



IMPLEMENTATION PROTOCOL

IN A NUTSHELL: HOW THIS PROGRAM WORKS

The Colorectal Cancer Screening Intervention Program or CCSIP educates African Americans, increasing the likelihood that they will obtain screening for colorectal cancer: usually an annual fecal occult blood test (FOBT) or a colonoscopy once every 10 years. Alternative screening tests include a double contrast barium enema (DCBE) or flexible sigmoidoscopy every five years, preferably combined with annual FOBT. Average-risk men and women 50 years and older should be screened. Following training of facilitators (see the CCSIP Facilitators' Training Manual) the project is implemented as follows:

1. Obtain permission from one or more community organizations (e.g., church, senior citizen/community center, health center/hospital, public health department) in your community to host CCSIP sessions.
2. Select dates for delivering the educational sessions. Three one-hour weekly time allotments are required. Remember to allow 15-20 minutes for set-up and clean-up at each host site recruited for participation.
3. Meet with representatives of each host to develop a marketing plan tailored to the organization's membership or audience. The plan should particularly target African-American men and women at least 50 years old who are not current on colorectal cancer screening.
4. Determine the total number of participants recruited for Session 1. Keeping the group small is recommended (total: 8-15).
5. Ensure equipment, resources and space needs are met for delivering the sessions.
6. Sort items from the CCSIP Toolkit required for each implementation at each host site.
7. Assign 1-2 trained/certified facilitators to deliver the sessions.
8. Deliver CCSIP Sessions 1-3 following the methods described below at each host site.
9. Identify program "completers" (e.g., African American men and women 50 years of age and older, not current on CRC screening, attending all 3 sessions) for follow-up.
10. Complete the Participant Follow-Up Report ninety (90) days or three-months following the end of Session 3, to determine participants' CRC screening status.
11. Submit all completed quality assurance measures.
12. Get help when needed.

STEP 1: RECRUIT COMMUNITY PARTNERS



In most communities, there are identifiable places where you can access large groups of participants for CCSIP Sessions. Institutions such as churches and community centers are neighborhood-specific and often reflect the demographics of people living there. Engaging these institutions to serve as partners in delivering health education is a proven method that worked effectively during our original research and during our local practice demonstration. In this step, you will need to:

- ✓ Decide how many and which community partners you will need. Remember, every one approached will not agree to assist. Anticipate a small drop-out rate (e.g., a partner who will agree to participate, but will not complete the implementation process).
- ✓ Contact and meet with those partners who you wish to host the program.
- ✓ When meeting with community partner to explain the project, give an overview of the program's purpose and how it works. Be sure to emphasize the following:
 - African Americans have the highest rates of colorectal cancer, and the highest rates of death from the disease, of any racial or ethnic group. This program can save lives
 - Having this program at the (church or community center) will not affect the flow of traffic
 - On average, the length of each session is one (1) hour
 - Facilitators are trained to arrive at the host site early and introduce themselves to staff in charge and familiarize themselves with other members/staff
 - Facilitators will set-up before and clean-up at the end of each session

You will need to obtain, from each community partner, a list of the dates and times for CCSIP Sessions. In turn, you will forward to each community partner the names of the trained facilitator(s) who will deliver the sessions.

STEP 2: SCHEDULE CCSIP SESSIONS



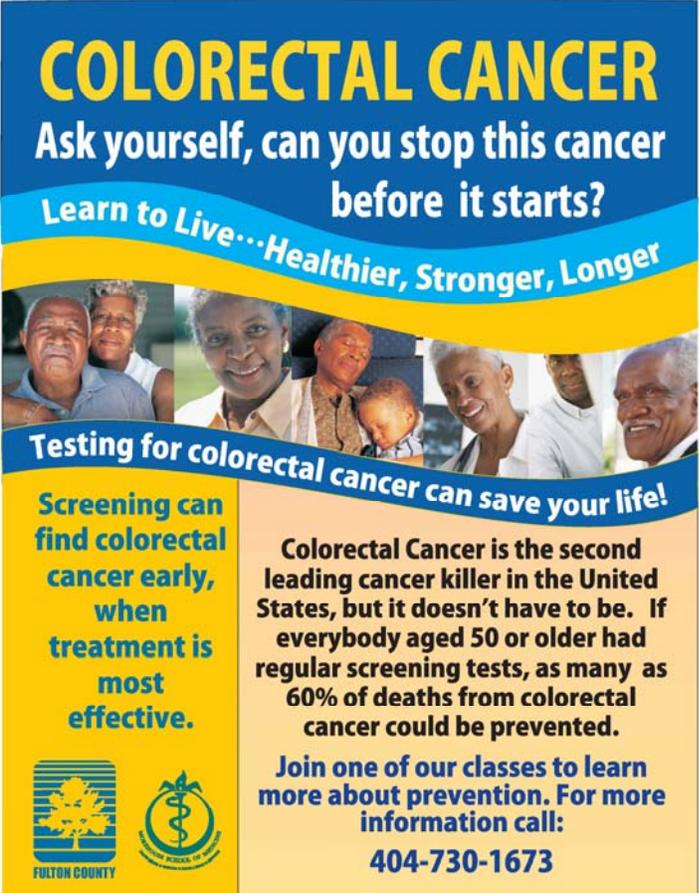
The CCSIP Sessions are delivered consecutively over the course of three weeks. Scheduling sessions the same day and time each week results in the more program completers. Many community partners, such as senior citizen centers, have specified days and times for health education activities. The events in such facilities are often structured and participants attend these events as scheduled. As another example, a church senior choir usually meets the same day/time each week. Scheduling sessions before or after their rehearsals may ensure access to age-eligible participants and more completers at the end of program implementation.

STEP 3: MARKET YOUR PROGRAM

Personalizing how you will get the word out about the CCSIP Sessions is important. Using variant flyers, posters in public places, wide-ranging personal contact, and advertising at community events for promoting the program are a few suggestions. Posters and flyers with your logo and an identifier (name/logo) of your community partner(s) with the dates/times/locations are helpful. Consider an in-person appearance at a church meeting or community event to promote the sessions. Specific to faith-based institutions, appeals from a leader such as a pastor usually results in greater appeal for the program among potential participants.

Here is a sample poster/flyer used during the CCSIP local practice demonstration. This is a good poster, but here are a key points to keep in mind:

- ✓ Remember to include that there are a total of three (3) sessions.
- ✓ List the dates, time (start to finish) and location.
- ✓ Consider attaching a sign-up list next to the poster/flyer to capture the names and contact information of potential participants.
- ✓ Advertise incentives, for example, food or refreshments for sessions.
- ✓ Include participant incentives for program “completers.”
- ✓ The name of a contact person from the community partner/host increases the likelihood that potential participants will have their questions/concerns addressed.
- ✓ If you offer assistance with CRC screening (e.g., in making appointments, obtaining reduced costs screening, etc.), include this information.



COLORECTAL CANCER
Ask yourself, can you stop this cancer before it starts?
Learn to Live... Healthier, Stronger, Longer

Testing for colorectal cancer can save your life!

Screening can find colorectal cancer early, when treatment is most effective.

Colorectal Cancer is the second leading cancer killer in the United States, but it doesn't have to be. If everybody aged 50 or older had regular screening tests, as many as 60% of deaths from colorectal cancer could be prevented.

Join one of our classes to learn more about prevention. For more information call:
404-730-1673

FULTON COUNTY
GEORGIA DEPARTMENT OF COMMUNITY HEALTH

The following Marketing Strategy Checklist maybe useful in helping you in promoting CCSIP:

Marketing Strategy	Purpose	Methods	Date (s)
Press Releases Media Advisories	Efficient and effective way to disseminate information, particularly to the media and other organizations	Monitor timing of press releases (e.g., announcement of partnership, community forums, CCSIP implementation, etc.) to local media	
Flyers Posters	Create flyers/posters about CCSIP as a way of offering a concise and visually-appealing way to disseminate information to targeted settings	Place flyers/posters onsite, notices in churches, clinical and community sites newsletter, website, at events and wider throughout settings networks	
Brochures Briefs	Brochure/one-page briefs about CRC incidence, mortality and screening among African Americans with announcement of free CRC educational program	Disseminate to churches, clinical providers and community sites, etc.	
Internet Website	Use the Internet and social networks in particular (e.g., Facebook), as cost-effective dissemination channels	Use websites and/or electronic newsletters of churches, clinical providers and community sites to reach targeted population	
Seminars & Forums	Direct personal interaction is one of the most effective channels for disseminating information among African Americans	Announce and present program with live demo at target population gathering spots (e.g., churches, beauty salons, barber shops, etc.)	

STEP 4: RECRUIT PARTICIPANTS

Once you have a list of interested participants, start contacting them. Using the list posted next to the flyer/poster at each community partner or from a list provided by this host, reach out to individuals expressing a desire to attend CCSIP sessions. Here are a few points to cover:

- ✓ Identify your agency name to educate the African American community about the need for colorectal cancer screening.
- ✓ Provide the name and contact person of the community partner/host.

- ✓ State that the program targets African American men and women age 50 and older who, based on self-report, are overdue for colorectal cancer screening.
- ✓ Emphasize that there are three (3) one-hour weekly sessions at (give location name and address).
- ✓ State the date of Session 1: _____.
- ✓ Indicate that the program is free and if refreshments are provided, please state.
- ✓ Describe the incentives for participants, indicating that these are provided to participants attending all three sessions.
- ✓ Ask if participant would like telephone or email reminders of the sessions.
- ✓ Ask if there are family members, friends or neighbors that may want to learn more about the program; obtain their telephone/email information.
- ✓ Follow-up by contacting these new potential participants.
- ✓ Generate a final list of potential CCSIP participants.



STEP 5: PREPARE FOR THE SESSIONS

Once potential participants have been identified, preparing for Session 1 is the next step.

- ✓ In addition to a laptop (with Microsoft Power Point) and a LCD projector, a screen or appropriate wall and electrical outlets are required.
- ✓ All certified CCSIP facilitators are provided Power Point presentations of the three educational sessions. These presentations include notes and instructions just like those used during the “Effective Facilitator Demonstration” completed during the CCSIP Training. These Sessions are used to deliver the educational sessions.
- ✓ The CCSIP Facilitator Manual is another important resource as the educational sessions are delivered. Facilitators were encouraged to write personal notes and instructions during Module/Part II: Procedural Knowledge section of the training.
- ✓ A small meeting space (such as a conference room) with a table and chairs or desk is needed as well as a dedicated area for the sign-in log and refreshments (if provided).

STEP 6: SORT CCSIP TOOLKIT

A toolkit of resources to delivery CCSIP has been developed to assist in CCSIP implementation. Each toolkit includes:

1. *Session-Specific Brochures* to emphasize key learning objectives of the three educational sessions. A brochure should be distributed to participants at the end of the corresponding session:
 - ✓ Session 1: Prevention and Early Detection is Key
 - ✓ Session 2: How to Recognize Signs and Symptoms/CRC Screening Recommendations
 - ✓ Session 3: Maintaining Healthy Habits to Prevention Colorectal Cancer

2. *CDC Consumer Education Materials* should be provided to all program completers at the conclusion of Session 3:
 - ✓ Get Smart in Your Family Dinner
 - ✓ Get Smart as You Shop
 - ✓ Colorectal Cancer Facts on Screening
3. *Examples of Participant Incentives* to include the following items should be displayed at Session 1 but distributed to all program completers at the conclusion of Session 3:
 - ✓ Canvas/grocery bag
 - ✓ Cookbook
 - ✓ Magnifying Glass
 - ✓ Pedometer
 - ✓ Water Bottle
4. *Quality Assurance Measures* were provided during the facilitator training and appear in the CCSIP Facilitator Manual. Hard copies of these measures are included in the CCSIP Toolkit. The name, purpose, content domains and administration of each measure is outlined below:

Measure	Purpose	Content Domains	Administration
Participant Sign-In Log	Codes date and location of sessions; participant list	Participant/facilitator names; date, location,	EPICS Session 1, 2, 3 (Time to Completion: 3 min.)
Participant Follow-Up Report	Codes participant follow-up 90-days post-intervention, measures CRC screening method; records intent-to-screen	Script for telephone for participant follow-up	90-days post EPICS Session 3
Event Form	Codes for location, session, number of participants. Codes major participant demographic characteristics. Codes participant recruitment methods	Date, Location, Participant, Ethnic/Cultural/Racial Background, Gender, Geographic Area, Economic Level, Level of Education	CCSIP Session 1, 2, 3 (Time to Completion: 10 min.)
Participant Contact Card	Codes for participant contact information	Name, address, telephone number, time of day to contact	CCSIP Session 1 (Time to Completion: 5 min.)



STEP 7: ASSIGN CCSIP FACILITATORS

Facilitators have included public health professionals, cancer survivors and advocates, community members, church and civic leaders, others interested in lowering colorectal cancer incidence and mortality. Although there are no formal qualifications, CCSIP facilitators have agreed to promote colorectal cancer screening guidelines from the United States Preventive Services Task Force, the American Cancer Society (ACS) and the Agency for Healthcare

Research and Quality (AHRQ). These individuals are chosen based on their knowledge of their community, ability to engage potential participants and willingness to serve.

The number of facilitators needed to deliver the CCSIP Sessions depends on the community partner hosting the implementation, the total number of participants anticipated and the confidence of the facilitator. Here are a few core competencies (as described in the training) for your review:

- ✓ Organizational Skills
 - Calendar- activities are conducted in timely fashion
 - Knowledge of colorectal cancer screening guidelines
 - Record keeping/quality assurance

- ✓ Cultural Competency
 - Knowledge of and respect for community

- ✓ Ethical Considerations
 - Privacy and Confidentiality

While only certified trained facilitators can deliver the Sessions, an assistant is recommended to ensure completion of the quality assurance measures. For 8-12 participants, one facilitator + an assistant are suggested. For 13+ participants, two facilitators + an assistant maybe needed.

STEP 8: DELIVER CCSIP SESSIONS

The following table describes the CCSIP Intervention Sessions:

Number	Title	Content
1	Introduction to CCSIP	This session provides a general overview of colorectal cancer (CRC) facts. Definitions and screening guidelines; fecal occult blood test (FOBT), Sigmoidoscopy, colonoscopy, double contrast enema; costs; insurance coverage; CCSIP colorectal cancer screening goals.
2	Colorectal Cancer Screening, Symptoms and Diagnosis	Common symptoms explained. Finding the cause of symptoms through CEA assay, biopsy, x-rays, sigmoidoscopy or colonoscopy. Definition of treatment methods (surgery, chemotherapy, radiation therapy, biological therapy) Clinical Trials; Social support; developing a plan; monitoring success; CCSIP colorectal cancer screening goals.
3	Maintaining Healthy Habits	This session encourages participants to incorporate healthier cooking and eating habits into their lifestyles. It also focuses on CRC screening as an important health habit.

For each session the purpose, estimated duration, teaching objectives, materials and procedures are outlined in the CCSIP Facilitator Training Manual are outlined below:

Session 1: Introduction to the Colorectal Cancer Screening Intervention Program

- **PURPOSE:**

- This lesson provides a general overview of colorectal cancer (CRC) facts.

- **ESTIMATED DURATION (60 Minutes):**

- Networking Social (10 min)
- Slide Presentation (40 min)
- Question/Answer Period (10 min)

- ✓ **TEACHING OBJECTIVES:**

- To define the program goal and purpose
- To provide an overview of colorectal cancer

- ✓ **MATERIALS:**

- Sign-In Sheet
- Slides
- AV Equipment
- Brochure #1: Prevention and Early Detection is Key

- ✓ **PROCEDURES:**

Greetings, introductions and begin the slide presentation with question/answer session to follow. Let them know that you will get back with them if you are unsure of an answer. Make a note of unanswered questions and give it to CCSIP staff. Be sure that everyone has signed in and give each participant a handout if available. Remind them of the location and time of the next meeting if known, then dismiss the group.

Session 2: Colorectal Cancer Screening, Symptoms and Diagnosis

- ✓ **PURPOSE:**

- This lesson provides an overview of CRC screening and symptoms.

✓ ESTIMATED DURATION (60 Minutes):

- Networking Social (10 min)
- Slide Presentation (40 min)
- Question/Answer Period (10 min)

✓ TEACHING OBJECTIVES:

- To identify colorectal cancer symptoms
- To describe CRC screening tests
- To discuss screening guidelines
- To review insurance coverage

✓ MATERIALS:

- Sign-In Sheet
- Slides
- AV Equipment
- Brochure #2: How to Recognize Signs and Symptoms/ Screening Recommendations

✓ PROCEDURES:

Greetings, introductions and begin the slide presentation with question/answer session to follow. Let them know that you will get back with them if you are unsure of an answer. Make a note of unanswered questions and give it to CCSIP staff. Be sure that everyone has signed in and give each participant a handout if available. Remind them of the location and time of the next meeting if known, then dismiss the group.

Session 3: Maintaining Healthy Health Habits

✓ PURPOSE:

- This lesson encourages participants to incorporate healthier cooking and eating habits into their lifestyles. It also focuses on CRC screening as an important health habit.

✓ ESTIMATED DURATION (60 Minutes):

- Networking Social (10 min)
- Slide Presentation (40 min)
- Question/Answer Period (10 min)

✓ TEACHING OBJECTIVES:

- To discuss eating patterns
- To offer alternative methods for good preparation
- To discuss nutritional content of foods
- To review CRC screening tests
- To review screening guidelines

✓ MATERIALS:

- Sign-In Sheet
- Slides
- AV Equipment
- Brochure #3: Maintaining Healthy Habits to Prevent Colorectal Cancer
- CDC Consumer Education Materials
- Get Smart in Your Family Dinner
- Get Smart as You Shop
- Colorectal Cancer Facts on Screening
- Participant Incentives

✓ PROCEDURES:

Greetings, introductions and begin the slide presentation with question/answer session to follow. Let them know that you will get back with them if you are unsure of an answer. Make a note of unanswered questions and give it to CCSIP staff. Be sure that everyone has signed in and give each participant a handout if available and then dismiss the group.

STEP 9: IDENTIFY COMPLETERS



The CCSIP sessions are open to all members of the community. This program targets African American men and women, ages 50 years and older who are not current on their recommended colorectal cancer screening test(s). The educational program is also “dose-sensitive,” as our original research showed that participants completing all three educational sessions were more likely to be screened than those attending a fewer number of sessions. For these reasons, you will only need to follow-up with completers, or those participants attending all three sessions who are not current on screening. In order to identify completers, you will need to review two (2) quality assurance measures:

✓ Participant contact card

- The final two questions on this form will allow you to determine each participant’s current CRC screening status.

- *Have you had any colorectal cancer screening tests in the past?*
 - *If you have not had any colorectal cancer screening tests in the past, do you plan to have any tests soon?*
 - If a participant has not had any CRC tests in the past, or if their CRC screening is not current, look for his or her name on the participant sign-in log.
- ✓ Participant sign-in log
- Participants are asked to sign in on this log at Session 1 and initial under each session (1, 2, 3) to signify attendance.
 - Facilitators should review this document at the end of each session to ensure that each participant signed in correctly.
 - If a participant has not had any CRC test in the past or if screening is not current and signed in for all three session, he/she is a *completer*.

STEP 10: MONITOR CRC SCREENING

Essential to establishing CCSIP as an “evidence-based intervention” is proving that it works as well in real world settings and it did in research. In our local practice demonstration, of the 311 who needed screening at the time of the intervention, we were able to contact all but 51 (16.4%) for follow-up. One hundred sixteen participants (37.3% of the 311) stated that they had been screened since receiving the intervention. An additional 105 (33.8% of the 311) participants stated that they had an appointment to be screened or intended to make an appointment.

Here are a few reminders on completing participant follow-up included in the CCSIP Facilitator Training:

- ✓ Participants should be contacted approximately 90-days post-CCSIP participation.
- ✓ Check participant follow-up form to determine the best time to telephone/contact participant.
- ✓ Use the participant follow-up report form. Contact each participant at least twice. Enter date/time of each contact. (If only one contact is made, leave 2nd contact date/time blank).
- ✓ Use the following checklist to guide your questions and to complete the follow-up report form:
 - Have you been to the doctor since the time you attended the colorectal cancer educational session at _____?
 - (If yes) Have you had any colorectal cancer screening tests?
 - (If yes) Which tests have you had?
 - (If no) Do you plan to have any test soon?

STEP 11: SUBMIT REPORTS



Timely submission of reports and quality assurance measures is extremely important to our success. You may choose to submit this information via USPS or by fax.

Here is our mailing address:

Prevention Research Center
Atten: Colorectal Cancer Screening Intervention Program Team
Morehouse School of Medicine
720 Westview Drive, SW
Atlanta, GA 30310-1495

You may also choose to fax completed form to:

CCSIP Team: (404) 763-3564



STEP 12: GET TECHNICAL ASSISTANCE

There is proof that implementation of interventions such as CCSIP *without* technical assistance, compared to interventions implemented with technical assistance, results in considerably higher participant drop-out rates. Although implementing CCSIP without technical support can be effective in increasing cancer screening, the intervention may reach fewer participants are reached than interventions in which the user had coaching from intervention developers. Here are a few ways we can help:

- ✓ Define core competencies needed to facilitate CCSIP sessions
- ✓ Brainstorm about how to connect to potential facilitators
- ✓ Outline the 1 ½ day training and three modules/parts of the CCSIP training agenda
- ✓ Help with approaches in presenting interactive information included in Module/Part 1: Principles Knowledge (Translation from Research to Practice, A CRASH Course in Cultural Competency, Health Literacy and Effective Facilitation).
- ✓ Provide pre-matted certificates of completion for participants successfully completing the training
- ✓ Sly access to CCSIP Toolkits, including CCSIP logos, session brochures, etc.
- ✓ Identifying the type of community partners needed for implementation
- ✓ Assist in completing the program's quality assurance measures
- ✓ Guide in additional ways not specified here

This TA is available on an as-needed basis or through monthly scheduled email or telephone contacts. For more information, please contact:

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