


Community Outreach Specialist and Lay Health Advisor Training

The following materials are examples of the training manuals used in the North Carolina Breast Cancer Screening Program (NC-BCSP). The Original Training Manual includes the Community Outreach Specialist and LHA Training.

Each training was county-specific and included current brochures (not shown) from organizations such as the National Cancer Institute (NCI), Centers for Disease Control and Prevention (CDC), and the American Cancer Society (ACS).

Most of the example materials included in this packet are from Washington County, North Carolina. NC-BCSP took place in five counties. Materials were targeted to each county.

The following materials include:

- **Original Training Manual (denoted with cover page)**
 - In use during the entire evaluation period (1992-2000)
- **New Training Manual (denoted with cover page)** 
 - In the final years of NCI funding, NC-BCSP worked closely with community organizations to develop strategies for sustaining the project. As part of this process, NC-BCSP revised and updated the LHA Training Manual. Our goal was to create a training curriculum that anyone could use “off the shelf,” even with minimal training expertise.

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**ORIGINAL
TRAINING MANUAL**

OVERVIEW OF NORTH CAROLINA BCSP

A. WHAT IS NORH CAROLINA BCSP?

North Carolina Breast Cancer Screening Program (NCBCSP) represents a group of state and local public health agencies and universities working together to increase mammography screening among African American Women. The program is being conducted in Beaufort, Bertie, Martin, Tyrrell, and Washington counties. BCSP activities are classified under three distinct intervention components: Outreach, Inreach, and Access.

Outreach activities include broadening community awareness of and support for breast cancer screening through the use of health educators and locally trained community women serving as "lay health advisors" to the program.

Inreach activities focus on assisting local Health Departments and Community Health Centers to organize, expand, and improve their breast cancer screening activities, the restructuring of clinic policies and procedures, and the training of staff.

Access attempts to reduce structural barriers, such as cost and inadequate transportation, that prevent low income women from obtaining mammograms.