

IMPLEMENTATION GUIDE

Faith Moves Mountains (FMM)

*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)

Project Manager

- Oversees communication between community members, project staff, and evaluation staff
- Arranges and co-leads training for interviewers and interventionists (e.g., human subjects protection)
- Assigns tasks to interviewers and interventionists
- Handles data management and transfer to evaluation staff
- Conducts project administration (e.g., filing paperwork, purchasing materials)

Interviewers

- Receive training on data collection protocol and abide by guidance on human subject protections
- Schedule and conduct assessments with project participants
- Upload or provide data from assessments to the project manager
- Track and communicate any adverse events from the data collection process to project manager and evaluation staff

Lay Health Advisors (Interventionists)

- Participate in training on human subject protections
- Review the Lay Health Advisor Training Manual and follow its program implementation guidance
- Schedule and conduct home visits with program participants
- Provide project manager with information on participant attendance and contact information
- Track and communicate any adverse events from the home visit or other participant interactions to project manager and evaluation staff
- Prepare tailored newsletter and action plan for project participants

Evaluation Staff

- Assist with training on data collection protocols for interviewers
- Provide broad evaluation support to project manager for data collection management

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*):

- **Lay Health Advisor Training Manual:** This 35-page manual guides the implementation of the program by the lay health advisors (LHAs). The manual includes an overview of the project and cervical cancer, information on human subjects protection, guidance on the LHA role, and templates and other forms to support project implementation.
- **Newsletter and Action Plan:** This 6-page document is a template for the tailored newsletter and action plan that is completed by the LHA to address screening barriers.
- **Example of Tailored Newsletters Components:** This 6-page document is an example of an individually tailored newsletter that addresses the specific barriers to screening identified by a program participant.

B. Program Implementation:

The steps used to implement this program are as follows:

- Step 1: The project manager works with local faith-based institutions (e.g., churches) in the community and other stakeholders to explain the goals of the project, identify participants, and partner with evaluators (e.g. university researchers, scientists).
- Step 2: The project manager arranges training for lay health advisors and interviewers.
- Step 3: Trained interviewers conduct baseline assessments with women ages 40–64 from participating faith-based institutions. Data from baseline assessments are shared with the project manager and evaluation staff.
- Step 4: Trained LHAs contact project participants by phone or in person to schedule a home visit.
- Step 5: The LHA tailors the newsletter based on the information provided in the baseline assessment (e.g., screening barriers) before conducting the participant home visit. Using community resources, this newsletter provides information on how the participant can overcome these specific barriers.
- Step 6: The LHA contacts the participant by telephone to confirm the home visit. During the home visit, the LHA provides education on cervical cancer and screening, and she completes an action plan with the participant before ending the home visit.

- Step 7: Two weeks after the home visit, the LHA follows up with the participant to address any questions from the home visit and to assess the status of scheduling an appointment for cervical cancer screening (i.e., Pap test).
- Step 8: The LHA tracks interactions with participants and shares it with the project manager and evaluation staff to address any adverse events.

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/>

For further assistance in designing and conducting an evaluation, consider communicating with members of 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>.