

IMPLEMENTATION GUIDE

Self-Referral Reminders for Flexible Sigmoidoscopy Non-Participants

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

Note: Refer to “Putting Public Health Evidence in Action”. 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.

“Putting Public Health Evidence in Action” is available online at:
<http://cpcrn.org/pub/evidence-in-action/>

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

Administrative Staff

- Determines participant eligibility
- Mails self-referral reminders
- Schedules appointments for individuals who request them

II. Program Delivery

For additional information on modifying program materials, refer to the appropriate Module(s) for program adaptation from “Putting Public Health Evidence in Action”.

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

- **Reminder Letter:** The two-page self-referral reminder letter explains the process of self-referral. It includes a “self-referral slip” on the second page that the recipient can return to the screening center with a provided addressed and stamped return envelope. This letter is sent 12 and 24 months after the participants’ 55th birthday if they have not received screening.
- **Follow-up Reminder Letter:** This two-page self-referral reminder letter reminds participants that they are due for screening. It includes a “self-referral slip” on the second page that the recipient can return to the screening center with a provided addressed and stamped return envelope. This letter is sent 4 weeks after each reminder letter is sent if the participants have not received screening.

- **National Health Service (NHS) Standard Information Booklet:** Not as part of the intervention, this 12-page booklet is mailed to participants on or around their 55th birthday inviting them to schedule an appointment for their flexible sigmoidoscopy (bowel scope screening). Twelve and 24 months later, as part of the intervention, the booklet can also be mailed with the self-referral reminder letter to participants who have not yet undergone screening.
- **Theory-Based Leaflet:** This leaflet, developed using behavioral science, can be mailed with the self-referral reminder letter to participants who have not yet undergone screening 12 and 24 months after their 55th birthday. It provides further information about the test and addresses barriers to uptake.

B. Program Implementation:

The steps used to implement this program are as follows:

Step 1: The administrator reviews the program materials and determines whether they need to be modified for the local population and setting. If so, the administrator modifies the reminder letter, follow-up reminder letter, and educational material for the needs of his or her organization.

Step 2: The administrator screens participants for eligibility and identifies adults who remain unscreened for 12 months after being invited for screening. The administrator mails them a reminder letter and educational material (either the standard information booklet or theory-based leaflet). Reminder letters are mailed with an addressed and stamped return envelope.

Step 3: Four weeks after Step 2, the administrator mails follow-up letters to participants who have not been screened.

Step 4: Twelve months after Step 2, the administrator mails a new reminder letter, the same educational material mailed during Step 2, and a return envelope to participants who have not been screened.

Step 5: Four weeks after Step 4, the administrator mails follow-up letters to participants who have not been screened.

III. Program Evaluation

For additional information on planning and adapting an evaluation, review the appropriate Modules for program implementation and evaluation from “Putting Public Health Evidence in Action”.

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