

# VOICES

The newsletter of the Cancer Epidemiology Education in Special Populations (CEESP) program • Summer 2022



All 17 students in the 2022 CEESP cohort took part in the 2022 CEESP Post-Summer Career Development Workshop in New York. Shown here, in addition to the 2022 cohort, are CEESP alumni Marlo Trejo (CEESP '17; a post-doctoral student at the University of Washington) and Marcela Carvajal (CEESP '17; a PhD student at the University of Nebraska) as well as CEESP Director Amr Soliman and Co-Director Bob Chamberlain.

## Renewed Success



I'm delighted to announce that the National Cancer Institute (NCI) has renewed its funding of the Cancer Epidemiology Education in Special Populations (CEESP) Program for the next five years. When I

founded CEESP in 2006, I never imagined that 20 years later we'd still be going strong—recruiting students not just from a single school of public health (as was the case in 2006, when CEESP trainees came exclusively from the University of Michigan), but from programs and schools of public health across the country. Nor did I dream we'd be working with mentors and research colleagues around the world, not just in Africa and the Middle East, where we began, but also in Asia, Europe, and Latin America—in addition to the United States.

In what was an exceptionally competitive funding year, the NCI's renewal of our program speaks to the importance of

both our accomplishments over the past 16 years and our success in building an extraordinary team of students, on- and off-campus mentors, and program leaders.

With each new five-year funding cycle, the NCI requires that grantees add a significant innovation to their program. In our second five-year cycle (2011–2016), we expanded CEESP recruitment to include PhD candidates as well as MPH students. In our third five-year cycle (2017–2022), we added a Post-Summer Career Development Workshop—an annual gathering during which students in the current CEESP cohort meet with CEESP alumni, mentors, and faculty to share research findings, best practices, and new developments in cancer epidemiology research.

In our next five years, we'll launch a formal training program for CEESP mentors, with the aim of solidifying CEESP mentorship protocols and expanding the resources available to our mentors. We'll also educate our

CEESP students about their rights and obligations as mentees and how to work effectively with their mentors.

We've had our share of challenges over the past 16 years, of course—Covid chief among them. But the challenges we've faced have only made us more robust. CEESP has changed the lives and careers of countless students, mentors, and research partners. CEESP research studies have helped shape the field of cancer epidemiology and improve outcomes in real-world cancer diagnosis and treatment. We are so much more than a summer internship program. To everyone who has worked to make this program a success—and to the NCI for its ongoing support of our work—my profound thanks.

**Amr S. Soliman, MD, PhD**  
*CEESP Program Director*

## About the Program

The Cancer Epidemiology Education in Special Populations (CEESP) Program includes a four-month summer field research experience in foreign countries and among minority populations in the U.S. CEESP faculty and field collaborators have the experience to provide expert field mentorship, with the aim of training participants to implement studies in ethnically diverse settings. Since its founding in 2006, CEESP has trained over 200 students who are now pursuing careers around the world.

## Apply for 2023

**Application Deadline: January 29, 2023**

CEESP is accepting applications for the summer of 2023. Open to MPH and first-year PhD students in public health, this unique, fully funded research training program provides critical field research experience in over 20 countries, including the United States.

For more information or to apply visit <http://ceesp.cuny.cuny.edu>

## VOICES

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### COVID UPDATE

## A Pandemic's Ongoing Impact

While CEESP students and mentors are no longer confined to working remotely, as was the case in the first year of the pandemic, Covid-19 continues to “be a distraction,” says CEESP director Amr Soliman. Although protocols and attitudes vary from country to country, Soliman emphasizes that within CEESP, “we’re continuing to take precautions, wearing masks and maintaining social distancing as much as we can. Our post-summer workshop is entirely masked.”



As a precaution against Covid-19, CEESP students, faculty, and mentors often meet remotely, as in this Zoom session in Romania in 2022. (From left to right: CEESP student Jack Carew, Director Amr Soliman, and mentor Silviu Radulescu)



Covid is also having an effect on cancer patients, as CEESP student **Savanna Ledford** discovered this summer by analyzing data from two Pennsylvania cancer clinics. A DrPH student in epidemiology and biostatistics at the Penn State College of Medicine, Ledford wanted to know how Covid-19 affected patient behaviors during the pandemic.

Working with survey data from two Pennsylvania clinics—one community and one academic—Ledford found that, as was true elsewhere in the United States, cancer patients at both sites differed in what they thought about mask-wearing, hand-washing, and social-distancing. “The findings suggest there’s an educational gap that needs to be addressed,” she says. Drawing on health belief models, which elucidate people’s thinking on matters like the perceived severity of Covid or the perceived benefits of certain behaviors, Ledford sought to understand why some cancer patients adhered to and advocated for preventative health behaviors and others didn’t.

To her surprise, most people in her study “didn’t believe they would have severe symptoms of Covid if they caught the disease.” On the other hand, a majority recognized the importance of getting vaccinated (98 percent had gotten Covid vaccines).

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Looking ahead, Ledford hopes her findings will help health care providers develop new policies to reduce gaps in understanding about pandemics and other crises, and boost healthy behaviors. She’d like her research to inform not only health care providers and policymakers but also patients themselves—who can often be the best ambassadors when it comes to urging others to adopt healthy behaviors. Ledford hopes eventually to expand her research to determine how the pandemic has affected cancer patients in other parts of the country, particularly underserved minorities. ■

### MENTOR PROFILE

## In Colombia, a Win-Win

In 2012, health insurance coverage in Colombia changed. Prior to that year, the country’s two health insurance systems—private and public—offered substantially different benefits for health care, with private insurance tending to provide better coverage overall. But in 2012, the government mandated that the two systems be unified to offer the same coverage for treatment, prevention, prescription drugs, and other needs. For epidemiologist **Isabel Cristina Garcés Palacio**, the question became: What impact will the change in benefits have on cancer mortality rates in Colombia?

Garcés Palacio, a faculty member at the University of Antioquia in Medellín who specializes in women’s health, initially worked with a group of students to analyze cervical cancer rates before and after the 2012 mandate. The researchers found that the unification of benefits in 2012 did not have an impact on mortality. Even after unification, women with public insurance had higher mortality rates than women with private insurance.



Medellín, Colombia

This summer, Garcés Palacio worked with CEESP student **Emanuel Mejía**, an MPH candidate in epidemiology at the City University of New York, to look at mortality rates for prostate cancer—the most prevalent cancer among men in Colombia—before and after 2012. Findings from Mejía’s study, as yet inconclusive, could help clarify the degree to which the government’s 2012 mandate helped eliminate barriers to health care access, says Garcés Palacio.

This is the first CEESP collaboration in Colombia, and Garcés Palacio

welcomes the partnership. It’s a “gane-gana,” she says—a *win-win*—for both CEESP and her university, one of the best in Latin America and globally renowned. Mejía and Garcés Palacio are both bilingual, so communication was easy, and Garcés Palacio found it “a joy” to work with CEESP director Amr Soliman and co-director Bob Chamberlain. Partnerships like this, she believes, are key to beneficial global research. As she puts it, “La unión hace la fuerza.” *From unity comes strength.* ■

### STUDENT PROFILE

## A Long-Sought Connection

As a child, **Emanuel Mejía** held onto his mother’s words. “Stay connected to your roots,” she told him. And he did—even though he didn’t get to experience those roots firsthand until this summer, when he went to his parents’ home country, Colombia, for the first time.



An MPH student at the City University of New York, Mejía was born and raised in the United States and speaks fluent Spanish, but it wasn’t until he got a CEESP training grant that he was able to visit Colombia. He spent the summer in Medellín working with epidemiologist **Isabel Cristina Garcés Palacio** at the University of Antioquia—coincidentally his mother’s alma mater—to evaluate potential links between prostate cancer mortality rates in Colombia and recent changes to the country’s national health insurance system (see article above.)

“I’ve had a close family experience of prostate cancer,” Mejía says, “so I wanted to learn about the burden in Colombia, and to give back to my community.”

Although findings from his CEESP project are preliminary, they point to areas for improvement in Colombia’s health insurance system—in particular a need to reduce wait times for follow-up appointments. Mejía acknowledges there’s more to be studied—and many more variables to consider—and he’s eager to do it. After completing his MPH he plans to pursue a PhD in epidemiology with a focus on cancer. “If I could dedicate my entire research career to one specific cancer, it would definitely be prostate cancer,” he says, adding, “words can’t describe how grateful I am to be part of CEESP—to have this chance to get back to my roots and give back to my community.” ■

## STUDENT PROFILE

# A Lifelong Passion for Population Health



Growing up in Senegal, **Melissa Carvalho** recognized how important it is for a country to have a robust health system. Today Carvalho is a PhD

student in global health sciences at the University of California, San Francisco (UCSF), where she specializes in global health research in low- and middle-income countries. Earlier, as an MPH student at Yale, she spent a summer in Malawi helping to assess knowledge, attitudes and practices around cervical-cancer screening.

This year, through CEESP, Carvalho was able to spend the summer in Morocco working to evaluate a breast-cancer

screening program in the Casablanca-Settat region, and to compare its effectiveness to similar programs in less populous regions of the country. (All of the programs are part of Morocco's National Cancer Prevention and Control Plan, implemented in 2010.) As a secondary aim, Carvalho wanted to assess the impact of Covid-19 on breast-cancer screening utilization and adherence in Casablanca.

Overall, rates of participation in the screening program had been declining over time—even as breast cancer detection rates were going up. But Carvalho found, rather unexpectedly, that after the onset of Covid in 2020, compliance rates improved among women who had positive results after a preliminary clinical exam and were referred to a second-

ary center for further diagnostic testing. “I don’t know if there was some kind of reinforcement of the referral process in the health system,” she says, “but during Covid, a much higher proportion of women who tested positive actually went to a center.”

These early findings suggest that while the referral process is improving, more needs to be done to encourage women to take part in the initial screening program itself, which continues to fall short of its participation goals. Going forward, Carvalho would like to interview program participants and leaders alike to learn more about why compliance rates may have risen and how attitudes about Covid may have contributed to that rise. ■

## FACULTY PROFILE

# Meet the CEESP Team: Victoria Ngo



A clinical psychologist, **Victoria Ngo** has long been interested in mental health support for people in low-resource settings. Recently she’s begun work on the integration of mental health services into cancer care. She joined CEESP in 2020 and has since mentored students in Vietnam, Ghana and Uganda. Ngo spoke to Voices from her office

at the City University of New York, where she is an associate professor of community health and social sciences in the Graduate School of Public Health & Health Policy; director of the CUNY SPH Center for Innovation in Mental Health; and Mental Health Director of the CUNY Center for Immigrant, Refugee and Global Health.

**Q:** You emigrated to the United States from Vietnam as a three-year-old. How has that experience informed your work?

**A:** We came as refugees, and I saw family members struggle with mental health issues and not get care. It made me very interested in mental health among low-income communities in the United States as well as abroad.

**Q:** What kind of work are your CEESP students doing in Vietnam?

**A:** The National Cancer Hospital in Hanoi has been collecting data from cancer patients about the process of care and their experience of that process. CEESP students have been conducting secondary analysis of that data. They’ve also been collecting primary data related to better understanding the mental health needs of cancer patients, with the aim of eventually developing an intervention informed by local data.

**Q:** Why is it so important to integrate mental health services into cancer care?

**A:** Too often, people with cancer are left on their own to navigate all the stresses of their condition. In low-resource settings, especially, many people have late diagnoses, so there are grief and loss issues. But even in relatively well-resourced settings, there’s the stress of navigating the health system, the uncertainty of not knowing what’s ahead. Never mind the difficulties of immigrant or refugee communities, where there can be language and cultural barriers. The situation begs for better interventions. ■