

IMPLEMENTATION GUIDE
The Gateway to Health:
A Cervical Cancer Screening Program for Korean Women
*Using an Evidence-Based Program to develop
a process model for program delivery in the practice setting*

Note: Refer to “Putting Public Health Evidence in Action”. Review the appropriate Modules and the handouts provided in each, in order to modify and evaluate this program to meet the needs of your organization and audience.

“Putting Public Health Evidence in Action” is available online at:
<http://cpcrn.org/pub/evidence-in-action/>

I. Program Administration (Type of Staffing and Functions Needed)

Project Manager

- Supervises program staff
- Arranges and provides training for health educators and research assistants
- Coordinates program tasks and staff responsibilities
- Develops partnerships with faith- and community-based organizations
- Establishes regular communication among community organizations and program staff
- Manages program administration tasks (e.g., completing paperwork, ordering supplies)
- Oversees program objectives and data collection and tracking

Health Educators (Interventionists)

- Receive training in program delivery
- Participate in meetings and activities at faith- and community-based organizations
- Schedule and coordinate educational sessions to be held at faith-based organizations or other community locations
- Document attendance at educational sessions
- Obtain contact information for program participants
- Provide navigation assistance, including assisting with scheduling appointments, arranging transportation, completing paperwork and forms, managing referrals, and linking with other agencies and programs as needed

Research Assistants

- Receive training in data collection and assessment protocols
- Assist the project manager with program tasks (e.g., providing meeting support, filing, completing paperwork)
- Schedule and conduct assessments with program participants
- Assist with data entry and tracking

II. Program Delivery

For additional information on modifying program materials, refer to the appropriate Module(s) for program adaptation from “Putting Public Health Evidence in Action”.

A. Program Materials (*All listed materials can be viewed and/or downloaded from the RTIPs Products Page*):

- **The Gateway to Health slide presentation:** This PowerPoint slide deck includes an overview of cervical cancer facts and statistics, risk factors, and screening guidelines; reviews the potential benefits of screening and barriers to screening; and presents case examples pertinent to the target audience.
- **Intervention Curriculum:** This document provides more detailed information to familiarize health educators with the material in the slide presentation.
- **Reminder Letter:** This document is an example of a reminder letter sent to program participants to encourage cervical cancer screening.

B. Program Implementation:

The steps used to implement this program are as follows:

Step 1: Establish partnerships. The project manager meets with faith- and community-based organizations to assess interest and support, describe the goals of the program, and identify key partners.

Step 2: Arrange training sessions for health educators and research assistants. Health educators review recruitment procedures, delivery of the intervention curriculum, follow-up procedures, and navigation techniques. The training session for the intervention curriculum includes an overview of cervical cancer, risk factors, and screening guidelines. Training in navigation involves reviewing information from local health care and social service agencies, community resources, and informal lectures from local health care providers who describe logistical procedures and requirements at their facilities. Case studies are presented, and health educators participate in role-play sessions, which can be videotaped and reviewed with feedback.

Research assistants receive training in data collection, follow-up procedures, and quality control procedures to maintain data integrity.

Step 3: Recruit and screen potential participants for eligibility. The project manager and health educators work closely with leaders of faith- and community-based organizations to broadly advertise the program. Usually this effort involves announcing the program at multiple church-related events and widely distributing program flyers and contact information. The project manager or health educators also may conduct several brief, in-person presentations about the program at church sites to increase awareness about the program.

Health educators speak with women who are interested in participating in the program, collect their contact information, and ask them to complete a brief intake form to ascertain their eligibility. The form includes questions about age, prior cervical cancer screening (if any), and relevant medical history (e.g., prior hysterectomy, history of cervical cancer). Items on the intake form are updated by the project manager as screening guidelines change. The research assistant may conduct a baseline assessment on program participants.

Step 4: Schedule and conduct educational sessions. Health educators schedule each educational session at a church or other convenient community location and lead the session, providing information about cervical cancer and the importance and benefits of cancer screening and early detection. During the session, the health educator helps program participants identify various social, cultural, linguistic, access, and other barriers that impede screening (e.g., fear of or embarrassment about being examined, lack of insurance or knowledge about where to go) and provides strategies to help participants reduce their perceived and identified barriers. This is accomplished through sharing information, promoting a greater understanding of the screening process to reduce fear and anxiety associated with the procedure, and providing navigation assistance (see Step 5). The health educator also encourages participants to share interpersonal stories and testimonies, reinforces their positive attitudes and behaviors regarding screening, and gives them a list of local health provider sites that offer free or low-cost screening services.

Step 5: Provide navigation assistance. The health educator works closely with program participants to address stated barriers. Examples of support include scheduling an appointment, arranging transportation and/or translation services, assisting with obtaining insurance coverage, or identifying local clinics that provide free screening services or have extended hours. The health educator may also help with completing paperwork or understanding communications received from the clinic prior to or following the clinic appointment.

Step 6: Send reminder letters. Six months after the educational session, health educators send program participants a letter emphasizing the importance of cancer screening and reminding women to undergo cervical cancer screening if they have not done so already.

Step 7: Track participants. Research assistants contact program participants 12 months after the educational session to complete a post-program assessment. This assessment collects information about each participants' cervical cancer screening during the past year. If the participant did not undergo screening, follow-up questions address reasons why screening was not obtained and the participant's intention to undergo screening in the future. In addition, all participants are asked to complete a brief satisfaction and program evaluation survey to assess the aspects of navigation support they used (if any) and their satisfaction with the program. The information obtained from the post-program assessment is used to identify aspects of the program that can be improved.

III. Program Evaluation

For additional information on planning and adapting an evaluation, review the appropriate Modules for program implementation and evaluation from “Putting Public Health Evidence in Action”.

<http://cpcrn.org/pub/evidence-in-action/>