

IMPLEMENTATION GUIDE

The ROSE Project

Using a Research-tested Intervention Program (RTIP) 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.

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

Project Manager

- Directs the implementation and evaluation of the project.
- Oversees the coordination of recruitment, enrollment, monitoring, and followup activities for the project.
- Coordinates hiring and oversight of Lay Health Advisors and any other personnel needed (such as research staff, if applicable).
- Serves as the public liaison and community representative for the project.

LHA Supervisor

- Assists with the development and implementation of project activities.
- Supervises the Lay Health Advisors delivering the intervention.
- Assists Project Manager with project tracking and reporting, hiring and training of personnel, and other activities as needed.

Lay Health Advisor

- Conducts three in-home education sessions with participants, each session 30 to 90 minutes in duration
- After the first and second home visits, contacts participants by phone to assist in making a mammography appointment and discuss any remaining barriers to obtaining a mammogram.
- Determines stage of change and mails appropriate staging card.

- Coordinates the mailing of two postcard reminders that address the woman's stage of change in relation to obtaining a mammogram and offer assistance in setting up a mammogram appointment.
- May serve as a link between health care provider, the project, and the participant.

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 Products Page*):

- CHE (Community Health Education) Manual
- Visit 1 materials
- Visit 2 materials
- Visit 3 materials
- Phone call follow-up materials (month 2) (includes a mailed Staging Card)
- Phone call follow-up materials (month 6) (includes a mailed Staging Card)

B. Program Implementation:

The steps used to implement this program are as follows:

Step 1: Project Manager (and/or other project staff) identifies clinics and health care providers in the community and builds relationships with these providers to identify eligible women to participate in the intervention.

Step 2: Using existing ROSE Project materials, Project Manager (and/or other project staff) develops site-specific intervention plans and modifies materials and protocols if needed.

Step 3: Project Manager (and/or other staff) hires and trains Lay Health Advisors (LHAs).

Step 4: With supervision of LHA Supervisors, LHAs conduct home visits and phone and postcard followups.

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

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>.