Mixed Methods Study of the Role of Partnerships in Advancing Screening Promotion in the Colorectal Cancer Control Program (DP09-903)

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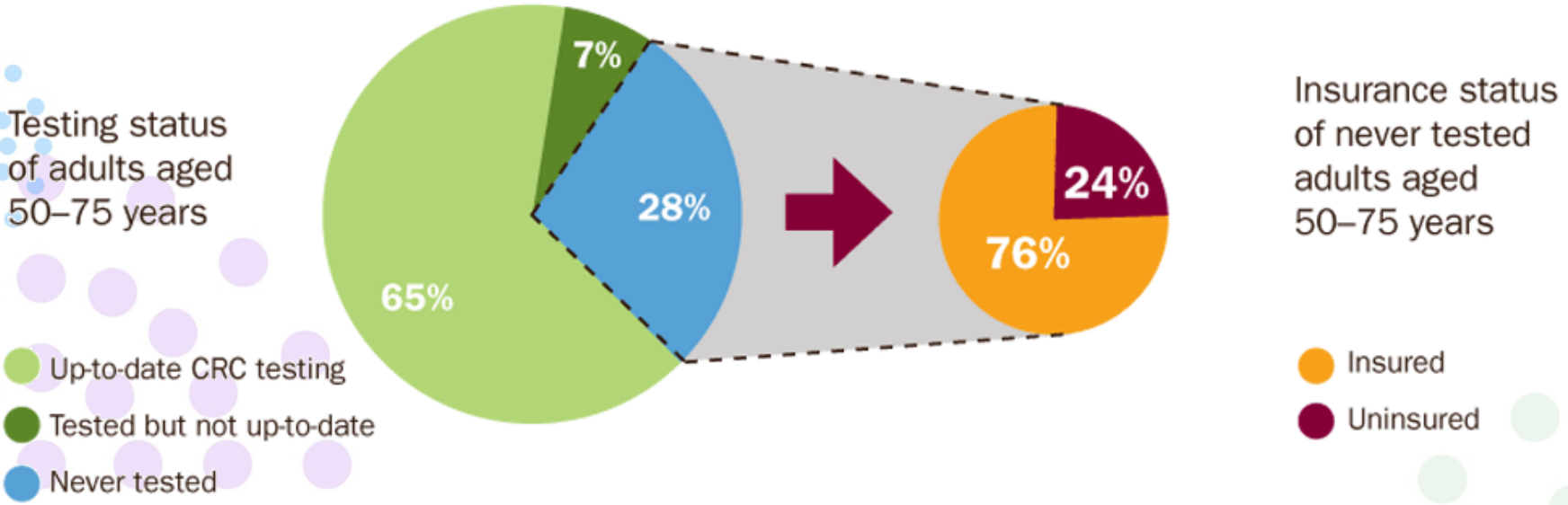
Outline

- CRC Screening
- Colorectal Cancer Control Program
- Purpose of Mixed Methods Study
- Methods
- Results
- Conclusion

Colorectal Cancer Screening

- CRC screening in accordance with guidelines among adults 50 years and older increased from 34% in 2000 to **63%** in 2015
- National goal to reach 80% by 2018 (National Colorectal Cancer Roundtable)

Many adults are not being tested



SOURCE: Behavioral Risk Factor Surveillance System, 2012

Sources: ACS Colorectal Cancer Facts & Figures, CDC Vital Signs

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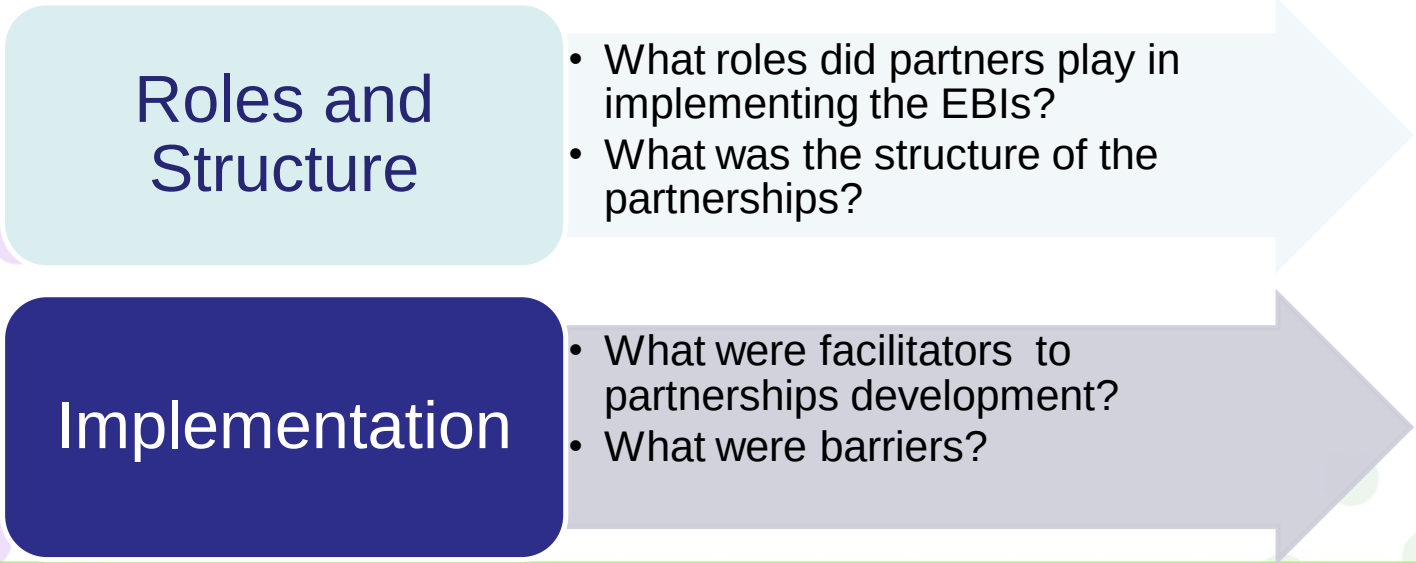
Colorectal Cancer Control Program (CRCCP)

- In 2009, CDC funded 29 grantees to promote CRC screening
- They were recommended to implement 5 evidence-based interventions (EBIs) from the Guide to Community Preventive Services
  - **Client-oriented:** small media, client reminders, reducing structural barriers
  - **Provider-oriented:** provider reminders, assessment and feedback
- Traditionally, national cancer screening programs have leveraged partnerships to extend their resources and community reach

Purpose

This study describes:

- the types of CRCCP partnerships and their role in EBI implementation,
- grantees' perceptions regarding the success of the partnerships, and
- the facilitators and barriers to partnerships



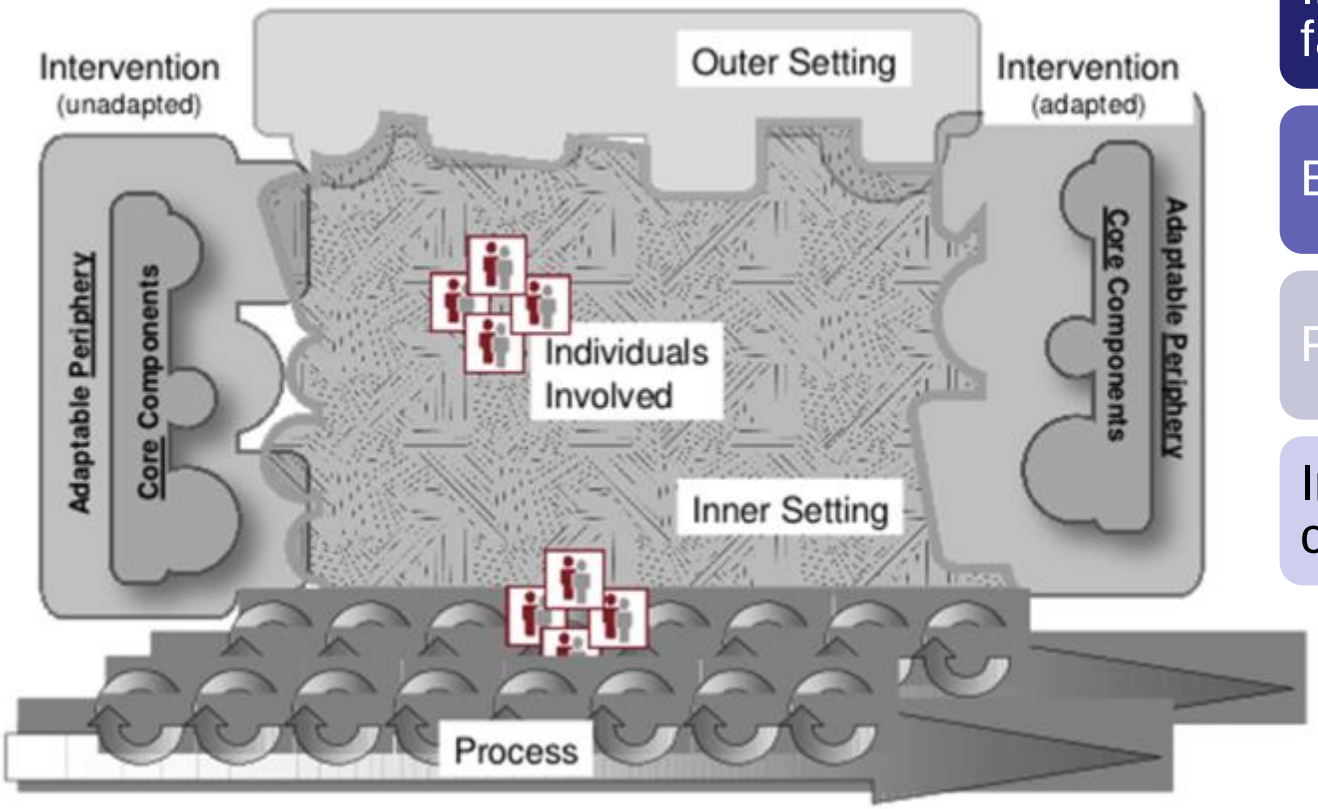
Study Design and Methods

- Concurrent mixed methods (quantitative+qualitative) design conducted for CRCCP years 2 and 3
- Administered annual surveys (2012, 2013) of all CRCCP grantees
- Conducted qualitative semi-structured interviews with 14 grantees in 2013
- Study was approved by University of Washington (quant) and Emory University IRB (qual)

Theoretical Frameworks

- Adoption and Implementation of EBIs
  - Consolidated Framework for Implementation Research (CFIR)
  - Coalition Action Theory

CFIR: Adoption and Implementation of EBIs



- Internal Factors Org facilitators/barriers
- External factors
- Process
- Intervention characteristics

Damschroder, et al., (2009). Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. *Implement Sci*, *4*(1), 50.

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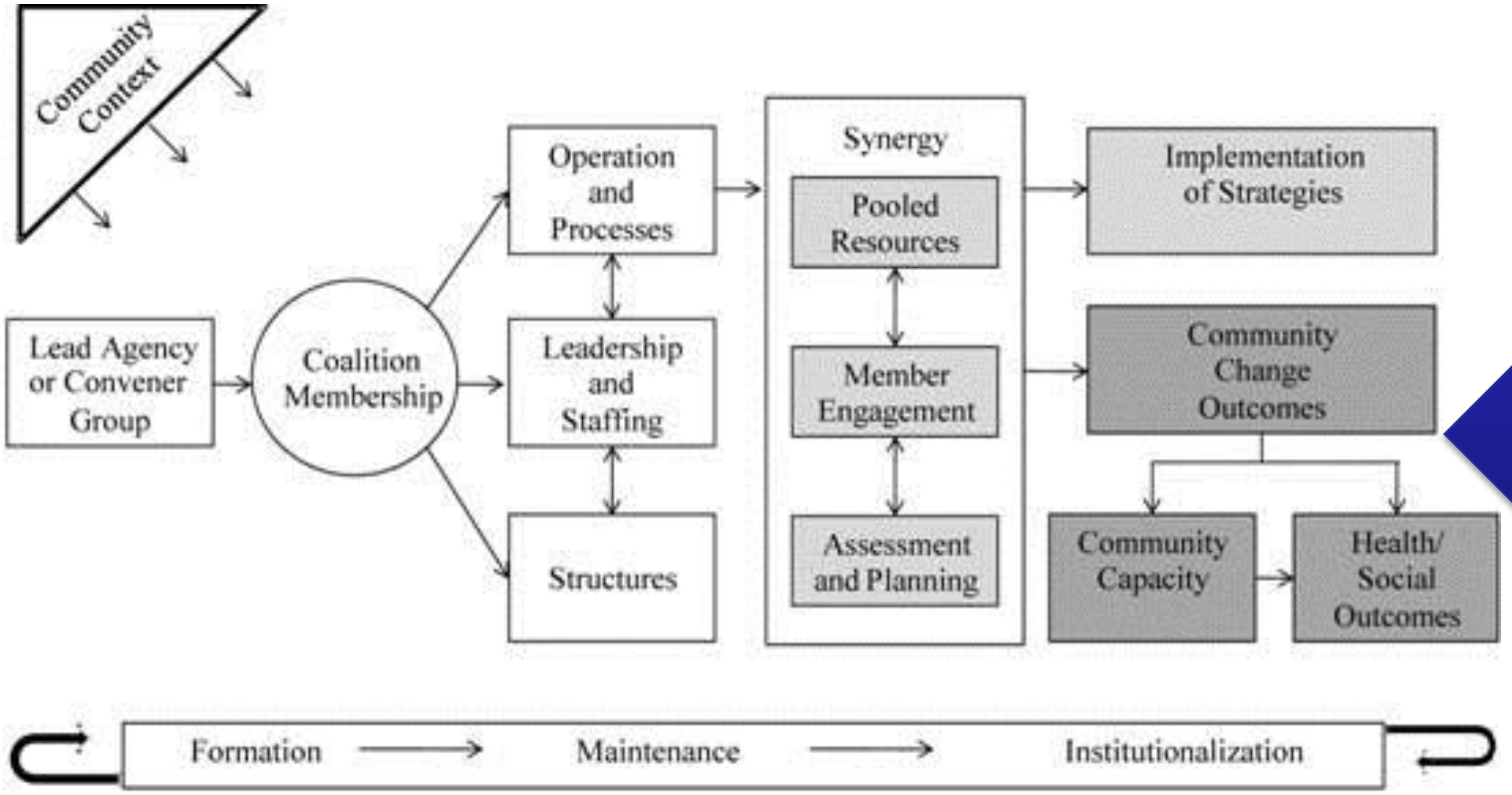
Coalition Action Theory



Role of Partner-ships

Source: Recreated from Butterfoss, 2007

Grantee Implementation Survey

Topic	Example Questions
Partnerships for each EBI	How many partner organizations (e.g., non-funded partners, contractors) do you work with to implement small media activities or disseminate [small media] materials to promote CRC screening?
Partner with greatest reach/impact (primary partner)	*For the next few questions, please think about the one partner organization you work with that has the greatest impact or reach in helping you promote CRC screening through small media. The partner you choose may vary from strategy to strategy.* Who leads your small media activities to promote CRC screening? **[leadership]** Which of the following best describes your partner organization? **[membership]** How would you describe this partner's primary audience? When was your partnership established? **[formation]** What type of relationship so you have with this partner? **[structure]** How would you rate the success of this partnership to-date in meeting your goals for distributing small media? How easy or difficult was it to form this partnership, on a scale of 1 to 5, where 1=Very Easy to 5 =Very Difficult to form?

Interview Guide

Topic	Example Questions
Use of EBI	What are the key components of the intervention? Or what does it include? Describe how you are implementing [each EBI]? **Whom did you partner with? What was their role?** What **factors** facilitated using this [EBI]? What **challenges** did you have in implementing [EBI], if any?
Resources and TA for EBI	What technical assistance or other resources did you use to assist you with implementing [EBI]? Is there additional assistance or other resources that would have helped you plan and implement [EBI]? What are those?
New Partners	What new partnerships have you formed since the beginning of the CRCCP program to promote population-based screening, if any? How would you characterize the effectiveness of these partnerships? What partnerships have you tried to foster but have been unsuccessful?

Methods: Qualitative Analysis

- All interviewers were trained on the study, interview guide and probing methods
- All interviews were digitally recorded and transcribed verbatim
- We created a comprehensive list of codes with detailed definitions based on the interview guide and the theoretical frameworks
- The codebook was pilot tested with 2 transcripts, refined and finalized after consensus meetings
- Two research team members coded each transcript independently using the codebook; after that they met to resolve any discrepancies in coding

Study Respondents

- Quantitative Survey:
  - 2012: 29 grantees participated (100%)
  - 2013: 28 grantees participated (96%)

- Interviews: 13 respondents
  - 11 states: AL, CT, GA, IA, ME, MA, MI, MN, MT, NH, UT
  - 2 tribes:
    - Alaska Native Tribal Health Consortium
    - South Central Foundation

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RESULTS

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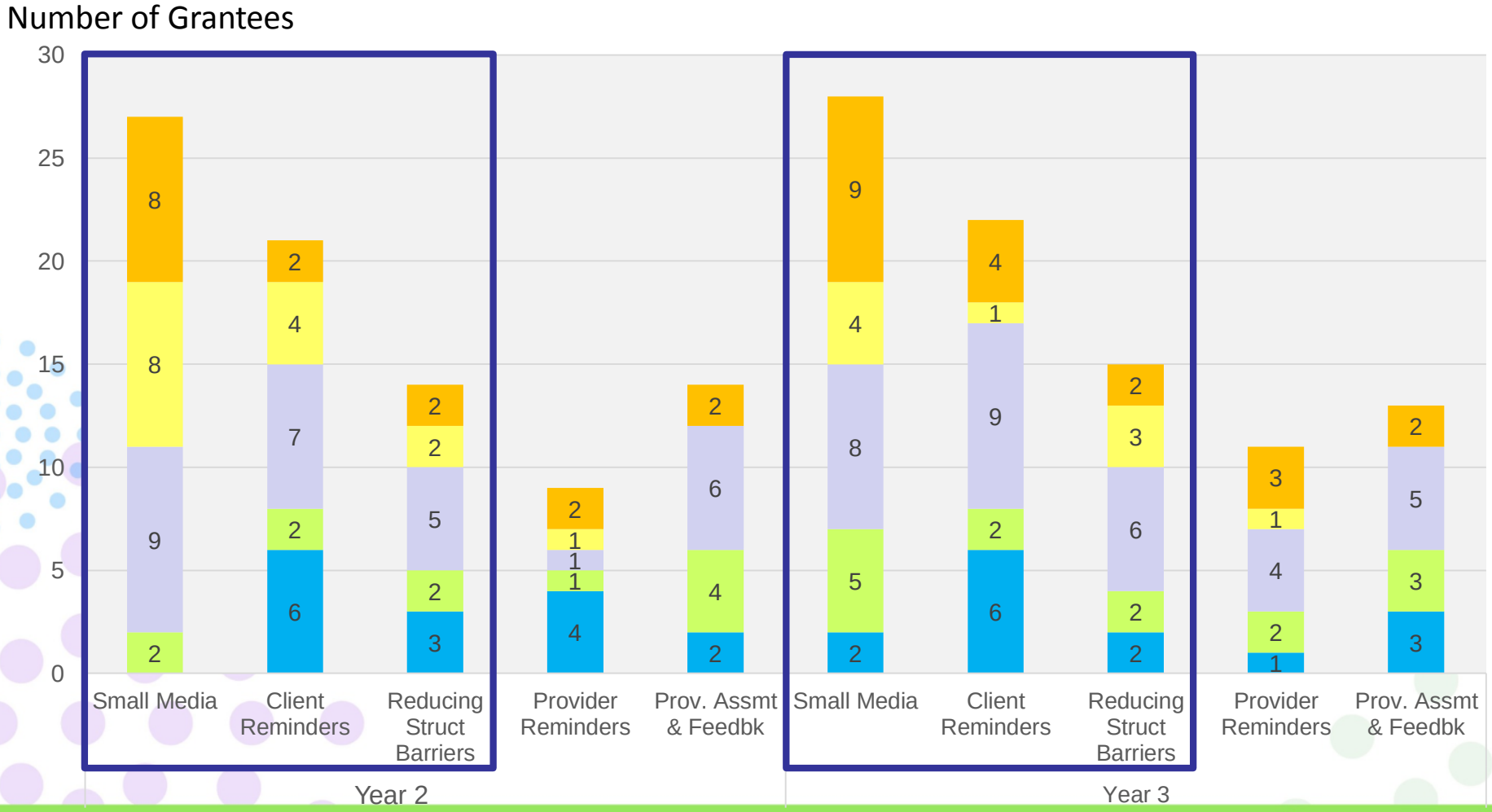
	Small Media		Client Reminders		Reducing Struct. Barriers		Provider Reminders		Provider Assmt & Feedback	
	Yr 2 n=27	Yr 3 n=28	Yr 2 n=21	Yr 3 n=22	Yr 2 n=14	Yr 3 n=17	Yr 2 n=9	Yr 3 n=11	Yr 2 n=14	Yr 3 n=13
Primary partner role										
Leads activity	7	3	5	5	5	5	3	4	6	3
CRCCP grantee leads activity	15	14	7	6	3	4	1	1	3	4
CRCCP and partner co-lead	5	9	3	5	3	6	1	5	3	3
Total	**27**	**26**	**15**	**16**	**11**	**15**	5	10	12	10
Primary partner type										
Academic institution	1	2	0	1	1	0	0	0	1	0
Advocacy group/com.-based org/community or health coalition	**4**	**4**	**0**	**1**	**0**	**1**	**0**	**0**	**0**	**0**
American Cancer Society	0	3	0	2	0	0	1	0	0	0
Another CRCCP grantee	1	1	0	0	1	0	0	0	0	0
Comprehensive Cancer Coalition	**7**	-	0	-	0	-	0	-	0	-
Federally qualified health center	1	1	2	2	2	3	2	2	2	2
Local health department	**6**	**4**	**1**	**1**	**1**	**1**	**0**	**2**	**0**	**1**
Medicare QIO office	0	-	2	-	0	-	1	-	1	-
Private and/or non-profit health care system	**4**	**3**	**1**	**0**	**2**	**2**	**1**	**1**	**2**	**1**
Private health insurer	0	3	3	5	0	0	0	0	0	0
Professional organization	0	0	0	0	1	3	0	1	1	1
Quality assurance organization	0	0	0	0	1	1	0	1	0	1

Partnerships for Implementing EBIS, Year 2-3



Partnership Characteristic	Small Media (N=27)	Client Reminders (N=21)	Reducing Structural Barriers (N=14)	Provider Reminders (N=9)	Provider Asst./ Feedbk (N=14)
Partnership established					
Partnership formed prior to CRCCP funding	18	4	5	4	5
Partnership formed after CRCCP funding	9	11	6	1	7
Partnership type/structure					
Informal	10	3	1	1	0
Memorandum of understanding/agreement	4	5	2	1	2
Funding from grantee to partner	13	7	8	3	10
Success of partnership in meeting goals					
N/A – work has not started yet	0	0	0	0	1
Not at all successful	0	0	0	1	0
Somewhat successful	10	9	4	2	4
Very successful	17	6	7	2	7
Ease of forming partnership (M)*	**4.33**	**3.80**	**3.91**	**4.20**	**4.00**

*1=very difficult and 5=very easy

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Facilitators	Grantee Sites	Quotes
External Partners	• Partnering with FIT manufacturers to do ground work (distributing the test, educating providers, etc.) (Site 1) • Partnering with the Department of Social Services (Site 3) • Relationship with FQHCs (Site 3) • Partnering with the medical advisory board (Site 5) (4 Sites)	"…We work through our **medical advisory board to help us get that into the hands of the physicians** with under these big health systems." "Then also we have really kind of gotten a good partnership with **a primary care physician from the University** of X…she's been a great partner as far as like if we really have information that we want to get out to clinics …and so **she can disseminate that material to those clinics that she works really closely with**." (Site 5)
Internal Partners	Partnering with physicians/comprehensive cancer and other cancer-focused organizations (Sites 5, 7, 8, 9, 10, 11, 13 - 7 sites)	"…there's actually **5 NBCCEDP grants in the State of [X] and they have, we're part of a very, very strong partnership**, and because of that partnership we were able to, we have the X Colorectal Cancer Partnership, which we're very active in as well, and that one's not just grantees it's other people too but I think **that a lot of the lessons learned from the NBCCEDP partnership have been able to be translated into the colorectal partnership**." (Site 2)
Other Facilitators	• CRC pilot program (Sites 2, 3); CRC as a priority (Site 3, 6, 11); champion (Site 3); cancer coalitions work on state plan (Site 3, 4, 5, 6); leadership support at partner agencies (Site 1), mutual exchange of resources (Site 1); leveraging other grants (Site 4,7); recognition of partner (Site 5)	

Barriers	Grantee Sites	Quotes
Mission and Priority Alignment with Partners	• Partner doesn't see how screening for CRC (with FIT test) fits with their services, population, or goals (Sites 1, 9) • CRC screening not a priority with partner (Sites 3, 9, 10) • Partners limited to what the organizations that own/run them allow them to do (billing, services, etc.) (Sites 1, 3) (4 sites)	"**Sometimes CRC screening is not going to be the most important factor for a provider to focus on for clients**. So, you know, the toolboxes really promoting that…the opportunistic approach, the recommendation, the screening. So if the client is coming in or if the **patient really has other medical factors that have more immediate concern**, it's not, you know, **that CRC screening is probably going to fall to the bottom of the list**." (Site 9)
Turbulence with Partners	• Partners understaffed/turnover (Sites 2, 6, 7, 9) (4 sites)	"…they have two to maybe four weeks of endoscopists per year that comes out to their hospital and does screening clinics…. I just found out one of them that **we just got him all trained and he's been doing it independently and he's now leaving the state. So there's a lot of [that], it's hard to train.** (Site 2)

Barriers	Grantee Sites	Quotes
Making Business Case	• Grantee not able to promote program effectively to potential partner (Sites 3, 5, 6, 9) • Educating companies on the cost savings of cancer screening (Sites 3, 5, 9) • (4 sites)	"…we tried to get connected to the communities on cancer in the hospital. And we failed miserably at that…or **we haven't been strong enough in articulating what we would like to see and how we would like to work with commissions on cancer**." (Site 6)

Discussion

- Partnerships were developed before and after CRCCP funding and ease of developing it varied
- Common partners were community organizations/coalitions, local health departments, health systems and insurers
- Structure of partnerships was often formal (MOUs) and some were based on funding
- Partnership Facilitators: organizations having similar screening programs and partnering with different types of organizations
- Partnership Barriers: mission or priority of CRC alignment, turbulence around staff turnover, and having to make the business case for CRC screening promotion

Conclusions

- Additional partnerships may be needed for (client) community-based outreach EBIs
- Organizations promoting CRC screening should capitalize on pre-existing partners for other health topics
- Data support the concept that diverse partners are necessary to implement different EBIs
- Structure of partnerships may have to be more formal for collaboration and resource-sharing
- CRCCP grantees' partnerships were critical to implementation of EBIs to promote population level screening

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