IMPLEMENTATION GUIDE
De Casa en Casa: A community-wide cervical cancer screening program

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

I. Program Administration

Program/Medical Director
- Oversees the implementation and evaluation of the program and ensure timelines for project deliverables
- Guides the clinical service provision and delivery component
- Maintains contact and communication with all community partners/collaborators and responds to questions or concerns about service delivery

Program Coordinator
- Works with Program/Medical Director to monitor program implementation
- Supervises and provides training/orientation to *promotores*
- Produces progress and quarterly reports
- Supervises Program Navigator
- Oversees day to day activities of program (i.e. checking/reviewing participant packets turned in by *promotores*, material procurement, liaising with community partners, data management)
- Ensures quality control and program implementation fidelity

Promotor(a)/Community Outreach Worker
- Conducts outreach in the community to raise awareness of the program and identify new recruitment sites
- Delivers cervical cancer education sessions in clinical and community settings
- Maintains recruitment targets and completes all required forms (i.e. participant eligibility, cervical cancer risk factors, service consent, intake)
- Reviews and turns-in participant packets on a timely basis to Program Coordinator
- Conducts follow up with participants as needed per program evaluation

Navigator
- Helps participants navigate through the health care system for all indicated tests and treatment
- Facilitates the completion of cervical cancer screening tests by identifying barriers to test completion and working with patients to come up with solutions and make reminder calls
- Tracks test results and test completion
- Provides test results to patient and to patient's PCP
- Schedules and/or refers colposcopy procedure and makes reminder calls
- Performs case management: referral for enrollment into county health care programs, the BCCS program, and ACA.

- Arranges for available no-cost transportation for patients that need this service

Data Entry Specialist
- Works with Project Director and Coordinator to enter all participant data into the main program database and additional databases as *promotores* recruit participants

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

1. Eligibility Forms
   Recruitment packet – this includes the following forms:
   a. English & Spanish Eligibility form
   b. English & Spanish Intake form
   c. English & Spanish Repeat Screening Form
   d. English & Spanish Service Consent

2. Education Materials
   De Casa en Casa Cervical Cancer Education Training Curriculum
   a. De Casa en Casa Participant Manual
   b. De Casa en Casa Trainer Facilitation Guide
   c. De Casa en Casa Training Module Recordings
       a. Modules 1-7 [Eng. & Span.]

3. Education Tools used by *Promotores*
   a. English & Spanish Cervical Cancer Flipchart Presentation for *Promotor(a)* - This 16 slide educational tool is used for delivering the educational intervention with groups or individuals. It describes cervical cancer, who gets it, risk factors, warning signs and the importance of getting checked. Uses graphics to show the anatomy of the female reproductive system and the Pap test. Designed to provide talking points while presenting cervical cancer information to the patient on the main slide.
   b. English & Spanish De Casa cervical cancer education video – This 17 minute theory-based and culturally tailored education video was adapted from the AMIGAS cervical cancer prevention program developed by Dr. Theresa Byrd and the Centers for Disease Control and Prevention (CDC). It was significantly updated and expanded in 2017 with new graphic elements and segments. The narrative video covers cervical cancer epidemiology, screening tests and screening barriers. It follows a pair of young Hispanic females through a discussion on the Pap smear, how a Pap smear is performed, and barriers to screening through a conversation with one of the female's mother and grandmother.
   c. English & Spanish De Casa en Casa Video Variations – There are two 7 minute videos, one of which is visually narrated by a CHW while the other is not, along with a 5 minute audio narrated video presenting cervical cancer-related facts only.

    d.   English & Spanish Educational Leaflet – Leaflet that describes what cervical cancer is, who is at risk, the causes and how to prevent cervical cancer. The leaflet is provided with the program flyer, which includes the CHW contact phone number along with the program's social media pages.

    e.   English & Spanish Promise Sheet – One-pager that lists out the actions to which a participant will commit to get screened, including a space for the participant to sign.

    f.   English & Spanish Resource Sheet – List of community clinics, academic center clinics, county clinics, health insurance information, and transportation assistance with location information and phone numbers.

4. <u>Navigation Materials</u>
Intake Session with Patient (All English and Spanish)
    a.   De Casa Case Management Service Agreement Plan
    b.   Intake form
    c.   Advocacy form
    d.   Liability form
    e.   Letter with Colpo Results
    f.   Patient Closure sheet

B. Program Implementation:

The steps used to implement this program are as follows:

Step 1: <u>Training/Program Orientation</u>: The De Casa Cervical Cancer Education Training Curriculum and the De Casa Program Guide is used to train the *promotor(es)* and navigator on program implementation. The training focuses on increasing knowledge of cervical cancer via seven skills building modules: Module 1: What is Cancer; Module 2: Cervical Cancer; Module 3: Cervical Cancer Screening; Module 4: De Casa Program-Cervical Cancer Education and Prevention; Module 5: Cervical Cancer Education Feedback; Module 6: Building Cervical Cancer Education Program; Module 7: Action Plan – Recap. The program guide is used to provide an orientation on the *promotor(a)*'s role in the program and describes the steps involved in outreach/recruitment procedures, quota requirement and necessary documentation.

Step 2: <u>Recruitment Process& Determining Participant Eligibility & Scheduling</u>: Program recruitment occurs at both clinic and community sites and a weekly/monthly schedule developed by the Project Coordinator will determine where the *promotor(a)* will go to educate and enroll participants into De Casa. Once at recruitment site, *promotor(a)* approaches potential participants and completes eligibility form, either English or Spanish. The *promotor(a)* then informs the participant of their eligibility, the service involved along with the scheduled appointment date and time.

Step 3: <u>Administer Service Consent and Intake Form</u>: *Promotor(a)* explains to eligible participant the Service Consent form and how it requires signature for agreeing to participate in the program and answers questions they have and gives a copy to participant. The *promotor(a)* then describes the intake form and assists the participant to answer demographic and health-related questions.

Step 4: <u>Delivery of Education</u>: *Promotor(a)* either provides education by flipchart presentation, video or over the phone and completes the Education Session form.

Step 5: <u>Education Closing/Additional Resources</u>: The *promotor(a)* answers all questions and gives the participant the De Casa educational leaflet, the Resource list, Promise Sheet and a De Casa Flyer with the *promotor(a)*'s contact information. *Promotor(a)* thanks the participant for their time and provides words of encouragement for completing their screening tests.

Step 6: <u>Review and Check-In of Participant Packets</u>: *Promotores* review forms and turn in packets to the Project Coordinator within three working days of intervention delivery. *Promotores* are responsible for following up with participants if any information missing from eligibility, service and intake forms. All forms are kept in a locked file box to protect patient confidentiality. The Project Coordinator reviews packets to ensure eligibility and are then entered in to the database by the Data Entry Specialist.

Step 7: <u>Data Entry:</u> Participant information is entered into the De Casa Database for tracking progress with testing and for progress and quarterly reports. Questions regarding information will be clarified with the Project Coordinator. Each entry on a participant triggers alerts for reminder calls that will be conducted by the Navigator.

Step 8: <u>Facilitating Pap Scheduling and Results</u>: Navigator will check the De Casa database to make reminder calls to participants one day prior to their scheduled appointment and send a text reminder two days prior. Navigator will document call attempts, and conversations on the De Casa database under Navigation contacts. Results will be reviewed by the physician and resident during an assigned clinic day; if results are normal, a normal letter and copy of results will be mailed to the participant. If abnormal, results will be reviewed with Clinician /PD for final disposition; the navigator will call the patient to discuss results in person and discuss next steps in scheduling follow-up testing.

Step 9: <u>Scheduling Intake with Colposcopy eligible participants:</u> Navigator contacts participant and schedules an Intake appointment to explain colposcopy procedure. During Intake, Navigator administers Intake/assessment, Advocacy, Liability and Case Management Service Agreement Plan forms. Navigator explains colposcopy procedure including prep and answers any questions.

Step 10: <u>Scheduling Colposcopy</u>: Navigator fills out colposcopy request form that documents medical history, current medications, etc. and availability of patient for procedure. The form is saved in a colposcopy binder that is reviewed by the attending CMA/Physician during the appointment. Navigator will conduct reminder calls and text messages one and two days prior to the scheduled appointment.

Step 11: <u>Colposcopy Results</u>: Colposcopy results are reviewed by the Program Director and documented in the De Casa database and the patient's hard file. The Navigator sends copy of the colposcopy results (including pathology report) to the patient's PCP and mails a brief summary report based on colposcopy results to patient if they do not have a PCP.

Step 12: <u>Patient Case Closures</u>: Navigator closes participant cases if patient does not complete screening after two attempts of rescheduling, if the patients completes testing and does not respond to phone calls [certified letter sent], and/or if patient completes screening and all results are given to the patient and PCP.

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".
http://cpcrn.org/pub/evidence-in-action/

<u>Outcome Evaluation Measures</u>
- Knowledge, attitudes, and beliefs about cervical cancer, screening, and treatment were measured with a baseline survey and 4-month follow up survey among participants in the two arms.
- Cervical cancer screening completion was measured and tracked among all participants.
- Colposcopy completion among those participants with an abnormal Pap result were tracked.
- Staging of diagnosis was tracked for those who were diagnosed with cervical cancer.
- 35 residents in the Department of Family and Community Medicine completed three ASCCP colposcopy e-learning modules. Graduating residents provided colposcopy services to De Casa participants and in practice upon graduation.
- 2 faculty members attended the ASCCP comprehensive colposcopy training.
- 6 modules were accredited for CHW training by the Texas Department of State Health Services.

<u>Process Evaluation Measures</u>
We monitored recruitment/enrollment processes and implementation through the following:
- Recruitment Logs
- Post-Education Satisfaction Survey
- Cross Check Packets
- Direct Observation of Promotoras
- Collaborator Feedback
- Education Session Form
- Community Advisory Board Meetings
- Navigation Progress Notes
- De Casa Monthly Meetings