

Lay Health Advisor Training Manual For Breast and Cervical Health

The North Carolina Breast Cancer Screening Program



University of North Carolina at Chapel Hill
CB# 7295 Chapel Hill, NC 27599

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Lineberger Comprehensive Cancer Center, University of North Carolina at Chapel Hill

Carribeth Bliem, MS
Denise Brewster, MEd
Eva Butler-Hill, BS
Alexis Moore, MPH

Health Behavior and Health Education, University of North Carolina at Chapel Hill

Erin Kobetz, MPH
Karen Toll, MPH
Rose Wilcher, MPH

North Carolina Office on Disability and Health, University of North Carolina at Chapel Hill

Pam Dickens

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For more information about this manual, contact NC-BCSP Principal Investigator Dr. Jo Anne Earp, or NC-BCSP Project Manager, Alexis Moore at (919) 966-7971.

INTRODUCTION

The North Carolina Breast Cancer Screening Program (NC-BCSP) is devoted to reducing the difference between black and white women's breast and cervical cancer screening rates and ultimately closing the breast and cervical cancer racial gap that still exists. Our project uses a lay health advisor network to increase cancer screening among older black women in rural communities of eastern North Carolina. To that end, the Program has trained nearly 200 volunteer black women over the last ten years to work in their communities as lay health advisors, breaking the silence that formerly existed around cancer and life-saving screening tests.

Purpose of this manual

This manual is intended for use with an LHA network that seeks education and skills to promote breast and cervical cancer screening. It is a 12-hour curriculum consisting of four sessions; however, it could be condensed into one eight-hour session with minor modifications.

About the sessions

Each session opens with an information page listing:

- agenda
- learning objectives
- handouts
- necessary teaching materials.

This is followed by the curriculum with extensive facilitator notes. Following the curriculum, there are copy-ready pages of handouts and homework assignments that pertain to the session.

Ample time is allotted in each session for welcoming activities, a preview of the session's goals, a review of material presented in previous sessions, and an icebreaker activity. Finally, every session ends with a Closing and Evaluation, where participants are encouraged to share their opinions regarding all aspects of the training to date.

- **Session 1** introduces the importance of screening for breast and cervical cancers by considering incidence, mortality and risk factors for each disease. It also covers NC-BCSP's history and the qualities and activities that characterize an effective lay health advisor.
- **Session 2** reviews breast and reproductive anatomy in order to prepare LHA trainees for a discussion of early detection techniques for breast and cervical cancers. It also introduces the concept of barriers to screening, or what keeps women from getting mammograms and Pap smears.
- **Session 3** focuses on advising skills. This portion of the training teaches participants how to apply concepts from the Stages of Change theory to one-on-one advising about breast and cervical screening. It includes practice activities to develop advising skills.

- **Session 4** discusses local resources – financial, transportation, informational and support services. By including a panel of breast cancer survivors, it also enables participants to be more aware of the experiences of cancer survivors.
- **Graduation ceremony** Every training culminates in a Graduation Ceremony to which friends and family are invited. Usually, the Graduation takes place in a local church and includes a reception with refreshments. Key influential people, such as health department liaisons and health center directors, are in attendance as is the full complement of trainers. Project staff award each woman their certificate of accomplishment and LHA pins.

A typical agenda for the graduation might be:

- Opening prayer
- “The value of lay health advisors,” a few words from an LHA or program leader
- “LHAs touch lives,” anecdotes from experienced LHAs
- Presentation of graduation certificates and any other commemorative
- Affirmation of LHAs’ commitment to helping,
- Closing prayer

The Graduation Ceremony provides an opportunity to mark the accomplishments of the LHAs and to inspire them in their new role. Often, the ceremonies receive local press coverage, reinforcing the message that breast cancer is an important topic for black women that should be discussed publicly.

Adapting the curriculum for different groups of lay health advisors

We offer this curriculum as a guide. We do not suggest that all its contents are appropriate for all audiences. Our training program is tailored for black women in rural eastern North Carolina. Using focus group data with 27 women conducted in Fall 2000 which highlighted the importance of religion in the lives of many rural black women in our region, we elected to open and close each session with a prayer. Likewise, the spiritually-oriented messages in the sections on Stages of Change reflect the religious culture of the region. Such portions of the curriculum may not be appropriate for other audiences.

In addition, Session Four, focusing on community resources, includes information that is specific to North Carolina counties. Information about the Breast and Cervical Cancer Control Program’s ability to pay for low cost mammograms, social services, Medicare and Medicaid varies widely from county to county and state to state. This information should serve as a guide for the type and depth of information you may want to consider offering LHAs being trained by your program.

Facilitator background

Session Three on advising skills draws heavily from the Stages of Change model of health behavior. Leaders of Session Three need to be familiar with the model and its key concepts: the stages of change, processes of change, and their relation to decisional balance. For those who are not familiar with the model or who wish to refresh their memory, useful readings include:

- Glanz, K., and Rimer, B. K. (1995). Theory at a glance: A guide for health promotion practice. National Institute of Health. [Note: A copy of this booklet can be obtained by calling 1-800-4-CANCER and requesting Publication No. 95-3896.]*
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Resources on LHA program design, recruitment and management

This curriculum does not include information on how to start or maintain a lay health advisor program. For those who would like information about how to initiate, manage or evaluate an LHA network, the following resources may be useful:

- Bird, J. A., McPhee, S. J., Ha, N. T., Le, B., Davis, T., and Jenkins, C. N. (1998). "Opening pathways to cancer screening for Vietnamese-American women: lay health workers hold a key." *Preventive Medicine*. 27:821-829.
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- Eng, E. and Young, R. (1992). "Lay health advisors as community change agents." *Journal of Family and Community Health*. 15: 24-40.
- Erwin, D. O., Spatz, T. S., Stotts, R. C., Hollenberg, J. A., and Deloney, L. A. (1996). "Increasing mammography and breast self-examination in African American women using the Witness Project model." *Journal of Cancer Education*. 11:210-215.

- Jackson, E. J. and Parks, C. P. (1997). "Recruitment and training issues from selected lay health advisor programs among African Americans: A 20-year perspective." *Health Education and Behavior*. 24(4): 418-431.
- Navarro, A. M., Senn, K. L., Kaplan, R. M., McNicholas, L., Campo, M. C., and Roppe, B. (1995). "Por La Vida intervention model for cancer prevention in Latinas." *Journal of the National Cancer Institute*. 18:137-145.
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- Viadro, C. I., Earp, J. A., and Altpeter, M. (1997). "Designing a process evaluation for a comprehensive breast cancer screening intervention: Challenges and opportunities." *Evaluation and Program Planning*. 20:237-249.

An Overview of the North Carolina Breast Cancer Screening Program

The North Carolina Breast Cancer Screening Program's (NC-BCSP) increases mammography and Pap testing rates with the goal of improving quality and length of life for rural African American women. Ultimately, we hope to contribute to greater equality in health between black and white women. NC-BCSP was originally launched in 1992 with research funding from the National Cancer Institute in order to evaluate the effectiveness of an intervention using lay health advisors for increasing mammography use by older, rural African American women.

The key to surviving cancer is early diagnosis and treatment. For both breast and cervical cancer, black women have higher mortality rates than white women, due, in large part, to their later stage of diagnosis. Routine use of screening mammography can detect breast cancer early and significantly reduce deaths from this disease for women 50 years and older. Pap tests administered every 1-2 years and follow up of abnormal results can virtually eliminate deaths from cervical cancer. Despite the availability of mammography and Pap testing for early detection of breast and cervical cancer, black women, particularly those who are older and living in rural communities, have relatively low breast and cervical cancer screening rates.

Research strategies

NC-BCSP's community-based intervention used three complementary and mutually-reinforcing strategies. The centerpiece is **Outreach**, led by a network of approximately 120 lay health advisors that spans five eastern NC counties. LHAs are trained to promote routine Pap testing and/or mammography among their friends, family, co-workers and other women they know or meet. NC-BCSP was careful to recruit women to the LHA network who are locally respected, trusted, and viewed as compassionate and responsive to the needs of others. With training, these women serve as a bridge between people in need and the community health care system and other local agencies.

NC-BCSP's **Outreach** activities are conducted by groups of health advisors in communities across our project's five-county region. The LHAs talk one-on-one with community women, help women get a mammogram, attend community events (such as health fairs, parades, post-office campaigns), and give group presentations at worksites, schools and colleges, senior centers, churches and service organizations.

To help maintain a high level of activity by the LHAs, NC-BCSP employs paid Community Outreach Specialists (COSs) assigned to each county to guide and motivate the LHAs and coordinate their activities. Each COS holds monthly or bimonthly meetings with LHA groups that are organized by geographic area. At these meetings LHAs share ideas for increasing their outreach, plan community education campaigns, and receive on-going training. Annual events, such as the Spring Gala celebrating survivors and the St. Valentine's Day social, serve to bring together the LHAs from across the five counties to reflect on the important contributions they make to their communities.

The LHAs' Outreach activities are supplemented by NC-BCSP's **Inreach** and **Access** efforts to assure that the supply of high-quality, affordable mammography and Pap testing satisfy increased demand, stimulated, in part, by LHAs. **Inreach** develops and disseminates training

programs for radiologic technologists, primary care physicians, family nurse practitioners and physician assistants. **Access** efforts address barriers to mammography, particularly cost, transportation, inconsistent patterns of referral for routine mammography, and follow up for abnormal mammograms or Pap tests.

NC-BCSP evaluation methods and results

An 8-year controlled trial was completed in the year 2000 to evaluate the effectiveness of NC-BCSP's community-based approach to increasing the rate of breast cancer screening by rural African American women. The primary outcome evaluation consists of a community trial with a quasi-experimental, pre-post-test design to compare changes in women's self-reported mammography use, attitudes and intentions between the five-county intervention and a similar five-county comparison area.

A cohort of 1000 black women (500 intervention, 500 comparison) were recruited in 1992 to participate in a series of in-home interviews, lasting on average 45 minutes, to collect data on mammography and related factors. To ensure that low-income women without telephones were included, we canvassed census blocks to identify households with at least one eligible woman. Baseline interviews were conducted in 1993, prior to launching the intervention. Follow-up interviews were conducted in 1996-97 and in 1999-2000.

Study findings show that the lay health advisor intervention was associated with an increase in self-report of mammography across the three time-points. The greatest effects were among women with lower incomes, with lower educational attainment, with no insurance, and those who had previously never had a mammogram. In fact, it appears that the project was most successful among women who are often described as the hardest-to-reach.

Implications

Buoyed by their success in breaking the silence surrounding breast cancer, many NC-BCSP lay health advisors sought to expand their advising to new health topics. NC-BCSP responded by developing this curriculum on cervical as well breast health. Black women have higher mortality rates than white women for both cancers, and later stage diagnosis and treatment are believed to be largely to blame. Although far fewer women die from cervical cancer than from breast cancer, the mortality rate for cervical cancer is cause for concern because abnormalities of the cervix are highly treatable. A Pap test every one to three years can virtually eliminate deaths from cervical cancer. No woman should die from cervical cancer.

The development and delivery of NC-BCSP's new training program was directly inspired by NC-BCSP lay health advisors and their on-going commitment to achieving better health and quality of life for rural, African American women.

Selected NC-BCSP publications

- Altpeter, M., Earp, J.A., Bishop, C.M., and Eng, E. (1999). "Lay health advisor activity levels: definitions from the field." *Health Education and Behavior*, 24(4): 495-512.
- Altpeter, M., Earp, J.A., and Schopler, J.H. (1998). "Promoting breast cancer screening in rural, African American communities: The science and art of community health promotion." *Health and Social Work*, 23(2): 104-115.
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- Flax, V. and Earp, J.A. (1999). "Counseled women's perspectives on their interactions with lay health advisors: A feasibility study." *Health Education Research: Theory & Practice*, 14(1): 15-24.
- Richards, C.L., Viadro, C.I., and Earp, J.A. (1998) "Bringing down the barriers to mammography: A review of current research and interventions." *Breast Disease*, 10(3,4): 33-44.
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Materials List

All Sessions

- Name tags
- Pens
- Markers
- Stickers
- Sign-in sheet
- Refreshments
- Napkins, cups, etc.
- Flipchart
- Masking tape
- Parking lot
- Ground rules
- Chime
- Toys (to be placed on table)
- Sticky wall
- One flipchart page labeled “Similar”
- One flipchart page labeled “Different”

Materials List

Session 1

- Breast health statistics handout
- Cervical cancer statistics handout
- Risk factors handout
- Session 1 summary (cancer basics) handout
- Homework assignment (interview woman about Pap & Mammogram use)
- Extra copies of pre-workshop survey and consent form
- Overview of all four sessions
- Training goals
- Session 1 learning objectives
- Session 1 agenda
- Cards cut into halves
- “Breaking the Silence” video
- TV/VCR
- Parts of the LHA bridge
- Sentence strips with characteristics of who LHAs are and what they do
- Labels for each end of the bridge: health care and community
- Paper doll cutouts
- Blank ½ sheets of paper
- Colored ½ sheets with the following labels: breast cancer risk factors, cervical cancer risk factors
- Colored gems (enough to break group into 2 or 4 groups)
- Brochure on HPV

Materials List

Session 2

- Apples & Oranges handout
- Breast anatomy handout
- Female reproductive anatomy handout
- Mammography machine handout
- Session 2 summary (detection basics) handout
- Supportive Communication handout
- Lay Health Advising: A Review handout
- Pluses and wishes from Session 1
- Session 1 learning objectives
- Session 2 agenda
- Session 2 learning objectives
- Large diagram of female breast and reproductive anatomy (internal and external organs)
- Labeled diagrams for participants (including internal and external organs)
- Breast models
- Beaded necklaces, including those for LHAs
- Mammography films
- Speculum, Cytobrush , Spatula, Glass slide
- Pap smear video
- TV/VCR
- Sentence strips prepared with statements about breast and cervical cancers.
- ½ sheets labeled with the following categories: "Breast cancer and mammography," "Cervical cancer and Pap screening," and "Both"
- Colored sticks for dividing participants into two groups

— Character scenarios

Materials List

Session 3

- Picture of Susie, Yasmin & Greta
- STEPS picture
- Lay Health Advising: A Review handout
- Staging handout
- Homework assignment (provider information)
- Pluses and wishes from Session 2
- Session 2 learning objectives
- Session 3 agenda
- Session 3 learning objectives
- 'NO WAY' Stop Signs, 'MAYBE' Yield Signs, 'YES' Green Light Signs
- Pictures of Susie STOP, Yasmin YIELD and Greta GO to hand out to participants
- Big Susie STOP, Yasmin YIELD, and Greta GO pictures to put on sticky wall
- Sentence strips with descriptions of Susie STOP, Yasmin YIELD, and Greta GO
- Strips to make steps on the wall
- Large pictures of Susie Stop, Yasmin Yield, and Greta
- Scale (two-sided balance)
- Pros and cons "blocks"
- Role plays
- Incentive: Flashlights engraved with “LHAs Light the Way”

Materials List

Session 4

- Post-workshop survey
- Community-specific resources
- Pluses and wishes from session 3
- Session 3 learning objectives
- Session 4 agenda
- Session 4 learning objectives
- The three stage characters: 1) Susie STOP 2) Yasmin YIELD 3) Greta GO
- 10 cards containing information about needed resources
- 10 cards containing answers to needed resources
- Flipchart with list of types of health care providers that perform CBEs, mammograms, and Pap smears
- Brochures with county-specific provider information
- Community resources puzzle pieces
- Role plays (2 copies of each scenario)
- Flipchart page prepared for Head, Heart & Feet
- Incentive: Stoplight pin, “Get Your Sisters to Go!”
- Graduation form