



Dissemination strategies

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Implementation and dissemination research

- **Implementation :**

- the use of strategies to ***adopt and integrate*** evidence-based health ***interventions*** and change practice patterns within specific settings.

- to ensure that the ***knowledge generated is integrated effectively into decisions and prevention policies, and that those reach vulnerable communities.***

- **Dissemination:** the ***targeted distribution of information and intervention materials to a specific public health or clinical practice audience.*** The intent is to spread (“scale up”) and sustain knowledge and the associated evidence-based interventions.

- **Evidence-based intervention:** the objects of dissemination and implementation are ***interventions with proven efficacy and effectiveness.***

Public health benefit is not just determined by evidence of efficacy/effectiveness, but also by:

1. **Reaching large numbers** of people for most benefit
(Impact “How many people are affected?”)
2. Being widely **adopted** by different settings
3. Being consistently **implemented** by staff members with moderate levels of training and expertise
4. Producing **replicable** and **long-lasting effects** (and minimal negative impacts) at reasonable cost

What we know about Dissemination?

1. Generally does ***not occur spontaneously*** and naturally
2. ***Passive*** approaches to dissemination are largely ***ineffective***
3. Single-source prevention messages are generally less effective than ***comprehensive, multilevel approaches***
4. ***Stakeholders involvement*** is likely to enhance dissemination
5. ***Theory and frameworks*** for dissemination are beneficial
6. The process of dissemination needs to be ***tailored to various audiences***

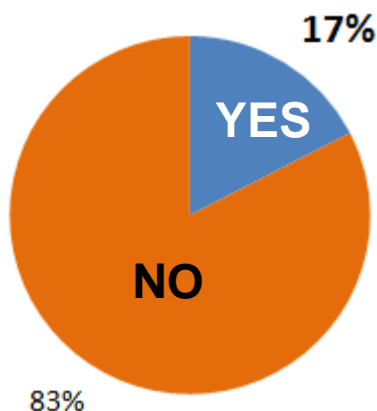
Impact of the European Code against Cancer (ECAC)

- 30 years and 4 editions later → still not very well known among EU citizens, health professionals or cancer prevention scientist
- Reliable knowledge about cancer awareness in the population and readiness to change behaviours needed to design effective cancer prevention strategies → Insufficient knowledge, adherence and practice of the ECAC in the population of EU
- Previous editions of the ECAC have received little evaluation on their impact (e.g. Lana *et al.*, Pérula-de-Torres *et al.*)
- m-Health dissemination strategies for educational interventions → successful reach and penetration of public health messages

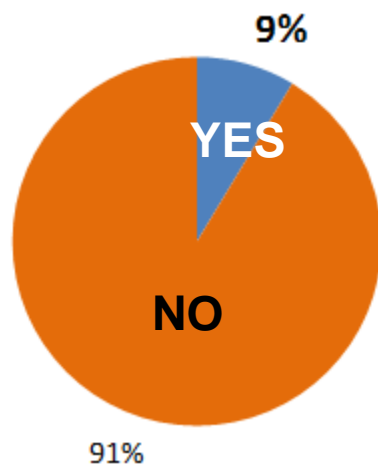
European Cancer Leagues' Survey

- Before taking this survey, had you heard of the 'European Code Against Cancer'?

Poland



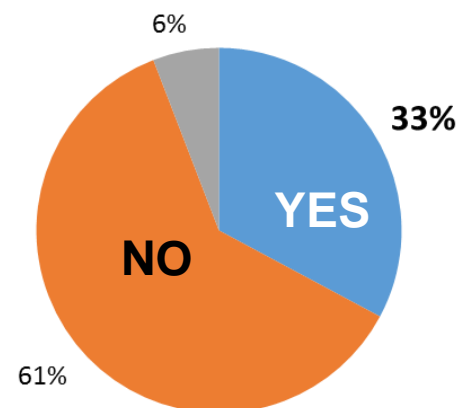
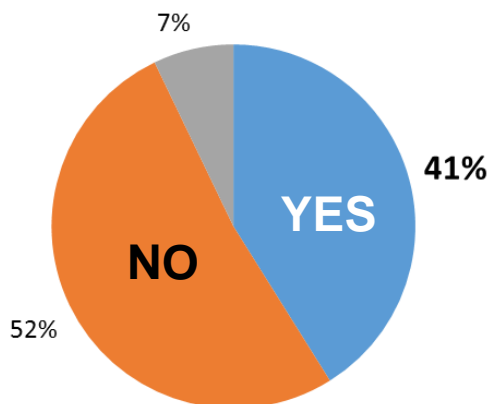
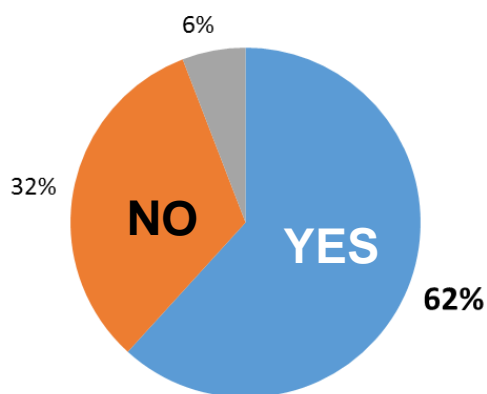
France



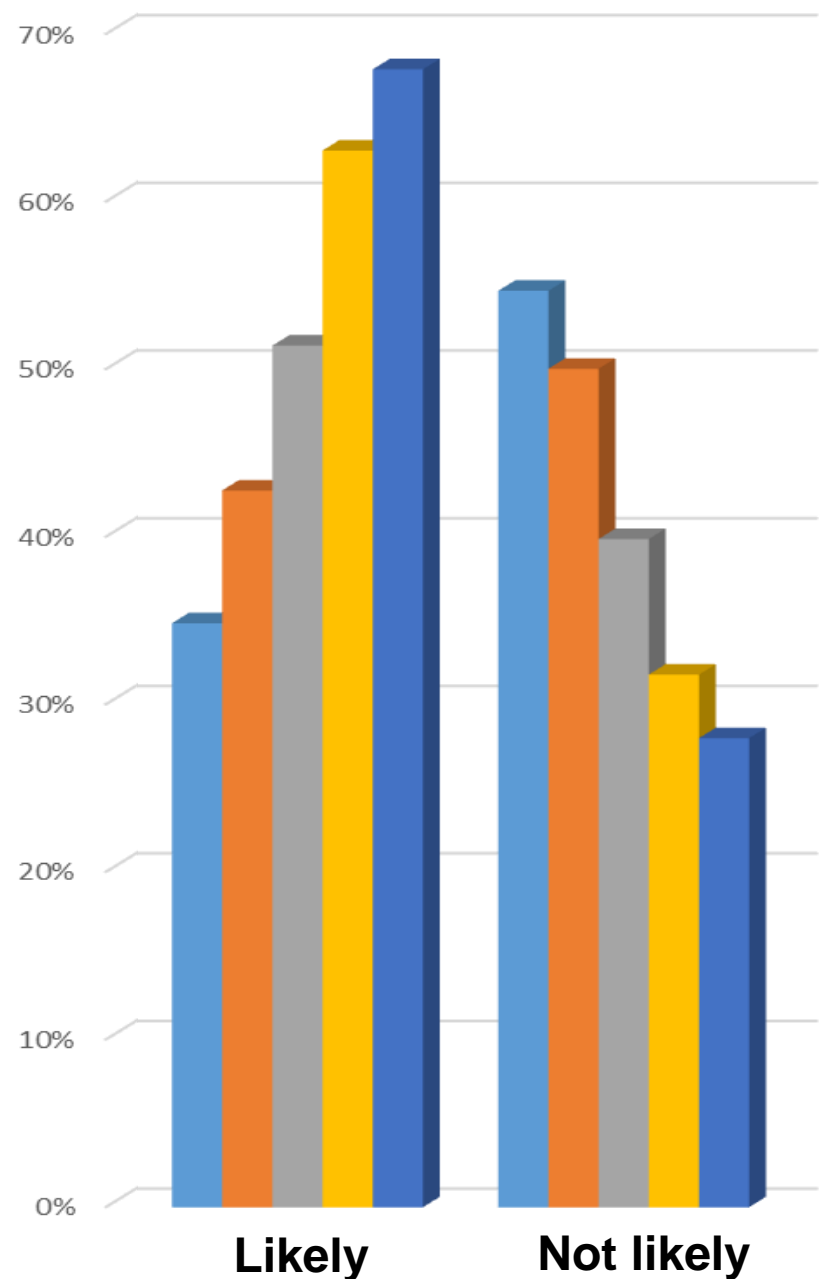
UK



- Thinking about the 12 recommendations that you have just read...Have you learnt anything new about cancer prevention as a result of reading these?



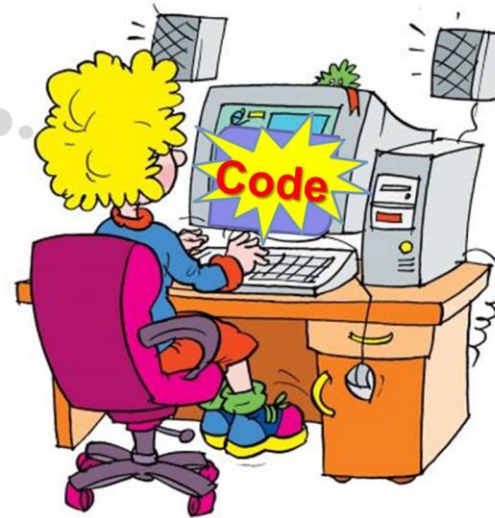
- How likely, if at all, are you to make changes to your lifestyle as a result of reading the European Code Against Cancer?



Dissemination of cancer prevention messages in Latin America and the Caribbean

1. To the individual

What can I do to reduce my risk of cancer?



2. To health professionals, educators, etc.



Dissemination channels: m-Health

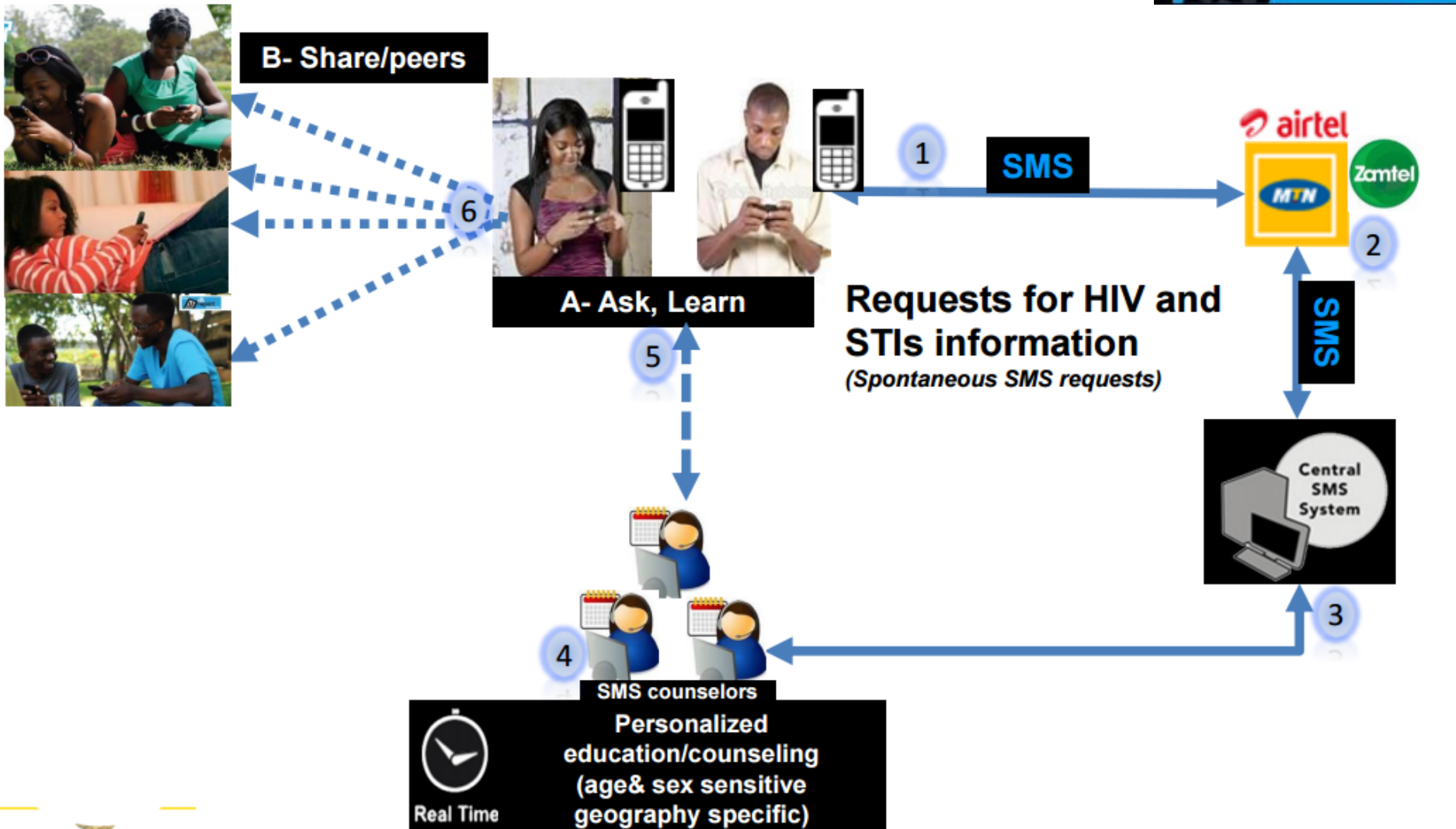
mHealth is a cost-effective and accessible way to get health information and tools to people

Telemedicine: diagnosis



mTobaccoCessation in Costa Rica

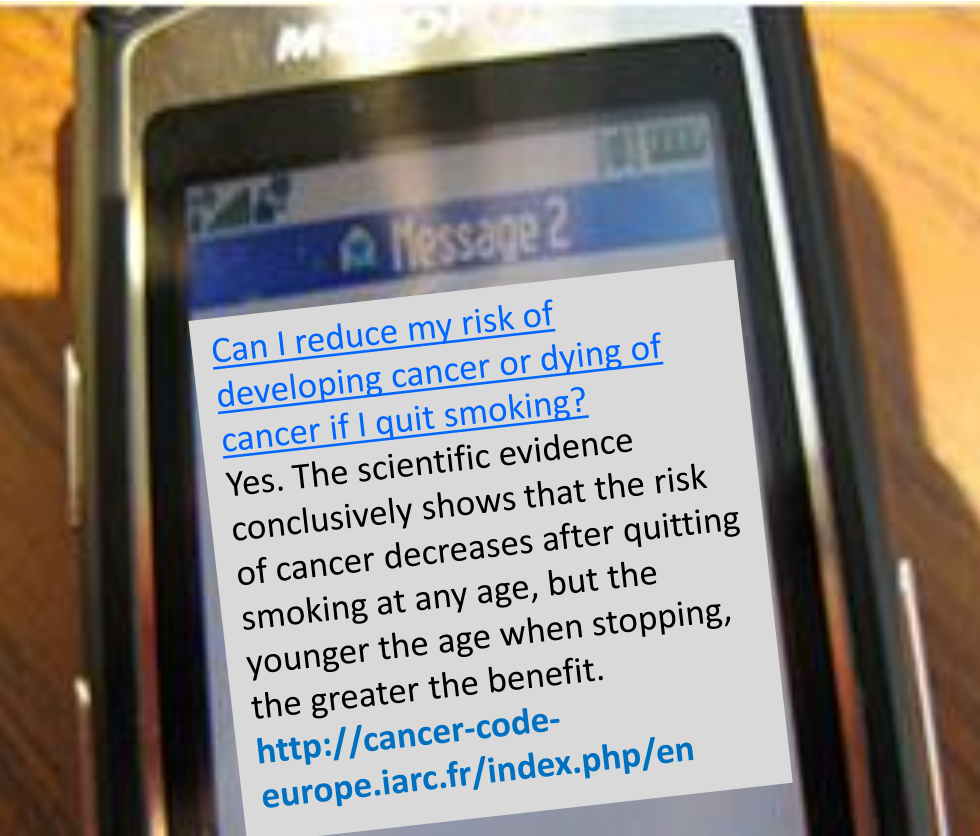




Messages from the recommendations and the Q&A

by SMS

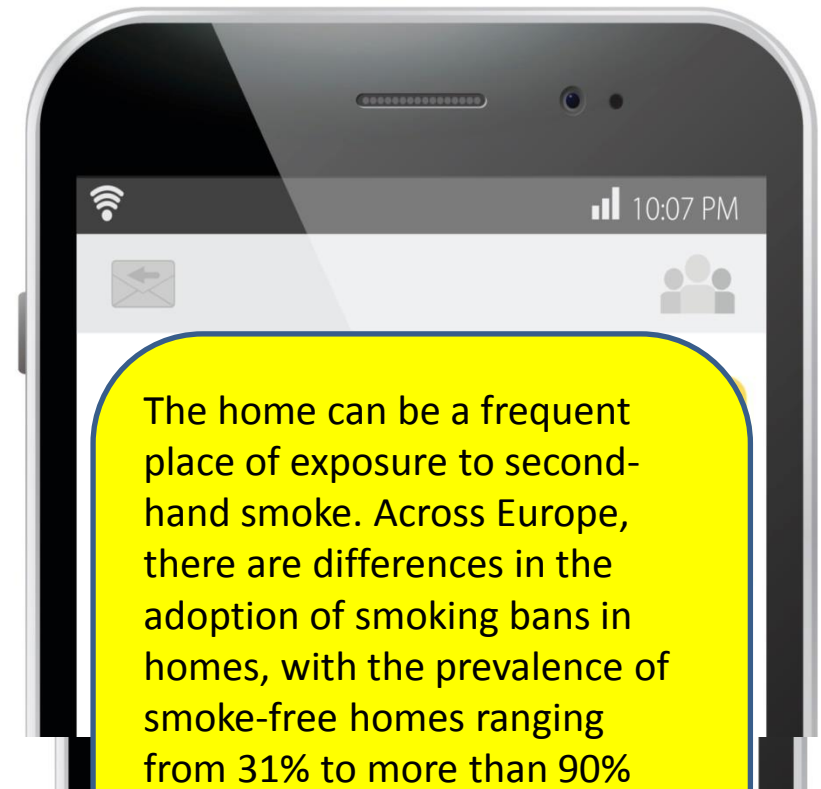
by Smartphone (WhatsApp)



Can I reduce my risk of developing cancer or dying of cancer if I quit smoking?

Yes. The scientific evidence conclusively shows that the risk of cancer decreases after quitting smoking at any age, but the younger the age when stopping, the greater the benefit.

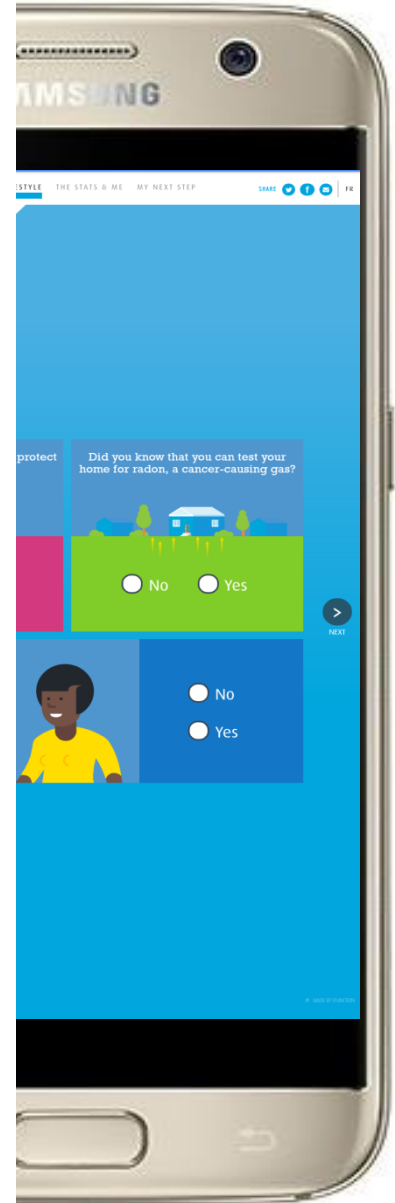
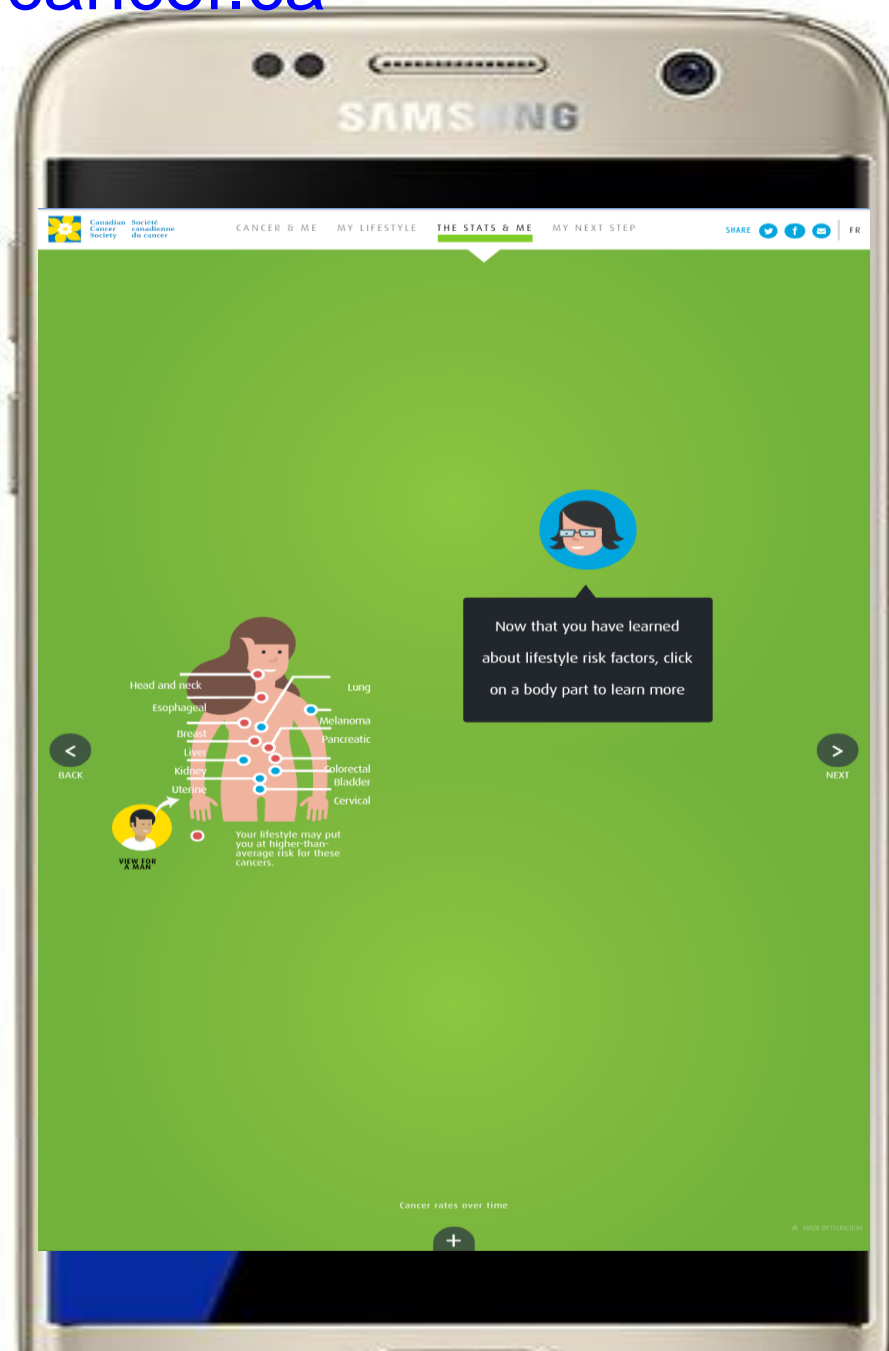
<http://cancer-code-europe.iarc.fr/index.php/en>



The home can be a frequent place of exposure to second-hand smoke. Across Europe, there are differences in the adoption of smoking bans in homes, with the prevalence of smoke-free homes ranging from 31% to more than 90% across countries.

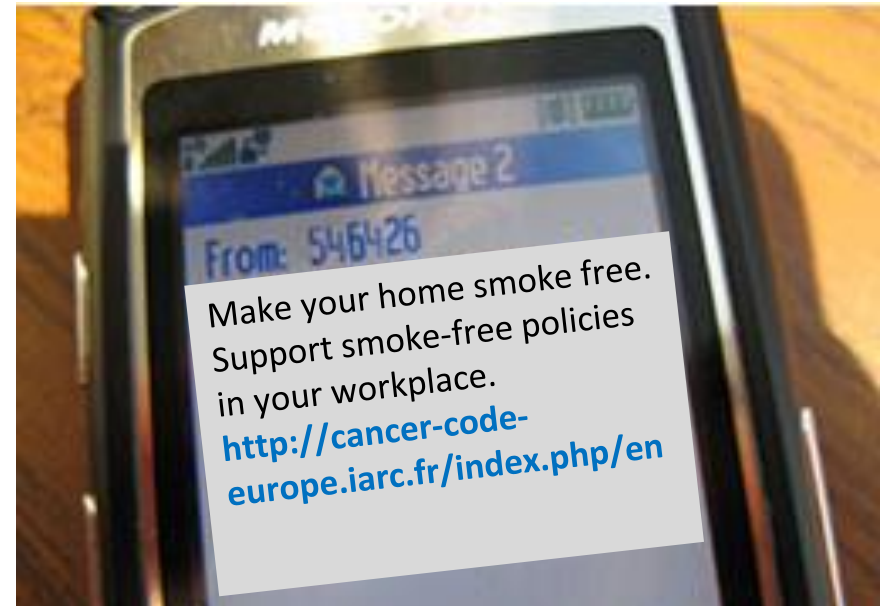
<http://cancer-code-europe.iarc.fr/index.php/en/>

<http://itsmylife.cancer.ca>



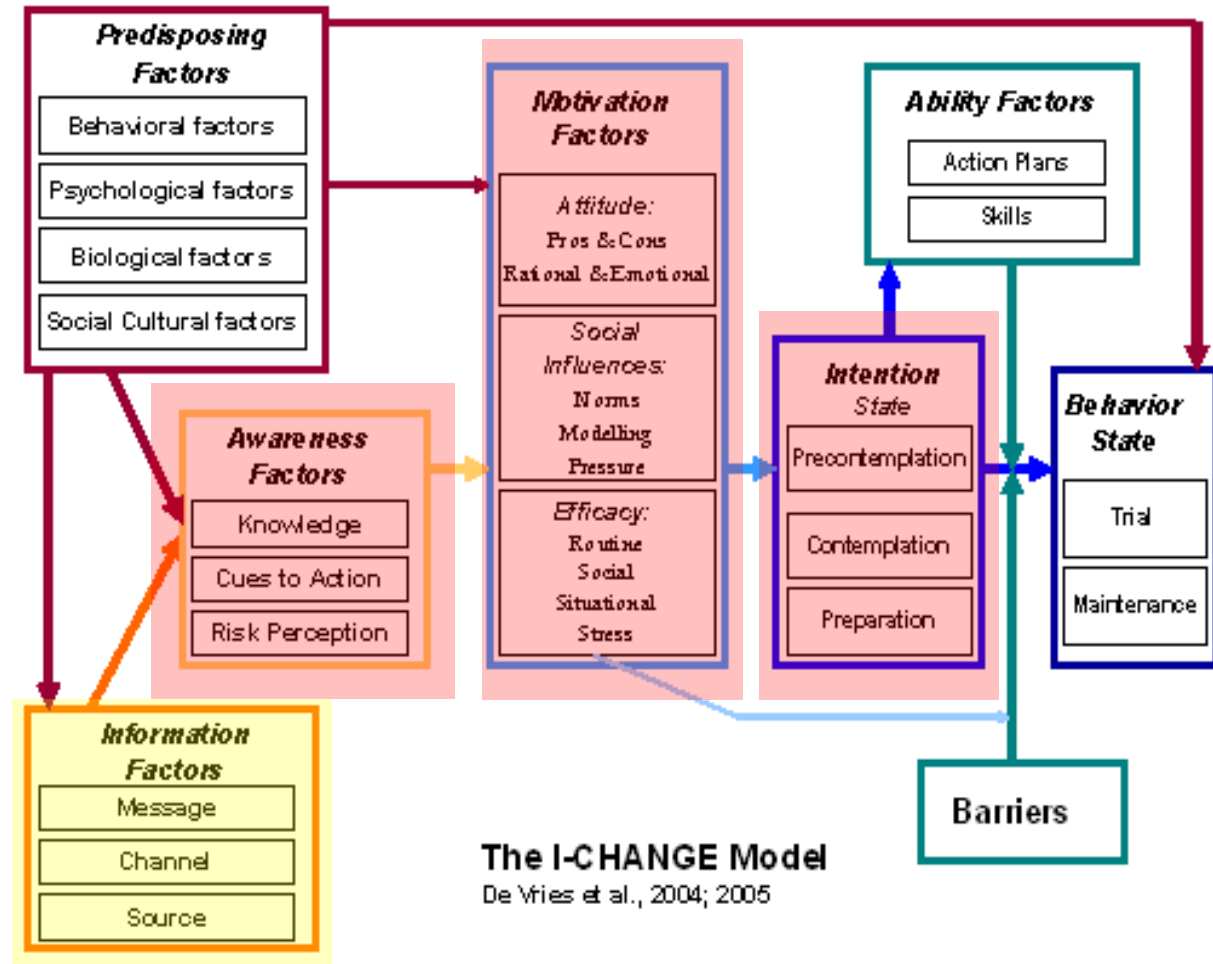
STUDY: Assessing the impact of SMS for dissemination of cancer prevention recommendations in Latin America

1. Evaluating changes in awareness and motivation towards cancer prevention and “intent-to-change behaviour”, after receiving SMS
2. Determining whether SMS are an appropriate means of dissemination of cancer prevention messages in countries of Latin America → for potential Latin American recommendations



Theory: I-Change Model

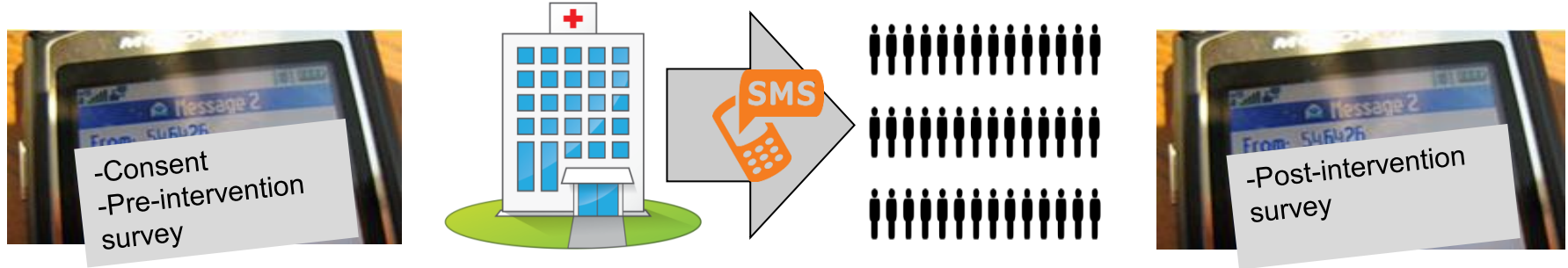
- ✓ I-Change Model or the Integrated Model for explaining motivational and behavioural change (from the Attitude–Social influence–Self-efficacy Model)
- ✓ Behaviour is the result of a person's intentions and abilities
- ✓ 3 phases in the behavioural change process:
 - awareness,
 - motivation
 - action



Study design

Goal: to evaluate the impact (*efficacy x participation*) of **effective compliance** with cancer prevention messages after dissemination through SMS.

Methodology



- Multisite interventional study (cluster randomized control trial)
- Pre/post intervention assessment
- All population recruited through the corresponding national health insurance system (cluster = health care area)

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- Participation rate is important
(**impact = efficacy x participation**)

Awareness and Beliefs about Cancer (ABC) measure (International Cancer Benchmarking Partnership)

- The ABC questionnaire is an internationally validated tool which was used to survey 19,079 respondents.
- The tool was tested in all participating countries with minor variations included to allow for differences in cultural and health systems.



Expected outcomes (I-Change model):

- a) **Awareness** of cancer prevention recommendations
- b) **Intention** to adopt/maintain the recommended health behaviours
- c) **Motivation** factors to be affected by knowledge and to in turn influence intentions
- d) **Differences** by intervention group
- e) **Impact** of the dissemination strategy:
 - i. Population coverage (% population that can be reached by the dissemination strategy)
 - ii. and participation rates (% population participating in the intervention)

¡Gracias por su atención!

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