

IMPLEMENTATION GUIDE

Culturally Tailored Navigator Intervention Program for Colorectal Cancer Screening

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 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)

Health Center Community Health Director: MD or Nurse Practitioner

- Conduct the 6-hour training course for the patient navigators.
- Supervise the patient navigators:
 - Hold weekly meetings with the patient navigators to discuss difficult cases and guide navigation.
 - Act as liaison to providers.
 - Monitor patient navigators’ effectiveness (number of contacted patients/schedule/screened).

Patient Navigators: College-educated outreach workers who are fluent in English and at least one other language spoken by the patients served by the center hosting the program. Patient navigators may be full-time or part-time, depending on need.

- Undergo 6-hour training course.
- Send all patients an introductory letter in their native language explaining the project and educational materials related to colorectal cancer (CRC) screening.
- Follow up with patients by recruitment during visits to the health center or over the phone; educate patient and explore barrier to screening.
- Help schedule and remind patients about screening appointments.
- Review and explain bowel preparation.
- Organize transportation to and from CRC screening appointments.
- Accompany patients without available family members to CRC screening appointments.
- Update medical records.

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 except the DVD can be viewed and/or downloaded from the Products Page):

- Take Control Brochure (English and Spanish)
- Colorectal Cancer Basic Fact Sheet (English and Spanish)
- Patient Contact Form
- The DVD for training can be obtained through membership at <http://blog.healthdialog.com/order-health-dialog-decision-aids/>

B. Program Implementation

The steps used to implement this program follow:

Step 1: Identify appropriate patients. Eligible patients are between ages 52 and 79; they have not undergone colorectal cancer screening (colonoscopy in the last 10 years, sigmoidoscopy/barium enema in the past 5 years, or home fecal occult blood testing in the past year).

Step 2: Conduct the 6-hour training for patient navigators. The training is run by the health center’s community health director and addresses several topics related to patient navigation and CRC screening, including performing an initial interview with patients to identify and explore barriers, working with patients to overcome barriers, educating patients about CRC screening, motivating and coaching patients, and scheduling and accompanying patients to colonoscopy testing.

Step 3: Navigators send letters of introduction to eligible patients.

Step 4: Navigators follow up with patients through clinic visits or phone calls. During the initial meeting, the navigator educates the patient about CRC screening and explores the patient’s barriers to screening (e.g., lack of transportation, language barriers, scheduling difficulties). Subsequent meetings are tailored to each patient with the intention of overcoming personal, cultural, and systemic barriers to successfully complete screening. The navigator continues to educate about CRC screening, helps schedule screening appointments, reminds about appointments, reviews and translates information regarding the required bowel preparation, arranges for transportation, and accompanies those who do not have family members available. Navigators encourage patients to undergo colonoscopy, which is a preferred method and is covered by most insurance. If a patient prefers another CRC screening method, the navigator assists in getting the screening through the alternative method.

Step 5: After the patient has completed the CRC screening, the navigator updates the patient's medical record with the screening results.

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>