

IMPLEMENTATION GUIDE

North Carolina Breast Cancer Screening Program

*Using an Evidence-Informed Program to develop
a process model for program delivery in the practice setting*

Note: Refer to “Using What Works: Adapting Evidence-based Programs to Fit Your Needs”. 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.

“Using What Works” is available online at:

http://cancercontrol.cancer.gov/use_what_works/start.htm

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

Community Outreach Specialist (COS) (Required: longtime resident of target community with prior leadership experience, such as an organizer of church or neighborhood functions, committee chair, teacher, or support group leader; paid position)

- Recruit women to participate in a network of Lay Health Advisors (LHAs).
- Plan, organize, and lead LHA training (recommended: co-lead training with health educator, supervisor, or other community leader).
- Organize and lead monthly meetings with LHAs to provide continuing education on new cancer information and community resource updates, plan outreach events as a group, monitor scope and level of LHA activity through group discussion or by collecting reporting forms, provide peer (COS) supervision, and foster group identity and cohesion across the LHA network.
- Develop and update resource directories and LHA contact lists.
- Develop opportunities for the LHA network to work in collaboration with local churches, community agencies, professional organizations, and health care providers.
 - Serve as the principal liaison between the LHA network and other community resources.
 - Attend relevant meetings of local health departments, churches, and community and professional agency partners; give these groups presentations and materials on the mission and activities of the LHA program.
 - Serve on local committees, as needed, to address barriers and improve services for screening, diagnostic follow-up, and treatment.
- Assist and work alongside LHAs at planned activities and community events.

- Document program process and impact.
 - Maintain LHA meeting minutes, event calendars, and activity reports.
 - Support and assist with evaluation activities recommended by the sponsoring agency.

Lay Health Advisors (LHA) (Required: individuals with local reputations for being responsive to the needs of others, respectful, helpful, good listeners, and actively involved in making their communities better places to live and work; volunteer position)

- Complete a training program to learn about breast cancer risk factors and screening, individual advising skills, community education strategies, and local resources to help pay for mammograms and breast cancer treatment.
 - Share knowledge by advising women in their communities through one-on-one interaction, small group encounters, and/or public speaking.

II. Program Delivery

For additional information on modifying program materials, refer to the appropriate Module(s) for program adaptation from “Using What Works”.

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

- **Community Outreach Specialist and Lay Health Advisor Training Manual:** This manual includes highly detailed training notes and instructions and an interactive curriculum with a focus on building counseling skills of LHAs. A list of materials to be included in LHA training toolkits is also provided in this manual.
- **Campaign Materials:** LHAs need materials to distribute to the community, such as church fans, brochures, posters, and holiday cards. LHAs also wear beaded necklaces, breast cancer awareness t-shirts, and/or hats that identify them as LHAs. Exact campaign materials may vary across sites, but they should be appropriate for the intervention audience.
- **Newsletters:** These quarterly, eight-page documents are distributed to LHAs to share information about important health topics and LHA activities.
- **Breaking the Silence Video:** This 10-minute video portrays the experiences of older African American women involved in promoting breast cancer screening in rural eastern North Carolina. The goals of the video are to convey how the LHA network approach works and to supplement the information provided elsewhere in program materials with real interviews with program staff, breast cancer survivors, and health care providers.

B. Program Implementation:

The steps used to implement this program are:

Step 1: Host agency or organization identifies local agencies and organizations to collaborate with the program, creates a breast cancer resource guide for the local community, and identifies possible COS and LHA program staff.

Step 2: Host agency or organization recruits and trains COS.

- Introduces and orients COS to health care and public health agencies in community.
- If a COS is accountable to multiple organizations (e.g., church and health department), spend ample time defining and explaining roles and responsibilities. For example, it is important for supervisors and agency colleagues to understand that an effective COS is likely to spend much of her time in the community, away from her desk.
- A COS can self-train using the training manual.

Step 3: COS recruits and trains LHAs.

- Such women do not necessarily keep a high profile or have the most years of formal education. The NC-BCSP “natural helper” network included women with varying educational, work, volunteer, and economic backgrounds. As a group, however, LHAs should be similar in age and other sociodemographic characteristics to the women they are advising and supporting (e.g., older African American women who live and/or work in the community). To ensure the LHA network is adequately representative of the target community, the COS should reach beyond her own social network to recruit LHAs.
- Word-of-mouth referrals is the primary way to identify “natural helper” LHAs. Recruiting “natural helpers” is time-consuming. It involves spending time in the community, not in the office. The most desirable candidates for recruitment to the LHA network may not be available to meet between 9:00 a.m. and 5:00 p.m.
- Recruit about twice as many LHAs as anticipated will be needed. Some of the women will not complete the training or continue on as active LHAs. The NC-BCSP program maintained 12–40 active LHAs in each county. The number of LHAs will depend on the geography and population density of the service area.

Step 4: The COS plans for the LHA training for up to 1 month prior to first training. A cotrainer is highly recommended.

Step 5: The COS conducts the LHA training and holds the LHA graduation event with local agency leaders, local media, and LHA family members and invited friends.

Step 6: LHAs advise and educate women they know and new women they meet about breast cancer screening and treatment using one-on-one discussions (primary) and small group discussions (secondary). Often this is spontaneous and informal. LHAs can also share

information about breast cancer risk and screening resources at information tables and displays at community events.

Step 7: LHAs meet regularly with one another and their supervising COS to:

- Submit activity reporting forms to COS.
- Acknowledge and celebrate individual and group accomplishments.
- Share success stories and challenges.
- Plan outreach events.
- Engage in strategic planning.
- Communicate local practice and policy updates.
- Provide refresher training or address new training topics (e.g., genetic testing; how to approach women already approached repeatedly, men who are experiencing breast cancer; new resources in the community).

Step 8: COS conducts randomly scheduled telephone interviews with individual LHAs to capture data describing LHA activities, such as their frequency, how many women were reached, and what types of help or information were offered. The COS should interview each LHA once to twice per year using a standardized questionnaire. Questions should focus only on activities that occurred in the previous month.

III. Program Evaluation

The COS should conduct randomly scheduled telephone interviews with individual LHAs to capture data describing LHA activities, such as their frequency, how many women were reached, and what types of help or information were offered. The COS should interview each LHA once to twice per year using a standardized questionnaire. Questions should focus only on activities that occurred in the previous month.

The COS should also maintain attendance lists and meeting minutes from LHA meetings and thoroughly document LHA and community participation in planned community events (e.g., LHA volunteer hours, number of people educated or presenting).

For additional information on planning and adapting an evaluation, review the appropriate Modules for program implementation and evaluation from “Using What Works”. http://cancercontrol.cancer.gov/use_what_works/start.htm

For further assistance in designing and conducting an evaluation, consider communicating with members from NCI’s Research to Reality (R2R) community of practice who may be able to help you with your research efforts. Following is a link to start an online discussion with the R2R community of practice, after completing registration on the R2R site:
<https://researchtoReality.cancer.gov/discussions>.