in Latino smokers. The web then led to the Puerto Rico Community Cancer Control Outreach Program to test a text message and phone intervention in smoking cessation, and more.

Scarinci, PhD, of the University of Alabama at Birmingham, said *Redes* helped her shine a light on cancer health disparities in Alabama.

Her *Redes* pilot and a simultaneous NCI project, which aimed to examine

and prevent cervical cancer among Latina immigrants, led to the submission of more projects. These included an R25 educational program that reached more than 1,000 Latinas to prevent cervical cancer, trained more than 500 health professionals and trained 56 *promotoras de salud*, and a randomized trial that increased cervical cancer screening.

She has gone on to lead 65 grants, publish 60 scientific articles and expand her work to her native country, Brazil – all while *Redes* was her “safety net.”

“When you’re a junior faculty... you’re very intimidated by the big names,” Scarinci said. “*Redes* has always been there as a net. I’m not afraid of falling.”

For Natale-Pereira, MD, of the UMDNJ-New Jersey Medical School, *Redes* opened doors and helped her make huge strides in improving Latino health.

She was awarded *Redes* pilot funds in 2002 and her project successfully improved colorectal cancer screening rates among Latinos.

She parlayed that project into larger-scale projects, including one that improved the colorectal cancer knowledge of Latino community leaders and another that assessed colorectal cancer knowledge and

improved minority screening rates.

“*Redes* has opened the door to research and research opportunities,” said Natale-Pereira. “We wouldn’t be sitting here if it wasn’t for this network.”

Nápoles, PhD, of the University of California, San Francisco, said *Redes* gave her a supportive environment to conduct research and develop her career.

Her *Redes* pilot study, which aimed to enhance participation of Latinas in breast cancer support groups, found that attendance was influenced by culturally and linguistically appropriate support services and family and doctoral encouragement.

Her success led her to develop a peer support counselor intervention and patient-supported measures of cultural competence, and conduct a randomized controlled trial of a peer support intervention in Latinas with breast cancer.

“*Redes* has had a profound impact on my life and my career. I can’t thank enough the people in this room that have contributed to that,” Nápoles said. “I never did it alone. I always felt like I had someone watching my back, and that is priceless as an investigator coming up the ranks and with a long way still to go.”

## REDES NETWORK SURVEY

# Social Networking Relationships and Communication Characteristics

**W**hether it's for researchers or Facebook friends, an effective network connects people and builds relationships across geographic and discipline boundaries, creating synergies and resources to drive new ideas and problem solving.

Does *Redes* fit this description of a successful network?

The answer is, "yes," says Noshir Contractor, PhD, an expert in network science who recently analyzed the 1,800-member, 10-year-old *Redes* network.

"Participation in *Redes* enhanced members' access to other knowledge and enhanced their professional relationships, and they definitely felt invigorated and empowered by the opportunity to exchange information with likeminded individuals," Contractor said. "It also increased the impact of their work to reduce Latino cancer on their community."

*Redes'* network analysis is the first ever done on an NCI network.

"This is becoming something that will be seen as an example for other projects to more effectively leverage our knowledge networks," said Contractor, director of the Science of Networks in Communities Research Group at Northwestern University.

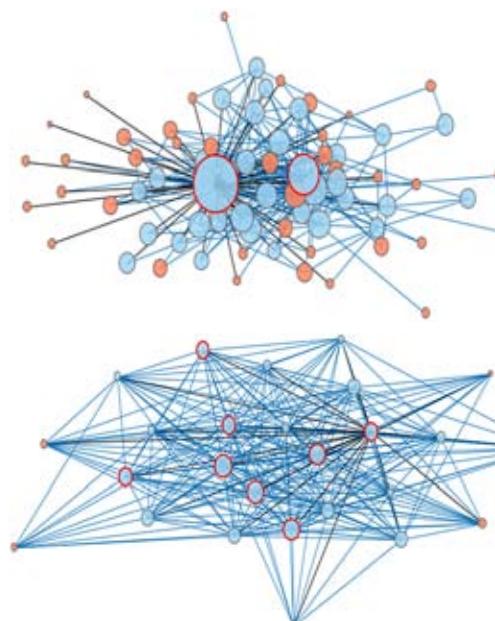
Contractor's analysis wanted to describe *Redes* and its impact on members' Latino cancer-related work, gauge the helpfulness of network communication and identify critical hubs for collaboration.

He and his colleagues designed an online survey to find answers.

Over the past months, 102 core



Noshir Contractor



Here are some visual descriptions of the inter-communications of *Redes* network members.

*Redes* members – National Steering Committee (NSC) members, network staff, students and trainees, pilot research project investigators, and consultants – took the survey.

Members were mostly Latino with an average age of 50 and at least half have been at their home organization

for at least five years.

Their average tenure in *Redes* was six years.

Members listed "enhanced access to other knowledge" (74.5%), "enhanced my professional relationships" (70.1%), "felt empowered by the opportunity to exchange information" (67.4%) and "increased impact of my work on my community" (56%) as the top benefits that definitely occurred because of *Redes*, Contractor said.

Nearly all *Redes'* communication channels were ranked as "mostly" or "extremely" helpful, led by NSC meetings, e-mails, conference call and E-newsletters.

The analysis also found that *Redes* members are well-connected. For example, members are more likely to communicate with others who come from different classifications than with those from the same classes.

"This indicates that the network successfully increased collaboration of junior and senior researchers and bridged the gap between trainees or young scholars and mentors," said Amelie G. Ramirez, DrPH, *Redes* principal investigator.

The study confirms what Ramirez has believed for years.

"Those of us closely and personally involved in *Redes* over this past decade have observed what we call the '*Redes* ripple effect,'" Ramirez said.

"It's deeply gratifying that this study shows just how powerful this ripple effect has been, and how individuals in the network feel invigorated and empowered as a result."

## MEETING FUN

# *Redes Welcomes ‘La Familia’ Back to San Antonio*

**R**edes is more than a network. It's "familia."

Over the past decade, *Redes* leaders and members have grown up together, personally and professionally, in the collaborative effort to advance Latino cancer research.

So it wasn't a surprise that *Redes*

participants enjoyed sharing energetic conversation, warm embraces, food and live music at a cheerful reception at the 10th Annual *Redes* National Steering Committee meeting March 3, 2010, in San Antonio.

"We've really become like a family over the past 10 years," said

Dr. Amelie G. Ramirez, principal investigator for *Redes*. "We've shared scientific successes, helped each other grow as cancer control and prevention researchers, and collaborated to raise Latino cancer awareness across the nation. It's been a wonderful experience."



## MEETING MEDIA

# Meeting Welcomes Media Coverage

**B**ecause the media plays a key role in raising awareness about the importance of reducing and preventing Latino cancer, several TV, radio and print outlets were invited to report on the *Redes En Acción* 10th Annual National Steering Committee Meeting.

Tony Cantu, a reporter representing San Antonio-area community newspapers, summarized the *Redes* meeting [here](#).

Cantu's story particularly highlighted *Redes'* training successes:

Cancer research opportunities are available for Latino junior faculty, pre/post-doctoral individuals, and undergraduate trainees. To date, *Redes* has provided mentoring and training to more than 225 individuals, from undergraduates through early career development.

"It takes a village to raise a researcher," [Dr. Amelie G.] Ramirez said, underscoring the support systems that need to be in place to encourage Hispanic medical students to achieve high degrees. "Hispanics are already the largest minority, and if they have more people like themselves [as their doctors], they might be less reticent to seek treatment."

The San Antonio Univision affiliate sent three different teams to cover the meeting, and their reporters interviewed: Amelie G. Ramirez and Emilio J. Carrillo of *Redes*; Elena Rios of the National Hispanic Medical Association; Dan Reyna of the U.S. – Mexico Border Health Commission; Isabel Scarinci of the University of Alabama, Birmingham; and Daniel Hughes of the Institute for Health Promotion Research at the UT Health Science Center at San Antonio. Their stories aired several times on Univision newscasts from March 4-6, 2010.

WOAI News Radio reporter Michael Board also interviewed Robert Croyle of the NCI, and a News 4 WOAI-TV reporter interviewed Amelie G. Ramirez.

The UT Health Science Center at San Antonio also previewed the meeting [here](#).



*Media members interview Dan Reyna (above), Amelie Ramirez (at left) and Elena Rios (below).*

## MEETING AGENDA

# Agenda: *Redes En Acción* 10th Annual National Steering Committee Meeting

## Wednesday, March 3, 2010

6:00 – 8:00 p.m.

Meeting Reception

## Thursday, March 4, 2010

8:30 – 9:15 a.m.

Welcome/Meeting Overview/Introductions

*Amelie G. Ramirez, DrPH, Redes Principal Investigator*

*William Henrich, MD, President, UT Health Science Center at San Antonio*

9:15 – 9:55 a.m.

Keynote Speech

*Deborah Duran, PhD, Deputy Director, Center to Reduce Cancer Health Disparities, National Cancer Institute (NCI)*

9:55 – 10:10 a.m.

Redes Report Card

*Amelie G. Ramirez, DrPH, Redes Principal Investigator*

10:10 – 10:15 a.m.

Community Networks Program: Highlights, Accomplishments and Next Steps

*Maria Teresa Canto, DDS, Program Officer, Center to Reduce Cancer Health Disparities, NCI*

10:30 a.m. – Noon

Panel – Redes Research & Training: Successful Career Trajectories

*Eliseo J. Pérez-Stable, MD, Co-PI, Redes Northwest Region (moderator)*

*Isabel Scarinci, PhD, University of Alabama, Birmingham*

*Carlos Mazas, PhD, MD, Anderson Cancer Center*

*Anna Nápoles, PhD, University of California, San Francisco*

*Ana Natale-Pereira, MD, UMDNJ, New Jersey Medical School*

12:30 – 2:00 p.m.

Policy Challenges for Hispanic Health Issues

*Elena Rios, MD, President & Founder, National Hispanic Medical Association*

2:00 – 2:45 p.m.

From the Field: The Redes Regional Impact and Outcomes

*Amelie G. Ramirez, DrPH, Redes Principal Investigator (moderator)*



*Gregory A. Talavera, MD, MPH, San Diego, Southwest Region*

*Eliseo J. Pérez-Stable, MD, San Francisco, Northwest Region*

*Maria E. Fernandez, PhD, Houston, Central Region*

*J. Emilio Carrillo, MD, MPH, New York, Northeast Region*

*Frank J. Penedo, PhD, Miami, Southeast Region*

2:45 – 3:15 p.m.

Redes Network Survey Results: Social Networking Relationships and Communication Characteristics

*Noshir Contractor, PhD, Professor, Northwestern University*

3:30 – 4:00 p.m.

C-Change: Views on Cancer Health Disparities

*Tom Kean, MPH, Executive Director, C-Change*

4:00 – 4:30 p.m.

Diet & Exercise: Trends in Cancer Intervention Research

*Aimee James, PhD, MPH, Assistant Professor, Alvin J. Siteman Cancer Center*



4:00 – 4:30 p.m.

U.S.-Mexico Border Health Commission: Public Health Issues  
*Dan Reyna, MSS, MPA, General Manager, United States – Mexico Border Health Commission*

## Friday, March 5, 2010

8:30 – 9:00 a.m.

Human Behavior and Cancer Risk Research

*Robert Croyle, PhD, Director, Division of Cancer Control and Population Sciences, NCI*

9:00 – 10:00 a.m.

Panel – Survivorship: Developing Successful Strategies to Help Latinos Live With, Through & Beyond Cancer

*Amelie G. Ramirez, DrPH, Redes Principal Investigator (moderator)*

*Diana D. Jeffery, PhD, Health Care Research Analyst, Department of Defense, Office of the Asst. Secretary of Defense*

*Andy Miller, MHSE, CHES, Director of Survivorship, Lance Armstrong Foundation*

10:15 – 10:45 a.m.

Progress in Cancer Care among Hispanics in the U.S. and Latin America

*Teri Brown, Office of Latin American Cancer Program Development, NCI*

10:45 – 11:45 a.m.

Reflections on the Past/Vision of the Future

*Amelie G. Ramirez, DrPH, Redes Principal Investigator (moderator)*

*Gregory A. Talavera, MD, MPH, San Diego, Southwest Region*

*Eliseo J. Pérez-Stable, MD, San Francisco, Northwest Region*

*Maria E. Fernandez, PhD, Houston, Central Region*

*J. Emilio Carrillo, MD, MPH, New York, Northeast Region*

*Frank J. Penedo, PhD, Miami, Southeast Region*

11:45 a.m. – Noon

Meeting Recap/Evaluation/Adjournment

*Amelie G. Ramirez, DrPH, Redes Principal Investigator*

## MEETING ATTENDEES



### ***Redes En Acción* PI**

Amelie G. Ramirez, DrPH

### ***Redes En Acción* Co-PIs**

Gregory A. Talavera, MD, MPH, San Diego, Southwest Region

Eliseo J. Pérez-Stable, MD, San Francisco, Northwest Region

Maria E. Fernandez, PhD, Houston, Central Region

J. Emilio Carrillo, MD, MPH, New York, Northeast Region

Frank J. Penedo, PhD, Miami, Southeast Region

### ***Redes En Acción* Speakers**

See Pages 4-11

### ***Redes En Acción* Attendees**

Nereida Borrero, RN, MSN,  
GNP

Maria Castillo-Couch, MPA

Linda Civallero, MPH, CHES

Ana-Paula Cupertino, PhD

Concepcion Diaz-Arrastia, MD

Marynieves Diaz-Mendez

John P. Elder, PhD

Angelina Esparza, RN

Estevan T. Flores, PhD

Deliana Garcia

Venus Gines, MA

Fernando A. Guerra, MD, MPH

William E. Haskins, PhD

William L. Henrich, MD, MACP

Carlos R. Jaen, MD

Mark S. Johnson, MD, MPH

Haley Justice, MPH, CHES

Sheila LaHousse, PhD

Jose R. Marti, MD

Oscar J. Munoz

Susan Naylor, PhD

Thomas Nuño, PhD, M.A.

Jose A. Pagan, PhD

Nancy Pollock, DrPH

Brad Pollock, PhD

Lorrie L. Powell, PhD

Elda Railey

Sylvia G. Rickard, BA

Lupe G. Salazar, MD

Niki Simpson

Ciro Sumaya, MD, MPH, TM

Thankam Sunil, PhD

Chantell Torregrosa-Macias,  
MPH

Edward J. Trapido, ScD

Joan Trevino Lawhon

Carlos A. Ugarte, MSPH

Robert O. Valdez, PhD, MHSA

Marielos L. Vega, BSN, RN

Louise Villejo, MPH, CHES

Armin D. Weinberg, PhD

### ***Redes En Acción/IHPR* Staff**

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Edgar Munoz

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Sandra San Miguel

Celia Thompson

Rose Annie Trevino

Rebecca Vega

Sylvie Whitehead

Cindy Wittenburg

### **About the Meeting Report**

**The Meeting Report** was produced by *Redes En Acción*. Visit *Redes* [here](#). Editor and Writer: Cliff Despres

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