

Insights from the Cancer Control Field

The Touch, Caring and Cancer Program in the South Side of Chicago

Public Health Challenge

Racial minorities in the United States are more likely than Whites to lack adequate health care. Having poor access to effective health care contributes to health disparities between White and minority populations. In the South Side of Chicago, community members identified the need for more local cancer resources. In response, Chicago State University and the University of Chicago Medicine planned The Touch, Caring and Cancer Program through a P20 training grant¹ and trained local volunteers how to run the program so that it could be sustained and remain an asset in the community after the grant funding ended.

At a Glance

Chicago State University began using The Touch, Caring and Cancer Program in its community to increase the local cancer resources available for patients and their caregivers. Read this success story to learn how the university implemented the program and how you can use it in your setting.

The Setting

Through a grant funded by the National Cancer Institute, University of Chicago Medicine formed a partnership with Chicago State University, a minority-serving institution.

The partnership aimed to provide research opportunities for minority researchers and address cancer disparities. With this partnership in place,

Chicago State University used The Touch, Caring and Cancer Program in a neighborhood in the South Side of Chicago. Participants were 98% African American with a mean age of 66, and they all attended local churches. The program's champion, from the University of Chicago Medicine, was interested in using The Touch, Caring and Cancer Program in this community because the organization had success using the program the previous year with a Chinese American cancer support group from the Center for Asian Health Equity.

“We are trying to be proactive about this because we knew the funding was coming to an end, and we did not want to leave these communities that were already suffering, just did not have a lot of resources, without anything. That is why we did the train-the-trainer model.”

**Director for Community Outreach and Engagement,
University of Chicago Medicine**

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The Approach

Chicago State University presented information about The Touch, Caring and Cancer Program at local churches because churches were identified by community members as safe places. By hosting three outreach events, Chicago State University staff found 50 pairs of participants. Each pair included one person who was undergoing cancer treatment or was a cancer survivor and his or her caregiver. Stakeholders, who helped with implementation, included pastors, church members, university students, and local professionals (e.g., licensed massage therapists). The program took place at the local churches, but it was not modified to include a faith component. However, the sessions did open and end in a prayer. The staff also changed the program name to T.O.U.C.H. (Touching Others Using Caring Hands) to relate more to the church members. In the main part of the program, participants attended three weekly trainings to learn about the parts of the body and the “do’s and don’ts” of massage with cancer patients and survivors. During each session, the licensed massage therapists modeled all the “touch” skills, focusing on different parts of the body each week. After each training, participants watched a lesson on DVD and completed a homework assignment.

Prior to the start of the program, staff attended a 2.5-day training held by the implementer’s staff. They reviewed reading materials about The Touch, Caring and Cancer Program, discussed how to make the program more culturally appropriate for this community, and practiced using the session agenda. In addition to the staff training, the developer delivered a talk on the foundation of The Touch, Caring and Cancer Program. He also provided assistance over the phone during implementation.

Challenges and Lessons Learned

Assessing Community Needs

Program success comes from taking the time to learn about a community’s needs. The Chicago State University staff implementers held meetings within the community and found that cancer patients and survivors had a need for more cancer resources. Prior to T.O.U.C.H., the closest cancer resources were located 13 miles away from the neighborhood.

Adapting the Program

Although T.O.U.C.H. was heavily based on The Touch, Caring and Cancer Program, the implementers recognized that some of the program’s parts had to be changed to adapt to the needs of the community. For example, many participants were hesitant at first to learn the massage skills, since massage was not commonly used within the community. To help participants become comfortable with the skills, additional time and patience were needed. In the end, participants reported enjoying the training and skills they learned. The implementers also changed the program to work with cancer survivors in addition to cancer patients because it was challenging to find patients undergoing treatment who could participate. Patients reported that they did not always have the energy to leave their homes when they were going through chemotherapy. The developer also fully supported the staff implementers in the changes they made to the program.

Building Capacity

The implementers wanted to ensure that the community would be able to continue using T.O.U.C.H. after grant funding ended; they did not want to start a program within a community without a plan to maintain it. They used a train-the-trainer model from the beginning of the program. They prepared and invested in the community by training volunteers from the churches, thereby building capacity to continue T.O.U.C.H. for years beyond funding.

Questions and Answers

What was the first step used to implement this program?

The Chicago State University staff held a 2.5-day training to discuss how to best implement and modify the program to adapt the program to meet the community’s needs.

What were some of the benefits the participants and caregivers reported?

Some of the participants undergoing chemotherapy reported a reduction in fatigue, nausea, and pain. Caregivers felt the program gave them a way to provide comfort to their loved ones battling cancer.



Find Out More

To learn more about The Touch, Caring and Cancer Program and how to use the program at your organization, view the program summary at: <https://ebccp.cancercontrol.cancer.gov/programDetails.do?programId=2401493>

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About EBCCP

The Evidence-Based Cancer Control Programs (EBCCP) website has a searchable database of programs, plus resources that planners and public health practitioners can use to help prevent cancer and support cancer survivors and their caregivers in community and clinical settings.

EBCCP is the recently refreshed version of Research-Tested Intervention Programs (RTIPs). The new website includes improved navigation and search capabilities, case study narratives, program summaries, and more. Visit us at ebccp.cancercontrol.cancer.gov for the latest resources today!