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Title

fRAP 2.0: a community-engaged mixed methodology to address primary health care problems

Priority 1 (Research Category)

Mixed methods research

Presenters

Autumn Kieber-Emmons, MD, MPH, William Miller, MD, MA, Michael Topmiller, PhD, Carlos Jaen, MD, PhD, MS

Abstract

Context: fRAP 2.0 is a community engagement approach combining geospatial mapping with rapid qualitative assessment in cyclical fashion alongside communities to capture multifactorial and multilevel features impacting primary care problems. Objective: Proof-of-concept study of fRAP 2.0, applied to cervical cancer disparities in Hispanic women, utilized a community-engagement strategy to identify modifiable contextual and policy features impacting these disparities by region, and disseminate results and strategies for change directly to communities impacted. Study Design and Analysis: This mixed method study combined geospatial mapping of county and zip code level variables impacting cervical cancer from community, medical and policy levels. Areas identified by mapping were qualitatively explored in a rapid assessment process utilizing participant observation, field notes, and key informant interviews. Round table discussion groups and cyclical rounds of mapping, qualitative inquiry and stakeholder engagement were present through every phase of the work. Setting or Dataset: This American Cancer Society funded project included ZCTA level mapping of cervical cancer cases alongside qualitative data in three Texas counties over the last five years. Population studied: This study included data from the Texas Cancer Registry for cervical cancer cases in the three counties from 1995-2015, along with 39 key informant interviews from multiple levels of community, medical systems and policy to create roundtable stakeholder groups in each of three Texas counties. Intervention: Applying the fRAP 2.0 method, we successfully created an action-oriented roadmap of next steps to improve cervical cancer disparities in the Texas counties with emphasis on the high disparity county. Outcome Measures: Identification of multi-level community, medical, and policy contextual factors driving cervical cancer health disparities. Results: Through fRAP 2.0, we identified modifiable policy and change targets for community-engagement action steps. Conclusions: Community-engaged fRAP 2.0 effectively identified local policy change targets for advocacy, and convened a stakeholder group that continues to actively create on-the-ground change to improve cervical cancer health for Hispanic women.