Speaker Notes: Qualitative Methods in Dissemination and Implementation Research

PART 2: CUSTOMIZING EVIDENCE

Slide 1: Slide- Customizing Evidence

Welcome to Qualitative Methods in Dissemination and Implementation Research. This narrated powerpoint is the second in a series of presentations and describes how we used qualitative methods to tailor an evidence based intervention for a study on cancer screening. This presentation is offered to you by the Translational and Clinical Sciences Institute of the University of North Carolina at Chapel Hill.

Slide 2: Why is Customization Important?

- First, let's discuss the rationale for tailoring and customizing evidence-based interventions.
- According to Kreuter and colleagues, marketing and distribution are extremely important, but neglected public health functions.
- They state that "read quote"
- In order for products to be successfully marketed, distributed, and adopted by intended users, the product itself must be appropriately packaged
- Packaging, or customizing, ensures that products can be easily and safely transferred, are attractive to potential users, include all information required for use, and are simple to set up and operate
- Customizing evidence using qualitative methods such as interviews and focus groups is an important step in the dissemination and implementation continuum

Slide 3: The value of using feedback from community members

- In medicine and public health, end-users are often community members, and there are distinct advantages to incorporating feedback from people who represent the group that you are trying to reach with your intervention.
- During the customization process, member of special populations can speak to issues of cultural relevance, particularly if their groups were not included in the original randomized clinical trial stages of efficacy and effectiveness research.
- They can also help researchers determine if the literacy level of the product is too high, which is often a barrier to adopting new health innovations. Community members can provide options for communicating in simple, plain language that makes more sense to the general public.
- If key informants from communities of interest are incorporated into the customization phase, they can start the informal marketing process through "word of mouth", which helps spread

information about the product. If the messages are positive, they can promote buy-in and investment even before the formal marketing launch occurs.

- Piloting the products with end-users can provide examples of how the intervention works in real life, and help determine the level of detail that is absolutely necessary for successful adoption. Removing irrelevent information can increase the product's appeal and usability, as long as the core components of the intervention remain intact.

Slide 4: How to say "yes" even to the uninsured and under-insured: A feasibility study on increasing colon cancer screening

- Our example of customizing evidence is derived from a feasibility study on increasing colon cancer screening among the underinsured and uninsured.

- The purpose of the pilot study was to adapt and evaluate proven strategies for increasing screening rates in a predominantly African American community in North Carolina.

- The study was funded by the National Cancer Institute and the UNC Lineberger Comprehensive Cancer Center.

- Dr. Cathy Melvin was the Principal Investigator, and Katya Roytburd was the project manager. Elizabeth Harden analyzed data from focus groups that we conducted as formative research for the intervention.

Slide 5: What were the specific aims?

- The first study aim was to test the feasibility of implementing a community-based CRC screening intervention. The screening program relied on a type of stool blood test called a fecal immunochemical test, or FIT. Participants were asked to take the kit home, follow the instructions, and return the kit so that the results could be processed.

- Three local healthcare organizations were involved in distributing the FIT concurrently with specific screening recommendations. Staff from these agencies handed out the test in clinic settings, health fairs, and other community locations.

- We wanted to determine the participation rate at the different venues, and whether we could arrange for timely diagnostic follow-up and treatment for study participants who had a positive test result.

- The second study aim was to determine whether a redesigned FIT kit, based on focus group data, would make a difference in return rates. We hypothesized that customization using community member input would improve the acceptability of the test and result in higher return rates.

Slide 6: How did we collect data?

- Before designing and implementing an intervention, we needed to find out if people were likely to accept and use the stool test for colon cancer screening, and what things might make it easier for them to successfully complete the screening test.
- We held focus groups to hear directly from people who lived in the communities that we wanted to reach.
- Recruitment for the focus groups was accomplished by collaborating with trusted local partners. They distributed informational flyers and approached potential volunteers in-person.
- We wanted to make sure that our focus group members had similar characteristics to those who were enrolled in the larger colon cancer screening program. Selection criteria included African American race, age 50 or older, not up-to-date with colorectal cancer screening, and no family or personal history of colon cancer.
- After individuals were determined to meet the eligibility criteria, we assigned them to one of four focus groups. Two groups were comprised of males and two were comprised of females, and there were a total of 28 participants.
- Each focus group lasted approximately 2 hours and was facilitated using a semi-structured interview guide. Sample FIT kits were shown in order to solicit input on improvements that could be made to the packaging and contents.
- The discussions were audio-recorded, then transcribed word for word by a professional transcriptionist.

Slide 7: How did we analyze the data?

- The first step in analyzing the data was to read the transcripts in order to capture the critical recommendations and illustrative quotes
- We used Atlas.ti to create codes from the text, and then group the codes by theme
- We made comparisons between the two men's groups and the two women's groups separately, and then we conducted cross-comparisons across all four groups.
- We created a rule in which a recommendation could be counted only if it occurred in at least one men's group and one women's group.
- The more groups that agreed on a particular comment or idea, the stronger the finding

Slide 8: What were the results?

- Usability of the FIT kit was a very important theme, because we want to figure out a way to make the screening test look as easy to administer as possible

- For the most part, participants found the packaging appropriate and acceptable. They found the color and look of the package appealing, and they thought that the instructions were clearly written and that the word choice was appropriate.
- However, people did suggest several ways that the packaging could be improved.
- First, they recommended that the text and diagrams be made larger so that they were easier to read, particularly for the visually impaired.
- Participants thought the literacy level was too high and wanted us to use more basic terminology so that the user could follow the instructions
- They also suggested that a small container be provided, in which they could store the sample cards.
- Participants made it clear that they would appreciate anything that increased their feelings of cleanliness. A couple of participants mentioned that gloves would be a positive addition to the kits.

Slide 9: Redesigned Fit Kit

- After integrating the focus group feedback into a draft version of the customized fit kit, we reconvened several members of the focus group to review and give feedback on the mock-up before sending it to production.
- Once the study was completed, the resdesigned fit kit, along with results from Aims 1 and 2 of the study, were shared with multiple stakeholder groups such as health department staff, primary care practices that serve large numbers of uninsured patients, a local health disparities task force, and members of the target audience.
- We also disseminated the study results at a community forum that we organized with support from local organizations.
- We communicated information to our target population and stakeholder groups throughout the study period by creating and distributing community newsletters.

Slide 10: How did we publish the results?

We published the results of the focus group data analysis in the journal "Preventing Chronic Disease." The article describes how we used diffusion of innovations theory to organize the moderator manual and analysis.

Slide 11: Thank you!

- This concludes Part 2 in this series of presentations. Part 3 is a case study illustrating how qualitative methods were used in a social marketing campaign to increase awareness of the HPV vaccine.

- Staff from the TraCs Institute are available for consultations. In order to become a member and request a consultation, please call us at 919-966-6022, email us at nctracs@unc.edu, or visit our website at tracs.unc.edu.