

Adoption, Implementation, and Maintenance of Evidence-Based Colorectal Screening Interventions among CRCCP Grantees

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Health Promotion Research Center

 SCHOOL OF PUBLIC HEALTH
DEPARTMENT OF HEALTH SERVICES



CPCRN
Cancer Prevention and
Control Research Network

A CDC
PREVENTION
RESEARCH
CENTER



Overview

CRCCP, 2009-2015

Community Guide evidence-based interventions
(2009)

Survey of CRCCP grantees

EBI use over time



Colorectal Cancer Control Program (CRCCP)

Goal: Increase CRC screening to 80% by 2014

Provide screening to un/underinsured

Promote screening population-wide



Community Guide Strategies

5 evidence-based interventions (EBIs) to promote CRC screening (2009):

Client-oriented

Small media

Client reminders

Reducing structural barriers

Provider-oriented

Provider reminders

Provider assessment and feedback



The Opportunity

Cancer Prevention and Control Research Network (CPCRN)

Focus on accelerating adoption and implementation of cancer-related EBIs

CDC encouraged CRCCP Grantees to use EBIs from the Community Guide

5-year timeframe



CPCRN Workgroup Goals

Study EBI adoption, implementation, maintenance

Implement Annual Grantee Survey 2011-2015

Today: EBIs over time



Annual Grantee Survey

Measures

- Characteristics
- Screening provision
- EBIs to support screening promotion
- Training and TA
- And much more!

Procedures

- On-line survey
- Administered toward end of each program year (2011-forward)
- Generally completed by program director and/or program manager



Response Rates

2011: 28 grantees participated (96%)

2012: 29 grantees participated (100%)

2013: 28 grantees participated (96%)

2015: 29 grantees participated (100%)



Grantee Characteristics (2015)

25 states, 4 tribal entities

Respondents

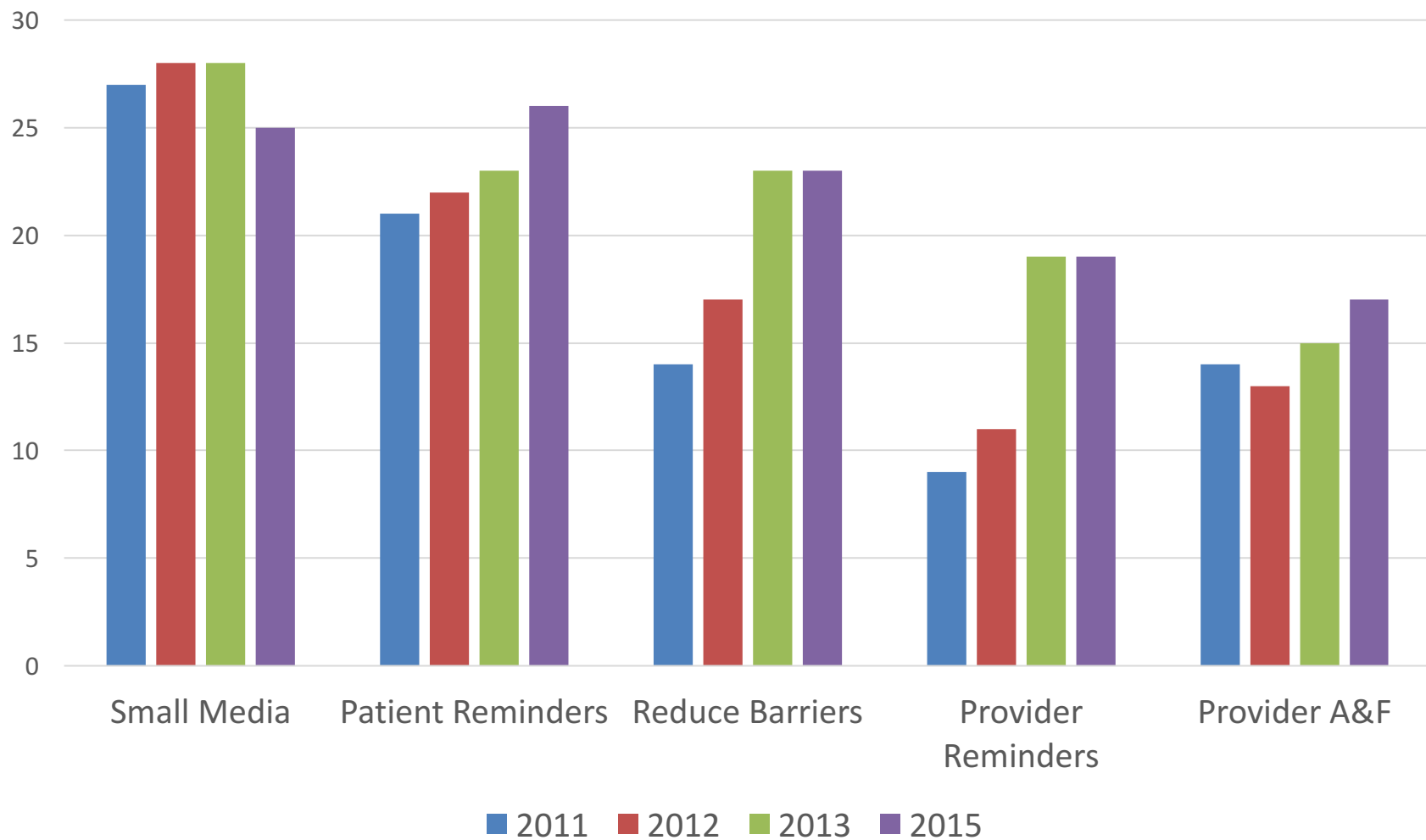
82% program director and/or manager

62% involved with CRCCP 3+ years

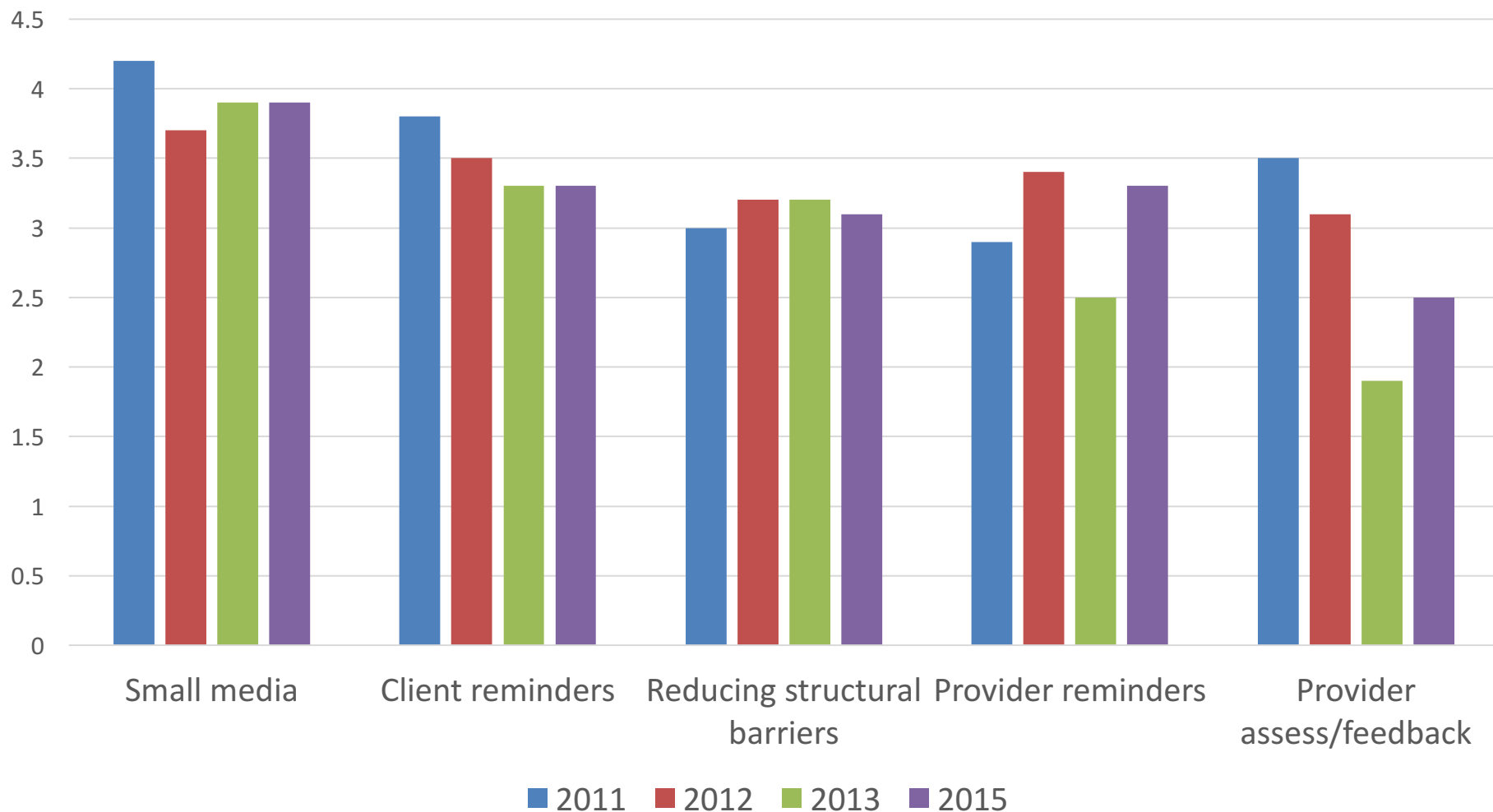
72% involved with cancer control 6+ years



EBI Implementation



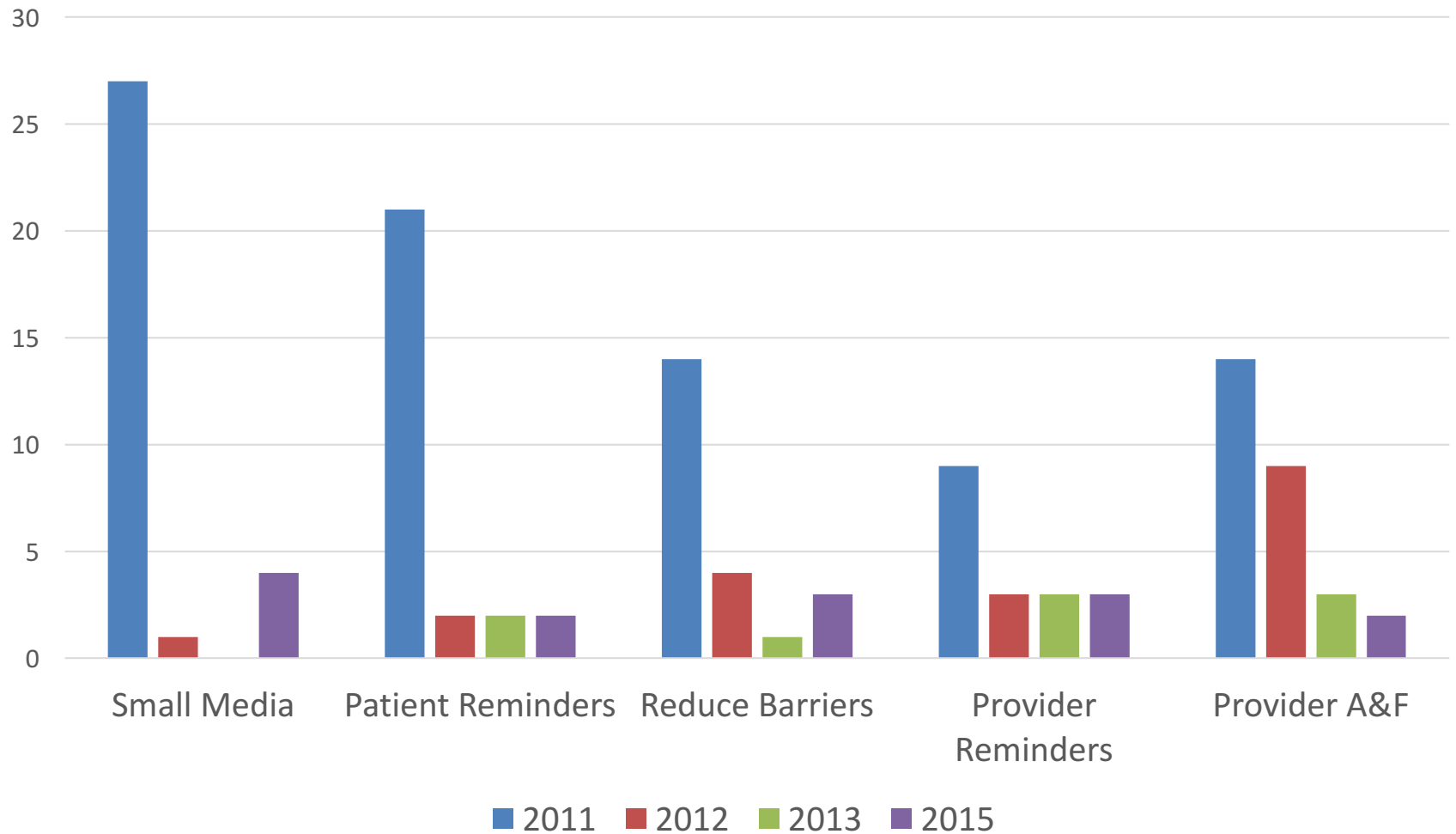
Ease of EBI Implementation



Response scale: 1=very difficult, 5=very easy



Discontinuing EBIs



2011=Total number of grantees implementing in 2011; other years show number of grantees discontinuing the EBI



Top Reasons for Discontinuing EBIs

Funding

Competing priorities

Limited staff capacity



Key Findings

All Grantees implemented at least 1 EBI

EBIs requiring partnerships with healthcare

- Were adopted by fewer grantees

- Were often adopted later

- Were more likely to be discontinued

Implementation did not get easier with time

But EBIs were sustained more often than discontinued



Implications for Research and Practice

Current CRCCP (2015-2020) requires partnership with health systems

- Emphasis on 4 EBIs, health systems required to do 2+

- Majority working with FQHCs

- These EBIs rated as more difficult; training/TA

NBCCEDP moving toward EBIs and partnerships with health systems

- Opportunities for synergy with CRCCP

- Shared EBIs for breast/cervical/colorectal screening



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Questions and Discussion

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