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**Part II: Facilitator Training Manual For**



**THE  
WITNESS  
PROJECT®**

**A Culturally Competent, Community-  
Based Cancer Education Program For  
African American Women**

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## Table of Contents

<b>Training Your Team</b> .....	1
Hour Training Program.....	3
Witness Role Model (WRM) Orientation.....	5
Some Do's and Don'ts for WRMs .....	15
Lay Health Advisor (LHA) Training.....	15
Some Do's and Don'ts for LHAs .....	18
Training Coordinator .....	18
Continuing Education.....	19
Supplies.....	20
Printed Materials .....	25
Bead Analogy.....	29
<b>Training Curriculum</b> .....	31
How to Put Your Team Training Manuals Together.....	31-c
The Witness Project® Training Agendas .....	32
The Witness Project® Slides (text) .....	54
Witness Role Model and Lay Health Training .....	69
<b>Training Forms</b>	
Sign-In Sheet .....	96
Pre-Test.....	97
Program Agenda .....	100
Program Registration Form & Follow Up Sheet .....	102
Informed Consent .....	108
Expense Form.....	112
Training Session Evaluation .....	114
Post-Test .....	118
Graduation Certificate .....	121
<b>Program Forms</b>	
Program Checklist .....	123
Sign-In Sheet .....	124
Program Agenda .....	125
Program Registration Form .....	126
Informed Consent Form .....	128
After-Program-Thank-You Note .....	130

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Witness Role Model Application .....	131
Lay Health Advisor Application .....	132
Expense Form .....	133
Team Member Evaluations .....	134

## TRAINING YOUR TEAM

This section is intended to assist you in your efforts to train your Witness Project® team. It covers the type of training necessary for WRMs and LHAs and to what extent. You will learn the basic supplies you'll need to get your program started. Ideas are also given in this section to help you select appropriate printed materials for your audience, and teaching tips for training your team members. After studying this section, you should be able to:

1. Compare WRM orientation and LHA training.
2. Give examples of techniques used to assist the WRM in “story-telling.”
3. Classify materials needed for your project as “crucial” or “desirable.”
4. Give examples of appropriate printed materials.
5. Apply principles of adult education to your training curriculum.
6. Explain the dandelion and bead teaching analogies.

Training women to be WRMs and LHAs requires insight into the strengths and weaknesses of the trainees and their program audience.

We use teaching materials that match the age, gender, and reading levels of our learners, their cultural backgrounds, and their preferred language.

In our experience, survivors are motivated to work with the program and tell their stories, but don't want to attend a highly structured training program. So we offer Witness Role Model Orientation and Lay Health Advisor Training.

Also, it is our impression that new Witness Project® sites are most successful when they are coached through the Implementation Guide and training curriculum. We refer to this as an **administrative coaching process**. The **initial onsite training** of the project's team members (WRMs and LHAs) is the other part of the process. The training process also includes giving new trainees an opportunity to see and participate in an actual Witness program. The administrative coaching portion can be done onsite, via conference call or via a train-the-trainer workshop. The project's **Administrative Champion** (usually the Project Director) and **Community Champion**, an African American woman (who generally serves as the Area Outreach and / or Training Coordinator), should be present at both the administrative coaching and subsequent onsite training of their team members. This coaching and training process assists in assuring the fidelity of *The Witness Project®* model. Our expectation is that despite the sponsoring organization, Witness programs presented by volunteers should follow the same format regardless of where they are conducted.

**Witness Role Model (WRM) orientation** focuses on the art of storytelling as an educational tool. It is experiential.

Listeners become active participants by sharing experiences and emotions.

**Lay Health Advisor (LHA) training** provides facts about breast and cervical cancer, information about screening guidelines and procedures, available community resources, and guidance in teaching breast self-examination (BSE). It involves the use of slides and printed materials, and is more didactic or instructional than WRM orientation. The emphasis is on learning new information and skills.

Both types of training can be done concurrently, if you have enough trainers, or you can schedule the training sessions for different days. In our experience, the groups prefer to be together as often as possible.

We recommend an **8-hour training program** for both groups. We have had our best success with one-day sessions. If it is difficult to have an 8-hour meeting, you may consider two 4-hour sessions (as close in time as possible). The content in the training agendas is such that all of the information cannot be effectively covered in a shorter time than 8 hours.

Besides, you will want your volunteers to have time to learn all of the information that is put before them and be comfortable with it. Sample training agendas are included in this **Facilitator Manual**.

**It is very important to create a warm and friendly atmosphere for training sessions.**

Some tips for creating an environment conducive to learning are:

- provide a setting which is comfortable and non-threatening, in a no-traffic area with few distractions
- arrange the chairs so everyone can see each other
- if possible, provide a table top for writing and lots of elbow room
- invite participants to get up and move around frequently
- offer refreshments throughout the day

Invite the women to dress casually, but don't be surprised if they come dressed as though they were going to church. They feel it is an honor to attend the training. We recommend that **you** dress professionally, but not conspicuously.

In both types of training, we break down information and skills into small steps, so the pace of teaching can be easily adjusted. We include many opportunities for positive reinforcement.

For Witness Project® sites that are just getting started and whose team members have just gone through the training session, we recommend following the training sessions with at least 3 opportunities for new team members to meet. This is for the purpose of practicing their presentation skills, observing the presentation styles of others and becoming comfortable with the format.

Once your Witness Project® is underway and conducting programs, you must ensure that your new trainees have the opportunity to observe at least 3 programs before attempting to cite breast and cervical cancer facts and resources or give breast self-examination (BSE) demonstrations. You may find in both situations, considering the confidence level of your team members, that some may need to observe more than 3 programs before they are ready to present.

Your team members need to be carefully instructed about the mammography and Pap test services available in their communities and how to access these services. In Arkansas, we are field-testing using a mammogram/Pap test flip chart developed by the National Institutes of Health (NIH) that is illustrated on one side and has talking points (cues) on the presenter side. We have taken a step further to customize the talking points side (by cutting and pasting) as appropriate for Arkansas. You may want to do the same thing for your area.

## **WITNESS ROLE MODEL ORIENTATION**

We begin WRM orientation with introductions and an icebreaker, which will communicate the value systems of the participants. We show the video to demonstrate the mission of the project and follow with a discussion of the project and special issues.

We don't suggest you use the pretest/posttest knowledge assessment for WRM orientation (unless they request to take the test). WRMs are **only** accountable for telling their stories. So, WRMs should practice telling their stories. Although there are some WRMs who elect to be cross-trained as LHAs. In this case they would also be responsible for learning to cite facts and resources. It is not necessary to test WRMs on their personal experiences. Instead, have a brief group discussion at the end of the day to talk about what they learned and new information that was discussed. Solicit their suggestions for future orientations.

**The most important aspect of preparing WRMs is story development.** This component provides extensive in-class coaching and time for practice. You must help the survivor find the gem of her cancer story. She will sand, rub, and polish her story, and, with a little work, it will shine like a precious jewel. Each survivor's story will be unique.

As a trainer, you must listen carefully to each story. You need to be relaxed and attentive. Use your body language as well as your ears. Lean forward, nod your head, and look into her eyes.

Write down the key words she uses to tell her story -- they will help you remember what she said -- but be careful to maintain eye contact with her.

You may hear a very factual report with no emotions or feelings . . . or a rambling story with many details . . . or a narrative that leaves out important statements. Listen for a complete story.

Your challenge is to help the WRM compose a sequential story that can be told in a limited time (2 to 5 minutes). Don't try to script it. You want her to speak from the heart and tell what gave her hope. Coach her to include statements of **fact, feelings, and faith**. By speaking of her fears, she help others break down their barriers.

It's okay to interrupt with questions, because your reactions will cue her about what sorts of things she needs to talk about. The basic information that needs to be included in her story includes:

- her name
- number of years since cancer diagnosis
- how the cancer was discovered
- type of treatment received

You may have to probe in order to help her explore her feelings about what was going on and her reactions to the process and people around her.

Some helpful questions are...

- *How did that make you feel?*
- *What were you thinking at that moment?*
- *What got you through all of this?*
- *Who helped you?*
- *What did you believe was going to happen?*

When she makes a statement that is insightful or powerful, acknowledge it and let her know that this is the type of insight you are looking for. You will be drawing out information she knows but may not realize is important.

Once your program is up and running, you may decide that an experienced WRM can assume some of the responsibilities for training other potential WRMs.

On the following pages, we compare an original story to the polished version. Special thanks to Mrs. Dorothy Ballard, one of the original WRMs, for sharing her story as an example.

## Training Your Team

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Original Story	Significant Points to Listen For and Emphasize	Polished Story
<p>My name is Dorothy, from Little Rock, Arkansas. One day the phone rang and it was a doctor. She called to see how I was getting along. She really was trying to see if I was still alive, you know, after going through the hospital records, she knew that I was a breast cancer survivor. She wanted to know if she and another doctor could come out and visit with me, and I said sure. I wondered what they wanted with me, but they did come and they asked me if I would be comfortable in a witnessing program, going out and talking to other African American women about breast cancer, and I said well if it would help somebody, I'll be glad to because I didn't have anyone to turn to or to talk to that had been in my shoes or had knew what I had gone through with and was going through with. So they came out and we formed this little group of women and I was an experiment. They wanted to see how the public would take to it. So I invited them to come my church, because I felt comfortable there, and I talked to the church and they said it would be okay.</p>	<p>It's okay to talk about cancer.</p>	<p>My name is Dorothy and I am a breast cancer survivor.</p> <p>Cancer is a subject no one wants to talk about, but it's also one we need to find out about, because what you don't know can kill you.</p>
<p>I had never heard of breast cancer .</p>	<p>She was not aware of breast cancer.</p>	<p>I didn't know anyone who had breast cancer.</p>

## Training Your Team

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<b>Original Story</b>	<b>Significant Points to Listen For and Emphasize</b>	<b>Polished Story</b>
<p>...and I was going to get my regular yearly checkup and working everyday, working in a factory and I had gone to see my doctor. I went for my Pap smear and those things that women go and take, and he said to me, today we are gonna examine your breasts, and I said okay.</p>	<p>She believed that going for an annual check-up was taking care of her health, but she was not familiar with the screening process - BSE, CBE, or mammography.</p>	<p>I went to my doctor regularly to have my Pap smear and for the things that females go and take.</p>
	<p>She relied on her doctor to tell her what to do.</p>	<p>I trusted him to do what needed to be done, but the doctor never told me to have a mammogram or showed me how to do breast self-examination.</p>
<p>So he examined my right breast and he said tine, and then when he examined my left breast, he said oops, I feel a mass Well I didn't even know what he was talking about, you know, and he said I recommend you contact a surgeon, so I said doctor, we gonna be off for the Christmas holidays, this was during the week of Thanksgiving, the Friday before Thanksgiving, the next week. So he called over to radiology and got me an appointment to go and have a mammogram.</p>	<p>She did not understand the terminology the doctor used or what has to be done when a lump is found.</p>	<p>When the doctor found a lump in my left breast he wanted me to have a mammogram right away but I wanted to wait until after the Christmas holidays (this was the week of Thanksgiving).</p>

## Training Your Team

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Original Story	Significant Points to Listen For and Emphasize	Polished Story
<p>And when they told him there was a mass there, then he recommended that I get a surgeon, so I said well we gonna be off for the Christmas holidays and I'll get back to you. He said no, this isn't gonna wait, this is something that needs attention now. Then I really became afraid, cause I was gonna put it off and really I wasn't gonna do anything about it.</p>	<p>Her reaction was to put other things first (holidays before health).</p>	<p>But he said this couldn't wait. I was really going to put it off and not do anything about it.</p>
<p>So I called my daughter, she a nurse, my son-in-law answered the phone, and he said, well she's playing tennis, I said well tell her I just got back from the doctor and I got some bad news, and I went to crying. Then in a little bit, I knew he went and got my daughter off the tennis court, because she was there and I told her and was crying and all.</p>	<p>Although she was afraid, she relied on her family for emotional support.</p>	<p>When I called my daughter I started crying, but I was finally able to tell her the bad news.</p>
<p>She said mother, do you have any objections in me selecting your doctors and things, I told her no, so she got mother doctor that she thought a lot of as my surgeon, and I went in and he did a preliminary exam on me and he recommend that I go in and have a biopsy, I told him tine.</p>	<p>She did what her family told her to do.</p>	<p>Since my daughter is a nurse, she asked me if she could select my doctor and help me make my decisions.</p>
<p>And he said, now if we get in and it's bad, what do you want to do, do want us to just to temporarily put it off? I said no sir, when you get me in there, whatever needs to be done, you're the doctor and I'm the patient, and I said I'll go along with that. He was talking about radical and all that stuff, which was talking over my head, I really didn't know what he meant. So he did, and I had a lumpectomy, I think that's what they call it, and they got the lump out...</p>	<p>She trusted her doctor to do what was right.</p>	<p>Before the biopsy was done, the doctor and I talked and I told him to do what he had to do and not to</p>
<p>...and then I had Dr. A and Dr. B as my doctors here and they recommended 28 radiation treatments, which I had.</p>	<p>She followed her doctors' instructions.</p>	<p>After the surgery I had 28 radiation treatments.</p>
<p>All the time I was in denial, I said there wasn't anything wrong with me, I didn't have any aches, I didn't have any pain in fact I was feeling good, and the doctors had made a mistake. I just couldn't wait to tell them about their mistakes.</p>	<p>She was in denial.</p>	

## Training Your Team

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Original Story	Significant Points to Listen For and Emphasize	Polished Story
<p>About the 14th treatment it came to me that I did have cancer. I was in the dressing room here at my treatment center, I began to cry, and the more I tried to stop the more did, and a white lady came over and kissed me on the forehead, she said don't cry, at least there's hope for you, but there is none for me. I really went to crying, realizing how selfish I was, just only thinking about myself. As I looked around the room there were old, there were young and really it got to me, so I made it through my 28 treatments.</p>		<p>I was in so much denial that I was half-way through, it was my 14th treatment, before it came to me that I had <b>cancer</b>.</p>
<p>They also told me that I had to have every one of them, that if I missed one I had to make it up. Well it was two or three times we had freezing rain and I was having hisses and everything, but luckily my son-in-law, my daughter and my family, saw that I got there and I didn't miss a treatment.</p>	<p>It is important to do what the doctor tells you.</p>	<p>Even when we were having freezing rain my family saw that I didn't miss a single treatment.</p>
<p>Every time that I had one, I had a calendar and I go home and mark it off, I just couldn't wait.</p>	<p>She needed something positive to do.</p>	<p>Every time I had one, I had a calendar and I went home and marked it off. I just couldn't wait.</p>
<p>Finally, nearing the end of my treatment, school was out that day due to the weather, I asked my youngest granddaughter would she go with me? She said no, you go ahead on, I'm gonna have your breakfast. When I got back, she had me the nicest breakfast, that egg was just perfect. I had really kinda given up, when it really came to me that I had breast cancer, I just gave up. But my youngest grand-daughter she was 9 years old, she wouldn't let me give up. Because after my surgery and radiation, I had to exercises, walk up the wall with that left hand, and I didn't want to do it. But everyday she would run home from school and she'd make me walk that wall, she make me walk it later on and then before we to to bed.</p>	<p>The love and support of her family were very helpful.</p>	<p>At this point I really had kind of given up, but my youngest granddaughter, she was 9, wouldn't let me give up. She made sure I did my arm exercises every day.</p>

## Training Your Team

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<b>Original Story</b>	<b>Significant Points to Listen For and Emphasize</b>	<b>Polished Story</b>
<p>She gave me a friendship pin, it was a safety pin with some buttons on it, she told me to wear that. And when I looked at her eyes to see that she loved me that much and she was pulling for me, at least I had to try to pull for myself. I started feeling better about myself and my treatments and everything else. I didn't have any complaints at all.</p>		<p>And when I looked at her eyes to see that she loved me that much and that she was pulling for me. I had to pull for myself. She gave me a friendship pin that she made, a safety pin, with some buttons on it, that she told me to wear. I still carry the friendship pin with me to this day. (She usually pulls it out and shows it.) I started to feeling better about myself and my treatments and everything else.</p>
<p>I had good doctors, everybody was nice to me. I really appreciated it, so when Dr. Spatz and Dr. Erwin confronted me about going to witness, I was eager and glad, because if I could have a listening ear for somebody else, I knew how important it was for me to have somebody to relate and talk to, so that's how I got into the program. As I said before, if we can help someone else, and I think we have because usually wherever we go, they don't want to go home. One time we were at a church and hey wanted to take up a collection for us, we kinda laughed about it. In doing this the other ladies that I have become associated with, are more or less now my extended family. Even meeting in these circumstances, when they get up to tell their story, we can all relate individually the frustration, the fear and all that goes with it, but we are strength to each other, and we kinda bond together. It been strengthening to me as an individual, just to know them. We visit on the telephone and we have become good friends. So that's my story.</p>	<p>She emphasizes the importance of faith.</p>	<p>Now we are all livin' in hope. We don't know what tomorrow holds, but we do know who holds tomorrow.</p>

## Training Your Team

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Original Story	Significant Points to Listen For and Emphasize	Polished Story
	She ends with a call to action and a positive note	We need to take care of ourselves. you get that mammogram and Pap test and do BSE. Cancer doesn't have to be a death sentence. Our best chance is to find it early.

Encourage the WRM to say that she survived because of early detection and challenge others to take charge of their health. Give her permission -- and support -- to speak the truth. Any shame, embarrassment or secretiveness is lessened, and she becomes empowered. This is the most challenging aspect of the entire training process. It takes time and patience, and is more intuitive than methodical. Most survivors begin without even knowing they have a story!

Please don't think there's one story and that's it. The stories they tell at the end of a day's training will not be the same stories you will hear later on. The stories naturally change over time.

## **SOME DO'S AND DON'TS FOR WITNESS ROLE MODELS**

The following are some story-telling hints for survivors:

- Do tell only your story – not someone else's
- Do tell your story in as positive manner as possible (no horror stories)
- Do not go into too much detail about treatment when telling your story
- Do not attempt to cite any facts or resources (that is for the LHA to do)
- Do stress the importance of early detection

One final word of caution: We don't use video or audiotape to record stories the first time they are told. The survivors' emotions are often quite raw. It would be unkind to record them at this stage. However, you can tape at a later date, such as at a retreat or continuing education workshop and use it for training purposes.

## **LAY HEALTH ADVISOR TRAINING**

The LHA training begins as the WRM orientation does. In fact, we prefer to have these groups together for introductions, the video, program overview, and our discussion of special issues.

After the first break, we separate the two groups. Slides and / or transparencies and the overhead projector go with the LHA trainees.

Trained WRMs who return for LHA training should attend the entire session. It is important to have everyone present during the introductions. Listening to the repetitive material is a good refresher experience.

We use a pretest/posttest to assess the LHA's knowledge. Our test, which has a 5th grade readability level, is included in Appendix A.

As you use it, emphasize that you do not expect the trainees to know all the answers to these questions, and urge them to use the *not sure* choice rather than guess at an answer. Explain that you are using the pretest to help you determine what you need to teach during training, and the posttest to tell you whether or not you did your job effectively. In short, results will be analyzed and used to improve the program. Make the training sessions as relaxed as possible for the trainees to take your tests.

For new projects, we strongly recommend that LHAs be taught BSE by an experienced BSE instructor, who has been trained through a standard program (like the American Cancer Society). Otherwise, an experienced LHA or cross-trained WRM may teach the BSE portion.

A qualified instructor will know how to teach the actual breast self-examination process, as well as how to instruct others to teach. In addition to good speaking skills, trainers should have at least 6 months experience in some form of adult education.

It is also suggested that they have two years experience or background in breast and / or cervical cancer health education so they can give background information or answer general questions on these topics.

Your LHAs, including the WRMs who choose to return for this additional training, need to feel more responsible for knowing facts and information on breast and cervical cancer, available resources, and setting up the programs.

They should also receive resource materials to take home. You will need to develop these for your program, and it is best to present them in a 3-ring binder.

We have included an attachment to this Guide – an NCI publication entitled *Spread the Word about Mammograms and the Pap Test*. We recommend that your LHAs use this flip chart in conjunction with the *Prompt Card* (Appendix A, p.21) when citing facts and resources.

Be sure that the breast and cervical cancer literature you use agree with current national guidelines as specified by the National Institutes of Health (NIH), National Cancer Institute (NCI) and the American Cancer Society (ACS). To obtain the most current guidelines on these subjects, call 1-800-4Cancer (NIH) or 1-800-ACS-2345.

In Arkansas, we put together training manuals for both the WRM orientation and LHA training that include recognized sample brochures on breast self-examination, mammography and Pap tests. These are discussed later in this manual.

## **SOME Do's AND DON'TS FOR LAY HEALTH ADVISORS**

Because the Lay Health Advisor (LHA) role differs greatly from the Witness Role Model (WRM) role, there are some helpful hints to consider:

- LHAs **do not** tell stories about breast or cervical cancer experiences.
- LHAs **do** just cite facts about breast and cervical cancer, resources, and teach Breast self-examination.
- LHAs **do** use both the Prompt Card and / or the NCI Mammography/Pap Test chart for cues about facts and resources. The chart can be tailored to your area according to your resources by cutting and pasting information on the talking points on the reverse side of the flip chart. Illustrations appear on the audience side.

## **Training Coordinator**

An effective training coordinator will:

- recognize why the trainee wants to learn by listening to what she says;
- use simple, culturally appropriate materials;
- incorporate the trainee's culture and life experiences into the training process

- present information in an easy-to-understand style;
- respond to the trainee's questions and concerns;
- cooperate with other community agencies;
- use both formal and informal local networks.

## **CONTINUING EDUCATION**

After your team members have given some presentations and interacted with community audiences, they will need more specific and continuing updated cancer-related information. We highly recommend a continuing education component.

Keep them current with ongoing training, seminars and workshops of other organizations, such as the American Cancer Society, hospitals, and local health units. You may be able to help your team members perform self-studies through the computer. The Susan G. Komen Breast Cancer Foundation has a comprehensive web site on the Internet. A listing of this and other web sites is provided in Appendix B.

Keep a log of all continuing education experiences you provide your team members (sample provided in Appendix A, page 20). You will need this information to implement an annual re-certification program.

You may also find that some team members have professional licenses or certifications to which continuing education hours may apply. Showing a commitment to continual improvement is impressive to potential funding sources.

## SUPPLIES

You'll need some basic supplies for your training and program sessions. We're giving you our recommendations, and have included resource information in Appendix B. Suggested (needed) supplies appear in bold print in the following paragraphs:

We use **ethnic breast models** to teach BSE during the training sessions and programs. We buy 3 types of models, because each serves a different purpose. As a general rule, you'll need 3 to 5 breast models for an audience of up to 20 women. The exact number you'll need depends on your program schedule, audience size, and geographic area.

Health EdCo produces a lifelike, ethnic model with 5 lumps that simulate breast tumors. You'll need at least one of these. Health EdCo also has a set of 3 models (A, B, and C cup sizes) which provide more lifelike BSE practice for women with different size breasts.

We suggest you buy at least one set of the 3 sizes (If you don't want the set, just buy the largest size). Ask for ethnic models that have brown coloration. Geriatric models are available for teaching older women.

We also like the MammaCare® breast models (made by Mammatech). The silicone in these models is more realistic for older women with less dense (fattier) breast tissue. MammaCare® also offers a model with fibrocystic breast changes on one side and normal breast tissue on the other.

All of the MammaCare® models have 5 lumps. We suggest you buy 1 regular model, 1 less dense model, and 1 fibrocystic model.

Some LHAs have found it helpful to have **prompt cards** to cue them during their presentations, especially when they first begin teaching the BSE. (An example can be found in Appendix A, p.21)

To register participants at a program, we find it's best to pass the **Sign-in-sheet** on a clipboard.

If your budget allows, there are a few nice-to-have items and some essential item (see underlined) that will enhance your program and make your life easier.

Your own portable television and VHS video-player will make it easier for you to be able to show the *If I Can Help Somebody* videotape when you're on the road. You will find that this video, that depicts survivors telling their stories, tremendously impacts the audience. Many rural community centers and churches don't have VCRs. The same goes if you are using audio - tapes and recorders. Take your own extension cord and adapter, too.

Some nice-to-have items include Witness Project® pins. Team members like to wear these to their programs. Both pins and Witness Project® magnets are fun to give away, and they're good publicity for your project. If you would like to use these for your program, we may be able to assist you in ordering them at cost.

The following Witness Project® logo appears on our pins and magnets, along with the saying, "Do The Right Thing, Get A Mammogram."



We also created a Witness Project® informational brochure to take with us to our programs. Participants can pick these up after the programs if they want more information about the project. We also take the brochures when making contacts in the community and mail them in response to inquiries about the project. As your program grows, you may find this is a necessity.

For more information on brochures look in Appendix C on page 2.

A sample brochure can be found on page 12 in Appendix C, part I of this Implementation Guide.

We provide printed business cards for our WRMs and LHAs. These cards include our logo, address, and toll-free telephone number. Blank lines are included for team members to add their names and personal telephone numbers. These cards promote professionalism among team members and provide credibility and authority with their audiences. More importantly, participants leave a witness session with the name and telephone number of someone in their community or area they can relate to and contact when they have questions or need more information.

If you would also like to use these for your program, we may be able to assist you in ordering them at cost.

Canvas bags are great for transporting models, literature, and other program materials. We use large ones (monogrammed, so they don't get lost). We also printed the Witness Project® logo on some small canvas bags to award to new team members after they complete their training. These are handy for carrying project materials to programs and meetings. Keep in mind that the pins, magnets, business cards and canvas bags are nice-to-have items only if your budget allows. They are not essential supplies.

## AVAILABLE LITERATURE

BSE teaching materials are available from your local American Cancer Society, the Cancer Information Service (part of the National Cancer Institute), or Susan G. Komen Breast Cancer Foundation. Good, limited literacy materials are available.

The National Cancer Institute recently produced several colorful brochures that are attractive and easy to read: *Having a Pelvic Exam and Pap Test* (reading level 6); *Are You Age 50 or Over? A Mammogram Could Save Your Life* (reading level 4); *The Pap test: It Can Save Your Life* (reading level 3); and *Mammograms: Not Just Once, But For a Lifetime* (reading level 5). These publications can be ordered through the Cancer Information Service. They, too, are free and reproducible.

The National Breast Cancer Awareness Month (NBCAM) 2000 Promotion Guide contains a section devoted to an inventory of breast cancer materials that are provided by the various NBCAM Board of Sponsors. Many items are available at no charge or for a modest fee. Visit their web site at [www.nbcam.org](http://www.nbcam.org).

*Down Home Healthy Cookin': Recipes and Healthy Cooking Tips* is an ethnic cookbook published by the National Institutes of Health and distributed through the Cancer Information Service. These booklets have nothing at all to do with breast or cervical cancer, but they do contain good nutrition advice. We hand these out at our programs.

They are very popular with our audiences.

You'll need at least 1 good BSE instruction card or brochure. The Health EdCo models come with a teaching pamphlet, *Breast Care: The Good News*. This pamphlet is a good teaching guide for lay health advisors. You can order extra copies at a small cost.

BSE shower cards can be used with or instead of a BSE pamphlet. They can be ordered from the American Cancer Society or the Susan G. Komen Breast Cancer Foundation. There may be a cost recovery charge for this literature (shipping and handling).

One note of caution --- a high school reading ability is necessary to understand the average cancer education publication, regardless of publishing agency, topic, cancer site, focus, or target population. About half require an 11th grade reading level or higher.

Materials that attempt to reach minority populations often require an average reading grade level slightly greater than 7th grade. You need to carefully screen materials to find those best suited for your audience.

## **PRINTED MATERIALS**

Most of *The Witness Project*® training is oral. We don't rely heavily on printed materials, but we do provide minimal supplemental materials at the sessions.

They are cost-effective, and they deliver useful information that can be kept for ready reference.

Some women want printed material to take home or share with someone else. We give them the printed materials informally at the end of each program while the women practice with the breast models. We do not package them or give them out in mass.

The **Susan G. Komen Breast Cancer Foundation** provides free guidelines for preparing printed materials, “Print Guidelines for Special Populations.” One such guideline for African Americans entitled African Americans: Developing Effective Cancer Education Print Materials, is now available.

You may prefer to create your own printed materials. If you do, we refer you to **NCI’s *Clear and Simple*** and to *Beyond the Brochure*, developed by the CDC. Both are **free** and current, The key messages will be accessible to your audience yet interesting enough to appeal to all levels of readers.

On the following pages are our top 20 tips and techniques for creating materials, collected from experts in the field.

## Training Your Team

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1	Make printed materials attractive if you expect adults to pick them up and use them.
2	Use short sentences (8 to 10 words) and 2-syllable words.
3	Use active voice.
4	Limit a paragraph to one message. Break complex information into individual parts and use comprehension questions as part of the message.
5	Use conversational style and real concepts and imagery.
6	Use information relevant to the learner's experience, which is culturally and linguistically specific. Define terms that do not exist in the culture.
7	Use straightforward logic and limit the message to essential information. Extraneous material could confuse the reader.
8	Use simple language (for example, say <i>chicken</i> instead of poultry).
9	Determine what terms need to be defined and interpret them early in the text, not in a glossary at the end of the publication.
10	Avoid abbreviations or figurative language.
11	Avoid jargon, technical vocabulary, and long explanations [ <i>the doctor will check your breasts for lumps</i> instead of <i>the physician will perform a clinical breast examination.</i> ]
12	Avoid indefinite phrases using <i>would</i> , <i>could</i> , <i>if</i> , and <i>maybe</i> which can be mistaken for actual agreement or firm approval of a course of action.
13	Illustrate important points with simple line drawings. Use culturally sensitive graphics. Illustrations are particularly important in motivating readers to read the entire message.
14	Use illustrations to communicate, not attract attention or break up a page. Eye movements of poor readers aren't disciplined to the routine of reading and may take on a random pattern.
15	Use large print, especially for headings, and additional white space between words and paragraphs. Unjustified text is more helpful for less able readers.
16	Print handwritten instructions clearly, using both upper and lower case letters. Avoid abbreviations. Include only 2 or 3 items of information.
17	Use words, not numbers, for directions.
18	Use numerals in telephone numbers, not letters, to avoid the translation task [1-800-422-6237 instead of 1-800-4-CANCER].
19	Carefully edit for typographical errors or use of incorrect words that could seriously affect comprehension (such as <i>mastectomy</i> for <i>mammogram</i> ).
20	Field-test the material with the audience.

## ADULT LEARNERS

Health educators who incorporate a variety of teaching strategies and respond to different learning styles are more effective than those who use only traditional teaching techniques.

You will be training adults, so please remember they...

- need to know why they should learn something
- have more life experience to draw from and connect new information to their life experiences
- enter into a learning experience with a task-centered or problem-centered or life-centered approach
- are motivated to learn by external and internal stimuli
- appreciate user-friendly materials
- prefer concise and jargon-free language

Adults are ready to learn when they experience a situation that confirms their **need to know**.

Some WRMs, after they've worked with the program for awhile, may want to attend the LHA training to gain more information and to learn to teach BSE.

Comparing cancer detection to ordinary events in life helps women become more comfortable with their abilities to take responsibility for their own health. Think of it as learning to cook your grandmother's best recipe using a "scoop of shortening the size of a large egg" rather than "1/2 cup."

We use **two analogies** in the training curriculum and slides that we have found helpful in teaching BSE. As with the witnessing portions of the program, the storytelling and interactive learning helps to soften the feel of instruction.

The first story compares cancer detection to trying to get rid of a pesky **dandelion** in the garden. The story moves from easy removal by hand at the first sight, to the need to use something to dig it up as the roots spread, and progressing to the need for chemical sprays as the seeds spread and cause more dandelions. Women are able to identify their own experiences with dandelions while internalizing the need for proactive cancer detection behaviors.

The second analogy involves the use of a colorful assortment of **beads** to represent various tumor sizes.

We begin with a small bead (the size of a tumor found through regular mammography) and increase the bead sizes according to sizes commonly found by different types of detection. Team members can string their own beads to take with them and wear as a reminder, or teaching tool, when they conduct programs. You can also relate the tumor size story to other objects from their homes, such as a pea, marble, coin, and so on.

**Keep in mind that using the beads is purely optional.**

Both the dandelion and bead analogies were developed by Celette Sugg Skinner, Ph.D., and an assistant professor at the Mallinckrodt Institute of Radiology, Washington University School of Medicine at St. Louis, Missouri.

*The Witness Project*® is about learning from each other and sharing resources. We have included reporting forms in Appendix A for you to complete and send to us after your programs are up and running. We want to hear about your innovative activities and may want to incorporate them into the project in the future.

## How to Put Your Team Training Manuals Together

Part II: **Facilitator Training Manual** contains training curriculums and agendas for your team members (Witness Role Models and Lay Health Advisors).

The training agendas list topics and timing for an 8 hour training session. Slides that accompany this portion of the Guide are to be used with your training sessions. The curriculums are divided into sections. Create specific training manuals for your trainees by simply pulling out these agendas and placing them in a three-ring binder or folder. You should include breast and cervical cancer education literature, and include brochures, local resource information and a directory of your WRMs, LHAs, and other Witness Project® staff in the appropriate sections.

For your **LHA** and **WRM** training manuals, we suggest that you include the following:

- WRM orientation agenda or LHA training
- Monthly activity reimbursement form as appropriate (for programs that pay their team members a stipend for program activities)
- Mammography, breast and cervical cancer education literature (examples are suggested under “Training Your Team”)

The section titles in your **WRM Orientation Manual** and **LHA Training Manual** may look like the following:

### **The Witness Project® Overview**

**Organization And Structure** – Briefly describe the makeup of the Witness Project® team (WRMs, LHAs, Project Staff) and sponsors (Funding sources).

**Beliefs** – Give an overview of perceptions of cancer and other health issues. (These are addressed in the Part One of *An Implementation Guide*).

**Project Objectives**

Describe the goals of the project: (1) to increase participation in cancer screening programs and (2) decrease death and sickness from cancer.

**Communication**

Describe the ways in which team members inform, and provide breast and cervical cancer education and point out the different methods both WRMs and LHAs accomplish this.

**Special Issues**

Confidentiality

Facts versus Opinions

**Breast Cancer Facts****Mammography Facts & Breast Self-examination (BSE) Facts****Cervical Cancer Facts****Pap Tests & Pelvic Examination Facts****Breast and Cervical Cancer Resources Available in the Community / Program Registration Form / Informed Consent Form (LHAs, WRMs)****How To Set up A Program****Telling The Story/ Focusing the Message (WRMs)****How To Teach BSE (LHAs)****How to Lead a Program (Mock Program)**

It is generally the LHA who makes logistical arrangements for programs.

**Cancer Education Literature**

When choosing breast and cervical cancer education literature, make sure that the literature is consistent with current national guidelines. Very good, easy-to-read literature is available through the local American Cancer Society (ACS), and the Cancer Information Service (CIS). The National Black Leadership Initiative on Cancer (NBLIC) has developed some good materials that are easy to-read and **free** or at cost reimbursement through the National Cancer Institute (NCI). Toll-free numbers for these organizations are listed in Appendix B of *Part I: An Implementation Guide* along with other important resources.

You may even want to use materials developed by your local hospitals or other organizations or you may even create your own. We have included tips in this Facilitator Manual (Training Your Team) for developing easy-to-read materials that should be helpful if you decide to create your own. Inserting your literature in three-ring plastic sheet covers makes them easier to keep in your training manuals.

## **Directory**

It is advised that you create a telephone directory of your team members and staff members. Indicate on the directory whether the volunteer is a LHA or WRM. Include a mailing address for notices of program activity, meetings and special events.

It is also advisable to include numbers of available resources in the community, whether for cancer education literature or breast and cervical cancer screening services.

Choose any color you want for your three-ring binders. We chose red for our training manuals because red is one of our Witness Project colors and it is attractive. Good luck on putting together your training manuals!

**Curriculum outlines — Witness Role Model Orientation (WRM) and Lay Health Advisor (LHA) Training — and a CD is provided in this facilitator training manual. The outline suggest discussion topics, timing, and CD for an 8-hour training session. The outline is a tool for trainers. Educational objectives are listed at the beginning. This facilitator training manual also contain a training agenda to construct training manuals for WRMs and LHAs.**

**It is more conducive to learning if the training manuals are arranged in a 3-ring binder along with educational brochures, local resource information, and a directory of your volunteers (WRMs, LHAs) and professional staff.**

**Please tailor the curriculum to your project. Include pictures specific to your institution, staff, and sponsors.**

**Witness Project Training Agenda**

**Agenda; training forms; program forms; resources, and current breast and cervical cancer education literature.**

Time	Witness Role Model Orientation & Lay Health Advisor Training Agenda
8:00	Registration / Devotion / Refreshments
8:30	Pre-Test / Introductions
9:00	The Witness Project® Overview
9:15	Show video: "If I Can Help Somebody: Witnessing to Save Lives"
9:30	Special Issues
10:00	Break
10:15	Breast Cancer Facts & BSE
10:30	Mammography Facts
10:45	Cervical Cancer Facts
11:00	Pap test Facts
11:15	Resources / Program Registration / Informed Consent Form
11:30	Working Lunch – Eating Healthy
12:15	How To Set Up A Program
12:45	Telling the Story / Focusing the Message Break-Out Groups (WRMs & LHAs). WRMs will practice telling their stories. LHAs will be taught how to perform and teach BSE. Both groups will meet together at 3:00 P.M.
2:45	Break
3:00	Mock Program

3:45	Closing Discussion / Evaluations
4:00	Graduation / Picture

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Suggested disclosure statements include comments about themselves, a comment made by a person important to them, something they live by, or a value they hold dearly. For example:

My mother always said ...

My father always said ...

I value my... most.

A person I would like to be able to visit with right now is ... because...

Give the LHA trainees a pretest (see Appendix A, p. 15) and ask them to complete it and return it to you before the training begins. **WRMs need only take the pre-test if they wish to or if they are going to be cross-trained as LHAs.** Tell participants that you don't expect them to know all the answers. Emphasize that it's just a way of finding out what you need to teach. Thus, the pre-test is designed to determine what they already know about breast and cervical cancer detection and help you adjust the training to meet their learning needs. Results will be used to analyze and improve the program

<b>9:00 A.M.      WITNESS PROJECT® OVERVIEW</b>
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**Objectives: Identify those involved and their roles.**

**Recognize sponsors and financial resources.**

**Discuss beliefs that act as barriers to early cancer detection.**

**Clarify the goals and objectives of the project.**

**Slides:**

- 1     Logo
- 2     The Witness Project® / ACRC
- 3     Sponsors / Funding Sources

- 
- 4     Organization and Structure  
      Witness Role Models  
      Lay Health Advisors
  
  - 5     Group Photo  
      Witness Roles Models  
      Lay Health Advisors
  
  - 6     Organization and Structure  
      Steering Committee  
      Advisory Board
  
  - 7     Project Objectives  
      To increase participation in screening programs  
      To decrease death and sickness from cancer
  
  - 8     Beliefs  
      Don't talk about cancer  
      See cancer as a death sentence  
      Nurture everyone else first  
      Think health issues are personal and private  
      See cancer as God's will
  
  - 9     Photo (program in church)
  
  - 10    Communication  
      Change behavior in African American community:  
      Empower African American women to take care of themselves  
      Promote attendance at programs  
      Earn trust in the Witness Project®  
      Demonstrate cancer is not a death sentence  
      Show it's OK to talk about cancer

- 
- 11 Educate By:  
Providing facts about breast and cervical cancer  
Sharing information about resources and services  
Teaching breast self-examination (BSE)  
Networking within the community  
Answering questions (being a community resource person)
- 12 Roles  
Witness Role Models  
share personal experiences  
may also train as LHAs in order to teach BSE  
Lay Health Advisors  
Serves as technical resource people  
Act as “natural helpers”
- 13 Group Photo

<b>9:15 A.M.      SHOW VIDEO AFTER FIRST ROLE MODEL</b>
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<b>9:30 A.M.                      SPECIAL ISSUES</b>
------------------------------------------------------

**Objectives: Emphasize the importance of confidentiality.  
Distinguish between fact and opinions in cancer education  
messages.**

- 14 Confidentiality  
Respect an individual’s privacy  
Beware of gossip
- 15 Facts versus Opinions  
Know your facts

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Don't risk the projects reputation

16 Facts versus Opinions

Know your facts so you and the project will be:  
seen as trustworthy  
known for providing up-to-date information  
known for finding answers if not sure of facts

17 Are you ready? (Group Photo)

<b>10:00 A.M.</b>	<b>BREAK</b>
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<b>10:15 A.M.</b>	<b>BREAST CANCER FACTS &amp; BSE</b>
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**Objectives: Identify specific early detection messages.**

**Teach BSE skills and techniques.**

**Develop confidence in the ability to detect lumps in breast tissue.**

18 Breast Cancer Information

We don't know what causes cancer  
Finding it early is the key to survival  
All women are at risk  
1 in 8 at risk during lifetime

19 Risk Increases With Age

20 Breast Cancer Information

- 
- Most common cancer in American women  
#2 cause of cancer death in all women  
#1 cause of cancer death in all women ages 35 – 55
- 21 Breast Cancer Myths  
A bruise or hit can cause it  
Surgery (cutting) will make it spread  
It's a white woman's disease
- 22 Breast Cancer and the African American Woman  
#1 cause of cancer death in African American women  
African American women are twice as likely to die from breast cancer
- 23 Problems / Barriers  
Fewer African American women get it but more die from it due to:  
Lack of awareness  
Lack of education  
Poverty  
Lack of access to health care
- 24 Breast Cancer Statistics for 2003  
Incidence Rates  
In 2003, it is anticipated that 211,300 women and 1,300 men in the U.S will develop invasive breast cancer. The differences between racial and ethnic groups can best be illustrated by comparing the incidence of breast cancer cases in the female populations (per 100,000):
- 25 Breast Cancer Risk Factors  
Age  
Family history  
Personal history  
Diet  
Environment
- 26 Breast Cancer Risk Factors - Age:

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Risk increases as women get older  
3 out of 4 women who get breast cancer are over age 50  
3 out of 4 women with breast cancer have no known risk factors

- 27 Breast Cancer Risk Factors - Family History:  
Mother with breast cancer or sister with breast cancer accounts for less than  
1 out of 10 breast cancers
- 28 Breast Cancer Risk Factors - Personal History:  
Had breast cancer before  
Periods at an early age  
Had a late change of life  
First child after age 30  
No children
- 29 Breast Cancer Risk Factors – Diet:  
High fat  
Low fiber  
Overweight
- 30 Breast Cancer Risk Factors - Environment:  
Air pollution  
Chemical pollution
- 31 Finding Breast Cancer Early - 3 Steps To Finding Breast Cancer Early  
Monthly BSE  
Annual CBE  
Mammography every year
- 32 Finding Breast Cancer - People least likely to find it early are:  
The elderly  
Those in rural communities  
The poor  
Minorities

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The less educated

3 3 Finding Breast Cancer - After age 40 women should:

Mammogram every year

CBE every year

Practice BSE every month

3 4 Why Find It Early?

More treatment choices

Better chance for survival

3 5 Signs and Symptoms

A lump that is usually single, firm and most often painless (4 out of 5 lumps are NOT cancer)

Inverted nipple (turned inward where it was not before)

Skin swelling or dimpling (may look like an orange peel); depression (inward

dip) on the surface of the breast

Skin surface of breast may be red, or veins of one breast may become more noticeable

3 6 What are You Looking for? - Bead story (optional):

Most lumps are found in the upper outer part of the breast near the armpit

A smooth, round lump is usually benign (not cancer)

A hard edge or irregular edge may mean cancer

Small bead – this is the size of a tumor found through regular mammograms

Other sizes commonly found according to the different types of detection

3 7 How Cancer Spreads - Dandelion story (optional):

Cancer detection is like getting rid of a pesky dandelion in the garden,

It begins early like a dandelion flower when it's easiest to remove,

If ignored, it sends the cells like seeds all over and they spread and become harder to kill

Then seeds spread and cause more dandelions.

**10:30 A.M.****MAMMOGRAPHY FACTS**

**Objectives: Demonstrate the need for mammograms.**

**Identify common excuses for avoiding mammograms.**

**Relate what women need to know about having mammograms.**

**Distinguish between screening and diagnostic mammogram.**

38 General Information

It's a low dose x-ray of the breast

It's a fast, easy, and safe way to find breast cancer early

It finds lumps that cannot be felt by a woman or her doctor

If all women over 40 and over had regular mammograms, the death rate could drop

About 1 out of 10 cancers don't show up on a mammogram

Younger women have dense breasts (more breast tissue), so mammograms are harder to read

Older women have more fatty tissue (less breast tissue), so mammograms are easier to read.

**Screening mammograms** are routine x-rays performed on supposedly healthy- breasts. They involve only 2 x-rays (of each breast), and are done to detect cancer in its earliest stage.

**Diagnostic mammograms** are performed on breasts with physical signs of breast cancer such as a lump, change in the size or shape of the breast or skin changes. They are also done on women who have a history of breast cancer. These involve more than 2 x-rays of each breast and the radiologist is generally present.

39 Excuses

It cost too much

It's embarrassing

BSE is just as good as a mammogram

No family history of breast cancer

- 40 Excuses  
Fear a mammogram will hurt  
Fear of finding cancer  
Fear of losing a breast  
Fear of losing a husband or boyfriend
- 41 Mammography - Things to know before getting a mammogram (the day of the appointment):  
Don't use deodorant – may interfere with test  
Don't use bath powder – may interfere with test  
Don't wear lotion or perfume – may interfere with test  
**Do** wear a 2-piece outfit – for your convenience
- 42 Other Things to Know  
Expect to have a CBE before the mammogram  
Only a small dose of radiation is used  
Special x-ray equipment is used
- 43 What to Expect  
Each breast is placed on a platform / shelf  
Some pressure is needed to get a clear picture  
Flattening the breast lowers the x-ray dose needed and gives a better picture
- 44 Follow-up Results  
Always get the results of your mammogram  
Follow your doctor's recommendations  
If you find a symptom, see a doctor as soon as possible (ASAP)

**10:45 A.M.                      CERVICAL CANCER FACTS**

**Objectives:** Present current facts about cervical cancer.

**Demonstrate the need for regular pelvic exams and Pap tests.**

**With a special focus on African American women, describe risk factors, early detection methods, and common signs and symptoms of cervical cancer.**

**Optional:** Show brief (5-minute) video, such as, *Your First Pelvic Exam* (c) 1993 Lange Productions (213-874-0132)

45    General Information

All women are at risk

US annual incidence – 15,000 new cases

Annual death – 4,000

15% of women are diagnosed before age 30

Cervical Cancer rates are increasing in women less than 20 years old

100% survivable if found early

Early detection is the key to survival

46    Cervical Cancer Information

If abnormal changes in the cells of the cervix (also called precancerous or severe dysplasia) are treated early, cervical cancer can be prevented

Death from cervical cancer occurs most often in women over 40

47    Cervical Cancer and African American Women

Are 2 times more likely to get it

Nearly 3 times as likely to die from it

44% are diagnosed with early stage cervical cancer compared to 55% of white women

5 year overall survival rate is 61% compared to 72% in white women

48    Risk Factors for Cervical Cancer

Having sex before age 18

Having multiple sex partners or a partner who has multiple sex partners

Smoking cigarettes

15-20% of women diagnosed have one or more close relative(s) with cervical cancer

Chemical

Being Poor

History of sexually transmitted diseases or undiagnosed HPV

49 Human Papilloma Virus

70 different types and 30 types are sexually transmitted

5.5 million new cases per year represents 1/3 of all STD's

20 million men and women will have HPV infection in their lifetime

75 percent of people aged 15-49 will be infected with HPV in their lifetime

50 Human Papilloma Virus (continued)

Exposure to or having HPV does not mean that one will get cervical cancer

Infection is usually harmless since the immune system is able to fight

90 % is associated with HPV types 16 and 18

HPV causes the cell of the cervix to become abnormal

Abstinence and solitary partner will help reduce the risk of HPV

51 Signs & Symptoms of Cervical Cancer

Early

Few signs and symptoms are apparent during the early stages

Late

Abnormal uterine bleeding or spotting:

starting and stopping

periods lasts longer than usual

periods are heavier than usual

Abnormal vaginal discharge and usually increased pain

**11:30 A.M.****PAP TEST FACTS**

**Objectives: Demonstrate the need and common excuses for avoiding Pap tests.  
Share what women need to know about having this test.**

52 General Information

Can find cancer early, when it is easier to cure

Pap test and pelvic exam beginning about 3 years after first intercourse

No later than age 21

53 Types of Screenings

Pap

- Conventional
- Liquid based pap (Thin Prep)
- Pap-HPV DNA Test

HPV

- Hybrid Capture II
- Indications

Are not 100% effective at diagnosing cervical cancer

Specimen may be poor

Technician may make a mistake

54 Screening Frequency

Over age 30 and 3 consecutive yearly Pap test have been normal/negative then screening can be done every 2-3 years

Over age 70 and HPV positive continue Pap tests after discussion with your doctor

Get an annual pelvic exam (even if you've had a hysterectomy)

55 Screening: Frequency (continued)

Must be consecutive and technically satisfactory

Yearly with the conventional Pap

Every two years with the liquid based Pap (Thin Prep)

Women 65 to 70 years of age who had at least three normal Pap test in the last

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10 years may decide, upon consultation with their health care provider to stop cervical cancer screening

56 Excuses

It's embarrassing

It costs too much

No family history of cervical cancer

57 More Excuses

Fear it will hurt

Fear of finding cancer

Fear of not being able to achieve sexual satisfaction

Fear of losing a husband or boyfriend

58 Pap Tests - Things to Know Before You Get a Pap test (24 hours prior):

Don't douche – may interfere with test results

Don't have sexual intercourse – may interfere with test results

Don't use foams, creams and jellies – may interfere with test results

Don't use vaginal medicines – may interfere with test results

59 Things to Tell Your Doctor

Medicines you are currently taking

Sexual activity (any problems)

Vaginal discharge

Pain or discomfort

<b>11:15 A.M.            RESOURCES FOR LHAs &amp; WRMs</b>
------------------------------------------------------------

**Objective: Acquaint LHAs and WRMs with available resource materials. Familiarize trainees with local and national resources to assist them in outreach efforts.**

Tailor this information to your project. Prepare resource information for your LHA and WRMs to take home with them. Include names, addresses and telephone numbers of project staff, WRMs and LHAs.

Display resource material that LHA and WRMs will be using. Mention ways to get free mammogram, clinical breast exams, pelvic exams, and Pap tests.

After the break, LHAs and WRMs meet in separate groups. The cd accompany the Lay Advisor training.

<b>11:30 A.M.            WORKING LUNCH --- EATING HEALTHY</b>
---------------------------------------------------------------

**Objective: Provide an opportunity for socialization and bonding.**

WRMs and LHAs will be together for lunch.

**12:45 P.M. STORYTELLING / FOCUSING THE MESSAGE - WRM****Cues for Beginning Your Story**

Focus: *My name is [] and I am a []-year [breast/cervical] cancer survivor.*

**Detection**

How was your cancer discovered?

What treatments did you receive?

**Messages**

Why are you taking part in this project?

Everyone's story is different

Your presence shows cancer is not a death sentence

It's important to talk about cancer:

    No need for secrecy

    It is not shameful

You are available as a resource to others

Your cancer was found early (mammogram, BSE, CBE, Pap test)

**Other**

Messages should be different

Help women use appropriate terminology (*breast* instead of *up there*)

Close with a positive message

**Presentations**

Each story should be no less than 3 minutes and no more than 5 minutes.

Total program should last from 60 to 90 minutes, including teaching BSE, depending on size of group and number of questions. Always have at least 2 witness role models at a program.

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**12:45 P.M.****HOW TO TEACH BSE – LHAS**

**Objectives: Develop the LHAs' confidence in the ability to detect lumps in breast tissue.  
Prepare Lay Health Advisors to teach women BSE skills and techniques.**

A certified BSE instructor or experienced WRM/LHA should conduct this portion of the training. Our procedure is as follows:

Stress importance of BSE

Cover information on prompt card (see copy in Appendix A, p.26)

Emphasize best time to perform BSE

Use breast models to teach technique

Discuss care and maintenance of breast models

**12:45 P.M.****BREAK****3:00 P.M.****MOCK PROGRAM**

**Objectives: Provide the steps necessary to plan, schedule, set-up, follow-up, and present a Witness program.**

**60 How to Set Up a Program**

Select a Location

Choose a date and time

Publicize your program:

Consult with team members who will be participating

Check you supplies

Set up

Follow up

- 
- 61 Location (Picture of Church)  
Choose a church sanctuary, classroom, or meeting room with comfortable seating, good lighting, rest-rooms, parking and be sure it will seat the size group you anticipate
- 62 Check Date and Time (Picture of Regina and Precilla with clipboard)  
Allow plenty of time to complete your plans and attend to all details  
Make sure the date is good for other team members who will be helping
- Make sure the date is good for the people you want to attend:  
Lunch time programs for a work setting  
Evening programs are probably better for most  
Daytime programs may attract retired persons  
Consider other events that may be happening on the same day  
Limit the overall program to 1 to 1 1/2 hours or you'll lose their attention
- 63 Publicize your program (Picture of flyer)  
You may want to use a flyer to promote attendance  
Personalize the flyer by typing or printing the time and place  
Copy the flyer and pass out to your group about 3 weeks ahead  
Post the flyer 4 or 5 days before the program or the Sunday before  
Get approval before posting a flyer in a public area
- 64 Consult with team members (Team members with van)  
Arrange your program  
Arrange for transportation for those members who need it
- 65 (Photo of Ethel and Mattye)  
Ensure that enough team members are available to help  
Confirm the date with everyone involved  
Ask team members to help set up, hand out materials, turn lights on and off
- 66 (Photo of Mattye/TV and Video)  
Arrange for television/VHS video cassette player  
Arrange for a microphone if you think one is needed

67 (Photo of Charlie, Mattye, Ethel and Betty)

- Set up your program after arriving at your destination
- Arrange your table and cancer education literature
- Wear your Witness Project® pin and pink ribbon
- Arrive early enough to set up the video and materials
- Locate the light and microphone switches
- Adjust the sound on the TV/VCR unit and make sure every thing works
- Locate additional seating in case more people attend than you planned
- Greet participants as they arrive

**3:00 P.M.****HOW TO LEAD A PROGRAM**

**Objective: Provided the steps necessary for leading a Witness Program.**

Included in this section are two agendas for leading your Witness Program. Choose the curriculum that best suits your audience. Agenda #1 introduces BSE demonstration on breast models after BSE teaching.

This agenda may be more appropriate for programs in rural areas or for groups of 15 or fewer participants. Agenda #2 introduces BSE demonstration after closing remarks have been made and while you are visiting with the participants. This agenda may be more appropriate for programs in suburban areas and or groups of more than 15 participants. Shown below is Agenda #2. Both agendas are included in detail in Appendix A on page 23.

68 How to lead a program:

- Greet / Sign-In
- Devotion (Hymn & Prayer)
- Introduction
- Video
- Stories
- Information / Teach BSE
- Questions
- Closing remarks
- Hymn and Prayer

## 69 Sign-in sheet (greet and pass this sheet)

- 
- 70 Devotion (Hymn and prayer) (Photo of Mattye)  
Thank them for inviting you  
Tell them why you're there  
Introductions
  - 71 Show Witness Project® video (*If I Can Help Somebody*) (Picture of video)
  - 72 Stories (Photo of Ethel - Witness Role Model)  
Witness (2-3 people)  
Telling stories (limit to 3-5 minutes per story)
  - 73 Demonstrate BSE techniques. (Photo of Betty teaching BSE)  
Explain that lay health advisors teach this at the  
end of the session
  - 74 Invite and answer questions (Photo of Mattye and Charlie)
  - 75 Distribute information (Photo of Betty)
  - 76 Invite participants to demonstrate on breast models after closing (see agenda  
#2, Appendix A, page 23)  
Thank them for the invitation  
(Photo of Betty and participants doing BSE)
  - 77 Get informed consent sheets signed for the evaluation survey  
Make sure program registration sheets are completed
  - 78 Make closing remarks  
(Photo of consent and program registration sheets)
  - 79 Work the crowd and recruit witness role models. (Photo of Mattye and  
Charlie)
  - 80 Tell the participants how to contact lay health advisors (Photo of Charlie)

Prepare to Leave

Gather up all materials and equipment

Leave the room as you found it

Don't leave anything behind

Rate the program:

What went well?

What might you do differently next time?

Share this information with other project members

Don't forget to pat you and your team members on the back!

- 81 Within one week after the program, send thank-you notes  
(Photo of thank-you notes)  
Send sign-in sheets to project coordinator)

Send program feedback forms and signed informed consent forms to project coordinator

Record program activity for reimbursements (if applicable)

**3:45 P.M.**

**CLOSING DISCUSSION / EVALUATION**

**Objectives: Explain the reporting process.  
Evaluate the training session.**

- # Explain your policies and procedures for reporting on programs and other activities. Distribute copies of any forms the witness role models will use. Explain how to complete them and who to deliver them to.
- # Conduct a quick verbal evaluation of the training session with questions like:

*Today I learned...*

*Something I didn't know before today is...*

*I liked it today when we did...*

*What worked best for me today was...*

*In a future orientation, you might want to consider adding... or...*

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<b>4:00 P.M.</b>	<b>GRADUATION / PICTURE</b>
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**Objective: Present participants with LHA and WRM certificates of completion.**

82 WRM – Alice White (One of the original Arkansas WRMs)

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**The Witness Project Training CD:**

- 1 Logo
- 2 The Witness Project® / ACRC
- 3 Sponsors / Funding Sources
- 4 Organization and Structure  
Witness Role Models  
Lay Health Advisors
- 5 Group Photo  
Witness Roles Models  
Lay Health Advisors
- 6 Organization and Structure  
Steering Committee  
Advisory Board
- 7 Project Objectives  
To increase participation in screening programs  
To decrease death and sickness from cancer
- 8 Beliefs  
Don't talk about cancer  
See cancer as a death sentence  
Nurture everyone else first  
Think health issues are personal and private  
See cancer as God's will
- 9 Photo (program in church)
- 10 Communication  
Change behavior in African American community:  
Empower African American women to take care of themselves

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Promote attendance at programs  
Earn trust in the Witness Project®  
Demonstrate cancer is not a death sentence  
Show it's OK to talk about cancer

11 Educate By:

Providing facts about breast and cervical cancer  
Sharing information about resources and services  
Teaching breast self-examination (BSE)  
Networking within the community  
Answering questions (being a community resource person)

12 Roles

Witness Role Models  
share personal experiences  
may also train as LHAs in order to teach BSE  
Lay Health Advisors  
Serves as technical resource people  
Act as “natural helpers”

13 Group Photo

14 Confidentiality

Respect an individual's privacy  
Beware of gossip

15 Facts versus Opinions

Know your facts  
Don't risk the projects reputation

16 Facts versus Opinions

Know your facts so you and the project will be:  
seen as trustworthy  
known for providing up-to-date information  
known for finding answers if not sure of facts

- 
- 17 Are you ready? (Group Photo)
- 18 Breast Cancer Information  
We don't know what causes cancer  
Finding it early is the key to survival  
All women are at risk  
1 in 8 at risk during lifetime
- 19 Risk Increases With Age
- 20 Breast Cancer Information  
Most common cancer in American women  
#2 cause of cancer death in all women  
#1 cause of cancer death in all women ages 35 – 55
- 21 Breast Cancer Myths  
A bruise or hit can cause it  
Surgery (cutting) will make it spread  
It's a white woman's disease
- 22 Breast Cancer and the African American Woman  
#1 cause of cancer death in African American women  
African American women are twice as likely to die from breast cancer
- 23 Problems / Barriers  
Fewer African American women get it but more die from it due to:  
Lack of awareness  
Lack of education  
Poverty  
Lack of access to health care
- 24 Breast Cancer Statistics for 2003  
Incidence Rates  
In 2003, it is anticipated that 211,300 women and 1,300 men in the U.S will develop invasive breast cancer. The differences between racial and ethnic groups can best be illustrated by comparing the

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incidence of breast cancer cases in the female populations (per 100,000):

2 5 Breast Cancer Risk Factors

Age

Family history

Personal history

Diet

Environment

2 6 Breast Cancer Risk Factors - Age:

Risk increases as women get older

3 out of 4 women who get breast cancer are over age 50

3 out of 4 women with breast cancer have no known risk factors

2 7 Breast Cancer Risk Factors - Family History:

Mother with breast cancer or sister with breast cancer accounts for less than 1 out of 10 breast cancers

2 8 Breast Cancer Risk Factors - Personal History:

Had breast cancer before

Periods at an early age

Had a late change of life

First child after age 30

No children

2 9 Breast Cancer Risk Factors – Diet:

High fat

Low fiber

Overweight

3 0 Breast Cancer Risk Factors - Environment:

Air pollution

Chemical pollution

3 1 Finding Breast Cancer Early - 3 Steps To Finding Breast Cancer Early  
Monthly BSE

- 
- Annual CBE  
Mammography every year
- 32 Finding Breast Cancer - People least likely to find it early are:  
The elderly  
Those in rural communities  
The poor  
Minorities  
The less educated
- 33 Finding Breast Cancer - After age 40 women should:  
Mammogram every year  
CBE every year  
Practice BSE every month
- 34 Why Find It Early?  
More treatment choices  
Better chance for survival
- 35 Signs and Symptoms  
A lump that is usually single, firm and most often painless (4 out of 5 lumps are NOT cancer)  
Inverted nipple (turned inward where it was not before)  
Skin swelling or dimpling (may look like an orange peel); depression (inward dip) on the surface of the breast  
Skin surface of breast may be red, or veins of one breast may become more noticeable
- 36 What are You Looking for? - Bead story (optional):  
Most lumps are found in the upper outer part of the breast near the armpit  
A smooth, round lump is usually benign (not cancer)  
A hard edge or irregular edge may mean cancer  
Small bead – this is the size of a tumor found through regular mammograms  
Other sizes commonly found according to the different types of detection

37 How Cancer Spreads - Dandelion story (optional):

Cancer detection is like getting rid of a pesky dandelion in the garden,  
It begins early like a dandelion flower when it's easiest to remove,  
It grows up and grows more cells  
If ignored, it sends the cells like seeds all over and they spread and become  
harder to kill  
Then seeds spread and cause more dandelions.

38 General Information

It's a low dose x-ray of the breast  
It's a fast, easy, and safe way to find breast cancer early  
It finds lumps that cannot be felt by a woman or her doctor  
If all women over 40 and over had regular mammograms, the death rate could  
drop  
About 1 out of 10 cancers don't show up on a mammogram  
Younger women have dense breasts (more breast tissue), so mammograms are  
harder to read

Older women have more fatty tissue (less breast tissue), so mammograms are  
easier to read.

**Screening mammograms** are routine x-rays performed on supposedly  
healthy- breasts. They involve only 2 x-rays (of each breast), and are done to  
detect cancer in its earliest stage.

**Diagnostic mammograms** are performed on breasts with physical signs of  
breast cancer such as a lump, change in the size or shape of the breast or skin  
changes. They are also done on women who have a history of breast cancer.  
These involve more than 2 x-rays of each breast and the radiologist is  
generally present.

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- 39 Excuses  
It cost too much  
It's embarrassing  
BSE is just as good as a mammogram  
No family history of breast cancer
- 40 Excuses  
Fear a mammogram will hurt  
Fear of finding cancer  
Fear of losing a breast  
Fear of losing a husband or boyfriend
- 41 Mammography - Things to know before getting a mammogram (the day of the appointment):  
Don't use deodorant – may interfere with test  
Don't use bath powder – may interfere with test  
Don't wear lotion or perfume – may interfere with test  
Do wear a 2-piece outfit – for your convenience
- 42 Other Things to Know  
Expect to have a CBE before the mammogram  
Only a small dose of radiation is used  
Special x-ray equipment is used
- 43 What to Expect  
Each breast is placed on a platform / shelf  
Some pressure is needed to get a clear picture  
Flattening the breast lowers the x-ray dose needed and gives a better picture
- 44 Follow-up Results  
Always get the results of your mammogram  
Follow your doctor's recommendations  
If you find a symptom, see a doctor as soon as possible (ASAP)

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45 General Information

All women are at risk

US annual incidence – 15,000 new cases

Annual death – 4,000

15% of women are diagnosed before age 30

Cervical Cancer rates are increasing in women less than 20 years old

100% survivable if found early

Early detection is the key to survival

46 Cervical Cancer Information

If abnormal changes in the cells of the cervix (also called precancerous or severe dysplasia) are treated early, cervical cancer can be prevented

Death from cervical cancer occurs most often in women over 40

47 Cervical Cancer and African American Women

Are 2 times more likely to get it

Nearly 3 times as likely to die from it

44% are diagnosed with early stage cervical cancer compared to 55% of white women

5 year overall survival rate is 61% compared to 72% in white women

48 Risk Factors for Cervical Cancer

Having sex before age 18

Having multiple sex partners or a partner who has multiple sex partners

Smoking cigarettes

15-20% of women diagnosed have one or more close relative(s) with cervical cancer

Chemical

Being Poor

History of sexually transmitted diseases or undiagnosed HPV

49 Human Papilloma Virus

70 different types and 30 types are sexually transmitted

5.5 million new cases per year represents 1/3 of all STD's

20 million men and women will have HPV infection in their lifetime

75 percent of people aged 15-49 will be infected with HPV in their lifetime

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50 Human Papilloma Virus (continued)

Exposure to or having HPV does not mean that one will get cervical cancer  
Infection is usually harmless since the immune system is able to fight  
90 % is associated with HPV types 16 and 18  
HPV causes the cell of the cervix to become abnormal  
Abstinence and solitary partner will help reduce the risk of HPV

51 Signs & Symptoms of Cervical Cancer

Early

Few signs and symptoms are apparent during the early stages

Late

Abnormal uterine bleeding or spotting:  
starting and stopping  
periods lasts longer than usual  
periods are heavier than usual

Abnormal vaginal discharge and usually increased pain

52 General Information

Can find cancer early, when it is easier to cure  
Pap test and pelvic exam beginning about 3 years after first intercourse  
No later than age 21

53 Types of Screenings

Pap

- Conventional
- Liquid based pap (Thin Prep)
- Pap-HPV DNA Test

HPV

- Hybrid Capture II
- Indications

Are not 100% effective at diagnosing cervical cancer  
Specimen may be poor  
Technician may make a mistake

- 
- 54 Screening Frequency  
Over age 30 and 3 consecutive yearly Pap test have been normal/negative then screening can be done every 2-3 years  
Over age 70 and HPV positive continue Pap tests after discussion with your doctor  
Get an annual pelvic exam (even if you've had a hysterectomy)
- 55 Screening Frequency (continued)  
Must be consecutive and technically satisfactory  
Yearly with the conventional Pap  
Every two years with the liquid based Pap (Thin Prep)  
Women 65 to 70 years of age who had at least three normal Pap test in the last 10 years may decide, upon consultation with their health care provider to stop cervical cancer screening
- 56 Excuses  
It's embarrassing  
It costs too much  
No family history of cervical cancer
- 57 More Excuses  
Fear it will hurt  
Fear of finding cancer  
Fear of not being able to achieve sexual satisfaction  
Fear of losing a husband or boyfriend
- 58 Pap Tests - Things to Know Before You Get a Pap test (24 hours prior):  
Don't douche – may interfere with test results  
Don't have sexual intercourse – may interfere with test results  
Don't use foams, creams and jellies – may interfere with test results  
Don't use vaginal medicines – may interfere with test results
- 59 Things to Tell Your Doctor  
Medicines you are currently taking  
Sexual activity (any problems)

Vaginal discharge  
Pain or discomfort

60 How to Set Up a Program

Select a Location  
Choose a date and time  
Publicize your program  
Consult with team members who will be participating

Check you supplies  
Set up  
Follow up

61 Location (Picture of Church)

Choose a church, sanctuary, classroom, or meeting room with comfortable seating, good lighting, restrooms, parking and be sure it will seat the size group you anticipate

62 Check Date and Time (Picture of Regina and Precilla with clipboard)

Allow plenty of time to complete plans and attend to all details  
Make sure the date is good for team members who will be helping  
Make sure the date is good for people you want to attend:  
    Lunch time programs for a work setting  
    Evening programs are probably better for most  
    Daytime programs may attract retired persons  
    Consider other events that may be happening on the same day  
    Limit the overall program to 1 to 1 1/2 hours or you'll lose their attention

63 Publicize your program (picture of flyer)

You may want to use a flyer to promote attendance  
Personalize the flyer by typing or printing the time and place  
Copy the flyer and pass out to your group about 3 weeks ahead  
Post the flyer 4 or 5 days before the program or the Sunday before  
Get approval before posting a flyer in a public area

- 
- 64 Consult with team members (Team members with van)  
Arrange your program  
Arrange for transportation for those members who need it
- 65 (Photo of Ms Ethel and Mattye)  
Ensure that enough team members are available to help  
Confirm the date with everyone involved  
Ask team members to help set up, hand out materials, turn lights on and off
- 66 (Photo of Mattye/TV and Video)  
Arrange for television/VHS video cassette player  
Arrange for a microphone if you think one is needed
- 67 (Photo of Charlie, Mattye, Ethel and Betty)  
Set up your program after arriving at your destination  
Arrange your table and cancer education literature  
Wear your Witness Project® pin and pink ribbon  
Arrive early enough to set up the video and materials  
Locate the light and microphone switches  
Adjust the sound on the TV/VCR unit and make sure every thing works  
Locate additional seating in case more people attend than you planned  
Greet participants as they arrive
- 68 How to lead a program:  
Greet / Sign-In  
Devotion (Hymn & Prayer)  
Introduction  
Video  
Stories  
Information / Teach BSE  
Questions  
Closing remarks  
Hymn and Prayer
- 69 Sign-in sheet (greet and pass this sheet)
- 70 Devotion (Hymn and prayer) (Photo of Mattye)

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Thank them for inviting you  
Tell them why you're there  
Introductions

- 71 Show Witness Project® video (*If I Can Help Somebody*) (Picture of video)
- 72 Stories (Photo of Ethel - Witness Role Model)  
Witness (2-3 people)  
Telling stories (limit to 3-5 minutes per story)
- 73 Demonstrate BSE techniques. (Photo of Ms. Turner teaching BSE)  
Explain that lay health advisors teach this at the  
end of the session
- 74 Invite and answer questions (Photo of Mattye and Charlie)
- 75 Distribute information (Photo of Betty)
- 76 Invite participants to demonstrate on breast models after closing (see agenda  
#2, Appendix A, page 23)  
Thank them for the invitation  
(Photo of Betty and participants doing BSE)
- 77 Get informed consent sheets signed for the evaluation survey and  
Make sure program registration sheets are completed
- 78 Make closing remarks  
(Photo of consent and program registration sheets)
- 79 Work the crowd and recruit witness role models. (Photo of Mattye and  
Charlie)
- 80 Tell the participants how to contact lay health advisors (Photo of Charlie)
- Prepare to Leave  
Gather up all materials and equipment

Leave the room as you found it

Don't leave anything behind

Rate the program:

    What went well?

    What might you do differently next time?

Share this information with other project members

Don't forget to pat you and your team members on the back!

- 81 Within one week after the program, send thank-you notes  
(Photo of thank-you notes)  
Send sign-in sheets to project coordinator)

Send program feedback forms and signed informed consent forms to project coordinator

Record program activity for reimbursements (if applicable)

- 82 WRM – Alice White (One of the original Arkansas WRMs)

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**Curriculum outlines — Witness Role Model Orientation (WRM) and Lay Health Advisor (LHA) Training — and a CD is provided in this facilitator training manual. The outline suggest discussion topics, timing, and CD for an 8-hour training session. The outline is a tool for trainers. Educational objectives are listed at the beginning . This facilitator training manual also contain a training agenda to construct training manuals for WRMs and LHAs.**

**It is more conducive to learning if the training manuals are arranged in a 3-ring binder along with educational brochures, local resource information, and a directory of your volunteers (WRMs, LHAs) and professional staff.**

**Please tailor the curriculum to your project. Include pictures specific to your institution, staff, and sponsors.**

### **Witness Project Training Agenda**

**Agenda; training forms; program forms; resources, and current breast and cervical cancer education literature.**

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## **Witness Role Model & Lay Health Advisor Training Agenda**

8:00 A.M.	Registration / Devotion / Refreshments / Pre- Test
8:30	Introductions
9:00	The Witness Project® Overview
9:15	If I Can Help Somebody (Video)
9:30	Special Issues
10:00	Break
10:15	Breast Cancer Facts
10:30	Mammography Facts
10:45	Cervical Cancer Facts
11:00	Pap Test Facts
11:15	Resources
11:30	Working Lunch
12:15 P.M.	How To Set Up A Program
12:45	Telling The Story / Focusing The Message
	Break-Out Groups (WRMs & LHAs)
	<b>WRMs will practice telling their stories. LHAs will be taught how to perform and teach BSE. Both groups will meet together at</b>
<b>3:00 P.M.</b>	
2:45	Break
3:00	Mock Program
3:45	Closing Discussion / Post-Test / Evaluation
4:00	Graduation / Pictures

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## **Witness Project® Overview**

### **Organization and Structure**

- Witness Role Models
- Lay Health Advisors
- Project Staff
- Funding Sources

### **Beliefs**

- Don't talk about cancer
- See Cancer as a death sentence
- Nurture everyone else first
- Think health issues are personal and private
- See cancer as God's will

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## **Project Objectives**

Increase participation in cancer screening programs

Decrease death and sickness from cancer

## **Communication**

### **Inform by:**

Changing beliefs within the African American community

Empowering women to take care of themselves

Promoting attendance at programs

Earning trust in the Witness Project®

Demonstrating cancer is not a death sentence

Showing it is OK to talk about cancer

### **Educate by:**

Providing facts about breast and cervical cancer

Sharing information about resources and services

Teaching breast self-examinations (BSE)

Networking

Answering questions (being a community resource person)

## Roles

- Witness Role Models
  - Share personal experiences
  - May also train as a lay health advisor in order to teach BSE
- Lay Health Advisors
  - Serve as a technical resource people
  - Act as “natural helpers”
- Are women like you!

## Special Issues

### Confidentiality

- Respect an individual's privacy
- Beware of gossip

### Facts versus Opinions

- You may risk the project's reputation by stating opinions instead of facts
- Know your facts so you and the Witness Project® will be:
  - Seen as trustworthy
  - Known for providing up-to-date information
  - Known for finding answers if not sure of facts

## **Breast Cancer Facts**

### **General Information about Cancer**

- We don't know what causes cancer
- Finding it early is the key to survival (90 to 95%)
- All women are at risk – risk increases with age
- 1 in 8 women will develop it during her lifetime
- When caught early, 9 out of 10 women survive
- Breast cancer is the
  - Most common cancer in American women
  - #2 cause of death in American women
  - #1 cause of death in all American women ages 35 to 55

### **Cancer Myths**

- A bruise or hit to the breast cancer
- Cutting or exposing cancer to air causes it to spread
- It is a white woman's disease

## **Breast Cancer and African American Women**

- #2 cause death in African American women (exceeded only by lung cancer)
- Fewer African American women get it but more die from it
- 2 times as likely to die from it
- Increased cancer incidence and deaths due to:
  - Lack of awareness
  - Lack of education
  - Poverty
  - Lack of access to care

## **Risk Factors**

- **Age**
  - As women get older, their risk increases
  - 3 out of 4 happen to women over age 50
  - 3 out of 4 women do not have any known risk factors
- **Family History**
  - Mother with breast cancer or ovarian cancer
  - Sister with breast cancer
  - Fewer than 1 out 10 cases

- **Personal History**

- Have had breast cancer before
- Started periods early (before age 12)
- Had late change in life (after age 55)
- Had first child after age 30 or never had children

**Diet**

- High fat intake
- Low fiber intake
- Greatly overweight

**Environment**

- Air pollution
- Chemicals

### **3 Steps to Finding Breast Cancer Early**

- Monthly breast self-exam (BSE)
- Annual exam clinical breast examination (CBE) by a doctor or nurse
- Annual mammogram

#### **People least likely to follow these steps are:**

- Elderly
- Rural
- Poor
- Minorities
- Less educated

#### **Guidelines once you turn 40**

- Continue monthly BSE
- CBE every year
- Mammogram every year

#### **When found and treated early:**

- More treatment choice
- Better chance of survival

## **Signs and Symptoms of Breast Cancer**

- A lump, usually single, firm and most often painless
- 4 out of 5 lumps are NOT cancer
- Inverted nipples (turned inward when it was not before)
- Discharge from nipples
- Skin swelling or dimpling
  - Looks like an orange peel
  - Depression (inward dip) on the surface of the breast
- Skin surface may be red or veins become more noticeable

## Breast Cancer Statistics for 2003

### Incidence Rates

In 2003, it is anticipated that 211,300 women and 1,300 men in the U.S will develop invasive breast cancer. The differences between racial and ethnic groups can best be illustrated by comparing the incidence of breast cancer cases in the female populations (per 100,000):

## Mammography Facts

### General Information

- A low dose x-ray of the breast
- Fast, easy, safe way to find breast cancer early
- Finds lumps that cannot be felt
- If all women over 40 had regular mammograms, the death rate could drop one-third
- About 1 out of 10 cancers do not show up on a mammogram
- Younger women have dense breasts, so their mammograms are harder to read
- Older women have more fatty tissue, so their mammograms are easier to read

### Excuses

- It costs too much
- It is embarrassing
- BSE is just as good as a mammogram
- No family history of breast cancer
- Fear
  - It will hurt
  - Of finding cancer
  - Of losing a breast

- Of losing a husband or boyfriend

**Thing to Know:**

- Expect to have a CBE before the mammogram
- Before getting a mammogram (the day of the appointment)
  - No deodorant
  - No bath powder
  - No lotion or perfume
  - Wear a 2 -piece outfit
- Only a small dose of radiation is used
- Radiation amount is less than what one gets from riding on an airplane
- Special equipment is used
- Each breast is placed on an x-ray platform
- Some pressure is needed to get a clear picture
- Flattening the breast lowers the x-ray dose needed
- Always get the results of your mammogram
- Follow your doctor's recommendations
- If you find a symptom, see a doctor as soon as possible

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## **Cervical Cancer Facts**

### **General Information**

- All women are at risk
- US annual incidence – 15,000 new cases
- Annual death – 4,000
- 15% of women are diagnosed before age 30
- Rates are increasing in women less than 20 years old
- 100% survivable if found early
- Early detection is the key to survival
- If abnormal changes in the cells of the cervix (also called precancerous or severe dysplasia) are treated early, cervical cancer can be prevented
- Deaths occur most often in women over 40

### **Cervical Cancer and African American Women**

- Are 2 times more likely to get it
- Nearly 3 times as likely to die from it
- 44% are diagnosed with early stage cervical cancer compared to 55% of white women
- 5 year overall survival rate is 61% compared to 72% in white women

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## **Risk Factors for Cervical Cancer**

- Having sex before age 18
- Having multiple sex partners or a partner who has multiple sex partners
- Smoking cigarettes
- 15-20% of women diagnosed have one or more close relative(s) with cervical cancer
- Chemical
- Being poor
- History of sexually transmitted diseases or undiagnosed HPV (Human Papilloma Virus)

## **Human Papilloma Virus**

- 70 different types and 30 types are sexually transmitted
- 5.5 million new cases per year represents 1/3 of all STD's
- 20 million men and women will have HPV infection in their lifetime
- 75 percent of people aged 15-49 will be infected with HPV in their lifetime
- Exposure to or having HPV does not mean that one will get cervical cancer
- Infection is usually harmless since the immune system is able to fight

- 90% is associated with HPV types 16 and 18
- HPV causes the cell of the cervix to become abnormal
- Abstinence and solitary partner will help reduce the risk of HPV

## **Signs and Symptoms**

- Few signs and symptoms are apparent during early stages
- Abnormal uterine bleeding or spotting
  - Starting and stopping
  - Longer than usual
  - Heavier than usual
- Abnormal vaginal discharge (usually increased)
- Pain

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## Pap Test Facts

### General Information

- Can find cancer early, when it is easier to cure
- Begin at age 21 or when sexually active (and continue for the rest of your life)
- Pap test at least once every three years

### Types of Screenings

- Pap
  - Conventional
  - Liquid based pap (Thin Prep)
  - Pap-HPV DNA Test
- HPV
  - Hybrid Capture II
  - Indications
- Are not 100% effective at diagnosing cervical cancer
  - Specimen may be poor
  - Technician may make a mistake

---

### **Screening Frequency**

- Over age 30 and 3 consecutive yearly Pap test have been normal/negative then screening can be done every 2-3 years
- Over 70 and HPV positive continue Pap tests after discussion with your doctor
- Get an annual pelvic exam (even if you've had a hysterectomy)
- Must be consecutive and technically satisfactory
- Yearly with the conventional Pap
- Every two years with the liquid based Pap (Thin Prep)
- Women 65 to 70 years of age who had at least three normal Pap test in the last 10 years may decide, upon consultation with their health care provider to stop cervical cancer screening

### **Excuses for not getting a Pap test:**

- No family history of cervical cancer
- It is embarrassing
- It costs too much
- Fear
  - It will hurt
  - Of finding cancer
  - Of not being able to achieve sexual satisfaction
  - Of losing a husband or boyfriend

**Things to Know:**

- Before you get test (24 hours prior):
  - Do not douche
  - Do not use foams, creams or jellies
  - Do not use vaginal medicines
  
- Tell your doctor about:
  - Medicines you are taking
  - Sexual activity
  - Vaginal discharge
  - Pain or discomfort

---

## How to Set Up And Lead a Program

### Select A Location

- Choose a church sanctuary, classroom, or meeting room with:
  - Comfortable seating
  - Good lighting
  - Restrooms
  - Parking
- Be sure it will seat the size group you anticipate

### Choose a Date and Time

- Allow plenty of time to complete your plans and attend to all details
- Make sure the date is good for teams members who will be helping
- Make sure this date is good for the people you want to attend
- Consider other events that may be happening on the same day
- Limit time to 1 to 1 ½ hours or you will loose their attention

### Arrange your program

- Make sure enough team members are available to help
- Confirm the date with everyone involved
- Check your supply of program materials (orders take 4-6 weeks)

- Ask team member to help set up, hand out materials, lights
- Arrange for a television / VHS video cassette player
- Arrange for a microphone if you think one is needed

### **Publicize your program**

- You may want to use a flyer to promote attendance
- Personalize by typing or printing the time and place
- Copy and pass out about 3 weeks before program date
- Post 4 or 5 days before the program or the Sunday before
- Get approval before posting in a public area

### **Set up your program**

- Wear your Witness Project® pin and pink ribbon (pink ribbon is optional)
- Arrive early enough to set up the video and materials
- Locate the light switches, microphone switch
- Adjust the sound on the TV / VCR and make sure everything works
- Locate extra seating in case more people attend than you planned
- Greet participants as they arrive

---

## Conduct the program

- Greet the participants and pass the sign in sheet
- Introduction
  - Hymn and prayer
  - Thanks for inviting us
  - Share why we are here
- Witness Project® Video – “If I Can Help Somebody”
- Stories – Witness (2 to 3) 2-3 minutes (never more than 5 minutes) per story
- Present breast cancer and mammography information
- Resources
- Distribute Program Registration Form and Informed Consent Form (Informed Consent form is used for Research project) (Explain that you would like to be able to follow-up and help participants get the services they need.)
- Teach breast self-examination (BSE)
- Present cervical information

- Summary points
  - recruit WRMs and LHAs
  - give contact information
- Closing Prayer
- Practice BSE on ethnic breast models
  - Gather up all materials
  - Leave the room as you found it
  - Don't leave anything behind

### **Follow - up:**

- Send thank-you note within one week of the program
- Complete reporting form and give it to your project coordinator
- Request any reimbursements
- Evaluate your program
- What went well
- What might you do differently next time?
- Share information with other project members
- Pat yourself and your team on the back

---

## What It Takes To Support A Program

### **Supplies:**

- Breast models (cleaned) and
- TV/ VCR (if a unit is not available); extension cord

Advisor/Witness Role  
Model application

- Witness Project® videotape (“If I Can Help Somebody”)
- Your notes, resources & telephone numbers, BSE prompt card
- Pencils, pens, paper
- Clip boards
- Name tags (optional)  
cervical  
literature
- Witness Project® pins
- Your business cards

### **Forms:**

- Sign-in sheets
- Program registration form
- Lay Health
- Mammography vouchers  
(If available)

### **Handouts:**

- Witness Project® brochure
- BSE shower cards
- Standard breast and  
cancer educational  
(those with current national  
guidelines)

## **Telling Your Story**

### **Begin by telling**

- Your name
- How your cancer was discovered

### **Then tell**

- Why you take part in this Project
- Cancer is not a death sentence
- You are alive because you found your cancer early
- It is important to talk about cancer
- You are available to help others

### **Witness Programs**

- Stories should be told in 2 to 5 minutes
- Always have at least 2 Witnesses at a program

---

## **Breast Self- Examination (BSE)**

### **Perform Monthly BSE**

- 5 to 7 days after your period begins
- Do BSE the first of the month or the same time every month after menopause

### **Three rules of three:**

1. Three ways: mirror, shower, lying down (Perform all ways at the same time each month)
2. Three fingers: pads
3. Three depths: shallow, medium, deep (use small circular motions)
  - Use grid method
  - Cover entire breast area (from the collar bone to the bra line, from the center of the chest, and in the armpit).
  - Express (squeeze) the nipple
  - Examine the armpit (Lymph Nodes)
  - Examine each breast

## **Sign-In Sheet**

Program participants sign this sheet before a Witness program begins. Encourage each participant to provide complete information. Ages and telephone numbers are important for completion of follow-up contact. You may need to edit the ethnicity boxes to reflect your participants. For instance, if your project serves ethnic groups from the Caribbean or more recent immigrants from African nations, you will want to designate their ethnicity or “African Descent.”

Ideally, the Witness Role Model (WRM) or Lay Health Advisor (LHA) who plans the program is responsible for collecting the sign-in sheet. In smaller or newly developed programs, the Project Director/Coordinator may attend each program and collect this sheet.

Sign-in sheets for each program should be given to the project director, who will use them in documenting the activities of your Witness Project®.

## Pre- and Post-Tests

A pretest should definitely be used for Lay Health Advisors at the beginning of the training, before the cancer education portion of the training begins. Witness Role Models (WRMs) in Arkansas do not have to take the test unless they are cross training. However, WRMs may be given the pretest if they elect to take it – **they have the option.**

Since WRMs are telling their story, they are not responsible for learning facts to be able to teach, unless they want to be cross-trained to become LHAs. However, some sites have found that WRMs also act as sources of information in their communities and can benefit from learning the factual information. LHAs should complete the same test at the end of the training (posttest).

Explain that these tests are given to help you determine what should be emphasized during the training and to see if you are successful in presenting information. The tests are not intended to grade or judge the trainees. The scores of the pretest are important as an assessment of what they know before the training. The posttest, however, should be used as an indicator of knowledge gained as a result of the training. Each team member should be able to answer 78% of the questions correctly (11 out of 14 questions). If a trainee scores less than 78%, you should follow-up with her to assess her learning needs.



## THE WITNESS PROJECT®

Training Pre-Test

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Please circle the response that best matches your agreement with each statement. Answer every question, even if you are not sure. Your answers will let us know just what we need to teach you.

1. The only way to treat breast cancer is for a surgeon to remove a woman's breast.
 

Yes, I agree	I am not sure	No, I disagree
--------------	---------------	----------------
  
2. Mammograms are used to cure breast cancer.
 

Yes, I agree	I am not sure	No, I disagree
--------------	---------------	----------------
  
3. Bruising your breast can cause breast cancer.
 

Yes, I agree	I am not sure	No, I disagree
--------------	---------------	----------------
  
4. Women 40 years old or older should have a mammogram every 6 years, even if they don't have any problems.
 

Yes, I agree	I am not sure	No, I disagree
--------------	---------------	----------------
  
5. If you check your breasts thoroughly every month, you don't need to get a mammogram once a year.
 

Yes, I agree	I am not sure	No, I disagree
--------------	---------------	----------------
  
6. Breast cancer lumps are much more treatable when found early.
 

Yes, I agree	I am not sore	No, I disagree
--------------	---------------	----------------

- 
7. Mammograms are mainly good for women who feel a lump in their breast or have some other symptoms.
- Yes, I agree                      I am not sure                      No, I disagree
8. Exposing breast cancer to the air during surgery can cause cancer to spread.
- Yes, I agree                      I am not sure                      No, I disagree
9. The amount of radiation a woman gets from a mammogram is less than what she gets from riding in an airplane.
- Yes, I agree                      I am not sure                      No, I disagree
10. Mammograms can find breast lumps that are too small for doctors to find.
- Yes, I agree                      I am not sure                      No, I disagree
11. More African American women get breast cancer than white women.
- Yes, I agree                      I am not sure                      No, I disagree
12. More African American women die from breast cancer.
- Yes, I agree                      I am not sure                      No, I disagree
13. A 55 year-old woman has a higher chance of getting breast cancer than a 35 year-old woman.
- Yes, I agree                      I am not sure                      No, I disagree



## **Program Agenda**

The Witness program agenda provides the **recommended** format for conducting a Witness program.

It may be helpful to laminate an agenda for team members to refer to during programs.



## THE WITNESS PROJECT®

- 
- Step 1** Greet participants and pass the Sign-in-sheet
- Step 2** Introductions  
 Prayer (Hymn and Scripture optional)  
 Thanks for inviting us  
 Witness Project® Overview - (Why we're here)
- Step 3** Witness Project® Video - "If I Can Help Somebody"
- Step 4** Stories - Witness tell their stories (2 to 3) 2-3 minutes (never more than 5 minutes) per story
- Step 5** Present breast and cervical cancer information
- Step 6** Resources [what are the available breast and cervical cancer resources in your area?]
- Step 7** Distribute Program Registration Form and Informed Consent Form. [Explain that you would like to be able to follow-up and help participants get the services they need.]
- Step 8** Teach breast self-examination (BSE)
- Step 9** Invite questions
- Step 10** Make closing remarks - Recruit WRMs and LHAs - Give contact information
- Step 11** Prayer (Hymn optional)
- Step 12** **Practice BSE on ethnic breast models**  
 Gather up all materials and equipment  
 Leave the room as you found it  
 Don't leave anything behind
- Step 13** Follow-up:  
 Send thank-you note within one week of the program

***Complete reporting form and give it to your project coordinator***

- Request any reimbursements
- Evaluate your program
- What went well?
- What might you do differently next time?
- Share information with other project members

## Program Registration Form ✓

*The Program Registration Form* is an internal evaluation and navigational tool. This form solicits the basic information necessary to evaluate the effectiveness and outcomes from your Witness Project® education program. Unless you already have an evaluation system in place within your organization, you should use this **form**. In addition to evaluation, the purpose of this form is to facilitate access and utilization of services (mammography, clinical breast examinations, pelvic examinations, and Pap tests) to eligible women, and provide information. It will help you determine who needs to be navigated or assisted in obtaining these screening services. The information collected from this form will help you determine if your program is working and what changes are needed for better outcomes in serving program participants.

This form must be given to participants to complete at Witness Programs after Lay Health Advisors have cited facts and resources regarding breast and cervical cancer. The form reflects the age categories of women who are, and / or are not getting their mammograms, CBEs, Pap tests, pelvic exams and practicing BSE, and the types of assistance they require in getting these services.

Any time data is collected for evaluation purposes an approval from a Human Subjects review mechanism such as an Institutional Review Board (IRB) is required. The 2-page *Informed Consent Form* **must** be given with the *Program Registration Form*. Tell your participants they are being asked to complete an *Informed Consent Form* so that you will have their permission to contact them at a later date for whatever assistance they have requested to obtain the services they need. The Program Registration Form is a tool used to navigate women toward low or no cost breast and cervical cancer screening.

Some women may need assistance in scheduling screening, locating services, have questions about how services may be covered, need assistance with transportation, or want additional cancer literature.

If you don't already have a navigational system in place, you should develop some internal tracking tools for documenting follow-up with program participants.

Within one week after a program, the Navigator (team member or staff person) should contact each program participant who requested assistance with screening services on the Program Registration Form, and those who indicated they were not getting timely mammograms, CBEs, Pap tests, or pelvic exams. After you have provided for navigating those in need of services, use another blank copy of the Program Registration Form to contact the same participants **within one month after the scheduled appointment** to determine if mammograms, clinical breast exams, pelvic exams and/or Paps were received.

The Program Registration Form and the **second page** of the *Informed Consent Form* must be mailed to the attention of the evaluation coordinator at the National Witness Project® office in Little Rock, Arkansas. This must be done within one month of the program attended (if your project is covered by an IRB you do not have to mail us the *Informed Consent Form*). Mail the *Follow Up Sheet* when you have determined that the navigation process has been completed for a participant, e.g., mammogram or Pap test was done. To preserve confidentiality, black out the participant's name, address, and phone number on the Program Registration Form.

Forms should be mailed to the attention of *The Witness Project*® evaluation coordinator at 4301 West Markham, Slot 820 Little Rock, Arkansas 72205. If you have any questions, please call the evaluation coordinator at 501-661-9603 or 1-800-275-1183.



## The Witness Project® Program Registration Sheet

Location \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ county: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Please check an age group: \_\_\_ Under 39 \_\_\_ 40-49 \_\_\_ 50-59 \_\_\_ 60-69 \_\_\_ 70-79 \_\_\_ 80-89

Ethnicity: \_\_\_ African-American \_\_\_ Caucasian \_\_\_ Hispanic \_\_\_ Other

**Please check an answer to each of the following questions:**

1. Have you examined your own breasts (breast self-examination or BSE) in the past month?

\_\_\_ Yes \_\_\_ No If Yes, how often? \_\_\_\_\_

2. Have you had a clinical breast examination (CBE) by a doctor or nurse in the past 12 months?

\_\_\_ Yes \_\_\_ No If Yes, when? \_\_\_\_\_ Month/Year

3. Have you had a mammogram (x-ray of the breast) in the past 12 months?

\_\_\_ Yes \_\_\_ No If Yes, when? \_\_\_\_\_ Month/Year

4. Have you had a pelvic examination in the past 12 months?

\_\_\_ Yes \_\_\_ No If Yes, when? \_\_\_\_\_ Month/Year

5. Have you had a Pap test in the past 12 months?

\_\_\_ Yes \_\_\_ No If Yes, when? \_\_\_\_\_ Month/Year

6. If you **do not** get your Pap test and mammogram at least once a year, how **may The Witness Project® help you get your tests scheduled and keep your appointments?**

\_\_\_ Help me find Low or No Cost Exams      \_\_\_ Schedule a Mammogram or Pap appointment for me

\_\_\_ Help me with Transportation              \_\_\_ Help me with Childcare

\_\_\_ Tell me when a Mobile Mammography Unit is in my community      \_\_\_ I need more Information and Literature

\_\_\_ Please help me with these other problems: \_\_\_\_\_

**If you have concerns or questions that you want kept confidential, please feel free to talk with one of the representatives after the program. They will be glad to assist you.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## The Witness Project® Follow Up Sheet

Location \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Please check an age group: \_\_\_\_\_ Under 39 \_\_\_\_\_ 40-49 \_\_\_\_\_ 50-59 \_\_\_\_\_ 60-69 \_\_\_\_\_ 70-79 \_\_\_\_\_ 80-89

Ethnicity: \_\_\_\_\_ African-American \_\_\_\_\_ Caucasian \_\_\_\_\_ Hispanic \_\_\_\_\_ Other

**Please check an answer to each of the following questions:**

1. Have you examined your own breasts (breast self-examination or BSE) in the past month?  
 Yes  No If Yes, how often? \_\_\_\_\_
2. Have you had a clinical breast examination (CBE) by a doctor or nurse in the past 12 months?  
 Yes  No If Yes, when? \_\_\_\_\_ Month/Year
3. Have you had a mammogram (x-ray of the breast) in the past 12 months?  
 Yes  No If Yes, when? \_\_\_\_\_ Month/Year
4. Have you had a pelvic examination in the past 12 months?  
 Yes  No If Yes, when? \_\_\_\_\_ Month/Year
5. Have you had a Pap test in the past 12 months?  
 Yes  No If Yes, when? \_\_\_\_\_ Month/Year
6. If you **do not** get your Pap test and mammogram at least once a year, **how may The Witness Project® help you get your tests scheduled and keep your appointments?**

- |                                                                                    |                                                                         |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Help me find Low or No Cost Exams                         | <input type="checkbox"/> Schedule a Mammogram or Pap appointment for me |
| <input type="checkbox"/> Help me with Transportation                               | <input type="checkbox"/> Help me with Childcare                         |
| <input type="checkbox"/> Tell me when a Mobile Mammography Unit is in my community | <input type="checkbox"/> I need more Information and Literature         |

Please help me with these other problems: \_\_\_\_\_

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**If you have concerns or questions that you want kept confidential, please feel free to talk with one of the representatives after the program. They will be glad to assist you.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Informed Consent ✓

If your Witness Project® is collecting data for evaluation, which includes individual identification or confidential medical record information (such as mammography reporting or impact), you will need to get approval from a Human Subjects review mechanism such as an **Institutional Review Board (IRB)**. You may qualify for an exemption as an educational program. If you determine that written informed consent is required, tell your participants that they are being asked to complete an *Informed Consent Form*. This consent form gives you permission to contact them at a later date to help them obtain any services for which they have requested assistance on the Program Registration Form (whether or not they are eligible). Also tell them that this does not affect their participation in the Witness program. Anyone can participate in the educational program.

The *Informed Consent Form* is distributed along with the *Program Registration Form*, to the entire group after the Lay Health Advisor (LHA) cites breast and cervical cancer facts and resources. Consenting participants can take the top page with them for later review. Allow time for questions and clarification of the consent form.

Emphasize...

- Their participation will help determine how to best assist women to obtain life-saving breast and cervical cancer screenings.
- Participation is voluntary.
- There are no known risks to individuals as a result of participation.

- 
- Within one week of the Witness program a Witness Project® representative will contact those participants who have indicated they are not getting regular screenings and those who have requested assistance in obtaining screening services (see Program Registration Form in this Appendix). A Witness representative will again contact them within one month after their scheduled appointments.
  - All information is confidential. No names, addresses, or telephone numbers will be shared with any other organization without expressed consent. Reporting will be by group only.

You should customize information about local participation, contact persons and telephone numbers as appropriate for your Witness Project® program on your consent form.



## THE WITNESS PROJECT®

### CONSENT FOR FOLLOW-UP CONTACT

You are invited to participate in an educational program that encourages early detection and screening practices for breast and cervical cancer. The study is being conducted by The Witness Project®, the Arkansas Cancer Research Center, and the University of Arkansas for Medical Sciences (UAMS), and (local organization/institution). Thousands of women across the nation have already participated in this program, and you were selected as a participant in this study because you live in (city/state/local), are at least 20 years of age, and are willing to learn about breast and cervical cancer screening. This program will empower you to take a more active role in ensuring better breast and cervical health for yourself, and the results will give researchers valuable information that will help provide better health care for women.

As a volunteer participant in this study, you will be asked to listen to speakers and learn how to perform breast self-examination (BSE), including the use of synthetic breast models for demonstration, as well as information about having clinical breast examinations, mammograms, pelvic examinations, and Pap tests. The program will take approximately 1½ hours. About one week after the program, we may call you to help you get the services indicated on the Program Registration Form. During this fifteen-minute telephone call, you may receive information about organizations that provide free and low-cost pelvic examinations, Pap tests, clinical breast exams, mammograms, transportation, and other services. Witness representatives may perform a follow-up telephone call within one month to verify you received services. By signing the Program Registration Form provided at the Witness program, and by signing this informed consent, your name, address, and telephone number may be given to a local agency to help you obtain some of the free or low-cost screening services.

Your responses will be kept strictly confidential. The information is for referral and study purposes only. Any information from this study will be reported by group form only. You will not be identified by name or by any information you give us. Your personal information will never be released to any company, so nobody will call you to sell you anything. The only people who may ever see your personal information is the University of Arkansas for Medical Science's Human Research Advisory Committee, who make sure you are protected from unapproved research. Participation in this study is voluntary, and you may end your involvement with any part of this program, or the entire program at any time. Your participation in the research study may be terminated without your consent. There are no risks to you as a participant. If you choose not to participate in the study it will not affect any benefits or treatments you will receive. Signing this consent form does not mean that you are obligated to participate in any other research protocol or treatments. It only means that you are giving permission to be contacted. By signing this consent form you will not waive any legal right to which you are legally entitled. No monetary compensation will be provided to you, and you may not receive any benefit from this program.

If you have any questions regarding this study or need further assistance with breast and cervical cancer screenings, you may ask a Witness Project® representative at the time of the program, call the Arkansas Witness Project® state office at 1-800-767-3824, contact the national Principal Investigator, Deborah O. Erwin, Ph.D. at 501-686-8801, or your local representative, (local contact and phone number). If you have any questions about your rights with respect to your involvement with this educational program, or related injuries, please contact the UAMS Institutional Review Board at (501) 686-5667.

This page is for The Witness Project® participants to complete, and will be collected by a Witness Project® representative. The first page should be kept by the participant for any future use.

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**I have read the previous statement or someone has read it to me. I have been able to ask questions and express concerns, and I have received a satisfactory response by a representative of The Witness Project® or the investigator. I understand the purpose of the program as well as the potential benefits that are involved. I hereby give my informed and free consent to be a participant in this program.**

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Project® Representative's Signature

\_\_\_\_\_  
Date

Principal Investigator: \_\_\_\_\_

**Deborah O. Erwin, Ph.D., CTR**  
**Associate Director of Education**  
Associate Professor, Surgical Oncology

\_\_\_\_\_  
Date

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## Expense Form

If your Witness Project® decides to reimburse volunteers for expenses or mileage, you will need a form for requesting payment.

In Arkansas, we provide the WRMs and LHAs a stipend depending on the length of the program. Mileage is reimbursed at \$.29 per mile over 40 miles. The request for reimbursement is then forwarded to Area Outreach Coordinators for submission to our Witness Project® program office.

The reimbursement process is one that you may have to create according to your own needs. The Arkansas Witness Project® WRMs and LHAs submit their expense forms monthly, but their requests are held until expenses total \$40.00. Be sure to talk with your financial officer to clarify that your budget contains a line item for stipends and other expenses, and determine what information may be required for an audit.

If you choose to use the process described in the above paragraphs, you may use the form as is. Space has been provided for you to insert the appropriate name and address to where the form should be returned.

You also may want to consider other incentives (purely optional) for your team members for the programs they conduct, such as giving them debit cards for department stores, mall gift certificates, or hosting an awards luncheon to recognize them for their program activity.

There are many creative ways you may use to encourage team members to keep active and continue the work to spread the news about early detection. These incentives serve to keep team members motivated and may help offset some household expenses.



**THE WITNESS PROJECT®  
Expense Reimbursement Form**

NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

CAR TAG (DRIVER ONLY): \_\_\_\_\_

This form is to be completed by each WRM or LHA after participation at a program or health-fair. *Please include the hours worked!* The stipend for each program is \$20.00 (0-6 hours in length) and \$40.00 for a program that exceeds 6 hours. You will be paid \$.29 per mile for trips of 40 miles or more. You **may not** accumulate mileage. Try to car pool whenever possible. Attach *original*, receipts for expenses. *All activity must be reported within 90 days for reimbursement (no exceptions).* Forms should be sent monthly to (name of individual):

DATE	LOCATION, CITY, AND COUNTY	TYPE OF PROGRAM (WP PROGRAM, HEALTH FAIR, OR TRAINING PROGRAM)	HOURS

\_\_\_\_\_ Number of programs @ \$20.00 = \_\_\_\_\_  
 \_\_\_\_\_ Number of programs @ \$40.00 = \_\_\_\_\_  
 \_\_\_\_\_ Miles @ \$.29 per mile = \_\_\_\_\_  
 \_\_\_\_\_ Total reimbursements = \_\_\_\_\_

**TOTAL =** \_\_\_\_\_ **DATE** \_\_\_\_\_

SUBMITTED: \_\_\_\_\_

## **Training Session Evaluation**

Feedback from trainees in your WRM and LHA training sessions will be extremely valuable, as you are learning what works and what doesn't work.

The training evaluation form provided can be used in any type of learning setting. The form takes about 5 minutes to complete at the end of the program. Encourage trainees to give honest feedback and suggestions. Trainees should not put their names on the forms.

Results of the training evaluation should be given to the Project Coordinator who then forwards them to the Evaluation Coordinator.



**THE WITNESS PROJECT®**  
Training Session Evaluation

**PLEASE CHECK ONE:**  Witness Role Model  Lay Health Advisor

TRAINING DATE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

*Please circle the response that best represents your opinion on the following statements.*

- |     |                                                                                          |     |          |    |          |
|-----|------------------------------------------------------------------------------------------|-----|----------|----|----------|
| 1.  | I had a clear understanding of the purpose for the training before I came.               | YES | SOMEWHAT | NO | NOT SURE |
| 2.  | The training was well organized.                                                         | YES | SOMEWHAT | NO | NOT SURE |
| 3a. | The trainers were prepared.                                                              | YES | SOMEWHAT | NO | NOT SURE |
| 3b. | The trainers knew what they were talking about.                                          | YES | SOMEWHAT | NO | NOT SURE |
| 3c. | The trainers said what they had to say so I could understand it.                         | YES | SOMEWHAT | NO | NOT SURE |
| 3d. | The trainers used examples that I could relate to my own experiences.                    | YES | SOMEWHAT | NO | NOT SURE |
| 4.  | There was enough time to cover the information.                                          | YES | SOMEWHAT | NO | NOT SURE |
| 5a. | I felt comfortable asking questions during the training session.                         | YES | SOMEWHAT | NO | NOT SURE |
| 5b. | My questions were answered thoroughly and confidently.                                   | YES | SOMEWHAT | NO | NOT SURE |
| 6.  | The slides or visual aids were helpful.                                                  | YES | SOMEWHAT | NO | NOT SURE |
| 7.  | I learned of resources for information, screening, and treatment.                        | YES | SOMEWHAT | NO | NOT SURE |
| 8a. | The hands-on activities were helpful in applying the information.                        | YES | SOMEWHAT | NO | NOT SURE |
| 8b. | The instructor(s) was helpful in coaching me through new skills.                         | YES | SOMEWHAT | NO | NOT SURE |
| 8c. | I feel good about my ability to apply the new skills and information in teaching others. |     |          |    |          |

YES

SOMEWHAT

NO

NOT SURE

*Please complete the following statements or answer the following questions.*

Did any unexpected events (such as lighting, sound, or room temperature) positively or negatively affect your ability to understand the information? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

New information I learned today was (please be specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The most helpful part of the training was: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In addition to being a Witness Project® team member, ways in which I can use today's training include: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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<b>WHAT CHANGES DO YOU RECOMMEND FOR FUTURE TRAININGS?</b>	
LENGTH	
FORMAT	
INFORMATION	
LITERATURE	
OTHER	

Other comments or suggestions: \_\_\_\_\_

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## Post-Tests

The **post-test** should be used as an indicator of knowledge gained as a result of the training. Each team member should be able to answer 78% of the questions correctly (11 out of 14 questions). If a trainee scores less than 78%, you should follow-up with her to assess her learning needs.



**THE WITNESS PROJECT®**  
Training Post-Test

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Please circle the response that best match your agreement with each statement. Answer every question, even if you are not sure. Your answers will let us know just how well we taught you.

1. The only way we have to treat breast cancer is for a surgeon to remove a woman's breast.
 

Yes, I agree	I am not sure	No, I disagree
--------------	---------------	----------------
  
2. Mammograms are used to cure breast cancer.
 

Yes, I agree	I am not sure	No, I disagree
--------------	---------------	----------------
  
3. Bruising your breast can cause breast cancer.
 

Yes, I agree	I am not sure	No, I disagree
--------------	---------------	----------------
  
4. Women 40 years old or older should have a mammogram every 6 years, even if they don't have any problems.
 

Yes, I agree	I am not sure	No, I disagree
--------------	---------------	----------------
  
5. If you check your breasts thoroughly every month you don't need to get a mammogram once a year.
 

Yes, I agree	I am not sure	No, I disagree
--------------	---------------	----------------
  
6. Breast cancer lumps are much more treatable when found early.
 

Yes, I agree	I am not sure	No, I disagree
--------------	---------------	----------------



## **Graduation Certificate!**

Once your volunteers have completed the 8-hour training session outlined in this training manual, present them with a certificate of graduation.

If your program and team members are new, you will need to arrange for practice sessions for your Lay Health Advisors (LHAs) (who must observe at least three programs before presenting) and your Witness Role Models (WRMs). A good tool to use for practice is the “mock program” in the training curriculum. You may find that some of your LHAs require more than three practice sessions to build their confidence level-and that is okay. Practicing mock programs with team members also helps the WRM become more relaxed in telling her story.



# **Certificate of Attendance**

*This is to certify that*

**Floree Martin**

*has successfully completed 8 hour of continuing education for  
Witness Role Models*

*Presented by:*

*The Witness Project®*

*This 23rd day of September, 2000*

*Charlie Stayton, Executive Director*

*Mattye Willis, Deputy Director*

## Program Checklist

It is **extremely** important that your team members are well prepared before each program. A checklist to organize materials assists your volunteers in communicating professional and committed images to the community.

Team members should always arrive at a program 20 - 30 minutes ahead of the audience, so that they have enough time to test the TV/VCR and arrange the display and handouts, and breast models.

You may find that the checklist may need to be revised as your Witness Project® develops and new resources are added. Projects are encouraged to use materials that are in accordance with current, national screening guidelines. Literature may be obtained from organization such as the Susan G. Komen Breast Cancer Foundation, the American Cancer Society, and the National Cancer Institute/Cancer Information Service.



## The Witness Project® Program Checklist

### Supplies

- Breast Models (cleaned & powdered)  
**MammaCare** Brand (with simulated lumps)
  - Transparent model
  - Opaque model**HealthEdco** (Ethnic Brand)
  - Mini
  - Geriatric
- TV/VCR (if a unit is available)
- Extension cord and adapter
- Witness Project® videotape
- Your notes
  - Resources by county
  - Telephone numbers
  - BSE teaching booklet
  - Prompt Card
- Bead Necklace (if available)
- Pencils or pens
- Clipboards
- Your Witness Project® business cards

### Forms

- Sign-in Sheet
- Informed Consent Form
- Program Registration Form
- Expense Reimbursement Form (for team members to complete and give or mail to Area Coordinator after program)
- Witness Role Model (WRM) Application
- Lay Health Advisor (LHA) Application

### HANDOUTS

- The Witness Project® brochures
- Breast Self-examination (BSE) brochure
- BSE Shower Cards
- Mammography brochure
- Pap test & pelvic exam brochure
- Diet & nutrition information
- Preventive health services resources
- Other

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## Sign-In Sheet

Program participants sign this sheet before a Witness program begins. Encourage each participant to provide complete information. Ages and telephone numbers are important for completion of follow-up contact. You may need to edit the ethnicity boxes to reflect your participants. For instance, if your project serves ethnic groups from the Caribbean or more recent immigrants from African nations, you will want to designate their ethnicity or “African Descent.”

Ideally, the Witness Role Model (WRM) or Lay Health Advisor (LHA) who plans the program is responsible for collecting the sign-in sheet. In smaller or newly developed programs, the Project Director/Coordinator may attend each program and collect this sheet.

Sign-in sheets for each program should be given to the project director, who will use them in documenting the activities of your Witness Project®.

## **Program Agenda**

The Witness program agenda provides the recommended format for conducting a Witness program.

It may be helpful to laminate an agenda for team members to refer to during programs.



## **THE WITNESS PROJECT®** **Program Agenda**

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- Step 1**            Greet participants and pass the Sign-in-sheet
  
  - Step 2**            Introductions
    - Prayer (Hymn and Scripture optional)
    - Thanks for inviting us
    - Witness Project® Overview - (Why we're here)
  
  - Step 3**            Witness Project® Video - "If I Can Help Somebody"
  
  - Step 4**            Stories - Witness tell their stories (2 to 3) 2-3 minutes (never more than 5 minutes) per story
  
  - Step 5**            Present breast and cervical cancer information
  
  - Step 6**            Resources [what are the available breast and cervical cancer resources in your area?]
  
  - Step 7**            Distribute Program Registration Form and Informed Consent Form. [Explain that you would like to be able to follow-up and help participants get the services they need.]
  
  - Step 8**            Teach breast self-examination (BSE)
  
  - Step 9**            Invite questions
  
  - Step 10**           Make closing remarks - Recruit WRMs and LHAs - Give contact information
  
  - Step 11**           Prayer (Hymn optional)
  
  - Step 12**           Practice BSE on ethnic breast models
    - Gather up all materials and equipment
    - Leave the room as you found it
    - Don't leave anything behind
  
  - Step 13**           Follow-up:
    - Send thank-you note within one week of the program
    - Complete reporting form and give it to your project coordinator
    - Request any reimbursements
    - Evaluate your program
    - What went well?
    - What might you do differently next time?
    - Share information with other project members
    - Pat yourself and your team members on the back
-

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## Program Registration Form ✓

The *Program Registration Form* is an internal evaluation and navigational tool. This form solicits the basic information necessary to evaluate the effectiveness and outcomes from your Witness Project® education program. Unless you already have an evaluation system in place within your organization, you should use this form. In addition to evaluation, the purpose of this form is to facilitate access and utilization of services (mammography, clinical breast examinations, pelvic examinations, and Pap tests) to eligible women, and provide information. It will help you determine who needs to be navigated or assisted in obtaining these screening services. The information collected from this form will help you determine if your program is working and what changes are needed for better outcomes in serving program participants.

This form must be given to participants to complete at Witness Programs after Lay Health Advisors have cited facts and resources regarding breast and cervical cancer. The form reflects the age categories of women who are, and / or are not getting their mammograms, CBEs, Pap tests, pelvic exams and practicing BSE, and the types of assistance they require in getting these services.

Any time data is collected for evaluation purposes an approval from a Human Subjects review mechanism such as an Institutional Review Board (IRB) is required. The 2-page *Informed Consent Form* **must** be given with the *Program Registration Form*. Tell your participants they are being asked to complete an *Informed Consent Form* so that you will have their permission to contact them at a later date for whatever assistance they have requested to obtain the services they need. The Program Registration Form is a tool used to navigate women toward low or no cost breast and cervical cancer screening.

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Some women may need assistance in scheduling screening, locating services, have questions about how services may be covered, need assistance with transportation, or want additional cancer literature.

If you don't already have a navigational system in place, you should develop some internal tracking tools for documenting follow-up with program participants.

Within one week after a program, the Navigator (team member or staff person) should contact each program participant who requested assistance with screening services on the Program Registration Form, and those who indicated they were not getting timely mammograms, CBEs, Pap tests, or pelvic exams. After you have provided for navigating those in need of services, use another blank copy of the Program Registration Form to contact the same participants **within one month after the scheduled appointment** to determine if mammograms, clinical breast exams, pelvic exams and/or Paps were received.

The **Program Registration Form** and the second page of the **Informed Consent Form** must be mailed to the attention of the evaluation coordinator at the National Witness Project® office in Little Rock, Arkansas. This *must* be done within one month of the program attended (if your project is covered by an IRB you do not have to mail us the Informed Consent Form). Mail the **Follow Up Sheet** when you have determined that the navigation process has been completed for a participant, e.g., mammogram or Pap test was done. To preserve confidentiality, black out the participant's name, address, and phone number on the Program Registration Form

Forms should be mailed to the attention of *The Witness Project*® evaluation coordinator at 4301 West Markham, Slot 820 Little Rock, Arkansas 72205. If you have any questions, please call the evaluation coordinator at 501-661-9603 or 1-800-275-1183.



**The Witness Project®  
Program Registration Sheet**

Location \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ county: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Please check an age group: \_\_\_\_\_ Under 39 \_\_\_\_\_ 40-49 \_\_\_\_\_ 50-59 \_\_\_\_\_ 60-69 \_\_\_\_\_ 70-79 \_\_\_\_\_ 80-89

Ethnicity: \_\_\_\_\_ African-American \_\_\_\_\_ Caucasian \_\_\_\_\_ Hispanic \_\_\_\_\_ Other

**Please check an answer to each of the following questions:**

1. Have you examined your own breasts (breast self-examination or BSE) in the past month?  
 Yes     No    If Yes, how often? \_\_\_\_\_
2. Have you had a clinical breast examination (CBE) by a doctor or nurse in the past 12 months?  
 Yes     No    If Yes, when? \_\_\_\_\_ Month/Year
3. Have you had a mammogram (x-ray of the breast) in the past 12 months?  
 Yes     No    If Yes, when? \_\_\_\_\_ Month/Year
4. Have you had a pelvic examination in the past 12 months?  
 Yes     No    If Yes, when? \_\_\_\_\_ Month/Year
5. Have you had a Pap test in the past 12 months?  
 Yes     No    If Yes, when? \_\_\_\_\_ Month/Year
6. If you **do not** get your Pap test and mammogram at least once a year, **how may The Witness Project® help you get your tests scheduled and keep your appointments?**

<input type="checkbox"/> Help me find Low or No Cost Exams	<input type="checkbox"/> Schedule a Mammogram or Pap appointment for me
<input type="checkbox"/> Help me with Transportation	<input type="checkbox"/> Help me with Childcare
<input type="checkbox"/> Tell me when a Mobile Mammography Unit is in my community	<input type="checkbox"/> I need more Information and Literature
<input type="checkbox"/> Please help me with these other problems: _____	

**If you have concerns or questions that you want kept confidential, please feel free to talk with one of the representatives after the program. They will be glad to assist you.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Informed Consent ✓

If your Witness Project® is collecting data for evaluation, which includes individual identification or confidential medical record information (such as mammography reporting or impact), you will need to get approval from a Human Subjects review mechanism such as an **Institutional Review Board (IRB)**. You may qualify for an exemption as an educational program. If you determine that written informed consent is required, tell your participants that they are being asked to complete an *Informed Consent Form*. This consent form gives you permission to contact them at a later date to help them obtain any services for which they have requested assistance on the Program Registration Form (whether or not they are eligible). Also tell them that this does not affect their participation in the Witness program. Anyone can participate in the educational program.

The *Informed Consent Form* is distributed along with the *Program Registration Form*, to the entire group after the Lay Health Advisor (LHA) cites breast and cervical cancer facts and resources. Consenting participants can take the top page with them for later review. Allow time for questions and clarification of the consent form.

Emphasize...

- Their participation will help determine how to best assist women to obtain life-saving breast and cervical cancer screenings.
- Participation is voluntary.
- There are no known risks to individuals as a result of participation.

- 
- Within one week of the Witness program a Witness Project® representative will contact those participants who have indicated they are not getting regular screenings and those who have requested assistance in obtaining screening services (see Program Registration Form in this Appendix). A Witness representative will again contact them within one month after their scheduled appointments.
  
  - All information is confidential. No names, addresses, or telephone numbers will be shared with any other organization without expressed consent. Reporting will be by group only.

You should customize information about local participation, contact persons and telephone numbers as appropriate for your Witness Project® program on your consent form.



## THE WITNESS PROJECT® CONSENT FOR FOLLOW-UP CONTACT

**You are invited to participate in an educational program that encourages early detection and screening practices for breast and cervical cancer. The study is being conducted by The Witness Project®, the Arkansas Cancer Research Center, and the University of Arkansas for Medical Sciences (UAMS), and (local organization/institution). Thousands of women across the nation have already participated in this program, and you were selected as a participant in this study because you live in (city/state/local), are at least 20 years of age, and are willing to learn about breast and cervical cancer screening. This program will empower you to take a more active role in ensuring better breast and cervical health for yourself, and the results will give researchers valuable information that will help provide better health care for women.**

**As a volunteer participant in this study, you will be asked to listen to speakers and learn how to perform breast self-examination (BSE), including the use of synthetic breast models for demonstration, as well as information about having clinical breast examinations, mammograms, pelvic examinations, and Pap tests. The program will take approximately 1½ hours. About one week after the program, we may call you to help you get the services indicated on the Program Registration Form. During this fifteen-minute telephone call, you may receive information about organizations that provide free and low-cost pelvic examinations, Pap tests, clinical breast exams, mammograms, transportation, and other services. Witness representatives may perform a follow-up telephone call within one month to verify you received services. By signing the Program Registration Form provided at the Witness program, and by signing this informed consent, your name, address, and telephone number may be given to a local agency to help you obtain some of the free or low-cost screening services.**

**Your responses will be kept strictly confidential. The information is for referral and study purposes only. Any information from this study will be reported by group form only. You will not be identified by name or by any information you give us. Your personal information will never be released to any company, so nobody will call you to sell you anything. The only people who may ever see your personal information is the University of Arkansas for Medical Science's Human Research Advisory Committee, who make sure you are protected from unapproved research. Participation in this study is voluntary, and you may end your involvement with any part of this program, or the entire program at any time. Your participation in the research study may be terminated without your consent. There are no risks to you as a participant. If you choose not to participate in the study it will not affect any benefits or treatments you will receive. Signing this consent form does not mean that you are obligated to participate in any other research protocol or treatments. It only means that you are giving permission to be contacted. By signing this consent form you will not waive any legal right to which you are legally entitled. No monetary compensation will be provided to you, and you may not receive any benefit from this program.**

**If you have any questions regarding this study or need further assistance with breast and cervical cancer screenings, you may ask a Witness Project® representative at the time of the program, call the Arkansas Witness Project® state office at 1-800-275-1183, contact the national Principal Investigator, Deborah O. Erwin, Ph.D. at 501-526-6676, or your local representative, (local contact and phone number) . If you have any questions about your rights with respect to your involvement with this educational program, or related injuries, please contact the UAMS Institutional Review Board at (501) 686-5667.**

*This page is for The Witness Project® participants to complete, and will be collected by a Witness Project® representative. The first page should be kept by the participant for any future use.*

**I have read the previous statement or someone has read it to me. I have been able to ask questions and express concerns, and I have received a satisfactory response by a representative of The Witness Project® or the investigator. I understand the purpose of the program as well as the potential benefits that are involved. I hereby give my informed and free consent to be a participant in this program.**

\_\_\_\_\_  
**Participant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness Project® Representative's Signature**

\_\_\_\_\_  
**Date**

**Principal Investigator:** \_\_\_\_\_

**Deborah O. Erwin, Ph.D., CTR  
Associate Director of Education  
Associate Professor, Surgical Oncology**

\_\_\_\_\_  
**Date**

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## **After-Program Thank-You Note**

Always send a thank-you note to the hosting church/organization that was gracious enough to allow you to present your Witness Project® program. The thank-you note serves to reflect your gratitude and leave the door open in case you want to schedule another program there. If the organization is a church, be sure to acknowledge the pastor, pastor's wife and the contact person.

## **Witness Role Model Application ✓**

You will need an application for potential Witness Role Models (WRMs). In most cases, they will have talked with someone beforehand to learn about the Witness Project®.

The application also provides you with a written commitment to participate in the Witness program.

All team members and Witness staff may participate in recruiting potential WRMs and LHAs.

Keep in mind that recruitment for both WRMs and LHAs should be a secondary goal as Witness programs are presented.



**THE WITNESS PROJECT®**  
**Witness Role Model Application**

**GENERAL INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone: (daytime) \_\_\_\_\_ (evening) \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you an U.S. Citizen? Yes\_\_\_ No\_\_\_ If no, list your nationality: \_\_\_\_\_

Are you employed? Yes\_\_\_ No\_\_\_ If yes, name your employer and normal working hours: \_\_\_\_\_

Years of school completed: (circle) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16+

**MEDICAL INFORMATION**

Type of cancer: \_\_\_\_\_

Date of Diagnosis: (month and year) \_\_\_\_\_

Yes\_\_\_ No\_\_\_ Has your cancer metastasized (spread from the original site)?

Yes\_\_\_ No\_\_\_ Have you ever had a recurrence?  
If yes, list month and year: \_\_\_\_\_

Yes\_\_\_ No\_\_\_ Were you satisfied with the care you received from your medical team?

Treatment received (circle all that applies): Surgery Chemotherapy Radiation Therapy Other

If you circled other, what treatment was it? \_\_\_\_\_

How did you find your cancer (lump, swelling, pain, medical exam, etc.)?  
\_\_\_\_\_

## ORIENTATION INFORMATION

- Yes\_\_\_No\_\_\_ Are you willing to talk about your cancer experiences with other women?
- Yes\_\_\_No\_\_\_ Are you willing to participate in 3 to 12 cancer education programs in your area (community) each year?
- Yes\_\_\_No\_\_\_ Are you able to attend a total of 8 hours of orientation?
- Yes\_\_\_No\_\_\_ Since training will probably take place during evening hours or weekends; do you have a preference? If yes, please indicate your preferences below:  
*Weekday Evening:* Monday\_\_\_Tuesday\_\_\_Wednesday\_\_\_Thursday\_\_\_  
*Weekend:* Morning\_\_\_ Afternoon\_\_\_ Evening\_\_\_
- Yes\_\_\_No\_\_\_ Are you mobile and able to travel away from your home without any assistance?  
If no, what assistance do you require? \_\_\_\_\_  
\_\_\_\_\_
- Yes\_\_\_No\_\_\_ Do you have any child-care or older adult-care responsibilities?
- Yes\_\_\_No\_\_\_ If yes, will you be able to make arrangements for those under your care during the time you spend away from home attending training and education sessions?

**If selected to serve as a Witness Role Model, I understand I will be required to attend an 8-hour training and commit to participate in at least 3 Witness programs per year.**

**I understand that participants at Witness Project® programs may share information regarding their health that may be considered confidential. I agree not to share this information with anyone without their expressed consent.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## COMMENTS

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## **Lay Health Advisor Application ✓**

The Lay Health Advisors (LHAs) are also required to complete applications. They too, may have talked to someone beforehand about the Witness Project®.

The LHA application also provides you with a written commitment to participate in the Witness program.

All team members and Witness staff may participate in recruiting potential WRMs and LHAs.

Keep in mind that recruitment for both WRMs and LHAs should be a secondary goal as Witness programs are presented. There is generally a larger recruitment pool for LHAs. Applications may be taken whenever programs and outreach activities are conducted. You may also approach organizations of African American women, such as the Black Nurses Association and sororities, to recruit LHAs. Organizations such as these may view this as part of their community work and help you find the volunteers you need.



**THE WITNESS PROJECT®**  
**Lay Health Advisor Application**

**GENERAL INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
country \_\_\_\_\_ Telephone: (daytime) \_\_\_\_\_ (evening) \_\_\_\_\_  
Date of Birth: \_\_\_/\_\_\_/\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_\_  
Are you a U.S. Citizen? Yes\_\_\_ No\_\_\_ If no, list your nationality: \_\_\_\_\_  
Are you employed? Yes\_\_\_ No\_\_\_ If yes, name your employer and normal working  
hours: \_\_\_\_\_  
Years of school completed: (circle) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16+

**TRAINING INFORMATION**

Yes\_\_\_ No\_\_\_ Have you ever worked as an instructor of some kind (public school, Sunday school, etc), not necessarily for pay?  
Yes\_\_\_ No\_\_\_ Have you ever done any public speaking (talked before groups of people formally or informally)?  
Yes\_\_\_ No\_\_\_ Are you comfortable with and do you enjoy talking in front of groups of people?  
Yes\_\_\_ No\_\_\_ Are you able and willing to participate in 3 to 12 cancer education programs in your area (county) per year?  
Yes\_\_\_ No\_\_\_ Are you able to attend a total of 8 hours of training?  
Yes\_\_\_ No\_\_\_ Since the training will probably take place during the evening hours or weekends, do you have a preference? If yes, please indicate your preference below:  
*Weekday Evening:* Monday\_\_\_ Tuesday\_\_\_ Wednesday\_\_\_ Thursday\_\_\_  
*Weekend:* Morning\_\_\_ Afternoon\_\_\_ Evening\_\_\_

Please note other time requirements or restrictions: \_\_\_\_\_  
\_\_\_\_\_

Yes\_\_\_\_ No\_\_\_\_ Are you mobile and able to travel away from your home without any assistance?  
If no, what assistance do you require? \_\_\_\_\_  
\_\_\_\_\_

Yes\_\_\_\_ No\_\_\_\_ Do you have any child-care or older adult-care responsibilities?

Yes\_\_\_\_ No\_\_\_\_ If yes, will you be able to make arrangements for those under your care during the time you spend away from home attending training and education sessions?

**If selected to serve as a Lay Health Advisor, I understand I will be required to attend an hour training and commit to observing 3 Witness programs before participating in at least 3 additional programs per year.**

**I understand that participants at Witness Project® programs may share information regarding their health that may be considered confidential. I agree to not share this information with anyone without their expressed consent.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### COMMENTS

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## Expense Form

If your Witness Project® decides to reimburse volunteers for expenses or mileage, you will need a form for requesting payment.

In Arkansas, we provide the WRMs and LHAs a stipend depending on the length of the program. Mileage is reimbursed at \$.29 per mile over 40 miles. The request for reimbursement is then forwarded to Area Outreach Coordinators for submission to our Witness Project® program office.

The reimbursement process is one that you may have to create according to your own needs. The Arkansas Witness Project® WRMs and LHAs submit their expense forms monthly, but their requests are held until expenses total \$40.00. Be sure to talk with your financial officer to clarify that your budget contains a line item for stipends and other expenses, and determine what information may be required for an audit.

If you choose to use the process described in the above paragraphs, you may use the form as is. Space has been provided for you to insert the appropriate name and address to where the form should be returned.

You also may want to consider other incentives (purely optional) for your team members for the programs they conduct, such as giving them debit cards for department stores, mall gift certificates, or hosting an awards luncheon to recognize them for their program activity. There are many creative ways you may use to encourage team members to keep active and continue the work to spread the news about early detection. These incentives serve to keep team members motivated and may help offset some household expenses.



**THE WITNESS PROJECT®  
Expense Reimbursement Form**

**NAME:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**SOCIAL SECURITY #:** \_\_\_\_\_

**CAR TAG (DRIVER ONLY):** \_\_\_\_\_

This form is to be completed by each WRM or LHA after participation at a program or health-fair. *Please include the hours worked.* The stipend for each program is \$20.00 (0-6 hours in length) and \$40.00 for a program that exceeds 6 hours. You will be paid \$.37 per mile for trips of 40 miles or more. You **may not** accumulate mileage. Try to car pool whenever possible. Attach original receipts for expenses. *All activity must be reported within 90 days for reimbursement (no exceptions).* Forms should be sent monthly to (name of individual):

DATE	LOCATION, CITY, AND COUNTY	TYPE OF PROGRAM (WP PROGRAM, HEALTH FAIR, OR TRAINING PROGRAM)	HOURS	MILES (ROUND TRIP AND ONLY IF YOU DROVE YOUR CAR)	REIMBURSEMENTS (ATTACH RECEIPTS)

_____	Number of programs @ \$20.00	=	_____
_____	Number of programs @ \$40.00	=	_____
_____	Miles @ \$.37 per mile	=	_____
_____	Total reimbursements	=	_____
	<b>TOTAL</b>	=	_____

**DATE SUBMITTED:** \_\_\_\_\_

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## **Team Member Evaluations**

Evaluating your team members will help them develop confidence in their public speaking skills. You will want to approach the evaluation to find and build on strengths rather than deficits.

Because Witness Role Models are telling their stories, you will want to evaluate their demonstration of clear, sequential, and positive stories.

Unlike the WRMs, LHAs are responsible for communicating factual information and demonstrating accurate and proper performance of breast self-examination. Our experiences have found that new LHAs do not generally develop the required confidence and ability to present breast and cervical cancer education from an 8-hour training alone. Each LHA must observe 3 programs before presenting. Their first presentation is then observed and feedback is provided (as time permits) regarding factual information, responses to questions, and BSE demonstration skills. An annual performance evaluation should be provided as the LHA grows in her role as educator.



**THE WITNESS PROJECT®**  
**Lay Health Advisor Evaluation**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

PROGRAM \_\_\_\_\_

OBSERVER \_\_\_\_\_

**General**

*Please circle the word that best matches your observation of each of the following statements. Space is provided for additional comments or suggestions.*

1. Presenter stayed within time frame.      GOOD      NEEDS IMPROVEMENT

\_\_\_\_\_

2. Presenter stayed on subject.      GOOD      NEEDS IMPROVEMENT

\_\_\_\_\_

3. Presentation was sequential.      GOOD      NEEDS IMPROVEMENT

\_\_\_\_\_

4. Presentation was thorough.      GOOD      NEEDS IMPROVEMENT

\_\_\_\_\_

5. Correct terminology was used.      GOOD      NEEDS IMPROVEMENT

\_\_\_\_\_

6. Answered questions correctly.      GOOD      NEEDS IMPROVEMENT

\_\_\_\_\_

**Review**

*Please use the space below to record general comments used by both the observer and Lay Health Advisor during the review. The back of the form can be used if necessary.*

\_\_\_\_\_

\_\_\_\_\_

**Continuing education topics that may be helpful are** \_\_\_\_\_

\_\_\_\_\_



**THE WITNESS PROJECT®**  
**Witness Role Model Evaluation**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

PROGRAM \_\_\_\_\_

OBSERVER \_\_\_\_\_

**General**

*Please circle the word that best matches your observation of each of the following statements. Space is provided for additional comments or suggestions.*

1. Story stayed within time frame.                      GOOD                      NEEDS IMPROVEMENT

\_\_\_\_\_

2. Story was focused.                                      GOOD                                      NEEDS IMPROVEMENT

\_\_\_\_\_

3. Story was sequential.                                  GOOD                                  NEEDS IMPROVEMENT

\_\_\_\_\_

4. Story had a clear message.                              GOOD                              NEEDS IMPROVEMENT

\_\_\_\_\_

5. Story worked well with other stories.                      GOOD                              NEEDS IMPROVEMENT

\_\_\_\_\_

6. Story was spoken from the heart.                              GOOD                              NEEDS IMPROVEMENT

\_\_\_\_\_

**Review**

*Please use the space below to record general comments used by both the observer and Witness Role Model during the review. The back of the form can be used if necessary.*

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\_\_\_\_\_

Continuing education topics that may be helpful are \_\_\_\_\_

\_\_\_\_\_



Y 2 4 7