

Implementing Evidence-Based Interventions for Cancer Prevention and Control in Critical Access Hospitals

Goal: Help Critical Access Hospitals access information and resources to implement evidence-based interventions for cancer screening

How to use this toolkit:

- Resources included are meant as a guide to help you think about selecting, planning, implementing and evaluating an intervention
- Videos by the Mayo Clinic on Dissemination & Implementation Science will supplement these materials
- Additionally, the full training put together by the Cancer Prevention and Control Research Network is available here: <https://cpcrn.org/training>

University of Iowa Research Team

- Please do not hesitate to reach out if you have any questions about how to use this toolkit or need assistance finding other resources

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Tips for using this Toolkit

- First, watch videos produced by the Mayo Clinic for a background to Dissemination and Implementation Science: <https://bit.ly/2FTria0>
 - Dissemination: targeted distribution of information and intervention materials to a specific public health or clinical practice audience
 - Implementation: targeted distribution of information and intervention materials to a specific public health or clinical practice audience
- Watch the University of Iowa's Prevention Research Center webinar on "Using Evidence-Based Practices: A Webinar for Public Health Practitioners & Community Partners":
<https://www.youtube.com/watch?v=Ory3dT4WA6w>
 - Note: This webinar is not specifically focused on cancer
- Refer to resources provided in this toolkit for support in planning, adapting, implementing and evaluating cancer prevention and control interventions in your workplace
 - Links to many of these resources can be found here: <https://cpcrn.org/training>

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Community Assessment

Community Assessment Worksheet

This worksheet will help you learn more about your target audience. List three things that you want to know about your audience before choosing a cancer prevention evidence-based intervention to implement. List the data you need to know about your target population in the first column and in the next column, suggest where you might find this information.

What you want to Know	Source of this Information
1.	
2.	
3.	

Finding Evidence

General Resources for Evidence

- The Guide to Clinical Preventive Services
<https://www.uspreventiveservicestaskforce.org/BrowseRec/Index/browse-recommendations>
- Canadian Best Practices Portal for Health Promotion and Chronic Disease Prevention
<http://cbpp-pcpe.phac-aspc.gc.ca/>
- Cochrane Collaborative
<http://www.cochrane.org>
- EPPI (Evidence for Practice and Policy Information) Centre at Social Science Research Unit, Institute of Education, University of London, UK
<http://eppi.ioe.ac.uk/cms/>
- Evidence Based Practice for Public Health
<http://library.umassmed.edu/ebpph/>
- Health-Evidence.ca (Canadian Institutes of Health Research)
<http://health-evidence.ca/>
- Model Practices Database (National Association of County and City Health Officials)
<http://www.naccho.org/topics/modelpractices>
- National Guideline Clearinghouse (Clinical Guidelines)
<https://www.ahrq.gov/gam/index.html>
- Research Tested Intervention Programs (Chronic Disease/Cancer Prevention)
<rtips.cancer.gov>
- What Works for Health (variety of program topics and policies)
<http://www.countyhealthrankings.org/roadmaps/what-works-for-health>
- HI-5 Health Impact in 5 years
<https://www.cdc.gov/policy/hst/hi5/interventions/index.html>
- American Cancer Society Clinician Resources
<Cancer.org/colonmd>
- HPV IQ. Immunization Quality Improvement Tools
<https://www.hpviq.org/>

Selected Community Guide EBIs for Breast and Colorectal Cancer Screening

<https://www.thecommunityguide.org/topic/cancer>

Intervention	Description
Engaging community health workers: Breast cancer or colorectal cancer	Community Health Workers are trained frontline health workers who serve as a bridge between communities and their healthcare systems. This results in increased demand for screening services and improving access to screening services.
Multicomponent Interventions: Breast cancer or Colorectal cancer	Multicomponent interventions combine 2 or more approaches to reduce structural barriers. Group categories consist of: increase community demand for cancer screening, increase access to cancer screening, and increase provider delivery of screening services.
Client Reminders: Breast cancer or colorectal cancer	Written or telephone messages advising people they are due for their screening. These messages can target an overall population or tailored to reach one person.
One-on-one Education: Breast cancer	One-on-one education delivers information to individuals about indications for, benefits of, and ways to overcome barriers to cancer screening with the goal of informing, encouraging, and motivating them to seek recommended screening. These messages are delivered by healthcare workers or other health professionals, lay health advisors, or volunteers, and are conducted by telephone or in person in medical, community, worksite, or household settings.
Reducing Structural Barriers: Breast cancer or colorectal cancer	Structural barriers are non-economic burdens or obstacles that make it difficult for people to access cancer screening. Interventions designed to reduce these barriers may: reduce time or distance between service delivery and target populations, modify hours of service to meet client needs, offer services in alternative or non-clinic settings, eliminate or simplify administrative procedures and their obstacles (e.g. scheduling assistance, patient navigators, etc)
Provider reminder and recall systems: Breast cancer or colorectal cancer	Reminders inform health care providers it is time for a client’s cancer screening test (called a “reminder”) or that the client is overdue for screening (called a “recall”). The reminders can be provided in different ways, such as in client charts or by e-mail.
Small media targeting clients: Breast cancer or colorectal cancer	Small media include videos and printed materials such as letters, brochures, and newsletters. These materials can be used to inform and motivate people to be screened for cancer. They can provide information tailored to specific individuals or targeted to general audiences.

All materials adapted from Cancer Prevention & Control Research Network Putting Public Health Evidence in Action Training:
<https://cpcrn.org/training>

Selected RTIPS Evidence Based Interventions for Cancer Screening

<https://rtips.cancer.gov/rtips/index.do>

Intervention Overview	Audience Targeted
<p>Awareness building educational program: main objective is to increase the number and effectiveness of primary care physicians' efforts to encourage women to receive regular mammograms. The program employs a physician-based educational curriculum on mammography and clinical breast examination. EPICS is intended to increase screening mammography utilization among women aged 50 - 80 years among those who have had fewer than two screening mammograms over the previous 4 years.</p>	Physicians
<p>Flu-FIT or Flu-FOBT/Integration of mammography with influenza clinics</p>	Adults eligible for screening
<p>Patient navigation: is designed to increase quality colorectal cancer screening among men and women aged 50 to 64 years who are low-income, uninsured, and/or underinsured patients. Registered nurses who serve as patient navigators deliver the intervention by phone to educate and support patients throughout the entire screening process.</p>	Adults eligible for screening
<p>Population-specific tailored interventions (ex: Targeting Cancer in Blacks, Against Colorectal Cancer in Our Neighborhoods [ACCION], Life is Precious-Hmong Breast Health Study)</p>	Adults in under-screened populations

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Adaptation

Adaptation Guidance Tool

In choosing an evidence-based intervention you may have to make changes to increase fit or compatibility with your audience and/or community. Here is general guidance in terms of things that can and cannot be changed from the original intervention. Remember to refer to any adaptation suggestions from the original developer(s) in making these adaptation decisions.

Adaptation Guidance

Green

Things that CAN be changed:

- Names of health care centers or systems
- Pictures of people and places and quotes
- Hard-to-read words that affect reading level
- Wording to be appropriate to audience
- Cultural indicators based on population
- Ways to reach and recruit your audience
- Incentives for participation
- Timeline (based on adaptation guides)

Yellow

Things that can be changed with caution:

- Substituting activities and/or adding new activities
- Changing the order of the curriculum or steps (sequence)
- Altering the length of program activities
- Shifting or expanding the primary audience
- Varying delivery format/process steps
- Modifying who delivers the program
- Adding activities to address other risk factors or behaviors

Red

Things that CANNOT be changed:

- The health communication model or theory
- The health topic/behavior
- Deleting core components or whole sections of the program
- Reduction of program
 - Timeline
 - Dosage (e.g., activities, time/session)
- Putting in more strategies that detract from the core components

*Tool adapted from: Lesesne, C. A., Lewis, K. M., Moore, C., Fisher, D., Green, D., & Wandersman, A. (2007). Promoting Science-based Approaches to Teen Pregnancy Prevention using Getting To Outcomes: Draft June 2007. Unpublished manual.

Implementation

Organizational Readiness Checklist for Implementation

The following is a brief self-assessment of key implementation items that will help you determine if you have the capacity or can build capacity to adopt and implement an evidence-based program/policy/strategy. Please read each item and place a check mark in one response to indicate your level of capacity. If you do *not presently have* this capacity or *do not have* this capacity, write down comments on how to build the capacity.

Capacities and Resources	Yes, we have this capacity	We do not presently have this capacity, but we can build it	No, we do not have this capacity	Comments
PREIMPLEMENTATION				
Staffing				
Staff who can <u>coordinate</u> the program/policy/practice				What staff are needed:
Staff or volunteers to <u>deliver</u> the program/policy/practice				What roles are needed to deliver the program:
Training				
Training on the program /policy/practice and health topic				Day of training:
Training on skills needed to deliver the program (e.g., facilitation, one-on-one education)				
Recruitment				
Methods to reach audience of interest				Brainstorm recruitment methods:
Partners to help outreach to audience of interest, if needed				
Adaptation (if necessary)				
Adaptation of program/policy/strategy materials/methods				Changes: Methods for Doing the Adaptation:

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Capacities and Resources	Yes, we have this capacity (2)	We do not presently have this capacity, but we can build it (1)	No, we do not have this capacity (0)	Comments
Adaptation (if necessary)				
Pilot testing of adapted materials/methods				Method: Number of people in pilot test:
IMPLEMENTATION				
Program Implementation				
Participant recruitment				Methods:
A means to track program/policy/practice activities				Method:
A method to track the conduct of core program elements/key steps				Method:
A means to track participation (#'s)				Method:
A method to discuss progress				Method:
MAINTENANCE				
Plans for sustaining the program/policy/strategy				Proposed Methods:

Plan Do Study Act (PDSA) Cycles

- PDSA cycles are a common way to help health care organizations make improvements to their delivery of care, the following resources can help you implement at PDSA cycle

PDSA Model for Improvements	Answers
Planning	
<ul style="list-style-type: none"> • What are you trying to accomplish? State the aim(s). 	
<ul style="list-style-type: none"> • QI Project: 	
<ul style="list-style-type: none"> • Choose a type of client reminder (e.g., call, letter) for the change to be tested. 	
<ul style="list-style-type: none"> • How long will it take to implement the change? 	
<ul style="list-style-type: none"> • Who are the stakeholders in your system? 	
<ul style="list-style-type: none"> • What are the actors? What resources do you need? 	
<ul style="list-style-type: none"> • What will you measure (indicator)? 	
Doing	
<ul style="list-style-type: none"> • What data will you collect (data source)? 	
<ul style="list-style-type: none"> • How will you document processes? 	
Studying	
<ul style="list-style-type: none"> • How will you know that the change is an improvement? 	
Acting	
<ul style="list-style-type: none"> • Document what was learned and plan next cycle 	

PDSA Cycle Tracking Form

Name of Person Testing Change: _____

Change Tested: _____

Cycle No.	<u>PLAN</u> <ul style="list-style-type: none"> • What did you test? • How did you test it? • Who and how many did you test it with? 	<u>DO</u> Date Tested	<u>STUDY</u> <ul style="list-style-type: none"> • What did you learn? • What worked well? • What could be improved? 	<u>ACT</u> <ul style="list-style-type: none"> • How will you adapt the change?
1				
2				
3, etc.				

Evaluation

Planning for Evaluation

Evaluation Question	Indicator/ Performance Measure	Method/ Data Source	Frequency	Responsibility

List any additional considerations or information you need to know.

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