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The San Francisco Cancer Initiative: A Community Effort To Reduce The Population Burden Of Cancer

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ABSTRACT The great potential for reducing the cancer burden and cancer disparities through prevention and early detection is unrealized at the population level. A new community-based coalition, the San Francisco Cancer Initiative (SF CAN), focuses on the city and county of San Francisco, where cancer is the leading cause of death. SF CAN is an integrated, cross-sector collaboration launched in November 2016. It brings together the San Francisco Department of Public Health; the University of California, San Francisco; major health systems; and community coalitions to exert collective impact. Its goals are to reduce the burden of five common cancers—breast, lung and other tobacco-related, prostate, colorectal, and liver—for which there are proven methods of prevention and detection, while reducing known disparities. We describe the infrastructure, coalition building, and early progress of this initiative, which may serve as a model for other municipalities.

Efforts to diagnose and treat cancer more effectively are advancing rapidly with new discoveries in genomics, immunology, and imaging. However, progress lags in the prevention and early detection of cancer, and treatment advances are not equitably distributed. An estimated 50–60 percent of cancers could be prevented if what is currently known about cancer prevention could be put into practice.[1,2] Furthermore, to reduce known inequities in cancer outcomes,[3] prevention activities must be delivered to populations at greatest need.

Cancer kills more San Franciscans than any other cause.[4] In 2014 there were 3,806 new cases of and 1,342 deaths from cancer, slightly more than from cardiovascular diseases and more than deaths from AIDS, accidents, homicides, and suicides combined.[4,5] Great progress has been made against cancer nationally since the 1990s,[6] when rates of cancer incidence and mortality began to decline. However, cancer's impact falls disproportionately upon specific racial and socioeconomic groups, causing persistent disparities.

This article describes a new long-term communitywide initiative, the San Francisco Cancer Initiative (SF CAN), that has been designed to reduce cancer-related morbidity and mortality in the city and county of San Francisco by harnessing the power of collective knowledge to implement broad-scale, evidence-based interventions and policies. San Francisco is a municipality characterized by wealth and innovation, as well as by persistent poverty. It has a well-defined population of manageable size, and thus it can serve as a population laboratory for implementing an integrated systems approach to reduce the burden of cancer.

SF CAN follows the principles of collective im-

pact,[7] which recognize that no individual, agency, or institution alone can achieve the goal of reducing this burden at the population level. Reaching the goal will require a partnership of organizations and institutions, including local government, the San Francisco Department of Public Health, nongovernmental organizations, community groups, and cancer care institutions, with the University of California, San Francisco (UCSF), providing initial financial support and an organizational structure. SF CAN is targeting the most common cancers—breast, lung and other tobacco-induced, prostate, colorectal, and liver—which collectively account for approximately 50 percent of cancer incidence and mortality in San Francisco[4] and for which evidence-based interventions exist.

SF CAN is novel in that it integrates primary prevention and early detection (secondary prevention) programs across a defined geographic area and population through multiple partnerships aligned with existing community coalitions. This article presents the development of SF CAN to date—its rationale, coalition-building process, governance, early implementation, and planned approach to evaluation—as a potential model for stakeholders considering similar initiatives.

SF CAN—The Approach

SF CAN begins with an appreciation of the social context of cancer, or the "causes of the causes."[8] It seeks to advance best practices for prevention, including necessary policy changes, while also improving access to care for cancer patients and the quality of the care provided. The goal is to reduce San Francisco's burden of cancer via a population-based, multilevel, transdisciplinary approach that begins with the active engagement of the city's political leadership and the integration of cancer research, prevention activities, improvements in cancer health care, and community participation.[9,10] This is an example of team science that combines expertise in public health with that from other disciplines including clinical medicine, health systems management, community advocacy, education, politics, sociology, and political science.[9,10]

SF CAN is theory driven and follows the PRECEDE-PROCEED model of population behavior change,[11] in alignment with existing activities and community goals. In this article we follow the steps laid out by this model, with the four PRECEDE stages of social, epidemiological, educational, and administrative and policy assessments leading into our results thus far in the four PROCEED stages—implementation, followed by plans for process, impact, and outcome evaluation. This framework generates a logical process for systematically planning and building the infrastructure for community-based participatory projects, including coalition building and governance. It requires the explicit identification of progress measures as the project proceeds from planning to implementation, with the generation of expected outputs, measurable outcomes, and ultimate impacts on cancer incidence, mortality, and inequities.

SOCIAL ASSESSMENT The first step was to gain an understanding of the social problems that affect the quality of life of the San Francisco area. The groundwork for SF CAN has been laid over many years through community-based activities focused on individual cancers and tobacco control activities. The San Francisco Health Improvement Partnership, whose goals and accomplishments have been described elsewhere,[12] served as a model, and SF CAN was developed beginning in 2015 as a separate, but similar, stream of community-engaged activity. SF CAN expanded upon this coalition of key stakeholders, starting with the San Francisco Department of Public Health, which is charged with supporting the community's health. Leaders of SF CAN then systematically met with representatives of multiple institutions, including community-based organizations and non-for-profit groups, and with health care system leaders to explain the goals of the initiative, enlist their participation, and determine how they might contribute to the effort. Exhibit 1 presents a list of the SF CAN coalition members.

EPIDEMIOLOGICAL ASSESSMENT The next step was to determine the nature and scope of the disease burden in the region. There are multiple high-quality sources of data, primarily the California Cancer Registry, that document cancer rates, trends, and disparities at the population level in California.[13] The California Cancer Registry is part of the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program's registry system and maintains high levels of cancer ascertainment and quality of data, including in San Francisco.[5] We obtained data for San Francisco on annual incidence, mortality, and trends by sex, age, race, and geographic location from the Cancer Prevention Institute of California (CPIC). CPIC manages the Greater Bay Area Cancer Registry, which is part of SEER.[14] Behaviors related to the use of tobacco and alcohol, poor diet, lack of physical activity, and other risk factors associated with cancer incidence were derived from the California Health Interview Survey.[15] In addition, an associated behavioral survey of disadvantaged populations in San Francisco was completed in the fall of 2017 as part of a national expan-

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EXHIBIT 1

San Francisco Cancer Initiative (SF CAN) coalition members

	Task forces						
Organization	**Breast**	**Tobacco**	**Prostate**	**Colorectal**	**Liver**	**Steering comm.**	**EAC**
Abundant Life Health Ministries			●				
African American Community Health Equity Coalition						●	
African American Tobacco Leadership Council		●					
Alameda County Public Health Department			●				
American Cancer Society	●			●	●		●
Arthur H. Coleman Medical Center			●				
Asian Pacific Islander Health Parity Coalition						●	
Breathe CA		●					
California Department of Public Health							●
California Smokers' Helpline		●					
Cancer Prevention Institute of California	●	●	●	●	●		
Chicano/Latino/Indigena Health Equity Coalition						●	
Chinatown Public Health Center	●						
Chinese Hospital					●		
Colon Cancer Coalition—San Francisco Team				●			
Community advocates	●						●
CPMC Sutter Health					●		
Dignity Health					●		
End Hep C SF					●		
Kaiser Permanente–San Francisco			●		●		●
Komen Foundation	●						
Lyon-Martin Health Center				●			
Mission Neighborhood Health Center				●			
Northeast Medical Services					●		
One Medical				●			
Project Inform					●		
Public Health Institute, M.E.T.A. Oakland		●					
Rafiki Coalition for Health and Wellness			●				●
Saint Anthony Medical Clinic				●			
San Francisco Bay Area Collaborative Research Network				●			
San Francisco Community Clinic Consortium				●			●
San Francisco Department of Public Health	●	●	●	●	●	●	●
San Francisco Health Improvement Partnership						●	●
San Francisco Health Network	●			●			
San Francisco Health Plan				●			
San Francisco Hospital Council							●
San Francisco Tobacco Free Coalition		●					●
San Francisco Veterans Affairs Medical Center					●		
SF Hep B Free					●		
UCSF	●	●	●	●	●	●	●
UCSF HDFCCC Community Advisory Board			●				●
Zuckerberg San Francisco General Hospital	●	●	●	●	●		

SOURCE Authors' analysis. **NOTES** EAC is External Advisory Council. CPMC is California Pacific Medical Center. M.E.T.A. is Marketing E-Cigarettes Toward Adolescents. UCSF is University of California, San Francisco. HDFCCC is Helen Diller Family Comprehensive Cancer Center.

sion of the Health Information National Trends Survey sponsored by the National Cancer Institute, which will provide more detailed behavioral data on vulnerable populations that will be used to update and refine our interventions.[16] As the project proceeds, SF CAN will explore the social determinants of cancer in San Francisco that lead to unhealthy environments and give rise to the "causes of the causes" of cancer.[8]

The total population of the city and county of San Francisco at our baseline in 2015 was 840,763.[17] Over the most recent five-year period for which data were available (2011–15), five of the most common cancers—breast, prostate, lung, colorectal, and liver—accounted for 51 percent of all new cases and 50 percent of cancer deaths in San Francisco (calculated from data in exhibit 2).[4,5] When cases and deaths were categorized by race and ethnicity (data not shown), the highest absolute numbers were in the white and Asian American populations because these groups account for the largest fractions of the population.[5] However, inequities between subpopulations in San Francisco are dramatic when expressed as rates—especially for the African American community, where men have a 63 percent higher incidence rate of and are more than twice as likely to die from prostate cancer, compared to white men.[5] While disparities for the African American community stand out, cancer is a major burden for all racial/ethnic groups in San Francisco.

EDUCATIONAL ASSESSMENT The third step involved selecting factors that, if modified, would most likely result in, and sustain, behavior change. SF CAN has harnessed existing expertise and partnerships in individual cancer control efforts. In this collective impact effort, the San Francisco Department of Public Health—the government agency with primary responsibility for the public health of the city—asked UCSF to be the initiative's "backbone" organization, given that it initiated the idea, made the initial financial commitment with a gift from a generous donor, and provides ongoing scientific expertise. UCSF faculty members with community engagement experience invited individuals from other health systems and community-based organizations to participate in establishing goals and priorities for cancer prevention, early detection, diagnosis, treatment, and survivorship under the SF CAN umbrella. The extensive partnerships developed with community organizations were built on shared goals and recognition of complementary perspectives and resources that together allow SF CAN to advance its goals.

ADMINISTRATIVE AND POLICY ASSESSMENT The fourth step identified administrative and organizational concerns that must be addressed before programs can be implemented. Numerous ideas for action were generated, some of which had their origins in long-standing ambi-

EXHIBIT 2

Incidence of and mortality from five leading causes of cancer in San Francisco, by sex, 2010–14

	Incidence			Mortality		
Type of cancer	**Men**	**Women**	**Total**	**Men**	**Women**	**Total**
Breast						
Count	—[a]	2,864	2,864	—[a]	438	438
Rate	—[a]	121.13	121.13	—[a]	17.05	17.05
Lung						
Count	1,279	1,000	2,279	903	678	1,581
Rate	59.26	38.97	47.94	42.29	25.50	32.87
Prostate						
Count	2,176	—[a]	2,176	309	—[a]	309
Rate	95.73	—[a]	95.73	14.99	—[a]	14.99
Colorectal						
Count	963	913	1,876	344	313	657
Rate	42.67	35.94	39.08	15.74	11.15	13.37
Liver						
Count	615	186	801	318	110	428
Rate	25.36	7.37	16.26	13.56	4.25	8.79
All						
Count	10,342	9,397	19,739	3,678	3,222	6,900
Rate	458.87	382.38	413.56	170.02	120.41	141.76

SOURCE Cancer Prevention Institute of California, Greater Bay Area Cancer Registry (see note 14 in text). **NOTE** Incidence represents new cases and deaths per 100,000 residents of the Greater San Francisco Bay Area. [a]SF CAN targets only breast cancer in women. Prostate cancer relevant only for men.

tions that had not yet been realized. Implementation projects were selected that were most likely to produce near-term outcomes while also having the potential of a measurable long-term impact on the city's cancer burden. SF CAN leaders developed the initial overarching infrastructure, including the development of a website[18] and communication plan and the Steering Committee and External Advisory Council.

Five task forces were formed to develop strategic approaches to each of the five focal cancers, based on their prevalence, their trends, or the magnitude of existing disparities in onset and outcomes. Each task force includes UCSF scientists and clinicians, representatives from the San Francisco Department of Public Health and other health care systems, and members of community organizations. The task forces were charged with developing action plans and the accompanying logic models to include measurable goals, timelines, and the resources needed for a sustained effort to reverse trends, reduce disparities, or accelerate the overall decline in cancer incidence and mortality. These cancer-specific logic models illustrate the goal of long-term reduction in cancer outcomes and include intermediate end points that indicate whether SF CAN is progressing successfully[19] (see the online appendix).[20] Progress is assessed in monthly Steering Committee meetings and, more formally, in annual progress reports that are reviewed by the External Advisory Council.

SF CAN—The Results

IMPLEMENTATION, PROCESS, AND PROGRESS With the coalition infrastructure in place, SF CAN was formally launched by Mayor Ed Lee at City Hall in November 2016. SF CAN has completed the first year of its implementation and is collecting information on processes to document progress. However, given a realistic expectation of the time needed to see real impact on the cancer burden and inequities, SF CAN is planned as a long-term initiative. The overall evaluation of SF CAN will include monitoring progress toward short-, intermediate-, and long-term outcomes such as behavior change and adherence to screening guidelines and documenting the impact on the cancer burden using annual statistics from the California Cancer Registry. Early process evaluation will include milestones in the formation and expansion of coalitions, community engagement, and funding support. We will explore methods to assess the reduction in cancer care costs and the use of social media and geospatial technologies to assess localized change.

Although the task forces address different cancers, they share many common activities (see appendices A1–A5)[20] related to the infrastructure and community engagement essential to the task forces' overall success, including the development of partnerships with multiple community stakeholders, the completion of needs assessments among existing services, and the use of patient navigators. Following the creation of this infrastructure, the task forces began activities designed to achieve their short- and intermediate-term outcomes.

BREAST CANCER TASK FORCE Breast cancer is the most common cancer in women and the fourth most common cause of cancer mortality[5] (see appendix A1).[20] Mammography facilities serving a high proportion of minority and immigrant women have substantially longer delays in following up on abnormal mammograms than those serving white women of higher socioeconomic status.[21,22] The breast cancer task force has only recently been developed, so its members are still in the process of building the necessary collaborations and partnerships required for sustainability and community engagement. Initial activities will be focused on targeted screening and navigation programs for disadvantaged populations in the city.

TOBACCO TASK FORCE To address lung and other tobacco-related cancers, the tobacco task force is focused on decreasing tobacco use among high-risk populations including the homeless; people with mental illness, substance use disorders, or both; low-income older adults; and young adults (see appendix A2).[20] The task force has provided research data on the harmful effects of menthol and flavored tobacco to city legislators, contributing to the passage of the nation's strongest local ordinance to date banning the citywide sale of these products. It has also increased the availability of tobacco cessation counseling services and measured increased referrals to them, established multiple community collaborations, and designed targeted social media advertisements to recruit young adults into an innovative online smoking cessation program through a private Facebook group. It also implemented a series of pre- and post-policy surveys to measure changes in staff and client attitudes, practices, and services after implementation of a smoke-free grounds policy at drug abuse treatment centers. In addition, the task force has conducted needs assessments in primary care clinics within San Francisco that serve populations with the highest rates of smoking. These assessments helped the task force identify ways to track the receipt of smoking cessation services among these populations and pinpoint key areas where infrastructure was needed.

PROSTATE CANCER TASK FORCE The prostate cancer task force aims to eliminate the mortality disparity for African American men and to ensure that all patients receive the highest-quality and most appropriate treatment through smarter screening and smarter treatment (see appendix A3).[20] This two-track approach takes place in community and health care settings. The task force will establish a quality collaborative that convenes representatives from local health care institutions to develop a consensus on quality metrics, implement best practices, and provide continuing medical education to primary care clinicians on optimal screening and communication. Risk stratification of prostate cancer aggressiveness will make it possible to provide treatment tailored to the disease to avoid both over- and undertreatment. The task force also has established partnerships with twenty community organizations; has established the San Francisco Men's Health Committee, which is leading community education and outreach efforts; has provided mini-grants to ten local churches to conduct prostate cancer awareness and education programs using evidence-based messages and strategies; and is in the process of developing a San Francisco prostate health support group for African American men.

COLORECTAL CANCER TASK FORCE Colorectal cancer is often preventable and curable through screening and early diagnosis[23] (see appendix A4).[20] While colorectal cancer screening has been a high priority for most health systems in San Francisco, significant disparities persist across safety-net clinics that serve ethnically diverse and underinsured populations with limited resources. The colorectal cancer task force strives to increase the screening rate among average-risk people ages 50–75, to be aligned with national American Cancer Society goal of 80 percent by 2018[24]—beginning with training, educational materials, and technical assistance but also including assistance to community partners to ensure that patients can navigate their way from diagnosis to timely and appropriate treatment. The task force has developed partnerships with the aim of consensus building and establishing community buy-in at all levels. It has also conducted needs assessments for all San Francisco safety-net clinics to evaluate existing screening practices and patient registries and identify evidence-based interventions and processes that can be supported by the clinics. The task force found that clinics want to examine internal practices and workflows to drive efficiencies and process improvement but also face challenges in staffing and personnel time. Additionally, there is limited educational information available for patients. The task force has met with quality improvement staff members within clinics to examine process maps, develop wordless instructions for stool testing, and create animated videos that can easily be dubbed into multiple languages.

LIVER CANCER TASK FORCE The liver cancer task force is focused on three areas: the prevention and treatment of viral hepatitis, increased access to care for liver cancer patients, and improved patient and community engagement (see appendix A5).[20] To this end, the task force has developed partnerships with two community-based networks, SF Hep B Free and End Hep C SF, to improve the prevention, detection, monitoring, and treatment of hepatitis B and C—which should eventually lead to a decrease in liver cancer incidence. The task force has supported the development of a strategic plan and website for End Hep C SF and assisted SF Hep B Free to develop an English and Chinese hepatitis B phone line navigation program, including the hiring and training of a navigator. The task force has also established monthly circulation of active liver cancer clinical trials via email to oncologists and hepatologists at health systems throughout San Francisco. It has already measured a significant increase in clinical trial enrollment, thus increasing patients' access to state-of-the-art liver cancer care.

Discussion

The San Francisco Cancer Initiative is a systematic effort that involves a coalition of individuals and institutions from multiple disciplines and sectors with a common interest in population health and the reduction of cancer inequities. It seeks to apply sound scientific evidence and engage the entire community to have a sustained impact on the city's cancer burden.

Achieving the goal of SF CAN will take a long time: Cancer mortality cannot be reduced in a few years, even if resources were unlimited. Cancer treatment is improving, but the population health goal must be to make cancer uncommon in the first place. In addition to the focused work of the task forces, SF CAN will need to extend its partnerships and coalitions to address factors such as access to and quality of care and stress-related factors associated with dysfunctional families, dangerous neighborhoods, racism, and social disadvantage. With support from the city government, data collected by SF CAN will be able to support legislation and policy changes directed at cancer prevention and early detection across the entire city.

Systems change as large and complex as that represented by SF CAN has its challenges. One of the stiffest challenges is forming and sustaining a strong coalition and effective governance. We

are meeting this challenge through regular meetings of the task forces, the Steering Committee, and the External Advisory Council, and can communicate via the SF CAN website, which keeps stakeholders informed and involved.

In the complex disaggregated system of American health care, a population-based initiative has to be understandable and beneficial to multiple entities. SF CAN is working primarily to improve cancer prevention, which will benefit all systems and their members through improved overall population health. It will be a challenge to ensure that individual patients are properly cared for by their respective health care institutions. However, we will seek ways of assessing the potential for cost savings through populationwide cancer control efforts that will be important for all health system stakeholders.

Another challenge is to maintain resources. SF CAN is an implementation science project for interventions of proven effectiveness,[1,25] with financial support of $3 million from a private donation. Initial activities for the first three-year project period have been scaled to the level of support this gift allows. Additional resources are being sought from other donors, existing partner organizations that share the mission of serving the local population, and future research projects that can be built on the scaffolding provided by SF CAN. It is hoped that SF CAN will last for many years and become part of the health care infrastructure of the city. However, establishing a sound financial footing in the early years remains a challenge.

Despite these challenges, SF CAN plans to extend its reach to other major preventable cancers, especially those with inequities that disadvantage underserved communities. Human papilloma virus (HPV)–related cancers, including cervical, genital, and head and neck cancers, can be prevented with the full-scale institution of HPV vaccination. This will involve community mobilization and a policy intervention. Melanoma, which is increasing as a cause of cancer mortality in San Francisco, can be reduced with measures to diminish exposure to ultraviolet light. An innovative intervention using social media and aimed at the use of tanning beds is currently in progress in San Francisco and should be expanded.

Other municipalities interested in making a similar commitment to population health may be able to use the SF CAN model to inform their efforts. Its applicability to other settings will likely depend on population size, the complexity of the political environment, resident scientific expertise, committed leadership, and available resources for a sustained investment in population health.

Conclusion

In a recent commentary in this journal, Steven Woolf emphasized that health of a population is more than health care and that health equity must be addressed by factors in the larger physical and social environment that promote health and build resources.[26] SF CAN is such an effort focused on one group of diseases—cancer—that is responsible for the largest proportion of deaths in San Francisco. When federal financial and political support is uncertain, local government, institutions, and citizens themselves may need to take responsibility for tackling complex problems such as cancer control.

We have presented the origins, rationale, theoretical concepts, and approaches to coalition building for SF CAN, as well as its early activities and outputs. The future of SF CAN portends exciting opportunities for building innovative infrastructure, generating knowledge, and improving population health, along with challenges in maintaining the initiative's coalition, shared governance, and sustainable resources. Despite these challenges, members of SF CAN are deeply committed to the task of making the initiative successful across San Francisco, with the intention that it will be a model for similar initiatives elsewhere. ■

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