

IMPLEMENTATION GUIDE

Life Is Precious - Hmong Breast Health Study

*Using an Evidence-Based Program to develop
a process model for program delivery in the practice setting*

Note: Refer to “Using What Works: Adapting Evidence-based Programs to Fit Your Needs”. Review the appropriate Modules and the handouts provided in each, in order to modify and evaluate this program to meet the needs of your organization and audience.

“Using What Works” is available online at:

http://cancercontrol.cancer.gov/use_what_works/start.htm.

I. Program Administration (Type of Staffing and Functions Needed)

Program Coordinator (with a minimum of an MPH)

- Provide training and supervision for community health educators.
- Oversee program planning and scheduling.
- Serve as the main point of contact for program enrollment.

Hmong Community Health Educators (Full-time or Part-time)

- Requirements for health educators (women and men): Bilingual and bicultural, between the ages of 30 and 65 years old, able to read/write English and Hmong at a minimum of 6th-grade level; experience with Hmong culture and experience working with Hmong community members and leaders; an interest in learning about breast health and breast cancer
- Recruit participants at community locations (such as English language schools, grocery stores, and social service agencies) with a high Hmong concentration
- Conduct the educational sessions (female health educators conduct sessions for women, and male health educators conduct sessions for men).

Clinical Nurse Oncologist (RN)

- Provides an overview for the health educators on breast health, including the importance of breast cancer early detection, as well as other aspects of the cancer care continuum.

II. Program Delivery

For additional information on modifying program materials, refer to the appropriate Module(s) for program adaptation from “Using What Works”.

A. Program Materials (*All listed materials can be viewed and/or downloaded from the Products Page*):

- **Life Is Precious Brochure in English and Hmong:** The brochure is designed to remind women of the three breast cancer early detection exams (breast self-exam, clinical breast exam, and mammography). It reiterates the need for regular screening and provides pictures and graphic depictions of each exam.
- **Life Is Precious Flipchart in English and Hmong:** The flipchart is designed to educate women about the need for breast cancer early detection. It is a larger (2' x 3'), colorful, tabletop educational tool, with content in the following areas: basic epidemiology related to Hmong women, barriers to screening, risk factors and benefits of early detection, basic information on the three screening exams (breast self-exam, clinical breast exam, and mammography), Pap tests, and recommended guidelines for regular screening. The flipchart contains images of Hmong women and men clothed in traditional dress and graphic decoration taken from Hmong tapestry designs to increase the appeal of the materials to the participants.
- **“Life Is Precious: Breast Cancer Screening for Hmong Women” Participant Video:** The goal of this 21-minute video is to increase positive attitudes toward clinical breast exam and mammography. The video was filmed in White Hmong dialect with English subtitles. The video opens with a brief introduction by a U.S.-trained Hmong physician. The video follows a Hmong woman in her early 40s talking about her recent breast cancer with a second woman while engaging in cultural and traditional activities. The second woman then talks with her husband about getting screened, and the husbands of both women are shown talking with each other. The couple then decide together to get a clinical breast exam and mammogram. The woman goes with her husband for the examinations, where she interacts with her health care provider, receives the examinations, and follows up with her husband to discuss the results and implications. Intercut between the scenes are illustrated depictions of three breast exams with voiceovers describing each exam. The video closes with remarks from the Hmong physician and a Hmong shaman.

B. Program Implementation:

The steps used to implement this program are as follows:

Step 1: Program coordinator recruits at least one male and one female Hmong community health educator from referrals by Hmong community leaders and social service providers.

Step 2: Clinical nurse oncologist and program coordinator delivers 7-day training to community health educators on the following topics (each topic can be covered in 1 or 2 days, for a total of 7 days):

- **Overview of breast health provided by clinical nurse oncologist** (for more information, please see the National Cancer Institute's What You Need To Know About Breast Cancer)
 - a) Overview of breast cancer risk factors including: older age, family history of breast cancer (mother, father, sister, daughter), early age of menarche (12 years or younger), later age of menopause (55 years or older), and lifestyle factors (smoking, alcohol, overweight)

- b) Signs and symptoms of breast cancer, including: a lump or thickening in or near breast, change in breast size, puckering of skin, nipple turned inward, or bloody discharge from nipple
 - c) Breast cancer early detection methods and guidelines, including: clinical breast examinations (CBEs), conducted by a doctor or nurse during a routine health exam and recommended yearly for women age 18 and older; and mammograms, recommended every 1–2 years for women age 40 years and older
- **Overview of project goals and activities provided by the program coordinator**
 - a) Goal: To increase knowledge of breast health and breast cancer early detection among Hmong women and men
 - b) Activities: Hold group educational sessions with women and men (separately) to promote the importance of early detection
- **Educational session implementation and evaluation provided by the program coordinator**
 - a) Review program materials, including flipchart and guidelines, video, and brochure
 - b) Review discussion prompts; for example, key rings with wooden beads are used as a representation of breast lumps that could be detected during screening
 - c) Role-play implementation by having each educator present a portion of an education session; feedback should be provided by the program coordinator
 - d) Review implementation and goals of the education sessions for men to be delivered by a male health educator
- **Recruitment of Hmong men and women provided by the program coordinator**
 - a) Identification of community locations (stores, schools, social service organizations, temples, etc.) where women and men can be recruited.
 - b) Role-play script for recruitment with health educators

Step 3: Develop referral list for low-cost or no-cost clinical breast exams and mammograms in the area, such as federally qualified health centers (FQHCs) or other community clinics, mobile mammogram screening units, and other providers.

Step 4: Recruit participants by identifying neighborhood blocks, housing complexes with high concentrations of Hmong women aged 30 years or older, and conduct door-to-door recruitment. Recruitment should also be conducted at community sites (e.g., ESL classes, grocery stores) frequented by Hmong women. Upon receiving consent, invite the woman to commit to attending the program at a specific date and time. Any adult men who are members of the woman's family are invited and can schedule an educational program for men at the same time.

Step 5: Conduct the educational sessions at a culturally acceptable location (i.e., temple, participant's home, or other community-based site), using the guidelines provided in the Products Page. The sessions use an informal conversational format and begin with Hmong games and sharing of culturally familiar foods. A visually and linguistically appropriate graphical flipchart is used to discuss basic epidemiology related to Hmong women; emotional and logistic barriers to screening; risk factors and benefits of early detection; basic information on breast self-

exams, clinical breast exams, and mammograms; Pap tests; and recommended guidelines for regular screening. A video developed for the intervention portrays two Hmong women and their families discussing the importance of screening and the different steps of doing breast self-examination, getting a clinical breast examination, and getting a mammogram, as they go through everyday life in the Hmong community. The video visually demonstrates the techniques used for each of the tests and walks the women through these procedures. A Hmong-language brochure is used to reinforce the information in both the flipchart and video for younger literate family members. An essential cultural component of the design of the program is to include Hmong men in the outreach, because they are the main decision-makers in the Hmong family and community. Men's workshops are similar to the women's, but the goals are to increase the support that men give to women in their families to get regular breast cancer early detection exams. The men's workshops are conducted at the same time, with a male community health educator. Younger women can also be included in the education sessions because they would have a greater understanding of the need for mammograms and would help to communicate this to the older women.

III. Program Evaluation

For additional information on planning and adapting an evaluation, review the appropriate Modules for program implementation and evaluation from “Using What Works”.

http://cancercontrol.cancer.gov/use_what_works/start.htm

For further assistance in designing and conducting an evaluation, consider communicating with members from NCI's Research to Reality (R2R) community of practice who may be able to help you with your research efforts. Following is a link to start an online discussion with the R2R community of practice, after completing registration on the R2R site:

<https://researchtoreality.cancer.gov/discussions>.