

Introduction

Community-based interventions should address barriers to breast cancer screening in diverse communities of women with food insecurity, which can increase screening uptake and ultimately improve cancer health equity.

Study Aim: To identify barriers and facilitators to implementing a tailored breast cancer screening intervention in a direct food distribution setting in partnership with Sacramento Food Bank & Family Services (SFBFS), the largest non-profit provider of social services in Sacramento County,

Design/Sample

Qualitative data was collected over 24 weeks:

- Fieldnotes from participant observation were completed for 12 food distribution events.
- Semi-structured interviews were conducted in person during or after an event, compensating with a \$20 gift card for the 10-20 min interview.
- Stakeholders purposefully sampled from food bank staff (N=10) and female clients (N=10) who regularly attend events.

Analysis

- Rapid directed content analysis using updated Consolidated Framework for Implementation Research (CFIR) with health equity constructs.
- Identified barriers and facilitators to promoting breast cancer screening during regular food distribution events.
- Informed an adapted implementation strategy.

Results

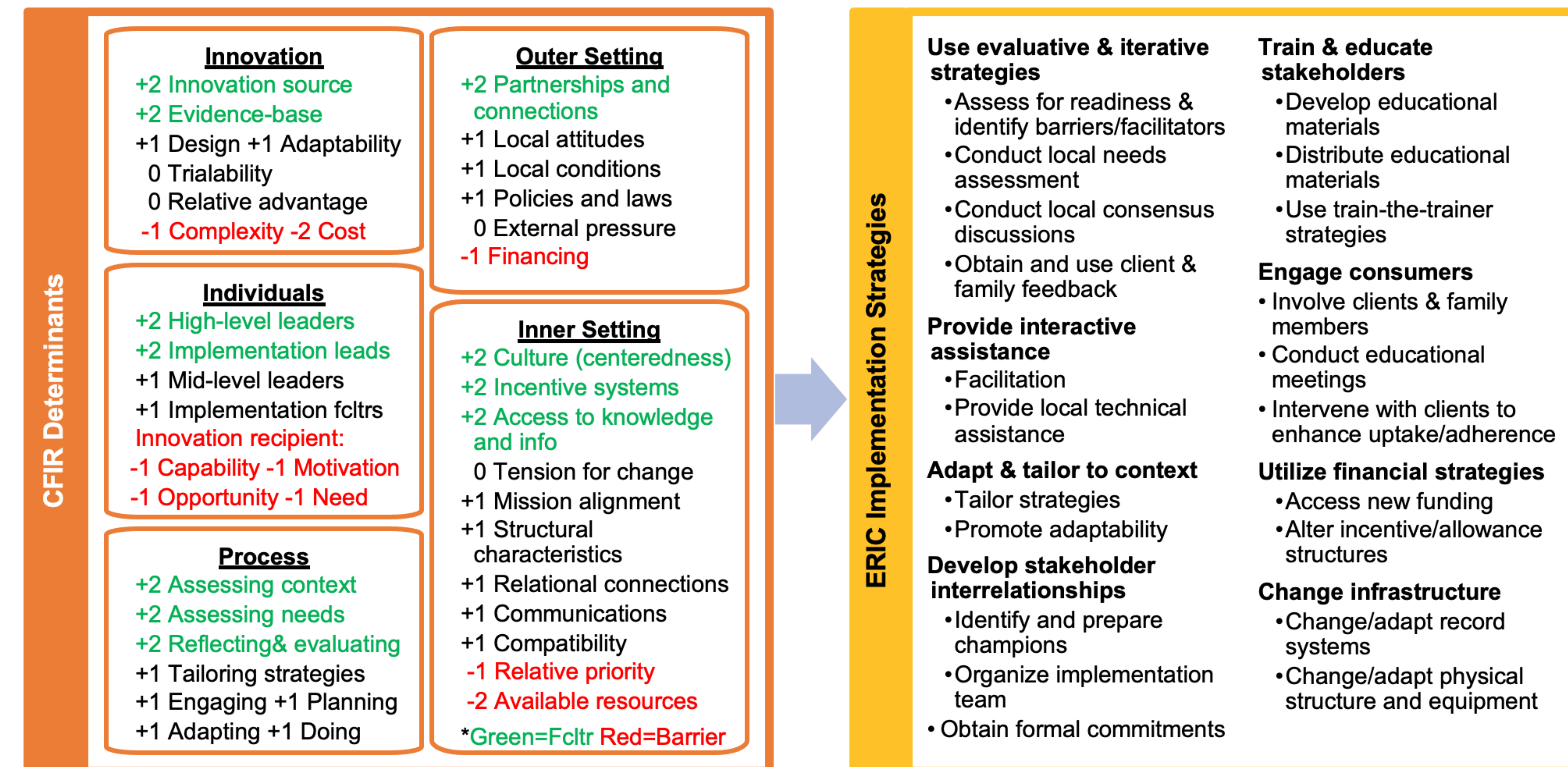


Figure 1. Factors that influence implementation of an intervention promoting breast cancer screening for food bank clients and associated strategies for implementation. Abbreviations: CFIR, Consolidated Framework for Implementation Research; ERIC, Expert Recommendations for Implementing Change; fcitr, facilitator.

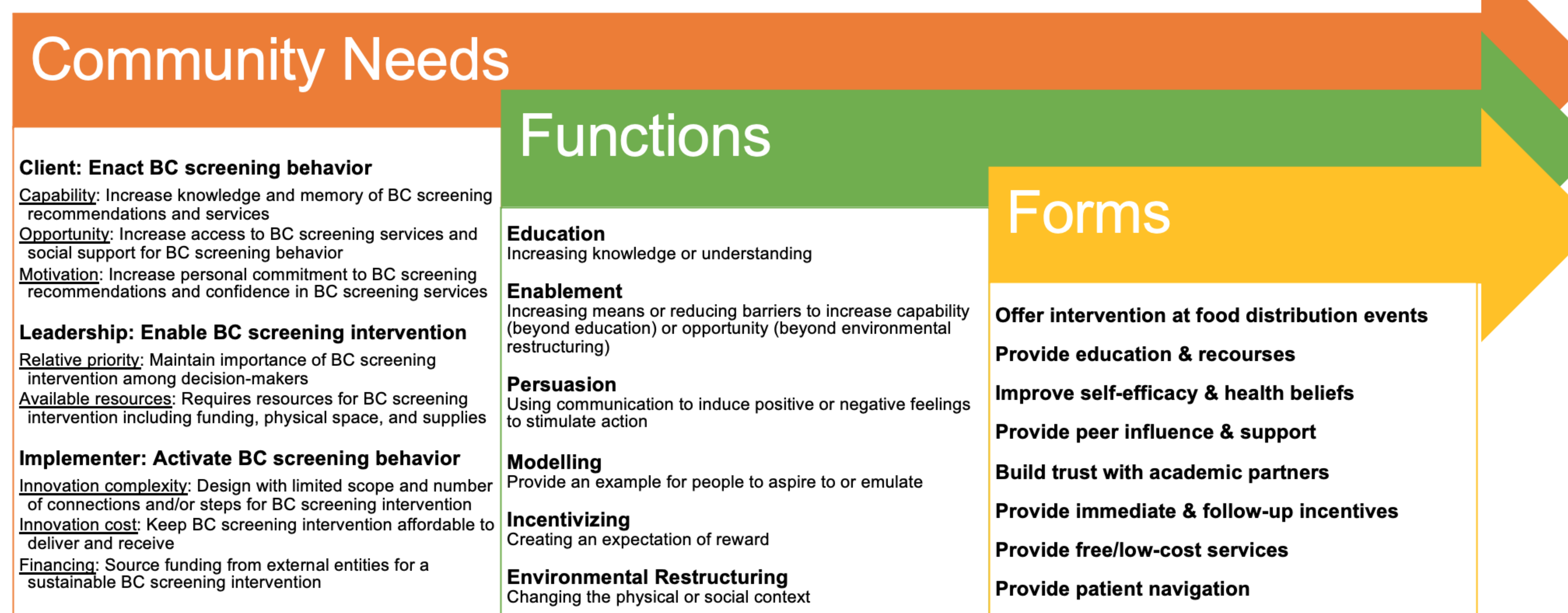


Figure 2. Proposed functions and forms framework for implementation of an intervention promoting breast cancer screening for food bank clients. Abbreviations: BC, breast cancer.

Summary

Stakeholder interviews and fieldnotes generated themes in all five CFIR domains and 17 CFIR determinants, using a scale from -2 to +2 to measure those constructs that were identified as context-specific influences on the implementation of a breast cancer screening intervention. CFIR-based barriers were then linked to implementation strategies from the Expert Recommendations for Implementing Change (ERIC; **Figure 1**).

Information gleaned will allow for tailoring of the proposed breast cancer screening intervention based on core functions for behavior change and related forms, or the specific activities that may be customized to local contexts and that are needed to carry out the core functions (**Figure 2**).

Conclusions/Further Study

- The CFIR-driven evaluation revealed important factors influencing the implementation of a breast cancer screening intervention in a direct food distribution setting.
- Although the intervention has community and organizational support, identified barriers must be considered for implementation.
- Leveraging barriers and facilitators to inform behavior change and implementation strategies can improve intervention access.

Acknowledgements

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