

# **IMPLEMENTATION GUIDE**

## **Family Care (Colorectal Cancer Awareness and Risk Education) Project (FCARE)**

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

**Note:** Refer to “Putting Public Health Evidence in Action”. Review the appropriate Modules and the handouts provided in each, in order to modify and evaluate this program to meet the needs of your organization and audience.

“Putting Public Health Evidence in Action” is available online at:  
<http://cpcrn.org/pub/evidence-in-action/>

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

#### **Program Manager (Requirements: Experience with population-based cancer screening and research management)**

- Coordinates intervention implementation and oversees cancer risk assessment specialists and support staff
- Ensures that cancer risk assessment specialists are trained in brief motivational interviewing (MI) or makes referrals for MI training
- Establishes procedures for identifying and recruiting eligible participants and oversees participant follow-up

#### **Cancer Risk Assessment Specialist (Requirements: Certified genetic counselor with training in behavior theory and brief motivational interviewing)**

- Assesses participants’ Risk Behavior Diagnosis Scale scores to prepare and tailor intervention materials (Visual Aids and Tailored Letter)
- Reviews Pre-Intervention Patient Synopsis
- Delivers intervention by providing cancer genetic risk assessment and behavior change counseling to participants by telephone

#### **Primary Care Providers/Clinics**

- Verifies participants’ colorectal cancer (CRC) screening uptake
- Receives a tailored letter indicating screening status of participants who consented to share screening results

#### **Program Support Staff**

- Works with program manager to identify and contact potential participants
- Mails study materials (Baseline and Follow-up Questionnaires, intervention materials, follow-up letters)
- Schedules telephone interviews
- Collects returned surveys
- Obtains verified medical CRC screening report

## II. Program Delivery

**For additional information on modifying program materials, refer to the appropriate Module(s) for program adaptation from “Putting Public Health Evidence in Action”.**

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

- **Baseline Questionnaire With Risk Behavior Diagnosis Scale:** This survey includes the Risk Behavior Diagnosis Scale for CRC and assesses CRC screening, CRC screening barriers, general health, health care, cancer family history, and demographics.
- **Visual Aids Example:** This provides an example of the tailored visual aids (i.e., family tree, CRC risk, CRC severity, screening barriers) used throughout the intervention.
- **Educational Pamphlet:** This is a pamphlet containing information on CRC, colonoscopy, and local resources.
- **Cancer Risk Assessment Specialist Protocol Quality Control Checklist:** This checklist, which provides an overview of all major elements to be covered in the intervention, is used to ensure intervention fidelity.
- **Pre-Intervention Patient Synopsis:** This short patient synopsis includes Risk Behavior Diagnosis Scale scores and information on general health, screening procedures, risk perception, insurance, barriers, family influence, and primary care physician.
- **Intervention Manual:** Cancer risk assessment specialists use this manual to implement the intervention. It contains the following:
  - Study Overview
  - Theoretical Background and Rationale
  - Intervention Protocol
    - Greeting and Introduction
    - Review Medical and Family History
    - Identify Participants’ Perceptions of Threat and Efficacy
    - Identify Readiness To Get Screened (Self-Efficacy)
    - Barriers Counseling and Action Plan
    - Closing
  - References
- **Tailored Letter:** After the intervention, tailored letters are sent to participants. The letters are tailored based on information that was gathered during the intervention and include: (1) participant reported family history, (2) participant reported barriers, (3) an action plan to overcome barriers, and (4) a testimonial with a picture of a person approximating the participant’s age, gender, and ethnicity.

- **Tailored Letter Template:** This letter provides a template to tailor sections as described above.
  - **Tailored Letter Example:** This is an example of a tailored letter with the tailored information highlighted.
  - **Tailored Messages for Tailored Letter:** This list provides examples of text used in tailored sections.
- **Action Plan Reminder Card Example:** A follow-up card is sent to participants briefly outlining their intentions to get a colonoscopy.
  - **9-Month Follow-up Questionnaire With Risk Behavior Diagnosis Scale:** This survey includes the Risk Behavior Diagnosis Scale for CRC and assesses CRC screening, health information, fear and CRC, and CRC diagnosis.
  - **Resource Letter:** If a participant lists cost as a barrier to screening, this letter is sent to direct them to national and local resources.
  - **Financial Resource List Example:** This is an example of a list that accompanies the Resource Letter detailing national and local organizations that assist eligible patients in getting a free or reduced-cost colonoscopy.
  - **Primary Care Provider/Clinic Release Form:** Participants give permission to contact their primary care provider/clinic to verify CRC screening.
  - **Colorectal Cancer Screening Verification Letter:** This letter is sent to primary care providers/clinics to verify status of a patient's CRC screening.
  - **Colorectal Cancer Screening Verification Form:** This is a form provided for primary care providers/clinics to report patient CRC screening information.
  - **TELECARE Packet Cover letter:** This one-page letter accompanies tailored materials sent by mail (e.g., tailored letter, tailored messages).

## **B. Program Implementation:**

The steps used to implement this program are as follows:

Step 1: Program manager identifies sites to recruit participants, identifies individuals to fill key roles noted above, and adapts implementation materials as needed to reflect site-specific needs.

Step 2: Cancer Risk Assessment Specialists receive training in behavior theory (e.g., the Extended Parallel Process Model) and brief motivational interviewing.

Step 3: Program support staff are trained and begin participant recruitment. Potentially eligible participants are invited to participate. If they agree to participate, they provide informed consent, and an informational brochure is mailed to them. This will be followed up with an eligibility screening phone call.

Step 4: Program support staff send the Baseline Questionnaire to eligible participants, and participants return it to program staff.

Step 5: Program support staff prepare the tailored Visual Aids to send to participants prior to the intervention appointment with a cancer risk assessment specialist. The Educational Pamphlet is also sent at this time.

Step 6: The cancer risk assessment specialist conducts appointments with participants using the Cancer Risk Assessment Specialist Protocol Quality Control Checklist and Pre-Intervention Patient Synopsis to ensure intervention fidelity. The specialist uses the Intervention Manual to guide intervention implementation. Following the intervention, the Tailored Letter will be mailed to the participant summarizing key points assessed during the appointment.

Step 7: The cancer risk assessment specialist sends the Action Plan Reminder Card to remind participants of their intentions to get a colonoscopy.

Step 8: Program support staff send the 9-Month Follow-up Questionnaire to participants.

Step 9: Program support staff send the 9-Month Follow-up Resource Letter and the Financial Resource List to participants who report cost as a barrier to screening.

Step 10: Primary care physicians receive the Colorectal Cancer Screening Verification Letter and Colorectal Cancer Screening Verification Form for participants who report CRC screening (including colonoscopy) at the 9-month follow-up.

### **III. Program Evaluation**

**For additional information on planning and adapting an evaluation, review the appropriate Modules for program implementation and evaluation from “Putting Public Health Evidence in Action”.**

<http://cpcrn.org/pub/evidence-in-action/>

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

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