

Training Packet

Outreach To Increase Screening for Breast and Cervical Cancer

Part 3

Making Cancer Communication Work Training Packet



Preface

The Breast and Cervical Cancer Mortality Prevention Act of 1990 authorized the Centers for Disease Control and Prevention (CDC) to start a national program to help prevent deaths from breast and cervical cancer. This program ensures that underserved women receive regular screening for breast and cervical cancer, prompt followup if needed, and assurance that the tests are performed according to current recommendations for quality assurance. CDC carries out many of these activities through partnerships with State and Territorial health agencies, American Indian and Alaska Native organizations, and other national organizations. In 1999, CDC began the ninth year of this landmark national program. The program continues to bring critical screening services for breast and cervical cancer to older medically underserved women, including women who have low income, are uninsured or underinsured, or belong to a racial or ethnic minority group.

Fifty States, 5 territories, the District of Columbia, and 16 American Indian and Alaska Native organizations now participate in the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). CDC provides national program leadership in collaboration with other Federal agencies and professional, national, voluntary, and consumer organizations.

The overall goal of CDC's National Strategic Plan for the Early Detection and Control of Breast and Cervical Cancers is "to ensure that every woman for whom it is deemed appropriate receives regular screening for breast and cervical cancers, prompt followup if necessary, and certainty that tests are performed in accordance with current recommendations for quality assurance." To reach this goal, the National Strategic Plan has identified key components, including public education, professional education and practice, quality assurance for breast and cervical cancer screening, surveillance, evaluation, and service delivery. As part of the public education component, this training packet is intended to help users enhance their knowledge and skills in providing effective community outreach to increase the rate of screening for breast and cervical cancer.

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Introduction

Introduction

Goal

The goal of this training packet is to provide lesson plans for training on cancer communication as an outreach strategy. Through participation in the training outlined in this packet, Breast and Cervical Cancer Early Detection Program (BCCEDP) staff members and others who contribute to outreach activities will become better equipped to plan, implement, and evaluate health communication efforts.

This packet is one of six major components of the 1997 training program Effective Outreach Strategies for Older Medically Underserved Women undergoing adaptation for State and local BCCEDP staff. At the time this packet was printed, the first three parts were completed:

- Part 1: Community Analysis
- Part 2: Overview of Outreach Strategies
- Part 3: Making Cancer Communication Work
- Part 4: Applying Theories and Models
- Part 5: Diversity Awareness
- Part 6: Evaluation Strategies

Intended Audience

This training packet is designed to be used to train State, regional, county, and local BCCEDP staff, task forces, coalition members, and partners.

It is highly recommended that people using this packet to train others

- Have experience delivering interactive trainings for diverse groups of adults; *or*
- Attend a training of trainers, to build the skills necessary to facilitate an effective training for adult learners.

This training is designed for 8 to 20 participants. Geared for participants at a “beginning” to “intermediate” level, the training is appropriate for participants who have

- No experience with health communication; *or*
- Some experience with health communication and wish to strengthen their skills and learn a systematic process for developing communication activities and materials.

Objectives

Participants in the Making Cancer Communication Work Training will be able to

- Define health communication;
- Describe the steps of the NBCCEDP Health Communication Wheel;
- Describe characteristics of effective print materials;

- Develop a plan for redesigning a printed health communication piece so that it is appropriate for the intended audience; and
- Develop a plan for applying what has been learned back on the job.

Structure of This Packet

This training packet contains five sections, which are described below.

Introduction

This section provides an overview of the packet, including goals, intended audience, objectives, and structure. In addition, this section contains step-by-step instructions to help you prepare for and conduct a 6½-hour training for others on cancer communication.

Background Reading

This section provides basic information about cancer communication that you will need to know to conduct this training.

Lesson Plans

The Lesson Plans section provides step-by-step directions for conducting a 6½-hour training on cancer communication.

Training Resources

The section contains all the transparencies, handouts, and other resources that you will need to conduct a 6½-hour training.

Appendices

Located at the end of this packet, the Appendices section includes a glossary and bibliography.

Awarding Continuing Education Credits

You may wish to apply for continuing education credits for participants in the Making Cancer Communication Work Training. There are several types of credits to consider, depending on who will be participating in the training. Listed below are types of credits and the organizations through which you can seek accreditation:

- | | |
|---|--|
| • “Generic” continuing education units (needed for some professional licenses and certifications) | Local colleges or universities |
| • CHES continuing education contact hours (for Certified Health Education Specialists) | National Commission for Health Education Credentialing, Inc., 1-800-624-3248 or < www.nchec.org > |
| • Nursing contact hours (for nursing licensure) | Hospitals or State nursing associations |

- Continuing medical education units (for doctors, nurse practitioners, physician assistants, and radiologic technologists) Hospitals, universities, medical schools, or State medical associations

While each accrediting organization has a different process, *in general* you will need to

- Submit an application well in advance of the scheduled training*;
- Have participants who wish to receive credits complete evaluation forms; and
- Submit a list of participants who wish to receive credits and an evaluation summary to the accrediting organization within a specified period of time.

Steps for a Successful Training

Outlined below are steps to follow to help ensure a successful training experience. Use the checklists provided to help you prepare for, deliver, and complete necessary followup for each training you deliver.

Plan Logistics

(at least 1 month before the training)

- Choose a date and time for the training. The training will take 6½ hours, not including lunch and breaks. (Asking participants to set aside an 8-hour day will ensure that you have time for breaks and lunch.)
- Reserve a training room large enough for participants to move around freely and work in small groups. This training is designed for 8 to 20 participants.
- Think about how to schedule time for participants to network (e.g., during lunch). Although there is some time built in to the training for participants to share ideas and resources, many participants will want additional time to “catch up” with their colleagues.
- Send a marketing flier (on page 95) along with an application form (on page 96) to potential participants.
- Have participants fill out and submit an application form, which contains their contact information, relevant background and experience, and their expectations for the training. This information will help you prepare for the training by helping you better understand participants’ needs.
- If you wish to offer continuing education credits for participants in this training, submit the necessary materials to the accreditation body. (Information about accreditation begins on page 3.)

* Continuing education applications generally require that you submit training objectives, agenda, and evaluation forms—all of which are contained in this training packet—and a short biographical data form for each trainer. Pre- and post-tests and other documentation may be required by some accreditation boards.

Prepare To Facilitate the Training

- Read the Background Reading section, which provides basic information about cancer communication that you will need to facilitate the training.
- Consider facilitating the training in a team of two or more people. The team should have at least one person with knowledge of and experience with the training topic and at least one person with skills and experience delivering training to diverse groups of adults.
- Review the Lesson Plans for delivering the training. Everything needed to deliver the training is included in the Lesson Plans. That is, the content and process for delivering the training are included in an outline of instruction. Here you will find the purpose; learning objectives; session overview with estimated time for each section of the outline; equipment, materials, and supplies needed; and a guide for what to say. The outline is set up in two columns: Facilitator Notes and Facilitator Outline. The transparencies and handouts are listed in the Facilitator Notes column. The content is contained in the Facilitator Outline column. If you follow the instructions as written, you will be sure to have a successful delivery.
- Read Facilitation Guidelines and Teaching Strategies on pages 7-10, which provide suggestions for encouraging group participation, and spend some time thinking about how to incorporate these suggestions into the training.
- In your mind, walk through the activities until you feel comfortable with how to lead them. You may wish to practice out loud, in front of a mirror, with a tape recorder, or with friends or colleagues.
- Secure needed equipment, materials, and supplies. (See the list at the beginning of the Lesson Plans section.)
- Make copies of transparencies, handouts, and trainer resources so that each participant has a complete set. (You will see special instructions on some individual trainer resources.)
- If you have participants fill out and submit their application forms prior to the training, make a list of their expectations on newsprint. You will be using this list during the training.)
- Create a list of participants' names and contact information (addresses, phone numbers, fax numbers, and e-mail addresses, if applicable) to hand out during the training.

Deliver the Training

- Set up the training room so that participants can see each other (e.g., in a circle) and move freely around the room.
- Test all audiovisual equipment.
- Facilitate the training according to the lesson plans provided.
- Give each participant a copy of all transparencies and handouts used for delivering the training.
- Hand out the participant list so that participants can continue to share ideas and resources after the training.
- Have participants complete the training evaluation form (on page 146). You will most likely need to submit evaluation forms for participants who wish to receive continuing education credits. Having *all* participants fill out evaluations will provide you with useful feedback about the training in general and your facilitation skills in particular.

Complete Post-Training Activities

- Review participants' evaluation forms, and think about ways to improve your facilitation skills for future trainings.
- If you co-facilitated the training, take time to “debrief”—to discuss with your co-trainer what went well, what you could improve upon in the future, and how you worked together.
- If you secured continuing education credits for the training, mail materials to the accrediting organization.
- Send certificates of completion to training participants who will not be receiving continuing education credits. Most individuals like to be acknowledged and have a record of professional development workshops or activities completed. Templates for certificates are contained in most computer software packages. When creating certificates of completion, be sure to include the participant's name, the sponsoring agency, and the title, location, and date of the event. (A sample certificate of completion is included on page 152.)

Facilitation Guidelines

As a trainer, your goal is to help participants learn information and build skills. You can help people learn best by using facilitation techniques that acknowledge and build on the knowledge, skills, and experience they already have.

Research shows that adult learning occurs best when it is self-directed, fills an immediate need, involves the learner, is reflective, provides feedback, shows respect for the learner, draws on the learner's own experience, and occurs in a comfortable environment. Brazilian educator Paulo Freire, the founder of popular education, developed the empowerment approach to education, which offers a useful framework for training adults. His basic tenet is that the teacher (in this case, the trainer) learns from the group and that the learners in the group are also teachers. In other words, everyone learns from each other. Therefore, effective facilitators talk with—not at—participants as a way of setting a climate of mutual respect. Many facilitation techniques can be used to maximize group participation, keep participants engaged, and help them learn from each other. Several of these techniques are described below.

Encouraging Group Participation

When participants take an active role in their learning, they are more likely to “own” the information and skills covered in the training. People are more likely to participate actively in the training if you do the following:

- Maintain relaxed body language.
- Use an icebreaker to help participants relax, get to know each other, and get ready to learn.
- Set group norms (sometimes called ground rules) to help make the training a safe, comfortable, and productive learning environment. Examples of norms include “One person talks at a time,” “Respect others’ confidentiality,” “Help each other learn,” “Help the training stay on track by returning on time from breaks and lunch,” and “All feedback is to be given in a supportive manner, with the goal of helping others improve their skills.” You may wish to offer one or two of these norms as an example, to help the group get started in creating a list of norms. These norms also can be added to the list if they are not offered by participants.
- Move around. If you stand behind a podium, you are likely to appear distant or inaccessible to participants.
- Ask the group for examples to illustrate a point. This strategy ensures that examples are relevant to participants.
- Bounce back to the group questions you receive from participants, as appropriate. “What do other people think about this?” and “What other ideas do you have?” are ways to show participants that you recognize their expertise.
- Show participants that you appreciate their contributions by saying things such as, “That’s a good point,” “Thank you for bringing that up,” or “Many people have that same question/concern.”

More specific ways to maximize group participation are included in the Open-Ended Questions and Active Listening sections that follow.

Open-Ended Questions

Whenever possible, ask questions instead of talking at participants. Find opportunities to help participants share their ideas. You can do this by asking open-ended questions—questions that cannot be answered with a simple “yes” or “no.” Open-ended questions are a simple way for trainers to acknowledge that participants have valuable information and experience to share. The Making Cancer Communication Work Training includes time for active audience participation. However, using open-ended questions often takes longer than lecturing. If you find that you are running out of time in a session, you may need to limit responses from participants (e.g., “We have time for two more comments.”).

Open-ended questions can be used early in a training to get a sense of where participants are coming from—their expectations and baseline knowledge levels. Open-ended questions used early in a training send the message that participants’ input is welcome. For example, you may wish to ask the following questions:

- “What are your expectations for this training?”
- “What norms would you like to add to this list?”
- “What part does a thorough community analysis play in choosing to use a communication strategy?”

You also can use open-ended questions to review information already covered. For example, you could have participants review or summarize parts of the training by asking the following questions:

- “What new information have you learned in this training?”
- “How will you apply what you’ve learned in this training to your work?”
- “How can a thorough community analysis help you in deciding to use a specific type of health communication?”

In addition, you can use open-ended questions to help participants share ideas, experiences, barriers, and solutions when you process activities or discuss contents. Examples of these types of questions include the following:

- “What have been your experiences in using print-based materials?”
- “What are some of the barriers you may face in pretesting a health communication campaign or materials?”
- “How can you overcome these barriers you’ve identified?”

Active Listening

Your active listening skills can help participants feel like their ideas are truly an important part of the training experience. In addition, active listening helps you understand participants’ concerns; this greater understanding helps you tailor the training to better

meet their needs. An effective, active listener uses both verbal and nonverbal skills to acknowledge participation, clarify information, and encourage dialog.

Verbal active listening skills include

- Repeating what participants say to emphasize their points;
- Rephrasing participants' words to see if you understand what they are saying;
- Connecting participants' points to something covered earlier in the training;
- Asking for clarification if you are not sure what participants mean; and
- Thanking participants for their contribution.

Nonverbal active listening skills include

- Maintaining open, receptive body language;
- Making eye contact with the speaker;
- Leaning forward; and
- Nodding when appropriate.

Giving Feedback

As noted above, it is important to give positive feedback to participants throughout the training. In addition, it may be necessary to give corrective feedback at several points in the training, as you help participants build their skills and knowledge. Effective corrective feedback is always given in a supportive manner that helps participants improve. Tips for giving corrective feedback include the following:

- Focus your comments on the participant's behavior rather than on him or her as an individual.
- Always point out something the participant did well.
- Point out something *specific* the participant could improve on.

Corrective feedback is never a personal attack on an individual; it is always offered as a way of helping someone increase knowledge or improve skills.

Time Management

Time management can be one of the most challenging aspects of conducting a training. It takes a skilled facilitator to cover training content in a way that involves and engages participants in a limited timeframe. Some ways to manage time effectively are to

- Make clear in setting norms that participants and trainers will be expected to respect starting, ending, and break times;
- Help participants who wander off the topic to tie in their comments with the discussion at hand;

- Ask participants' permission to "table" questions, suggestions, or comments because you will be covering a related topic later in the training, and write the tabled information on newsprint as a reminder to come back to it; and
- Limit comments on any given topic. (Always encourage participants to continue their dialog on breaks or after the training session.)

If you run into a situation in which you have too little time to cover all topics on the agenda, you may need to negotiate with participants about what they most want to cover. By allowing them to identify what is most useful to them, you make the most of the time remaining and meet learners' needs.

Teaching Strategies

This training is based on principles of adult learning and uses several different teaching strategies as a way of keeping participants interested and involved. Strategies used are described below.

Small-group work provides an opportunity for participants to work together to accomplish a specific task. It exposes participants to a variety of perspectives and experiences, and emphasizes the role of teamwork in health communication.

Case studies provide an opportunity for participants to apply abstract concepts or models to a real-life situation. Through the use of a hypothetical and familiar situation, participants move from knowledge to skill-building.

Brainstorming generates a list of ideas, thoughts, or alternative solutions around a particular theme or topic. The purpose of brainstorming is to obtain as many ideas as possible and for participants to stimulate each other's thinking. In this technique, creative thinking is more important than practical thinking. Participants spontaneously present ideas on a given topic. No idea is dismissed, criticized, or evaluated. Anything offered is written down.

Lectures are a quick and easy way to cover content that is new or unfamiliar to participants. Trainers deliver lectures by talking to participants about a specific subject, often with the use of transparencies, slides, or other visual aids. Because adults learn most effectively when they participate actively in their learning, lectures are kept to a minimum and interspersed with other teaching strategies in this training.