

# IMPLEMENTATION GUIDE

## Healthy Colon, Healthy Life

*Using an Evidence-Based Program to develop  
a process model for program delivery in the practice setting*

**Note:** Refer to “Using What Works: Adapting Evidence-based Programs to Fit Your Needs”. Review the appropriate Modules and the handouts provided in each, in order to modify and evaluate this program to meet the needs of your organization and audience.

“Using What Works” is available online at:

[http://cancercontrol.cancer.gov/use\\_what\\_works/start.htm](http://cancercontrol.cancer.gov/use_what_works/start.htm)

### I. Program Administration (Type of Staffing and Functions Needed)

**Program Manager (Requirements: experienced community health educator with cancer screening expertise; role may be filled by more than one person)**

- Leads training of community health advisors (CHAs)
- Oversees program support staff and CHAs and all implementation activities within a community-based organization

#### **Primary Care Physician**

- Facilitates the production of a list of potential participants derived from practice records
- Approves the final list of participants to be contacted by CHAs from the community-based organization

#### **Program Support Staff**

- Work with primary care practice staff to identify potential participants from practice records
- Contact participants by telephone to collect information in the baseline survey
- Mail informational brochure and fecal occult blood test kit to participants

**Community Health Advisors (Requirements: Fluency in English and either Spanish or Vietnamese, experience in counseling community members about health topics)**

- Create and deliver customized telephone counseling

### II. Program Delivery

For additional information on modifying program materials, refer to the appropriate Module(s) for program adaptation from “Using What Works”.

**A. Program Materials** (*All listed materials can be viewed and/or downloaded from the RTIPs Products Page*):

- **Intervention Training Manual:** This 13-page manual contains an outline, learning objectives, agenda, and activity descriptions for a 5-session, 20-hour CHA training.
- **Appendix:** This document includes an array of implementation materials organized into three sections:
  1. **Telephone Counselor Training:** This 10-page section includes additional information and practice assignments referenced in the Intervention Training Manual.
  2. **Telephone Counselor Manual:** This 49-page section provides detailed guidance, several conversation scripts and protocols, and all forms and logs for implementation.
  3. **Miscellaneous:** This 13-page section includes Information Cheat Sheets, Telephone Counselor's Debriefing, Algorithm for Identifying Stage of Change, and a sample Excel database.
- **Slideshows:** Three PowerPoint slideshows are provided in English to support the CHA training. All trainees view presentation 1, combined with either presentation 2 or 3 depending on the population the CHA will be working with:
  1. **Healthy Colon, Healthy Life:** This 29-slide presentation describes general colon cancer risk factors, rationale for screening, and description of the screening procedures.
  2. **Colorectal Cancer Screening in Latinos:** This 7-slide presentation includes statistics and information on colorectal cancer and screening behaviors specific to Latino individuals.
  3. **Healthy Colon, Healthy Life: The Importance for Vietnamese Americans:** This 9-slide presentation includes statistics and information on colorectal cancer and screening behaviors specific to Vietnamese individuals.
- **Baseline Survey:** This 38-page survey was administered as a part of a research study evaluating this intervention. New implementation sites may choose to adjust or omit some survey questions depending on outcome assessment and participant data needs. However, information in the following sections must be collected to facilitate the provision of customized telephone counseling: Fecal Occult Blood Test (and associated Barrier questions) and Sigmoidoscopy/Colonoscopy (and associated Barrier questions).
- **Informational Brochure:** Two brochures—one in Spanish with English translation (20 pages), and one in Vietnamese with English translation (23 pages)—include general information on colon cancer prevalence, symptoms, screening options, and common questions and answers on colon cancer screening.
- **Fecal Occult Blood Test Kit:** Each implementation site consults with the participating primary care practice to determine what type of fecal occult blood test kit will be used in the intervention. Each kit should include directions for collecting a sample in the participant's language, a letter from the participant's primary care physician emphasizing the importance of screening, and steps for submitting the kit for testing.

- **Telephone Counseling Script:** This 38-page script is available in English, Spanish, and Vietnamese. The Algorithm for Identifying Stage of Change is used by the CHA to customize the script according to participant responses to the baseline survey.
- **OPTIONAL: Follow-Up Survey:** This 30-page survey was administered as a part of a research study evaluating this intervention. New implementation sites may choose to administer this survey if outcome assessment is desired.

## **B. Program Implementation:**

The steps used to implement this program are as follows:

Step 1: Implementing sites partner with a primary care practice, outpatient clinic, or community clinic and prepare for implementation by identifying individuals to fill key roles noted above and adjusting implementation materials as needed to reflect site-specific needs.

Step 2: Program support staff consult with the primary care physician to identify the type of fecal occult blood test for use with the intervention, and to prepare instructions and physician letter to accompany the kit.

Step 3: CHAs complete the 20-hour training described in the Intervention Training Manual and supported by information in the Appendix, Slideshows, and other program materials. This training is led by one or more individuals meeting the requirements of the program manager role.

Step 4: Program support staff work with the primary care practice staff to create a list of potential participants using age criteria (50–79) and the absence of any contraindicating conditions or diagnoses.

Step 5: The primary care physician reviews and approves the participant list.

Step 6: Program support staff send each participant the Fecal Occult Blood Test kit and Informational Brochure.

Step 7: Program support staff contact participants by phone, administer the Baseline Survey, and record participant responses in an Excel database similar to the sample found in the Appendix.

Step 8: CHAs view participant responses in the Excel database and use the Algorithm for Identifying Stage of Change (found in the Appendix) to develop a customized Telephone Counseling Script for each participant according to the participant's stage of change, identified barriers, and language preferences.

Step 9: Approximately 1–2 weeks after the Fecal Occult Blood Test kit is sent, CHAs contact participants and deliver the customized Telephone Counseling Script.

Step 10: **OPTIONAL:** If the implementation site chooses to engage in outcome assessment, the program support staff contact participants by phone to administer the Follow-Up Survey.

### **III. Program Evaluation**

**For additional information on planning and adapting an evaluation, review the appropriate Modules for program implementation and evaluation from “Using What Works”.**

[http://cancercontrol.cancer.gov/use\\_what\\_works/start.htm](http://cancercontrol.cancer.gov/use_what_works/start.htm)

For further assistance in designing and conducting an evaluation, consider communicating with members from NCI’s Research to Reality (R2R) community of practice who may be able to help you with your research efforts. Following is a link to start an online discussion with the R2R community of practice, after completing registration on the R2R site:

<https://researchtoReality.cancer.gov/discussions>.