

# Against Colorectal Cancer in Our Neighborhoods



# Course Objectives

By the end of the training, you will be able to:

- Understand the different aspects of cancer, including the most common cancers in the U.S.; symptoms, diagnosis, stages of cancer and treatment
- Explain the importance of Colorectal Cancer Screening and Prevention
- Comprehend the ACCION CRC education intervention in order to adapt and replicate in other communities

# Pre-test

- Before we begin with the Learning Modules of this training, we would like to take 15 minutes for all participants to take a pre-test.
- Do the best you can to answer all the questions.
- We hope to have answered all your questions by the time you take the post-test at the end of the training.





# Module 1: What is Cancer



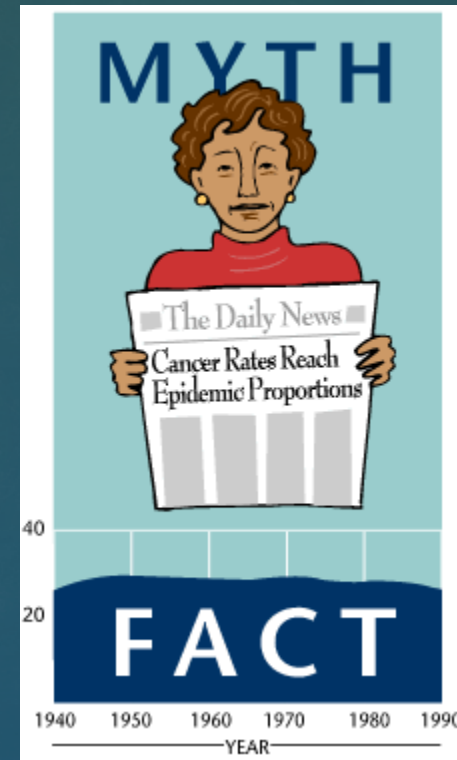
# Learning Objectives

By the end of this Module, you will be able to:

- List at least two myths related to cancer
- Describe the process through which normal cells become cancerous.
- Describe the difference between benign and malignant tumors.
- Describe two types of cancer and where they occur in the body.
- List at least two common cancers in Texas

# Some Common Misconceptions

What kinds of things have you heard about cancer that people in the community may or may not believe?



# Some Common Misconceptions

- Cancer is contagious
- Cancer is caused by an injury, such as bump or bruise
- Cancer **always** runs in families
- Cancer may spread after a biopsy or surgery
- Exposing cancer to air will cause it to spread

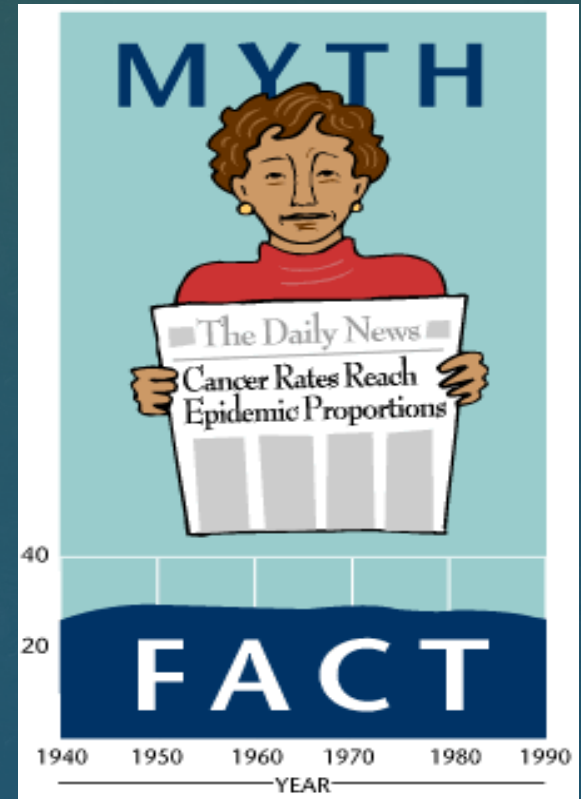


Image Source: National Cancer Institute



# What Is Cancer?

The term “*cancer*” refers to more than 100 different diseases that begin in the cells, the body’s basic unit of life.

# What is a cell?

- The body's basic unit of life
- The human body contains trillions of cells
- Each cell contains a nucleus
- The cell's nucleus contains our DNA

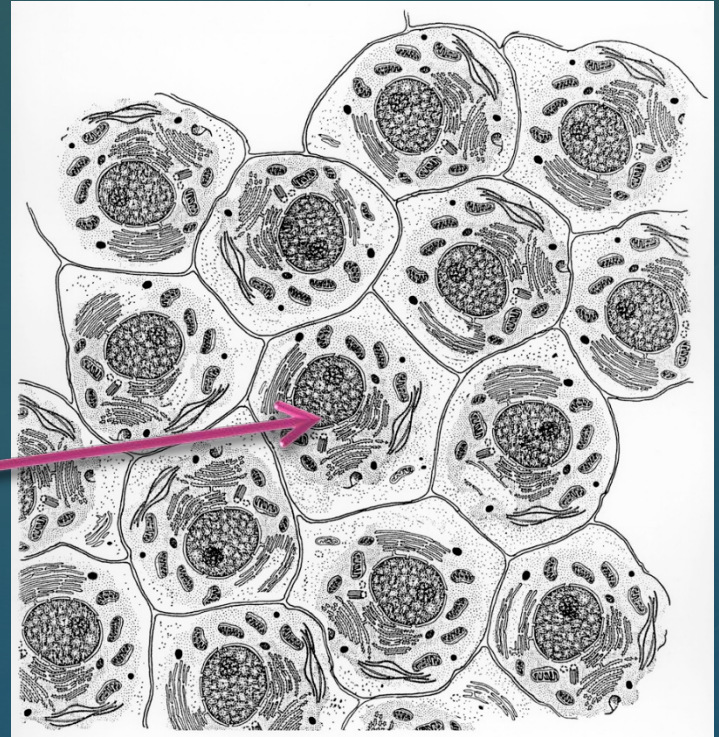


Image Source: National Cancer Institute

# Our Bodies

- Tissues are made up of cells
- Organs are made up of tissues
- Our body is made up of organs
  - Each organ has a different function
  - Examples of organs: brain, colon, kidneys, liver, lungs



# Normal Tissue

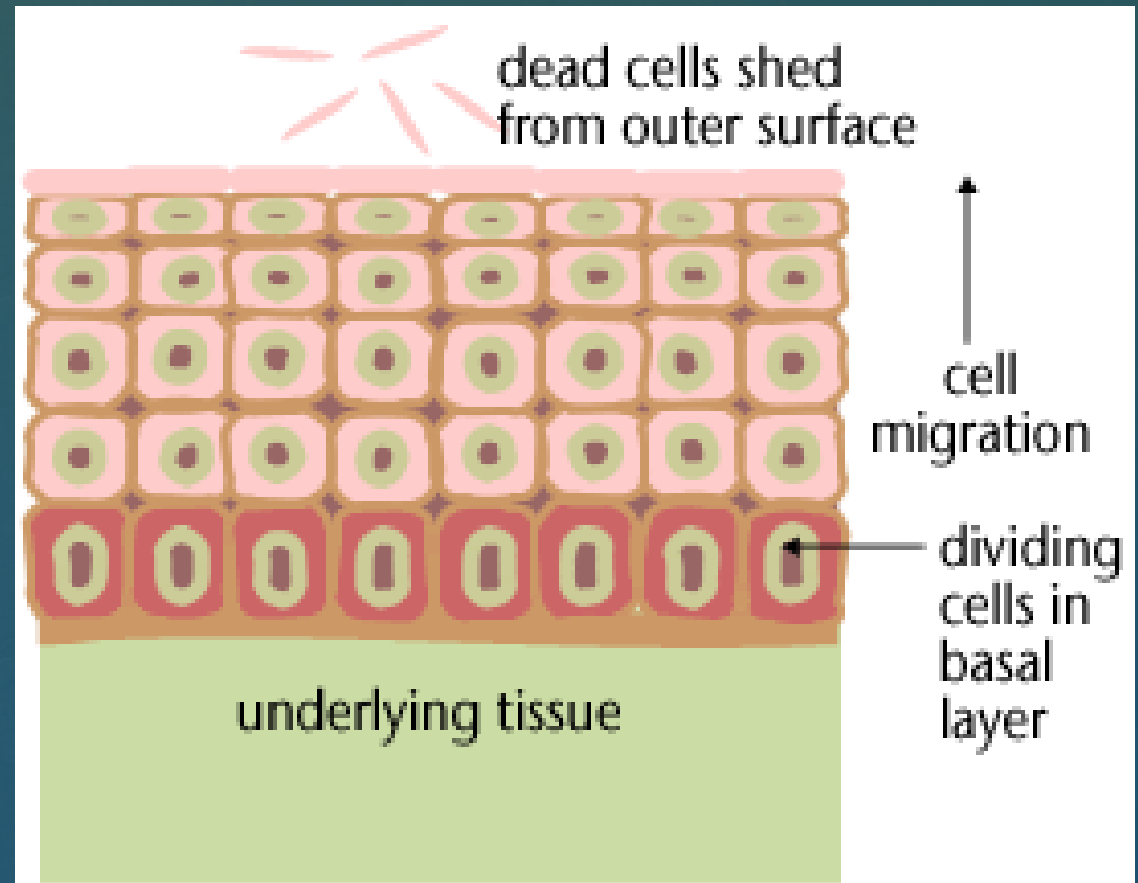


Image Source: National Cancer Institute

# Beginning of Tumor Growth

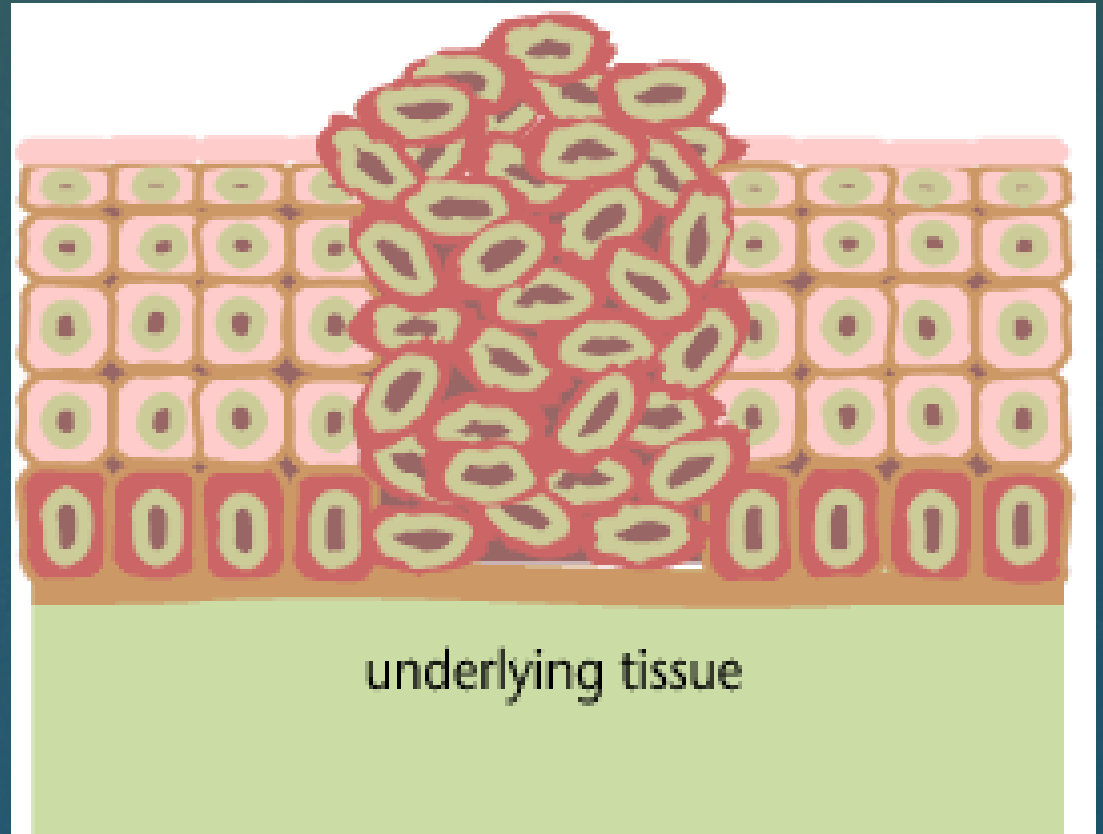
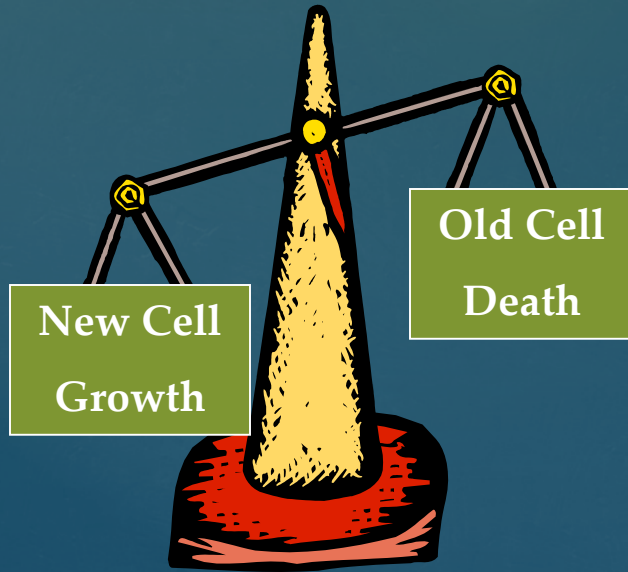


Image Source: National Cancer Institute

# Tumor

When extra cells grow, they form a mass of tissue called a growth, or a tumor.

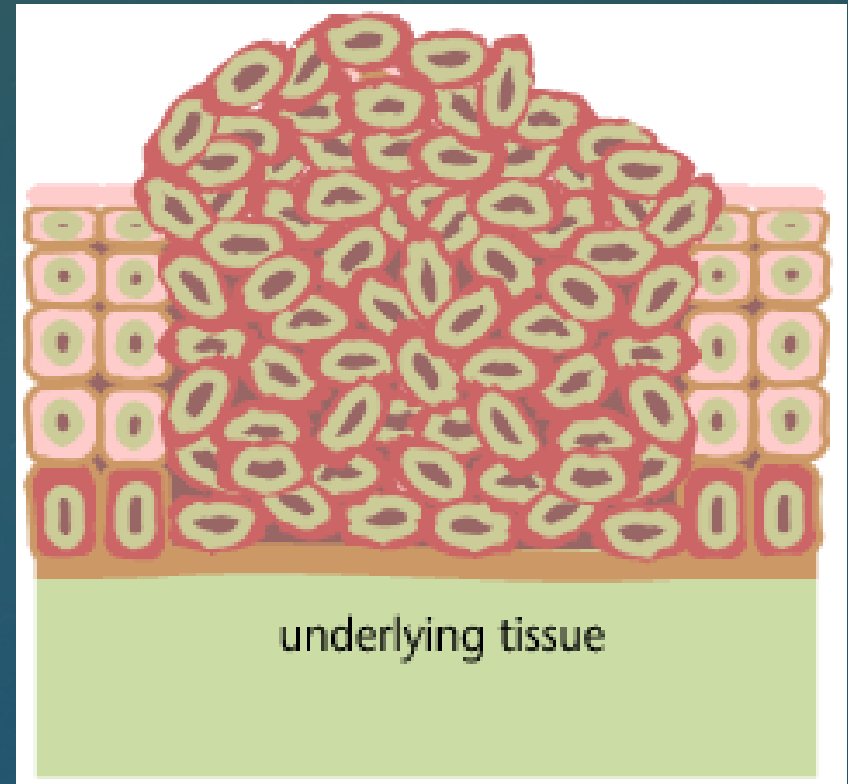


Image Source: National Cancer Institute



# Abnormal Cell Growth

Increasing number of  
dividing cells



Growing mass of tissues  
(**Tumor**)



**Benign**

**Malignant**

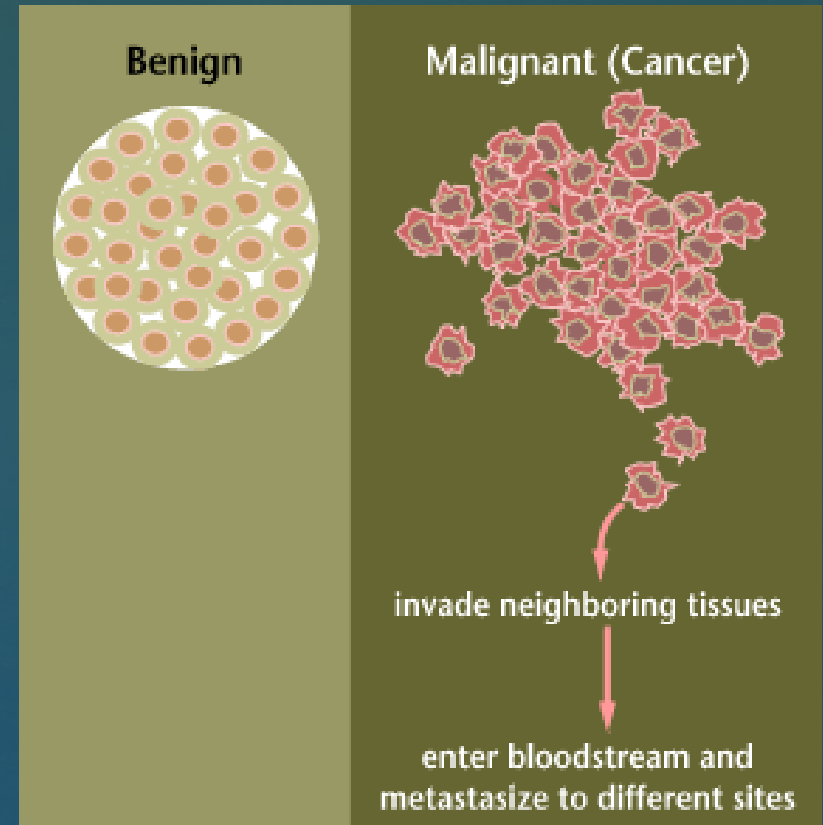


Image Source: National Cancer Institute

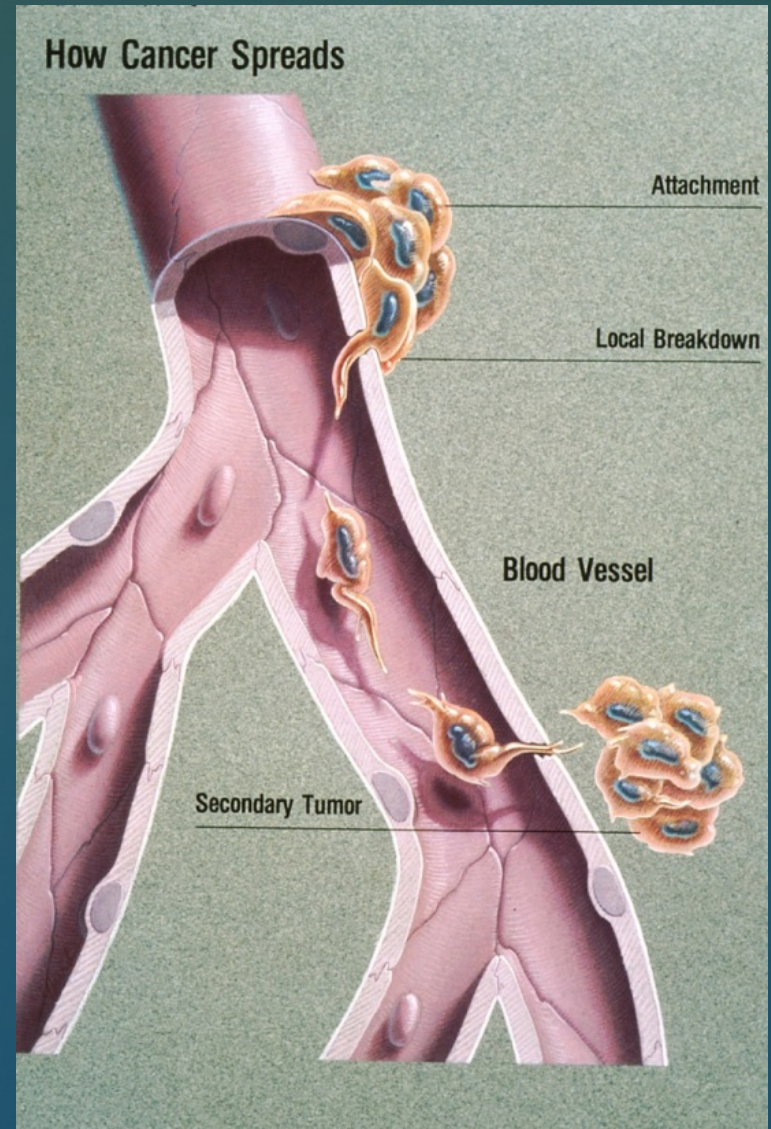
# Benign Tumors

- Are not cancer
- Do not spread to other parts of the body
- Are usually not a threat to life
- Labeled by adding the suffix “-oma” to the tissue of origin (lipoma, adenoma)



# Malignant Tumors

- Are cancer, and
- Have cells that can grow without control and invade or damage other parts of the body.
- When cancer (malignant tumor) spreads from the original site to another part of the body it is called *metastasis*.





# Types of Cancer

- There are over 100 different types of cancer
- Treatment decisions are based on knowing the type of cancer involved

# Types of Cancer (cont'd)

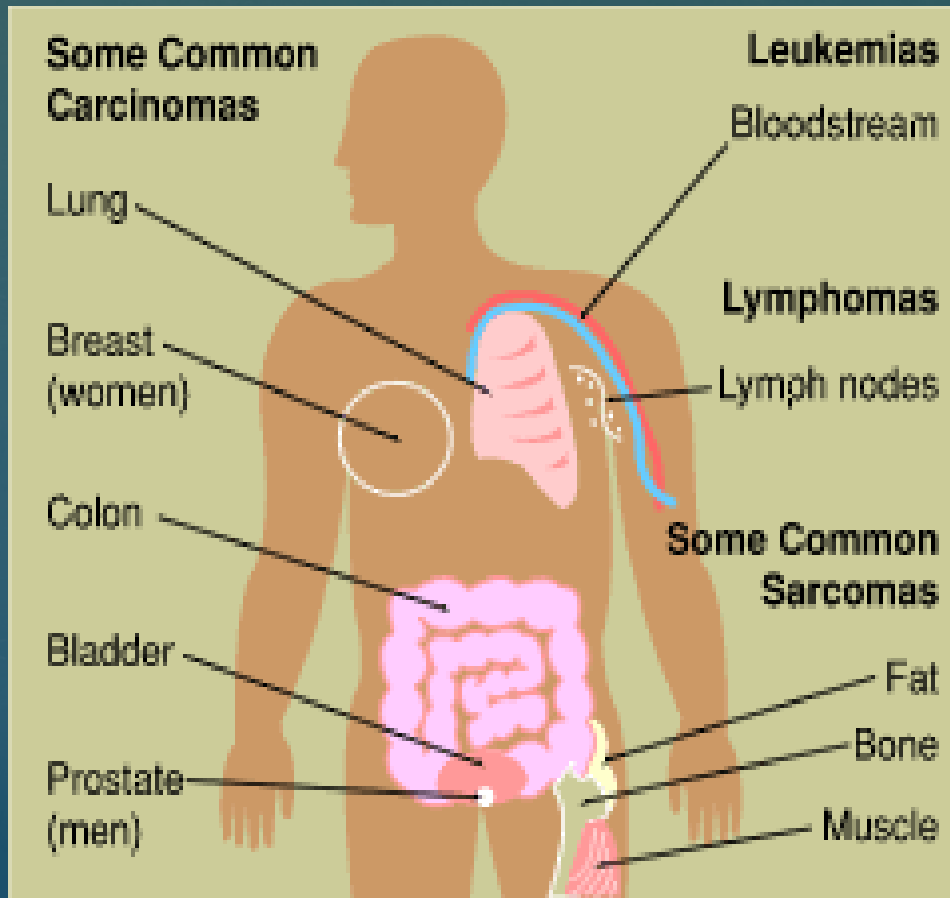


Image Source: National Cancer Institute

## Solid Tumors

- Carcinomas
- Sarcomas

## Cancers of the Blood & Bone Marrow

- Leukemia
- Lymphoma
- Myeloma

# Naming Cancers

Doctors use different prefixes to help distinguish among the different types of cancer.

For example:

- “*Osteo*” means bone.
- *Osteosarcoma* means a sarcoma arising in the bone.



# Top 5 Cancers in Women in Texas

Incidence		Mortality	
All women	Hispanic Women	All Women	Hispanic Women
Breast	Breast	Lung & bronchus	Breast
Lung/Bronchus	Colorectal Cancer	Breast	Lung
Colorectal Cancer	Lung	Colorectal Cancer	Colorectal Cancer
Corpus & Uterus NOS	Uterus	Pancreas	Pancreas
Non Hodgkins Lymphoma	Cervix	Ovary	Liver and Intrahepatic Bile Duct

# Top 5 Cancers in Hispanic Men in Texas

Incidence	Mortality
Prostate	Lung and Bronchus
Colorectal Cancer	Colorectal Cancer
Lung and Bronchus	Liver and Intrahepatic Bile Duct
Kidney and Renal Pelvis	Prostate
Liver and Intrahepatic Bile Duct	Stomach

# In Summary

You now have an understanding of:

- The meaning of the word cancer
- The difference between benign and malignant tumors
- The process by which cancer spreads
- The different types of cancer





# Module 2: Colorectal Cancer

# Learning Objectives

By the end of this module, you will be able to:

- List at least two CRC Facts
- Name at least three warning signs/symptoms of colorectal cancer
- Describe at least three risk factors associated with CRC

# Learning Objectives (cont)

- List at least three ways to reduce risk
- Describe at least four stages of CRC progression
- Name at least two CRC treatment options



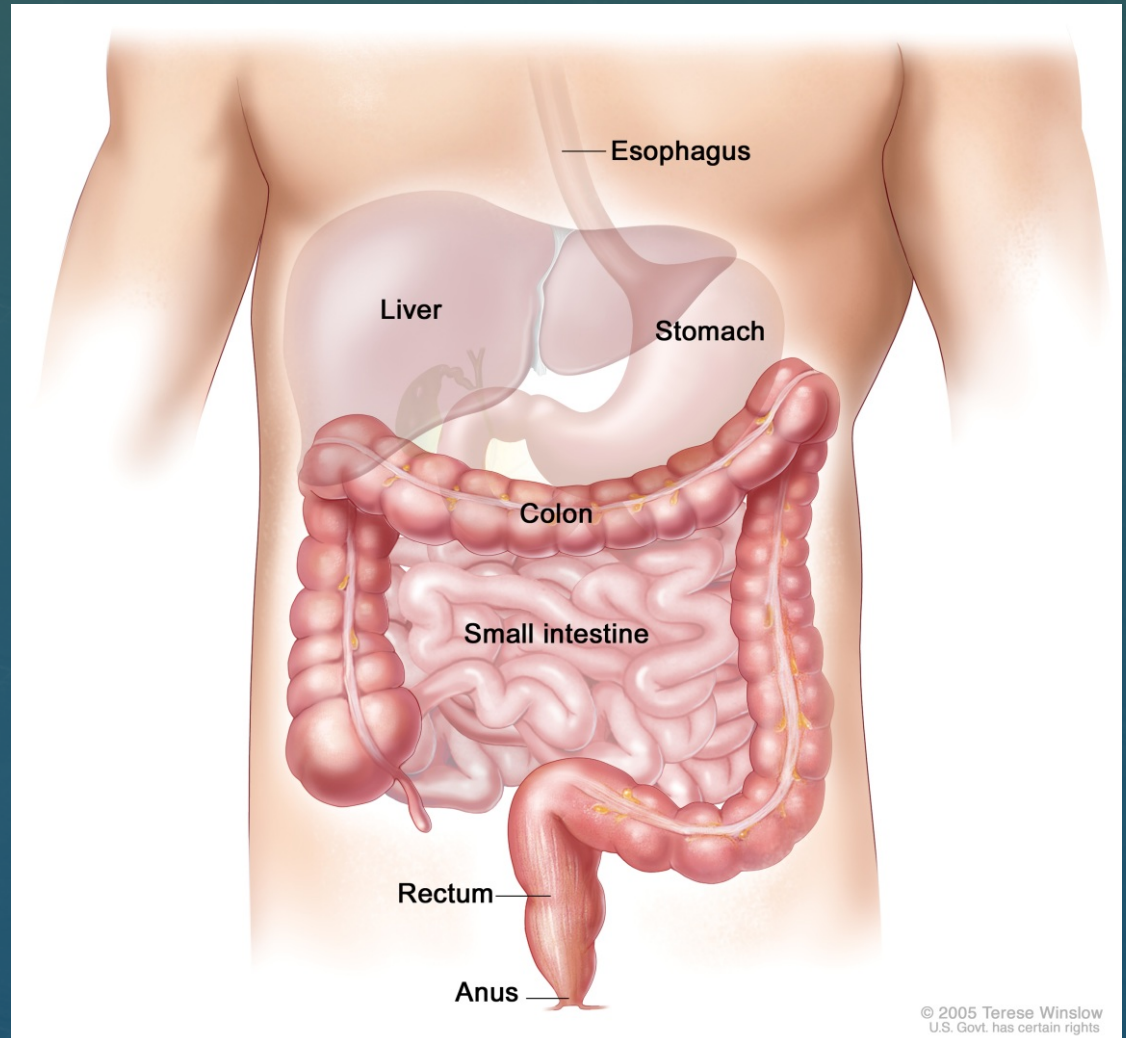
# The colon: what is it ?

Located in the abdomen

Large intestine, large bowel

Connects the small intestine to the rectum

About 5 ft long, hollow tube



# The Colon : What does it do?

- Removes water, salt and some nutrients from digested food. The remaining content is called stool.
- Muscles line the tube and squeeze the contents along.
- Billions of bacteria coat the colon and its contents and live in healthy balance with the body.

# Common conditions of the colon

- Gastroenteritis
- Diverticulosis, Diverticulitis
- Constipation
- Irritable bowel syndrome
- Colitis
- Inflammatory bowel diseases – Crohns disease, ulcerative colitis
- Colon cancer



**Diverticulosis**

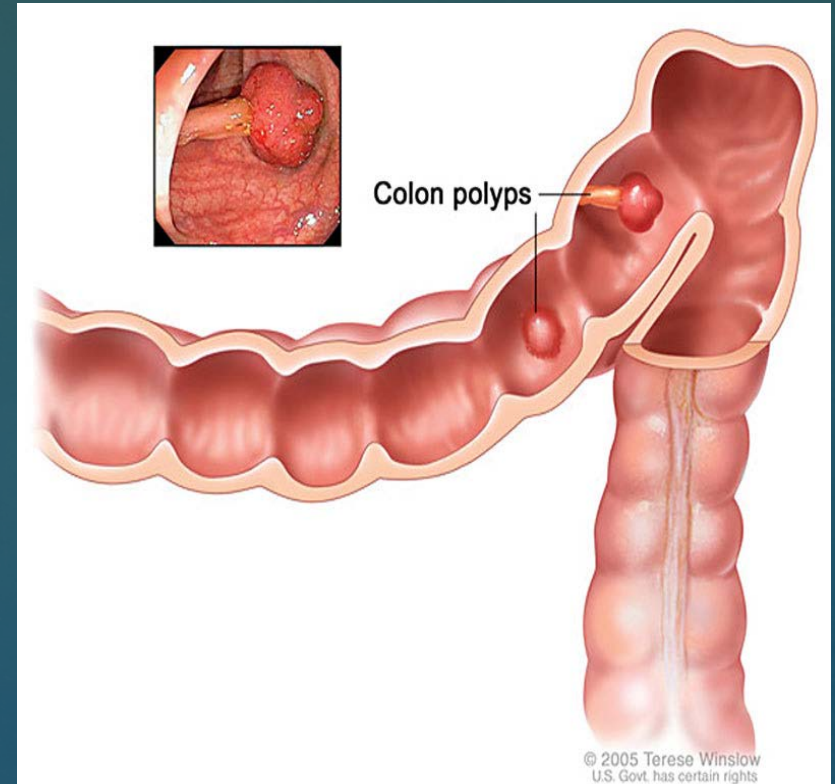


**Diverticulitis**



# Colon cancer –what is it?

- Types of cancers or tumors that occur in the colon or rectum.
- CRC develops slowly over a period of 10 to 15 years and the tumor usually begins as a noncancerous polyp, a growth of tissue on the lining of the colon or rectum.



# Polyps

## 1. Hyperplastic

- NORMAL, no Colonoscopy needed for 10 years

## 2. Adenoma, Tubular adenoma, villous adenoma, tubulovillous adenoma

HIGHER RISK of cancer over time-  
need colonoscopy 3-5 years

Can only tell with a biopsy—need biopsy results!



# Some Colorectal Cancer (CRC) Facts

- 2<sup>nd</sup> leading cancer killer - 55,000 deaths per year.
- Increases from age 50 onward
- Men and women affected
- Survival depends on stage (>90% vs. 10%)
- Hispanics & Minority groups:
  - Diagnosed at later stages.
  - Lower age & stage matched survival rates

# Who gets CRC?

Average annual cases in El Paso county from 2003-2007



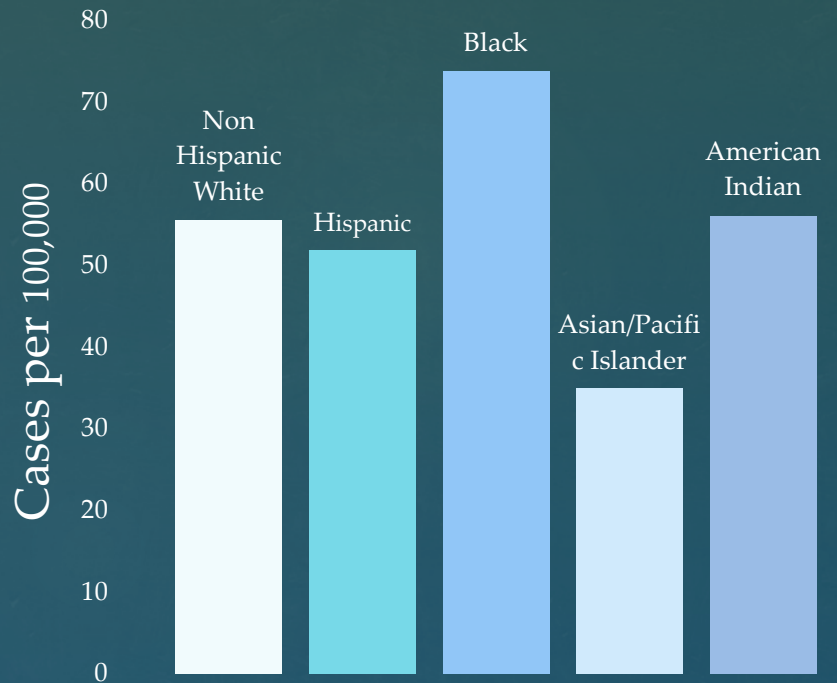
It occurs most often in people aged 50 or older



It affects both men and women



Number of new colorectal cancer cases in Texas



It occurs in all ethnic groups including Hispanics

# Why should we worry ?

- Every 2 minutes someone is diagnosed with colorectal cancer
- Every 10 minutes someone dies from colorectal cancer.





# Texas CRC Burden

<b>Texas</b>	<b>Prevalence</b>	<b>New Cases/yr</b>	<b>Deaths/yr</b>
<b>Total</b>	40, 300	9, 879	3, 646
<b>Men</b>	20, 475	4, 812	1, 699
<b>Women</b>	19, 825	4,199	1, 555

# Knowledge Questions

- What do you think are the warning signs of colorectal cancer?
- Can you name at least five?

# What are the warning signs of CRC?

## Early colorectal cancer often has no symptoms

- Bleeding from rectum or blood in the stool
- Diarrhea or constipation for several days
- Change in bowel habit
- Feeling of incomplete emptying
- Change in shape of stool
- Weight loss
- Feeling tired all the time





# Knowledge Questions

- What do you think are the risk factors for colorectal cancer?
- Can you name at least four?
- What do you think are ways to reduce your risk for colorectal cancer?
- Can you name at least three?

# What are the risk factors for CRC?

Family History of CRC, ulcerative colitis or Crohn's

Obesity

Diabetes

Drinking

Smoking

Red or processed meats

Diet

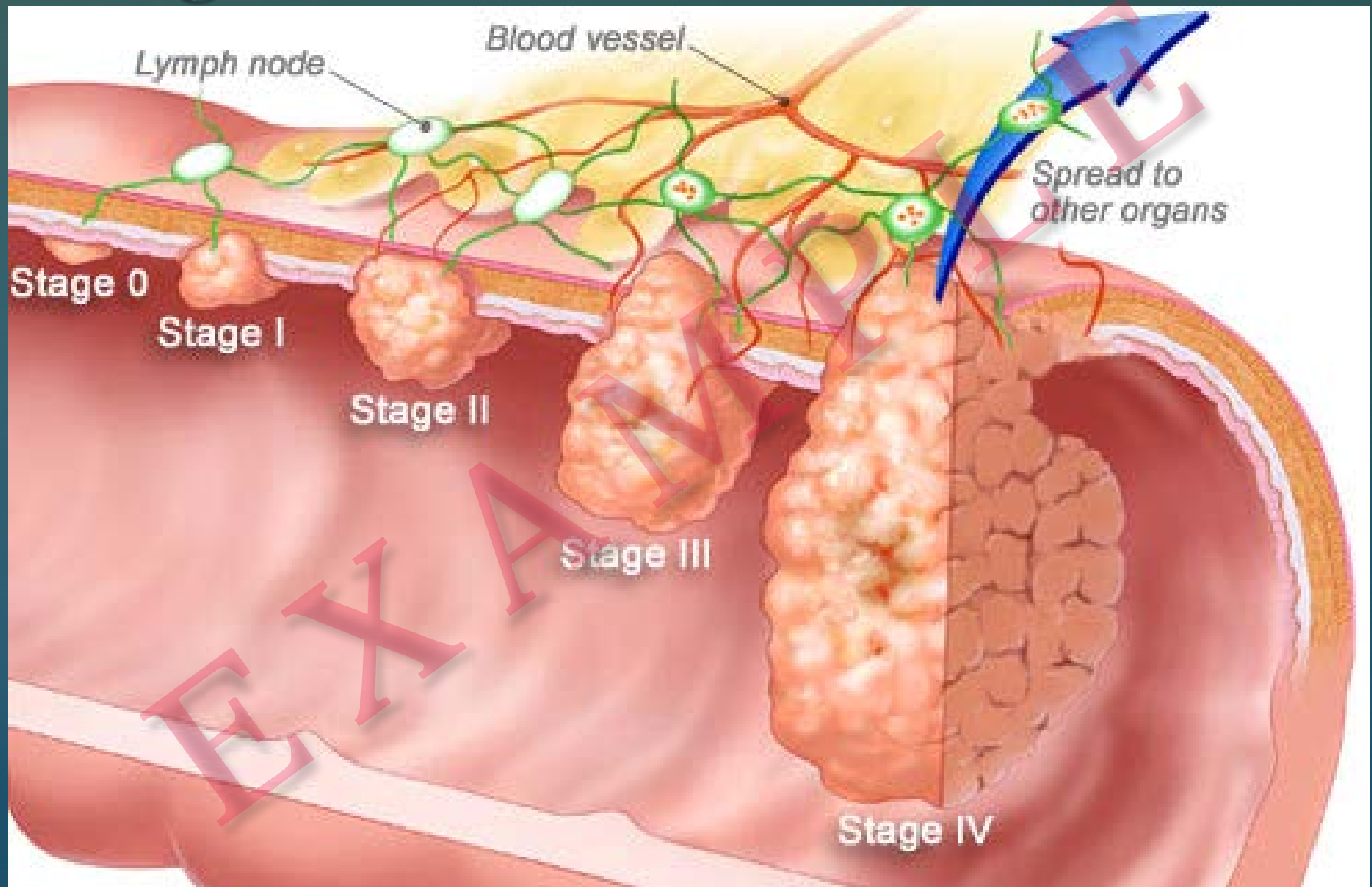
Exercise



Increase your risk

Reduce your risk

# Stages of CRC





# Treatment: Western Medicine

## Characteristics of the Western medical approach to cancer treatment include:

- Science based
- Focus on physical aspect of the disease
- Team of special doctors working together to develop a treatment plan to fit the patient's situation

# Cancer Treatment

## The treatment team:

- Patient
- Surgeons
- Medical oncologists
- Radiation oncologists
- Nurses
- Others (i.e. Navigators, Health Educators, Promotores)

## The treatment plan:

- Surgery
- Chemotherapy
- Radiation therapy
- Hormone therapy
- Biological therapy
- Stem cell transplant
- Clinical trial

# Treatment Factors

Treatment for cancer depends on the following factors:

- Type of cancer
- Size, location and stage of the disease
- General health of the individual



# Local or systemic treatment?

## Local treatment

affects cancer cells in the tumor and the area near it:

- Surgery
- Radiation therapy

## Systemic treatment

travels through the bloodstream reaching cancer cells all over the body:

- Chemotherapy
- Hormone therapy
- Biological therapy

# Side Effects

Side effects depend mainly on the type and extent of the treatment.

- Surgery → Pain
- Radiation therapy → Tiredness, skin changes
- Chemotherapy → Hair loss, anemia, tiredness, weakness, poor appetite, nausea, vomiting, diarrhea, mouth or lip sores
- Biological therapy → Flu-like symptoms
- Hormone therapy → Weight gain, hot flashes, nausea

# In Summary

You now have an understanding of:

- Colorectal Cancer and facts related to this disease
- Risk factors and symptoms associated with CRC
- Ways to reduce risk
- CRC progression and treatment options





**ACCION**

***Against Colorectal Cancer  
In Our Neighborhoods***

# Module 3: Colorectal Cancer Screening

# Learning Objectives

By the end of this module, you will be able to:

- Describe CRC screening rates in Texas and U.S.
- Describe the CRC Screening Guidelines
- Name at least three CRC screening tests
- Identify at least four barriers to CRC testing / screening
- List at least two reasons why it is important to get screened for CRC

# CRC Screening

**Screening tests can find polyps so they can be removed before they turn into cancer:**

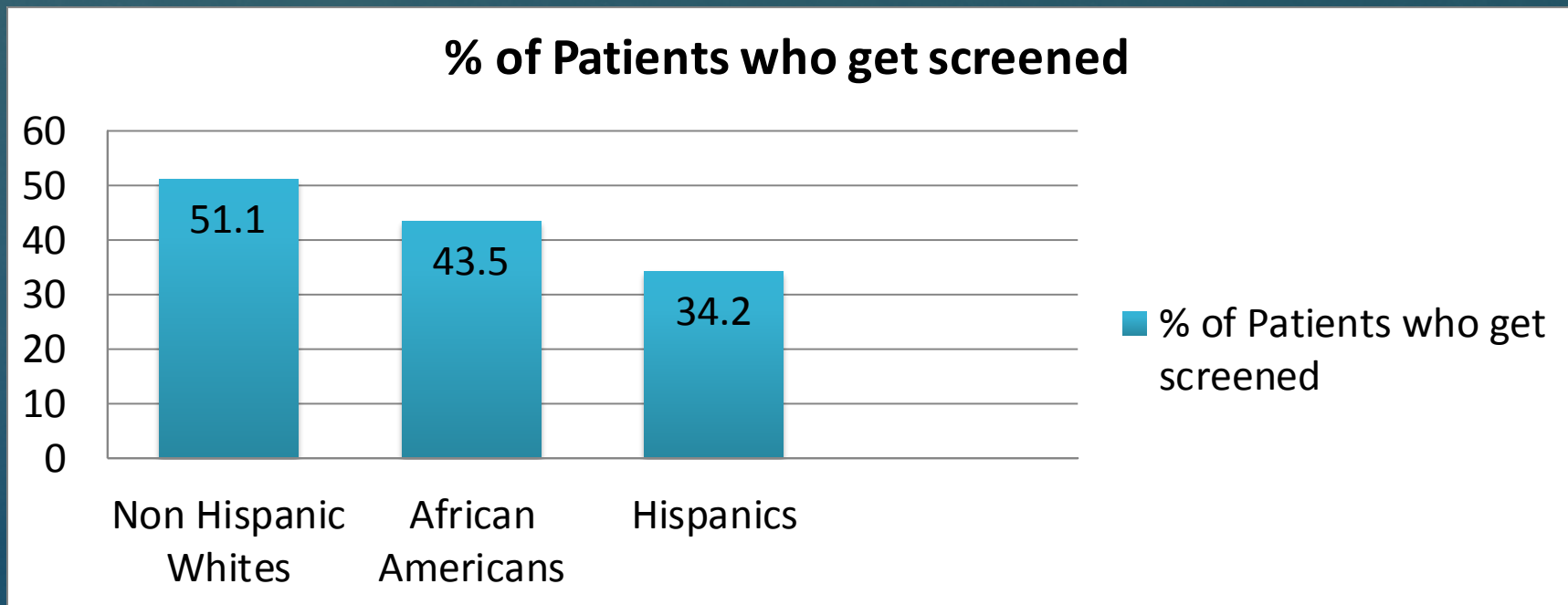
Stool tests screen for cancer by detecting blood in the stool

Colonoscopies screen for cancer by letting you see the polyp

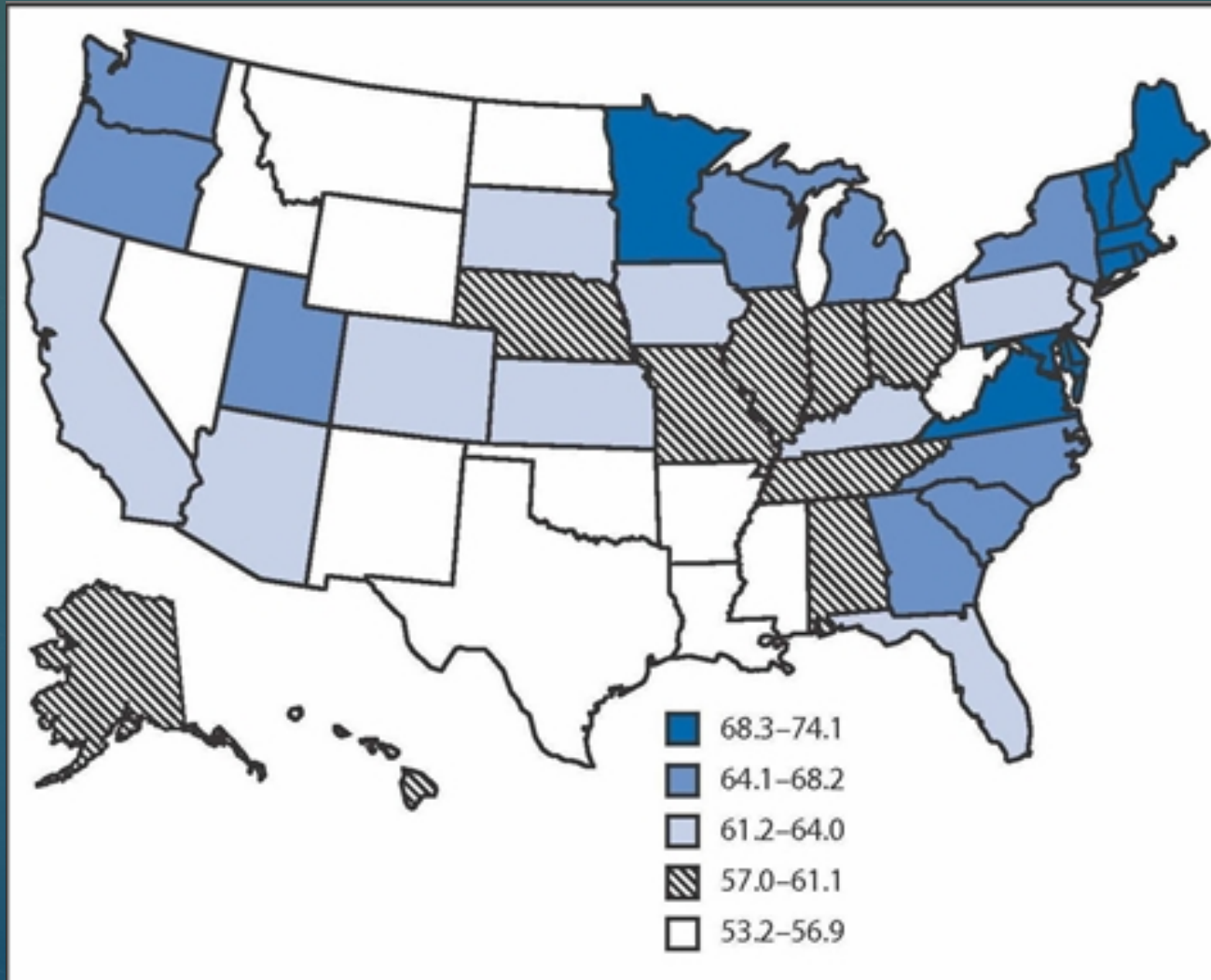


# Colorectal Cancer Screening

- Screening could prevent 18 000 deaths per year
- Screening rates low especially in **minorities, less educated, low SES, uninsured.**

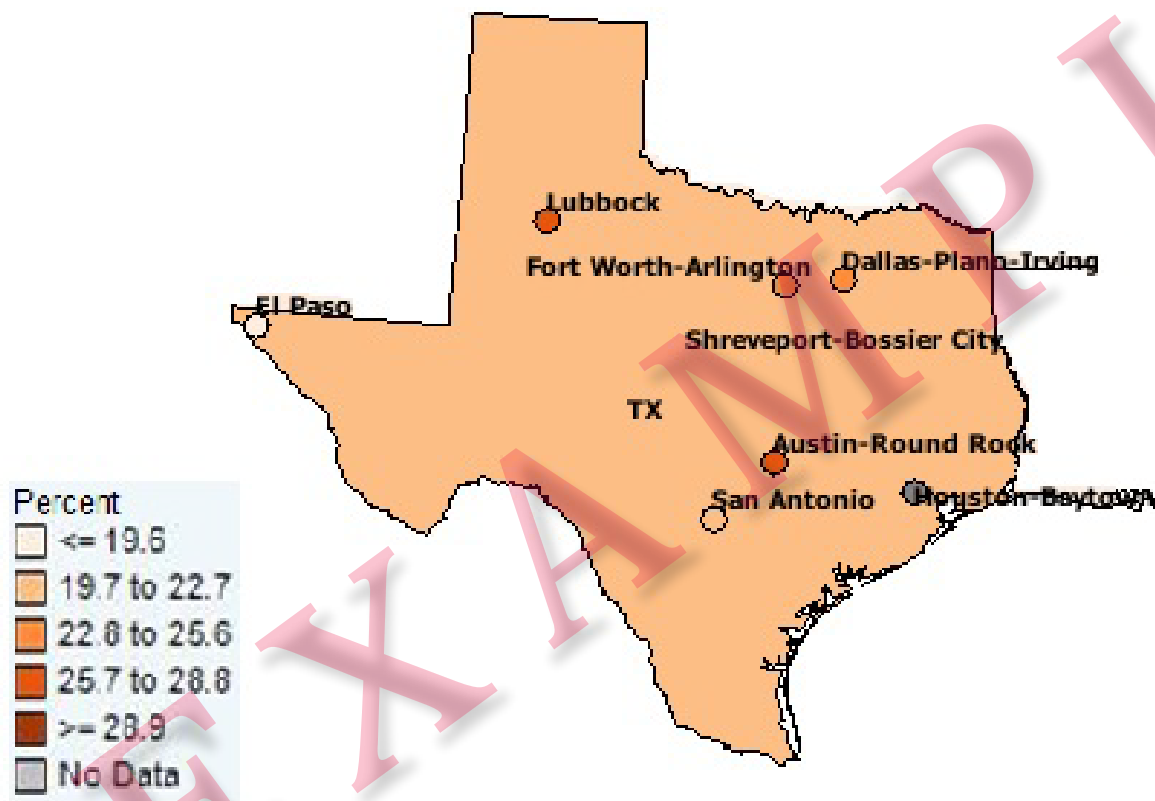


# CRC Screening Rate Comparison



BRFSS, 2006

# CRC Screening Rates



Screening rates  
for FOBT  
annually

Screening rates  
for FS or  
Colonoscopy  
in last 10 years

Source: BRFSS  
2006 data.



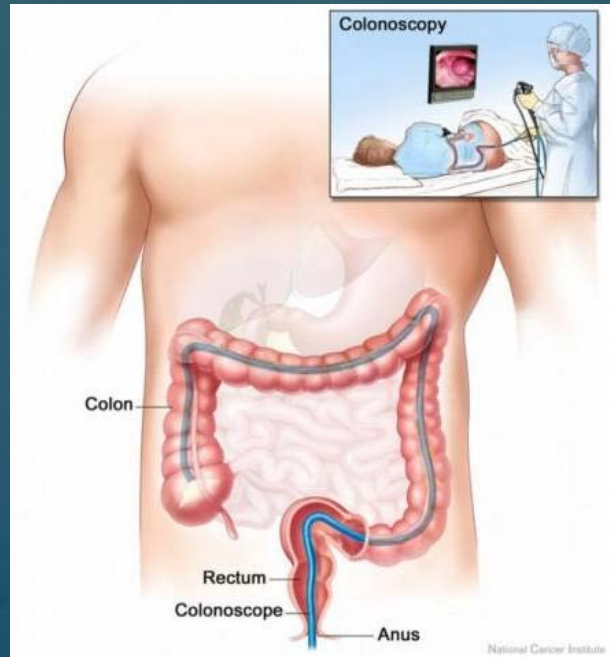
# CRC Screening Guidelines

## Beginning at age 50 & if average risk:

A guaiac-based fecal occult blood test (FOBT) or a fecal immunochemical test (FIT) every year or

A flexible sigmoidoscopy every 5 years or

A colonoscopy every 10 years



# Screening tests vs. Diagnostic tests

Screening refers to tests that are done when there are no symptoms.

- Without screening, diagnosis of disease only occurs after symptoms develop
- Screening tests could detect a disease long before symptoms occur (early detection)

Diagnostic tests are medical tests that can explain what's wrong

- These types of tests are done when a person has symptoms in order to diagnose (find out) what is wrong

The Same test can be used for screening or diagnosis

# Screening / Diagnostic cont.

## In ACCION:

- People with average or low risk are screened with the FIT test
- People with high risk are screened with a colonoscopy
- People who test FIT positive are then given the diagnostic colonoscopy to see why the individual had blood in the stool



# FIT Test



- 3 stool samples are taken
- No special diet needed
- Done at home
- Samples are mailed in
- Easy to do
- Finds blood in stool
- If blood is found, a colonoscopy will need to be done
- If normal, will need to repeat every year

# Practice with FIT Kit

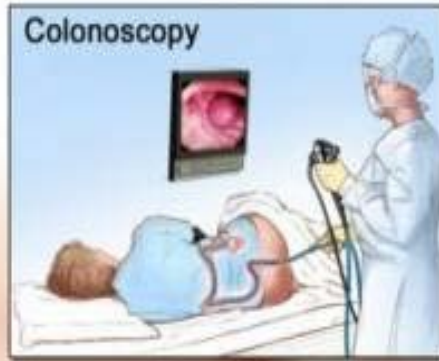
- Let's see how easy or hard it is to put your 'samples' on the collection cards
- Using the material that has been provided, read and follow the directions provided in the FIT kit to put your samples on the collection cards
- You will have three minutes

READY, SET, GO!

# Practice with FIT Kit

- Which of you think you put your samples correctly on the cards?
- Which of you had some trouble? Why?
- Those of you that put your “sample” on correctly, what did you do to achieve your success?





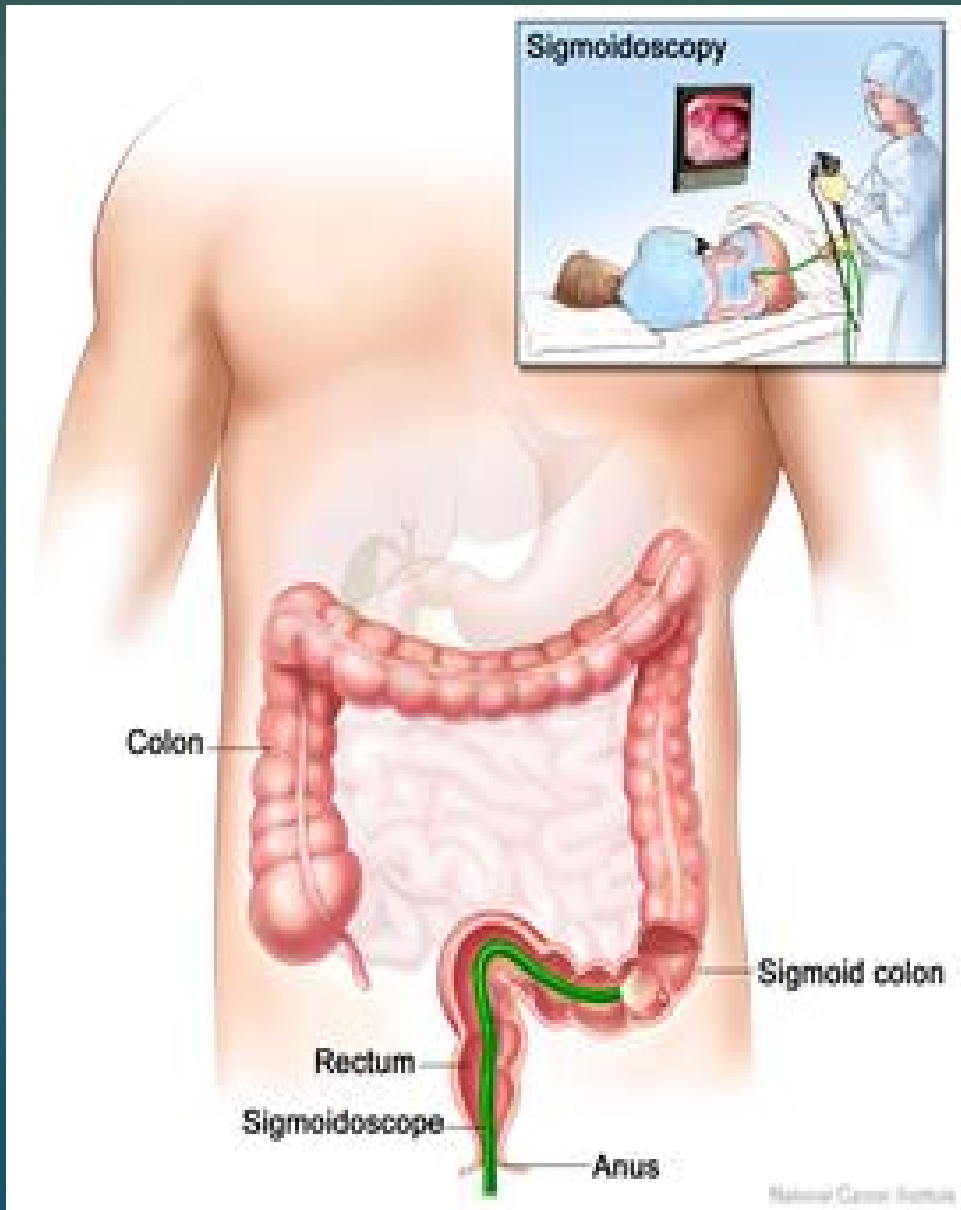
# Colonoscopy

- Performed by a specialist
- Inserts a special tube with camera into the colon
- Can see polyps and growths
- Polyps and growths can be biopsied or removed during the procedure
- Patient is given medicine to clear the colon
- Patient is sedated so someone else has to drive them home
- If normal, will need to repeat in 10 years
- Results given within a few days



National Cancer Institute

# Sigmoidoscopy



- Can be done by primary care physician in the office
- Inserts a special tube with camera into the colon
- Can go one third of the way into colon
- Can see polyps and growths, but cannot remove or biopsy them
- Less expensive, covered by insurance. May be out of pocket cost
- Does not require sedation
- If normal, will need to repeat in 5 years

# Results

## FIT normal or positive for blood

- Blood can be hemorrhoids, diverticular disease, polyps, cancer, etc.
- Normal: could still be cancer.

## Colonoscopy

- Normal
- Abnormal : Diverticular disease, Polyps, hemorrhoids, etc.
- Biopsied—await results.



# People at Increased or High Risk

- CRC screening should begin before age 50 and should be screened more often if you are at increased risk of developing colorectal cancer.
- In addition to lifestyle and health status, there are other conditions that can make your risk higher than average.

# High Risk continued

Conditions that make your risk higher than usual include:

1. A personal history of CRC or adenomatous polyps
2. A personal history of Inflammatory Bowel Disease
3. A strong family history of CRC or polyps
4. A known family history of a hereditary CRC syndrome

Note: If one is high risk, there may be different guidelines for CRC screening

# Why is it important to get screened?

Through screening and early diagnosis, chances of surviving improve significantly.

If found early, just 1 out of 10 people will die within 5 years.





# Why is it important to get screened?

Through screening and early diagnosis, chances of surviving improve significantly.

**If diagnosed in late stage, 9 out of 10 people will die within 5 years.**



# Barriers related to CRC screening

Embarrassment

Unpleasantness of tests

Transportation

Lack of Insurance /Financial constraints

Fear of bad results /fear of complications  
/fear of cancer

Not feeling unwell –no symptoms

Fear of pain, fear of the prep

# Barriers continued

Lack of doctor recommendation

It's a man's problem

Fatalistic beliefs

Not knowing about the importance of getting tested

Anxiety about the test—not knowing what it is like

Concern about the prep

Lack of time/competing priorities. work etc.



# Small Group Work

## Small group work to discuss and address barriers to CRC Screening

- As a group, you will be assigned three barriers.
- Work together to come up with strategies or solutions to realistically address each barrier
- Choose one recorder and then a one person that will report back
- Make sure everyone has a chance to participate

# In Summary

You now have an understanding of:

- Types of Colorectal Cancer screening
- Barriers associated with colorectal cancer screening
- Why it is important to get screened for CRC



**ACCIÓN**

*Against Colorectal Cancer  
In Our Neighborhoods*

# Module 4: ACCIÓN Program



# Learning Objectives

By the end of this module, participants will be able to:

- Describe at least three eligibility criteria for free CRC screening
- List at least three strategies for identifying recruitment sites
- Name at least two education interventions
- Describe at least two education tools used by ACCION promotoras

# El Paso County Facts

	<u>El Paso</u>	<u>Texas</u>	<u>US</u>
Population	800, 000		
Hispanic (%)	83	32	12.5
Below Poverty (%)	27	15	12.5
Less than HS diploma (%)	43	24.4	19.6
Uninsured* (%)	41.5	27.8	15.2

Sources: 2010 Census, El Paso County; 2005-2009 American Community Survey 5 year Estimates, El Paso County

Education

No-cost  
screening

Provide  
resources

Transportation



***ACCION***

***Against Colorectal Cancer  
In Our Neighborhoods***



# Program Eligibility Criteria

- 50-75 year old men and women
- Self reported Texas address
- No health insurance (discount , self pay ok)
- Due for screening
- MUST be asymptomatic, in other words, no visible blood in stool or bleeding from rectum

# Program Overview

```
graph TD; A[Program Overview] --- B[Community Outreach & Education (N> 6,000)]; A --- C[Provision of Screening & Diagnostic Tests (N=5,500 FITs, N=605 COLS)]; A --- D[Patient Navigation];
```

## Community Outreach & Education (N> 6,000)

- Promotora , Video or both
- Group & Individual

## Provision of Screening & Diagnostic Tests (N=5,500 FITs N=605 COLS)

- FIT test
- Colonoscopy

## Patient Navigation

- Tracking & reminders
- Insurance eligibility
- Facilitate PCP access
- Address structural & behavioral barriers
- PCP communication

# Program Eligibility Criteria

## INELIGIBLE

- Not 50-75 years
- Not Residents of Texas

\*Can still receive education

## EDUCATION ONLY

- 50-75
- Texas residents

\*Have insurance or up-to-date with screening

## NAVIGATION

- Bleeding
- Have CRC
- Family History or genetic CRC syndrome

## FIT OR COLONOSCOPY

- 50-75
- Texas residents
- No insurance
- Due for screening



# Recruitment

## Clinics:

- Combination of waiting room recruitment, sign up sheets,
- Referral

## Community sites:

- sign up sheets, recruitment visits, flyers

## Process:

- Eligibility survey, Consent form, Intake form

# Education

- Promotora Only
  - Video only or
  - Combined
- 
- Individual
  - Group

# Navigation

- Reminders and tracking
- Address logistic and behavioral barriers
- Case management
  - Identify resources
  - Liaise with Primary Care Provider
  - Help with accessing treatment



# Collaborating Partners and Recruitment Sites

- TTUHSC- FCM GI, Surgery  
Pathology, Oncology
- CCDC
- UMC Hospital & Clinics
- UTSPH
- YMCA
- La Fe,
- Centro San Vicente
- Project Vida
- Baptist Clinic
- Harvest Clinic
- Rio Grande Cancer Foundation
- County Senior Centers
- Texas A & M Colonia program
- El Paso Housing Authority
- Texas 211 program
- Our Lady of Mount Carmel
- TTUHSC SOM
- TTUHSC SON
- UTEP SW program
- UTEP MPH and doctoral  
Program
- City Health Department
- Creative Kids
- La Mujer Obrera
- Our Lady of Guadalupe
- Manhattan Presbyterian
- Sacred Heart
- San Pablo Lutheran Church and  
mission
- Cathedral of St Patrick
- St Pius
- St Stephens
- All Saints Catholic Church
- San Elizario

# Collaborating Partners and Recruitment Sites

	Point of Contact	Address	Phone Number	Hours of Operation
2-1-1 Program				
Department of Public Health				
American Cancer Society				
FQHC				
Indigent Clinics				
Senior Centers				
University Clinics				
Food Banks				
Low Income Housing				
Non-Profit Organizations				
Schools				
Referrals				

# Education Tools

ACCION Promotoras use the following when delivering prevention education sessions in the community:

- ACCION video (15 minutes)
- ACCION Flipchart/Story Board
- Immunochemical Fecal Occult Blood Test (FIT)



# ACCION Video

- Let's take a look at the ACCION video which was developed and produced in El Paso and features people from the ACCION Team.
- The script was developed first in English, then translated into Spanish
- The video was filmed in Spanish and dubbed in English given that the majority of education recipients are Spanish speaking only or understand Spanish better than English

# Flipchart / Storyboard

- Let's take a closer look at the ACCION flipchart
- Spanish and English
- Designed to display the educational text to the recipient on 'white' background while at the same time having the promotora script on the 'blue' background

# Additional Resources

- ACCION Education Leaflet
- ACCION Program Flyer
- Letter for Physician
- Doctor & Insurance List



# FIT Kit

- Each of you has a FIT Kit used by the promotoras to demonstrate how to collect their fecal samples
- The promotora would use a FIT Kit to explain how to properly collect samples

# Intervention Delivery

## How to prepare for an education session

(Refer to pg. # in your manual)

**For Promotora and Flip Chart education session, you will need:**

- 1) Sign-In Sheet
- 2) ACCION Flipchart / Storyboard
- 3) FIT packet
- 4) Education Session Form
- 5) Program flyers & leaflets
- 6) Community Resource List

# Intervention Delivery

## How to prepare for an education session

(Refer to pg. # in your manual)

For ACCION Video only, you will need:

- 1) Sign-In Sheet
- 2) ACCION video and Laptop/Charger
- 3) FIT packet
- 4) Education Session Form
- 5) Program flyers & leaflets
- 6) Community Resource List



# Intervention Delivery

## How to prepare for an education session

(Refer to pg. # in your manual)

For Promotora and Video, you will need:

- 1) Sign-In Sheet
- 2) ACCION Video and Laptop/Charger
- 3) FIT packet
- 4) Education Session Form
- 5) Program flyers
- 6) Community Resource List

# Education Delivery Demonstration

- You will now observe a 25 minute demonstration of an ACCION CRC education session
- You will observe the Promotora and Flip Chart intervention
- The education Steps are in your manual, follow along because later you will be presenting in the Teach –back section of the training

# In Summary

You now have an understanding of:

- The components of a successful CRC education program
- Colorectal Cancer education and screening tools
- The steps to deliver a colorectal cancer education session





**ACCION**

***Against Colorectal Cancer  
In Our Neighborhoods***

# Module 5: CRC Teach-backs

# Learning Objectives

By the end of this module, participants will be able to:

- Identify the importance of giving and receiving feedback
- Give CRC education sessions by practicing “teach-backs” using ACCION education tools
- Practice giving and receiving feedback

# Giving and Receiving Feedback

Question for the group:

Why do you think giving and receiving feedback is important?



# Feedback

- Provides you with information you can use to strengthen your intervention skills
- Supports your client's efforts to develop their knowledge of the topic (in this case CRC)
- Strengthens your listening, observation and communication skills

# Corrective Feedback

Here are some tips for giving corrective feedback:

- Focus your comments on the presenter's behavior rather than on him or her as an individual
- Always point out something specific the presenter did well
- Point out something specific the participant could improve upon

Example: "When you did \_\_\_\_, the effect was \_\_\_\_.  
Another way might be to \_\_\_\_."

# Corrective Feedback cont.

- Think of corrective feedback as a means to help someone increase knowledge or improve skills, not as a personal attack on an individual
- Any other tips for giving feedback?



# Receiving Feedback

Here are tips for receiving feedback:

- Think of feedback as a gift
- Listen first and “try on” the feedback—reflect the person’s feedback to you
- Do not justify or “explain away” your behavior or words
- Thank the person for giving the feedback

# Receiving Feedback cont.

- Avoid explanations of “why I did that” unless you are asked
- Ask clarifying questions to understand the feedback.
- Any other tips for receiving feedback?

# Teach- back Preparation

You each will use the Flip Chart to give a colorectal cancer education session.

- You will have 15 minutes to prepare
- You will have a maximum of 8 minutes to deliver your education session



# Teach-back cont.

At the end of your presentation, you will:

- 1) Share one specific thing that you felt was effective about your session
- 2) Receive feedback from some members of the group

Participants giving feedback will follow methods previously discussed.

Only add new comments and not repeat what others have said.

# In Summary

You know have an understanding of:

- How to give and receive good feedback
- How to deliver a Colorectal Cancer education session



# Module 6: Building a CRC Education Program



# Learning Objectives

By the end of this module, you will be able to:

- Describe the role of a Promotora (Community Health Worker) in delivering CRC education
- List at least 3 community clinics for use in the Community Resource list
- Identify at least 5 community partners for delivering CRC education in your community

# Role of Promotora

## Group discussion:

What do you think is the role of the Promotora (Community Health Worker) in delivering CRC education to the community?

# Promotora Goals & CRC education

## What are my goals when educating the community?

- Explain what Colorectal Cancer (CRC) is
- Find out what the participant(s) knows about CRC
- Discuss the importance of CRC screening
- Discuss any concerns participant(s) have about CRC screening
- Review FIT test and 'demonstrate' how to do it



# Goals & CRC education cont.

## What are important points that should be made during an education intervention?

- Getting screened for CRC is important to live longer
- CRC is easier to cure if it is found in time
- Important for men and women aged 50-75 to get screened
- Often there are no warning signs
- Discuss “why don’t people get screened?”

# Community Resource List

- Using the ACCION Resource List as a model, work in small groups to identify local community clinics and medical centers to develop your own Resource List that can be given to community members.
- Use the blank form entitled “Community Resource List” to document your work

# Community Partners for CRC Education

Work in small groups to identify potential community partners/collaborators for providing Colorectal Cancer education in your area.

Use the blank form entitled “Community Partners for CRC Education” to document your work.



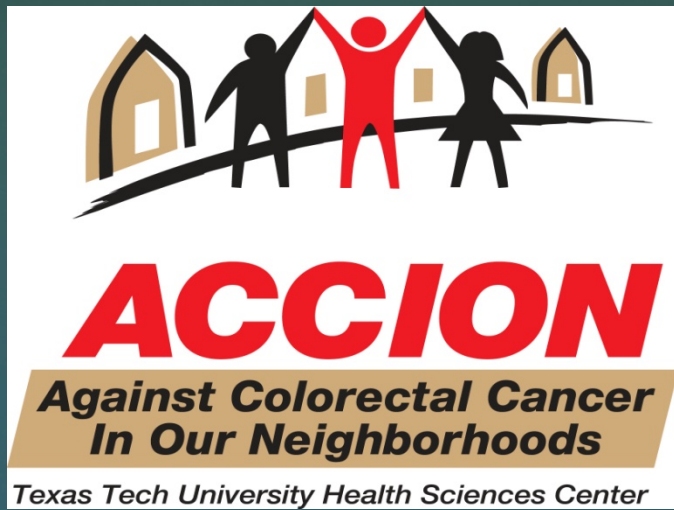
# Collaborating Partners and Recruitment Sites

	Point of Contact	Address	Phone Number	Hours of Operation
2-1-1 Program				
Department of Public Health				
American Cancer Society				
FQHC				
Indigent Clinics				
Senior Centers				
University Clinics				
Food Banks				
Low Income Housing				
Non-Profit Organizations				
Schools				
Referrals				

# In Summary

You know have an understanding of:

- The role of a promotora / community health worker in delivering CRC education
- How to identify community partners to develop a CRC education program in your community



# Module 7: Action Plan



# Learning Objectives

By the end of this module, you will be able to:

- Develop an Action Plan to implement CRC education in your community

# Action Planning Worksheet

Work in groups or individually to develop your Action Plan for CRC education in your community

- Goal
- Possible barriers to reaching your goal
- Possible ways to remove these barriers
- Next Steps toward reaching your goal
- Specific date of when you think you will accomplish goal

Good Luck!

¡Buena Suerte!