The reach, efficacy, and adoption of Project HEAL: A cancer early detection implementation trial in African American churches

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Background

- Significant gaps exist between evidence-based interventions (EBIs) and sustainable practice.1
- Implementation research is needed to determine the best methods for dissemination and implementation of EBIs.1
- A Community Health Advisor (CHA) approach is often used for dissemination and implementation in community settings.2
- Using technology in health interventions has the potential to promote EBI dissemination and sustainability.3
- The RE-AIM framework allows for evaluation of interventions and their potential for dissemination and sustainability.4
- Project HEAL (Health through Early Awareness and Learning) is a community-based implementation trial using a CHA model to deliver EBIs in African American churches.

Purpose

Compare the “reach,” “efficacy,” and “adoption” of web-based versus traditional classroom CHA training within the context of Project HEAL using the RE-AIM framework.

Project HEAL Research Design

- Churches recruited by research team members from community partner in Prince George’s County, MD (Target recruitment number = 14)
- Churches randomized to two study groups: Web-based CHA training or Traditional classroom CHA training
- Recruited and enrolled churches identify two CHAs (1 male and 1 female)
- CHAs complete training (web-based or traditional) and complete certification exam
- CHAs recruit congregation members for 3-part workshop series (Eligibility: age 40-75, self-identity as African American, no personal history of breast, prostate, or colorectal cancer)
- CHAs deliver 3 workshops focusing on breast, prostate, and colorectal cancer

Efficacy

### Participant Breast Cancer Knowledge (women only)

- **ANOVA Results**
  - Between-subjects effects (group): F(1,144) = 6.16, p < .05
  - Main effect (time): F(1,144) = 9.81, p < .05
  - Interaction (group*time): F(1,144) = 0.204, p > .05

- **Participant Level**
  - Web-based (n = 58)
  - Traditional (n = 88)

- **Data Collection**
  - Church/CHA Level
    - Tracking database (research team)
    - Church survey (Pastor or church delegate)
  - Participant Level
    - Baseline survey (enrollment at WS 1-3)
    - Postsession survey (WS3)

### Participant Prostate Cancer Knowledge (men only)

- **ANOVA Results**
  - Between-subjects effects (group): F(1,144) = 3.25, p < .05
  - Main effect (time): F(1,144) = 8.95, p < .05
  - Interaction (group*time): F(1,144) = 0.204, p > .05

- **Participant Level**
  - Web-based (n = 35)
  - Traditional (n = 40)

### Participant Colorectal Cancer Knowledge

- **ANOVA Results**
  - Between-subjects effects (group): F(1,144) = 4.76, p < .05
  - Main effect (time): F(1,144) = 15.61, p < .001
  - Interaction (group*time): F(1,144) = 2.38, p > .05

- **Participant Level**
  - Web-based (n = 65)
  - Traditional (n = 91)

Conclusions

- Churches in the traditional group had greater reach than churches in the web-based group.
- Project HEAL had good participant-level outcomes with regard to the RE-AIM model levels of efficacy.
- Churches had reasonable adoption of Project HEAL with most enrolled churches completing the 3-workshop series.

Limitations

- Church data regarding participant eligibility for reach was incomplete (e.g., personal cancer history).
- Participant screening behavior not yet analyzed – collected at 12-month survey.

Future Research

- A web-based CHA training approach has the potential to increase EBI reach and implementation.

References