

HEALTH PROMOTER TRAINING HANDBOOK



July 2007

I. INTRODUCTION: PURPOSE OF PROJECT

WHAT IS “THE COLORECTAL HEALTH” PROJECT? The Colorectal Health project is about the health of adults at [name of clinic]. It was designed to find out what people think about colorectal cancer and show them how to prevent cancer by receiving regular screening exams. The program is funded by [name of center]. The Colorectal Health project will conduct activities to remind older adults who receive care at [name of clinic] to receive regular cancer screening. The overall goal of the project is to determine if information sent from the clinic to families in the community can raise awareness about and participation in colorectal screening.

WHY BRING THIS STUDY TO [NAME OF CLINIC]? We know that compared to the general population, Mexican-Americans are less likely to receive cancer screening services and are more likely to have cancer detected at a late stage. We also know that there is little health promotion material and few health programs that target colorectal cancer in Spanish-speaking populations. The Mexican-American population in the US is rapidly growing and the US population as a whole is aging. Both factors suggest the need for effective and innovative health promotion programs for older Mexican-American adults.

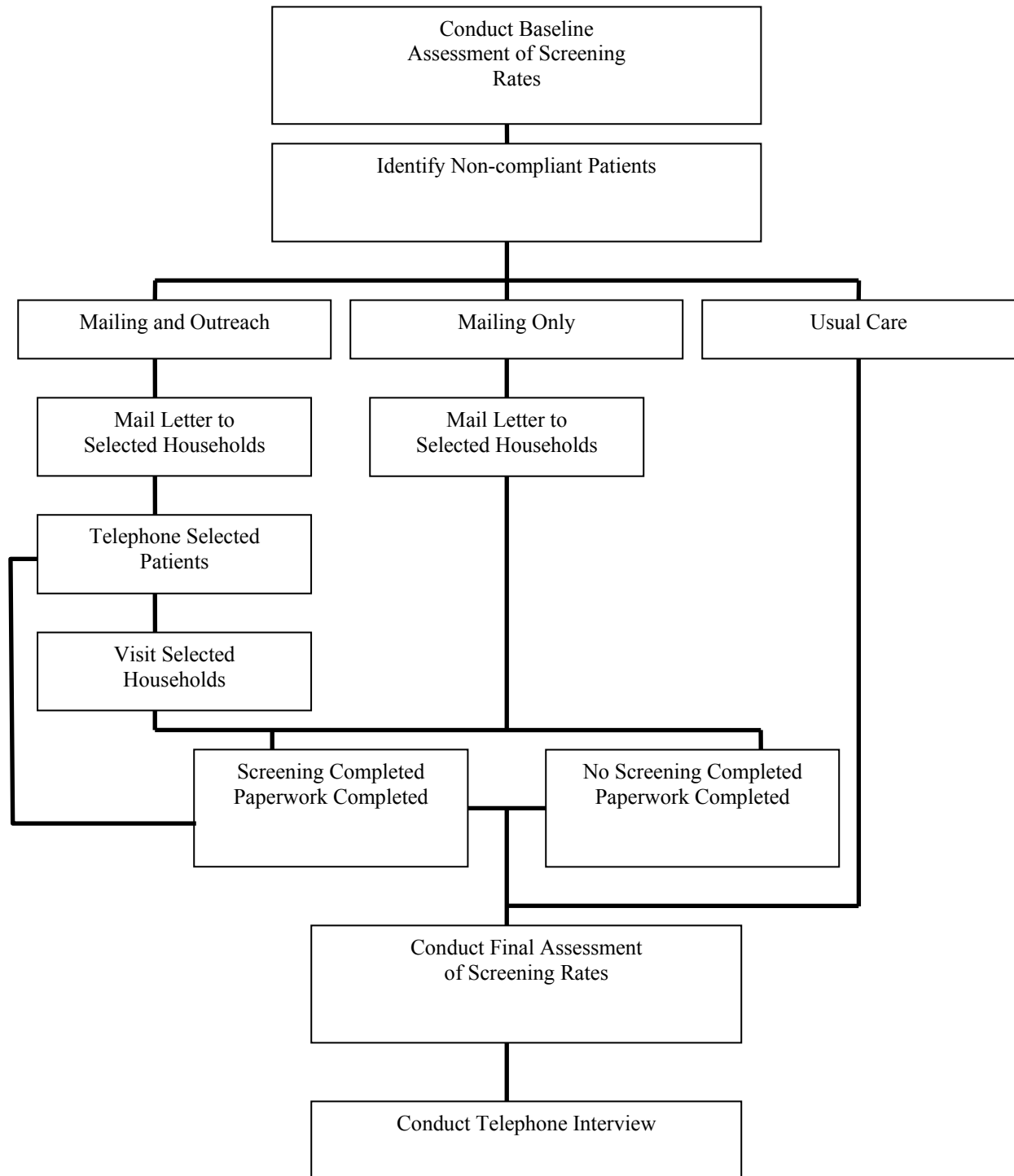
WHAT WILL BE DONE? [name of clinic] was identified for the project. A computerized record system of information from patient medical charts will be used to calculate screening participation among patients ages 50 to 79 at [name of clinic]. A group of age-eligible patients who have not received a colorectal screening test within the past fifteen months will be sent a letter encouraging them to get a Fecal Occult Blood Test (FOBT). Another group will receive the same letter along with a follow up which will consist of a telephone call, made to patients who still have received no screening. Following the telephone contact, patients in this group who remain unscreened will be visited in their homes by a clinic health promoter. A third group will receive usual care.

After six months of the reminder program, a final assessment will be conducted. Using either a computerized system or a review of medical charts, the percentage of patients 50

to 79 years of age who have received screening will be re-assessed (to calculate screening participation). Screening participation among the three groups will be compared.

Sometimes it is helpful to see a picture of the activities for the project. In the next page there is a diagram that shows the baseline assessment, the intervention, and the final assessment.

FIGURE 1: DIAGRAM OF COLORECTAL SCREENING PROJECT ACTIVITIES



II. ROLE OF HEALTH PROMOTERS

As a health promoter, you are a very important part of a health team. You were chosen as a health promoter because you have certain important characteristics and qualities. Some of these are that you are able to talk to people or groups of people, you are interested in learning, or that you are interested in teaching. These qualities and your interest in health are important as a health promoter. It is probably true that you are someone that people turn to when they need help or advice.

Figure 2: Health Promoter presenting information to family.



As a trained health promoter, you can help people find the health and social services they need. You can also give people information about how to live healthier and how to prevent cancer. This training will allow you to help your family, friends, co-workers, and neighbors in important ways. Specifically, it will help you:

1. Know when someone needs and wants help.
2. Be able to tell people where to go and how to get the medical and social services they need.
3. Teach others what you have learned to help them take better care of themselves.
4. Follow-up with people in your community who have gone to a clinic for a condition related to cancer and see how they are doing. Help them understand what they are told by a health professional.
5. Write down all the things you do as a health promoter.
6. Keep the information about the people you encounter confidential.

There are many things to know when talking with individuals. For this project, you will be trained to invite patients to receive a colorectal cancer screening test by talking to them on the phone. Following this phone conversation, some patients will schedule a clinic appointment and others will not. For those who do not, we will train you to visit their homes and present information about the need for and benefits of colorectal cancer screening. Sometimes, you may have to inspire interest in a topic. Other times, you will have to keep the discussion focused on the topic. In general the following principles are important:

Health Promoter Strategies

1. **Put the individual at ease by being both understanding and professional.** This means you must be interested in what the participant has to say and that you must know the topic area well by being familiar with each and every question.
2. **Be objective in your manner of asking questions.** Remember, you want the views and opinions to be uncolored by any feelings you may have. Whatever you may think of an individual or his opinion, keep it to yourself. You should be adaptable to anyone and gracious to all. Each person you approach poses different problems requiring different techniques. The important thing is to inspire the confidence of every participant regardless of sex, age, residence, income, political affiliation or whatever.

3. **Be faithful and neutral in giving information.** Use a normal tone of voice and nonjudgmental manner to increase the respondent's interest. As a health promoter, you soak up information like a sponge and give information and feedback.
4. **Use an informal, conversational manner of speaking.** Use a tone that is natural to you, and aimed at putting the individual at ease. Know in advance the information you would like to give and never sound as though you're reading them formally. Remember to sound natural and conversational.
5. **Be friendly and try to put the person at ease.** If an individual isn't relaxed, you can't make them talk. The burden of ignorance has to be lifted from his/her shoulders - that is, s/he must not be made to feel ashamed of lack of information. Your attitude, therefore, must be sympathetic and understanding. The individual must be made to realize that what s/he thinks really is what counts.
6. **Maintain eye contact when you are speaking with individuals.** This tells the participant that you are friendly and interested in what he or she has to say.
7. **Use the participants' names frequently.** This makes their experience with the project more personal.

HEALTH PROMOTER CHECKLIST

DO

- + Fill in all information on the TRACKING FORM.
- + Always be friendly -- but with a matter-of-fact manner.
- + Smile.
- + Speak clearly and loudly enough for everyone to hear.
- + Discontinue the discussion if the individual or family wishes.
- + Discontinue the discussion if you are uncomfortable.

DON'T

- Assume you know what the person means.
- Challenge a respondent in any way.
- Reveal personal information shared in the group to anyone else -- this is confidential information.

ALWAYS ASK THE PROJECT SUPERVISOR IF YOU DO NOT FULLY UNDERSTAND SOMETHING!

III. GENERAL CANCER INFORMATION

What is cancer?

Over 80 million Americans now living will eventually have cancer. In other words, about one in every three people will have some type of cancer. Cancer is a disease where the cells of your body become abnormal and grow very fast. There are many different kinds of cancer. Many cancers can be cured, but some cannot. The good news is that most cancers are preventable. For example, if you do not smoke, you can prevent lung cancer.

How does somebody get cancer?

Many different things can cause cancer. Some cancers can be caused by things that are wrong in the structure of the cells of your body or by chemicals that are produced by your body (i.e. hormones). Things that enter your body, like cigarette smoke, high levels of radiation, or viruses, cause other cancers. These things may also act together. And there are other reasons that we still don't know about. Doctors cannot always explain why one person gets cancer and another does not. However, scientists study general patterns of what things around us and what things we do increase our chances of getting cancer.

How do I know if I have cancer?

The good news is that most cancers can be found when they are still curable. Your doctor can do screening tests for cancers of the breast, cervix, colon, rectum, and prostate, among others. These include X-rays, physical exams, and blood tests. For some cancers, you too, can check your body to detect cancer. Sometimes you will not know that you have cancer until it is too late to be cured.

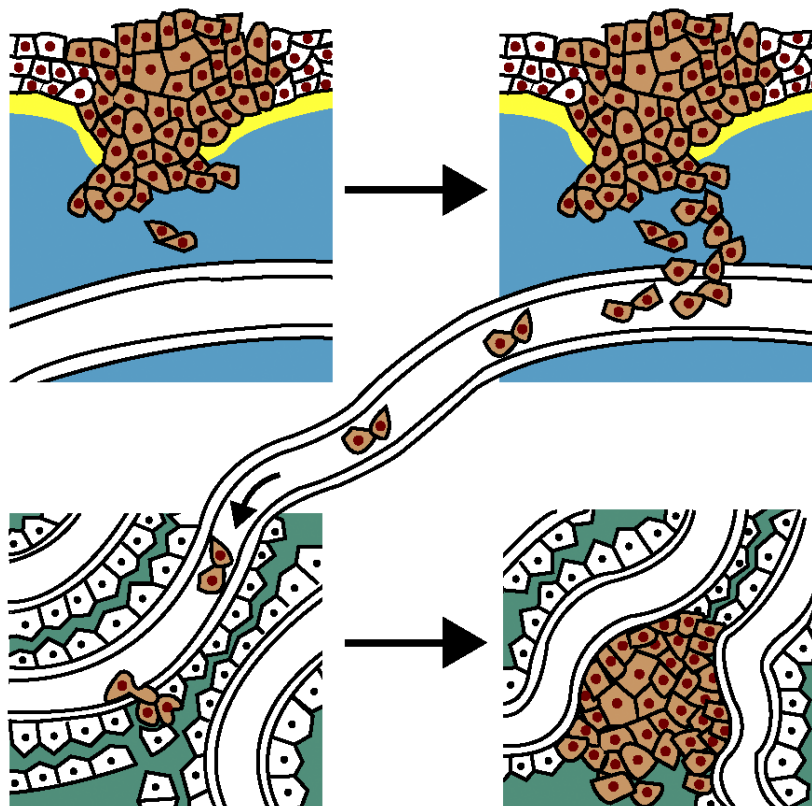
Is there a cure for cancer?

Many cancers can be cured if they are discovered early. All cancers are treatable.

What can I do to prevent getting cancer?

Scientists now think that up to 80% of all cancer is preventable. In general, eating a healthy diet with lots of fruits and vegetables and not much fat, not using tobacco, and not drinking excessively can prevent cancer. Early detection and treatment can make you live longer and healthier. The diagram below shows how cancer (the dark cells), if left untreated, can spread to other parts of the body. The dark cells below enter the blood stream and can grow in other tissues of the body.

Figure 3: Cancer cells spreading to other tissues of the body



IV. COLORECTAL HEALTH

Colorectal cancer is cancer that develops in the colon or rectum. The colon and rectum are parts of the large intestines, which is a part of the digestive system. Colorectal cancer is the second leading cause of cancer deaths in the U.S. Both men and women are at risk for colorectal cancer and 93% of cases occur among people aged 50 and older.

Anything that increases a person's chance of developing a disease is called a risk factor. Anything that reduces a person's chance of developing a disease is called a protective factor. Some risk factors can be changed and others cannot. To prevent cancers, such as colorectal cancer, we should avoid risk factors and increase protective factors. Nevertheless, avoiding risk factors doesn't mean that you will not get cancer. Below is a list of risk factors for colorectal cancer:

1. Age: Although colorectal cancer can occur at any age, most people with colorectal cancer are over age 50.
2. Polyps: Colorectal cancer almost always develops from precancerous growths (polyps) in the colon or rectum. By having polyps removed by a doctor, you can prevent colorectal cancer.
3. Personal or family history: A person who has already had colorectal cancer or who has a close relative (parents, sibling, or children) with colorectal cancer, he or she is more likely than others to get colorectal cancer.
4. Inflammatory bowel disease: Inflammation of the colon that is caused by diseases such as colitis or Crohn's disease can increase a person's chance of getting cancer.
5. Diet: A diet high in fat and calories and low in fruits, vegetables, and fibers is thought to increase a person's chance of developing cancer.

V. COLORECTAL CANCER PREVENTION AND SCREENING

HOW CAN I PREVENT COLORECTAL CANCER?

Even though we do not know the exact cause of colorectal cancer, it is possible to prevent many colorectal cancers. What follows is a list of ways to prevent colorectal cancer:

1. Diet and exercise: A diet high in fruits, vegetables, and fiber, and vitamins (folic acid and vitamin D) and calcium can reduce your risk of developing colorectal cancer.
2. Aspirin and anti-inflammatory medication: People who regularly use aspirin or non-steroidal anti-inflammatory drugs are 40 to 50 percent less likely to get polyps or colorectal cancer
3. Regular screening: If everyone age 50 and older had regular colorectal screening, more than a third of the deaths from colorectal cancer could be avoided.

COLORECTAL CANCER SCREENING

You should begin colorectal cancer screening upon turning 50. You should begin earlier if you have a close relative with colorectal cancer, polyps, or you have inflammatory bowel disease. In this case, your doctor can tell you when to begin screening.

Polyps and colorectal cancer do not usually cause symptoms (especially at first, when it can be easily treated). However, sometimes the following symptoms occur:

1. Blood in or on your stool;
2. Unexplained and frequent pain, aches, or cramps in your stomach;
3. A change in bowel habits, such as having stools that are narrower than usual; and
4. Unexplained weight loss.

These symptoms may be caused by something other than cancer. Talk to your doctor to find out more.

The Fecal Occult Blood Test (FOBT)

Usually growths in the colon, called “polyps”, produce blood. The fecal occult blood (FOBT) test checks for blood in your stool. The FOBT test finds blood that we cannot see with our eyes. You receive a test kit from your doctor or nurse. At home, you place a small amount of your stool from three bowel movements on a test card. Then, you return the cards to your doctor’s office or a lab, where the stool samples are tested for hidden blood. For this project, we provide the envelope, and you mail the test card to your clinic. Because many vitamins, medications, and food can affect the test results, it is recommended that you avoid taking aspirin, ibuprofen or Vitamin C, and avoid eating red meat for three days before the test.

Figure 4: A stool sample being applied to an FOBT card



If your test results are negative, it means that no blood was found. If your test results are positive it means that blood was found. A positive result could mean that you have polyps in your colon or that you have colorectal cancer. It could also mean that certain foods or medications could have produced a positive result. It could also mean that you have an inflammatory bowel disease. If your test result is positive, your doctors will recommend more testing to determine the source of the bleeding.

Reasons to get an FOBT test

1. It is relatively convenient

COLORECTAL CANCER PREVENTION AND SCREENING

2. It is non-surgical
3. It poses no physical risk
4. It is inexpensive or free

MYTHS

Colorectal cancer is predominantly a “man’s disease”, affecting many more men than women annually.

Colorectal cancer affects an equal number of men and women. Many women, however, think of colorectal cancer as a disease only affecting men and may be unaware of important information that could save their lives.

Only those over the age of 50 who are currently experiencing some symptoms or problems should be screened for colorectal cancer or polyps.

Beginning at age 50, all men and women should be screened for colorectal cancer even if they are experiencing no problems or symptoms.

A Fecal Occult Blood Test is embarrassing.

Placing a sample of your stool on a paper card can be embarrassing for some people. But the good news is that it is done in the comfort and privacy of your own home.

COLORECTAL HEALTH REVIEW

I. INTRODUCTION: PURPOSE OF THE PROJECT

- ❑ The colorectal health project aims to encourage adults ages 50 – 79 living in the [x area] to obtain fecal occult blood test (FOBT) screening at [clinic name]...

II. ROLE OF HEALTH PROMOTERS

- ❑ Health promoters serve important roles as educators and resource providers.
- ❑ For this project, health promoter will telephone and visit patients in their homes to provide colorectal information.

III. GENERAL CANCER INFORMATION

- ❑ Cancer is where the cells of the body become abnormal and grow very fast.
- ❑ About one in three people will develop cancer in their lifetime.
- ❑ Some cancers can be cured and most cancers can be prevented.

IV. INTRODUCTION TO COLORECTAL CANCER

- ❑ Colorectal cancer is the second leading cause of cancer death in the United States.
- ❑ Both men and women are at risk for colorectal cancer.
- ❑ The risk increases among people 50 years of age and older.
- ❑ Most colorectal cancers begin as growths in the colon called “polyps”.

V. COLORECTAL CANCER PREVENTION AND SCREENING

- ❑ A diet high in fruits and vegetables and low in fat can help reduce your chances of getting colorectal cancer.
- ❑ Regular screening can prevent up to one-third of the deaths from colorectal cancer.
- ❑ You should begin screening at age 50. You should begin screening earlier if you have a personal or family history of colorectal cancer or a history of polyp or inflammatory bowel disease.
- ❑ To prepare for an FOBT test, avoid aspirin, ibuprofen and Vitamin C for three days. Avoid red meat for three days prior to the test.
- ❑ A negative result means that no blood was found in your stool.
- ❑ A positive result means that blood was found in your stool. Your doctor will recommend more testing, usually a colonoscopy.

VI. DOCUMENTATION AND FORMS

INTERVENTION DOCUMENTATION FORM

For this project, there are two TRACKING FORMS. The first TRACKING FORM is for the group that receives only the mailed letter and FOBT card. This form is labeled the MO TRACKING FORM. The second TRACKING FORM is for the group that receives the letter and FOBT card as well as follow-up telephone calls and home visits. This TRACKING FORM is labeled the M & FU TRACKING FORM. The TRACKING FORM tells us what happened with each of the people you contacted.

You will be given blank TRACKING FORMS. Every time you talk to an individual about colorectal cancer prevention or screening, you **MUST** complete a TRACKING FORM.

The MO TRACKING FORM has two sections. The top section tells us whether or not we have the correct patient address. This section allows you to record a new address. Boxes are provided so that you can put the date that a mailing was sent. The bottom section is for recording information about the FOBT card. The first line allows you to record whether or not the card was received in the laboratory, and if so on what date and the second line allows you to record the results of the test, and the date the laboratory test was performed.

The M & FU TRACKING FORM has the same two sections as the MO TRACKING FORM. Complete these sections in the same manner as above. Two additional sections gives you codes that you will use to let us know what happened at every household. Because the goal of our project is to see if reminding patients about the need for colorectal screening will lead them to obtain screening, we want to know how many people were contacted by telephone and how many received a home visit. The codes in these two sections of the form tell us about both types of contact. These sections tell us when you made each contact to the household. It is important that you complete each section of the TRACKING FORM. You **MUST** put your initials on the TRACKING FORM. The TRACKING FORMS are on the following page.

Clinic Name / Project Name
MO TRACKING

Si el paquete original regresa

☐ Tiene una nueva dirección:

☐ Puesto en nuevo sobre con nueva dirección, paquete se volvió a mandar:

____/____/____ Iniciales: ____ ____

☐ No tiene nueva dirección, no se vuelve a mandar, poner esta hoja en sobre titulado: **“FINAL”**

Cuando llegan las placas

☐ Al laboratorio :

____/____/____ Iniciales: ____ ____

Resultados

Resultados: ☐ Positivo ☐ Negativo

Fecha de resultado: ____/____/____ Iniciales: ____ ____

Poner esta hoja en sobre titulado: **“FINAL”**

Clinic Name / Project Name
M&FU TRACKING

Si el paquete original regresa

☐ Tiene una nueva dirección:

☐ Puesto en nuevo sobre con nueva dirección, paquete se volvió a mandar:

____/____/____ Iniciales: ____

☐ No tiene nueva dirección, no se vuelve a mandar, poner esta hoja en sobre titulado: **“FINAL”**

Cuando llegan las placas

☐ Al laboratorio :

____/____/____ Iniciales: ____

Resultados

Resultados: ☐ Positivo ☐ Negativo

Fecha de resultado: ____/____/____ Iniciales: ____

Poner esta hoja en sobre titulado: **“FINAL”**

Llamadas

Iniciales	Fecha mes/día	Hora	AM/PM	Código	RESULTADOS

RULE: Leave only one telephone message. At least 9 attempts to contact person by telephone must be made including 3 evening attempt, 3 weekend attempt, and 3 daytime attempt before the respondent is considered unavailable.

OUTCOME

01: Complete (patient reached) 02: Phone Disconnected / wrong number (FINAL)
 03: No answer/ nobody home 04: Has moved from the area (FINAL) 05: Other: _____

DOCUMENTATION

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Llamadas					
Iniciales	Fecha mes/día	Hora	AM/PM	Código	RESULTADOS

RULE: Leave only one telephone message. At least 9 attempts to contact person by telephone must be made including 3 evening attempt, 3 weekend attempt, and 3 daytime attempt before the respondent is considered unavailable.

OUTCOME

03: No answer/ nobody home

01: Complete (patient reached)

04: Has moved from the area (FINAL)

02: Phone Disconnected / wrong number (FINAL)

05: Other: _____

Para Visitas al Hogar**Pedir dirección completa:**

Número y Calle: _____

Ciudad: _____ Código Postal: _____

¿Cuándo sería un buen día para que visitemos su casa?

Fecha: ____ / ____ / ____

¿A qué hora le convendría?Hora: _____ ☐ AM ☐ PM**Comentarios:** _____

DOCUMENTATION PROCEDURES

1. After completing a telephone or in-person contact with a patient, you will need to record the following information on the TRACKING FORM:
 - a. The date and time and outcome of the contact.
 - b. Whether or not the individual scheduled an appointment to receive screening.
 - c. Whether it was a telephone contact or home visit.
 - d. The date and time that the telephone call or home visit was carried out.
2. All TRACKING FORMS must be completed in black or blue ink. Red ink may be used to make edits or observations.
3. Write any additional comments or questions in the comment section at the bottom of the TRACKING FORM.
4. Any difficult situations or comments made by the participants should be reported to the Supervisor on call as soon as possible.
5. Think about any problems you had with the group or individual and review in your own mind how you would handle the problem the next time it comes up. Consult the information presented here or with the Supervisor for advice.

VII. APPENDIX

Often it is helpful to practice what to say on the telephone. Below is a script that can be used when talking with patients who are selected to participate in this project.

TELEPHONE SCRIPT FOR HEALTH PROMOTERS:

Hello, my name is _____. [ASCERTAIN WHETHER THE PERSON IS ENGLISH- OR SPANISH-SPEAKING AND SPEAK THE APPROPRIATE LANGUAGE.] Is [NAME OF PATIENT] available? Hello [NAME OF PATIENT] I am here with the Colorectal Health Project. A couple of weeks ago, we sent you a letter about this project. The project is about the health of people in this area. This study is being funded by [name of center]. Did you receive the letter?

Patients response:

Yes→ Great! [CONTINUE WITH SCRIPT]

No→ May I confirm your address? [IF THE PRESENT ADDRESS IS DIFFERENT FROM THE ONE ON FILE, RECORD THE NEW ADDRESS].

We would like to improve health in our community by increasing screening for colorectal diseases. Through a simple and free test, your doctor can tell whether you are at risk for diseases in your colon. Both men and women ages 50 and older need to get colorectal exams each year. Regular exams can prevent one-third of the cases of diseases such as colorectal cancer. Have you completed the test?

Patients response:

Yes→ Great! Thanks for your participation in the project.

No→ Are there any questions I can answer about the test? [IF THE PATIENT HAS NO QUESTIONS CONTINUE WITH THE SCRIPT]

I would like to remind you that colorectal cancer is the second leading cause of cancer deaths. Screening saves lives.

QUESTIONS ABOUT THE PROJECT

Some participants may have questions about the project or some aspect of the project. On the following pages are some commonly asked questions and answers to those questions. Please review them so you can answer appropriately if necessary.

1. How do I know that this is a legitimate project?

This project is being conducted by_____. The field supervisor for the study is _____. I would be happy to give you her number so you can discuss any questions or concerns you might have about the project _____.

2. Can I call the principal investigator or supervisor?

Yes, the Principal Investigator is _____ of _____. She can be reached at _____. My supervisor is _____. He can be reached locally at _____.

3. I don't have time to do this now.

I can speak with you at a more convenient time. What would be a good time for you?

VIII. VISUAL AIDS

Often, visual aids help people develop a mental image and understand a given topic.

Below is a list of the visual aids for this project. This section contains copies of visual aids that will be available for you to use.

INTERVENTION MATERIALS

HANDOUTS

- ☐ Letter from [clinic]

BROCHURES

- ☐ Project brochure
- ☐ Flip charts

MODELS

- ☐ Colorectal model