

PLANET MassCONNECT

FOCUS GROUP AND KEY INFORMANT INTERVIEW THEMES REPORT

Prepared by the

Viswanath Lab/PLANET MassCONNECT Team

Dana-Farber Cancer Institute
Harvard School of Public Health

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PLANET MASSCONNECT ~ COMMUNITY PROJECTS ADVISORY COMMITTEE

COMMUNITY PARTNERS TEAM

Boston Alliance for Community Health

Ediss Gandelman, MBA, MEd
Director, Office of Community Benefits
Beth Israel Deaconess Medical Center

Chrasandra Reeves, MHA, Certified MCH
Alliance Coordinator
Boston Alliance for Community Health

Common Pathways, Worcester, MA

Chyke Doubeni, MD, PhD
Assistant Professor
University of Massachusetts Medical School

E John Hess, MRP
Vice President, Planning and Development
Great Brook Valley Health Center

Clara Savage, EdD
Common Pathways Coordinator
Central Massachusetts Center for Healthy Communities

The Mayor's Health Task Force, Lawrence, MA

Milagro Grullón, MM
Manager of Collaborative Relations and Health
Improvement
City of Lawrence, Community Development Department

Vilma Lora
Director of Women's Services
YWCA of Greater Lawrence

REACH CEED, Boston, MA

Erline Achille
Coalition Coordinator, REACH 2010
Boston Public Health Commission

Nashira Baril, MPH
Director, REACH US
Boston Public Health Commission

MassCONNECT

Christine Judge, MS
Evaluation Manager, MassCONNECT
Harvard School of Public Health
Division of Public Health Practice

MariaElena Rubio, MA
Associate Director of Community Engagement
MassCONNECT Program Manager
Division of Public Health Practice

INVESTIGATORS

K. "Vish" Viswanath, PhD
Associate Professor, Harvard School of Public Health
Dana-Farber Cancer Institute

Karen Emmons, PhD
Professor, Harvard School of Public Health
Director, Initiative to Eliminate Cancer Disparities at the
Dana-Farber Cancer Institute/Harvard Cancer Center

Howard Koh, MD, MPH
Associate Dean for Public Health Practice
Harvard School of Public Health

Elaine Puleo, PhD
Associate Professor, Department of Biostatistics and
Epidemiology
University of Massachusetts

Glorian Sorensen, PhD, MPH
Professor, Harvard School of Public Health
Director, Center for Community-Based Research
Dana-Farber Cancer Institute

DISSEMINATION PARTNERSHIP TEAM

Charity Lower, MPH
Partnership Program Coordinator
Cancer Information Services

Phyllis M. Wallace, DrPH, CHES
Senior Research Coordinator
The National Cancer Institute's
Cancer Information Service of New England

VISWANATH LAB / PLANET MASSCONNECT STUDY TEAM

Jaclyn Alexander-Molloy
Cassandra Andersen
Carmenza Bruff
Elizabeth Eichel
Josephine Crisostomo
Lisa Lowery
Sara Minsky
Dana-Farber Cancer Institute

This report was prepared by:

Josephine Crisostomo, MPH

Project Director
Center for Community-Based Research
Department of Medical Oncology
Dana-Farber Cancer Institute
44 Binney Street, LW 624
Boston, MA 02115
p: (617) 582-7736
f: (617) 582-8728
josephine_crisostomo@dfci.harvard.edu

Jaclyn Alexander-Molloy, MS

Research Assistant
Center for Community-Based Research
Department of Medical Oncology
Dana-Farber Cancer Institute
44 Binney Street, LW 629
Boston, MA 02115
jaclyn_alexander-molloy@dfci.harvard.edu

K. Vish Viswanath, Ph.D

Associate Professor
Harvard School of Public Health
Dana-Farber Cancer Institute
Director, Health Communication Core
Dana-Farber / Harvard Cancer Center (DFHCC)
44 Binney Street
Boston, MA 02115-6084
p: (617) 582-7733
f: (617) 582-8728
vish_viswanath@dfci.harvard.edu

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KEY FINDINGS

Prioritizing health problems

- Respondents mostly use **data** and **community assessments** to determine which health problems their organizations should focus on.

Identifying appropriate intervention approaches

- Participants felt that **going out to the community, home visits** and **one-on-one counseling**, was usually the most effective approach.

Use and adaptation of evidence-based programs

When commenting on use and adaptation of evidence-based programs, responses were mixed.

- Those who use evidence-based programs mainly do so because it is **required by the funder**.
- Almost everyone that has used an evidence-based program has had to **adapt or modify** it to a specific population. In most cases, adapting or modifying the program has been difficult.

Barriers to the adoption of evidence-based program

- **Lack of time, resources, and staff expertise** were mentioned as the greatest barriers to the use and adoption of evidence-based programs.
- In addition, **language and literacy level** can be a barrier as many evidence-based interventions are not culturally-appropriate to target populations or require high reading levels.

Facilitators to the adoption of evidence-based program

- Overall, participants like the **tools**, such as **trainings** and **evaluations** that come with evidence-based programs.

Linking with partners

- Participants said that they value partnerships because they are able to **refer their clients** to other organizations when they cannot be of assistance.

Budgeting

- Almost all of the participants said that their budgets are determined by the **grants** their respective organization receives.

Evaluating program success

- Quite a number of respondents felt **community feedback** was the best method to evaluate the success of a program.
- Feedback was usually measured by a survey.

PLANET training

- A large number of respondents showed an interest in the upcoming PLANET training and would like it to be **more than just a “one shot deal.”** However, they stated it would be hard to find the time and would need **advanced notice** to fit it into their busy schedule.

The digital divide

- **All of the respondents said their organization offers computer access** and thought other organizations in their cities did as well. The consensus was that, if you have to use email, then you should be comfortable using a computer.

INTRODUCTION

About 50-65% of cancers can be attributed to two major factors: tobacco use and energy-balance, diet and physical activity (Stein & Colditz, 2004). Appropriate changes in lifestyle could reduce the incidence of chronic diseases such as cancer and CVD (Emmons, 2000; Smedley & Syme, 2000). From research on health interventions, we know much about what should be done to promote health and prevent diseases, yet know little about how to translate those interventions into real world settings (Kerner, et al., 2005). In fact, implementing proven methods of interventions could prevent 100,000 cancer cases and 60,000 cancer deaths by 2015 (Curry, et al., 2003).

Community partnerships provide a key vehicle for dissemination of evidence-based interventions for promoting cancer prevention through health behavior changes (Minkler & Wallerstein, 2002). Despite fundamental advances in the development of evidence-based interventions for cancer prevention and control (Institute of Medicine, 2002; Hiatt & Rimer, 1999), there are significant gaps in translation of this knowledge for broad based application as noted above (Kerner, et al., 2005). In particular, little is known about the barriers faced by community groups in adopting successful evidence-based interventions and how successful dissemination can be accomplished in community settings. Of particular concern is the extent to which these barriers serve to widen disparities in cancer prevention by race/ethnicity and social class given the profound communication inequalities among people and groups that differ on socioeconomic status (Viswanath, 2006).

The National Cancer Institute's Cancer Control P.L.A.N.E.T. (Plan, Link, Act Network with Evidence-based Tools) (<http://cancercontrolplanet.cancer.gov/>) is an innovative and state-of-the-art resource precisely aimed to bridge the communication divides between communities in need of cancer-related programs and academic partners by promoting evidence-based cancer control efforts for community groups. The Dana-Farber Cancer Institute and the Harvard School of Public Health are conducting the PLANET MassCONNECT project, a five-year study funded by the National Cancer Institute that aims to understand how to best disseminate evidence-based cancer control interventions and resources to the MassCONNECT (Massachusetts Community Networks to Eliminate Cancer Disparities through Education, Research and Training) community groups in Boston, Lawrence, and Worcester, Massachusetts. The study will build upon the solid infrastructure of MassCONNECT, one of 25 national Community Network Programs funded by the National Cancer Institute, to promote and encourage the use of Cancer Control P.L.A.N.E.T.

Aim 1 of this study is a needs-assessment of community groups and organizations in the Boston, Lawrence and Worcester MassCONNECT coalitions involved in health and cancer control activities. Using a mixed methods approach (Glasgow & Emmons, 2007), we will look at the current activities in cancer control in particular and health in general in the three communities, resources available for campaign and intervention efforts, assess barriers in adopting evidence-based interventions, and facilitators that would encourage community organizations to adopt evidence-based interventions. The data for the needs assessment comes from two sources: focus groups and key informant interviews with members of the three MassCONNECT coalitions (Boston, Lawrence and Worcester), and a formal survey of members of the community

organizations comprising these coalitions. The purpose of this report is to report the findings, organized by themes, from the focus groups and key informant interviews.

METHODOLOGY

The focus group methodology is an excellent research method for obtaining an in-depth understanding of issue(s). Focus group discussions facilitate open conversation between the moderator and respondents in a group setting and allow for extensive probing, follow-up questions, discussion, and observation of emotional reactions.

The PLANET MassCONNECT Community Project Activities Committee (C-PAC), an advisory group with representatives from our community partners in Boston, Lawrence and Worcester, provided input into the development of the focus group guide (see Appendix A). The topic for the focus groups included four broad categories of questions concerning: (a) current practices in adoption and implementation of interventions, (b) barriers and hurdles in adopting evidence-based interventions, (c) facilitators that will help adopt interventions, and (d) training needs and appropriate methods of dissemination of the portal and training module information.

Participants in the focus groups, members of the community organizations, were recruited with assistance from our partners: the Alliance for Community Health in Boston, the Mayor's Health Task Force in Lawrence, and Common Pathways in Worcester. Ms. Josephine Crisostomo, the Project Director, worked with the members of the C-PAC from the three partner coalitions, and the health educators on executing the focus groups. Our goal was to recruit six to eight participants per focus group. All participants were staff members (managers, project

planners, field staff) from organizations that conduct health program planning in the community. To ensure diversity, we made an effort to draw representatives from organizations working with different racial, ethnic and socioeconomic groups.

We conducted four focus groups, one each in Boston, Lawrence and Worcester in English and one group in Spanish in Lawrence, MA since almost 60% of Lawrence residents are Hispanic/Latinos. The Boston focus group was conducted on September 16, 2008, the Lawrence focus groups were conducted on November 19, 2008 and November 20, 2008, and the Worcester focus group was conducted on December 3, 2008. The following table shows a breakdown of the focus groups participants by age, gender and race/ethnicity.

Table 1: Focus Group Breakdown

Site	# of Groups	Gender		Race			
		Male	Female	White	Black	Latino / Hispanic	Other
Boston	1	0	7	1	5	0	1
Lawrence	2	1	15	3	0	11	2
Worcester	1	1	7	4	3	1	0

The focus groups were approximately two hours in length and were held at locations easily accessible to our partners in each of the three communities. We followed the standard methods for focus groups by welcoming the participants, providing an overview of the topic including the purpose of the research, introductions by each member of the group, ground rules for participation including the importance of respecting and listening to others and maintaining confidentiality of information shared in the group, a disclosure about tape recording the discussion, and a discussion of how the data will be used and shared with others (Kruger, 1998).

Each participant was paid an incentive of \$35 for his or her participation. The focus groups were taped and transcribed.

The English focus groups were conducted by Mr. Josh Gagne, the cultural anthropologist at DFCEI. Mr. Gagne has extensive experience in conducting focus groups with community leaders. The Spanish focus group was conducted by Ms. Brenda Rodriguez, an experienced Spanish-speaking moderator.

We also conducted key informant interviews during summer and fall of 2008 with six C-PAC members —two from each of the three coalitions. The purpose of these interviews was to gather additional information on how community groups plan their programs. The topics discussed were similar to those at the focus groups; however, participants were also asked to share their thoughts on digital divide and the use of computers at community organizations (see Key Informant Interview Protocol, Appendix B). Assessing the digital divide and computer use within our three communities could help us to better determine whether community based organizations have limited access to information around evidence-based interventions. Ms. Josephine Crisostomo and Ms. Sara Minsky, Project Director, CCBR, conducted the key informant interviews.

Data Analysis and Dissemination

Mr. Josh Gagne conducted structural coding of the focus group and key informant interview transcripts. Dr. Viswanath and his research team (Josephine Crisostomo, Jaelyn

Alexander-Molloy and Betsy Eichel) reviewed the transcripts and structural analyses to develop themes that recurred in the conversations.

These themes from the focus groups and the Key Informant interviews will be used to inform the development of a survey that will be given to members of community coalitions as previously mentioned.

MAJOR FINDINGS BY THEMES

The findings are organized along 10 major themes that emerged during the focus group and key informant discussions:

- **Theme 1:** Prioritizing health problems
- **Theme 2:** Identifying appropriate intervention approaches
- **Theme 3:** Use and adaptation of evidence-based programs
- **Theme 4:** Barriers to the adoption of evidence-based programs
- **Theme 5:** Facilitators to the adoption of evidence-based programs
- **Theme 6:** Linking with partners
- **Theme 7:** Budgeting
- **Theme 8:** Evaluating program success
- **Theme 9:** PLANET training
- **Theme 10:** The digital divide

Theme 1: Prioritizing health problems

Theme 1 speaks to how organizations prioritize which health problems to focus on, given the multiple health issues people in the community likely face.

- The majority of participants said they identify health problems by visiting the community, attending programs and classes, talking to residents, and administering assessments. They believed “going to the community” and observing was one of the best methods to assess and prioritize specific needs.
- Participants said they rely heavily on data to set priorities for health-related outreach and education programs. The data – national, state and local – comes from a variety of sources such as the Centers for Disease Control and Prevention (CDC), American Cancer Society (ACS), National Institutes of Health (NIH), the Census track, the Massachusetts Community Health Information Profile (MassChip), the Massachusetts Department of Public Health (DPH), Boston Public Health Commission reports, and even patient and

student data. Local and current data were considered important as well as data that are accessible and easy to read.

“We go by data.... ‘Okay, what are the latest trends this week?’”

- Respondents collaborate among their neighborhood coalition groups and come to a consensus on what health problems to focus on.

“You can only keep your community healthy by working together. And we’ve found that’s what’s worked best.”

- A few reported that they place the most focus on those health problems they receive funding for.
- Others said they focus on those programs that address the mission of their organization.

Theme 2: Identifying appropriate intervention approaches

Theme 2 addresses how community organizations identify appropriate intervention approaches and program or message delivery methods.

- Most respondents felt a one-on-one visit or counseling was the ideal way to reach out to the community. Even reaching people in their own home, or in their own environment, was said to be effective.

“We, the health center, has found the best method is one-on-one individual counseling and education. People tend to... take their health very personal, and it’s difficult to get them into group settings to do much health education.”

- Word of mouth, or “spreading the word,” was also a successful intervention approach mentioned in both the focus groups and key informant interviews.
- Respondents thought that having outreach workers in the community or community leaders that can relate to their audience on a personal level (speak the same language or share the same faith) was a good intervention approach.

“Think of it a little bit like finding the piped piper, and whatever issue or community I’m trying to reach, reach that piped piper. That person who plays the flute and everybody follows. Every community and every issue group has a piped piper. So, I’m like, ‘Where IS that person?? The person who’s going to help me reach that segment that I’m tryin’ to reach?’”

- A good number of respondents in the Spanish focus group said they use various media outlets such as the radio, newspaper, flyers and newsletters, to deliver health programming and messages. Others that were not in the Spanish focus group said the media has not been as effective as other approaches.
- Health fairs, interactive fairs, and general purpose festivals (i.e., Latino festival, Southeast Asian festival, African festival) were also cited as places to deliver health programming and messages.

- Most respondents use or modify interventions/programs that have worked in the past, if the audience is similar, instead of starting from scratch. Those who do not have access to evidence-based interventions usually start from scratch.

Theme 3: Use and adaptation of evidence-based programs

Theme 3 captures respondents' use and adaptation of evidence-based programs.

- Key informants' responses varied. Some use evidence-based programs, some are making it a part of their culture to try and use these programs, and others do not use them. A popular response was "not as much as we should." In general, the organizations represented in the KII and focus groups do not use evidence-based interventions, but would like to.
- A few key informants said the use of evidence-based programs is sometimes required, especially when working with partners.

"[Grant applications] usually come with the list already there. They'll tell you, 'Go here to see what... what is or is not.' ...acceptable to the funder."

- Most focus group respondents, who have used evidence-based programs in the past, said they did modify or adapt them to their community or target audience (changing the language, literacy level, using pictures in place of written material, delivery method).
- It was also noted that some funders will not allow modifications to evidence-based programs, making them challenging to use.

Theme 4: Barriers to the adoption of evidence-based program

Theme 4 describes the barriers respondents face to using evidence-based programs.

- ***Time***

- Overwhelmingly, participants agreed that the large amount of paperwork or reporting (having to adhere to a standard of reporting measurables) was a barrier to using evidence-based programs. They generally do not have the time to complete the required paperwork and reports and felt that working with the community was the priority.
- Lack of time for data collection, research, designing and writing grants and completing evaluations, was heard repeatedly among respondents.

"First they said you had to do an evidence-based program. And then they said, 'Okay, but their evidence-based evaluation isn't enough, on top of that, you have to do ours.'"

- ***Resources***

- Most respondents commented that they did not have the resources (money) or the staff capacity to support an evidence-based program.

- ***Staff Expertise***

- Participants said a lack of training, not knowing how to perform a literature search or access evidence-based programs, is a barrier.

“You have a lot of people have been promoted to positions within the city that probably don’t have that background, that academic background to learn about those things.”

- **Language and Literacy**

- Participants mentioned that not having staff with cultural and language expertise available to translate program materials so that they are relevant for their audiences is a barrier.
- Nearly everyone thought evidence-based programs can be hard to adapt to different cultures or populations, and if translation is necessary, sometimes maintaining certain aspects of a program can be lost.

“It’s a totally different impact if you’re living in... the rural Midwest somewhere, and you come to like [neighborhood]... you’re gonna definitely find, clearly a difference in what works, scientifically, here.”

- In addition to language as a barrier, a good number of participants said reading level was also a barrier. It is not uncommon to have patients feel too ashamed to admit that they are illiterate, and some evidence-based programs are not appropriate for this population.

Theme 5: Facilitators to the adoption of evidence-based program

Theme 5 described the factors that make it easy to use evidence-based programs.

- A large number commented on the fact that there are tools such as **trainings** and **evaluations** that come with evidence-based programs. Having the tools “built-in” can save resources.

“Just having... the format laid out is nice. To be able to have something, a guideline so you’re not creating... strategies or different methods. That there is a format that you use... that allows it to be consistent.”

- Participants said getting **technical assistance** and having **experts available** to help with program modifications helps.
- The **knowledge** that evidence-based programs have been tested and proven to work for specific populations was mentioned as a facilitator.

“There’s credibility that goes along with it. There’s also confidence in... you knowing that the program that you ARE presenting HAS been tested”.

- Both focus group participants and key informants identified **partnerships** where there is equal decision making and sharing of the workload as a facilitator. It is easier to implement a program when there are people with varying areas of expertise from different organizations working together as a team.

Theme 6: Linking with partners

Theme 6 illustrates the participants' perceptions regarding identifying and linking to partners to help with health-related community programs and interventions.

- Most participants throughout the three communities liked to partner with other organizations and said they are a part of city or statewide coalitions.
- Respondents said they partner to take on issues that are affecting many people in the community and because partnerships allow organizations to refer clients to other resources.
- Funding was mentioned by respondents as an incentive for partnerships.

"...a lot of the funders are saying 'Unh unh. Either you show me you're gonna collaborate or you're not getting funding.' ...They go out....apply for the grant, get the money and then say...'Can we sit down? ...we need your help.'"

- Respondents stated lack of resources (i.e., staffing and money) as the biggest barrier to partnering.

"When you have the resources that pool... people's different interests and energy.... people tend to come together...a lot of these agencies are strapped for resources, and some are competing for resources..."

- The few smaller organizations that preferred not to partner stated lack of trust and communication as the reasons why.

"A major thing to partnering is trust... people are cognizant of power inequities."

- A small number of others said differing agendas prevented them from forming partnerships.

"Some varying agenda items between different collaborating partners, where one organization might be more focused on data and research, whereas another might be more focused on actual program implementation and delivery."

Theme 7: Budgeting

Theme 7 addresses how respondents determine what the budget will be for a given community health program.

- The majority of participants said their budgets are determined by the grants they receive. Sources of funding include the Massachusetts Department of Public Health (DPH), the Susan Komen Foundation, the Medical Foundation, CDC, NCI, and the American Cancer Society. Many organizations also receive philanthropic donations.

"They [health centers] can get a lot of patient donations... and are able to sustain an individual philanthropy program. [Health Center] doesn't necessarily have a wealthy"

patient population, but they've managed to attract a certain number of... donors who support the mission."

- Additionally, participants said they budget around the needs of the community.
- Some of our key informants mentioned staffing (compensation, etc.), available resources, and time as additional factors to consider when determining a budget.

"The staffing is the largest component... what does the program want to accomplish? Is it a big enough program that it needs its own coordinator? Then you have to look up the model... the staffing model, and then the budget piece flows from that."

- Most respondents were very receptive to receiving help with finding funders.

Theme 8: Evaluating program success

Theme 8 addresses how respondents and their organizations evaluate the success of community health programs or interventions.

- The majority of respondents gather community feedback.

"To be able to measure the success of a program we have to look at the number of people that have been serviced... the feedback you receive from the community. People have called me when I've been on the radio... That is feedback you receive, that is gratifying. I realize that I have been successful... I may have helped at least one person."

- Most participants said they used surveys, follow-up screenings and attendance records as evaluation measures.
- "Anecdotal evidence" was also mentioned as another evaluation method.
- Several respondents said that evaluation more often focused on process measures rather than on outcomes, and they would like to see more emphasis on outcomes.

"We get funding from multiple sources, so it makes it difficult to do reporting on the outcomes...tends to be more process evaluation, than outcome evaluation. They just look at, 'Did you provide the service?' Although I think everybody would LIKE to get to that point, nobody really knows exactly how to do it, given the limited resources..."

Theme 9: PLANET training

Theme 9 classifies respondents' interest in, barriers to, and preference for PLANET training.

- Overall, respondents showed an interest in attending PLANET training.

"Most definitely. Because it's something that they've heard about... why it's important to have data to support what you're doing... if there's a training available for them to learn more and educate themselves more about it. Definitely."

- Time was identified as the greatest barrier. People working at community based organizations feel stretched for time as it is. The training would have to be scheduled in advance to ensure availability.

“Time is definitely an issue... a lot of the people are working managers...it’s in the middle of everything and the chaos. It’s too much, too many trainings.”

- Other barriers include limited resources, and community members having trouble seeing the purpose of the training.

*“If my time is limited and you give me \$1,000 I still won’t do it...Sort of, ‘Why is it important? **How can you improve what I do?’**...define that clearly will allow people to make that decision.”*

- Respondents prefer long-term, on-going training sessions with a follow-up to answer any questions or concerns.
- Almost all participants felt a full day (8 hours) of training was too long. Most thought half day sessions would be ideal.
- A few respondents thought a “self-paced” training would be best. Others suggested training be in the form of a Webinar.

“Where I can log on during my lunch hour, and sit and have my lunch... doesn’t have to infringe on my productivity at work. Self-paced... you can stop anywhere, if you want to stop and then pick it up the next day.”

- Respondents felt in addition to integrating PLANET into what they are already doing in the community, the trainings should also include practical skills that would help reduce their workload.

Theme 10: The digital divide

Theme 10 addresses respondents’ knowledge of computer and internet access issues at their organizations and at other organizations or groups in their community.

- All of the key informants said they are equipped with a computer and Internet access at their organizations and are fairly certain others at different organizations throughout the community are equipped as well.
- Although most people are equipped with computers, there is always a need for updates and training.

“I think it depends on the topic, really. ...for example, the new thing now is GIS. And there are a lot of people up to that. But, you know, they’re interested in that and they want to learn about it. But I think... they could use a little bit of training. I think... you know, software’s always increasing...”

- The majority of respondents have *high speed* Internet access; however, they did not know if *high speed* access was available at other organizations.
- Those who hold management level positions and rely heavily on email correspondence are comfortable using a computer. The key informants were unsure about the comfort level of others at different organizations.

“Because they have to send email and... attachments, and stuff like that to me when they apply for different grant opportunities, so I would say yes.”

DISCUSSION AND IMPLICATIONS

The goal of the focus groups and key informant interviews was to provide the PLANET MassCONNECT research team and the C-PAC with in-depth feedback from community members surrounding the adoption, implementation and dissemination of evidence-based interventions. There are several limitations to qualitative research such as focus groups and key informant interviews. As the results from focus groups and key informant interviews are obtained from a small number of people, the conclusions rest on face validity. Thus, these findings cannot be generalized to others outside the focus groups and key informant interviews and the findings cannot be projected to all members within community organizations or the entire population.

However, the information the project team has gained from the focus groups and key informant interviews will assist in the development of a formal survey that will be given to members of the community-based organizations that do interventions in the three communities. We will use the data from this survey to solidify our initial findings which suggest that the use of evidence-based information is not widespread among community organizations and that there is a need for the dissemination and adoption of Cancer Control P.L.A.N.E.T.

In summary, the focus groups and key informant interviews generated discussion and reflecting views around ten themes. Findings that resonated within each theme include:

Prioritizing health problems

- Respondents mostly use data and community assessments to determine which health problems their organizations should focus on.

Identifying appropriate intervention approaches

- Participants felt going out to the community, doing home visits and one-on-one counseling, was usually the most effective approach.

Use and adaptation of evidence-based programs

- When commenting on use and adaptation of evidence-based programs, responses were mixed. Those who use evidence-based programs mainly do so because it is required by the funder. Almost everyone that has used an evidence-based program has had to adapt or modify it to a specific population. In most cases, adapting or modifying the program has been difficult.

Barriers to the adoption of evidence-based program

- In summary, lack of time, resources, and staff expertise were mentioned as the greatest barriers to the use and adoption of evidence-based programs. In addition, language and literacy level can be a barrier as many evidence-based interventions are not culturally-appropriate to target populations or require high reading levels.

Facilitators to the adoption of evidence-based program

- Overall, participants really like the tools, such as trainings and evaluations that come with evidence-based programs.

Linking with partners

- Most participants said that they value partnerships because they are able to refer their clients to other organizations when they cannot be of assistance.

Budgeting

- Almost all of the participants said that their budgets are determined by the grants their respective organization receives.

Evaluating program success

- Quite a number of respondents felt feedback from the community was the best method to evaluate the success of a program. Feedback was usually measured by a survey.

PLANET training

- A large number of respondents showed an interest in the upcoming PLANET training and would like it to be more than just a “one shot deal.” However, they stated it would be hard to find the time and would need advanced notice to fit it into their busy schedule.

The digital divide

- All of the respondents said their organization offers computer access and thought other organizations in their cities did as well. The consensus was, if you have to use email, then you should be comfortable using a computer.

For additional copies or questions about this report, please contact:

Josephine Crisostomo, MPH at josephine_crisostomo@dfci.harvard.edu or (617) 582-7736.

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APPENDIX A

PLANET MassCONNECT Focus Group Moderator Guide

Introduction – Thank you for coming. We will not record your name with what you say, but would like to record our conversation to make sure we get everything that is said here. We would like you to feel relaxed and feel like this is a conversation in your living room.

Note: (The focus group moderator distributes a paper copy of the consent form, reads the form aloud, and asks for oral consent before audio/video taping the focus groups.)

Overview

MassCONNECT is a program funded by the National Cancer Institute. MassCONNECT has been working with groups in your community (NAME AS APPROPRIATE) to address inequalities in the availability and use of cancer control services by supporting community-based education, research, and training to reduce cancer health disparities.

As part of the MassCONNECT program, the Harvard School of Public Health and Dana-Farber/Harvard Cancer Center are interested in learning more about how your organization conducts health education and outreach programs in your local community.

I want to be sure that you understand that being part of this group is voluntary. You may leave at any time you wish. There will be no penalty or punishment for doing so.

I'd like to start by introducing myself. I'm XXX and this is YYY. I'll be leading the group and YYY will be assisting with recording and note taking during the discussion. As was mentioned when you first heard about this discussion, we will tape videotape this session. We are doing this because we want to make sure that we have good notes on everything that you say. Your comments are really important to us.

Everything that you say is private and will not be shared with anyone other than our research staff. Please remember that information shared during these discussions is confidential and should not leave this room.

I want to encourage you to speak openly about your ideas. There are no right or wrong answers. But there are a lot of opinions, and I'd like to hear from all of you. Please feel free to speak up even if you disagree with someone else here. The goal of this group meeting is not to reach agreement on anything, but to hear as many different views as possible so that we have **a good understanding of how different community organizations go about planning and conducting health programs, and especially those related to cancer, such as smoking or breast cancer or HPV programs.**

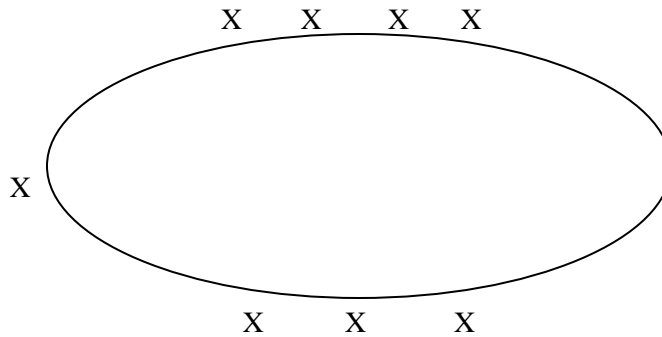
We have a lot to cover in the next 2 hours, so for the sake of time, I may have to jump ahead to the next topic, but please stop me if you want to add anything.

Also, so that we can give each other our full attention, I ask that everyone please turn off their cell phones and pagers. Now we'd like everyone to get to know each other a little bit.

Ice Breaker

First, let's go around the table and have every one give only your first name, the name of the organization that you work for, and one goal of your organization.

Note to Facilitator and note takers: Use the space below to draw a diagram of the participants seated (Female 1, Female 2, Female 3, etc.).



1. Evidence-Based Programs (20 minutes)

- Have you heard of the term “**evidence-based programs**”?
 - o In your own words, what does that term mean to you?
 - o Can you give me an example of a health promotion or disease prevention program you would consider “evidence-based”?
 - o How would you find out if a program you are considering using in your community is research-tested and evidence-based?
 - o What organizations or Web sites are you aware of that provide information on evidence-based programs and tools that are available for use in your community?
 - As far as you know, have the programs you have been involved with been research tested and evidence based?
 - If so, how did you learn about the program?
 - How did you learn it was research tested or evidence based? Did you have to seek out that information, or was it provided to you?
 - How important is it you that a program is research tested and evidence based? Is it information that you typically try to find out?
- Next I'd like to ask about **barriers and facilitators** to using evidence-based programs. That is, factors that make it hard or easy to use evidence-based programs.
 - o If you have used an evidence-based program before, what are some of the factors that made it easy or hard to use the program?

- Did you adapt parts of the program for your community or audience? If so, how?
- o If you have not used an evidence-based program before, was there a particular barrier that kept you from doing so?
- o Would you have known where to find such programs?

2. Health Education/Promotion Programs in Your Community (15 minutes)

- I'd like to go around the table and have you tell me about any health-related community programs or interventions that you have recently been involved in planning and carrying out. For example, you can tell me about a health-related program you might have conducted at a school or church, or as part of a hospital or clinic program.
 - o Who was the audience you were trying to reach?
 - o What was the goal of your program?
 - o What was the program's main message?
 - o How did you deliver the program/message (e.g., one-on-one counseling, brochures, a health fair, a classroom exercise with videos, other)?
 - o How long did the program last?
 - o Did you develop the program from scratch, or did you take something others or you had already developed and use it for this purpose?

3. Assessing Your Community's Priorities (15 minutes)

- Next, I'd like you to think about how your organization or community group goes about **prioritizing** which health problems to focus on, given the multiple health issues people in your community likely face.
 - o What resources do you or others in your organization use in setting the priorities for your organization's health-related outreach and education programs?
 - For example, are there specific Web sites you use? State initiatives? Other?
 - o Do the health problems you focus on change periodically, or is there one disease or health topic you tend to focus on most?
 - o Thinking of the programs you are involved in, is your target audience your whole community or city, or specific groups in your community that are at higher risk for a given disease or condition (e.g., women, low-income groups)?

- If you prioritize reaching groups at higher risk, where do you get your information on their specific risk factors? How do you decide why these groups are at a greater risk than other groups?
- Do you ever use state, local, or clinic / patient data or materials to help you prioritize your community's most serious health problems, or groups at highest risk?
 - If not, do you think state or local data or materials might be useful, even if you aren't using it now?
 - If you think it would be helpful, but you aren't using it, what are the barriers you face that prevent you from using it?
 - Is it because you don't know it existed?
 - Is it difficult to access?
 - Is it difficult to use?
 - If you don't think it would be helpful, why not?

4. Identifying Appropriate Intervention Approaches for Your Community (10 minutes)

- Next, we'd like to get a sense of how you think about the **delivery method** you will use to increase the likelihood that your program will be effective. That is, how you determine whether different **types** of interventions and programs are likely to work or not work in your community. To use an example from breast cancer education, different **approaches** could include: interpersonal approaches such as phone calls or letters/reminder cards from a health care provider; large-scale approaches such as a mass media campaign or health fair; a free mammography screening day; or a combination of those approaches.
 - How do you decide on the **approach** you will use to address different health topics or different audiences?
 - Do you choose approaches based on information about whether they have worked elsewhere in the past, or do you start from scratch to come up with new ways to reach your target audience?
 - Have you ever used the CDC *Guide to Community Preventive Services*? (It is a guide that rates how effective or ineffective different types of programs are for preventing particular diseases or promoting particular healthy behaviors.)
 - If so, how did you use it, and what part of it was helpful or not helpful?
 - If not, had you heard of it before today?

5. Training (10 minutes)

- If free training were available to help you and others in your organization obtain, use, and adapt health promotion programs that have worked elsewhere, would you be interested in attending such training?
- Are there any barriers that you face in your job that would prevent you from attending such training?

- If time is a barrier for you, is there a length of time that you might suggest that would make attending a training session easier for you?
- Is there a particular day of week that would work best for you and others in your organization?
- Would holding a training over 2 days, or parts of 2 days, be acceptable?
- Do you have any preference for where the training should be conducted?

6. Linking to Partners (10 minutes)

- Next, we are interested in how you go about **identifying partners** to help with your health-related community programs and interventions.
 - o Does your organization usually plan and conduct programs on its own, or do you sometimes partner with other community groups who share your priorities and interests?
 - If you partner with other organizations and groups, how do you find them? Do they approach you?
 - o If you do not currently partner with other organizations or community groups, why?
 - What are some of the barriers to working with other organizations on a community health program or project?

7. Program Planning and Evaluation (10 minutes)

- To what extent does your organization participate in local- or state-level comprehensive **planning** to address priority health issues?
 - o If your organization is not involved in those activities, do you know if MA has comprehensive plans for cancer control, obesity, etc.?
 - o Are your organization's community programs and activities reported to the state?
- How do you determine what the budget will be for a given community health program that your organization is involved in?
 - o Where does your organization get its funding for such community health programs? For example, from federal or state grants, your organization's general budget, donors, etc.?
 - o Are funding and budgeting areas that you or your organization could use help with?
- Thinking about the health-related programs you conduct in your community, how do you **evaluate** success?

- o How do you measure whether your program met its goals?
- o Do you have formal or informal mechanisms in place to determine whether a particular program approach was effective and appropriate for your target audience?

END

This is the end of the session. Thank you for participating in this focus group.

Are there any questions before we wrap-up?

APPENDIX B

PLANET MassCONNECT Key Informant Interview Guide

Introduction

Hi, XXX, my name is XXXX and I am calling you/am here to discuss with you **how your organization and also other organizations in your community go about planning and conducting health programs, and especially those related to cancer, such as smoking or mammography programs. We also are interested in getting your feedback on how to make our PLANET trainings successful.**

Thanks for agreeing to speak with us today to ensure our continued success with MassCONNECT. You are familiar with the MassCONNECT PLANET grant, given your participation on the grant and on the communications working group.

(IF NOT FAMILIAR –GIVE BRIEF DESCRIPTION)

Today we are interested in learning from you what the barriers and challenges are in adopting evidence-based interventions and how best to conduct PLANET trainings with community health organizations in the MassCONNECT communities of Boston, Lawrence, and Worcester.

I want to be sure that you understand that being part of this interview is voluntary. You may leave [or hang up] at any time you wish. There will be no penalty or punishment for doing so.

Everything that you say is private and will not be shared with anyone other than our research staff.

I want to encourage you to speak openly about your ideas. There are no right or wrong answers.

The goal of this meeting [or call] is not to reach agreement on anything, but to hear your views on **how on community groups plan their programs.**

This meeting [or call] shouldn't last more than 1 hour.

Let's get started.

Identifying Organizations that Do Community Health Promotion/Education

- First, I'd like you to think of the organizations in your community that do some type of community health programming on a regular basis. Could you name some for us?
 - o Your list can include hospitals, clinics, school health programs, etc.
 - o As you are thinking, if you know the name of a person or persons in that organization who may be primarily responsible for community health outreach, please provide us with their name.

Assessing Priorities

- I'd like you to think about how your organization goes about **prioritizing** which health problems to focus on, given the multiple health issues people in your community likely face. How do other organizations or community groups in [Boston, Lawrence, or Worcester] do this?
 - o What resources do you and other organizations and community groups in your city use in setting the priorities for health-related outreach and education programs?
 - o Do you think that most organizations in your community use state or local data to inform their program planning?
 - If not, what do you think are some of the reasons they don't use the data? What are the barriers in using the data?

Linking to Partners

- Next, we are interested in how organizations such as yours go about **identifying partners** to help with health-related community programs and interventions.
 - o Do most organizations in your community plan and conduct programs on their own, or are there partnerships among groups that share common goals and interests?
 - Can you give me an example of some of the organizations that tend to partner with one another most often?
 - o What are some of the barriers to working with other organizations on a community health program or project?
 - Are there organizations that seem never to partner with external organizations in your community
 - What do you think encourages community groups to partner with others?

Identifying Appropriate Intervention Approaches

- Next, we'd like you to think about the **delivery method** your organization and other organizations in your community use to deliver their health programming and messages. That is, what means do you usually use to deliver your message or program?
 - o For example, are there health fairs, school programs, radio programs, etc.?
- Do you think that organizations in your community choose approaches based on information about whether they have worked elsewhere in the past, or do they mostly start from scratch to come up with new ways to reach the target audience?

Evidence-Based Programs

- In your own words, what does the term “**evidence-based programs**” mean to you?
- Do you think that organizations in your community use evidence-based programs for their interventions?
 - o Do you try to use evidence-based programs in your own organization?
- What are some of the **barriers** to using evidence-based programs?
- What are some of the **facilitators**?
- Thinking about those organizations that do health promotion in your community, do they adapt existing programs to be appropriate for the people of your community or do they develop their own approach?
 - o When we talk about adaptation, what does that mean to you?
 - o Can you think of 1-2 examples when you adapted a program that was used by someone else? And, 1-2 examples when you developed your own program?

Funding, Program Planning, and Evaluation

- How do you determine what the budget will be for a given community health program that you and your organization are involved in?

- o Do other organizations in your community do budget planning in the same way, or do you not know?
- Where do you get the funding for your programs? Do you apply for grants to do your programs?
 - o What are some of the places you apply to?
- How are programs in your community **evaluated**?

Training

- If PLANET training were available to help organizations in your community plan and evaluate community health programs using evidence-based tools, do you think they would be interested in attending the training?
- Are there any barriers that would prevent people from organizations in your community from attending such training?
 - o What incentives could we use to get a good representation of community organizations?
- How long should the training be?
- Is there a particular day of week that would work best?
- Would holding a training over 2 days, or parts of 2 days, be acceptable?
- Is there a neutral location in [Boston, Lawrence, Worcester] that has a computer lab (or space for a portable lab) where representatives from community organizations could easily attend a training?
 - o Is there adequate parking?
- Upon training organizations on PLANET, how could we ensure that community organizations use PLANET as a resource in their intervention planning and that they will CONTINUE to use it after the training and the project period is over?

Digital Divide/Computer and Internet Access Issues

- Are organizations/groups in your community well-equipped with computers and Internet access?
- At work, do you have high speed Internet access such as DSL? How about other organizations in your community?
- Are most of your colleagues in your community comfortable using a computer, or don't you know?

--END--

APPENDIX C

GLOSSARY

DATA: Factual information usually obtained through surveys or experiments. Data can be used as a basis for drawing conclusions and making decisions.

DIGITAL DIVIDE: The gap between people with access to digital and information technology such as the Internet and those with very limited or no access at all. It also sometimes refers to a gap between those with adequate skills in using new media technologies and those without.

EVIDENCE-BASED INTERVENTION: Programs or interventions that have been proven to be effective in the populations and settings in which they were studied.

FOCUS GROUP: A form of qualitative research in which a group of people are asked about their opinions and attitudes towards a specific topic. The questions are asked by a moderator or interviewer in an interactive group setting where participants are free to talk with other group members.

HEALTH INTERVENTION: A program designed to promote healthy behaviors and to prevent unhealthy behaviors.

INCIDENCE: The risk of developing a new condition within a specified period of time.

KEY INFORMANT INTERVIEW: A form of qualitative research in which a chosen individual is asked about their attitude towards a specific topic. The questions are asked by an interviewer in a one-on-one setting of an individual who is considered to be particularly knowledgeable about the group or setting which she or he represents.

MIXED METHODS APPROACH: The collection and analysis of both quantitative and qualitative data. Combining the strengths of both quantitative and qualitative methods will offset the limitations of each.

INTERNET PORTAL: A website that acts as a point of access to information and tools from a variety of different sources.

SOCIOECONOMIC STATUS (SES): A measure of a person's or family's or household's economic and social position relative to others, based on income, education, and occupation among others.