

iCollab

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The CPCRN iCollab Workgroup investigates implementation support strategies used in cancer prevention and control programs, and how and when they are used to strengthen quality improvement (QI) as a method for implementing evidence-based interventions into routine practice



This website is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award with 100 percent funded by CDC/HHS (Cooperative Agreement Number U48 DP006400). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

Timeline

Date	Activity
Mar–Jun 2020	Complete and analyze survey about CPCRN local projects
Jul 2020	Create two subcommittees
Aug 2020–Dec 2020	Subcommittee #1: Members present on implementation strategies and context from local projects Subcommittee #2: Draft manuscript on integrating IS with QI
Jan–Mar 2021	Subcommittee #1: Develop interview guide focused on alignment with health equity principles Subcommittee #2: Submit manuscript and re-integrate into subcommittee #1
Apr–Jun 2021	Conduct qualitative interviews
Jul–Sep 2021	Draft and publish manuscript from Subcommittee #1
Sep 2021	Self-assessment of where we want to go, level of investment, etc.

Initial Survey

- All 8 CPCRNC Centers participated (n=23 respondents)
- Topics included CRC screening, cervical cancer screening, HPV vaccination, survivorship, lung cancer, stomach cancer, liver cancer/hepatitis B, multiple cancers
- Also inquired about partnerships, settings, and implementation strategies
- 16 had a focus on quality improvement

Projects with a QI Focus (n= 16)

Center	Project Name
Iowa	Testing ACS HPV vaccination QI model in rural, independent clinics
	Iowa Cancer Screening Implementation Network
Colorado	Reducing Lung Cancer Disparities through Preventive Screenings
Emory	HPV Vaccine Multi-level Interventions
	TweenVax
AZ	Pasos Adelante
UW	Implementation Studio
	Increasing Rural Primary Care Practices' Capacity to Implement Evidence-based Colorectal Cancer Screening Programs
	Evaluation of WA FQHC's cancer screening EBI implementation (WA NBCCEDP and CRCCP)
UNC	PharmFIT
	Scaling Colorectal Cancer Screening through Outreach, Referral, and Engagement
	North Carolina Partnerships to Increase Colorectal Cancer Screening (NC PICCS)
	Addressing Cancer-Related Financial Toxicity in Rural Oncology Settings
NYU/CUNY	Stomach Cancer Prevention in Chinese Americans
	Cervical Cancer Screening among Muslim Women
	Navigation to Improve Hepatitis B Treatment Adherence

Application of Results



Sub-committee #1

Follow-up interviews to describe how stakeholder input was used to determine frequency, intensity, and type of implementation strategies in CPCRn projects

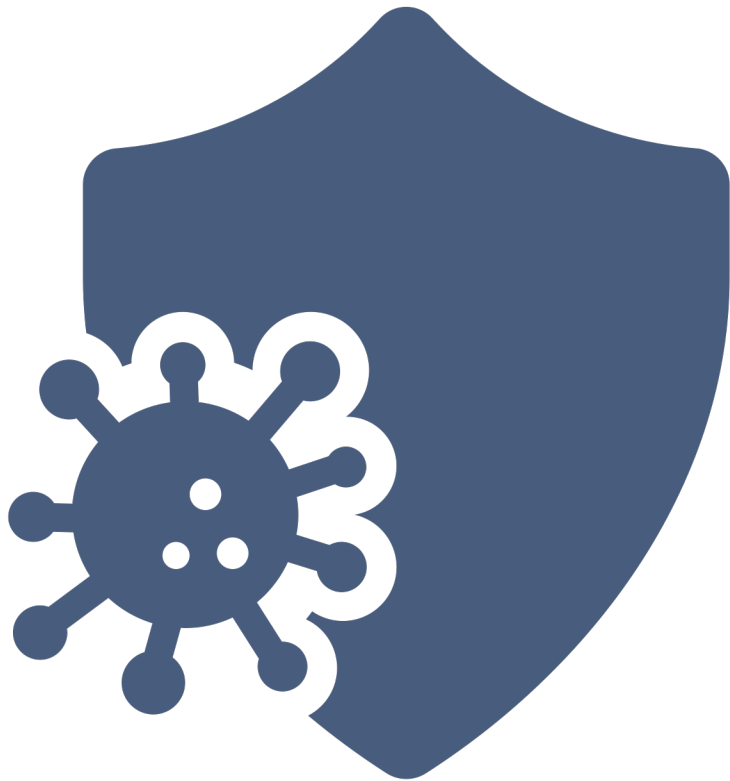
- Informed by Baumann article and results from the Healthy Equity survey



Sub-committee #2

Case studies selected from list to align with benefits of integrating implementation science and quality improvement

COVID-19 Impact



- While our research was not directly impacted, we heard from CPCRN members that their local studies/projects were delayed due to COVID-19

Health Equity

- **Subcommittee #1:** Interviews will be used to describe ways that the CPRN addresses cancer-related disparities through community engagement and the use of contextually relevant implementation support strategies.
- **Sub-committee #2:** Manuscript demonstrates how quality improvement methods and tools can be used by researchers to generate local knowledge. Local knowledge supports efforts to identify factors that contribute to health disparities (Chinman, Woodward, Curran, & Hausmann, 2017).

Synergies

- We could potentially collaborate with the Health Equity & Social Determinants of Health Interest Group
 - Members of both groups could conduct follow-up interviews, building on results of both surveys and focusing on community engagement
- We could potentially collaborate with the CPCRNC Scholars Workgroup
 - Interested scholars could assist in conducting interviews and analysis with faculty supervision