Implementation During a Pandemic: Findings, Successes, and Lessons Learned from Community Grantees

Wilhelmenia Mathias1 · Karen A. Nichols2 · Jewel Golden-Wright1 · Ciaran M. Fairman3 · Tisha M. Felder4 · Lauren Workman5 · Karen E. Wickersham4 · Kimberly J. Flicker6 · Jingxi Sheng4 · Samuel B. Noblet7 · Swann Arp Adams4,8 · Jan M. Eberth9 · Sue P. Heiney4 · Sara Wilcox10 · James R. Hébert8 · Daniela B. Friedman6

Abstract

Funding communities through mini-grant programs builds community capacity by fostering leadership among community members, developing expertise in implementing evidence-based practices, and increasing trust in partnerships. The South Carolina Cancer Prevention and Control Research Network (SC-CPCRN) implemented the Community Health Intervention Program (CHIP) mini-grants initiative to address cancer-related health disparities among high-risk populations in rural areas of the state. One community-based organization and one faith-based organization were funded during the most recent call for proposals. The organizations implemented National Cancer Institute evidence-based strategies and programs focused on health and cancer screenings and physical activity and promotion of walking trails. Despite the potential for the COVID-19 pandemic to serve as a major barrier to implementation, grantees successfully recruited and engaged community members in evidence-based activities. These initiatives added material benefits to their local communities, including promotion of walking outdoors where it is less likely to contract the virus when socially distanced and provision of COVID-19 testing and vaccines along with other health and cancer screenings. Future mini-grants programs will benefit from learning from current grantees’ flexibility in program implementation during a pandemic as well as their intentional approach to modifying program aspects as needed.

Keywords Community-Engaged Research · Mini-Grants · Implementation · COVID-19
Introduction

The Cancer Prevention and Control Research Network (CPCRN) is a Centers for Disease Control and Prevention (CDC)-funded collaborative initiative [1]. First conceived in 2002, CPCRN created a network of sites aimed at translating evidenced-based research into clinical and community settings to prevent cancer and improve cancer survivorship. Over time, this initiative has greatly expanded as the field of dissemination and implementation science has formalized and expanded in scope and extent [2]. The CPCRN is predicated on the principle that combining resources and expertise across centers results in greater progress toward implementing and disseminating effective cancer prevention and control interventions. The ultimate vision of the national CPCRN and the funded collaborating centers is:

To accelerate the adoption and implementation of evidence-based cancer prevention and control strategies in communities, enhance large-scale efforts to reach underserved populations and reduce their burden of cancer, deepen our understanding of the predictable processes that achieve those goals, and develop the D&I workforce in cancer prevention and control (www.cpcrn.org).

The South Carolina CPCRN (SC-CPCRN) Collaborating Center has been continually funded since 2002 (with the exception of the 2004–2009 funding cycle) and is now in its fourth cycle [3]. The SC-CPCRN’s Community Health Intervention Program (CHIP) awards $10,000 grants to community/faith-based organizations that have a clinical partner and that propose to implement evidenced-based strategies and interventions for cancer prevention and control [4–7]. Connecting community members to institutional resources through mini-grants is a recognized strategy to translate the content expertise of academics with the contextual expertise of community members to collaboratively study and act to address health disparities [8]. Funding communities through mini-grants builds community capacity by fostering leadership among community members, developing expertise in implementing evidence-based practices, and increasing trust in partnerships that can extend beyond the current project [9]. While mechanisms, health topics, and the size of funding vary greatly [10, 11], mini-grants are awarded to address the funders’ and communities’ common interests of concern [12]. Central to mini-grant awards are strong existing collaborators, communication, and engagement among trusted collaborators, including the community-based organizations [9]. Engaged participants and their influence on their community-based organization (i.e., social, religious, occupational) have demonstrated communities’ diversity and conditions for successful partnerships with researchers and funders [4, 10, 12–17].

Institutions determine their criteria for selecting grantees/projects, measures of impact, and the evaluation process [5]. Previous mini-grants have addressed cancer disparities in rural settings [4, 5, 18], churches [4, 6, 13], federally qualified health centers [19], and worksites [18]. The CHIP mini-grants program is guided by the team’s prior experience working with communities across the Midlands region of South Carolina (i.e., the area around the center of the state where Columbia, the state’s capital, is located). The Midlands region is extraordinarily diverse in terms of urban and rural representation, race, educational attainment, and economic development. As with many other parts of South Carolina, this region experiences a variety of cancer-related health disparities [19–22].

Our CHIP mini-grants program provides resources to community-based, community-focused partners that intend to address these cancer-related health disparities across a diverse range of topics using evidence-based programs adapted for use in their unique circumstances. In the current round of funding, we sought to support community efforts to address the unique rural/urban nature of our region. We also encouraged grantees to approach cancer prevention and control in creative ways. Furthermore, we understood the imperative to adapt to the exigencies of the COVID-19 pandemic. Consequently, the purpose of this manuscript is to describe the grant award selection process, the programs selected by our community partners, the process of implementation of the programs, and the creative solution or adaptations which were necessitated by the COVID-19 pandemic.

Methods

The call for proposals (CFP) was developed using a previous CHIP program CFP and was updated to include a focus on rural areas within South Carolina. A virtual training webinar was added for applicants to attend to learn more and ask questions. Two organizations joined the webinar, and the recording was made available to those who provided letters of intent. The CFP was sent out to University of South Carolina (UofSC) colleagues, social media, and listservs of UofSC Prevention Research Center and CPCRN Coordinating Center, SC-CPCRN Community and Research Advisory Councils and UofSC Arnold School of Public Health website, and corresponding media. Potential applicants were made aware of selection criteria in the CFP and were encouraged to reach out to the project director with any questions. The CFP was released on October 1st, 2020, with the webinar on November 11th, 2020. Letters of intent were due on December 16th, 2020, and applications were due on January 15th, 2021.
The virtual orientation session covered information about the proposal writing process, metrics which would be evaluated, and budgeting requirements. A traditional, NIH peer-reviewed system was incorporated to evaluate and score the proposals on merit and potential impact. Proposals with the best overall score were awarded funds, and the projects were completed within the grant year.

A total of seven letters of intent were received. Four applicants submitted full applications, and two of these were funded. Two organizations that submitted letters of intent notified the team they would not be submitting a full application due to the pandemic affecting plans for their proposed projects. The four applications received focused on breast cancer, multiple cancer screenings, health screenings, and promotion of walking trails. For the review process, the applications were then matched with two SC-CPCRN faculty members whose expertise aligned with the content and could serve as expert reviewers. There was consensus in scores; however, the SC-CPCRN team discussed all applications as a group before selecting the two applications to fund. All applications were evaluated on the following items: description of the proposed evidence-based strategies/program, organizational structure and staff experience, experience working with the intended population, potential barriers/challenges to implementation and proposed solutions, staffing/program champions, evaluation plan, budget justification, proposed timeline, and the technical quality of the application. Applicants were provided with feedback either to address immediately, for those funded, or for future consideration.

Upon notification of funding, the two mini-grant recipient organizations were each linked with two co-investigators from the SC-CPCRN. These individuals served as liaisons throughout the project and had familiarized themselves with the project details and goals. The liaisons contacted the project leader and offered technical assistance as well as community connections. They also attended virtual grantee project meetings to encourage progress toward goals. In some cases, the liaison provided health promotion materials for events. This was a unique cross-learning experience as liaisons and community partners educate each other on priorities, engagement, and evaluation.

Data Collection and Analysis

From the original grant applications and request (if any) for revision, we captured information on the evidenced-based intervention program basics, implementation, and evaluation. Additionally, representatives and leaders from each organization were interviewed by the academic program liaison. All information was informally discussed at monthly and ad hoc meetings of the grant team. Conclusions were derived by team consensus which included representatives from our community partners.

Results

Health Promotion for Prevention and Risk Reduction in a Faith-Based Setting

Trinity Baptist Church (TBC) has served their surrounding community in downtown Columbia, SC for over a century. A historically African American congregation, TBC, has an established Health and Wellness Ministry and long history of community engagement with their Health Ministry team. TBC was selected as a 2020 CHIP mini-grant recipient to implement a program to improve health outcomes for their congregation and community. The TBC Health & Wellness Ministry implemented Project Catch Up to promote health screenings that may have been neglected due to the COVID-19 pandemic and/or lack of resources. Specific components of the program are listed in Table 1.

The educational and awareness-raising sessions at TBC covered a range of topics including COVID-19; breast, prostate, and colon cancers; and mental health. The team used several strategies to raise awareness and participation in program activities including social media postings, flyers, newspaper articles, church announcements, emails, and peer testimonials. Project Catch Up required extensive collaboration with community and clinical partners including the American Cancer Society, PRISMA Health, Palmetto Dental Services, AIDS Healthcare Foundation, Wright Wellness Center, Communications Ministry of TBC, Walgreens, Best Chance Network, and the Office of Rural Health. In total, TBC held three in-person screening/vaccination/testing events, 15 Zoom educational sessions, and created eleven short educational videos for social media. Table 2 provides a summary of evaluation data from the TBC program.

A variety of methods were used to obtain as much evaluation data as possible given the constraints of COVID-19. Surveys were administered or distributed to participants using several approaches (including virtually, telephone, and paper and pencil) to increase response rates (55/65 surveys were returned, 85% response rate).

Development and Promotion of Walking Trails in a Rural County

The Upper Midlands Rural Health Network (UMRHN) is focused on improving community health in three rural counties through collaborations with partners on access to care and health promotion and education initiatives. They
implemented a program to increase physical activity in a rural community located in Fairfield County, northwest of Columbia SC, via a community-wide effort to enhance the usage of two local walking trails (a segment of the larger Palmetto Trail and a historical walking tour in the county seat). Previous funding had been obtained to enhance the trails with fixed physical activity equipment and trail signs [23]. The CHIP funding was used to make community members aware of these opportunities and to promote their use. Table 1 details the various components of the Walking Trail Program. UofSC partners in the Prevention Research Center provided guidance and input about health communication materials and collected and summarized the survey data. The outcomes were obtained via surveys that were embedded in newsletters mailed to all Fairfield County Residents see Table 2).

A total of 82 participants completed the walking trail (N=40) and/or walking tour (N=41) surveys. Survey results indicated that 37.5% had not heard previously of the trail; another 7.5% thought they heard of trail but learned more from the newsletter; 55% did not know previously of the trail improvements; and another 10% thought they had heard of improvements but learned more from newsletter. When asked about trail use in the past month, 65% reported never using it; 20% used it once; and 15% used it two or more times. Regarding planned use in the next month, 62.5% reported being very interested in using trail; 32.5% said they might use trail; and 5% did not plan to use trail.

### Discussion

This article described the CHIP mini-grant application process, program implementation and evaluation for community-based cancer prevention and control, and a brief description of each funded project. The SC-CPCRN grantees implemented their community- and partner-engaged programs during the COVID-19 pandemic. Despite the potential for this to serve as a major barrier to implementation, grantees successfully recruited and engaged community members.
members in evidence-based activities for cancer prevention and control. These activities added tremendous benefits to their local communities, including promotion of walking outdoors where it is less likely to contract the virus when socially distanced and provision of COVID-19 testing and vaccines along with other health and cancer screenings. Their adaptability and pragmatic implementation approach provided meaningful outcomes for all stakeholders, including community members and partnering organizations [24].

The partners of the UMRHN project reported that direct mail was a fair and equitable way to reach all residents, regardless of income, location, level of computer skills, or access/familiarity to the Internet. The authenticity of the materials, which included pictures of familiar people, is of strong importance for a rural community. Although UMRHN’s survey response was lower than anticipated, important information was gleaned. It was discovered that residents did not know of and use these two community resources, which had been part of the community for many years and only recently enhanced. This underscores the need to not only “build it” but also to “promote it.” Feedback such as this should be considered by funders who usually place restrictions on their funding. A comprehensive project to enhance public health should include both the capital portion and well as the outreach activities. Nonetheless, project partners were pleased to see that there was an interest in both of these community resources.

Implementing community programming during the COVID-19 pandemic has presented a host of challenges. The UMRHN project included several elements that brought individuals and families outside and into healthy activities. While precautions were still needed during the pandemic, the Centers for Disease Control and Prevention (CDC) recommendation at the time was that “staying physically active is one of the best ways to keep your mind and body healthy. In many areas, people can visit parks, trails, and open spaces to relieve stress, get some fresh air, and stay active” [25]. UMRHN maintained its solid working relationship with the South Carolina Department of Health and Environmental Control throughout the project in order to stay updated about the most recent COVID-19 strategies and interventions.

One key barrier experienced by Project Catch Up was that participants were hesitant or fearful of coming to in-person screening events during COVID-19. In addition, many partner churches and organizations were closed in the early stages of the pandemic. Thus, the team had to rely on virtual platforms to engage with participants. Challenges were encountered with virtual delivery, as some participant lacked access to the Internet and/or virtual meeting platforms (e.g., Zoom). The TBC adapted by providing call-in numbers, but many continued to express difficulty with seeing the information on the screen.

In addition, planning and marketing Project Catch Up events was extremely time consuming, given the need to adapt strategies in the absence of face-to-face contact. Moreover, getting people interested in participating in screenings and reaching them to schedule appointments was also a challenge. However, the project was successfully adapted and implemented through their creative and flexible approaches, as well as their skill in building partnerships. The Project Catch Up team has a breadth of partnerships in place, which will support their continuation of educational programming and screening services. In addition, the TBC’s Health and Wellness Ministry exhibits a strong commitment to continued implementation of this important work.

Future mini-grant programs will benefit from learning from current grantees’ flexibility of implementation during a pandemic as well as their intentional approach to modifying program aspects as needed. As we move toward developing the next call for proposals, using a similar model from these effective grant programs will help expand the walking trail and screenings efforts beyond their current counties. In discussions with our community partners, we found that they did not realize the evaluation impact of their observations and personal reflections (e.g., we had attendees in Washington DC). Therefore, in future mini-grant cycles, we plan to enhance provision of targeted technical assistance to assist grantees build their capacity in evaluation to better demonstrate the impact of their work. Replicating such work statewide is a collective goal of our team, partners, and grantees.

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Declarations

Conflict of Interest The authors declare no competing interests.

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