

FACILITATOR'S MANUAL



**Morehouse School of Medicine
Prevention Research Center**



**National Black Leadership Initiative on Cancer III:
*Community Networks Program***



Georgia Comprehensive Cancer Control Program



Regional Cancer Coalitions of Georgia

This manual is a publication of the
Colorectal Cancer Screening Intervention Program

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BACKGROUND:

Colorectal Cancer Screening Intervention Trial (CCSIT)

We tested the effect of three types of interventions on (1) the knowledge, attitudes and beliefs (KABs) about colorectal cancer among African Americans for whom screening is recommended and (2) the effect of the three different approaches on adherence to screening guidelines. Three hundred sixty nine Atlanta-area African American men and women aged 50 and above were randomized to one of the three interventions or a control arm. A health educator conducted counseling and educational sessions. “Reducing out-of-pocket costs” consisted of reimbursement of out-of-pocket expenses up to \$500. We assessed baseline and post intervention data on KABs through questionnaires and assessed screening outcomes six months after the intervention. The small group educational intervention resulted in the greatest improvement in KAB; the individual counseling intervention also demonstrated improvement. The small group educational intervention was associated with the highest screening rates post-intervention ($p= 0.039$ compared to the control cohort). However, even in this group, only about 40% of participants were screened 6 months after the intervention. Persons in the “reduced out-of-pocket expense” group were no more likely to be screened than the controls (about 20%). The small group milieu is conducive to both learning and behavior change. Rates of completed screening were surprisingly low post-intervention. Financial barriers may not be the greatest obstacle to screening for colorectal cancer. Additional research into approaches to increasing colorectal cancer screening among African Americans is warranted. This work was supported by:

- 1) IUOICA114625 (NCI): Community Networks Program
- 2) 5U48DP000049 (CDC): Prevention Research Center; Cancer Prevention & Control Research Network
- 3) U54CA118638 (NCI): Minority Institution/Cancer Center Partnership.

Colorectal Cancer Screening Intervention Program (CCSIP)

In an effort to implement interventions targeting beneficial colorectal cancer screening behaviors, we executed an evidence-based public health program targeting 22 Fulton County senior citizen centers. We established a partnership with the Fulton County Department of Health & Wellness to deliver small group educational sessions focused on incidence and mortality, lifestyle behaviors/risk factors and screening guidelines related to colorectal cancer. Based on the Colorectal Cancer Screening Intervention Trial (2000-2006) results, an educational curriculum was developed and community health workers and health educators were trained as facilitators. Through this partnership, men and women 50 years and older receiving services from senior citizen centers will participate in three colorectal cancer screening education sessions. To date, 341 participants from seven senior centers have attended CCSIP sessions since November, 2008. Additional centers are currently targeted for implementation.

FACILITATOR TRAINING

This user-friendly Facilitator Training Manual has been developed for the Colorectal Cancer Screening Intervention Program (CCSIP). The facilitator training is designed to educate facilitators through structured short-term didactic experiences aimed at motivating individuals to facilitate colorectal cancer screening education sessions. This training introduces basic vocabulary, concepts, and methods of community-based cancer control and instructional strategies for urban and rural African Americans of varying health literacy in a community environment.

The goal of this training, in addition to mastery of the CCSIP protocol, is to strengthen communication skill development, knowledge acquisition and personal awareness related to African Americans. Additionally, the goal will be to focus on participants' communications skills building related to cancer communications and information retrieval and management. Interactive training offers a promising way of teaching communications skills and aspects of facilitator-participant relationships. Among these, cognitive (e.g. theoretical information), experimental (e.g., case-history discussions), behavioral (e.g. role-playing exercises) and supportive (e.g. stressors identification) training techniques can be used to teach the essential skills of good communication, i.e., listening, empathy, response to cues and appropriate use of reassurance.

The RCCG members and community partners will learn the language of colorectal cancer, various methods of early detection and treatment, how to synthesize educational literature and how to improve the practice of community-based cancer early detection in the state of Georgia. Each facilitator training session will remain flexible and tailored to the needs of the targeted training group, but will cover the following topics:

- 1) Introduction/CCSIP Overview
- 2) Health education communications
- 3) Instructional strategies
- 4) Barriers/enablers to colorectal cancer screening.

The certified training will include:

- A review of the three CCSIP sessions
- A practicum which includes objective evaluation of facilitators' presentations
- Certificates distributed via U. S. mail following facilitator training.

Multimodal techniques that influence attitudes as well as change knowledge may be useful in assisting health care providers in effectively communicating. Salient features of these techniques are that they: 1) blend didactic and field learning using lectures, case studies, patient contact and role modeling; 2) emphasis of group discussion and problem solving and 3) focus on developing communication skills and a capacity to empathize through experimental exercises, dialogue and role-playing.

THE COLORECTAL CANCER SCREENING INTERVENTION PROGRAM

CCSIP includes community engagement through a partnership with the community, public health researchers and state policymakers. Each intervention session will include a maximum of 20 (with an average of 10-12) participants.

CCSIP Intervention Sessions

Number	Title	Content
1	Introduction to CCSIP	This session provides a general overview of colorectal cancer (CRC) facts. Definitions and screening guidelines; fecal occult blood test (FOBT), Sigmoidoscopy, colonoscopy, double contrast enema; digital rectal exam (DRE); costs; insurance coverage; CCSIP colorectal cancer screening goals.
2	Colorectal Cancer Screening, Symptoms and Diagnosis	Common symptoms explained. Finding the cause of symptoms through CEA assay, biopsy, x-rays, sigmoidoscopy or colonoscopy. Definition of treatment methods (surgery, chemotherapy, radiation therapy, biological therapy) Clinical Trials; Social support; developing a plan; monitoring success; CCSIP colorectal cancer screening goals.
3	Maintaining Healthy Habits	This session encourages participants to incorporate healthier cooking and eating habits into their lifestyles. It also focuses on CRC screening as an important health habit.

Educational Facilitators

The RCCG coalition members and collaborating partners are qualified to serve as CCSIP facilitators. In addition to public health professionals, cancer survivors and advocates, community members, church and civic leaders, as well as others interested in lowering colorectal cancer incidence and mortality will be invited to serve as facilitators. Although there are no formal qualifications, CCSIP facilitators will accept and promote the United States Preventive Services Task Force, the American Cancer Society (ACS) and the Agency for Healthcare Research and Quality (AHRQ), guidelines on colorectal cancer screening. Two CHAs per RCCG will be selected to serve as CCSIP educational facilitators. These individuals will be chosen based on their knowledge of their community, ability to engage potential participants and willingness to serve. Each CHA candidate will be interviewed by RCCG staff and partners and evaluated based on these criteria. Two CHA’s for each RCC will be trained for the purposes of this study.

SESSION 1:

INTRODUCTION TO THE COLORECTAL CANCER SCREENING INTERVENTION PROGRAM

PURPOSE: This lesson provides a general overview of colorectal cancer (CRC) facts.

ESTIMATED DURATION (60 Minutes):

Networking Social (10 min)

Slide Presentation (40 min)

Question/Answer Period (10 min)

TEACHING OBJECTIVES:

- To define the program goal and purpose
- To provide an overview of colorectal cancer

MATERIALS:

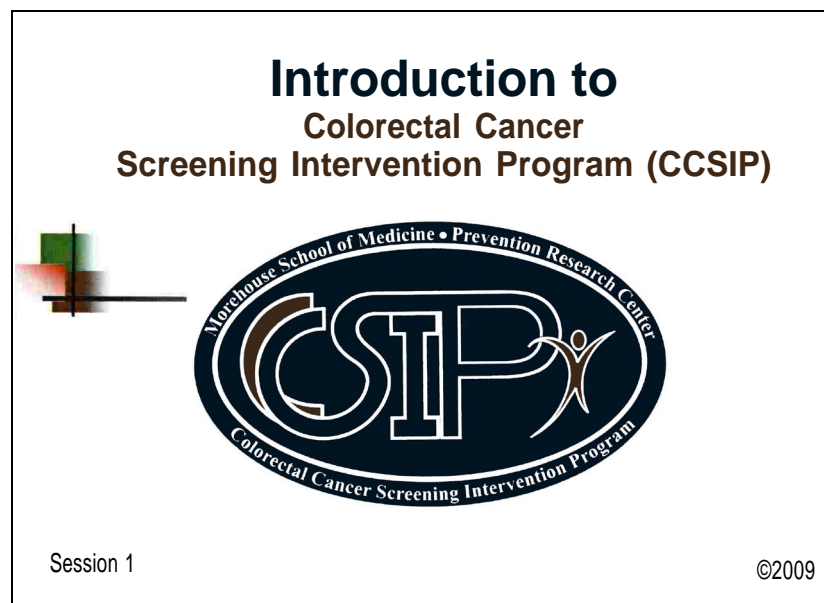
Sign-In Sheet

Slides

AV Equipment

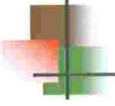
Brochure #: Prevention and Early Detection is Key

PROCEDURES: Greetings, introductions and begin the slide presentation with question/answer session to follow. Let them know that you will get back with them if you are unsure of an answer. Make a note of unanswered questions and give it to CCSIP staff. Be sure that everyone has signed in and give each participant a handout if available. Remind them of the location and time of the next meeting if known, then dismiss the group.




Greet the audience

- The Colorectal Cancer Screening Intervention Program, or “CCSIP” is a program of Morehouse School of Medicine Prevention Research Center, National Black Leadership Initiative on Cancer III: *Community Networks Program*, Georgia Comprehensive Cancer Control Program and the Regional Cancer Coalitions of Georgia
- On behalf of the CCSIP team, I would like to thank you for joining us today, and thank name of center contact for hosting our session.
- In today’s session, we are going to talk about the CCSIP project and what it means for you. We will also begin to share some background information about colorectal cancer.
- But before we begin, let’s get to know each other. Tell us your name and one interesting thing about yourself. I’ll start. **(Share personal information, and then ask the group members to do the same. Limit introductions to 30 seconds.)**

 **Goal**

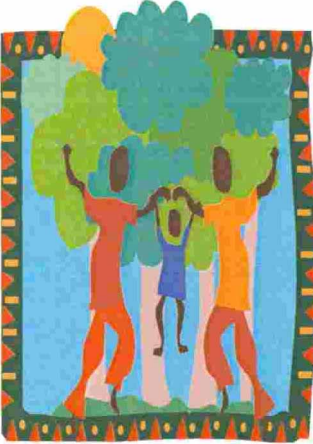
To increase colorectal cancer screening rates among African Americans in Northwest Georgia by educating the community about colorectal cancer and the importance of getting screened.



- The goal of the CCSIP is to increase colorectal cancer screening rates among African Americans in Northwest Georgia by educating the community about colorectal cancer and the importance of getting screened.

Purpose

- Healthier Community
 - Prevention
 - Early Detection



• Why is there a need to increase colorectal cancer screening rates among African Americans?

•The answer is for a healthier community.

-Colorectal cancer is the third most common cancer in African American men and women.

- In 2009 an estimated 16,520 cases of colorectal cancer are expected to occur among African Americans.

- Also, an estimated 7,120 deaths from colorectal cancer are expected to occur among this same population.

•Prevention and Early Detection are key!

Prevention

With proper screening, 90% of all cases and deaths are thought to be preventable.

Early Detection

-When colorectal cancer is found early and treated, there is a 90% survival rate.

-However, less than half of all cases occur at an early treatable stage.