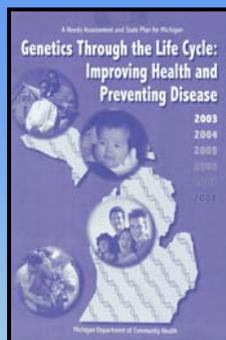


Cancer Genomics for Public Health



Mary Teachout, MAT
Genomics Educator
Michigan Department of
Community Health
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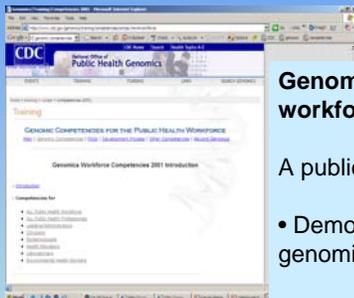


A Vision for the Role of Genetics in Public Health

**Michigan Genetics Plan
2003-2008**

**Improved health outcomes and an enhanced
quality of life for the people of Michigan
through appropriate use of genetic
information, technology, and services.**

CDC Genomics Competencies for the Public Health Workforce



Genomic competencies for the public health workforce at any level in any program

A public health worker is able to:

- Demonstrate basic knowledge of the role that genomics plays in the development of disease
- Identify the limits of his/her genomic expertise
- Make appropriate referrals to those with more genomic expertise

www.cdc.gov/genomics/training/competencies/

Overview of Michigan 's Training Strategies

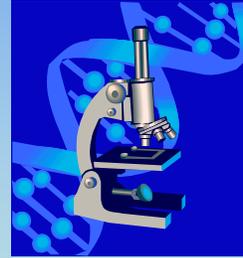
Strategy	Examples
1. Building a Foundation – know your audience	Genomics Workgroup at Michigan Department of Community Health (MDCH)
2. Raising awareness and stimulating interest	<i>An introduction to Genomics for Public Health Professionals</i> developed by CDC and Centers for Genomics and Public Health in MI, NC, and WA
3. Increasing knowledge	<i>Six Weeks to Genomics Awareness</i>
4. Strengthening skills	Graduate Summer Sessions in Epidemiology (UMSPH with scholarships sponsored by the Center)
5. Using evaluation to improve thinking	Evaluation by organizers, trainers and participants

<http://www.cdc.gov/genomics/activities/ogdp/2003/chap12.htm>

In the Beginning....

2003 DNA Day at MDCH

- Celebrate 50th anniversary of the discovery of the double helix
- Promote Awareness of genetics in public health
- *An Introduction to Genomics for Public Health Practitioners*



www.cdc.gov/genomics/training/GPHP/default.htm

Six Weeks to Genomics Awareness

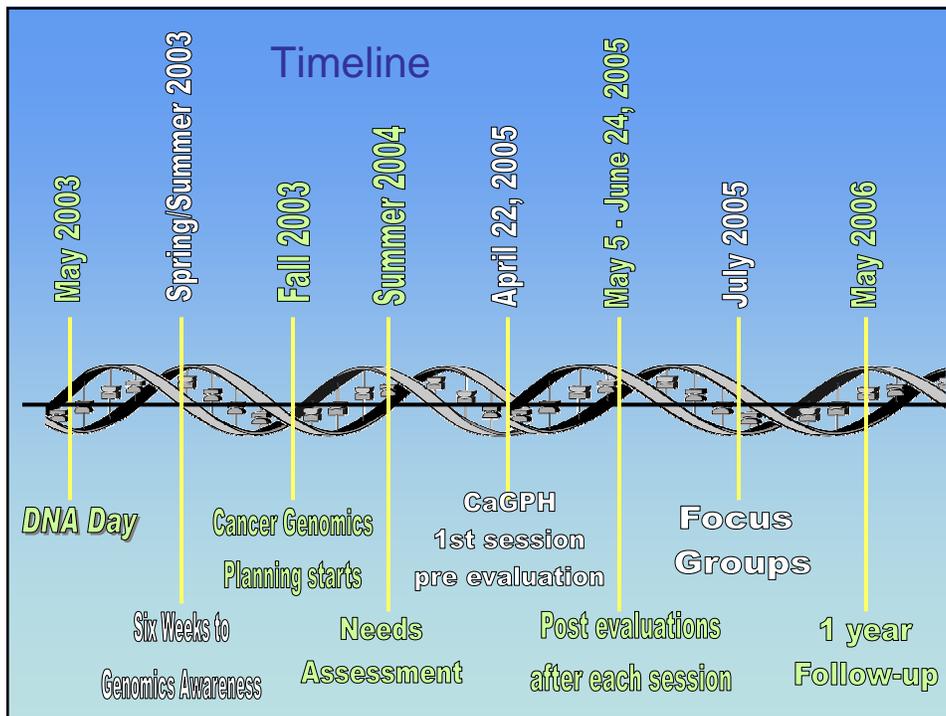


- Collaboration between the University of Michigan Center for Genomics and Public Health (MCGPH) and MDCH
- Designed to provide public health professionals a foundation for understanding how genomics advances are relevant to public health
- Held at MDCH with voluntary participation for interested staff in spring/summer 2003
- MCGPH converted to a web based version and disseminated at:

www.cdc.gov/genomics/training/sixwks.htm

Cancer Genomics For Public Health (CaGPH) Planning Committee

- Started in 2003
- MDCH Cancer Section Manager, cancer staff, genomics staff, MCGPH staff
- Developed needs assessment with assistance from MCGPH, and Centers for Genomics and Public Health at the University of Washington, University of North Carolina
- Guided development of content and evaluation process

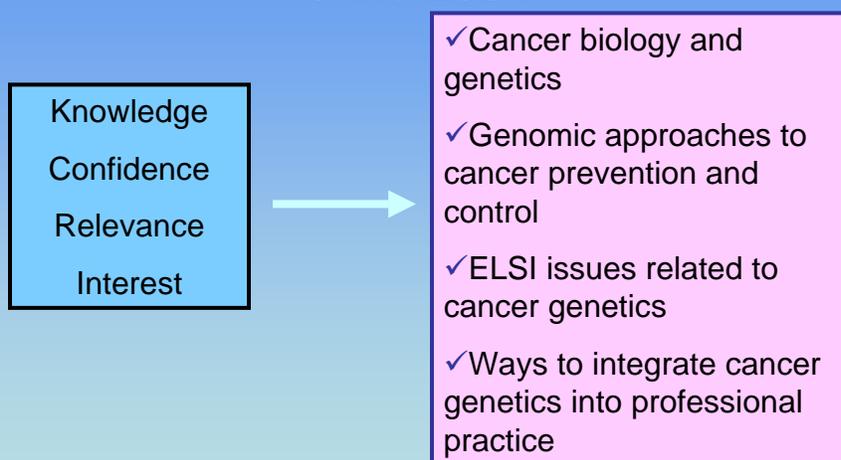


MDCH Cancer Prevention and Control Section

- Identified the need for further genomics education with a cancer focus
- Needs assessment performed in June 2004 to guide course content
 - Completed by 27 individuals in the Cancer Section
 - Majority employed by MDCH cancer section for 3 to 5 years
 - 48% reported having some kind of formal coursework or workshop that focused on genetics

Overview of Needs Assessment

June 2004



Overview of Needs Assessment June 2004

Cancer Biology and Genetics

- Pathogenesis
- Tumor Growth
- Oncogenes
- Tumor Suppressor Genes
- DNA Repair Genes
- Histologic Grading
- Metastasis

Genomics Revolution in Cancer Control

- Prevention Strategies
- Risk Assessment
- Diagnosis and Treatment
- Informed Decision Making
- Targeted Therapies

ELSI relating to Cancer Genetics

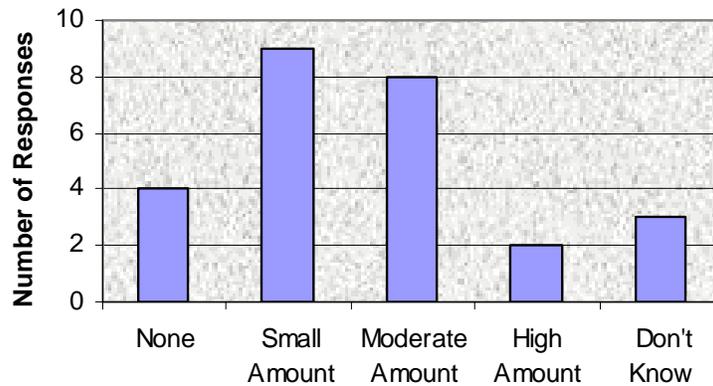
- a. Policy Issues
- b. Role of Public Health
- c. ELSI Resources

Cancer Genetics in Professional Practice

- Role of Health Practitioners
- Role of Public Health Professionals
- Challenges and Barriers
- Cancer Genetic Resources
- Role of Michigan Cancer Genetics Alliance

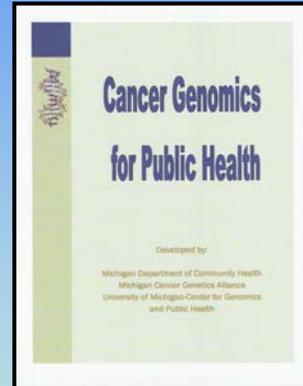
Overview of Needs Assessment June 2004

How Much is Cancer Genetics Currently Being Integrated into Your Program?



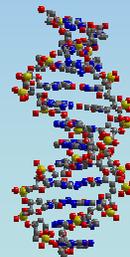
Cancer Genomics for Public Health Course Objectives

- **Increase genomic knowledge, interest and perception of relevance** among public health providers in cancer control
- **Facilitate integration of cancer genomics** into public health practice, programming, policy and services
- **Foster a collaborative process between public health and genomics experts**



Cancer Genomics for Public Health (Continued)

- 6 sessions, 13 speakers
- 11 hours of content and practical application exercises
- Presented over a 6 week time period
- Mandatory for all cancer section staff
- Also attended by local public health, oncology nurse, family medicine physician and a prostate cancer survivor
- Focus on MDCH Cancer Priorities
 - Breast
 - Colon
 - Lung
 - Prostate
 - Cervical



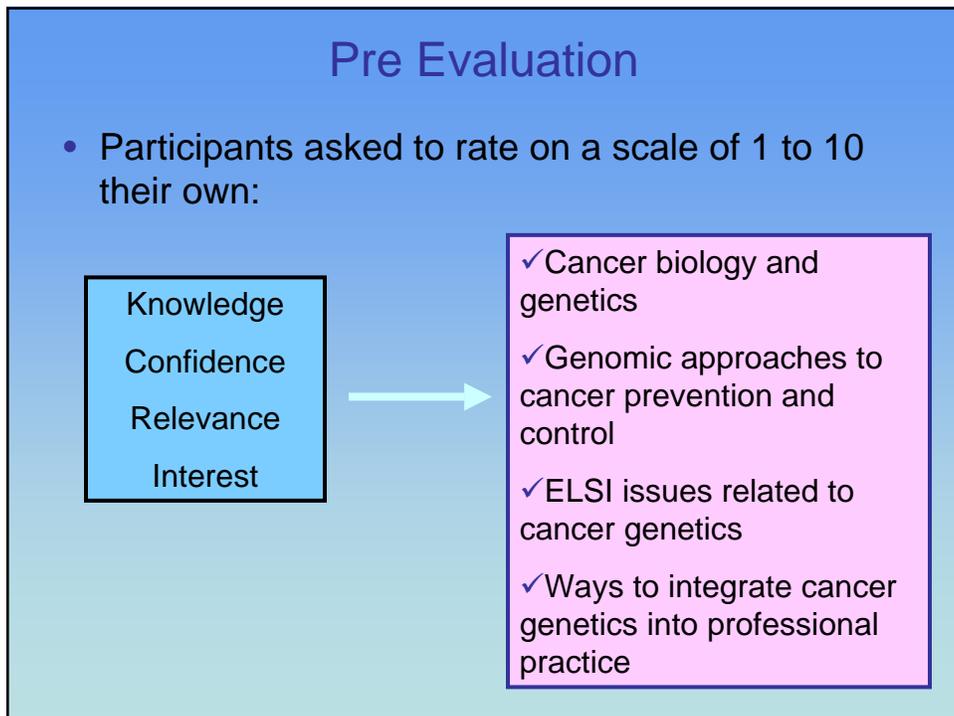
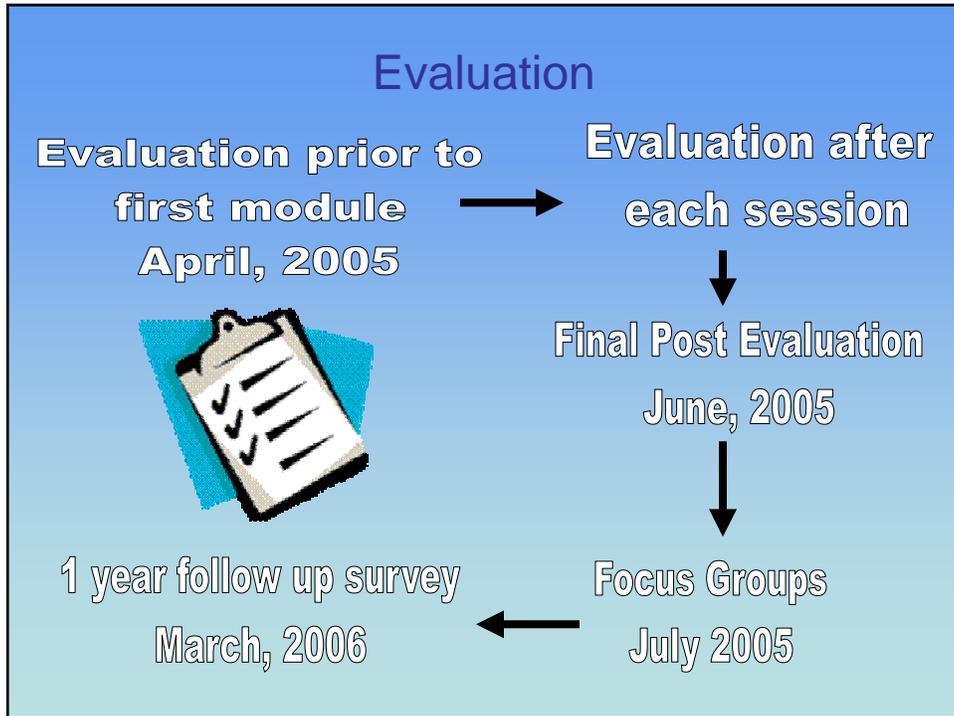
CaGPH (Continued)

- Application exercises
 - Genomics in the media
 - Pedigree exercises
 - What's happening in other states

Modules

- ☞ Speakers came from hospitals and academic institutions throughout the state
- ☞ Attempted to teach public health concepts to the experts as well
- ☞ Terminology – ‘Cheat Sheet’, glossary and list of resources broken down by site specific cancer
- ☞ Last session – Discussed resources, ELSI vs. PHELSI, the future of cancer genomics and development of an action plan.





Post Session Evaluation

- Basic session evaluation
- Asked to rate whether specific course objectives were met
- Asked specifically about ELSI overall objectives and to each specific cancer
- Identification of ways sessions could be applied to public health practice

Focus Groups

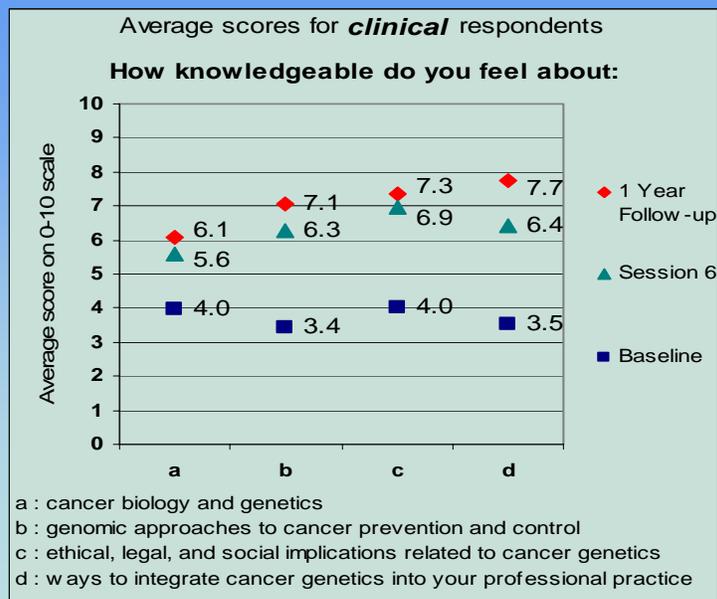
- July 2005 – 1 month after last session
- 10 voluntary participants, 2 groups
- Given Is It In Your Genes? by Philip Reilly as an incentive to participate
- Each group had a different focus to discuss
 - First group - content, logistics, relevance and integration into job/work
 - Second group – applicability, barriers to application, and future dissemination

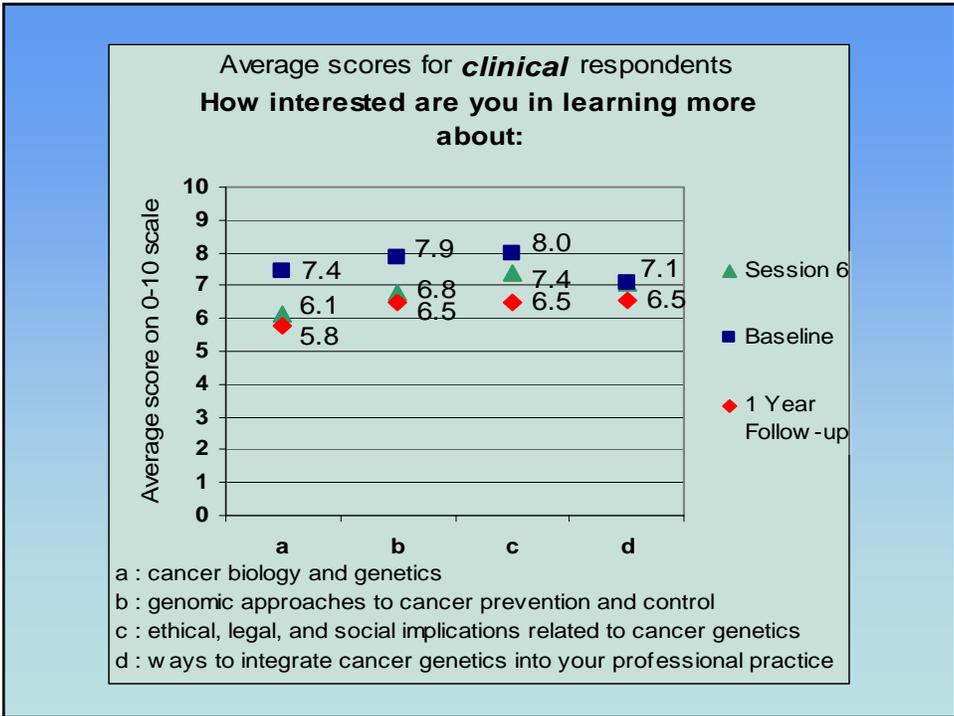
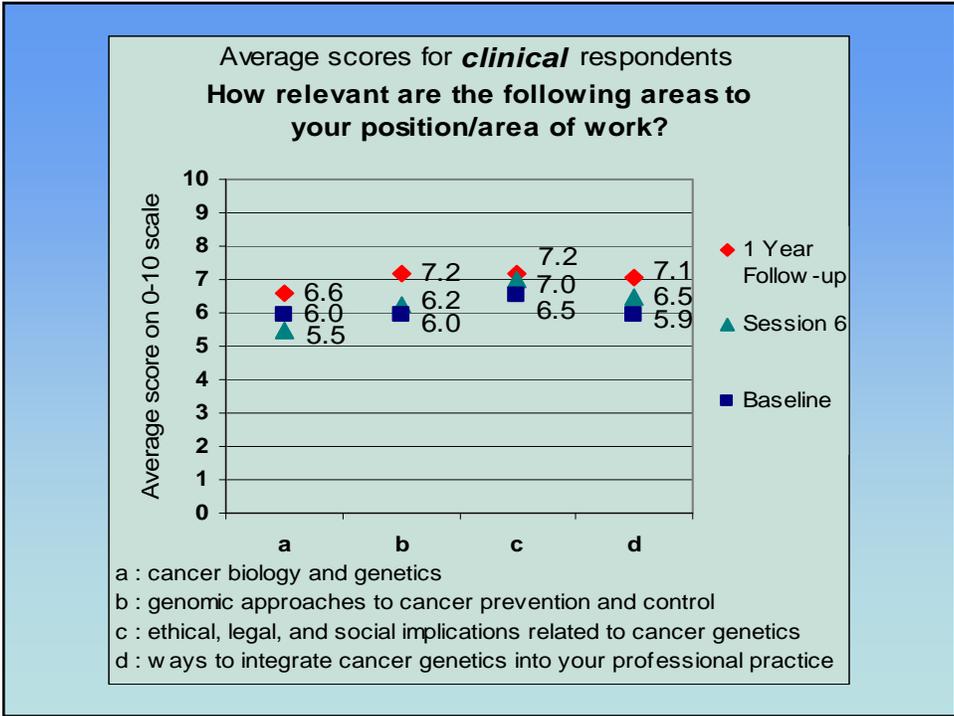
Focus Group Comments

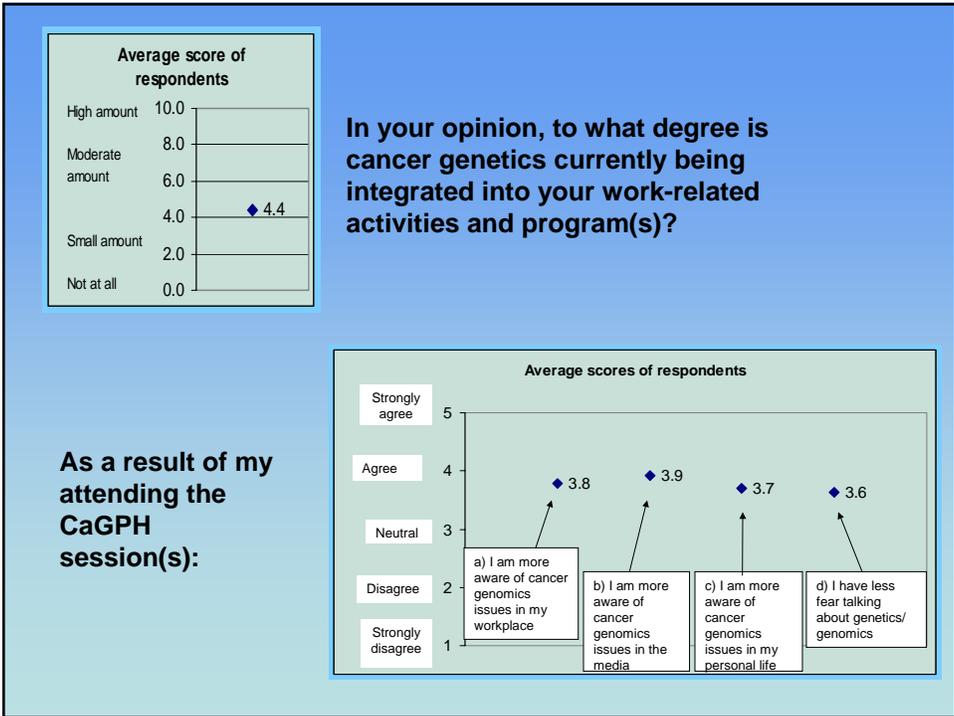
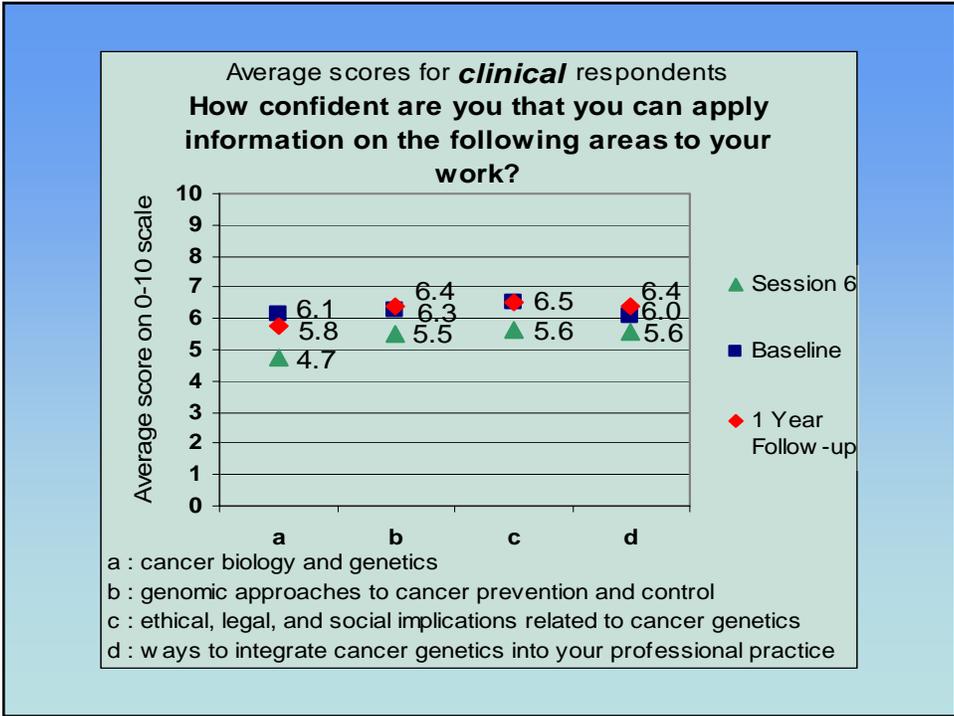


General format and content	Six sessions may be too many	Some liked repetition of material others did not – disagreement of overlap
Sessions by disease type	Meant to learn science, application or both?	How can they apply what they learned to their work now?
Enjoyed learning about pedigrees	More practical examples, applicability to current programs	Not enough applicability of knowledge

One Year Follow-up







Where does it go from here?



-by Bill Watterson

- Currently:
 - Working with contractor to 'streamline'
 - Cutting down hours from 11 to approximately 2
 - Not so technical
 - Format for dissemination
 - Public health as target audience
 - More application

Thank You!

Questions?

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