



Promotora or Community/Lay Worker or Outreach Worker Instruction Guide

Welcome!

This guide contains an overview of the ***Against Colorectal Cancer In Our Neighborhoods (ACCION)*** program. ACCION has been designed especially for Texas residents ages 50-75 years old, who are uninsured or underinsured and that are not up to date with CRC screening. The ACCION program is designed to encourage men and women in your community to get screened for Colorectal Cancer (CRC).

This guide will provide an overview of CRC, review program protocols, show you how to build your ACCION program tool box, and how to use it when you talk with individuals in the community. We hope you will use it to help your friends and neighbors learn more about CRC and the importance of screening. You can help save lives! **Thank You!**

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ACCION PROGRAM OVERVIEW

Colorectal cancer (CRC) is the second leading cause of cancer deaths in the US and throughout Texas.

Against Colorectal Cancer in Our Neighborhoods (ACCION) is a program designed to reduce the rates of colorectal cancer (CRC) in target communities through education by improving screening rates among uninsured or underinsured 50-75 year old predominantly Hispanic residents that are not up to date with CRC screening. The program requires collaboration with many community organizations to increase screening rates by delivering an evidence-based intervention to address specific barriers. The full program provides education with either video, flip charts and brochures, no cost screening and patient navigation for those who qualify. Project collaborators:





PROGRAM GOALS

The program goals are to:

- 1) Increase community awareness and knowledge about CRC and CRC screening
- 2) Increase CRC screening rates among 50-75 year old underinsured and uninsured, predominantly Hispanic residents of **XXXXX**
- 3) Increase uptake of diagnosis and treatment services for CRC to reduce the numbers of advanced cases
- 4) Increase physician recommendation for CRC screening through implementation of physician reminder systems in the ACCION network clinics
- 5) Build a sustainable screening, diagnosis and treatment network for CRC.

The program has three main components:

1. Colorectal cancer screening outreach and education
2. Provision of no cost testing with the fecal immunochemical test (FIT) and colonoscopy to those who qualify
3. Patient navigation including facilitation of screening and diagnosis through tracking, reminders and addressing barriers and case management

Our target is to educate **XXXX** participants over **XXX** years and perform about **XXX** FIT tests and **XXX** colonoscopies.

COLORECTAL CANCER BACKGROUND INFO

What is colorectal cancer?

Colorectal cancer (CRC) develops in the colon or the rectum. The colon and rectum are parts of the digestive system, also called the gastrointestinal, or GI, system. The digestive system processes food for energy and rids the body of solid waste (stool). The colon is the large intestine or large bowel. The rectum is the passageway connecting the colon to the anus.

After food is chewed and swallowed, it travels through the esophagus to the stomach. There it is partially broken down and sent to the small intestine, where digestion continues and most of the nutrients are absorbed. The word “small” refers to the diameter of the small intestine, which is smaller than that of the large intestine. The small intestine is actually the longest part of the digestive system – about 20 feet in length. Cancer does not occur frequently in the small intestine.

CRC is an abnormal and uncontrolled growth of cells anywhere in the colon or rectum. It usually develops slowly over a period of 10 to 15 years. The tumor usually begins as a noncancerous polyp. A polyp is a growth of tissue that develops on the lining of the colon or rectum that can become cancerous.

How many people get CRC?

CRC is the third most commonly diagnosed cancer and the second leading cause of cancer death in both men and women in the US.

Who gets CRC?

Anyone can get CRC. It affects all races and ethnicities and men as well as women. Most cancers occur in people with NO family history of this type of cancer. The incidence increases from age 50 upwards but can occur in younger people as well.

The lifetime risk of being diagnosed with cancer of the colon or rectum is about 5% for both men and women in the US.

What are symptoms of CRC?

Early CRC often has no symptoms, which is why screening is so important. Most colorectal cancers begin as a polyp and as a polyp grows it can bleed or obstruct the intestine. Below is a list of some potential warning signs:

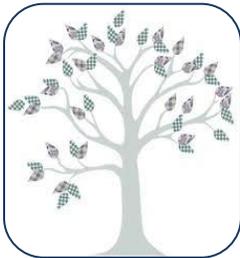
- Bleeding from the rectum
- Blood in your stool or in the toilet after having a bowel movement
- Dark- or black-colored stool
- Cramping pain in the lower stomach

- A feeling of discomfort or an urge to have a bowel movement when there is no need to have one
- Change in bowel habits
- Chronic diarrhea, constipation, or feeling that the bowels don't empty completely
- Weight loss without obvious reasons
- Persistent abdominal pain

What are risk factors of CRC?

There are many known factors that can increase or decrease the risk of CRC. Some are modifiable and some are not. Below is a list of some risk factors:

Heredity and family history



- This is one of the risk factors that cannot be changed or controlled.
- People with a first-degree relative (parent, sibling, or child) who has had colorectal cancer have a higher risk. If the relative was diagnosed at a young age or there is more than one affected relative, the risk increases even more.
- Family or personal history of cancerous polyps or inflammatory bowel disease such as ulcerative colitis or Crohn's disease can also put one at an increased risk.

Physical inactivity



- Moderate physical activities, such as brisk walking or stair climbing, are associated with lower risk of colorectal cancer.
- High levels of physical activity decrease the risk of colon cancer among men and women by possibly as much as 50%.
- According to most studies, the more physical activity a person does, the lower their risk of colorectal cancer.

Overweight and obesity



- Being overweight or obese is associated with a higher risk of colorectal cancer.
- Waist size (the area around the abdomen) may be a more important risk factor for colorectal cancer than overall obesity in both men and women.

Diet



- Studies have found that high consumption of red and/or processed meat increases the risk of both colon and rectal cancer.
- Some studies suggest that people with very low fruit and vegetable intake are at a higher risk.
- Consumption of milk and calcium probably decreases the risk of developing colorectal cancer.

Smoking



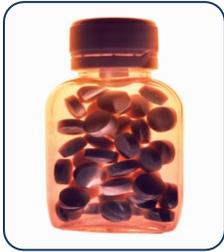
- There is now sufficient evidence to conclude that tobacco smoking causes colorectal cancer.

Alcohol



- Colorectal cancer has been linked to even moderate alcohol use.
- Individuals who have a lifetime average of 2 to 4 alcoholic drinks per day have a 23% higher risk of colorectal cancer than those who consume less than one drink per day.

Medications and dietary supplements



- Evidence has shown that long-term, regular use of aspirin and other nonsteroidal anti-inflammatory drugs (NSAIDs), menopausal hormones, and calcium supplements are associated with lower risk of colorectal cancer. However, it is not recommended that these drugs be taken for cancer prevention only because of the potential side effects.

SCREENING TESTS

If you are 50 or older, getting a CRC screening test could save your life. Screening tests can find polyps, so they can be removed *before* they turn into cancer. Screening tests also can find colorectal cancer early, when the chance of being cured is good.

Several different screening tests can be used to find polyps or colorectal cancer. The U.S. Preventive Services Task Force recommends CRC screening for men and women 50-75 years old using a stool test, sigmoidoscopy, or colonoscopy.

Fecal Immunochemical Test (FIT Stool test)

There are two main types of stool tests, one is the guaiac and one is the fecal immunochemical test. These tests can detect very small amounts of blood in the stool. Accurate test results require annual testing that consists of 3 different samples from three consecutive days of bowel movements. We will be using the fecal immunochemical test (FIT) because it is more convenient because it does not require special dietary restrictions. Your doctor will give you a test kit to take home. You will put a small amount of your bowel movement on a special card. The cards are returned to your doctor's office or lab to be tested. Testing will tell your doctor if there is blood in your stool. If blood is found, a colonoscopy will need to be done to find the exact cause of the blood. This test will find some colorectal cancers, but it can also miss some. Regular use of this screening can reduce the risk of death from colorectal cancer by 15% to 33%. It is important to note that the effectiveness of this test depends on following recommendations to complete this screening each year and getting a colonoscopy if the test is abnormal.

What happens if the FIT is not normal?

The FIT may fail to detect bleeding or polyps if the quantity is very small in the stool. Accurate test results require completion of two to three stool samples within each FIT kit, along with the screening recommendation of once a year. If the FIT is abnormal the patient will be referred for a colonoscopy to rule out the presence of polyps or cancer.

Flexible Sigmoidoscopy

The doctor puts a short, thin, flexible, lighted tube into your rectum and checks for polyps or cancer inside the rectum and the entire colon. Simple bowel cleansing, usually with enemas, is necessary to prepare the colon, and the procedure is typically done without sedation. The doctor will be looking for cancer or a polyp that could turn into cancer. If he/she sees something, a piece will be tested for cancer (biopsy). This test allows the doctor to see only the lower part of the colon. If there is a polyp or tumor present, the patient may be referred for a colonoscopy. This test greatly reduces deaths related to colorectal cancer.

What happens if the flexible sigmoidoscopy is not normal?

A flexible sigmoidoscopy allows visual examination of the rectum and lower one-third of the colon. During the procedure if a polyp or tumor is present, the patient is referred for a colonoscopy.

Colonoscopy

The doctor uses a lighted tube to look inside your colon. This test allows the doctor to see the entire colon. The doctor will be looking for cancer or a polyp that could turn into cancer. If he/she sees any polyps or growths, the polyp can be removed and/or tested for cancer. Colonoscopy is also used as a follow-up test if anything unusual is found during one of the other screening tests.

Before having a colonoscopy, patients are instructed to take a special laxative to completely cleanse the colon. This is a gallon of fluid that must be finished. This prep is very important because if the colon is not clean, the doctor cannot see the walls and

you will need to be scheduled all over again. Patients are usually given a mild sedative for a colonoscopy. Someone must come with them to get this test. This screening method is the most effective and allows for screening, diagnosis, and removal of polyps in a single visit. It has been estimated that colonoscopy screening has the potential to prevent about 65% of colorectal cancer cases.

What happens if colonoscopy is not normal?

A colonoscopy allows a complete visualization of the colon and rectum. The result of an abnormal colonoscopy does not always mean cancer is present. A colonoscopy can find polyps and will be removed during the procedure. During the procedure if cancer is found the doctor will determine the next procedure.

During screening of CRC, if cancer is present the doctor will determine stage of disease and appropriate treatment. Staging of the cancer is important to determine whether the cancer has increased risk of spreading to other parts of the body. This usually means you have to be referred to a surgeon or oncologist.

What, why, how, and how often of Colorectal Cancer Screening

Test	Pros	Cons	How Often
FIT Stool Test	<ul style="list-style-type: none"> • No bowel preparation • Sampling is done at home • Low cost • Noninvasive 	<ul style="list-style-type: none"> • May require multiple stool samples • Can miss some cancers • Higher rate of false-positives than other tests 	Every year
Flexible Sigmoidoscopy	<ul style="list-style-type: none"> • Fairly quick • Few complications • Minimal bowel preparation • Minimal discomfort • Does not require sedation or a specialist 	<ul style="list-style-type: none"> • Views part of the colon • Cannot remove large polyps • Can miss some polyps and cancers 	Every 5 years
Colonoscopy	<ul style="list-style-type: none"> • Views entire colon • Can test and remove polyps • Can diagnose other diseases • Required for abnormal results from all other tests 	<ul style="list-style-type: none"> • Can miss some polyps and cancers • Full bowel preparation needed • Can be expensive • Sedation needed, which means you need someone to drive you home • Patient may miss a day of work 	Every 10 years

DIAGNOSIS AND TREATMENT

Stages of CRC

Stage	Description
0	The cancer is very early. It is found only in the innermost lining of the colon or rectum.
I	The cancer involves more of the inner wall of the colon or rectum.
II	The cancer has spread outside the colon or rectum to nearby tissue, but not to the lymph nodes.
III	The cancer has spread to nearby lymph nodes, but not to other parts of the body.
IV	The cancer has spread to other parts of the body. CRC tends to spread to the liver and/or lungs.
Recurrent	Recurrent cancer means the cancer has come back after treatment. The cancer may recur in the colon or rectum or in another part of the body.

Treatment for CRC

Treatment decisions are made by patients with their physicians after considering the best options available for the stage and location of the cancer, as well as the risks and benefits associated with each. Below are three treatment options for colorectal cancer, depending on the stage of the cancer:

Surgery

Most people with colorectal cancer, particularly in earlier stages, will have some type of surgery to remove the tumor. This may include removing part of the colon or rectum and nearby lymph nodes to which the cancer may have spread.

When a section of the colon or rectum is removed, the surgeon can usually connect the healthy parts, allowing the patient to eliminate waste normally.

However, sometimes connection is not possible immediately. In this case, the surgeon make an opening (a stoma) in the skin of the abdomen for waste to leave the body. The operation to create the stoma is called a colostomy. Most patients who require a colostomy need it only temporarily, until the colon or rectum heals from surgery.

The time needed to heal after surgery is different for each person. Patients are often uncomfortable for the first few days; however, medication can usually control the pain. Side effects from surgery for colorectal cancer many include fatigue, constipation or diarrhea, sexual problems, and maybe a colostomy.

Radiation Therapy

Radiation therapy is a cancer treatment that uses high doses of radiation to kill cancer cells and stop them from spreading. At low doses, radiation is used as an x-ray to see inside your body and take pictures, such as x-rays of your teeth or broken bones. Radiation used in cancer treatment works in much the same way, except that it is given at higher doses. Radiation therapy does not kill cancer cells right away. It takes days or weeks of treatment before cancer cells start to die. Then, cancer cells keep dying for weeks or months after radiation therapy ends.

Radiation not only kills or slows the growth of cancer cells, it can also affect nearby healthy cells. The healthy cells almost always recover after treatment is over. But sometimes people may have side effects that do not get better. Some side effects of radiation therapy for colorectal cancer include mild skin irritation, nausea, diarrhea, bladder irritation, the urge to have a bowel movement, fatigue or sexual problems.

Chemotherapy

Chemotherapy (also called chemo) is a type of cancer treatment that uses drugs to destroy cancer cells. Chemotherapy works by stopping or slowing the growth of cancer cells, which grow and divide quickly. But it can also harm healthy cells that divide quickly, such as those that line your mouth and intestines or cause your hair to grow. Sometimes, chemotherapy is used as the only cancer treatment. But more often, you will get chemotherapy along with surgery or radiation therapy.

Side effects depend on the type of drugs, the amount taken, and the length of treatment. General side effects from chemotherapy include fatigue, nausea and vomiting, diarrhea, loss of appetite, hair loss, swelling and rashes, mouth sores,

and numbness, tingling, or blistering of the hands and feet. Some patients may have an increased risk of infection. Often, side effects get better or go away after chemotherapy is over. There are remedies for many of the temporary side effects of chemotherapy.

FREQUENTLY ASKED QUESTIONS AND ANSWERS

What is colorectal cancer (CRC)?

Colorectal cancer develops in the colon or the rectum. The colon is a large intestine or bowel. CRC begins with the development of polyps, which are non-cancerous growth cells that can turn into cancer if they are not removed.

Who gets CRC?

Both men and women are at risk of developing colorectal cancer. The risk increases in people aged 50 and older.

Who should screen for CRC?

The recommendation for screening is for men and women 50-75 years of age.

What are the symptoms of CRC?

CRC often has no symptoms, which is why screening is very important. Individuals may have polyps or cancer and not be aware of it. If symptoms are present they include: diarrhea, constipation, change in bowel habits, blood in stool, abdominal discomfort, weight loss with no reason, constant tiredness and vomiting.

How often do I get screened?

Doctors screen patients regularly. Depending on the individual, screening may vary. Contact your doctor for appropriate screening guidelines.

HEALTH BELIEF MODEL

We have based the ACCION program on the Health Belief Model. This is a tool that contains several concepts that predict why people will do something or take action to prevent a disease or screen for a disease. For this program, we are looking at participants getting screened for colorectal cancer. The concepts of this model include susceptibility (feeling that you are at risk for colorectal cancer), seriousness (feeling that colorectal cancer is a serious disease or that leaving it untreated could have serious consequences), benefits (feeling that getting screened is beneficial), barriers to the behavior (feeling that getting screened is embarrassing or painful), cues to action (something that convinces a person to get screened), and self-efficacy (feeling confident that you can get screened). Throughout the educational session, each of these concepts are addressed.

IMPORTANCE OF FOLLOWING PROTOCOLS AND LESSON PLANS

The ACCION program is an evidence-based educational program to increase colorectal cancer screening. There are three ways to provide the education:

- 1) Promotora or Community/Lay Worker or Outreach Worker Only
- 2) Video Only
- 3) Promotora and Video

It is very important that you follow the appropriate protocols and lesson plans to ensure that all participants are receiving the correct information and in a consistent manner.

GETTING STARTED WITH THE ACCION PROGRAM

As a promotora or community/lay health worker or outreach worker, you will be providing education in the community about colorectal cancer in different ways. The sessions may be for individuals or groups and the session may include video alone, your instruction and video, or your instruction alone. You will be going to each community site in pairs in order to assist one another with administering

forms. Each site that you visit has certain steps to follow for recruitment of participants, as listed in Appendix A.

ACCION Tool Box

Your tool box should contain all of the necessary materials to conduct an individual or group session. Please note that you can find a more detailed explanation of each item in the tool box in Appendix VII. Below is a list of what your tool box should contain:

<ul style="list-style-type: none">• Recruitment Flyers• Eligibility Forms• Service Consent Forms• Intake Forms• Education Session Forms• Baseline Surveys• Immediate Post Surveys• 6 Month Follow-Up Surveys• FIT and Colonoscopy process letters• Doctor Letter• Randomization Sheet	<ul style="list-style-type: none">• Laptop and Charger• Portable speakers• Locked File Box• Pens• Recruitment log• Video• Flipchart• FIT Test Kits and Instructions• Educational Leaflets• Doctor and Insurance Resource Lists
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How do I prepare for a session?

- Complete training modules 1-7.
- Read through the entire Program Implementation Guide.
- Prepare your tool box.
- Review the protocols and tool box to make sure you are as comfortable as possible when it is time to recruit and educate people in the community about colorectal cancer and the screening tests.

- Practice doing a session several times by yourself or with a family member or friend to make sure you are comfortable:
 - Read through the flipchart 2 or 3 times. Practice asking the questions and saying the statements and messages in the flipchart out loud.
 - Pay extra attention to areas that you think may be difficult for some individuals to understand.
 - Watch the movie and think about how participants may respond to it.

How to prepare 1-2 days in advance

- Review the appropriate Lesson Plan for the session you will be conducting.
- Call the location to confirm that you will be going in to recruit or conduct a session. Reschedule if necessary. Make sure to ask for directions if you need them.
- Make sure your tool box has all contents and is ready.

How to prepare the same day

- Make sure your tool box is ready and take it with you!
- Get to the site early so that you can set up the room and equipment.
- Test the laptop and movie before the session begins. Make sure the sound is loud enough.
- Follow the steps on the appropriate lesson plan for the session you will be conducting.
- Have fun and good luck!

What should I take to each session?

- Program Implementation Guide
- ACCION Tool Box

Tips for making participants feel comfortable

- Be friendly.

- Introduce yourself and chit chat before you start.
- Encourage participants to ask questions.
- Talk slowly and make eye contact with the participants when you are reading the flipchart or answering questions.

Safety tips

Your safety is important! If you find yourself in a situation that is scary or uncomfortable, trust your instincts and leave immediately or call for help.

- Make sure you know the directions.
- Know where to get emergency help if you need it: police, fire, gas station, etc.
- Place your valuables out of sight and bring only what you need.
- Wear comfortable shoes.
- Carry an extra car key in a safe place.
- Keep gasoline in the car.
- Always use your seat belt.
- Lock your car.
- Park your car in a well-lit area where it is easy to exit.
- Be careful on small streets and dead-ends.
- If you have a cell phone, be sure to have it with you and charged up.

Below is a list of tips that applies specifically to home visits:

Before getting to the house

- Try to visit during the day while it is lit.
- Call ahead if possible so they will be expecting you.
- Make sure you know the directions.

Approaching the house

- Show confidence in your manner and carriage.

- If possible, walk in the middle of the sidewalk.
- Be professional. Do not respond to verbal attacks.
- Stop and listen before knocking at the door. If you hear fights or arguments, leave immediately.
- Knock at the door, identify yourself, and state the name of the person you have an appointment with.
- If you suspect an unsafe situation, do not enter.
- Ask permission before you go into another part of the house.

Leaving the house

- Have your keys in your hand when you leave. Check inside the car before you get in.
- If anyone tries to get in or bothers you, scream for help. Use your cell phone or go back to the house and call for help.

Be careful of children playing in the street before you drive away.

ACCION ADMINISTRATIVE ISSUES

Supervisors

For the ACCION Program, you will be reporting to both **XXXX**, Project Coordinator. They will each be in charge of separate responsibilities, as follows.

XXX, Project Coordinator, will be responsible for ensuring that the program is being implemented according to the protocol. Will provide oversight of all administrative aspects of the program regarding time and effort and payment for reimbursable expenses, and will be distributing monthly recruitment and session schedules. **XXX** will provide direct supervision for all human resources related issues and will be providing oversight of all program activities. Please note that if you have any questions regarding the ACCION program, do not hesitate to contact Project Director or Project Coordinator or any other project staff member listed in the ACCION Distribution List (see Appendix V).

Recruitment and Session Schedules

You will be recruiting participants for the ACCION program at various community sites. Please see Recruitment Protocols below to determine the exact steps to follow. A new schedule will be developed on a weekly basis. Promotoras will meet with Project Coordinator to develop a recruitment and educational session schedule based on feedback of each recruitment site from the previous month. Schedules will then be finalized by Project Coordinator and distributed to each promotora. If any changes are necessary, please contact Project Coordinator or Project Director for approval. Do not make changes to the schedule without prior approval

ACCION PROGRAM LESSON PLANS

A. Recruitment Process: Eligibility Form, Service Consent & Intake Form

Recruitment will occur at various clinic and community sites. We will recruit for both individual and group sessions. It may be easier to do group sessions at some sites (XXX) and individual sessions at other sites (XXX). Eligibility for all individuals will be determined before the education session begins. The promotora will fill out the eligibility form, intake form and service consent form with the participant.

What are my goals?

- To determine eligibility for the ACCION program
- Obtain service consent for each participant
- To determine the appropriate screening test

What are the important points?

- Make sure to follow steps correctly for all forms.
- Review forms correctly to ensure all questions are answered and marked clearly.

What steps do I follow?

1. Welcome
2. Introduce eligibility form.
3. Informing the individual of eligibility.
4. Introduce service consent.
5. Introduce intake form.
6. Informing the individual of screening test qualified for.
7. Closing words

STEP 1. Welcome and greet the participants you are meeting with.



Thank you for taking the time to determine if you are eligible to be part of the ACCION program. I am _____ and I have a few general questions for you to answer.

STEP 2. Administer the eligibility form using the instructions below.

Please check all appropriate boxes for questions and eligibility boxes when filling out form.

1. Determine if they want to complete the eligibility form in English or Spanish.
2. Read introduction script. Have the individual provide their initials at the top of page 2.
3. Ask the questions E1 and E2 about their age and residency. If they answer No to either of these questions, stop the form and inform the individual that they are not eligible for the program. Thank them for their time and provide Centers of Disease Control and Prevention leaflet.
4. If the individual says yes to both questions, continue on to complete E3 through E23 with the individual.
5. Eligibility questions start with E24.
6. If E24 or E25 is a “yes”, individual is **Navigation eligible. Go to and fill out Navigation Form and insurance information.** After filling out navigation form, give “Navigation Letter” and doctor and insurance resource list.
7. If E24 or E25 are “no” or “don’t know”, individual is **Possibly Eligible.** Continue to E26.
8. If any answer for E26 is in solid left box, individual is **Possibly Eligible.** Continue to E27.
9. If any answer for E26 is in solid right box, individual is eligible for **Education Only. Go to and fill out Education Only Form.** After filling out the education only form, give the “ineligibility letter to doctor” and doctor and insurance resource list.
10. Follow form instructions for E27-E32 to determine eligibility for possibly high risk, FIT, or navigation.
 - a. If ANY (1 or more) answers are on the left side the individual is **Possibly High Risk and continue to Section A. High Risk Screening.**

- b. If all answers are in the right boxes the individual is **Possibly FIT eligible and continue to Section B. CRC Screening History.**
11. Follow form instructions for **Section A. High Risk Screening History** to determine eligibility for colonoscopy.
- a. Complete E33.
 - b. If participant answered NO to E32, complete E34A.
 - i. If E34A is No, skip B&C. This person is **Colonoscopy Eligible. Have individual fill out the service consent and complete the intake form.** Refer to step 5&6.
 - ii. If E34A is Yes, please fill out B&C.
 - 1. If E34C is 10 years ago or more, skip E35. This person is **Colonoscopy Eligible. Have individual fill out the service consent and complete the intake form.** Refer to step 5&6.
 - 2. If E34C is less than 10 years ago, skip E35. This person is eligible for **Education Only. Go to and fill out Education Only Form.** After filling out the education only form, give the “ineligibility letter to doctor” and doctor and insurance resource list.
 - iii. If participant answered YES to E32, complete E35A-C.
 - 1. If E35C is no, person is **Colonoscopy Eligible. Have individual fill out the service consent and complete the intake form.** Refer to step 5&6.
 - 2. If E35C is yes, person is eligible for **Education Only. Go to and fill out Education Only Form.** After filling out the education only form, give the “ineligibility letter to doctor” and doctor and insurance resource list.
12. Follow form instructions for **Section B. Colorectal cancer screening history** to determine eligibility of FIT.

- a. Complete E36-E43.
- b. If all answers are on left or middle boxes individual is **FIT eligible. Have individual fill out the service consent and complete the intake form.** Refer to step 5&6.
- c. If ANY (1 or more) answers are on right boxes the individual is eligible for **EDUCATION ONLY. Go to and fill out Education Only Form.** After filling out the education only form, give the “ineligibility letter to doctor” and doctor and insurance resource list.

STEP 3. Inform individual of eligibility.

Go to cover page of **Eligibility Form** to determine which script below is to be used and which handouts you are to give each participant depending on eligibility.

If FIT ELIGIBLE:

Now that we have completed the form, I am pleased to inform you that you are eligible to participate in the ACCION program.



You have qualified to receive a free FIT screening test kit to do at home. We will be providing you with some education on colorectal cancer shortly and providing you with a FIT test kit and instructions at the end of the session. Before we get started, we will review the service consent form for your participation in the program.

If COLONOSCOPY ELIGIBLE:

Now that we have completed the form, I am pleased to inform you that you are eligible to participate in the ACCION program.



You have qualified to receive a free colonoscopy. We will be providing you with some education on colorectal cancer shortly and providing you with information about how the colonoscopy will be scheduled at the end of the session. Before we get started, we will review the service consent form for your participation in the program.

If NAVIGATION ELIGIBLE:



You are not eligible for no cost screening. You have qualified to receive assistance from our patient Navigator. Our navigator will be contacting you to get more details about your health to help you to get you the medical care that you need. You will need to sign the navigation form and may still participate in the educational portion by joining one of the group sessions or watching the educational video.

If ELIGIBLE FOR EDUCATION ONLY:



Now that we have completed the form, I would like to inform you that you do not qualify for free screening, however, if you are interested you may participate in the

educational session and receive information regarding colorectal cancer. Please let me know if you would like to still participate in the educational portion. You will need to sign the education only form and join one of the group sessions or watch the educational video.

STEP 4. Administer the service consent to eligible participants.



Today you are receiving two copies of the service consent form. This form explains the process of the program, please read over the information provided, and then I will go over it with you. If you agree to be in the program you will sign and date two copies, you will keep one and I will keep the other.

Provide the participant with 2 copies of the service consent. Make sure to review the service consent form with the participant. Answer any questions they have and once they agree, you will both sign and date one form and place into locked box. The second copy is for their records, this one doesn't require their signature.

STEP 5. Administer the intake form.



Now that you have filled out the service consent form, we will be asking additional questions related to your health. Please complete this intake form

Please follow the instructions below:

- a. Participant to fill out intake form. Make sure participant answers all questions and prints clearly. If the participant asks for help, you may help them complete this form.

STEP 6. Refer to the cover page on the eligibility form to determine what materials each person should be receiving.

For those **eligible for FIT:**

Give the participant the FIT Kit, remove FIT Kit Sticker from FIT Kit envelope and place on the cover page of the Eligibility Form. Make sure that the FIT Kit Sticker on the FIT Test matches the FIT Kit Sticker on the Eligibility form.



For those of you receiving the FIT Kit I would like to review the Mailing Instructions with you (read from Instruction sheet). Please note that there are instructions on the inside of the kit. We have also placed another sheet in the envelope with more detailed instructions. It is really important that you take all three stool samples and return the test kit within the 10 days. Does anyone have any questions?

For those **eligible for colonoscopy:**

Give the colonoscopy process letter and tell them that the Navigator will be calling them to arrange their colonoscopy and answer any questions they may have.

Please remember to note the types of questions on your *Education Session Form*.

STEP 7. Closing words to those who are FIT or colonoscopy eligible.



Do you have any questions about what you need to do next? One of the program staff will be contacting you to either schedule the colonoscopy within 5 days or remind you to send in the FIT test within 10 days or to ask you

*more questions about your health in order to help you
get services.*

B. Education Session Lesson Plans

Promotora Only

What will I need?

<ul style="list-style-type: none">• Recruitment Flyers• Eligibility Forms• Service Consent Forms• Intake Forms• Education Session Forms• Laptop and Charger	<ul style="list-style-type: none">• Portable speakers• Locked File Box• Pens• Recruitment log• Video• Flipchart• FIT Test Kits and Instructions• Educational Leaflets• Doctor and Insurance Resource Lists
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What are my goals?

- Explain what CRC is
- Find out what the participant(s) know about CRC
- Discuss the importance of CRC screening
- Discuss concerns participant(s) have about CRC screening
- Review FIT test and returning process
- Review process for colonoscopy scheduling

What are the important points?

- Getting screened for CRC is important to live longer
- CRC is easier to cure if it is found in time
- It is important for all men and women aged 50-75 to get screened
- Often there are no warning signs
- Why don't people get screened?

What steps do I follow?

1. Begin filling out Education Session Form
2. Welcome and introduce the *flipchart*
3. Discuss the barriers to screening on the flip chart
4. Give the participant's the *doctor and insurance resource lists and educational leaflet.*
5. Closing words.
6. Informing the individual of screening test qualified for
7. Closing words
8. Wrap-up
8. Gather materials****

STEP 1. Complete questions 1-5 on Education Session Form.

The Education Session Form is to be completed for each education session. Only one form is to be filled out whether you are doing an individual or group session. Before the session begins, fill in the date and your name on the top right hand corner. Complete questions 1 – 5 on the top of the Education Session Form.

During the session, refer to the “Promotora Alone” section and follow the instructions as provided on the Education Session Form. When it asks for “What types of questions...”, “What barriers...”, “What other issues...” just write down a word or two to explain each (it does not have to be a full sentence). Please write clearly. If the program administrator does not understand, she will ask you to explain. It is important that you note the types of questions that participants are asking so that the program staff will understand what the community does and does not understand about colorectal cancer.

STEP 2. Introduce the flipchart.



– what is colorectal cancer

- Risk factors
- Warning signs
- Importance of screening
- Three screening tests

STEP 3. Discuss barriers to screening.



Listed on flip chart as “**Why people don’t get screened?**” Use easel sticky pad to write down participant’s answers to barriers and possible solutions using instructions provided on the flip chart. To conclude, read all scripts from the barrier list provided below.

STEP 4. Give the ACCION educational leaflet and the Doctor and Insurance Resource Lists to everyone



Here is some information that might help you. The leaflet contains information about CRC and screening. This information is similar to what we talked about today. In addition, I am providing you with a handout of resources with information on community clinics and access to community resources. Do you have any questions?

Here is my contact information. Remember that you can call me if you have questions or concerns. Do you have any questions?

If the participant has any questions answer them if you can. If they have questions you can't answer, offer to find out.

STEP 5. General closing words



Thank you for taking the time to learn more about CRC and the different screening tests. How did you enjoy our visit today?

STEP 6. Refer to the cover page on the eligibility form to determine what materials each person should be receiving.

For those **eligible for FIT:**

Give the participant the FIT Kit, remove FIT Kit Sticker from FIT Kit envelope and place on the cover page of the Eligibility Form. Make sure that the FIT Kit Sticker on the FIT Test matches the FIT Kit Sticker on the Eligibility form.



For those of you receiving the FIT Kit I would like to review the Mailing Instructions with you (read from Instruction sheet). Please note that there are instructions on the inside of the kit. We have also placed another sheet in the envelope with more detailed instructions. It is really important that you take all three stool samples and return the test kit within the 10 days. Does anyone have any questions?

For those **eligible for colonoscopy**:

Give the colonoscopy process letter and tell them that the Navigator will be calling them to arrange their colonoscopy and answer any questions they may have.

Please remember to note the types of questions on your *Education Session Form*.

STEP 7. Closing words to those who are FIT or colonoscopy eligible.



Do you have any questions about what you need to do next? One of the program staff will be contacting you to either schedule the colonoscopy within 5 days or remind you to send in the FIT test within 10 days or to ask you more questions about your health in order to help you get services.

STEP 8. After the participants have left, please follow instructions below:

- A. Fill out 6-9 on the top of the Education Session Form
- B. Make sure to store notes where you wrote down the barriers to screening and possible solutions in locked file box.
- C. Place notes, Education Session Forms, Eligibility Forms, Informed Consent Forms, and Intake Forms in your locked file box.

Video Only

What will I need?

<ul style="list-style-type: none">• Recruitment Flyers• Eligibility Forms• Service Consent Forms• Intake Forms• Education Session Forms• Laptop and Charger	<ul style="list-style-type: none">• Portable speakers• Locked File Box• Pens• Recruitment Log• Video• Flipchart• FIT Test Kits and Instructions• Educational Leaflets• Doctor and Insurance Resource Lists
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What are my goals?

- Explain what CRC is
- Find out the participant(s) know about CRC
- Discuss the importance of CRC screening
- Discuss concerns participant(s) have about CRC screening
- Review FIT test and returning process

What are the important points?

- Getting screened for CRC is important to live longer
- CRC is easier to cure if it is found in time
- It is important for all men and women aged 50-75 to get screened
- Often there are no warning signs
- Why don't people get screened?

What steps do I follow?

1. Begin filling out Education Session Form
2. Welcome.
3. Introduce the *video*.
4. Give the participant's the *doctor and insurance resource lists and educational leaflet*.
5. Closing words.
6. Informing the individual of screening test qualified for
7. Closing words
8. Wrap-up

STEP 1. Complete questions 1-5 on Education Session Form

Only one form is to be filled out whether you are doing an individual or group session. Before the session begins, fill in the date and your name on the top right hand corner. Complete questions 1 – 5 on the top of the Education Session Form.

During the session, refer to the “Video Alone” section and follow the instructions as provided on the Education Session Form. When it asks “Please note any comments or questions...” just write down a word or two to explain each (it does not have to be a full sentence). Please write clearly. If the program administrator does not understand, she will ask you to explain. It is important that you note the types of questions that participants are asking so that the program staff will understand what the community does and does not understand about colorectal cancer.

STEP 2. Welcome and greet the participants you are meeting with.

To build rapport you might ask them about how their family is doing or how they are doing today.



Thank you for agreeing to participate in our program. I am _____ and I want to show you a video about Colorectal Cancer (CRC) also known as colon cancer and the importance of getting screened.

STEP 3. Show the video. (15 minutes).



Now let's watch a short video together. It will last about 15 minutes.

Please do not push pause, allow the movie to run all the way through.

STEP 4. Give all participants the ACCION educational leaflet and the Doctor and Insurance Resource Lists.



Here is some information that might help you. The leaflet contains information about CRC and screening. This information is similar to what we talked about today. In addition, I am providing you with a handout of resources with information on community clinics and access to community resources. Here is my contact information.

If the participant has any questions answer them if you can. If they have questions you can't answer please offer to find out.

STEP 5. General closing words



Thank you for taking the time to learn more about CRC and the different screening tests. How did you enjoy our visit today?

STEP 6. Refer to the cover page on the eligibility form to determine what materials each person should be receiving.

For those **eligible for FIT:**

Give the participant the FIT Kit and review the Mailing Instructions only.

Remove FIT Kit Sticker from FIT Kit envelope and place on the cover page of the Eligibility Form. Make sure that the FIT Kit Sticker on the FIT Test matches the FIT Kit Sticker on the Eligibility form.



For those of you receiving the FIT Kit I would like to take the time to review the Mailing Instructions with you (read from Instruction sheet). Please note that there are instructions on the inside of the kit. We have also placed another sheet in the envelope with more detailed instructions. It is really important that you take all three stool samples and return the test kit within the 10 days. Does anyone have any questions?

For those **eligible for colonoscopy:**

Give the colonoscopy process letter and tell them that someone will be calling them to arrange their colonoscopy and answer any questions they may have.

STEP 7. Closing words to those who are FIT or colonoscopy eligible.



Do you have any questions about what you need to do next? One of the program staff will be contacting you to either schedule the colonoscopy within 5 days, or remind you to send in the FIT test within 10 days, or to ask you

more questions about your health in order to help you get services.

STEP 8. After the participants have left, please follow instructions below:

- A. Fill out 6-9 on the top of the *Education Session Form*
- B. Place the Education Session Forms, Eligibility Forms, Informed Consent Forms, and Intake Forms in your locked file Box.

Promotora AND Video

<ul style="list-style-type: none">• Recruitment Flyers• Eligibility Forms• Service Consent Forms• Intake Forms• Education Session Forms• Laptop and Charger	<ul style="list-style-type: none">• Portable speakers• Locked File Box• Pens• Recruitment Log• Video• Flipchart• FIT Test Kits and Instructions• Educational Leaflets• Doctor and Insurance Resource Lists
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What are my goals?

- Explain what CRC is
- Find out the participant(s) know about CRC
- Discuss the importance of CRC screening
- Discuss concerns participant(s) have about CRC screening
- Review FIT test and returning process

What are the important points?

- Getting screened for CRC is important to live longer
- CRC is easier to cure if it is found in time
- It is important for all men and women aged 50-75 to get screened
- Often there are no warning signs
- Why don't people get screened?

What steps do I follow?

1. Begin filling out *Education Session Form*
2. Welcome.
3. Introduce the *video*.
4. Give the participant's the *doctor and insurance resource lists and educational, leaflet*.
5. Closing words
6. Informing the individual of screening test qualified for
7. Wrap-up

STEP 1. Complete questions 1-5 on Education Session Form.

Only one form is to be filled out whether you are doing an individual or group session. Before the session begins, fill in the date and your name on the top right hand corner. Complete questions 1 – 5 on the top of the Education Session Form.

During the session, refer to the “Promotora + Video” section and follow the instructions as provided on the Education Session Form. For each question, write down a word or two to explain each (it does not have to be a full sentence). Please write clearly. If the program administrator does not understand, she will ask you to explain. It is important that you note the types of questions that participants are asking so that the program staff will understand what the community does and does not understand about colorectal cancer.

STEP 2. Welcome and greet the participants you are meeting with.

To build rapport you might ask them about how their family is doing or how they are doing today.



Thank you for agreeing to participate in our program. I am _____ and I want to talk to you about Colorectal Cancer (CRC) also known as colon cancer and the importance of getting screened. I'm going to present you with information that is on a video and I will stop periodically and get your points of view on different topics and answer any questions you might have.

STEP 3. Show and discuss the video (15 minutes).



The main things I'd like to talk with you about today are described in the video which we will watch now and after will be described on the flip chart. Now let's watch a short video together. It will last about 15 minutes. I will stop it at various places and give you an opportunity to ask questions and will be asking you to think about what you saw as well.

There are several places where the video can be paused. Please push pause and ask questions found on the Education Session Form for each pause (see below). Make sure to briefly describe the participant's responses on the Education Session Form.

Pause 1 at minute 4:00:



What new things did you learn about CRC? Do you know anyone with CRC?

Pause 2 at minute 7:04:



*What have you heard about the three screening tests?
What kinds of things could keep you from getting
screened? What are some solutions for these reasons?*

Pause 3 at end of video:



*Do you have any questions about CRC? (Try to answer
any questions that come up)*

If you do not know the answers to the questions the participants ask, that is OK. Offer to find out the answer and get back to them. It is very important that you do not misinform the participants, so please do not answer any questions that you do not know the answer for.

STEP 4. Give the participant the ACCION educational leaflet and the Doctor and Insurance Resource Lists.



Here is some information that might help you. The leaflet contains information about CRC and screening. This information is similar to what we talked about today. In addition, I am providing you with a handout of resources with information on community clinics and

access to community resources. Do you have any questions?

Here is my contact information. Remember that you can call me if you have questions or concerns. Do you have any questions?

If the participant has any questions answer them if you can. If they have questions you can't answer, please offer to find out.

STEP 5. General closing words



Thank you for taking the time to learn more about CRC and the different screening tests. How did you enjoy our visit today?

STEP 6. Refer to the cover page on the eligibility form to determine what materials each person should be receiving.

For those **eligible for FIT:**

Give the participant the FIT Kit and review the Mailing Instructions only. Remove FIT Kit Sticker from FIT Kit envelope and place on the cover page of the Eligibility Form. Make sure that the FIT Kit Sticker on the FIT Test matches the FIT Kit Sticker on the Eligibility form.



For those of you receiving the FIT Kit I would to take the time to review the Mailing Instructions with you (read from Instruction sheet). Please note that there are instructions on the inside of the kit. We have also placed

another sheet in the envelope with more detailed instructions. It is really important that you take all three stool samples and return the test kit within the 10 days. Does anyone have any questions?

For those **eligible for colonoscopy**:

Give the colonoscopy process letter and tell them that someone will be calling them to arrange their colonoscopy and answer any questions they may have.

Closing words to those who are FIT or colonoscopy eligible.



Do you have any questions about what you need to do next? One of the program staff will be contacting you to either schedule the colonoscopy within 5 days, or remind you to send in the FIT test within 10 days, or to ask you more questions about your health in order to help you get services.

STEP 7. After the participants have left, please follow instructions below:

- A. Fill out 6-9 on the top of the *Education Session Form*
- B. Make sure to store notes where you wrote down the barriers to screening and possible solutions in locked file box.
- C. Place notes, Education Session Forms, Eligibility Forms, Informed Consent Forms, and Intake Forms in your locked file box.

After the Program Lesson Plan: Checking in Documents

After each session, you are responsible to return the following items to the ACCION office within XX hours of the session:

1. Eligibility Forms (1 per individual)
2. Service Consent Forms (1 per participant)
3. Intake Forms (1 per participant)
4. Completed Navigation form or Education Only form if applicable
5. Recruitment log (on a monthly basis)

It is very important that this is done in a timely manner so that if your Program Coordinator has any questions, the information will still be fresh in your memory. Please remember that all of these forms have confidential information and do you must keep these in your locked file box when transporting to the office. If you are unable to return these items within 48 hours, please contact your supervisor.

NAVIGATOR PROTOCOL

Overview

The navigator is primarily responsible for two roles in this program.

1. **Facilitating the return of all indicated tests and procedures.** The navigator will ensure that all tests are returned; procedures are completed, and facilitate the transition to treatment for anyone diagnosed with CRC. The navigator will track the patient through this process.
2. **Case management** to help with finding financial assistance, transportation, child care, health care coverage and a primary care provider if needed.

The patient navigator must establish a patient navigation record for **every** enrolled ACCION patient with an abnormal FIT screening or diagnostic result. The patient navigation record will be maintained according to State laws (including those governing records retention). The navigator will document all patient contacts and related activities on the contact sheets (by phone, letter or home visit) or the database and hand the sheets to the data entry person. The patient navigation services will be provided by the patient navigator under the supervision of the Project Director and the Project Coordinator.

Facilitation of Screening/diagnosis/treatment

1. The Navigator will use Microsoft Word to create a file for each participant and document contact information and notes of all contacts. The navigator is also keeping written notes in the confidential paper and/or electronic folder of the patient.

Participants Eligible for Navigation Only:

The navigator will initially assist two types of participants that are *ineligible* for the free screening in the study: these are those individuals with a previous CRC history and those with blood in the stool on more than 2 occasions over the last 3 months.

For those with a previous CRC history, the navigator will call the patient and identify barriers to continued follow-up guided by the prompts on the **CRC History Form**. The navigator will assist the patient in accessing available programs or health insurance so that they can continue to see their CRC treating doctor. The Navigator will discuss each case with the Program Director.

For those with symptoms, the navigator will call the patient to identify barriers and assist the patient in accessing available programs or health insurance so that they can address symptoms with a PCP. The Navigator will discuss each case with Program Director or Program Coordinator

2. Participants Eligible for FIT Testing:

- a. The navigator will check the database for the automatic alerts to contact patients who should have returned the FIT test. If the FIT test is not turned in after 10 days, the navigator will call the patient to remind them and will also elicit barriers to completion and will help the participant to address these barriers. If contact cannot be made, all the numbers on the list will be tried, if still no response, then a second attempt will be made the next day at a different time of day. A second reminder call will be made if the FIT test is not mailed after another 10 days. After another 10 days, a final, reminder letter will be sent.

- b. The navigator will check the ACCION mail daily for the FIT tests, all FIT tests received will be documented on the **FIT KIT return log**. The navigator will complete the FIT order form and then deliver these tests to the pathology lab.
- c. *If a FIT test is normal*, the navigator will mail results to the participant, fax results to the physician and document the results in the ACCION database.

If a FIT test is abnormal, the navigator will contact the participant to arrange for follow up colonoscopy. The navigator will also begin the process of determining eligibility for health insurance programs and social services. Furthermore this case management process will continue if the participant becomes diagnosed with CRC cancer.

3. Participants Eligible for Colonoscopy:

a. Scheduling Colonoscopy. For the participants eligible for colonoscopy, the navigator will call them to complete a **Colonoscopy Order Form (F92)** and explain the process for the colonoscopy procedure. The form will be reviewed by Program Director or Principal Investigator to ensure the participant is physically healthy enough for the procedure. This form will then be faxed to the GI Scheduling Coordinator (Fax number: (XXX) XXX-XXXX) who will liaise with Endoscopy to schedule the *pre-op nursing visit* and the *colonoscopy procedure*. They will fax the form back to the navigator who will contact the participant. Once contact has been established with the participant, the Navigator will notify the Scheduling Coordinator of confirmation and coordinate to dispense the GoLyteLy to the patient. Then, XX hours prior to each visit, the navigator will call the patient to remind them of the visit, review any prep needed and troubleshoot any barriers to attend. The navigator will answer any questions that the participant has about the procedure and address any barriers that are identified. The navigator will also coordinate transportation to and/or from the colonoscopy if needed (please refer to Transportation Protocol in Appendix 6).

b. Receiving Colonoscopy Results. The gastroenterologist will discuss the results with the patient and family member after completion of the colonoscopy.

- i. If the results are normal* (no polyp, no biopsy taken, no significant finding), the patient will be given a letter or copy of the report while in recovery. Nancy will fax and/or emails findings and physicians recommendation on the colonoscopy request form.
- ii. If biopsies are taken*, the patient will be told that they will get a call from the navigator or the gastroenterology team with the biopsy results. If the biopsy results are benign (not cancerous), the navigator will call with the results.
- iii. If the biopsy results are more complicated* (such as high risk for malignancy), the gastroenterology team will call and schedule a follow-up appointment to discuss the results and next steps. The navigator will attend that appointment.
- iv. If the colonoscopy results are obviously abnormal*, an appointment will be made for follow-up without waiting for biopsy results. *The navigator will be informed.*

c. Colonoscopy results reporting. The navigator will get the colonoscopy report and biopsy results which should be available within X days. Navigator must obtain this report within X days after the procedure and will contact the patient within a week of the colonoscopy. If abnormal and there has been no contact with Gastroenterology, the navigator will call the GI Scheduling Coordinator (Office phone: (XXX) XXX-XXXX) to discuss next steps. All test results will be reviewed by Program Director.

- i. The navigator will send a copy of the colonoscopy report and pathology report to the patient's physician as well, Note, the educational information provided to patient does not need to be included.*

ii. The navigator will be informed by the GI Scheduling Coordinator if a follow-up appointment is to be scheduled. Navigator will schedule the appointment.

d. Recording results. The navigator will place the reports in the patient file and note the results on the contact sheet and this information will be entered into the database.

PATIENT NAVIGATION SERVICES

ACCION patient navigation services will be provided to men and women with a past history of colorectal cancer and those indicating symptoms in the past three months and those with abnormal FIT screening and colonoscopy test results. These men and women must be assessed for their need of patient navigation services and provided appropriate services. Services conclude when a patient initiates treatment, and/or refuses treatment. The goal of ACCION's patient navigation is to ensure that men and women receive appropriate and timely services. This goal will be accomplished through the assessment of medical, essential support needs, and the provision of related services when necessary.

The patient navigator is responsible for identifying and accessing resources for men and women enrolled in ACCION. The following table provides the descriptions of each of the general steps that should be followed for the patient navigation services for participants who have abnormal screening or diagnostic results.

Participants with Abnormal Screening or Diagnostic Results

Initiation of Patient Navigation	Assessment of Essential Resources & Service Plan	Assessment Follow-up	Patient Navigation & Follow-up on Diagnostic Tests	Completion of Patient Navigation
<p>Patient navigation is initiated for those qualifying for navigation only, and those with an abnormal result. After participant has been informed, patient navigator will schedule an assessment within the next 10 days. The assessment will evaluate their needs and make sure they understand the screening and follow-up process. See protocol -three phone attempts using all numbers and then send the certified letter.</p>	<p>Assessment conducted within 10 days of the abnormal result. A service plan should be developed during this time.</p>	<p>All notes from assessment should be recorded and follow-up should be completed within 10 days of the date developed.</p>	<p>The patient navigator and patient must discuss how diagnostic / treatment services will be arranged.</p>	<p>When treatment has been completed, “Good Faith Effort” completed, or a participant is documented as lost to follow-up or refused services, the last appointment should be documented. Diagnosis is resolved and no treatment is needed.</p>

Note: “Good Faith Effort”– For those patients that do not meet the criteria for presumptive eligibility, the patient navigator must complete at least two (2) documented attempts to obtain treatment for clients with a colorectal cancer diagnosis. Examples of good faith efforts include, but are not limited to: XXX, XXX, etc. and/or other health care facilities through pro-bono, sliding fee scale, reduced payment plan, or sponsorship assistance. To ensure patients receive appropriate referrals, it is responsibility of the navigator to build relationships with other organizations.

REQUIREMENTS FOR PATIENT NAVIGATION COMPLIANCE

The needs assessment must include client consent for patient navigation services using the **ACCION Comprehensive Patient Navigation Intake Form**.

- As additional needs are identified, they are recorded on the assessment and the accompanying services and time frames are indicated; and
- Patient navigator must notify supervisor when there are diagnostic and/or treatment needs to be met due to non-availability of resources.

I. Resource Development

It is the responsibility of the patient navigator to build and maintain relationships with other community organizations. These resources are listed in the ACCION Resource Directory (see Appendix) and should be updated regularly. This Resource Directory is to assist the patient navigator in providing appropriate information. It is for patient navigator use only.

II. Attempts to Contact Participant

Attempts to contact the participant must be documented in the participants file, database and using the Microsoft Template to create a file for each participant to document contact information. Access to the patient progress notes will be saved on the s-drive, in the data protected files under the navigation folder. Note the client's primary language in the progress notes. Please fill out form completely and print clearly.

III. Participant Refused Services

The patient navigator must attempt to obtain in writing and document if the participant refused or failed to keep appointments or recommended procedures. If the participant cannot or will not sign an informed refusal, the patient navigator must document verbal refusal. Before closing the participant record as a refusal, a thorough review of the participant's plan, recommendations, and patient navigator's actions must be conducted. Patient navigator must inform supervisor to ensure proper closure of the case. Proper closure must include signatures of both supervisor and patient navigator.

IV. Participant Is “Lost to Follow-up”

Before a participant is considered as “lost to follow-up,” or “refused”, patient navigator must discuss it with supervisor. Appropriate documentation of separate attempts to contact the participant, with the last attempt sent via certified mail must be presented to ensure proper closure of the case. Proper closure must include signatures of both supervisor and patient navigator.

V. Completion of Patient Navigation

Patient Navigation is considered complete when:

- Diagnosis resolved and no treatment is needed;
- When a referral appointment for treatment has been attended;
- Participant is documented as lost-to follow up or refused services; or
- A “Good Faith Effort” has been followed; and
- Documentation has been entered into the ACCION database by the data entry staff member.

PATIENT NAVIGATOR DUTIES

- Patient navigator will be assigned to answer any incoming calls for referrals or intakes every day from X:00 a.m. to X:00 p.m.
- Intake to be done over the telephone or in person at office site (home visit after patient is qualified and assigned). Exceptions: patient not ambulatory, no telephone, no transportation.
- Two personnel from ACCION must attend first “**home visit**” in order to witness the Assessment and Advocacy consent form **only** if:
 - ***Patient cannot come to the office to complete forms***
 - ***Patient has no means of transportation i.e.: family or friend***
- The Intake Assessment and Advocacy Consent forms **must** be signed the same day or documented why it was not signed, and updated yearly if needed.
- The Patient navigator must attend a “**home visit**” only if patient has no means of transportation and needs any of the following:
 - Help during phone interviews and fill out applications
 - Help with doctor visits, treatment, follow-up, etc.
- The Patient navigator should meet the patient at the site of the appointment if/when needed. For example: to complete the Colonoscopy Intake Assessment forms
- Patient navigator will provide transportation **only as a last resort**.
- Patient navigator should assist client if translation is required.
- Patient navigators must prepare a monthly activity report to supervisor.
- Discuss with supervisor any action to be taken on behalf of a client.
- When a case is ready to be closed it should be discussed and approved by supervisor.
- When a case is closed and needs to be **re-open** it should be discussed with supervisor.
- Any action taken on behalf of the client has to be documented in the patients file.

SERVICES PRIORITY

- Services are available to the following patients that are **XXX% below poverty** .
- Patients not meeting financial guidelines may receive one-to-one information concerning their options and education from the resource directories available under the ACCION program.
- Once a diagnosis of cancer is made, the patient navigator will link patients to XXX for potential qualification for medical treatment and other assistance programs.
- For those patients not meeting the US legal status requirement, patient navigator will link them to other community resources based on their individual needs.

COMPONENTS OF PATIENT NAVIGATION

The following ACCION forms must be in place

- ***ACCION Comprehensive Patient Navigation Intake Form***
- ***Service Plan*** – the assessment and service plan recorded in database by data entry staff member
- ***Navigation Service Consent*** that addresses patient navigation, confidentiality, and authorization
- FIT and/or Abnormal ***Pathology report***
- ***Operative report, discharge summary and cancer stage Financial eligibility*** documents
- ***Patient Closure*** – To ensure proper closure of the case form must include signatures of both supervisor and patient navigator.

DATA ENTRY PROTOCOL

A. Prior to Collecting Data

I. Packet check-out:

The PC will deliver a total of approximately 50 packets per week to the promotoras containing all the materials needed for implementation of the program. In absence of the Program Coordinator (PC) the XXX will deliver the packets to the promotoras and complete the “Participants Packet ledger” (Appendix A).

B. Recruitment eligibility determination

A. First approach:

Promotoras will approach possible participants at each site. Some possible eligible participants will complete documents at the site and others will be scheduled for a later date, based on eligible participants’ availability. Information regarding all possible participants’ encounters will be documented in the form “Recruitment Log” (see Appendix B).

B. Eligibility determination (Education flow sheet):

Promotoras will follow the education flow sheet developed by the PD (see Appendix C). The promotoras will keep track of individuals who refuse to participate at any stage of the intervention or are ineligible. *Refusal* is defined as a packet in which the participant at any moment does not wishes to participate in any manner in the ACCION program. *Deferment* is defined as a packet in which an individual may qualify but decides not to continue participating at the moment but wishes to participate at a later time. *Ineligible* is defined as a participant that does not meet the minimum criteria to be part of the study as explained in detail in the ACCION program. *For possibly eligible participants under 50*, the promotora will document the case to present to the PC. The PC will review with PD, to be managed on a case by case basis. Refusal, ineligibility, deferment or under 50 to participate:

Both individuals who refuse to participate or are found ineligible before any consent, when approached for the first time, will be documented in the “Recruitment Log”. Promotoras will mark wherever they stop in the packet when a participant refuses to continue or refuses certain services (e.g., refuses FIT kit, refuses Education-only session, refuses to continue the eligibility form), chooses to defer session (cannot continue because of lack of time or any other reason), or is ineligible. The incomplete packet will be delivered by the promotora to the PD or PC. The Program Director (PD) and the PC will determine follow-up action per case. Incomplete packets from this pool will be appropriately labeled and data entered (if required).

Eligibility second FIT Kit:

Promotoras will follow the following process when issuing a second FIT Kit: After approached by participant who was previously enrolled in the program, the promotora will check the electronic database or call ACCION staff. b) The designated ACCION staff must confirm FIT returned date to be equal or greater to one year. Verify result, DOB, address, and phone number. If any changes to demographics, promotora must document on second FIT kit form and return to PC with eligible packets.

C. Receipt of Participant Packets

I. Packet check-in to Program Coordinator(s):

The Promotoras will deliver completed packets and recruitment logs to the PC after collecting data from participants. Packets should be brought at least every second day after data have been collected.

- a. The PC will log in each packet brought in and will check that all required materials are included. The PC will give packets to the Data entry specialist to assign participant ID and enter on ACCION database.
- b. Labeling of completed packets: Each packet will be placed in a file folder according to the following conditions before data entering. If new information comes to light once they are in the program this will be noted in the participant deviation log but they will be managed on a case by case basis.

Refusals: each packet in which the participant did not desire to participate will be placed in a folder that will not be labeled. Data from this participant will not be entered in the online database. Refusal packets will be placed in the file cabinet in the Research department hallway in the drawer labeled “Refusals” under lock and key.

Ineligibles: each packet in which the participant did not meet inclusion criteria will be placed in a folder that will not be labeled. Data from this participant will not be entered in the online database. Ineligible packets will be placed in the file cabinet in the Research department hallway in the drawer labeled “Ineligibles” under lock and key. **Deferment:** each packet in which the participant was unable to complete the data collection and/or education session (if eligible) will be placed in a folder that will not be labeled. Data from this participant will not be entered in the online database. Deferment packets will be placed in the file cabinet in the Research department hallway in the drawer labeled “Deferment” under lock and key.

Under 50: each packet in which the participant qualified for FIT/Colonoscopy but was under the age of 50 will be placed in a folder labeled using the participant’s ID. Data from this packet will be entered in the online database (see next section for details) by adjusting the age to “50”, but using the correct DOB for data analysis, and documenting in the deviation log. After entering data, the packet will be placed in the file cabinet in the Research department hallway in the drawer labeled as eligible under lock and key. Packets will be moved from the locked cabinet by the PN as needed and returned to the

original cabinet when the packet is considered “closed case” (i.e., there are no further steps to follow and all required procedures have been implemented) by the PC or PN. **Education-only:** each packet in which the participant qualified for education only will be placed in a folder labeled using the participant’s ID). Data from this packet will be entered in the online database (see next section for details). After entering data, Education Only packets will be placed in the filed in designated area in the Research Department under lock and key.

Navigation: each packet in which the participant qualified for navigation only will be placed in a folder labeled using the participant’s ID. Data from this packet will be entered in the online database. After data entry, Navigation packets will be placed in designated areas in the Research department under lock and key. Packets will be moved to locked cabinet by the PN as needed and returned to the original cabinet when the packet is considered “closed case” (i.e., there are no further steps to follow and all required procedures have been implemented) by the PD, PC or PN.

FIT: each packet in which the participant qualified for FIT screening only will be placed in a folder labeled using the participant’s ID. Data from this packet will be entered in the online database. After entering data, FIT packets will be placed in the file cabinet in the Research department hallway in the drawer labeled “FIT” under lock and key. Packets will be moved from the locked cabinet by the PN as needed and returned to the original cabinet when the packet is considered “closed case” (i.e., there are no further steps to follow and all required procedures have been implemented) by the PD, PC or PN.

Repeat Second FIT / Second Colonoscopy: Participants that are eligible for a second FIT KIT OR become eligible for colonoscopy (through FIT+ or history) will be verified by DES/PN/PC, promotora will fill out Second FIT Form (Second Col). DES will enter Second FIT Form on ACCION database under testing two, along with any updated demographic information.

Colonoscopy: each packet in which the participant qualified for Colonoscopy only will be placed in a folder labeled using the participant’s ID. Data from this packet will be entered in the online database. After data entry, Colonoscopy packets will be placed a designated area in the Research department under lock and key. Packets will be moved from the locked cabinet by the PN as needed and returned to the original cabinet when the packet is considered “closed case” (i.e., there are no further steps to follow and all required procedures have been implemented) by the PD, PC or PN.

Repeat participants: a participant may re-qualified for either education, FIT screening, Colonoscopy, or Navigation services under ACCION qualification guidelines. After identification of previous participation, DES documents repeat participation in the Duplicates Log.

Mistakes in conditions:

The DES and/or the PC will track every time there is a mistake or protocol deviation. These may be found by PC and/or DES who will review the packets before deciding if data needs to be entered or by the online database when the DES entering data.

Change of Arm and Duplicates: The DES will enter events in which a participant is changes arm (i.e., FIT, Colonoscopy, Navigation, or Education Only) in the “Wrong Assignment Log” (see Appendix C for a sample) found in the Department’s S Drive (The original Participant ID assigned by DES will be kept).

Data Notes

For new information coming to light or notes on what is entered in database (e.g. two tias with cancer), the DES will document in Wrong Assignment log under Data Notes

Mistakes: The will document any time information is missing or incomplete from a participant’s packet in a mistakes log.

Data for packets according to the following conditions will be entered in the assigned databases .refusals, ineligible or deferments data will not be entered into the online database. For FIT, Colonoscopy, Navigation and Education Only, DES will enter packet info into the “ACCION Eligibility Section” online database. DES verifies start date info on “Navigation section” and presses save to start follow-up timers for PN. The PN will add any other information needed for each participant into the online database. All information will be entered into the online database using only uppercase letters.

II. Cross checking of databases:

- a. A total of 15 F/C packets are randomly chosen to be checked for data entry accuracy monthly by PC to check packet against the navigation, demographics, survey, testing, contact log and eligibility sections of the ACCION database application. Discrepancies are discussed with DES/Navigator.
- b. The PC pulls every chart and looks up the participant ID on the ACCION database to check/compare data in the Demographics tab and Eligibility Form to the hard copy forms.

The PC checks the Testing tab to make sure there is a FIT ID and to check the status of test results by reviewing/comparing the information in Contact Sheet in the chart to the information documented in the Contact Log.

APPENDIX A: TOOL BOX DESCRIPTIONS

The ACCION program is made to be used with a **tool box** that you can use during your individual or group sessions. This section gives you the information you need to understand and use each tool in your ACCION tool box.

What is in my Tool Box?

Here is a list of the tools needed for the ACCION program.

Recruitment Flyer

This flyer is used to recruit participants for the ACCION program at various sites. Information includes target population, session location and time, and ACCION contact information. Please refer to recruitment protocol for each site on how to properly use the flyer.

Eligibility Form

This form is used to determine eligibility for the ACCION program based on certain criteria. Below are the criteria to become eligible for the ACCION program:

- 50-75 years of age
- Male or female
- Resident of Texas
- No health insurance/underinsured

Service Consent Form

This form is required by the ACCION Program for all eligible participants. It provides information about services the program will provide. Please ensure that this form is signed and dated by you and the participant and the original copy is retained and returned to the ACCION Office and a copy is given to the participant.

Intake Form

This form will assess the participant's health history to determine which screening test they will qualify for. It is very important you follow the protocol for filling out this form.

Education Session Form

This form will help you to keep track of what happened in your ACCION sessions. It is important that you document according to the appropriate intervention arm. Use the ACCION program *Education Session Form* to keep track of the main things the participants said or asked. Please ensure that you document everything asked on the form. **DO NOT MISS** any information as all information is crucial to the success of our program.

You will need the following supplies to have a successful session:

- Laptop/Charger
- Portable speakers
- Locked File Box
- Expandable rolling cart
- Markers/pens
- All forms (Eligibility Forms, Service Consent forms, Intake forms, Education Session Form)
- Recruitment Log

Video

What is the video?

The ACCION video is in Spanish and English, each version is 15 minutes long. The video provides facts about colorectal cancer, the importance of screening, and overcoming barriers to screening.

How do I use the video?

You can use the video during an individual or group session. Please note instructions for using the video according to each intervention arm.

How do I get ready to use the video?

You should watch the video several times so that you are familiar with the information.

Things to remember:

The video has many of the same messages that are in the flipchart.

Flipchart

What is the flipchart?

The flipchart is an educational tool for the ACCION program. The information in the flipchart is about CRC, the importance of screening, and overcoming the barriers to screening.

How do I use the flipchart?

You can use the flipchart alone or with other ACCION program tools depending on the intervention arm. You can use it for an individual or group session. The ACCION program lesson plan has specific instructions for how to use the flipchart. You will always read the words on the back pages of the flipchart out loud to a participant(s) and give him/her time to ask questions or make comments. While you read the words on the back of the flipchart out loud, the participant(s) should be able to see the front of the page you are reading.

How do I get ready to use the flipchart?

You should read the whole flipchart many times and practice reading it out loud to someone else so that you are familiar with the information and comfortable saying the words.

FIT Test Kit and Instructions

The FIT Test Kit will be given to qualifying participants after each session. You will give them the instructions on taking this test at home. You will read these instructions out loud and make sure that all participants understand how to complete and return the test.

Educational Leaflet

This leaflet will be given to all participants after each session. It contains information on the facts about colorectal cancer, risk factors, warning signs, and ACCION program information.

Doctor and Insurance Resource Lists

These handouts will be given to all participants after each session. The doctor resource list contains names and contact information of doctors who see patients with no health insurance. The insurance resource list provides information on where individuals with can apply for health insurance.

Doctor letter

This is a letter given to those that are eligible for education only, so that they their doctor can be made aware that the participant is interested in screening but did not qualify for the program.

APPENDIX B: RECRUITMENT PROTOCOLS

Recruitment Protocol for XXX Clinic

Contact Person: XXXX XXXXXXXX

Phone: (XXX) XXX- XXXX

Recruitment at the various XXX Clinic locations is as follows:

- Recruitment will occur by placing ACCION flyers throughout the clinic building.
- Medical providers may provide direct referrals to the ACCION Program.
- The promotora can recruit in the clinic waiting area, the pharmacy waiting area, and from health education classes.

Scheduling of Intervention

1. The promotora must follow-up weekly with XXX, Health Educator Supervisor, to verify any medical provider or health education class referrals.
2. The promotora will contact designated coordinators to reserve the classrooms for providing the educational session.
3. The promotora will call each interested patient to provide them with date, time, and location of educational session.

XXX Clinic will allow the ACCION Program to use their facility for educational sessions for participants recruited through other sites. For this, please contact designated coordinators to reserve classroom.

Recruitment Protocol for XXX XXXXX Clinic

CENTRAL CLINIC

Contact Person: Dr. XXXX XXXXXXXXX

Phone: (XXX) XXX- XXXX

NORTHEAST CLINIC

Contact Person: Dr. XXXX XXXXXXXXX

Phone: (XXX) XXX- XXXX

EAST CLINIC Contact Person: Dr. XXXX XXXXXXXXX

Phone: (XXX) XXX- XXXX

Recruitment at the various XXX XXXX clinic locations is as follows:

- Recruitment will occur by placing ACCION flyers throughout the clinic building.
- The promotora can recruit in the clinic waiting area (note that busiest days are X days and X days).

Scheduling of Intervention

1. The promotora must call the Medical Director a week in advance to schedule a day to recruit from the waiting area.
2. The promotora will contact designated personnel to reserve space.

The promotora will call each interested patient to provide them with date, time, and location of educational session. Recruitment Protocol for County Senior Centers

Contact Person: XXXX XXXXXXXXX

Phone: (XXX) XXX- XXXX

Recruitment will occur by one of the following

C. *Recruitment flyers or Sign-up Sheets:*

- a. ACCION recruitment flyers can be posted in the front area of the senior center.
- b. The promotora will designate one day per month to announce ACCION program between XX:XX AM and XX:XX AM (before noon-time meal).
- c. The promotora will pass around a sign-up sheet for session.

- d. The promotora will contact designated office volunteers to reserve a space for providing the educational session.
- e. The promotora will call each interested participant to provide them with date, time, and location of educational session.

D. *Home-bound noon-time meals*

- f. The driver will distribute ACCION recruitment flyers to each person receiving a home-bound meal. If interested, the individual will contact the ACCION project.
- g. The promotora will inform **XXXX XXXXXXXXX** or designated office volunteers of how many calls we are receiving so that the driver can re-distribute flyers and ask individuals why they are not interested in participating.
- h. The promotora will schedule individual in-home sessions with the individuals that call and express an interest in participating.

The County Senior Centers will allow the ACCION Program to use their facility for educational sessions for participants recruited through other sites. For this, please contact **XXXX XXXXXXXXX** or designated office volunteers to reserve space.

Recruitment Protocol for YMCAs

Contact Person: XXXX XXXXXXXX

YMCA of XXX XXXX

Phone: (XXX) XXX- XXXX

Recruitment will occur by:

1. The promotora will announce ACCION project before a YMCA event .
2. The promotora will pass out a sign-up sheet and pick up the same day.
3. Immediately upon pick up of sign-up sheet, the promotora will contact **XXXX XXXXXXXX**, Branch Director, or designated staff at the number above to reserve a classroom for providing the educational session. Please note that all sessions are to be scheduled from Monday to Friday between X AM and X PM.
4. The next business day, the promotora will call each interested individual to provide them with date, time, and location of educational session.

The XXXX YMCA and XXXX XXXX YMCA will allow the ACCION Program to use their facility for educational sessions for participants recruited through other sites. For this, please contact **XXXX XXXXXXXX** to reserve the classroom:

Recruitment Protocol for Catholic Parishes

The following Catholic Parishes will provide recruitment for ACCION.

1. St. **XXXX XXXXXXXXX** Catholic Church
2. St. **XXXX** Catholic Church
3. St. **XXXXXX** Catholic Church
4. **XXX XXXXXXXXX** Catholic Church
5. **XXXX XXXXXXXXX** Church
6. **XXX XXXX XXXXX** Catholic Church
7. **XXXX XXXXXXX** Catholic Church
8. **XXXX XXXXXXXXX** Catholic Church

Recruitment at the locations listed above will be completed using the following options:

- Recruitment will occur by placing ACCION flyers throughout the church building (i.e. classrooms, bulletin boards, office)
- The ACCION program will be allowed to place program information (such as time and location of session and where sign-up sheet will be located) in the weekly Sunday bulletin.
- Distribution of ACCION recruitment flyers can occur after each Sunday mass.

Scheduling of Intervention

1. Sign up-sheets for sessions will be left with a secretary or other designated church office personnel.
2. The promotora must follow-up weekly with contact person from each location to verify if any members have signed up for participation.
3. The promotora will contact the secretary or other office personnel to reserve a classroom at designated parish for providing the educational session.
4. The promotora will call each interested member to provide them with date, time, and location of educational session.

Recruitment Protocol for Housing Authority

Contact Person: XXXX XXXXXXXX

Phone: (XXX) XXX- XXXX

Contact Person: XXXX X. XXXXXXXX

Phone: (XXX) XXX- XXXX

Contact Person: XXXX XXXXX

Phone: (XXX) XXX- XXXX

Recruitment will occur by one of the following:

1. *Recruitment flyers and Sign-up Sheets:*
 - a. ACCION recruitment flyers can be distributed door to door at each housing complex and posted at the complex main office.
 - b. Sign-up sheets for session will be left with the assistant manager of the complex.
 - c. The assistant manager will fax to the designated Housing Relation Specialist.
 - d. The Housing Relation Specialist will fax weekly to the ACCION program.
 - e. The promotora will follow set schedule by the Housing Relation Specialist for conducting educational sessions.
 - f. The promotora will call each resident interested in participating with day and time of session. Please note if a phone number is disconnected or no longer in service the promotora must provide Housing Relation Specialist with the appropriate details.
 - g. At the end of each session the promotora will fax to **(XXX) XXX- XXXX** or email the Housing Relation Specialist a list of attendance

Recruitment Protocol for Referrals

Participants will also be recruited based on referrals from organizations such as XXX, etc. Staff of these organizations will provide interested individuals with the project phone number. It will be the duty of the patient navigator to take these calls. They will obtain name and contact information from each individual and write it down on a message pad. They will then provide these messages to Project Coordinator, who then distributes them among the promotoras on a weekly basis.

APPENDIX C: PROMOTORA FORMS

ACCION ELIGIBILITY COVER PAGE

Data Entry Use Only: Participant ID _____

Site: _____

Promotora or Community/Lay Worker or Outreach Worker: _____ Name: _____

Date _____

FIT <input type="checkbox"/>			EDUCATION SESSION Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Education Leaflet	<input type="checkbox"/> Doctor & Insurance List	<input type="checkbox"/> FIT process letter	<input type="checkbox"/> FIT Kit given Sticker:
Colonoscopy <input type="checkbox"/>				<input type="checkbox"/> Education Leaflet	<input type="checkbox"/> Doctor & Insurance List	<input type="checkbox"/> colonoscopy process letter	
Navigation <input type="checkbox"/>	<input type="checkbox"/> Navigation letter	<input type="checkbox"/> Doctor & Insurance List		<input type="checkbox"/> Education Leaflet			
Education Only <input type="checkbox"/>	<input type="checkbox"/> Letter Physician	<input type="checkbox"/> Doctor & Insurance List		<input type="checkbox"/> Education Leaflet			

ELIGIBILITY FORM

Please initial by the “yes” if you agree and we will continue. If you do not wish to answer these questions, we will not continue. Thank you for your time.

Yes, I agree to answer eligibility questions _____(initials)

E1. Are you Between 50 and 75?

2. Yes: _____ years ____/____/____ DOB (MM/ DD / YEAR)	1. No: ____ years STOP SURVEY
---	--------------------------------------

E2. Do you have a Texas Address?

2. Yes	1. No STOP SURVEY
--------	--------------------------

E3. First Name:	E4. Middle Name	E5. Last Name
E6. Address:	E7. City:	E8. State
E9. Zip Code:		
E10. Home phone:	E11. Cell phone:	E12. Work phone:
E13. Email:	E14. Alternative email:	
E15. Contact 1 Name:	E16. Phone number	E17. Relationship
E18. Contact 2 Name:	E19. Phone number	E20. Relationship

E21. Language preferred: 1. English 2. Spanish 3. Both

E22. Are you: 1. Male 2. Female

E23. Which one of the following would you say is your race/ethnicity?

1. Mexican or Mexican American, Hispanic or Latino
2. Non-Hispanic White
3. Non-Hispanic Black or African American
4. Asian/Pacific Islander
5. American Indian/Alaska Native
6. Other

E24. Colorectal cancer is a cancer of the lower bowel or intestine.
Have you ever had colorectal cancer?

1. No	2. Yes
-------	--------

E25. Over the last 3 months, have you noticed blood from your rectum or blood in your stool on more than one occasion?

1. No 3. Don't Know	2. Yes
------------------------	--------

<p>If ALL answers in left boxes,</p> <p>POSSIBLY ELIGIBLE <input type="checkbox"/></p> <p><i>Continue to next section</i></p>	<p>If ANY answer in right boxes,</p> <p>NAVIGATION ELIGIBLE <input type="checkbox"/></p> <p><i>Complete Navigation Form and ask the following:</i></p> <p>Which of the following health insurance types do you have:</p> <p>Medicare yes no</p> <p>Medicaid yes no</p> <p>Commercial or insurance through job, yes no</p> <p>Other, yes no</p> <p>Health care options, or yes no</p> <p>Charity Care Program yes no</p>
---	---

E26. Which of the following health insurance types do you have: Medicare, Medicaid, Commercial or insurance through job, other, health care options, or Charity Care Program?

A	1. No	2. Medicare
B	1. No	2. Medicaid
C	1. No	2. Commercial or insurance through job
D	1. No	2. Other health insurance
E	1. No	2. Health care options (UMC insurance plan including co-pays)
F	1. No	2. Charity care program (discount program; sliding scale; "no insurance"; person pays out of pocket; this is available at Centro San Vicente, La Fe, Project Vida, etc.) .

<p>If answer in <i>solid</i> left boxes, POSSIBLY ELIGIBLE <input type="checkbox"/> <i>Continue to next section</i></p>	<p>If ANY answers in <i>solid</i> right boxes, EDUCATION ONLY <input type="checkbox"/> <i>Complete Education Only Form</i></p>
--	--

Eligibility for Colonoscopy

E27. Have any of your parents, brothers/sisters, or children been diagnosed with colon cancer before **the age of 60?**

2. Yes, go to E28	1.No }go to E29 3.Don't Know
-------------------	---------------------------------

E28. At what age?

- A Father at age _____
- B Mother at age _____
- C Brother at age _____
- D Sister at age _____
- E Child at age _____

E29. Do you have **TWO** or more relatives (parents, brothers/sisters, uncles/aunts, cousins) diagnosed with colorectal cancer at any age?

2. Yes, go to E30	1.No
-------------------	------

	3. Don't Know } go to E31
--	---------------------------

E30. At what age?

- | | |
|------------------------------|----------------------------------|
| A Father at age_____ | F Grandfather at age_____ |
| B Mother at age_____ | G Grandmother at age_____ |
| C Brother at age_____ | H Uncle at age_____ |
| D Sister at age_____ | I Aunt at age_____ |
| E Child at age_____ | J Cousin at age_____ |

E31. Have you ever been told by a doctor that you have ulcerative colitis or Crohn's disease? This is when your colon is inflamed and you have bleeding and diarrhea 10-12 times a day and it keeps re-occurring.

2. Yes	1. No 3. Don't Know
--------	------------------------

E32. Have you ever been told by a doctor that you have adenomatous polyps (pre- cancerous, pre-malignant polyps)? These are extra growths of tissue in the colon that can turn into cancer. These are different from regular polyps. (If answer Yes, please remember to ask E35).

2. Yes	1.No 3. Don't Know
--------	-----------------------

If ANY answers in left boxes POSSIBLY HIGH RISK <input type="checkbox"/> <i>Continue to A. High Risk Screening</i>	If ALL answers in right boxes POSSIBLY FIT ELIGIBLE <input type="checkbox"/> <i>Continue to B. CRC Screening history</i>
--	--

A. High Risk Screening History

The following questions are about **colonoscopy and sigmoidoscopy**, two tests to check for colon cancer. These tests can be easily confused with each other. Both tests examine the colon using a narrow, lighted tube that is inserted into your bottom.

With the colonoscopy a long tube examines the entire colon:

- You are given medicine through a needle in your arm to make you sleepy.
- You cannot drive home because of the medicine that makes you sleepy.
- You may need to take the rest of the day off from your usual activities.

E33. Before this test was described, had you ever heard of colonoscopy?

1. No	2. Yes	
-------	--------	--

ASK FOLLOWING QUESTION ONLY IF PARTICIPANT ANSWERED **NO** TO E32:

E34. Have you ever had a colonoscopy?

A	1. No, skip B & C	2. Yes	
---	-------------------	--------	--

B When was your most recent colonoscopy?

_____ Month _____ Year

Are you up to date with your colonoscopy?

C	1. Ten(10) years ago or more. Skip E35	2. Less than 10 years ago Skip E35
---	---	---

ASK FOLLOWING QUESTION ONLY IF PARTICIPANT ANSWERED **YES** TO E32:

E35. Because you have adenomatous polyps, you need a colonoscopy more often than every 10 years.

A How often did your doctor recommend that you have a colonoscopy (how many years)? _____ Years

B When was your most recent colonoscopy? _____ Month _____ Year

C Have you had your recommended follow-up colonoscopy?

	1. No	2. Yes
--	-------	--------

<p>If answer in left or middle boxes</p> <p>COLONOSCOPY ELIGIBLE <input type="checkbox"/></p> <p><i>Complete consent and intake form</i> <input type="checkbox"/></p>	<p>If ANY answer in right boxes</p> <p>EDUCATION ONLY <input type="checkbox"/></p> <p><i>Complete Education Only form</i> <input type="checkbox"/></p>
--	--

EXAMPLE

B. Colorectal cancer screening history

Fecal occult blood test Q's

The following questions are about the stool blood test, also known as a fecal occult blood test, a test to check for colon cancer. It is done at home using a set of 3 cards to determine whether the stool contains blood. You smear a sample of your fecal matter or stool on a card from 3 separate bowel movements and return the cards to be tested. One complete test consists of three cards in total.

E36. Before this test was described, had you ever heard of a fecal occult or stool blood test?

1. No	2. Yes	
-------	--------	--

E37. Have you ever done a stool blood test using a "home" test kit?

A	1. No, go to Colonoscopy Q's	2. Yes, go to B	
---	---------------------------------	-----------------	--

When did you do your most recent home stool blood test?

B		1. A year ago or more	2. Less than a year ago
---	--	-----------------------	-------------------------

Colonoscopy Q's

The following questions are about colonoscopy and sigmoidoscopy, two other tests to check for colon cancer. These tests can be easily confused with each other. Both tests examine the colon using a narrow, lit tube that is inserted into your bottom.

With the colonoscopy a long tube examines the entire colon:

- You are given medicine through a needle in your arm to make you sleepy.
- You cannot drive home because of the medicine that makes you sleepy.
- You may need to take the rest of the day off from your usual activities.

E38. Before this test was described, had you ever heard of colonoscopy?

1. No	2. Yes	
-------	--------	--

E39. Have you ever had a colonoscopy?

A	1. No, go to Sigmoidoscopy Q's	2. Yes, go to B	
---	--------------------------------	-----------------	--

Was your most recent colonoscopy:

B		1. Ten (10) years ago or more	2. Less than 10 years ago
---	--	-------------------------------	---------------------------

Sigmoidoscopy Q's

With the sigmoidoscopy a long tube examines the lower part of the colon:

- You are awake.
- You are able to drive yourself home.
- You are able to resume your normal activities.

E40. Before this test was described, had you ever heard of sigmoidoscopy?

1. No	2. Yes	
-------	--------	--

E41. Have you ever had a sigmoidoscopy?

A	1. No, go to Barium enema Q's	2. Yes, go to B	
---	-------------------------------	-----------------	--

Was your most recent sigmoidoscopy

B		1. Five (5) years ago or more	2. Less than 5 years ago
---	--	-------------------------------	--------------------------

<p>If ALL answers in left or middle boxes</p> <p>FIT ELIGIBLE <input type="checkbox"/></p> <p><i>Complete Consent and Intake Form</i> <input type="checkbox"/></p>	<p>If ANY answers in right boxes</p> <p>EDUCATION ONLY <input type="checkbox"/></p> <p><i>Complete Education Only Form</i></p>
---	---

Para uso de capturista de datos solamente: Participante ID _____

PÁGINA DE COBERTURA DE ELEGIBILIDAD

Sitio: _____ Nombre de Promotora: _____ Nombre del Participante: _____

Fecha: _____

Examen FIT <input type="checkbox"/>			EDUCATION SESSION Completed	<input type="checkbox"/> Folleto Educativo	<input type="checkbox"/> Lista de Doctores y Seguros Médicos	<input type="checkbox"/> carta de FIT proceso	<input type="checkbox"/> Se le dio el FIT Kit Calcomanía:
Colonoscopia <input type="checkbox"/>				<input type="checkbox"/> Folleto Educativo	<input type="checkbox"/> Lista de Doctores y Seguros Médicos	<input type="checkbox"/> carta de colonoscopia	
Navegación <input type="checkbox"/>	<input type="checkbox"/> carta de navegación	<input type="checkbox"/> Doctor & Insurance List		<input type="checkbox"/> Folleto Educativo			
Educación Solamente <input type="checkbox"/>	<input type="checkbox"/> carta para el doctor	<input type="checkbox"/> Doctor & Insurance List		<input type="checkbox"/> Folleto Educativo			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			

FORMA DE ELIGIBILIDAD

Por favor ponga sus iniciales al costado del “sí” si está de acuerdo en continuar. Si no desea contestar estas preguntas, no continuaremos. Gracias por su tiempo.

Sí, estoy de acuerdo en contestar las preguntas de elegibilidad _____ (iniciales)

E19. ¿Tiene entre 50 a 75 años de edad?

2. Si: _____ de edad ____/____/____ DOB	1. No ____ de edad. PARE LA FORMA
--	--

E20. ¿Tiene domicilio en Texas?

2. Si	1. No, PARE LA FORMA
-------	-----------------------------

E3. Nombre:	E4. Segundo Nombre:	E5. Apellido:
E6. Domicilio:	E7. Ciudad:	E8. Estado
E9. Código Postal:		
E10: Tel Casa:	E11: Tel Celular:	E12. Tel de Trabajo:
E13. Correo Electrónico:	E14. Correo Electrónico Alt:	
E15. Persona de Contacto 1:	E16. Teléfono:	E17. Relación
E18. Persona de Contacto 1:	E19. Teléfono:	E20. Relación

E21. Idioma Preferido: 1. Inglés 2. Español 3. Ambos

E22.Cuál es su Género: 1. Masculino 2. Femenino

E23. ¿Cuál de las siguientes es su raza/etnia?

1. Mexicano o México Americano, Hispano o Latino
2. Anglo
3. Afro-Americano
4. Asiático/Isleño Pacífico
5. Indio Americano/Nativo de Alaska
6. Otro

E24. El cáncer colonrectal es un cáncer que aparece en el colon o recto. ¿Usted alguna vez ha tenido cáncer colonrectal?

1. No	2. Si
-------	-------

E25. ¿En los últimos tres meses, ha notado sangre de el recto o sangre en el excremento en más de una ocasión?

1. No 3. No Se	2. Si
-------------------	-------

Si **TODAS** respuestas en casillas a la izquierda,

POSIBLEMENTE ELEGIBLE

Continúe a la siguiente sección

Si **CUALQUIER** respuesta en casillas a la derecha

ELEGIBLE PARA

NAVEGACION

Entregue la Forma de Navegación y contesta siguiente preguntas:

Cuál de los siguientes seguros tiene usted:

Medicare, Si No

Medicaid, Si No

seguro comercial o seguro por su trabajo, Si No
otro, Si No

health care options, Si No

programa de descuento Si No

(charity care program)

E26. Cuál de los siguientes seguros tiene usted: Medicare, Medicaid, seguro comercial o seguro por su trabajo, otro, health care options, o programa de descuento (charity care program)

A	1. No	2. Medicare
B	1. No	2. Medicaid
C	1. No	2. Seguro comercial o Seguro por su trabajo
D	1. No	2. Otro seguro médico
E	1. No	2. Health care options (UMC seguridad incluye co-pay)
F	1. No	2. Si, Programa de Descuento (Escala proporcional; la persona paga por su propio cuenta; disponible en CSV, La Fe, Project Vida, etc.).

Respuesta en casillas a la izquierda,

POSIBLEMENTE ELEGIBLE

Continúe a la siguiente sección

Si **CUALQUIER** respuesta está en las casillas solidas a la derecha,

EDUCACION SOLAMENTE

Entregue la Forma de Educación

Elegibilidad para la Colonoscopia

E27. Alguna vez sus padres, hermanos o hijos han sido diagnosticados con cáncer colonrectal. **¿Antes de la edad de 60?**

2. Si Siga a la E28	1. No } Siga a la E29 3. No Se
------------------------	-----------------------------------

E28. ¿A qué edad?

- | | |
|-------------------------------------|-------------------------------------|
| A Padre a la edad de _____ | D Hermana a la edad de _____ |
| B Madre a la edad de _____ | E Hijo a la edad de _____ |
| C Hermano a la edad de _____ | |

E29. ¿Tiene **DOS** o mas parientes (padres, hermanos, tíos/tías, primos) diagnosticados con cáncer colonrectal a cualquier edad?

2. Si Siga a la E30	1. No }Siga a la E31 3. No se
------------------------	----------------------------------

E30. ¿A qué edad?

- | | |
|-------------------------------------|------------------------------------|
| A Padre a la edad de _____ | F Abuelo a la edad de _____ |
| B Madre a la edad de _____ | G Abuela a la edad de _____ |
| C Hermano a la edad de _____ | H Tío a la edad de _____ |
| D Hermana a la edad de _____ | I Tía a la edad de _____ |
| E Hijo a la edad de _____ | J Primos a la edad de _____ |

E31. ¿Alguna vez le ha dicho su doctor que tiene colitis ulcerativa o la enfermedad de Crohns? Esto es cuando el colon está inflamado y tiene sangrado y diarrea 10-12 veces al día y ocurre frecuentemente.

2. Si	1. No 3. No se
-------	-------------------

E32. ¿Alguna vez le ha dicho su doctor que tiene pólipos adenomatosos (precanceroso o pólipos premalignos)? Estos son crecimientos de tejido en el colon que pueden convertirse en cáncer. Estos son diferentes de pólipos regulares. (Si la respuesta es si por favor recuerde contestar la pregunta E35.)

2. Si	1. No 3. No se
-------	-------------------

<p>Si CUALQUIER respuesta en casillas a la izquierda POSIBLEMENTE</p> <p>ALTO RIESGO <input type="checkbox"/></p> <p><i>Continúe a la A. Alto Riesgo</i></p>	<p>Si TODAS respuestas en las casillas a la derecha POSIBLEMENTE</p> <p>ELEGIBLE FIT <input type="checkbox"/></p> <p><i>Continúe a la B. Historia de Revisión de CCR</i></p>
---	---

C. Evaluación de Alto Riesgo

Las siguientes preguntas son acerca la **colonoscopia y sigmoidoscopia**, que son dos pruebas que revisan si una persona tiene cáncer colonrectal. Estas pruebas se pueden confundir fácilmente, aunque ambos exámenes usan un tubo delgado especial con luz y cámara que se introduce en su recto.

Con la colonoscopia un tubo largo examina el colon entero:

- Se le pondrá medicamento a través de una inyección en su brazo que lo hará sentirse adormecido.
- Usted no podrá manejar a casa por la medicina que se le administro.
- Puede que tenga que tomar un día para descansar de sus actividades diarias

E33. ¿Antes de que describiéramos esta prueba, ha oído hablar de una colonoscopia?

1. No	2. Si	
-------	-------	--

PREGUNTA SOLAMENTE SI EL PARTICIPANTE CONTESTÓ **NO** A E32:

E34. ¿Usted alguna vez ha tenido una colonoscopia?

A	1. No, brinque B & C	2. Si	
---	----------------------	-------	--

B ¿Su colonoscopia más reciente fue?

_____ mes _____ años

¿Esta con su colonoscopia?

C		1. Hace diez (10) años o más. Brinque E35	2. Hace menos de 10 años. Brinque E35
---	--	--	--

PREGUNTA SOLAMENTE SI EL PARTICIPANTE CONTESTÓ SI A E32:

E35. Si usted tenía pólipos adenomatosos, usted necesita una colonoscopia mas frecuente que 10 años.

- A. ¿Qué tan frecuente recomendó su doctor que obtuviera una colonoscopia de seguimiento. _____ años?
- B. ¿Su colonoscopia más reciente fue?
_____ mes _____ años
- C. ¿Obtuvo su colonoscopia de seguimiento?

	1. No	2. Yes
--	-------	--------

Si **TODAS** las respuestas están en las casillas del lado izquierdo o en el medio

ELEGIBLE PARA COLONOSCOPIA

Entregue las formas Consentimiento y "Intake Form"

Si **CUALQUIER** respuesta en casillas a la derecha

EDUCACION

SOLAMENTE

Entregue la Forma de Educación

D. Historial de Revisión del Cáncer Colonrectal

Preguntas del examen de sangre oculta

Las siguientes preguntas son acerca del examen de sangre oculta en la materia fecal, una prueba que detecta el cáncer colonrectal. Se realiza en casa usando 3 tarjetas que determinaran si el excremento tiene sangre. Unte una muestra de excremento en la tarjeta en tres diferentes ocasiones que vaya al baño y regrese las tarjetas para que sean analizadas. Un examen completo consiste de tres tarjetas.

E36. ¿Antes de que se le describiera ésta prueba, usted alguna vez ha escuchado del examen de sangre oculta en la materia fecal?

1. No	2. Si	
-------	-------	--

E37. ¿Alguna vez ha tenido un examen con el kit de sangre oculta en la materia fecal que se hace en casa?

A	1. No Siga las preguntas de colonoscopia	2. Si Siga a la B	
---	---	----------------------	--

¿Cuándo hizo su más reciente examen de sangre oculta en la materia fecal?

B		1. Hace un años o más	2. Hace menos de un año
---	--	-----------------------	-------------------------

Preguntas sobre la colonoscopia

Las siguientes preguntas son sobre la **colonoscopia y sigmoidoscopia**, otras dos pruebas que detectan el cáncer colonrectal. Estas pruebas se pueden confundir fácilmente, aunque ambos exámenes usan un tubo delgado especial con luz que se introduce en su recto.

Con la colonoscopia, un tubo largo examina el colon entero:

- Se le pondrá medicamento a través de una inyección en su brazo que lo hará sentirse adormecido.
- Usted no podrá manejar a casa por la medicina que lo adormecerá.
- Puede que tenga que tomar un día para descansar de sus actividades diarias.

E38. ¿Antes de que se le describiera ésta prueba, usted alguna vez ha escuchado del examen de una colonoscopia?

1. No	2. Si	
-------	-------	--

E39. ¿Alguna vez ha tenido una colonoscopia?

A	1. No Siga a las preguntas de sigmoidoscopia	2. Si Siga a la B	
---	--	----------------------	--

Su colonoscopia más reciente fue:

B		3. Hace (10) años o más	4. Hace menos de 10 años
---	--	-------------------------	--------------------------

Preguntas sobre sigmoidoscopia

Con la sigmoidoscopia, un tubo pequeño examina la parte baja del colon:

- Estará despierto(a).
- Puede manejar su automóvil a casa.
- Puede continuar sus actividades diarias.

E40. ¿Antes de que se le describiera esta prueba, usted alguna vez ha escuchado el del examen de una sigmoidoscopia?

1. No	2. Si	
-------	-------	--

E41. ¿Alguna vez ha tenido una sigmoidoscopia?

A	1. No Siga a las preguntas de Enema de Bario	2. Si Siga a la B	
---	--	----------------------	--

Su sigmoidoscopia mas reciente fue:

B		2. Hace 5 años o más	2. Hace menos de 5 años
---	--	----------------------	-------------------------

Si TODAS las respuestas están en las casillas del lado izquierdo o en el medio	Si CUALQUIER respuesta en casillas a la derecha
---	--

ELIGIBLE PARA EL EXAMEN FIT

Entregue las formas de Consentimiento y "Intake Form"

EDUCACION

SOLAMENTE

Entregue la Forma de Educación

EXAMPLE

2nd/3rd FIT Kit Form



Community/Lay Worker or Outreach Worker: _____

Name _____ Date _____

To be filled out from ACCION Database:	Participant Name:	Participant ID:	
	Previous FIT kit returned date:	DOB:	Age:

2 Do you have any of the following health insurance types?

<input type="checkbox"/> Indigent Care Program <input type="checkbox"/> Discount program <input type="checkbox"/> None	<input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Commercial insurance (job) <input type="checkbox"/> Affordable care act plan (Obamacare)
--	--

3 Home Address: _____

Telephone: _____

4 Colorectal cancer is a cancer of the lower bowel or intestine. Since your last ACCION visit, have you been diagnosed with colorectal cancer?	0. No	1. Yes
5 Over the last 3 months, have you noticed blood from your rectum or blood in your stool on more than one occasion?	0. No 99. Don't Know	1. Yes
6 A fecal occult blood test is a test to check for colon cancer. It is done at home using a set of three cards to see if there is blood in your stool. You smear a sample of your stool on a card from three separate bowel movements and	0. No	1. Yes Date: _____

<p>return the cards to be tested. Since your last ACCION visit, have you done a stool blood test using a home test kit?</p>		
<p>7 7. A Colonoscopy is another test that checks for colon cancer which uses a narrow, lit tube that is inserted into your bottom. You are given medicine through a needle in your arm to make you sleepy and because of this, you cannot drive home. You also may need to take the rest of the day off from your usual activities. Since your last ACCION visit, have you had a colonoscopy?</p>	<p>0. No</p>	<p>1. Yes Date: _____</p>
<p>8 A Sigmoidoscopy also uses a long tube that is inserted into your bottom, but you are awake and able to drive yourself home and you can resume your normal activities. Have you had a sigmoidoscopy since your last ACCION visit?</p>	<p>0. No</p>	<p>1. Yes Date: _____</p>



Nombre _____ Fecha _____

Ser llenado de la base de datos de ACCION:	Nombre del Participante:	ID del Participante:	
	Fecha anterior del FIT kit regresado:	Fecha de Nacimiento:	Edad:

2 ¿Tiene alguno de los siguientes tipos de seguro de salud?

<input type="checkbox"/> Programa de salud para la población Indigente Programa de descuento <input type="checkbox"/> Ninguno	<input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Seguro comercial (trabajo) <input type="checkbox"/> Affordable care act plan (Obamacare)
--	--

3 Domicilio: _____

Teléfono: _____

4 El CRC es un cancer que aparece en el colon o recto. Ud. ha sido diagnosticado con CRC desde su ultimo contacto con ACCION?	0. No	1. Si
5 En los ultimos 3 meses, ha notado sangre de su recto o sangre en su excrement en mas de una ocasion?	0. No 99. No se	1. Si
6 El examen de sangre oculta en la material fecal se usa para detectar el CRC. Se hace en casa usando 3 tarjetas que determinan si su excremento tiene sangre. Se pone una muestra de excremento en la tarjeta en 3 diferentes ocasiones cuando vaya al bano y se regresa	0. No	1. Si Fecha: _____

<p>las tarjetas para que sean analizadas. Ud se ha hecho este examen desde su ultimo contacto con ACCION?</p>		
<p>7 La colonoscopia es otra prueba que detecta CRC y usa un tubo largo para examinar el colon que se introduce por su recto. Le dan medicamento a traves de una inyeccion en su brazo que lo hara sentirse adormecido y no podra manejar a casa. Pueda que tenga que tomar un dia para descansar de sus actividades diarias. Ud ha tenido una colonoscopia desde su ultimo contacto con ACCION?</p>	<p>0. No</p>	<p>1. Si Fecha: _____</p>
<p>8 La sigmoidoscopia tambien usa un tubo que se introduce por su recto, pero esta despierto(a), puede manejar y puede continuar sus actividades diarias. Ud. ha tenido una sigmoidoscopia desde su ultimo contacto con ACCION?</p>	<p>0. No</p>	<p>1. Si Fecha: _____</p>

CONSENT TO PARTICIPATE IN THE PROGRAM: AGAINST COLORECTAL CANCER IN OUR NEIGHBORHOODS (ACCION) Program

- 1. Why is this program being offered?** This program hopes to reduce the effect of colorectal cancer in XXX through early detection and prevention. We are targeting 50-75 year old men and women, residents of XXX, who do not have health insurance. Your participation in this program is completely voluntary.
- 2. What does the program offer?** Depending on your eligibility, you may be entitled to one or all of the following services: (1) Education about colorectal cancer and screening (“Education”); (2) No-cost colorectal cancer screening (“Screening”); or (3) Assistance with scheduling appointments or identifying needed services(“Navigation”)
- 3. What will happen during this program (subject to my eligibility)?**

- a) If you are eligible for the Screening, Education and Navigation,** you will qualify for either a fecal immunochemical test (FIT) which is a take home stool blood test that you return by mail or a colonoscopy, depending on your personal and family history. In the event your FIT test is abnormal, you may also need a colonoscopy. The navigator will help to schedule a pre-colonoscopy visit and the colonoscopy appointment. As a condition of your participation in this Program, we will receive and have access to your lab reports from any tests done through our Program and will send you and your personal doctor all results as long as you have provided us with their name and address. Your participation in this Program and its services may be discontinued if new information is obtained, or if your circumstances change.

If the colonoscopy indicates a diagnosis of cancer, medical care and treatment is not covered by this Program. Our navigator will assist you in identifying programs and/ or funding that you may be eligible for regarding potential medical treatment opportunities. **However, we cannot guarantee that you will qualify for any particular program.** As a condition of your participation in this Program, we may need your permission to get information about any follow-up treatment from your doctor, so that we can evaluate our Program.

- **Do you agree to these services? (please initial) Yes _____ No _____**
- **May we contact you in the future to let you know about other programs or studies you might qualify for? (please initial) Yes _____ No _____**
Go to pg. 4 for signature

- I understand I qualify for the **Education** portion of this Program only. Each person will receive education either through a group or individual session and each session will last about XX minutes. The education will be given by a community health worker or promotora.
- **Do you agree to these services? (please initial) Yes _____ No _____**
 - **May we contact you in the future to let you know about other programs or studies**

you might qualify for? (please initial) Yes ____ No ____
Go to pg. 4 for signature

- **Education/Navigation.** I understand I qualify for the Education and Navigation portion of the Program. I will receive an education session either through a group or individual format from a community health worker or promotora that will last about XX minutes. I will receive a blue flyer from the XXX that also has the ACCION program information on it. Please give to your doctor so that he can talk to you about colorectal cancer screening.

➤ **Do you agree to these services? (please initial) Yes ____ No ____**

➤ **May we contact you in the future to let you know about other programs you might qualify for? (please initial) Yes ____ No ____**

Go to pg. 4 for signature

- I understand I qualify for **Navigation or assistance with finding the care that I need.** I will receive an education session either through a group or individual format from a community health worker or promotora that will last about XX minutes. The ACCION navigator will contact me to help me to identify appropriate follow up care that I might need.

Treatment is not covered by this program. Our navigator will assist you in identifying programs and/ or funding that you may be eligible for. **However, we cannot guarantee that you will qualify for any particular program.** We may need your permission to get information about your treatment from your doctor, so that we can evaluate the program.

➤ **Do you agree to these services? (please initial) Yes ____ No ____**

➤ **May we contact you in the future to let you know about other programs or studies you might qualify for? (please initial) Yes ____ No ____**

Go to pg. 2 for signature

4. **How much of my time will it take to receive the services offered by the program?** It will take about XX minutes of your time. The FIT test requires you to take the test home and take 3 samples of stool over a 3 day period. If you need a colonoscopy, one day of preparation time is needed, plus one day is needed for the procedure.
5. **What about confidentiality and the privacy of my records?** Your involvement in this program will be kept confidential to the extent required by law. The program sponsor, the XXX, can review the program records, but the sponsor is not allowed to remove or copy information that identifies you by name.
6. **Who is funding this program?**
XXXX, Department of XXXX is providing the space and supplies for this program. XXX is funding this program. This means that XXXX is being paid to support the activities that are required to carry out the program service.
7. **Can I stop being in the ACCION program?** You may leave the program at any time.
8. **Can someone else end my participation in the program?** Under certain circumstances the ACCION program sponsor may decide to end your participation in this program earlier than planned. This might happen because services or funds

become limited or you have become ineligible due to obtaining health care coverage, including Medicare/Medicaid, or through the Affordable Care Act. We may contact you in the future to ask you about your satisfaction with the program or other program related questions.

9. A copy of your records will be maintained by ACCION program. If you need copies please contact (XXX) XXX-XXXX.

Contact Information for the Program

If you have questions or issues about the program or are having trouble using your gift card (only applicable to the Education/Navigation participants) please call the ACCION program line at:

(915) 215-5588. You may also write to

Dr. XXXX XXXXXX, ACCION Program Director, Department of XXX,
Address

Signature _____ Date _____

Phone: _____ Address: _____

Your signature indicates that

- this program has been explained to you;
- you've been given the opportunity to ask questions;
- you accept your responsibility to follow the instructions given to you by the promotora team regarding the CRC tests and the activation of the gift card (if applicable)
- you agree to take part in this program
- You certify that the information that you have given is true and correct to the best of your knowledge. You understand that if you give false information you may not qualify to participate in this program and receive the services listed above.

You will be given a signed copy of this form.

Printed Name of Participant

Signature of Participant

Date Time

Signature of Witness to Oral Presentation

Date Time

I have discussed this program service with the participant and his or her authorized representative, using language that is understandable and appropriate. I believe I have fully informed the participant of the benefits, and I believe the participant understands this explanation. I have given a copy of this form to the participant.

Promotora Printed Name and phone number:

CONSENTIMIENTO PARA PARTICIPAR EN EL PROGRAMA: AGAINST COLORECTAL CANCER IN OUR NEIGHBORHOODS (ACCION) Programa

1. **¿Por qué se esta ofreciendo este programa?** Este programa ha sido implementado para reducir el efecto que tiene el cáncer colonrectal en la comunidad de XXX a través de prevención y detección temprana. Estamos invitando a mujeres y hombres entre 50-75 años de edad, quienes son residentes del condado de XXX, y que no tienen seguro médico.
2. **¿Qué ofrece el programa?** Dependiendo de su elegibilidad, puede tener derecho a uno o todos los servicios siguientes: (1) Educación sobre cáncer colonrectal y detección ("Educación"); (2) Prueba de detección de cáncer colonrectal sin costo ("Screening"); O (3) Asistencia para programar citas o identificar los servicios necesarios ("Navegación")
3. **¿Qué sucederá durante este programa?** Esto depende de su elegibilidad.

Si usted es elegible para el Prueba de detección de cancer colorectal sin costo, educación y navegación, usted calificará para una prueba inmunoquímica fecal (FIT) que es un examen de sangre de heces en casa que usted devuelve por correo o una colonoscopia, dependiendo de sus antecedentes personales y familiares. En caso de que su prueba FIT sea anormal, también puede necesitar una colonoscopia. La navegadora le ayudará a programar una visita pre-colonoscópica y la cita con colonoscopia. Como condición para su participación en este Programa, recibiremos y accederemos a sus informes de laboratorio de cualquier prueba realizada a través de nuestro Programa y le enviaremos a usted ya su médico personal todos los resultados siempre y cuando nos haya proporcionado su nombre y dirección. Su participación en este Programa y sus servicios puede interrumpirse si se obtiene nueva información o si cambian sus circunstancias.

Si se le diagnostica cancer, el tratamiento no está cubierto por este programa. Sin embargo, nuestra navegadora le ayudará a buscar programas y fondos para los cuales usted pueda ser elegible. Sin embargo, no podemos garantizar que usted sera elegible para un programa particular. Como condición para participar en este Programa, es posible que necesitemos su permiso para obtener información sobre cualquier tratamiento de seguimiento de su médico, para que podamos evaluar nuestro Programa.

➤ **¿Está de acuerdo en recibir éstos servicios? (Por favor marque uno)**

Si _____ No ____

➤ **¿Le interesa que lo contacten en un futuro para otros programas o estudios para los que califique? (Por favor marque uno)**

Si ____ No ____

- EDUCACION SOLAMENTE.** Entiendo que si califico para la parte de Educación de este Programa solamente. Cada persona recibirá educación a través de un grupo o sesión individual y cada sesión durará aproximadamente 30 minutos. La educación será impartida por una promotora.

➤ **¿Está de acuerdo en recibir éstos sericios? (Por favor marque uno)**

Si ____ No ____

➤ **¿Le interesa que lo contacten en un futuro para otros programas o estudios para los que califique? (Por favor marque uno) Si**

____ **No** ____

- EDUCACION/NAVEGACION.** Entiendo que si califico para la educación/navegación solamente. Recibirá la educación en forma individual o en grupo. Cada sesión educativa durará unos XX minutos y se llevará a cabo por una promotora de salud. Tambien recibirá un volante azul de XXX que tambien tiene información del programa de ACCION. Le pedimos que se lo entregue a su médico para que hablan sobre los exámenes de detección del cancer colorectal. Será contactado en el futuro para invesitigar si usted se hizo un exámen de revision.

➤ **¿Está de acuerdo en recibir éstos sericios? (Por favor marque uno)**

Si ____ No ____

➤ **El participante califica para el incentive: Si ____ No ____**

➤ **¿Le interesa que lo contacten en un futuro para otros programas o estudios para los que califique? (Por favor marque uno)**

Si ____ No ____

- NAVEGACION.** Entiendo que si califico para la navegacion solamente. Recibirá la educación en forma individual o en grupo. Cada sesión educativa durará unos XX minutos y se llevará a cabo por una promotora de salud. La navegadora de ACCION se pondrá en contacto con usted para obtener más información para ayudarle a conseguir un seguimiento adecuado para tratamiento.

Si se le diagnostica cancer, el tratamiento no está cubierto por este

programa. Sin embargo, nuestra navegadora le ayudará a buscar programas y fondos para los cuales usted pueda sere elegible. Sin

embargo, no podemos garantizar que usted sera elegible para un programama particular. Vamos a necesitar su autorización para obtener información de su medico sobre su tratamiento para poder evaluar el impacto de nuestro programa.

- **¿Está de acuerdo en recibir éstos servicios? (Por favor marque uno)**
Si ____ No ____
- **¿Le interesa que lo contacten en un futuro para otros programas o estudios para los que califique? (Por favor marque uno)** Si ____ No ____

4. ¿Cuánto tiempo tendré que dedicarle a los servicios de este programa?

Tomará aproximadamente XX minutos de su tiempo. El examen FIT que estaremos proveendo, necesita que lleve el examen a casa y que obtenga 3 ejemplares de excremento atraves de un periodo de 3 días. Si es que necesita una colonoscopia un día de preparación es necesario, también necesitara un día para el procedimiento.

5. ¿Que ocurre con la confidencialidad y la privacidad de mis registros medicos?

Su participación en este programa se mantendrá confidencial en la medida permitida por la ley. El patrocinador del programa, el Instituto de Investigación para la XXX puede revisar los registros de los programas, pero al patricinador no se le permite eliminar o copiar la información que lo identifica a usted por su nombre.

6. ¿Quién financia este programa? XXX, Departamento de XXX, provee el espacio y los materiales para este programa. XXX está financiando este programa. Esto significa que XXX ha sido pagado para apoyar a las actividades que se requieren para llevar a cabo los servicios.

7. ¿Puedo interrumpir mi participación en el programa? Usted puede abandonar el programa en cualquier momento.

8. ¿Podría alguien interrumpir mi participación en el estudio?

En algunas circunstancias el programa ACCION podrían decidir interrumpir su participación en este programa antes de lo previsto. Esto podría ocurrir debido a que usted ya no este elegible para el servicio (por ejemplo si usted obtiene seguro medico, Medicare/Medicaid of Affordable Care Act) o debido a que sus servicios o fondos han sido limitados. Le podremos contactar en el futuro para hacerle preguntas sobre su satisfacción con el programa o preguntas relacionadas.

He hablado acerca de los servicios del programa con el participante y su representante autorizado, utilizando un lenguaje comprensible y apropiado. Creo que he informado totalmente al participante sobre los posibles riesgos y beneficios, y creo que el participante ha comprendido esta explicación. Le he entregado al participante una copia de este formulario.

Firma de promotora y numero de telefono

Date: _____

Dear: _____

The ACCION program is committed to decreasing the burden of colorectal cancer in our communities by providing education and no cost early detection for colorectal cancer to eligible patients.

Due to your recent history of blood in the stool and/or rectum that has occurred over the last 3 months on more than one occasion, you have been found ineligible to receive screening with this program; however, you do qualify for no cost education. It is very important that you see a health care provider for evaluation of your symptoms. A person from our team will be contacting you to help you access health care for your symptoms.

If you have any questions you can call us during business hours at (XXX) XXX-XXXX.

Sincerely,

The ACCION Team

FIT PROCESS LETTER

Date: _____

Dear Sir or Madam : _____

Our ACCION program is committed to decreasing the burden of colorectal cancer in our communities by providing education and no cost tests to detect colorectal cancer to eligible patients. We are really glad that you have chosen to take care of your health.

You have been given a test kit for detection of colorectal cancer called the **FIT** test. Please read this important information carefully:

How do I send my stool samples?

- Collect the stool samples following the instructions inserted in the FIT package.
- Place the FIT test in the pre-addressed pouch provided to you.
- Mail the test.

What if I forget to send my stool samples?

- If we do not receive your FIT test, we will give you a phone call to remind you to send it to us. If we are unable to contact you by phone we will send you a letter.

How will I find out about my results?

- If your result is **normal**, we may call you to let you know of your results or send you a result letter.
- If your result is **abnormal**, we will help you arrange a visit with a doctor to get a colonoscopy to look inside your colon to find out the reason for the blood in your stool. It is very important that you have this test done; therefore, we will try to contact you by phone. If we cannot contact you by phone, you will receive a certified letter with results and instructions.

If you have any questions please call us at: (XXX) XXX-XXXX.

Sincerely,

The ACCION Team

CARTA DE PROCESO PARA FIT

Fecha: _____

Estimado (a) Sr (a): _____

Nuestro programa ACCION se ha comprometido a disminuir los efectos que presenta el cáncer colonrectal en nuestras comunidades ofreciendo educación y exámenes gratuitos para detectar tempranamente el cáncer colonrectal a los pacientes que califiquen. Nos da mucho gusto que haya decidido cuidar de su salud haciéndose este examen.

Le hemos dado un “kit” para hacerse un examen para la detección del cáncer colonrectal llamado **FIT**. Favor de leer la siguiente información importante con mucho cuidado:

¿Cómo envío mi muestra de material fecal?

- Colecte una muestra de su material fecal siguiendo las instrucciones que vienen en el paquete del FIT.
- Ponga el examen FIT en el sobre con nuestra dirección que le dimos.
- Envíe por correo el examen.

¿Qué pasaría si se me olvida enviar mi muestra de materia fecal?

- Si no recibimos su examen FIT, le llamaremos para recordarle que nos lo envíe. Si no podemos contactarlo por teléfono, le enviaremos una carta.

¿Cómo sabré el resultado de mi examen?

- Si su resultado es **normal**, le llamaríamos o le enviaremos una carta por correo.
- Si su resultado es **anormal**, el navegador le ayudará a programar una visita con un doctor para hacerse una colonoscopia para examinar su colon para encontrar la razón de por qué tiene sangre en su muestra de materia fecal. Es de suma importancia que se haga este examen; por lo tanto el navegador tratara de contactarlo por teléfono. Si el navegador no lo puede contactar por teléfono, recibirá una carta certificada con sus resultados y instrucciones.

Si tiene alguna pregunta favor de llamar a: (XXX) XXX-XXXX.

Sinceramente,

El equipo del programa ACCION

COLONOSCOPY LETTER TO PATIENT

Date: _____

Dear Sir or Madam _____

Our ACCION program is committed to decreasing the burden of colorectal cancer in our communities by providing education and no cost tests for early detection of colorectal cancer to eligible patients. You are receiving this letter because you qualify for a colonoscopy because you are at higher risk for colorectal cancer.

Is this an urgent matter?

It is very important for you to have this test because you are at higher than normal risk of colorectal cancer. We would hope to schedule this no cost test in the next few weeks.

What do I have to do now?

It is recommended that you get a test to look inside your colon, this test is called colonoscopy.

How do I get the colonoscopy done?

We will call you to get more information from you in order to arrange an appointment for the colonoscopy.

How is the colonoscopy done?

Before your colonoscopy you will have an initial visit with nurses to get more information about the test. At this visit you may also see the doctor. You will also be given some liquid that you drink at home to prepare your colon. On the day of the colonoscopy you will be given a medication to make you sleepy so that the procedure is not uncomfortable for you. You need to take someone with you to drive you home.

How will I know the results of the colonoscopy?

After you have the colonoscopy, the doctor will explain the results of the test. Depending on the results you may be asked to return to see the doctor.

Do I have to pay for the colonoscopy?

No. All the services related to this colonoscopy test will be paid for by our program.

Sincerely,

The ACCION team (XXX) XXX-XXXX

CARTA DE COLONOSCOPIA AL PACIENTE

Fecha: _____

Estimado (a) Sr (a): _____

Nuestro programa ACCION se ha comprometido a disminuir los efectos que presenta el cáncer colonrectal en nuestras comunidades ofreciendo educación y exámenes gratuitos para detectar tempranamente el cáncer colonrectal a los pacientes que califiquen. Le hemos mandado esta carta por que usted califica para una colonoscopia porque tiene mayor riesgo de cáncer colonrectal.

¿Es una situación urgente?

Es de suma importancia saber por qué hay sangre en la materia fecal; por lo tanto se le recomienda que se someta a una colonoscopia pronto. Nos gustaría hacer una cita para una colonoscopia dentro de las siguientes semanas.

¿Qué tengo que hacer ahora?

Es recomendado que reciba la prueba para ver dentro de su colon, esta prueba se llama colonoscopia.

¿Cómo hago una cita para una colonoscopia?

Una persona de nuestro programa le llamará para obtener más información de usted para poder hacer una cita para hacerse una colonoscopia gratis.

¿Cómo se hace una colonoscopia?

Antes de que se haga la colonoscopia, tendrá una visita inicial con enfermeras para obtener más información acerca de este examen médico. En esta visita, quizá también vea al doctor. También se le dará un líquido que se tomará en su casa para preparar el colon. En el día de la colonoscopia, se le dará un medicamento que le dará sueño para que el procedimiento no sea incomodo para usted. Necesitará que alguien lo acompañe para que lo lleve a casa porque no podrá usted manejar.

¿Cómo sabré los resultados de la colonoscopia?

Después de hacerse la colonoscopia, el doctor le explicará los resultados del examen. Dependiendo de sus resultados, se le podría pedir que regrese a ver al doctor.

¿Tengo que pagar por la colonoscopia?

No. Todos los servicios relacionados con este examen de colonoscopia serán pagados por nuestro programa.

Sinceramente,

El equipo del programa ACCION (XXX) XXX-XXXX

INELIGIBILITY LETTER TO DOCTOR

Date: _____

Ref: Patient: _____

Dear Dr.

ACCION is a program committed to decreasing the burden of colorectal cancer in our communities by providing education and no cost screening tests for colorectal cancer to eligible patients.

Your patient was **ineligible** to receive no-cost screening through our program; however, he/she is interested in finding out more about his/her susceptibility, screening recommendations and options to prevent colorectal cancer.

If you have questions about our program, please contact us during business hours at (XXX) XXX-XXXX.

Sincerely,

ACCION Program Director

Address

CARTA DE INELEGIBLE AL DOCTOR

Fecha: _____

Ref.: Paciente: _____

Estimado Dr.

ACCION es un programa que se compromete a disminuir los efectos que presenta el cáncer colonrectal en nuestras comunidades ofreciendo educación y exámenes gratuitos para detectar tempranamente el cáncer colonrectal a los pacientes que califiquen.

El paciente fue **inelegible** para recibir exámenes gratuitos a través de nuestro programa; Sin embargo, está interesado en conocer más acerca de su susceptibilidad, exámenes recomendados y opciones para prevenir el cáncer colonrectal.

Si tiene preguntas acerca de nuestro programa, póngase en contacto con nosotros durante los horarios de trabajo al (XXX) XXX-XXXX.

Atentamente,

Director(a) del Programa ACCION

Dirección



DOCTOR RESOURCE LIST

FEDERALLY QUALIFIED HEALTH CENTERS	
<p>Centro De Salud Familiar La Fe*** Central: 700 S. Ochoa. 915-545-4550 San Elizario: 1313 San Antonio. 915-851-5519 Westway: 1713 Banker. 915-231-4370 Lisbon: 200 Lisbon. 915-545-6140 Yandell: 823 E. Yandell. 915-545-7205</p>	<p>Project Vida Central: 3612 Pera. 915-533-7057 ext 210 Northeast: 4875 Maxwell. 915-533-7057 ext 450 Montana Vista: 14900 Greg Dr. 915-533-7057 ext. 471 Ft. Hancock: 561 Knox Ave. 915-769-1079</p>
<p>Centro San Vicente*** Alameda: 8061 Alameda. 915-859-7545 San Eli: 13017 Perico Rd. 915-851-0999 Homeless Program: 1208 Myrtle Ave. 915-351-8972</p>	<p>El Paso Baptist Clinic 816 S. Florence St 915-532-5398</p>
UNIVERSITY CLINICS	
<p>Texas Tech Northeast Family Medicine Clinic Northeast: 9849 Kenworthy St. 915-215-5500 Hours: M-F 8am-5pm, Thur 8:00am-11:30am</p>	<p>Texas Tech Internal Medicine Clinic Central: 4801 Alberta Ave. 915-215-5200 Hours: M-F 8am-5pm</p>
<p>Texas Tech Medical Center OB/GYN Central: 4801 Alberta Ave. 915-215-5000 Hours: M-F 8am-5pm</p>	<p>Texas Tech Psychiatry Outpatient Center Central: 4615 Alameda Ave. 915-215-5850 Hours: M-F 8am-5 pm</p>
<p>Texas Tech Pediatrics East: 11861 Physicians Dr. 915-215-5960 Hours: M-F 8am-5pm</p>	<p>Texas Tech Pediatrics Central: 4801 Alberta Ave. 915-215-5700 Hours: M-F 8am-10am, 1pm-9:30pm Sat 10am-4pm</p>
HOSPITAL DISTRICT	
<p>University Breast Care Center 4801 Alberta Ave. Phone: 915-215-6040</p>	<p>University Medical Center 4815 Alameda, Ave. 915-544-1200</p>
<p>University Medical Center Ysleta: 300 South Zaragoza Rd. 915-860 – 8820</p>	<p>University Medical Center 1485 George Dieter Dr Suite 107. 915-790-5700</p>
SLIDING SCALE CLINICS	
<p>Adventist Family Clinic 3379 Wedgewood Ste. A. 915-790-1038 Call for clinic hours</p>	<p>RotaCare /Texas Tech 301 Schutz, El Paso 79907 915-790-0700</p>

*****Can also assist with Affordable Care Health Insurance**

INSURANCE RESOURCE LIST

For eligibility purposes patients should contact the national Social Security Administration office (SSA) via telephone or e-mail.

Social Security Disability Insurance: This program provides hospital and medical insurance for people age sixty-five and older, and disabled individuals younger than age sixty-five–eighteen or older (must provide medical disability evidence). Have worked and paid SS taxes for more than 10 consecutive years and reside in the United States.

Social Security Disability Insurance, 700 San Antonio St. Or 11111 Gateway West, El Paso, TX 79901
1-800-772-1213 / 1-866-964-6229

Blue Cross –Blue Shield of Texas: This insurance pool is for people who can afford to buy health insurance, but are not able to obtain underwriting in the private market because of a pre-existing health condition. Risk pool is a state-sponsored program, which helps people with a history of medical problems to obtain coverage. For eligibility purposes patient should contact THIP via telephone or e-mail.

Texas Health Insurance Pool 1-888-398-3927 / TDD 1-800-735-2989 texashealthpool@bcbstx.com

Pre-Existing Condition Insurance Plan (PCIP): The PCIP will cover a broad range of health benefits, including primary and specialty care, hospital care, and prescription drugs. PCIP offers a choice of plan options to fit patient needs and provide more affordable premiums.

Pre-Existing Condition Insurance Plan (PCIP) 1-866-717-5826 / TTY: 1-866 – 561-1604
Monday – Friday, 8 a.m. to 11 p.m., Eastern Time

University Medical Center of El Paso: El Paso’s not-for-profit, community-owned hospital and healthcare system for patients in need of affordable specialty care regardless of their ability to pay for such services. The type of financial assistance will depend on total household income, the number of person(s) in the household and where they live. To apply for Financial Assistance, clients should call for an appointment at (915) 521-7914

The financial Assistance program will require the following information to determine eligibility:

- **PROOF OF INCOME:** Most recent IRS-W2 form, 1040 tax return and one of the following: 2 most recent paycheck stubs, unemployment insurance and/or work history form, or other appropriate indicators of yearly, monthly, weekly or hourly income.
- **PROOF OF RESIDENCY:** Texas Driver’s License, property tax statement or rent receipts, school enrollment records, utility receipts, voter’s registration, auto registration, current official ID and other documents from the Department of Human Services.
- **NUMBER OF FAMILY MEMBERS:** The number of dependents on the 1040 tax return will verify family members in the household.
- Anyone 65 years of age will be referred to the Social Security office to apply for Medicare.
- Anyone 19 years and younger will be referred to the Medicaid/CHIP offices for assistance.

2-1-1 Texas Information and Referral Network

2-1-1 Texas serves as the number to call for information about community resources. It links individuals and families to critical health and human services provided by nonprofit organizations and government agencies in their own communities, including information on **Affordable Care Health Insurance**.

(877) 541-7905 Alternative number / (915) 771-5820 Alternative number

AFFORDABLE CARE HEALTH INSURANCE

United Way of El Paso County

YWCA El Paso Del Norte Region

100 N. Stanton, Ste. 500 915-533-2434	915-533-2311
AVANCE: 915-351-2419 County of El Paso: 915-546-2098 Rio Grande Council of Government-Area Agency on Aging: 915-533-0998	EPISO – Border Interfaith: 915-778-3200 Region 19 Head Start: 915-790-4600 El Paso Hispanic Chamber of Commerce: 915-566-4066 National Urban League: http://nul.iamempowered.com/

EXAMPLE



LISTA DE CLINICAS

CENTRO DE SALUD CALIFICADOS FEDERALMENTE	
Centro De Salud Familiar La Fe Central: 700 S. Ochoa. 915-545-4550 San Elizario: 1313 San Antonio. 915-851-5519 Westway: 1713 Banker. 915-231-4370 Lisbon: 200 Lisbon. 915-545-6140 Yandell: 823 E. Yandell. 915-545-7205	Project Vida Central: 3612 Pera. 915-533-7057 ext 210 Northeast: 4875 Maxwell. 915-533-7057 ext 450 Montana Vista: 14900 Greg Dr. 915-533-7057 ext 471 Ft. Hancock: 561 Knox Ave. 915-789-1079
Centro San Vicente Alameda: 8061 Alameda. 915-859-7545 San Eli: 13017 Perico Rd. 915-851-0999 Homeless Program: 1208 Myrtle Ave. 915-351-8972	El Paso Baptist Clinic 816 S. Florence St 915-532-5398
CLINICAS DE UNIVERSIDAD	
Texas Tech Northeast Family Medicine Clinic Northeast: 9849 Kenworthy St. 915-215-5500 Hours: M-F 8am-5pm, Thur 8:00am-11:30am	Texas Tech Internal Medicine Clinic Central: 4801 Alberta Ave. 915-215-5200 Hours: M-F 8am-5pm
Texas Tech Medical Center OB/GYN Central: 4801 Alberta Ave. 915-215-5000 Hours: M-F 8am-5pm	Texas Tech Psychiatry Outpatient Center Central: 4615 Alameda Ave. 915-215-5850 Hours: M-F 8am-5 pm
Texas Tech Community Partnership Clinic Socorro: 313 Rio Vista Dr. 915-859-0817 Hours: M-F 8am-5pm	Texas Tech Pediatrics Central: 4801 Alberta Ave. 915-215-5700 Hours: M-F 8am-10am, 1pm-9:30pm Sat 10am-4pm
Texas Tech Pediatrics East: 11861 Physicians Dr. 915-215-5960 Hours: M-F 8am-5pm	
DISTRITO DE HOSPITALES	
University Breast Care Center 4801 Alberta Ave. Phone: (915) 215-6040	University Medical Center 4815 Alameda, Ave. / El Paso, TX 79905 915-544-1200
University Medical Center Ysleta: 300 South Zaragoza Road (915) 860 - 8820	University Medical Center 1485 George Dieter Dr Suite 107 915-790-5700
CLINICA BAJO EN COSTO	
Adventist Family Clinic 3379 Wedgewood Ste. A. 915-790-1038	

Call for clinic hours	
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LISTA DE SEGUROS MÉDICOS

Los pacientes se pondrán en comunicación con la Social Security Administration Office por teléfono o correo electrónico para saber si son elegibles.

Social Security Disability Insurance

700 San Antonio St. or 11111 Gateway West / El Paso, TX 79901

1-866-964-6229 / 1-800-772-1213

Este programa ofrece seguro médico y hospitalario para las personas de 65 años o más; a los individuos inválidos de menos de 65 años y más de 18 (debe comprobar su discapacidad con comprobante médico); que hayan trabajado y pagado impuestos al Seguro Social por más de 10 años consecutivos; y que sean residentes en los EEUU.

Blue Cross –Blue Shield of Texas

Éste seguro es par a las personas que tengan la posibilidad económica para comprar seguro medico, pero no califican para ser aseguradas por tener una condición pre –existente. Este programa llamado “Risk pool” es un programa patrocinado por el estado de Texas, que ayuda a las personas con historial de problemas médicos a obtener cobertura médica. Para enterarse si es elegible, llame a THIP por teléfono o envíe un correo electrónico.

Texas Health Insurance Pool: 1-888-398-3927 / TDD 1-800-735-2989 / texashealthpool@bcbstx.com

Plan de Seguro para Condición Pre- existente (PCIP)

1-866-717-5826 / TTY: 1-866 - 561-1604

Lunes-Viernes, 8 a.m. to 11 p.m., Eastern Time

El PCIP cubrirá varios beneficios de salud, incluyendo cuidado primario y de especialidad, cuidado hospitalario, y medicinas de receta. El PCIP ofrece varias opciones para ayudar a los pacientes y proveerles con cobros más económicos.

University Medical Center of El Paso: El hospital sin fines de lucro para la comunidad provee servicios médicos especializados aún cuando la persona no tenga posibilidad de pagar el costo. La asistencia financiera que brinda el hospital depende de los ingresos totales del hogar, el número de personas viviendo en el domicilio, y dónde viven. El programa de asistencia financiero necesita las siguiente información para determinar si alguien es elegible.

- **Comprobante De Ingreso:** La Forma IRS-W2 más reciente, la Forma 1040, y uno de los siguientes documentos: los 2 talones de pago más recientes, forma de desempleo/ o historial de trabajo u otro documento que indique ingreso anual, mensual, semanal, o por hora.
- **Comprobante De Residencia:** Licencia de manejo de Texas, el property tax statement o recibos de la renta, comprobantes de matriculación en la escuela, facturas de gas, luz, agua, etc., registro para votar, registro del automóvil, Identificación oficial que esté vigente, u otros documentos del Department of Human Services.
- **Numero De Familiares** - El número de dependientes en la forma 1040 verificará cuantas personas viven en el hogar. Las personas de 65 años o más seran referidos a la oficina del Seguro Social para solicitar servicio de Medicare. Las personas de 19 años o menos serán referidas a las oficinas de Medicaid/CHIP. Para ver si califica para recibir asistencia marque al:(915) 521-7914

2-1-1 Texas Information and Referral Network

2-1-1Texas sirve como un número donde usted puede llamar y solicitar información sobre los recursos disponibles en su comunidad. Enlaza a individuos y familias con servicios para la comunidad que ofrecen organizaciones sin fines de lucro, y entidades del gobierno (877) 541-7905. Número alterno (915) 771-5820.

EXAMPLE

APPENDIX D: PATIENT NAVIGATOR FORMS

Overview

1. Every day check database for alerts for reminder calls. If failure to contact patient follow protocol for re-contact.
2. Liaise with data entry specialist regarding incoming participants in the navigation, colonoscopy and FIT arm.
3. Note all participant contacts will be documented in a contact sheet for entry into the database. The Data Manager will provide a list of barrier codes to enter in database call logs.
4. Use Microsoft Word to create a file for each participant and document information about the contact. Access to the patient progress notes will be saved on the electronic shared folder, in the data protected files under the navigation folder, in the corresponding arm (FIT Positive, Colonoscopy, Navigation)
5. Use hard copy file of participant materials and the database to retrieve any information about a participant. All participant data must be kept locked in a file cabinet. Files will be divided by arms: a) FIT b) Colonoscopy c) Navigation. Labeling include participant number, color coding each arm (red for colonoscopy, black closure files, pink for prior eligibility criteria being inherited syndrome and not bleeding).

Facilitation of Screening/diagnosis/treatment

1. For participants in the **Navigation arm**: Contact them by phone with the appropriate forms and complete the contact sheet:
 - a. those with a past history –use the **CRC history form**
 - b. **If bleeding, ascertain if a doctor visit has been scheduled**
 - c. Discuss with PROGRAM DIRECTOR and document recommendations.
 - d. Initiate recommended plan of action and Case Management protocol
2. For participants in the **Colonoscopy arm**: Contact them by phone with the appropriate forms and complete the contact sheet using the Microsoft Word

template on the electronic shared drive. Either the navigator or data entry specialist will enter into the database:

- a. Initial call: complete 1) **colonoscopy order sheet** (F 92) and 2) determine for case management services and schedule Intake Assessment. Triage with Program Director to determine procedure eligibility.
- b. Initiate case management protocol
- c. Fax colonoscopy order sheet to GI Scheduling Coordinator Call patient with times for pre-op visit and colonoscopy date
- d. 2 days before each appointment make a reminder call. Elicit and address barriers (should receive alert in database). Coordinate the GoLyteLy pick up on the day of pre-op visit with GI Scheduling Coordinator or dispense during Colonoscopy Intake appointment.
- e. Get colonoscopy and biopsy result and follow up instructions from GI team. If not received by 5 days, call/email GI Scheduling Coordinator to remind.

If initially biopsy results is benign or adenomas are normal, follow up instructions will be on faxed results to navigator and Navigator will call patient.

If obviously abnormal at time of colonoscopy or if biopsy is cancerous, the GI team will call Navigator or Program Director to discuss next steps.

- f. Navigator will record results and patient contact in the database
 - g. Contact patient with results and follow up plans
 - h. Access final results from GI physician and fax colonoscopy result to patient's primary care physician.
3. For participants in the **FIT arm**
 - a. Put their names, ID and date on the **FIT log**
 4. Check mail for completed FIT tests
 - a. Complete the FIT order form

- b. Log receipt in the ***FIT log***
 - c. Deliver to Pathology
5. Make FIT test reminder calls
- a. Should receive alert in computer after 10 days
 - b. Call patient and remind them, address barriers. Record on **FIT log**
 - c. If no FIT received after further 10 days—should receive alert
 - d. Call patient and remind them, address barriers. Record on **FIT log**
 - e. If no response after 10 days send ***FIT reminder letter***
6. Check FIT Test results (alerts in the computer)
- a. Results should come in via fax from Pathology every day at X:XX am.
 - b. Log result receipt on the *FIT log* and complete contact sheet
 - c. If normal –call patient and advise repeat in 1 year
 - d. If positive – call patient and discuss colonoscopy. Follow colonoscopy protocol
 - e. Send report copy to patient’s physician by mail or fax.

Case management protocol:

- a) Intake assessment form
- b) Service agreement plan
- c) Advocacy plan
- d) Waiver of non covered services
- e) e) Patient closure form

APPENDIX E: ACCION DISTRIBUTION LIST

ACCION Project Director

Address

Phone: (XXX) XXX- XXXX Fax: (XXX) XXX- XXXX

Email

ACCION Project Co-Director

Address

Phone: (XXX) XXX- XXXX Fax: (XXX) XXX- XXXX

Email

ACCION Project Coordinator

Address

Phone: (XXX) XXX- XXXX Fax: (XXX) XXX- XXXX

Email

Data Manager

Address

Phone: (XXX) XXX- XXXX Fax: (XXX) XXX- XXXX

Email

Cost Effectiveness Analyst

Address

Phone: (XXX) XXX- XXXX Fax: (XXX) XXX- XXXX

Email

Research Associate

Address

Phone: (XXX) XXX- XXXX Fax: (XXX) XXX- XXXX

Email

Statistician

Address

Phone: (XXX) XXX- XXXX Fax: (XXX) XXX- XXXX

Email

Promotoras Director

Address

Phone: (XXX) XXX- XXXX Fax: (XXX) XXX- XXXX

Email

APPENDIX G: PARTICIPANT PACKETS LEDGER

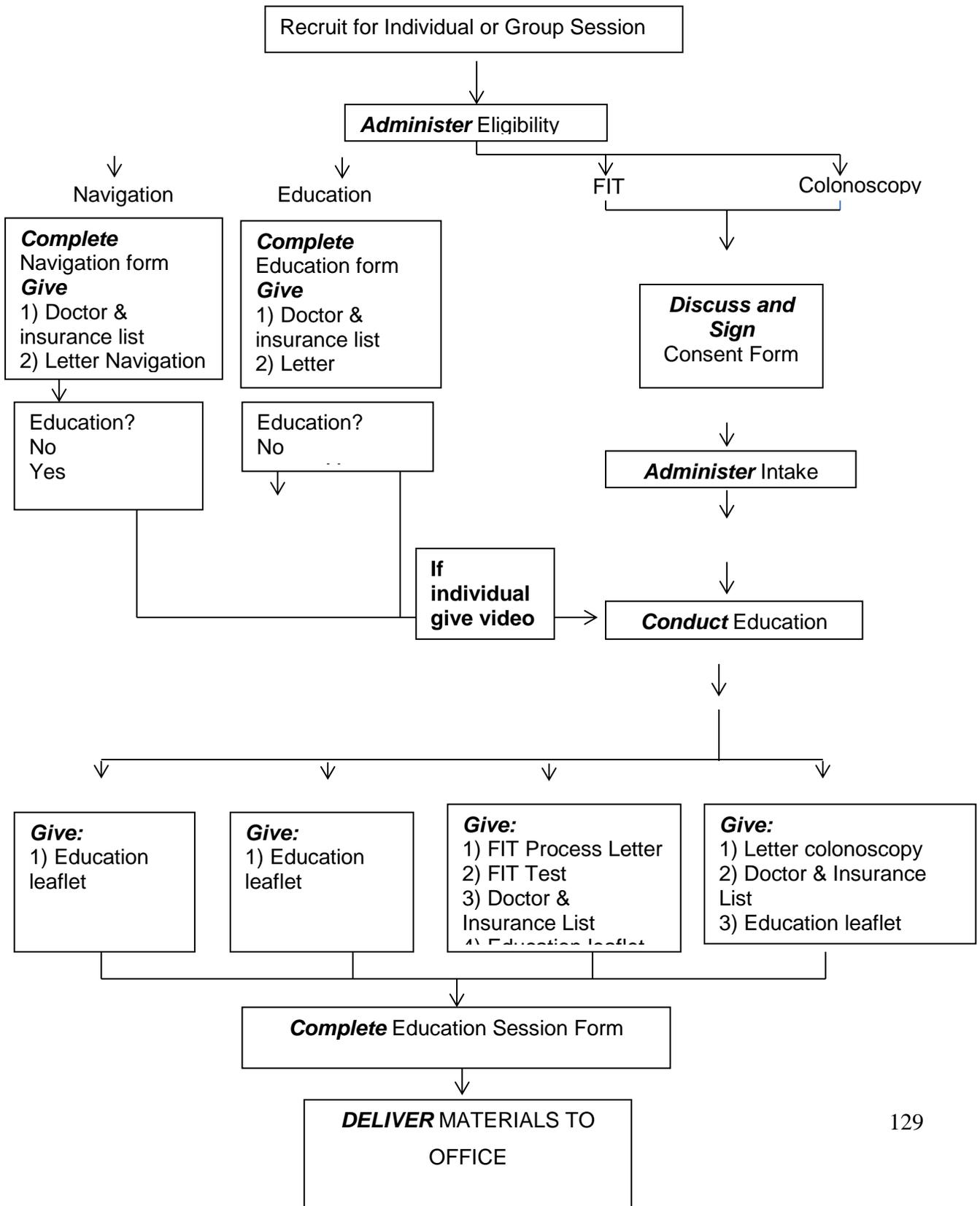
Promotora: _____

CHECK OUT						CHECK IN							
	Check-out Date	Pac ket #	Promoto ra Printed Name	Delive red to (Initial s)	Check ed out by	Chec k in date	Particip ant Name	Promoto ra Printed Name	Delive red by (initial s)	Check ed In by (initia ls)	Assign ed ID	FI T #	Date Enter ed
1	2/12/12	1	Promoto ra X	AV	RS	2/12/12	John Smith	Promoto ra X	RG	RR	F1		2/13/12
2	2/12/12	2	Promoto ra Y	AV	RS	2/12/12	Jane Doe	Promoto ra X	RG	RR	C2		2/13/12
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													

APPENDIX H: RECRUITMENT LOG

	Date	Name (if not provide d write M for Male or F for female)	Age	TX Resdnt		Ins		Sympt		Refused	Ine ligi bl	Comment
				Yes	No	Yes	No	Yes	No			
1	/ /											
2	/ /											
3	/ /											
4	/ /											
5	/ /											
6	/ /											
7	/ /											
8	/ /											
9	/ /											
10	/ /											
11	/ /											
12	/ /											
13	/ /											
14	/ /											
15	/ /											
16	/ /											

APPENDIX I: EDUCATION FLOW CHART



APPENDIX J: ASSIGNMENT LOG

Error #	Packet #	Patient ID (if applicable)	Current Assignment	Correct Assignment	Promotora	Reviewed by	Reported Date	Resolved Date
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

APPENDIX K: ABBREVIATIONS

DES: Data Entry Specialist

DM: Data Manager

F: Female

I: Ineligible to participate

M: Male

PC: Project Coordinator

PD: Program Director

PN: Patient Navigator

PrD: Promotoras' Director

R: Refuse to participate

APPENDIX L: REFERENCES

1. Colorectal Cancer Screening in Chinese Americans Project: Health Educator's Manual. Colorectal Cancer Screening Project, 2003.
2. American Cancer Society. Colorectal Cancer Facts & Figures 2011-2013. Atlanta, 2011.
3. American Cancer Society. They Know How to Prevent Colon Cancer-and You Can, too. American Cancer Society, 2006.
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5. Walsh J, Salazar R, Doan H, Nguyen B. Healthy Colon. Healthy Life: How to Prevent Colon Cancer. University of California, San Francisco, 2005.