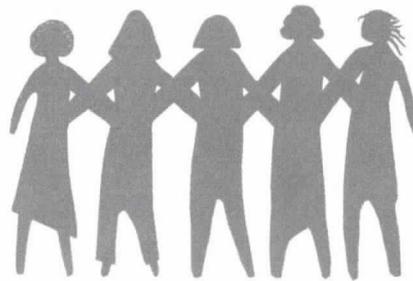


Woman to Woman Facilitator Manual





**Woman to Woman
is a joint project of the
Dana-Farber Cancer Institute's
Center for Community-Based Research,
the Service Employees International Union,
and participating worksites. It is funded by the
National Cancer Institute, with support from
The Liberty Mutual Group,
The Boston Edison Foundation, and
New England Electric System.**



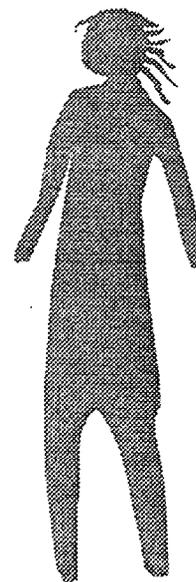
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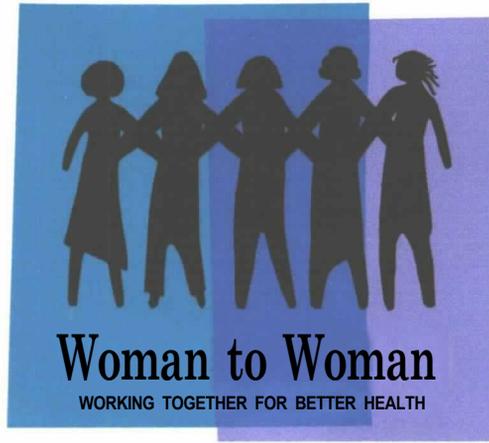
Introduction

This manual contains information and materials necessary to train Peer Health Advisers as part of the Woman to Woman Program. Peer Health Advisers can be trained to lead small group education sessions called “Lunch and Learn”, distribute materials, provide basic breast and cervical cancer information and support to co-workers, and help organize various other activities for employees at their worksite. An experienced health educator or someone skilled at leading group discussions can also facilitate Lunch and Learn sessions.

Experience has shown that the Peer Health Adviser model functions best when more than two Peer Health Advisers are trained in each worksite. In selecting Peer Health Advisers within your worksite, the goal should be to build a team of individuals with complimentary skills and one that is representative of the different job categories, work shifts, departments and cultural/language groups present within your workplace. Please refer to section “Getting Employees Involved” in the Woman to Woman Program Manual for details about Peer Health Adviser role and responsibilities. Suggested procedures for recruitment and selection of Peer Health Advisers, and recommendations for the number of Peer Health Advisers your worksite may need, can also be found in that section of the manual.

If you decide to train a team of Peer Health Advisers, it is recommended that your worksite be willing to offer them support to successfully fulfill their role. There are a variety of ways support can be given to the Peer Health Advisers. One way is to get the permission of both upper-level management and immediate supervisors to undertake this role and implement the various activities. This may involve allowing Peer Health Advisers time to plan and prepare for program activities. Furthermore, resources will be needed to enable that Peer Health Advisers are equipped to provide up-to-date and accurate information. This can be accomplished by obtaining recent National Cancer Institute publications, inviting an expert in the field of breast and cervical cancer to be a guest speaker, and conducting continuing education sessions. Additional support can come from the team of Peer Health Advisers; they can rely on one another for help facilitating sessions and other tasks. The team, as well as the Volunteer Advisory Board, can provide feedback and encouragement on an ongoing basis to help Peer Health Advisers. Employees who become Peer Health Advisers should be recognized for the contributions they make to the health and well being of their co-workers.





Peer Health Advisor Training Facilitator Curriculum



Woman to Woman
Working Together for Better Health

**Peer Health Adviser
Training Workshop**

Trainer's Guide
(for worksite training staff)

Center for Community-Based Research
Dana-Farber Cancer Institute

Woman to Woman: Working Together for Better Health
is a joint project of the Dana-Farber Cancer Institute's Center for Community-Based Research, the Service International Union, and your employer. It is funded by the National Cancer Institute, and receives support from the Boston Edison Foundation and New England Electric System.

May 1998
Draft #20

Introduction

The Woman to Woman Peer Health Adviser curriculum is designed for experienced health education instructors in training worksite employees on: the Woman to Woman Program, the importance of early detection for breast and cervical cancer and the role of Peer Health Adviser. This curriculum involves two days of training and requires participants to attend both training days in order to fully prepare for the role of Peer Health Adviser. The information provided in this curriculum was developed based on 1998 American Cancer Society and National Cancer Institute statistics for breast and cervical cancer and requires to be updated yearly. The information contained in this curriculum is intended for training purposes only and not for providing medical advice. It is recommended that any individual seeking medical advice be directed to their health care provider.

Woman to Woman Program Peer Health Adviser Workshop Agenda

DAY ONE

Part One: Warm-Up

- | | | |
|----------------|--|-----------|
| * Activity #1: | Introductions (20 min) | 9:00-9:20 |
| * Activity #2: | Program Objectives and Agenda (10 min) | 9:20-9:30 |
| * Activity #3: | Participants' Expectations (20 min) | 9:30-9:50 |

Part Two: Breast Cancer

- | | | |
|----------------|--|-------------|
| * Activity #4: | Women's Health Overview (10 min) | 9:50-10:00 |
| * Activity #5: | Why is Breast Cancer Important? (10 min) | 10:00-10:10 |

Break (10 min)

- | | | |
|----------------|---|-------------|
| * Activity #6: | Risk Factors for Breast Cancer (40 min) | 10:20-11:00 |
|----------------|---|-------------|

Part Three: Early Detection of Breast Cancer

- | | | |
|-----------------|---|-------------|
| * Activity #7: | Importance of Early Detection (10 min) | 11:00-11:10 |
| * Activity #8: | Early Detection Methods-Overview (10 min) | 11:10-11:20 |
| * Activity #9: | Mammography (30 min) | 11:20-11:50 |
| * Activity #10: | Clinical Breast Examination (10 min) | 11:50-12:00 |
| * Activity #11: | Breast Self-Examination (15 min) | 12:00-12:15 |

Lunch (60 min) 12:15-1:15

Part Four: Women's Health Cervical Cancer

- | | | |
|-----------------|--|-----------|
| * Activity #12: | Why is Cervical Cancer Screening Important? (10 min) | 1:15-1:25 |
| * Activity #13: | Early Detection Method-The Pap (40 min) | 1:25-2:05 |
| * Activity #14: | Risk Factors for Cervical Cancer (30 min) | 2:05-2:35 |

* Activity #15: Barriers to Screening (30 min) 2:35-3:05

Break (10 min) 3:05-3:15

Part Five: Educational Component

* Activity #16: How Adults Learn (45 min) 3:15-4:00

* Activity #17: Lunch and Learn Session Kit (30 min) 4:00-4:30

Part Six:

* Activity #18: Wrap-Up and Evaluation (20 min) 4:30-4:50

EXAMPLE

Woman to Woman Program Peer Health Adviser Workshop Agenda

DAY TWO

Part One: Warm Up

- * Activity #19: Welcome back and Warm-Up (15 min) 9:00-9:15

Part Two: The Role of the Peer Health Advisor

- * Activity #20: Roles and Responsibilities (15 min) 9:15-9:30
- * Activity #21: The Importance of Confidentiality
Responding to Medical Questions (30 min) 9:30-10:00
- * Activity #22: Importance of Ongoing Evaluation of
the Woman to Woman Program (15 min) 10:00-10:15

Break (10 min) 10:15-10:25

Part Three: Educational Component

- * Activity #23: Maintaining a High Quality Program (10 min) 10:25-10:35
- * Activity #24: Giving and Getting Feedback (15 min) 10:35-10:50
- * Activity #25: One to One: The Importance of
Reaching Out (20 min) 10:50-11:10
- * Activity #26: One to One Practice (45 min) 11:10-11:55
- * Activity #27: Presenter's Tips (15 min) 11:55-12:10

Lunch (60 min) 12:10-1:10

Part Four: Practice Small Group Sessions

* Activity #28: Practice Conducting
a Lunch&Learn Session (2.5 hours) **1:10-3:40**

Break (10 min) 3:40-3:50

Part Five: Wrap Up and Evaluation

* Activity #29: Review of Expectations
& Evaluation (20 min) **3:50-4:10**

EXAMPLE

Objectives for this Workshop

At the end of this workshop, participants will have discussed:

- Goals of the Woman to Woman Program and the role of the Peer Health Adviser
- Risk factors for breast and cervical cancer
- The importance of early detection of breast and cervical cancer
- The three methods for early detection of breast cancer
- The early detection method (Pap test) of cervical cancer
- Screening guidelines set forth by the American Cancer Society and National Cancer Institute for breast and cervical cancer
- Barriers to breast and cervical cancer screening for women in their worksites
- Community resources and social supports that will assist women to overcome barriers and to access breast and cervical cancer screening services
- How to recognize medical questions and identify resources to which these questions can be referred to
- The importance of confidentiality
- How to design, plan and conduct a small group educational session
- How adults learn
- The importance of evaluation for this research project.

**Woman to Woman.
Peer Health Adviser Workshop**

Learning Principles

Development of this workshop guide has been based on the following learning principles:

- *Learning is an experience activated by and occurring within the learner.*

Learners are not taught. They become “motivated” to seek newer knowledge, skills and behaviors.
- *Learning is the discovery of personal meaning and relevancy.*

Learners more readily accept and use concepts which have meaning to them and are relevant to their needs’ and problems.
- *Learning results from experience.*

People become independent when they have experienced independence; trusting when they have experienced trust; responsible when they have experienced responsibility.
- *Learning is highly unique and individual.*

Learner develops their own way of learning and solving problems. They become exposed to the methods of others, they can refine their- own in order to be more effective.
- *Learning has its richest resource in the learner’s self*

The learner’s background of experiences provides a wealthy resource for problem-solving and learning.
- *Learning is both an emotional and an intellectual process.*

Learners have feelings as well as thoughts. Learning is maximized when learners say that which reflects both what they think and feel.
- *Learning is a cooperative and collaborative process.*

Helping each other to learn requires a process of interactive interdependence.

- *Learning is an evolutionary process.*

The ability to be understanding, accepting, trusting, confronting, sharing, helping, and evaluating requires a developing, evolving process. It cannot be imposed.

Learning Conditions

In conducting the Peer Health Adviser Workshop, we will strive to create the following:

- *An environment of active people.*

People learn when they feel they are personally involved in the learning process.

- *A climate of respect.*

When a high value is placed on individuality, and a sense of caring prevails, the potential for learning is optimized.

- *A climate of acceptance.*

Accepting a person means that they can be themselves and hold their beliefs.

- *A climate of self-discovery.*

When learners are helped to meet their own needs rather than having their needs dictated to them, the potential for learning is optimized.

- *A non-threatening psychological climate.*

This is necessary so that persons can confront persons and confront ideas without fear.

- *A climate of openness.*

This is necessary so that personal concerns, feelings, ideas and beliefs can be expressed and examined openly:

- *An emphasis on the uniquely personal nature of learning.*

When each individual knows that her/his values, beliefs, feelings and views are important and significant, the potential for learning is optimized.

- *A climate in which difference is determined to be good and desirable.*

When differences in people' are as acceptable as differences in ideas, the potential for learning is optimized.

- *A climate which recognizes the right of individuals to make mistakes.*

Learning is facilitated when error is accepted as a natural part of the learning process.

- *An atmosphere that tolerates ambiguity.*

Learning is facilitated when alternative solutions can be explored without the pressures of immediate answers.

- *An emphasis on cooperative evaluation and self-evaluation.*

Learning is facilitated when people can see themselves as they really are, with the help of their peers.

Source: Unknown

Woman to Woman
Peer Health Adviser Workshop
Curriculum

DAY ONE

Part One: Warm Up

Learning-Activity #1: Introductions (9:00-9:20)

Objective: To enable participants to get to know the facilitators and one another, and to build a cohesive group.

Time: 20 minutes

Materials:

- Name tags
- Flip chart: “Introductions” with list: name, origin of name, birth order, accomplishment you are proud of)
- Flip chart: Question List

PHA Manual: Names of Workshop Participants
Project Description
Description of Programs
Project brochure
NCI and ACS definition

Steps:

- (1) Welcome participants.
- (2) Ask everyone to introduce themselves by giving the following information: name, origin of name (if known), birth order, proudest accomplishment.
- (3) Thank all participants for attending the training. Comment that each one has something valuable to bring to the training and to the Woman to Woman Program.

- (4) Say: The Woman to Woman Program was originally developed by the Dana-Farber Cancer Institute as part of a larger project.

The Woman to Woman Program was developed because it is believed that worksites offer an effective way to reach women about breast cancer and early detection methods. The program is based on a peer health model. Women employees from the worksite are trained as Peer Health Advisers to provide information about breast and cervical cancer and methods for early detection to other women in the worksite.

The role of the Peer Health Adviser is to be the link between breast health information and the women in the worksite. You, as Peer Health Advisers, will serve as a breast and cervical cancer resource person providing breast and cervical health information and ways to access healthcare services. Your responsibilities will be covered in greater detail tomorrow, but in general you will lead 4-5 small group education sessions (i.e., Lunch and Learn sessions), distribute or make available breast and cervical cancer resource materials at worksite activities.

- (5) Ask: “What questions do you have about the program?”

Part One: Warm Up

Learning Activity #2: Program Objectives and Agenda (9:20-9:30)

Objective: To review with participants the objectives and agenda for the training.

Time: 10 minutes

Materials:

- Flip chart: “Training Objectives” with objectives written out
- Flip chart: “Agenda Day One”
- Flip chart: “Ground Rules” with ground rules written out
- Display area with Woman to Woman Resource Center materials (videos, books, etc.)
- Flip chart: “Question List”

PHA Manual: Workshop Objectives

Steps:

- (1) Explain the purpose of the training:
 - To provide an opportunity to discuss the program and the PHA role.
 - To provide information about breast and cervical cancer so that PHAs can be sources of information for their peers
 - To provide resources to PHAs
 - To get to know one another and build a team
- (2) Discuss the importance of training objectives:
 - Necessary for planning the training
 - Important for holding facilitators accountable
 - Helpful for participants to know what is expected of them
- (3) Present training objectives.
- (4) “Present the agenda for the day.

- (5) Discuss ground rules for the training.
 - We'll start sessions on time.
 - Eating and drinking are OK anytime.
 - Smoking is not allowed in building (if applicable).
 - Breaks are scheduled into the agenda. There is a lot to cover; if you need a break, please let us know.
 - Ask questions anytime. We'll deal with it or come back to it.
 - Out of respect, everyone gets to speak without interruption.
 - Sidetalk is disruptive; we'll avoid it. Use break for conversation.
 - During the training, some discussion may involve sensitive or difficult issues, issues that you may not feel comfortable discussing. In these instances, you decide how much and what you want to share with the group.
 - Confidentiality will be maintained. Any personal stories will not be repeated outside of this room unless there is explicit permission to do so from the individual who told the story.
 - Anything else?

- (6) Solicit feedback from the group:
 - What questions do you have?
 - Have we left out any important objectives?
 - How does this, schedule sound?
 - What comments or suggestions do you have about the ground rules?

- (7) Review the materials contained in the PHA Manual. Explain that we will be using these materials at various points throughout the training, so participants should be sure to bring them to subsequent training. Inform participants that we will be providing additional information, handouts, etc. which can be inserted into the manual.

- (8) Inform participants that a display table been set up in the room. This display contains materials which has been distributed to sites for their Woman to Woman Resource Center.

- (9) Inform participants that it isn't necessary for them to take notes, but they can if they wish to do so.

- (10) Inform participants that we will keep a running list of questions, for questions that we may need to research answers to.

Part One: Warm Up

Learning Activity #3: Participants' Expectations (9:30-9:50)

Objective: To allow participants to share their expectations of the training with each other and with facilitators.

Time: 20 minutes

Materials: • Flip chart: "Expectations"

Steps:

- (1) Ask participants to write two of their personal expectations for the training on separate post-its with a dark marker. When finished, ask participants to post on flip chart.
- (2) Go over each of these as a group. Note that we will use these expectations to make modifications in the training program on the following days. Emphasize that there will be some which we will be able to address, others which we may not be able to address.
- (3) Inform the group that at the end of the second day of training, facilitators will ask the participants if they feel the objectives and expectations have been met. Explain that if there are objectives/expectations that have not been entirely met, we will arrange for opportunities for further learning.
- (4) Emphasize that this training is collaborative and interactive; the experiences and ideas of participants are very valuable and we can all learn from each other. In addition, participant input into the process and content of the training is very important to the facilitators. Explain that their input will help us to improve the training sessions.
- (5) Ask: "What are your questions?"

Part Two: Women's Health and Breast Cancer

Learning Activity #4: Women's Health Overview (9:50-10:00)

Objective: To discuss important women's health issues in participants' worksites in order to provide a context in which breast and cervical cancer may be placed.

Time: 10 minutes

Materials: • Flip chart: "Our list of concerns"

PHA Manual: Cancer definition.

Steps:

- (1) Ask women for their ideas about important women's health issues in their worksite. Write each issue on a flip chart.
- (2) Acknowledge that these are all important problems. State that we will be asking participants to work with women who may be dealing with many competing priorities and we need to be aware of these when we talk about breast and cervical cancer.
- (3) Say, "The information we will discuss on breast and cervical health is basic information you may have heard before. However, it is important to review so that you all have the necessary background to carry out your role as Peer Health Advisor."
- (4) Say, "Cancer is a group of diseases that occur when cells become abnormal and, divide without control or order. Every organ in the body is made up of various kinds of cells. Cells normally divide in an orderly way to produce more cells only when they are needed. This process helps keep the body healthy. If cells divide when new cells are not needed, they form too much tissue. The mass or lump of extra tissue, called a *tumor*, can be *benign* (not cancer) or *malignant* (cancer)."

- (4) Discuss the fact that getting screened for breast and cervical cancer is one part of taking care of yourself and your health.
- (5) Ask: “What are your questions?”

Part Two: Women's Health and Breast Cancer

Learning Activity #5: Why is Breast Cancer Important? (10:00-10:10)

Objective: To familiarize participants with the magnitude of breast cancer as a public health problem.

Time: 10 minutes

Materials: • Overhead, showing Age-Specific Incidence and Mortality Rates.

Steps:

- (1) Present graph and say, “We will look at a graph now, and it’s about the most important risk factor for breast cancer. What do you see?”
- (2) Discuss the following:

Breast cancer is the most common cancer among women, and is the second leading cause of cancer deaths among women. The number of women who develop breast cancer has increased steadily over the past several decades. In 1998, an estimated 178,700 new cases of breast cancer will be diagnosed and approximately 43,900 women will die from this disease. One in eight women will develop this disease in her **lifetime**. Explain that this statistic does not mean that one in every eight women will develop breast cancer, but that in the general population, **one out of eight women who live until the age of eighty-five will develop breast cancer.**

- (3) Ask: “What are your questions”?

Part Two: Women's Health and Breast Cancer

Learning Activity #6: Risk Factors for Breast Cancer (10:20-11:00)

Objective: To define the term “risk factor”, discuss characteristics that place women at elevated risk for breast cancer, and to discuss myths about the causes of breast cancer.

Time: 40 minutes

Materials:

- Flip chart: definition of “risk factor”
- Flip chart: three columns labeled: “Things Researchers Agree About”, “Researchers Are Still Studying”, “Myths & misunderstandings”
- Flip chart: “Risk Factors” with Venn diagram of “Things I can change” and “Things I can’t change”

PHA Manual: What is a risk factor?
Important risk factors

This activity reviews the risk factors for breast cancer. It has been our experience that participants may view some risks as definitive characteristics that absolutely predict the development of breast cancer. It is important to stress that although some risk factors are known to increase a woman’s chance of developing breast cancer, it doesn’t necessarily mean that she will develop the disease. On the same token, many women who develop breast cancer do not have any of the known or agreed upon risk factors. So, the message in this activity is that women need to get the regular and appropriate breast health screening whether or not they have any or all of the known risk factors. Women should consult with their health care provider to determine the screening schedule that is right for them.

Steps:

- (1) In groups of two, have women discuss factors that they think cause breast cancer, or that they have heard other people say causes breast cancer (*both real “causes” and myths*). Emphasize that groups should come up with as many factors as they can.
- (2) Have participants write *one factor on each post-it*.

- (3) After coming up with a bunch of factors, have participants come up to the flip chart and place the post-its on it. Ask participants to group similar factors together.
- (4) Discuss that there are some factors that researchers know can cause breast cancer (established risk factors), factors that researchers know do not cause breast cancer (myths or misunderstandings), and things that researchers disagree about (factors that are being studied). Emphasize that a risk factor is a factor that can increase a woman's risk or chances of developing breast cancer, but it does not necessarily mean she will develop the disease.
- (5) With the group standing around the board, place each of the post-its in the appropriate columns on the flip chart. Discuss each risk factor as it is placed in the appropriate column. Note that as more studies are done, factors that are placed in one column may be moved to another. (If you are not familiar with where risk factors belong within the categories, please refer to the following list. It is important that facilitators review and update this list prior to any training as the information contained may change.)

Things Researchers Agree On:

- Age (increasing age)
- Female sex (being female)
- Family history (having a first degree relative who has had breast cancer)
- Personal history of breast cancer (having had breast cancer in the past), uterus or ovaries
- Personal history of benign breast disease (having certain other breast problems)
- Radiation to the chest (for example, related to treatment of tuberculosis)
- Early age at menarche (young age < 12 at first period)
- Late age at menopause (older age > 55 at menopause or "change of life")
- Late age at first birth (having first baby after age 30)
- Nulliparity (not having, children)
- Postmenopausal obesity (obesity after menopause or "change of life")
- Height (increased risk > 5'6")
- Dense breasts

Things Researchers Are Still Studying:

- Diet (some studies show that high fat increases risk, fruits/vegetables and olive oil decrease risk; results inconsistent or unconfirmed)
- Environmental exposures (e.g. air, water, food contaminants)

- Environmental exposures (e.g. organochlorides- DDT, PCB, electromagnetic fields)
- Oral contraceptives (may increase risk among younger women with long duration of use)
- Estrogen. replacement therapy (some studies show increased risk with long duration of use- 10 years or more; other studies have not)
- Stress (study currently underway)
- Abortion (several recent studies have found that abortion increases risk)
- Alcohol intake (1-2 drinks/day)
- Physical inactivity
- Breast feeding

Myths/Misunderstandings:

- Bumping or bruising of breasts
 - Fondling of breasts.
 - Sexual activity
- (6) Say, “Remember, risk factors ‘are conditions that researchers have associated with the disease as they look into possible causes (why some women get it and some don’t). **While it is interesting to review the research, keep in mind that over 70% of breast cancer occurs in women who have NONE of the risk factors we now recognize. By the same token, many women who fit the categories above do not get breast cancer.**”
- (8) Discuss the fact that many of the established risk factors are not easily modifiable. Place each factor onto the continuum on the flip chart (“Things I can change”, “Things I can’t change”).
- (9) Ask: “What conclusions do you draw from this?” Discuss that we know little about how to prevent breast cancer. As a result, early detection (finding breast cancer early in its development) is very important.
- (10) Stress that PHAs are not expected to present or discuss the risk factor information as was presented to them. The purpose of this activity was to illustrate that many of the risk factors associated with breast cancer are not modifiable and the message we would like them to share with their co-workers is that there isn’t much we can do about risk factors, but we can practice early detection of breast cancer.

- (11) In your PHA manual you will find two handouts, one provides the definition of risk factor and the other lists the major risk factors for breast cancer.
- (12) Ask: “What are your questions?”

Part Three: Early Detection of Breast Cancer

Learning Activity #7: Importance of Early Detection (11:00-11:10)

Objective: To discuss the importance of finding breast cancer early in its development.

Time: 10 minutes

Materials: • Flip chart: “Importance of early detection”
• Flip chart: Survival rates

Steps:

- (1) Ask participants: “Why is it important to find breast cancer early?” Write responses on flip chart.
- (2) Discuss the implications of finding breast cancer early versus late. Early detection increases the likelihood that breast cancer can be cured, breast sparing surgery can be used, etc. Refer back to Learning Activity #4, (3): cancer is a disease that happens when cells multiply abnormally. The more time they go unchecked, the greater the problem.
 - The 5 year survival rates by stage of disease at diagnosis for all women are:

96% when cancer is diagnosed at a local stage (confined to the breast).

75% when cancer is diagnosed at a regional stage (cancer has spread to the surrounding tissue).

20% when cancer is diagnosed at a distant stage (cancer has metastasized).
- (3) Say: “Finding cancer early before it spreads is the best chance for longer survival.”
- (4) Ask: “What are your questions?”

Part Three: Early Detection of Breast Cancer

Learning Activity #8: Early Detection Methods for Breast Cancer- Overview (11:10-11:20)

Objective:	To provide participants with information regarding screening methods and the recommendations of major medical groups regarding screening intervals.
Time:	10 minutes
Materials:	<ul style="list-style-type: none">• Flip chart: “Early detection methods”,• Plastic breast lump models of different sizes (not available)
PHA Manual:	Diagram of different sized lumps Breast Cancer, Screening Guidelines

Steps:

- (1) Discuss the fact that there are three primary methods used to detect breast cancer early:
 - Mammography: a low-dose xray taken of the breast
 - Clinical breast exam (CBE): a breast exam by a health professional.
 - Breast self-exam (BSE): a woman can examine her own breasts
- (2) Emphasize that *all three methods should be used in combination, depending on age.*
- (3) Note that we will be discussing each of these methods separately.
- (4) Ask: “What are your questions?”

Part Three: Early Detection of Breast Cancer

Learning Activity #9: Mammography (11:20-11:50)

Objective: To provide participants with information regarding mammography and the recommendations of major medical groups regarding screening intervals.

Time: 30 minutes

Materials:

- Mammography video: Healthwood (20 minutes)
(Kept in Resource Center)
- Flip chart: ACS and NCI mammography guidelines
Sample Mammography films

PHA Manual: NCI High Risk Fact Sheet (#5.28 dated 9/19/97)

Steps:

(1) Review mammography screening guidelines:

Women aged 40-49: Health organizations vary in their recommendations for mammography screening for women in this age group. ACS recommends that women have their first mammogram beginning at age 40 and then have a mammogram every year.

The National Cancer Institute (NCI) suggests that women in this age group, who are at average risk for breast cancer, get screening mammograms every one or two years. Women who are at higher risk of breast cancer should seek medical advice about whether to begin mammography before age 40 and to determine their mammography schedule in their 40s.

(2) Say, “In your manual you have a handout from the National Cancer Institute that discusses higher risk. Please review it at your convenience.”

- (3) Continue reviewing guidelines
 - **Women aged 50 and over:** All medical groups agree that having regular mammograms after age 50 is a good health practice. ACS recommends that women have a mammogram every year. NCI suggests that women have a mammogram every one or two years.
 - **Emphasize that women should discuss screening age and interval with their physicians.**
- (4) Ask: “What questions do you have about mammography?”
- (5) Present Healthwood video. (Kept in Healthwood Kit in Resource Center)
- (6) Ask: “What questions do you have?”

Part Three: Early Detection of Breast Cancer

Learning Activity #10: Clinical Breast Exam (11:50-12:00)

Objective: To provide participants with information regarding Clinical breast exam and the recommendations of major medical groups regarding screening intervals.

Time: 10 minutes

Materials: • Flip chart: “Guidelines for Clinical Breast Exams” with guidelines written out.

Steps:

- (1) Describe a clinical breast exam: a breast exam by a health care provider. The examiner will look at your breasts while you are sitting and while you are lying down. You may be asked to raise your arms over your head, or let them hang down by your sides, or to press your hands against your hips. The examiner checks ‘each breast carefully for changes in the skin, such as dimpling, scaling, or puckering, or any discharge from the nipples, or any difference in appearance, either in size or shape. The next step is palpation: Using the pads of the fingers to feel for lumps, the examiner will systematically inspect the entire breast, the underarm, and even the collarbone area, first on one side, then on the other.
- (2) Ask: “What questions do you have about clinical breast exams?”
- (3) Review CBE screening guidelines.

For Women Age 20-40:

- The American Cancer Society recommends that women in this age group have a clinical breast examination (CBE) by a health care provider every three years.

For Women Age 40 and over:

- ACS recommends that women in this age group have a CBE every year.

(4) Ask: “What questions do you have?”

Part Three: Early Detection of Breast Cancer

Learning Activity #11: Breast Self-Examination (12:00-12:15)

Objective: To provide participants with information regarding Breast Self-Exam and the recommendations of major medical groups regarding screening intervals.

Time: 15 minutes

Materials:

- Flip chart: “Guidelines for BSE” with ACS guidelines
- Breast models

PHA Manual: Diagram of breast lump size

Steps:

- (1) Facilitator should review points about BSE technique discussed in video and demonstrate BSE techniques on breast model.

General Points

- Practice BSE once a month. For women who are premenopausal, practice BSE 7-10 days after start of menstrual period. For women who are postmenopausal, practice BSE on the same day of each month.
- Every woman’s breasts are different. Some changes in the breasts Occur with age, menstrual cycle, pregnancy, menopause or taking hormones. The goal is to learn what is “normal” for you. To do this, do breast self-exam with doctor at next appointment to ensure that you are doing it properly and to learn what is “normal”.
- Review BSE screening guidelines: ACS states that women aged 20 aged over should perform BSE once a month.
- Discuss controversy on the effectiveness and reliability of Breast Self-Exam (BSE) as screening method. Ask participants to refer to the PHA manual tab? the illustration of size of tumors found by mammography and breast self-examination.
- Tell participants that BSE is important for women to do, but the Woman to woman project will focus on educating employees about mammography and

clinical breast exam. Emphasize that BSE is a supplementary methods for Clinical Breast Exam and Mammography. Address the issue that doing more does not mean more effective.

- Emphasize that health care providers or certified instructors are the most appropriate people to teach BSE technique systematically and effectively.
- (2) In small groups, have participants experience feeling lumps on breast models (if available). Have one facilitator work with each small group. Allow each participant the opportunity to practice detecting lumps in the breast model.
 - (3) Tell participants that we are not teaching Breast Self-Examination (BSE) today, but we may consider having a certified BSE instructor return to their worksite to conduct a session in the future, if there is enough interest among employees.
 - (4) Ask: “What are your questions?”

Part Four: Women's Health and Cervical Cancer

Learning Activity #12: Why is Cervical Cancer Important? (1:15-1:25)

Objective: To familiarize participants with the magnitude of cervical cancer as a public health problem.

Time: 10 minutes

Steps:

(1) Discuss the following:

Cervical cancer is one of the most common forms of cancer among women. Despite a decrease of cervical cancer over the last 50 years, there are still 13,700 new cases of cervical cancer in the United States every year and 4,900 deaths from this disease.

Part Four: Women's Health and Cervical Cancer

Learning Activity #13: Importance of Early Detection-Pap (1:25-2:05)

Objective: To discuss the importance of finding cervical cancer early or before it's development.

Time: 40 minutes

Materials:

- Flip chart: "Why is it important to find cervical cancer early?"
- Flip Chart: "Guidelines for Pap Tests"
- Pap Video: "Healthy Women 2000: Cervical Cancer" (kept in Resource Center)

PHA Manual: Cervical Cancer Screening Guidelines (Pap test)

Steps:

- (1) Ask Participants: "Why is it important to find cervical cancer early or before it develops?" Write responses on flip chart.
- (2) Discuss the implications of finding abnormal changes and/or cervical cancer early versus late. Early detection increases the likelihood that cervical cancer can either be prevented and or treated, successfully.
- (3) Present "Health Women 2000: Cervical Cancer" video.
- (4) Ask: "What questions do you have about the PAP test?"
- (5) Emphasize that cervical cancer may be prevented. Women who have regular Pap and pelvic examinations can significantly reduce their risk of getting cervical cancer.
- (6) Review PAP screening guidelines:

The American Cancer Society and the National Cancer Institute recommend that women age 18 and over, or those under 18, who are sexually active receive an annual Pap test and pelvic examination. After three or more annual examinations with normal findings, the Pap test may be performed less frequently at the discretion of the physician. Women who have risk factors for cervical cancer may be screened more frequently than every three years, even if they have had normal Pap tests in the past.

- (8) Say, “Cervical cancer as with most cancers can sometimes take years to develop, so women need to continue to get their regular check-ups, including Pap smears. Pap smears can detect cervical cancer in it’s earliest stages when it’s most likely to be successfully treated.”
- (9) Say, “It is important to know that women need to continue to receive their Pap tests and pelvic exams, throughout their life.” Emphasize that “there is no upper age limit for Pap tests: women should continue to have regular physical examinations, including a pelvic and Pap smear as, they get older. Women who have had hysterectomies should consult their health care provider about the need for a Pap test.
- (10) Ask: “What questions do you have?”

Part Four: Women's Health and Cervical Cancer

Learning Activity #14: Risk Factors for Cervical Cancer (2:05-2:35)

Objective: To discuss characteristics that place women at elevated risk for cervical cancer, and discuss what women can do to reduce their risk.

Time: 30 minutes

Materials:

- Flip Chart: Risk factors for cervical cancer
- Flip Chart: “How can we talk about cervical cancer risk in a comfortable way?”

This activity reviews the risk factors for cervical cancer. It is important to stress that although risk factors may increase a woman's chance of developing cervical cancer, it doesn't necessarily mean that she will develop the disease. So, the message in this activity is that women need to get the regular and appropriate cervical health screening whether or not they have any or all of the known risk factors. Women should consult with their health care provider to determine the screening schedule that is right for them

This section is best presented in a practical and non-judgmental way. The focus of this section is not on one's specific risk factors but on what women can do today and in the future to take care of their cervical health.

Steps:

- (1) Review risk factors for cervical cancer.
Ask, “What are your questions?”
- (2) Say, “it is important to know what risk factors are associated with cervical cancer, however, it is also important to keep in mind that when we educate women about cervical cancer health issues, we don't want to focus our effort on past risks but on what they can do today about preventing cervical cancer.”
- (3) Say, “We know, as with other areas in life, there are risks that we can avoid and others that are more difficult to control. As far as cervical cancer is concerned we do know that cervical cancer is a preventable disease. It is one of the only cancer that can

be detected at the very earliest of stages, before it even becomes cancer. Women can reduce their risk of getting cervical cancer by getting regular Pap smears. Therefore, the message that we would like to send to women is that **getting a regular Pap test is part of maintaining our overall good health**".

- (4) Say, "We recognize the issues around cervical health are very sensitive subject matter for many women." When discussing such issues, we need to consider our comfort as well as the comfort of those we are talking to Ask, "How can we talk to our fellow co-workers about maintaining their cervical health in a sensitive and respectful way?" (e.g., Be practical, de-personalize information) Write answers on flip chart.
- (5) Say, "Keep in mind that our goal is to encourage our co-workers to stay healthy by getting their regular check-ups, because as we know Pap tests really do save lives."
- (6) Say, "Once again, it is important to keep in mind that what co-workers tell us must be kept in strict confidence and if they have a health concern they should be referred to their health care provider."
- (7) Ask, "What are your questions or concerns?"

Part Four: Women's Health

Learning Activity #15: Barriers to Screening (2:35-3:05)

Objective: To review the barriers to breast and cervical cancer screening and develop strategies that will help women overcome these barriers.

Time: 30 minutes

Materials:

- Flip chart: "Reasons why some women don't have a mammogram, clinical breast exam or Pap test"
- Flip chart: "What would encourage women to get the appropriate screening."

Steps:

- (1) Discuss barriers to getting regular breast and/or cervical cancer screening. Ask participants, "Why do you think some women don't get mammograms, clinical breast exams or Pap tests?" Write responses on flip chart. (If barrier is specific to one screening method, write it in a different color, i.e., pink for mammogram and blue for Pap.)
- (2) Discuss strategies that would help women overcome these barriers. Ask participants, "What do you think would help women overcome this barrier?" Write responses on flip chart.

Part Five: Educational Component

Learning Activity #16: How Adults Learn (3:15-4:00)

Objective: To discuss principles of-adult learning.

Time: 45 minutes

Materials:

- Flip chart: “Best Learning Experiences”
- Flip chart: “How Adults Learn” with three factors written out (respect, immediacy, experience, 20%/40%/80%)
- Flip chart: “Strategies Used in This Training”

Steps:

- (1) So far this morning we focused on the basic breast and cervical health information you will need as a Peer Health Adviser. For the remainder of today and tomorrow we will focus our attention on developing the skills you will need to carry out your role as Peer Health Adviser.
- (2) One of your main responsibilities will be to facilitate small group sessions. These sessions are called Lunch and Learn sessions. The overall objective of these sessions is to educate participants about early detection of breast and cervical cancer. When facilitating the sessions it is essential to know a little about how adults learn and what you can do to create a comfortable learning environment for those who attend. This activity briefly reviews some of the characteristics of how adults learn.
- (3) In small groups, have participants describe the best learning experience they have ever had. Ask participants to write a characteristic/factor that made the learning experience so good. Have participants write the factors that made it a good experience on post-it notes (one per note).
- (4) Have participants put notes on flip chart and ask people to group similar factors together.

- (5) With participants standing at the board, discuss the importance of each factor. Ask participants who wrote each factor: “Why was this important to you?”
- (6) As a group, discuss the similarities or relationships among factors that make a positive learning experience:
- (7) With participants seated, discuss the issue of respect (hopefully, this will be one of the factors mentioned by the group). Ask participants to share experiences of feeling respected and disrespected in a learning experience. Ask: “How did it affect your learning when you were respected? Disrespected?”
- (8) Present information on study by Knowles about how adults learn. Three most, important factors: respect (learner must feel heard, honored, respected as a person, not for what they know), immediacy (learners must see how they can use their new knowledge, skills and attitudes immediately), experience (learners learn best when what they are learning is directly related to their own life experience). In addition, adults remember 20% of what they hear, 40% of what they hear and see, and 80% of what they discover for themselves. [Source: Jane Vella’s Learning to Teach].
- (9) Stress the importance of involving people in the learning process, providing opportunities to hear, see and discover.
- (10) Ask: “What methods have you seen us use in this training that helped you to learn?” Write participant responses on a flip chart.
- (11) Ask: “How could you integrate some of these things into the trainings that you will be doing for women in your worksite?” “What would work well? What wouldn’t?”
- (12) Ask: “What are your questions?”

Part Five: Educational Component

Learning Activity #17: Lunch and Learn Session Kit (4:00-4:30)

Objective: To discuss strategies for communicating breast and cervical health information to women in small groups at the worksite.

Time: 30 minutes

Materials: Lunch and Learn Kit: Guide to session #1 (Separate Packet)

- Lunch and Learn Flip Chart to session #1
- Goal Cards
- Magnets
- Table top Easel.

Steps:

- (1) Say, “There is a total of six separate Lunch and Learn sessions. Each session discusses a different topic and each session can be repeated more than once. In this activity we will be reviewing the Lunch and Learn guide to session #1: We will review it to familiarize ourselves with what a guide includes and what you should expect to see in each guide. Provide copies of the Lunch and Learn Session Kit: Session #1.
- (2) Discuss the purpose of the session guides:
 - Provide accurate information about breast and cervical cancer screening
 - Provide guidance about what content to include in a session
 - Provide suggestions about strategies for teaching
- (3) Explain that we will be asking participants to plan and conduct their own education session on Day Two. Emphasize that this Will provide an opportunity to practice and get feedback from the group. Optional: Ask participants to review session guide at home before day two if they have the opportunity.
- (4) Ask: “What questions do you have?”

Part Six: Wrap Up and Evaluation

Learning Activity #18: Evaluation (4:30-4:50)

Objective: To determine if participants felt the objectives for the day have been achieved and to gather evaluation information which will be used to improve future sessions.

Time: 20 minutes

Materials:

- Evaluation forms
- Flip chart: “Evaluation” with two columns labeled “Most Useful” and “Suggestions”

Steps:

- (1) Ask participants to fill out the evaluation form. Inform participants that they will have 10 minutes to complete the form. Facilitators step out of the room while this is being done.
- (2) After individuals have completed their forms, ask the group for their opinions about the most useful and least useful aspects of the day. Emphasize that their honest responses are very important and will help us to improve future training sessions. As participants list the most and least useful aspects of the day, write these on the flip chart in the appropriate column.
- (3) Thank the participants for their feedback.
- (4) Ask if there are any additional comments, questions or concerns that participants would like to share.
- (5) Briefly review agenda for day two. Remind participants of location and time of next training.

**Woman to Woman Project
Peer Health Adviser Workshop
Curriculum**

DAY TWO

Part One: Welcome back and Warm Up

Learning Activity #19: Warm-Up and Agenda (9:00-9:15)

Objective: To present agenda for day and enable participants to ask questions about day one of the training.

Time: 15 minutes

Materials: • Flip chart: “Agenda for Day Two”.
• Flip chart: “Our Questions”

Steps:

- (1) Present agenda for the day.
- (2) Ask everyone to re-introduce themselves and share a favorite hobby or leisure time activity with larger group.
- (3) Ask participants if they have any questions from day one of the training. Answer each question (if possible) and write questions and answers on flip chart. Thank participants for raising questions. If it isn't possible to answer the question at this time, explain to participants how we will provide the answers later (during the day, or in the near future).
- (4) Tell participants that if at anytime during the day they have a question that we cannot answer, we will be happy to write the question and research the question for them.

Part Two: The Role of the Peer Health Adviser

Learning Activity #20: Roles and Responsibilities (3:15-9:30)

Objective: To familiarize participants with the roles and responsibilities of the Peer Health Adviser.

Time: 15 minutes

Materials: • Flip chart: Two columns labeled PHA Role, “Most exciting” and “Most challenging”

PHA Manual: Role and Responsibilities of PHAs
Role and Responsibilities of the Worksite Coordinator
Role and Responsibilities of the VAB

Steps:

- (1) Review the handout on roles and responsibilities with participants.
- (2) Ask: “What questions do you have about the role of the PHA?”
- (3) Ask each participant to share what they find most exciting and most challenging about their role. While participants are providing this information, write on flip chart.
- (4) Emphasize that the facilitators want to provide them with the ‘skills, resources and support that they need to fill their role. Explain to participants that instructors will be available to PHAs to discuss needs, problem-solve, help get resources, etc. Ask: “What questions do you have?”

Part Two: The Role of the Peer Health Adviser

Learning Activity #21: The Importance of Confidentiality & Responding to Medical Questions (9:30-10:00)

Objective: To discuss the nature of medical questions and strategies for responding to them.
To discuss the nature of sensitive questions and strategies for responding to them.
To discuss the importance of maintaining confidentiality.

Time: 30 minutes

Materials:

- Flip chart: “Confidentiality” with definition written out
- Flip chart: “Why It Is Important to Maintain Confidentiality”
- Flip chart: “What is a Medical Question?”

PHA Manual: Confidentiality Policy
Examples of Medical Questions
Policy on Medical Advice

Steps:

The Importance of Confidentiality:

- (1) Say that confidentiality involves:
 - Something that is told or written in confidence
 - Trust
 - Privacy
- (2) Ask: “Why is it important to maintain confidentiality?” Write reasons on flip chart.

- (3) Emphasize that the Woman to Woman Project Staff believe that confidentiality is extremely important and is taken very seriously. Say, “There is a statement on confidentiality in the PHA manual we would like them to review and stress that Peer Health Advisers maintain confidentiality at all times. Violation of confidentiality is grounds for dismissal as PHA.
- (4) Ask: “What questions do you have about confidentiality?”

Medical Questions:

- (1) Discuss the fact that PHA may be asked by employees of the worksite to answer medical questions. Ask: “What is a medical question?” Write characteristics of a medical question on a flip chart (e.g. involves symptoms, involves making a judgment or assessment of risk).
- (2) Review examples of medical questions. Ask: “Which of these questions would you consider is a medical question?”
- (3) Say: “We have a policy regarding responding to medical questions or providing medical advice. If you think it might be a medical question do not attempt to answer, instead refer the individual to his/her health care provider.”
- (4) Stress that any question relating to risk assessment is considered medical in nature and should be referred to the individual’s health care provider.
- (5) Ask: “What questions do you have about medical questions?”

Part Two: The Role of the Peer Health Adviser

Learning Activity #22: Importance, of Evaluation (10:00-10:15)

Objective: To discuss the importance of evaluating a program activity.

Time: 15 minutes

Materials: • Flip chart: “Reasons to evaluate”

Steps:

- (1) Say, “Once you have planned and implemented a program activity, it is helpful to know what employees thought about it. This is known as evaluating an activity.”
- (2) Say, “Some reasons to conduct an evaluation are to assess the effectiveness of an activity or a program, what worked and what didn’t work, how can things be changed to meet the needs of those who participate.”
- (3) Distribute employee satisfaction forms and review with participants and say, “An example of a way to evaluate is by using employee satisfaction forms. We have developed an employee satisfaction form that you can use for the activities you conduct at your worksite. It is important to keep in mind that we view these forms to be confidential, so we don’t ask for the individual’s name unless they want to give us that information. Basically, we look at the participants responses to learn if we were effective and how we can improve the activity for the future.”
- (4) Ask participants, “Can you think of other ways to evaluate activities at your worksite, besides a satisfaction form?” (Formal ways; surveys, sign-in sheet, Informal ways: verbal, observation) Acknowledge responses.
- (5) Ask participants, “What are your questions?”

Part Three: Educational Component

Learning Activity #23: Maintaining a High Quality Program (10:25-10:35)

Objective: To review with participants the characteristics of high quality programs

Time: 10 minutes

Materials: • Flip chart: “Maintaining High Quality in Woman to Woman”

This activity reviews the importance of maintaining a high quality program It is important that your organization take steps to ensure that high quality is maintained Different organizations will have specific ways of controlling the quality of a program and it is recommended that you check with your organization on how to sustain high quality for this program

Steps:

- (1) Say, “We know that this is a lot of information. What we are giving you now is up to date information, but also we know that things are going to change. Research in the field of breast and cervical cancer is constantly evolving and new information comes to light quite often. As you know, people need accurate information in order to make sound health decisions and this. is why it is very important to maintain a high quality program.”
- (2) Say, “For our purposes, maintaining a high quality program means providing accurate information. We rely a lot on the National Cancer Institute and the American Cancer Society for support in maintaining a-high quality program. This can be achieved in several different ways.” Refer to flip chart and say, “for,

Brochures: You can consult with the National Cancer Institute and the American Cancer Society to get brochures. Occasionally consult with NCI and ACS to make sure that the brochures you are distributing are still up to date.

Speakers: You can check references or invite individuals who have knowledge about topic of discussion attend the speaker session to make sure the information is appropriate as well as accurate.

Peer Health Advisers are encouraged to:

Meet regularly with the instructor, their supervisor or another appropriate individual to make sure that the information being requested of them is appropriate and that the information they are providing is up to date and accurate.

- ◆ Consult with professionals or organizations (ACS NCI) who are qualified to provide accurate information in the areas of breast and cervical cancer.
- ◆ Attend continuing education sessions on breast and cervical cancer.

(4) Ask participants, “What are your questions?”

Part Three: Educational Component

Learning Activity #24: Getting and Giving Feedback (10:35-10:50)

Objective: To discuss ground rules for getting and giving feedback on the small group education sessions.

Time: 15 minutes

PHA Manual: Getting and Giving Feedback: Ground rules

Steps:

- (1) Say, “When you deliver a program and ask participants to evaluate it, it is important to know how to receive feedback. It may also be helpful to know how to go about giving feedback to your fellow Peer Health Advisers once they are done conducting an activity.”
- (2) Briefly review ground rules for feedback on flip charts with participants.
- (3) Ask participants to read the handout on the rules for giving and getting feedback in their manual.
- (4) Say: “We will have the opportunity to practice giving and receiving feedback during the one-to-one practice and during the small group session.”
- (5) Ask: “What are your questions?”

Part Three: Educational Component

Learning Activity #25: One to One: The Importance of Reaching Out (10:50-11:10)

Objective: To educate participants about the process and steps involved in outreach

Time: 20 minutes

Materials: • Flip chart: “One to One: Steps for Outreach”

PHA Manual: One to One Protocol

Steps:

- (1) State “One to one outreach is a very important responsibility of the Peer Health Adviser”. State “One of the goals of the Woman to Woman program is to reach and educate every woman within your worksite. In order to reach every woman you need to become familiar with ways to reach women outside of a lunch and learn session. This is because not everyone is comfortable participating in a large group. Furthermore, employees will also want to talk with you individually regardless of whether they attended other Woman to Woman activities.”
- (2) State, “We have developed a guide for you to review on how to conduct a one to one outreach. At this time, we would like to review this guide with you.”
- (3) Review the One to One protocol with participants. Stress major points of each section of the protocol.
- (4) Emphasize the keys steps of One to One Outreach, Assess, Ask, Advise and Assist and the Important Points.

- (5) Ask participants, “What are your questions?”
- (6) State “Outreach contacts need not be lengthy to be counted as a contact. You will need to learn how to recognize when you are making a contact. It can be as subtle as telling a colleague or employee about an upcoming activity or introducing yourself as the Peer Health Adviser for the project or it can be more involved and require you to provide information or take someone to the resource center.”
- (7) Ask participants, “What are your questions?”

Part Three: Educational Component

Learning Activity #26: One to One Practice (11:10-11:55)

Objective: To provide information regarding available breast and cervical cancer resources in the community that may help women overcome barriers to screening and to practice matching needs with resources.

Time: 45 minutes

Materials:

- Flip Chart: “Strategy for Lucy”
- Flip Chart: “Strategy for Sarah”
- Flip Chart: “Ways to reach out”

PHA Manual: Case Study: Lucy
Case Study: Sarah
Case Studies for Outreach

Steps:

- (1) Discuss the fact that providing information on a one to one basis is a major part of the Peer Health Adviser role.
- (2) Ask participants for four volunteers. Then ask the volunteers to get into groups of two. Say: “They are going to role play characters in two case studies.” (Case studies may involve, providing information, a sensitive or confidentiality issue, and/or a medical question.
- (3) Instruct participants to decide whether they want to be the PHA or the character in the case study. Instruct that only the participant who chooses to be the character read the case study. Instruct the participant who will play the PHA not to read the case study in order for them to answer spontaneously, in an attempt to recreate a “real-life” situation.

Explain to participants that this is an opportunity for them to practice what answering questions as a PHA may be like.

- (4) Ask members of the larger group if they have any additional suggestions to add to the action plan. Write suggestions on flip chart.
- (5) Thank volunteers for being modeling the one to one contact.
- (6) Turn to larger group and say, “Now we are going to strategize together on how you as Peer Health Advisers can conduct an outreach contact. This means approaching an individual at your workplace and providing them with some information.”
- (7) Review outreach case studies one by one and ask participants about strategies that they would use in responding to a situation in the scenario. Write responses on flip chart.
- (8) Stress that outreach is important in order to reach every woman in their workplace.

Part Three: Educational Component

Learning Activity #27: Presenter's Tips (11:55-12:10)

Objective: To educate participants on how to prepare for and facilitate a lunch and learn session.

Time: 15 min

Materials:

- Lunch and Learn Presenter's Guide
- Lunch and Learn Session Guide #1
- Lunch and Learn Flip Charts
- Table Top Easel
- Goal cards
- Flip Chart: "Planning Steps"

PHA Manual: Lunch and Learn Presenter's Guide
Steps for Planning Lunch and Learn Sessions
Lunch and Learn Planning Worksheet

Steps:

- (1) State "In this activity, we would like to share with you a few suggestions on how to conduct a more effective lunch and learn session. We have developed a guide that you may find helpful as you prepare for your lunch and learn sessions."
- (2) This guide provides Peer Health Advisers with tips and suggestions for facilitating small group discussions. Review Lunch and Learn Presenter's Guide with participants.
- (3) Ask participants, "What are your questions?"
- (4) State, "In addition, to this guide, your manual contains one sheet with the Steps for Planning Lunch and Learn Sessions. This is an abbreviated version of the steps we reviewed on Day One in the Lunch and Learn Session Guide. Briefly review steps"

- (5) State, “Finally, we included a Worksheet for you to use in your planning. As educators, we frequently use checklists when planning for our training sessions. So we thought that a checklist may be helpful for you in your planning.”
- (6) State, “Keep in mind as with anything else, facilitating a group takes practice, so don’t feel discouraged if you feel like there is a lot to learn. You will build your skills and confidence as you go along.”
- (7) State, “We have talked about several materials that you will be using for your lunch and learn, so let us review what each of the different materials are and what they are used for.”
- (8) State, “First, there is the Presenter’s Guide, Steps for Planning and Worksheet, for you to prepare in your session, which we have just reviewed.”
- (9) State, “Then, there is the Lunch and Learn Session Guide. This is the major piece of each lunch and learn session. It includes the guide and script for each session. There are six sessions and each session has a different topic. You will be practicing Session number one today.” (Hold up guide as you talk about it.)
- (10) State, “Next, there is the accompanying Lunch and Learn Session Flip chart. Again, each session has it’s own corresponding flip chart. So take care to make sure you have the right flip chart for the right session before you begin your session. The flip charts have the session number and name on the back cover. You can use a table top easel to use for the flip chart”
- (11) State, “Each session, also has it’s own accompanying goal cards for the participants to use in an activity.”
- (12) State, “You will have to make sure you have a sign-in sheet and enough evaluations for each session.”
- (13) State, “Finally, you may want to provide refreshments or distribute a prize(s) at each of the lunch and learn sessions.”
- (14) State, “Most of the materials will be kept in the black portfolio. Each Peer Health Adviser will be responsible to make sure that there is an appropriate and sufficient number of materials (handouts, evaluation forms, etc.) for each session. Please contact

members of your Volunteer Advisory Board to help you plan and prepare for your Lunch and Learn session.

(15) Ask, “What are your questions? ”

Part Four: Small Group Presentations

Learning Activity #28: Practice Conducting a Small Group Session (1:10-3:40)

Objective: To provide participants with an opportunity to practice presenting a small group session and to receive constructive feedback regarding their presentation.

Time: 2.5 hours

Materials:

- Lunch and Learn Session Kit: Session Guide #1
- Flip Charts
- Post-it Notes
- Index Cards
- Blank paper, color paper
- Pens, pencils, markers
- Egg Timer

Steps:

- (1) Each small group will have the opportunity to present a 20 minute session on breast or cervical cancer.
- (2) Divide participants in worksite groups. Ask participants to plan Lunch and Learn session guide #1 and to tailor it according to their specific worksite. Ask them to incorporate knowledge and pedagogical strategies learned during the workshop.
- (3) Small groups present to larger groups.
- (2) Following each presentation, ask those who presented the session:
 - What did you like about the session?
 - What would you do differently next time?

- (3) Ask observers to provide feedback to presenters. Start by asking observers what they liked about the session. Then, ask observers to give suggestions about how to improve the session.

Please note: Ask participants to give verbal feedback, instructors will give both verbal and written feedback at the end of the session.

Part Five: Wrap Up and Evaluation

Learning Activity #29: Review of Expectations & Evaluation (3:50-4:10)

Objective: To determine if participants felt the objectives for the day have been achieved and to gather evaluation information which will be used to improve future sessions.

Time: 20 minutes

Materials:

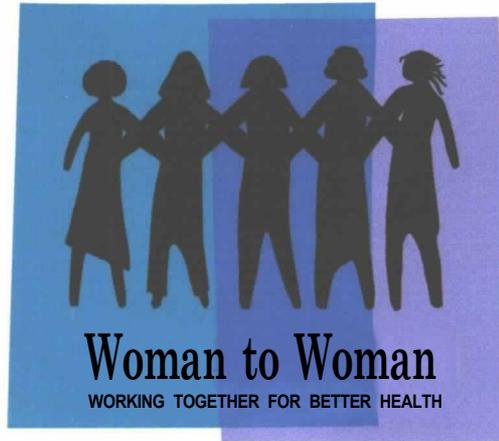
- Handout: Evaluation forms
- Flip Chart: Two columns labeled “Most Useful” and “Suggestions”
- Flip Chart: (From Day One) “Expectations”

Steps:

- (1) Post the flip chart with the participants’ expectations for the day. Look to see if these were met. Comment on the ones that were or were not met. Of the expectations that were not met, discuss how these will be incorporated into the training on day three or in future trainings if possible.
- (2) Ask participants to fill out the evaluation forms. Inform participants that they will have 10 minutes to complete the form. Facilitators step out of the room while this is being done.
- (3) After individuals have completed their forms, ask the group for their opinions about the most useful aspects of the day. Emphasize that their honest responses are very important and will help us to improve future training sessions. As participants list these and their suggestions for improvement, write these on the flip chart in the appropriate column.
- (4) Thank the participants for their feedback.
- (5) Ask if there are any other comments, questions or concerns that participants would like to share.

- (6) Closure: Have participants say two words about how they feel. Stress that this is voluntary.

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Peer Health Advisor Training Facilitator Flipcharts



**Peer Health Adviser
Training Curriculum
Flip Charts**

May 1998

Introductions

- name
- origin of name
- birth order
- accomplishment

Our Questions

Workshop Objectives

Discuss:

- ♦ Goals of the Woman to Woman Program and the role of the Peer health Adviser
- ♦ Risk factors for breast and cervical cancer
- ♦ The importance of early detection of breast and cervical cancer
- ♦ The three methods for early detection of breast cancer
- ♦ The early detection method (Pap test) of cervical cancer
- ♦ Screening guidelines set forth by the American Cancer Society and National Cancer Institute
- ♦ Barriers to breast and cervical cancer screening for women in their worksites
- ♦ Community resources and social supports that will assist women to overcome barriers and to access breast and cervical cancer screening services
- ♦ How to recognize medical questions and identify resources to which these questions can be referred to
- ♦ The importance of confidentiality
- ♦ How to design, plan and conduct a small group educational session
- ♦ How adults learn
- ♦ The importance of evaluation for this project.

Agenda

DAY ONE

Part One: Warm-Up

- * Activity #1: Introductions (20 min) 9:00-9:20
- * Activity #2: Program Objectives and Agenda (10 min) 9:20-9:30
- * Activity #3: Participants' Expectations (20 min) 9:30-9:50

Part Two: Breast Cancer

- * Activity #4: Women's Health Overview (10 min) 9:50-10:00
- * Activity #5: Why is Breast Cancer Important? (10 min) 10:00-10:10

Break (10 min)

10:10-10:20

- * Activity #6: Risk Factors for Breast Cancer (40 min) 10:20-11:00

Part Three: Early Detection of Breast Cancer

- * Activity #7: Importance of Early Detection (10 min) 11:00-11:10
- * Activity #8: Early Detection Methods-Overview (10 min) 11:10-11:20
- * Activity #9: Mammography (30 min) 11:20-11:50
- * Activity #10: Clinical Breast Examination (10 min) 11:50-12:00
- * Activity #11: Breast Self-Examination (15 min) 12:00-12:15

Lunch (60 min)

12:15-1:15

Part Four: Women's Health: Cervical Cancer

- * Activity #12: Why is Cervical Cancer Screening Important? (10 min) 1:15-1:25
- * Activity #13: Early Detection Method-The Pap (40 min) 1:25-2:05
- * Activity #14: Risk Factors for Cervical Cancer (30 min) 2:05-2:35

* Activity #15: Barriers to Screening (30 min) 2:35-3:05

Break (10 min) 3:05-3:15

Part Five: Educational Component

* Activity #16: How Adults Learn (45 min) 3:15-4:00

* Activity #17: Lunch and Learn Session Kit (30 min) 4:00-4:30

Part Six:

* Activity #18: Wrap-Up and Evaluation (20 min) 4:30-4:50

EXAMPLE

Agenda

DAY TWO

Part One: Warm Up

- * Activity #19: Welcome back and Warm-Up (15 mm) **9:00-9:15**

Part Two: The Role of the Peer Health Advisor

- * Activity #20: Roles and Responsibilities (15 min) **9:15-9:30**
- * Activity #21: The Importance of Confidentiality
Responding to Medical Questions (30 min) **9:30-10:00**
- * Activity #22: Importance of Ongoing Evaluation of
the Woman to Woman Program (15 mm) **10:00-10:15**

Break (10 min) 10:15-10:25

Part Three: Educational Component

- * Activity #23: Maintaining a High Quality Program (10 min) **10:25-10:35**
- * Activity #24: Giving and Getting Feedback (15 min) **10:35-10:50**
- * Activity #25: One to One: The Importance of
Reaching Out (20 min) **10:50-11:10**
- * Activity #26: One to One Practice (45 mm) **11:10-11:55**
- * Activity #27: Presenter's Tips (15 min) **11:55-12:10**

Lunch (60 min) 12:10-1:10

Part Four: Practice Small Group Sessions

* Activity #28: Practice Conducting
a Lunch&Learn Session (2.5 hours) **1:10-3:40**

Break (10 min) **3:40-3:50**

Part Five: Wrap Up and Evaluation

* Activity #29: Review of Expectations
& Evaluation (20 min) **3:50-4:10**

EXAMPLE

Ground Rules

- Start on time
- Eating and drinking are ok
- No smoking
- Breaks are scheduled.
- Ask questions anytime.
- Please do not interrupt.
- Share as much as you are comfortable.
- Confidentiality.

Our Expectations

Our List of Concerns

Risk Factor

A risk factor is something that can increase a woman's risk or chance of developing cancer, but it does not necessarily mean that she will develop the disease.

Risk Factors

Things Researchers Agree About

Things Researchers Are Still Studying

Myths and Misunderstandings

Risk Factors

Things I Can Change

Things I Cannot Change

Importance of Early Detection

Survival Rates

At 5 years:

- * 96% dx at local stage
- * 75% dx at regional stage
- * 20% dx at distant stage

Breast Cancer Screening Methods

- Mammography: a low dose xray of the breasts
- Clinical breast exam: when a health care provider examines a woman's breasts for changes
- Breast Self-Exam: when a woman examines her own breasts for changes

Mammography Guidelines

Women 40-49

ACS: every year

NCI: every 1 or 2 years

Women 50 +

ACS: every year

NCI: every 1 or 2 years

* Talk with your doctor!

Guidelines for Clinical Breast Exams

Women 20-40

ACS: every 3 years

Women 40-49

ACS: every year

Women 50 +

ACS: every year

Guidelines for BSE

Women 20 +

ACS: once a month
every month
7-10 days after start of period
or same day each month

Why is it important to find cervical cancer early?

Guidelines for Pap Tests

Women 18+/ sexually active

ACS: every year

After 3 normal annual exams maybe less often

Talk to your doctor!

Risk Factors for Cervical Cancer

- * Certain types of Human Papilloma Virus
- * Cigarette Smoking
- * Early age at first intercourse
- * Multiple sexual partners
- * Sexually transmitted diseases
- * Unknown factors

How can we talk about cervical cancer in a comfortable way?

**Why some women don't have a mammogram,
clinical breast exam, or Pap test?**

What would encourage women to get the appropriate screening?

Best Learning Experiences

How Adults Learn

Key factors: Respect
 Immediacy
 Experience

We remember:

20% of what we hear

40% of what we hear and see

80% of what we discover for ourselves

Strategies Used in this Training

Evaluation

Most Useful

Suggestions

What is “confidential”?

- * Something that is told or written in confidence
- * Trust
- * Privacy

What are the characteristics of a medical question?

Reasons to Evaluate

- To see what worked
- To learn what can be changed to improve activity or program
- To learn what can be changed to meet needs of participants.

Maintain a High Quality Woman to Woman Program

Brochures: NCI and ACS

Speakers: References
Attending presentations

PHAs: Regular meetings
Consult with professional individuals or organizations that can provide information
Attend continuing education sessions

One to One: Steps for Outreach

- * Assess
- * Ask
- * Advise
- * Assist

Strategy for Lucy

Strategy for Sarah

“Ways to Reach Out”

Planning A Session

Who

Why

What

When

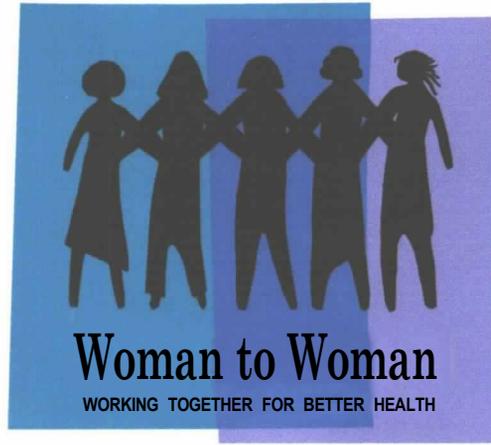
How

Where

Evaluation

Most Useful

Suggestions



Peer Health Advisor Training

Handouts



Woman to Woman

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Peer Health Adviser Training

Welcome!

Welcome to the training for Peer Health Advisers in the Woman to Woman project. We greatly appreciate your participation in this worksite-based research project. Together, we have the potential to make a very strong impact on the health and well-being of the women we see almost every day: our co-workers.

This two-day training will give you a sense of the project and your key role as a Peer Health Adviser (PHA). We will demonstrate techniques for conducting breast and cervical cancer education sessions at your workplace. Training participants will share their ideas about effective program strategies.

The main topics in this training are breast and cervical health, the importance of screening for breast and cervical cancer, and what screening methods are recommended.

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Description of Program Activities

Kick Off (“Open House”)

To introduce the project, each site can plan and implement an Open House event to kick off the program. The Open House may take place over several days to maximize participation. It will be promoted through paycheck stuffers, bulletin boards, newsletters, and other company channels.

Peer Health Adviser Training

At the Open House, women who are interested in being Peer Health Advisers will be recruited. Subsequently, they will be trained by education staff to be resources to their co-workers, providing information and support.

Lunch and Learn

Lunch and Learn sessions are small, 20-30 minute educational sessions led by Peer Health Advisers. They will provide factual information as well as opportunities for discussion of risk factors for breast and cervical cancer, methods for overcoming barriers to screening, and community resources for information and screening.

Resource Center

Each worksite will have its own Woman to Woman Resource Center which will contain educational materials about breast and cervical cancer, as well as other women’s health topics. Some materials will be available to take, and some (e.g., videos) will be available on a lending basis. Peer Health Advisers will refer women to the Center for follow up information, and will work with project staff and site volunteers to keep the Center stocked with appropriate materials.

Campaigns

Periodically, the program will launch educational campaigns at the worksite, to encourage healthy behaviors such as getting routine screening, quitting smoking, and staying active. Campaign themes will be coordinated with national health promotion events, such as Breast Cancer Awareness Month in October. Special events, such as guest speakers and interactive displays, will be arranged by program staff and Peer Health Advisers.

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What is the National Cancer Institute?

The National Cancer Institute (NCI) is the federal government's principal agency for research on cancer prevention, diagnosis, treatment, rehabilitation, and control, and for disseminating information on these subjects to health care professionals and to the public.

What is the American Cancer Society?

The American Cancer Society (ACS) provides comprehensive cancer information and services for patients and their families, and it is the largest private funder of cancer research in the United States.

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Objectives for this Workshop

At the end of this workshop, participants will be able to:

- Describe the goals of the Woman to Woman program and the role of the Peer Health Adviser
- Describe risk factors for breast and cervical cancer
- Discuss the importance of early detection of breast and cervical cancer
- Describe three methods for early detection of breast cancer
- Describe early detection method (Pap test) of cervical cancer
- Describe the screening guidelines set forth by the American Cancer Society and National Cancer Institute for breast and cervical cancer
- Identify and discuss barriers to breast and cervical cancer screening for women in their worksites
- Identify and discuss community resources and social supports that will assist women to overcome barriers and to access breast and cervical cancer screening services
- Recognize medical questions and identify resources to which these questions can be referred
- Discuss the importance of confidentiality
- Design, plan and demonstrate how to run a small group education session
- Discuss how adults learn
- Discuss the importance of evaluation for this research project
- Understand that they are a part of the Woman to Woman program team, and understand that program staff are available to assist them in carrying out their role as Peer Health Advisers

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What is Cancer?

Cancer is a group of diseases that occur when cells become abnormal and divide without control or order. Every organ in the body is made up of various kinds of cells. Cells normally divide in an orderly way to produce more cells only when they are needed. This process helps keep the body healthy. If cells divide when new cells are not needed, they form too much tissue. The mass or lump of extra tissue, called a *tumor*, can be *benign* or *malignant*.

(Source: National Cancer Institute)

What is a Risk Factor?

National Cancer Institute definition:

Risk factors are conditions or agents that increase a person's chances of getting a disease. Risk factors do not necessarily cause cancer; rather, they are indicators, statistically associated with an increase in risk.

American Cancer Society definition:

Anything that increases a person's chance of getting a disease, such as cancer. Having one or more risk factors for breast cancer does not necessarily mean that an individual will develop the disease. In fact, a large percentage of women who develop breast cancer do not have any of the known risk factors.

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Breast Cancer Risk Factors

These are considered to be the **major** risk factors for breast cancer:

- being female
- getting older
- having had breast cancer in the past
- having a mother or sister who has had breast cancer

Remember, risk factors are conditions that researchers have associated with the disease as they look into possible causes (why some women get it and some don't). While it is interesting to review the research, keep in mind that over 70% of breast cancer occurs in women who have none of the risk factors we now recognize. By the same token, many women who fit the categories above do **not** get breast cancer.

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Breast Cancer Screening Guidelines:

For Women age 20-40:

The American Cancer Society (ACS) recommends that women in this age group have a clinical breast examination (CBE) by a health care provider every three years and perform breast self-examination (BSE) every month.

- Not all experts agree that BSE is effective.
- If you do BSE, it is important to learn how to do it correctly.
- If you notice any changes in your breasts, notify your health care provider.

For Women age 40-49:

Health organizations vary in their recommendations for mammography screening for women in this age group. ACS recommends that women have their first mammogram by age 40 and then have a mammogram every year. The National Cancer Institute (NCI) suggests that women in this age group, who are at average risk for breast cancer, get screening mammograms every one or two years. To determine which recommendation is best for you, talk with your health care provider.

ACS also recommends that women in this age group have an annual CBE and perform BSE every month.

For Women age 50 and over:

All medical groups agree that having regular mammograms after age 50 is a good health practice. ACS recommends that women have a mammogram every year. NCI suggests that women have a mammogram every one or two years.

In addition to having regular mammograms, ACS recommends that women in this age group have a CBE every year and practice monthly BSE.

- Having a mammogram one time is not enough. It is important to have mammograms every year or two, even if you have no symptoms.
- It is important to have regular CBEs in addition to having regular mammograms. Mammograms are not foolproof; some breast changes can be found by CBE but do not show up on a mammogram.

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Cervical Cancer Screening Guidelines

- ACS and NCI recommend that women age 18 and over, or those under 18 who are sexually active, receive an annual Pap test and pelvic examination.
- After three or more annual examinations with normal findings, the Pap test may be performed less frequently at the discretion of the physician.
- Women who have risk factors for cervical cancer may be screened more frequently than every three years, even if they have had normal Pap tests in the past.
- There is no upper age limit for Pap tests; older women should continue to have regular physical examinations, including a pelvic exam and Pap smear.

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Roles and Responsibilities of Peer Health Advisers

Background

Peer Health Advisers (PHA) are trained to lead small group education sessions, distribute resource materials, provide basic breast and cervical cancer information and support to co-workers, and work with the Volunteer Advisory Board (VAB) to organize various other activities for employees at their worksite. A minimum of two PHAs will be recruited from each worksite. The total number of PHAs trained will vary, depending on worksite size. Those selected to be PHAs must be willing to interact with co-workers regarding sensitive subject matter and must have demonstrated the ability to work independently and on a team.

Hours

The number of hours that PHAs will spend on program-related activities will vary, depending on the educational activities that are taking place at the worksite. For example, when planning for a major upcoming event, PHAs may spend up to an estimated three hours per week. However, there may be other times when no educational events are planned for the immediate future. During these times, PHA may spend less than one hour per week on program-related activities.

Roles and Responsibilities of PHAs

- Attend PHA training workshop and continuing education sessions
- Collaborate with Volunteer Advisory Board (VAB) in the scheduling, planning, promotion and implementation of educational activities at the worksite
- Distribute or make resource materials available at worksite functions and activities, where appropriate
- Assist Worksite Coordinator in establishing a Woman to Woman Resource Center
- Discuss importance of cancer screening and disseminate accurate information regarding community resources for screening when requested by co-workers
- Offer support to co-workers in their pursuit of health information and age-appropriate screening services

- Refer all medical questions to health care practitioners
- Maintain confidentiality of information shared by co-workers
- Serve on worksite Volunteer Advisory Board

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Roles and Responsibilities of the Worksite Coordinator

Background

The major role of the Worksite Coordinator is to coordinate program activities, and to serve as the Woman to Woman project spokesperson in the worksite. His/her role is essential in helping to determine how to best present and promote the program.

Roles and Responsibilities of WC

- Coordinate Volunteer Advisory Board meetings
- Arrange logistics for program activities such as:
 - Space and equipment
 - Assist with scheduling
 - Arrange for refreshments when necessary
 - Coordinate on-site arrangements for consultants' visits to worksite
- Assist the Peer Health Advisers to publicize project activities
- Assist Peer Health Advisers to organize and maintain a resource center

Hours

The amount of time required for this role per week is minimal, except when Volunteer Advisory Board meetings are scheduled, approximately every month, and prior to and during scheduled Woman to Woman activities. It is recommended that the Worksite Coordinator be able to make a long-time commitment to this role, if possible.

Selection of a Worksite Coordinator

It is recommended that the individual possess the following skills:

- Demonstrated ability to communicate with peers, management representatives and union leaders
- Commitment to devote the required time to this project
- Demonstrated organizational skills
- Ability to learn and carry out project tasks
- Knowledge and understanding of employees' health benefits
- Interest in issues related to women's health, particularly breast and cervical cancer
- Knowledge of and ability to work with the union organization

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Roles and Responsibilities of Volunteer Advisory Board Member

Background

The Volunteer Advisory Board (VAB) is essential to the success of the Woman to Woman Program in the workplace. The major function of the board is to provide input into planning and implementation of program activities. VAB members can work to plan program activities and events, distribute promotional and educational materials, and be present at project activities and events. Members can also serve as Woman to Woman spokespersons in the workplace.

Membership

Anyone who is interested in promoting women's health at the worksite can participate in the VAB. An employee can become a member of the Volunteer Advisory Board by referral of worksite coordinator, management, union or co-workers and/or by self-selection. Members should represent a broad range of job categories, departments, unions, shifts and cultural groups present at the worksite. While it is preferred that members make a long-time commitment to serve on the board, it is understood that circumstances may not always permit this.

Potential VAB members should possess the following characteristics:

- An understanding and respect of worksite norms and culture
- An understanding and respect of others
- Well-respected by peers
- Enthusiastic about the goals of the Woman to Woman project and able to motivate peers to participate in program events
- Ability to communicate Woman to Woman messages
- Organizational and leadership skills
- Have the support of their supervisors to participate on the VAB
- Have time available to participate in VAB meetings and activities

The Woman to Woman Program found that the number of members on the VAB varied across worksites. Boards ranged in size from 3 members to 40 members. Smaller working groups were formed to fulfill specific tasks (e.g. promotion, refreshments, maintenance of the Resource Center, etc.) when the VAB was large. The level of participation can vary within workplaces depending upon interest, individual workload and other commitments. To offset the potential for a decrease in VAB membership due to attrition, more members can be recruited. If it is not feasible to assemble a VAB at a particular worksite, existing committees at the workplace (e.g. Health and Safety Committee) may take on the functions of a VAB.

Hours

In general, VABs met every month and meetings lasted, on average, one to two hours. At times, such as when planning major upcoming events, longer meetings were needed. Additional time was required when VAB members assisted at program activities. It is recommended that release time for VAB participation be requested from employers.

Roles and Responsibilities of Board Members:

- Attend meetings of the VAB
- Represent employee interests regarding Woman to Woman programming, while maintaining confidentiality of individual employee concerns
- Advise on the most effective methods for promotion and delivery of programs and activities
- Work with Worksite Coordinator and Peer Health Advisers to develop, plan and deliver educational activities. Specifically, board members will be asked to assist with:
 - Promotion of project activities and events
 - Distribution and collection of promotional and educational materials
 - Staffing of project activities and events
 - Securing high level of participation in educational activities

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Statement on Confidentiality

At no time should a woman's identity, diagnosis, or condition be discussed without her knowledge and permission. *All personal information is confidential.*

Peer Health Advisers are expected to maintain complete confidentiality about any information which is shared with them by women from their workplace.

The reason for this policy is to ensure that any woman who participates in the Woman to Woman program can trust that personal information she shares will not be repeated or shared without her permission.

If there is any question or concern related to this statement, Peer Health Advisers are asked to bring it to the attention of program staff immediately.

Anyone who fails to follow this policy will be asked to resign from, the position of Peer Health Adviser.

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Which of these are medical questions?

1. “I found a lump in my breast. Do you think it’s cancer?”
2. “I have this soreness under my armpit. What do you think it is?”
3. “The doctor said I should have the lump aspirated. Should I?”
4. “How do I find out if I had 3 consecutive normal Pap tests? They never told me the results! ”
5. “My sister was just diagnosed with breast cancer. That means I’m going to get it sooner or later, right?”
6. “I can feel a lump in my breast but my doctor said it was nothing. Should I get another opinion?”
7. “My mother has cervical cancer, and my sister wants to take her for acupuncture treatments. She swears it works. What do you think? It might help, right?”

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Statement on Peer Health Advisers Providing Medical Advice

At no time should a Peer Health Adviser working with the Woman to Woman project provide medical advice, or respond to medical questions. Examples of medical advice include: assessing symptoms, making recommendations regarding treatment, making judgements about the risk of an individual developing disease, and other similar statements.

The reason for this policy is that it is not the objective of the Woman to Woman project to train Peer Health Advisers to dispense medical advice.

If there is any question or concern related to this statement, Peer Health Advisers are asked to bring it to the attention of program staff immediately.

Anyone who fails to follow this policy will be asked to resign from the position of Peer Health Adviser.

A Peer Health Adviser Guide for Conducting One-to-One Outreach

Background

The goal of the Woman to Woman Program is to educate employees about the importance of screening for breast and cervical cancer. The purpose of One-to-One Outreach is to reach a greater number of women in the workplace and provide the necessary information and resources to enable women to take care of their breast and cervical health.

We recognize that women have different levels of knowledge and interest in this subject. Some women will need factual information, such as the screening guidelines for mammography. Others will need support, such as a friend to talk to about their fears or concerns. Still others may *not* wish to discuss their health at work. Therefore, we need to tailor our approach so that it meets individual needs and is respectful of each woman.

This section is meant to organize a program to reach out to women in your workplace. It provides tips on talking with women about breast and cervical health, and offers strategies for handling difficult questions that may arise. Other resources available are:

- Materials you received at the **Program Training Workshop**, including Lunch and Learn kits.
- The Woman to Woman **Resource Center**, located at your workplace, contains many resources.
- Toll-free hotlines supported by the **American Cancer Society (800-ACS-2345)** and **Cancer Information Service (800-4-CANCER)** can provide information about breast and cervical cancer and available community services.

What is Outreach?

Outreach is a general term defined as “the extending of services or assistance beyond current or usual limits.” In the context of the Woman to Woman Program, outreach means reaching out to co-workers and offering information or support for maintaining breast and cervical health.

Who conducts Outreach?

Peer Health Advisers from the Woman to Woman Program were trained to initiate one-to-one outreach. If your worksite plans to conduct a Peer Health Adviser Training, then one-to-one outreach is detailed in the curriculum and a continuing education session focusing on reaching out with one-to-one contacts is included in the manual.

Why is Outreach Important?

Not every woman is interested in or able to attend Lunch and Learn sessions. Not every woman is comfortable discussing her questions or concerns in a group setting. Outreach provides the opportunity for a one-to-one discussion, which allows for more individual attention and greater privacy. One-to-one outreach is a powerful strategy for helping women adopt healthy behaviors, such as getting regular screening exams.

How is Outreach Conducted?

Outreach can be anything from introducing the program to a co-worker and offering a brochure, to talking with a friend over lunch about the importance of screening. Outreach may be an informal activity, such as talking with women over the water cooler, or a more formal process, such as distributing materials at a meeting. Regardless of how or where the outreach is conducted, to help assist the Peer Health Adviser, we suggest the following four steps (the four A's) when speaking with women about breast and cervical health. The four A's include:

Step 1

ASSESS: Assess her level of comfort with and interest in the topic

Women have varying levels of comfort and interest in discussing breast and cervical health. To some women, this is a very private topic and is uncomfortable to talk about with anyone other than a close friend, relative or a health professional. To others, getting information about breast and cervical health is a welcome opportunity to discuss issues of concern. An important step in providing outreach is building rapport and gauging a woman's level of comfort and interest in talking about breast and cervical health.

An example of an interaction: "Hi. My name is _____. I have been trained to be a Peer Health Adviser by the Woman to Woman Program. Woman to Woman Program is a program that provides education to women employees about breast and cervical health. Part of my role is to offer information to my co-workers. Would you like to hear about what I have learned?" If a woman is not comfortable talking with you at this time, you could offer, "If you are ever interested in talking with me about this, I am available. My number at work is #."

By letting women know that you are available, and letting them make the decision about whether they want to talk with you, you have begun to build rapport and have opened the door to future interactions.

Tips for Step #1:

- **Introduce yourself.** Offer your name and describe your role as a Peer Health Adviser working with the Woman to Woman Program.
- **Provide your worksite telephone number.** Each Peer Health Adviser can offer their telephone number for co-workers to use when they may need your assistance.
- **Maintain confidentiality.** Remember that all information exchanged between a Peer Health Adviser and a co-worker is considered confidential. Tell each woman you speak with that anything you discuss will remain confidential. Maintaining confidentiality will help you to build trust.
- **Offer to talk in a private setting.** Trying to initiate a conversation about health in a crowded area may make some people feel uncomfortable. Try to find a quiet place where you can talk.
- **Respect each woman's right not to talk.** Not every woman will want to speak with you about breast and cervical health. That is OK.

Step 2

ASK: Ask her about her goals and the information or support she may need in order to reach them

This step involves an assessment of what information or support the woman needs to take care of her health. A woman may make her need clear such as when she says, "Do you have any brochures on Pap tests? I am planning to get one next week." If she does not make her goal or need clear, you may need to ask some questions.

When trying to clarify needs, a helpful first step might be to reflect what she has told you. For example, a woman may say, "I know I should get a Pap test, but I just never get around to it." At this point, you could reflect her statement back to her; "It sounds like there are some things keeping you from getting a Pap test." Then ask, "What would make it easier for you to get a Pap test?" By first *reflecting* then *asking* questions, you can convey that you understand her concerns and you can gain a better understanding of what is needed in each particular situation.

Another useful strategy to use during this step is goal setting. Explain that it is sometimes easier to change behaviors by taking small, realistic steps. For example, if she says that she hasn't gotten around to getting a Pap test, you could ask her what goal she might like to set for herself (*it is important that she set her own goal, since only she can define her priorities*). An example of a goal might be "In the next month, I will call the clinic to make an appointment for a Pap test." Helping women to set small, realistic goals for themselves will help them to be successful in adopting healthy behaviors.

Tips for Step #2:

- **Listen carefully.** Listening carefully will help you to better understand a woman's concerns. And sometimes, listening is the most effective means of providing support.
- **Reflect concerns.** By reflecting back what you have heard, you can help her feel that her concern is understood.
- **Clarify needs.** *Ask* how you can best be of assistance.
- **Respect differences.** You will encounter women whose views about health and disease differ from your own. Accepting differences will help you to build trust.
- **Monitor your reactions.** Sometimes we react to situations immediately, without taking time to reflect on how our reactions might affect others. Remember that as a Peer Health Adviser, it is important to offer support in a non-judgmental way.
- **Help her to set small, realistic goals.** Try to set goals after each interaction. Goals may range from coming together to talk again, to visiting the Resource Center, to calling a health care provider. Explain that gradual changes are easier to handle, and that small steps add up!

Step 3

ADVISE: Advise her about available resources

This may involve supplying a brochure, providing the toll-free numbers for the American Cancer Society or Cancer Information Service, or directing the woman to the Resource Center. Alternatively, it could involve listening to a woman's fears about screening and providing emotional support. For example, if a woman tells you that she is afraid to have a mammogram, you could say, "You are not alone in feeling that way. Some women find it helpful to talk about their fears. Would you like to tell me what frightens you?" (You are a valuable resource!)

In order to help you with your outreach interactions, Commonly Asked Questions and suggested responses are presented at the end of this packet.

It is very important to be clear with women about what you can and cannot offer. As you know, *Peer Health Advisers are not to provide any medical advice.* If a woman asks you to evaluate her symptoms, assess her risk of developing breast or cervical cancer, or solicits your advice about treatment options, please refer her to her own health care

provider. You could say, “That is an important question. As a Peer Health Adviser, I am not trained to provide medical advice. I can help you find information, but I encourage you to talk with your doctor about any symptoms or concerns you may have.”

It is also important that you let women know if you do not have the answers to their questions. Peer Health Advisers are not experts on breast and cervical cancer. *Your role is to help women find the answers to their own questions.* If a question arises that you are not prepared to answer, it is best to say “I don’t know, but I can help you look for the answer.”

Tips for Step #3:

- **DO NOT provide medical advice.** If a woman requests medical information, or assessment of symptoms or personal risk, please refer her to her health care provider.
- **Be prepared.** Review the list of Commonly Asked Questions in this packet. Familiarize yourself with the questions and scripted responses and materials that are available in the Resource Center.
- **Tailor responses for each individual.** Each person is different, so it is important to recognize each person’s needs and strengths.
- **Emphasize the Woman to Woman educational messages.** Repeating the messages several times will accentuate their importance.
- **Be honest.** If you don’t know the answer, say so. Sincerity is always appreciated.
- **Be comfortable.** If you are not comfortable discussing a particular issue with one of your co-workers, that’s OK. Recommend that they speak with their health care provider, a trusted friend or another Peer Health Adviser.
- **Offer written materials.** Providing a brochure or referring a woman to the Resource Center is a way of offering access to more in-depth information.
- **Reinforce what you have discussed.** After each interaction, you may want to summarize the key points of your discussion, including next steps to follow.

Step 4

ASSIST: Assist her in reaching her goal

Following-up is a very important component of outreach. It not only increases the chance that a woman can achieve her goal(s), but it demonstrates that you care about the individual and you are willing to provide further assistance, if needed. Once you have spoken with an individual, it is a good idea to check back with her to see if she received

the information she needed, has any more questions or needs additional support. You can ask, “What could I do to help you reach your goal?” At this point, you may need to provide additional assistance or support.

Tips for Step #4:

- **Reinforce** that you are here to provide support and assistance. It is crucial to let co-workers know that they are not alone.
- **Be prompt.** Try to respond promptly to requests for information. If you are not able to provide a needed resource right away, let the woman know that it may take a few days to get back to her, but you haven’t forgotten.
- **Model healthy behaviors.** You can provide an example by getting regular screening exams and taking good care of yourself. Others may follow your example!

When Doing One-to-One Outreach, Remember These Important Points:

- **The four A’s: ASSESS, ASK, ADVISE, and ASSIST.**
- **Always maintain confidentiality.**
- **Do not provide medical advice.**

How Many Outreach Contacts Should I Make?

Set a realistic goal for the number of outreach contacts to be made during the course of a month. Every month, re-examine whether or not this goal was achieved. Revise the goal upward or downward, depending on how things are going.

Woman to Woman Common Concerns and Questions About Mammography

“I’m nervous about having a mammogram.”

Sometimes, it is very hard to understand why something is upsetting, bothering, concerning, worrying, etc.

For some women, thinking about having a mammogram reminds them about the possibility that they could get breast cancer sometime. And, that is very upsetting -- so upsetting that it makes it difficult for them to do what they need to do to stop worrying -- have the mammogram.

Some women feel calmer and more in control after having a mammogram. They feel that if that can't control getting breast cancer, they could try to beat it if it occurred. And, the best way to “beat it” is by having regular mammograms.

Some women find it makes them feel less anxious if they take a friend to their appointment or talk with their doctor about mammography. What do you think might help you feel less anxious about having a mammogram?

“My doctor has not recommended having a mammogram. What should I do?”

It might have slipped your doctor's mind to advise you to have a mammogram, or perhaps s/he was seeing you for a specific problem and not for your routine check-up.

It is important to speak with your doctor about the advisability of breast cancer screening.

“If anything is wrong, I don't have a doctor to go to. What should I do?”

Many of the free health services sites can refer you to an appropriate doctor. Or you could call the Mayor's Health Line for a referral. The telephone number is 534-5050 or 1-800-847-0710. If you would like further assistance, I can refer you to staff of the Woman to Woman Project.

“I don't like going to the doctor.”

You're not alone in feeling that way. I have talked with other women who also don't like going to the doctor.

Since you don't like to go to doctors, taking good care of yourself and finding little problems before they become big problems is particularly important. If you don't find problems when they are small, they will need more time and attention.

“I'm too embarrassed.”

I understand that you would feel a little uncomfortable. The technicians are generally sensitive to women's concerns about having a mammogram. You could speak with your doctor about going to a facility where there are female technologists that perform the mammogram. This may help you to feel more comfortable.

One more thing that may help you to feel more comfortable is to know that it is necessary to remove only the clothing above your waist during the mammogram. Therefore, you might find it more comfortable or convenient to wear pants or a skirt rather than a dress. You will be given a cover-up to wear except during the mammogram, so you have your privacy.

“I've heard that having a mammogram hurts. Is that true?”

It is true that you feel some pressure on your breast during the x-ray. This is needed for an accurate reading or picture of the breast. It may be uncomfortable, but it lasts only for a few seconds.

If you have had a painful mammogram in the past you might mention this to the technician so she is aware of your experience and can be more sensitive to your concerns.

If you are still menstruating, you should plan to go 7 to 10 days after the start of your period when your breast may be less tender or sensitive.

You might want to limit the amount of caffeine you drink for a couple of weeks before the mammogram to help reduce any breast tenderness or sensitivity.

“I am so busy! How can I find the time to have a mammogram?”

You can call now for an appointment for your mammogram, but have them schedule it when it is convenient for you. Sometimes these things take some planning and juggling your schedule but the importance of having your mammogram outweighs the scheduling hassles. The entire appointment usually takes less than 1/2 hour.

“I don't want to look for trouble.” Or “If I have it, I don't want to know.”

Thinking about the possibility of developing breast cancer is very upsetting. Sometimes, it may seem easier not to do anything all than think about it.

With breast cancer, unless you have a mammogram, you don't know if you have a problem until you start having symptoms such as a lump, discharge, or dimpling of the breast. At this point, the cancer is much more difficult to control and cure. It is better to find out before there are any symptoms. In fact, when breast cancer is present and found by a mammogram, you sometimes have as much as 1½ to 2 year headstart on treating it. Early breast cancer is a curable disease.

“I hear radiation from a mammogram can give you breast cancer. Is that true?”

Equipment and techniques have improved so much in the past few years that the risk of radiation has been greatly reduced. The- machines are preset so that the smallest amount of radiation is used. And they are checked regularly. Getting a mammogram this way is very safe.

The benefits of finding breast cancer early far outweigh the risks of this small amount of radiation exposure. A mammogram can detect breast cancer 1½ - 2 years before it can be felt. This is when it would be in the early stages when women have more choices about treatment and have an excellent chance of being cured.

“I can't afford a mammogram. Is there anywhere I can go for a free or low-cost mammogram?”

In the Boston area, there are 13 locations that, through funding by the Massachusetts Department of Public Health, provide free mammograms to women age 40 years or older who are uninsured or underinsured (including the alternate year when Medicare does not pay). They will also provide free mammograms to women under forty who have a personal or family history (mother, daughter, sister) of breast cancer.

Commonly Asked Questions About Breast Cancer Screening have been adapted from: The National Cancer Institute's *Picture of Health* and the American Cancer Society's *Tell A Friend Program Kit*.

Woman to Woman

Common Concerns and Questions About Cervical Cancer Screening

“What is a pelvic exam?”

A pelvic exam is when a doctor or nurse examines the vagina, uterus, fallopian tubes, bladder, ovaries and rectum to feel for abnormality in shape or size. During the pelvic exam, a speculum (instrument to open the vagina) is used to widen the opening of the vagina and observe irregularities.

“What is a Pap test?”

A Pap test (or Pap smear) is one of the most effective ways to detect changes in the cells of the cervix (the opening of the uterus). The Pap test can show the presence of infection, inflammation, abnormal cells or cancer in the cervix. Pap tests can detect cancer at the cellular level, and the earlier the cells are found; the better are the chances for a successful cure. Cervical cancer is almost completely curable when detected early.

“I’m too embarrassed to have my doctor give me a pelvic exam and Pap test.”

Doctors and nurses are aware that some women may feel embarrassed, especially if this is their first Pap test or pelvic exam. Women can request that a female doctor or nurse perform both exams. It only takes a few minutes to have a pelvic exam with Pap test.

“How frequently should I get a pelvic exam with Pap test?”

The American Cancer Society and the National Cancer Institute recommend having pelvic exams with Pap tests every year, starting at age 18 or younger, if sexually active. Pelvic exams and Pap tests can be performed during routine gynecological exams.

After three or more annual examinations with normal findings, you need to talk with your doctor about frequency of screening. Women who have a higher risk of developing cervical cancer or who have been treated for cervical cancer in the past should be examined more often. Discuss screening intervals with your doctor.

“Does it hurt to have a Pap test?”

The Pap test may cause discomfort, but it is painless. If you have had a painful Pap test in the past you might mention this to the doctor or nurse so she is aware of your experience. During the Pap test, the doctor or nurse uses a speculum to examine the cervix and vagina. Then with a small brush or cotton swab the doctor takes a few cells from the surface of the cervix. The cells are then “smearred” on a glass slide and then sent to a lab for examination under a microscope. Results of the Pap test are generally provided between 5 to 7 days after the test.

“What if the results of the Pap test are abnormal?”

Once an abnormality is detected in the cervix, follow-up care is extremely important. Most abnormal conditions detected by the Pap test are easily treatable and curable.

When the results are abnormal, it may be due to inflammation caused by vaginal infection. The doctor may recommend taking medicines or having treatment for the infection. In a few months, another Pap test will be necessary to make sure the infection has disappeared.

Abnormal results can also mean that the cells need to be further investigated with a biopsy. A biopsy is when the doctor removes a sample of tissue to determine the extent of the abnormal change. Many of these changes are caused by Human Papilloma virus or by abnormal cell growth. Although these are not cancerous, over time they may progress to cancer.

If changes in the cervix are cancerous, prompt treatment is required to avoid the cancer from spreading to other parts of the body. Remember, the earlier the diagnosis and treatment of any symptom, the better the chances for cure.

“I’m not planning on having more children, so do I need a Pap test?”

There is no upper age limit for Pap tests. Older women should continue to have regular pelvic exams with Pap tests--even if they are beginning or gone through menopause. Older women need to discuss frequency of screening with their doctor or nurse.

“I had a hysterectomy. Do I still need a Pap test?”

A woman who has had an operation to remove the uterus and cervix (hysterectomy) should discuss having Pap tests with their doctor.

“Where can I get a pelvic exam with Pap test?”

Women can get pelvic exams with Pap tests in a doctor’s office. In addition, a Planned Parenthood or Family Planning Clinic, Health Clinics (at hospitals, health centers, city health programs) and local Health Departments offer these tests at low cost.

Commonly Asked Questions About Cervical Cancer Screening has been adapted from: The National Cancer Institute’s *What You Need to Know About Cancer of the Cervix* and *The Pap Test: It Can Save Your Life*.

Woman to Woman

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Peer Health Adviser Training
Case Study

Lucy

Lucy is 45 years old, a smoker, with one teenager at home. She works in Accounts Receivable. She didn't go to the Woman to Woman Open House because she wasn't sure what it was all about. But she heard from her co-workers that at the Open House, there was information saying that "women who sleep around get cervical cancer". She doesn't understand this. She approaches you one day and without saying anything about herself personally, she asks you if this is true. What do you say to her?

Woman to Woman

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Peer Health Adviser Training
Case Study

Sarah

Sarah is in her early 50's. She hasn't had a mammogram, or even been to a doctor, in years. She's new at work. She takes you aside in the cafeteria one day and tells you about her co-worker, Roberta, who has found a lump in her breast. Roberta is afraid to go to a doctor and has been praying for help. Sarah wants you to talk to her, to help her. What do you say?

Outreach Case Studies

Initiating One To One Contacts

There is a break in work and several of your co-workers are talking about what they need to schedule into their busy week. One mentions trying to find time to go to the gym; another says she needs to call the dentist; and the third mentions she has to take her children to see the doctor for their annual examination. You.

You have just returned from a VAB meeting which discussed plans for the next lunch and learn session and materials for the resource center. Your co-worker asks, “where have you been?” You.

You notice a woman waiting for her ride . She is someone you have seen around the workplace although you do not know for certain in which department she works. You too are waiting to meet someone in the same place. As you wait, you. . .

You are posting up a Lunch and Learn flyer on the bulletin board, when one of your co-workers walks by and stops to read the flyer. You.

You have set a goal for reaching five women this week and you have already spoken to three women. You really want to reach this goal. You.

Presenter's Tips

Suggestions for

Conducting: Effective Lunch and Learn Sessions

and

Facilitating Discussion on Sensitive Topics

FOUR THINGS TO REMEMBER ABOUT THE PHA ROLE

Refer medical questions to a health care provider

**Refer questions about personal risk to a health care provider
(e.g, “how high is my risk if my mother had breast cancer.”)**

Maintain Confidentiality

**Emphasize the Woman to Woman educational messages
(please see Educational Messages in Program Manual).**

Suggestions for Conducting Effective Lunch and Learn Sessions

- ◆ **Arrange** the room in a **comfortable** manner (e.g., semi-circle) to create an intimate and non-authoritative atmosphere.
- ◆ Start with an **introduction** of the project, yourself, and participants.
- ◆ Establish **ground rules** from the start, stressing the importance of listening and respecting participant's perspectives and of maintaining confidentiality. Mention time constraints and session objectives.
- ◆ Remember **warm-ups** and **wrap ups** as key components of Lunch and Learn sessions. Warm-ups help people feel comfortable talking. In preparation for wrapping up, you may say: "We will take two more comments, please."
- ◆ Use **accessible language** (avoid technical jargon, like HPV or unfamiliar acronyms, like NCI).
- ◆ **Enjoy silence**; it a valuable opportunity for reflection, especially after posing a question.
- ◆ **Validate participants' contributions** by writing comments on flip charts. **Write everyone's response** (if you don't understand a participant's comment, ask for clarification either from the participant or the group). During session, restate or reflect on participant's comments.
- ◆ **Try not to turn your back** to participants when writing on the flip charts.
- ◆ **Write with large letters**, preferably using multiple colors. **Dark colors are** more visible at a distance.
- ◆ **Speak to** and make **eye-contact** with **all participants**.
- ◆ **Listen carefully to** and **elaborate on** participants comments or questions.
- ◆ Build conversation based on **participants' strengths and experiences**.

- ◆ **Be flexible.** Assess periodically whether or not you should continue a line of discussion or cut it short to stay on time and complete agenda items.
- ◆ Make **logical transitions** between one activity to the next. Make transitions explicit: “We have just covered screening guidelines and we are moving to discussing barriers to screening.”
- ◆ You are not expected to have all of the answers. It is OK to say: “**I don’t know.**” You can ask someone in the group to share an opinion or provide a suggestion about where the answer may be found.
- ◆ It is important to teach participants where or how to find answers to questions. **Following-up** to make sure that participants found answers to their questions is an essential strategy for establishing trust.
- ◆ **Familiarize yourself with the information and resources** of the Woman to Woman project.

Suggestions for Facilitating Discussion on Sensitive Topics

If no one is participating you can:

- ◆ wait; people may need time to think.
- ◆ repeat the question in a different way; ask the group if they need clarification.
- ◆ model one response by offering an example of what is expected of them.
- ◆ use words or phrases that trigger discussion (prompts), but only a few--you want the session to be participatory, not a lecture.
- ◆ conduct the activity in groups of two or three.
- ◆ have participants write responses on index cards first, and then, have them share what they wrote, or have the facilitator read their responses anonymously.
- ◆ acknowledge that no one is participating, and ask if they want to discuss a different way to conduct the activity.

If one person does all the talking you can:

- ◆ interrupt that person politely; thank the person for her comments, and explain that you need to move on to the next activity.
- ◆ repeat training goals: to give every participant the opportunity to share their views.

If one person talks about private issues:

- ◆ offer a private discussion after the session is over.
- ◆ ask the group for comments or suggestions, shifting the focus of discussion to the group.
- ◆ re-direct the discussion to the educational messages of the activity.
- ◆ After offering a private discussion when the session is over, remind the group of the tune line, and then, move on to the next issue or activity.

If one person presents misinformation you can:

- ◆ clarify by offering factual information.
- ◆ use misinformation as an opportunity to clarify and elaborate on new knowledge.
- ◆ ask the group what they think.

Remember...

- ◆ **There is not “a perfect” way to conduct a Lunch and Learn session.**
- ◆ **Be yourself; trust your own process as facilitator; trust the group.**
- ◆ **Learn from yourself and your peers.**
- ◆ **Enjoy yourself!**

Woman to Woman

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Lunch and Learn Checklist

Worksite: _____

Lunch and Learn #: _____

TIME

Day: _____

Hours: From: ____: To: ____

Day: _____

Hours: From: ____: To: ____

LOCATION

Person(s) responsible to reserve room: _____

Room(s): _____

Estimated number expected to participate: _____

FACILITATORS

Name: _____ Department: _____

Name: _____ Department: _____

MATERIALS

Lunch and Learn Kits: How many? _____

Flip Charts in portfolio

Sign-in sheets

Goal-setting cards

Participants Evaluation Forms

PHA Process Tracking Forms

Erasable markers

Pencils

Easel

Brochures

EQUIPMENT

Person(s) responsible: _____

TV/VCR

Overhead Projector

Slide Projector

Extension cords

INCENTIVES

Person(s) responsible: _____

Refreshments

Prizes or give-aways

Raffle tickets

PROMOTION

Deadline: _____

Flyers: How many? _____ Person(s) responsible: _____

Woman to Woman posters: How many? _____ Person(s) responsible: _____

Worksite Newsletter Person(s) responsible: _____

Union Newsletter Person(s) responsible: _____

E-mail Person(s) responsible: _____

Announce at meetings Person(s) responsible: _____

Other Person(s) responsible: _____

Woman to Woman

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Educational Messages: Summary

The following educational messages have been developed for the Woman to Woman program. Peer Health Advisers should *always* refer to these messages when speaking with their co-workers about breast and cervical cancer.

- Breast and cervical cancer are important health issues for women. Although these cancers can occur in younger women, the risk increases as we get older.
- Finding cancer early (early detection), before it has had time to grow and spread, is very important. When they are found early, these cancers are easier to treat and may be cured.
- Mammograms (a low-dose xray of the breasts) and clinical breast exams (by a doctor or nurse) are the main methods for early detection of breast cancer. Breast self-examination (when a woman examines her own breasts for lumps or changes) is also used to supplement these methods.
- The best way to find cervical cancer early is the Pap test (a test to examine cells on the cervix). Having regular Pap tests *can* even *prevent* cervical cancer since Pap tests can detect changes in the cells *before* they become cancerous.
- Talk with your health care provider about which early detection methods are appropriate for you, given your age, health and family history.
- Keep track of your screening exams so that you can be sure that you are getting them on schedule.
- If you have health concerns or symptoms, consult with your health care provider.
- In addition to early detection, there are other things women can do to take care of themselves:

- Don't smoke
- Get exercise and keep active
- Avoid weight gain, or lose excess weight
- Eat a balanced diet that provides a variety of nutrients and lots of fruits and vegetables
- Limit fat in your diet
- If you drink alcohol, do so only in moderation (1 drink a day or less)

These are good health habits that make sense for every woman. Smoking is related to cervical cancer and other diseases. Although these other health behaviors haven't been proven to be directly related to breast and cervical cancer, these health practices may help to prevent other diseases.

- The Woman to Woman Program has resources to help you learn more. Ask your Peer Health Adviser.

Woman to Woman
Peer Health Adviser Training Evaluation Form
Day One

We Want to Hear From You!

We would like to know your opinion of the Peer Health Adviser Training Workshop. Your thoughts, comments and suggestions will help us to make improvements in future training workshops. Please return this form at the end of the day. Thank you!

How **satisfied** are you with today's training?

- Very Satisfied
- Satisfied
- Somewhat satisfied
- Dissatisfied
- Very Dissatisfied

What did you like **most** about the training?

What did you like **least** about the training?

What topics or issues would you have liked to discuss that were not addressed in this training?

Please give the facilitators feedback about the effectiveness of their teaching on Day One: What did they do well? What suggestions do you have for them?

Additional comments:

Woman to Woman
Peer Health Adviser Training Evaluation Form
Day Two

We Want to Hear From You!

We would like to know your opinion of the Peer Health Adviser Training Workshop. Your thoughts, comments and suggestions will help us to make improvements in future training workshops. Please return this form at the end of the day. Thank you!

How **satisfied** are you with today's training?

- Very Satisfied
- Satisfied
- Somewhat satisfied
- Dissatisfied
- Very Dissatisfied

What did you like **most** about the training?

What did **you** like **least** about the training?

What topics or issues would you have liked to discuss that were **not** addressed in this training?

Please give the facilitators feedback about the effectiveness of their teaching on Day One: What did they do well? What suggestions do you have for them?

Additional comments:

