

Example of tailored newsletter components

The Faith Moves Mountains (FMM) newsletter is approximately four pages in length, and is designed to have a format that is similar to a health education flipchart. The intervention protocol and newsletter is tailored according to three domains: (1) the participant's particular cervical cancer activity challenge (Pap smears or follow-up treatment); (2) the barriers and assets indicated by the participant during the baseline interview; and (3) the participant's literacy level. After the baseline interview, the LHA and Dr. Hatcher identify incorporate each individual's barriers and assets which they weave into a standard newsletter. The LHA prepares a package of materials, including the newsletter, to match the barriers and assets. For example, if transportation is mentioned as a problem, extensive information about public transportation services (cost, contact telephone number, hours, etc.) is provided and the LHA focuses on this and other barriers.

Page 1: Brief introduction to the FMM tailored newsletter with the LHA listed as the information source (with insert photograph of LHA or church). The introduction will briefly review the contents of the newsletter. In addition, a column will be written by one of the LHAs with a testimonial about the importance of cervical cancer screening and or follow-up. In addition, we will print the contact information for the LHAs so that the participant can personally query them, if desired.

Page 2: A question and answer column from Dr. Jennifer Joyce will convey information about the need for screening, the recommended cancer screening tests and guidelines for screening, and the advantages of screening. This information will be tailored to cervical cancer prevention need of the participant.

Page 3: A half-page layout highlighting the most important barriers reported by the participant in the baseline interview will be provided in bullet format, followed by a half page providing strategies for overcoming barriers and/or offering counter arguments. For example, if cost, transportation, and/or child/elder care are significant barriers for the woman, the programs identified in the community inventory and during the key informant interviews with the health and social service providers will be described and contact information will be provided. For women who list no barriers, the newsletter will discuss the most common barriers to screening.

Page 4: A half-page column written from the point of view of the health department contact person (with photograph insert) who is responsible for making appointments for cervical cancer screening. This column will provide a description of the process of making an appointment, identify phone numbers, and explain how the appointment can be made. The objective is to promote self-efficacy by describing how to overcome barriers to making an appointment. The remaining half-page will be reserved for a final message by the LHA (with a signature byline) that will include Biblical references or faith-related language.

Sample Newsletter: Note: Each newsletter is tailored according to the barriers & assets expressed by the participant. When the LHA visit occurs, we also provide a comprehensive folder with the personalized newsletter, a list of community resources designed to address the participant's barriers and draw on her assets, and a contract.

What you should know about the Pap smear and Cervical Cancer



Photo by Maggie Dollarhide

Did you know that getting regular Pap smears can save your life? It's true!

Faith Moves Mountains

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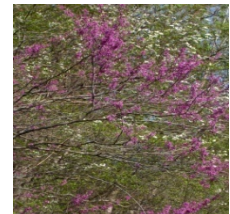
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A note from Faith Moves Mountains' medical adviser, Dr. Jennifer Joyce,
University of Kentucky Family Practice

It is my great pleasure to be health care advisor to the Faith Moves Mountains project. It has been a wonderful experience learning more about the strength of Eastern Kentucky communities as we bring important information about Pap smears and cervical cancer prevention. Health is very personal, but it's also an important community concern. Pap smears bring this to light so clearly. Making the personal choice to be screened will improve your health, your family's health and the health of your community by decreasing the negative impact of cervical cancer in the community. Eula Hall from Floyd County Kentucky, founder of Mud Creek Clinic, has said, "Things just don't happen, especially for women. You have to make them happen."

By choosing to have Pap smears regularly, you can help prevent cervical cancer. Our experience with Pap smears tells us that many women will be helped through regular screening. Regular Pap smears will find worrisome changes of the cervix before they become invasive cancer. Getting screened for cervical cancer offers reassurance of your good health or informs you of early changes that may not be causing you any noticeable problems. Early stage changes can be treated to prevent invasive cervical cancer. Eastern Kentucky women have long been agents for community improvement. Choosing to have regular Pap smears is one choice to help make positive things happen for yourself and your community.



What is a Pap Smear ?

The Pap smear is a simple test that finds changes in the cells of the cervix. The Pap smear can find signs of cancer at very early stages when treatments work best. Found early, cervical cancer can be cured in nearly every case. If not found early, cervical cancer can spread and be much more difficult to treat.

Who should get Pap Smears and how often?

The American Cancer Society recommends that starting at age 21, **all women should have a Pap test**

every year or every 2 years using the newer liquid-based Pap test. Beginning at age 30, women who have had 3 normal Pap test results in a row may get screened every 2 to 3 years. Women 70 years of age or older who have had 3 or more normal Pap tests in a row and no abnormal Pap test results in the last 10 years may choose to stop having cervical cancer screening. Women with a history of cervical cancer or a weakened immune system should continue to have screening. Women who have had a hysterectomy can stop having Pap tests unless they still have a cervix or if the hysterectomy was done because of cervical cancer.

Pap Smears and Cervical Cancer – A cancer that can be prevented!

Barriers to Obtaining Pap smears

The most common reason for not receiving regular medical care is **cost**. Particularly for those with limited income, it may be difficult to justify paying for health care when there are no symptoms of illness and when there are other bills to be paid. Therefore, the cost of obtaining Pap smears may be an important barrier for women with limited ability to pay. We hope to persuade women to do their very best to obtain Pap smears regularly.

Many women say that **lack of time** is an important reason for not getting Pap smears. Women today are very busy, often working full-time jobs and caring for their families. Medical offices are often closed when the women are not at work. Many companies also discourage women from taking time off work to go to the doctor by not paying them for the time away from the workplace. To prevent cervical cancer, women must find ways to make time to obtain Pap smears regularly and to return for follow-up care if necessary.

Transportation often plays a role in why women don't receive Pap smears as often as they should. Many families only have one car and there are no reliable means of mass transit in rural areas. Women sometimes must find creative ways to get to the doctor.

Finding reliable, affordable **childcare or eldercare** may also be a barrier for women who need medical care. Most clinics or doctor's offices make no provision for elders or children who are not patients. Women coping with this situation must find someone to care for their children or older loved one while they go to the doctor.



Attitudes play a major role in explaining why women don't get regular Pap smears. Some women feel that without symptoms, like pain or bleeding, there's no reason to go to the doctor's office. Spending time and money on doctors when there are no symptoms may seem wasteful. Some people don't believe that diseases can be prevented at all. If women wait until cervical cancer progresses to the invasive stage (class V), the chances of cure becomes similar to that of other types of cancer, but if found early, there is a **95% chance of long term survival**.

Some women say that they don't want to know the results of their Pap test. Most Pap tests come back normal, but you should always ask your doctor or the nurse about how you'll get the results back. If you have an abnormal Pap test, generally you'll need to repeat it. If it comes back abnormal again, you might be referred for more tests or treatment. But new developments in treatment can be quick and relatively painless.

Forgetfulness is also responsible for some women not getting regular Pap smears. Having pelvic exams and Pap smears is unpleasant, so it is reasonable that women would not look forward to having their next exam. In fact, they may want to forget when they need their next exam. One of the easiest things that Faith Moves Mountains can do is to remind women that they need Pap smears and help them to find out when they should schedule an appointment.

Barriers Specific to Pap Smears. Barriers specific to Pap smears include: not wanting to have additional pelvic examinations, having to go to a male health care provider, lack of understanding concerning the efficacy (effectiveness) of treatment, and misunderstanding concerning whether they have had a Pap smear during a pelvic exam.

The first, and probably most relevant, reason is that women simply do not like to have 'unnecessary' pelvic exams. As long as a woman is not pregnant, her monthly periods are normal, she is not in any pain, and she has no abnormal bleeding, she is unlikely to seek a pelvic exam.

Some women prefer a female health care provider when they have to have pelvic exams. This is a matter of personal preference, however, and is not shared by all women. There are many more male than female physicians, so it is more likely that women will have a male physician do their Pap smears.

Women may think that once they are no longer having children, or are no longer sexually active, they do not need to continue to have Pap smears. If a woman has ever been sexually active, she needs to have regular Pap smears.

Often women think that if they have had a pelvic exam, they have had a Pap smear. Many pelvic exams do not include Pap smears. It is important for women to know when they had their last Pap smear and when they need their next one.

Patients may feel that they have to wait too long in the doctor's office before being seen. This is an important barrier, if the woman strongly feels that the visit is necessary, she will be more likely to put up with the delay.

Finally, some women have strong beliefs about modesty. The stronger these beliefs, the more uncomfortable women are in medical examinations. For these women, it is vital that they understand the importance of a Pap smear to their health.

