



National Cancer Institute Cancer Control P.L.A.N.E.T.

Follow-Up Study on Usage Report

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Submitted by

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Introduction

In April 2003, the National Cancer Institute (NCI) established Cancer Control P.L.A.N.E.T. (Plan, Link, Act, Network with Evidence-Based Tools), a Web portal designed to provide data and resources for public health professionals interested in designing, implementing, and evaluating evidence-based cancer control programs. P.L.A.N.E.T. contains five sections: (1) State Cancer Profiles, (2) Cancer Control Partners, (3) Evidence Reviews, (4) Research-Tested Intervention Programs (RTIPs), and (5) Planning and Evaluating Comprehensive Cancer Control Programs. Within P.L.A.N.E.T., professionals can find information on nine different topic areas: breast cancer screening, cervical cancer screening, colorectal cancer screening, diet/nutrition, informed decision making, physical activity, sun safety, survivorship, and tobacco control.

In 2008, MANILA Consulting Group (MANILA) conducted qualitative research on behalf of NCI to better understand usage patterns of the various P.L.A.N.E.T resources—in particular, RTIPs. MANILA conducted a series of in-person and teleconference focus groups and interviews with program implementers who had adapted or fully implemented a program from the RTIPs Web site and with users who had never used RTIPs.

In response to suggestions obtained through these focus groups and interviews, NCI launched an updated version of the RTIPs Web site in March 2010. NCI also developed a series of Webinars designed for researchers and end users that highlight various areas of research-to-practice resources, referred to on the P.L.A.N.E.T. Web site as Research to Reality (R2R), which serves as an educational and marketing tool for RTIPs. Additional RTIPs have been added, and the topic areas for RTIPs were also expanded to include public health genomics. Contact information for program developers is now included on the RTIPs website, provided that developers have given consent for the display of their information. When available, contact information can be found on the RTIPs “products” page, making it easier for implementers to seek implementation guidance.

The new study described here aimed to follow up with focus group participants to solicit their opinions on the changes to Cancer Control P.L.A.N.E.T., RTIPs, and R2R, and their impressions of the new Webinars. The study also sought to gain additional insight into how to enhance the Cancer Control P.L.A.N.E.T. and RTIPs Web sites (see Appendix 1).

Methodology

All 2008 participants were contacted and invited to participate. Of 17 potential participants contacted, 3 were no longer employed with the same agency, and new contact information was unavailable. Two participants did not reply to email and phone messages, two replied but were unable to participate, and one replied after the deadline so could not be included, yielding a total of nine participants. Six were able to participate in the focus group call, and three were interviewed by phone individually (see Exhibit 1). Four work settings were represented:

academic institutions, State government agencies, hospitals, and nonprofit institutions (see Exhibit 2). Both the focus group and the individual interviews were recorded, and informed consent was obtained from all participants.

Exhibit 1. Participant Flow Chart

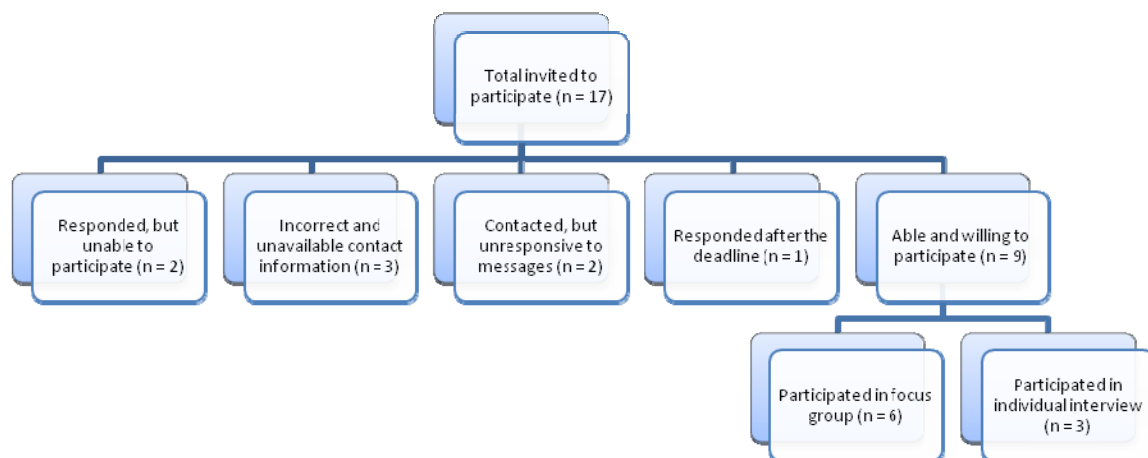


Exhibit 2. Participants' Work Settings

Setting	Frequency (Percent)
Academic Institution	3 (33.33)
State Government Agency	3 (33.33)
Hospital	2 (22.22)
Nonprofit Organization	1 (11.11)
TOTAL	9 (100.00)

Incentives: Participants were offered a \$100 Amazon.com gift card for their participation, with the exception of two respondents employed by State or local governments who were not eligible for compensation.

Results

While participants came from different professional backgrounds and used Cancer Control P.L.A.N.E.T. for different reasons, common themes were identified. The participants were pleased with the enhancements made to the Cancer Control P.L.A.N.E.T. Web site in response to the wish list generated from the 2008 focus groups. In particular, they were happy with the increase in interventions listed on RTIPs and they found the addition of the search function very helpful. They were pleased the agreement page has been eliminated, so that entry into RTIPs is

now more immediate. And they also liked the addition of the R2R website. The participants' collective wish list included the following:

1. Greater number of interventions listed on the RTIPs Web site
2. Forum to learn about experiences adapting programs
3. Online community for health professionals
4. Enhancing R2R Webinars
 - a. Adding implementation Webinars
 - b. Faster upload of R2R Webinars to the archives
 - c. Staggered scheduling of R2R Webinars
 - d. R2R Webinars with greater specificity
 - e. Simpler technology options for R2R Webinars
5. Glossary, instructional Webinars, and fact sheets about evidence-based reviews
6. Modifications to the mentorship program
7. Following cancer control practitioners as they adapt evidence-based programs in real-world settings

1. Greater number of interventions listed on the RTIPs Web site

Participants were pleased to see substantially more programs on the RTIPs Web site, though there were areas where they would like to see more studies, such as colorectal cancer (specifically colonoscopy adherence) and breast cancer. Some participants suggested additional topic areas and populations, including testicular cancer, rural populations, Medicare and Medicaid beneficiaries, the uninsured, work site interventions, and interventions tailored to specific racial or ethnic populations. All participants agreed that the more programs on RTIPs, the better, and they would like new programs posted more frequently.

2. Forum to learn about experiences adapting programs

Participants were interested in learning about others' experiences with implementation. Several formats were mentioned for disseminating this information, including a blog, a video diary, a chat box on the study page allowing comments, and a summary or testimonial on a Web page from those having implemented an intervention. The main concern cited was a lack of time, and three participants agreed a shorter explanation would be better; they would forget to look at a blog or video diary that was updated weekly. Many would only want to participate in topics specific to their areas of interest.

3. Online community for health professionals

Participants were receptive to the idea of an online community for health professionals. The issue of time came up again, with many indicating they would not be able to read or respond to queries not directly related to their field or program. They believed information on a topic area

directly related to their work would ultimately be helpful to their research and/or program implementation.

4. Enhancing R2R Webinars

a. Adding implementation Webinars on the R2R Web site

Participants would like to see more Webinars that discuss program implementation, either incorporating experience implementing a program or general discussion of ways to tailor programs appropriately and overcome barriers. A prior Webinar discussing how three separate people implemented specific programs was mentioned as one that participants would like to see again.

b. Faster upload of R2R Webinars to the archive

Because it takes at least 5 days for the Webinars to be uploaded into the archives, participants said they forget to view them and wish they could be uploaded within 24 to 48 hours, with a listserv email sent alerting of the availability of the podcast.

c. Staggered scheduling of R2R Webinars

Many participants had been interested in at least one prior Webinar but were unable to attend because of the set schedule. They hoped to see Webinars on different days and at different times to increase the likelihood they could participate.

d. R2R Webinars with greater specificity

Participants were pleased with the addition of R2R, and some had recommended it to colleagues. A participant mentioned she would like to see Webinars that provided concrete examples of innovative implementation activities and community intervention activities.

e. Simpler technology options for R2R Webinars and/or archives

One participant found that her community partners were unable to access R2R because of technical constraints (some community organizations have slower Internet connections or older computers, and current audio and video formats cause computers to freeze or crash). She suggested it would be helpful to have information available in a more basic format.

5. Glossary, instructional Webinars, and fact sheets about evidence-based reviews

As noted in the report from the focus groups and interviews in 2008, many participants found the language on the Web site too technical or academic for some community partners. Some participants have referred colleagues to the Web site, and one walks them through the terms and explains the importance of evidence-based reviews.

Participants supported the idea of a glossary of terms in addition to fact sheets and Webinars as a type of learning center to instruct those without a public health background about the Web site and programs. Other participants indicated a glossary may not be basic enough for audiences unfamiliar with evidence-based parlance. One participant mentioned fact sheets would be helpful for stressing the importance and value of using evidence-based programs to peers and superiors.

6. Modifications to the mentorship program

Participants were enthusiastic about the mentorship program, though some felt the small number accepted made it exclusive to the point it discouraged them from recommending it to potential applicants. One participant mentioned she could not find the sample programs that had been accepted before, as advertised in an email about the program, which left her frustrated.

7. Following cancer control practitioners as they adapt evidence-based programs in real-world settings

Participants are interested in watching someone go through the process of implementing evidence-based programs in real-world settings. They feel it would be helpful to learn about issues and barriers that may arise and how they are addressed. However, most participants indicated they would not have time to follow a blog in real-time and would prefer a format where they could read about a topic, watch a video at their convenience, or receive weekly summaries via email. One participant indicated it would be helpful to have this kind of indepth information for a few different programs, and it would also be helpful to have similar information on all RTIPs interventions, but in more abbreviated form.

Conclusion

Overall, the responses to changes made to the Cancer Control P.L.A.N.E.T and RTIPs Web sites were positive. Participants commended the new search functions, and they have found them helpful in finding programs tailored to their needs. Participants were positive about online community functions, but time constraints were cited as a concern.

Recommendations

- Make podcasts available no later than 48 hours after a Webinar has taken place, and send an announcement about posting to the entire listserv.
- Expand the number of participants in the mentorship program, and ensure advertised materials are available.
- Continue to expand RTIPs topic areas.

Appendix 1. NCI Cancer Control P.L.A.N.E.T. Focus Group Follow-Up Questions [DRAFT]

1. In the past 6 months, have you visited Cancer Control P.L.A.N.E.T.? [yes/no]
 - a. [If YES to Q1] Have you noticed the changes made to Cancer Control P.L.A.N.E.T.? [yes/no]
 - b. What new changes would you like to see made to Cancer Control P.L.A.N.E.T.?
 - c. [If YES to Q1] Have you noticed the changes made to the Research-Tested Intervention Programs (RTIPs) Web site on the Cancer Control P.L.A.N.E.T.? [yes/no]
 - i. Have the changes lead to an increase in your use of RTIPS? [yes/no]
 - ii. Please tell us about your experiences in finding the information and resources you are looking for on RTIPS.
 - iii. Are there any additional changes to the RTIPs website that you would like to see? [yes/no]
 1. [If YES to Q1biii] What types of changes, specifically, would you like to see?
 - d. [If NO to Q1] What are your reasons for not visiting Cancer Control P.L.A.N.E.T.?
2. Do you perceive value in an online community designed to connect with other public health professionals to ask questions, discuss ideas and solutions, share useful resources and tools?
 - i. What would entice you to participate in such a community?
3. Are you aware of Step 2: Research to Reality (R2R) on Cancer Control P.L.A.N.E.T.? [yes/no]
4. Have you ever visited the R2R web site? [yes/no]

- a. [If Yes to Q4] Please tell us about your experiences and interactions with the R2R web site (i.e. posted a discussion thread, submitted a discussion, registered for a cyber seminar).
 - i. What would you say you have gained from your experiences with R2R?
 - ii. Would you participate in a dialogue on R2R?
 - 1. What discussion topics would you be interested in joining?
 - b. [If YES to Q4] Have you participated in any of the R2R Cyber-Seminars?
 - i. [If YES] Please tell us about your experiences with the R2R Cyber-Seminars?
 - ii. [If NO] What are your reasons for not participating in the R2R Cyber-Seminars?
 - c. [If YES to Q4] Would you follow cancer control practitioners sharing their experiences trying to adapt evidence-based programs in real-world settings?
 - i. How would you be interested in receiving that information, blogs, Q&As, conference calls, etc
5. What additional resources or information would you like to see on the Cancer Control P.L.A.N.E.T.? R2R?