

# Research-practice partnership to implement physical activity maintenance strategies in community-based exercise programs for cancer survivors

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## ABSTRACT

**Background:** Community-based exercise programs (CBEPs) can help cancer survivors increase physical activity (PA) but sustaining this behavior is challenging. **Objective:** Utilize a research-practice partnership framework to explore perceptions of implementing evidence-informed intervention strategies to support PA maintenance and engaging in the partnership. **Methods:** Professionals ( $n=7$ ) who were involved with the delivery of one of four CBEPs for cancer survivors participated in semi-structured interviews. Audio recordings were transcribed, data were coded using an inductive approach and thematically analyzed. **Results:** Themes were the perceived value of maintaining PA for cancer survivors, a need for program adaptations and funding to sustain intervention strategies, and the importance of clear communication to foster a respectful collaboration. **Conclusions:** Findings will contribute to a study an adaptive PA maintenance intervention and can be applied to future research-practice practice partnerships in exercise oncology to help advance our understanding of how to implement and provide support for PA maintenance.

**KEYWORDS:** Cancer survivor, physical activity, research-practice partnership, community-engaged research, implementation

## BACKGROUND

Exercise improves physical and psychosocial outcomes among individuals living with and beyond cancer (i.e., cancer survivors).<sup>1,2</sup> A recent review concluded that exercise plays an important role across the cancer continuum, including reducing declines in physical functioning while improving fatigue, quality of life, and the ability to manage treatment side effects.<sup>3</sup> However, compared to individuals without a cancer history, a lower percentage of cancer survivors are meeting exercise guidelines (14.2% vs. 21.1%),<sup>4</sup> and cancer survivors report only 44 minutes per week of moderate intensity, and 19 minutes per week of vigorous intensity exercise.<sup>5</sup>

Community-based exercise programs (CBEPs) for cancer survivors offer accessible opportunities to help support physical activity (PA) both during and following cancer treatment. Several published reports have demonstrated increases in weekly minutes of exercise and/or PA following these programs, including one study that found a significant increase in PA following participation in LIVESTRONG at the YMCA as compared to the control group.<sup>6-8</sup> Although CBEPs for cancer survivors demonstrate effectiveness for increasing exercise/PA, limited information exists for how to best support these behaviors following program completion. Similar to following completion of research-based interventions,<sup>9-11</sup> maintaining PA after CBEPs end is challenging, and determinants range from individual (e.g., fatigue) to environmental factors (e.g., physical space or opportunities to exercise).<sup>12-14</sup> In addition, long term engagement in exercise/PA following structured programs and interventions is highly variable with some individuals able to successfully sustain activity levels whereas others return to insufficient levels of exercise/PA.<sup>15,16</sup>

This variability in long term exercise/PA engagement and the factors which can support these behaviors can be particularly challenging for CBEPs who have finite resources available to them. Thus, when considering approaches to enhance PA maintenance following CBEPs, a pragmatic perspective including practice professionals (i.e., someone who interacts with the patient or participant population such as exercise program leaders or fitness instructors) may be essential for successful implementation.

Practice professionals have unique knowledge, skills, and experiences to consider when testing and implementing PA maintenance intervention strategies in the context of a CBEP. The use of an integrated research-practice partnership process model has been proposed as an effective framework to inform this type of collaborative approach.<sup>17</sup> This model is similar to other approaches such as community-based participatory research,<sup>18</sup> supporting the need for mutual benefit for both the researchers and practitioners/community organization. However the integrated research-practice partnership process model advocates for the application of evidence-based principles in practice setting, not solely evidence-based products (e.g., an intervention wholly tested for efficacy).<sup>17</sup> Thus, we utilized this model as a framework for identifying and involving practitioners from community organizations and gathering their feedback *prior* to implementing and testing evidence-informed strategies to support PA maintenance.

## **OBJECTIVES**

The integrated research-practice partnership process model has previously demonstrated success across a wide range of community partners, target audiences (e.g., older adults, rural adults, etc.), and specifically in work focused on PA promotion.<sup>17</sup> Thus, the aim of this study was to utilize an integrated research-practice partnership process model to explore practice professional's perceptions of (a) implementing evidence-informed intervention strategies to support PA maintenance for cancer survivors following their CBEP, and (b) engaging in the research-practice partnership.

## **METHODS**

The current study utilized a qualitative approach consisting of semi-structured interviews and was conducted as part of a larger ongoing study to examine the feasibility and preliminary effects of an adaptive PA maintenance intervention following CBEPs for cancer survivors (NCT06359210). A COREQ checklist for reporting qualitative studies is included in the Appendix.

### *Description of Community Partnership*

The community partners in this study were practice professionals who had a significant role in the operation (e.g., coordinating, directing) and/or delivery of one of the four CBEPs for cancer survivors that

were participating as a community partner in the larger study. Partnership began in 2019, prior to the first submission of the grant that would ultimately fund this study (R21CA256656). The investigator (HJL) approached CBEP leaders to discuss broadly the idea of PA maintenance following their CEBP's, and if it would be possible to partner for a grant proposal to fund the development, implementation, and testing of PA maintenance intervention embedded in their CBEP. These were the only community partners approached, and all were interested in moving forward with the grant proposal. Partners were sent updates as the proposal was developed and were aware that the first two years of funding would be dedicated to determining acceptability of maintenance intervention components and conducting a needs assessment for intervention delivery at three community-based fitness facilities. Community partners provided letters of support for the grant proposal and input on budgetary needs. After the grant was awarded, practice professionals participated in a series of meetings with the study team to discuss mutual interest in helping cancer survivors maintain PA levels following the CBEP. Processes, procedures and overarching goals of the larger study to be implemented within the context of the respective program were discussed. The PA maintenance intervention strategies that were presented in these series of meetings included “booster” exercise sessions that would mirror the current program’s exercise sessions and social cognitive theory informed discussion sessions that would operationalize behavior change techniques such as self-monitoring, goal setting, and problem solving.<sup>19,20</sup> Meetings were held quarterly over the course of 6-18 months, and meeting topics and discussions were used to develop the interview guide, along with suggested topics related to feasibility of implementing intervention strategies (see Table 1).<sup>21</sup>

### *Data Collection*

The same practice professionals who participated in the meetings ( $n=7$ ) were invited to complete semi-structured interviews via Zoom videoconferencing ( $n=6$ ) or face-to-face ( $n=1$ ). An interview guide was developed to assess the resources required for implementing an intervention (See Table 1.) All interviews were conducted by one, qualitatively trained facilitator (EL) with didactic qualitative methods course, work, training and experience conducting interviews. Interviews lasted approximately 25 minutes.

Demographic characteristics of participants including age, sex, race, education level, and length of time working at the respective CBEP were self-reported and collected using REDCap.<sup>22</sup> All participants signed an informed consent to participate, and study procedures were reviewed and approved by Colorado State University Institutional Review Board (CSU IRB#1740).

### *Data Analysis*

All interviews were audio-recorded using Zoom videoconferencing software and transcribed verbatim using Microsoft Word. QRS NVivo Windows software was used to manage the data. Thematic analysis was conducted using an inductive approach, where codes are derived from the data,<sup>23</sup> and followed the thematic analysis framework by Braun and Clarke.<sup>24</sup> Prior to data analysis, the interview facilitator [EL] and a graduate student research assistant [HKC] engaged in the following process: (1) familiarization of the data (i.e., executing a preliminary review by reading the transcripts and creating a codebook), (2) generating initial codes (i.e., descriptive identification of the data and transferring codes to the codebook) (3) generating themes (i.e., extracting codes based on the codebook, grouping based on patterns that emerged, and establishing themes and subthemes), (4) defining and naming themes (i.e., review of themes and subthemes with additional members of the research team). The interview facilitator, and graduate research assistant [EL, HKC] and co-authors [CAF, JDP], who specialized in qualitative research, reviewed the preliminary themes to limit bias and understand the decision-making behind the development of each theme. Through critical reflection, collaboration, and structured measures, themes were developed. Frequencies and means (SD) were used to summarize participant characteristics. The community partners were not involved in data analysis.

## **RESULTS**

Participants were mostly female (86%), all non-Hispanic white, had a college degree or higher, and had been involved in the CBEP for  $\geq 1$  year. Participant demographics are detailed in **Table 2**.

Four main themes were identified: (1) value of PA maintenance intervention strategies, (2) barriers to long-term adoption/sustainability of PA maintenance intervention strategies in the context of the current program, (3) logistical aspects to consider in a research-practice partnership to facilitate success, and (4) positive experiences in the research-practice partnership. Results are reported using a heading and subheading approach to better understand the specific elements that contributed to the practice professional's experiences (See Figure 1).

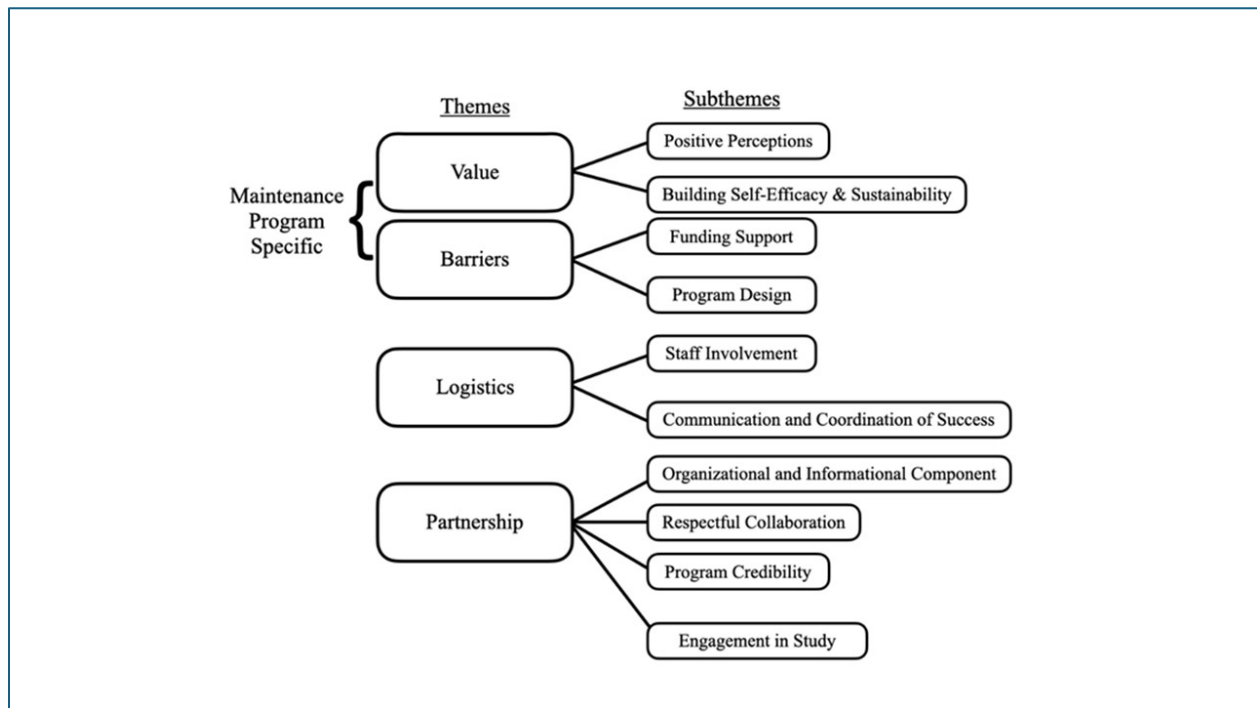


Figure 1. Themes and subthemes.

### **Value of Physical Activity Maintenance Intervention Strategies**

#### *Building Self-Efficacy & Sustainability*

Practice professionals noted that including PA maintenance intervention strategies in their CBEP may provide their participants with the knowledge and skills to create a sustainable activity habit and lifestyle. This was evident when a participant stated:

“The whole purpose of that program [community-based program] was to help them get that comfort and confidence level to continue to come in, so if they don't feel like they do have that maintenance program or any guidelines or guidance on how to do, kind of like the now what phase- then it's almost it's not pointless, but it's almost like we're not helping them further along.”

#### *Positive Perceptions of Including Physical Activity Maintenance Intervention Strategies*

Practice professionals felt that including PA maintenance intervention strategies after their respective CBEP ends would be valuable and helpful for participants, with benefits such as social support and accountability. For example, one participant shared:

“I think for so many of the participants that have come through, they've had this life-changing event happen and there's some safety, like they feel safe here. They feel comfortable. And yeah, they build autonomy, and they learn how to do the exercises on their own. But for some of them, like some things have are forever changed. And so, there's a need for those a lot of those individuals just to have some constant check-ins and almost support or motivation to keep going.”

#### **Barriers to Sustainable Adoption of Physical Activity Maintenance Intervention Strategies**

##### *Funding Support*

Practice professionals from all four programs shared that funding is a major constraint to the long-term implementation of a PA maintenance intervention. One participant explained:

“Probably [the] financial piece is going to be the biggest one..., so being able to continue to finance the, the program development, the pay for the instructors, the time for the instructors, those I would think are the biggest factors of why we haven't done it in the past...”

##### *Program Design*

Practice professionals addressed elements of their exercise oncology program that may need to be adapted or changed in order to implement PA maintenance intervention strategies in their program long-

term. These elements included physical space to conduct maintenance exercise sessions, hiring staff and strategies for participant retention. One participant shared:

“I think we would need to have more permanent instructors. Whether they're you know, paid or volunteer or whatever, that would be they need to be someone that could commit for like a year at least to have that kind of build rapport and relationship with our participants.”

### **Logistical Aspects to Consider in a Research-Practice Partnership to Facilitate Success**

#### *Staff Involvement*

Practice professionals shared the need to have a clear understanding of their role(s) in a study to ensure appropriate support for the research project. One participant mentioned the need to plan for back-up help in the event that another fitness leader is not available by sharing:

“Kind of coordinating that research position or whoever is going to be that person who both coordinates with the class and then also does the testing for the study and then does follow-ups...”

#### *Communication and Coordination of Success*

Practice professionals noted that there are components of the research process that they may not have experience with, such as the process of informed consent to take part in a study, and the importance of study staff taking time to discuss and clarify expectations and study goals. One participant shared the importance of clarifying workflow expectations:

“I think understanding the flow for enrollment, so if somebody expresses interest, is the program coordinator for (community partner), the one who's consenting, where is that happening? How is that happening?”

### **Positive Experiences in the Research-Practice Partnership**

#### *Organizational and Informational Components*

Practice professionals all shared that they appreciated regular communication and meetings with the academic partner, and this helped lead to a more engaged partnership. One practice professional

shared that although videoconference meetings worked well, they appreciated the research partners willingness to travel in-person to the community facility. This participant said:

“I feel like Zoom calls work really good. It's cool that you guys are always willing to come in person and be able to be available and also so you guys could see the facility is really good.”

“I think the meetings where we've ironed out a lot of things were super helpful.”

### *Respectful Collaboration*

Practice professionals noted that a respectful research practice-partnership should ensure that efforts to integrate research into the CBEP should not exceed their regular workload. One participant shared that being mindful of their work responsibilities as well as existing time constraints is important, so that being involved in the research does not add more responsibility to what they are currently doing.

This was illustrated by:

“I think from like the instructor standpoint, like I said would be excited to be part of that as long as it didn't add like a lot more workload or time commitment or it didn't interfere with you know how we run our program.”

### *Program Credibility*

Practice professionals perceived that the partnership with an academic institution provided credibility and value to their CBEP. One practice professional described how the research-practice partnership could help show program participants the impact that the program has on their own health and in the cancer survivorship community at large. This participant reflected that:

“I think a lot of programs would be [interested in partnering with an academic institution], [...] if it provides more information, more data to the participants about their health or their function, their performance I know some of our participants, you know are really into that. They want to know, like, oh, I can, I can do these tests or I can get this information about my body or, or I can contribute to the greater body of knowledge about cancer...Statistic wise, like we're showing proof of why what we're doing makes a difference.”

### *Engagement in Future Study*

Practice professionals all expressed a commitment to improving the lives of cancer survivors through exercise/PA, which led to their initial interest in engaging in the research-practice partnership. Others appreciated the opportunity to learn more about the research process and be able to contribute to research that can benefit cancer survivors. Being able to connect with the goals of the research study drew many of the practice professionals to partner in the study. This was illustrated when one participant shared:

“I think what- it can be hard with studies that I've been a part of in the past is you just you get focused in on just data collection and then the end goal kind of either gets forgotten about ...you guys really want these participants and these people to feel that they can continue their maintenance program- feel confident, and feel able to continue on and that their treatment doesn't have to be their new identity. They can now get back into society and continue on a different and new journey. A new health and wellness goal. It doesn't have to be just cancer treatment.”

### **CONCLUSIONS**

The purpose of this study was to explore practice professionals' perceptions of implementing evidence-informed intervention strategies that support PA maintenance for cancer survivors following their CBEP as well as gather feedback on their research-practice partnership experience. Following semi-structured interviews, practice professionals perceived value in addressing long-term exercise behavior among their participants and the partnership with researchers from an academic institution.

Determining how to best support long-term PA/exercise behaviors among cancer survivors following participation in CBEPs remains a challenge. In a 2019 scoping review of CBEPs for cancer survivors, only 16% of reviewed studies reported measuring individual-level maintenance of any patient-reported outcomes.<sup>25</sup> One study that examined exercise facilitators and barriers following participation in a CBEP for cancer survivors found only 63% reported being able to progress their exercise, and that the structured program and familiarity with the exercise facility were factors that may aid exercise adherence

<sup>14</sup>. Findings from another study that examined determinants of PA maintenance in breast cancer survivors after a community-based intervention suggested that it may be important to consider additional support for breast cancer survivors to sustain their behavior change, however the nature of what that support should look like was unclear. <sup>13</sup> Finally, another study found varying typologies of PA maintenance (i.e., successfully maintained, intermittent, or low PA) among gastrointestinal cancer survivors following completion of a CBEP, <sup>16</sup> suggesting that a one-size fits all strategy to support exercise/PA maintenance (i.e., providing full maintenance support to all participants) may not be the best approach for CBEP who are often required to maximize efficiency of resources like staff time and funding. The current study found that practice professionals' value supporting long-term exercise/PA behavior for cancer survivors following their CBEP but also identified potential barriers to implementing these strategies in the context of their program.

The current study followed processes outlined in the integrated research-practice partnership model proposed by Estabrooks et al. (2019). <sup>17</sup> For example, the structure of the partnership included both research staff and practice professionals, the problem at hand (i.e., challenges of maintaining exercise/PA following CBEPs) was identified and shared by researchers and practitioners, and specific strategies to support exercise/PA maintenance and how they would need to be adapted for each program was identified early on during the partnership process. These processes were conducted prior to the final design and testing of a PA maintenance intervention (NCT06359210), which will be evaluated for both process and health/behavioral outcomes.

Strengths of this study included the use of an evidence-based approach aimed at moving research tested intervention strategies into practice and gathering information from practice professionals from four different CBEPs for cancer survivors to enhance the generalizability of findings beyond a single program. Limitations of this study were a lack of diversity among practice professionals (i.e., all white/Caucasian, similar age), and the absence of participation from organizational leaders, who may have provided additional insights into potential barriers to implementing additional program components.

In addition, their perspectives on a research-practice partnership from an organizational lens may be critical to informing sustainable delivery.

Next steps are to test the feasibility and preliminary effects of an adaptive PA maintenance intervention in the context of CBEPs for cancer survivors, which has potential to overcome the barriers of staff time and funding that might prevent sustainability of traditional one-size fits all approaches to support exercise/PA maintenance (i.e., providing full maintenance support to all participants). Additionally, findings from this study can be applied to research and practice in general by providing, to our knowledge, the first example of utilizing the integrated research-practice partnership model in exercise oncology (i.e., cancer-specific CBEPs). This work demonstrates a way to accelerate knowledge translation for how to implement and provide support for exercise/PA maintenance to other CBEPs for cancer survivors.

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**Table 1.** Interview guide questions

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From your perspective in your role as (role of partner), in this partnership what value do you see in adding physical activity maintenance intervention strategies to your program?

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What has prevented you and/or your organization from implementing a maintenance exercise program in the past?

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Planning for this study has been a long process, can you tell us more about what has kept you engaged as a community partner with this study?

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We have spent time at our last few meetings discussing the logistical aspects of the next phase of the study, like enrollment, consent to participate, data collection, and how we would deliver the maintenance exercise and discussion sessions. Based on what you've learned so far, what do you view as the major logistical aspects that still need to be addressed to help the study, and our partnership run smoothly?

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What feedback do you have to share about working with us in an academic-community partnership for this project?

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What else do you need from us [research staff] to support this partnership?

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Is there anything else you would like to share about planning for the intervention phase of this study?

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**Table 2.** Participant Demographic information ( $N=7$ )

Age (years) <i>mean</i> $\pm$ <i>SD</i>	<b>34.42 <math>\pm</math> 4.56</b>
Sex	
Female	6 (86%)
Race	
White	7 (100%)
Educational level	
Graduate school degree	5 (71%)
College graduate (BA or BS)	2 (29%)
Length of time working with community-based exercise program	
1-5 years	4 (57%)
6-10 years	3 (43%)

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