Selina A. Smith, PhD, MD; Jon E. Sklar, MD, MPH; Margaret M. Calderón, MD, MPH; Janette Robinson-Flint, MPH, CHES; Elizabeth M. Maddox, PhD; Corliss McKeever, MSW; Benjamin E. Ansa, MD, MSCR; Benjamin E. Ansa, MD, MSCR; Ernestine P. Delmoor, MPH; Thomas Britt, MD, MPH; Cassandra L. Harris, MS, MCHES; Janette Robinson-Flint, Cheryl A. Johnson, MPAS; Corliss McKeever, MSW; Connie L. Sorrell, MPH; Vincent R. Green, MD, MPH; John W. Harmon, MD; Dorothy L. Reddic, MSED; Jane Giddens-Cabarrus, Shirley Jordan-Seay, PhD, OCN, CTR; Benjamin E. Ansa, MD, MSCR

Institute of Public and Preventive Medicine and Department of Family Medicine, Medical College of Georgia, Georgia Regents University, Augusta, GA; National Black Leadership Initiative on Cancer, Memphis Coalition, Memphis, TN; Florida Resources for Enhancing and Sustaining Health, Miami, FL; National Black Leadership Initiative on Cancer, Philadelphia Chapter, Philadelphia, PA; National Black Leadership Initiative on Cancer, Chicago Coalition, Chicago, IL; National Black Leadership Initiative on Cancer, Houston Coalition, Houston, TX; Providence Healthcare Initiative Coalition, Rockford, IL; Selina A. Smith, PhD, MDiv

ABSTRACT

Background: Rigid protocols can hamper translation of evidence-based interventions (EBIs) from research to real-world settings. Nevertheless, employing principles of community-based participatory research holds potential for successful implementation. The primary aim of this investigation was to develop procedures for modifying the study protocol of a colorectal cancer screening educational intervention implemented in African American communities to fit local needs while maintaining fidelity to its core elements.

Methods: To ensure sustainability of the Educational Program to Increase Colorectal Cancer Screening (EPICS), four-hour guided discussions between researchers and 15 community coalitions were undertaken to include: 1) assessing strengths, weaknesses, opportunities and threats; 2) establishing specific, measurable, achievable, realistic and timely goals; and 3) developing local action plans.

Results: In the local action plans, adherence to core intervention elements (theoretical framework, educational content, and sessions) was maintained with adaptation to roles and responsibilities. For example, the coalition leader modified views to reflect local ownership of data and members accepted educational content, and sessions) was maintained with adaptation to roles and responsibilities. The primary aim of this investigation was to ensure local relevance, and commitment to community-engagement are essential strategies.

Conclusions: Enhancing interactions between researchers and community partners and addressing weaknesses and threats ensure transition from efficacy to implementation and promote sustainability of interventions.

INTRODUCTION

Colorectal cancer (CRC) is the second leading cause of cancer-related deaths in the United States and the third most common cancer in men and women. African Americans (AAs) have the highest over-all incidence, incidence of advanced stage at disease presentation, attributable mortality, and the lowest survival rates after diagnosis.

Although screening is an effective tool for reducing CRC mortality, differences in screening accounted for 42% of disparity in CRC incidence and 19% of disparity in CRC mortality between AAs and Whites.

EPICS is an EBI for increasing CRC screening rates among AAs. Core elements are listed in Table 1.

EPICS implementation is in partnership with community coalitions organized by the National Black Leadership Initiative on Cancer (NBLIC) in 15 communities across the United States.

Sustainability of the EBI is based on acceptance, capacity, and resources within the targeted communities, using an approach that is flexible enough for local relevance.

In the present study, investigators describe a method for enhancing dissemination by adjusting the EPICS study protocol to meet local contextual challenges. Guided by Glasgow’s Evidence Integration Triangle (EIT) (Fig. 1), a variety of issues faced at the 15 sites and the process by which the basic protocol was modified are described.

METHODS

1. Discussions between investigators and leaders of each NBLIC community coalition to share information and develop action plans was completed.

2. SWOT Analysis: Strengths or characteristics of community coalitions needed for delivery; weaknesses or challenges/ barriers to implementation; opportunities or elements that could be exploited; and threats or contextual risks to successful trial completion was completed.

3. SMART (specific, measurable, actionable, realistic and timely) Goals related to facilitator recruitment and retention were established.

4. Modifying of the study protocol to reach SMART goals was completed.

5. Final action plan was reviewed, revised, and distributed.

DISCUSSION

1. Differences in priorities of the 15 participating communities inform challenges experienced.

2. Major themes emerging from the guided discussions included: 1) facilitator recruitment, training and roles 2) participant recruitment and retention.

3. Specific challenges identified by coalitions were unique to each community, with synergy across sites.

4. Strategies outlined were based on the barriers identified, informed by community stakeholders (Table 2).

5. The community and its individual members constitute a “research participant”; it is appropriate that communities have the last word on the research approach that works best for them.

6. Multi-site research protocols may require adjustments.

7. Application of a conceptual framework (e.g., EIT model) is essential to maintaining integrity and ensuring fidelity of EBI implementation.

CONCLUSIONS

1. In a multi-site dissemination and implementation trial, recruitment, retention, and engagement challenges may vary based on community infrastructure.

2. Sensitivity to individual community challenges, flexibility in adaptations to the research protocol to ensure local relevance, and commitment to community-engagement are essential strategies.

3. Partnershiping with communities to develop individual action plans tailored to meet challenges is an important step.

4. This strategy may prove useful for disseminating EBIs in multiple communities.