

Participatory implementation science to address cancer disparities

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Community partners

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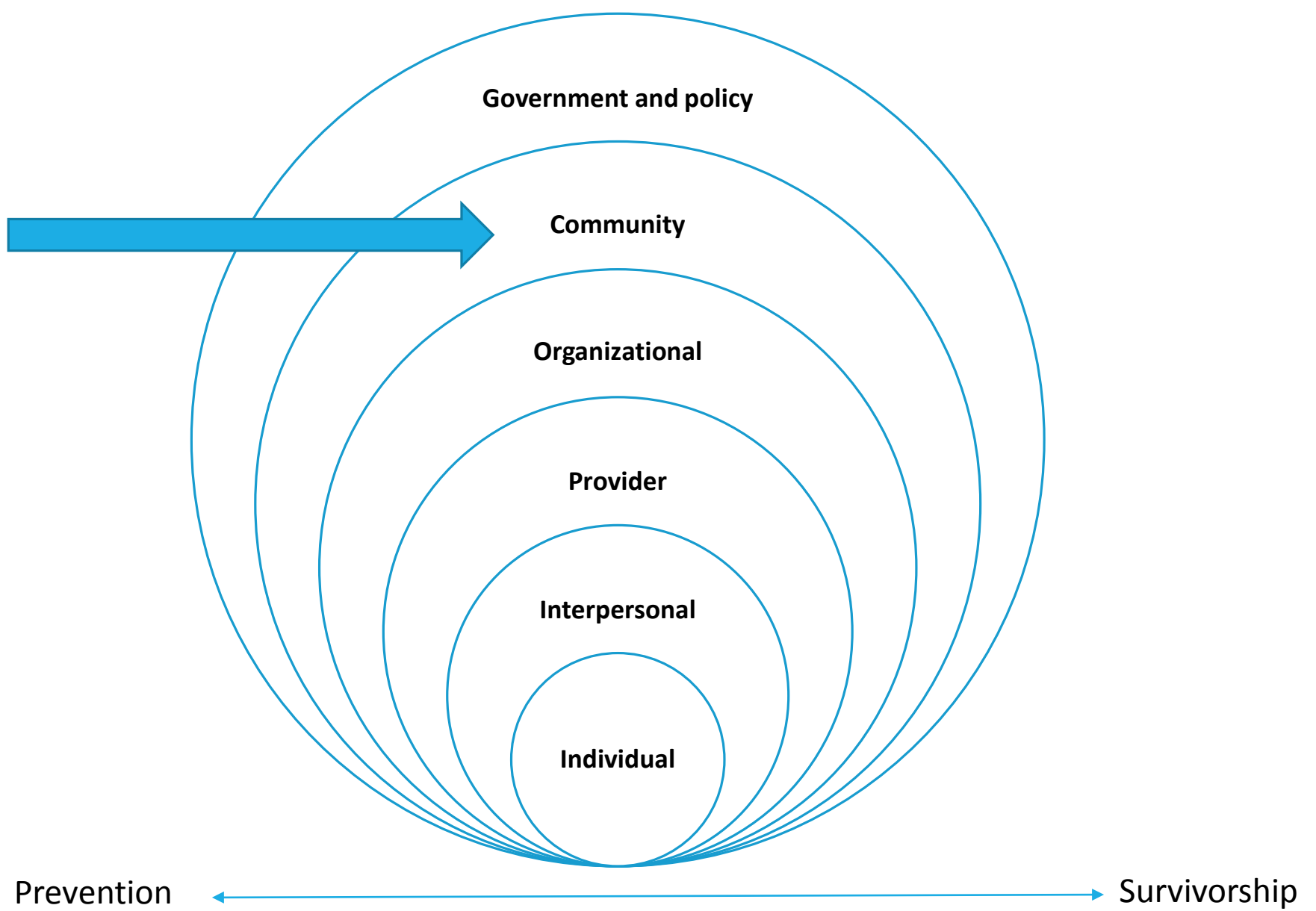
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Emmons, K. M., & Colditz, G. A. (2017). Realizing the Potential of Cancer Prevention-The Role of Implementation Science. *New England Journal of Medicine*, 376(10), 986-990. & McLeroy et al. (1988). An Ecological Perspective on Health Promotion Programs. *Health Education Quarterly*, 15(4), 351-377.

Community-based organizations (CBOs)

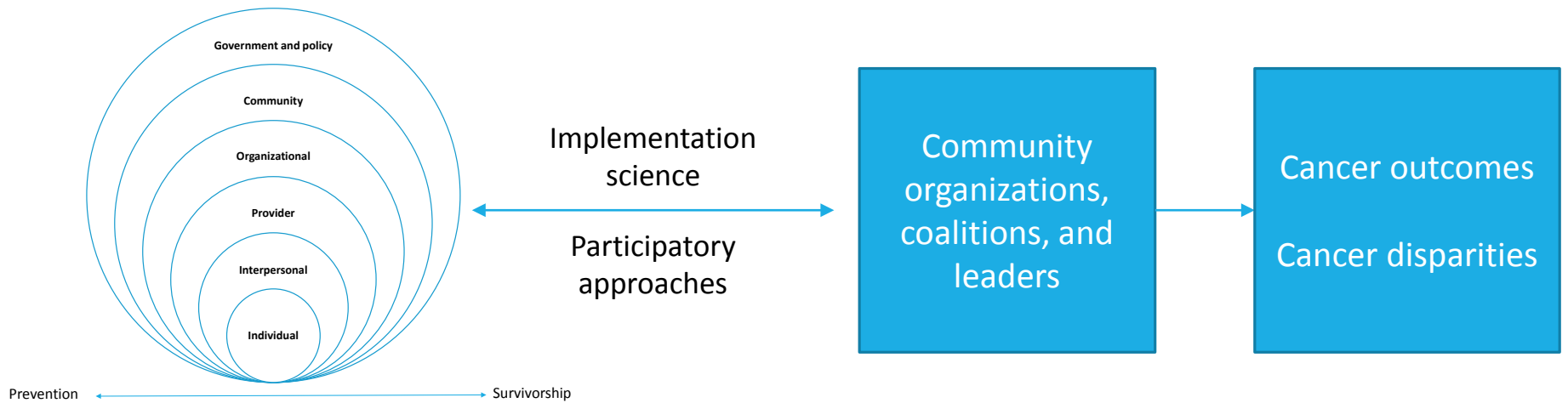


Underutilized resource related to vulnerable populations

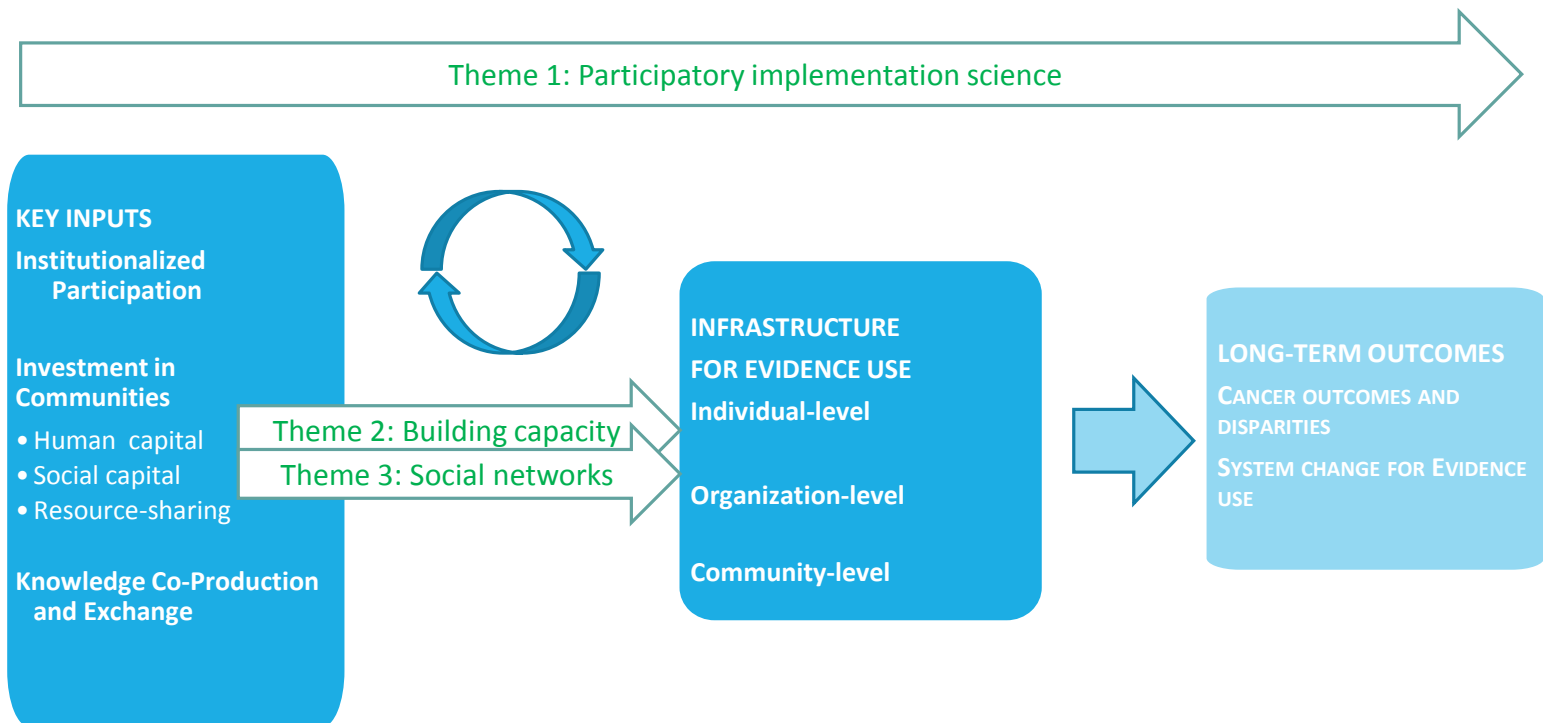
- Reach and trust
- Knowledge of culture and context

MA: 25,000 nonprofits

- Employing 13% of the workforce.
- 50% are small, local institutions.

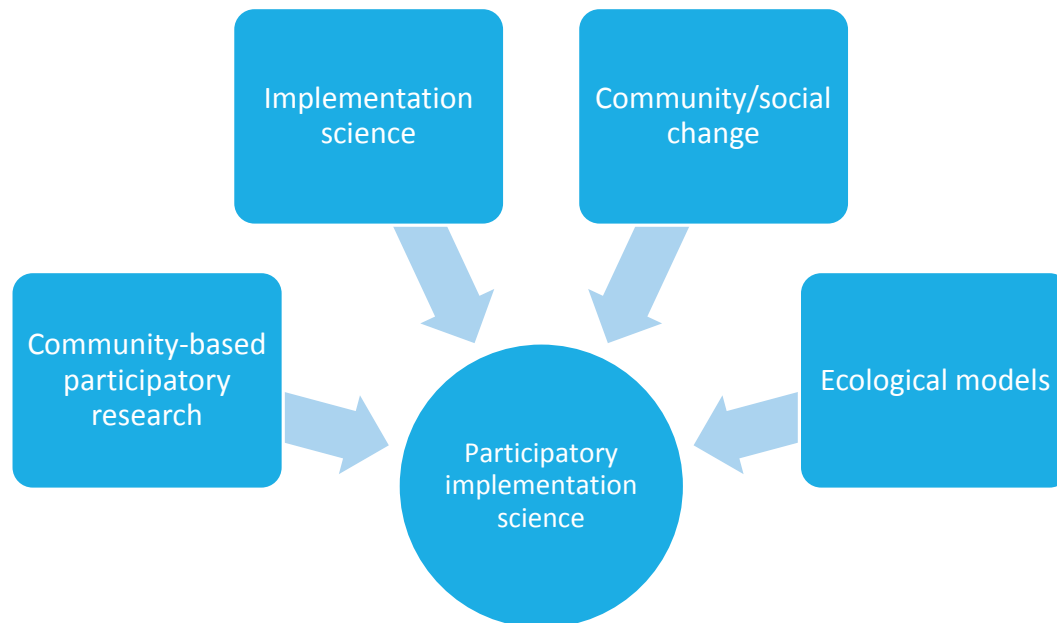


Program of research

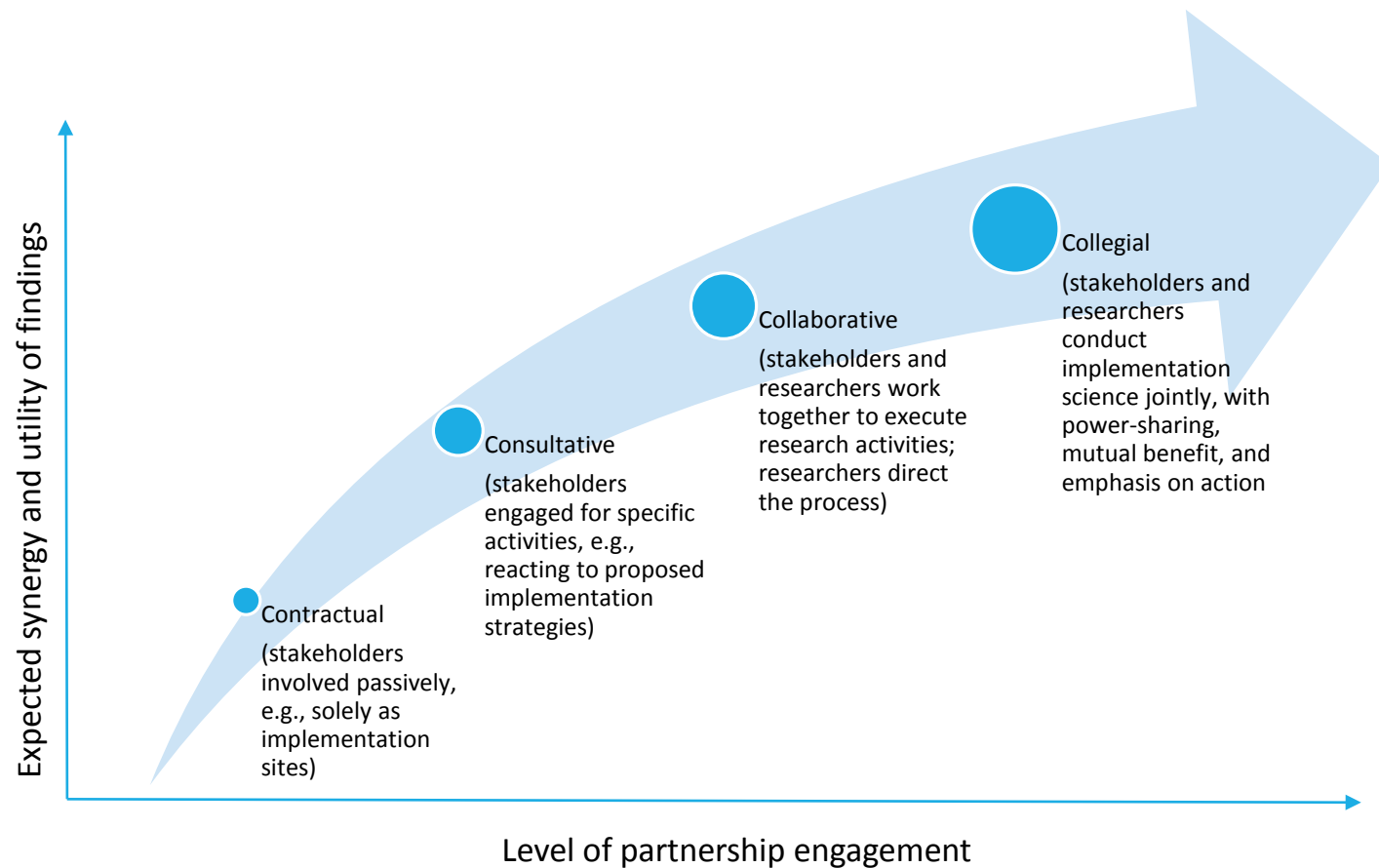


Theme 1: Participatory implementation science

Ongoing, iterative approach to collaboration between researchers and stakeholders to improve the pathway from research to practice and create system change, improve health, and address disparities.



A continuum of engagement



Ramanadhan, S., Kohler, R. K., & Viswanath, K. (expected 2017). Partnerships to support implementation science. In D. Chambers, C. Vinson & W. E. Norton (Eds.), *Optimizing the Cancer Control Continuum: Advancing Implementation Research*. New York, NY: Oxford University Press.

Biggs, S. (1989). Resource-poor farmer participation in research: a synthesis of experiences from national agricultural research systems. *OFCOR-Comparative study (Netherlands) no. 3*.

Theme 2: Building capacity

Limited capacity in CBOs constrains impact

Few offerings for CBOs + evidence-based approach

Formative work

- Barriers: accessing / using data, adaptation
- Facilitators: technical assistance, program supports

Goal: Build capacity in CBOs for a systematic approach to program planning

Increasing dose

Training

Technical
assistance

Tools

Feedback

Incentives

Peer
networking

Do post-workshop engagement activities drive systematic program planning among trainees?

Leeman et al. (2015) *Developing Theory to Guide Building Practitioners' Capacity to Implement Evidence-Based Interventions*.
Health Education & Behavior

Ramanadhan et al. (*under review*). Building capacity for evidence-based program planning in community-based organizations: The role of trainee engagement

Methods

PLANET MassCONNECT: 2008-2014

Community Partners Advisory Committee



Community Health Network Areas

- Boston
- Lawrence
- Worcester

Focus: CBO staff engaged in health promotion, serving vulnerable populations

NCI 5 R01 CA132651 (PI: Viswanath)

Systematic approach to program planning



Research-tested Intervention Programs (RTIPs)

Moving Science into Programs for People

[RTIPs Home](#) [RTIPs Archive](#) [Frequently Asked Questions](#) [Fact Sheet](#) [Contact Us](#)

[Cancer Control P.L.A.N.E.T. Home](#)

1-2-3 Pap: Easy Steps to Prevent Cervical Cancer

On This Page

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- [The Program](#)
 - [» Implementation Guide](#)
- [Community Preventive Services Task Force Finding](#)
- [Time Required](#)
- [Intended Audience](#)
- [Suitable Settings](#)
- [Required Resources](#)
- [About the Study](#)
- [Key Findings](#)

Highlights

Program Title	1-2-3 Pap: Easy Steps to Prevent Cervical Cancer
Purpose	Designed to promote completion of the HPV vaccine series among women. (2013)
Program Focus	Awareness building, Behavior Modification and Self-efficacy
Population Focus	Women
Topic	HPV Vaccination
Age	Young Adults (19-39 years)
Gender	Female
Race/Ethnicity	Alaskan Native, American Indian, Asian, Black, not of Hispanic or Latino origin, Hispanic or Latino, Pacific Islander, White, not of Hispanic or Latino origin
Setting	Clinical, Community, Home-based, Rural, School-based
Origination	United States
Funded by	CDC (Grant number(s): 1 U48DP001932-01)
User Reviews	Be the first to write a review for this program

Intervention components

Skill-
building
workshop

Manual,
web portal

Networking
events

Technical
assistance

Mini-grants

Design

Dose-response analysis

Data sources: immediate post-test, 1-year survey, process data

Engagement markers

- Attendance at one or more networking events

- Use of the PLANET MassCONNECT web portal

- One or more technical assistance requests made to the study team

- Participation in the mini-grant process

Outcomes (Year 1)

- Use of a systematic approach to program planning (after detailed prompt)

- Intention to use information from the workshop (1 = highly unlikely → 5 highly likely))

Covariates: skill, attendance, baseline use of a systematic approach

Results: Trainee characteristics (n=129)

Organization Type*

- CBOs (34%)
- Community-based health centers (23%)
- A range of other non-profits, educational institutions, and advocacy organizations

Position Type*

- Program planner/manager (46%)
- Outreach coordinator (25%)
- A mix of providers, administrators, leaders

Education: 55% had a graduate or professional degree

Predominantly female (93%)

Ethnicity: 24% Hispanic or Latino

Race*: 68% White, 13% Black, 21% Other

*Multiple selections permitted

Key engagement activities and outcomes (n=129)

Characteristic	Percent (%)
Post-workshop engagement	
Used PLANET web portal	83
Attended 1+ networking events	30
Participated in mini-grant process	11
Utilized technical assistance	10
Engagement in post-workshop activities (4 max)	
0	14
1	50
2	26
3-4	9
Systematic approach to program planning	
Use of systematic approach, at immediate post-test	43
Use of systematic approach, at Year 1	51
High intention to use systematic approach, at Year 1	61

Logistic regression modeling the relationship between trainee engagement and use of a systematic approach to program planning, at Year 1 (n=129)

		95% Wald CI		
<i>Main Predictors</i>	Odds Ratio	Lower CI	Upper CI	p
Use of PLANET web portal	3.00	1.04	8.67	0.0427
Participation in mini-grant	5.40	1.09	28.69	0.0387
Networking event attendance	1.15	0.50	2.64	0.7348
TA request	1.44	0.37	5.68	0.6023
<i>Covariates</i>				
Average skill at year 1	1.55	0.89	2.70	0.1223
Pre-training use of systematic approach	1.20	0.68	2.10	0.5307
Training attendance	0.58	0.22	1.52	0.2689

Logistic regression modeling the relationship between trainee engagement and high intention to use workshop information to plan EBPs, at Year 1 (n=129)

		95%Wald CI		
<i>Main predictors</i>	Odds Ratio	Lower CI	Upper CI	p
Networking event attendance	1.49	0.62	3.57	0.3741
Use of PLANET web portal	3.47	1.26	9.52	0.0158
TA request	1.11	0.25	4.92	0.8836
Participation in mini-grant	6.74	0.80	56.47	0.0785
<i>Covariates</i>				
Average skill at year 1	1.70	0.95	3.02	0.0753
Pre-training use of systematic approach	0.90	0.51	1.60	0.7234
Training attendance	1.16	0.49	2.75	0.7289

Conclusions

Post-workshop engagement impacted use of a systematic approach to program planning

Popularity of the localized web portal

Placing results in context

Questions raised

- Limited post-workshop engagement

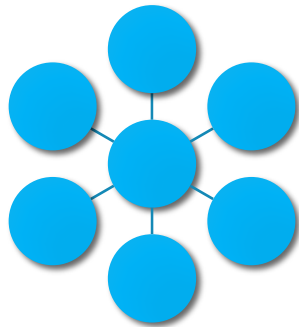
 - Opportunities for technology-based engagement

 - “Power users”

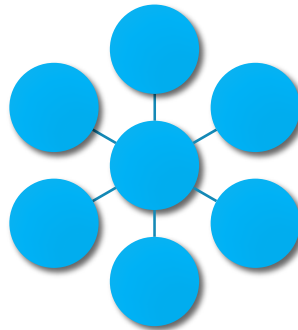
Theme 3: Social networks

Coordinated action in communities for public health impact

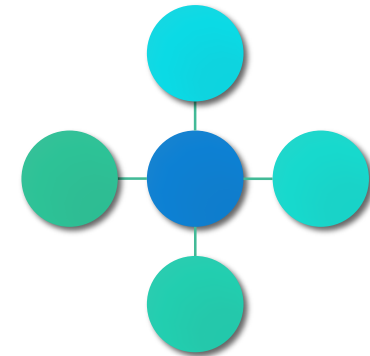
Within CBOs



Between CBOs



Across sectors



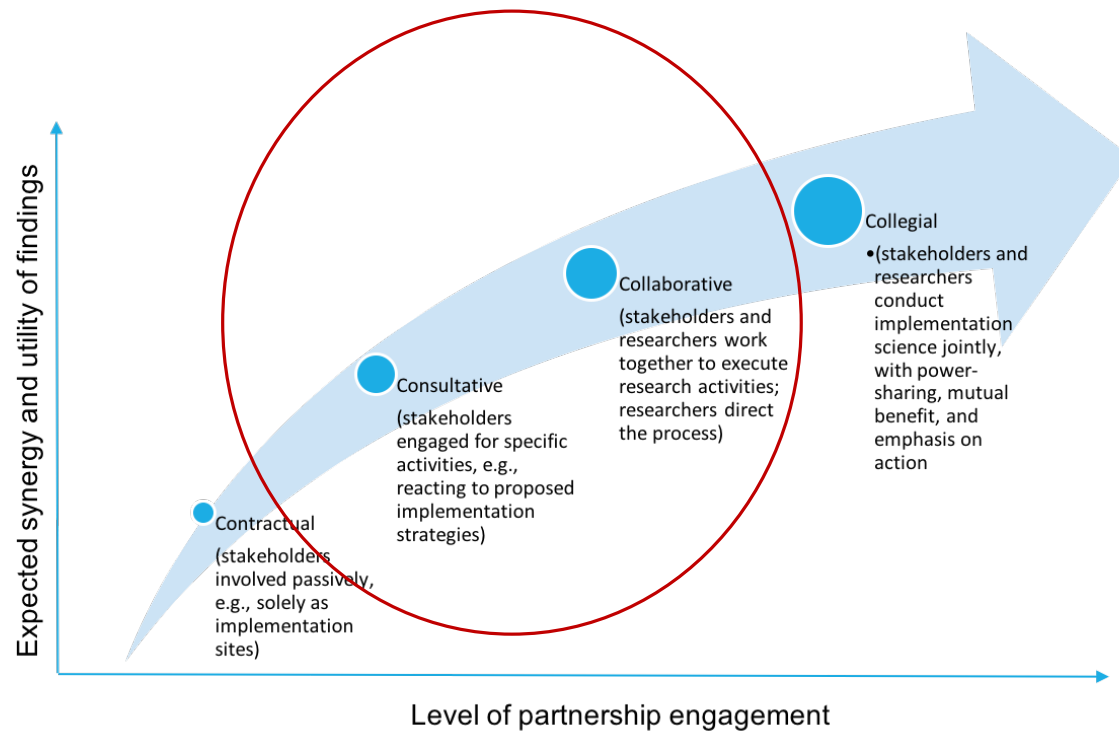
Ramanadhan et al. (2010). Informal training in staff networks to support dissemination of health promotion programs. *American Journal of Health Promotion*, 25(1), 12-18.

Ramanadhan et al. (2017). Building practitioner networks to support dissemination and implementation of evidence-based programs in community settings. *Translational Behavioral Medicine*.

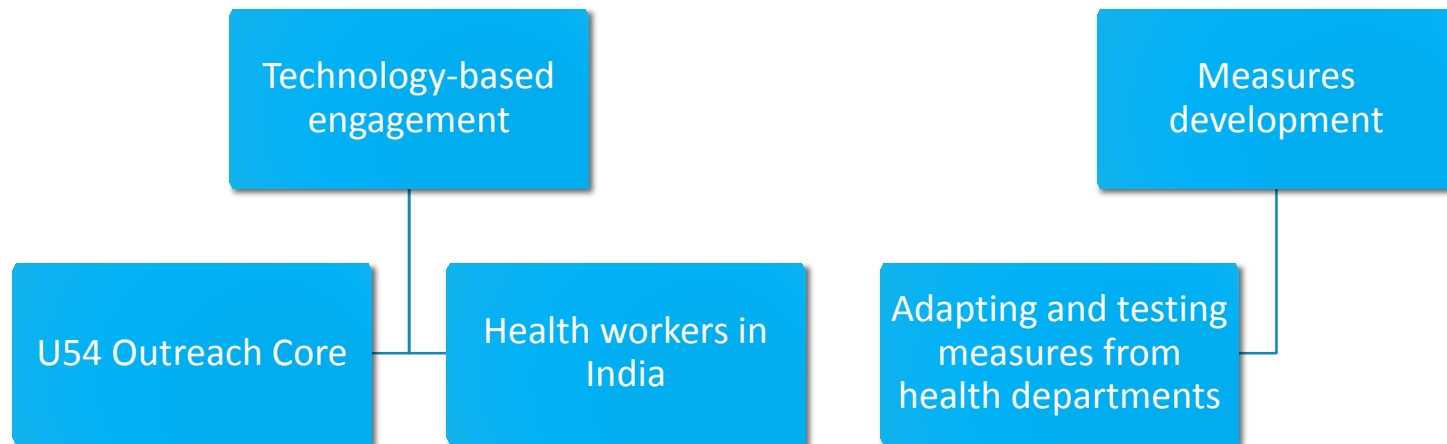
McCauley, M. P., Ramanadhan, S., & Viswanath, K. (2015). Assessing Opinions in Community Leadership Networks to Address Health Inequalities: A Case Study from Project IMPACT. *Health Education Research*, 30(6), 866-881.

Next steps

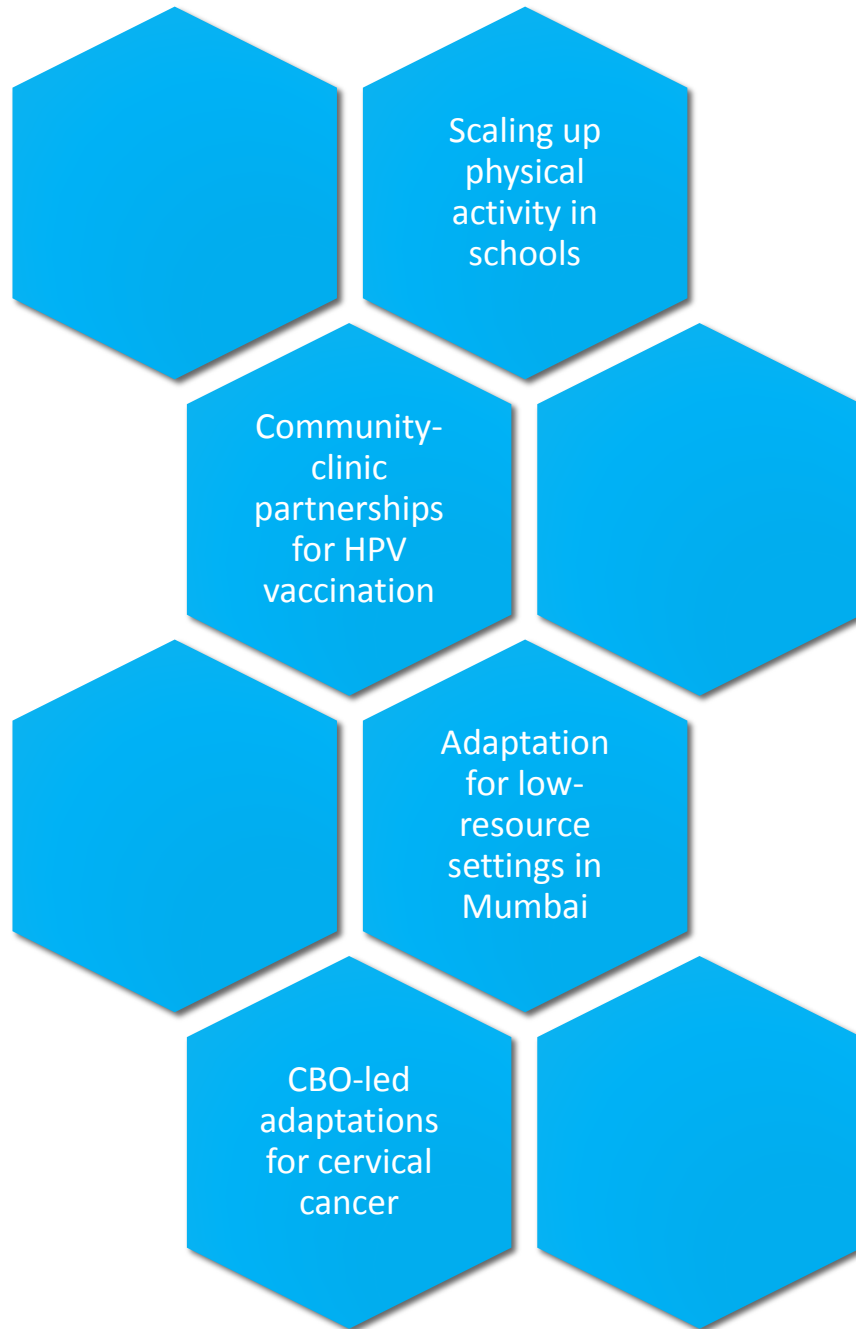
Participatory implementation science



Building capacity in CBOs



Building capacity for systematic adaptations



Social networks

Leveraging existing and enhanced social networks to support the use of evidence in community settings.

Current work in community-clinical partnerships



