

Task Force Recommendations

Application in the “Real World” of Community Intervention

Walter L. Shepherd, MA, Alexis Moore, MPH

Abstract: Community-based organizations, healthcare providers, and others who are involved in interventions at the local level are challenged by limited funding, time, and experience with evidence-based practice.

Recommendations from the Task Force on Community Preventive Services that can be promoted and adopted for use within community settings have the potential for maximizing resources and improving outcomes among target populations.

(Am J Prev Med 2008;35(1S):S1–S2) © 2008 American Journal of Preventive Medicine

Pastor Pat Coleman and her community-based, nonprofit organization—New Life of Hope Ministries—recently received notification that their request for funding for a project entitled “Reducing Breast, Cervical, and Colorectal Cancer Among Residents of a Small Rural, African-American Community” had been approved for a grant award of \$20,000 by the Northeast Regional Improvement Fund. The good news—an exciting opportunity for this newly-formed organization, a godsend for a community that has more than its equitable share of premature cancer deaths, and the fulfillment of a key funding goal by a small funding agency. The bad news—no one involved has a clue about which specific activities will truly make a difference.

Doctor Frank Blair, a solo family physician with a busy, small-town medical practice, has seen his share of missed appointments and poor patient compliance with his screening recommendations. Wanting to improve outcomes among his patient population but having limited time and resources to devote to interventions, he is at a loss about what to do.

Although imaginary, these particular scenarios, and many others just like them, happen virtually every day in communities, organizations, and medical practices throughout the U.S. Communities have real needs; community-based organizations—with all good intentions—respond, and many funders provide money

from their limited endowments. Primary care providers serving high-risk, at-need populations search for ways to make a difference through improved preventive care and screening. Taking evidence-based knowledge into the real world of communities and individual medical practices is an important endeavor that is absolutely necessary to reduce the burden of disease, especially cancer. Clearly, this is where there is significant value associated with the article in this supplement to the *American Journal of Preventive Medicine*.¹

Having witnessed many community initiatives that begin with admirable goals and objectives but lacking the actual knowledge and tools to conduct successful interventions, an enormous service can be provided by linking these efforts to the best of what we know works. For those of us involved on a day-to-day basis with providing direction, encouragement, and, in some cases, funding for community-based work, it is helpful to know that I have specific and effective guidelines to recommend and support. Careful not to tread on creativity, I can also be more focused in what I suggest as program elements.

Translating the new recommendations into action is relatively straight-forward. Client reminders work. Incentives and mass media—both of which can be expensive—may not. It appears to be good to invest in small media, much of which is already available and at low or no cost. Group education—that everyone seems to like—is suspect; whereas, the one-on-one approach is apparently more successful. Intuition tells us that structural barriers impede access, so it is encouraging to see that premise supported. Reducing out-of-pocket costs also makes sense. Studies show that it works for increasing community access for breast cancer screening as well as for numerous other health applications. While it may not meet the Community Guide requirements for a recommendation specific to colorectal cancer or cervical cancer, the weight of the evidence from cancer and

From the North Carolina Comprehensive Cancer Program (Shepherd); the North Carolina Advisory Committee on Cancer Coordination and Control, Division of Public Health, North Carolina Department of Health and Human Services (Shepherd), Raleigh, North Carolina; and the Comprehensive Cancer Control Collaborative of North Carolina, Center for Health Promotion and Disease Prevention, Dissemination Core, University of North Carolina Lineberger Comprehensive Cancer Center (Moore), Chapel Hill, North Carolina

Address correspondence and reprint requests to: Walter L. Shepherd, MA, North Carolina Comprehensive Cancer Program, 1922 Mail Service Center, Raleigh NC 27699-1922. E-mail: Walter.Shepherd@ncmail.net.

other fields suggests that it would. For healthcare providers, assessing performance and presenting feedback works; let's ensure that mechanisms are put into place to be able to deliver.

A few simple actions will help us attain successful adoption and implementation of the recommendations (and other evidence-based and best practice models): the constant and intensive promotion of the recommendations through funding agencies and professional associations; the development of training programs for community organizations and individuals on effective interventions; and the delivery of high-quality technical assistance to help health care and community organizations successfully integrate the recommendations into their existing practices and program delivery systems.

To a great extent, the impact of these strategies for implementing and sustaining the new recommendations is derived from the strength and versatility of the local and regional partnerships that undergird them. Strategies that will engage community healthcare providers in delivering effective interventions and also as participants in community-based research studies, are

most likely to emerge from local partnership activities, for example.

Our state comprehensive cancer programs are designed to bring together individuals and organizations representing diverse agendas and expertise and nurture partnerships that span advocacy, public health, healthcare, and research interests. Developing strong local, regional, and statewide partnerships is essential to ensuring development of plans that will increase adoption of and adherence to the new recommendations, and simultaneously enable adaptations that are responsive to local dynamics. Through partnerships, we are able not only to identify and tap into the most suitable resources for implementing what we know, but also to enhance individual and local contributions.

No financial disclosures were reported by the authors of this paper.

Reference

1. Task Force on Community Preventive Services. Recommendations for client- and provider-directed interventions to increase breast, cervical, and colorectal cancer screening. *Am J Prev Med* 2008;35(1S):S21-S25.

Did you know?

You can stay updated on key articles with saved searches and table of content e-mail alerts.

Visit www.ajpm-online.net today to see what else is new online!