

IMPLEMENTATION GUIDE

Partnership for Health

Using a Research-tested Intervention Program (RTIP) to develop a process model for program delivery in the practice setting

Note: Refer to “Using What Works: Adapting Evidence-Based Programs To Fit Your Needs” and the handouts in Modules 4 and 5 to modify and evaluate this program to meet the needs of your organization and audience.

“Using What Works” is available online at http://cancercontrol.cancer.gov/use_what_works/start.htm.

To receive training on “Using What Works,” contact the NCI Cancer Information Service and speak to a Partnership Program Representative in your area. This information is available online at <http://cancercontrolplanet.cancer.gov/partners/index.jsp?cctopic=C>.

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

Program Manager

- provides day-to-day operation
- controls budgets, deadlines, supplies
- recruits and supervises staff
- recruits and supervises peer counselors
- recruits program participants

Peer counselor(s)

- a childhood cancer survivor
- implements telephone-delivered counseling sessions

Data Analyst

- administers Tailored-Data Profile surveys
- creates and mails Personalized Health Profiles

Programmer

- develops computer program for running the algorithms to generate the Personalized Health Profiles

NOTE: Tailored interventions use a combination of input data, algorithms, and a means of generating communication, drugs, or other types of treatments that are specific for an individual or a group to improve health or change behavior. This implementation guide does not include all components necessary for tailoring interventions. For more information on understanding and

implementing tailored interventions, please refer to: Kreuter, M.W., Farrell, D., Olevitch, L. and Brennan, L. (2000) *Tailoring Health Messages: Customizing Communication with Computer Technology*. Lawrence Erlbaum, Mahwah, NJ.

II. Program Delivery

For additional information on modifying program materials, refer to Module 4, Handouts #2 and #6 in “Using What Works”: Adaptation Guidelines and Case Study Application.

A. Program Materials:

- **Fast Facts about Cigarette Smoking – Fact Sheet for Peer Counselors:** A peer counselor’s guide for the telephone-delivered counseling sessions. This document contains information about smoking and related topics, conducting motivational interviews, discussion guides for counseling sessions, and participant evaluations.
- **Implementation Guide**
- **Partnership for Health:** A smoking cessation manual targeted to each participant’s stage of change.
- **Partnership for Health – Personalized Health Profile:** A personalized profile which contains tailored feedback messages for each participant.
- **Tailored Data – Profile:** A baseline survey used to compile personal information for the Personalized Health Profile.

B. Program Implementation:

The steps used to implement this program are as follows:

Step 1: Recruit peer counselors and review the information contained in the **Fast Facts about Cigarette Smoking – Fact Sheet for Peer Counselors** guide.

Step 2: Recruit program participants and assign each participant to a peer counselor.

Step 3: Administer the **Tailored Data –Profile** survey to each participant over the telephone and record responses.

Step 4: Match responses with their corresponding tailored feedback messages located on the **Tailored Data-Profile** survey. Use the feedback messages to create a personalized **Partnership for Health – Personalized Health Profile** for each participant.

Step 5: Mail the **Partnership for Health – Personalized Health Profiles** including peer counselor assignments.

Step 6: Peer counselors schedule first telephone-delivered counseling session with each participant. Recommended number and frequency of counseling sessions are six calls within a four-month period. See the Goals for Counseling Calls 1-6; Motivational Intervention Protocol; and Motivational Interviewing for Smoking Cessation sections in the **Fast Facts about Cigarette Smoking – Fact Sheet for Peer Counselors** guide.

Step 7: For calls 2-5, assess participant's desire and confidence to quit smoking. See the Motivational Intervention Protocol section in the **Fast Facts about Cigarette Smoking – Fact Sheet for Peer Counselors** guide. Proposed time frame for next call is:

- a) 48 hours of target quit date; or
- b) 2 weeks if participant plans to make changes but not fully quit; or
- c) One month if participant does not plan to make any changes

Step 8: Based on their stage of readiness to quit smoking, mail the section of the **Partnership for Health** smoking cessation manual that matches their stage.

Step 9: Mail updated targeted sections of the **Partnership for Health** smoking cessation manual as participants move through the stages of change.

Step 10: Discuss other topics related to smoking cessation, health and cancer survivorship. See the Motivational Intervention Protocol section in the **Fast Facts about Cigarette Smoking – Fact Sheet for Peer Counselors** guide and the section of the **Partnership for Health** smoking cessation manual that matches their stage.

Step 11: Prior to last counseling session, encourage participants to access local resources to address smoking or other health behavior change.

III. Program Evaluation

For additional information on planning and adapting an evaluation, refer to Handouts #2-8 in Module 5 of “Using What Works.”

For further assistance in designing and conducting an evaluation, go to the Cancer Control P.L.A.N.E.T. Web site and see Step 2: Identify potential partners to find a research partner in your area. This information is available online at <http://cancercontrolplanet.cancer.gov/partners/researcher.jsp?cctopic=0>.