

**Developing
Intervention
Strategies for Breast
Cancer Screening:
A Self-Study Guide
for Program Planners**

1994

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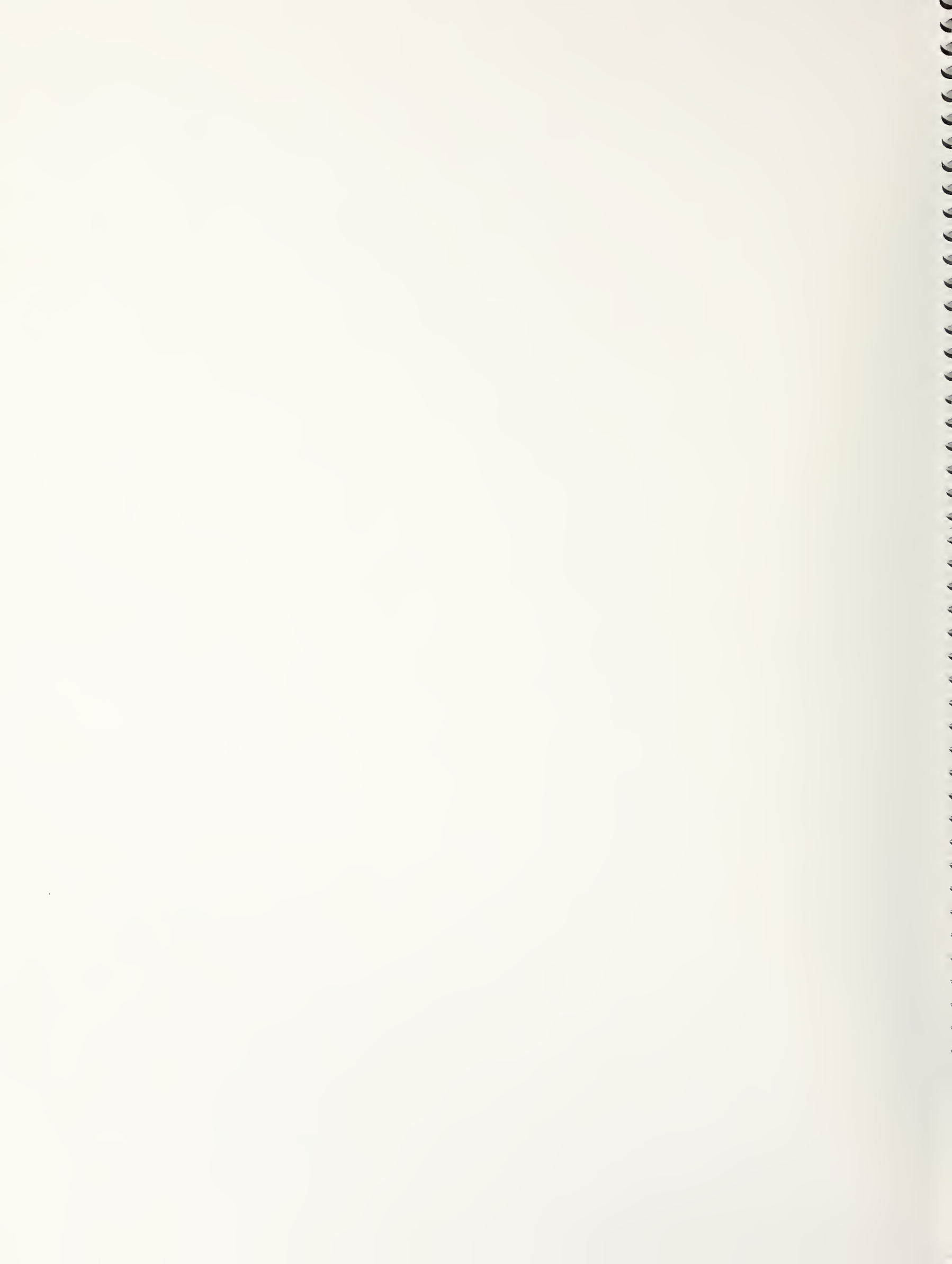
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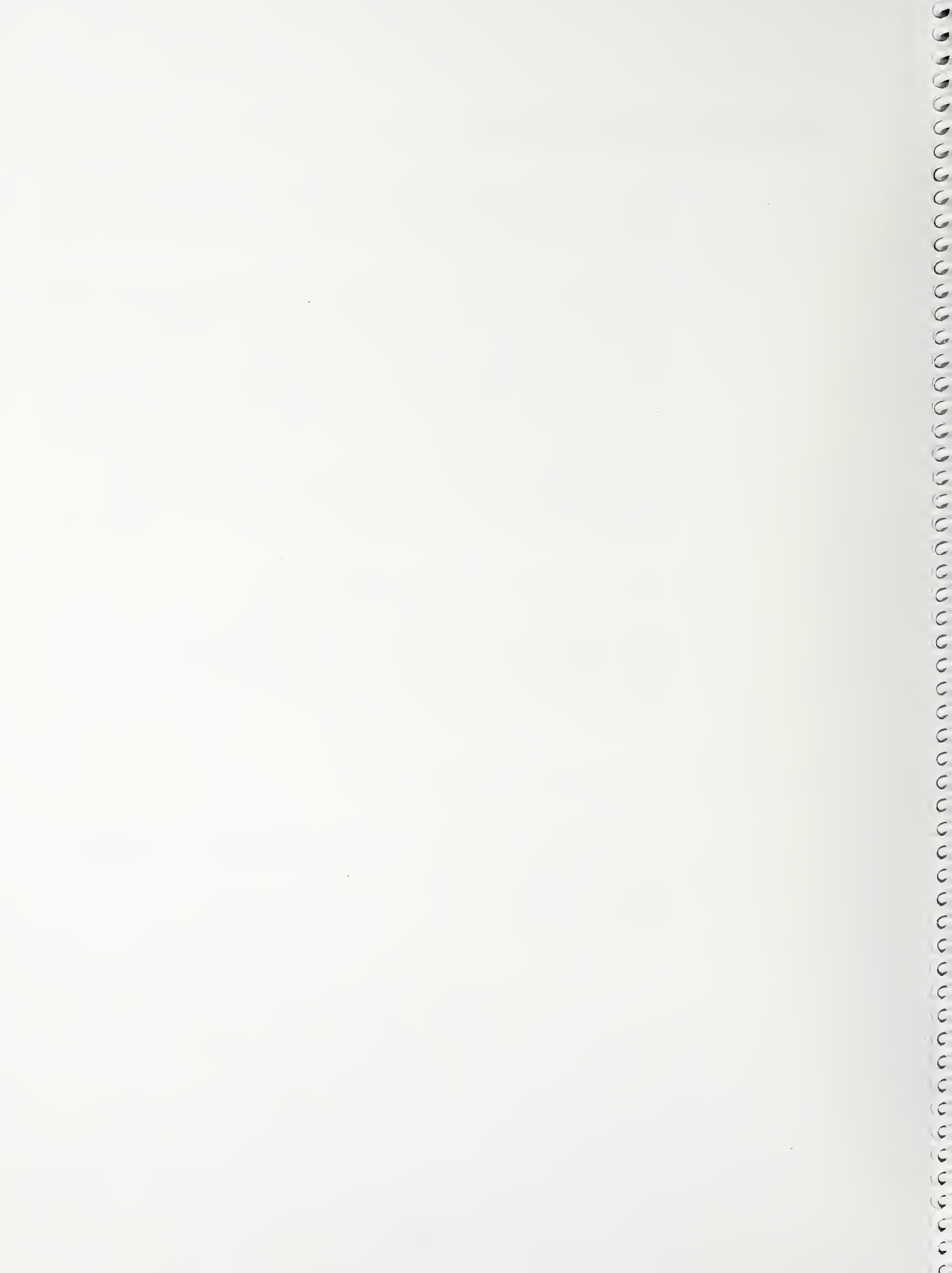
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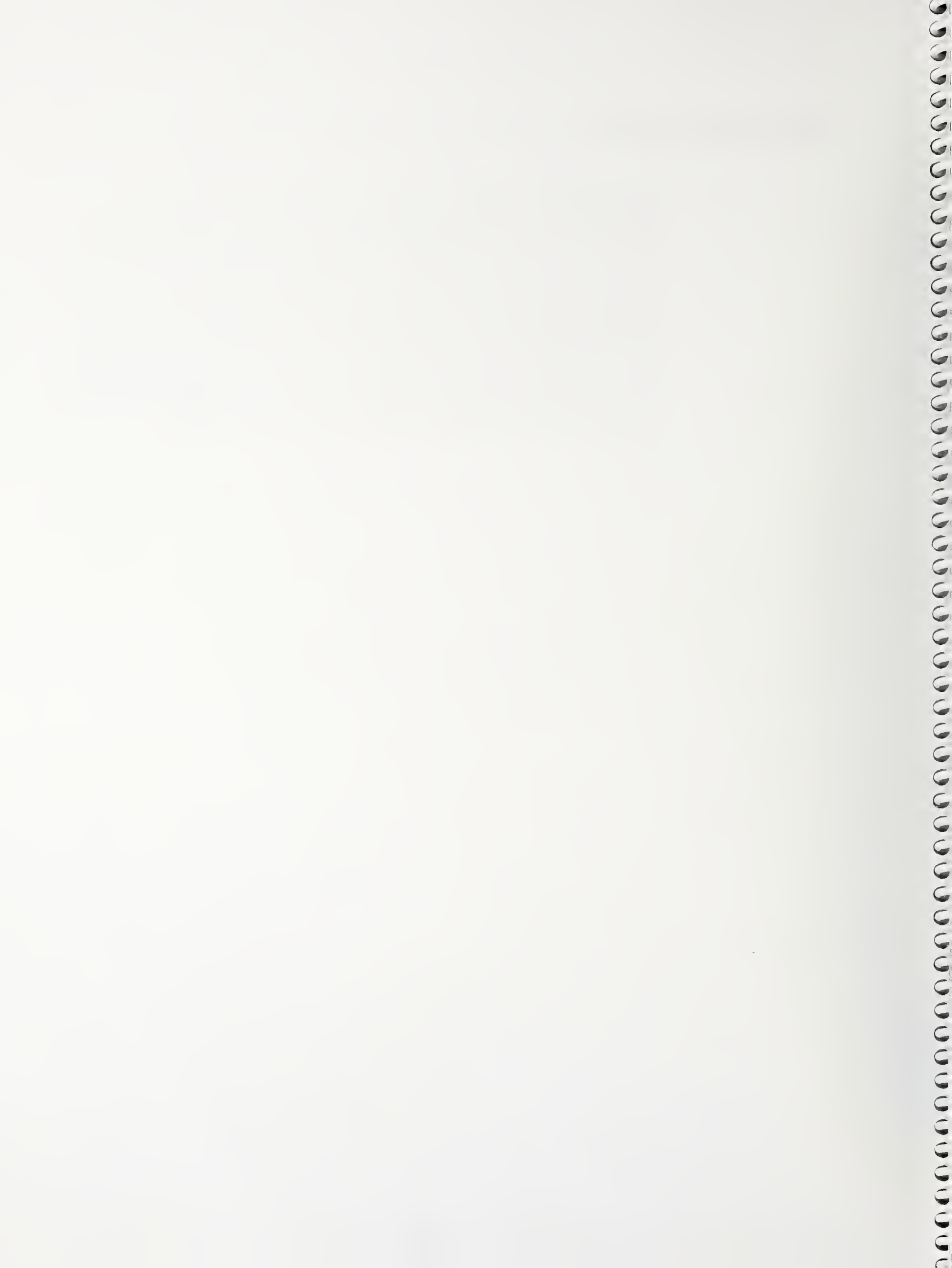
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INTRODUCTION

Developing Intervention Strategies for Breast Cancer Screening: A Self-Study Guide for Program Planners was created to provide you, the health educator or program planner, with the opportunity to enhance your knowledge and skills in developing community-based strategies for reaching women with breast and cervical cancer screening programs. The guide was designed to enable you to work through at your own pace. In fact, it is recommended that you take breaks in between sections rather than completing it all in one sitting. You will benefit more fully from this exercise by allowing time for reflection. The entire guide will take you approximately three hours to work through, including the completion of all of the activities.



USING THE SELF-STUDY GUIDE

In working through the self-study guide, you will assume the role of a health educator employed by a hypothetical state health department. In this role, you will work through the activities in each section. You will need to use your imagination and experience in completing some of the activities. Scenarios in which you will be working as a health educator are outlined, with updates of program planning information provided in each section.

Upon completion of the guide, you will have designed a breast cancer screening program for a specific population of women living in the state. In the process, you will have acquired new, or enhanced your current knowledge regarding how to plan and implement a breast cancer public education program working with members of the community.

It should be noted that there are several breast cancer public education program plans that could be developed from the scenario that is about to unfold. You should expect that the program planning segments that you develop along the way might not match the updates that follow. The purpose of this guide is not necessarily for all users to develop one consistent program plan, but rather for each to understand the steps needed to design a comprehensive plan that meets the needs of the defined community.

The self-study guide is divided into five sections:

- 1. Establishing Yourself and the Program within the Community**
- 2. Learning About the Community**
- 3. Strategies for Program Planning**
- 4. Adopting, Adapting or Developing Materials**
- 5. Evaluating the Program**

Each section will take you through important steps in the program planning process. It is important to work through the guide in the order in which it is given. Learning objectives are outlined in Table 1. Included in each section are background information on the importance of the program planning steps addressed and information you will need in order to complete the section's activities. These activities involve completing worksheets using the information you have acquired in reading through the background information. Resources to help you complete each worksheet are included at the end of each section.

Table 1: Learning Objectives

After working through the following sections of the self-study guide you will be able to:

Section 1: Establishing Yourself and the Program within the Community

- *identify key community contacts who have access to the intended audience.*
- *locate existing programs and services relevant to the proposed intervention.*

Section 2: Learning About the Community

- *recognize methods by which the intended audience typically learns.*
- *identify current behaviors of the intended group for program planning.*
- *distinguish barriers or issues specific to that community which would impede or enhance your program.*

Section 3: Strategies for Program Planning

- *identify four components of intervention strategies.*
- *select a strategy(s) for your audience.*

Section 4: Adopting, Adapting or Developing Materials

- *search for existing materials appropriate both for your intended audience and the chosen strategy(s).*
- *judge whether adoption or adaptation of material is appropriate.*
- *determine the necessary processes for revision and development of materials.*

Section 5: Evaluating the Program

- *list the type of information needed to determine the program success.*

To begin using the self-study guide, you first must learn your new identity. It may be very similar to your current one, so the new role should not be too hard to assume! The following illustrates the scenario in which you are to assume this role.

THE SCENARIO

You were recently hired as a Health Education Specialist at the state health department. Your supervisor has asked you to respond to the concern of several local health officers who have expressed frustration about the lack of breast cancer screening among middle-aged and older women in the rural farming communities in their counties. Health services exist in these counties, but women are not utilizing the services. Your budget for this project is limited.

You choose to examine one particular community, Lewisville, located in Rock County. According to data from the behavioral risk factor survey conducted in Rock County, it was determined that the prevalence of mammography use was much lower among low income Hispanic women over the age of 50 as compared with other women in the community. Over 70% of these women had never had a mammogram. Of these women, few have completed high school, and over 50% speak Spanish only. A private physician's office does exist in Lewisville, but there are no other health facilities. Redmond, a city with a population of 50,000 located 20 miles from Lewisville, has a private hospital, community health center, family planning clinic, and a mammography facility.

As a new health educator in the area, you are not very familiar with the community of Lewisville. You decide to work with Rock County's public health nurse to develop a mammography screening program. Working together, you establish preliminary goals of a breast cancer screening program in Lewisville:

To increase the prevalence of mammography utilization by low-income (< 150% of the federal poverty level) Hispanic women, over 50 years of age, living in Lewisville by 50% within two years of the program's implementation.

You decide to wait until you learn more about the community before you develop specific program objectives.



SECTION 1: ESTABLISHING YOURSELF AND THE PROGRAM WITHIN THE COMMUNITY

Background: Getting to Know Your Community

A community is any group of people who are similar in some way, whether they live near each other, have similar values or beliefs, or belong to a group which has an identity defined by particular shared characteristics. Some examples of community might be a neighborhood, a religious organization, or a sociocultural group with its own traditions.

Getting to know the community will help you to identify the barriers and facilitators for health behaviors, understand the allocation of resources and existing programs within the community, and build support for the program. Involving the community in your program's development from the beginning will increase the likelihood that the program will meet its objectives and be successful.

A first step in getting to know the community is to identify individuals and organizations that may be able to provide assistance to the breast screening program.

Activity:

Decide on the specific areas in which you will need some help in developing the program by completing **Worksheet 1.1: Community Resources**. This worksheet identifies nine areas of assistance you may want to consider. List additional areas you have identified that are specific to your program or the intended audience.

Identify at least five organizations or individuals that may be able to provide your public education program with assistance in each of the areas listed. You may find that one organization may be useful in more than one area of assistance. Refer to **Resource 1.1: Potential Community Resources** at the end of this section to get some ideas.

WORKSHEET 1.1: COMMUNITY RESOURCES

AREA OF ASSISTANCE

NAME OF ORGANIZATION/INDIVIDUAL

Access to Intended Audience

1.
2.
3.
4.
5.

Access to Key Contacts Regarding the Intended Audience

1.
2.
3.
4.
5.

Access to Screening Services

1.
2.
3.
4.
5.

Access to Other Related Health Programs

1.
2.
3.
4.
5.

Program Advocacy

1.
2.
3.
4.
5.

WORKSHEET 1.1: COMMUNITY RESOURCES (cont'd)

AREA OF ASSISTANCE

NAME OF ORGANIZATION/INDIVIDUAL

Support Services

- **Transportation**
- **Child Care**
- **Other**

- 1.
- 2.
- 3.
- 4.
- 5.

Program

Promotion/Publicity

- 1.
- 2.
- 3.
- 4.
- 5.

Program Credibility

- 1.
- 2.
- 3.
- 4.
- 5.

Program

Institutionalization

(Promoting the ability of the program to continue to exist in the community after state resources are withdrawn.)

- 1.
- 2.
- 3.
- 4.
- 5.

Other

- 1.
- 2.
- 3.
- 4.
- 5.

Background: Creating an Advisory Group

Assembling an advisory group of key individuals from the community will help you in the development of a successful program. It is usually best for a person known to the community to seek the involvement of other community members. Therefore, in some cases it may be better for the public health nurse to make the initial contacts, rather than the health educator from the state health department. Be aware of the relationship between the nurse and the community before (s)he becomes the initiator. Make certain that the relationship is a positive one. Another option is to identify a strong community agent or facilitator to work with you in establishing the advisory group. **Table 2: Steps to Creating a Community Advisory Group** suggests five steps for creating such a group.

Activity

Review the list of organizations that you identified on **Worksheet 1.1: Community Resources**.

Place a star (*) next to the organizations or individuals you will contact to serve on your advisory group.

Table 2: Steps to Creating a Community Advisory Group

- Step 1:** Identify the organizations existing in your community from which you may draw advisory group members. (Start with the organizations you listed on **Worksheet 1.1: Community Resources**.)
- Step 2:** Talk with colleagues who have worked with some of the organizations you have listed. Find out which ones have worked collaboratively before and identify a contact person(s) within the organization who would be appropriate to serve as an advisory group member.
- Step 3:** Contact each person identified in Step 2. Tell him/her about the program you have in mind, the purpose of the advisory group, and why you think that his/her membership in the group would be valuable. Send him/her information about the program.
- Step 4:** Follow-up with a phone call to each person you have invited to join the advisory group. Find out if:
- (S)he received material and read it
 - (S)he/the organization is interested in learning more about the program
 - (S)he might be willing to attend an initial meeting about the program.
- Step 5:** Schedule a meeting with all of the interested individuals. At the meeting, define the potential program and request the group's input and assistance. Ask those present for the most effective methods to reach the intended audience. Have the group rate these methods in the order of their potential effectiveness. Ask the group to identify local resources that would help in the project's implementation. You also may want to ask the group, now that they have a better sense of what the purpose of the advisory group is, if there are other people from the community that should be involved in the program. Develop a plan of action, detailing "where to go from here."
- You probably won't be able to accomplish all of this during your first meeting! Getting groups to coalesce and have a sense of a common mission takes time. Just be sure that at the end of the meeting you have some sort of action steps to be accomplished prior to the next meeting. Be sure to set a date for the next meeting of the group.

SCENARIO UPDATE

The following individuals have agreed to participate on the Advisory Group:

- Lewisville's physician
- Coordinator of Lewisville's senior center
- Rock County's bilingual public health nurse
- A retired teacher
- A retired nurse who is Hispanic
- Director of Redmond's mammography facility
- Wife of the owner of a neighborhood grocery in Lewisville
- Director of the Rock County Unit of the American Cancer Society
- Chairwoman of St. Fatima's Women's Auxiliary
- Health educator with the Rock County's Cooperative Extension Service

You decide, with member approval, that the Advisory Group will meet on a monthly basis, with specific subcommittees meeting more often as defined by the tasks.

At the initial meeting of the Advisory Group, several members express concern that women in the community who are found to have suspicious lumps needing follow-up diagnostic tests, or who are diagnosed with breast cancer, will not have access to the appropriate care. The grocery store owner's wife said that she had a friend who found a lump in her breast but decided not to do anything about it because she had no health insurance. She said that even if her friend had the money to pay for a mammogram, she wouldn't be able to pay for the treatment should cancer be found, so why bother? You were able to put people's minds at rest when you told them that the hospital in Redmond had agreed to provide the follow-up care to women from Lewisville, should any abnormalities be found.

SCENARIO UPDATE (cont'd)

It wasn't until the third meeting of the group that you felt that a rapport was being established among the group members and that they were beginning to trust that you were there to work with them to solve the problem. At this meeting, the senior center coordinator was elected as chair of the Advisory Group.

From your initial contacts in Rock County and Lewisville, and from your Advisory Group meetings, you have discovered that the community health center (CHC) in Redmond does provide clinical breast exams to women in the county. Referrals to the mammography facility in Redmond are made by the CHC and private physicians in Redmond. Records show, however, that few referrals are made by the physician in Lewisville. Upon further investigation, you find that the mammography facility in Redmond does not have bilingual staff.

You also learn that a Lewisville senior center lunch program serves some of the older Hispanic women in the community. The social worker from a social service agency in Redmond visits Lewisville once per week, and a bilingual nurse (based at the CHC) visits Lewisville twice per week. Very little health education is provided through these services. The physician's office in Lewisville is open four days per week and takes Medicare and Medicaid patients. Clinical breast exams are provided, but there is little instruction or counseling other than when medications are prescribed.

Go to Section 2 

Resource 1.1: Potential Community Resources

The list below is provided to stimulate your thinking about who from the community you may want to involve in the program's development. The people and organizations listed below may help you to gain access to and become more familiar with your audience, provide credibility to your program, provide additional resources or volunteers, provide experience in community politics or co-sponsor your program.

Health Contacts

- Mammography facilities
- Physician/physician assistant/nurse practitioner offices
- Allied health professionals/paraprofessionals
- Local health department/clinics
- Hospitals: public and private
- Outpatient clinics
- Wellness center
- Volunteer agency offices (e.g., ACS)
- Local health educators
- Public health nurses
- WIC workers
- Traditional healers (e.g., curanderos, shamans, herbalists, spiritualists, medicine men)
- Clients of health related services
- University/college health clinic workers
- Information specialists at the Cancer Information Service (1-800-4-CANCER) or other phone helplines
- Instructors at fitness centers
- Professional health organizations
- State public health association

Social Service Contacts

- Social service workers
- Counselors (e.g., mental health, substance abuse)
- Refugee or immigrant sponsors or advocates
- Job trainers
- Library
- Social service agency
- Senior/community centers
- YWCA

Resource 1.1: Potential Community Resources (cont'd)

Advocacy Contacts

- Elected officials/political leaders
- Tenant association members
- Block/ neighborhood association members
- Community elders
- Civil rights and community activists
- Union leaders and workers

Local Professional Contacts

- Lawyers
- Clergy (e.g., ministers, priests, nuns, rabbis, monks)
- Teachers and other school personnel
- Police/peace officers, particularly community service officers

Business Contacts

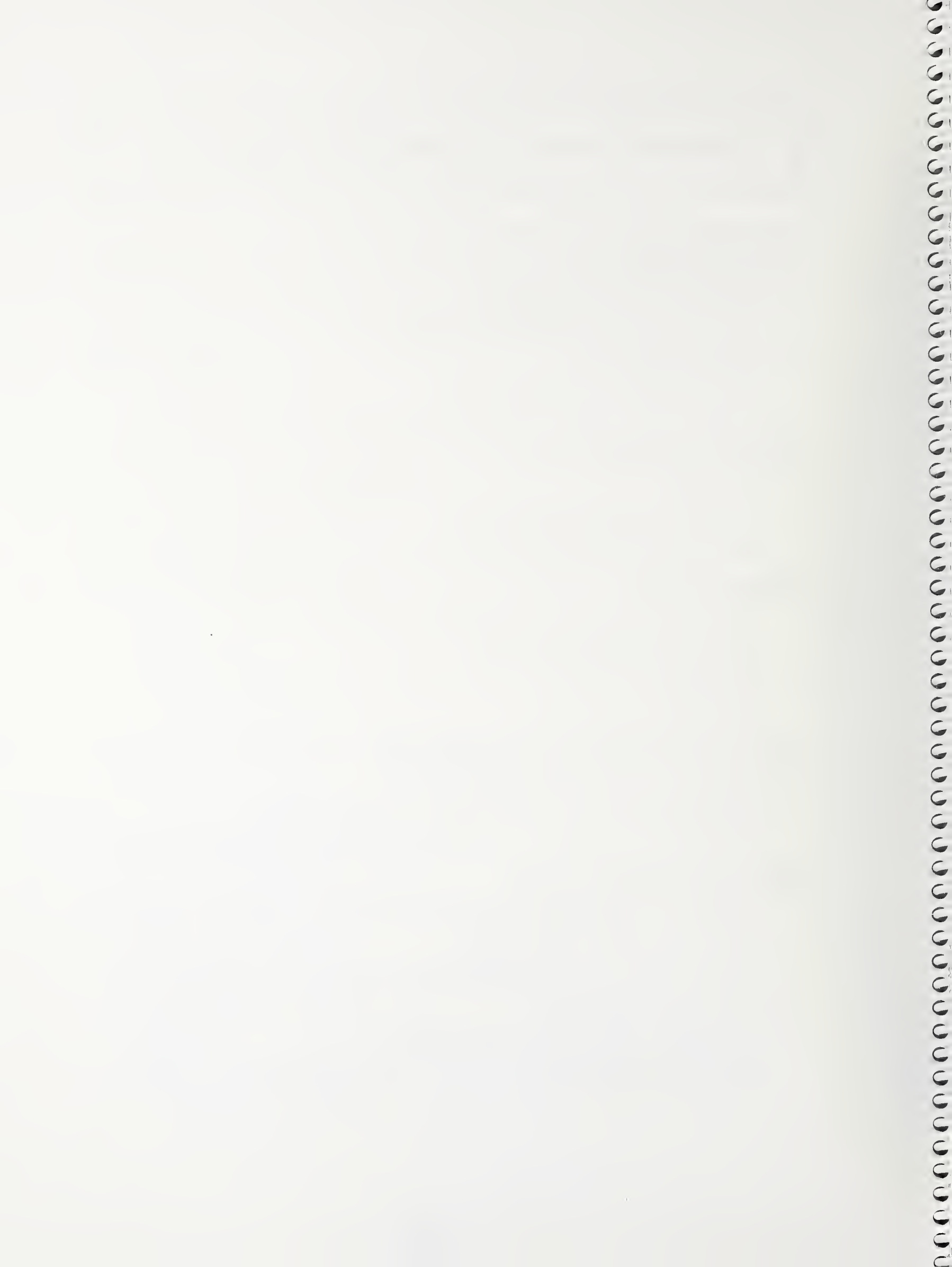
- Workers at grocery stores, supermarkets, pharmacies
- Workers at adult learning centers
- Major local employers
- Realtors
- Chambers of Commerce

Organizations/Agencies for Older Persons

- Workers at the Area Agency on Aging office
- Volunteers of the Retired Senior Volunteer Program (RSVP)
- Workers at local chapter of American Association of Retired Persons (AARP)

Other Miscellaneous Contacts

- Workers at Cooperative Extension Service office
- Media personalities, editors, writers
- Community and social club leaders
- Workers at senior and community centers
- Workers at public libraries
- Coaches or leaders of various sports groups
- Bus drivers or other transit workers
- Lay religious leaders or church groups workers



SECTION 2: LEARNING ABOUT THE COMMUNITY

Background: Identifying Audience Characteristics

In order to set specific objectives and design your message and the intervention, you need to understand the knowledge, attitudes and behaviors of your particular audience with respect to breast cancer screening. You will want to know:

- the barriers to breast cancer screening experienced by your audience.
- the messages that would motivate the women in your audience group to adopt appropriate screening behaviors.
- where your intended audience obtains health information that influences behavior change.
- where your intended audience seeks and receives health care.
- the intended audience's knowledge and attitudes regarding breast cancer and early detection.

Information about your audience can be obtained from published and unpublished sources, primary data collection, analysis of statewide data, your Advisory Group, and, very importantly, from members of your intended audience. Some of these sources are listed in *Resource 2.1: Information Sources*.

Activity

Using **Worksheet 2.1: Potential Barriers to Mammography Screening Among Lewisville Women**, list the potential barriers to breast cancer screening for the intended audience based on what you have learned from your Advisory Group (refer to the last "Scenario Update" as needed). As you list them, consider how they may be addressed in the intervention that you are planning.

WORKSHEET 2.1: POTENTIAL BARRIERS TO MAMMOGRAPHY SCREENING AMONG LEWISVILLE WOMEN

1.

2.

3.

4.

5.

After completing **Worksheet 2.1 Potential Barriers to Mammography Screening among Lewisville Women** you still need to gather additional information about the intended audience. Review *Resource 2.1: Information Sources* (located on page 20) and complete **Worksheet 2.2: Collecting Information about Knowledge, Attitudes, and Behaviors** to identify the best sources of information to learn more about the community with which you will be working.

WORKSHEET 2.2: COLLECTING INFORMATION ABOUT AUDIENCE KNOWLEDGE, ATTITUDES, AND BEHAVIORS

Identify 3 sources of existing information you would use to collect data about the knowledge, attitudes, behaviors and barriers for screening in this group of women.

1. _____

2. _____

3. _____

Identify 3 ways you could collect information about the knowledge, attitudes, behaviors and barriers among these women which would add to existing data.

1. _____

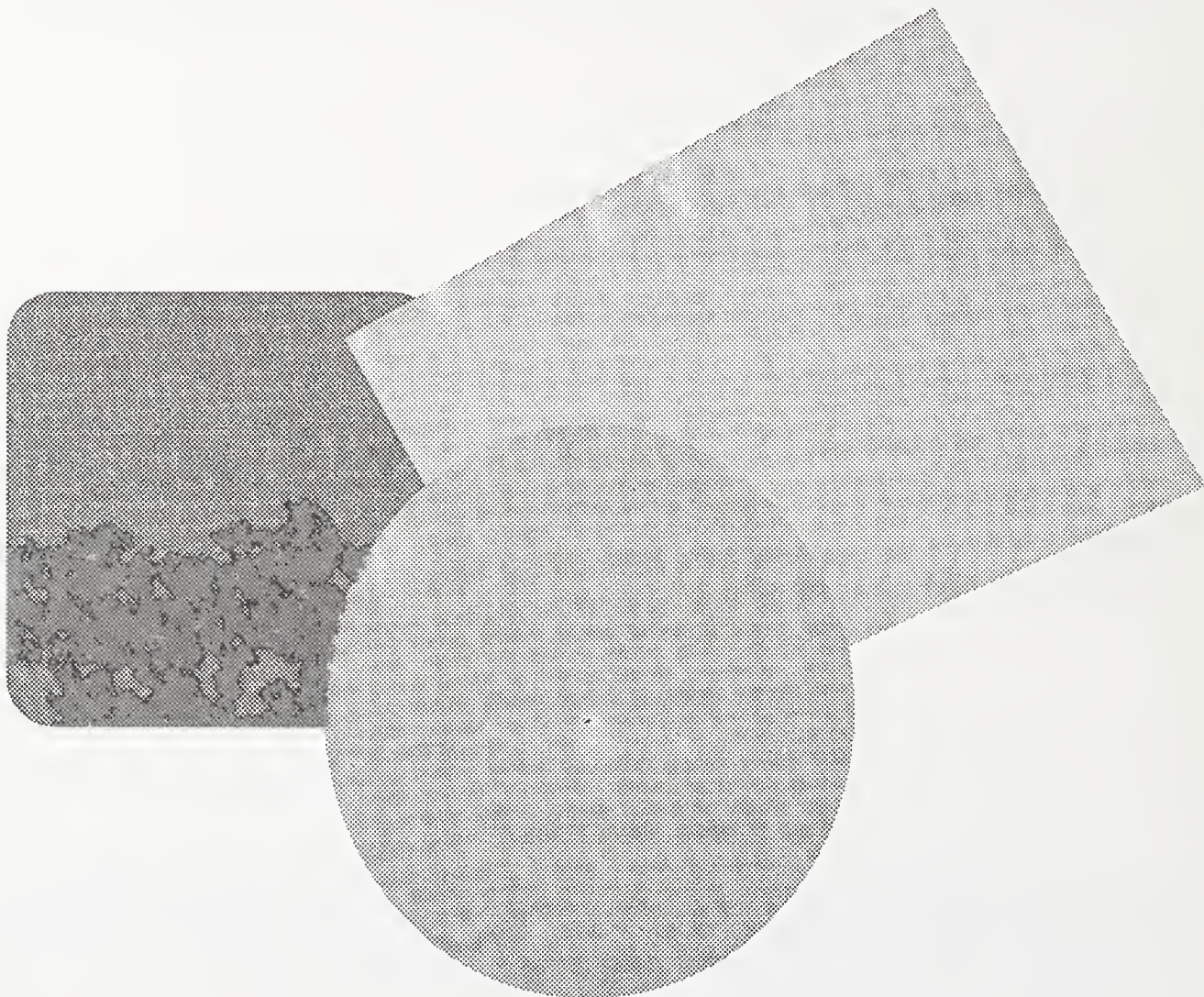
2. _____

3. _____

Background: Learning How the Audience Learns and Solves Problems

In addition to identification of existing information sources, it is helpful to identify how the community has solved problems in the past. Finding out how the community solves its problems will provide information about local relationships, networks and key community members.

One way to get this sort of information is by asking your Advisory Group and women in the community about a recent problem solved by the community. Examples of community mobilization efforts can help you to identify the community's problem solving resources.



SCENARIO UPDATE

Through your research and discussions with the Advisory Group and members of the community, you learn the following about Hispanic women over 50 years of age who are living in Lewisville:

SOURCES OF INFORMATION/NEWS

- Spanish cable television station
- Spanish radio station
- church bulletin
- English speaking TV and radio stations

TYPES OF SOCIAL ACTIVITIES

- women's auxiliary at church
- bingo
- family parties

SOURCES OF HEALTH INFORMATION

- physician
- county extension service
- daughters
- retired nurse in community

PRIMARY SOURCES OF HEALTH CARE

- Lewisville physician
- public health nurse

BARRIERS TO BREAST CANCER SCREENING

- fear of cancer/death
- time
- fear of mammography - the procedure
- cost
- transportation
- do not think they are at risk
- lack of Spanish speaking providers

COMMON BELIEFS AND ATTITUDES

- strong family ties
- strong belief in God
- strong sense of community

You also find out from your Advisory Group that there have been many times in which the community has pulled together to solve a problem. One Advisory Group member relayed the following example to you:

After a fire destroyed their home, a family with five children was left homeless. To help, a woman in the neighborhood started a food and clothing drive for the family through St. Fatima Church, the family's parish. The pastor of the church contacted the other churches in the area to raise funds to help the family pay rent at an apartment while their insurance claim was being settled. The family was able to stay together in a rented apartment for two months with the help of people in the neighborhood. The children were able to return to school with new clothing and plenty of food within one week after the fire due to the generosity of community members.

Resource 2.1: Information Sources

Primary Data Collection and Analysis

QUANTITATIVE

- Surveillance data (e.g., local health department, clinics, physician offices)
- Surveys
- Community needs assessments

QUALITATIVE

- Expert opinion (e.g., advisory group, local health officers or educators)
Depending upon the role your Advisory Group members have in the community, they may have insight into the places that the audience frequents, how they interact with each other and with others outside of their member group, and who are credible sources from whom the information should come.
- Focus groups
Recruit audience members for 2-4 focus groups. Keep groups small and appropriate to respond to questions regarding your topic of interest. Focus groups have been used to identify the behavioral information described above; materials that are useful and attractive to a particular community; services utilized in the community; and acceptable strategies for public education.

Secondary Data Review and Analysis

PUBLISHED INFORMATION

Published information will provide you with a general impression of a particular segment of the population based on demographics (e.g., income, age, ethnic group) but may not be specific to your community.

- Journal articles and reviews (e.g., American Journal of Public Health)
- Government databases; national and local health interview surveys; Behavioral Risk Factor Surveillance System (BRFSS)
- Monographs and special reports of programs that have been successful in similar populations
- Books
- Media articles
- Electronic databases (e.g., Combined Health Information Database [CHID])

UNPUBLISHED SOURCES

- Unpublished manuscripts
- Work in progress reports (grant program reports, project summaries)

SECTION 3: STRATEGIES FOR PROGRAM PLANNING

Background: Setting Goals and Objectives

The initial step in developing a public education and screening program is to establish the program's goals and objectives. These goals and objectives must be realistic and measurable. As you will recall, you and the public health nurse established the following program goal which was approved by the Advisory Group:

PROGRAM GOAL:

To increase the prevalence of mammography utilization by low-income (< 150% of the federal poverty level) Hispanic women over 50 years of age living in Lewisville by 50% within two years of the program's implementation.

It is very important to obtain a commitment to the program goals from all of the Advisory Group members.

You will need to work with your Advisory Group to develop a program which will help you to meet this goal. To develop the program's specific objectives, you must first consider what the program strategy should be. What will motivate women in this community to get mammograms? Consider the barriers to breast cancer screening you have identified. Which ones should your program address? How will they be addressed?

Activity

Use **Worksheet 3.1: Developing Program Goals and Objectives** to develop specific objectives for the breast cancer screening program based on the identified goal and what you currently know about the intended audience. For example, "By _____, _____% of the intended audience will have attended at least one educational presentation regarding breast cancer screening."

WORKSHEET 3.1: DEVELOPING PROGRAM GOALS AND OBJECTIVES

Program Goal: To increase the prevalence of mammography utilization by low-income (< 150% of the federal poverty level) Hispanic women over 50 years of age living in Lewisville by 50% within two years of the program's implementation.

Program Objectives:

1. _____

2. _____

3. _____

4. _____

5. _____

Background: Choosing Your Strategy

Once you have established the program's goals and objectives and compiled information about how the audience learns, the places they often go to, the barriers that exist, and current knowledge, attitudes and behaviors regarding mammography use, you can begin designing the program. The information collected will be used by you and your Advisory Group to decide upon the following:

- *The Message*
- *The Delivery Channels*
- *The Information Source* (who should deliver the message)
- *The Educational Materials*

The Message

In designing the message, consult with your Advisory Group and women in the community who are part of your intended audience. Consider the purpose of your message. Is it solely to raise the awareness of women in the community regarding the importance of mammography? Or is your message to motivate women to change their behaviors and get mammograms? You also need to consider the tone of the message. Do you want it to strictly provide facts? Or do you want the message to evoke an emotion such as fear, compassion, or obligation?

The Delivery Channels

In deciding upon a delivery channel, you will need to consider the learning style of the audience you are trying to reach, as well as the program outcome that you are seeking. If your program's objective is to raise the awareness of women in the community regarding the importance of mammography, mass media may be an appropriate channel to use. Mass media can reach a broad audience, but cannot motivate behavior change when used alone.

Interpersonal channels, including face-to-face and small group delivery, can motivate behavior change, if a credible information source is used. Organizational and community channels can reinforce messages and provide support for those seeking to make a behavior change. These channels can also enhance mass media messages. Table 3 lists five types of delivery channels that can be incorporated into a program strategy.

Table 3: Delivery Channels

- Face-to-face
- Group delivery
- Organizational
- Community
- Mass Media

(Source: *Making Health Communications Work: A Planners Guide*, NIH, 1989.)

The Information Source

The person who delivers the message, or the “information source,” must be deemed credible by members of the intended audience. For some populations, a physician is considered a credible and reliable source of health information. However, some communities have tremendous distrust of physicians and the entire health care system. You will need to determine who would be viewed as “believable” and “trustworthy” by members of your intended audience regarding the issue of women’s health and mammography. You can do this by talking informally with members of your intended audience or, more formally, by conducting focus groups with them.

The Educational Materials

There are several types of educational materials which you can use to help get the message to your audience (e.g., print, visual aids, audiovisuals, and action-oriented materials). You need to consider the message, audience characteristics, and the channels you will be using before deciding upon the type of educational material which will be part of the program.

SCENARIO UPDATE

The Advisory Group has decided that the message the program should be delivering is “Get a mammogram every year — for your family’s sake”. The purpose of the message is to motivate women to get mammograms routinely.

Activity

To help you define the strategies to use to deliver this message, complete **Worksheet 3.2**.

Identifying Appropriate Message Delivery Channels for Your Intended Audience. Use what you have learned in Section 2 about your audience and particular message delivery channels.

WORKSHEET 3.2: IDENTIFYING APPROPRIATE MESSAGE DELIVERY CHANNELS FOR YOUR INTENDED AUDIENCE

1. Which channels are most appropriate for your intended audience, the message and learning style? _____

2. Which channels are most likely to be credible to and accessible by the audience? _____

3. Which channels fit the purpose of your program (e.g., inform, influence attitudes, change behavior)? _____

4. Which channels are feasible, considering your time schedule and budget? _____

Consider who should deliver the message via the selected channel. Should the information source be a physician or a woman from the community who may serve as a role model for the other women? Complete **Worksheet 3.3: Developing Your Program Strategy (Part 1)** with your ideas. You might want to refer to the Scenario Updates on pages **19** and **24** to refresh your memory.

WORKSHEET 3.3: DEVELOPING YOUR PROGRAM STRATEGY (PART I)

Audience: Low Income Hispanic Women Over 50 Years Old

Message(s): Get a mammogram every year for your family's sake. Take care of yourself so that you will be here to see your grandchildren grow up.

Channel(s): _____

Information Sources(s): _____

Background: Choosing the Types of Materials to Use in the Program

Now that the message has been decided upon and the delivery channel and information source have been selected, you need to consider what types of educational materials are to be used to help deliver the message and influence behavior change. While materials are an integral part of learning, they should be considered an aid to the learning process rather than the centerpiece of the strategy. The strategy itself should be designed to entice the audience to participate in some interaction, whether it is for information gain or to develop a skill to promote behavior change. The materials should assist in that strategy by providing a concrete example or additional information that the women need to know in order to make that behavior change.

Remember, when deciding what type of material to use, you must take into consideration the characteristics of your audience, the delivery channel, and the message to be delivered.

Remember to:

- reach the audience through the method by which they are accustomed to learning (e.g., visuals, narrative, songs).
- consider the environment in which the program will be located (e.g., worksite, clinic waiting room, learner's home).
- consider issues such as privacy, noise levels, space required, vision and hearing capabilities of your audience, appropriate lighting, and ability and desire to interact with others.
- consider the literacy level of the audience.
- consider the culture of the audience.

Review *Resource 3.1: Characteristics of Message Delivery Channels* and *Resource 3.2: Strategies for Health Education* in the back of this section to get an idea of the types of materials/strategies that may be appropriate for your audience.

Activity

To pull together all of the information you have gathered, complete **Worksheet 3.4: Developing Your Program Strategy (Part II)**.

WORKSHEET 3.4: DEVELOPING YOUR PROGRAM STRATEGY (PART II)

Audience: Low Income Hispanic Women Over 50 Years Old

Message(s): Get a mammogram every year for your family's sake. Take care of yourself so that you will be here to see your grandchildren grow up.

Channel(s):

Information Sources(s):

Educational Materials Needed:

Once you have identified the type of material you will need for your program, you should determine if material currently exists that you could either adopt or adapt, or if you need to create new material. Section 4 discusses adoption, adaptation, and development of educational material.

SCENARIO UPDATE

The Advisory Group has chosen the message “Get a mammogram every year — for your family’s sake” to motivate women in the community to have mammograms. They have decided to first raise the awareness of the community regarding the importance of mammography by using the mass media to spread the word. The Spanish language radio station has agreed to broadcast a 3-5 minute public service announcement (PSA) at the beginning of their 3:00 PM community programming segment on Tuesdays and Thursdays. The Advisory Group identified two women from the community to serve as “actresses” in the PSA. The script was written by the retired nurse and the grocer’s wife, both of whom serve on the Advisory Group. It dramatizes a conversation between a mother and her adult daughter in which the daughter is trying to convince her to get a mammogram. The daughter briefly describes the procedure to her mother and stresses how important to her it is, that her mother be around when her 10 year old daughter gets married some day. Community women who reviewed the script suggested a few changes after which they said that the program would really grab the attention of women listening to the radio. These women also said that many of their friends listen to the 3:00 program faithfully every Tuesday and Thursday afternoon.

A mobile mammography company agreed to provide mammograms to women participating in the program for low fees on a sliding scale. The company agreed to locate the van which houses an accredited mammography machine at the senior center and bingo hall during the days and times indicated by the Advisory Group. They also agreed to provide a bilingual technologist to conduct the mammograms. The schedule of when and where the mammograms would be provided was regularly announced over the radio, commencing a week before the first screening would occur.

SCENARIO UPDATE (cont'd)

The Advisory Group decided that after the PSA has been broadcast for a month, small group presentations should be made to women in the community through a variety of channels, including St. Fatima's Women's Auxiliary. The retired nurse, a Hispanic woman who is 72 years old and obtains a mammogram every year, agreed to present the first two programs. The programs would be publicized in the church bulletin, on the Spanish language radio station, and through the home visits made by the county extension service. The Advisory Group decided that the availability of the mammograms provided through the van should be shared at the small group presentations and through the county extension service.

The Advisory Group determined that educational materials were needed as part of the program. However, they did not know whether they needed to develop new materials, which would take more time, or if there were some existing materials which could be used. The Advisory Group thought that easy-to-read print materials which the women attending the programs could take home with them would be important to distribute on site. In addition, the retired nurse and the county's public health nurse agreed that a flip chart with illustrations or pictures showing what it is like to have a mammogram would be helpful. Many women from the community also said that if they received a call from a friend encouraging them to have a mammogram, they would be more likely to get one. The support of family and friends is very important. The Advisory Group suggested that a phone tree be set up after the group programs in which different women phoned other women to encourage them to have a mammogram.

Finally, the group discussed an appropriate time frame for the development and implementation of the proposed activities, based on their other time commitments. They established three sub-committees - one to work with the media in the development of PSA's; one to coordinate mammography van activities; and one to develop and coordinate the health education programs. The three subcommittees agreed that they could complete these tasks in one month.

◆ *See completed Worksheet 3.5* ◆

WORKSHEET 3.5: DEVELOPING YOUR PROGRAM STRATEGY (COMPLETED)*

Audience: Low Income Hispanic Women Over 50 Years Old

Message(s): Get a mammogram every year for your family's sake. Take care of yourself so that you will be here to see your grandchildren grow up.

Channel(s): Radio
St. Fatima's Women's Auxiliary
Cooperative Extension Service

Information Source(s): Retired nurse from the community

Educational Materials Needed: Easy-to-read print material
Flipchart

***Note:** This completed worksheet represents one outreach strategy to reach low income Hispanic women older than 50 years in Lewisville. There are several other possibilities (including your own!) to replace or augment this strategy. For the purpose of this Guide, this is where the story has led us.

Go to Section 4 

Resource 3.1: Characteristics of Message Delivery Channels

	Face-to-Face	Group Delivery	Organizational	Community	Mass Media
Examples of Channel	<ul style="list-style-type: none"> • Health care provider • Peers • Family members • Lay health educator 	<ul style="list-style-type: none"> • Classroom • Worksite • Social/Church 	<ul style="list-style-type: none"> • Member of professional voluntary or social organization 	<ul style="list-style-type: none"> • Library • Mall • Community center • School 	<ul style="list-style-type: none"> • Television • Radio • Newspaper • Sign/billboard • Magazines
Credibility	High	High/Moderate	High/Moderate	Moderate/Low	Low
Utility of Channel	Inform, influence, change behavior	Inform, influence, change behavior	Inform, influence	Inform	Inform
Delivery of Complex, Sensitive Message	Yes	Yes	Possibly	No	No
Type of Influence	Long-term relationship and interpersonal dialogue	Peer support and influence	Influence from organizational culture	Possible group influence	Little influence other than exposure
Heterogeneous/Homogeneous Audience	Not Applicable	Homogeneity may be necessary	Homogeneous	Either	Heterogeneous
Resource/Time Intensity	High	High/Moderate	Moderate	Moderate to Low	High to low, depending on medium
Possible Materials	<ul style="list-style-type: none"> • Visual • Audiovisual • Print 	<ul style="list-style-type: none"> • Visual • Audiovisual • Action-oriented • Print 	<ul style="list-style-type: none"> • Visual • Audiovisual • Action-oriented 	<ul style="list-style-type: none"> • Visual • Audiovisual • Print 	<ul style="list-style-type: none"> • Visual • Audiovisual • Action-oriented • Print

Materials Include:

Visuals:

Audiovisuals:

Action-oriented:

Print:

Posters, flipcharts, talkboards, real objects and models, flannelboards, fotonovelas

Videos, audiotapes, slide-tape shows, interactive videodisc or multimedia programs

Role play, theater, songs, storytelling, games

Brochures, booklets, pamphlets, articles, books

Resource 3.2: Strategies for Health Education

MATERIAL/STRATEGY	DESCRIPTION
VISUALS	
Poster	Large paper or board with visuals and text
Flipchart	Series of posters put together in sequence
Talkboard	Poster(s) with visuals but no text
Objects/Models	3-D lifelike replicas or actual real objects
Flannelboards	Board covered by flannel, cloth, or sticky material on which pictures can be placed and removed
Fotonovelas	Storybooks with photos and dialogue
ACTION-ORIENTED	
Role play	Members of a group act out real-life situations
Theater	Story or play acted out
Songs	Story or situation told through music and dialogue
Storytelling	Narrated story about a real-life situation told through fables or characters
Games	Group members take turns to “win” via interactive learning
AUDIO AND AUDIOVISUALS	
Videotapes	Moving picture and sound played on television monitor
Audiotapes	Cassette or other audio recording for listening
Slide-tape shows	Audiotape synchronized to a series of slides
Interactive Computer Programs	Computerized lessons provide information and skills through interactive menus
PRINT	
Brochures/pamphlets, booklets, articles, fact sheets, books	Text in different formats and lengths.

Source: *Beyond the Brochure: Alternative Approaches to Effective Health Communication*, AMC Cancer Research Center, 1994.



SECTION 4: ADOPTING, ADAPTING, OR DEVELOPING MATERIALS

Background: Using Existing Materials

Consider both local and national sources when looking for public education materials. Your local resources may be the same contacts you made earlier to identify services or programs being provided in the community. *Resource 4.1: Sources for Health Education Materials* provides a list of potential sources of health education materials you may decide to contact during your search.

When contacting these resources, be specific about the type of material you need. Describe the message, target audience and format that you are seeking. Once you have identified materials that may be useful for your program, you can decide whether you want to adopt and use the material “as is” or to adapt it to better meet the needs of your audience.

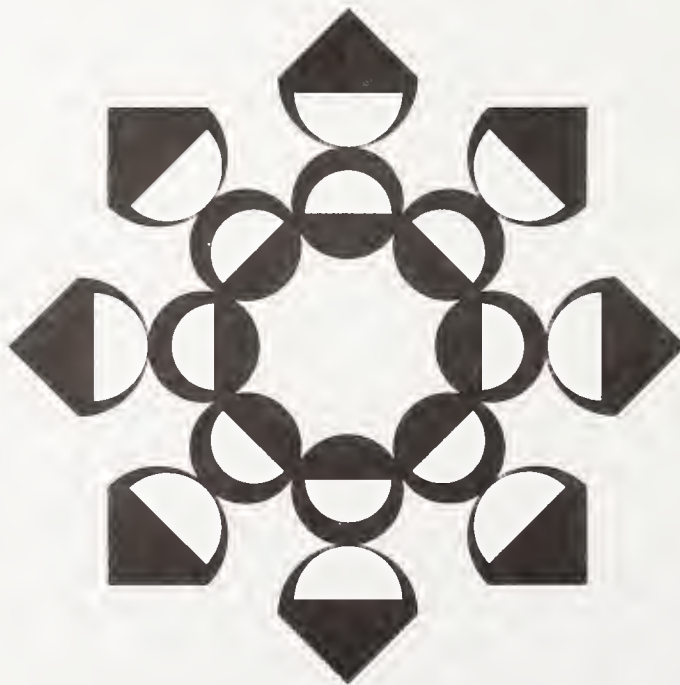
SCENARIO UPDATE

In your search for educational print material to use in your program, you did not find any materials written in Spanish. However, you did find a simply written fact sheet in English entitled “Take Care of Your Breasts” developed by the West Virginia Cancer Information Service (**Appendix A**).

Activity:

Log the factsheet "Take Care of Your Breasts" (Appendix A) into a materials log using **Worksheet 4.1: Print Materials Log Form**. Please note that this is a sample of a possible materials log. You can adapt this one or develop one that meets the needs of your materials review process.

The SMOG Readability Formula (Appendix B) is a good tool to determine the approximate reading level of a document. The FRY method is also commonly used.



WORKSHEET 4.1: PRINT MATERIALS LOG FORM

I. Title: _____

II. Author: _____

III. Publisher/Date: _____

IV. Source: (Where to Obtain) _____

V. Reproduction: _____ Yes _____ No (Terms) _____

VI. Cost: _____ Special Instructions: _____

VII. Format:

_____ Book _____ Booklet _____ Pamphlet (<5 pgs)
_____ Poster _____ Single sheet
_____ Other (please specify) _____

VIII. Length:

_____ No. of pages _____ 1 sheet folded

IX. Language (Check all that apply):

_____ English _____ Spanish _____ Other (Specify)

X. Intended Audience:

_____ Caucasian _____ Native American _____ Hispanic
_____ Black _____ Asian _____ Indiscernible
_____ Other (please specify) _____

XI. Instruction Level:

_____ Professional _____ Paraprofessional _____ Consumer

XII. Intended Use:

_____ Self instruction _____ Teaching tool (for clients)
_____ Teaching guide (for staff) _____ Outreach/program information

XIII. Reading Level (Print Materials Only):

_____ Grade reading level: Method of calculation: _____

Activity

Using **Worksheet 4.2: Determining Whether Materials are Appropriate** and answering the questions that are applicable, determine whether the factsheet “Take Care of Your Breasts” may be appropriate for your audience. (Note: This may take a bit of creativity to represent your intended audience for this worksheet. But for the purposes of this exercise, try to sense how a member of a group of low-income, 50 year old or older Hispanic women might answer the questions listed in Worksheet 4.2.)



WORKSHEET 4.2: DETERMINING WHETHER MATERIALS ARE APPROPRIATE

Ask members of the program's intended audience to review the selected material with consideration given to the following items. (Note — please consider this worksheet as a tool to be adapted to your users. For example, the wording and format may need to be changed for a low literate audience):

Appeal

	Yes	No	N/A
Is the message appealing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the visuals appealing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the colors appealing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the voice appealing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Understandable

	Yes	No	N/A
Is the text at an appropriate literacy level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the text written in the appropriate language or dialect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the "tone" appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the speed of the narrator's voice appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the visuals appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(Are they clear? Do they depict what the message is trying to convey?)</i>			

Personally Relevant

	Yes	No
Is the message culturally appropriate?	<input type="checkbox"/>	<input type="checkbox"/>
Are the visuals culturally appropriate?	<input type="checkbox"/>	<input type="checkbox"/>
Is the message meaningful to the learner?	<input type="checkbox"/>	<input type="checkbox"/>

Acceptable

	Yes	No
Is the message believable?	<input type="checkbox"/>	<input type="checkbox"/>
Is the message credible?	<input type="checkbox"/>	<input type="checkbox"/>

Persuasive

	Yes	No
Would this material persuade you? <i>(e.g., to get a mammogram?)</i>	<input type="checkbox"/>	<input type="checkbox"/>

SCENARIO UPDATE

The initial assessment of “Take Care of Your Breasts” indicates that this factsheet may be appropriate for the English speaking segment of the intended audience of your program. The text, however does not reflect the current recommendations of the National Cancer Institute regarding mammography utilization for women over the age of 50. With this needed change in mind, you and the Advisory Group decide that the factsheet should be pretested with members of the audience.

Background: Pretesting Selected Material

There are several stages at which you should pretest educational material. When developing original material, these stages include: concept development, initial draft, comparison with existing material or variations of the original, and final draft. The use of focus groups, in-depth interviews, central-location intercept interviews, theater testing, and gatekeeper review are different methods which can be used in pretesting material. These same methods can be used to determine if an existing brochure or videotape is appropriate for your audience.

Resource 4.2: Pretesting Methods provides some guidelines for choosing a method for pretesting. One goal of pretesting is to determine whether the existing material is suited to your needs. When pretesting, you need to explore the acceptability and appropriateness of several components of the material, including:

- the text, narrative, or captions
- the visuals (photographs, illustrations, graphics)
- the format (style, color, type font)

These components are important in determining how the message may be received and by whom. For the text, narrative, or captions, examine the messages or content of the material. Examine how the text or narrative is written. Determine whether text or narrative matches or corresponds to the visuals. Determine whether the message is believable and credible to the learner.

Decide whether visuals correspond with the text, narrative, or captions. Determine if the visuals illustrate the important points, or draw the attention of the audience away from the message. Determine if the people and places in the visuals represent the intended audience and their culture.

Determine if the format makes the material inviting, visually appealing and easy to follow.

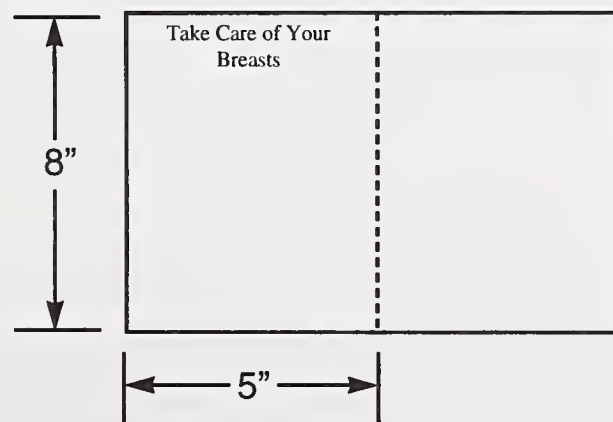
Background: Adapting Various Components of Existing Materials

When using existing material, generally at least one of the components will require modification in order for it to be appropriate to use with a given audience. *Resource 4.3: Adapting Text/Narrative/Captions, Resource 4.4: Adapting Visuals, and Resource 4.5: Format* provide helpful guidelines for adaptation which you may consider. Input from members of the intended audience is crucial for materials to be modified appropriately. Each revision of the material must be reviewed by the audience before decisions are made to incorporate the adaptation.

SCENARIO UPDATE

The factsheet “Take Care of Your Breasts” is pretested using focus groups and in-depth interviews with low-income Hispanic women over 50 years of age in Lewisville. The results of the pretests indicate that the following changes should be made in the “Take Care of Your Breasts” factsheet:

- | | |
|------------------|---|
| Language: | Bilingual (English and Spanish) |
| Format: | 8” x 5” fold-over brochure |
| Text: | a. Update the mammography screening recommendations.
b. Include phone number of the contact in Lewisville. |
| Graphics: | Should be located inside the brochure; women should look Hispanic and over 50 years old. |



Background: Developing Materials

In your search for material that could be adopted or adapted, you may find that none exist that meet a particular need of your program. In that case, you and your Advisory Group may decide to develop original materials to be used.

The first step in developing materials, after you have chosen a strategy and communication channels, is to create the concepts and messages which you believe will achieve your goals. These will need to be pretested with your audience. After this initial stage of pretesting, materials development is similar to material adaptation. As always, it is important to involve your audience and your Advisory Group in developing these materials. Pretesting methods discussed earlier and discussions with the Advisory Group about how they will be used will lead to a more acceptable and effective product.

SCENARIO UPDATE

The Advisory Group determined that a flip chart is needed for the small group presentations.

Activity

Using the checklist on Worksheet 4.3, develop a plan for the development of the flipchart, including all of the pretesting steps.

WORKSHEET 4.3: MATERIALS DEVELOPMENT PLAN CHECKLIST

Instructions: Using the worksheet, indicate what you will need to develop a flipchart for use in the program's group presentations.

Description of Material: Flip Chart

Intended Use: Teaching tool for small group presentations

Purpose: To educate women about mammography, the purpose and procedure

User: Community/lay educator

Format: desktop easel

Size: _____ x _____

Expertise needs:

photography illustration text

Resource and equipment needs:

photographic camera-ready artwork poster board
 layout/design printing

Pretesting Methods:

readability test focus group in-depth interview
 central location intercept theater testing gatekeeper review

Narrative of materials development plan:

SCENARIO UPDATE

You work with the county public health nurse and the member of the Advisory Group who is a retired nurse to develop the storyboard for the flipchart. A script for the group presentation is drafted first. Once the script has been finalized, the need for illustrations is determined and the storyboard is drafted.

Another Advisory Group member puts you in touch with a local artist who is willing to draw the illustrations for free. You agree to credit the artist on any material that goes out containing the illustrations as compensation for her contribution of time and talent.

The storyboard is tested with members of the intended audience using focus groups. Modifications are made in the message contents of the flipchart as well as the illustrations. The flipchart goes through five iterations, each being tested with members of the audience. The final illustrations for the flipchart are completed and sent to the printer. It was decided that no words would be used on the flipchart.

Working with the Advisory Group, you decide that the illustrations for the pamphlet being developed based on an adaptation of the "Take Care of Your Breasts" factsheet, should be drawn by the same artist who designed the flipchart. The artist agrees to do the illustrations, again for no fee, except for credit on the pamphlet.

Once all of the materials have been printed, the Advisory Group decides to kick-off the initiation of the group presentation component of the program with a "gala" breakfast. At this breakfast, which is catered by women in the community, the Advisory Group gives the artist an appreciation award for all of her time and effort. The mobile mammography van is also showcased at the event. The local press highlighted the event in the next day's newspaper. Prior to the event, you and a member of the Advisory Group drafted and sent out a press release which described the program and the Advisory Group. The reporter covering the event included some of the information contained in the press release in his story, and also interviewed the wife of the grocery owner who is an Advisory Group member. The reporter confided in you that it made a "great human interest story." The member related to the reporter the story of her friend with the breast lump who refused to have a mammogram and what her own daughter had told her about the importance of having a mammogram.

SCENARIO UPDATE (cont'd)

A week following the “gala” breakfast the first small group presentation is given. Fifty women had signed up to attend, but you had limited participation to the first 15 women because you wanted to keep the group small to facilitate open discussions. The other women were signed up for the next presentations.

Go to Section 5 

Resource 4.1: Sources for Health Education Materials

- ⌘ Office of Disease Prevention and Health Promotion (ODPHP)
National Health Information Center (1-800-336-4797)
- ⌘ Combined Health Information Database (CHID) (404-488-5080)
- ⌘ American Public Health Association Caucuses (American Indian and Alaska Native, Asian American, Black, Latino, Gay/Lesbian) and their state and local chapters (202-789-5600)
- ⌘ Health Education Resource Organization (HERO) (410-685-1180)
- ⌘ National Coalition of Hispanic Health and Human Services Organization (COSSMHO) (202-387-5000)
- ⌘ Indian Health Service (IHS) (301-443-1083)
- ⌘ National Cancer Institute's Office of Cancer Communications (301-496-5583)
- ⌘ Office of Minority Health Resource Center (1-800-444-6472)
- ⌘ Society for Public Health Education (including state and local chapters) (510-644-9242)
- ⌘ American Cancer Society (including state and local chapters) (1-800-227-2345)
- ⌘ National Cancer Institute's Cancer Information Service (1-800-4-CANCER)

Resource 4.2: Pretesting Methods

Guidelines	Readability	Focus Groups	Individual In-depth Interviews	Central Location Intercept Interviews	Theater Testing	Gatekeeper Review
Purpose	Determine reading grade level of text	Obtain insights into perceptions, beliefs, values, and learning patterns	In-depth probing of attitudes, beliefs, and perceptions	Obtain reactions to concepts and messages from more respondents in short time period	Obtain reactions to concepts and messages from many respondents at one time	Obtain reactions from distributors of materials for acceptability and utility
Materials / Strategies to be Pretested	Leaflets, booklets, articles or written text	Visual, audiovisual and action-oriented materials, message channels, concepts and themes	Message concepts, visual or audiovisual materials, strategies, including sensitive issues	Message concepts, print, broadcast or visual materials	Audio, audiovisual or action-oriented materials or strategies	Print, visual or audiovisual materials
Ideal Number of Respondents	None required	<ul style="list-style-type: none"> 8 - 12 per group Minimum 4 groups 	10 - 25 respondents	50 - 200 respondents	50 - 200 respondents	10 - 25 respondents
Time Required	15 minutes	4 - 8 weeks for creating outline, arranging, recruiting, conducting, analyzing, and reporting	4 - 8 weeks for designing survey, arranging, recruiting, conducting, analyzing and reporting	4 - 8 weeks to design survey, conduct surveys, tabulate, and report	4 - 6 weeks to design survey, recruit, conduct test, tabulate, and report	4 - 6 weeks to design surveys, receive completed self-administered surveys, tabulate, and report
Resources Needed	<ul style="list-style-type: none"> Readability formula Trained staff 	<ul style="list-style-type: none"> Discussion outline Trained moderator Intended audience respondents Meeting room recorder 	<ul style="list-style-type: none"> Survey / questionnaire Trained interviewer Facility, tape recorder Respondents 	<ul style="list-style-type: none"> Structured questionnaire Trained interviewers Access to central location frequented by intended audience Interviewing stations 	<ul style="list-style-type: none"> Structured survey Trained facilitator Respondents from intended audience Theater facility 	<ul style="list-style-type: none"> List of potential respondents Short, structured survey
Advantages	<ul style="list-style-type: none"> Inexpensive Quick 	<ul style="list-style-type: none"> Stimulated discussion in groups Information from several respondents at once Directed discussions provide useful information 	<ul style="list-style-type: none"> Probe in-depth questions Discuss sensitive issues Good for underserved populations 	<ul style="list-style-type: none"> Quick method for large numbers Flexible technique Quick analysis using closed-ended questions 	<ul style="list-style-type: none"> Quick method for large numbers Flexible technique More generalizable method Quick analysis using closed-ended questions Can be longer surveys 	<ul style="list-style-type: none"> Inexpensive Provides direction from critical group
Disadvantages	<ul style="list-style-type: none"> Does not provide audience reactions 	<ul style="list-style-type: none"> Difficult to generalize May provide only socially desirable answer 	<ul style="list-style-type: none"> Time-consuming to arrange, conduct, analyze Difficult to generalize 	<ul style="list-style-type: none"> Not good for sensitive issues Must be short interviews 	<ul style="list-style-type: none"> Not good for sensitive issues May respond with socially desirable answers Over-recruitment needed 	<ul style="list-style-type: none"> May get low response rate Not generalizable

(Adapted from: *Pretesting in Health Communications*, NIH, 1980; and *Making Health Communication Programs Work: A Planner's Guide*, NIH, 1989.)

Resource 4.3: Adapting Text/Narrative/Captions

◆ Examine the messages or content of the material first.

Revise the messages to include only a few concepts, with only enough information to accomplish easily, and in a sequence that is natural for the learner. Incorporate state-of-the-art information and skills.

◆ Examine how the text or narrative is written.

Shorten sentences and words. Use active language, remove passive phrases. Use words and phrases familiar to the learner. If messages are narrated, use the audience's native language with the correct speed and intonation.

◆ Determine whether text or narrative matches or corresponds to the visuals.

Either the text/narrative can be rewritten or a new picture can be used. Visuals and text messages should match. This is important!

◆ Determine whether the message is believable/credible to the learner.

Use peer or expert opinions and quotes. Direct the learner to perform behaviors that are appropriate given cultural and environmental barriers.

Inexpensive options for adapting text/narrative:

- ◆ Rewrite text/script yourself, then have several members of the intended audience read/listen to it. Have them describe to you what it means. Ask if they can recall the main points. Ask for suggestions. Ask them what pictures they might suggest to help them understand the message and perform an action.
- ◆ Rather than spending money on a sound studio for recording, find a quiet room with good acoustics. Interview a few members of the intended audience with good reading abilities and dramatic skills. Use rented sound equipment to record your narrative portion. University students, drama clubs, or local actors may be good resources for finding a narrator.

Resource 4.4: Adapting Visuals (photographs, drawings, cartoons, images, graphics)

◆ **Decide whether visuals correspond with the text/narrative.**

Choose photographs, images or drawings that provide concrete steps to the learner for the desired behavior. Cartoons and drawings should be life-like. Avoid diagrams, graphs or other complicated visuals. Illustrate only those behaviors you wish to suggest, not those to be avoided.

◆ **Illustrate the important points.**

Limit the number of visuals to the most important points and place them in an order that the learner would understand. If the material is strictly visual or audiovisual, emphasize the “how to” rather than the “why”.

◆ **People and places should represent the intended audience and their culture.**

Illustrate using examples from the learner’s cultural background. Place people in everyday settings, using familiar belongings and wearing familiar clothes. Show the full body of a person when depicting the action of a behavior. Use appropriate symbols in illustrations and limit abstract symbols (e.g., an “X” over an object meaning “No”). Professional photographs can be used, although high quality photographs taken by an amateur or drawings can often serve your needs just as well.

Inexpensive options for adapting visuals:

- ◆ Contact advertising or marketing firms to ask for donated photographs or illustrations for your topic. Credit them for the material.
- ◆ Contact local art institutes, university or high school photography or art classes, or local art galleries for donated time to accomplish the illustrations needed. Credit them for their contributions.
- ◆ Create a mock-up of the materials with the visuals. Interview several members of the intended audience to determine acceptability.

Resource 4.5: Format (style, colors, type)

◆ **Make materials inviting, visually appealing and easy to follow.**

Use only a few concepts on each page and limit the number of pages per material to prevent overly-dense materials. If material has text or visuals, leave enough “white space” (background) between them to allow the eye to move easily. Place messages and illustrations close together in sequence or timing, depending on medium. Use serif 14 point or larger font for written text. Use bright or contrasting colors for words/background, visuals, clothes, or other components of your material. Use everyday people, not fashion models, to represent your audience.

◆ **Use quality materials when possible.**

Use a 20-60 pound bonded paper (thick enough to withstand use, since this is what you desire. Use relevant and realistic visuals. Incorporate props/models that are used in everyday life.

Inexpensive options for adapting format:

- ◆ Choose materials that may be discontinued but stock available. Order bulk quantities for lower prices (but not until complete pretesting has been performed).
- ◆ Contact local printers, art supply stores, university art departments, university computer departments, local photography shops about getting a discount on supplies.
- ◆ Contact high schools, universities, churches, civic or social organizations for individuals who might be willing to be photographed.
- ◆ Contact appropriate organizations or businesses for donated items which would serve as props or models for your material.

SECTION 5: EVALUATING THE PROGRAM

Background: Why Evaluate?

Evaluation is an important part of program planning and implementation. It helps you to determine whether the program is meeting its goals and objectives. It also helps you to plan programs in the future by providing information regarding what may work and what won't. Although evaluation is listed as the last section of this guide, it should be emphasized that it is not a "final-stage" consideration. You must consider how you are going to evaluate your program when you begin the initial planning and decide how evaluation measures are to be incorporated into the program's design. Refer to the program's goals and objectives in the development of the evaluation plan. Table 4 defines the four types of evaluation which should be part of all programs.

Table 4: Four Types of Evaluation

Process:	Assessment of whether the program is being implemented as designed and is reaching its intended audience.
Formative:	Periodic assessment of the program in meeting its objectives to determine areas of improvement.
Impact:	Evaluation of the short-term results of the program, often measured in behavior change (e.g., prevalence of mammography use).
Outcome:	Evaluation of the long-term effects of the program, often measured in disease outcomes (e.g., breast cancer mortality rates).

(Adapted from: *Health Education Planning: A Diagnostic Approach*, Green et al, 1980.)

Background: Evaluation Strategies

In order to design an evaluation plan for your program, you must have well-defined objectives of what you hope the program will achieve. You also must have a precise understanding of the various components of the program in order to develop plans for process and formative evaluation. You need to consider what variables you will use to evaluate the program, making certain that they are measurable.

Activity

Complete **Worksheet 5.1: Evaluation Strategies and Data Sources** to begin designing an evaluation plan for the program. Refer to previous Scenario Updates in developing the evaluation questions and data sources.

Resource 5.1: Evaluation Strategies and Data Sources provides suggested questions and potential data sources.

WORKSHEET 5.1: EVALUATION STRATEGIES AND DATA SOURCES

Type of Evaluation	Major Questions	Data Sources
Process Evaluation	1.	
	2.	
	3.	
	2.	
	2.	
Formative Evaluation	1.	
	2.	
	3.	
	4.	
	4.	
Impact Evaluation	1.	
	1.	
	3.	
	1.	
	1.	
Outcome Evaluation	1.	
	2.	
	3.	
	1.	
	1.	

Resource 5.1: Evaluation Strategies and Data Sources

<u>Type of Evaluation</u>	<u>Major Questions</u>	<u>Data Sources</u>
Process Evaluation	• What staff/volunteers were hired/trained for the program?	Program records, training materials, manuals
	• What materials were assembled or developed?	Project records
	• What activities were conducted?	Project record logs, staff surveys
	• What was the intended audience's exposure to the program.	Project records, attendance logs, observation, exit interviews, surveys of target group, tracking of media
Formative Evaluation	• Was the program acceptable to the community?	Discussions, observations, focus groups, completed evaluation forms
	• What components of the program were acceptable to the intended audience?	Exit interviews, observations, focus groups, attendance logs
	• Were the educational materials acceptable to the intended audience?	Interviews, focus groups, distribution logs, surveys
Impact Evaluation	• Did the program achieve the educational and behavior change objectives?	Interviews, focus groups, surveys, service delivery logs
	• Was the program accepted by the community.	Interviews, institutional/organization surveys, observations
Outcome Evaluation	• What was the impact on morbidity/mortality?	Hospital records, cancer registry, death records
	• Did the program achieve long-range behavioral objectives?	Surveys, health service delivery records

SCENARIO UPDATE

One month after the first small group presentation, you review the data sheets of the four programs held in the community. You find that two of the four that the retired nurse, who conducted the programs, submitted are incomplete. These two data sheets do not contain the names of all the women in attendance, nor do they contain completed evaluation forms from every participant. You call the nurse and ask her why they weren't completed. She admits to not completing them because she just gets too busy with the session and sometimes forgets to make sure that everyone has signed in and received an evaluation form. Together you brainstorm to identify a solution and decide that she needs a helper in each session. She feels that if she identifies a woman at the beginning of each session who agrees to the responsibility of the "administrative" details, then the forms are more likely to be completed. You then decide to include this as part of the protocol for each session regardless of who is facilitating.

After tabulating the responses made on the evaluation forms, you discover that the participants are not gaining a clear understanding of how often they should be having a mammogram. You discuss this with the retired nurse who has been doing all the presentations. You decide to include in the flipchart a page which outlines the screening recommendations and to draft an addition to the script which discusses these recommendations in greater detail.

In your discussions with the nurse who has been doing the presentations, you discover that she is feeling overwhelmed with all of the requests she is getting from the community. Organizations outside of the women's auxiliary are calling to see if she can present to their members. She tells you that she just doesn't have the time to do them all. Together, you bring this problem to the Advisory Group and it is decided that a "train-the-trainer" module needs to be developed to train other women in the community to conduct the programs as well. An ad hoc group of Advisory Group members and other members of the community get together to develop the program with you and some colleagues at the health department. Within the next four months, eight community women are trained to provide the program to other community groups.

SCENARIO UPDATE

❖ Epilogue ❖

Eight months after attending the community presentations, participants are contacted to determine if they have had a mammogram. Of the 30 women who were contacted during the first rounds of interviews, 6 reported that they had received mammograms, and an additional 4 reported that they had made appointments to get mammograms. Fifteen of the women contacted reported that they were still considering having a mammogram, and 7 of these women reported that they had talked it over either with friends, family members, or the woman who had done the presentation.

Of the eight women who were trained to deliver the program, six are still involved. These six women report a feeling of personal satisfaction in working with women in the community and in feeling like they are making a difference. The women also reported that they felt a strong sense of ownership of the project because of their continued involvement in the process.

Congratulations,
you have now
completed
the Self-Study
Guide!



APPENDIX A



Take Care Of Your Breasts

1. Check your breasts yourself.



Every woman should check her breasts once a month. You can find a lump that could be cancer by feeling your own breasts. This is called **Breast Self-Examination**.

If you find a lump, see a doctor right away. Most breast lumps are **not** cancer, but you should always see a doctor if you find a lump in your breast.

Breast cancer can be treated with the most success when it is found early.

2. Have a doctor or nurse check your breasts once a year.



The doctor or nurse will look for changes in shape or size and will feel your breasts, chest, and armpits for any lumps. This will help you learn how to feel your own breasts for any changes.

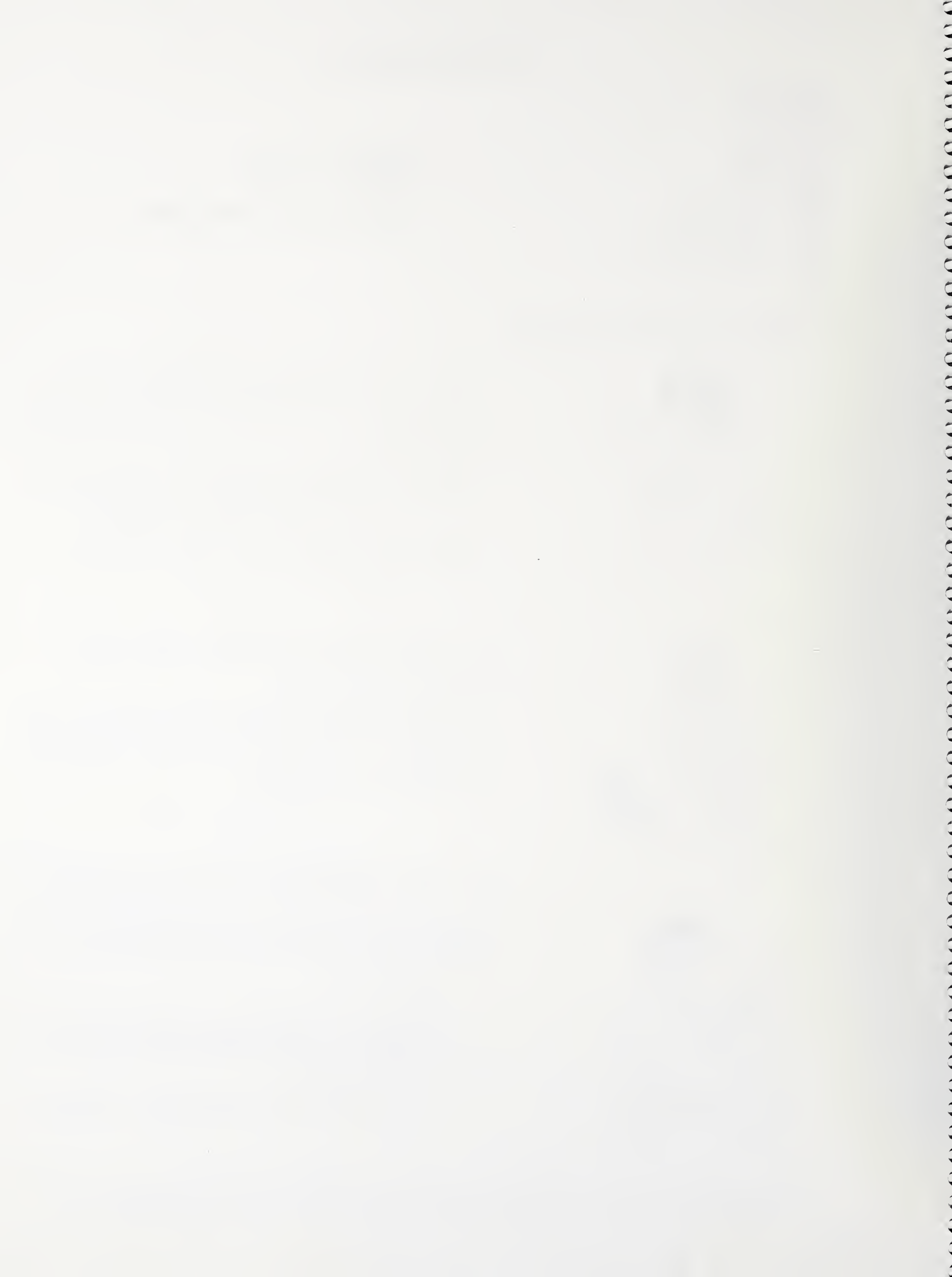
3. Get a mammogram if you are over 40.

A mammogram is an x-ray of the breast that can find breast cancers when they are too small for you or your doctor to feel.

- If you are over age 40, get a mammogram every 1 or 2 years. Ask your doctor how often you should have one.
- If you are over 50, get a mammogram every year.



Produced by the WV Cancer Information Service, Mary Babb Randolph Cancer Center/WVU 1-800-4-CANCER
The Breast and Cervical Cancer Screening Program is offered by the WV Bureau of Public Health



APPENDIX B

SMOG Readability Formula

1. You will need 30 sentences. A sentence is any string of words punctuated by a period (.), an exclamation point (!), or a question mark (?).

- ◆ **Select three samples as follows:**

Count out ten sentences from the beginning of your sample, ten from the middle, and ten from the end.

If a long sentence has a colon followed by a listing, consider each part of the list as a sentence.

2. From the total sample of thirty sentences, count the words containing three or more syllables, including repetitions.

- ◆ **Count hyphenated words as one word.**
- ◆ **Count the syllables pronounced for each number and include in the total (e.g., 17=3 syllables).**
- ◆ **Count proper nouns.**
- ◆ **Read abbreviations aloud to determine the syllable count (e.g., Dec.=December).**

3. There are two ways to find the grade level from this stage.

- ◆ **Calculate Without a Table:**

Determine the nearest perfect square root of the total number of words of three or more syllables and then add a constant of 3 to the square root to obtain the grade level.

Example:

Total number of multisyllabic (3 or more) words	67
Nearest perfect square	64
Square root	8
Add constant of 3	11

The grade level of this example is 11.

- ◆ Use the **SMOG Conversion Table**: See the following table

SMOG Conversion Table

Count	Grade Level
0-2	4
3-6	5
7-12	6
13-20	7
21-30	8
31-42	9
43-46	10
57-72	11
73-90	12
91-110	13
111-132	14
133-156	15
157-182	16
183-210	17
211-240	18

Table developed by: Harold C. McGraw, Office of Educational Research,
Baltimore County Public Schools, Towson, MD.

Using SMOG on Shorter Passages

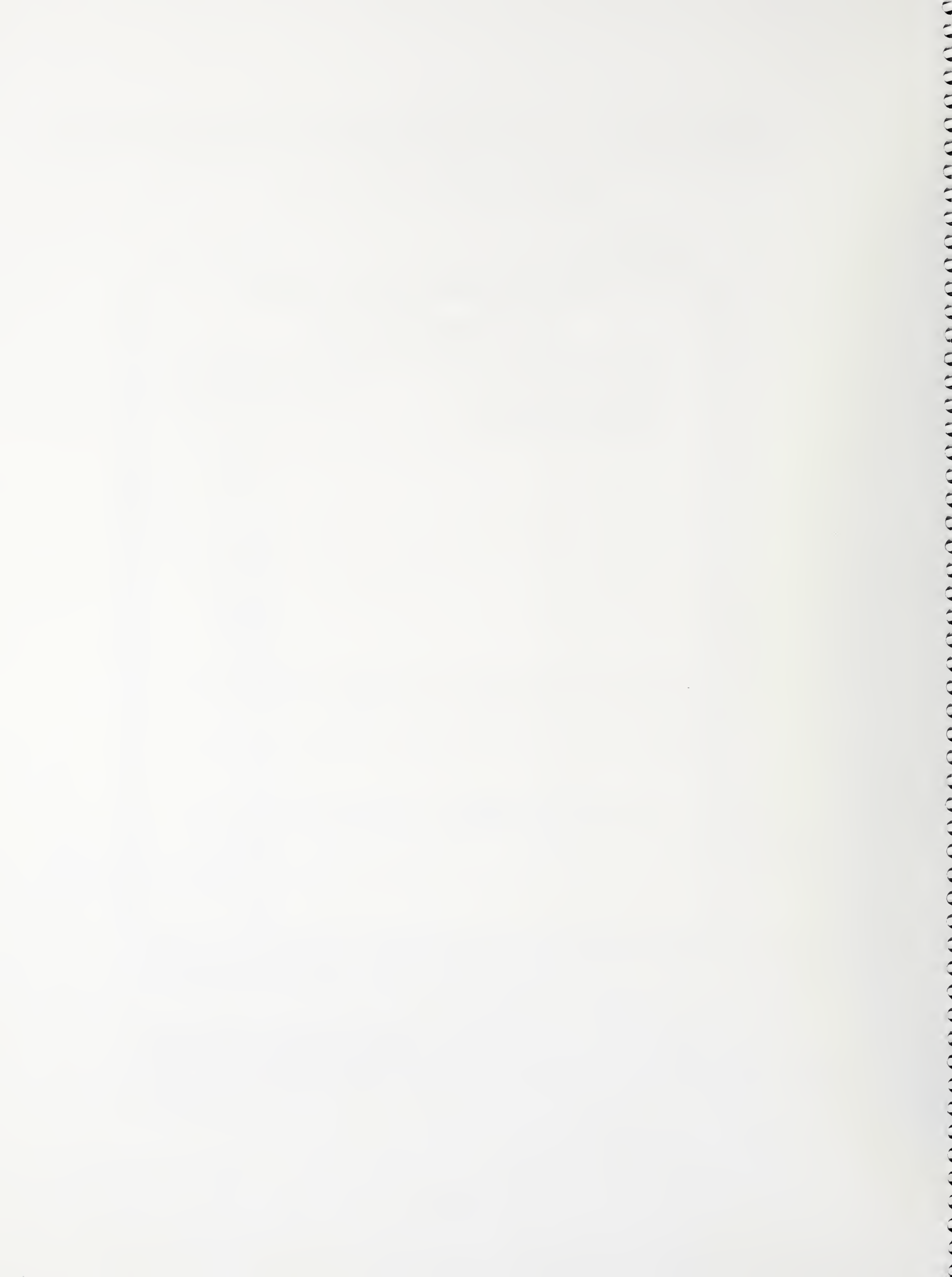
You can also use the SMOG formula to work out the approximate reading level for passages with fewer than 30 sentences:

1. Count the number of sentences in your material and the number of words with three or more syllables, including repetitions.
2. Using the **SMOG Conversion Table for Small Samples** (on the following page), find the number of sentences in the passage in the left-hand column. Locate the conversion number in the column next to it.

3. Multiply the number of words with three or more syllables by the conversion number. To determine the grade level, use the formula on page **B-1**, or use the **SMOG Conversion Table** below.

SMOG Conversion Table for Small Samples	
Number of Sentences In Sample Material	Conversion Number
29	1.03
28	1.07
27	1.10
26	1.15
25	1.20
24	1.25
23	1.30
22	1.36
21	1.43
20	1.50
19	1.58
18	1.67
17	1.76
16	1.87
15	2.00
14	2.14
13	2.30
12	2.50
11	2.70
10	3.00

The information in this Appendix adapted from: *Teaching Patients with Low Literacy Skills*, Doak, et al, J.B. Lippincot Company, Phildelphia: 1985.



APPENDIX C

Resources to Assist with Intervention Development

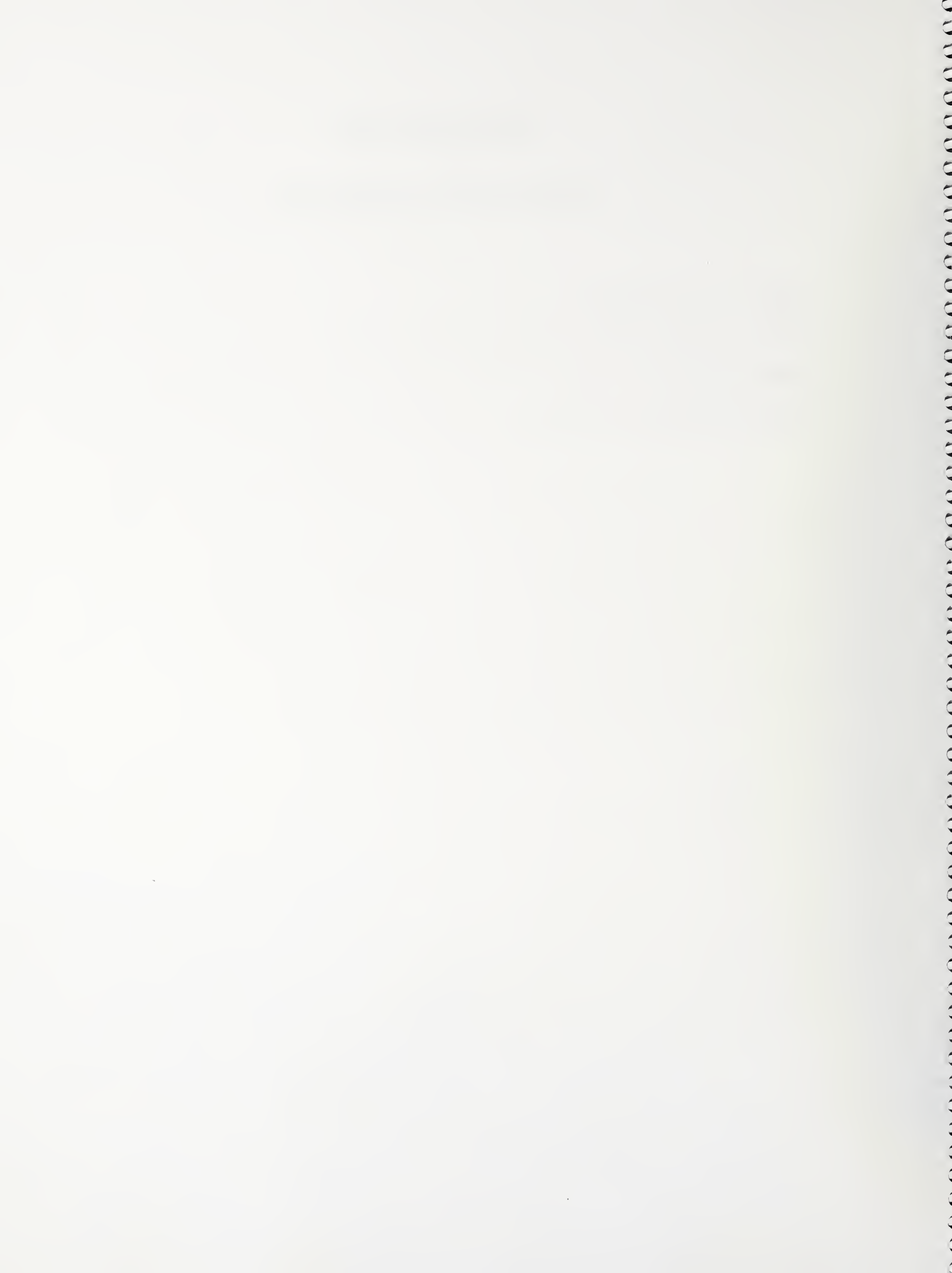
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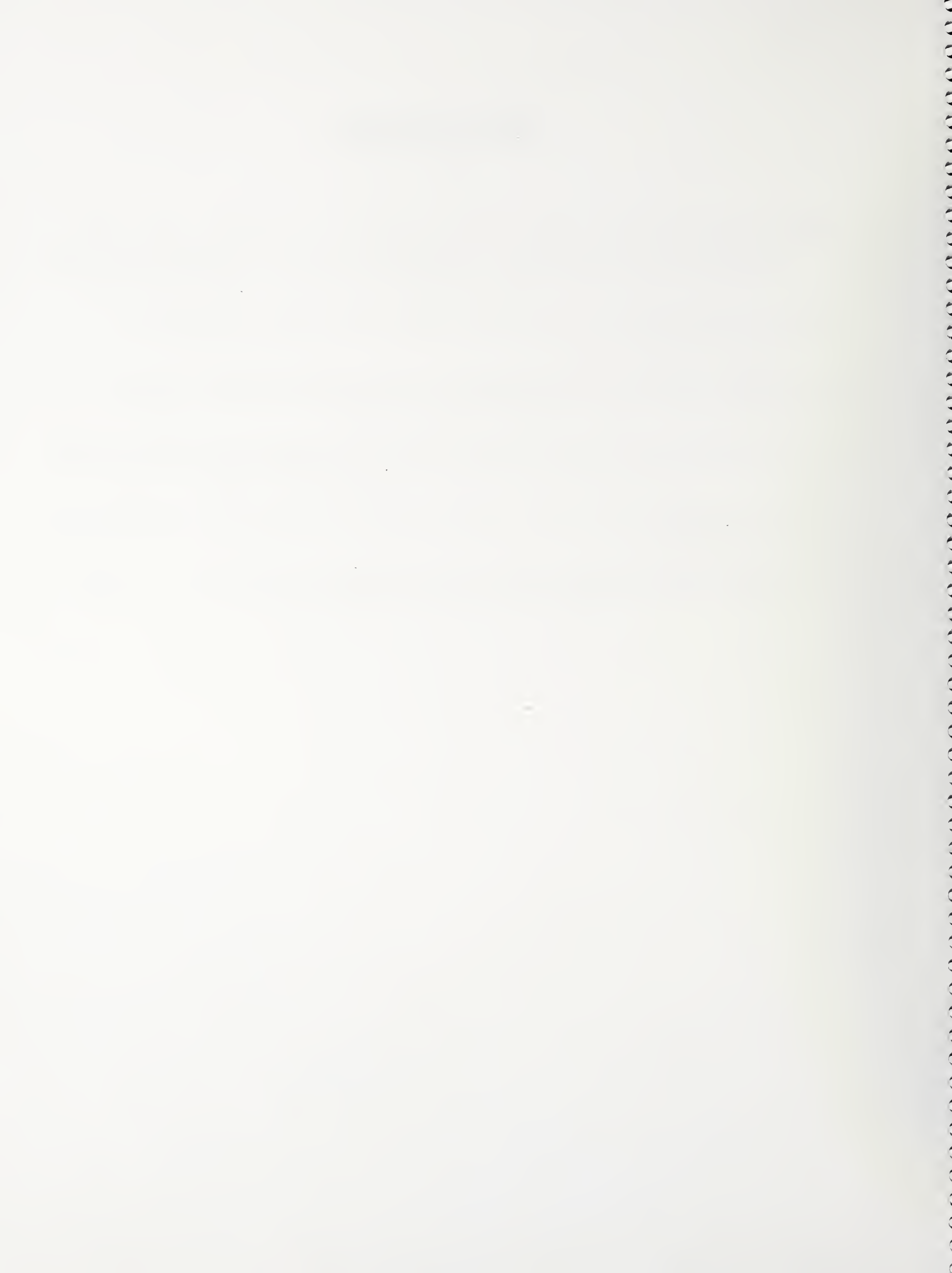
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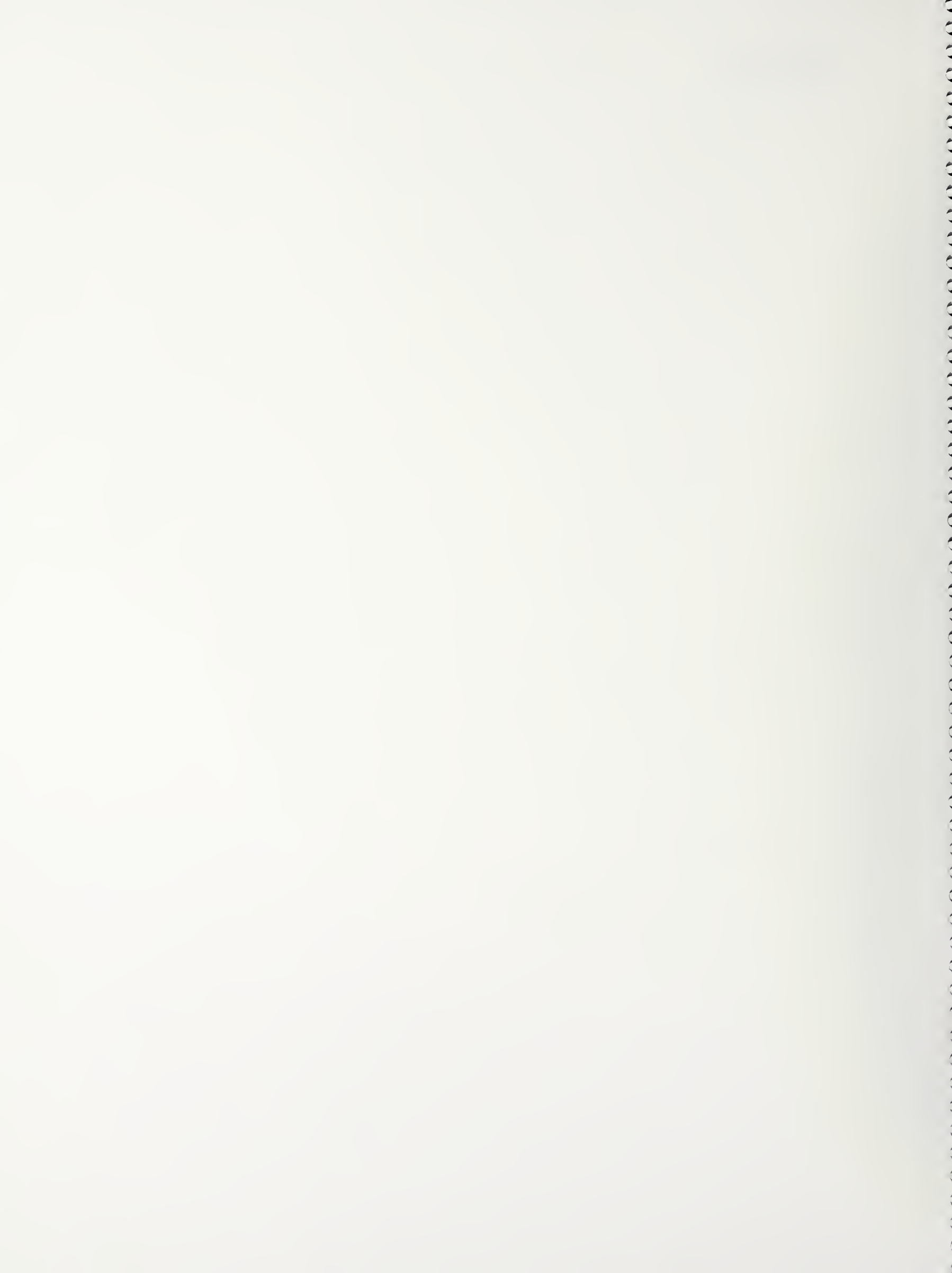
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NOTES:

NOTES:



SELF-STUDY GUIDE EVALUATION FORM

We appreciate any comments or suggestions you have about “**Developing Intervention Strategies for Breast Cancer Screening: A Self-Study Guide for Program Planners**”. Your suggestions will be helpful for the preparation of future editions.

1. How much of this guide did you read and complete the written activities?
All of it _____ Some of it _____ Did not complete it _____

2. If you read and completed some of the guide, please mark which sections you were able to complete.
____ Introduction
____ Section 1: Establishing Yourself and the Program within the Community
____ Section 2: Learning About the Community
____ Section 3: Strategies for Program Planning
____ Section 4: Adopting, Adapting, or Developing Materials
____ Section 5: Evaluating the Program

3. How useful did you find the guide to be?
Very useful _____ Somewhat useful _____ Not useful _____

4. Please circle those sections listed in question number 2 that you found most useful.

5. How have you used this guide? (check as many that apply)
____ Self-study
____ Personal reference for state health department planning
____ Reference for local health educators/program planning staff
____ Library resource
____ Reference for others _____ (please name job title)
____ Other use _____ (please name type of use)

6. What type of organization do you work in? (i.e., state or local health department, community based organization, etc.) _____

7. What is the name of your organization? _____

8. How can this self-study guide be improved? _____

9. Name (Optional): _____ Address: _____
Phone: _____

Thank you for your comments. Please return this form to:
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