

Title:

Dissemination and Implementation of Colon Cancer Screening Program for Latinos Living Near the U.S.-Mexico Border

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Session Title:

Translational Research: Dissemination and Implementation of Interventions From Research to Practice

Slot:

J 09: Saturday, 29 July 2017: 1:30 PM-2:45 PM

Scheduled Time:

2:10 PM

Keywords:

colon cancer screening, dissemination and implementation and tailored navigation

References:

Menon, U, Belue R, Wahab S, Rugen, K, Kinney, A, Maramaldi, P, Wujcik, D, Szalacha, L. (2011). A Randomized Trial Comparing the Effect of Tailored Communication to Motivational Interviewing on Colorectal Cancer. *Annals of Behavioral Medicine*, 42 (3), 294-303.

RE-AIM. (n.d.). Retrieved October 28, 2016, from <http://www.re-aim.hnfe.vt.edu/>

Abstract Summary:

Recent trends in increased colorectal cancer screening test utilization are not mirrored in poor and minority populations. We will detail the process of conducting a dissemination and implementation study in the context of our presently funded D & I program.

Comments to Organizers:

Unwithdrawn with session

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
Describe the dissemination and implementation design of a study to increase colon cancer screening.	.
Identify evaluation elements of a dissemination and implementation program.	.

Abstract Text:

Background: The recent trends in increased colorectal cancer (CRC) screening test utilization are not mirrored in poor and minority populations. CRC screening rates are particularly low for those who do not identify a primary care provider or clinic and who also have lower levels of education, income, and insurance. We will detail this process of conducting a dissemination and implementation study in the context of our present funded D & I program: Navigation from Community to Clinic to promote CRC Screening in Underserved Populations (*Navegantes por Salud*).

Purpose: Combining two successful programs of research, we developed and tested a community to clinic tailored navigation intervention using a dissemination (randomized phase) and implementation (non-randomized phase). The final outcome measured was a) clinic attendance and, b) CRC screening. We

also examined the roles and responsibilities of the statistician and/or methodologist in a D&I study and how those procedures and practices differ from those in a randomized control trial. This includes the design of a study, appropriate models or theoretical frameworks, frameworks for evaluation (i.e., RE-AIM), measurement issues, concerns of fidelity and re-invention or adaptation of successful interventions and the diffusion of innovation principles.

Methods: We randomized 232 sites to General Education +Tailored Navigation and 116 General Education only. In phase one, all participants received group education on cancer screening and risk. Those in the general education group received up to 5 reminder calls, and those in the navigation group received up to 10 calls from navigators who assisted them with barriers using a tailored message bank. In phase two, all those who attended a clinic received tailored navigation from a trained study navigator, through a combination of in-person meetings and phone calls.

Results: Of the 389 people enrolled, 25% made clinic appointments and of those, 61% complete colon cancer screening. We will frame our discussion with the 5 core values for D & I proposed by the NIH: rigor and relevance, efficiency, collaboration, improved capacity, and cumulative knowledge with specific examples from the present D & I study.

Conclusions: As such we have demonstrated that community-engaged cancer screening programs in Arizona are feasibility and acceptability (*Reach*), are *Effective*, and that *Adaptation* is necessary for success.