

SECTION II:
RECRUITING WOMEN FOR BREAST AND CERVICAL CANCER
SCREENING—THREE LESSON PLANS

Lesson Plan 1: Key Facts About Finding Breast and Cervical Cancer Early (estimated time: 2 hours)

Note to Trainer: *The National Breast and Cervical Cancer Early Detection Program identified seven key concepts on the early detection of breast and cervical cancer that serve as the basis for this section of the lesson plan.*

- 1. Increasing age and female gender are the primary risk factors for developing breast cancer.*
- 2. Breast cancers found at an early stage are most successfully treated.*
- 3. Mammography is an effective screening tool for breast cancer for women age 50 and older. Clinical breast exam (CBE) also may be necessary for adequate screening because mammography does not find certain breast cancers. Suspicious masses found through mammography or CBE require prompt followup.*
- 4. Cervical cancer often develops in a predictable manner over a long period of time.*
- 5. The Pap test is a good screening method for finding cervical cancer and precancerous cell growth.*
- 6. Treating precancerous cells can prevent invasive cervical cancer for the most part.*
- 7. Screening tests reduce illness and death when conducted routinely.*

Getting Ready for the Training**Things to do**

- Read Lesson Plan 1: “Key Facts About Finding Breast and Cervical Cancer Early,” which includes the trainer resource on pages 72 to 77, the handouts on pages 86 to 93, and transparencies T-1 to T-17.
- Make copies of all handouts and transparencies used in this lesson plan. The handouts and transparencies will be used as the participant’s manual. Be sure you have one copy for each participant.

- Review the methods for brainstorming and cooperative learning in Section I of the training packet.
- Place two sheets of chart paper and markers on tables throughout the room.
- Prepare six index cards by writing the following headings about breast cancer (one heading per index card): risk factors, other factors, symptoms, screening method (mammography), screening method (clinical breast exam), and screening method (breast self-exam).
- Call the cancer registry in the State health department or the American Cancer Society to obtain State and county data on the estimated new cases of breast and cervical cancer and estimated deaths for the year as well as the county's mortality ranking for breast and cervical cancer.
- In your mind, walk through the activities until you feel comfortable with how to lead them.

Materials Needed

- Chart paper
- Easel
- Colored markers
- Tape
- Toilet paper (one roll)
- Index cards
- Hat, bowl, or basket to hold index cards
- Overhead projector and screen
- Trainer Resource
 - TR-1, p. 72: Logistics Planning Worksheet
- Handouts
 - HO-1, p. 86: A Breast Cancer Story: "Breast Cancer as I Lived It"
 - HO-2, p. 88: Sources for Cancer Information
 - HO-3, p. 89: Barriers to Breast and Cervical Cancer Screening
 - HO-4, p. 91: A Cervical Cancer Story: "My Life Story With Cancer"
 - HO-5, p. 93: Facts About Breast and Cervical Cancer
- Transparencies
 - T-1: Key Facts About Finding Breast and Cervical Cancer Early
 - T-2: Cancer Cell Growth

- T-3: Risk Factors for Breast Cancer
- T-4: Chances of Developing Breast Cancer
- T-5: The Role of Race and Income
- T-6: Symptoms of Breast Cancer
- T-7: NBCCEDP Screening Recommendations
- T-8: Screening Methods for Breast Cancer
- T-9: Mammography
- T-10: Clinical Breast Exam
- T-11: Breast Self-Exam
- T-12: Advantages of Mammography
- T-13: Good Breast Health Care
- T-14: Risk Factors for Cervical Cancer
- T-15: Screening Method for Cervical Cancer—The Pap Test
- T-16: Cell Samples
- T-17: Summary Points

Lesson Plan Overview

This lesson plan covers the following topics:

- | | |
|-------------------------------|------------|
| • Introduction | 5 minutes |
| • What is cancer? | 25 minutes |
| • Facts about breast cancer | 50 minutes |
| • Facts about cervical cancer | 40 minutes |

Trainer Notes

Show T-1
5 mins.

20 mins.

Lesson Plan 1

Introduction

Step 1: Describe the purpose.

During the next 2 hours, we will support one another as we address our questions and fears about breast and cervical cancer.

We also will better understand our own risk of developing breast and cervical cancer and the risk of the women that we reach.

Step 2: Present the objectives.

At the end of our time together, you will be able to

- Define cancer;
- List five facts about finding breast cancer early; and
- List five facts about finding cervical cancer early.

What Is Cancer?

Step 3: Conduct the following activity.

Brainstorming and Cooperative Learning Activity: What Is Cancer?

(estimated time: 20 minutes)

Introduce the activity.

The purpose of this activity is to ensure that we all have a common understanding and definition of cancer.

Conduct the activity.

1. State the purpose of the activity.
2. Divide the group into groups of fours by having them count off 1, 2, 3, 4.
3. Ask each group to have the person with the shortest hair be the recorder. The recorder's role is to take notes or write ideas from the group on chart paper. Have the remaining group members volunteer to serve as the group leader, reporter, and timekeeper. The group leader's role is to keep the group focused on the task. The reporter's role is to tell the results of the small group discussion or activity to the larger

group. The timekeeper's role is to advise the group once in a while of the time left for the activity.

4. Ask each group to brainstorm what cancer means to them by drawing a picture, telling a story, listing words, etc.
5. Allow 10 minutes for this part of the activity.

Process the activity.

1. Invite each group to share its definition of cancer with the larger group.
2. Once each group has presented, summarize what each said and correct any wrong information, using the following points.

Our body is made up of tiny cells that can be seen only under a microscope. Cells that are like each other make up tissues and organs. Tissues make up all the different parts of the body like the heart, lungs, liver, kidneys, and breasts.

Healthy cells divide to produce more cells when they are needed. If cells divide when they are not needed, they form too much tissue. This extra tissue is called a cancer, tumor, or mass. Tumors can be either "benign" (not cancer) or "malignant" (cancer).

Benign tumors are not cancer. They can usually be removed. They do not usually come back. They do not spread to other parts of the body. They are usually not a threat to life.

Malignant tumors are cancer. They are made up of cancer cells that grow fast. They can hurt tissues and organs near the tumor. They can spread to other parts of the body. They may be a threat to life.

Cancer is a sickness that occurs when cells become abnormal and divide without control. If found early, most cancers can be treated.

Show T-2

Trainer Notes

5 mins.

Lesson Plan 1

Step 4: Answer any questions participants might have.

Note to Trainer: Allow up to 5 minutes for questions about the information presented.

Facts About Breast Cancer

Step 5. Deliver the following content.

5 mins.

A Breast Cancer Story: “Breast Cancer as I Lived It”

- Introduce the session by reading Handout #1, A Breast Cancer Story: “Breast Cancer as I Lived It,” on page 86, or you may substitute the story of someone you or a community health worker knows. The story sets the stage for sharing personal stories and experiences. This will enrich the session and make breast and cervical cancer real to community health workers. (If you substitute the story of someone you or a community health worker knows, be sure to respect the woman’s privacy: do not use real names.)

5 mins.

- Ask the community health workers to respond to the following questions by a show of hands.
 - As you listened to the story, how many of you thought about someone you know who is fighting breast cancer or has died from it?
 - Some of you may know that early detection is a woman’s best protection against breast cancer. How many of you know of someone who is a breast cancer survivor of 5 years or more?

- Summarize with the following statement.

The experiences you bring, along with learning the facts about breast and cervical cancer, will help you talk to women in your community about the importance of screening.

Refer to HO-1,
p. 86

- Tell participants that the breast cancer story is included in their handouts as Handout #1.

Trainer Notes

20 mins.

Refer to HO-2,
p. 88

Show T-3

Show T-4

Lesson Plan 1

Basic Information About Breast Cancer

- Breasts are made up of many different kinds of cells and tissues. Cancer can occur in the breasts of both women and men, but it is much more common in women.
- It was estimated that 180,200 women in the United States would be diagnosed with breast cancer and 43,900 would die of this disease in 1997.

Note to Trainer: Replace the national data above with the most recent State and county data on the estimated number of new breast cancer cases and deaths. This information, as well as the county's breast cancer mortality ranking, is available from the cancer registry in the State health department or the American Cancer Society. See Handout #2, Sources for Cancer Information, on page 88.

- Risk factors for breast cancer are conditions that increase the risk of developing the disease.
 - Female
 - Age
Most breast cancers are found in women age 50 and older. A woman's risk of developing breast cancer increases over her lifetime. For example, the chance of a woman in her thirties developing breast cancer is 1 in 622, compared to 1 in 17 for a woman in her sixties and 1 in 9 for women age 85.
 - Family history
Most breast cancer is found in women with no known family history of breast cancer. However, a family history of breast cancer in a mother, sister, or daughter greatly increases a woman's chance of developing breast cancer.
 - Reproductive history
The following risk factors related to reproductive history increase a woman's risk of developing breast cancer: early start of menstruation (younger than age 12), first full-term pregnancy at

Trainer Notes

Lesson Plan 1

later age (after age 35), never going through childbirth, and late change of life (older than age 53 at menopause).*

- Personal history of breast cancer
Women with a personal history of breast cancer are more likely to develop another breast cancer than women who have never had it.

Show T-5

- Other factors to consider include race and income.

- Race
 - White women are more likely to get breast cancer than women of color (e.g., African-Americans, Hispanics, Native Americans, and Asians/Pacific Islanders).
 - Among women of color, rates of new breast cancer are highest among African-American women.
 - For many reasons, women of color are less likely than white women to get screened for cancer regularly. (See Handout #3, Barriers to Breast and Cervical Cancer Screening, on page 89.) Fewer than one in two Hispanic women age 50 and older have never had a mammogram, compared to about two in five African-American and white women.
 - Although white women are more likely to get breast cancer, African-American women are more likely to die of the disease because the cancer tends to be diagnosed at a later point in the disease process when the outcome of treatment is often not as good.
- Income
Poor women, no matter what their race, are more likely to die of breast cancer than are women with higher income because they lack access to regular health care, which includes screening for breast cancer.

Refer to HO-3,
p. 89

* Cady, B.; Steele, G.D., Jr.; Morrow, M.; et al. Evaluation of common breast problems: guidance for primary care providers. CA Cancer J. Clin. 48(1): 49-63; 1998.

Trainer Notes

Show T-6(1-2)

Lesson Plan 1

■ Symptoms of breast cancer

Note to Trainer: Before sharing the symptoms of breast cancer, ask the community health workers to indicate by a show of hands how many do breast self-exam each month, how many have had a clinical breast exam by a doctor or nurse in the last year, and how many have ever had a mammogram. Summarize by saying that the following information will help us to know how often these screening methods should be used.

Symptoms may not appear in the early stages of cancer. As breast cancer grows, it can cause changes that can be seen on an x-ray or felt. Sometimes these changes can cause pain, but sometimes they do not. Some signs to watch for include

- A lump or thickening in or near the breast or in the underarm;
- A change in the size or shape of the breast;
- Fluid coming from the nipple; and
- A change in the color or feel of the breast or nipple, such as dimpling, puckering, or scaliness.

Show T-7

■ NBCCEDP screening recommendations

- Women age 50 and older should have a mammogram every year and a clinical breast exam every year.
- Women ages 40 to 49 should seek the advice of their doctors about what age to begin screening mammography and have a clinical breast exam every year.
- For women under age 40, mammography is not recommended and clinical breast exams are to be scheduled every 3 years until age 40.

Show T-8

■ Screening methods for breast cancer

Three screening methods are used for the early detection of breast cancer—mammography, clinical breast exam, and breast self-exam. The chances of finding cancer early, when it is most curable, can be increased if all these screening methods are used regularly, especially for women age 50 and older.

Trainer Notes**Lesson Plan 1****Show T-9**

- Mammography
 - Mammography is the process of taking an x-ray of the breast; a mammogram is the x-ray itself. Usually, two pictures of each breast are taken, one from the side and one from above.
 - Mammography can find breast cancer when it is in its earliest, most treatable stages—up to 2 years before a lump can be felt.
 - Mammograms are recommended for older women. As women age, fat gradually replaces glandular tissue, resulting in a clearer image on the x-ray.

Show T-10

- Clinical breast exam
 - A trained nurse or doctor usually does a clinical breast exam. It can be done as part of a general physical exam or gynecological exam or as a separate breast exam.
 - During the exam, the nurse or doctor examines the breast tissue with the pads of the fingertips, feeling for lumps or masses.
 - Clinical breast exam (CBE) is an important component of breast cancer screening because some cancers (about 10 percent) cannot be seen on a mammogram.

Show T-11

- Breast self-exam
 - Breast self-exam (BSE) should include standing, looking, and feeling for the symptoms described above. A nurse or doctor can teach patients, and provide written information about, how to do this self-exam.
 - Breast self-exam should be done in addition to, rather than instead of, screening with clinical breast exam and mammography.
 - Breast self-exam should be done monthly starting at age 20 and then monthly for the rest of one's life.

Trainer Notes**Lesson Plan 1****Show T-12****Show T-13****20 mins.**

- Summary points

— Mammography can show a small lump up to 2 years before it can be felt. Although important, mammography alone is not enough.

— A good breast health plan has three parts: mammography, clinical breast exam, and breast self-exam.

Step 6. Conduct the following activity.**Icebreaker and Cooperative Learning Activity:****Facts About Breast Cancer**

(estimated time: 20 minutes)

Introduce the activity.

The purpose of this activity is to ensure that participants know basic facts about breast cancer.

Conduct the activity.

1. State the purpose of the activity.
2. Place all index cards in a bowl.
3. Divide the group into fours by having them count off 1, 2, 3, 4. This activity will work as described for up to six groups, with each group having a different heading of breast cancer facts.
4. Ask each group to have the person with the longest hair be the recorder. The recorder's role is to take notes or write ideas from the group on chart paper. Have the remaining group members volunteer to serve as the group leader, reporter, and timekeeper. The group leader's role is to keep the group focused on the task. The reporter's role is to tell the results of the small group discussion or activity to the larger group. The timekeeper's role is to advise the group once in a while of the time left for the activity.
5. Have group leaders draw an index card from the bowl.

6. Pass a roll of toilet paper around to each group reporter. Ask the reporter to tear off the amount of toilet paper he or she thinks the group will need to play the game. (Note: Do not tell the reporters what the toilet paper is for.)
7. Ask each group reporter to divide the toilet paper into separate sheets and count the number of sheets. Have the recorder write this number at the top of the chart paper. The number of sheets is the number of breast cancer facts the group will need to list on the chart paper.
8. Tell the recorders that they will list the breast cancer facts from the breast cancer facts discussion that the group comes up with on the chart paper. Remind them to number the facts as they are listed.
9. Ask the group leaders to share the index card heading with their group. Have each group brainstorm a list of facts related to the index card heading. If a group has more sheets than facts, ask them to recall or begin to list any facts from any of the other breast cancer fact headings until they have a fact for the number of sheets of toilet paper at the top of the chart paper.
10. The game ends when one group has one fact for each sheet of toilet paper and the group recorder calls out “Facts Complete.”

Process the activity.

1. Ask the reporter from the group that finishes first to state the heading of breast cancer facts picked from the bowl and the breast cancer facts listed by the group. In turn, have each group report.
2. Invite the recorders from each group to add facts listed on the chart paper that have not been shared (if they had some for the other breast cancer facts headings).
3. Correct any wrong information. Refer back to the content on “Facts About Breast Cancer” (pages 34 to 39) if needed.

Facts About Cervical Cancer**Step 7: Deliver the following content.**

5 mins.

A Cervical Cancer Story: “My Life Story With Cancer”

- Introduce this part of the session by reading Handout #4, A Cervical Cancer Story: “My Life Story With Cancer,” on page 91, or you may substitute the story of someone you or a community health worker knows. (If you substitute the story of someone you or a community health worker knows, be sure to respect the woman’s privacy: do not use real names.)

5 mins.

- Ask the community health workers to respond to the following questions by a show of hands.
 - Does anyone know someone who is fighting cervical cancer or has died from it?
 - How many of you know someone who believes—if they are not having babies, periods, or sex—that they no longer need to have checkups for cervical cancer (Pap tests)?
- Summarize with the following statement.

The facts you will learn about cervical cancer will help you respond effectively to women who have this opinion.

Refer to HO-4,
p. 91

- Tell participants that the cervical cancer story is included in their handouts as Handout #4.

10 mins.

Basic Information About Cervical Cancer

- It was estimated that 14,500 women in the United States would be diagnosed with invasive cervical cancer and 4,800 would die of this disease in 1997.

Refer to HO-2,
p. 88

Note to Trainer: Replace the national data above with the most recent State and county data on the estimated number of new cervical cancer cases and deaths. This information, as well as the county’s cervical cancer mortality ranking, is available from the cancer registry in the State health department or the American Cancer Society. See Handout #2, Sources for Cancer Information, on page 88.

Trainer Notes**Lesson Plan 1****Show T-14(1-2)**

- Symptoms of abnormal cell growth (dysplasia) appear long before cancer occurs. When abnormal cell growth begins in the cervix, one of many conditions may result, including cancer.
- Risk factors for cervical cancer include the following:
 - First intercourse at an early age;
 - More than one sex partner or a partner who has more than one partner;
 - History of sexually transmitted diseases (STDs), especially genital warts;
 - Smoking cigarettes;
 - Racial/ethnic minority;
 - Increasing age;
 - Lack of education;
 - Lack of access to care; and
 - Failure to get a Pap test routinely to screen for cervical cancer.
- The earlier cervical cancer is detected, the better the chances for successful treatment.
 - Ask the community health workers to respond to the following question by a show of hands.
 - How many of you have had a Pap test in the past year?
 - How often should women have Pap tests?
 - Nearly all cervical cancer deaths can be prevented if precancerous cells are found and treated early. Treatment is more likely to be successful if the cancer is found early.
- The Pap test is a screening tool used by health care providers to identify precancerous cervical cells.

Show T-15

Trainer Notes**Lesson Plan 1****Show T-16**

- The Pap test can show the presence of inflammation (tissue that is irritated), abnormal cells, or cancer of the cervix.
- The Pap test involves a trained doctor or nurse obtaining a sample of cells from the cervix using a special tool. A trained technician then examines the cells under a microscope.
- The Pap test has reduced cervical cancer deaths by 70 percent over the last 40 years.
- Cervical cancer has nearly a 95-percent cure rate if found early.
- Yearly Pap tests can help prevent deaths due to cervical cancer. Women should continue having yearly Pap tests throughout their lifetime as cancer can occur at any age.

Show T-17**Summary Points**

Extra effort is needed to reach older women who often do not get screened every year.

- Nearly 1 in 4 new cases of cervical cancer occurs in women older than age 65.
- Nearly 5 in 10 women who die from cervical cancer are over age 65.
- A large proportion of women, particularly older African-American women and middle-aged poor women, have not had regular Pap tests.

20 mins.**Step 8: Conduct the following activity.**

Storytelling Activity:
Making Breast and Cervical Cancer Real
(estimated time: 20 minutes)

Introduce the activity.

The purpose of this activity is to let participants apply facts they have learned by including them in a story about someone they know who has or had breast or cervical cancer.

Refer to HO-5,
p. 93

Conduct the activity.

1. Have participants review Handout #5, Facts About Breast and Cervical Cancer, on page 93.
2. Divide the group in pairs.
3. Ask participants to think for a minute about someone they know (e.g., family member, friend, celebrity) who had or has breast or cervical cancer.
4. Tell them that they will have 5 minutes each to tell their story to their partner and that they should try to include as many facts as possible from Handout #5 in their story.
5. Demonstrate the storytelling activity by reading the following example.

I used to work with a woman who was 55 years old. She had two grandchildren who were 8 and 10 years old. When she was 54, she went to the doctor for a Pap test. She had not had a Pap test since she stopped having children. The doctor found cancer in her cervix. She had to have her uterus (womb) removed to save her life. Maybe if she had had yearly Pap tests, the cancer could have been found earlier and she wouldn't have needed to have her uterus removed.

6. Have pairs begin their storytelling.
7. After 5 minutes, have pairs switch roles.
8. At the end of 5 minutes, ask participants to wrap up their stories.

Process the activity.

1. Ask for a few volunteers to share what they learned from this activity.
2. Summarize what participants shared. Stress the importance of educating women and recruiting them for screening.

Trainer Notes

Refer to HO-2,
p. 88, and HO-5,
p. 93

Lesson Plan 1

3. Refer participants to Handout #2, Sources for Cancer Information, on page 88, and Handout #5, Facts About Breast and Cervical Cancer, on page 93.

Lesson Plan 2: Barriers to Breast and Cervical Cancer Screening (estimated time: 2 hours)

Getting Ready for the Training

Things to do

- Read Lesson Plan 2: Barriers to Breast and Cervical Cancer Screening, which includes the trainer resources on pages 72 to 85, the handout on pages 89 to 90, and transparencies T-18 to T-20.
- Make copies of all handouts and transparencies used in this lesson plan. The handouts and transparencies will be used as the participant's manual. Be sure you have one copy for each participant.
- Review the methods for using brainstorming on page 14 and icebreakers on page 16.
- Arrange the room to enable sharing in groups of four.
- The four types of barriers to breast and cervical cancer screening are economic, structural, informational, and individual/cultural. Prepare 10 sheets of paper with a different color for each barrier category. For example, write "economic" on 10 sheets of one color of paper. Write "structural" on 10 sheets of another color of paper, "informational" on 10 sheets of another color of paper, and "individual/cultural" on 10 sheets of yet another color of paper. Put all the sheets of colored paper in some type of container (e.g., hat, box, bowl) from which they can be randomly drawn.
- In your mind, walk through the activities until you feel comfortable leading them.

Materials Needed

- Chart paper and easel for each group of four
- Colored markers
- Masking tape
- Sheets of colored paper
- Container to hold sheets of colored paper

- Trainer Resources
 - TR-1, p. 72: Logistics Planning Worksheet
 - TR-2, p. 78: Barriers to Breast and Cervical Cancer Screening
 - TR-3, p. 82: Sample Barrier Letter
- Handout
 - HO-3, p. 89: Barriers to Breast and Cervical Cancer Screening
- Transparencies
 - T-18: Barriers to Breast and Cervical Cancer Screening
 - T-19: Categories of Barriers to Breast and Cervical Cancer Screening
 - T-20: Summary Points

Lesson Plan Overview

This lesson plan covers the following topics:

- | | |
|--|------------|
| • Introduction | 5 minutes |
| • Barriers to breast and cervical cancer screening | 50 minutes |
| • Cancer Barriers Pictionary | 50 minutes |
| • Summary | 15 minutes |

Trainer Notes**5 min.****50 mins.
Read TR-2, p. 78****Read TR-3, p. 82****Show T-19
Read TR-2, p. 78****Lesson Plan 2****Introduction****Step 1: Describe the purpose.**

During the next 2 hours, we will talk about barriers to getting screened for breast and cervical cancer.

Step 2: Present the objectives.

At the end of our time together, you will be able to

- Name four categories of barriers to breast and cervical cancer screening; and
- List two specific barriers in each category.

Barriers to Breast and Cervical Cancer Screening**Step 3: Conduct the following activity.****Brainstorming Activity:
Barriers to Breast and Cervical Cancer Screening**

(estimated time: 50 minutes)

Introduce the activity.

The purpose of this activity is to help the group identify and talk about barriers to breast and cervical cancer screening.

Conduct the activity.

Read Trainer Resource #3, Sample Barrier Letter, on page 82, aloud to the group. This letter shows several barriers faced by women. The following activity will help community health workers begin to recognize other barriers to breast and cervical cancer screening.

1. Introduce participants to the four general categories of barriers to early detection of breast and cervical cancer. Offer two examples of barriers in each category, using information on Trainer Resource #2, Barriers to Breast and Cervical Cancer Screening, on page 78.
2. Ask each participant to pick four sheets of different colored paper from the container.

3. Ask participants to brainstorm and write one barrier for the category on the sheet of colored paper. Have them choose a barrier experienced by themselves, a family member, a friend, or an older person they know.
4. After 10 minutes, have each person tape his or her sheets of colored paper on the wall for all to see.
5. Organize the colored paper by category, taking out duplicates.
6. Invite participants individually to read the barriers listed.
7. After 5 minutes, ask participants if they would like to add any barriers.
8. If someone answers “yes,” offer additional sheets of colored paper so participants can complete the “list.”

Process the activity.

1. Ask participants if they know someone for whom one barrier was removed.
2. Ask participants to share how the barrier was removed.
3. Use the information generated by the group and the information included on Trainer Resource #2, Barriers to Breast and Cervical Cancer Screening, on page 78, and Handout #3, Barriers to Breast and Cervical Cancer Screening, on page 89, to summarize the activity.
4. Stress that, through increased knowledge of these barriers, community health workers can help women find ways to address the barriers.
5. This will help increase the number of older women who get screened for breast and cervical cancer. Women gain power in their ability to identify barriers and then begin to remove them.

Refer to HO-3,
p. 89

50 mins.

Cancer Barriers Pictionary
Step 4: Conduct the following activity.**Icebreaker (Game): Cancer Barriers Pictionary**

(estimated time: 50 minutes)

Introduce the activity.

The purpose of this activity is to review and reinforce information about barriers to screening for breast and cervical cancer in a way that concretely relates the barriers to real images encountered by community health workers in their day-to-day activities.

Conduct the activity.

1. Remove the sheets of colored paper from the wall, and organize them by category, if not done in the previous activity.
2. Divide participants into groups of four. Ask the group members to count off from one to four and remember their number. Each group will need chart paper, an easel, and masking tape.
3. Call out a number between one and four. This person is the “artist” for this round of play. The persons from each group with that number will come to the front of the room. Pick one sheet of paper and show only the “artists” which barrier you want them to draw.
4. Announce to the groups the *category* of barrier, but not the barrier. Before the signal to start is given, instruct “artists” that they cannot speak while drawing or use any letters or symbols to draw the barrier being guessed.
5. At the same time, each “artist” will return to his or her group and begin to draw a picture of the barrier identified on the sheet of colored paper.
6. The first group guessing the barrier correctly gets a point. The first team to reach five points wins.

15 mins.
Show T-20(1-2)

Process the activity.

1. Ask participants to discuss what their drawings mean to them and why the drawings represent the particular type of barrier (e.g., completely different drawings may represent the same structural barrier).
2. Ask one or two participants to share how this information will enable them to help women identify their own individual barriers to screening.

Summary**Step 5: Present the summary points.**

- This activity helps community health workers understand that barriers to breast and cervical cancer screening fall into four categories.
- Although the lack of education about the need for screening is a barrier, removing this barrier often does not lead to screening.
- Many factors outside the individual's control need to change to increase access to screening (e.g., removal of barriers).
- Understanding a woman's beliefs and values—her culture—is an important factor in helping her to remove barriers to screening.
- Community health workers cannot remove barriers for women. They can provide support and information to assist women in identifying the barriers so they can remove them themselves.
- Specific messages can help women identify their risks for breast and cervical cancer and begin to address barriers to screening.
 - The next lesson plan addresses the use of messages to recruit older women into screening at each of the five stages of behavior change.
 - Community health workers who know the barriers to breast and cervical cancer screening can deliver specific messages to address a woman's specific stage of behavior change.
 - Because barriers to screening differ across populations and within groups, different messages must focus on the individual woman and her stage of behavior change.

Show T-21

Lesson Plan 3: Encouraging Women To Get Screened for Breast and Cervical Cancer (estimated time: 2 hours)**Getting Ready for the Training****Things to do**

- Read Lesson Plan 3: “Encouraging Women To Get Screened for Breast and Cervical Cancer,” which includes the trainer resources on pages 72 to 77 and pages 83 to 85, the handout on pages 94 to 101, and transparencies T-21 to T-28.
- Make copies of the handout and transparencies used in this lesson plan. The handouts and transparencies will be used as the participant’s manual. Be sure to have one copy for each participant.
- Review the method for conducting a role-play on page 14 and Trainer Resource #4, Role-Play Guidelines, on page 83.
- Arrange the room to enable sharing among pairs and groups.
- In your mind, walk through the activities until you feel comfortable leading them.

Read TR-4, p. 83

Materials Needed

- Overhead projector and screen
- Trainer Resources
 - TR-1, p. 72: Logistics Planning Worksheet
 - TR-4, p. 83: Role-Play Guidelines
- Handout
 - HO-6, p. 94: Stages of Change Model
- Transparencies
 - T-21: Encouraging Women To Get Screened for Breast and Cervical Cancer
 - T-22: Five Stages of Behavior Change
 - T-23: Stage 1: Precontemplation (not thinking about it)
 - T-24: Stage 2: Contemplation (thinking about it)
 - T-25: Stage 3: Preparation (getting ready for action)
 - T-26: Stage 4: Action
 - T-27: Stage 5: Maintenance
 - T-28: Summary Points

Lesson Plan Overview

This lesson plan covers the following topics:

- | | |
|--------------------------|------------|
| • Introduction | 5 minutes |
| • Stages of Change model | 40 minutes |
| • Role-play | 60 minutes |
| • Summary | 15 minutes |

Trainer Notes**5 mins.****Lesson Plan 3****Introduction****Step 1: Describe the purpose.**

During the next 2 hours, you will learn specific messages that will help you assist women in making changes in their health behavior related to breast and cervical cancer screening.

Step 2: Present the objectives.

At the end of our time together, you will be able to

- List the five stages of behavior change; and
- Identify one question to ask to assess where a woman is in her readiness to obtain breast and cervical cancer screening for each of the five stages of behavior change:
 - Precontemplation (not thinking about it);
 - Contemplation (thinking about it);
 - Preparation (getting ready for action);
 - Action; and
 - Maintenance.

40 mins.
Refer to HO-6,
p. 94

Stages of Change Model**Step 3: Present the Stages of Change model.**

The Stages of Change model can be applied to health behavior change across a variety of issues. In this lesson plan, the model is used to describe a woman's readiness to change behavior related to breast and cervical cancer screening. When people make changes in their health behavior, they move through different stages of the model, from not thinking about changing a behavior to using the new behavior all the time. Not all people go through all stages nor do they go through the stages in the same order. Understanding this model can help you focus your outreach messages during group education and one-to-one interventions. Refer participants to Handout #6, Stages of Change Model—Stage 1: Precontemplation (Not Thinking About It), on page 94; Stage 2: Contemplation (Thinking About It), on page 96; Stage 3: Preparation (Getting Ready for Action), on page 98; Stage 4: Action, on page 99; and Stage 5: Maintenance, on page 100.

Step 4: Deliver the following content.

Show T-22

Stages of Change model

Present each of the stages below, and describe the woman in the stage, the role of the community health worker, examples of questions for the community health worker to ask, and specific points to address.

Show T-23

■ Stage 1: Precontemplation (not thinking about it)

A woman in the precontemplation stage of behavior change is unaware of the behavior, is unaware of risks associated with the behavior, and has not thought about change. For example, a woman who has never had a mammogram or Pap test and is not thinking about having one in the next 12 months is in this stage of change.

- Role of community health workers

Community health workers should provide basic information about the health benefits of having the screenings, the risks of cancer, and the ability of screenings to find cancer when it is most easily treated.

- Examples of questions for community health workers to ask

Ask the following questions to learn if a woman is in this stage of behavior change.

- What do you know about breast cancer, cervical cancer, mammograms, or Pap tests?
- Do you know that a mammogram can find a lump very early—earlier than your doctor could feel it?
- Do you know that a Pap test can find problems before they turn into cancer?

- If a woman has never heard of a Pap test or mammogram, tell her about one or more of the following points.
- Points to address

The following list includes points to address when talking to a woman in the precontemplation stage of behavior change. Be

careful not to give a woman too many facts or to push her into something she is not ready to do. The community health worker will decide which points are best to address with each woman.

- Breast cancer is the most common cancer among women.
- As women get older, their chances of getting breast cancer increase.
- The earlier breast cancer is found, the more treatment options a woman has and the better her chance for a cure.
- All women are at risk of getting breast or cervical cancer, even if there is no family history.
- A mammogram is an x-ray of the breast. It can find breast cancer in its earliest stages, when it may be as small as a pencil point.
- Community health workers can ask if the woman has heard the story about (name of a well-known person) and how a mammogram found her cancer early.
- Nearly half of all women who die from cervical cancer are older than age 65. Older women at greatest risk are those who have not had regular Pap tests.
- Changes in the cervix (abnormal cells) can be treated before cancer develops.
- A Pap test is very quick and simple.
- Women should continue to have Pap tests throughout their life, even if they are done having children, no longer having periods, or not having intercourse.
- NBCCEDP screening recommendations

Women age 50 and older should have a mammogram every 1 to 2 years and a clinical breast exam every year.

Women ages 40 to 49 should seek the advice of their doctors about what age to begin screening mammography and have a clinical breast exam every year.

Show T-7

For women under age 40, mammography is not recommended and clinical breast exams are to be scheduled every 3 years until age 40.

Show T-24

■ Stage 2: Contemplation (thinking about it)

A woman in the contemplation stage of behavior change is thinking about making the change in the near future. She may be aware that she is at risk for breast or cervical cancer, but she is not sure about having the tests. For example, a woman who has never had a mammogram or Pap test but plans to have one in the next 12 months is in this stage of change.

• Role of community health workers

Community health workers should emphasize the benefits associated with mammography or Pap tests. They should encourage a woman to have a mammogram or Pap test in the coming year.

• Examples of questions for community health workers to ask

- Have you talked to your doctor or nurse about having a mammogram or Pap test?
- How do you think you would benefit from having a mammogram or Pap test?
- What are your fears about having a mammogram or Pap test?

• Points to address

The following list includes points to address when talking to a woman in the contemplation stage of behavior change. The community health worker will decide which points are best to address with each woman.

- The earlier breast cancer is found, the more treatment options a woman has and the better her chance for a cure.
- A mammogram is an x-ray of the breast. It can find breast cancer in its earliest stages, when it may be as small as a pencil point.

- Women age 50 and older should have a mammogram every year. All women should have yearly clinical breast exams, and all women should do monthly breast self-exams.
- Community health workers can ask if the woman has heard the story about (name of a well-known person) and how a mammogram found her cancer early.
- A Pap test is very quick and simple.
- Changes in the cervix (abnormal cells) can be treated before cancer develops.
- Women should continue to have Pap tests throughout their life, even if they are done having children, no longer having periods, or not having intercourse.
- Screening guidelines

Women age 50 and older should have a mammogram every 1 to 2 years and a clinical breast exam every year.

Women ages 40 to 49 should seek the advice of their doctors about what age to begin screening mammography and have a clinical breast exam every year.

For women under age 40, mammography is not recommended and clinical breast exams are to be scheduled every 3 years until age 40.

Show T-25**■ Stage 3: Preparation (getting ready for action)**

A woman in the preparation stage of behavior change is planning to change or act. She is willing, ready, and motivated to be screened and is starting a specific action plan.

- Role of community health workers

Community health workers should provide the “how-to” information and identify and discuss ways to reduce specific barriers.

- Examples of questions for community health workers to ask
 - Can you get time off from work to get the screening tests?
 - Do you know anyone else who has had these screening tests recently? Would it help to talk to that person?
- Points to address
 - Being female, family history of breast cancer, and increasing age—especially being older than age 50—are the most important risk factors for breast cancer.
 - Getting a mammogram is a little uncomfortable but not painful; appointments take less than 1 hour; and technicians usually are female and very nice.
 - _____ can arrange for child, elder, or spousal care.
 - Here is the phone number to call to find out if you can get free breast and cervical cancer screening tests: _____.

Show T-26

■ Stage 4: Action

A woman who has made an appointment to have a mammogram or Pap test is in the action stage of behavior change.

- Role of community health workers

Community health workers should reinforce a woman's decision and provide her with necessary details to enable her to get screened.
- Examples of questions for community health workers to ask
 - I think it is great that you have decided to get a mammogram. Do you have any questions about it?
 - Would you like someone to go with you for support?

- Points to address
 - It is great that you have decided to have a Pap test; if found early, changes in the cervix (abnormal cells) can be treated before cancer develops.
 - _____ can arrange for child, elder, or spousal care.
 - Here is the phone number to call to find out if you can get free breast and cervical cancer screening tests: _____.
 - Deciding to have a Pap test or mammogram is a great example of how well you take care of yourself.

Show T-27

■ Stage 5: Maintenance

A woman in the maintenance stage of behavior change is continuing to take positive actions or repeating recommended steps as required. She is convinced of the benefits of early detection and believes that the benefits outweigh the costs. For example, a woman who has had two prior mammograms or Pap tests on the recommended schedule and plans to have another one in the next 12 months is in the maintenance stage of change. Relapse is also included in this stage of change. A woman who misses a screening appointment is in relapse. She feels discouraged and may not be willing to risk “failing” again.

- Role of community health workers
 - Community health workers should reinforce the behavior for setting up the next mammogram or Pap test. They should emphasize the benefits the woman can expect to gain because of the behavior change. Community health workers should provide any practical “how-to” information.
 - Community health workers should be caring, help the woman in relapse learn from her mistakes, offer support for screening tests taken in the past, and encourage her to make another appointment.
- Examples of questions for community health workers to ask
 - How can we make getting your mammogram or Pap test as easy for you as possible?

- What are your biggest concerns?
- [For women in relapse] That was terrific that you made the appointment. What made you change your mind about getting the mammogram (or Pap test)?

Note to Trainer: When a community health worker is giving a presentation or conducting a group in the community, it is helpful to have women in the session who are in the maintenance stage. The community health worker should encourage them to share their positive experiences as well as what motivates them to continue to be screened.

- Points to address
 - If you do not have a lump, a mammogram can reassure you that there is no lump present. If a lump develops, regular mammograms can find it when it is very small.
 - I am sure it means a lot to your family that you are taking such good care of yourself.
 - The earlier breast cancer or cervical cancer is found, the more treatment options a woman has and the better her chance for a cure.
 - Most experts agree that women age 50 and older should have a mammogram and Pap test every year. In addition, they recommend that women 50 and older have a yearly clinical breast exam from their provider and do monthly breast self-exam.

60 mins.

Role-Play**Step 5: Conduct the following activity.**

Read TR-4, p. 83

Role-Play Activity: Stages of Changes

(estimated time: 60 minutes)

Introduce the role-play. (5 mins.)

1. This role-play will show the points to address and questions to ask based on the stage of behavior change the community health worker thinks the woman is in.

Refer to HO-6,
p. 94

2. The role-play will provide an example of encouraging messages that participants will observe and evaluate.
3. One community health worker will play the role of a woman needing a mammogram. A second community health worker will play the role of a community health worker.

Conduct the role-play. (15 mins.)

1. Ask participants to review Handout #6, Stages of Change Model—Stage 1: Precontemplation (Not Thinking About It), on page 94; Stage 2: Contemplation (Thinking About It), on page 96; Stage 3: Preparation (Getting Ready for Action), on page 98; Stage 4: Action, on page 99; and Stage 5: Maintenance, on page 100. Have them use these handouts as checklists to assess their ability to decide the stage of behavior change the woman is in and to ask good questions during the role-play.
2. The role-play can be conducted using two different methods.
 - In the first way, the audience and the woman needing to get a mammogram are told which stage of behavior change the woman is in. The community health worker has to decide which stage this is from the woman's responses to her questions.
 - In the second way, two participants role-play a specific stage of behavior change and the audience has to decide which stage the woman is in by asking specific questions.
3. At the end of 5 minutes, stop the role-play.

Process the role-play. (10 mins.)

1. Ask a few participants to share what they saw in the role-play.
2. Describe what you would have liked participants to see (i.e., a correct assessment of the stage of behavior change the woman is in identifying and using the best messages for each stage).

Show T-28
10 mins.

Repeat the role-play.

Have participants change roles, and repeat the activity.

Summary**Step 6: Present the summary points.**

- Persuasive messages can be effective for changing behavior.
- Effective and persuasive messages can be taught, learned, and evaluated, and their use can help recruit older women into breast and cervical cancer screening.

Materials included in this lesson plan have been excerpted and adapted with permission from the following publications: (1) Prochaska, J.O.; DiClemente, C.C.; Norcross, J.C. In search of how people change: applications to addictive behaviors. *American Psychologist* 47(9): 1102-1114, 1992; (2) Education Development Center, Inc. Building partnerships for breast and cervical cancer risk management: a continuing medical education curriculum for physicians and other health care providers. Newton, MA: Education Development Center, Inc.; 1998; (3) Dubé, C.; Rosen, R.; Goldman, R.; Ehrich, B.; Toohey, H.; Rakowski, B.; Goldstein, N. Communication skills for breast and cervical cancer screening: a medical school curriculum. Providence, RI: Brown University; 1998; (4) North Carolina Breast Cancer Screening Program. Lay Health Advisor Training Manual. Chapel Hill: North Carolina Breast Cancer Screening Program; in press; (5) National Hispanic Leadership Initiative on Cancer. En Acción training manual. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute; NIH Publication No. 97-4260; 1997; and (6) Maine Breast and Cervical Health Program. Peer education training manual. Augusta, ME: Maine Breast and Cervical Health Program, no date; which was developed from materials shared by the Colorado Cancer Prevention and Control Program. Permission for additional reproduction, beyond normal classroom use, must be obtained from the program or authors.