

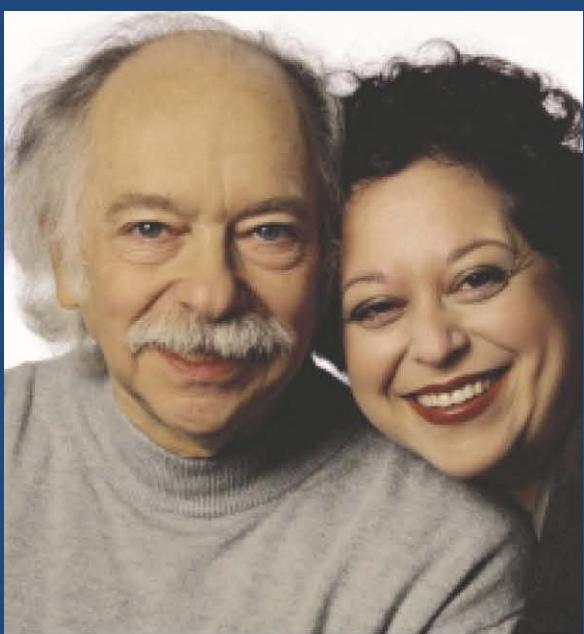
**Institute for Health Promotion Research**  
UT Health Science Center San Antonio

# Program Manual

*A Su Salud En Acción*  
Program



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# *Program Manual*

for the

## **NBCCEDP**

### ***Replication of A Su Salud En Acción Program***

Developed by the  
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## Acknowledgments

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# **Introduction to the Program**

## ***What is this program? And what can it do for me?***

**The Salud En Acción Program:** The *Salud En Acción* program provides a nationally tested model for enabling communities to mount an effective campaign to reach specific segments of the public with tailored health promotion messages. The program grew out of studies on how to provide health information to large groups of people. The rationale for *Salud En Acción* is anchored in several proven, comprehensive theories that describe how people learn new information and perform new skills. The model has been implemented and tested with a variety of different health risks, different ethnic groups and in a wide assortment of communities in the United States and other countries.

## **The National Breast and Cervical Cancer Early Detection Program**

**(NCCCEDP):** The NCCCEDP is a federally supported program (CDC, USDHHS) that provides free or low-cost breast and cervical cancer screening services for low-income women. Through contracts with a wide variety of clinics, hospitals and other health care facilities, NCCCEDP operates across the United States. NCCCEDP funds supported the development of this guide, and the goals and objectives of that program are the focus of this manual.

**What the Program Can Do for Your Community:** The *Salud En Acción* program has been redesigned to promote breast and cervical cancer screening awareness and participation among low-income Hispanic women. We believe that by following the training process provided in this manual and with modest technical support from the trainers, your community will be able to conduct a successful breast and cervical cancer screening promotion campaign. This program will be able to increase, and perhaps even maximize, the NCCCEDP program support provided by the federal government to clinics and the citizens in your community.

## ***How is the program organized?***

**The Dual Link Model of Communication:** At its heart, the program combines the most powerful elements of mass media and interpersonal communication to influence learning new information and to change health practices. It uses various media, including newspapers, television, radio and newsletters, as vehicles for technical information on health awareness and behavior changes. The program also engages local volunteers to make personal contact with neighborhood residents, discuss the media messages and provide positive reinforcement for any health change effort. The model, which requires very little training for volunteers, is well suited to reaching specific audiences and a large number of people in the community.

## ***What types of resources are necessary to make the program work?***

**Flexible Goals:** Depending on your community's resources and needs, the program can be tailored to achieve different levels of results. Size of the community, local geography, staffing, media products and health subjects all can be adjusted and goals set according to program resources. While the program as it is presented in this manual is aimed at Hispanic audiences, with minor modifications it can be tailored to other ethnic or language groups.

**Organizational Support:** There must be a sponsoring organization that provides financial accountability, office space, equipment and minimal clerical support. Often a public health agency serves this function.

**Personnel and Required Skills:** Depending on the goals set by the sponsoring organization, one or more individuals may be required to maintain the program. Typically, at the minimum, a part-time media coordinator and a part-time community coordinator are employed. Under some conditions, one person can manage both jobs; however, these tasks are typically distributed between two people. Media production requires a strong command of English and Spanish languages and an ability to articulate the program's messages clearly. The program will train personnel in the basic skills of print, radio and television journalism. Community outreach requires an individual with strong interpersonal communication skills, an outgoing and amiable personality, and thorough familiarity with the community.

**Equipment:** In addition to standard office support, a computer with a printer, scanner, word processing software, mobile phone/pager and camera will be necessary for creating the basic media products. These may be in the form of a newsletter, calendar or bulletin. Although more elaborate production is possible, very effective materials can be produced "in house" if budgets are small, which is often the case.

**Local Travel:** Extensive travel within the community will likely be required for both the media coordinator and the community outreach person. Program goals, such as the frequency of media products and the number of volunteers recruited, will determine the extent of travel.

**Training Requirements:** If individuals recruited to implement the program have the necessary basic skills, training will build on existing strengths. Training takes about six days and is currently broken into two periods with two weeks separating the sessions. Training covers all aspects of program planning, training, implementation and evaluation.

**Incentives:** The program relies on local volunteers who serve as "peer networkers" by contacting friends, relatives, co-workers and neighbors with whom they share

program information. Peer networkers gain useful leadership experience and satisfaction from their contacts with other community members. However, it is helpful if incentives are also built into the program's budget. Incentives can be as simple as social events that recognize volunteer efforts or more elaborate ceremonies in which gifts of value are bestowed upon those who volunteer to work in the program. Long-term satisfaction and low attrition are achieved when incentives are thoughtfully created and judiciously distributed throughout the program's life.

## ***What are the program's benefits to the community?***

**Reduced Burden of Cancer:** Although, as mentioned previously, the program can be tailored to various health risks and audiences, it is the ultimate goal of the program described in this manual to increase early detection of breast and cervical cancer among low-income Hispanic women. This is achieved by increasing breast and cervical cancer screening (mammograms and Pap smears) among 50-to-64-year-old Hispanic women, whose income places them at or below the federal poverty level. Early detection of cancer can improve the likelihood of survival and reduce mortality.

**Enhanced Partnerships:** The program encourages collaboration and information-sharing among various community groups and organizations. It avoids exclusive relationships and promotes community ownership of the program among all who participate. While the program is specifically designed to promote breast and cervical cancer screening awareness and practices, it can be easily modified to refocus on other chronic diseases.

**Heightened Awareness of Other Public Issues:** When properly implemented, the program creates demand among the community for more information on health and other issues of vital interest to its citizens. With a little more effort, the program can provide wide-ranging health information that is welcomed by the public.

## ***Some Frequently Asked Questions***

- How many people are necessary to implement this program?**

Different staffing models are possible. According to the program as outlined in this manual, implementation by one or two individuals is possible. However, the level of staffing may vary, depending on several factors, including community needs, screening goals, scope of activities and resources available.

- **Can the program work with existing community-based programs?**

Your host organization's structure and goals will influence integration with other community-based programs. However, the program has been used effectively in conjunction with other chronic disease prevention and control efforts (e.g., asthma, diabetes).

- **What kind of financial investment does the program require?**

The program requires at least one full-time person capable of conducting all the program tasks. A modest array of office equipment to enable record keeping and the creation of monthly newsletters is also needed. With cost savings by joining an existing organization, the total investment could be equivalent to a social worker position with a college education and at least three years of experience.

- **What kind of results can you expect and how soon?**

The answers vary with the community, the resources available and the goals that are set. Typically, as soon as implementation is under way and reasonable goals have been set, clinic usage increases within two months of program initiation. This should continue as long as implementation is consistently maintained.

Occasionally, seasonal conditions (e.g., weather, holidays) may delay activities, but rarely longer than four to six weeks.

## Scope of the Manual

This manual is designed to help community organizers and program planners develop a community-based health communication campaign to increase cancer awareness and preventive health behaviors in diverse populations. It describes the basic skills and procedures necessary for developing and implementing a successful health communication campaign based on the experience of *Programa A Su Salud* and the National Hispanic Leadership Initiative on Cancer: *En Acción* (NHLIC: *En Acción*).

This manual takes you through the steps involved for each component of the *En Acción* program, starting with introductory information, pre-training activities and then actual, intensive training with the proposed field staff. Evaluation processes and long-term technical assistance guidelines complete the manual. Although the purpose of this manual is to guide you in logical, sequential steps, in actuality, replication of the program involves implementing activities of different components simultaneously. For example, recruiting and training community volunteers will necessarily take place during the time when you are also identifying and publicizing role models. The manual includes:

- Introductory section
- Basic elements of program planning and preparation
- Skills and procedures of behavioral journalism
- Ways to obtain broadcast news coverage for role model stories
- Methods for organizing and mobilizing networks of interpersonal communication
- Training protocol for community outreach volunteers
- Guidelines for program evaluation
- Appendices (including tables, forms, sample materials and more)

To best serve your community, we highly recommend that you involve key individuals and community organizations at the grassroots level from the very beginning and throughout the planning, implementation and evaluation. Community involvement creates a sense of ownership and results in a project that uniquely responds to the concerns of its population. In addition, this will help create a collaborative environment and encourage community participation that will prove valuable in effectively implementing the program.

**The NCCCEDP Guidelines:** The audience of interest and the objectives set within this program are based on the goals and objectives of the Centers for Disease Control and Prevention (CDC) funded program. These mandates regulate who is eligible to receive screening funds through the NCCCEDP (see **Appendix D-3** for changes in cervical cancer screening guidelines). The target audience for this program is determined by age and income level. For breast and cervical cancer screening, Hispanic women between 50 and 64 years of age are the target audience.

## **Training: What to Expect**

The goal of training is to equip personnel with the knowledge and skills necessary to implement the *A Su Salud En Acción* program in their communities.

**Phases.** As noted on the Training Schedule on page 8, the overall training experience takes place during three phases:

- Phase I: Program Planning and Preparation
- Phase II: Program Training
- Phase III: Technical Assistance

While Phase I is primarily intended to provide the sponsoring organization's management and related staff with an overview of the program, the bulk of the "classroom" training for implementers will be conducted in Phase II. This phase will take place in two sessions. The first, a one-day session, will cover the program foundation and overview and review the program goals and objectives. Also, Session I will include several aspects of community and media involvement in preparation for the detailed examination of the program's components presented from one to two weeks later during Session II. This session, lasting from four to five days, will provide hands-on instruction in the various program components: behavioral journalism, mass media, community peer network development, and program monitoring and evaluation.

The third phase of training, Technical Assistance, will be provided on an ongoing basis after completion of the classroom training presented in Phase II. During the first quarter, monthly visits by the training staff will provide assistance for implementers in any or all of the program's components. Quarterly visits will be scheduled from quarters two to four.

**Curriculum.** This training manual provides a comprehensive resource to assist you in learning about the theory and background of the *A Su Salud En Acción* model and to guide you in the day-to-day activities involved in the implementation of the program in your community. Due to time constraints and other considerations, it is not realistic to expect the actual training curriculum to cover this material in the same detail as it is expressed in the manual. For this reason, it is very important for those who will implement this program to thoroughly familiarize themselves with the manual prior to participation in hands-on training.

While all the material included in the manual is important, the training curriculum primarily will cover the key elements: the skills and information that are deemed essential to the implementation of the program. To incorporate enough time in training to cover these areas adequately, conduct necessary in-

class activities, and allow for discussion and feedback, less time will be devoted to the information that can be readily absorbed by reading the material in the manual. That's why reading the manual in its entirety prior to training – preferably more than once – is vital to the overall training experience.

# **Training Schedule**

## **PHASE I: PROGRAM PLANNING AND PREPARATION (1-2 days)**

Preface

### **Section 1: Program Foundation and Overview**

- Step 1: Theory and previous studies
- Step 2: Resources
- Step 3: Tailoring the program to your community
- Step 4: Timelines and schedules

### **Section 2: Program Goals and Objectives**

- Step 1: Develop program goals and objectives

## **PHASE II: PROGRAM TRAINING (2 time periods: Session 1, 1 day;**

### **Session 2, 4-5 days)**

Preface

### **Session 1: Training (1 day)**

- Step 1: Program foundation and overview (Repeat Phase 1, Section 1, Steps 1-4)
- Step 2: Review program goals and objectives
- Step 3: Conducting audience research and cultivating community support
- Step 4: Organizing advisory groups
- Step 5: Conducting focus groups to learn more about your target audience
- Step 6: Analyzing your media market
- Step 7: Wrap-up and Session 2 planning

### **Session 2: Training (4-5 days)**

#### **Section 1: Review Session 1 Tasks and Results**

- Step 1: Reviewing elements of the dual link model of communication
- Step 2: Project goals and objectives

#### **Section 2: Behavioral Journalism**

- Step 1: Stages of change and message design
- Step 2: Identifying role models
- Step 3: Interviewing role models
- Step 4: Writing a role model story
- Step 5: Packaging a story for small media

### **Section 3: Mass Media**

- Step 1: Selecting local media
- Step 2: Working with the media
- Step 3: Developing media contacts
- Step 4: Negotiating and formalizing media agreements

### **Section 4: Developing the Community Peer Network**

- Step 1: Mapping community resources
- Step 2: Recruiting peer networkers
- Step 3: Conducting formal training
- Step 4: Maintaining your community network

### **Section 5: Program Monitoring and Marketing**

- Step 1: Record-keeping
- Step 2: Summarizing project objectives and creating performance schedules
- Step 3: Promoting the program

### **Section 6: In Conclusion**

- Future Directions

## **PHASE III: TECHNICAL ASSISTANCE**

### **Quarter 1:** Monthly

- First Visit: (1-2 days on media production, both small and mass media)
- Second Visit: (1 day)
- Third Visit: (1 day)

### **Quarters 2-4:**

- Quarterly (1-day visits)

# **PHASE I:**

## **Program Planning and Preparation**

## ***Phase I Preface***

This section serves multiple purposes:

- It provides a brief overview of the *A Su Salud En Acción* program for project managers, lay administration personnel and other staff from the host organization.
- It helps familiarize staff and other interested parties with critical features of the program: background, staff requirements, budget needs.
- Combined with updated information about the program as it evolves in the community, this information can be incorporated into more detailed public presentations covering the current program and its historical context.

# **SECTION 1:**

## **Program Foundation and Overview**

# STEP 1: Theory and Previous Studies

## ***In this step, you will learn about:***

- Theoretical concepts underlying the program
- Previous programs and outcomes

### ***✓ Social Cognitive Learning Theory***

**B**ehavior modification is one of the prime objectives in public health, but the social technologies for achieving behavior change have lagged behind the methods available for the biomedical sciences. However, this is changing, particularly with the introduction of the “social cognitive learning theory” developed by Albert Bandura to explain human learning capacities, especially the ability to learn through observation and our ability to regulate our own behavior.

By using concepts of the social cognitive learning theory, we can design communications that very efficiently change human behavior. For those working to change behavior purely through communication, two basic choices exist.

One is mass communication: primarily television and newspapers. The problem with these formats is that, although they reach many people, their effects are relatively weak.

The other option is interpersonal communication: meeting with people in groups, in counseling sessions and one-on-one. This can be effective, but it's very expensive. In addition, many people don't want to attend group functions. Even if they did, the expense of trying to provide this service to large portions of a population would likely be too great.

The concepts of social cognitive learning theory allow us to apply the unique and complementary functions of both mass and interpersonal communications, and develop a way of using them together to efficiently produce behavior change.

### ***✓ Mass Communication and Modeling***

Mass communication that contributes to behavior change relies on modeling, or learning through observation and imitation of others. Humans have a wonderful

capacity for learning through the media. We don't need someone to tell us personally about something; we can simply read about it or see someone doing it – and imitate it.

Different theoretical concepts are involved in modeling. For example, who is an effective role model? We know that people are more likely to imitate others, who are like themselves, so models should be similar to the audience. What should the model present? People need numerous things to change their behavior: information, new attitudes, and new perceptions about the social desirability of a particular behavior and new skills necessary for performing the behavior, to name a few. For example, something as simple as making an appointment for a preventive exam may seem complex to some individuals. So effective role modeling should incorporate all of those factors to provide an illustration or example that another person can use to change his or her own behavior.

The *Salud En Acción* program utilizes a modeling communication approach known as behavioral journalism. This journalistic approach presents real stories about behavior change that are explicitly designed to stimulate imitation.

This approach uses real-life stories in the hope that members of the audience will copy them because they address the factors that are theoretically related to a particular behavior change. For example, a typical role model might be a middle-aged Hispanic woman who learned to overcome barriers familiar to the audience to obtain mammogram screening because she knew that breast cancer is a deadly disease that could leave her children without a mother. By explaining how she overcame those barriers, she is modeling a factor that's also critical for behavior change in screening and early detection of breast cancer.

## ✓*Interpersonal Communication*

Obviously, people don't always watch the things we present on television – and even when they see something, they may or may not respond. The research of Bandura and others has shown that a critical element in the effects of communication is whether the person receives what's known as social reinforcement, or encouragement and praise for intentions and actions to change behavior.

What does this mean in real life? Suppose a person sees a story on television about someone who obtained a mammogram. The next day at work the person tells a co-worker, "Oh, I saw a story about somebody who got a mammogram. I'm thinking about getting one myself." If the co-worker's response is encouraging, that may likely influence the person to make the change attempt. Indeed, it would be much more likely than if she hadn't spoken to anyone about it at all.

This is the natural process of behavior change. We learn about things from television or other places; we mention them to people we know; those people provide us with social reinforcement. If we receive enough reinforcement and prompting, then we decide to try to make a behavior change.

### ✓ ***Community Networking***

In the *Salud En Acción* program, this social reinforcement has been organized within an entire community. This is called community networking, a process of recruiting and organizing peers.

Peers are people who are just like the men and women that we want to influence, from the same social group and same community. For *Salud En Acción*, they have been organized to systematically distribute behavioral journalism materials – print materials that demonstrate behavior change – and provide social reinforcement for imitation of the role models. Community networking is a very simple action, and it's relatively easy to train large numbers of people to accomplish it.

### ✓ ***Dual Link Model of Communication***

Linking media and interpersonal communication creates what Bandura calls the “dual link model of communication.” In the dual link model, a specific message reaches a person through media – TV, newspaper, a print piece or other means – and personal contact, with someone speaking directly to the individual.

The combination of the two makes it possible to influence almost any kind of behavior. And it can be done very efficiently on a large-scale basis.

### ✓ ***The North Karelia Project***

Over the years, several opportunities to test this theoretical concept have arisen. The first occurred when researchers attempted to help people quit smoking in an area in eastern Finland called North Karelia. In the previous five years, the project had reached only 2 percent of the smokers in the area. In 1977, using the dual link model, researchers initiated a multi-pronged program to influence smoking behaviors in the area.

In the behavioral journalism phase of the project, a television series focused on a cross-section of the population, following the efforts of ordinary individuals to quit smoking over a period of time. The media messages were reinforced by the community networking component of the project in which opinion leaders

in different communities distributed print materials and personally communicated with smokers.

The project continued from 1977 to 1982. During that period the smoking rate among men in the area dropped 7 percent. Follow-up research eight to 12 years later revealed an 8.5 percent per year decrease in lung cancer mortality in North Karelia. In contrast, the smoking cessation and lung cancer mortality rates in a “control” community, where no communication campaign took place, showed little change.

### ✓ *A Su Salud En Acción*

Since the Finland project, researchers have implemented similar campaigns in Texas. In the border community of Eagle Pass, the behavioral journalism component consisted of stories in the local newspaper, which was combined with interpersonal communication efforts of a network of community volunteers. In addition, for a small portion of the community – about 100 smokers – personal counselors were assigned to work with individuals to help them stop smoking.

The project continued from 1984 to 1989. Results showed that, in the study community exposed to the mass media and peer network, an 18 percent smoking cessation (one year without smoking) rate was seen, as compared to 7.5 percent in a control community with no organized campaign. Surprisingly, the group that had received the media, peer network and personal counseling campaign had a 16 percent quit rate – 2 percentage points lower than those exposed to mass media and interpersonal communications alone.

More recently, the model has been applied in the *A Su Salud* program and the subsequent NHLIC: *En Acción* program in San Antonio and Brownsville, focusing on cancer screening behaviors. Specifically, efforts have been aimed at improving mammography and Pap screening rates among underserved women. The *En Acción* program included diverse Hispanic groups around the country: Puerto Ricans in New York City, Cuban Americans in Miami, Central and South Americans in San Francisco, and Mexican Americans in San Diego, California, and in San Antonio and Brownsville. Results from the *En Acción* program are still being analyzed.

However, in the area of Brownsville exposed to the media and interpersonal communications program, surveys at the beginning of the campaign and again two years later showed the Pap test adherence rate (screening every two years) increased from 54 percent to 61 percent among women who had recently received the screening for cervical cancer. In the control community of Laredo, the rate for the same period changed only from 46 to 47 percent.

Among women who had not obtained a Pap test recently and didn't intend to get another one, the Brownsville study group showed a decrease from 23 percent to 13 percent. This meant the percentage of women in this category, who had avoided Pap screening for years, was cut nearly in half. Meanwhile in the Laredo control group, the percentage of women in this category dropped only slightly.

These case studies illustrate the kind of results that can be obtained by applying combined media and interpersonal communications. And, importantly, the necessary behavioral journalism and community networking skills require relatively little training.

## STEP 2: Resources

***In this step, you will learn about:***

- Required resources such as personnel, office support, travel and more

### ✓ **Staffing**

Planning, implementing and evaluating community-based communication campaigns require dedicated and responsive staff members capable of carrying out both media and community outreach activities. Staffing needs will vary from community to community, depending upon the intended scope and breadth of the program in each site. Here are two suggested staffing models. (See **Appendix D-2** for sample program personnel job descriptions.)

<b>OPTION 1: Program Coordinator, Media Producer, Community Network Coordinator</b>			
<b>Qualifications</b>	<b>Program Coordinator</b>	<b>Media Producer</b>	<b>Network Coordinator</b>
<b>Required experience / education</b>	➤ 2-5 years experience with bachelor's degree	➤ 2-5 years experience with bachelor's degree ➤ Journalism experience	➤ Member of the intervention community ➤ Public speaking experience
<b>General duties</b>	➤ Program planning and evaluation ➤ Organize, supervise and provide quality assurance of project activities	➤ Research and write regular news stories ➤ Establish and maintain communication with mass media representatives	➤ Communication with community organizations ➤ Networker recruitment, training and retention
<b>Examples of specific duties</b>	➤ Prepare written reports aggregating all media and community activities ➤ Conduct regular staff meetings ➤ Chief liaison with sponsor organization and outreach staff	➤ Identify and interview role models; write role model stories ➤ Produce program newsletters ➤ Negotiate mass media collaboration with the program ➤ Coordinate mass media interviews with role models ➤ Collect process data, produce monthly reports	➤ Promote program through presentations in the community ➤ Recruit networkers ➤ Distribute monthly newsletters through networkers ➤ Collect process data; produce monthly reports

## **OPTION 2: Program Coordinator, Community Network Coordinator**

<b>Qualifications</b>	<b>Program Coordinator</b>	<b>Network Coordinator</b>
<b>Required experience / education</b>	➤ 2-5 years experience with bachelor's degree	➤ Member of the intervention community ➤ Public speaking experience
<b>General responsibilities</b>	➤ Program planning and evaluation ➤ Organize, supervise and provide quality assurance of project activities ➤ Role model story and newsletter development ➤ Coordinate mass media activities	➤ Communication with community organizations ➤ Networker recruitment, training and retention
<b>Examples of specific duties</b>	➤ Prepare written reports aggregating all media and community activities ➤ Conduct regular staff meetings ➤ Chief liaison with sponsor organization and outreach staff ➤ Write role model stories; produce regular newsletter ➤ Work with local media	➤ Promote program through presentations in the community ➤ Recruit networkers ➤ Distribute monthly newsletters through networkers ➤ Collect process data; produce monthly reports

## **✓Office Space, Equipment and Supplies**

At the outset, you may need to budget for:

- Project team member(s)
- Office space with meeting areas (preferably in or very near the intervention area)
- Computer, printer; scanner, modem, software (word processing, desktop publishing); any training necessary to learn how to use this equipment
- Basic office supplies
- Telephones (office and cell/pagers) and fax machine
- Camera (film or digital)
- Printing costs (commercial vendor)
- Transportation costs (local)
- Paid media placement (if needed)

## **✓Travel**

Both media production and community outreach will require significant local travel. Staff will need reliable, personal transportation and be prepared to work evenings and weekends.

## **✓*Incentives***

A modest budget or at least the ability for creative fundraising is necessary to provide incentives and support public events that recognize networker efforts and volunteer spirit.

# STEP 3: Tailoring the Program to Your Community

## ***In this step, you will learn:***

- To adjust the program to the unique characteristics of your community

**T**ailoring the program to your community involves the examination of social and psychological data of your target audience, service information relating to the available health systems, and the establishment of partnerships and collaborations that could occur as a result of this program.

**Social and Psychological Data:** These are gathered during focus groups and discussions with the community during program promotion activities.

**Health Services Information:** This information is collected by identifying existing breast and cervical cancer control programs and screening services that are planned, active or currently inactive that affect the target audience in the intervention community. Information that is characterized as gaps in services or emerging breast and cervical cancer control needs would be collected.

**Establishing Partnerships and Collaborations:** As part of the community support development, while giving presentations on the program and collecting data, begin to develop partnerships with community support services, opinion leaders, organizations and institutions.

## **✓ *Setting Project Goals***

Project goals would have been established during early negotiations with the agency's chief operating officer and would have involved setting the behavioral objectives of the target audience and implementation objectives of the program.

- **Behavioral Objectives:** These objectives are used to measure the actual effects of the program on the target audience and the health system. Since the program is sponsored by the NCCCEDP, objectives would be based on available funds to underwrite screening and treatment, and specific criteria for utilization of those funds. For instance, to increase screening of the volume of Hispanic women aged 50-64 whose family income is at or below the poverty level by 50 percent, compare to the previous year or maximize

the total NBCCEDP screening budget. Further objectives may be specific to the individuals living in a geographic area (e.g., a particular community, neighborhood, *colonia* or housing project).

- **Implementation Objectives:** The program itself will be evaluated and its activities regularly reported to agency sponsors. Both media production/distribution and community network activities will be tracked. These will be summarily reported monthly as well as aggregated and reported more comprehensively on an annual basis.

## STEP 4: Timelines and Schedules

***In this step, you will learn about:***

- Training sequence
- The program timeline
- Program expectations

### ✓ ***Training Sequence***

The program has several components, starting with contact with interested communities and continuing through training and implementation. The first phase includes initial negotiations with the head of the adopting agency and other pretraining activities. The second phase includes analysis of the community and the local media, and training the program staff. Technical assistance, which will continue through the program, will be more intensive during the first six months of implementation.

**First Phase:** (Introduction to training)

- ***Establish Program Goals and Objectives:*** Meet with the host organization's chief operating officer or the supervisor responsible for the program within the host organization. Together you will determine target audiences, intervention areas, program goals and objectives, resource allocation, personnel recruitment, equipment and supplies, clinical support, evaluation and accountability. In addition, goals of this phase include initiating staff interaction, learning more about breast and cervical cancer issues affecting your target audience, and foundational efforts to garner community support for the program.

**Second Phase:** (2 weeks later)

- ***Begin Community Assessment:*** Gather demographic and qualitative information through census tract records, local studies and focus groups. Identify local community resources and media resources. Tour the community.
- ***Identify Community and Organizational Support:*** Start to contact community resources and promote the program through presentations with breast and cervical cancer control stakeholders in the community. If appropriate, an advisory group comprised of local opinion leaders and

stakeholders among the target audience in the specific intervention area may be organized.

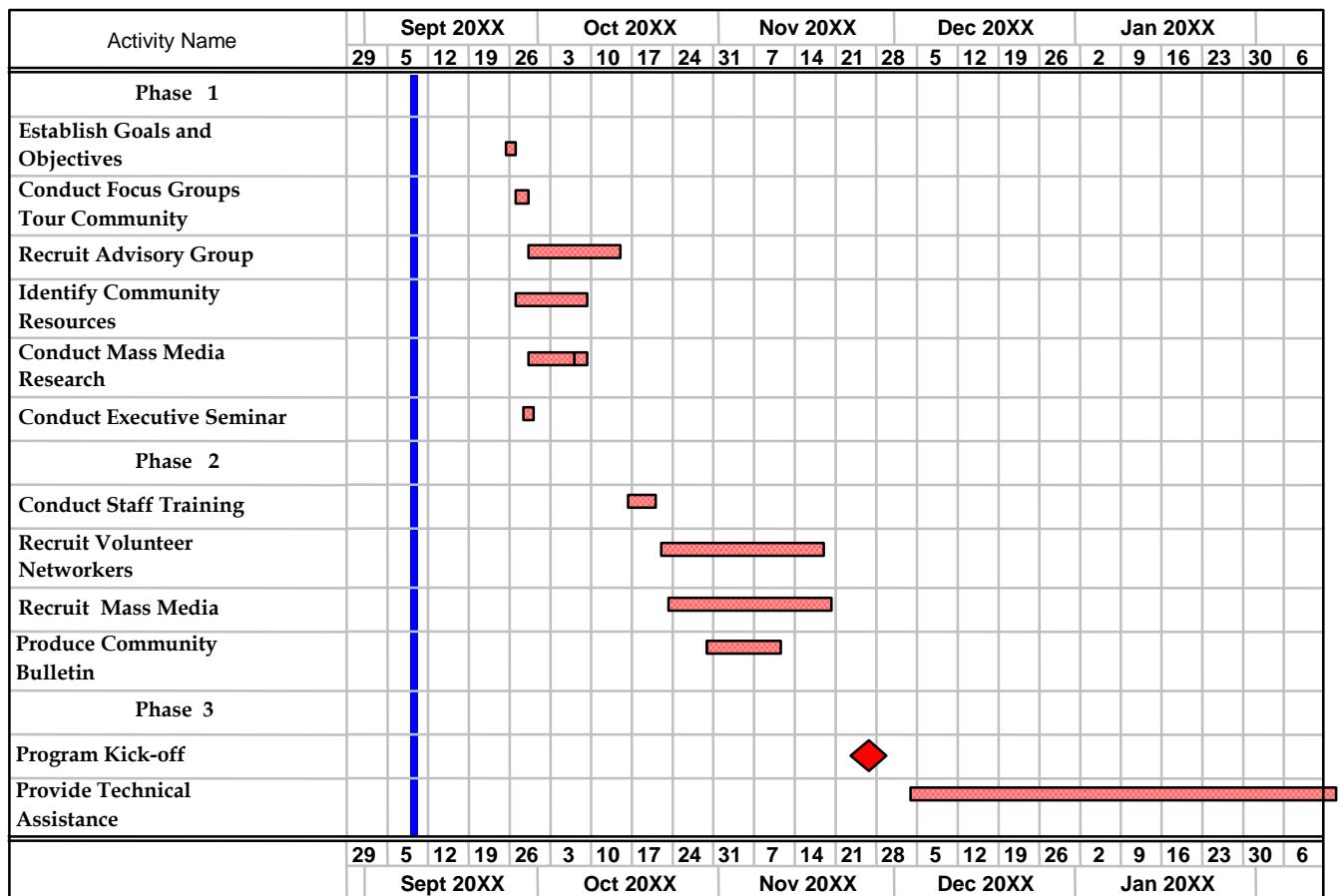
- **Conduct Host Organization Program Overview:** The aim is to familiarize the host organization's staff with the program, its requirements and its intended outcomes. This also should serve to stimulate interest among the host organization's staff for the program.
- **Media and Network Training:** In this phase, the staff that will implement the program in the community will be trained in each of the program's media, network, record keeping and promotion aspects. Serving as the basis for all training activities will be the program manual, with step-by-step instruction and exercises, as well as reference to the materials in the manual appendices.

#### **Third Phase:** (Ongoing)

- **Technical Assistance.** This will involve monthly site visits in the first six months and quarterly thereafter. Throughout the project there will be frequent phone/e-mail contact with monthly review of program education materials and process evaluation data.

### **✓Program Timeline**

The timeline on the following page offers an estimate of the duration and sequence of typical activities involved in developing the program.



## **SECTION 2:**

### **Program Goals and Objectives**

# STEP 1: Develop Program Goals and Objectives

## ***In this step, you will:***

- Examine a generic model of establishing goals and objectives
- Discuss goals and objectives
- Complete an agreement that summarizes program goals and objectives

Prior to the start of formal training activities, the program must set its goals and objectives, and confirm resource allocations for a defined period of time. Traditionally, goals and objectives are determined through a series of data gathering and analysis activities. These are described below. Goals and objectives are used to specifically identify and establish what we want community members to know about breast and cervical cancer control (which we describe in our communication materials) and what we want them to do (i.e., seek screening services, especially at local clinics that offer NCCEDP services).

## **✓ Establishing Goals and Behavioral Objectives**

The goal of this program is to increase the use of breast and cervical screening services by low-income Hispanic women between the ages of 50 and 64. The objectives may be more flexible, depending on the resources and current cancer utilization practices in each community. The degree of community support for your project will depend on the perceived importance of your objectives. Objectives must be clearly stated and measurable, and their significance for local health and well-being easily understood.

Your program objectives are usually set by the agency administering or funding the program. Objectives may be completely determined in advance, as in a grant to promote mammography, or they may be selected with input from the community, as when community advisers convince an agency with funds for cancer prevention to focus on cancer control education. In either case, you still must define the behaviors you wish to promote, and you must choose the evaluation criteria so that success can be measured objectively. These become your behavioral objectives.

A behavioral objective can be as simple as increasing the proportion of the population that can answer “yes” to a survey question that you ask before and after your intervention.

**Possible objective:** *Increase by 5 percent the number of women who can answer “yes” to the question: Have you received a mammogram in the past year?*

To measure whether you achieve this objective, it is necessary to have data such as the current mammography rate in the community. For example, NHLIC: *En Acción* surveys showed that nearly half of the women in some areas had never received a mammogram. It was estimated that for each 1,000 women who should get mammograms, 100 of them might be expected to get the exam during the next year *without* any communication campaign. This estimate was based on knowledge of the number of women who had been getting mammograms for the past few years.

With modest resources, it is reasonable to expect that a yearlong communication campaign will increase the natural rate of behavior change by 50 to 100 percent, resulting in 50 to 100 additional mammograms. This amounts to an absolute effect of 5 to 10 percent of the entire audience.

When writing a behavioral objective, include the following components:

- **Target population:** The specific group you would like to influence
- **Behavior:** What the target population will be able to do
- **Criterion:** The quality or level of performance that will be considered acceptable. The criterion is the number that can be measured objectively.

The behavioral objective is the result of the previous three components.

See the following table (**Table A**) for examples of these elements and the resulting behavioral objectives.

**TABLE A. Examples of Behavioral Objectives**

<b>Target population +</b>	<b>Behavior +</b>	<b>Criterion =</b>	<b>Behavioral Objective</b>
Women older than 35 who work for XYZ Company and have not been taught the steps of BSE	Perform the five steps of BSE	<ul style="list-style-type: none"> <li>➤ 100 women/1,000 target population or 10%</li> <li>➤ Within the next 3 months</li> </ul>	10% of the women older than 35 who work for XYZ Company and who have not received BSE instruction will learn how to perform the five steps of BSE within the next 3 months.
Women in XYZ Company who were taught BSE	Perform regular BSE	<ul style="list-style-type: none"> <li>➤ 75% of the target population</li> <li>➤ Monthly performance of BSE</li> <li>➤ For 1 full year</li> </ul>	Of the 100 women who were taught BSE, 75% will say they have performed monthly BSE when asked 1 year later
Women in XYZ Company older than 50 who have never had a mammogram	Obtain mammogram	<ul style="list-style-type: none"> <li>➤ 100 women/1,000 of the target population or 10%</li> <li>➤ Within the next year</li> </ul>	10% of the women older than 50 who have never had a mammogram will obtain one in the next year.

### ✓Executive Review of Program Goals and Objectives

In cases in which special programs and resources are allocated to meet specific community needs, health authorities may predetermine program goals and objectives. We expect this to be the case as this program is implemented.

Essentially, the *Salud En Acción* program is designed to increase breast and cervical cancer screening among Hispanic women 50 to 64 years of age whose income places them at or below the federal poverty guidelines, which makes them eligible for subsidized screening at NBCCEDP-funded clinics. (See **Cervical Cancer Screening Guidelines for Average-Risk Women** in **Appendix D-3.**)

Under these circumstances, the most appropriate planning is done by meeting with the chief operating officer of the public health organization or the supervisor assigned to the unit that will be responsible for maintaining the program. At this time the goals and objectives of the program should be carefully defined and agreed upon by all parties (see **Program Goals and Objectives Agreement (Part A) in Appendix B-1**).

The topics in the following Program Goals and Objectives Agreement Format describe the parameters and indicators of program success to be agreed upon and acknowledged by the sponsoring health authority in charge of the *Salud En Acción* program. The decisions made about these issues will guide both training and program implementation.

#### **Format for Program Goals and Objectives Agreement (Part A)**

**Program Goal:** To increase awareness and utilization of breast and cervical cancer screening among low-income Hispanic women.

**Target Audience:** 50-to-64-year-old Hispanic women who live in the \_\_\_\_\_ area and whose family income is at or below the federal poverty level.

**Behavioral Objective:** To increase (by either absolute numbers or a minimum percentage) the volume of breast and cervical cancer screenings in \_\_\_\_\_ clinics (or if NBCCEDP records are aggregated and if those data control for women not referred to screening by the program).

**Supervision and Review:** Who is/are the staff personnel responsible for overseeing the project? Who is the liaison to the project within the health authority? Who will review materials prior to their final production and distribution in the community? (May need to speak and read Spanish as well as English. Will need to review regular reports from program staff.)

**Reporting:** When and to whom are reports submitted?

**Necessary Resources:** Staff will be provided:

- Office space (adequate and secure space)
- Computer/printer
- Cell phones/pager
- Office supplies
- Administrative and/or clerical support

The **Program Goals and Objectives Agreement (Part A)** (see **Appendix B-1**) should be completed by those within the program's sponsoring health authority at the outset of training for the program implementation staff. **Part B** (see

**Appendix B-2**) of this agreement will be completed at the conclusion of training (Section 5, Step 2) by the Program Coordinator, Media Coordinator and Community Outreach Coordinator to include specific administrative, community network and media production goals such as the following:

### **Program Administration**

- Which forms are completed monthly, who does this, who receives them, and when each month
- Clinic monitoring (who, when, how recorded and reviewed)

### **Community Network**

- Number and size of intervention community
- Size of peer network
- Recruitment and Training: Number of peer networkers to be recruited initially, anticipated turnover, contacts per peer networker, number of presentations to organizations per month
- Form completion and submission

### **Media Production**

- Number of new role models per month
- Number of bulletins per month
- Number of mass media placements (newspapers, radio programs/spots, and TV programs/spots) per month

### ***Feedback and Activities:***

- Discuss the generic model of determining goals and objectives.
- Discuss the executive method of determining goals and objectives.
- Complete the **Program Goals and Objectives Agreement (Part A)** (see **Appendix B-1**).

## **PHASE II:**

# **Program Training**

## ***Phase II Preface***

Phase II incorporates two separate training sessions.

### **Session 1**

The aims of this training session are as follows:

- To initiate interaction among the newly recruited program personnel, the agency and its department heads, and the training staff
- To begin collecting local data that will be utilized during the second training session (scheduled two weeks after the first session)
- To take the first step in promoting the program within the community and among stakeholders in the community's breast and cervical cancer screening efforts
- To present an overview of the program to personnel in the host organization

It is assumed that by this time, program personnel will have been hired and received orientation by the host organization regarding its procedures and personnel responsibilities. Prior to initiating the first training session, program personnel will be asked to familiarize themselves with the entire manual, paying close attention to Session 1 activities.

### **Session 2**

This training session is designed for the program implementation team. It provides information that will enable the staff to conduct the program's day-to-day operations, including recruitment of role models, development of community bulletins, cultivation of mass media partnerships, organization of a trained peer volunteer network and maintenance of program evaluation activities.

## **SESSION 1:**

### **Training**

# STEP 1: Program Foundation and Overview

(Note: Material found in this Step was covered in Phase I, Section 1. For the benefit of program staff members who will implement the program, it is repeated here.)

## ***In this step, you will learn about:***

- Theoretical concepts underlying the program
- Previous programs and outcomes
- Required resources such as personnel, office support, travel and more
- Adjusting the program to the unique characteristics of your community
- Training sequence
- The program timeline
- Program expectations

## STEP 2: Review Program Goals and Objectives

### ***In this step, you will:***

- Examine a generic model of establishing goals and objectives
- Discuss goals and objectives that are predetermined
- Write an agreement that summarizes program goals and objectives

Prior to the start of formal training activities, the program must set its goals and objectives, and confirm resource allocations for a defined period of time. Traditionally, goals and objectives are determined through a series of data gathering and analysis activities. These are described below. Goals and objectives are used to specifically identify and establish what we want community members to know about breast and cervical cancer control (which we describe in our communication materials) and what we want them to do (i.e., seek screening services, especially at local clinics that offer NCCEDP services).

### ***✓ Establishing Goals and Behavioral Objectives***

The goal of this program is to increase the use of breast and cervical screening services by low-income Hispanic women between the ages of 50 and 64. The objectives may be more flexible depending on the resources and current cancer utilization practices in each community. The degree of community support for your project will depend on the perceived importance of your objectives. Objectives must be clearly stated and measurable, and their significance for local health and well-being easily understood.

Your program objectives are usually set by the agency you work for or the category of funding you receive. Objectives may be completely determined in advance, as in a grant to promote mammography, or they may be selected with input from the community, as when community advisers convince an agency with funds for cancer prevention to focus on cancer control education. In either case, you must still define the behaviors you wish to promote, and you must choose the evaluation criteria so that success can be measured objectively. These become your behavioral objectives.

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### ✓Executive Review of Goals and Objectives

In cases in which special programs and resources are allocated to meet specific community needs, health authorities may predetermine program goals and objectives. We expect this to be the case as this program is implemented.

Essentially, the *Salud En Acción* program is designed to increase breast and cervical cancer screening among Hispanic women 50 to 64 years of age whose income places them at or below the federal poverty guidelines, which makes them eligible for subsidized screening at NBCCEDP-funded clinics. (See **Cervical Cancer Screening Guidelines for Average-Risk Women** in **Appendix D-3.**)

Under these circumstances, the most appropriate planning is done by meeting with the chief operating officer of the public health organization or the supervisor assigned to the unit that will be responsible for maintaining the program. At this time the goals and objectives of the program should be carefully defined and agreed upon by all parties.

The topics in the following **Format for Program Goal and Objectives Agreement (Part A)** describe the parameters and indicators of program success agreed upon and acknowledged by the sponsoring health authority in charge of the *Salud En Acción* program. The decisions made about these issues will guide both training and program implementation.

#### **Format for Program Goal and Objectives Agreement (Part A)**

**Program Goal:** To increase awareness and utilization of breast and cervical cancer screening among low-income Hispanic women.

**Target Audience:** 50-to-64-year-old Hispanic women who live in the \_\_\_\_\_ area and whose family income is at or below the federal set poverty level.

**Behavioral Objective:** To increase (by either absolute numbers or a minimum percentage) the volume of breast and cervical cancer screenings in \_\_\_\_\_ clinics (or if NBCCEDP records are aggregated and if that data controls for women not referred to screening by the program).

**Supervision and Review:** Who is/are the staff personnel responsible for overseeing the project? Who is the liaison to the project within the health authority? Who will review materials prior to their final production and distribution in the community? May need to speak and read Spanish as well as English. Will need to review regular reports from program staff.

**Reporting:** When and to whom are reports submitted?

**Necessary Resources:** Staff will be provided:

- Office space (adequate and secure space)
- Computer/printer
- Cell phones/pager
- Office supplies
- Administrative and/or clerical support

The **Program Goals and Objectives Agreement (Part A)** (see **Appendix B-1**) should be completed by those within the program's sponsoring health authority at the outset of training for the program implementation staff. **Part B** (see **Appendix B-2**) of this agreement will be completed at the conclusion of training (Section 5, Step 2) by the Program Coordinator, Media Coordinator

and Community Outreach Coordinator to include specific administrative, community network and media production goals such as the following:

### **Program Administration**

- Which forms are completed monthly, who does this, who receives them, and when each month
- Clinic monitoring (who, when, how recorded and reviewed)

### **Community Network**

- Number and size of intervention community
- Size of peer network
- Recruitment and Training: Number of peer networkers to be recruited initially, anticipated turnover, contacts per peer networker, number of presentations to organizations per month
- Form completion and submission

### **Media Production**

- Number of new role models per month
- Number of bulletins per month
- Number of mass media placements (newspapers, radio programs/spots, and TV programs/spots) per month

### ***Feedback and Activities:***

- Discuss the generic model of determining goals and objectives.
- Discuss the executive method of determining goals and objectives.
- Review the **Program Goals and Objectives Agreement (Part A)** (see **Appendix B-1**) developed in Phase I.

## STEP 3: Conducting Audience Research and Cultivating Community Support

***In this step, you will learn about:***

- **Physical boundaries:** Discuss physical boundaries where the target audience resides.
- **Demographics:** Discuss demographics of audience (language, race, ethnicity, income, etc.) and of the overall community.
- **Community resources:** Discuss organizations, institutions and individuals that may influence the audience and its health system.
- **Opinion leaders:** Discuss the key community leaders (opinion leaders, decision-makers and gatekeepers) and the roles they may play with your program.
- **Making a plan for organizing community support:** Develop program overview, goals and timeline for contacting individuals, conducting meetings, conducting research, keeping records, etc.

### ✓ ***Understanding Your Community***

**E**arly-training research is intended to help staff better understand their community and develop community support for the program. In this step, you will learn about developing community support for the program and gather data on important community members and resources within your community. The first task will be to identify community resources. The next task is organizing an advisory group. The last task is gathering data about the knowledge, attitudes and practices with regard to your target audience's breast and cervical cancer control. This will also involve gathering demographic data on the target audience and information about local health services and resources existing in the community where the program will be conducted.

Basic demographic data can be collected on the target populations (gender, income, education, age, ethnicity). These data can be found through a variety of different sources such as the local health department, census data (using the library or the Internet) or existing health reports and studies conducted in the community.

## ✓ ***Identify Your Target Population***

Populations may be defined by geography, such as neighborhood or city boundaries, or by cultural and socioeconomic features, such as language, race, ethnicity, income, occupation, gender, age, religion or group membership.

## ✓ ***Become Familiar with the Surrounding Community***

Although you may seek to influence only one neighborhood or one group, the entire culture or community in which your population resides should be considered part of the audience to be involved in your communications. You can collect information on the following areas from the local library, government offices (e.g., health, education, social services, and recreational resources) and the Chamber of Commerce:

- Neighborhood boundaries
- Education levels
- Income levels
- Occupations
- Housing prices
- Morbidity/mortality statistics
- Language use
- Gender
- Age
- Racial/cultural/ethnic groups

Another way to collect information about your community is to read the local newspapers, watch local news, listen to local radio stations, walk through the neighborhoods and shop and eat at local businesses. Gather information about the following:

- Health care clinics, hospitals, nursing homes, doctors' offices
- Community organizations and their target populations
- Religious congregations
- Schools
- Newspapers and their circulation
- Radio and TV stations and their broadcast areas
- Government agencies
- Businesses

Once you've collected sufficient information, you will place it on a map similar to the generic map at the end of this step (**Figure 1**). Maps provide a visual representation of diverse details about the community. Indeed, every piece of

demographic information can be placed onto a community map. You can sketch a rough outline of your geographical area or obtain maps from the local library, real estate agency, a local government agency or Chamber of Commerce. In Session 2 you will physically place this information and more on an enlarged map of the intervention community.

## ✓ ***Identify Key Community Leaders***

One of the most interesting aspects of your community is the dynamics of community leadership and support. As you become familiar with your community, it will become apparent that people in leadership positions and particular organizations are involved in many aspects of your community's life.

After you identify your community's leaders, approach them about the project you are planning. When leaders (especially those who are authorities on issues related to health) are told about a program in advance, they are much more likely to support it when it becomes public. If they are asked to help set priorities and to identify related health concerns, they typically become committed to the program and are helpful in locating additional resources. It is imperative that community members are involved in planning the proposed activities and that they feel the impetus belongs to them. This creates community support for your program.

Consider soliciting the involvement and support of the following individuals:

- Physicians who treat cancer patients
- Politicians (e.g., City Council members) concerned about health matters
- People or organizations familiar with fundraising
- School representatives
- Leaders of religious congregations
- Public health agency representatives
- Social services representatives
- Media representatives
- Chamber of Commerce representatives

When soliciting support from members of the community, be very clear about your program and what role they may play. Keep records of meetings and conversations, noting new information or agreements.

## ✓ ***Obtain Community Input and Feedback***

There are many possible ways to systematically obtain ideas and support from your community, including the following three approaches:

- ***Form an affiliation with an existing organization.*** Your project can move more quickly and you can avoid duplication of effort if you work with an organization already concerned about and involved with your issue. However, be aware that a formal affiliation with one organization may preclude the involvement of another person or agency that may not wish to be affiliated with that organization.
- ***Organize a coalition or create a community advisory group to oversee the project.*** You may wish to take this approach if the issue is new, if it cuts across established institutions, or if existing institutions are not responsive. If so, you must allow six months to a year of lead time to organize this group. Methods to organize an advisory group are provided in Step 4.
- ***Create a list of key individuals and organizations.*** If you don't wish to take the time to develop a community advisory group, you can at least contact key individuals, inform them of your project and ask for their support. Some individuals and organizations will be glad to participate as the need arises, but not all will help plan the program or provide volunteers. Getting permission to include these names on correspondence and in other communications will add name recognition and provide support for your efforts.
- ***Key people and organizations can play a major role in:***
  - Determining the priorities for breast and cervical cancer prevention.
  - Generating ideas for implementation.
  - Identifying existing resources, such as space, staff and incentives for program participation.
  - Participating in program activities or soliciting others to participate in activities such as focus groups, needs assessments, pretesting or providing role model stories. (See **role model story in Appendix C-1.**)

## ✓ ***Work with Other Community Organizations***

The support given to your project by the community (especially since it is for the promotion of long-term disease prevention) may depend on the extent to which you recognize and help with more immediate community problems. In communities and populations with economic or social problems, long-term efforts in disease prevention may not assume the same priority as short-term needs for housing and employment. An elderly population may be more

concerned about acute health problems or security issues such as increasing crime. Some communities may believe that it is necessary to solve immediate problems before giving attention to the prevention of future problems such as breast and cervical cancer.

Although your objectives are very specific, be concerned about and involved in other important issues in your community. In some circumstances, be ready to depart from your agenda and help another organization achieve its objectives, such as by helping with a community cleanup project or by helping turn out the vote during an election.

Enlisting community support makes it more likely that:

- Your efforts will be tailored to the local situation and create a sense of ownership.
- You will have coordination with and between existing programs.
- You will be able to find local volunteers through the interpersonal network that will be created.
- Your program will continue in the community after outside funding ends.

### ***Feedback and Activities:***

- Review **Community Resources** list in **Appendix C-3**.
- Tour the community.
- Propose intervention area(s) on community map.
- Complete inventory of local resources using **Table B** in **Appendix A-1** and present at next training session.

# COMMUNITY INTERVENTION

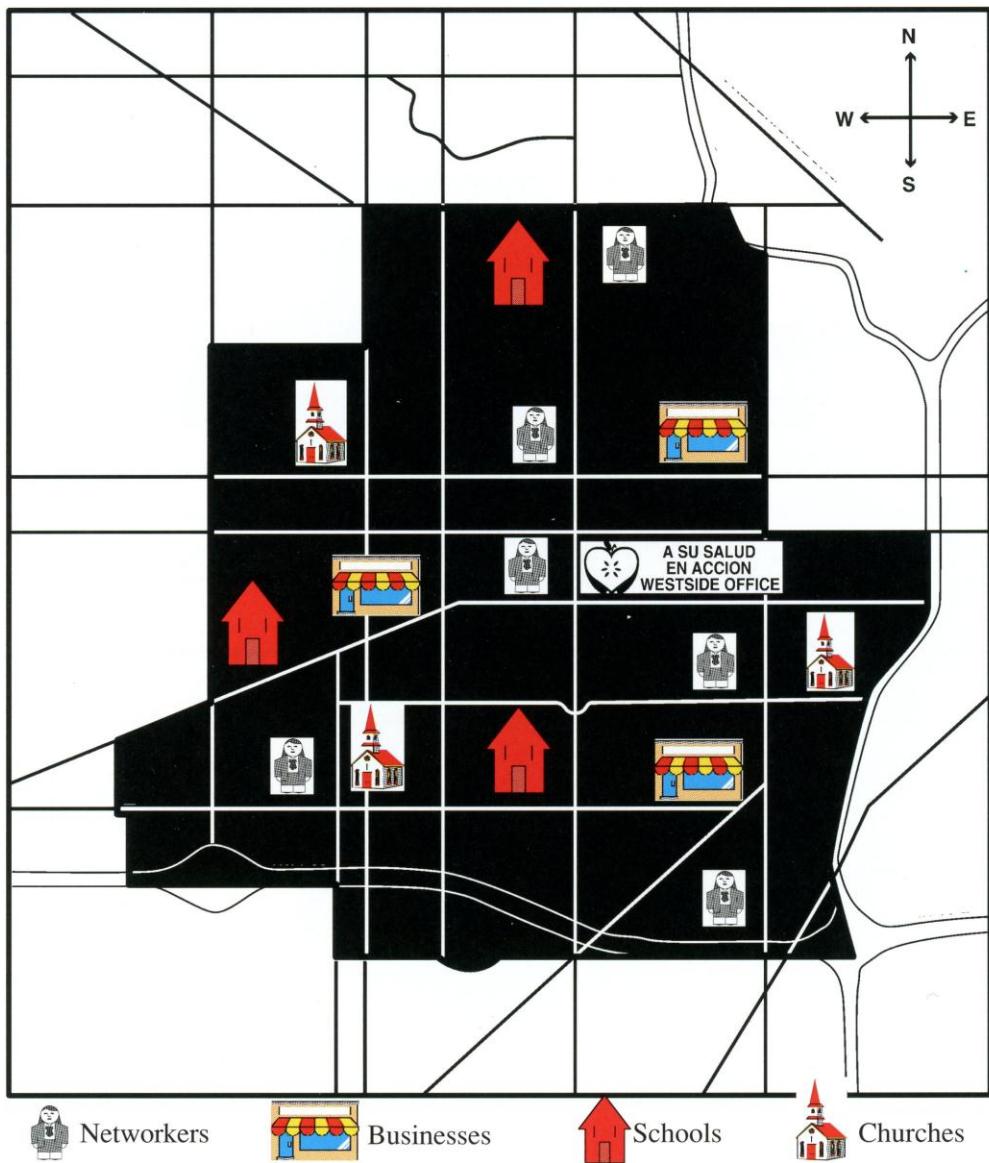


Figure 1

## STEP 4: Organizing Advisory Groups

### ***In this step, you will learn about:***

- Recruiting advisory groups
- Conducting and maintaining advisory groups
- Developing a program fact sheet

**A**dvisory groups can have a variety of responsibilities, but a main purpose should be to help galvanize support for the program in your community. When recruiting advisory group members, consider individuals that represent groups or institutions with strong self-interest or that are affected in a substantial way by Hispanic breast and cervical cancer health issues. You should be aware of the expectations of individuals prior to their recruitment to participate in the program. For example:

- What is the nature of their interest in breast health?
- Have they worked collaboratively before?
- Do they have available time?
- Does the membership represent the different community resources that work closely with the target audience?

Advisory group responsibilities will vary according to each program and how it is tailored to the community. Typically, an advisory group will review selected information, provide input when requested, be briefed on the program's ongoing activities, and serve as a general resource for staff recruitment, developing community relations and problem solving when needed. If final decision-making does not rest with the advisory group, then it should be clear who bears this responsibility. The final form of participation must be specifically stated and agreed to by each member prior to his or her recruitment.

### **✓ Steps for Organizing Your Advisory Group**

- Review the community resources list in **Appendix C-3**.
- Identify individuals with proven skills, experience and interest in collaborative projects.
- Make sure Hispanics and Hispanic health interests are represented on the board.
- Contact individuals via phone; if interested, mail or fax a brief program fact sheet and timeline.

- Make a second contact by phone or in person to confirm their understanding of responsibilities and schedule the first meeting.
- Send an agenda and any other collateral materials before first meeting.
- Recruit eight to 10 people; expect seven to eight to show up for the first meeting. With attrition, five to six people are enough to still be effective. Circulate the membership list to all members after the first meeting.

Background information will cover a fact sheet for the intended program accompanied by a simple timeline showing planning, training, kickoff and implementation. This will reduce misunderstanding and increase the efficiency of time spent recruiting effective community support.

### **✓*Developing a Program Fact Sheet***

This brief overview or fact sheet will provide you and anyone else with consistent talking points about what you are trying to accomplish as community support is garnered for the program.

The first seven components of the fact sheet can be used whenever you promote the program in the community. The results section should be updated regularly as program outcomes can be very effective promotional tools.

For the advisory group, this fact sheet also contains additional sections for use in developing the advisory group and the responsibilities of its members. When you recruit a community advisory group, the fact sheet should be sent to the members prior to their participation. Seasoned community service volunteers will appreciate such descriptions during the initial contact. Also, if the media want to know about your program, the fact sheet can be sent to them. The following program fact sheet format covers information that is typically requested by participants as they consider their involvement. (See **Appendix C-4 for a Sample Program Fact Sheet.**)

See the following **Program Fact Sheet Outline** and **Advisory Group Meeting Agenda Outline**.

## Program Fact Sheet

- 1. Name of program/Title:** *Salud En Acción*
- 2. Program sponsor:** Organization that is providing funds, office space and personnel supervision for the program.
- 3. Purpose:** To promote breast and cervical cancer screening among underserved 50-to-64-year-old Hispanic women who live in this community.
- 4. Local needs:** Brief statement substantiates the need to increase breast and cervical cancer screening rates among low-income, 50-to-64-year-old Hispanic women. Using local data such as the number of women screened in the previous year and the overall number of women that are unscreened would be a good example of local need.
- 5. Campaign format:** The program recruits local peers who volunteer to promote the program among their family, friends, neighbors and co-workers. Campaign messages are contained in community bulletins distributed by volunteers. Also, local mass media carry campaign stories about community individuals who have adopted positive screening behaviors.
- 6. Background:** The *Salud En Acción* program grew out of studies on how to reach large groups of people with new health information. The rationale for the program is anchored in several well-tested, comprehensive theories that describe how people learn new information and perform new skills. The program has been tested with a variety of different health risks, different ethnic groups and in a wide assortment of communities in the U.S. and other countries.
- 7. Results to date:** Number of peer networkers, volume of bulletins distributed each month, and increase in screening rates.
- 8. Partners:** List new program partners as they are recruited.

### **Advisory Group Addition**

The following information should be included in the fact sheet distributed to advisory group members:

- **Responsibilities of Community Advisory Board:**
  - Meeting times and frequency
  - Recruit additional advisory group members
  - Monitor implementation activities
  - Assist problem resolution
  - Assist recruitment of program personnel
  - Assist recruitment of education sites
  - Assist institutional/organizational-level program promotion
- **Timeline** (on separate page)

### **First Advisory Group Meeting Agenda Outline**

- Develop an agenda and send it before the first meeting.
- First meeting might be mid-day (11 a.m.-1 p.m.) with lunch.
- Start with a concise restatement of the project fact sheet.
- Typical tasks of group: review fact sheet materials, recruit more members, discuss special population needs and ways to reach those populations, preview project-developed materials
- Present timeline of all proposed activities.
- End meeting with action items to accomplish before next meeting.

See **Appendix A-2** for an **Advisory Group Roster (Table C)** used to record name and contact data on each advisory group member.

### ***Feedback and Activities:***

- Discuss the kinds of individuals or organizations that would be good sources of advisory group members.
- Compile a list of potential advisory group members to present at next training session (**Table C in Appendix A-2**).
- Complete the program fact sheet provided in **Appendix C-4**.

# STEP 5: Conducting Focus Groups to Learn More about Your Target Audience

## ***In this step, you will:***

- Discuss the purpose of focus groups
- Discuss how to conduct a focus group

## **✓ Using Focus Groups**

**W**hen combined with other forms of information gathering techniques, focus groups can be very useful in learning more about your community. This step is especially important as it will offer information to be used later during training and it should illuminate the staff's ability to work with the community.

Focus groups are a form of research that can provide insights into attitudes, beliefs, motives and behaviors of the population being studied. Focus groups are a technique that involves informal sessions in which representatives of your target population (with similar background) are asked to discuss their thoughts on a specific topic or product. They can help you to determine the content, delivery and appeal of your campaign message to ensure that its activities are timely, well constructed and appropriate for the target population. Focus groups can be valuable during the various stages of your campaign: the development of the work plan, review of materials, follow-up and evaluation.

Usually, 10 to 12 people will meet in a quiet place for one to two hours to discuss what they think about questions posed to them by a skilled moderator or discussion leader. Due to no-shows and cancellations, it is usually helpful to over-recruit by 50 percent.

These discussions are always free of judgment, encourage openness and honesty, and should involve all individuals. The conversations are recorded, analyzed and summarized in a report. Focus group results can be used to better understand what community members think or do regarding particular issues. When focus group participants are properly selected, their responses can be very helpful in understanding how the larger community may react to similar questions.

For this program, focus groups will cover some of these issues:

- Concepts of good health
- Cancer
- Breast cancer
- Knowledge and perceptions about mammography
- Perceived benefits and barriers
- Promoting mammograms
- Cervical cancer
- Knowledge and perceptions about Pap smear
- Perceived benefits and barriers
- Media usage and information gathering habits

Finally, you will need to summarize the results of the focus group in a brief report. At a minimum the report should be three to four pages in length. It should include the following sections:

- An executive summary
- Description of participants, number of groups, when and where conducted
- List of questions asked
- Summarized responses to each question
- Conclusions

A full list of focus group questions is found in **Appendix C-5**, along with a sample focus group report, consent form and demographics form. Focus group results will be referred to in later sections of the training manual. This information will be used to set goals, write stories and shape community profiles.

Detailed instructions on conducting focus groups can be found in “Listening to Your Audience: Using Focus Groups to Plan Breast and Cervical Cancer Public Education Programs.”

### ***Feedback and Activities:***

- Discuss recruiting focus group participants.
- Review the focus group discussion questions/issues.
- Read “Listening to Your Audience: Using Focus Groups to Plan Breast and Cervical Cancer Public Education Programs.”

## STEP 6: Analyzing Your Media Market

### ***In this step, you will:***

- Collect information about your local media market

### **✓ *Mass Media Resources***

**F**ind out as much as possible about each type of media you are considering using. Media market information can be gleaned from:

- **Libraries.** In many areas, professional media associations publish lists or directories of their members, which you can find in your local library. If they are published on a yearly basis, they may be out of date, and names should be checked.
- **Focus groups.** Meeting with small groups of people who represent your intended audience will provide information about their habits and media preferences for information and entertainment.
- **Follow the press.** Keep a file of news stories, magazine articles and editorials that pertain to your issues, as well as a log of radio and television coverage. Keeping track of media coverage will help you communicate with the media, understand various newspapers' and stations' attitudes toward the issues, and respond via articles and letters to stories and editorials about your topic. Discuss media coverage regularly with your co-workers and members of your community.
- **Public relations or marketing departments at media outlets.** These departments of radio and television stations often publish lists of public affairs programs and talk shows that outline the format, time of airing and name of the producer. Many newspapers also publish a list of editors and reporters and the areas or beats for which they are responsible.

***Feedback and Activities:***

- Discuss local media and prioritize different outlets within each major media type (i.e., the major TV, radio and newspapers that attract Hispanic women, 50 to 64 years old.)
- Contact the marketing, sales or public relations offices of the major media (TV, radio and print media) and request standard marketing or sales information for each and obtain copies of local newspapers.
- Complete the **Media Market Analysis Table (Table D)** in **Appendix A-3** and bring to next training session.

# STEP 7: Wrap-up and Session 2 Planning

## ***In this step, you will review:***

- Information you will need to collect prior to Session 2
- A preview of the Session 2 training curriculum

**I**n this session, several activities were covered that require your attention prior to commencement of the next training session (Session 2). Since Session 2 will cover all aspects of the program, specific information about your community is necessary. Before the next training session can begin, you will need to gather this data and complete the applicable tables. A summary of these activities follows:

- Provide an inventory of your community resources (**Table B in Appendix A-1**).
- Compile a list of potential advisory group members (**Table C in Appendix A-2**).
- Complete the Program Fact Sheet provided in **Appendix C-4**.
- Complete the **Media Market Analysis Table** (**Table D in Appendix A-3**).
- In addition, one of the goals of Session 2 is to produce a role model story for a community bulletin that you will produce for the program. An additional required activity to complete before the beginning of this training session is to identify an actual role model candidate (see Phase II, Session 2, Section 2) that can be interviewed and photographed during the session.

## **✓ A Preview**

In addition to a brief review of Session 1 activities, Session 2 will provide training in the implementation of each of the following program components:

- Behavioral Journalism
- Mass Media
- Community Peer Network
- Program Monitoring and Evaluation

As stated earlier in “Training: What to Expect,” this material will be covered during a concentrated training session lasting four to five days. During this time, the training will cover the key elements – that is, the skills and information that are deemed essential to the implementation of the program.

Since this session won’t attempt to cover all of the material in this training manual comprehensively, you are urged to read the entire manual before Session 2 begins. This will allow you to become thoroughly familiar with the

program activities and provide you with the necessary overview to see how the various components complement one another.

# **SESSION 2:**

## **Training**

## **SECTION 1:**

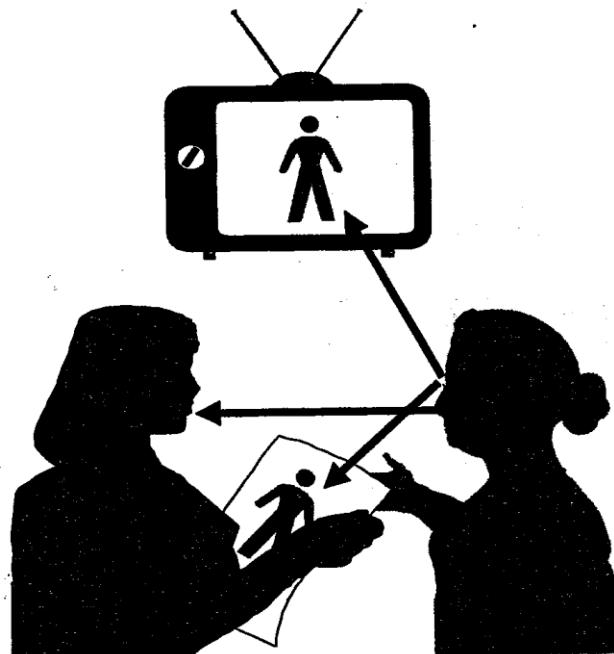
### **Review Session 1 Tasks and Results**

# STEP 1: Reviewing Elements of the Dual Link Model of Communication

***In this step, you will review:***

- The dual link model of communication
- Role modeling

**C**ombining interpersonal communication with media communication is the heart of the dual link model. The picture of two individuals illustrates the various communication methods and how they reinforce each other.



Role modeling is the utilization of community individuals who exhibit through words and action specific health objectives relating to knowledge, attitudes and behaviors. The most powerful role models are real people from the community who are able to relate how they have overcome barriers and gained new knowledge and skills.

## ***Feedback and Activities***

- Discussion of the basic ideas. Details come in later steps.

## STEP 2: Project Goals and Objectives

***In this step, you will review the:***

- Screening goals of the program
- Focus group results (optional)
- Community resources
- Advisory group recruitment
- Media market data

In an earlier session, the following activities were discussed and the necessary information was gathered.

**Review:**

- **Program Goals and Objectives Agreement Form:** Behavioral objectives, project resources and responsibilities of all collaborators and staff should be formally detailed in this agreement. It will stand as a reminder of the commitments of all parties (Session 2, Section 1, Step 1).
- **Focus Group Report (optional):** Subsequent to conducting the focus groups, the data should then have been analyzed, summarized and reported in concise format. (**Appendix C-5: Focus Group Report** format and **Focus Group Report Sample**).
- **Community Contacts (Table B):** Using the community resources form in **Appendix A-1**, then tour the community and identify as many organizations, groups and businesses to contact. Use **Table B** to list these resources.
- **Advisory Group Roster:** After reading about organizing Advisory Groups you should have a list of potential Advisory Group members (**Table C** in **Appendix A-2**).
- **Program Fact Sheet:** The fact sheet will be used often during the program's implementation. It should be updated regularly as activities occur and the program expands.
- **Media Market Data (Table D):** In a previous step (Session 2, Section 1, Step 4) you should have started to collect marketing data on different mass media in your community. This information is summarized on **Table D (Appendix A-3)**.

- **Prospective Role Model:** At this time you should have identified a prospective role model from your community that you can schedule for an interview during the course of this training.

***Feedback and Activities:***

- Discuss each table, form or activity listed above.

## **SECTION 2:**

### **Behavioral Journalism**

# STEP 1: Stages of Change and Message Design

## ***In this step, you will:***

- Review preliminary behavior objectives.
- Discuss and identify stages of behavior change in the community.
- Select possible messages for different change processes.

## ***✓Develop Your Messages***

The messages you create must address different stages or steps in the behavior change process and include information, skills training and persuasion. The stages you emphasize depend on your assumptions about the community, which are guided by research into the process of behavior change, data collection and/or a study of your community, your own understanding of the audience, or a combination of research and personal insight.

For example, if the behavior you are promoting is not yet widely known and is practiced by few people, you should focus on factors involved in the early stages of the change process. If the behavior is well known and one that many are attempting to change (e.g., receive regular mammograms), you should focus more on factors influencing action and maintenance of behavior change.

## ***✓Stages of Behavior Change***

The “stages of change” model suggests that behavior change is a process, not an event, and that individuals are at varying levels of motivation, or readiness, to change. People at different points in the process of change benefit from different messages, matched to their stage at that time and designed to move them into the next stage. Five distinct stages have been identified: precontemplation, contemplation, ready for action, action and maintenance (short term and long term). (See **Appendix D-4** for a Stages-of-Change Approach to Media Production.)

**Precontemplation:** Precontemplators are people who are unaware of a problem and have not yet thought about the desired behavior change. They can also be people who have tried the behavior change and do not intend to continue. For example, in the area of breast cancer screening, precontemplators are not thinking about mammograms and have no plans for obtaining a mammogram in

the future. They may appear to be negative about early detection of cancer and have an unfavorable attitude toward mammography in particular.

The messages for precontemplators must heighten the salience, relevance and acceptance of the desired behavior. Precontemplators need to be motivated, and their attention must be captured. A doctor's recommendation is very important. For example, messages should address the woman's most significant barriers and emphasize the major personal benefits of mammography screening.

**Contemplation:** Contemplators are people who have not engaged in the desired behavior but are considering it. For example, women contemplators are individuals who have had no prior mammogram but are planning one in the coming year. They are somewhat more positive about cancer screening and early detection than are the precontemplators, but it is still very important to eliminate barriers. Messages aimed at contemplators must be highly motivating and emphasize the personal benefits to be achieved (similar to messages for precontemplators).

**Ready for Action:** People in this stage are making a mental plan to accomplish the behavior change. They may need assistance in setting gradual goals and developing concrete action plans. Specific how-to information is very important.

**Action:** People in the action stage have taken a step toward accomplishing the desired behavior change. For example, women in the action stage may have made an appointment for a mammogram or have called to find out where to obtain a mammogram. They are positive about the benefits of early detection. They may need some final, specific how-to information. Positive feedback, social support and reinforcement of their decision are all important.

**Maintenance:** People in the maintenance stage have taken the desired action and know they would like to continue. They are convinced of the benefits of early detection and that the benefits outweigh the costs. Messages for this group should reinforce the benefits the person can expect as a result of the behavior change.

### ✓ *Messages in Each Stage of Behavior*

The messages you create within each stage of behavior must address knowledge and skill acquisition as well as attitudes, thoughts and beliefs. Messages to encourage people in the precontemplative, contemplative and ready-for-action stages are intended to enhance the woman's perceived "pros" for changing behavior and to counter the "cons" that she sees as barriers. Messages for people in the action and maintenance stages should reinforce and support the continuation of the behavior.

## ✓*Issues to Address*

When developing your messages for each stage, consider four issues related to knowledge, skills and attitudes. These four issues, or concepts, are listed with the relevant questions for each in the following table:

Concept	Question
Perception of vulnerability and susceptibility to risk	Am I at risk?
Identification of risk-reduction behavior	What do I need to know about screening?
Overcoming barriers to risk-reduction behavior	What is stopping me from being screened?
Inclusion of social supports and perceptions (social norms)	How can other people help me get screened?

Specific examples of messages that relate to each of these aspects for each stage of behavior are provided in **Table E in Appendix A-4.**

## ✓*Develop Communication Objectives and Communication Planning*

You have now defined a population, written a behavioral objective and developed concrete messages for each stage of behavior change. At this point you will be able to promote the distribution of your messages via communication objectives. Your communication objectives are to disseminate certain messages to a particular subset of the target population.

## ✓*Communication Objectives*

You can express your communication objectives in terms of the number of messages you will be disseminating for each stage of behavior change. For example, if you determine that your target population is evenly distributed among four stages of behavior change, you may decide to develop 16 specific messages (four types of messages for each of the four stages). In this case your communication objective will look like this:

***Objective: A total of 16 different messages (four per stage of behavior change) will be disseminated to the target population this year.***

As another example, if you determine that your target population is made up of older Hispanic women who are mostly in the contemplative stage, you may decide to develop four messages for moving them into the ready-for-action stage. The communication objective will be:

***Objective: Four messages relating to the contemplative stage will be disseminated to the target population at four different times this year.***

## ✓ **Communication Planning**

For communication planning, identify which media format or channel you will use to distribute your messages. Keeping in mind that for this program a long-term plan is optimal, the following comparison is offered for the sake of comparison:

- **Short Term:** For a short-term campaign of narrow scope, your plan could include three relatively lengthy and complex newspaper stories that would require perhaps 500 words and up to five pictures each. Or you could plan for one television news broadcast up to five minutes in length. Another alternative would be to create 10 to 15 spots with brief and simple messages. Each of these examples could be for the same stage of change (e.g., maintenance) for a three-month time period. If you foresee your population moving quickly through the stages, you might have each production focus on a different stage.
- **Medium Term:** A simple plan would be to place three newspaper stories on a single content area each year.
- **Long Term:** For a more ambitious campaign, such as the plan this program aims to incorporate, communication objectives for one year might cover as many as five behaviors, emphasizing three stages of change. Each stage could contain four types of messages per behavior. By multiplying  $5 \times 3 \times 4$ , you find that this plan would entail 60 messages per year. One way to accomplish this would be through a combination of monthly print productions (12) and semi-monthly newspaper placements (24) and broadcast news stories (24) for each channel.

See the following table (**Table F**) for a sample communication plan.

**Table F: Sample Communication Plan**

Time Period	No. of Messages	Stages of screening behavioral change addressed (no. of messages for each)
• 1 year	• 1 bulletin per month • 1 role model story addressing 1 stage of behavior change per month	• Contemplation (2) • Ready for Action (2) • Action (5) • Maintenance (3)

***Feedback and Activities:***

- Discuss stages of behavior change relevant to your community.
- Discuss possible behavioral objectives.
- Complete the **Behavioral Objectives Table for Pap Smear Screening (Table G)** found in **Appendix A-5**.
- Review sample bulletin and television stories that incorporate examples of behavioral journalism messages.

## STEP 2: Identify Role Models

### ***In this step, you will:***

- Identify optimal role model characteristics (keeping specific health behavioral objectives in mind)
- Identify good sources for locating role models
- Approach role model candidates

### **✓ Peer Messages**

**B**ehavioral journalism is the core of our suggested community-based health communication campaign. Individuals from the community who already have made the changes (such as obtaining Pap tests) sought by the campaign are identified and featured in the media materials, including discussions or demonstrations of how and why they took steps to protect their health.

This strategy virtually guarantees that messages are understandable and relevant to the audience. Messages from peers are credible, and deal with the problems and barriers that are most relevant to the community.

It is important to note that the emphasis is on individuals who have made changes to prevent cancer, rather than on individuals with cancer who wish they had done something differently in the past.

### **✓ Role Model Characteristics**

Role models have some identifying characteristics of role models. These are individuals who:

- **Represent the target community.** They are representative of the various social characteristics found in the audience.
- **Have experienced the behavior change.** They can articulate a positive story about the particular change they have made or are making (e.g., receiving a screening exam).
- **Can articulate their feelings.** They can identify the thoughts and feelings they had prior to and during the process of making the behavior change.

In *En Acción*, the role models were individuals who:

- Had an appealing character
- Looked, talked and acted like the target audience members
- Could clearly describe the skills they used to change their behavior

Role models included a grocery storeowner, housewives and a local public official. They discussed what made them decide to change; how they changed; and how they felt before, during and after the change.

Remember, it is important to match your role model as closely as possible to the stage of behavior change you are addressing. For example, if the behavior being promoted is rare in your community, it will be necessary to focus mainly on role models that have just begun to consider or prepare for behavior changes.

If most of the audience is in the precontemplation or contemplation stages, these will be the best models. In this case, the very first or earliest adopters of a health behavior may not be the best role models, because they may have special characteristics that make them different or have exceptional circumstances that made it possible for them to adopt the new behavior.

## ✓ **Searching for Models**

Here are some ideas, suggestions and thoughts to keep in mind when seeking role models:

- **Look to those close to you.** The first role model story may come from you, a friend, family member, neighbor or staff member. This is a great way to introduce yourself and your project to the community.
- **Approach health professionals.** To find role models to discuss screening exams, talk to health professionals who provide the exams. They may be willing to ask their patients to tell their stories.
- **Consider your networkers.** Role models may come from your network of volunteers.
- **Think about local organizations.** Role models may belong to volunteer, religious, social or civic organizations.
- **Be persistent.** You may need to talk to five to 10 people to find one good story.
- **Be prepared.** Do your homework and be ready to ask a lot of questions.

## ✓*Approaching Prospective Role Models*

- **First**, clearly identify who you are and describe your program and its purpose and activities.
- **Second**, explain what you're looking for and how stories may be used. It is usually best not to commit to using a person's story immediately. Instead, say you're collecting stories that may be used if they fit your criteria.
- **Third**, remember that there's a fine line between being persistent and being pushy. Like a reporter, be inquisitive in seeking the story. At the same time, don't ever pry for information that people wish to keep private.
- **Finally**, formally ask the role model's permission when you're sure you want to use the story.

There are several areas of discussion you'll want to remember when you meet a role model candidate. They are included in the following **Talking Points for Approaching Potential Role Models**. For a sample conversation with a potential role model, see **Appendix C-6**.

## **Talking Points: Approaching Potential Role Models**

- **Introduction:**
  - To yourself
  - To the program's purpose, activities, use of role models
- **Your goal:** We're collecting role model stories at this time.
- **Role model definition:** A member of the community who...
  - Has received a recent mammogram, clinical breast exam (CBE) and/or Pap test
  - Has made an appointment to receive one
  - Is thinking about getting a mammogram, CBE and/or Pap test
  - Goes regularly for mammograms, CBE and/or Pap tests
- **Determination of interest:** Could they see themselves as role models for positive health behaviors? If no, thank them and end interview. If yes, continue.
- **Request for personal information:** Ask her to tell you about it (e.g., what made her decide to make an appointment?).
- **Evaluation of the information:**
  - Can she clearly describe thoughts and feelings?
  - Can she describe her decision-making process?
  - Can she remember details about the experience?
  - Can she relate a positive story?
  - Is she willing to have public know her story (picture and name in paper)?
- **Invitation:**
  - Review details about scheduling, media needs, consent forms.
  - Remind her how her story will help others.
- **Close:** Thank her and tell her you'll call when you need to interview her further.

***Feedback and Activities:***

- Discuss specific local sources for locating role models.
- Discuss role model **Talking Points** and review sample script found in **Appendix C-6**.
- Do a role model role play.

## STEP 3: Interview Role Models

***In this step, you will learn about:***

- Role model interview planning, including determining contact time and place (phone or in-person)
- Conducting a role model interview

### ✓ **Gather Information**

Once you've found a viable role model, it's time to set up a formal interview session. Although the interview can take place on the phone, it's usually easier to establish rapport in person. Since it's important that the role model feel at ease during the interview, the best place to schedule the session usually is at her home. In addition, since you may wish to take a picture at the same time you conduct the interview, a familiar and comfortable environment is always preferable.

As you interview the role model, be aware of the different stages of behavior change and focus on those elements of the story that correspond to particular stages. Using the **Role Model Interview Form (RM-1)**, record information about the role model and the behavior that is demonstrated (see **Form RM-1** in **Appendix B-3**). This information would necessarily include:

- **Descriptive information about the model and his or her environment.** This provides interesting story content by focusing on personal challenges and dramatizing life situations. Similarly, this type of information helps audience members perceive the role model as interesting, believable and similar to them.
- **Specific risk-reduction behavior the role model portrays, including the stage of change that is depicted.** This serves as a basis for identifying key story elements and helps ensure that different models and behaviors are included in the overall campaign.
- **The social and psychological factors that are related to the risk-reduction behavior.** The specific thoughts and feelings the role model experienced will be valuable information to include when you're writing the story. This also includes any motivating factors that influence the behavior change.

## ✓ **Mammogram Stage-of-Change Examples**

For obtaining a mammogram, the characteristics of role models in different stages of behavior change are:

- **Precontemplative:** *What is a mammogram?* There is no awareness of the value of a mammogram or the impact of breast cancer on one's health.
- **Contemplative:** *Why get a mammogram?* The role model for this stage would be contemplating a mammogram. She would be able to express why she is considering getting one and what benefits she feels it will bring. These benefits may be health reasons or social reasons. The role model also should discuss the obstacles she foresees and how she plans to deal with them.
- **Ready for Action:** *Deciding to make an appointment.* The role model that is "ready for action" is in the process of making an appointment. She should mention any "active preparation" that she has conducted (e.g., talking with friends about their commitment, enlisting social support to reinforce her decision).
- **Action:** *Getting a mammogram.* The role model would be someone who has recently had a mammogram (within one month of the interview). She should discuss what she experienced, what she learned and tips she may have for others who are about to go through this process.
- **Maintenance:** *Establishing a routine.* The role model would be a woman who has received regular mammograms for five or more years. She could describe the skills she uses to remind herself or to remember her routine. She should mention the benefits she now enjoys (e.g., peace of mind) and the social support she receives from others.

(See **Appendix D-4** for a Stages-of-Change Approach to Media Production.)

## ✓ **Role Model Inventory Form**

The role model inventory form (**RM-1** in **Appendix B-3**) used for recording information during your initial contact or interview is an organizational aid to help evaluate potential role models. The forms should be filed, then reviewed when you search for specific role model characteristics to complete a story for media production. Additional notes or other information you develop in evaluating the individual should be attached to the form.

### ***Feedback and Activities:***

- Discuss role model characteristics and stages of change.
- Discuss the planning process for setting up the role model interview.
- Review the role model inventory form (**RM-1**) found in **Appendix B-3**.
- Role-play: Conduct a role model interview, completing the role model inventory form.
- Conduct an interview with an actual role model, completing the role model inventory form.
- Take role model photos.

## STEP 4: Write a Role Model Story

### ***In this step, you will:***

- Discuss newspaper or other media story writing
- Be able to write a role model story
- Be able to apply a print readability formula

### ***✓Developing a Story***

**F**rom your interview notes, forms and recollections, you'll be able to develop a narrative story. This story may be used in multiple ways and for various formats. These include newsletters, flyers and other small media (discussed in this step) as well as community daily or weekly newspapers (see Section 4). Typically, the final story will be no longer than 150 words (less than one full page double-spaced).

### ***✓Preparing to Write***

**Determine Stage.** Before you begin writing, determine the stage of change (e.g., contemplation) you wish to address and the primary concept (e.g., overcoming barriers) that you intend to highlight in your story's message. Once these are determined, identify and highlight all of the information in your completed role model inventory form that relates to that particular stage and concept. Also, highlight any personal information about the role model that provides human interest to the message you wish to convey.

**Develop Outline.** Now that you have narrowed down the information from the interview that you want to use in your story, you may find it helpful to outline your story before you write it. The simplest outline is a list of key concepts you wish to cover. There should only be one concept for each paragraph of your story. For example, if a story for your monthly bulletin consists of three paragraphs, list in a logical sequence the three main concepts you want your message to include. (See story examples in **Appendix C-1**.)

**In the Beginning.** If you're not familiar with writing in a news style, it may be helpful to begin with a very basic approach, breaking elements of the story down into their simplest form (see the following **'Building' a Story**) and writing several drafts. After you gain experience, much of this will become second nature and you will likely be able to skip the initial steps and complete the story in just one or two drafts.

## **'Building' a Story**

Broken down into its most basic and essential ingredients, the role model story for the bulletin *must* contain only two facts: 1) the name of the role model and 2) her behavior with regard to screening for breast or cervical cancer. Of course, a story that included only those two elements could be told in one sentence and would have no audience appeal. But if you remember the simple nature of the story, it will help in “building” a more complete and compelling story that will capture the reader’s attention and deliver the message you hope to convey. Keep this simple approach in mind as you go through the process of creating a three-paragraph role model story, using the following template:

- Paragraph 1: **Who.** Identify the role model (e.g., Juanita Alvarado).
- Paragraph 2: **What.** Identify the behavior this person is modeling (e.g., deciding to get screened).
- Paragraph 3: **Wrap-up.** Reinforce the message in a closing paragraph (e.g., receiving social support).

From this very basic template you can begin to add information.

### **Draft 1**

- Paragraph 1:  
Juanita Alvarado is a 51-year-old mother of four children.
- Paragraph 2:  
Her doctor recommended that she have a mammogram, so she has decided to make an appointment.
- Paragraph 3:  
Her husband and children support her decision.

Again, this is basic information for your story. Now, to make it more appealing and capture the reader’s attention, you will want to add new information and alter it as necessary.

### **Draft 2**

- Paragraph 1:  
Juanita Alvarado, 51, decided to get her first mammogram after her doctor told her this was the best way to detect breast cancer in its earliest stages.
- Paragraph 2:  
“I have a husband and four children, so it’s important to me that I stay healthy for my family,” says Juanita.
- Paragraph 3:  
Juanita’s family has been very supportive. Her oldest daughter, Emilia, 31, plans to go with her mother to her appointment.

Now you’re ready to provide more information and additional human interest elements for a finished story.

### **Draft 3**

- Paragraph 1:  
Juanita Alvarado, 51, decided to get her first mammogram after her doctor told her this was the best way to detect breast cancer in its earliest stages. Finding the disease early is important because it provides more treatment options and increases chances for survival.
- Paragraph 2:  
“I have a husband and four children,” says Juanita, who sews wedding gowns at home to help support the family. “So it’s important to me that I stay healthy for my family. I know they need me and I want to be around to play with my grandchildren.”
- Paragraph 3:  
While Juanita has worked to support her family, her family is also showing support for her decision to get screened for breast cancer. “My oldest daughter is even driving me to the doctor’s office so that she can be there with me.”

## ✓ ***Writing Guidelines***

Now that you're ready to begin writing, here are some basic guidelines to help you write clear, simple stories:

### **Content Issues**

- Use short, simple sentences.
- Try to incorporate only one idea in each sentence.
- Write to the educational level of your audience. (See the Fog Index<sup>SM</sup> formula.) Most newspapers are written at an 8<sup>th</sup> grade reading level.
- Use the active voice rather than the passive voice. (For example, this is the passive voice: "The decision was made by Anita to talk with her husband." This is the active voice: "Anita decided to talk with her husband.")
- Summarize important points in short paragraphs.
- State the main idea at the beginning of each paragraph.
- Avoid technical terms, if possible. If you must use them, be sure to clearly define them.
- Define difficult concepts.

### **Format Issues**

- Your story should have:
  - A beginning, or "lead," that sets up the story in one or two sentences
  - A middle that reinforces the message you're trying to get across
  - An end that "wraps up" a story by incorporating important points
- Highlight important ideas and terms with bold or italic type.
- In longer stories, break up stretches of narrative with subheadings.

## ✓ ***Using Readability Tests***

It is very important to be aware of the readability level of your stories. To check this, there are several formulas available; however, only English-language materials can be tested at this time. The **Gunning Fog Index<sup>SM</sup> Formula** provides a simple, quick readability test.

### **Robert Gunning Fog<sup>SM</sup> Index\***

1. Count all words.
2. Count all sentences.
3. Divide the number of words by the number of sentences to get the average number of words per sentence.
4. Count the number of words with 3 or more syllables.
5. Add the sentence word average to the number of polysyllabic words.
6. Multiply the total by 0.4

The resulting number is your Fog Index number. This number corresponds with the grade reading level of your article (e.g., a Fog Index number of 10 means you're writing to a 10<sup>th</sup> grade reading level).

\*This is a simplified version of the Fog Index formula. (See **Appendix C-7** for the complete formula.)

### ***Feedback and Activities:***

- Review samples of actual stories (see **Appendix C-1**).
- Identify the stage of change and key concepts in a sample role model story (see **Appendix C-1**).
- Write initial draft of role model story on mammography.
- Apply **Fog Index<sup>SM</sup>**.
- Revise role model story as necessary.
- Apply **Fog Index<sup>SM</sup>** to final story copy.
- If time permits, write another story focusing on Pap testing.

## STEP 5: Package a Story for Small Media

### ***In this step, you will learn:***

- The steps in a small media production schedule (timetable)
- Bulletin (newsletter) design, including headlines, graphics and other design elements used in producing small media

### ***✓ Producing Small Media Print Materials***

**P**rint materials, such as brochures, flyers, calendars, newsletters and posters, as well as audio and video formats, are known as "small media." These materials are contrasted with "mass media," which include city newspapers and broadcast (television and radio) media. The use of small media can provide a point of reference for personal contacts and face-to-face communications about adopting healthy behaviors. In this program the typical small media product is a bulletin, or newsletter, designed for your target audience.

With the advent of "desktop publishing," virtually anyone with a computer has the capability to produce a flyer, newsletter or other small materials. Recent versions of major word processing programs (e.g., Microsoft Word™ and WordPerfect™) include sufficient graphic and layout capabilities to enable a novice to create print pieces. In addition, relatively inexpensive publishing software is on the market. Numerous books, classes and tutorials that provide basic information about design principles and the use of software also are available.

### ***✓ Equipment and Software***

The production of a monthly bulletin for the *En Acción* program requires some basic electronic equipment and software. These include:

- **Computer.** It should have at least 500GB hard-disk storage and 4GB RAM memory.
- **Printer.** Although your bulletin may be reproduced in black-and-white, a color printer will enable you to see how your print piece will look if your budget allows for color reproduction. As you design your bulletin, you will want to print copies at various stages to check your progress.
- **CD/DVD or flash drive.** This will allow you to store a print piece for transport in electronic form to a print/copy shop if needed.

- **Scanner** (optional). You may wish to import external artwork or photos into your bulletin's design. If so, the scanner will enable you to perform this procedure.
- **Digital camera** (optional). You will need a camera to photograph your role models and other subjects. A digital camera allows you to store your images directly in your computer. The images can then be imported into your bulletin design.
- **Microsoft Publisher™ software or similar.** This is relatively inexpensive software for designing small print pieces, and is ideal for developing newsletters and flyers. The *En Acción* program provides templates (in Microsoft Publisher™) for your bulletin, which makes it easy to plug in new stories, headlines, photos and artwork. However, at some point you may want to create a new "look" and design your own bulletin. Microsoft Publisher™ is very user-friendly, especially if you are already familiar with Microsoft Word™, and provides numerous "wizards" to help you get started.

## ✓*The Next Step*

**Copy or Print.** After your bulletin design and layout are completed, the next step is taking it to a print/copy shop for reproduction. Depending upon your needs, the bulletin will be either a "copy" job or a "print" job. For example, the most economical means of producing up to 1,000 black-and-white pieces is likely to be by photocopying it. If your bulletin is going to be a color print piece, depending on the volume, it will likely be more economical to have it printed on a press. Neighborhood shops can handle print or copy jobs of varying volumes, usually at very affordable prices.

**Requirements.** Check around with different print/copy shops for prices and requirements. Needs will vary from shop to shop, depending on their equipment and capabilities. Some will ask you to bring the job in on a Zip™ disk, while others can make reproductions from your hard-copy original.

**Shop around.** You can save much legwork by calling and describing your job to the various shops before visiting them. Before you call, write down the physical description of your bulletin (e.g., 8½-by-14 inches, black-and-white, printed both sides on white bond paper, one photo, four pieces of artwork including logos), the software it was produced with (e.g. Microsoft Publisher™), the number you wish to have reproduced (e.g., 1,000), and when you wish to receive the finished copies (e.g., in two days). This is the information you need to give the shop to provide you with a cost estimate and make sure your needs can be met.

**Distribution.** After the materials are produced, distribution will take place through your network of community volunteers, as well as businesses, churches, schools, community centers and other dissemination resources.

## ✓*Designing a Community Bulletin*

A bulletin can include a variety of different elements. However, the following components are common to most bulletins:

- **Masthead/Heading:** This is the name or title of the bulletin. It is usually placed at the top of the first page and may include the date and a volume number. The masthead often incorporates a graphic or visual, such as an organization logo.
- **Body:** The bulletin can consist of one or more pages, depending on the amount of information you include. At a minimum, a double-sided standard page (8½-by-11 in.) or legal size (8½-by-14 in.) page is used. The front page could feature one or more role model stories and include pictures. Other information could include local breast and cervical cancer screening services (name of clinic, address, phone number, hours of operation, screening cost, etc.). The backside could include schedules of a mass media production, such as when a role model story would appear in the newspaper, on TV or radio. The format may vary depending on the space you have and the amount of information you think is needed to make it clear to the reader.
- **Graphics:** Try to make the bulletin as visually appealing as possible. You will almost certainly want to include photographs of role models with their stories. You also may wish to incorporate illustrations or other artwork. Files of "clip art" with a wide array of selections are readily available and often come in handy to provide a visual image and break up areas of text. Seasonal images (e.g., Thanksgiving, Christmas, springtime) from these clip art illustrations add a timely touch to bulletins. Images can be in black, a color or a combination of two to four colors. Another way to provide variety is to print issues on color paper, changing colors with each issue. The more familiar you become with bulletin design, the more options you will find available. Once you have developed some expertise in the basics of bulletin production, you may find it helpful to seek out a graphic artist to discuss ways to further enhance the visual aspects of the print piece.
- **Bilingual text:** If more than one language is necessary, the bulletin often will incorporate both English and Spanish text. This means the same articles will appear twice (once in English and once in Spanish). This, of course, requires more space, providing less room for additional information. Nevertheless, you'll find that there are some creative ways to use certain elements (e.g., graphics, phone numbers and addresses) only once.

## ✓ ***Headlines, Photography, Captions and Artwork***

Writing an interesting and informative role model story is obviously important. But usually it will be other elements of a layout that actually draw the reader's attention to the story. Indeed, unless the story is accompanied by provocative headline copy and visuals, it will likely go unnoticed and unread. Here are some things to bear in mind when creating peripheral components:

- **Headlines.** Create a headline that will capture the reader's attention and, if possible, summarize the communication objective for that story.
- **Photos.** Include at least one picture, with a caption that reinforces a particular message. The minimum might be a photograph of the role model in an interesting or relevant setting. However, it's better if the photograph or illustration can help tell the story or make a point. (**Note: Always have the subjects of your photos sign a Statement of Release form. See Appendix B-4).**
- **Graphics.** Artwork is important for conveying and illustrating the story's message. A basic goal of graphics is to communicate information in a nonverbal form. All artwork is justified by the extent to which it is immediately identifiable (that is, sending a clear message). Illustrations and other visuals also enhance the appeal of the printed material. If done well, artwork attracts attention and helps create and maintain reader interest.
- **Type.** The text of a story, by itself, can appear gray and uninteresting. One way to break up the copy is through the use of boldface subheads interspersed periodically throughout the story. Another trick of the trade is to select a particularly expressive quote or other section of the story and enlarge it with a bold typeface. This "pulled quote" not only serves as a graphic element but also is useful in drawing a potential reader's attention to the story.

## ✓ ***Pretesting Guidelines***

Pretesting the bulletin prior to its final printing will help ensure that grammar, spelling, local community information, and all other visual or text elements are error-free. Finding individuals who have good composition skills and can spend a few minutes reviewing the bulletin each month will be well worth the effort. Share these guidelines with your reviewers prior to reading the bulletin. See the **Pretest Guidelines** in **Appendix C-8**.

## ✓*Developing Production Schedules*

The process for creating a community bulletin includes developing a production schedule or timetable (see sample below and **Table H** in **Appendix A-6**).

Bulletin production requires various steps that may rely on more than one individual or device. If you are not responsible for performing all the tasks, you will need to create a schedule that includes the length of time for each task, specific dates for starting and finishing that task and, if necessary, the name of the person responsible. Developing a specific schedule for each month and closely adhering to it will ensure that the bulletin will be ready for distribution through your volunteer network at the same time each month.

### **Sample Community Bulletin Production Schedule**

<b>Activity</b>	<b># Days</b>	<b>From</b>	<b>To</b>
Write copy	3	11/2/98	11/4/98
Translate copy	2	11/5/98	11/6/98
Pretest (first issue only)	2	11/9/98	11/10/98
Design & lay out	4	11/11/98	11/16/98
Proofread pages	1	11/17/98	11/17/98
Pretest (first issue only)	2	11/18/98	11/19/98
Print process	5	11/20/98	11/27/98

### ***Feedback and Activities:***

- Using the template, complete a bulletin design, including actual stories, headlines, photos and other graphic and text elements.
- Discuss **Community Bulletin Production Schedule**.

## **SECTION 3:**

### **Mass Media**

# STEP 1: Selecting Local Media

## ***In this step, you will:***

- Analyze the media market materials previously collected
- Identify strengths and weaknesses of potential media partners

### **✓ *Media Characteristics***

**D**eciding which media (TV, radio or newspaper) and outlets (specific stations and/or newspapers) to use is based on the following considerations:

- **Reach.** Size and demographics of each media audience (media reach). What is the circulation or size of the viewing/listening audience? What is the geographic coverage? What are the demographics of the subscribers or viewing/listening audience?
- **Popularity.** Acceptance among intended audience. What are the types of media and the particular media outlets preferred by the audience your program wants to reach?
- **Programming trends.** Type of programming carried by the media outlet. Also, other factors uncovered during market research, such as talk shows aired by television or radio stations and types of topics they typically discuss.
- **News programming.** Availability of time or space devoted to news coverage. Does the outlet carry local news or just national wire or syndicated news? Also, ability to provide free media exposure via public service announcements or placement within local news programming rather than requiring the purchase of advertising space.
- **Human interest.** Willingness to use role model stories. Your programming is enhanced when a human-interest approach that reflects local culture and values is combined with vital health information.

### **✓ *Other Considerations***

Generally speaking, you want to reach the largest possible audience within your population of interest. Although one TV station or newspaper may have the

largest overall market share, it is common for other stations or papers to have large audiences among particular sub-populations. This "market segmentation" is most obvious in bilingual communities. For example, Hispanics overall typically listen to news on English-language stations; however, those with less English proficiency may listen to a single Spanish-language station.

NHLIC: *En Acción* in San Antonio consistently worked with at least one English-language and one Spanish-language broadcast outlet and one English-language and one Spanish-language newspaper. These media did not see themselves in competition with each other (e.g., English and Spanish TV). In general, working with one TV station, one radio station, and one major daily newspaper per market builds strong media relationships based on exclusive association.

### ***Feedback and Activities:***

- Review (**Table D**) (media analysis) in **Appendix A-3**.
- Review focus group results about media habits. (**optional**)
- Discuss criteria for media selection (popularity among intended audience, free vs. paid, demographics of media audiences, support for your program, advantages of non-competing media, etc.).
- Identify strengths and weaknesses of potential media partners. Do this for newsprint, TV and radio.

## STEP 2: Working with the Media

### ***In this step, you will learn:***

- Background information to help you understand characteristics, personnel roles and types of stories associated with print and broadcast media
- Ways you can assist newspaper and broadcast media reporters
- Scheduling topics

### **✓*The Role of a Journalist***

In many ways, the *En Acción* program requires you to “become” a journalist. This means putting yourself in the place of a working journalist and learning to think as a journalist thinks: what types of stories to look for, particular story angles, techniques for writing to your audience, and more. However, before you can approach the media to discuss the program and solicit their assistance as program partners, you need a basic understanding of each type of media. This includes the types of stories they use and the roles of the varied personnel associated with each type of media.

### **✓*Newspapers***

Newspapers are usually willing to publish stories about local events as long as you provide sufficient lead-time. Small papers are especially eager for local news. Remember that news value is generally judged according to the importance of the event to the publication's readers. For guidance on writing a news story, read your local newspaper and follow the established writing style.

### **✓*Types of Articles***

Aside from columns, editorials and “op-ed” pieces, a paper's news space is generally occupied by two principal types of articles: “hard news stories” and “features.” Significant differences exist between the two.

### **✓*Hard News***

In a hard news story, the writer tries to pack as much information as possible into the first few paragraphs. This is known as the “inverted pyramid” style: the most important facts – who, what, where, when and why – at the top, with information tapering off in importance as the story progresses. This allows copy

editors to shorten a story from the bottom up, if necessary, and not lose the most important facts.

## ✓ ***Feature Articles***

A feature story is different from a hard-news story in several respects. It is typically longer, less formal and goes into more detail about a person, place, organization, issue, event or other subject. It can be similar to a story you might relate to friends or at a family gathering. Also, while the lead, or opening, of a hard news story packs a lot of facts, the feature lead is intended strictly to capture the reader's attention.

Editors typically look for an interesting angle in their feature articles rather than a general treatise describing everything anyone might ever want to know about a given subject. In developing the angle, the writer is usually free to employ a variety of writing tools, such as humor, emotion, inspiration and drama.

## ✓ ***Newspaper Personnel***

- **City editor.** The city editor is responsible for all local coverage and should receive all information from you. The city editor also can tell you the names of reporters assigned to cover health topics.
- **Editorial page editor.** Letters to the editor, suggestions for editorials or requests for guest editorials are sent to this person.
- **Columnists.** These writers produce columns on a wide range of topics, including political and community issues. Look for a health column in your local paper.
- **Feature section/lifestyle editor.** This person is responsible for features and human-interest articles and would be the person to contact to suggest names of individuals for possible feature stories.
- **Sunday magazine/supplement editor.** This person is responsible for assigning staff and freelance writers to cover stories that are typically longer than those appearing in the news or feature sections. In addition to the feature section, a local Sunday newspaper supplement often is a good place to pitch a human-interest feature.
- **Section editors.** These individuals are editors of various newspaper sections, such as sports, business and metro. The lifestyle and/or feature section editor would fall into this category.

- **General assignment reporters.** These writers cover a wide variety of topics, and are typically assigned to stories by the city editor on a daily basis.
- **Beat reporters.** These writers cover specific areas of recurring news, such as City Hall, police and courthouse. Or they may focus on specific types of news, such as religion. You should find out if your paper has a beat reporter assigned to medical, general health and/or fitness news.
- **Freelance writers.** These individuals may write for a variety of newspapers and magazines. Both the feature and Sunday supplement editors may be able to suggest local freelance writers who are interested in health topics.

## **✓TV and Radio**

You obtain TV and radio news coverage in basically the same way as newspaper coverage. Broadcast reporters look for the same elements of newsworthiness as print reporters. In receiving coverage, the main distinction from newspapers is that with TV/radio you will have to make preparations for microphones and/or cameras. For television, it usually is not enough to only have people talking into a camera. It helps to have “action”

## **✓Television and Radio Personnel**

- **Program director.** This person oversees all news and entertainment programs and can tell you which shows would be interested in guests that can discuss health topics.
- **News director.** This individual is responsible for establishing the station's policies regarding news coverage.
- **Assignment editor.** This person works under the news director and is responsible for the day-to-day assignment of reporters to cover certain stories. This is usually the person you would call to pitch a particular story or event.
- **Public affairs director.** This person schedules all the public affairs programs and is the one to discuss with you the possibility of developing a program exclusively for your topic.
- **Health or medical reporter.** As on newspaper staffs, many broadcast media stations assign a reporter to the health beat. This person may or may not officially hold a “health reporter” title.

## ✓ ***Preparing for Broadcast Media Contact***

**Start with a Letter.** Before you visit a TV or radio reporter or news director, send a persuasive letter. It should briefly mention your credentials, state your interest, and suggest an appropriate role model story or include a list of possible stories. If related issues have received coverage in your area, include samples, or you can point to examples of national coverage. Follow up your letter with a phone call. If there is immediate interest, offer to help arrange the role model's appearance. Keep in mind that decisions often change about what should be given air time, and “breaking news” often disrupts schedules, so a given story can be bumped at any time. If this occurs, don't be discouraged.

**Watch the Programs.** The kinds of programs that feature guests vary from area to area. Local talk shows are aired almost 24 hours a day, especially on radio. Most stations carry talk shows on weekends, particularly Sunday mornings. Before you approach the host or producer of a specific program, find out if the show has a broad focus and a wide variety of guests or a more narrow focus with one or two types of guests.

## ✓ ***Media Co-Production***

As the media coordinator for the *En Acción* program, you should think of yourself as a member of the newspaper or TV/radio team. Although you are not *on* their staff, you will be working *with* their staff with the goal of aiding their efforts to bring the role model stories to print or on the air. The assistance you lend can take various forms, depending on several factors, including the needs of the media and of the particular reporter assigned to work on your project.

## ✓ ***Providing Television Co-Production***

It is possible to develop a working relationship with television health reporters that makes their job easier and yields weekly stories. The following scenario offers one approach.

- **Organize Video Shoots:** In weekly scheduled “shoots,” the reporter brings a videographer to a specified location where you have an expert and role model ready to be interviewed and taped. This will be edited for use with “cover” video (i.e., footage of action or background without sound that will run while the voice is heard on sound track).
- **Set-up Shoots:** Specific shots (e.g., receiving a screening exam) are prepared in advance and the camera is directed to them.
- **Script and Rehearse Interviews:** For the interview, the reporter is given questions to ask, such as “Why did you decide to get screened?” or “How

have you managed to stay on a regular screening schedule?” The role model is prepared in advance and sends a positive message to others with her responses.

In this way, it is possible to convey specific, planned messages without requiring the reporter to do more than show up and read what you provide.

### ✓ ***Providing Newspaper Co-Production***

Some reporters will want to write the story, while others will take any help they can get. Provide them with the role model story you've written. Some newspapers may use what you've written verbatim along with any usable photograph you supply. Others may choose to use your information as background or pull out particular quotes for a story they develop. You can also help the reporter by doing the scheduling and making any other logistical arrangements.

To assist the reporter assigned to work with you – whether it be for newspaper or broadcast – consider preparing an overview of the content area, including:

- Role model information
- Medical information and potential questions
- Local statistics
- Suggestions for graphics
- Specific human interest angles

In working with a reporter, you may function as a research assistant. Your job is to furnish well-justified topics, authoritative data and statistics, contacts with knowledgeable experts, and (most important to you) local human interest story ideas that give a positive angle to the coverage and to your message.

Like the journalists you work with, you are at the mercy of your audience. To gain their interest, you must address their concerns or at least show how your issue relates to their concerns. Offer new information or a fresh angle on established facts. Sometimes dramatic stories may be appropriate. Be ready to help the reporter find ways to make stories more interesting.

### ✓ ***Maintaining Media Interest***

Different topics and angles, varied role model characteristics and personalized stories help sustain media interest and reduce the tendency to generalize or “lump” distinct content areas into one story. These strategies also help refresh issues that, while distinct to you, can be seen as repetitious or “old news” to journalists.

For any single topic, you should not expect an editor to run more than a few stories in sequence (e.g., following someone through a process of change). If

your goal is to deliver numerous different messages about a disease or more than one risk behavior, you need to plan carefully to develop a package of distinct stories.

## ✓ **Scheduling Topics**

Working from your set of behavioral objectives, communication objectives and communication plan, prepare a schedule of topics to be developed and reinforced in both your small media and with your mass media partners. These primary topics should be broken down into subtopics that constitute the actual themes or messages for individual stories (see the following **Sample Schedule of Topics**).

This planning device allows you to schedule specific messages that correspond with particular stages of behavior change and appropriate role model stories. Be aware, however, that issues that seem separate and distinct to you may appear to be overly similar and repetitious to media personnel. You'll need to find fresh approaches to those issues as you proceed.

### **Sample Schedule of Topics**

#### **January: Breast Cancer Screening**

- Week 1 Is someone you know at risk?
- Week 2 Benefits of early detection
- Week 3 Making an appointment for screening
- Week 4 Improving doctor-patient communication

#### **February: Cervical Cancer Screening**

- Week 1 Who is at risk?
- Week 2 How screening can benefit you
- Week 3 Using the buddy system to schedule regular appointments
- Week 4 Early detection and high treatment success rates

#### **March: Breast Cancer Treatment**

- Week 1 What are the options?
- Week 2 Support from family and friends
- Week 3 How early detection increases treatment options
- Week 4 Myths and misconceptions about treatment
- Week 5 Community support resources

See Appendix C-10 for a 12-month **Communication Plan Content Outline**.

## ✓***Reporter Notes***

For each story, it is helpful to create a concise, one-page overview of the subject to share with the reporter. It should include only information the reporter needs to complete a specific story. When you have a sufficient number of role model inventory forms completed, you may want to consult your file to determine if any of those individuals fit the story's criteria. Otherwise, you will need to find a new role model from your community.

### **Notes for Reporters**

**This Week's Topic:** Is someone you know at risk?

**Role Model Name:** Rosa Cantu, 52, mother of 4, married, works at Louise's Hair Salon

**Interview Location:** 678 West Sanchez Street. Home phone: 555-1234

**January Subject:** Breast Cancer Screening

- Week 1      Is someone you know at risk
- Week 2      Benefits of early detection
- Week 3      Making an appointment for screening
- Week 4      Improving doctor-patient communication

#### **Critical Data:**

- About 40,030 people (39,620 women and 410 men) will die of breast cancer in 2013.
- In women, breast cancer is the second major cause of death from cancer; lung cancer is first.
- Mortality rates continue to decline in women, with larger decreases in younger women.  
This represent progress in earlier detection, improved treatment , and possibly decrease in incidence as a result of declining use of menopausal hormone therapy (MHT).

The risk of breast cancer increases with:

- Age
- Personal or family history of breast cancer
- Early age at menarche
- Late age at menopause
- Lengthy exposure to cyclical estrogen
- Never had children or late age at first live birth
- Higher education and socioeconomic status

#### **Role Model Questions:**

- 1) What was happening in your life the first time you realized the importance of getting regular cancer checkups?
- 2) Did you share your ideas with anyone in your family and how did they react? Did anyone encourage you at work?
- 3) What would you tell other people like yourself about your experience? What was hard about it? How did you overcome it? What is most rewarding?

**Other Activities and Visuals:** Mrs. Cantu bakes cakes on the weekends for birthdays and celebrations (called "the Cake lady" in her neighborhood).

### ***Feedback and Activities:***

- Discuss characteristics of newspaper and TV/radio stories and the elements that sustain media interest (few stories dealing with any one topic in a sequence; varied topics, role model characteristics, stages of change addressed, etc.)
- Discuss ways to assist reporters from different types of media.
- Discuss schedule of topics.
- Create a Reporter Notes sheet. Consult the stages of change section, local data from focus groups/demographics, role model inventory form (**RM-1**) found in **Appendix B-3**, and, if you have one, the pertinent role model story.
- View video: **News Segment: Contemplation**, **News Segment: Ready for Action/Action**, **News Segment: Maintenance**

## STEP 3: Develop Media Contacts

### ***In this step, you will learn about:***

- Talking points for media visits
- Updating your program fact sheet
- The importance of developing contacts with media advertising, public relations and marketing departments

### ***✓ Relationships with Media Representatives***

**B**uilding a relationship with your media contacts relies heavily on establishing your credibility and sharing common interests. Gather information on reporters, editors or news directors with whom you would like to work. Follow their work closely to identify their special interests and make note of specific pieces that deserve congratulations. Find out whether you have any mutual acquaintances or know any of their colleagues. Close working relationships can develop from social and personal factors.

When you begin contacting media representatives, remember that these are extremely busy people, especially newspaper city editors and TV/radio assignment editors. Find out when daily deadlines occur, and avoid contacting them at those times. When you call, ask if this is a particularly busy time and offer to call back at their convenience.

### ***✓ Learning about Your Local Media***

Before you make contact, do some homework. Learn as much as you can about the particular media outlet. For example, if you're approaching your city's daily newspaper, go through numerous back issues. You can usually spot trends, focus areas and fields of primary interest in their health coverage. Often, by calling the community relations department, you can learn what issues the outlet is promoting at any given time. With some thought, you may be able to think of ways to dovetail with or piggyback on existing campaigns. Also, make note of any recent events that may put breast or cervical cancer in the spotlight (e.g., if a local or national figure has recently died from one of the diseases).

## ✓ *Making Contact*

**Initial Contact.** Your first contact with a media outlet may come through someone you already know on the staff or a person with whom you have had previous dealings. Or it may be through the community relations, marketing or community service departments. The purpose of this initial contact is to pave the way for a subsequent meeting with the editors or managers with decision-making capabilities.

**Short Presentation.** In the first contact, be prepared to deliver a short presentation about your program that includes a synopsis of its purpose, background, local support, activities, benefits to both the community and the media, and a proposed strategy for collaboration. (See the following **Talking Points for Approaching the Media** and **Sample Script for Approaching Media** in Appendix C-6.) In addition, have printed information about your program ready. This may be in the form of the simple fact sheet that you prepared earlier for meeting with community leaders and/or forming a community advisory group.

**Fact Sheet.** For the purpose of meeting with the media, you will want to augment the earlier fact sheet with updated information about program activities and results (see sample fact sheet in Appendix C-4). The purpose of the fact sheet is to provide editors with all of the necessary background information on your program, written as succinctly as possible, and organized in a logical, easy-to-read format. Editors often will ask you to leave this printed material with them and call back for an appointment after they've had a chance to read it.

### **Talking Points: Approaching the Media**

- **Program background:** See discussion of fact sheet development in Phase II, Session 1, Step 4.
- **Local support:** Who they are and what they offer
- **Benefits of program to the media outlet as well as the community**
- **Suggested collaboration:** Be prepared to propose a working schedule, including options.

## ✓ ***Relationships with Marketing / PR Departments***

Obviously, a collaborative arrangement with the media outlet's marketing and public relations departments will help promote your program. Such an arrangement can benefit these media outlets as well. The following are some examples:

- **Recognition** for supporting your activities as evidence of the station's or newspaper's commitment to community health.
- **Cross-promotion** through different channels. A television news director may be more willing to assign a reporter to cover your project if the stories are also promoted in the print media, and vice versa. NHLIC: *En Acción* projects have sometimes bought small ads in the print media to promote TV news shows on particular topics.
- **Additional promotional support** through your program's bulletin or other small media. Names and logos of your newspaper, television and radio partners should be listed in your calendar, newsletter and other print materials. It's a good idea to include calendars listing upcoming programs. When you involve more than one medium in a collaborative effort, your ability to promote each one to the community is greater.

## ✓ ***Business Advertising Tie-ins***

The marketing departments of the media you develop relationships with can provide information about local businesses that buy large chunks of advertising time or space. Businesses, as well as the media, are often aware of the public relations value of active involvement with community issues. For example, a grocery store that depends largely on clientele from your program's intended audience may be open to collaborative opportunities with your project. Such collaborations can take many forms, including:

- Financial donations
- Contribution of resources and services (e.g., small media printing)
- Inclusion of information in their internal and/or external communication materials
- Donated advertising spots
- Sites for distribution of your small media materials.

Some relationships you may wish to consider include encouraging tie-ins with:

- Ratings sweeps periods
- Special community/cultural events
- Remote broadcasts

**Note of Caution.** While financial or other support typically appears attractive, it can also present significant ethical problems or obligations that are contrary to the aims of the program. Each offer of support by an outside party should receive thorough scrutiny prior to any agreement. This decision process should involve all program personnel and supervisors.

## **✓ Update Your Fact Sheet**

As your program progresses and evolves, keep your fact sheet current. Its contents may include updated information about program personnel, mission, goals and objectives, pictures, results of activities to date, future plans, supporting organizations and collaborations, and advisory group members.

### ***Feedback and Activities:***

- Discuss preparation and talking points for media visits.
- Discuss PR/marketing department collaborations (e.g., benefits for the media, cross-promotion potential, tie-ins with advertisers).
- Update your program fact sheet.
- View video: **Approaching the Media**
- Read sample script (see **Appendix C-6**) for approaching the media, then conduct role play without script.

# STEP 4: Negotiate and Formalize Media Agreements

## ***In this step, you will learn:***

- The responsibilities of staff vs. media outlet and pertinent issue negotiation
- How to create formal agreements with media partners

### **✓ *Cooperative Arrangements***

The optimal working relationship with media personnel is one of co-production. Strive for arrangements in which your program staff (media coordinator and community coordinator) and the media personnel work together to develop, produce and distribute your messages.

### **✓ *Staff Responsibilities***

Your program staff responsibilities may include:

- Reviewing upcoming subjects in advance with media representatives.
- Developing health information that is credible, attractive and current.
- Serving as a source of expert medical knowledge, including accurate, up-to-date local data on vital health issues.
- Being a source for expert resource persons who can be readily accessed.
- Recruiting role models.
- Making schedule arrangements.
- Providing interview guidelines prior to taping.

### **✓ *Media Responsibilities***

Media personnel responsibilities may include:

- Providing production services
- Scheduling air time or column space

When appropriate, negotiate with media personnel about scheduling, general and specific topic areas, staff support, problem solving, emergency contacts and contingency planning. Finalize all agreements in writing.

## ✓ ***Basic Elements of a Media Agreement***

- **Official letterhead.** The agreement should be printed on either party's official letterhead, preferably that of the media outlet.
- **Statement of purpose.** The agreement should begin with a concise statement that captures the essence of the relationship.
- **Responsibilities of each party.** Be as specific as possible and include as many contingencies as you can imagine. It is helpful to enumerate each responsibility. Avoid ambiguous language and make it clear when approval or review is required, who provides it and how long it should take to confirm it. If certain problems are typical or predictable, describe how they should be resolved and who is responsible.
- **Time frame.** Activities that are time dependent should be identified and schedules specified. For instance, if an article must be at an editor's desk, identify the deadline day and time. Or if taping is to be on a regular day and time, what is the contingency plan if it is bumped for another story? When will be rescheduled?
- **Signatures of both parties.** All parties must sign the agreement, even if it is only a moral agreement.

(A **Sample Media Agreement** can be found in **Appendix C-9**).

### ***Feedback and Activities:***

- Discuss assigned responsibilities and pertinent issues: scheduling, deadlines, topic areas, contingency planning, etc.
- Consider options for minimum production goals.
- Review the sample media agreement

## **SECTION 4:**

### **Developing the Community Peer Network**

# STEP 1: Mapping Community Resources

## ***In this step you will learn about:***

- Locating resources in your community
- The interpersonal networks in which peer networkers may be found

## ***Participants will need:***

- A map of the community
- **Table B from Session 1**

## **✓ *Creating a Community Map***

**I**n **Session 1**, you were asked to make a list of potential resources in your community that might support your program (see **Community Resources** list in **Appendix C-3**). In this step you will create a map which begins by outlining the physical boundaries of the intervention area of the community.

Based on community research and previous discussions with program supervisors, the geographic areas in the community were identified. Further precision about the area can be gained by comparing U.S. Census data with those census tracts that are within the intervention community. Knowing something about the areas that lie immediately outside the intervention areas (the blocks bordering the area) also can be helpful. For instance, residents of the intervention area may frequent churches, community centers or businesses in these areas.

Examining the list of resources that you created, place visual indicators (such as colored pushpins) marking their locations on the map. Categorize the resources and use different colors to represent each category. After you have recruited your peer networkers, you will also identify on the map where each networker lives.

## **✓ *The ‘Grapevine’***

Numerous studies have shown that messages that succeed in stimulating behavior change are usually received from both media and interpersonal communications. To borrow the words of a well-known song, send your messages “through the grapevine” of natural interpersonal networks. An interpersonal network includes everyone who has regular contact with members of your intended audience. This network will become an invaluable

resource for the distribution of printed materials that have information about clinic services, upcoming media stories, educational programs and more.

Growing out of the network, usually in a secondary phase of the campaign, the community may also organize to support environmental changes, such as improving health care access or providing transportation services.

## **✓Formal vs. Informal Networks**

The two basic types of networks are formal and informal. From both of these sources you will be able to find and recruit peer networkers for your program.

**Formal networks** include:

- Health care and social service providers (health clinics, Head Start, day care, food distribution sites, etc.)
- Work sites
- Political organizations
- Social/cultural organizations, such as clubs and churches
- Schools and other academic institutions
- Businesses frequented by members of your intended audience

**Informal networks** include:

- Family members
- Friends
- Neighborhood or community recreational centers
- Neighborhood gatherings and organizations

On the map you've created, mark the locations where you may find peer networkers. As recruitment progresses, you can use this map to record your accomplishments.

### ***Feedback and Activities:***

- View video: **Windshield Tour of the Community**
- Create a map of the community.
- Review **Table B (Appendix A-1)** and identify potential locations for finding peer networkers.

## STEP 2: Recruiting Peer Networkers

***In this step, you will learn about:***

- Networker activities
- Recruitment strategies and incentives
- Recruitment presentations

### ✓ ***Volunteer Activities***

**W**hen recruiting networkers, consider the following primary activities in which they may engage:

- Distribute printed materials
- Encourage emulation of role models
- Verbally convey basic messages
- Provide referral to services/additional information sources

“Ideal” networkers perform these activities as part of their everyday routine, distributing materials and providing personalized words of encouragement to persons they know. However, the type and level of participation are highly variable. Some networkers provide only a location where materials can be picked up (e.g., a grocery store). Others will offer significant social reinforcement, with active, frequent, personal encouragement.

Some networkers, particularly those from health or social service agencies, may accept responsibility for recruiting, training and managing other volunteers. In addition, some networkers may play advocacy roles, such as in the organization of citizen lobbying efforts.

### ✓ ***Recruitment Strategies***

- **Locations.** Prioritize the locations identified in your assessment of formal and informal networks from Step 1 in terms of the best opportunities for interpersonal communications with your intended audience.
- **Key Personnel.** Identify specific persons in key positions in each location who could recommend people to be part of your network. Attracting and selecting effective networkers depends on your personal contacts with these

opinion leaders and gatekeepers, who can provide endorsements or personal introductions to potential volunteers.

- **Blind Canvassing.** Some networkers can be found by “blind” canvassing (going to churches, shops, homes, etc.).
- **Networker Contacts.** Once you have recruited a few networkers, they become a source for identifying additional volunteers.
- **Recruitment Presentations.** When a potential networker is identified, staff members and/or project leaders should arrange to make a recruitment presentation. The presentation should include an overview of the program and an invitation for the individual to participate in the network in a specific capacity.

When approaching a potential new peer networker, include the discussion areas included in the following **Talking Points for Recruiting New Peer Networkers**. For examples of conversations with potential networkers and with leaders of organizations in which networkers may be found, see the scripts in **Appendix C-6**.

#### **Talking Points: Recruiting New Peer Networkers**

- **Introduce yourself.**
- **Introduce your program (see program fact sheet):**
  - Purpose and activities
- **Need for networkers in community:**
  - Responsibilities
  - Expectations
  - Time commitment
  - Benefits and incentives
  - Media activities and role model recruitment
- **Determine their interest:** Ask, “Is this something you'd be interested in and feel comfortable with?”
- **If no:** Thank them for their time and interest.
- **If yes:** Briefly discuss training, meetings, small media and next contact.

#### ***Feedback and Activities:***

- Discuss networker activities (distribute materials, discuss messages, etc.).
- Discuss recruitment strategies (identify network locations, “blind” canvassing, etc.) and incentives (material, social, symbolic).
- View videos: **Recruiting Peer Networkers – Easy, Recruiting Peer Networkers – Difficult, Approaching Organizations for Role Models**
- Role-play recruitment presentation.

# STEP 3: Conducting Formal Training

## ***In this step, you will learn about:***

- The peer networker's role in the program, responsibilities and necessary social skills
- Effective training tools and training session organization, content and guidelines
- Conducting a training session

### **✓ *Training Objectives***

The primary objective of formal training is to encourage peer networkers to express positive statements to members of the intended audience. At all times, networkers should suppress their negative responses to persons who do not accept the behavioral recommendations being espoused in the role model stories. Networkers also should learn about cancer screening services that are available in the community.

### **✓ *Role Playing***

The most effective training is interactive (e.g., using demonstrations and role-plays), providing opportunity for practice and group feedback in a supportive environment. Again, the use of positive communication is emphasized. The following is an example of how a training session may be organized, using role-plays and group discussion:

1. **Staff Role Play:** Staff members first role-play an “ideal” networker interaction with an individual in the target community while distributing program materials.
2. **Group Feedback:** Trainees comment on the role play.
3. **Trainee Role Play:** Trainees are then encouraged to do the role play in front of the group several times.
4. **Group Feedback:** Trainees comment on the role play.
5. **Difficult Role Play:** Next, a problem that may be encountered in the field is introduced, and group feedback on creative ways to deal with such problems is sought. Do several of these.
6. **Discussion:** Group discusses the best responses to difficult encounters.

Scripts illustrating interactions while distributing materials are helpful in training networkers. See **Appendix C-6** for sample conversations with

members of the target audience. Included are scripts that illustrate an “easy” interaction, one with moderate difficulty and another with greater difficulty. Areas of discussion when distributing materials are included in the following **Talking Points for Material Distribution in the Community**. See sample scripts for material distribution in the **Appendix C-6**.

### **Talking Points: Material Distribution in Community**

- **Introduction:**
  - To yourself
  - To the program (brief)
- **The bulletin:**

Discuss the role model story, focusing on:

  - Specific behavior change
  - Influencing factor(s)

Discuss other information in bulletin
- **Invitation:**
  - Determine interest level
  - Provide positive reinforcement

For training purposes, the Training Video provided with this manual offers examples of networker activities. (See Training Video Vignettes in **Appendix D-1**.)

## **✓ Peer Networker Responsibilities**

The primary roles of the peer networker are to:

- **Promote the program:** Provide interpersonal communication for women in the program’s target audience and distribute bulletins and other small media.
- **Raise media awareness:** Encourage contacts to read the community bulletin and to read, listen and watch program messages in the mass media.
- **Reinforce messages:** Emphasize the campaign’s media messages among contacts.
- **Recruit role models:** Networkers can assist staff members in finding role models to be featured in the media campaign.
- **Refer questions:** Questions regarding any screening issues that are not answered in the bulletin should be referred to the program staff.

The focus of training is on enabling networkers to express themselves sincerely and positively by making clear statements of the desired behaviors and their benefits to the intended audience, as well as strong expressions of praise for all positive responses. In so doing, networkers will offer:

- **Personal behavior change encouragement:** Encouraging friends/contacts to adopt or maintain the modeled behavior
- **Reinforcement of efforts to change behaviors:** Supporting those who say they have done so, intend to, or are thinking about adopting/maintaining the behavior

## ✓ ***Additional Responsibilities***

In addition to the primary responsibilities of the community networker, there are secondary, yet important, areas that may be covered during training or in subsequent refresher sessions. These include:

- **Learning how to make referrals to resources.** Networkers can share information about available community resources, such as health care, addiction treatment, food, shelter, employment assistance, child care and protective services.
- **Giving feedback for formative evaluation.** Networkers can critique media materials, participate in focus groups and give suggestions on efforts to reach specific segments of the population.

## ✓ ***Necessary Social Skills***

Important social skills are covered in the training sessions, including:

- The importance of using only positive reinforcement.
- Avoiding moralistic attitudes, prejudice, criticism and conflict.
- Respecting the right to privacy of others.
- Respecting the cultural values of others that may affect their decisions with regard to behavior change (e.g., traditional sex roles).
- The distinctions among assertive, aggressive and nonassertive behavior.
- Awareness of nonverbal communication.

It cannot be stated strongly enough: ***Individuals who are not interested, do not agree with the role model story or who choose not to change their behaviors should never be rebuked, criticized or harassed.***

## ✓ ***Personalizing Experiences***

Self-disclosure, or telling stories about one's own life, is a natural activity. However, networkers often require repeated training and much prompting before they begin to share appropriate information about themselves, the changes they have made in their lives and the stages they've experienced. Relating their own stories or mentioning people they know that have experienced positive behavior changes should be encouraged. Although the ideal result is for networkers to engage people they know in stage-based conversations similar to those demonstrated by the outreach staff, the actual content of peer interactions and contacts in natural settings cannot be scripted.

Reward all positive efforts made by the networkers. Even minimal remarks or gestures endorsing the project materials will be helpful in changing perceived norms in the community.

## ✓ ***Soliciting Feedback***

At the end of the training session, ask the networker trainees several questions about the session, such as:

- Do you understand your role in the campaign?
- Do you feel prepared? Why or why not?
- What else would help you feel comfortable in this role?
- What did you like or dislike about the training?
- What subjects would you like to learn more about?

The training guidelines for community outreach networkers are included in **Appendix C-11**. These guidelines are based on the experience of NHLIC: *En Acción* and training workshops that have been conducted.

See **Appendix B-5** for a program commitment form that summarizes the networker responsibilities and a background information page on the Salud *En Acción* program. These should be provided to networkers upon completion of training. The take-home documents provided in **Appendix D-9** will help networkers better understand and communicate the program to their peers.

### ***Feedback and Activities:***

- Discuss networkers' role (encouragement, reinforcement, etc.), responsibilities (ID role models, provide feedback for formative evaluation of media materials, etc.) and necessary social skills (avoiding judgmental attitude, respect for others, nonverbal communication, etc.).
- Discuss training tools (demonstrations, role-play, etc.), training session organization, content and guidelines.
- View video: **Distributing Materials in the Neighborhood – Easy, Distributing Materials in the Neighborhood – Difficult, Distributing Materials in Businesses**
- Role-play training session, reviewing sample scripts and practicing different types of interactions networkers may encounter (various responses, etc.)

# STEP 4: Maintaining the Community Network

***In this step, you will learn about:***

- The purpose of contact and regular meeting
- Recording individual networker contact
- Networker support and motivation

## ✓ ***Conducting Regular Meetings***

**M**aintain contact with networkers on a regular schedule that corresponds to the production of new media programs and distribution of new materials, such as the upcoming month's bulletin or a new program announcement. This is an excellent opportunity for staff members to receive feedback from networkers on the reception of materials and on activities within the community. The purpose of this contact is to:

- Monitor the networkers' activity
- Reemphasize the importance of positive reinforcement
- Share successes
- Discuss barriers that have been encountered and strategies for overcoming them
- Preview new materials, topics and activities

Monthly contact is feasible. In a group-meeting environment, a single staff member is capable of guiding as many as 100 networkers.

## ✓ ***Maintaining Peer Networker Records***

Keep records for each networker, including the following information:

- Name
- Address
- Phone number
- Date recruited
- A log of meetings attended, including dates and topics
- Type and quantity of materials distributed
- Notes, such as activities related to role model or networker recruitment

## ✓ *Encouraging Group Camaraderie*

Develop your community network in a way that fosters emotional support and a sense of belonging that produces valuable social benefits. The following suggestions will enhance these feelings and build perceptions of a “movement” in which networkers play a vital role:

- **Personalize the program.** Give your networkers a “title” that they can identify with (e.g., *compañeras*). Choose and display a symbol of program membership (e.g., a T-shirt, window sticker, ID button).
- **Plan activities.** Devote a significant portion of every group meeting to enjoyable activities (e.g., sharing a meal, hearing an interesting guest speaker).
- **Provide recognition.** Recognize high levels of participation and give awards as symbols of achievement (e.g., certificates of appreciation, ribbons).
- **Pose challenges.** Present new activities in terms of a challenge to be overcome by group effort, with tangible benefits of great value.

## ✓ *Scheduling Refresher Sessions*

Offer regular get-togethers so that networkers can learn more about the subjects covered during the campaign. Encourage friends and neighbors to attend meetings that are conveniently scheduled. Project staff members can provide up-to-date information on the specific health topics featured in the media for that month. Also, it’s a good idea to survey networkers, soliciting subjects of interest to them. Here are some tips for refresher sessions:

- **Find interesting locations.** Try to hold meeting at locations that will enhance attendance and heighten the relevance in the scheduled topics. For example, you might discuss breast cancer at a mammography clinic, where a nurse, radiologist, physician or technician could provide a guided tour of the facility.
- **Explore appealing topics.** Sessions concerning core campaign issues would likely examine screening, early detection and access to health care. Examples of issues outside the core campaign topic areas are social support and family dynamics. Additional motivation to continue participation in the network might include discussions or demonstrations in such areas as personal care, community resources and communication skills. Topics should mirror the interests of those attending.

- **Offer incentives.** Incentives may be provided (e.g., door prizes, transportation, health information presentations and childcare) to encourage participation both in the program and in the refresher sessions. As consistent responsibilities are assumed, network participants may receive some form of compensation, such as membership awards. Expressing genuine appreciation during regularly scheduled program staff-networker interactions is probably the most powerful incentive. Others can be material (e.g., T-shirts), social (e.g., networker meetings, picnics, banquets) and symbolic (e.g., certificates and public recognition).

***Feedback and Activities:***

- Discuss the purpose of contact, regular meetings and refresher sessions.
- View video: **Conducting Peer Networker Meetings**
- Discuss records of individual networker contact.
- Discuss aspects of emotional support/morale (sense of belonging/membership) and ideas for incentives.
- List ideas for incentives.

## **SECTION 5:**

### **Program Monitoring and Marketing**

# Step 1: Record Keeping

## ***In this step you will:***

- Review the purpose and variety of program management forms

## ***4 Purpose of Keeping Records***

**R**ecord keeping is an important activity. Good records will enable the program to determine whether its goals are achieved. They also provide timely diagnostic information for problem solving. Recorded data will be reported regularly to program supervisors. Program data will also be integrated into program overviews (e.g., fact sheets), which are instrumental in describing the program's benefits and effects to the public.

The primary purpose of record keeping is three-pronged:

### **Assessing Progress of Organizational and Communication Objectives**

- Chart progress toward the objectives you selected during the planning phase.
- Identify problems and reveal solutions.
- Gather subjective feedback from the community network in both group and individual discussions and through brief surveys.

### **Monitoring Media Activity**

- Assess message content by coding every message by topic, subtopic, role model, behavioral objective, influencing factors and stage of behavioral change.
- Collect media distribution data for both mass media and small media (programming log sheets from TV or radio stations, calendars distributed per month or by networker, print articles, etc.).

### **Monitoring Community Network Activity**

- Collect information on volunteer demographics, field activities, refresher training and materials distribution.

The following forms are designed to enumerate and organize program activities. Summaries of data from these forms are then transmitted to supervisors and other interested parties in the form of reports and fact sheets.

**Table I: Program Monitoring Forms**

<b>CODE</b>	<b>FORM NAME</b>	<b>TIME OF USE</b>	<b>PURPOSE</b>
<b>M-1</b>	Monthly Mass Media Record	Every time a TV segment, radio show or article is aired or published	Records date, type of media, media name, program name, language, number of role models, circulation, behavioral objective addressed and topic
<b>M-2</b>	Small Media Distribution	Every time a small media material is distributed to the community networkers	Records distribution date, networker name, number received, number distributed, type of small media (newsletter, recipe), special comments and name of the person responsible for distribution.
<b>N-1</b>	Networker Recruitment and Maintenance	Every month, from initial recruitment throughout participation in program	Records month, number of networkers trained, active and inactive, type of materials distributed by each one and especial comments
<b>N-2</b>	Networker Profile	Every time a networker is recruited to participate in the program	Records name, address, phone, gender, and other demographic information for each volunteer recruited, # materials distributed, screening status and staff comments
<b>N-3</b>	Networker Training Evaluation	Every time a training session is conducted	Records date, topic, number invited, number trained, and training feedback to improve the development of the activity
<b>N-4</b>	Site Recruitment	Every time a community site is recruited to participate in the program	Records name, date of recruitment, address, phone number, manager's name, contact person's name, number and type of materials for distribution and special comments
<b>S-1</b>	Staff Meeting Report	Each staff meeting	Tracks activities not included in other forms, especially, issues relating to program implementation and development (e.g., problems with media distribution)
<b>S-2</b>	Public Presentations	Each community contact where a presentation is given.(e.g., for RM or volunteer recruitment, special events, group presentation involving materials distribution)	Tracks name, location, number of contacts, audience type, language used, materials distributed, issues discussed during site presentations
<b>RM-1</b>	Role Model Interview Form	Every time a role model is interviewed	Records role model's name and demographic information, answers to specific questions and staff comments
<b>RM-2</b>	Role Model Tracking Form	Collected every time a role model is featured in mass or small media. Also used as an inventory.	Records role model name, gender, educational level, date and topic of publication, media format and stage of change addressed
<b>RM-3</b>	Statement of Release	Every time a new role model is photographed or videotaped.	Records consent of role model to having her story and visual image used in a bulletin or a story in the mass media (requires her signature)
<b>A-1</b>	Activity Summary Form	Every month	Tracks total number of key program activities for the month

***Feedback and Activities:***

- Discuss record keeping rationale
- Review the forms listed in **Table I: Program Monitoring Forms**

## Step 2: Summarizing Project Objectives and Creating Performance Schedules

### ***In this step you will:***

- Review program implementation objectives
- Create schedules for those implementation objectives

**A**t the beginning of training, we established the source and level of resources that would be committed to the program. Now, with training nearly complete, we must return to those objectives and further refine them.

The various program components should be addressed and, if appropriate, measurable performance objectives should be agreed upon and approved. These performance objectives will be used as a gauge for the extent to which the program is being executed as expected. When setting objectives, consider the following:

#### **Program Administration**

- Necessary monthly forms:
  - Which forms
  - To be completed by whom
  - To be received by whom
  - Monthly completion deadline
- Clinic monitoring:
  - Who is responsible
  - When
  - How recorded
  - How reviewed

#### **Community Network**

- Intervention community
  - Number of residents in target audience
  - Geographic size
- Size of peer network
- Recruitment and training
  - Number of peer networkers to be recruited initially
  - Anticipated turnover
  - Contacts per peer networker
  - Number of presentations to organizations per month

### **Media Production**

- Number of new role models per month
- Number of bulletins per month
- Number of mass media placements per month
  - Newspaper articles
  - Television programs/spots
  - Radio programs/spots

## ***4 Program Agreement Form***

**Part A of the Program Goals and Objectives Agreement Form** (see **Appendix B-1**) was completed at the beginning of training. In this section, the program's agreed-upon goals, target audience, necessary resources, and supervision, review and reporting processes were outlined.

Now is the time to complete **Part B** (see **Appendix B-2**). This section will delineate your performance objectives for the various program components listed above. These objectives will serve as a starting point for monitoring program progress.

To keep track of how well you are meeting these performance objectives, you will complete the **Activity Summary Form (A-1)** each month. This form will provide at a glance a snapshot of program activities conducted during a given month. At the end of the year, the cumulative totals for each activity will provide the data for the program's annual report.

### ***Feedback and Activities:***

- Discuss the different performance objectives.
- Establish basic performance objectives for 3 months, 6 months and 12 months. Complete **Program Goals and Objectives Agreement Form (Part B)** (see **Appendix B-2**.)

# Step 3: Promoting the Program

## In this step you will learn about:

- Program marketing activities
- Formal program initiation activities

**A**s the program progresses, you will always be marketing the campaign in the community. For the most part, this marketing is integrated into the course of normal program activities, such as when you make presentations to various groups in the community or produce role model stories that are seen by a wide audience via television, newspaper, radio or the bulletin.

Still other occasions to market the program occur when you are invited to discuss it on radio or TV interview shows. Again, it's important to keep your program fact sheet updated for these occasions.

Let the community know about the effects of the program. After your program has been in place long enough to see positive results, conduct a news conference to announce increases in screening and what that means to public health in terms of lives saved, money saved and the wisdom of investing in cancer prevention efforts.

## ***4 Announcing the New Program***

The outset of the program is the ideal time to publicize your activities by informing the media and the community that a new campaign is being launched to help local residents fight breast and cervical cancer. You can send a news release to all local print and broadcast media, providing information about the program and personnel to contact for more information. By including a phone number in the news release, you may begin receiving calls immediately from women and organizations in the community who are willing to volunteer assistance for the program. (See **Appendix C-12 for Sample News Release.**)

## ***4 Program ‘Kickoff’***

After the program has begun to unfold in the community, you should take advantage of the opportunity to create a media event by organizing a formal program “kickoff” ceremony. This should take place after you have recruited

and trained a substantial number of peer networkers and developed relationships with local media as well as key community organizations and individuals.

The primary purpose of the kickoff ceremony is to raise awareness of the program in the community as a result of media coverage of the event. In addition, the event is an opportunity to provide public recognition for the program's volunteers, sponsors, partners, supporters and advisers.

The kickoff can be organized and implemented in various ways. However, regardless of the form your event takes, you should take the following into consideration:

- **Time and Date.** Schedule your kickoff when you have the best chance of receiving media coverage. For example, avoid late afternoons, evenings and weekends. Try to anticipate conflicting events that the media may consider newsworthy.
  - **Advance Notification.** Be sure to set a time and date well in advance to avoid scheduling conflicts for your invitees.
  - **Site.** Schedule the event in a place that can accommodate all of the people you are inviting.
  - **Participants.** Invite everyone associated with the program, including networkers, role models, representatives from your sponsoring organization, members of your advisory council, organizational or institutional partners, and other supporters in the community. Also, this is a good opportunity to raise awareness of the program among community political bodies by inviting the mayor, City Council member for your district, etc.
  - **Handouts.** Prepare copies of program-related print materials to distribute to the media and others in attendance. These include the program fact sheet and anything else that may be pertinent, such as copies of the bulletin.
  - **Refreshments.** Set up a table with light refreshments, such as cookies, soft drinks and coffee.

### ***Feedback and Activities:***

- Discuss the marketing aspects of the program activities.
- Discuss the purposes and considerations involved in planning a program kickoff ceremony.

## **SECTION 6:**

### **In Conclusion**

# Future Directions

Obtaining feedback is a natural process that we all use to adjust our behavior. Just as you gathered feedback about proposed media materials during pretesting, gather feedback from the community. Consider the following ways to solicit ongoing feedback:

- Have others in your organization review program materials.
- Hold group discussions periodically with networkers to brainstorm ways the materials or outreach activities might be improved.
- Review your materials periodically, especially if you are conducting a campaign over a year in length. This can help sustain interest simply by framing or packaging your materials in a new way.

The feedback you receive from these activities may lead to new opportunities and partnerships that can further promote the program.

When you have finished reading this manual, we hope you feel ready to use the ideas that have been presented. Additional readings and case study material may be helpful.

Our examples and illustrations come from funded projects in which at least one full-time staff person is assigned to a given community, both for media and networking activity. Your own time and resources may be less than fulltime. Although this may limit your objectives, it should not prevent you from incorporating some of these communication techniques and strategies in your program.

## ***4 Expanding Community Outreach***

Most sources of funding, such as block grants to health departments, are earmarked for specific diseases and risk factors. While this ensures that certain priorities receive due attention, it can also create artificial boundaries and limits on activity. Ideally, you should be ready to respond to direction from the community on related issues or even on unrelated topics. For example:

- Stories about why women get cancer screening might lead to investigations of how to increase health insurance coverage through political or legal action.

- Depending on the limits imposed by your employer, you may be able to get involved in specific advocacy in the form of petition drives, get-out-the-vote campaigns, etc.

Your program's community network can become a force of its own. If you work for an agency that receives funding from different sources, you may be able to address prevention issues that the community itself has selected. For example, attention to women's health may lead to concern about domestic violence. If you have developed an effective way to communicate about cancer screening for women, you also have a way to communicate about domestic violence. By doing stories on this new topic, you can continue to meet community needs, build and sustain your audience's interest, and maintain the media's interest and the participation of volunteers.

A volunteer network can influence the policies of institutions. For example, in Brownsville, Texas, a network of more than 100 volunteers had been involved in cancer prevention for three years. In the second year, after learning about the risks of early childhood sun exposure, a few of the parents in the network decided to ask the local elementary school to make some changes. Eventually, most of the network expressed support in a friendly "lobbying" campaign aimed at the school board and administrators. As a result, sunshades were installed over some play areas and recess times were shifted to avoid the midday sun. When a network has been active for some time, it can influence more complex institutional policies that shape behavior.

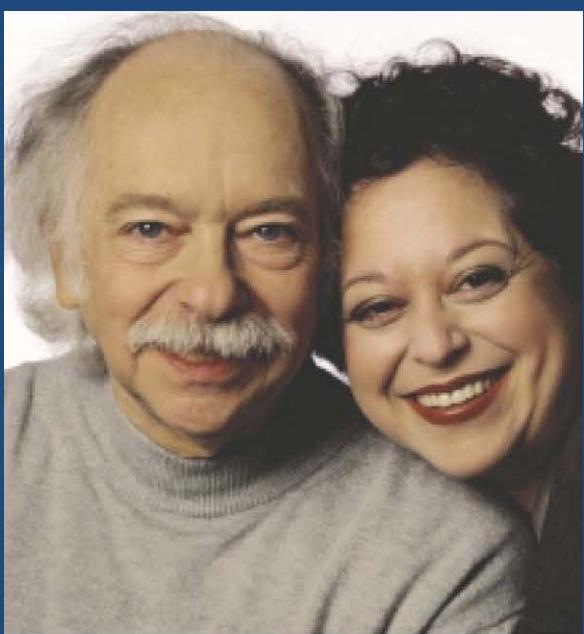
**Institute for Health Promotion Research**  
UT Health Science Center San Antonio

# Program Manual Appendices

*A Su Salud En Acción*  
Program



Replication of the *A Su Salud En Acción* program is funded by the Centers for Disease Control and Prevention Grant No. U57/CCU615140-01 and the National Cancer Institute Grant No. U01 CA86117/ U54 CA153511  
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# **NBCCEDP *A Su Salud En Acción* Program**

## **Program Manual Appendices**

- A. Tables**
- B. Forms**
- C. Samples, scripts and miscellaneous documents**
- D. Reference materials**

## **Appendix A: Tables**

- A-1 Table B: Community Organizations, Institutions and Key Individuals**
- A-2 Table C: Advisory Group**
- A-3 Table D: Media and Market Analysis**
- A-4 Table E: Specific Messages for Each Stage of Change**
- A-5 Table G: Behavioral Objectives for Pap Smear Screening**
- A-6 Table H: Community Bulletin Production Schedule**

**Table B: Community Organizations, Institutions  
and Key Individuals**

**Table B: Community Organizations, Institutions and Key Individuals**

**Category:** \_\_\_\_\_

## Table C: Advisory Group

**Table C: Advisory Group**

**Table D: Media and Market Analysis**

**Table D: Media Market Analysis**

Media Type: \_\_\_\_\_

Media Name	Frequency	Primary Audience	Contact Information (Key personnel & phone no.)	Circulation/ reach/language	Strengths & Weaknesses

**Table E: Specific Messages for Each Stage of Change**

**TABLE E: Specific Messages for Each Stage of Change**

<b>Behavior Change Stages</b>	<i>Am I at risk?</i>	<i>What do I need to know about screening?</i>	<i>What is stopping me from being screened?</i>	<i>How can other people help me get screened?</i>
<b>Precontemplation</b>	<b>Concept:</b> Unaware of the health behavior	<b>Concept:</b> No current intent to adopt or change behavior	<b>Concept:</b> Denial and defensiveness may be used as an excuse not to change.	<b>Concept:</b> Influenced by personal story from significant other or by a respected authority figure
	<b>Message:</b> <i>Physician recommends annual mammogram and CBE for women older than 40.</i>	<b>Message:</b> <i>Simple explanation of recommended behavior: A mammogram is a picture of your breast. A CBE is a clinical breast exam.</i>	<b>Message:</b> <i>Emphasis on small doable step (e.g., watch TV show featuring local or well-known personality)</i>	<b>Message:</b> <i>Dramatic story of recovery by a friend or relative who is similar in age and circumstances</i>
<b>Contemplation</b>	<b>Concept:</b> General awareness and concern	<b>Concept:</b> Awareness of benefits	<b>Concept:</b> Awareness of skills/resources	<b>Concept:</b> New information about risk and risk reduction
	<b>Message:</b> <i>Breast cancer is the second leading cause of death from cancer in women.</i>	<b>Message:</b> <i>Mammography and CBE detect breast lumps when they are very small.</i>	<b>Message:</b> <i>Mammography and CBE are covered under Medicare.</i>	<b>Message:</b> <i>A TV personality is considering mammography and CBE.</i>
<b>Ready for Action</b>	<b>Concept:</b> Specific personal fear	<b>Concept:</b> Decisional balancing, weighing the pros and cons	<b>Concept:</b> Acquisition of skills/resources	<b>Concept:</b> Perceived support, peer/partner encouragement
	<b>Message:</b> <i>Family history of breast cancer and increasing age, especially being older than 40, are the most important risk factors for breast cancer.</i>	<b>Message:</b> <i>A mammogram causes slight discomfort but no pain; appointments take less than 1 hour; technicians are female and very nice. CBE generally no pain although will involve physical examination by trained nurse or doctor.</i>	<b>Message:</b> <i>Emphasize how to make arrangements for transportation, childcare, or time off from work.</i>	<b>Message:</b> <i>A friend or family member has just had a mammogram and CBE.</i>

**TABLE E: Specific Messages for Each Stage of Change**

<b>Behavior Change Stages</b>	<i>Am I at risk?</i>	<i>What do I need to know about screening?</i>	<i>What is stopping me from being screened?</i>	<i>How can other people help me get screened?</i>
<b>Action</b>	<b>Concept:</b> Immediate threat and emotional arousal	<b>Concept:</b> Decisional balancing is complete.	<b>Concept:</b> Positive self-efficacy and expectations	<b>Concept:</b> Specific prompt or cue
	<b>Message:</b> <i>A woman may have a suspicious lump that she does not know about.</i>	<b>Message:</b> <i>Advertise places to obtain mammograms and CBE.</i>	<b>Message:</b> <i>Emphasize feelings of positive self-esteem for taking care of oneself.</i>	<b>Message:</b> <i>Physician recommends getting a mammogram and CBE.</i>
<b>Maintenance</b>	<b>Concept:</b> Short-term relief from fear; long-term vigilance, but decreasing concern	<b>Concept:</b> Experience short-term benefits, experience long-term benefits	<b>Concept:</b> Specific success in the short term and general skill/resource mastery in the long run	<b>Concept:</b> Positive relations from partners, peers, significant others; supportive acceptance and advice in overcoming slips
	<b>Message:</b> <i>Getting a mammogram and CBE results in reassurance that there is no lump present; if a lump develops, regular mammograms will detect it at a very small size.</i>	<b>Message:</b> <i>Emphasize recommended frequency of mammograms and CBE.</i>	<b>Message:</b> <i>A routine is established with a familiar clinic or facility.</i>	<b>Message:</b> <i>Acknowledgment by clinic staff and/or family members for getting a mammogram and CBE.</i>

**Table G: Behavioral Objectives for Pap Smear Screening**

**TABLE G: Behavioral Objectives for Pap Smear Screening**

*These are specific messages for each stage of change to achieve Pap Smear screening.*

Behavior Change Stages	Am I at risk?	What do I need to know about screening?	What is stopping me from being screened?	How can other people help me get screened?
<b>Pre-contemplation</b>	<b>Concept:</b> <i>Unaware of the health behavior</i>	<b>Concept:</b> <i>No current intent to adopt or change behavior</i>	<b>Concept:</b> <i>Denial and defensiveness may be used as an excuse not to change.</i>	<b>Concept:</b> <i>Influenced by personal story from significant other or by a respected authority figure</i>
	<b>Message:</b>	<b>Message:</b>	<b>Message:</b>	<b>Message:</b>
<b>Contemplation</b>	<b>Concept:</b> <i>General awareness and concern</i>	<b>Concept:</b> <i>Awareness of benefits</i>	<b>Concept:</b> <i>Awareness of skills/resources</i>	<b>Concept:</b> <i>New information about risk and risk reduction</i>
	<b>Message:</b>	<b>Message:</b>	<b>Message:</b>	<b>Message:</b>
<b>Ready for Action</b>	<b>Concept:</b> <i>Specific personal fear</i>	<b>Concept:</b> <i>Decisional balancing, weighing the pros and cons</i>	<b>Concept:</b> <i>Acquisition of skills/resources</i>	<b>Concept:</b> <i>Perceived support, peer/partner encouragement</i>
	<b>Message:</b>	<b>Message:</b>	<b>Message:</b>	<b>Message:</b>
<b>Action</b>	<b>Concept:</b> <i>Immediate threat and emotional arousal</i>	<b>Concept:</b> <i>Decisional balancing is complete.</i>	<b>Concept:</b> <i>Positive self-efficacy and expectations</i>	<b>Concept:</b> <i>Specific prompt or cue</i>
	<b>Message:</b>	<b>Message:</b>	<b>Message:</b>	<b>Message:</b>

<b>Maintenance</b>	<b>Concept:</b> <i>Short-term relief from fear; long-term vigilance, but decreasing concern</i>	<b>Concept:</b> <i>Experience short-term benefits, experience long-term benefits</i>	<b>Concept:</b> <i>Specific success in the short term and general skill/resource mastery in the long run</i>	<b>Concept:</b> <i>Positive relations from partners, peers, significant others; supportive acceptance and advice in overcoming slips</i>
	<b>Message:</b>	<b>Message:</b>	<b>Message:</b>	<b>Message:</b>

## **Table H: Community Bulletin Production Schedule**

**Table H: Community Bulletin Production Schedule**

B-1

B-2

B-3

B-4

B-5

## **Appendix B: Forms**

**B-1 Program Goals and Objectives  
Agreement (Part A)**

**B-2 Program Goals and Objectives  
Agreement (Part B)**

**B-3 Program Management Forms List  
(All English and Spanish forms  
follow in order listed)**

**B-4 Media Release Statement  
(English and Spanish)**

**B-5 Networker Agreement Form**

## **Program Goals and Objectives Agreement (Part A)**

## **Program Goals and Objectives Agreement (Part A)**

**Program Goal:** To increase awareness and utilization of breast and cervical cancer screening among low-income Hispanic women.

**Target Audience:** 50-to-64-year-old Hispanic women who live in the \_\_\_\_\_ area(s) and whose family income is at or below the federal poverty level.

**Behavioral Objective:** To increase by \_\_\_\_\_ (number) or \_\_\_\_\_ (percent) the volume of breast and cervical cancer screenings in \_\_\_\_\_ clinics by \_\_\_\_\_ (date).  
(Or if BCCEDP records are aggregated and those data control for women not referred to screening by the program)

**Supervision and Review:**

- Staff personnel responsible for overseeing the project: \_\_\_\_\_
- The liaison to the project within the health authority: \_\_\_\_\_
- Staff personnel who will review materials prior to their final production and distribution in the community: \_\_\_\_\_

**Reporting:**

- When reports are to be submitted: \_\_\_\_\_
- Reports are to be submitted to: \_\_\_\_\_

**Necessary Resources:**

Staff will be provided:

- ✓ Office space (adequate and secure space)
- ✓ Computer/printer
- ✓ Cell phones/pager
- ✓ Office supplies
- ✓ Administrative and/or clerical support

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

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

## **Program Goals and Objectives Agreement (Part 2)**

**Signature:**

**Date:**

## **Program Goals and Objectives Agreement (Part B)**

# **Program Goals and Objectives Agreement (Part B)**

## **Program Administration**

## Monthly forms:

#### Clinic monitoring:

- Who is responsible: \_\_\_\_\_
  - When: \_\_\_\_\_
  - How recorded: \_\_\_\_\_
  - How reviewed: \_\_\_\_\_

## Community Network

## Intervention community:

- Number of residents in target audience: \_\_\_\_\_
  - Geographic size (boundaries) \_\_\_\_\_

Size of peer network: \_\_\_\_\_

## Recruitment and training:

- Number of peer networkers to be recruited initially: \_\_\_\_\_
  - Anticipated monthly attrition: \_\_\_\_\_
  - Number of contacts per networker: \_\_\_\_\_
  - Number of presentations to organizations per month: \_\_\_\_\_

## **Media Production**

Number of new role models per month: \_\_\_\_\_

Number of bulletins per month:

Number of mass media placements per month (total): \_\_\_\_\_

- Newspaper: \_\_\_\_\_
- Television: \_\_\_\_\_
- Radio: \_\_\_\_\_

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

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

## **Program Goals and Objectives Agreement (Part 2)**

**Signature:**

**Date:**

## **Program Management Forms List**

**(All English and Spanish forms follow in order listed)**

## Program Management Information System

<b>Code Name</b>	<b>Form Name</b>	<b>Time of Use</b>	<b>Purpose</b>
<b>M-1</b>	Monthly Mass Media Record	Every time a TV segment, radio show or article is aired or published.	Records date, type of media, media name, program name, language, number of role models, circulation, behavioral objective addressed and topic
<b>M-2</b>	Small Media Distribution	Every time a small media material is distributed to the community networkers.	Records distribution date, networker name, number received, number distributed, type of small media (newsletter, recipe), special comments and name of the person responsible for distribution.
<b>N-1</b>	Networker Recruitment and Maintenance	Every month, from initial recruitment throughout participation in program	Records month, number of networkers trained, active and inactive, type of materials distributed by each one and especial comments.
<b>N-2</b>	Networker Profile	Every time a volunteer or networker is recruited to participate in the program	Records name, address, phone, gender, and other demographic information for each volunteer recruited, # materials distributed, screening status and staff comments
<b>N-3</b>	Networker Training Evaluation	Every time a training session is conducted	Records date, topic, number invited, number trained, and training feedback to improve the development of the activity
<b>N-4</b>	Site Recruitment	Every time a community site is recruited to participate in the program	Records name, date of recruitment, address, phone number, manager's name, contact person's name, number and type of materials for distribution and special comments.
<b>S-1</b>	Staff Meeting Report	Each staff meeting	Tracks activities not included in other forms, especially, issues relating to program implementation and development (e.g., problems with media distribution)
<b>S-2</b>	Site Presentations	Each community contact where a presentation is given on the	Tracks name, location, number of contacts, audience type, language

<b>Code Name</b>	<b>Form Name</b>	<b>Time of Use</b>	<b>Purpose</b>
		project. (i.e. for RM or volunteer recruitment, special events, group presentation involving materials distribution, etc.)	used, materials distributed, issues discussed during site presentations
<b>RM-1</b>	Role Model Interview Form	Every time a role model is interview	Records role model's name and demographic information, answers to specific questions and staff comments
<b>RM-2</b>	Role Model Tracking Form	Collected every time a role model is featured in mass or small media and use it also as an inventory.	Records role model name, gender, educational level, date and topic of publication, media format and stage of change addressed.
<b>RM-3</b>	Statement of Release	Every time a photograph, videotape, electronic recording or other illustration of a role model is required.	To document permission for role models to appear in print or broadcast media
<b>A-1</b>	Activity Summary Form	Every month	Tracks total number of key program activities for the month and provides a cumulative summary up-to-date.

## MONTHLY MASS MEDIA RECORD

Month \_\_\_\_\_ City \_\_\_\_\_

Date	TV	RD	NP	Media Name	Program Name	Language	# Role Models	Circulation/ Reach	Behavioral Objective	Topic	
										BC	CC

## **REGISTRO MENSUAL DE MEDIOS MASIVOS**

Mes

## Ciudad

## **SMALL MEDIA DISTRIBUTION**

Month \_\_\_\_\_ City \_\_\_\_\_

## DISTRIBUCION DE MATERIALES

Mes: \_\_\_\_\_ Ciudad: \_\_\_\_\_

## NETWORKER RECRUITMENT AND MAINTENANCE

City \_\_\_\_\_

By \_\_\_\_\_

#### Description:

### Number of Networkers:

### Number of Networkers trained, active and inactive.

### Number of Sites:

### Community sites recruited, active and inactive.

### Number of Materials Distributed:

Total materials distributed per Networker during this period of time.

### Type of Material:

Newsletter, flyer, brochure, etc.

Comments:

Other activities performed with the Networkers, i.e. anniversary card, lunch meeting, etc.

# RECLUTAMIENTO Y MANTENIMIENTO DE VOLUNTARIAS

Ciudad \_\_\_\_\_ Por \_\_\_\_\_

Mes	Número de Voluntarias						Sitios			Materiales Distribuidos		Comentarios	
	Entrenadas		Activas		Inactivas		Reclutados	Activos	Inactivos	Boletines	Otros		
	M	F	M	F	M	F							

Descripción:

Número de Voluntarias:

Sitios:

Número de Materiales Distribuidos:

Tipo de Material:

Comentarios:

Número de voluntarias entrenadas, Activas e Inactivas.

Sitios comunitarios vinculados al Programa: reclutados, activos e inactivos

Total de materiales distribuidos por los corazones durante este período de tiempo.

Volante (newsletter), Receta, Plegable, etc.

Otras actividades desarrolladas con las voluntarias: tarjeta de cumpleaños, almuerzo de trabajo, etc.

## NETWORKER PROFILE

Name:				<b>Date</b>
Date Of Birth:		Age:	Gender:	Marital Status:
Number of Children:	Address:			City:
Zip Code:	Home Phone/Cellular Phone: (        )		Work Phone: (        )	
Highest grade achieved in school: <input type="checkbox"/> less than high school <input type="checkbox"/> high school <input type="checkbox"/> some college <input type="checkbox"/> college <input type="checkbox"/> other				
Language Mastery: (check all that apply)			Occupation:	
English: <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write				
Spanish: <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write				
Employment: (check only one) Are you currently: <input type="checkbox"/> Employed full time <input type="checkbox"/> Employed part time <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed <input type="checkbox"/> Other: (specify)				
Staff comments:				
Recruited by:				

# **NETWORKER PROFILE**

## **Knowledge and Status of Screening**

Check appropriate answer. Networker has:

<b>PAP SMEAR</b>			
Never heard about a Pap smear?	Heard but never had one?	Had one more than 3 years ago?	Had one in the last 3 years?
[ ]	[ ]	[ ]	[ ]
Date Last Pap:			
If not, when do you plan to have one?			
Comments on Pap Smear screening:			

<b>MAMMOGRAM</b>			
Never heard about a mammogram ?	Heard but never had one?	Had one more than 2 years ago?	Had one in the last 2 years?
[ ]	[ ]	[ ]	[ ]
Date Last Mammogram:			
If not, when do you plan to have one?			
Comments on mammogram screening:			

# HOJA DE VIDA DE LA VOLUNTARIA

Nombre:				Fecha:
Fecha de Nacimiento:		Edad:	Sexo: [ ] M    [ ] F	Estado Civil:
Número de Hijos:	Dirección:			Ciudad:
Código de Area: (      )	Teléfono (casa/celular): (      )		Teléfono (trabajo): (      )	
Grado Educativo más alto: <input type="checkbox"/> Menos de secundaria <input type="checkbox"/> Secundaria <input type="checkbox"/> Universidad incomp. <input type="checkbox"/> Universidad <input type="checkbox"/> Otro <input type="checkbox"/> Less than high school <input type="checkbox"/> High school <input type="checkbox"/> Some college <input type="checkbox"/> College <input type="checkbox"/> Other				
Idioma: (marque todas las que apliquen)		Ocupación:		
Inglés: <input type="checkbox"/> Habla <input type="checkbox"/> Lee <input type="checkbox"/> Escribe				
Español: <input type="checkbox"/> Habla <input type="checkbox"/> Lee <input type="checkbox"/> Escribe				
Empleo: (marque solo una) Actualmente usted es: <input type="checkbox"/> Empleado tiempo completo <input type="checkbox"/> Empleado medio tiempo <input type="checkbox"/> Estudiante <input type="checkbox"/> Retirado <input type="checkbox"/> Ama de casa <input type="checkbox"/> Discapacitado <input type="checkbox"/> Desempleado <input type="checkbox"/> Otro: (especifique)				
Comentarios:				
<b>Reclutado por:</b>				

# **HOJA DE VIDA DE LA VOLUNTARIA**

## **Conocimiento y Estado de Screening**

Marque la respuesta apropiada. La voluntaria :

<b>PAP SMEAR</b>			
Nunca ha oido del Examen Pap smear?	Ha oido pero nunca se lo ha hecho?	Se hizo uno hace más de tres años?	Se hizo uno en los últimos tres años?
[ ]	[ ]	[ ]	[ ]
Fecha del último Pap:			
Si no, cuándo planea hacerse el examen?			
Comentarios sobre el examen Pap:			

<b>MAMOGRAMA</b>			
Nunca ha oido del mamograma?	Ha oido pero nunca se ha hecho uno?	Se hizo uno hace más de dos años?	Se hizo uno en los últimos dos años?
[ ]	[ ]	[ ]	[ ]
Fecha del último mamograma:			
Si no, cuándo planea hacerse el examen?			
Comentarios sobre el mamograma:			

## **NETWORKER TRAINING EVALUATION**

Date:	Topic (first time training or refresher)
No. Invited:	No. Trained:
Trainer notes:	

The following questions require group consensus. Please ask these questions as a group exercise. Answers should reflect the consensus of the group.

1. What do the Networkers like the MOST about the training:

2. What do the Networkers like the LEAST about the training:

3. Would they like more information about any subject:

[ ] YES      [ ] NO

If YES, specify:

What type of activities do you think would enhance training sessions? (socialization, special speakers, field trip)

## EVALUACION DEL ENTRENAMIENTO

Fecha:	Tópico (Primera vez o reentrenamiento):
No. Invitados:	No. Entrenados:
Notas del entrenador:	

Las siguientes preguntas requieren consenso grupal. Por favor haga estas preguntas como ejercicio de grupo.  
Las repuestas deben reflejar la opinion grupal.

1. Qué fue lo que **MAS** les gustó del entrenamiento?

2. Qué fue lo que **MENOS** les gustó del entrenamiento:

3. Les gustaría recibir más información sobre algún tema?

[ ] SI                    [ ] NO

Si la respuesta es SI, especifique:

Qué tipo de actividades creen ustedes reforzarían las sesiones de entrenamiento? (sociales, invitados especiales, viajes de campo)

## **SITE RECRUITMENT**

Name		Date of Recruitment:
Address:		Zip Code: Phone:
Dir/Mgr:		Contact Person:
No. Materials:	Materials Type:	Site Type:
Comments:        		

Name		Date:
Address:		Zip Code: Phone:
Dir/Mgr:		Contact Person:
No. Materials:	Materials Type:	Site Type:
Comments:        		

## **RECLUTAMIENTO DE SITIOS**

Nombre:		Fecha de Reclutamiento:
Dirección:		Código de Area:      Teléfono:
Dir/Admr:		Persona Contacto:
No. de Materiales:	Tipo de Materiales:	Tipo de Sitio:
Comentarios:        		

Nombre:		Fecha de Reclutamiento:
Dirección:		Código de Area:      Teléfono:
Dir/Admr:		Persona Contacto:
No. de Materiales:	Tipo de Materiales:	Tipo de Sitio:
Comentarios:        		

## **STAFF MEETING AGENDA**

Date:	
Attended by:	
Discussion items:	Comments:
General comments:	

# **REUNIONES DE PERSONAL**

## **AGENDA**

Fecha:
--------

Asistentes:
-------------

Puntos de Discusión:	Comentarios:

Comentarios Generales:

# COMMUNITY PRESENTATION

Name of Organization		Date:		
Contact Person:	Phone:	Presenter:		
Number in Audience:		Discussion Topic:		
Audience profile:		Language:      [ ] E      [ ] S		
Materials Distributed:	# Newsletters	# Flyers	# Brochures	# Other
Comments:				

Name of Organization		Date:		
Contact Person:	Phone:	Presenter:		
Number in Audience:		Discussion Topic:		
Audience profile:		Language:      [ ] E      [ ] S		
Materials Distributed:	# Newsletters	# Flyers	# Brochures	# Other
Comments:				

Name of Organization		Date:		
Contact Person:	Phone:	Presenter:		
Number in Audience:		Discussion Topic:		
Audience profile:		Language:      [ ] E      [ ] S		
Materials Distributed:	# Newsletters	# Flyers	# Brochures	# Other
Comments:				

## FORMA DE PRESENTACIONES

Nombre de la Organización:		Fecha:		
Persona Contacto:	Teléfono:	Presentador:		
Número de Asistentes:		Tema:		
Tipo de Audiencia:		Idioma :      [ ] I      [ ] E		
Materiales Distribuidos:	# Volantes (newsletters):	# Boletines:	# Plegables:	# Otro:
Comentarios:				

Nombre de la Organización:		Fecha:		
Persona Contacto:	Teléfono:	Presentador:		
Número de Asistentes:		Tema:		
Tipo de Audiencia:		Idioma :      [ ] I      [ ] E		
Materiales Distribuidos:	# Volantes (newsletters):	# Boletines:	# Plegables:	# Otro:
Comentarios:				

Nombre de la Organización:		Fecha:		
Persona Contacto:	Teléfono:	Presentador:		
Número de Asistentes:		Tema:		
Tipo de Audiencia:		Idioma :      [ ] I      [ ] E		
Materiales Distribuidos:	# Volantes (newsletters):	# Boletines:	# Plegables:	# Otro:
Comentarios:				

# ROLE MODEL INTERVIEW FORM

Date of interview: \_\_\_\_\_

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

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

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

Home telephone: \_\_\_\_\_ Work telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Marital status: \_\_\_\_\_ Number & ages of children: \_\_\_\_\_

Employment:       Unemployed       Part-time       Full-time       Retired

Employment (Current and Past): \_\_\_\_\_

## STAGES OF CHANGE

### CERVICAL CANCER

- Pre-Contemplation
- Contemplative
- Ready for action
- Action
- Maintenance

### BREAST CANCER

- Pre-Contemplation
- Contemplative
- Ready for action
- Action
- Maintenance

Describe any unique or interesting situations in role model's life (hobbies, achievements, special activities):

### Scheduling Information:

Potential interview location (e.g., home, clinic, church): \_\_\_\_\_

Availability of role model (times, dates, locations): \_\_\_\_\_

Other restrictions/limitations (e.g., employment, family, health, obligations) \_\_\_\_\_

Media preferences:

TV

Radio

Print

### **Identify and evaluate the stage of change:**

#### **Pre-Contemplation:**

When did you first learn about BC and CC and where did the information come from?

What effect did this information have on you at that time?

## **Contemplation:**

What other information have you learned about the risk of breast and cervical cancer?  
How did you hear of it?

What can this information do for you?

### **Contemplation (cont'd):**

What specifically did you think you needed to do (focus a behavior) to protect yourself?  
How did you do it?

What are other people doing to help protect themselves?

## **Ready for Action:**

What is it you fear most about BC or CC? What do you fear most about getting a mammogram or Pap test?

What is the most important thing you have learned about protecting yourself from BC or CC?

What was/were the most difficult thing(s) you had to overcome before you could come in for screening? What enabled you to do it?

**Ready for Action (cont'd):**

Which of your friends, co-workers, neighbors or family has given you the most support (to be screened) and how and why?

What do you think other people are likely to do in your situation?

**Action:**

Describe your most personal experience with BC or CC. How did it make you feel?

Describe the benefits you have received after the screening? How does it make you feel?

When did you first realize that you would take the necessary steps to do all you could to protect yourself against BC and CC? How did you feel?

**Action (cont'd):**

Describe some new skills you have learned or begun to use to help you protect yourself.

Do you recall anyone specifically telling you something important or doing something special to help you take the final step in protecting yourself against BC or CC? How did that make you feel?

How have other people encouraged you? How did it make you feel?

What would you tell others like yourself?

**Maintenance:**

Describe how you feel about your risk of getting cancer.

What do you plan on doing in the future to protect yourself?

Describe the skills you have mastered that helped you protect yourself from BC and CC.

## **Maintenance (cont'd):**

Discuss those individuals and/or relationships that have helped you protect yourself.

What exactly did they do for you?

## **Scheduling Information:**

Potential interview location (e.g., home, clinic, church): \_\_\_\_\_

Availability of role model (times, dates, locations): \_\_\_\_\_

Other restrictions/limitations (e.g., employment, family, health, obligations): \_\_\_\_\_

---

Media preferences:

TV

Radio

Print

# ENTREVISTA GUIA DE MODELOS COMUNITARIOS

Fecha de la Entrevista: \_\_\_\_\_

Nombre: \_\_\_\_\_

Sexo: \_\_\_\_\_ Edad: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_

Dirección: \_\_\_\_\_ Lugar: \_\_\_\_\_

Teléfono casa: \_\_\_\_\_ Teléfono trabajo: \_\_\_\_\_

Estado Civil: \_\_\_\_\_ Número de hijos y edades: \_\_\_\_\_

Empleo:       Desempleado       Medio tiempo       Tiempo completo       Tiempo completo

Tipo de empleo (actual y anterior): \_\_\_\_\_

## ESTADOS DE CAMBIO

CC\_\_\_\_\_

CS\_\_\_\_\_

Pre-Contemplativo

Pre-Contemplativo

Contemplativo

Contemplativo

Listo para la acción

Listo para la acción

Acción

Acción

Mantenimiento

Mantenimiento

Describa cualquier situación interesante o especial en la vida del modelo comunitario (hobbies, logros, actividades especiales):

## Información para contactar al modelo comunitario:

Lugar de la entrevista (hogar, clínica, iglesia): \_\_\_\_\_

Disponibilidad del modelo comunitario (hora, fecha, lugar): \_\_\_\_\_

Otras limitaciones o restricciones (empleo, familia, salud, obligaciones): \_\_\_\_\_

Preferencia de medios:       TV       Radio       Periódico

**Identifique y evalúe el estado de cambio:**

**Pre-Contemplativo**

¿Cuándo supo por primera vez sobre el cáncer del seno y del cérvix, y dónde obtuvo esta información?

En ese momento ¿qué efecto tuvo en usted esta información?

**Contemplativo:**

¿Qué otra información ha aprendido usted sobre los riesgos del cáncer del seno y cérvix?

¿Qué utilidad tiene esta información para usted?

**Contemplativo (continuación):**

En particular, ¿qué pensó usted que necesitaba hacer para protegerse? (identifique un comportamiento)

¿Cómo lo hizo?

¿Qué están haciendo las otras personas para protegerse?

**Listo para la Acción:**

¿Qué es a lo que usted teme más del cáncer del seno o del cérvix? ¿Qué es a lo que usted teme más de hacerse un mamograma o un examen Pap (Papanicolaou)?

¿Qué es lo más importante que usted ha aprendido para protegerse del cáncer del seno y del cérvix?

¿Cuál es la cosa (s) más difícil que usted ha superado antes que pudiera hacerse un examen de detección?

¿Qué la ayudó a hacerlo?

**Listo para la acción (continuación):**

De sus amigos, compañeros de trabajo, vecinos o familiares quiénes le han dado el mayor apoyo (para los exámenes de detección) ¿Cómo y por qué lo han hecho?

¿Qué piensa usted que otras personas harían en su misma situación?

**Acción:**

Describa su experiencia más personal con el cáncer del seno y cérvix. ¿Cómo se sintió usted?

Describa los beneficios que usted ha recibido después de hacerse el examen (o exámenes) de detección.

¿Cómo se siente usted?

¿Cuándo fue la primera vez que usted se dio cuenta que tomaría los pasos necesarios para hacer todo lo que estuviera a su alcance para protegerse contra el cáncer del seno y cérvix? ¿Cómo se sintió?

**Acción (continuación):**

Describa, ¿qué nuevas habilidades ha aprendido o ha empezado a utilizar para protegerse?

Recuerda usted que alguien le haya dicho algo importante o haya hecho algo especial para ayudarle a tomar

el paso final para protegerse contra el cáncer del seno y cérvix? ¿Cómo se sintió usted?

¿Cómo la han motivado otras personas? ¿Cómo se ha sentido usted?

¿Qué le diría a otras mujeres como usted?

**Mantenimiento:**

Describa ¿cómo se siente acerca de su riesgo de tener cáncer?

¿Qué planea hacer en el futuro para protegerse?

Describa las habilidades que ha adquirido y que la han ayudado a protegerse del cáncer del seno y cérvix.

**Mantenimiento (continuación):**

Describa aquellas personas y/o relaciones que le han ayudado a protegerse de esta enfermedad.

¿Qué han hecho exactamente ellos por usted?

**Información para contactar al modelo comunitario:**

Sitio posible de entrevista (casa, clínica, iglesia): \_\_\_\_\_

Disponibilidad del modelo comunitario (horarios, fechas, sitios): \_\_\_\_\_

Otras restricciones/limitaciones (empleo, familia, salud, obligaciones): \_\_\_\_\_  
\_\_\_\_\_

Preferencia de Medios:

TV

Radio

Periódico

## **ROLE MODEL TRACKING FORM**

## **FORMA DE SEGUIMIENTO DE LOS MODELOS COMUNITARIOS**

**UNIVERSITY OF TEXAS HEALTH CENTER AT SAN ANTONIO  
(SPONSORING ORGANIZATION'S NAME)**

***Salud En Acción Program***

**STATEMENT OF RELEASE**

I hereby give the University of Texas Health Science Center at San Antonio, the Institute for Health Promotion Research, the *A Su Salud En Acción* Program, (sponsoring organization) or anyone authorized by these entities, absolute permission to copyright, use, reuse, publish and/or republish, still photographs, videotapes, electronic recordings and/or other illustrations of

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(print name)

in whole or in part, without restriction as to changes or alterations for the purpose of education, publicity, art, advertising, trade, news, or any other purpose whatsoever.

- I also consent to the use of any printed matter in conjunction therewith.
- I hereby waive any right to inspect and/or approve the finished product or products or printed matter that may be used in connection therewith or the use to which it may be applied.
- I am of full age and have every right to contract in the above regard. I have read the above authorization prior to its execution and I am fully familiar with its content.

Role model signature:		Date:
Address:	Zip code:	City:
Home phone:	Cell phone:	Work phone:
Witness signature:		

**UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO  
(SPONSORING ORGANIZATION'S NAME)**

**Programa *Salud En Acción***

**Forma de Autorización**

**Yo, por medio de la presente, doy permiso absoluto al University of Texas Health Science Center en San Antonio, al Institute for Health Promotion Research, al Programa *A Su Salud En Acción*, al \_\_\_\_\_ (sponsoring organization) o a cualquiera que tenga autorización de estas organizaciones para copiar, utilizar, reutilizar, publicar y/o republicar, fotografías, videos, grabaciones electrónicas y/o cualquier otra ilustración de :**

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(escriba el nombre en forma clara)

en forma total o parcial, sin restricción alguna relacionada con cambios o alteraciones realizados con el propósito de educación, publicidad, arte, noticias, o cualquier otro propósito.

- También autorizo la utilización de cualquier material impreso relacionado con lo anteriormente dicho.
- Por medio de la presente cedo cualquier derecho de revisar y/o aprobar el producto final o productos impresos, que puedan ser utilizados en conexión con lo anterior, o el uso al que pudiera aplicar.
- Yo soy mayor de edad y tengo todo el derecho de establecer contrato relacionado con lo anteriormente mencionado. Yo he leído la presente autorización antes de su ejecución y estoy totalmente familiarizado(a) con su contenido.

Firma del modelo comunitario:		Fecha:
Dirección:	Código de Area:	Ciudad:
Teléfono del hogar:	Celular:	Teléfono del trabajo:
Firma del testigo:		

## ACTIVITY SUMMARY FORM

Date: \_\_\_\_\_ City: \_\_\_\_\_

### 1. COMMUNITY COMPONENT

#### 1.1. Community Network Recruitment

Community Network	Recruited this month	Total recruited to date	Total active to date
Volunteers			
Sites			
Churches			
Small businesses			
Clinics			
Schools			
Community Centers			
Other			

#### 1.2. Training/Refresher Sessions (T/R):

Training/Refresher Sessions				Attendance				Materials Distributed							
								Newsletter				Other			
This month		Total to date		This month		Total to date		This month		Total to date		This month		Total to date	
T	R	T	R	T	R	T	R	T	R	T	R	T	R	T	R

#### 1.3. Community Presentations

Community Presentations				Attendance				Materials Distributed							
								Newsletter				Other			
This month		Total to date		This month		Total to date		This month		Total to date		This month		Total to date	
T	R	T	R	T	R	T	R	T	R	T	R	T	R	T	R

### 2. MEDIA COMPONENT

#### 2.1. Small media

Newsletters				Role Model Stories			
This month		Total-to-date		This month		Total-to-date	

## 2.2. Materials Distribution

Distributed to	Newsletters		Other	
	This month	Total to date	This month	Total to date
Volunteers				
Churches				
Small businesses				
Schools				
Clinics				
Community Centers				
Total				

## 2.3. Mass media

Media Type	This month	Total to date	Role Model Stories	
			This month	Total to date
Television:				
Total				
Newspapers:				
Total				
Radio:				
Total				
Other:				

## 3. ADMINISTRATIVE

Staff Meetings							
Sponsoring Organization Supervisor		<i>Salud En Acción</i> Staff		Other		UTHSCSA	
This month	Total to date	This month	Total to date	This month	Total to date	This month	Total to date

## 4. REFERRALS

Screening Exams	Mammograms		Pap Smears	
	This month	Total to date	This month	Total to date
Total				

## **Media Release Statement (English and Spanish)**

**UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO  
(SPONSORING ORGANIZATION'S NAME)**

***A Salud En Acción Program***

**STATEMENT OF RELEASE**

I hereby give the University of Texas Health Science Center at San Antonio, the Institute for Health Promotion Research, the *A Su Salud En Acción Program*, (sponsoring organization) or anyone authorized by these entities, absolute permission to copyright, use, reuse, publish and/or republish, still photographs, videotapes, electronic recordings and/or other illustrations of

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(print name)

in whole or in part, without restriction as to changes or alterations for the purpose of education, publicity, art, advertising, trade, news, or any other purpose whatsoever.

- I also consent to the use of any printed matter in conjunction therewith.
- I hereby waive any right to inspect and/or approve the finished product or products or printed matter that may be used in connection therewith or the use to which it may be applied.
- I am of full age and have every right to contract in the above regard. I have read the above authorization prior to its execution and I am fully familiar with its content.

Role model signature:		Date:
Address:		Zip code:
Home phone:	Cell phone:	Work phone:
Witness signature:		

**University of Texas Health Science Center at San Antonio  
(SPONSORING ORGANIZATION'S NAME)**

**Programa A Su Salud En Acción**

**Forma de Autorización**

**Yo, por medio de la presente, doy permiso absoluto al University of Texas Health Science Center en San Antonio, al Institute for Health Promotion Research, al Programa A Su Salud En Acción, al \_\_\_\_\_ (sponsoring organization) o a cualquiera que tenga autorización de estas organizaciones para copiar, utilizar, reutilizar, publicar y/o republicar, fotografías, videos, grabaciones electrónicas y/o cualquier otra ilustración de :**

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(escriba el nombre en forma clara)

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- Yo soy mayor de edad y tengo todo el derecho de establecer contrato relacionado con lo anteriormente mencionado. Yo he leído la presente autorización antes de su ejecución y estoy totalmente familiarizado(a) con su contenido.

Firma del modelo comunitario:		Fecha:
Dirección:		Código de Area: Ciudad:
Teléfono del hogar:	Celular:	Teléfono del trabajo:
Firma del testigo:		

## **Networker Agreement Form**

# *A Su Salud En Acción*

## Forma de Compromiso

### **Mission Statement**

The mission of *A Su Salud En Acción* is to encourage breast and cervical cancer screening and promote awareness of cancer risks and healthy behaviors among underserved Hispanic women in \_\_\_\_\_ (city)\_\_\_\_\_.

### **Misión**

La misión del Programa *A Su Salud En Acción* es promover la detección temprana del cáncer de seno y cérvix, proporcionando información sobre los factores de riesgo y estimulando la adopción de comportamientos saludables en las mujeres hispanas residentes en \_\_\_\_\_ (ciudad)\_\_\_\_\_ que no tienen fácil acceso a los servicios de salud existentes en la comunidad.

---

### **Primary Responsibilities and Activities**

- Promote the *A Su Salud En Acción* program
- Distribute educational materials
- Reinforce the media messages encouraging healthy behaviors
- Recruit role models and new volunteers

### **Responsabilidades y Actividades Principales**

- Promover el Programa *A Su Salud En Acción*
- Distribuir materiales educativos
- Reforzar los mensajes de comunicación y promover comportamientos saludables
- Reclutar modelos comunitarios y nuevas voluntarias

---

Signature/Firma

Program Coordinator/  
Coordinadora del Programa

---

Date/Fecha

C-1

C-2

C-3

C-4

C-5

C-6

C-7

C-8

C-9

C-10

C-11

C-12

# **Appendix C: Samples, Scripts and Guidelines**

**C-1 Bulletin/Calendar Samples**

**C-2 Newspaper Article Sample**

**C-3 Community Resource List**

**C-4 Sample Program Fact Sheet**

**C-5 Focus Group Materials**

- Discussion Guide
- Report Sample
- Participant Demographic Form (English/Spanish)
- Participant Consent Form (English/Spanish)

**C-6 Scripts**

- Approaching Potential Role Models
- Approaching the Media
- Recruiting Peer Networkers (Individuals)
- Recruiting Peer Networkers (Organizations)
- Distributing Materials (Easy)
- Distributing Materials (Difficult)
- Distributing Materials (Very Difficult)

**C-7 FOG Index Formula**

**C-8 Pretesting Guidelines**

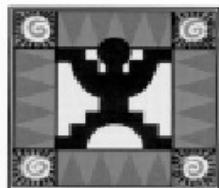
**C-9 Media Agreement Sample**

**C-10 Communication Plan:12 Months**

**C-11 Training Guidelines for Networkers**

**C-12 News Release Sample**

## Bulletin / Calendar Samples



# Salud En Acción

CREATING HEALTHIER LIVES

## La detección temprana salva vidas!

María Parra de 51 años, sabía poco acerca de los riesgos de tener cáncer del seno y nunca pensó que tendría que preocuparse por esta enfermedad. Pero hace cuatro años, ella encontró una bolita en su seno.

María quien tiene cinco hijos, tuvo miedo pero decidió hacerse la mamografía porque sabe que su familia depende de ella. “Yo estaba asustada, pero mi familia me necesita y tengo que mantenerme saludable para ellos”, dice María.

La mamografía encontró el cáncer a tiempo para que la enfermedad se pudiera tratar con éxito. Hoy ella es una sobreviviente porque venció su miedo y se hizo el examen.

“Todas las mujeres necesitamos ver al doctor cada año para el examen de detección de cáncer del seno. No espere a sentir algo anormal”, dice María. “Ahora me hago la mamografía todos los años porque sé que la detección temprana salva vidas!”



María Parra

## Early detection saves lives!

Maria Parra, 51, knew little about the risks of breast cancer and never thought she would have to worry about the disease. But four years ago, she felt a small lump in her breast.

Maria, who has five children, was frightened but decided to get a mammogram because she knows her family depends on her. “I was scared, but my family needs me and I need to stay healthy for them,” she says.

The mammogram found cancer early enough to treat the disease. Today she is a survivor because she overcame her fear and got checked.

“All women need to see their doctor every year for breast cancer screening. You shouldn’t wait until you feel something,” says Maria. “Now I have my mammogram every year because early detection saves lives!”



Funded by CDC Grant No. U57/CCU6154140-02. Produced by Saint Mary's Health Network and the Institute for Health Promotion Research

## Cuatro pasos para la mamografía

1. Llame y haga una cita
2. Marque la cita en su calendario
3. Haga los arreglos necesarios
4. No falte a su cita



## Four steps for getting a mammogram

1. Call and make an appointment
2. Mark it on your calendar
3. Make necessary arrangements
4. Keep your appointment

Para mayor información llame a los teléfonos 770-3796 o 250-9008

For more information call 770-3796 or 250-9008



Mes del Cáncer del Seno — Breast Cancer Awareness Month

## Octubre / October 20 \_\_

Sun / Dom	Mon / Lun	Tue/Mar	Wed/Mie	Thu/Jue	Fri/Vie	Sat/Sab
		1	2	3	4	5 Cumbre Hispana de Nevada Univisión 10 a.m. news
 Carrera por la Curación	7	8	9	10 Ahora	11 Día de la Raza	12 13
	14	15 Univisión 6 p.m. news	16	17	18 KXEQ Radio 11:30 a.m.	19 20
	21	22	23	24	25 Ahora	26 Nuestra Hora Univisión 10am
 Daylight Saving time ends	28	29 Junta de Voluntarios, 5 pm	30 Halloween Día de las brujas	31		

Para más información sobre el lugar y hora de los eventos llame al 770-3796 o 250-9008

For more information about the events call 770-3796 or 250-9008

### Dónde ir para los exámenes

La Clínica Santa María está localizada en el 3915 Neil Road, Reno, Nevada. Para más información, llame a María Oliveira a los teléfonos 770-3796 o 250-9008.

### Where to go for screenings

Saint Mary's Nell J. Redfield Health Center is located at 3915 Neil Road, Reno, Nevada. For more information call María Oliveira at 770-3796 or 250-9008.



# Salud En Acción

CREATING HEALTHIER LIVES

## Nace programa contra el cáncer del seno y cérvix

Nace *Salud En Acción*, un programa para las mujeres Hispanas en Reno que ofrece exámenes para la detección temprana del cáncer del seno y cérvix.

El programa está coordinado por UT Health Science Center San Antonio, con patrocinio de los Centers for Disease Control and Prevention. *Salud En Acción* es desarrollado en Reno por el Centro de Salud Nell J. Redfield del Hospital Saint Mary, con apoyo de la organización estatal Women's Health Connection y los medios de comunicación Ahora, Univisión y La Super Q.

Hay voluntarias en la comunidad que están dando información sobre los exámenes de detección del cáncer del seno y cérvix. La meta es aumentar el número de mujeres Hispanas de 50 a 64 años que se hacen los exámenes de mamografía (para el cáncer del seno) y Pap-nicolaou o examen Pap (para el cáncer del cérvix). Estos exámenes pueden salvar su vida.

Si usted quiere ayudar a su comunidad y hacerse voluntaria del programa, llame a María Oliveira a los teléfonos 770-3796 o 250-9008.



## New program fights breast and cervical cancer

A new program in Reno is providing early detection tests for breast and cervical cancer among Hispanic women. The program is called *Salud En Acción*.

The program is coordinated by UT Health Science Center San Antonio with the support of the Centers for Disease Control and Prevention. In Reno, the Saint Mary's Nell J. Redfield Health Center is implementing the program with the state's Women's Health Connection, and media partners include Ahora, Univisión and La Super Q.

Volunteers in the community are sharing information about breast and cervical cancer screening. The goal is to increase the number of Hispanic women age 50-64 who visit their doctor or clinic for mammograms (for breast cancer) and Pap tests (for cervical cancer). These tests can save your life!

If you would like to help your community by becoming a *Salud En Acción* volunteer, call María Oliveira at 770-3126 or 250-9008.



## Dónde ir para los exámenes

La Clínica Santa María está localizada en el 3915 Neil Road, Reno, Nevada. Para más información, llame a María Oliveira al 770-3796 o 250-9008.

## Where to go for screenings

Saint Mary's Nell J. Redfield Health Center is located at 3915 Neil Road, Reno, Nevada. For more information call María Oliveira at 770-3796 or 250-9008.

## Coordinadora comunitaria promueve los exámenes de cáncer

María Oliveira, la nueva coordinadora comunitaria del Centro de Salud Santa María, está educando a las mujeres Hispanas del Norte de Nevada a través del Programa Salud En Acción, sobre la importancia de detectar a tiempo el cáncer del seno y del cerviz. María nació en Brazil, habla español y es médica de la Universidad Autónoma de Guadalajara en México. “La detección temprana ayuda a salvar vidas”, dice María.



María Oliveira

## Community coordinator promotes cancer tests

Meet Maria Oliveira, Saint Mary's Health community network coordinator. Maria will educate Hispanic women in Northern Nevada about breast and cervical cancer through Saint Mary's Salud En Acción. Originally from Brazil, Maria received her degree in Medicine from Autonomous University of Guadalajara, Mexico. “Early detection helps save lives!” said Maria.

## Enfermera examina a las mujeres para el cáncer

Peggy Williamson es una enfermera certificada que habla español y quien ha atendido a las mujeres Hispanas del norte de Nevada por más de siete años. Peggy es conocida por su amabilidad y conocimientos de salud. Peggy será la responsable de hacer los exámenes para el programa Salud En Acción.



Peggy Williamson

## Nurse helps women with cancer screening

Spanish-speaking certified nurse midwife (CNM) Peggy Williamson has cared for Northern Nevada Hispanic women for over seven years. Peggy is known for her caring manner and knowledge of health care. Peggy will provide check-ups for Saint Mary's new program, Salud En Acción.

## Mayo/May 20 \_\_

Sun / Dom	Mon / Lun	Tue/Mar	Wed/Mie	Thu/Jue	Fri/Vie	Sat/Sab
			1	2	3	4
				Ahora		5 Fiesta 5 de Mayo
6	7	Univisión 68	8	9	10	12
				Univisión 68 Noticias 6pm	KXEQ radio	Feria de Salud 10am - 4pm
13	14	15	16	Ahora	17	18
20	21	22	23	Univisión 68 Noticias 6pm	24	25
27 Univisión 68	28	Junta de voluntarias	29	30	31	26

Para más información sobre el lugar y hora de los eventos llame al 770-3796 o 250-9008

For more information about the events call 770-3796 or 250-9008



# Salud En Acción

CREATING HEALTHIER LIVES

## ¡Me voy para la clínica!

Rosa Martinez, de 56 años, aprendió lo fácil que es protegerse del cáncer de cervix, visitando la clínica para hacerse su examen Pap.

"Hacer la cita fue fácil", dice ella.

"Llamé a la clínica al teléfono 770-3780 y una recepcionista me contestó en español. Yo escogí la fecha y la hora que me servían más y para no olvidarlo, escribí la información en mi calendario".

"Ahora voy para la clínica a mi cita".

Mientras espera, Rosa le cuenta a otras mujeres que están en la parada del bus, que el examen Pap es la mejor protección contra el cáncer de cérvix. Este examen puede detectar el cáncer en sus etapas más tempranas cuando se puede tratar fácilmente y las posibilidades de supervivencia son mayores.

Si usted no se está haciendo su examen Pap regularmente, escuche a Rosa y haga una cita. Si ya se lo está haciendo, siga el ejemplo de Rosa y enséñele a otras mujeres cómo protegerse de esta enfermedad.



Rosa Martínez

## I'm going to the clinic!

Rosa Martinez, 56, learned how easy it is to protect herself from cervical cancer by visiting the clinic for a Pap smear.

"Making an appointment was easy," she says. "I called the clinic at 770-3780, and a Spanish-speaking receptionist answered the phone. I picked the time and date that were best for me and wrote it down on my calendar."

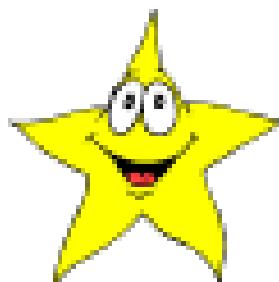
"Now I am going to the clinic!"

While she waits at the bus stop, Rosa tells women she meets that Pap smears are the best protection

against cervical cancer. A Pap test can find cancer at its earliest stages. When cancer is found early, it is easier to treat and chances of survival greatly increase.

If you're not getting regular Pap smears now, listen to Rosa and make an appointment at the clinic. If you do have regular Pap smears, follow Rosa's example and tell other women how they can protect themselves.

**Mil Gracias,  
Voluntarias de  
Salud En Acción**



**Thank you,  
Salud En Acción  
Volunteers!**

Nuestras voluntarias cuidan la salud de la comunidad como verdaderos ángeles guardianes. Saint Mary's Health Network agradece su esfuerzo.

Our volunteers watch over their community's health needs like guardian angels. Saint Mary's Health Network wants to thank them for their efforts.

Funded by CDC Grant No. U57/CCU6154140-02. Produced by Saint Mary's Health Network and the Institute for Health Promotion Research

## El fluoruro ayuda a tener dientes fuertes

El fluoruro es el ingrediente más importante de la pasta dental. Es un químico que endurece el esmalte dental y evita las caries. Para saber si su pasta dental tiene la cantidad correcta de fluoruro, fíjese que tenga el sello de aprobación de la ADA (Asociación Americana de Odontología). Cepillarse con una pasta dental con fluoruro ayuda a:

1. prevenir las caries
2. limpiar y brillar sus dientes
3. refrescar su aliento



## Fluoride toothpaste helps make teeth strong

Fluoride is the most important ingredient in toothpaste. Fluoride is a chemical that makes the enamel on teeth harder and prevents tooth decay.

To make sure your toothpaste contains the right amount of fluoride look for the ADA (American Dental Association) seal of approval on the container. Brushing with fluoride toothpaste helps:

1. prevent tooth decay
2. clean and polish teeth
3. freshen breath

## Marzo/March 20

Sun / Dom	Mon / Lun	Tue/Mar	Wed/Mie	Thu/Jue	Fri/Vie	Sat/Sab
					1	2
3	4	5	6	7	8	9
10	11	12	13	14 Ahora	15	16
17	18	19	20 KXEQ radio	21	22 Junta de voluntarias	23
24 Univisión Ahora	25	26	27 KXEQ radio	28 Fiesta de despedida para las voluntarias	29	30
31						

### Dónde ir para los exámenes

La Clínica Santa María está localizada en el 3915 Neil Road, Reno, Nevada. Para más información, llame a María Oliveira a los teléfonos 770-3796 o 250-9008.

### Where to go for screenings

Saint Mary's Nell J. Redfield Health Center is located at 3915 Neil Road, Reno, Nevada. For more information call María Oliveira at 770-3796 or 250-9008.



# Salud En Acción

CREATING HEALTHIER LIVES

## Exámenes de cancer: ¡Hágalo por su familia!

Martha Vigil, de 51 años, no sabía del cáncer cervical hasta que su hermana menor murió de esta enfermedad hace 26 años.

Al comienzo Martha no quería ir al doctor por temor a que le encontraran cáncer. Pero el apoyo de su familia le dio las fuerzas que necesitaba para ir al doctor y hacerse el examen Pap. Desde entonces se hace el examen todos los años.

Es muy importante encontrar el cáncer en sus primeras etapas porque así se tienen más opciones de tratamiento y las probabilidades de supervivencia son mayores.

“Yo tengo a mi esposo y 8 hijas. Para mí es muy importante ir por mi examen Pap regularmente porque quiero mantenerme sana para disfrutar de mi familia por mucho tiempo,” dice Martha.

Como voluntaria de Salud En Acción, Martha motiva a las mujeres hispanas para que también se hagan su examen regularmente. ¡Llame hoy para una cita!



Martha Vigil (derecha) con su esposo, hija y nieto.  
Martha Vigil (right), her husband, daughter & grandson.

## Cancer screening: Do it for your family!

Martha Vigil, 51, didn't know about cervical cancer until her younger sister died of the disease 26 years ago.

At first Martha was scared to get tested for fear of finding out she had cancer. But the support from her family gave her the strength she needed to visit a doctor and have her Pap smear.

Finding out about cervical cancer

early is important because it provides more treatment options and increases chances of survival.

“I have a husband and eight daughters. It's important for me to go for my regular Pap, because I want to stay healthy and be

able to stay around longer to spend time with my family,” said Martha.

As a Salud En Acción volunteer, she encourages Hispanic women to get their regular Pap smear. Call and make an appointment today!

### Cuatro pasos para el examen Pap

1. Llame y haga una cita
2. Marque la cita en su calendario
3. Haga los arreglos necesarios
4. No falte a su cita



### Four steps for getting a Pap smear

1. Call and make an appointment
2. Mark it on your calendar
3. Make necessary arrangements
4. Keep your appointment

Para más información llame al 770-3796 o 250-9008  
For more information call 770-3796 or 250-9008

Funded by CDC Grant No. U57/CCU6154140-02. Produced by Saint Mary's Health Network and the Institute for Health Promotion Research



## Recomendaciones para el examen Pap

- Toda las mujeres de 21-65 años deben hacerse el examen cada tres años.

- Si usted es mayor de 65 años y ha tenido Pap normales por varios años seguidos, su doctor le puede decir que deje de hacerse el examen Pap.



## Pap test screening guidelines

- All women 21-65 should have a Pap test every three years.
- If you are older than 65 and have had normal Pap results for several years your doctor may tell you that you may stop having Pap tests.

## Junio / June 20\_\_

Sun / Dom	Mon / Lun	Tue/Mar	Wed/Mie	Thu/Jue	Fri/Vie	Sat/Sab
					1	2
3	4	5	6	7 Univisión 68 Noticias 6pm	8	9
10	11	12	13	14 Día de la Bandera  Ahora	15	16
17 Día del padre	18 Univisión 68 Noticias 6pm	19	20	21 1er día verano  Ahora	22 KXEQ radio	23
24	25 Junta de Voluntarias, 5 pm	26	27	28 Fiesta voluntarias 10:30 am  ABC: 5, 5:30, 6:30 NBC: 5, 6 pm	29 Gazette	30

### Dónde ir para los exámenes

La Clínica Santa María está localizada en el 3915 Neil Road, Reno, Nevada. Para más información, llame a María Oliveira a los teléfonos 770-3796 o 250-9008.

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# Salud En Acción

CREATING HEALTHIER LIVES

## Regálese una mamografía para Navidad

A la edad de 50 años, Amanda Sánchez, sintió una bolita en uno de sus senos. Si esa bolita hubiera sido cancerosa, quizás ya hubiera sido muy tarde para salvar su vida.

“Tuve miedo al pensar que la bolita podía ser cancerosa y que la enfermedad quizás ya se había extendido en todo mi cuerpo.”

Amanda tuvo mucha suerte. Los análisis que se realizaron demostraron que la bolita no tenía cáncer.

La mejor manera de detectar el cáncer en sus primeras etapas es con una mamografía. La mamografía puede encontrar un tumor canceroso antes de que sea lo bastante grande para sentirlo durante el autoexamen del seno. Ahora ella lo sabe.

“Debemos convencer a las mujeres latinas y en especial a las de 50 años en adelante para que se hagan la mamografía todos los años,” dice ella. “En Navidad, todos pensamos en dar regalos y ¿qué mejor regalo podríamos dar a nuestra familia que el regalo de poder tenernos con vida?”

## Give yourself a Christmas present: a mammogram

At the age of 50, Amanda Sanchez felt a lump in her breast. If that lump had been cancerous, it might have been too late to save her life.

“I was afraid the lump was cancer and that the disease might have spread throughout my body,” she recalls.

Amanda was lucky. Tests showed that the lump was benign.

The best way to catch cancer in its earliest stage is through mammography. A mammogram can find a cancer tumor before it is large enough to be felt with a breast self-exam.

Amanda knows that now.

“We need to persuade

Latina women, especially those over 50, to get regular mammograms,” she says.

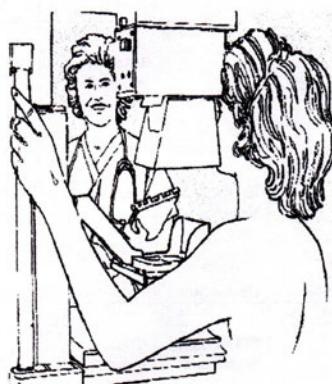
“During Christmas time, we think about giving gifts, and what more precious gift can we give our family than the gift of life?”



Amanda Sánchez

## La mamografía...

- es una radiografía de los senos
- puede detectar masas o bolitas que pueden ser cáncer
- puede detectar una bolita antes de que usted o su doctor la pueda sentir



## Mammography...

- is an X-ray of your breast
- helps find breast lumps that may be cancer
- can find breast lumps before you or your doctor can feel them



## Consejos de preparación para su mamografía

1. El día del examen no use perfume, desodorante, talcos, o lociones en sus senos, axilas, ni a su alrededor.
2. Vaya con blusa o sweater y pantalones o falda.
3. Lleve cualquier información que tenga sobre otros mamogramas o tratamientos del seno que haya tenido.



## Tips to get ready for your mammogram

1. On the day of the exam, don't put any deodorant, perfume, powder, or other lotions on or around your breasts or underarms.
2. Wear clothes like a blouse or sweater with pants or a skirt.
3. Bring any information about other mammograms or breast treatment you've had.

## Diciembre / December 20 \_\_

Sun / Dom	Mon / Lun	Tue/Mar	Wed/Mie	Thu/Jue	Fri/Vie	Sat/Sab
1	2	3	4	5	6	7
8	9	10	11	12 TV Univisión 68 Noticias 6pm	13 Fiesta de Navidad para las voluntarias	14
15	16	17	18	19	20 Newspaper Ahora	21
TV Univisión 68 Nuestra hora	22	23	24 Christmas tree Navidad	25	26	27 Radio KXEQ radio
29	30 New Year's Eve party	31				

### Dónde ir para los exámenes

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# Salud En Acción

Previniendo el Cancer en Hispanos / Preventing Cancer in Hispanics



November/Noviembre 20\_\_

Las Vegas, Nevada

Vol.1, No. 1

## Program for Hispanic women fights breast and cervical cancer

A new program in Las Vegas is providing a weapon in the battle against breast and cervical cancer among Hispanic women. The program is called ***Salud En Acción***.

The program is coordinated by the Institute for Health Promotion Research with the support of the Centers for Disease Control and Prevention. In Las Vegas, the Clark County Health District is implementing the program, with the state's Women's Health Connection as a program partner.

Volunteers in the community are sharing information about breast and cervical cancer screening. The goal is to increase the number of Hispanic women who visit their doctor or clinic for mammograms (for breast cancer) and Pap tests (for cervical cancer). These tests can save your life!

The ***Salud En Acción*** program is especially important to women 50 to 64 years of age, who are at particularly high risk for breast and cervical cancer.



## Salud En Acción combate el cáncer del seno y cérvix

Se inicia un nuevo programa en Las Vegas dirigido a la mujer Hispana, para combatir el cáncer del seno y cervix. El programa se llama ***Salud En Acción***.

El programa está coordinado por el Institute for Health Promotion Research con el apoyo de los Centers for Disease Control and Prevention (CDC). ***Salud En Acción*** es desarrollado en Las Vegas por el Clark County Health District y la organización Women's Health Connection.

Hay voluntarias en la comunidad que están brindando información acerca de los exámenes de detección del cáncer del seno y cérvix. La meta es aumentar el número de mujeres Hispanas que visitan su médico o clínica para realizarse una mamografía (examen para detección del cáncer del seno) y un examen Pap o Papanicolaou (examen para detección del cáncer de cérvix). Estos exámenes pueden salvar su vida!

El programa ***Salud En Acción*** es de especial importancia para las mujeres de 50 a 64 años de edad, quienes están a mayor riesgo de desarrollar estas enfermedades.

## For more information

If you would like more information or to help your community by becoming a ***Salud En Acción*** volunteer, call 249-3983.



## Para más información

Si desea más información o para ayudar a su comunidad y hacerse voluntaria del programa ***Salud En Acción***, llame al 249-3983.



# Salud En Acción

Previniendo el Cancer en Hispanos / Preventing Cancer in Hispanics



## To make an appointment

- **Call the Family Planning Clinics** between 8 a.m. and 2 p.m. at:  
**383-1376 or 249-3983 Tuesdays**  
or **732-8776 Thursdays.**  
On those days a bilingual staff member will answer your questions.
- Also talk to a *Salud En Acción* volunteer. She can help you make an appointment.



## Para hacer una cita

- **Para una cita en español llame los martes al:** Main Health District  
625 Shadow Lane  
Teléfonos: **383-13763 ó 249-3983**  
North Las Vegas Public Center  
3662 Civic Center Dr. Suite # A  
Teléfono: **642-3525**
- **O llame los jueves al:**  
Cambridge Community Outreach Center  
3827 South Maryland Parkway  
Teléfono: **732-8776**

INSTITUTE FOR HEALTH  
PROMOTION RESEARCH  
UT HEALTH  
SCIENCE CENTER®  
WE MAKE LIVES BETTER



## November/Noviembre 20\_\_



Women's Health Connection

Sun / Dom	Mon / Lun	Tue/Mar	Wed/Mie	Thu/Jue	Fri/Vie	Sat/Sab
	 1 Día de todos los santos		2	3	4	5
7	8  Univisión	9	10	 11 Veterans Day	12	13
14	15	16	17	18  19 La Mexicana	20	
21	22	23	24	 25 Día de Acción de Gracias	 26 Festivo Acción de Gracias	27  El Mundo
28	29	 30 Junta de Voluntarias				



# Salud En Acción

Previniendo el Cancer en Hispanos / Preventing Cancer in Hispanics



March / Marzo 20 \_\_

Las Vegas, Nevada

Vol.2, No. 2

## Schedule time for your mammogram

Many women know how important it is to go for a mammogram, but they don't set aside the time. This is something Maria Rodriguez, 52, learned through *Salud En Acción*.

"I was always too busy attending to my family's needs and working as a nurse assistant in my community," says Maria. "Now I've learned how important it is that I stay healthy for my family and my community. I know they need me and I want to be around them sharing my love and experience."

Maria has scheduled an appointment for her mammogram. While she works to support her family and community, Maria's family and the *Salud En Acción* program are also supporting her decision to get screened for breast cancer.



*Maria Rodríguez*

## Saque tiempo para su mamografía

Muchas mujeres sabemos lo importante que es hacernos la mamografía, sin embargo no nos damos tiempo para hacerlo. Esto es algo que María Rodríguez de 52 años, aprendió del programa *Salud En Acción*.

"Estaba siempre muy ocupada atendiendo a mi familia y trabajando como auxiliar de enfermería en mi comunidad", dice María. "Ahora he aprendido lo importante que es para mí el estar saludable. Sé que mi familia y mi comunidad me necesitan y quiero estar sana para compartir con ellos mi amor y mi experiencia".

María ya hizo cita para su mamografía. Así como ella trabaja apoyando a su familia y a su comunidad, también su familia y el programa *Salud En Acción* la apoyan en su decisión de hacerse la mamografía.

## About the Mammogram

- The only way to find breast cancer in the early stages is to have a mammogram.
- Mammograms can find breast lumps up to 2 years before you or your doctor can feel them.



## Acerca de la Mamografía

- La única manera de detectar el cáncer del seno en sus primeras etapas es con la mamografía.
- La mamografía puede encontrar bolitas o masas en los senos hasta 2 años antes de que usted o su doctor las pueda sentir.

*Mammograms save lives!*

*¡Las mamografías salvan vidas!*



# Salud En Acción

Previniendo el Cancer en Hispanos / Preventing Cancer in Hispanics



## Free screening days

This month, free mammograms, clinical breast examinations and Pap smears for women 40 years of age and older will be available at the following locations:

### March 23 & 24:

Mobile Unit Van in the Clark County Health District parking lot  
625 Shadow Lane  
(9 a.m. - 3 p.m.)

### March 25: Open House & Street Fair

Cambridge Center  
3827 South Maryland Parkway  
(11 a.m. - 2 p.m.)

## Fecha de exámenes gratis

Este mes también tenemos disponibles mamografías, exámenes clínicos de los senos y exámenes Pap **GRATIS** para mujeres de 40 años en adelante, en los siguientes sitios:

### Marzo 23 & 24:

Unidad Móvil en el estacionamiento del Clark County Health District  
625 Shadow Lane  
(9 a.m. - 3 p.m.)

### Marzo 25: Inauguración y Feria de Salud

Cambridge Center  
3827 South Maryland Parkway  
(11 a.m. - 2 p.m.)



## March / Marzo 20



Sun / Dom	Mon / Lun	Tue/Mar	Wed/Mie	Thu/Jue	Fri/Vie	Sat/Sab
			1	2	3	4
5	La Super Q	La Super Q	Miércoles de Ceniza	Junta de Voluntarias	La Super Q	
12	La Super Q	Univisión Super Q	La Super Q	Tiempo Libre Super Q	Día de San Patricio Super Q	
19	Telemundo Super Q	Primer día de Primavera Super Q	La Super Q	Unidad Móvil Super Q	Unidad Móvil El Mundo	Inauguración y Feria de Salud
26		Univisión	Las Vegas Review Las Vegas Sun	Las Vegas Review		
27		28	29	30	31	



# Salud En Acción

Previniendo el Cancer en Hispanos / Preventing Cancer in Hispanics



June / Junio 20\_\_

Las Vegas, Nevada

Vol.2, No. 4

## Spread the word about mammograms

Clara Becerril, housewife and mother of two, learned the importance of breast cancer screening. "The first time I heard about breast cancer was when I was 10 and my aunt was diagnosed with the disease," says Clara.

"I didn't know that being a woman and getting older put me at risk of having breast cancer. I learned this when I became a *Salud En Acción* volunteer. There, I learned about my risks and the importance of early detection," says Clara. "I had my first mammogram already and I am waiting for the results. It only took a few minutes of my time that can save my life."

Remember, if you are 50 or older, you should have a mammogram every year. This exam can detect breast cancer at its early stages when you have more treatment options. Do it for yourself and your family!



Clara Becerril

## Corra la voz sobre los mamogramas

Clara Becerril, ama de casa y madre de dos hijas, aprendió la importancia de la detección temprana del cáncer del seno. "La primera vez que oí del cáncer del seno fué cuando tenía 10 años y a mi tía le diagnosticaron la enfermedad", recuerda Clara.

"No sabía que sólo por ser mujer y hacerme mayor estaba a riesgo de tener cáncer del seno. Esto lo aprendí al hacerme voluntaria del programa *Salud En Acción*. Allí aprendí sobre mis riesgos y la importancia de hacerme los exámenes de detección temprana", dice Clara.

"Ya me hice mi primera mamografía y estoy esperando los resultados. Sólo me tomó unos minutos de mi tiempo que pueden significar toda una vida".

Recuerde que si tiene 50 años o más, debe hacerse una mamografía cada año. La mamografía puede detectar el cáncer en sus primeras etapas, cuando hay más opciones de tratamiento. ¡Hágalo por usted y su familia!

## What to expect...

- Each breast is firmly pressed to allow x-rays to be taken.
- You may feel slight discomfort, so don't schedule a mammogram near your menstrual cycle, when breasts are more sensitive.



## Qué esperar...

- Se presiona cada seno con firmeza para tomar la radiografía.
- Puede ser que sienta algo de incomodidad, por eso no haga la cita del examen en los días cercanos a su regla, porque sus senos están más sensibles.



# Salud En Acción



Previniendo el Cancer en Hispanos / Preventing Cancer in Hispanics

## Tips to get ready for your mammogram

1. On the day of the exam, don't put any deodorant, perfume, powder, or other lotions on or around your breasts or underarms.
2. Wear clothes like a blouse or sweater with pants or a skirt.
3. Bring any information about other mammograms or breast treatment you've had.

Call now for your appointment at:  
383-1375 or 383-1376



## Consejos de preparación para su mamografía

1. El día del examen no use perfume, desodorante, talcos, o lociones en sus senos, axilas, ni a su alrededor.
2. Vaya con blusa o sweter y pantalones o falda.
3. Lleve cualquier información que tenga sobre otros mamogramas o tratamientos del seno que haya tenido.

Llame hoy mismo para su cita al teléfono:  
249-3983 (en español)



## June / Junio 20\_\_



Sun / Dom	Mon / Lun	Tue/Mar	Wed/Mie	Thu/Jue	Fri/Vie	Sat/Sab
				1	2	3
4	5	6	7	8	9	10
11	12	13	14  Día de la Bandera	15  Tiempo Libre	16	17
Día del padre	19	20	Primer día de verano	22	23  El Mundo	24
25  Univisión	26	27	28	29	30	



# Salud En Acción

Previniendo el Cáncer en Hispanos / Preventing Cancer in Hispanics



July / Julio 20\_\_

Las Vegas, Nevada

Vol. 3, No. 5

## The key is early detection

The key to fighting breast cancer is early detection, and mammography is the key to early detection.

“Breast cancer can happen to anyone. It doesn’t matter if cancer runs in your family or not,” said Letty Reyes, an elementary school teacher and breast cancer survivor.

“The good habit of getting my mammogram every year saved my life,” she said. Letty’s cancer was found early and she received the appropriate treatment.

Now as a survivor and *Salud En Acción* volunteer she shares with other women the importance of early detection through regular mammograms. Early detection can save your life!



Letty Reyes

## La clave es la detección temprana

La clave para luchar contra el cáncer del seno es la detección temprana y la mamografía es la clave para la detección temprana.

“El cáncer del seno puede sucederle a cualquiera. No importa que la enfermedad no esté en la familia”, dice Letty Reyes, maestra de una escuela elemental y sobreviviente de cáncer del seno.

“La buena costumbre de hacerme la mamografía todos los años salvó mi vida”, dice ella. A Letty le encontraron el cáncer a tiempo y pudo recibir el tratamiento adecuado.

Como sobreviviente de cáncer y voluntaria del programa *Salud En Acción*, ella comparte con otras mujeres la importancia de la detección temprana y de las mamografías anuales. ¡La mamografía puede salvar su vida!



### Mammogram Screening Guidelines

- Women 40 and older should have a mammogram every 1-2 years.
- Women with family history of breast cancer should talk with their doctor about whether to have mammograms before age 40 and how often to have them.

Call for your appointment today!



### Recomendaciones para la Mamografía

- Las mujeres de 40 años y más deben hacerse la mamografía cada 1-2 años.
- Las mujeres con historia familiar de cáncer de seno deben hablar con su doctor para saber si necesitan tener mamografías antes de los 40 años y con qué frecuencia.

¡Llame y pida su cita hoy!



# Salud En Acción



Previniendo el Cáncer en Hispanos / Preventing Cancer in Hispanics

## Four steps for getting a mammogram

1. Call and make an appointment
2. Mark it on your calendar
3. Make necessary arrangements
4. Keep your appointment



## Cuatro pasos para la mamografía

1. Llame y haga una cita
2. Marque la cita en su calendario
3. Haga los arreglos necesarios
4. No falte a su cita

*Early detection saves lives.  
Next can be yours!*



*La detección temprana salva vidas.  
¡La próxima puede ser la suya!*



## July / Julio 20\_\_



Sun / Dom	Mon / Lun	Tue/Mar	Wed/Mie	Thu/Jue	Fri/Vie	Sat/Sab
1	2	3	4 Día de la Independencia	5 Univisión	6	7 El Mundo
8	9	10	11	12 Telemundo	13	14
15 Univisión	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				



# Salud En Acción

Previniendo el Cancer en Hispanos Preventing Cancer Hispanics



July / Julio 20\_\_

Las Vegas, Nevada

Vol.2, No. 5

## Spread the word about Pap smear

Those of you who have had a Pap test are off to a good start in caring for your health needs. After all, the Pap test is the best way to find cervical cancer early, when it is more treatable.

This is something that Maria Angeles Garcia learned over the past 21 years, and she gets tested every 3 years. "During this time I learned to keep my Pap test routine," she said.



Ma. Angeles García

"I remember how embarrassed and nervous I was in the beginning, but now I know that it is the best way to prevent cervical cancer. I want to share with all Hispanic women how important the Pap test is in caring for yourself and your future."

## Corra la voz sobre el examen Pap

Si ya se ha hecho el examen Pap (Papanicolaou), ¡felicitaciones! Es un buen comienzo para cuidar su salud. Después de todo, el examen Pap es la mejor manera de detectar el cáncer cervical en sus primeras etapas, cuando hay más opciones de tratamiento.

Esto es algo que Ma. Angeles aprendió en los últimos 21 años y por esto ella se hace su examen Pap regularmente. "He logrado mantener como parte de mi rutina, hacerme el examen Pap", dice ella.

"Recuerdo que al comienzo me daba vergüenza y muchos nervios, pero ahora sé que es la mejor manera de prevenir el cáncer cervical. Quiero compartir con todas las mujeres Hispanas lo importante que es el examen Pap para cuidar nuestra salud y nuestro futuro".



### Pap test screening guidelines

- All women 21 and older should have a Pap test every three years.
- If you are older than 65 with normal Pap results for several years, your doctor may tell you that you may stop having Pap tests.



### Recomendaciones para el examen Pap

- Toda las mujeres de 21 años en adelante deben hacerse el examen Pap cada tres años.
- Si usted es mayor de 65 años con resultados Pap normales por varios años, su doctor puede recomendarle dejar de hacerse el examen Pap.



# Salud En Acción

Previniendo el Cancer en Hispanos Preventing Cancer Hispanics



## Getting ready for a Pap test

- Do not douche or use vaginal creams for 48 hours before your Pap smear.
- Do not have sex 24 hours before your Pap smear.
- Make sure that you will not be having your period at the time of the test. Try to schedule your exam when you are mid-cycle, between 10-20 days after the first day of your last menstrual period.

Call now for your appointment at:  
383-1375 or 383-1376



## Preparándose para el examen Pap

- No use cremas o baños vaginales al menos 48 horas antes de su examen Pap.
- No tenga relaciones sexuales 24 horas antes del examen.
- Asegúrese que no tendrá la regla la fecha del examen Pap. Trate de hacer su cita cuando esté en la mitad de su ciclo, de 10 a 20 días desde el inicio de su regla.

Llame hoy mismo para su cita al teléfono:  
249-3983 (en español)



## July / Julio 20\_\_



Sun / Dom	Mon / Lun	Tue/Mar	Wed/Mie	Thu/Jue	Fri/Vie	Sat/Sab
						1
2	3	4 Día de la Independencia	5	6	7 Junta de voluntarias	8
9	10	11 Univisión	12	13 Tiempo Libre	14	15
16	17 Radio Romántica	18	19	20	21 El Mundo	22
23/30	24/31	25 Univisión	26	27	28	29



# Salud En Acción

Previniendo el Cancer en Hispanos / Preventing Cancer in Hispanics



February/Febrero 20 \_\_

Las Vegas, Nevada

Vol.2, No. 1

## Mammograms find breast cancer early Alicia

Valdez, 52, thought that doing regular breast self examination was enough to protect her from getting breast cancer. But in a meeting of *Salud En Acción* volunteers, she learned that a mammogram can find breast cancer at its earliest stage.

*Salud En Acción*, a program that encourages women to get tested for breast and cervical cancer, helped Alicia make an appointment for her first mammogram.

“Your life is more valuable than money,” says Alicia, who has three children and eight grandchildren. “If you don’t take care of your life, then you are wasting it.”



Alicia Valdez and grand-daughter Stephanie  
Alicia Valdez y su nieta Stephanie

## La mamografía detecta el cáncer del seno a tiempo

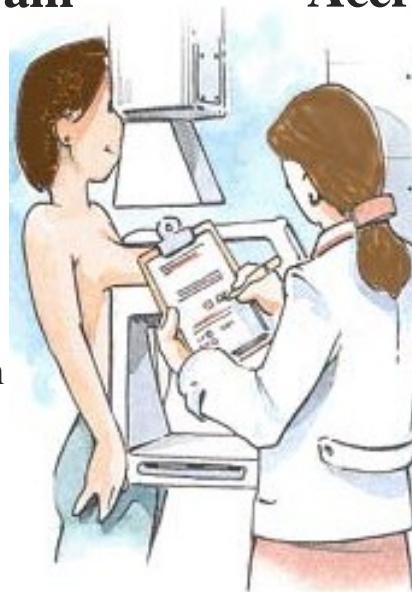
Alicia Valdez de 52 años, pensaba que con el autoexamen del seno, era suficiente para protegerse del cáncer del seno. Sin embargo, ella aprendió en la reunión de voluntarias de *Salud En Acción* que para tener mayor protección ella necesita una mamografía.

El programa *Salud En Acción* que motiva a las mujeres para que se hagan los exámenes de detección del cáncer del seno y cérvix, ayudó a Alicia para que se hiciera su primera mamografía.

“Tu vida es más valiosa que el dinero”, dice Alicia, quien tiene tres hijos y ocho nietos. “Si no cuidas tu vida la estás desperdiando”.

## About the Mammogram

- Mammography is an X-ray of your breast.
- It helps find breast lumps that may be cancer.
- It can find breast lumps before you or your doctor can feel them.



## Acerca de la Mamografía

- La mamografía es una radiografía de los senos.
- Puede detectar bolitas que pueden ser cáncer.
- Puede detectar bolitas en los senos antes de que usted o su doctor las pueda sentir o palpar.

*February is the month of love and friendship. Give a gift of health!*



*Febrero es el mes del amor y la amistad.  
¡Da un regalo de salud!*



# Salud En Acción

Previniendo el Cancer en Hispanos / Preventing Cancer in Hispanics



## Free screening days

On February 12, 13, 14 and 15, free mammograms and clinical breast examinations for women 40-50 years of age and free Pap smears for all women will be available from 9 a.m. to 3 p.m. at the following locations:

### February 12: EOB Fair

Economic Opportunity Board of Clark County  
Health Services Division  
5 Tonopah Ave., North Las Vegas

### February 13, 14 and 15: Mobile Unit Van

Clark County Health District Parking lot  
625 Shadow Lane

## Fecha de exámenes gratis

En Febrero 12, 13, 14 y 15, se harán mamografías y exámenes clínicos de los senos **gratis** a mujeres de 40-50 años y exámenes Pap **gratis** a todas las mujeres. El horario de atención es de 9 a.m. a 3 p.m. en los siguientes sitios:

### Febrero 12: Feria de Salud

Economic Opportunity Board of Clark County  
Health Services Division  
5 Tonopah Ave., North Las Vegas

### Febrero 13, 14 y 15: Unidad Móvil

Estacionamiento del Clark County Health  
District en 625 Shadow Lane



## February / Febrero 20 \_\_



Sun / Dom	Mon / Lun	Tue/Mar	Wed/Mie	Thu/Jue	Fri/Vie	Sat/Sab
			1	2	3	4
	6  La Super Q	7	8  Telemundo	9	10  Univisión	11  12 EOB Fair
13  Unidad Móvil	14  Día de San Valentín  Unidad Móvil	15  Unidad Móvil		16	17  Tiempo Libre	18
20  Día de los Presidentes	21	22	23	24	25  El Mundo	26
27	28	29				



# Salud En Acción

Previniendo el Cancer en Hispanos / Preventing Cancer in Hispanics



December / Diciembre 20\_\_

Las Vegas, Nevada

Vol.1, No. 2

## Friends help friends with cancer tests

Thirty years ago, a friend may have saved Joaquina Saavedra's life. Her best friend gave her information about the value of the Pap smear in finding cervical cancer early.

Finding cancer early is important because it helps doctors treat the disease and makes the chance of survival much better. Friends and family often play a strong role in spreading the word about how we can protect ourselves from cancer.

"I get my regular Pap smear because it gives me peace of mind," says Joaquina, 70. "This enables me to share my time with my children, grandchildren and friends."

As an active member in the Hispanics Center, she helps others understand how important cancer prevention is. And she's sharing the gift her best friend shared with her 30 years ago.



Joaquina Saavedra

## Los amigos pueden salvarnos la vida

Hace treinta años, una amiga probablemente salvó la vida de Joaquina Saavedra, al darle información acerca de lo valioso que es hacerse el examen Pap para la detección temprana del cáncer de cerviz.

Detectar el cáncer en sus primeras etapas es importante porque ayuda al doctor a tratar la enfermedad a tiempo cuando las probabilidades de supervivencia son mayores.

"Yo me hago el examen Pap regularmente porque me da tranquilidad saber que estoy bien", dice Joaquina de 70 años. "Estando sana puedo

compartir mi vida con mis hijos, nietos y amigos".

Joaquina participa activamente en el Centro Hispano y ayuda a otros a entender lo importante que es la prevención del cáncer. De esta manera ella comparte con los demás el regalo que recibió de su amiga hace treinta años.

## If you are 50 and over

- You need a mammogram done every year
- You need a Pap smear done every three years



## Si usted tiene 50 años o más

- Necesita un mamograma cada año
- Necesita un Pap smear cada tres años

*Cancer screening saves lives!*

*¡Los exámenes del cáncer salvan vidas!*



# Salud En Acción

Previniendo el Cancer en Hispanos / Preventing Cancer in Hispanics



## To make an appointment

- Call the Family Planning Clinics between 8 a.m. and 2 p.m. at:  
**383-1376 or 249-3983** Tuesdays or  
**732-8776** Thursdays.

On those days a bilingual staff member will answer your questions.



- Also talk to a *Salud En Acción* volunteer. She can help you make an appointment.

## Para hacer una cita

- Para una cita en español llame los martes al:

Main Health District  
625 Shadow Lane  
Teléfonos: **383-1376 ó 249-3983**

North Las Vegas Public Center  
3662 Civic Center Dr. Suite # A  
Teléfono: **642-3525**

- O llame los jueves al:

Cambridge Community Outreach Center  
3827 South Maryland Parkway  
Teléfono: **732-8776**

INSTITUTE FOR HEALTH  
PROMOTION RESEARCH  
UT HEALTH  
SCIENCE CENTER®  
WE MAKE LIVES BETTER



## December/Diciembre 20



Sun / Dom	Mon / Lun	Tue/Mar	Wed/Mie	Thu/Jue	Fri/Vie	Sat/Sab
				1  Citas en español		3 4
5	6  Citas en español	7	8  Citas en español	9	10	11
12	13  Citas en español	14	15  Citas en español	16	17	18
19	20  Citas en español	21	22  Citas en español	23	24	25  Navidad
26	27  Citas en español	28	29  Citas en español	30	31  Fin de año	



# Salud En Acción

Previniendo el Cancer en Hispanos / Preventing Cancer in Hispanics



April / Abril 20\_\_

Las Vegas, Nevada

Vol.2, No. 3

## Regular Pap smears help prevent cancer

Cervical cancer claims the lives of Hispanics twice as often as other women. That's why Maria Elisa gets a Pap test every year.

Regular Pap tests can find cervical cancer at very early stages and increase your chances of survival. This is something Maria Elisa, 50, learned as a teenager from her mother and recently confirmed through the *Salud En Acción* program.

"I grew up knowing that getting a regular Pap helps me keep from getting cancer," she says. "I've learned that my life depends only on me and how I care for myself."

Maria Elisa, who has worked in the medical field, is a volunteer in *Salud En Acción*, where she wants to share the information her mother gave her as a gift of life.



*Maria Elisa*

## Exámenes Pap ayudan a prevenir el cáncer

El cáncer cervical toma la vida de las Hispanas dos veces más a menudo que la de otras mujeres. Por esta razón María Elisa se hace el examen Pap cada año.

El examen regular del Pap puede detectar el cáncer cervical en sus primeras etapas, cuando las posibilidades de sobrevivir son mayores. Esto es algo que María Elisa, de 52 años, aprendió de su mamá, desde su adolescencia y que hace poco confirmó a través del Programa *Salud En Acción*.

"Aprendí que al hacerme el examen Pap regularmente puedo prevenir el cáncer cervical", dice María Elisa. "Sé que mi vida depende de mí y del cuidado que yo tenga de mí misma".

María Elisa es voluntaria de *Salud En Acción* y quiere compartir la información que su mamá le dio como un regalo de vida.

## What is a Pap test?

- A Pap test is a way to know if you have cervical cancer or some other problem.
- It is sometimes called Pap smear or Papanicolaou.
- The test is quick and painless.
- It can be done in the doctor's office.



## ¿Qué es el examen Pap?

- El examen Pap es una forma de saber si tiene cáncer cervical o algún otro problema.
- Se conoce también con el nombre de Papanicolaou.
- El examen es rápido y sin dolor.
- Se puede hacer en el consultorio del doctor.

*Call for an appointment today.*

*Llame hoy y pida una cita.*



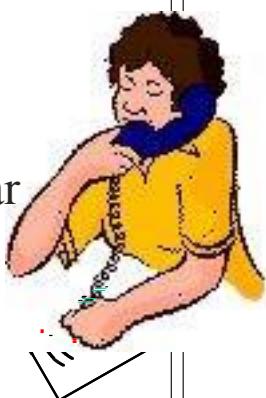
# Salud En Acción

Previniendo el Cancer en Hispanos / Preventing Cancer in Hispanics



## 4 easy steps to getting a screening exam

1. Call for an appointment
2. Mark it on your calendar
3. Make necessary arrangements
4. Keep your appointment

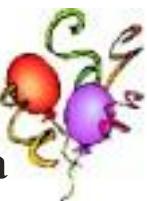


## 4 pasos fáciles para un examen de detección

1. Llame y haga su cita
2. Marque la cita en su calendario
3. Haga los arreglos necesarios
4. No falte a su cita



### April 4th Program Kick-Off / Lanzamiento del Programa Salud En Acción



## April / Abril 20\_\_



Sun / Dom	Mon / Lun	Tue/Mar	Wed/Mie	Thu/Jue	Fri/Vie	Sat/Sab
						1
2 Cambio de horario	3	4 Inauguración Salud En Acción	5	6	7	8
9	10	11	12	13 Tiempo Libre	14	15
16 Domingo de Ramos	17	18	19	20 Jueves Santo	21 Viernes Santo El Mundo	22 Sábado de Gloria
23/30 Domingo de Pascua	24/31 Univisión	25	26 Día de la Secretaria	27	28	29

## Newspaper Article Sample

# Make test a yearly ritual

Mothers watch over the health of other family members. But Mother's Day is a good time to remember that mom's health is important too.

"I take care of myself for my family's sake. I don't want to burden them with a disease," said Yolanda Quintero, 48.

She enjoys life with her 10-year-old daughter, Nidia. But their future might not have been happy if Quintero hadn't gone for a check-up.

Quintero had a Pap test because she was having menstrual problems. The test results were abnormal and the doctor recommended an operation to avoid more problems, including cervical cancer.

"When they operated, I thanked God for helping me avoid serious disease so I can stay by my family's side," Quintero said.

"Women should have the exam to avoid major problems. Don't be afraid. The exams don't hurt and they are very easy."

Cervical cancer is one of the most common cancers in women. But it is easily cured if discovered in the earliest stages. The National Cancer Institute recommends that women ages 21-65 get a Pap test every three years.

It is easy to put off or forget routine, but important, health tests. Some women remember by having their Pap test about the same time every three years.

What is your own best "Pap Day?" The day before your birthday? The day after Mother's Day? Just before school vacation?

Where can you find low-cost Pap tests? The San Antonio Metropolitan Health District has a great deal for women. Its Women's Health Clinic now offers Pap tests

along with other services for \$5. Call 207-8840 for more information.

*A Su Salud En Acción, a project funded  
by the Centers for Disease Control and  
Prevention.*

## Community Resource List

## **COMMUNITY RESOURCES**

### **Agencies & Civic Organizations**

- Local, state, regional, Federal health and social services agencies
- Volunteer agencies (e.g., American Cancer Society, United Way)
- Nonprofit organizations (e.g., migrant health services, American Association for Retired Persons, YWCA)
- Civic groups (e.g., Lions, Junior League)

### **Business**

- Retailers (e.g., grocery stores/chains, pharmacies)
- Services (e.g., law firms, business consultants, ad and PR agencies)
- Shopping centers and malls
- Retail associations
- Chambers of Commerce
- Insurance companies
- HMO's
- Work site health programs

### **Cultural & Geographic**

- Cultural organizations
- Community organizations
- Race/ethnic groups
- Neighborhood organizations
- Special interest groups

### **Education**

- Schools (e.g., primary, secondary, private)
- Adult education centers
- Colleges and universities
- Community colleges
- School districts
- Schools of medicine, nursing, allied health
- Literacy centers

### **Government/Public Advocacy**

- City/State Health Departments
- Department of Health & Human Services
- City Council
- County Commissioners
- Legislative representatives
- Political action groups (community groups and local offices of state and county groups)
- Mayor's Office
- City Hall
- County Courthouse

- Civil rights advocacy organizations
- Police and Fire Departments
- Extension services
- Public libraries
- Immigration services
- Union organizations
- Medicare and Medicaid

### **Health Care**

- Clinics
- Hospitals
- Private physicians
- Nurses
- Allied health personnel
- Associations of health professionals (e.g. Medical Society, Nurses associations)
- Social workers
- Home health care workers
- Federal health support programs (e.g., Headstart; Women, Infants and Children)
- Breast and Cervical Cancer Control Programs
- Mammography facilities
- Cultural/traditional health care workers (e.g., healers, herbalists, *curanderos*)
- National health institutions (e.g., National Cancer Institute, Centers for Disease Control and Prevention, National Institutes of Health)

### **Media**

- Newspapers
- Radio stations
- Television stations
- Magazines
- Newsletters

### **Religious**

- Churches, synagogues, temples
- Religious leaders (e.g., priests, rabbis, pastors)
- Religious councils
- Religious orders
- Church representatives (e.g., elders, deacons, lay leaders, parishioners)

### **Social Services**

- Housing authorities
- Tenant organizations
- Community centers/programs (e.g., senior health programs, nutrition programs)

## Sample Program Fact Sheet

## SAMPLE FACT SHEET

**Name of Program:** *Salud En Acción*

**Local Sponsor:** Clark County Health District, 627 Shadow Lane, Las Vegas

**Purpose:** To encourage low-income Hispanic women to increase their use of breast and cervical cancer screening services provided by the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The NBCCEDP is a federal program funded by the Centers for Disease Control and Prevention (CDC).

**Local Need:** Breast and cervical cancer screening services historically have been underutilized by poor Hispanic women, a rapidly growing segment of the U.S. population and in Las Vegas. When screening services are not used regularly, cancers are not detected as early. When cancers are detected early, the chances of survival increase and the cost of treatment can be less. This program is designed to increase screening participation by low-income Hispanic women, promoting awareness of these services in the community and reducing barriers to screening.

**Campaign Format:** The campaign recruits local peers who volunteer to promote the program among their family, friends, neighbors and co-workers. Campaign messages are provided in monthly bulletins distributed by those volunteers and in local mass media stories about actual community residents who have adopted positive screening behaviors.

### **Results to Date:**

- 75 volunteers distribute 1,000 bulletins each month
  - Screening rates have increased by 50% compared with rates before the program started.

Partners

- Clark County Health District
  - National Breast and Cervical Cancer Early Detection Program (NBCCEDP), Centers for Disease Control and Prevention (CDC).
  - Women's Health Connection (local office)
  - The Nevada State Health Department
  - (other local organizations)

## Contact Information:

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Name:

**Telephone number:**

**Fax number:**

**Address:**

E-mail address:

## **Focus Group Materials**

- Discussion Guide**
- Report Sample**
- Participant Demographic Form**  
**English/Spanish**
- Participant Consent Form**  
**English/Spanish**

# **Focus Group Discussion Guide**

**The NBCCEDPE *A Su Salud En Acción* Program**

***A Breast and Cervical Cancer Prevention and Control  
Intervention***

**Developed by the  
Institute for Health Promotion Research  
The University of Texas Health Science Center at San Antonio  
7411 John Smith Drive, Suite1000  
San Antonio, TX 78229  
210-562-6500**

Supported by Grant No. U57/CCU615140-02 of the Centers for Disease Control and Prevention

## ***BREAST AND CERVICAL CANCER FOCUS GROUPS DISCUSSION GUIDE***

### **Introductory Directions**

- Moderators introduce themselves.
- Thank you for your assistance. We are here today because we would like to hear your thoughts regarding women's health care needs. Specifically about breast and cervical cancer screening. Your participation is very important for us because you are representing your community.
- This type of meetings where a small group of people are brought together to explore a particular topic of interest is called a focus group. In a focus group, there are no right or wrong answers, only opinions. And, we are really interested in hearing from all of you.
- I would like to encourage you to listen and respond to each other as well as to me. You are basically the ones who are going to talk... I will just guide the discussion.
- Feel free to disagree with each other. If you disagree with something that someone says, tell us so and why. I would like to hear as many points of view as possible. Again, there are no right or wrong answers. We only ask that you speak one at a time, let others finish before you start.
- In the interest of time, so that we can cover all the areas of discussion, I may have to end a subject and start a new one. I know how important your time is and we don't want to keep you here too long. We do want to hear from everyone and get responses to all our questions.
- All the information that you are going to provide will be strictly confidential. However, if you agree, we would like to tape record our discussion so that it will help us remember what the group said later when we write our summary. Is it OK with all of you if we use a tape recorder? We will not share this recording with anyone else.

### **Warm Up**

- Personal Introductions: Now let's go around the room and have each of you tell us your first name and a sentence or two about yourself (for instance, your job, your family, how long you have lived in the community, what you hope to get out of the meeting today, how you feel about breast and cervical cancer education, etc.).

1) **CONCEPT OF GENERAL HEALTH**

- a) **What are the health problems that concern you most?**
- b) **What kind of things do you usually do to take care of your health?**  
*(Listen for whether or not participants are “prevention oriented.” Note differences between adherers and non-adherers)*
- Diet
  - Vitamins
  - Exercise
  - Physical exams
  - Seatbelts
  - Regular checkups
- c) **Are there any type of medical tests you get from your doctor or clinic to make sure you are healthy?**
- Cholesterol testing
  - Mammograms
  - Pap smears
- d) **Are there any other tests that some women get to protect their health?**
- e) **In an examination, does your doctor or nurse examine your breasts? (how often?)**
- f) **Where do you go for health care treatment or advice and who do you see there?**
- Neighborhood clinics
  - Hospital emergency rooms
  - Hospital ambulatory care
  - Physician in private practice

Probe:

- Is this the same person you usually see?
- How do you get there?

- g) **Who do you turn to for help or advice with a health problem?**

**h) Where do you get information about health that you trust?**

Probe:

- Doctors and nurses
- Magazines, which ones?
- TV, which shows or commercials?
- Radio, which programs?
- Newspapers, which ones?
- Health fairs
- Friends
- Other, specify....

**i) Who makes the medical decisions in your family?**

Probe:

- 1) Yourself
- 2) Spouse
- 3) Children
- 4) Parents
- 5) Other

**j) Whose advice is most likely to make you change how you take care of yourself?**

**2) CANCER**

*Some of you mentioned cancer as a health concern. (Or, no one mentioned .... Is cancer something you worry about?)*

**a) What comes to mind when you hear the word “cancer”?**

**b) Do you think people worry about cancer? Why?**

**c) What do you think happens to a person that gets cancer?**

- d) Do you think that most people who get cancer are going to die from it?
  - e) Is there anything people can do to improve their chances of surviving cancer?
  - f) What do you think people can do to protect themselves from cancer?  
If nothing why?
- 3) **BREAST CANCER**
- Now I would like to talk about breast cancer.*
- a) Is breast cancer something that are you worried about? Why?
  - b) What do you think causes breast cancer?
  - c) Is there anything that makes you feel more likely to get breast cancer? Why?  
Please describe these feelings and thoughts.
  - d) What do you think are the best ways to find out if a woman has breast cancer?

Probe:

- Mammograms
- Breast self-examination
- Clinical breast exam by doctor or nurse

- e) Are some better than others? Why?
- f) What do you think happens to a woman who gets breast cancer?
- g) How could a woman improve her chances to be cured?

#### **4) KNOWLEDGE AND PERCEPTIONS OF MAMMOGRAMS**

*I would like to talk for a moment about mammograms.*

- h) Do you know what a mammogram is and how it is done?**
- i) How did you learn about it?**
- j) Let's pretend that I have never heard of a mammogram. What is it? Can anyone describe it?**
- k) Why should I get a mammogram?**
- l) Who needs to get a mammogram?**
- m) When should I have my first mammogram?**
- n) How often should I get a mammogram?**

**5) PERCEIVED BENEFITS AND BARRIERS**

**o) Why do you think some women do not go for mammograms?**

Probe:

- Cost
- Embarrassment
- Fear (*fear of what? ... let's explore this a little more*)
  - Fear of discomfort
  - Fear of finding cancer
  - Fear of radiation
  - Fear of the costs involved in cancer care
- Do not think is important
- No time
- Does not want to take time off from work
- Child care problems
- Lack of family/social support
- Lack of transportation
- Doctor has not recommended
- Lengthy waits to get one
- Do not need one
- Too far
- Other

**p) Some of you mentioned fear of finding cancer.... Do you think that finding cancer early help? Why?**

**q) How many of you have never had a mammogram? Has anyone suggested that you have one? Who?**

**r) Why have you not gone for a mammogram?**

**s) Are there other reasons that you can think of why some women do not go for their mammogram?**

**t) For those of you who have had a mammogram... are there some reasons why you almost decided not to have a mammogram? List reasons...**

- u) Why did you go for a mammogram? According to answers ask the never-had's, for example: Did your doctor or nurse ever recommend that you get a mammogram? Or Did you ever see that program or ad?**
  - v) How many mammograms have you had?**
  - w) How did you get the results? Did you understand them?**
  - x) Was there anything about the experience that influenced you not to go back for another mammogram?**

## 6) CERVICAL CANCER

## *Now I would like to talk about cervical cancer*

- a) Is cervical cancer something that are you worried about? Why?
  - b) What do you think causes cervical cancer?
  - c) Is there anything that makes you feel more likely to get cervical cancer?  
Please describe these feelings and thoughts.
  - d) What is the best way to detect/find out if a woman has cervical cancer?
  - e) What do you think happens to a woman who gets cervical cancer?
  - f) How could a woman improve her chances to be cured?

**7) KNOWLEDGE AND PERCEPTIONS OF PAP SMEAR**

- a) Do you know what a Pap smear is and how it is done?**
- b) How did you learn about it?**
- c) Let's pretend that I have never heard of a Pap smear. What is it? Can anyone describe it?**
- d) Why should I get a Pap smear?**
- e) Who needs to get a Pap smear?**
- f) When should I have my first Pap smear?**
- g) How often should I get a Pap smear?**

**8) PERCEIVED BENEFITS AND BARRIERS**

- a) Why do you think some women do not go for Pap smears?**

Probe:

- Cost
- Embarrassment
- Fear (*fear of what? ... let's explore this a little more*)
  - Fear of discomfort
  - Fear of finding cancer
  - Fear of the costs involved in cancer care
- Do not think it is important.
- No time
- Does not want to take time off from work
- Child care problems
- Lack of transportation
- Lack of family/social support
- Doctor has not recommended

- Do not need one
  - Lengthy waits to get one
  - Too far
  - Other
- a) **How many of you have had a Pap smear in the past three years? Why did you get one? Someone suggested that you have one? Who?**
- b) **What are some reasons to have a Pap smear? Make a List.**

9) **MEDIA USE AND HABITS**

- a) **Do you prefer to get your news information in English or Spanish?**
- b) **What sources do you get most of your news information from?**
  - -TV
  - -Radio
  - -Newspaper

*Prioritize those stations or publications from the most popular to least popular*

- c) **Are there particular media personalities or programs or columns that you look to for news? Ask for each media and request names of individuals, programs or bylines)**
- d) **Do you prefer to get your health information in English or Spanish?**
- e) **What sources do you get most of your health information from?**
  - -TV
  - -Radio
  - -Newspaper

*Prioritize those stations or publications from the most popular to least popular*

- f) **Are there particular media personalities or programs or columns that you look to for health information? (Ask for each media and request names of individuals, programs or bylines)**

## **10) STRATEGIES FOR PROMOTING MAMMOGRAMS AND PAP TESTS**

*Let's say that we want to launch a campaign to have more women getting Pap tests and mammograms and the tests will be free or at a low cost. All of you have been chosen as the committee to develop a plan to encourage and convince women like yourselves, (50 to 64 years) to have these tests.*

- a) If we were going to think about a campaign to promote Pap tests and mammograms, what would it be like?**
  
- b) What would be the most effective way to let the women know about this program?**
  

Probe:

  - Brochures
  - TV (what programs... which celebrities?)
  - Radio (what programs?)
  - Newspapers (which ones?)
  - Community organizations, Churches, Community Centers (which ones?)
  - How would you work through such organizations?
  - Volunteers/*Promotoras*?

- c) What message would you tell woman in order to convince them it is important to have a Pap smear? A mammogram? (simple points to include)**
  
- d) How would you communicate “Pap smear” to these women who may be unfamiliar with the term? How would you describe it simply in a way they can understand?**
  
- e) How would you communicate “Mammogram” to these women who may be unfamiliar with the term? How would you describe it simply in a way they can understand?**
  
- f) How could we make getting the Pap smears as simple as possible for the women? How could we make getting the mammograms as simple as possible for the women? Where should they be offered? What hours?**

- g) *Review the list of barriers made earlier and if there is any that was not mentioned before when talking about mammograms ask.. In our campaign, what can we do to overcome.....?*

*Before we close, is there anything else you want to add to our discussion?*

*Thank you for participating!*

# **Focus Group Report**

**The NBCCEDPE *A Su Salud En Acción* Program**

***A Breast and Cervical Cancer Prevention and Control Intervention***

Developed by the  
Institute for Health Promotion Research  
The University of Texas Health Science Center at San Antonio  
**7411 John Smith Drive, Suite1000**  
**San Antonio, TX 78229**  
**210-562-6500**

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## **INTRODUCTION**

The findings outlined below are results from the two focus group discussions conducted in Laredo, Texas on September 18, 2012 at the Gateway Community Health Center. Because the responses were similar, results from both groups were combined. These focus groups were conducted as part of the *Salud En Acción* Program supported by the Centers for Disease Control and Prevention.

**Audience Demographics:** Nine Hispanic women, 50-64 years of age living in Laredo, Texas. Both groups consisted of Spanish-speaking women, mostly Mexican born, who have lived in the United States for several years.

### **1. GENERAL DISCUSSION OF HEALTH**

#### **■ Personal Health Concerns**

The participants expressed a wide variety of personal health concerns including cancer, arthritis, high blood pressure, diabetes, AIDS, cholesterol and allergies. Some of them have a personal experience with these diseases or have a relative/close friend been diagnosed with.

#### **■ What They Do for Their Health**

The majority of the women stated that in order to be healthy it's necessary to exercise, eat healthy and go for regular check-ups. However, only one woman reported that she goes every year for her cancer screening tests.

- *I go every year for my cancer check-ups.*
- *I try to eat healthy... more vegetables, fruits, chicken and less red meat.*
- *I walk a lot at work...*

#### **■ Medical Tests**

When asked about medical tests that were recommended by their doctor or clinic, some participants reported a variety of test including: blood tests for diabetes, cholesterol, anemia, Pap smear, eye tests, mammography and a general physical examination.

All women expressed that their doctor/nurse examined their breasts during their yearly physical exam. However, they did not identify it as a Clinical Breast Exam (CBS). Some of them also stated that they have just begun to have regular check-ups.

#### **■ Social Support**

When asked about who they trust the most when seeking health information, the majority of women agreed that they trusted in doctors first, and then medical personnel such as nurses or dietitians.

Most of the participants go to their local clinics (“*clínica del barrio*”) or the Gateway Community Center (“*la clínica Gateway*”) when they seek medical care.

When asked about who makes the medical decisions in their families, the majority expressed that they did.

- *As mothers, we usually do it....*
- *The woman is in charge of that.*

## 2. GENERAL PERCEPTION OF CANCER

Questions about cancer seemed to trigger strong reactions from the participants. They related the word cancer with death, suffering, pain and illness. Also the religious factor came out in some of their responses:

- *I say that God does whatever He wants to do...*
- *... you are going to die.*
- *There are medicines and everything but you will die.*

However, when asked about what happens to a person with cancer some women responded with less fatalistic points of view saying:

- *I don't think that everybody with cancer dies... if they find the cancer early they can do something...*
- *If they detect it early... that's why doctors recommend having screening tests... to know about it... to do something early...*

The majority of the respondents stated that in order to increase the chances of cancer survival it's important to have regular check-ups. Once again the religious aspect came out:

- *Having regular check-ups...*
- *First of all, you have to put yourself in God's hands and then in your doctor's... our Lord will guide him...*

## 3. BREAST CANCER

When asked if they worry about breast cancer most participants answered that they prefer not to think about it. They are afraid of the disease, and they believe that if they don't think (know) about it they are safe.

- *The truth is that I don't think about that.*
- *I think that it's not going to happen to me...*

They also agreed that in general women in their community don't worry about the disease either:

- *I live in Rio Bravo and my friends say that they don't worry about breast cancer because that does not run in their families.*

## ■ Perception of Breast Cancer Risk

There was not consensus on possible causes of breast cancer and some misconceptions were present. Some women expressed that they don't know anything about causes but they agreed with other's responses.

- *I don't know... maybe a blow or bruise...*
- *Maybe a tumor... if it does not drain it will become cancer...*
- *It happens when you don't breastfeed your children...*
- *I have no idea...*

## ■ Personal Susceptibility

All women without exception expressed that they don't feel more susceptible than others to get breast cancer. In fact, they reportedly believe they have a low probability of developing cancer compared to other women.

- *I think that I don't have a high risk of developing breast cancer.*
- *I think that I have a very low probability of cancer because I breastfed my children.*
- *Thanks God we don't get it.*

One woman related the disease to drinking and smoking behaviors.

- *I never have smoke or drink in my life and I eat well... I don't think that I am at risk.*

## ■ Breast Cancer Exams

When asked about the best methods of detecting cancer they identify only mammography and they agreed that this is the best exam to detect cancer early. When probed for breast self exam (BSE) some women reported that they performed it but they were not very convincing. Some women expressed that they don't feel comfortable with it.

None of the women identified the CBE as a breast cancer test; even though all of them said previously that their doctors examine their breast during their yearly physical exam.

When asked what they thought happened to a person who has breast cancer, they expressed:

- *It's a trauma...*
- *They have to cut you... your breast...*
- *Some women survive if they find the cancer early.*
- *Depends on the type of cancer... I think...*
- *A woman in my neighborhood died because she was too embarrassed to get examined.*

## 4. MAMMOGRAPHY

### ■ Knowledge and Perception

Two women had never had mammography screening but they have an appointment already for the exam. Most women reported that they know about the exam because their doctor or nurses recommended it. Some of the participants stated that they knew about the exam through a TV program and a brochure at the clinic. All respondents agreed that nobody explain to them about how the exam is performed.

When asked about how they would explain the exam to other women, some women included pain within the information. All women expressed that they had felt better if they had known more about the exam and how it is done.

The participant did not have a clear knowledge about screening guidelines, and some of them expressed confusion about it.

- *You should have a mammogram if you have problems...*
- *Now younger women need one too.... Maybe since their first period...*
- *Yes... all women need a mammogram since age 18.*
- *I think that all women 30 years and older should get one.*
- *Now I am confused... I just began two years ago to have my mammogram.*

### ■ Perceived Benefits and Barriers

Most participants felt that many women do not go for their mammograms because they are afraid to know they have cancer, the cost is too high, embarrassment, they don't feel sick, it's not important for them, they are afraid of the pain caused by the exam and because of "desidia" (procrastination).

- *Many people are afraid to find out that they have cancer...*
- *They don't go because they are afraid of the pain... or they are embarrassed.*
- *You don't feel anything...so why do it?*

- *It is very expensive and we don't have money for that.*
- *They know about the exam but they let the time pass and do not go... "desidia"*

When probed for child care, distance, knowledge and service schedules, the majority agreed that child care and distance are not real barriers “if you want to do it”. Some women stated that service hours may be a problem for women who work. Some participants said that language sometimes is a barrier to seek health care services. “Sometimes it's difficult to understand doctors or they cannot understand you”. And some women don't have information about the exam.

As stated before, both groups were confused about the recommended age and frequency of the exam.

When asked if finding cancer early helps, all women agreed. However, some of them expressed that even though cancer is found early, some women are afraid of the treatment and refuse to have it.

- *Some women are embarrassed of the treatment... to think they are going to cut your breast... they are afraid of that.*
- *I have a friend who has breast cancer...they cut her breast... now she is afraid of chemotherapy and she doesn't want to go back...she does not want to loose her hair.*

When asked, those women that have had a mammogram, if there was anything about the experience that influenced them not to go back for another mammogram, the majority of women said no. However, some women expressed that pain and embarrassment are factors that make them think about it.

- *It's painful and they press my breast (apachurrar)...*
- *With fear or embarrassment but I go anyway...*

## ■ Strategies for Promotion of Mammograms

When asked about the most effective way to let women know about a breast cancer screening program the majority of participants agreed that TV is the media preferred for news and entertainment, followed by flyers and radio.

- *We prefer TV because of the novelas (soap operas)...*
- *TV is better... Lupita Echevarrya on the news... channel 27 we always watch her...*
- *A flyer but with some pictures a big letters... something that catch your attention...*
- *I have problems reading... so I just through the newspaper away...*
- *I cannot see small letters so I just read the headlines.*
- *We don't buy the newspaper.... We don't read it.*

All women expressed that they prefer to receive any information in Spanish. The majority doesn't speak or read English very well.

Some women said that churches are a good way to distribute information and reaching more people at the same time. However, sometimes it depends on the type of information you want to provide. They also think that using volunteers or personnel from the “*clinica*” would be a good way to distribute information within the community.

When asked what they would say to motivate women to go for screening they include:

- *Do it for yourself, for your family and for your life...*
- *I would say... I had that experience... it's something good for you... it does not take a lot of time.*
- *Don't be afraid, I had one; doctors and nurses are kind...*
- *It is something very important for your health....*
- *It's free... or it's a low cost exam....*

They also expressed that providing information about cost, addresses, hours, the exam and the importance/benefits of early detection would help to motivate other women get screened.

## 5. CERVICAL CANCER

When asked if they worry about cervical cancer, some women expressed more concern about it than breast cancer. And some women stated that both are equally important.

- *I am very concern about cervical cancer because it is inside me... and breast cancer is outside... you can feel it... you can touch yourself...*
- *I think both are equally important...*

The same reactions and similar answers to those for breast cancer were provided. They are afraid of cancer in general and they prefer not to know about it.

### ■ Perception of Cancer Risk

All women in general expressed having no knowledge about possible causes and risks of cervical cancer. However some of them related the disease later to sexual behaviors.

- *I don't know but I want to know...*
- *I have no idea....*
- *Women who have multiple men in their lives ....*
- *Is it due to an untreated venereal disease? Or is it a virus?*

## ■ Personal Susceptibility

Once again, all women without exception stated that they don't feel at a higher risk of cervical cancer.

- *Women who have multiple sexual partners have a higher probability... but I have only one....*
- *I don't think I am at risk... it does not run in my family...*
- *I don't think about that...*

## 6. PAP SMEAR

### ■ Knowledge and Perception

The majority of participants identify the Pap smear as the best way to detect cervical cancer. However, they were not very familiar with the name.

- *The cancer test...*
- *How do you call it? Sometimes they say words that we don't understand...*
- *I prefer to call it the cancer test...*
- *There are many Mexican women that understand by Papanicolaou...*
- *I don't understand by that... maybe if you explain what it means...*

Respondents expressed again that some women die if they get cervical cancer but some don't if it is detected early.

- *I think it's the same as breast cancer... if detected early it can be cured.*
- *I don't know ... if someone gets cervical cancer she can be cured... right?*

When asked about how they learned about Pap smear, some women answered that their doctor recommended it or when they had their children they received the exam.

The women in both groups did not have a clear knowledge about screening age and frequency. Some of them had the exam only once in their lifetime or none. The more compliant women have had the exam only five times in their lifetime.

- *I don't know when you have to begin having cancer tests...*
- *I began when I was 30...*
- *I think it is only for married women... every year.*
- *But it does not have to do with sexuality right?*

- *Well, maybe only married women because we are the ones who.... Single women don't know anything about that...*
- *I think all women since they period begins...*
- *If you are single you cannot have that exam...*

## ■ Perceived Benefits and Barriers

Most participants felt that embarrassment is the main barrier that keeps women from getting a Pap smear. However other factors came up including fear of finding cancer, lack of family support and because some don't think it is important.

- *I think it is embarrassment... especially if it's a male doctor...*
- *If they are young and it's a male doctor it's too embarrassing...*
- *Fear of finding cancer...*
- *Some husbands don't let their wives go... they don't like that other men looks at their wives' private parts...*
- *They don't think it is important... and when they feel something it is too late...*

## ■ Strategies for Promotion of Pap Smear

In general, women from both groups expressed same or similar strategies, media preferences and media messages than those expressed when talking about breast cancer.

## 7. RECOMMENDATIONS

### ■ Perception of Breast and Cervical Cancer

- These participants need information to clarify misconception about the disease and its risk factors.
- Women in these groups need information to reinforce the fact that breast and cervical cancer can be treatable if found early. Women have a fatalistic perception of the disease. However some recognize the benefits of early detection and early treatment.
- Increased awareness of the importance and benefits of healthy lifestyles in cancer prevention is an important factor to encourage behavioral change among women in this age group.

### ■ Breast and Cervical Cancer Screening

Women in this age group need information that:

- Reinforces the benefits and importance of early detection for effective treatment and control.
- Illustrates or demonstrates how the procedures are conducted to enhance self-efficacy.
- Includes social support systems such as family and friends that facilitate the execution of the desired behavior.
- Includes specific information or examples about how to overcome major barriers that deter them from action.
- Provides information about low-cost services available in the community.
- Health care providers need to be aware of gaps in doctor-patient communications that affect women's screening behavior.
- Health care providers must realize that language barriers represent a real obstacle to medical care for Hispanic women.
- Messages to motivate action need to emphasize the importance of the woman as the center of the family and the need for her to stay healthy to fulfill her role.

## ■ Strategies for Screening Promotion

- Television, flyers and radio are the media recommended to reach this age group. It is important to have in mind that women have a low educational level and poor reading skills.
- Spanish is the language recommended for message delivery to this group.
- How-to information should be presented to facilitate and encourage action.
- Health information and recommendations should be provided by doctors and nurses. Hispanic women do not trust people who lack training in the health professions.
- Religion and spirituality could be used as a positive influence on women's health.
- Community/church-based organizations can be effective ways of reaching Hispanic women.
- Use of local Hispanic role models with backgrounds and characteristics similar to the target audience are recommended to reach the desired behavioral objective. This strategy provides the elements needed for observational learning, increases personal identification and chances of action, and reinforces self-efficacy, an important element in adoption of new behaviors.
- Use of common terms and language is important to improve comprehension and personal identification. For example, the term "*desidia*" was commonly used to mean carelessness, laziness and putting things off.

## **DEMOGRAPHIC INFORMATION FORM**

## **FORMA DE INFORMACION DEMOGRAFICA**

**INSTITUTE FOR HEALTH PROMOTION RESEARCH  
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO  
*A SU SALUD EN ACCIÓN PROGRAM***

**CONSENT FORM**

This meeting is part of the Breast and Cervical Cancer Prevention program that is being developed in your community by the Institute for Health Promotion Research. Its purpose is to have a better understanding of the community's knowledge, attitudes, beliefs and behaviors related to breast and cervical cancer. Your participation is very important in developing successful cancer prevention programs in your area. All the information will be kept confidential. If you agree to participate please sign the present form. Thank you very much for your help.

I do hereby authorize the Institute for Health Promotion Research, at the University of Texas Health Science Center at San Antonio, and those acting pursuant to its authority to write down and audio tape my responses and use my biographical information and comments without restriction or limitation for the purpose of the *A Su Salud En Acción* Program.

I understand that my participation is voluntary and that I may leave the meeting at any time.

---

Name

---

Signature

---

Witness

---

Witness

---

Date

**INSTITUTE FOR HEALTH PROMOTION RESEARCH  
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO  
A SU SALUD EN ACCIÓN PROGRAM**

**AUTORIZACIÓN**

Esta reunión forma parte del Programa de Prevención del Cáncer del Seno y Cérvix que está siendo desarrollado en la comunidad por el Institute for Health Promotion Research. El objetivo de la reunión es tener un mejor entendimiento de los conocimientos, actitudes, creencias y comportamientos que sobre el cáncer del seno y cérvix tienen las mujeres en la comunidad. Su participación es muy importante para el éxito de este programa de prevención a desarrollarse en su área.

Toda la información que nos proporcione será estrictamente confidencial. Si usted está de acuerdo en participar, por favor firme la presente autorización. Muchas gracias por su colaboración.

Yo autorizo al Institute for Health Promotion Research, del University of Texas Health Science Center at San Antonio, y a las personas que actúan bajo su autoridad para escribir y grabar mis respuestas y utilizar mi información biográfica y comentarios sin restricción alguna para los fines educativos y de investigación del Programa *A Su Salud En Acción*.

Yo entiendo que mi participación es voluntaria y que puedo abandonar la reunión a cualquier momento que lo desee.

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Nombre

---

Firma

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Testigo

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Testigo

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Fecha



## **Scripts**

- Approaching Potential Role Models**
- Approaching the Media**
- Recruiting Peer Networkers  
(Individuals)**
- Recruiting Peer Networkers  
(Organizations)**
- Distributing Materials (Easy)**
- Distributing Materials (Difficult)**
- Distributing Materials (Very Difficult)**

## Approaching Role Models

### Sample Script

(Scene: You're visiting a woman who lives in your neighborhood.)

**Networker:** Hi, Mrs. Sanchez, how are you today? And your family?

**Mrs. Sanchez:** Fine, thank you, and you?

**Networker:** I'm fine, thank you. Mrs. Sanchez, I'm working with a new program in our community called *Salud En Acción*. We're encouraging women to get mammograms and Pap smears on a regular basis. Are you familiar with these tests?

**Mrs. Sanchez:** Oh, sure.

**Networker:** Great! You know, the way the *Salud En Acción* program works is that we find women in the neighborhood just like yourself and we invite them to be role models for other women. We look for women who have either received a recent mammogram or Pap smear, or who are thinking about getting one. Are you in one of these categories?

**Mrs. Sanchez:** Oh, yes, my daughter took me to get a mammogram last summer.

**Networker:** That's wonderful! I'll bet doing that makes you feel good, doesn't it?

**Mrs. Sanchez:** Yes, they didn't find anything wrong. And that was good to know.

**Networker:** That's the kind of story that would be very helpful. Would you be interested in serving as a role model for other women in the community?

**Mrs. Sanchez:** I don't know. What would I have to do?

**Networker:** It's very easy, really. (Show her a copy of the bulletin.) We interview you and take your picture, then we write a short story for this bulletin that we hand out to women in the neighborhood. We also place stories in the newspaper and on TV and radio sometimes. Does this sound like something you would be interested in helping us with?

**Mrs. Sanchez:** I suppose I could do that.

**Networker:** Great!

(Option 1: Ask for information about how to contact her and tell her a staff member will call her later. Then close the conversation.)

(Option 2: Solicit more information: "Can you tell me just a little bit about why you decided to get the mammogram last summer?" Then ask for contact information and close the conversation.)

## Approaching Media Sample Script

**Media Producer:** Hi, I'm \_\_\_\_\_. Thank you very much for seeing me. I know you're extremely busy, so I'll be as brief as possible. I'm working with a new local program in our community that is encouraging underserved Hispanic women to get regular cancer tests. The program is called *Salud En Acción*. We're particularly interested in making sure women know how important it is to get mammograms and Pap smears on a regular basis.

**News Editor:** Do you have any written information on the program?

**Media Producer:** Yes, we do. Here's a sheet that provides an overview of the program. And I'll be happy to provide any other information you might need.

**News Editor:** Tell me a little about the program and how it works.

**Media Producer:** *Salud En Acción* is affiliated with the state and city health departments. The goal of the program is to increase the number of Hispanic women in the community who participate in screening with the Breast and Cervical Cancer Early Detection Program of the Centers for Disease Control and Prevention. Our target audience is Hispanic women between the ages of 50 and 64 whose incomes fall below the federal poverty level.

**News Editor:** Why are you targeting these women?

**Media Producer:** First of all, the Hispanic population is the fastest growing minority group in the country. And it's been found that Hispanic women have a lower rate of cancer screening. So the mortality rate for breast cancer is higher for Hispanics, and the prevalence of cervical cancer is 2 to 3 times higher for Hispanics than for non-Hispanic white women.

**News Editor:** What exactly are you looking for from our paper (or station)?

**Media Producer:** *Salud En Acción* tries to reach these women in two ways: 1) through a network of volunteers from the neighborhoods where the target audience lives, and 2) through the media. This is the part where we'd like to see if you can help the program.

**News Editor:** How would we be able to help?

**Media Producer:** We find role models – ordinary women from the neighborhood who are displaying positive behaviors with regard to cancer screening – and we tell their stories in our monthly bulletins. We would also like for people in the community to see their stories on TV. I'd like to discuss with you the possibility of developing an arrangement in which we will provide you with a story on a different person every month.

**News Editor:** I'm not sure I see how this would benefit us.

**Media Producer:** I think you'll find that this is a win-win situation. This would help us by reinforcing the messages we're providing to the Hispanic women in our audience through our volunteers and our monthly bulletin. And it would obviously show your strong community support, especially in the Hispanic community. Also, we would provide cross-promotion for your newspaper by notifying women in advance to be sure and watch the newspaper for these articles. So we could actually increase the paper's visibility and standing in these Hispanic neighborhoods.

**News Editor:** Why don't you let me look this over and talk with the Managing Editor about it?

**Media Producer:** That would be great. Can I go ahead and make an appointment to come back next week?

## Recruiting Peer Networkers – Individual Sample Script

(Scene: You're visiting a woman who is a member of the target audience.)

**Recruiter:** Hi, Mrs. Torres, how are you today? And your family?

**Mrs. Torres:** Fine, thank you, and you?

**Recruiter:** I'm fine, thank you. Mrs. Torres, I'm working with a new program in our community called *Salud En Acción* that is encouraging women like you and me to get their mammograms and Pap tests on a regular basis. Are you familiar with these tests?

**Mrs. Torres:** Yes, I am.

**Recruiter:** Great! You know, the *Salud En Acción* program needs more volunteers to help get the word out to women in the community. It takes some commitment and a little bit of time. (Show her a bulletin.) Have you seen one of these?

**Mrs. Torres:** No, I don't think so.

**Recruiter:** This is a bulletin we print, and we give them to the volunteers every month to pass out to friends and neighbors. As you can see, they have information about how to get tested and show how different women made the decision to get a mammogram or Pap smear. All together, each of the volunteers probably devotes maybe 6 or 8 hours each month. Does this sound like something you might be interested in helping with?

**Mrs. Torres:** Well, yes, I may be. What kind of training would I need?

**Recruiter:** It's really very simple. We have a short training class every month for new volunteers. We go over the program and talk about how it works. You know, this is a very good program because we use women in the community as role models, and we write about them in the bulletin and perhaps put their story in the newspaper or on TV. If a person has made the decision to get a mammogram or Pap smear or if she has gotten tested recently, then she might be a good role model to help get that message across to other women like herself.

**Mrs. Torres:** It sounds interesting. So what would I need to do to become a volunteer?

**Recruiter:** If you'll give me your phone number, I'll get back in touch with you today or tomorrow to let you know when our next training class is scheduled.

## Recruiting Peer Networkers – Company Sample Script

(Scene: You're visiting the owner of a company in your target audience neighborhood.)

**Recruiter:** Good morning, Mr. Garcia. I'm \_\_\_\_\_. I want to thank you very much for seeing me today.

**Mr. Garcia:** It's my pleasure.

**Recruiter:** As I told you over the phone, I'm working with a new program in our community called *Salud En Acción* that is encouraging women to get mammograms and Pap smears on a regular basis. And we're approaching different companies and businesses in the community to ask for their help with this effort.

**Mr. Garcia:** What is it you'd like from us?

**Recruiter:** Well, it's very simple really. The *Salud En Acción* program depends on volunteers to help get the word out to women in the community. We know that many of your employees live right here in the neighborhood, and we would like your assistance in spreading the word about our program and the fact that we're seeking volunteers.

**Mr. Garcia:** Can you give me some information about the program?

**Recruiter:** Sure. (Show him a bulletin) The way the program works is that we find women in the community who are already getting mammogram or Pap smear testing or who are thinking about it, and we present them as role models. We use their story and picture in this monthly information bulletin, and we often place their story in the newspaper or on TV. As you can see, the bulletin also contains information about where to go for testing and how to set up an appointment – that kind of thing. Then our volunteers hand these bulletins out each month to their neighbors and co-workers.

**Mr. Garcia:** Sounds like a very worthwhile program. What can we do to help?

**Recruiter:** Well, there are some different ways you might help us get the word out. The best thing would be if you could allow me to speak at a staff meeting – very briefly, of course.

**Mr. Garcia:** Most of our employees who live in the neighborhood are in the production department. I'll speak with the production manager and find out when the next team meeting is scheduled and see if that's a good time. I'll have to get back to you on that.

**Recruiter:** That would be great! Also, do you have a company newsletter where we can include a small item about the program?

**Mr. Garcia:** Why don't you write something up and send it to me. I'll see what I can do.

**Recruiter:** Wonderful! Thank you so much, Mr. Garcia. If it's OK, I'll call your secretary tomorrow to find out about the production department meeting.

## **Distributing Materials in Community (Easy)**

### **Sample Script**

(Scene: You're visiting a woman who lives in your neighborhood.)

**Networker:** Hi, Mrs. Vargas, how are you today? And your family?

**Mrs. Vargas:** Fine, thank you. And you?

**Networker:** I'm fine, thank you. You know, I'm helping with a new program in our community called *Salud En Acción* that encourages women like you and me to get our mammograms and Pap smears on a regular basis. Are you familiar with these tests?

**Mrs. Vargas:** Oh, sure.

**Networker:** Great! We're handing out this bulletin in the neighborhood. (Hand her the bulletin.) You see it has a story about a woman who lives here in the community who is getting tested to protect herself from cancer. She discusses how she decided to make an appointment to get a mammogram. Have you had a mammogram and a Pap test lately?

**Mrs. Vargas:** My doctor gave me a Pap test a few years ago.

**Networker:** You know, this woman in the story is just like most of us – she has a family who depends on her, and her health is very important to her. It makes you think about how important these tests are. Wouldn't you agree?

**Mrs. Vargas:** Oh, yes, my daughter has been telling me she'll take me for a mammogram if I'd like.

**Networker:** That's wonderful! Then maybe you'll be one of our role models – we'll be glad to talk to you about that. Also, you might enjoy helping the program by serving as a volunteer like me.

**Mrs. Vargas:** I might be interested. I'll think about it.

**Networker:** Great! Here, this bulletin is for you to keep. I hope you'll read the story, and it has a calendar on the back with useful information. Also, you'll find what number to call to set up an appointment and some other information I think you'll find very helpful. And I'll get back in touch with you soon.

## **Distributing Materials in Community (Difficult)**

### **Sample Script**

(Scene: You're visiting a woman who lives in your neighborhood.)

**Networker:** Hi, Mrs. De La Garza, how are you today? And your family?

**Mrs. De La Garza:** Fine, thank you. And you?

**Networker:** I'm fine, thank you. You know, I'm helping with a new program in our community called *Salud En Acción* that encourages women like you and me to get mammograms and Pap smears on a regular basis. Are you familiar with these tests?

**Mrs. De La Garza:** Not too much.

**Networker:** These are the tests that can help women find out if they have breast or cervical cancer.

**De La Garza:** I'm not sure I want to know. They can't do anything about it anyway.

**Networker:** Our program produces this bulletin each month to help women understand cancer better and to learn what they can do to protect themselves. (Hand her the bulletin.) You see it has a story about a woman who lives here in the community who is getting tested to protect herself from cancer. She discusses how she decided to make an appointment to get a mammogram. Have you ever had a mammogram, Mrs. De La Garza?

**De La Garza:** No. My sister had one and she said it hurt.

**Networker:** It's uncomfortable, but it only takes a few minutes. Getting a mammogram is very beneficial, because it could save your life. You know, this woman in the story is just like most of us – she has a family who depends on her and needs for her to stay healthy. It makes you think about how important these tests are. Wouldn't you agree?

**Mrs. De La Garza:** I don't know. I think it just depends on God's will for us.

**Networker:** Well, you can keep this bulletin. I hope you'll read the story and think about it. It also has other information I think you'll find very helpful. Thank you for talking with me and have a nice day, Mrs. De La Garza.

## **Distributing Materials in Community (Very Difficult)**

### **Sample Script**

(Scene: You're visiting a woman who lives in your neighborhood.)

**Networker:** Hi, Mrs. Reyna, how are you today? And your family?

**Mrs. De La Garza:** Well, right at the moment I'm very busy. I'm afraid you've caught me at a bad time. Is there something that you need?

**Networker:** I'll only take a moment of your time, Mrs. Reyna. I'm helping with a new program in our community called *Salud En Acción* that encourages women like you and me to get our mammograms and Pap smears on a regular basis. Are you familiar with these tests?

**Mrs. Reyna:** Actually, I'm cooking dinner and taking care of the children, and don't have time to discuss this right now.

**Networker:** I understand. I also have children. Please let me leave this bulletin with you. It provides some excellent health information and tells about a woman who lives here in the community who is getting tested to protect herself from cancer. (Hand her the bulletin.) Please look it over when you have a chance. And I'll come back another time when you're not so busy. Thank you for your time.

## **FOG Index Formula**

## THE ROBERT GUNNING FOG INDEX<sup>SM</sup> FORMULA

The Fog Index<sup>SM</sup> formula will measure the ease with which you can read a piece of copy. Here's how to do it:

1. Choose at random a medium-length paragraph (about 120 word will work the best).
2. Count the number of words in the sample.
3. Count the number of sentences in the sample.
4. Divide the word total (to obtain the average number of words per sentence).
5. Count each word of three or more syllables, except for the following---Don't count...
  - Words made by combining common short words, e.g., butterfly
  - Words that gained their third syllable by the addition of "ed" or "es"
  - Words that begin with a capital letter
  - The first word in any sentence
6. Once you have the polysyllable word count, add that number to the word average.
7. Multiply the total by 0.4.
8. The resulting number is your Fog Index number. The number corresponds with grade levels in school. For example, a "6" means a sixth-grader could understand. At the other end of the spectrum, a score such as "17" means only a graduate student could understand your copy. Business Week averages a "10." The Gettysburg Address has an index of "10." Time and Newsweek work out to about an "11."

**Note:** Most word processing software now has readability formulas built into the grammar check, which saves you from doing the math! This manual is about a "12."

**Source:** Adapted from Robert Gunning and Richard A. Kallan, *How to Take the Fog out of Business*, published by Dartnell, 1994. The Fog Index<sup>SM</sup> formula is a service mark licensed exclusively to RK Communication Consultants by D. and M. Mueller. Permission has been granted.

## **Pretesting Guidelines**



## **Pretest Guidelines**

A pretest is a systematic way to ask members of the different audiences that are to be reached how they perceive the material you are developing. A typical minimum requirement for an effective pretest is one focus group (1 to 3 hours long) with at least seven participants or seven individual interviews.

If your resources are limited, pretesting may be impractical for audio and video productions. Explore alternative ways to test the material with your intended audience to ensure comprehensibility and relevance. Perhaps your community contacts or volunteers can provide the needed feedback.

The interviewee or discussion group is shown a headline, proposed graphics, a draft text of every role model story, and other proposed elements of the final product. A variety of questions are asked to ascertain comprehensibility and personal reactions and to generate ideas for design and packaging by comparison with other existing materials.

### **Comprehensibility Check**

The interview/discussion centers around the participants' perceptions of the "main" idea as well as other messages the materials may convey. Questions may include:

- What is the message here?
- What is the main idea?
- What do you think this is trying to say?
- What do you see?
- What does this mean to you?
- Do you see anything else?

### **Personal Reactions**

For each major element of text (headline, caption, story) and each piece of artwork, these kinds of questions are asked:

- Is there anything offensive about this? Why? (How can we say it or show it better?)
- Do you believe this? Is it credible? Why/why not?
- Is there anything new here? (overall for each piece)
- Is this interesting? Why/why not?
- Is this of any personal interest to you? Why/why not?
- Does this suggest an action? What?
- Will the audience respond to this? Why/why not?
- Does this make you think about role-modeling yourself?
- How could we make this stronger, better, more effective, etc.?

## **Comparison Tests**

Three brief series of questions are used to compare the attractiveness, attention, and interest that is produced by different types of print materials to generate ideas for design and packaging and to guide final text and graphic design.

1. Comparison with **existing health information**: Several examples of existing materials are presented, along with your proposed mock-up of materials. These could include different types of brochures, flyers articles, comic-type materials, etc. The interviewees or discussion group participants are shown each item, with the mock-up for a comparison. The following questions may be asked:
  - Which of these is most interesting? Why/why not?
  - Which of these would you (audience) be most likely to pick up/read/watch/listen to? Why/why not?
2. Comparison with **popular print media**: Several examples of existing print media and other materials are presented. These may include newspapers, magazines, tabloids, calendars, comic books, posters, record labels, romance novels, etc. As noted above, these examples can be compared with your mock-ups to ascertain attractiveness and interest.
3. **Design/text alternatives**: At this point, pretest participants are shown the major alternatives of the materials you have developed as mock-ups. They are asked to state preferences with regard to the appearance of the materials and the names, titles, and captions. Specific options are compared, including project names, titles of material, artwork alternatives (e.g., different kinds of drawings or photographs), size and folding of paper, font size, colors, and layout options.

## **Media Agreement Sample**

## **Sample Media Agreement**

November 10, 20\_\_

Joe Garza  
Executive Producer  
KLTX-TV News  
P.O. Box 1  
5000 Laredo Blvd.  
San Antonio, TX 78200-0000

Dear Mr. Garza:

Thank you for meeting with us to discuss the upcoming *A Su Salud En Acción* series that will appear on the KLTX-TV News. We are delighted to have the opportunity to work with you on this project.

As a follow-up to our meeting, I wanted to outline my understanding of the terms that were agreed upon by both of us.

KLTX agrees to:

1. Assign Sylvia Gonzales to be the key anchor for the “To Your Health” series.
2. Work with *En Acción* staff to outline the series topics.
3. Run 24-30 weekly health stories for the “To Your Health” program to appear in the KLTX news segments.
4. Stories will be based on role models making specific lifestyle changes to improve their health and comments from medical experts.
5. Promote the “To Your Health” series through special promotions and teasers prior to November 30.
6. Identify a specific date and time for the series to appear on the news. Tuesday was mentioned as a possibility.
7. Executive Producer will work with *Salud En Acción* staff to finalize outlines of scripts, filming and editing schedules.
8. Provide *En Acción* staff access to editing equipment to log the videotape for each segment.
9. Provide the film crew and editing personnel for each segment.
10. Sylvia Gonzales will prepare final scripts based on information provided by *En Acción* staff.
11. Executive Producer will participate in monthly meetings with *Salud En Acción* staff to coordinate four “To Your Health” weekly segments at one time or more if needed.

Mr. Garza  
November 10, 20\_\_  
Page 2

The *En Acción* staff agrees to:

1. Identify role models for the health series.
2. Conduct preliminary interviews with role models.
3. Identify medical experts in the topic area being discussed.
4. Conduct preliminary interview with medical expert.
5. Develop health segment outline based on role model and health expert interviews.
6. Obtain approval of outline from KLTX Executive Producer.
7. Schedule filming of role models and medical experts based on the film crew's schedule that will be provided by the Executive Producer.
8. Confirm all scheduled filming.
9. Assist with filming when needed.
10. Log in all segments of the videotape.
11. Provide any assistance necessary to complete film segments.
12. Participate in monthly meetings with the Executive Producer to coordinate four weekly segments at one time or more if needed.

Joe, please review the above and let me know if I need to make any corrections. If you are in agreement, please sign and date the original and return to me. Enclosed is a copy of the letter for your files.

Again, thank you. We look forward to meeting with you on Monday to discuss the kick-off segment.

Sincerely,

Laura Cantu  
*Salud En Acción* Coordinator

I am in agreement with the above information and have indicated any changes in writing.

---

Joe Garza  
KLTX-TV Executive Producer

Date

## **Communication Plan: 12 Months**

## COMMUNICATION PLAN CONTENT OUTLINE

March to December 20\_\_

<b>Stage of Change</b>	<b>March</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>
<b>Pre-Contemplation (never)</b> <ul style="list-style-type: none"> <li>• No intention to change in near future</li> <li>• Unaware or under-aware of problem or risks</li> </ul>					
<b>Contemplation (someday)</b> <ul style="list-style-type: none"> <li>• Aware of the problem</li> <li>• Would consider changing behavior in the near future</li> <li>• No specific plans or commitment</li> </ul>	<b>Topic:</b> Awareness of benefits <b>Message:</b> Physician explains that mammograms detect lumps before you can feel it. <b>Role Model:</b> Woman who went for her first mammogram and a small lump was detected.				
<b>Ready for Action (soon)</b> <ul style="list-style-type: none"> <li>• Plan to take action in the next 30 days</li> <li>• Often unsuccessfully taken action in the past year</li> <li>• Often report some small behavior change</li> </ul>					
<b>Action (now)</b> <ul style="list-style-type: none"> <li>• Has already done the behavior but not consistently</li> <li>• Stage can last from 1 day to 6 months</li> </ul>		<b>Topic:</b> Cervical cancer can be prevented. <b>Message:</b> Pap smear detects pre-cancerous lesions. <b>Role Model:</b> Woman who is having her Pap to make sure she is fine.			<b>Topic:</b> Low cost mammograms. <b>Message:</b> Availability of low-cost screening in the community. <b>Role Model:</b> Woman who overcame cost barriers. Provide info on low-cost exams.
<b>Maintenance (forever)</b> <ul style="list-style-type: none"> <li>• New behavior has become part of self-concept</li> <li>• Perform the behavior regularly</li> </ul>			<b>Topic:</b> Mammogram guidelines. <b>Message:</b> Emphasize recommended frequency of mammograms. <b>Role Model:</b> Woman who has her mammogram every year, and the peace of mind she gets from knowing nothing is wrong.	<b>Topic:</b> Social support. <b>Message:</b> Support from family members (spouse, daughters, etc) for getting a regular Pap smear. <b>Role Model:</b> Woman who goes for regular Pap smear and is supported by her family. She is a role model and encouragement for her daughters. (Perhaps a role model is the family member: spouse, daughter)	

<b>Stage of Change</b>	<b>August</b>	<b>September</b>	<b>October</b>	<b>November</b>	<b>December</b>
<b>Pre-Contemplation (never)</b> <ul style="list-style-type: none"><li>• No intention to change in near future</li><li>• Unaware or under-aware of problem or risks</li></ul>					
<b>Contemplation (someday)</b> <ul style="list-style-type: none"><li>• Aware of the problem</li><li>• Would consider changing behavior in the near future</li><li>• No specific plans or commitment</li></ul>					
<b>Ready for Action (soon)</b> <ul style="list-style-type: none"><li>• Plan to take action in the next 30 days</li><li>• Often unsuccessfully taken action in the past year</li><li>• Often report some small behavior change</li></ul>		<b>Topic:</b> How to make an appointment (Pap & mammog.) <b>Message:</b> Describe how to make an appointment step by step (include the availability of bilingual speakers) <b>Role Model:</b> Woman explaining how she made her appointment step by step.			
<b>Action (now)</b> <ul style="list-style-type: none"><li>• Has already done the behavior but not consistently</li><li>• Stage can last from 1 day to 6 months</li></ul>			<b>Topic:</b> Breast cancer awareness month. <b>Message:</b> Reinforce self-efficacy emphasizing self-rewarding feelings for taking care of oneself. <b>Role Model:</b> Woman who has her mammogram done, and encourages other women to do the same.		<b>Topic:</b> Breast health. <b>Message:</b> Mammogram can save lives. <b>Role Model:</b> Woman who has begun to have her mammogram done every year. This is the season of joy and sharing. God gives us life and we have to take care of it. My family depends on me.
<b>Maintenance (forever)</b> <ul style="list-style-type: none"><li>• New behavior has become part of self-concept</li><li>• Perform the behavior regularly</li></ul>	<b>Topic:</b> Regular mammograms and Paps to assure women are healthy. <b>Message:</b> Importance of the woman as the center of the family and the need for her to stay healthy to fulfill her role. <b>Role Model:</b> Mother and wife who has her cancer checkups every year because she wants to stay healthy for her family.			<b>Topic:</b> Pap test. <b>Message:</b> Mother or relative died of cervical cancer because she never had a test. <b>Role Model:</b> Woman who has for regular Pap smears to ensure that nothing bad is going to happen, based on previous experience.	

# **Training Guidelines for Networkers**

## **NHLIC: *En Acción* Training Guidelines**

**(Anticipated time: About 1 hour)**

### **1. Introduction (Time: 3 minutes)**

### **2. Program Overview (Time: 5 minutes)**

- Members of the community will serve as role models and will promote positive health behaviors.
- Role model stories will appear in a variety of large and small media.
- Community network volunteers will promote the campaign through distribution of print materials and positive reinforcement through word-of-mouth.

### **3. Community Networker's Role and Activities (Time: 5 minutes)**

- Promote the NHLIC: *En Acción* campaign through small media distribution and interpersonal communication.
- Draw attention to NHLIC: *En Acción* media messages.
- Reinforce campaign media messages with those they contact.
- Identify new role models and new community network volunteers.
- Refer further questions to the NHLIC: *En Acción* office.

Optional:

- Provide information for annual community networker survey.
- Participate in periodic refresher sessions (bimonthly).

### **4. Communication Skills (Time: 5 minutes)**

- Start with those you know.
- Be positive.
- Be brief.
- Be courteous and respectful of cultural traditions.
- Use the content of brochures, videos, or tapes developed for the campaign as a source of health information.
- Refer all other questions to the NHLIC: *En Acción* staff.

Always avoid:

- Nagging or criticism.
- Moralistic attitudes.
- Prejudice.
- Conflict or controversy.

Be aware of:

- Nonverbal language.
- Difference between assertiveness and aggressive behavior.
- Real and perceived limitations or barriers confronting those you contact.

### **5. Network-community Interaction Role-Play (Time: 20-25 minutes)**

- Ideal interaction (without barriers).
  - Staff role-play
  - Networker role-play
- Problem interaction (with barriers).
  - Staff role-play
  - Networker role-play

Each role-play is followed by group feedback.

Role-play checklist: Did the trainee

- Identify self as a community network volunteer for NHLIC: *En Acción*?
- Describe NHLIC: *En Acción* as a cancer prevention program?
- Draw attention to the campaign and role model stories in the media?
- Use self as a role model to promote healthy behaviors?
- Support and encourage positive behaviors?
- Respect others' privacy, schedules, beliefs, limitations, and so forth>

#### **6. Project Communication (internal) (Time: 3 minutes)**

- Twice-monthly contact by NHLIC: *En Acción* staff members.
- Quarterly community networker newsletter.
- Optional bimonthly refresher sessions.
- Optional group social activities (picnic, awards dinner, community kickoff, health fairs, etc.)

#### **7. Conclusion (Time: 10 minutes)**

- Campaign's purpose.
- Role of community networker:
  - Give prompt attention to campaign and media
  - Express positive reinforcement during community contacts
  - Refer potential role models and new networkers to the project staff
  - Refer those with questions to the staff
- Opportunities for increasing knowledge about health topics through monthly information sessions, quarterly refreshers, community volunteer newsletters, group social activities, and so forth.

## **News Release Sample**

## SAMPLE NEWS RELEASE

January 10, 20\_\_

Contact: Linda Chavez  
(956) 555-1234

Healthway to Coordinate  
New Cancer Program

Healthway Community Medical Center, Inc., personnel are learning new techniques to combat breast and cervical cancer in Los Valles.

The University of Texas Health Science Center at San Antonio's Institute for Health Promotion Research (IHPR) is training personnel from Healthway to administer components of a nationally tested cancer research program titled *A Su Salud En Acción*.

The local initiative will promote breast and cervical cancer screening and early detection among women 50 years of age and older, a segment of the population at particularly high risk for these types of cancer.

Healthway will coordinate the new program, which was developed and tested in research projects among Hispanic populations in several cities around the country. The national *A Su Salud En Acción* program is coordinated by the University of Texas Health Science Center at San Antonio (UTHSCSA).

"This is a unique and exciting opportunity for us to apply a program that has proven highly successful in other largely Hispanic settings around the country," said Ruben Santos, chief operating officer of Healthway. "It will provide us with new tools and allow us to expand our current efforts to promote breast and cervical cancer awareness in this area."

-more-

New Cancer Program -- add one

The goal of the program is to increase the number of underserved Hispanic women who seek the services of the Breast and Cervical Cancer Early Detection Program of the Centers for Disease Control and Prevention (CDC).

Personnel from Healthway will launch program activities here in February. Those activities include identifying role models in the community and enlisting the aid of neighborhood volunteers and area media to spread their stories.

Amelie G. Ramirez, DrPH., director of IHPR, who is leading the local personnel training, notes that cancer screening services have historically been underutilized by Hispanic women.

"This program is designed to increase screening participation within this audience by promoting awareness of these services in the community and reducing the barriers to screening," said Dr. Ramirez, a professor of epidemiology and biostatistics at UTHSCSA.

*A Su Salud En Acción* was developed by Dr. Ramirez and colleagues for the National Cancer Institute's National Hispanic Leadership Initiative on Cancer (NHLIC). The NHLIC: *En Acción* program, initiated in 1992, has provided research data and cancer prevention and control activities among diverse U.S. Hispanic populations in Texas, California, Florida and New York.

The program was built upon principles of behavioral science initially researched in a smoking cessation study in Finland and later applied in studies among rural and urban Hispanics in Texas. The focus shifted to cancer prevention and control and, through NHLIC: *En Acción*, the model has been taken to a national level.

The *En Acción* study has addressed cancer risk factors among diverse Hispanic populations: Puerto Ricans in New York City, Cuban Americans in Miami, Central and South Americans in San Francisco, and Mexican Americans in San Diego, San Antonio and Brownsville.

The effort to carry the *A Su Salud En Acción* program to Los Valles and future sites is funded by the CDC. The Texas Department of Health is a partner in this campaign.

# **Appendix D: Reference Materials**

- D-1 Training Video Vignettes**
- D-2 Program Job Descriptions**
- D-3 Cervical Cancer Guidelines**
- D-4 Guidelines for Media Production: A Stages of Change Approach**
- D-5 Newsletter Production Calendar Sample**
- D-6 Newspaper Article Production Calendar Sample**
- D-7 Television Spot Production Calendar Sample**
- D-8 Schedule of Activities: Media, Community and General**
- D-9 Networker Take-Home Documents**
  - Mission and Commitment Statement (English/Spanish)
  - Project Overview (English/Spanish)
  - Breast Cancer Facts (English/Spanish)
  - Cervical Cancer Facts (English/Spanish)
  - Communication Tips (English/Spanish)
- D-10 Evaluating the Impact of Health Promotion Programs: Using the RE-AIM Framework**

D-1

D-2

D-3

D-4

D-5

D-6

D-7

D-8

D-9

D-10

## Training Video Vignettes

## Training Video Vignettes

No.	Title	Language	Time	Talent
1	News seg: Contemplation with RMs	English	3:35	Elia
2	News seg: Contemplation with RMs	Spanish	3:40	Elia
3	News seg: Ready for Action/Action with RM	English	2:00	Elia
4	News seg: Ready for Action/Action with RM	Spanish	2:00	Elia
5	News seg: Maintenance with RM	English	2:30	Elia
6	News seg: Maintenance with RM	Spanish	2:40	Elia
7	Approaching Organizations for Role Models	English	4:15	Irene
8	Approaching the Media	English	3:15	Virginia
9	Windshield Tour of the Community	English	3:30	Virginia
10	Recruiting Peer Networkers – Easy	English	1:45	Virginia
11	Recruiting Peer Networkers – Difficult	English	2:10	Virginia
12	Distributing Materials in Neighborhood – Easy	English	1:30	Volunteer
13	Distributing Materials in Neighborhood – Diff	English	1:45	Volunteer
14	Distributing Materials in Businesses	English	1:10	Volunteer
15	Conducting Peer Networker Meetings	Eng/Span	2:40	Irene
16	Distributing Materials in Neighborhood – Easy	English	1:30	Volunteer
17	Distributing Materials in Neighborhood – Easy	Spanish	1:40	Volunteer
18	Distributing Materials in Neighborhood – Diff	English	1:40	Volunteer
19	Distributing Materials in Neighborhood – Diff	Spanish	1:55	Volunteer
20	News seg: Contemplation with RM	English	3:35	Elia
21	News seg: Contemplation with RM	Spanish	3:35	Elia
22	News seg: Ready for Action/Action with RM	English	2:00	Elia
23	News seg: Ready for Action/Action with RM	Spanish	2:00	Elia
24	News seg: Maintenance with RM	English	2:30	Elia
25	News seg: Maintenance with RM	Spanish	2:40	Elia

## Program Job Descriptions

## **A Su Salud En Acción**

### **Title: Program Coordinator**

#### **Summary:**

- Responsible for oversight of all media and community program activities

#### **Prerequisites/Preferences:**

- Bilingual (speaks, writes and reads both English and Spanish), preferred
- Baccalaureate degree in health education, communication, public health or other health related field with 2-5 years experience in program development preferred
- Familiar with local services and all aspects of the program

#### **Responsibilities:**

- Organizes, collates and regularly reports all process data (e.g., staff time sheets, mileage sheets and other process data forms)
- Reports regularly to sponsoring organization

#### **Communication**

- Maintains regular contact/meetings with Community Network Coordinator and Media producer
- Maintains regular contact with sponsoring organization and technical support staff of BCM

#### **Job Training Requirements**

- Receives program training
- Monitors technical support activities

#### **Program Supervision and Support**

- Ensure all deadlines and goals are met
- Assists Community Network Coordinator and Media Producer to achieve program goals

## **A Su Salud En Acción**

### **Title: Media Producer**

#### **Summary:**

- Responsible for planning, coordination and implementation of all media production associated with the program (small media and mass media)

#### **Prerequisites/Preferences:**

- Bilingual (speaks, writes and reads both English and Spanish)
- Baccalaureate degree in health education, public health, broadcasting, journalism or other health related field with 2-5 years experience in program development
- Strong interpersonal communication skills
- Strong writing skills, background in journalism (must provide examples)
- Strong computer skills (i.e., Microsoft office products)
- Reliable, personal transportation
- Flexible work schedule (evenings & weekends)
- Highly motivated
- Able to work with minimal supervision

#### **Responsibilities:**

##### **Media Planning**

- Sets production goals and monitors scheduling of media topics and activities

##### **Administrative Reporting**

- Submits time sheets, mileage sheets, media logs, media samples and other completed forms as required
- Reports regularly to Program Coordinator

##### **Communication**

- Maintains relationships with the sponsoring organization and the NBCCCP manager to facilitate any media production needs
- Maintains relationships with local mass media to facilitate regular programming

- Maintains relationships with key personnel at health clinics and other service/health-related organizations with access to target population to identify potential role models, services distribution
- Participates in quarterly refresher meetings with networkers (program/information updates, set and review program goals, and to identify and resolve problems, identify role models)
- Confers/meets regularly with Program Coordinator by phone as needed
- Confers/meets regularly with Community Network Coordinator

### **Job Training Requirements**

- Receives program training
- Receives regular technical support

### **Media Production**

- Schedules all media topics (12 month schedules)
- Establishes long-term relationships with appropriate English and Spanish media sources to produce mass media programming
- Coordinates all mass media production activities (identifying role models to writing stories, photography, lay-out, editing, etc., depending on the parameters of the relationship established with mass media)
- Identifies, screens and interviews role models
- Writes role model stories
- Designs and prints small media products (newsletters, bulletins, etc.)
- Coordinates all small media printing and distribution with assistance from Community Network Coordinator

## **A Su Salud En Acción**

### **Title: Community Network Coordinator**

#### **Summary:**

- Responsible for the planning, coordination and implementation of the community network

#### **Prerequisites/Preferences:**

- Preferred: Hispanic female 25 years or older
- Bilingual (speaks, writes and reads both English and Spanish)
- Experience in public speaking
- Member of community and familiar with organizations, institutions, health care environment and local systems and services
- Reliable, personal transportation
- Flexible work schedule (evenings & weekends)
- Highly motivated
- Able to work with minimal supervision
- Preferred: Baccalaureate degree in health education, public health or other health related field with 2-5 years experience in program development

#### **Responsibilities:**

##### **General Tasks**

- Promotes the program to local individuals, groups, organizations and institutions
- Provides day to day management of all peer networkers and their activities

##### **Administrative Reporting**

- Collects and summarizes process data from peer networkers
- Regularly submits time sheets, mileage sheets and other process data forms to Program Coordinator as required
- Reports regularly to Program Coordinator

## **Planning and Program Development**

- Identifies geographic areas with a high concentration of Hispanics and prioritizes sites for outreach efforts (community mapping to id churches, small businesses, health services, clubs, programs, etc., with interest in NBCCCP screening services)
- Promotes the program throughout the community. Makes contact with at least \_\_\_\_ key community leaders per month who have access to the target population to promote the outreach program
- Identifies, recruits and organizes periodic meetings with the community advisory committee
- Assists in the organization and recruitment of focus groups

## **Peer Network Development**

- Recruits and trains peer networkers
- Recruits and maintains \_\_\_\_ networkers per geographic area
- Conducts periodic refresher meetings with peer networkers
- Collects community process data from peer networkers

## **Communication**

- Meets monthly with the sponsoring organization program representative to coordinate outreach activities and screening services
- Makes at least one contact monthly with all networkers to provide small media for community distribution
- Contacts key personnel at health clinics and other service/health-related organizations with access to target population to identify potential role models, status of services, or program materials distribution
- Offers regular (quarterly) refresher meetings with networkers (program/information updates, set and review program goals, and to identify and resolve problems, identify role models)
- Confers/meets regularly with Program Coordinator and Media Producer as needed

## **Job Training Requirements**

- Receives program training
- Receives regular technical support to all peer networkers
- Provides training

## **Media Production**

- Assists Media Producer in making contacts with Hispanic media sources to promote the program
- Assists Media Producer in identifying and screening role models
- Participates in mass media production as needed
- Oversees distribution of small media to networkers

## **Program Incentives**

- Identify appropriate incentives for networkers

## Cervical Cancer Guidelines

## Cervical Cancer Screening Guidelines for Average-Risk Women<sup>1</sup>

American Cancer Society (ACS), American Society for Colposcopy and Cervical Pathology (ASCCP), and American Society for Clinical Pathology (ASCP) <sup>2</sup> 2012		U.S. Preventive Services Task Force (USPSTF) <sup>3</sup> 2012	American College of Obstetricians and Gynecologists (ACOG) <sup>4</sup> 2012
<b>When to start screening<sup>5</sup></b>	Age 21. Women aged <21 years should not be screened regardless of the age of sexual initiation or other risk factors. ( <i>Strong recommendation</i> )	Age 21. ( <i>A recommendation</i> ) Recommend against screening women aged <21 years. ( <i>D recommendation</i> )	Age 21 regardless of the age of onset of sexual activity. Women aged <21 years should not be screened regardless of age at sexual initiation and other behavior-related risk factors. ( <i>Level A evidence</i> )
<b>Statement about annual screening</b>	Women of any age should not be screened annually by any screening method. ( <i>Strong recommendation</i> )	Individuals and clinicians can use the annual Pap test screening visit as an opportunity to discuss other health problems and preventive measures. Individuals, clinicians, and health systems should seek effective ways to facilitate the receipt of recommended preventive services at intervals that are beneficial to the patient. Efforts also should be made to ensure that individuals are able to seek care for additional health concerns as they present.	In women aged 30–65 years, annual cervical cancer screening should not be performed. ( <i>Level A evidence</i> ) Patients should be counseled that annual well-woman visits are recommended even if cervical cancer screening is not performed at each visit.
<b>Screening method and intervals<sup>6</sup></b>			
<b>Cytology</b> (conventional or liquid based)	21–29 years of age  30–65 years of age	Every 3 years. <sup>7</sup> ( <i>Strong recommendation</i> )  Every 3 years. <sup>7</sup> ( <i>Strong recommendation</i> )	Every 3 years. ( <i>A recommendation</i> )  Every 3 years. ( <i>A recommendation</i> )
<b>HPV co-test</b> (cytology + HPV test administered together)	21–29 years of age  30–65 years of age	HPV co-testing should not be used for women aged <30 years.  Every 5 years ( <i>Strong recommendation</i> ); this is the preferred method ( <i>Weak recommendation</i> ). <sup>9</sup>	Recommend against HPV co-testing women aged <30 years. ( <i>D recommendation</i> )  For women who want to extend their screening interval, HPV co-testing every 5 years is an option. ( <i>A recommendation</i> )
<b>Primary HPV testing<sup>9</sup></b>	For women aged 30–65 years, screening by HPV testing alone is not recommended in most clinical settings. ( <i>Weak recommendation</i> ) <sup>10</sup>	Recommend against screening for cervical cancer with HPV testing (alone or in combination with cytology) in women aged <30 years. ( <i>D recommendation</i> )	Every 5 years; this is the preferred method. ( <i>Level A evidence</i> )  Not addressed.
<b>When to stop screening</b>	Aged >65 years with adequate screening history. <sup>11,12</sup>	Aged >65 years with adequate screening history. ( <i>D recommendation</i> ) <sup>11</sup>	Aged >65 years with adequate screening history <sup>11,13</sup> ( <i>Level A evidence</i> )
<b>Screening post-hysterectomy</b>	Women who have had a total hysterectomy (removal of the uterus and cervix) should stop screening. <sup>14</sup> Women who have had a supra-cervical hysterectomy (cervix intact) should continue screening according to guidelines. ( <i>Strong recommendation</i> )	Recommend against screening in women who have had a hysterectomy (removal of the cervix). <sup>13</sup> ( <i>D recommendation</i> )	Women who have had a hysterectomy (removal of the cervix) should stop screening and not restart for any reason. <sup>13</sup> ( <i>Level A evidence</i> ) <sup>15</sup>
<b>The need for a bimanual pelvic exam</b>	Not addressed in 2012 guidelines but was addressed in 2002 ACS guidelines. <sup>16</sup>	Addressed in USPSTF ovarian cancer screening recommendations (draft). <sup>17</sup>	Addressed in 2012 well-woman visit recommendations. <sup>18</sup> <b>Aged &lt;21 years</b> , no evidence supports the routine internal examination of the healthy, asymptomatic patient. An “external-only” genital examination is acceptable. <b>Aged ≥21 years</b> , no evidence supports or refutes the annual pelvic examination or speculum and bimanual examination. The decision whether or not to perform a complete pelvic examination should be a shared decision after a discussion between the patient and her health care provider. Annual examination of the external genitalia should continue. <sup>19</sup>
<b>Screening among those immunized against HPV 16/18</b>	Women at any age with a history of HPV vaccination should be screened according to the age specific recommendations for the general population.	The possibility that vaccination might reduce the need for screening with cytology alone or in combination with HPV testing is not established. Given these uncertainties, women who have been vaccinated should continue to be screened.	Women who have received the HPV vaccine should be screened according to the same guidelines as women who have not been vaccinated. ( <i>Level C evidence</i> )

HPV = human papillomavirus; CIN = cervical intraepithelial neoplasia

<sup>1</sup> These recommendations do not apply to women who have received a diagnosis of a high-grade precancerous cervical lesion (CIN 2 or 3) or cervical cancer, women with in utero exposure to diethylstilbestrol, or women who are immunocompromised, or are HIV positive.

<sup>2</sup> Saslow D, Solomon D, Lawson HW, et al. American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology screening guidelines for the prevention and early detection of cervical cancer. CA Cancer J Clin. 2012 May-Jun;62(3):147-72. doi: 10.3322/caac.21139. Available at <http://www.cancer.org/Cancer/CervicalCancer/DetailedGuide/cervical-cancer-prevention>

<sup>3</sup> USPSTF. Screening for Cervical Cancer. 2012. Available at <http://www.uspreventiveservicestaskforce.org/uspstf11/cervcancer/cervcancerrs.htm>. These recommendations apply to women who have a cervix, regardless of sexual history.

<sup>4</sup> ACOG Practice Bulletin No. 131: Screening for Cervical Cancer. ACOG Committee on Practice Bulletins-Gynecology. *Obstet Gynecol*. 2012 Nov;120(5):1222-38. doi: <http://10.1097/AOG.0b013e318277c92a>

<sup>5</sup> Since cervical cancer is believed to be caused by sexually transmissible human papillomavirus infections, women who have not had sexual exposures (e.g., virgins) are likely at low risk. Women aged >21 years who have not engaged in sexual intercourse may not need a Pap test depending on circumstances. The decision should be made at the discretion of the women and her physician. Women who have had sex with women are still at risk of cervical cancer. 10-15% of women aged 21-24 years in the United States report no vaginal intercourse (Saraiya M, Martinez G, Glaser K, et al *Obstet Gynecol*. 2009 Dec;114(6):1213-9. doi: 10.1097/AOG.0b013e3181be3db4.). Providers should also be aware of instances of non-consensual sex among their patients.

<sup>6</sup> Conventional cytology and liquid-based cytology are equivalent regarding screening guidelines, and no distinction should be made by test when recommending next screening.

<sup>7</sup> There is insufficient evidence to support longer intervals in women aged 30-65 years, even with a screening history of consecutive negative cytology tests.

<sup>8</sup> All ACOG references to HPV testing are for high risk HPV testing only. Tests for low risk HPV should not be performed.

<sup>9</sup> Primary HPV testing (HPV testing alone) is defined as conducting the HPV test as the first screening test. It may be followed by other tests (like a Pap) for triage.

<sup>10</sup> No further explanation of which clinical settings HPV testing should be used to screen women aged 30-65 years as a stand alone test.

<sup>11</sup> Current guidelines define adequate screening as three consecutive negative cytology results or two consecutive negative co-tests within 10 years before cessation of screening, with the most recent test performed within 5 years, and are the same for ACS, ACOG, and USPSTF.

<sup>12</sup> Women aged >65 years with a history of CIN2, CIN3, or AIS should continue screening for at least 20 years after spontaneous regression or appropriate management. (Weak recommendation)

<sup>13</sup> And no history of CIN 2 or higher.

<sup>14</sup> Unless the hysterectomy was done as a treatment for cervical pre-cancer or cancer.

<sup>15</sup> Women should continue to be screened if they have had a total hysterectomy and have a history of CIN 2 or higher in the past 20 years or cervical cancer ever. Continued screening for 20 years is recommended in women who still have a cervix and a history of CIN 2 or higher. Therefore, screening with cytology alone every 3 years for 20 years after the initial post-treatment surveillance for women with a hysterectomy is reasonable. (Level B evidence)

<sup>16</sup> 2002 guidelines statement: The ACS and others should educate women, particularly teens and young women, that a pelvic exam does not equate to a cytology test and that women who may not need a cytology test still need regular health care visits including gynecologic care. Women should discuss the need for pelvic exams with their providers. Saslow D, Runowicz CD, Solomon D, et al. American Cancer Society Guideline for the Early Detection of Cervical Neoplasia and Cancer. CA Cancer J Clin 2002; 52: 342-362.

<sup>17</sup> The bimanual pelvic examination is usually conducted annually in part to screen for ovarian cancer, although its effectiveness and harms are not well known and were not a focus of this review. No randomized trial has assessed the role of the bimanual pelvic examination for cancer screening. In the PLCO Trial, bimanual examination was discontinued as a screening strategy in the intervention arm because no cases of ovarian cancer were detected solely by this method and a high proportion of women underwent bimanual examination with ovarian palpation in the usual care arm.

<sup>18</sup> ACOG Committee Opinion No. 534: Well-Woman Visit. Committee on Gynecologic Practice. *Obstet Gynecol*. 2012 Aug;120(2):1421-24. doi: 10.1097/AOG.0b013e3182680517.

<sup>19</sup> For women aged ≥21 years, annual pelvic examination is a routine part of preventive care even if they do not need cervical cytology screening, but also lacks data to support a specific time frame or frequency of such examinations. The decision to receive an internal examination can be left to the patient if she is asymptomatic and has undergone a total hysterectomy and bilateral salpingo-oophorectomy for benign indications, and is of average-risk.

## **Guidelines for Media Production: A Stages of Change Approach**

## **SALUD EN ACCIÓN PROGRAM**

### **GUIDELINES FOR MEDIA PRODUCTION**

#### **A Stages of Change Approach**

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The following pages contain a general description of the Stages of Change approach for developing specific communication messages to reach your target audience. This was based on the Prochaska and DiClemente Transtheoretical Model; CDC, NCI and ACS recommendations; literature review on Hispanic population barriers to screening; and the results from our own research.

Each stage of change is broken down by: main features, communication objectives and possible message points related to breast and cervical cancer.

The purpose is to guide you in producing your communication plan and help you select and develop role model stories. These guidelines present a few examples of possible campaign messages. You may follow these ideas or adapt them according to program demands and development.

The main element of the media component is the presentation of real stories by role models selected from the target community who are modeling the promoted behavior to induce imitation. The following are some points to take into consideration when writing role model stories:

- Role models should have the same demographic characteristics of the target audience.
- Look for role model characteristics that match the elements of your communication plan.
- Only one message should be presented and reinforced by related information.
- Follow the recommendations from focus groups conducted with the target community.
- Try to interview at least two role models per month. This will provide you with a basic inventory to meet your publication needs.
- One role model may be used more than once, presenting a different angle of the story (e.g. a different stage of change).
- A role model story should be about 100-150 words.
- The message should be short, clear and simple, using a writing level appropriate to the intended audience. A 5<sup>th</sup> grade level or lower is recommended.
- Photos or drawings should be included to support the message and provide more appeal.

In addition, we present a sample of the annual media production calendar for the *Salud En Acción* newsletter, including topics, messages and role model story ideas to guide you in the development of the program media component.

## STAGES OF CHANGE

### **PRE-CONTEMPLATION**

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**“Have not been thinking about it”**  
**“Never”**

#### **MAIN FEATURES:**

- No intention to change screening behaviors in near future (next 6 months)
- Limited or no awareness of risk, severity or personal susceptibility
- Lack of access to education information
- Denial and defensiveness may be used as an excuse not to change
- Lack of any recognized social support for behavior change

#### **MESSAGE OBJECTIVES TO GO FROM PRE-CONTEMPLATIVE TO CONTEMPLATIVE STAGE:**

- Increase awareness of the risks factors associated with BC and CC, potential severity, personal susceptibility, benefits and effectiveness of screening procedures, and importance of early detection.

#### **POTENTIAL MESSAGE POINTS:**

##### **Breast Cancer**

###### ***Awareness/Knowledge:***

- Breast cancer is the most common type of cancer among all women.
- Being a woman and getting older put you at an increased risk of developing breast cancer.
- All women are at risk for breast cancer even if they don't have a family history of the disease.
- Benefits of early detection include the possibility of having more treatment options and the increased likelihood of being cured.
- A mammogram is an X-ray of the breast. It can find breast cancer in its earliest stages, when a tumor may be as small as a pencil point.
- The National Cancer Institute and the American Cancer Society recommend mammograms every 1-2 years for women 50 years of age and older.

###### ***Social Support:***

- A friend or relative's experience with screening services may make women aware of the disease or be a source of related information.

##### **Cervical Cancer**

###### ***Awareness/Knowledge:***

- Nearly half of women who die from cervical cancer are over age 65. Older women at greatest risk are those who have not had regular Pap tests.

- Cervical cancer can be prevented through regular Pap smears.
- Benefits of early detection include the possibility of having more treatment options and the increased likelihood of being cured.
- A Pap smear (or Papanicolaou) is a simple procedure that can detect abnormal lesions before they become cancer.
- All women are at risk for cervical cancer even if they don't have a family history of the disease.
- Women 21-65 years should have a Pap smear test every three years.
- If women are older than 65 and have had normal Pap test results for several years, their doctor may tell them that they do not need to have a Pap test anymore.

***Social Support:***

- A friend or relative's experience with screening services may make women aware of the disease or be a source of related information.

**ROLE MODEL IDEAS:**

- A woman 40 years of age or over who has been screened for breast/cervical cancer
- A doctor giving information on screening guidelines for breast/cervical cancer
- A doctor providing information on:
  - breast/cervical cancer risk factors
  - benefits/effectiveness of screening test
  - importance of early detection

## STAGES OF CHANGE

### CONTEMPLATION

---

“Thinking about it”  
“Someday”

#### MAIN FEATURES:

- Increasing awareness of BC/CC risk and increasing interest in getting more information about it
- More aware of the benefits of adopting the new screening behaviors but also acutely aware of specific barriers
- Would consider changing breast and cervical cancer screening behavior in the near future (next 6 months)
- No specific plans or commitment to change screening behaviors
- May be influenced by others' experience, such as a friend with breast/cervical cancer or a *comadre* who has regular mammogram or Pap smear screening

#### MESSAGE OBJECTIVES TO GO FROM CONTEMPLATIVE TO PREPARATION STAGE:

- Increase knowledge about BC and CC screening and early detection benefits.
- Emphasize benefits of overcoming barriers (psychological, social, economic, environmental)
- Emphasize benefits of social support in seeking information and overcoming barriers.

#### POTENTIAL MESSAGE POINTS:

##### **Breast Cancer**

###### *Awareness/Knowledge*

- A mammogram is an X-ray of the breast. It can find breast cancer in its earliest stages, when the tumor may be as small as a pencil point.
- Mammography is the most effective way to find cancer at its earliest stages.
- The National Cancer Institute and the American Cancer Society recommend mammograms every 1-2 years for women 50 years of age and older.
- If cancer is not found early, it can grow and spread to other places in your body. When this occurs the disease is much harder to control.

###### *Benefits of Screening*

- Benefits of early detection include:
  - Peace of mind of having a normal result and knowing that you do not have the disease
  - If abnormality exists, the possibility of having more treatment options and the increased likelihood of being cured
- Mammography screening can find cancer early and save your life. This early detection of breast cancer provides higher chances of survival (97% survival rate) and better quality of life.
- A woman's health is very important. Your family depends on you. Regular mammograms will help keep you healthy.

### ***Barriers to Screening***

- Costs may be less than expected or variable depending on income level.
- Mammography is covered under Medicare.
- Insurance may cover some costs.
- Sliding fee scales may be available.
- Federal funds/programs may reduce or eliminate all/some costs.
- The mammogram can be a little uncomfortable but only takes a few minutes.
- There are bilingual female nurses and doctors and they are typically very nice and understanding.
- Knowledge is one of your best defenses against cancer. Be informed.

### ***Social Support***

- Personal story that makes women think about getting a mammogram in the coming year.
- A relative/friend that has her cancer screening every year or has begun to have it done.
- Friends, family, co-workers or neighbors can be good sources of information on BC.

## **Cervical Cancer**

### ***Awareness/Knowledge***

- Benefits of early detection include the possibility of having more treatment options and the increased likelihood of being cured.
- A Pap smear (or Papanicolaou) is a simple procedure that can detect abnormal lesions before they become cancer.
- Cervical cancer can be prevented through regular Pap smears.
- Women 21-65 years should have a Pap smear test every three years.
- If women are older than 65 and have had normal Pap test results for several years, their doctor may tell them that they do not need to have a Pap test anymore.

### ***Benefits of Screening***

- Benefits of early detection include:
  - Peace of mind of having a normal result and knowing that you do not have the disease
  - If abnormality exists, the possibility of having more treatment options and the increased likelihood of being cured
- Pap smear can prevent cancer. Early detection of cervical cancer provides higher chances of survival and better quality of life.
- A woman's health is very important. Your family depends on you. Regular Pap smears will help keep you healthy.

### ***Barriers to Screening***

- Costs may be less than expected or variable depending on income level.
- Pap smears are covered under Medicare.
- Insurance may cover some costs.
- Sliding fee scales may be available.
- Federal funds/programs may reduce or eliminate all/some costs.
- The Pap smear can be a little uncomfortable but only takes a few minutes.

- There are bilingual female nurses and doctors, and they are typically very nice and understanding.
- Knowledge is one of your best defenses against cancer. Be informed.

### ***Social Support***

- Personal story that makes women think about getting a Pap in the coming year.
- A relative/friend that has her cancer screening every year or has begun to have it done.
- Friends, family, co-workers or neighbors can be good sources of information on CC.

### **ROLE MODEL IDEAS:**

- A woman 40 years or over who was diagnosed with breast cancer because she felt a lump on her breast. The cancer was localized and she received appropriate treatment. Now she goes for her mammogram every year.
- A married woman 40+ who is thinking about getting a mammogram/Pap smear because a friend was diagnosed with cancer or her mom died of breast/cervical cancer and her doctor recommended it.
- A doctor giving information on screening guidelines and urging women to get screened and be informed about breast/cervical cancer.
- A doctor providing information on:
  - breast/cervical cancer risk factors
  - benefits/effectiveness of screening test
  - importance of early detection

## STAGES OF CHANGE

### **PREPARATION**

---

#### **“Getting Ready for Action” “Soon”**

##### **MAIN FEATURES:**

- Intending to take action in the very near future (e.g., next 30 days)
- Have specific plan or commitment to take action: make an appointment
- May have no or limited success attempting the new behavior in the recent past
- More acutely conscious of the negative consequences of not getting regular screening and the benefits of early detection
- Recognition that social support can be helpful and is actively asked for
- Immediate threat and/or emotional arousal may also contribute to taking action.
- Practicing or rehearsing new skills with others can be helpful.

##### **MESSAGE OBJECTIVES TO GO FROM PREPARATION TO ACTION STAGE:**

- Reinforce decisional balancing process to facilitate the adoption of the new behavior
- Increase self-efficacy by providing how-to information and address ways to overcome specific barriers.
- Reinforce positive outcome expectations.
- Emphasize the importance of social support in getting ready for the new behavior

##### **MESSAGE POINTS:**

##### **Breast Cancer**

###### ***Benefits of Screening***

- Benefits of early detection include:
  - Peace of mind of having a normal result and knowing that you do not have the disease
  - If abnormality exists, the possibility of having more treatment options and the increased likelihood of being cured
- Mammography screening can find cancer early and save your life.

###### ***Emotional Arousal***

- Personal story of a friend/relative who was diagnosed with breast cancer early and treatment was successful
- Personal story of a woman, who found a lump on her breast, got screened and the result was negative. Now she always goes for regular mammograms.

###### ***Self-Efficacy***

- Scheduling a time at the clinic is necessary.
- Getting an appointment is easy. You just need to make a phone call and ask for an appointment.

- Call the clinic at (phone number).
- A bilingual receptionist will answer the phone.
- Talk in Spanish if you wish and tell her that you need to make an appointment for a mammogram.
- Feel free to ask any questions or request more information if you have any doubts.
- Select the time that is most convenient for you.
- Write down the date and time of the appointment so you won't forget.
- You can do it. Screening is simple, just once every 1-2 years, and it can save your life.

### ***Barriers to Screening***

- A mammogram causes slight discomfort but not pain.
- Appointments take less than 1 hour, and technicians are female and typically very nice.
- Fee structures are different. Call the clinic for this information.
- Not knowing about breast cancer doesn't prevent you from getting it. Getting screening can detect cancer early enough to save your life.
- Knowledge is one of your best defenses against cancer. Get screened.
- The mammogram can be a little uncomfortable but only takes a few minutes.
- There are bilingual female nurses and doctors, and they are usually very nice and understanding.
- Get screened now... later can be too late! Do it for your family.
- The clinic has different service hours and different locations. (Provide related information)
- For low-cost exams call the clinic at (provide addresses of locations and telephone numbers). If possible, provide a contact person's name.
- Bilingual receptionists will always answer the phone.
- Suggest ways to make arrangements for transportation, child care or time off from work.

### ***Social Support***

- A friend or family member can help you make an appointment.
- For familiarizing yourself with the test, the clinic or the nurse/doctor, talk to a friend or family member who has had the test before or used the clinic before.
- Your spouse/significant other or relative can go with you to your appointment.

## **Cervical Cancer**

### ***Benefits of Screening***

- Benefits of early detection include:
  - Peace of mind of having a normal result and knowing that you do not have the disease
  - If abnormality exists, the possibility of having more treatment options and the increased likelihood of being cured
- Pap smear screening can prevent cancer and save your life.

### ***Emotional Arousal***

- Personal story of a friend/relative who was diagnosed with cervical cancer early and treatment was successful

- Personal story of a woman whose Pap showed abnormal cells and got treated before it became cancer

### ***Self-Efficacy***

- Scheduling a time at the clinic is necessary.
- Getting an appointment is easy. You just need to make a phone call and ask for an appointment.
  - Call the clinic at (phone number).
  - A bilingual receptionist will answer the phone.
  - Talk in Spanish and tell her that you need to make an appointment for a Pap smear.
  - Feel free to ask any questions or request more information if you have any doubts.
  - Select the time that is most convenient for you.
  - Write down the date and time of the appointment so you won't forget.
- You can do it. Screening is simple, just once every three years, and it can save your life.

### ***Barriers to Screening***

- Appointments take less than 1 hour, and technicians are female and typically very nice.
- Fee structures are different. Call the clinic for this information.
- Not knowing about cervical cancer doesn't prevent you from getting it. Regular screening can detect cancer early enough to save your life.
- Knowledge is one of your best defenses against cancer. Get screened.
- A Pap test may be uncomfortable but only takes a few minutes. You can ask for a female doctor or nurse to perform the exam.
- Get screened now... later can be too late! Do it for your family.
- The clinic has different service hours and different locations (Provide related information)
- For low-cost exams call the clinic at (provide addresses of locations and telephone numbers). If possible, provide a contact person's name.
- Bilingual receptionists will always answer the phone.
- Suggest ways to make arrangements for transportation, child care or time off from work.

### ***Social Support***

- A friend or family member can help you get an appointment.
- For familiarizing yourself with the test, the clinic or the nurse/doctor, talk to a friend or family member who has had the test before or used the clinic before.
- Your spouse/significant other or relative can go with you to your appointment.

### **ROLE MODEL IDEAS:**

- A woman 40+ who is telling her story of how she made her screening appointment step by step. She called the clinic and talked to a bilingual receptionist who informed her that a female nurse/doctor would perform the exam. Perhaps include some of the questions she asked and the answers she was given.
- A daughter who is supporting her mother in getting screened, helping her to make the appointment and going with her to see the doctor

- A woman 40+ who had a friend/relative who died or was diagnosed with breast/cervical cancer and now this woman is thinking about getting screened soon to prevent something similar happening to her.

## STAGES OF CHANGE

### ACTION

---

“Now”

#### MAIN FEATURES:

- Behavior is performed initially and a strong desire to succeed is present.
- Decisional balancing is complete but relapse to preparation or contemplation stages is possible.
- Strong support is critical for most people at this stage. This can come from lots of relations: friends, neighbors, family, religious affiliations, co-workers, etc.
- Successful performance of the behavior should lead to increased self-esteem, and outcome expectations should be achieved.
- Self-reward and positive reinforcement from self or others are very important in this stage.

#### MESSAGE OBJECTIVES TO GO FROM ACTION TO MAINTENANCE STAGE:

- Reinforce self-efficacy to enable the person to perform the promoted behavior.
- Continue to address specific barriers and provide how-to information to build the necessary skills.
- Stress the importance of social support to implement the desired behavior.
- Emphasize the short-term benefits of getting screened.

#### POTENTIAL MESSAGE POINTS:

##### Breast Cancer

###### *Benefits of Screening*

- A mammogram is the best way to detect cancer early and to have more treatment options.
- Getting regular BC screening helps ensure that you will enjoy your family and watch it grow.
- You provide a positive example for other family members and friends to follow.
- Often, one healthy behavior change makes it easier to achieve other goals or achieve new healthy behaviors.
- Screening gives you peace of mind of having a normal result and knowing that you do not have the disease
- Early detection is your best defense against breast cancer.
- Early detection saves lives — next can be yours.

###### *Self-efficacy*

- Scheduling a time at the clinic is necessary.
- Getting an appointment is easy. You just need to make a phone call and ask for an appointment.
  - Call the clinic at (phone number).
  - A bilingual receptionist will answer the phone.
  - Talk in Spanish if you wish and tell her that you need to make an appointment for a mammogram.

- Feel free to ask any questions or request more information if you have any doubts.
- Select the time that is most convenient for you.
- Write down the date and time of the appointment so you won't forget.
- You can do it. Screening is simple, just once a year, and it can save your life.

### ***Barriers to Screening***

- A mammogram causes slight discomfort but not pain.
- Appointments take less than 1 hour, and technicians are female and typically very nice.
- Fee structures are different. Call the clinic for this information.
- Not knowing about breast cancer doesn't prevent you from getting it. Getting screening can detect cancer early enough to save your life.
- Knowledge is one of your best defenses against cancer. Get screened.
- The mammogram can be a little uncomfortable but only takes a few minutes.
- There are bilingual female nurses and doctors, and they are typically very nice and understanding.
- Get screened now... later can be too late! Do it for your family.
- The clinic has different service hours and different locations. (Provide related information)
- You can go with your relative/friend/spouse to your appointment.
- For low-cost exams call the clinic at (provide addresses of locations and telephone numbers). If possible, provide a contact person's name.
- Bilingual receptionists will always answer the phone.
- Suggest ways to make arrangements for transportation, child care or time off from work.

### ***Social Support***

- A friend or family member can help you make an appointment.
- For familiarizing yourself with the test, the clinic or the nurse/doctor, talk to a friend or family member who has had the test before or used the clinic before.
- Your spouse/significant other or relative can go with you to your appointment.

## **Cervical Cancer**

### ***Benefits of Screening***

- Pap tests can detect abnormal lesions before they become cancer.
- Getting regular CC screening helps ensure that you will enjoy your family and watch it grow.
- You provide a positive example for other family members and friends to follow.
- Often, one healthy behavior change makes it easier to achieve other goals or achieve new healthy behaviors.
- Screening gives you peace of mind of having a normal result and knowing that you do not have the disease
- Early detection is your best defense against cervical cancer.
- Early detection saves lives — next can be yours.
- You are the heart of the family. If you stay healthy you will be able to take care of your family.

### ***Self-efficacy***

- Scheduling a time at the clinic is necessary.
- Getting an appointment is easy. You just need to make a phone call and ask for an appointment.
  - Call the clinic at (phone number).
  - A bilingual receptionist will answer the phone.
  - Talk in Spanish if you wish and tell her that you need to make an appointment for a Pap smear.
  - Feel free to ask any questions or request more information if you have any doubts.
  - Select the time that is more convenient for you.
  - Write down the date and time of the appointment so you won't forget.
- You can do it. Screening is simple, just once every three years, and it can save your life.
- You can be in charge of your health and win the fight against cancer.

### ***Barriers to Screening***

- Appointments take less than 1 hour, and technicians are female and typically very nice.
- Fee structures are different. Call the clinic for this information.
- Not knowing about breast cancer doesn't prevent you from getting it. Getting screening can detect cancer early enough to save your life.
- Knowledge is one of your best defenses against cancer. Get screened.
- The Pap smear can be a little uncomfortable but only takes a few minutes.
- There are bilingual female nurses and doctors, and they are typically very nice and understanding.
- Get screened now... later can be too late! Do it for your family.
- The clinic has different service hours and different locations. (Provide related information)
- You can go with your relative/friend/spouse to your appointment.
- For low-cost exams call the clinic at (provide addresses of locations and telephone numbers). If possible, provide a contact person's name.
- Bilingual receptionists will always answer the phone.
- Suggest ways to make arrangements for transportation, child care or time off from work.

### ***Social Support***

- A friend or family member can help you make an appointment.
- For familiarizing yourself with the test, the clinic or the nurse/doctor, talk to a friend or family member who has had the test before or used the clinic before.
- Your spouse/significant other or relative can go with you to your appointment.

### **ROLE MODEL IDEAS:**

- A woman 40+ who just went for her Pap smear/mammogram and shares the peace of mind of receiving a negative result. She went because she wants to be healthy so she can take care of her family.

- A widow with older children, who has regular cancer screening tests because her doctor recommended it even though she is not sexually active and is no longer having her menstrual period.
- A daughter of this or another woman, who has her regular Pap smear screening because of her mother and because she wants to grow older to enjoy her family.

## STAGES OF CHANGE

### MAINTENANCE

---

“Forever”

#### MAIN FEATURES:

- New behavior has become a habitual part of one's self-concept.
- The new behavior is performed regularly with increasing skill.
- Short-term, uncertainty, fear, anxiety and related stress are reduced.
- Long-term, vigilance but decreasing concern
- Strong support system may be needed to maintain the behavior, such as friends, family, religious affiliations or co-workers.
- Self-efficacy is maximized.
- Relapse to preparation or contemplation stage is possible.

#### MESSAGE OBJECTIVES:

- Reinforce short- and long-term benefits of screening and the importance of early detection.
- Provide how-to information and address specific barriers that can prevent the behavior maintenance.
- Emphasize the importance of social support to maintain the promoted screening behavior

#### MESSAGE POINTS:

##### **Breast Cancer**

###### ***Knowledge/Benefits of Screening***

- The National Cancer Institute and the American Cancer Society recommend mammograms every 1-2 years for women 50 years of age and older.
- Regular screening is as important as first-time screening.
- A mammogram is the best way to detect cancer early and to have more treatment options.
- If you don't have a lump, a mammogram can reassure you that there is no lump present.
- A mammogram can find a tumor when it is as small as a pencil point.
- Screening gives you peace of mind of having a normal result and knowing that you do not have the disease.
- Early detection is your best defense against breast cancer.
- If breast cancer is found in its early stages, there are more treatment options and a greater likelihood of cure.

###### ***Barriers to Screening***

- One mammogram is not sufficient. You need regular screening to reassure you are healthy.
- Loss of husband, menopause or not having children does not mean that you don't need a mammogram.

- Breast cancer does not have symptoms in its early stages. Absence of symptoms does not mean that you don't need regular screening.
- For low-cost exams call the clinic at (provide addresses of locations and telephone numbers). If possible, provide a contact person's name.
- Bilingual receptionists will always answer the phone.
- Suggest ways to make arrangements for transportation, child care or time off from work.

### ***Social Support***

- A friend or family member can help you make an appointment.
- For familiarizing yourself with the clinic or the nurse/doctor, talk to a friend or family member who has used the clinic before.
- Your spouse/significant other or relative can go with you to your appointment.

## **Cervical Cancer**

### ***Knowledge/Benefits of Screening***

- Women 21-65 years should have a Pap smear test every three years.
- If women are older than 65 and have had normal Pap test results for several years, their doctor may tell them that they do not need to have a Pap test anymore.
- Regular screening is as important as first-time screening.
- A Pap smear is the best way to prevent or detect cancer early and to have more treatment options.
- If you don't have cancer, a Pap smear can reassure you that the disease is not present.
- A Pap smear can detect abnormal cells before they become cancer.
- Screening gives you peace of mind of having a normal result and knowing that you do not have the disease.
- Early detection is your best defense against cervical cancer.
- If cervical cancer is found in its early stages, there are more treatment options and almost a 100% possibility of cure.

### ***Barriers to Screening***

- One Pap test is not sufficient. You need regular screening to reassure you are healthy.
- You need to be screened even if you are:
  - No longer having children
  - No longer sexually active
  - No longer having menstrual periods
- Cervical cancer does not have symptoms in its early stages. Absence of symptoms does not mean that you don't need regular screening.
- For low-cost exams call the clinic at (provide addresses of locations and telephone numbers). If possible, provide a contact person's name.
- Bilingual receptionists will always answer the phone.
- Suggest ways to make arrangements for transportation, child care or time off from work.

### ***Social Support***

- A friend or family member can help you make an appointment.

- For familiarizing yourself with the clinic or the nurse/doctor, talk to a friend or family member who has had used the clinic before.
- Your spouse/significant other or relative can go with you to your appointment.

**ROLE MODEL IDEAS:**

- A woman 40+, married with children, who always goes for her cancer screening because she knows her family depends on her. If she cannot take care of them who else is going to do it?
- A husband who supports his wife and goes with her to her screening appointments
- A doctor providing information on the importance of regular screening
- A woman 40+ who goes for her mammogram and gets help from Medicare
- A woman 40+ who always takes time from her job and busy schedule for her screening tests...It's only once a year and it can save your life.

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## **Newsletter Production Calendar Sample**

D-5



# Salud En Acción

Preventing Cancer in Hispanics



## Newsletter Calendar – April 20\_\_

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1 April Fools' Day
	2 Daylight saving time begins	3	4 Distribution to Volunteers	5 Identify and line up next RM	6	7
	9 Interview RM Take photo	10	11 Write copy (RM story/other copy)	12	13	14 Design and lay out (photos etc)
	16 Palm Sunday	17 Proofread (initial)	18 Send to IHPR San Antonio for comments	19	20 Passover begins	21 Good Friday
	23 Eastern Sunday	24	25 Make changes recommended by IHPR	26 Secretaries Day Proofread (final) Send to print	27	28
	30					

## **Newspaper Article Production Calendar Sample**



## Newspaper Calendar – March 20\_\_

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1 Proofread (initial)	2 Send to IHPR San Antonio for comments	3	4
5 Make changes recommended by IHPR	6 Proofread (final)	7 Ash Day Send copy and photo to El Tiempo Libre	8 Write copy for El Mundo	9 Proofread (initial)	10	11
12 Send to IHPR San Antonio for comments	13 14 15 Make changes recommended by IHPR	16 <b>Tiempo Libre</b> is delivered Proofread (final)	17 St. Patrick's Day Send copy and photo to El Mundo	18		
19	20 21	22	23	24 <b>El Mundo</b> is delivered	25	
26 Write copy for El Tiempo Libre	27 28 Proofread (initial)	29 Send to IHPR San Antonio for comments	30	31		

## **Television Spot Production Calendar Sample**



# Salud En Acción

Preventing Cancer in Hispanics



## Television Calendar – February 20\_\_

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29				

**Identify and line up RM**

**Interview RM  
Get signed consent**

**Schedule interview with reporter**

**Write notes for reporter (RM background info and questions)**

**Send questions to IHPR San Antonio for comments**

**Valentine's Day Interview with reporter**

**Prepare RM for TV interview (go over questions and answers)**

**Presidents' Day**

**Make arrangements for getting a copy of the segment**

**TV interview**  
Accompany RM to interview/TV shoot  
Assist reporter/crew

**Identify and line up next RM**

## **Schedule of Activities: Media, Community and General**



# Salud En Acción

## Regularly Scheduled Media Activities

- Identify and interview 2 role models per month.
- Produce a monthly newsletter.
- Print at least 500 newsletters per month, to be distributed in selected neighborhoods by *Promotoras* and volunteers.
- Write at least two newspaper articles per month.
- Collect monthly (by the 5<sup>th</sup> of each month) media data required for program process evaluation and reports.
- Establish media relationships and negotiations with local newspapers.
- Oversee media production activities.
- Develop mass and small media production plan according to established goals.

## Deadlines for Newsletter Production

Activity	Deadline
Identify and line up role model	By the 6 <sup>th</sup>
Interview role model / take photo	By the 11 <sup>th</sup>
Write copy (role model story and other copy)	By the 14 <sup>th</sup>
Design and lay out (scan photos, etc.)	By the 17 <sup>th</sup>
Proofread	By the 18 <sup>th</sup>
Send to IHPR for initial approval	By the 19 <sup>th</sup>
Make corrections recommended by IHPR	By the 23 <sup>rd</sup>
Translate copy	By the 24 <sup>th</sup>
Lay out the Spanish page	By the 25 <sup>th</sup>
Proofread (final)	By the 26 <sup>th</sup>
Send to print	By the 27 <sup>th</sup>
Print	By the 30 <sup>th</sup>
Distribution to networkers	By the 1 <sup>st</sup>
Distribution to community	By the 10 <sup>th</sup>

See monthly calendars.

# **Deadlines for Newspaper Articles**

<b>Activity</b>	<b>Deadline</b>
Identify and line up role model	By the 14 <sup>th</sup>
Interview role model / Take photo	By the 19 <sup>th</sup>
Write copy	By the 22 <sup>nd</sup>
Proofread (initial)	By the 23 <sup>rd</sup>
Send copy IHPR for comments	By the 24 <sup>th</sup>
Make corrections recommended by IHPR	By the 28 <sup>th</sup>
Proofread (final)	By the 29 <sup>th</sup>
Translate (if necessary)	By the 30 <sup>th</sup>
Send copy and photo to media	By the 1 <sup>st</sup>

This assumes that the deadline for the various news media is the 1<sup>st</sup> of the month. Change deadline dates according to the actual media deadlines. Also, these dates are for a generic 30-day month.



# Salud En Acción



## Regularly Scheduled Community Activities

- Oversee the day-to-day activities of the project staff (support staff and networkers).
- Conduct monthly volunteer identification and recruitment to maintain:
  - At least 75 networkers.
- Conduct monthly community site identification, selection and recruitment (e.g., small businesses, churches, beauty shops, etc.)
- Conduct monthly training/refresher sessions with networkers.
- Conduct monthly staff meetings with participating institutions and personnel.
- Collect monthly (by the 5<sup>th</sup> of each month) community data required for program process evaluation and reports.
- Send collected data to IHPR (or the appropriate organization) monthly (by the 10<sup>th</sup> of each month).
- Participate in the organization and development of focus groups and other meetings as needed.
- Develop maintenance activities for networkers.



# Salud En Acción

## **Regularly Scheduled General Activities**

- Maintain weekly communication with the Institute for Health Promotion Research (or the program coordinating office), and permanent communication with community and staff.
- Develop periodic program reports as required.
- Report any problem encountered during program implementation.
- Maintain program activities within the budget limitations.
- Develop quarterly financial reports.

## **Networker Take Home Documents**

- Mission and Commitment Statement  
(English/Spanish)**
- Project Overview  
(English/Spanish)**
- Breast Cancer Facts  
(English/Spanish)**
- Cervical Cancer Facts  
(English/Spanish)**
- Communication Tips  
(English and Spanish)**

# ***Salud En Acción***

## **Forma de Compromiso**

### **Mission Statement**

The mission of *Salud En Acción* is to encourage breast and cervical cancer screening and promote awareness of cancer risks and healthy behaviors among underserved Hispanic women in \_\_\_\_\_ (city) \_\_\_\_\_.

### **Misión**

La misión del Programa *Salud En Acción* es promover la detección temprana del cáncer de seno y cérvix, proporcionando información sobre los factores de riesgo y estimulando la adopción de comportamientos saludables en las mujeres hispanas residentes en \_\_\_\_\_ (ciudad) \_\_\_\_\_ que no tienen fácil acceso a los servicios de salud existentes en la comunidad.

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### **Primary Responsibilities and Activities**

- Promote the *Salud En Acción* program
- Distribute educational materials
- Reinforce the media messages encouraging healthy behaviors
- Recruit role models and new volunteers

### **Responsabilidades y Actividades Principales**

- Promover el Programa *Salud En Acción*
- Distribuir materiales educativos
- Reforzar los mensajes de comunicación y promover comportamientos saludables
- Reclutar modelos comunitarios y nuevas voluntarias

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Signature/Firma

Program Coordinator/  
Coordinadora del Programa

---

Date/Fecha

## **Information about the *Salud En Acción* Program**

Women 50 years of age and older are at particularly high risk for breast and cervical cancer. Historically, Hispanic women have lower rates of screening for these types of cancer. *Salud En Acción* is a community outreach education program to promote breast and cervical cancer screening and early detection among Hispanic women age 50-64. The (Sponsoring organization) coordinates and implements the program activities.

The *A Su Salud En Acción* Program, coordinated by the Institute for Health Promotion Research at UT Health Science Center San Antonio, was developed by Amelie G. Ramirez, DrPH., and colleagues for the National Cancer Institute's National Hispanic Leadership Initiative on Cancer (NHLIC). The NHLIC: *En Acción* program, started in 1992, has provided research data and cancer prevention and control activities among different U.S. Hispanic populations in Texas, California, Florida and New York. The campaign to replicate the *A Su Salud En Acción* program is funded by the Centers for Disease Control and Prevention (CDC). The Texas Department of State Health Services is a partner in this effort.

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## **Información del Programa *Salud En Acción***

Las mujeres de 50 años y más tienen un alto riesgo de desarrollar cáncer del seno y cérvix. Los exámenes de detección temprana de cáncer han sido tradicionalmente subutilizados por las mujeres hispanas. *Salud en Acción* es un programa educativo de extensión a la comunidad tendiente a promover los exámenes de detección temprana del cáncer del seno y cérvix en las mujeres Hispanas de edades comprendidas entre los 50-64 años. La coordinación del programa y el desarrollo de actividades está a cargo de Organización colaboradora.

Este programa, que es coordinado por el Institute for Helath Promotion Research del UT Health Science Center en San Antonio, fue desarrollado por la Dra. Amelie G. Ramirez y colegas con patrocinio del National Hispanic Leadership Initiative on Cancer (NHLIC) del National Cancer Institute. El programa que empezó en 1992, ha brindado información de investigación y actividades de prevención y control de cáncer a la diversa población hispana de los Estados Unidos residente en Texas, California, Florida y New York. Esta campaña para replicar el modelo del programa *A Su Salud En Acción*, recibe apoyo económico de los Centers for Disease Control and Prevention (CDC). Adicionalmente, se asocia a este esfuerzo el Texas Department of State Health Services.



# Salud En Acción



Preventing Cancer in Hispanics

## Breast Cancer Facts



- A mammogram is a simple procedure that can detect breast cancer at its earliest stage, before symptoms develop.
- Low participation in mammography screening makes Hispanic women more likely to be diagnosed with breast cancer at a more advanced stage of the disease. This means fewer treatment options and higher mortality.
- All women 40 years and older should have a mammogram every 1 to 2 years.
- The main signs and symptoms of breast cancer MAY include:
  - A breast lump
  - Breast thickening, swelling, distortion or tenderness
  - Skin irritation or dimpling
  - Nipple pain, scaliness, or retraction
- The main risk factors for breast cancer are:
  - Age
  - Having a mother, sister or daughter who has had breast cancer
  - Starting to menstruate at an early age (before 12)
  - Having a late menopause or change of life (after 55)
  - Having first child after the age of 30
  - Having had breast cancer before
  - Breast condition that may predispose to cancer or having had two or more biopsies for benign breast disease

***Regular mammograms can save your life!***



# Salud En Acción

Previniendo el Cáncer en los Hispanos



## Cáncer del Seno



- La mamografía es un examen sencillo que puede detectar el cáncer en su etapa más temprana, antes que se presenten síntomas.
- No hacerse la mamografía regularmente, hace que las hispanas tengamos mayor probabilidad de ser diagnosticadas con cáncer del seno en un etapa avanzada de la enfermedad. Esto hace que existan menos opciones de tratamiento y mayor mortalidad.
- Todas las mujeres mayores de 40 años deben hacerse un mamograma cada 1-2 años.
- Los principales señales y síntomas de cáncer de seno pueden incluir:
  - Una bolita o masa en el seno
  - Engrosamiento, hinchazón, distorsión o sensibilidad excesiva de los senos
  - Hoyuelos o irritación de la piel
  - Pezones escamosos, con dolor o invertidos/retraídos.
- Los principales factores de riesgo para desarrollar cáncer de seno son:
  - Edad
  - Que la madre, hermana o hija hayan tenido cáncer de seno
  - Comenzar a menstruar a una edad temprana (antes de los 12 años)
  - Tener una menopausia o cambio de vida tardío (después de los 55 años)
  - Tener el primer hijo después de los 30 años
  - Haber tenido cáncer de seno
  - Tener enfermedad del seno que predisponga al cáncer o haber tenido dos o más biopsias por enfermedad benigna del seno

***La mamografía puede salvar su vida!***



# Salud En Acción

Preventing Cancer in Hispanics



## Cervical Cancer Facts



- Cervical cancer CAN be prevented, through regular Pap smears.
- A Pap Smear or Papanicolaou is a simple procedure that can detect abnormal lesions, before they become cancer.
- Low participation in Pap smear screening makes Hispanic women more likely to be diagnosed with cervical cancer at a more advanced stage of the disease. This means fewer treatment options and higher mortality.
- Women 21-65 years should have a Pap test every three years.
- The main signs and symptoms of cervical cancer are:
  - Abnormal vaginal bleeding or spotting
  - Abnormal vaginal discharge
- The main risk factors for cervical cancer are:
  - Sexually transmitted infections with certain types of the Human Papilloma Virus
  - Beginning sexual activity at an early age
  - Having multiple sexual partners or
  - Having partners who have had multiple sexual partners
  - Smoking

***Regular Pap smears can save your life!***



# Salud En Acción



Previniendo el Cáncer en Hispanos

## Cáncer de Cérvix



- El cáncer del cérvix PUEDE prevenirse con exámenes Pap realizados regularmente.
- El examen Pap o Papanicolaou es un examen sencillo que puede detectar lesiones anormales antes que se conviertan en cáncer.
- No hacerse el examen Pap hace que las hispanas tengamos mayor probabilidad de ser diagnosticadas con cáncer del cérvix en un etapa avanzada de la enfermedad. Esto causa que existan menores opciones de tratamiento y mayor mortalidad.
- Todas las mujeres de 21-65 años deben hacerse el examen Pap cada tres años.
- Los principales señales y síntomas de cáncer de cérvix pueden incluir:
  - Sangrado vaginal anormal
  - Secreciones vaginales anormales
- Los principales factores de riesgo para desarrollar cáncer del cérvix son:
  - Tener infecciones transmitidas sexualmente, especialmente ciertos tipos del virus del papiloma humano.
  - Haber iniciado la actividad sexual a una edad temprana
  - Tener múltiples compañeros sexuales o
  - Tener compañeros que tengan múltiples compañeras sexuales
  - Fumar

***El examen Pap puede salvar su vida!***



# Salud En Acción

Preventing Cancer in Hispanics



## Communication Tips



### **Tips:**

- Start with those you know
- Be positive
- Be brief
- Be courteous and respectful of cultural traditions and personal beliefs
- Use the content of brochures, newsletters, and materials developed by the program as a source of health information
- Refer all other questions to *Salud En Acción* staff

### **Always avoid:**

- Nagging or criticism
- Moralistic attitudes
- Prejudice
- Conflict or controversy

### **Be aware of:**

- Nonverbal language
- Difference between persistent and aggressive behavior
- Real and perceived limitations or barriers confronting those you contact



# Salud En Acción

Previniendo el Cáncer en los Hispanos



## Consejos de Comunicación



### Consejos:

- Comience con personas que conozca: familiares, amigas, comadres, etc.
- Sea positiva
- Sea breve
- Sea cortés y respete las tradiciones culturales y creencias personales de las demás personas
- Use el contenido de los plegables, volantes y otros materiales desarrollados por el programa como fuente de información de salud
- Remita todas las demás preguntas al personal del programa *Salud En Acción*

### Siempre evite:

- El regaño o crítica
- Las actitudes moralistas/censura
- Los prejuicios
- El conflicto o controversia

### Esté alerta:

- Del lenguaje no verbal
- De la diferencia entre persistencia y agresividad
- De las limitaciones o barreras reales y percibidas de las demás personas

## **Evaluating the Impact of Health Promotion Programs: Using the RE-AIM Framework**

# Evaluating the impact of health promotion programs: using the RE-AIM framework to form summary measures for decision making involving complex issues

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## Abstract

Current public health and medical evidence rely heavily on efficacy information to make decisions regarding intervention impact. This evidence base could be enhanced by research studies that evaluate and report multiple indicators of internal and external validity such as Reach, Effectiveness, Adoption, Implementation and Maintenance (RE-AIM) as well as their combined impact. However, indices that summarize the combined impact of, and complex interactions among, intervention outcome dimensions are not currently available. We propose and discuss a series of composite metrics that combine two or more RE-AIM dimensions, and can be used to estimate overall intervention impact. Although speculative and, at this point, there have been limited empirical data on these metrics, they extend current methods and are offered to yield more integrated composite outcomes relevant to public health. Such approaches offer potential to help identify interventions most likely to meaningfully impact population health.

## Introduction

Health promotion and education programs seek to make meaningful improvements in population health, often with limited resources. This is a complex, multilevel challenge [1, 2] and presently, there is little agreement on the criteria necessary to conclude that a program has produced a significant public health impact [3–5]. Standard metrics that accurately summarize complex and multidimensional outcomes would be very helpful.

The Reach, Effectiveness, Adoption, Implementation and Maintenance (RE-AIM) framework offers a comprehensive approach to considering five dimensions important for evaluating the potential public health impact of an intervention [6, 7]. The model includes (i) Reach, the percent and representativeness of individuals willing to participate; (ii) Effectiveness, the impact of the intervention on targeted outcomes and quality of life; (iii) Adoption, the per cent and representativeness of settings and intervention staff that agree to deliver a program; (iv) Implementation, the consistency and skill with which various program elements are delivered by various staff and (v) Maintenance, the extent to which individual participants maintain behavior change long term and, at the setting level, the degree to which the program is sustained over time within the organizations delivering it ([www.re-aim.org](http://www.re-aim.org)). RE-AIM builds upon conceptual work by Rogers [8] and Green and Kreuter [2] and focuses attention on these five specific factors.

To date, RE-AIM has only been applied to a single dimension at a time. An overall metric, combining two or more RE-AIM dimensions, would be more useful for making policy decisions

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than five separate measures. This paper proposes several combined impact indices, and provides a rationale, calculation and discussion of the advantages and limitations of each. Most indices proposed combine two measures because (i) this is closer to the raw data and easier to understand than more complex indices and (ii) few studies provide data on more than two RE-AIM dimensions.

### **Individual Level Impact: RE measures (Reach × Effectiveness)**

Multiplying Reach and Effectiveness yields a straightforward, composite measure of impact [9, 10]. The basic calculation of  $R \times E$  is participation rate (number participating/eligible and invited to participate)  $\times$  effect size (ES) on a primary outcome variable. An RE index can balance the strengths and limitations of programs that reach a wide target audience (but typically have smaller impact per individual) with more intensive interventions that often produce sizable change (but attract a smaller proportion of potential participants).

The RE index also can be expanded to address representativeness of participants. When the denominator of eligible persons is known, sociodemographic and health characteristics of participants can be compared with those who decline participation. When this denominator is not known, participants can be compared with characteristics of persons in that region or nation [11] ([www.re-aim.org](http://www.re-aim.org)). Because representativeness comparisons are best made on several characteristics, a ‘summary effect size (ES) for differential characteristics’ index can be created by using the median ES across the representativeness comparisons calculated to compare characteristics of participants versus those declining participation. Using the median rather than the mean minimizes the influence of outliers. The median ES is then subtracted from the participation rate to provide a summary measure of Reach.

Most practical clinical trials and dissemination studies assess multiple outcomes rather than a single dependent variable [12, 13]. A median ES summary measure across key outcomes provides an overall effectiveness index. Another complexity arises when considering potential moderators and

consistency of impact across different subgroups. Interventions that produce consistent effects across different population subgroups have greater external validity. We recommend calculating the ES of interactions between patient characteristics (e.g. gender and education) and treatment. For example, the ‘differential impact’ of an intervention between men and women could be analyzed. If the intervention effect is similar regardless of gender, the  $ES_{\text{differential impact}}$  will be zero and indicates robust effectiveness [14].

After calculating the median  $ES_{\text{differential impact}}$ , Intervention Effectiveness is estimated by calculating the median ES across key outcome measures then subtracting the median ES for negative outcomes and the median ES for differential impact. Finally, the composite estimate of Individual Level Impact or formula RE (1) is calculated by multiplying the composite estimate for Reach by composite Intervention Effectiveness (Table I).

#### *Population impact*

Policy makers need to consider not only the impact of intervention on Reach and Effectiveness but also the prevalence of targeted problems. Parallel to the way that epidemiologists combine disease prevalence with risk ratios to produce attributable risk, we recommend multiplying prevalence of a problem by Individual Level Impact [RE (1) above] to produce Attributable Individual Level Impact [RE (2)] of an intervention (Table I).

#### *Economic considerations*

Health care decisions are constrained by resources [15]. Other things being equal, decision makers select interventions that most efficiently produce a given level of impact. Thus, RE ‘Efficiency’ is calculated by dividing the cost of an intervention by its Individual Level Impact [RE (3) in Table I]. We recommend the use of sensitivity analyses in estimating the Cost/Impact for entities that might adopt a given program [16].

#### **Setting Level Indices**

The previously described indices provide guidance to organizations that are considering adoption of

**Table I.** Proposed RE-AIM summary indices

Concept	Calculation
RE (Individual Level Impact) measures	
RE (1)	Reach × composite Intervention Effectiveness = (participation rate – median ES <sub>differential characteristics</sub> ) × (median ES <sub>key outcomes</sub> – median ES <sub>negative outcomes</sub> – median ES <sub>differential impact</sub> )
RE (2): Attributable Individual Level Impact	Problem prevalence × RE (1) (see above)
RE (3): RE Efficiency	(Incremental cost of treatment – control)/ (incremental RE (1) of treatment – control)
AI (Setting Level Impact) measures	
AI (1)	(Setting adoption rate – median ES <sub>differential setting characteristics</sub> ) × (staff adoption rate – median ES <sub>differential staff characteristics</sub> ) × (median component implementation rate across staff and Tx components – median ES <sub>differential implementation</sub> ) AI (1) × number of target settings × average no. of persons served per setting
AI (2): Attributable Setting Level Impact	Graph using 0–100 scores of results on all RE-AIM dimensions [Reach (as calculated above) + Effectiveness or Maintenance (see above) + Adoption (see above) + Implementation (see above)]/ 4
RE-AIM profile	
RE-AIM average	Graph using 0–100 scores of results on all RE-AIM dimensions [Reach (as calculated above) + Effectiveness or Maintenance (see above) + Adoption (see above) + Implementation (see above)]/ 4

ES<sub>differential characteristics</sub> = ES for analyses on differences, participants versus non-participants. Note at individual level refers to representativeness of participants; at setting level, refers to representativeness of either settings or staff, as relevant. Low (close to zero) ES<sub>differential characteristics</sub> are desirable. ES<sub>differential impact</sub> = ES on key outcomes for different patient subgroups. In this case, low or ideally zero ES<sub>differential impact</sub> is desirable, since this would indicate little or no difference across subgroups or across different implementation staff. ES<sub>differential implementation</sub> = ES for analyses on differences across staff on implementation, low or zero ES<sub>differential implementation</sub> is desirable.

interventions. From a population health perspective, however, there are additional issues. If an intervention is demanding, requires a high level of expertise, a large amount of time to deliver or is extremely costly, it is unlikely that many settings will adopt the program; and thus, its overall societal impact will be limited [15, 17]. Participation and representativeness at the setting level are equally important as at the individual level and we recommend calculation of a Setting Level Impact Index [AI (1), see Table I].

By multiplying Adoption and Implementation, the index yields information that integrates the appeal of a program to potential adopting settings with the extent to which those settings can successfully deliver the intervention. A frequent reason that dissemination studies fail to produce significant impact is that the intervention is not delivered as intended [18].

There is also the issue of the representativeness of participating settings. We recommend adjusting

the setting participation rate by subtracting the median ES for comparisons between participating settings and (i) those settings invited but declining participation or (ii) organizations in that region (or the nation). For example, one might compare participating and non-participating schools on number of students, student:teacher ratio and history of health promotion. Determining the denominator or characteristics of potential settings can usually be estimated with publicly available data ([www.re-aim.org](http://www.re-aim.org)). The setting level characteristics most relevant to collect will vary depending on the type of setting. For example, a worksite study might want to conduct representativeness analyses on variables such as type of company; per cent part-, full-time and shift employees; if the site is unionized and history of health promotion. In contrast, a medical office project might want to collect representativeness data on number of physicians and clinical staff, specialty of physicians, type

of insurance most patients have, etc. Intervention impact may also be affected by the variety of backgrounds and skill levels of the personnel that deliver an intervention. For example, a hospital smoking cessation program delivered by a trained cessation counselor was highly effective in increasing long-term cessation [19], but when delivered by respiratory therapists, the same program was not effective [20].

Setting Impact also includes the participation rate and representativeness of staff who deliver an intervention. Similar to procedures for Reach, we recommend comparing staff who participate to those who do not on a number of relevant criteria (e.g. gender, age, expertise and experience) and reporting the median ES. Thus,

$$\begin{aligned} \text{Adoption} = & (\text{setting level participation rate} \\ & - \text{ES}_{\text{differential characteristics setting}}) \\ & \times (\text{staff level participation rate} \\ & - \text{ES}_{\text{differential characteristics staff}}). \end{aligned}$$

### *Implementation*

Interventions are often inconsistently delivered, so this variability needs to be documented [21]. We recommend evaluating the extent to which various intervention components were delivered compared with protocol or intervention manual recommendations. Because most public health and behavior change interventions consist of multiple components, we recommend reporting the median implementation rate.

Interventions that can be implemented consistently by different staff, and preferably with different levels of training and experience, have greater generalizability [14, 22]. To estimate differential impact of staff, we recommend calculating ES for type of intervention staff on the various Implementation measures, and using the median  $\text{ES}_{\text{differential implementation}}$ .

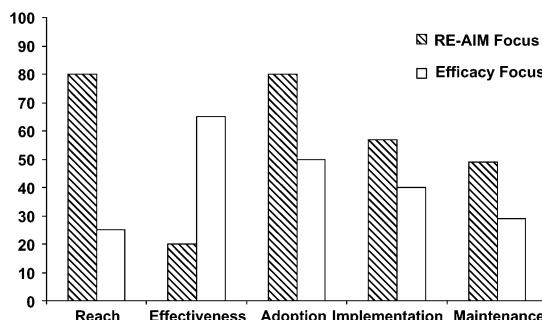
Combining setting level factors of Adoption and Implementation, each containing two terms, into a Setting Level Impact Index results in formula AI (1) (see Table I).

### *Example application*

The following hypothetical case study illustrates application of the RE (1) and AI (1) impact measures, used to aid decision making for a state health department deciding between two approaches to tobacco control. Intervention A is a proactive, multcall telephone outreach program designed to reach large numbers of smokers. We assume that it produces a high participation rate (80%) among referred smokers, and that it has consistent appeal across different subgroups of smokers (median  $\text{ES}_{\text{differential characteristics}} = 0.05$ ). However, the ESs on the key outcomes of cessation rate and quality of life are likely to be modest (median = 0.20). Finally, the phone program produces negligible negative outcome (0.01), but is more effective with higher socioeconomic status and female participants (median  $\text{ES}_{\text{differential impact}} = 0.15$ ). The RE (1) composite Individual Impact score for this intervention would then be  $(0.75) \times (0.04) = 0.03$ .

The alternative program being considered is a more intensive multisession group-based cessation program with pharmacologic aids. We assume that the participation rate (0.25) and differential recruitment indices ( $\text{ES}_{\text{differential characteristics}} = 0.12$ ) for this program are worse than for the phone program. However, the effectiveness of this more intensive intervention among those who participate is likely to be much higher (ES = 0.65); the program should produce less differential results across subgroups (ES = 0.04) and negligible negative outcomes (ES = 0.01). The composite RE (1) index for this more intensive intervention would thus be  $(0.13) \times (0.60) = 0.078$ ; and on the basis of RE (1) scores, the health department would select the intensive in-person smoking cessation program.

Space limitations preclude detailed presentation of setting level results from these programs, but as illustrated in Fig. 1, the phone intervention would likely produce higher adoption scores and more consistent implementation scores than the more intensive program; and thus, result in a substantially higher AI (1) composite Setting Level Impact score—say, 0.22 versus 0.04. Therefore, considering statewide adoption and implementation



**Fig. 1.** Visual display of scores of two different types of intervention on RE-AIM dimension.

[as well as likely cost implications when considering RE (3) Efficiency scores], the health department would likely opt for the phone-based program.

This hypothetical example illustrates that the use of RE-AIM metrics will not always result in clear-cut decisions. They will, however, facilitate more informed and comprehensive consideration of all relevant factors and make explicit the values and priorities (e.g. Adoption versus Effectiveness versus Cost) on which decisions are based.

#### *Impact of settings*

Different intervention settings have different levels of penetration into the community. To consider population-wide impact of programs conducted in different settings, we recommend multiplying the Setting Level Impact AI (1) by the number of such settings in the geographic area and by the average number of individuals served per setting to produce an estimate of Attributable Setting Level Impact AI (2). For example, to compare the impact of an after-school physical activity program with that of a faith-based program, one should consider the number of such facilities as well as the average number of children served by each type of organization (Table I).

Often program developers do not consider all potential individuals or settings (e.g. all worksites) for inclusion. In such cases, the exclusion rate needs to be taken into account in calculating Attributable Individual Level Impact and Attributable Setting Level Impact. For example, if only medical

practices having electronic medical records are selected for participation, the multiplication factor used for prevalence in AI (2) should be adjusted. Because not all medical clinics are eligible, there will be a corresponding reduction in population impact.

Long-term maintenance is an additional important issue. Maintenance is critically important for individual behavior change, and possibly, even more important as program sustainability at the setting level. Using long-term data, we recommend that a maintenance score be substituted for Effectiveness in the Individual Level Impact Score.

Finally, attrition should be accounted for in Reach and Effectiveness estimates. At the setting level, intervention sites may discontinue an intervention or close during a study, and alternatives for imputing setting level results and estimating the impact of such attrition are needed.

#### **Graphical display**

The calculations described involve several assumptions and procedures for combining RE-AIM scores. Although necessary to produce composite indices, these manipulations involve value judgments and assume factors (e.g. participation rate and representativeness) are of equal importance. This is often defensible [23], but may not be applicable in all situations. There is no way to ‘prove’ that multiplying Reach by Effectiveness is a better method of summarizing impact than would be adding scores, using a weighted average, a quadratic model, etc. Also, summary scores can sometimes hide or obfuscate important differences.

A more ‘transparent’ method of summarizing results along RE-AIM dimensions is to plot the various RE-AIM dimensions using a 0–100 scale (Fig. 1) to provide a visual display [24]. Visual displays are useful in comparing relative strengths and weaknesses of two or more alternative interventions [12] since, at present, an insufficient number of studies have reported data along multiple RE-AIM dimensions to interpret absolute scores. Fig. 1 presents a hypothetical comparison of an intensive intervention ('Efficacy Focus') to a low-intensity treatment program ('RE-AIM Focus').

A final approach involves collapsing the RE-AIM dimensions into a single overall index using methods developed for summarizing prevention quality among care systems [25]. Using the data in Fig. 1, each dimension is scored on a scale of 0–100 as in Healthplan Employer Data Information ratings [26]. Scores on the five (or four, since at a given time point, data are only used on either Effectiveness or Maintenance) RE-AIM dimensions would be summed and divided by 5 (or 4) to produce the overall measure of intervention impact (Table I).

## Summary

The proposed summary indices are speculative. However, a metric representation of impact is timely since many programs of proven efficacy fail when implemented in real-world settings, resulting in wasted resources and unmet needs. Discussion of impact estimation is necessary before consensus can be reached on optimal methods for summarizing treatment outcomes. The options presented extend discussion to issues like Reach or Adoption that move beyond a restricted focus on one primary outcome or over reliance on cost-effectiveness indices.

Consistent with the recent Transparent Reporting of Evaluations with Non-Randomized Designs statement [3], we propose the formulas and methods in this paper to promote discussion and invite comments and suggestions for refinement. An implicit assumption that needs to be experimentally confirmed is that multilevel interventions should produce more lasting impact on RE-AIM summary scores than single interventions.

Limitations related to the assumptions involved in combining RE-AIM dimensions are recognized. Identifying optimal ways to form impact measures would be aided by more consistent reporting on all RE-AIM dimensions. Then, adequate data would be available to provide norms on individual dimensions, understand relationships among dimensions and document decisions that would be made using different calculations.

Significant improvements in population health depend on developing ways to help policy makers select health promotion and education programs. The RE-AIM framework helps to understand the broad array of issues that an effective program must address. A RE-AIM summary impact index should help decision makers to make more informed judgments and effective use of scarce resources.

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## Conflict of interest statement

None declared.

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