

# IMPLEMENTATION GUIDE

## Colorectal Cancer Screening Intervention Program (CCSIP)

*Using an Evidence-Based Program to develop  
a process model for program delivery in the practice setting*

**Note: Refer to “Using What Works: Adapting Evidence-Based Programs to Fit Your Needs.” Review the appropriate modules and the handouts provided in each to modify and evaluate this program to meet the needs of your organization and audience.**

“Using What Works” is available online at  
[http://cancercontrol.cancer.gov/use\\_what\\_works/start.htm](http://cancercontrol.cancer.gov/use_what_works/start.htm)

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

#### **Project Coordinator**

- Identifies recruitment sites for the study (e.g., senior centers, churches, community centers, public health clinics)
- Conducts the 6-hour training for the community health educators

#### **Community Health Educator**

- Recruits participants who are interested in learning about colorectal cancer (CRC) screening
- Conducts three sessions to educate participants on the importance of obtaining screening for CRC

### **II. Program Delivery**

**For additional information on modifying program materials, refer to the appropriate module(s) for program adaptation from “Using What Works.”**

#### **A. Program Materials (*All listed materials can be viewed and/or downloaded from the Products Page*):**

- CCSIP Implementation Protocol
- CCSIP Facilitator’s Manual (contains all the participant handout materials)
- Downhome Healthy Living (recipe book)
- Facilitator Training Slide Presentation
- Sample Facilitator Training Agenda

**B. Program Implementation** (*Further information regarding staff training may be obtained through Selina Smith, [ssmith@msm.edu](mailto:ssmith@msm.edu)*)

The steps used to implement this program are as follows:

Step 1: The program coordinator identifies appropriate sites for recruitment (e.g., senior centers, churches, community centers, public health clinics) and the community health educators who will administer the sessions.

Step 2: The program coordinator conducts the 6-hour training for the community health educators. The training consists of three modules:

- **Principles Knowledge** (conceptual framework, intervention overview and local/statewide demonstration projects). This module includes four PowerPoint presentations used by the trainer to instruct facilitator trainees: (1) Translating Research into Practice: A Colorectal Cancer Screening Intervention, (2) A CRASH Course in Cultural Competence, (3) Health Literacy, and (4) Effective Facilitation.
- **Procedural Knowledge** (how to implement the three CCSIP sessions). The Facilitator Trainer Manual and the session slides are used in this module to review CCSIP content. A review of the 12-step Implementation Protocol assists facilitator trainees in managing CCSIP delivery and maintenance.
- **Practical Knowledge** (how to market the programs and complete the CCSIP assessments and measures). During this final session, each facilitator trainee presents a portion of the CCSIP intervention. This highly participatory module includes feedback from the program coordinator and other trainees. Quality assurance measures are reviewed by the program coordinator.

Step 3: The three education sessions are delivered over the course of 3 weeks at the site of recruitment. The curriculum for the educational sessions includes genetics, incidence, and mortality rates for CRC; disparities in detection and treatment; and screening methods used to detect CRC. Information is also provided on the effectiveness of diet and exercise in the prevention of CRC. The sessions are organized as follows: Session 1 focuses on prevention and early detection of CRC; session 2 teaches participants how to recognize signs and symptoms of CRC and offers CRC screening recommendations; and session 3 offers information on maintaining healthy habits to prevent CRC. Sessions are presented by trained community health educators who have agreed to promote CRC screening guidelines from the U.S. Preventive Services Task Force, the American Cancer Society, and the Agency for Healthcare Research and Quality.

### **III. Program Evaluation**

**For additional information on planning and adapting an evaluation, review the appropriate modules for program implementation and evaluation from “Using What Works.”** [http://cancercontrol.cancer.gov/use\\_what\\_works/start.htm](http://cancercontrol.cancer.gov/use_what_works/start.htm)

For further assistance in designing and conducting an evaluation, consider communicating with members from NCI's Research to Reality (R2R) community of practice, who may be able to help you with your research efforts. Following is a link to start an online discussion with the R2R community of practice, after completing registration on the R2R site:

<https://researchtoReality.cancer.gov/discussions>