

Qualitative analysis of fieldnote and interview data for planning a food bank-based breast cancer screening intervention

Department of Public Health Sciences

Train & educate

Develop educational

Distribute educational

Use train-the-trainer

Involve clients & family

Intervene with clients to

Access new funding

Change infrastructure

Change/adapt record

Change/adapt physical

structure and equipment

enhance uptake/adherence

Utilize financial strategies

Alter incentive/allowance

Engage consumers

Conduct educational

stakeholders

materials

materials

strategies

meetings

structures

Provide free/low-cost services

Provide patient navigation

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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

deliver and receive

Financing: Source funding from external entities for a sustainable BC screening intervention

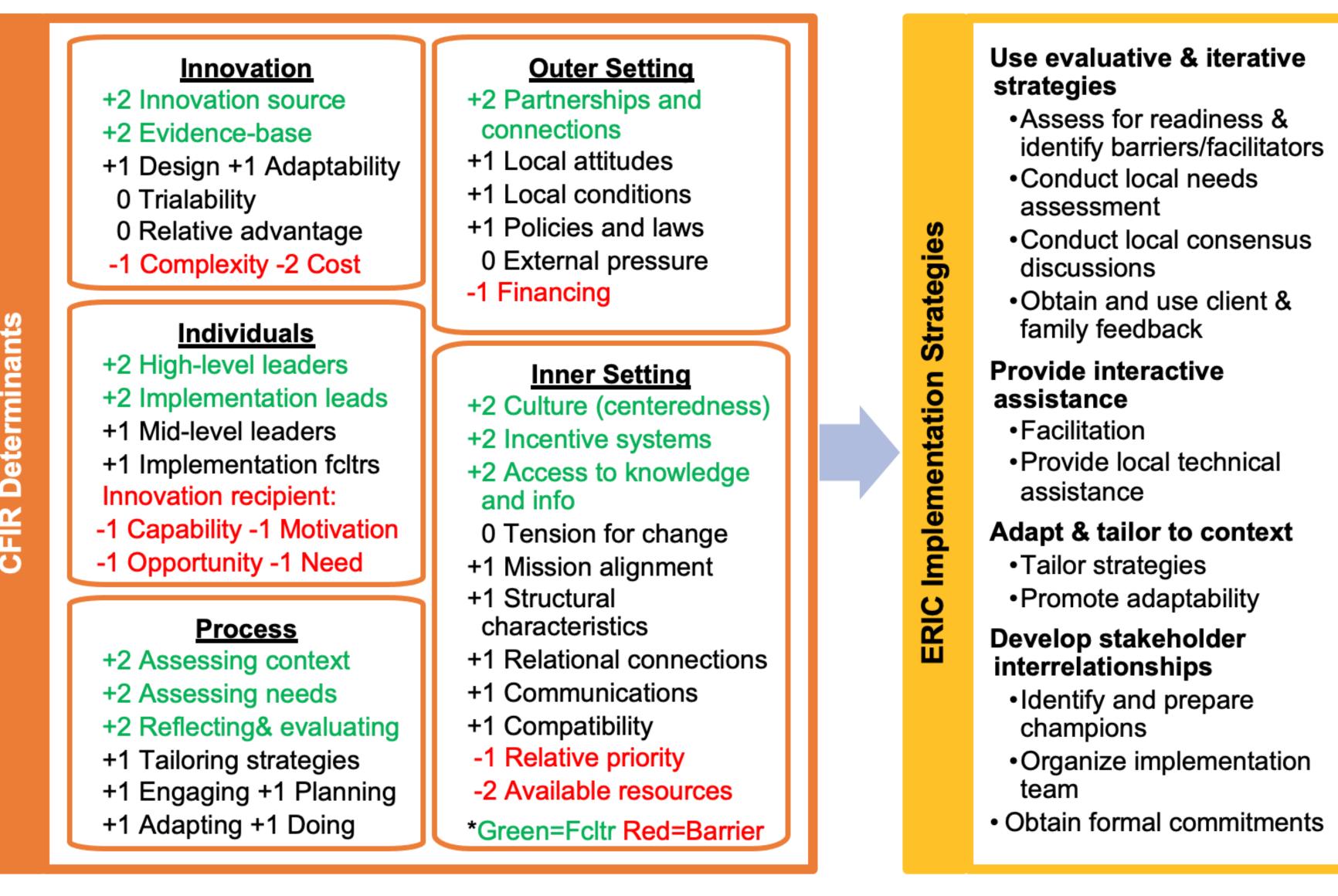


Figure 1. Factors that influence implementation of an intervention promoting breast cancer screening for food bank clients and associated strategies for implementation. Abbreviations: CFIR, Consolidated Framework for Implementation Research; ERIC, Expert Recommendations for Implementing Change; cltr,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

Community Needs Functions Client: Enact BC screening behavior Capability: Increase knowledge and memory of BC screening Forms recommendations and services Opportunity: Increase access to BC screening services and Education social support for BC screening behavior Increasing knowledge or understanding Motivation: Increase personal commitment to BC screening recommendations and confidence in BC screening services **Enablement** Increasing means or reducing barriers to increase capability Offer intervention at food distribution events (beyond education) or opportunity (beyond environmental Leadership: Enable BC screening intervention **Provide education & recourses** Relative priority: Maintain importance of BC screening intervention among decision-makers Persuasion Improve self-efficacy & health beliefs Available resources: Requires resources for BC screening Using communication to induce positive or negative feelings intervention including funding, physical space, and supplies to stimulate action Provide peer influence & support Implementer: Activate BC screening behavior Build trust with academic partners Provide an example for people to aspire to or emulate Innovation complexity: Design with limited scope and number of connections and/or steps for BC screening intervention Provide immediate & follow-up incentives Incentivizing Innovation cost: Keep BC screening intervention affordable to

Creating an expectation of reward

Environmental Restructuring

Changing the physical or social context

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.

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