

Preparation

Create your partnership

There may be several individuals and organizations that can assist you in the design, planning and implementation (or putting into action) of your individual education interventions.

Example partners to implement your colorectal cancer individual education intervention include:

- medical providers
- pharmacists
- mental health providers
- registered dieticians
- health educators
- peers/lay community members
- health/medical centers
- health departments
- senior centers and housing sites
- faith-based organizations
- worksites
- community centers
- community colleges
- universities
- community coalitions and/or task forces
- lay volunteers
- community based organizations
- local businesses
- tribal leaders
- media professionals

Try to think of partners that can serve a variety of roles. For example, you may need certain partners to help you create a plan for a colorectal cancer intervention, such as university researchers and physicians, while others may be more helpful in disseminating the information, such as worksites and community centers.

Besides creating an individual education intervention to promote colorectal cancer prevention and screening, it is also important to evaluate your efforts. There may be elaborate and expensive ways to develop and implement an individual education intervention. Regardless of the complexity of your intervention, when developing and evaluating the intervention, it may be useful to seek out technical assistance from local colleges, universities or others with this experience.

For more information on engaging partners, go to [Partnerships](#).

Identify your population

Colorectal cancer individual education interventions work to create interventions that suit the needs of various subgroups with regard to gender, race/ethnicity, age or other sociodemographic characteristics.

Colorectal cancer interventions have been used with a variety of populations, including:

- Older adults
- Adults
- Caucasians
- Women and Men
- African Americans
- Latinos
- Native Americans
- Asians
- Lower income individuals

Also consider individuals other than those participating in the intervention. By providing information in some settings, such as worksites, interventions may have the benefit of influencing not only individuals at risk for colorectal cancer, but also key members of their support networks. Regardless of the setting, it is useful to make sure that the providers in all settings give consistent messages and that they act to reinforce and build upon messages provided in other settings. This requires good communication systems and partnerships to be developed among practitioners in various settings.

As you start to consider your own population, it will be important to identify important aspects of your population, such as:

- What is your population?
- Are there subgroups within this population?
- What are the geographic boundaries?
- What are the shared social and cultural characteristics of this community?

For more information on identifying your population, go to [Assessment and Prioritization](#).

Once you have considered who your population is, you will need to consider where to approach your population.

Example settings for colorectal cancer individual education:

- health care facilities
- pharmacies
- homes
- community-based organizations
- worksites
- local businesses

When deciding on a setting for an individual education intervention, keep in mind that there may be some benefit to providing information in settings that have the potential to provide on-going and reinforcing messages during an individual education intervention.

Think about the population you will be working with and where your intervention will take place. For example, information prepared for Latino individuals attending a certain church may relay information about colorectal cancer in light of their spirituality and religious beliefs and may also be presented in Spanish. The information that you provide should be specific to the setting and population.

For more information on settings for colorectal cancer interventions, go to [Colorectal Cancer in Different Settings](#).

Record your intervention goals and objectives

If you and your partnership have not formed your intervention goals and objectives, you will need to work with your partners to do so. Although you may refine your goals and objectives, it is important to start with some idea of what you want to accomplish for this intervention. If your partnership wants to address lifestyle risk factors, please refer to [Nutrition](#), [Physical Activity](#) or [Tobacco](#).

An example of a colorectal cancer individual education intervention goal and objective might be:

- Goal: Increase the incidence of colorectal cancer screening in your community by 25%.
- Objective: Increase the number of individuals in the community with knowledge of colorectal cancer prevention and screening methods by 25%.

With individual education, as with other efforts to prevent or be screened for colorectal cancer, it is important to set attainable and realistic goals and objectives. This usually requires the development of intermediate outcomes such as changes in attitudes or readiness to comply with screening recommendations and maintain healthy lifestyles. The first step is to decide if you want to focus on providing information about colorectal cancer or providing skills for colorectal cancer-related behaviors. Individual education interventions have been used to increase awareness of the health impacts of colorectal cancer and benefits of screening.

It may be helpful to create a logic model to organize your goals, objectives and the action steps to meet your goals and objectives. Some funding sources have very specific logic models for your partnership to use, so be aware of different requirements. For more information on developing goals and objectives, go to [Preparing for Your Intervention in Readiness and Preparation](#).

Assess your community capacity and needed resources

Before beginning your individual education intervention, you must assess the resources you already have and the ones you need in order to successfully carry out your intervention. The resources needed depend on the specific strategies being used.

Example resources:

- Most individual education interventions have expenses related to written materials (written brochures, posters, self-management guides), audiovisual

- or media materials (videos), staff time (development and implementation) and delivery of materials.
- A copy machine or access to printing facilities may be needed for creating brochures or self-management workbooks
 - When conducting tailored print communication interventions, some expenses include kiosks for personalized feedback, computers and software programs, staff time to develop printed materials, printers, paper and toner, and postage.
 - Some individual education interventions involve the use of targeted or stage-specific videotapes, requiring TVs and VCRs if these videos are shown in clinical or community settings as well as cameras and production equipment.
 - Interactive CD-ROMs used in individual education interventions require the software for development, personnel time and expertise to develop the algorithms, production equipment and computer equipment.
 - Surveys and questionnaires may be required in order to gather information from individuals for the purpose of tailoring health messages.
 - Some personalized or tailored materials may require professional artists to design the graphics and pictures used.

The development of individual education interventions often requires the collection of qualitative or quantitative data or asking others in your area what they have found through their assessments. It may be useful to look for assistance in developing these materials and implementing these interventions.

With respect to community resources, it may be useful to work with your partners to develop lists of community resources available for community members. In developing these lists, it is important to provide information on ways to prevent colorectal cancer as well as resources in the community to support individuals, such as transportation to screening facilities. In communities where there are few resources, it may be useful to combine individual education with other strategies, settings or approaches.

Individual education interventions may also require certain skill sets depending on the specific strategies used. For example, you may need a nutritionist or health education expert, particularly when you decide to develop materials rather than use existing materials. Likewise, evaluation of individual education interventions can be complex and may require assistance from researchers and other partners who have experience with study design, measurement development, data collection, data analysis or translation of research findings into practical implications for your community.

The [Readiness and Preparation](#) and [Capacity](#) sections provide information and resources to help you think about the resources you might need for your intervention.

Design your intervention activities

- *Consider the readiness of your population to address colorectal cancer*

In addition to decisions about settings and populations, you will also need to consider the readiness of your population to prevent or manage colorectal cancer as follows:

- What are the current patterns in your community related to colorectal cancer, risk factors associated with colorectal cancer screening and low levels of awareness?
- Do community members with colorectal cancer currently receive screenings habitually, visit their health care provider on a regular basis or follow nutrition and physical activity guidelines?
- If not, do community members perform these behaviors from time to time?
- If not, have they been thinking about starting to perform these behaviors?

Once you have a sense of the community's readiness to learn more or change their behaviors, you can begin to design your intervention strategies.

After assessing the readiness of the target population in your community to changing behaviors regarding colorectal cancer, think about the specific groups your intervention will target:

- those who are not thinking about changing their colorectal cancer related behaviors
- those who would like to change their health behaviors
- those who have just started changing their health behaviors
- those who have changed their health behaviors for some time now but have trouble maintaining these changes from week to week
- those who have changed and maintained their health behaviors on a regular basis

With respect to each of the above groups that differ by readiness, you may want to provide different types of information and use different intervention strategies to help them move from stage to stage until they are able to maintain the colorectal cancer prevention or screening behaviors.

The table below provides additional information to assist you in changing colorectal cancer prevention or screening behaviors for individuals with different levels of readiness.

Stage of readiness to change behaviors	Recommendations for intervention strategies
Those who are not thinking about changing their colorectal cancer related behaviors (e.g., completing screening regularly, following recommendations, visiting the health care provider on a regular basis, and practicing healthy lifestyle behaviors)	Discuss the pros (reasons for wanting to change their behaviors) and cons (reasons why changing behaviors are challenging or undesirable).
Those who would like to change their behaviors	Provide assistance in developing long-term goals, identifying short-term successes, reinforcing interest in changing behaviors, understanding the range of ways in which people can change their

	behaviors, minimizing barriers such as time, increasing social support and finding rewards for accomplishments.
Those who have just started changing their behaviors	In addition to the above items, offer guidance on how to make their new behaviors a priority, create a personal plan for changing their behaviors and monitor progress.
Those who have changed their behaviors for some time now but have trouble maintaining their new patterns from week to week	Suggest helpful hints to anticipate barriers, create back-up plans, build ways to maintain new behaviors as part of daily routines and shopping habits, increase social support and identify incentives.
Those who are able to maintain behaviors on a regular basis	In addition to the above items, provide recommendations for ways to maintain self-confidence and balance.

- *Design your individual education strategies*

When implementing an individual education intervention, it is important to consider the kinds of information, as well as the methods of sharing information, that will be most useful in getting the community involved.

Example strategies for information sharing:

- brochures and wallet cards
- self-help manuals and/or tracking forms
- videotapes
- CD-ROMs
- DVDs
- posters
- one-on-one information exchange
- telephone calls
- group information exchange
- web-based interactive educational tools and games
- automated e-mail messages
- presentations

It is important to remember that all written materials should be based on the literacy level of the intended audience and be culturally-appropriate. It may be useful to include the use of lay health advisors who are linguistically, ethnically and culturally similar to the intended audience. Lay health advisors are individuals from the population who are trained in colorectal cancer and are encouraged to modify their teaching methods and messages to meet the specific needs of individuals at risk for colorectal cancer and their families.

There are certain things that might be helpful to consider in developing each of these strategies. These are listed below.

Brochures, flyers, posters newsletters:

- Make sure that materials created are in the languages spoken by the community and are at the reading level of the intended population.
- It is also important that the materials have visual appeal and that the graphics used tell the story you want and are appropriate for the population of interest.
- It is essential that the information provided is current and accurate and that the messages are clear and simple.
- It is important to convey risk as well as specific steps to take to reduce risk.
- Be sure to ask the population of interest what they think about the materials before you use them.
- Place these materials in locations where the population of interest can access or see them easily. Previous work has found that the impact of these informational messages is enhanced when the same message is repeated more than once.
- Previous work has also found that using multiple methods of communicating may be more helpful than using a single method.
- Combining these strategies to improve knowledge with strategies to improve skills as well as and reducing exposure to environmental triggers is likely to be more effective.

Video tapes, audio tapes:

- Consider the tips provided for the print materials above.
- It is important that the individual speaking can be easily understood and that the quality of the tape is sufficient to use in a variety of settings.
- Use individuals who are known, valued, respected, trusted and believed to deliver health messages when possible.

Individual or group programs to provide information or build skills:

- It is important to recognize that most individuals can only remember and process three to seven pieces of information at a time. Keep each session focused and specific.
- A small amount of repetition can be useful to emphasize certain important points.
- It is useful for the health educator or person leading the sessions to be enthusiastic and share their own experiences to the extent it is appropriate.

It is also helpful to remember that different populations may have different styles of learning and may respond differently to teaching strategies.

Some strategies may offer opportunities to role-play scenarios, particularly as a means to encourage colorectal cancer prevention and screening by addressing potential barriers. Strategies can also incorporate the use of certificates and/or incentives for achieving a particular goal.

Skill-building strategies may include activities for learning skills to increase community members' ability to change their colorectal cancer-related behaviors. Demonstrations can be provided either individually or in groups (see [Group Education](#) in Colorectal Cancer).

In encouraging these types of activities, it is important to have instructors who understand the specific benefits of colorectal cancer prevention and screening as well as meeting the needs of various individuals who may respond differently to the condition. In addition, it is critical that the instructor knows how to address colorectal cancer prevention and screening behaviors for individuals with specific health concerns.

- *Create a timeline and assign roles and responsibilities*

Work with your partners to decide on the timeline for the intervention as well as who will be responsible for carrying out the intervention activities. Be very specific about roles, tasks and timelines to ensure that the intervention is implemented successfully. Include information about when your message will be distributed and by what communication channels.

Identify potential barriers

Think about the potential barriers that may be encountered along the way and prepare your reaction to these barriers.

Some of the barriers you might encounter:

- Frequency of program – A successful individual education program may require multiple meetings between recipients of the intervention and resources and personnel delivering the message. For example, training often requires a commitment to a series of educational sessions. It may not be possible for all participants to be able to attend all of the required sessions.
- Cost – Costs may be a barrier to getting started or completing your activities. These costs can include the cost of technology needed to implement your intervention, ability of your target population to get to the site of information and resources that are required for your target population to develop skills to help them seek colorectal cancer screening. Also, tailored print communication can have a high cost per item, unless a high volume is printed. Develop a budget and estimate the costs of creating, implementing and maintaining the individual education intervention. Work with your partners to identify costs and sources of funding. See [Capacity](#) for resources to help you plan your budget.
- Resources – The knowledge, skills and experience of your partners in presenting the information to the target population may be a barrier. Consider expanding your partnership, if necessary, to include representatives from other sectors of the community.
- Support for the intervention – It is important that your intervention have support both from individuals related to the target population as well as various parts of the community. Support can come from family and friends of the individuals in the intervention as well as worksites, faith-based organizations and health care settings.

- Literacy of materials – Materials prepared for the intervention must be written at a literacy level appropriate for the target population to ensure that the message comes across effectively and properly.
- Cognitive barriers – Although you will be doing your best to ensure that the literacy level of your materials is appropriate for the target population, not all individuals within a population have the same level of understanding. There is the possibility that your information may be well understood by some of the participants but not as well by others.
- Technical barriers – While some individuals may be very familiar with the media used in your intervention, others may not be comfortable with, for example, computer or DVD-based programs. In addition, not all individuals will have access to computers, DVD players or other technology that is required to make use of the program.
- Language considerations - Large and growing populations of patients speak languages other than English. Educational interventions need to be translated into their own language. Budget limitations may not allow for developing material messages in multiple languages.
- Motivation - It is difficult to motivate participants over time to continue use of computer programs.
- Time - Due to the limited amount of time patients spend with physicians, it is important that the individually-tailored messages are appropriate for the population, and, most importantly, that the messages incorporate the stage of change (readiness) of the individual.
- Differences within and between populations - Individual education interventions may not reach a variety of different types of populations in a community given limited access to individuals and/or availability of their personal information. Furthermore, some individuals may find the program too complicated, or they may have competing priorities. Others may want to engage in parts of the intervention (access to screening) but may not see the other parts of the intervention as necessary (education).

Plan your evaluation methods and measures

- *Pre-test your messages*

Use focus groups or individual interviews with community members to ensure the strategies and messages are appropriate for your community. While you may believe that particular strategies or messages may be very helpful for your community, it is always valuable to ask members of the community what they think about the materials before you use them. When testing the messages, consider how well the message is understood as intended, whether the information is clearly stated, whether the information is perceived as useful and how well the information is recalled or remembered.

- *Consider your evaluation strategy*

Once you have identified the specific individual or group characteristics that you plan to target as part of your intervention, you can begin to develop your evaluation strategy. These characteristics, or readiness factors, enable you to track how successful your strategies are at creating change. It is important to develop these intended outcomes and related evaluation questions with input from all partners, including funding agencies.

As with all interventions, it is useful to consider process, impact and outcome evaluation. Process evaluation enables you to assess if your program is being implemented as intended. You might consider collecting information on how satisfied individuals are with the various intervention activities, messages and materials. With individual education interventions, it may also be useful to assess the process used to develop and plan the individual education activities. You may identify the types of individuals who attend your program in comparison to those for whom the intervention was intended. For example, if the program was intended for both men and women and only women are enrolled, it would be useful to know this and find out the reasons for this discrepancy.

Impact evaluation helps you to determine if you are reaching your intermediate objectives. You might consider collecting information through the use of standardized surveys, either face-to-face conducted at the specific setting or over the phone. These questionnaires may include information on health, behaviors, knowledge, attitudes, beliefs, perceptions of support in different settings and many other factors. If specific behavior changes have been encouraged, it is useful to assess these through specific self-report checklists.

In addition, questionnaires should include items to assess exposure to interventions, use of materials and, if appropriate, changes in quality of life and behaviors in terms of readiness to change behavior. It might also be useful to consider alternative ways of tracking behavior, for example, through the use of interviews, logs, pedometers or clinical measures.

Remember to focus the evaluation on the objectives of the intervention. If the objective was to increase knowledge, it is important to assess knowledge. Alternatively, if the intent was to improve attitudes about the disease, then it is important to assess attitudes.