

IMPLEMENTATION GUIDE

Personally Relevant Information about Screening Mammography (PRISM)

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, and supplies
- Recruits, trains, and supervises Peer Counselors, Interviewers, and Data Coordinator
- Monitors telephone counseling calls for quality assurance and evaluation purposes

Interviewer(s)

- Identifies and recruits participants from selected health system or health plan
- Administers the baseline, 12-month, and 24-month surveys to identify individual barriers to mammography and stage of modifying behavior

Peer Counselor(s)

- Implements the telephone counseling program using tailored messages generated from the booklets and newsletters

Data Coordinator

- Inputs data from surveys for the tailored booklets and newsletters
- Generates tailored booklets and newsletters for peer counselors
- Mails materials to participants

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 (All listed materials can be viewed and/or downloaded from the Products Page):

- **First Intervention Year Counseling Protocol and Script for Participants in 40s:** A telephone counseling call script.
- **Second Intervention Year Counseling Protocol and Script for Participants in 40s:** A telephone counseling call script.
- **First Intervention Year Counseling Protocol and Script for Participants in 50s:** A telephone counseling call script.
- **Second Intervention Year Counseling Protocol and Script for Participants in 50s:** A telephone counseling call script.
- **Baseline Survey:** A telephone survey to participants to identify individual barriers to mammography and their stage of modifying behavior.
- **12-Month Survey:** A telephone survey to participants to identify individual barriers to mammography and their stage of modifying behavior.
- **24-Month Survey:** A telephone survey to participants to identify individual barriers to mammography and their stage of modifying behavior.
- **Sample Booklet for Participants in 40s:** A personalized booklet based on baseline survey data.
- **Sample Booklet for Participants in 50s:** A personalized booklet based on baseline survey data.
- **Sample Newsletter:** A personalized newsletter based on 12-month survey data.
- **Tailoring Variables for Booklet:** A tailoring guide for the personalized booklet.
- **Tailoring Variables for Newsletter:** A tailoring guide for the personalized newsletter.

B. Program Implementation:

The steps used to implement this program are as follows:

Step 1: Program Manager recruits Interviewer, Peer Counselor, and Data Coordinator and complete their training. See the **First Intervention Year Counseling Protocol and Script for Participants in 40s**, **Second Intervention Year Counseling Protocol and Script for Participants in 40s**, **First Intervention Year Counseling Protocol and Script for Participants in 50s**, and **Second Intervention Year Counseling Protocol and Script for Participants in 50s**. Estimated training time is 3 weeks which includes reviewing all program materials and conducting practice calls.

Step 2: Interviewer identifies and recruits participants from selected health system or health plan.

Step 3: Interviewer administers the baseline telephone survey to participants to identify individual barriers to mammography and their stage of modifying behavior. See the **Baseline Survey**.

NOTE: The baseline survey was created for the research setting; therefore, not all questions need to be asked. Adapt the survey as needed.

Step 4: Within 2 to 3 weeks after administering the baseline survey, Data Coordinator creates and mails a tailored booklet to each participant. See the **Sample Booklet for Participants in 40s**, **Sample Booklet for Participants in 50s**, and **Tailoring Variables for Booklet**.

Step 5: Within 2 weeks after mailing the tailored booklets, Peer Counselor schedules a telephone counseling session. During the session, Peer Counselor should ask open-ended questions about the booklet content to elicit questions and concerns and to facilitate discussion about breast cancer and mammography. At the end of the session, notify participants that a Peer Counselor will make a follow-up call in a year. If able, schedule the follow-up call. See the **First Intervention Year Counseling Protocol and Script for Participants in 40s** and **First Intervention Year Counseling Protocol and Script for Participants in 50s**.

Step 6: Interviewer administers the 12-month survey. See the **12-Month Survey**. Note: The 12-month survey was created for the research setting; therefore, not all questions need to be asked. Adapt the survey as needed.

Step 7: Within 2 to 3 weeks after administering the 12-month survey, Data Coordinator creates and mails a tailored newsletter to each participant. See the **Sample Newsletter** and **Tailoring Variables for Newsletter**.

Step 8: Within 2 weeks after mailing the tailored newsletters, Peer Counselor schedules a telephone counseling session. During the session, Peer Counselor should highlight information covered in the newsletters, with the goal of reinforcing key points in the context of the recipients' current state. At the end of the session, notify participants that a Peer Counselor will make a follow-up call in a year. If able, schedule the follow-up call. See the **Second**

Intervention Year Counseling Protocol and Script for Participants in 40s and Second Intervention Year Counseling Protocol and Script for Participants in 50s.

Step 9: If desired, Interviewer administers the 24-month survey to compare individual barriers to mammography and their stage of modifying behavior at baseline then at 24-months. See the **24-Month Survey**.

NOTE: The **24-month survey** was created for the research setting; therefore, not all questions need to be asked. Adapt the survey as needed.

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>.