

Reach and Connect Project Evaluation

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I. Introduction and Overview

The Reach and Connect project was a pilot project funded through Florida Breast and Cervical Cancer Early Detection Program (FBCCEDP) in the amount of \$300,000 statewide. FBCCEDP was established in 1994 and provides screening services for low-income women (200% FPL and lower), age 50-64, that are uninsured, underinsured or have no other financial resources for screening exams. Funds for screening have been provided by the National Breast and Cervical Cancer Early Detection Program administered by the Centers for Disease Control and Prevention (CDC). In fiscal year 2012-13 over 12,000 screenings for breast or cervical cancer were provided with 315 people diagnosed with cancer and referred for treatment.

For purposes of this pilot project, BCCEDP extended access to educational services only to women younger than 50 and older than 64, insured women and those eligible for insurance, and women in higher income groups.

The long-term goal of the pilot project was to reduce the breast and cervical cancer burden in areas of the state that have demonstrated higher rates and later-stage diagnosis of breast and/or cervical cancer.

Intermediate goals included increasing screening rates for breast and cervical cancer in those same areas of the state, and to increase knowledge of and demand for HPV vaccination in those areas of the state that have demonstrated late stage diagnosis of cervical cancer.

Eight regions, serving residents of 18 counties, participated in the project. Counties included Alachua, Bay, Citrus, Columbia, Duval, Escambia, Flagler, Gilchrist, Highlands, Hillsborough, Jackson, Lake, Miami-Dade, Nassau, Okaloosa, Pasco, Santa Rosa, and Volusia. Staff determined target populations using data from the Florida Cancer Data System and mapping to plan their project implementation. Table 1 provides information on the selected target populations by county.

Table 1: Region, Geographic Area, Target Population and Type of Cancer

Region/Health Department	Geographic Area	Target Population	Type of Cancer
Duval	Duval	Black	Breast
	Nassau	White	Cervical
Escambia	Escambia	Black Asian	Breast
	Okaloosa	White	Breast Cervical
	Santa Rosa	White	Breast
Hillsborough	Highlands	Black White	Cervical
	Hillsborough	Hispanic Black	Breast
Jackson	Bay	Black White	Breast Cervical
	Jackson	Black	Breast Cervical
Miami-Dade	7 Zip codes	Hispanic Black Caribbean	Breast Cervical
Pasco	Citrus	White	Breast Cervical
	Pasco	Black	Breast Cervical
Putnam	Alachua	Black White	Breast
	Columbia	Black	Breast
	Dixie	Black	Breast
	Gilchrist	Black	Breast
Volusia	Flagler	White (Russian)	Breast Cervical
	Lake	Black White	Breast Cervical
	Volusia	Black Hispanic White	Breast Cervical

Under the direction of the Regional Coordinators for FBCCEDP, project sites utilized community health workers to provide outreach, education and follow-up to targeted populations determined by each region.

All projects utilized the same evidenced-based curriculum, "For Peace of Mind" (PoM) tool kit, to provide education designed to increase the number of women who are informed about the need for breast and cervical cancer screening and the HPV vaccination.

Project sites were to provide a minimum of 10 small group trainings utilizing (PoM) with at least 5 women in attendance by April 30, 2014. Sessions lasted approximately 30 minutes, and were to include small group discussion at the end of the session. Community Health Workers and Coordinators were trained in the curriculum and both table top displays and power point presentations were available for use depending on the needs of the audience and location of the training. Pre- and post-tests were to be administered to participants and session evaluations were to be completed. Take-away materials including fact sheets, cutting boards, grocery lists and fans imprinted with messaging were provided to participants.

Faith-based outreach was to be a primary focus for the implementation of the project, but additional access points were encouraged as well.

Following the training, Community Health Workers were to conduct follow-up with the participants to determine if they were up to date with their mammograms and pap tests. Those who indicated a current problem or concern were referred to BCCEDP to obtain the necessary screening. If there were no immediate concerns, participants were referred to community resources for the appropriate screenings. Monthly logs were maintained to track women who were screened, resources utilized, barriers encountered and solutions identified and other success stories for the field.

Bi-weekly conference calls between CHWs were held to share information, provide support and offer suggestions related to project implementation.

CHW's were expected to expand their knowledge of screening guidelines, community resources, and the HPV vaccine through their participation in the project, and Regional Coordinators were expected to develop greater understanding of population-based cancer prevention through their participation.

II. Project Implementation

There were regional variations in the project implementation. Community Health Workers (CHW) were originally intended to be .5 FTE positions (20 hours/week). In order to relieve the regions of the administrative burdens of taking on an additional project, Community Health Workers were permitted to work up to 10 hours on other screening program activities if needed. Duval, Hillsborough, Jackson, Miami-Dade, Pasco and Putnam regions also received additional funds to assist in providing

between 50 and 75 additional screenings that would be generated as a result of the project.

Some sites assigned existing staff to the CHW duties and others recruited new staff to fill the positions. Staff recruitment impacted start dates of Reach and Connect, but all sites had staff in place between September and November, 2013. Some sites also experienced turnover in CHW's during the project. The CHW's had a variety of education and level of experience in providing health education. All had resided within a target community, but experience providing services in those communities varied among CHWs. Staff time devoted to Reach and Connect varied throughout the project in each region. The first few months of the project were often devoted to gearing up the program and making contacts and the presentations occurred with greater frequency in the later months of the program.

Table 2: Community Health Worker Demographics

Demographics	Number
Gender	
Male	1
Female	7
Age	
Mid-20's to early 30's	5
Mid-30's to early 40's	2
Not reported	1
Education	
Currently pursuing undergraduate degree	2
AA/AS	2
BA/BS	4
Race/Ethnicity	
Black	3
Haitian	1
Hispanic	3
White	1
Residence	
Resided in one of the target areas	8
Languages Spoken	
English	8
Spanish (Native speaker)	3

The project encouraged a focus on the faith-based community for conducting education and outreach. Most regions did not have existing contacts with faith-based

groups, and those that did have existing contacts, were within the county that the regional office was located, not in all of the counties served by Reach and Connect efforts. In general, outreach into other counties served by the region had varying degrees of success regarding the ability to recruit participants and sites for the presentations, and rural counties had fewer options available for partnering than urban counties.

Ultimately, churches were only one of several partners that were utilized in the project. Colleges, senior centers, other health-related community groups including a cancer collaborative, medical facilities, public libraries, low income housing complexes, and YMCAs are some examples of other partnering entities.

The ability to convene 10 sessions proved difficult. In several cases, the CHW set up presentations and obtained assistance in promoting a presentation only to have no one attend. In addition, some presentations were conducted to groups of less than 5 participants as well as groups with more than 10 participants.

Follow-up proved to be one of the most challenging aspects of the project. Participants did not always agree to a follow-up call or failed to provide contact information, so measuring the direct impact of the program on behavior related to obtaining screening is not possible. Those individuals who indicated having a sign or symptom of breast or cervical cancer on the request for information card were priority for follow-up and they were linked with the FBCCEDP or other appropriate resources. Women who agreed to follow-up were often difficult to reach despite CHWs multiple attempts to make contact, based on time of day that calls could be made (during work hours vs. after working hours), participant cell phone minutes being exceeded, or no answer or return call after leaving a message.

Session evaluations were a 5 point scale with 1 being “strongly agree”, but participants were sometimes confused thinking that a score of 5 was “strongly agree”. CHWs had to clarify the rating scale for participants.

A. Data Limitations

Data to be collected was determined at the beginning of the program, however in actual practice, data was incomplete or inconsistent across the eight regions. Ideally each session should have had client demographics, pre and post tests for each participant and a session evaluation from each participant. While some sessions had complete documentation, others did not. For example a session report might indicate 8 in attendance, but only 5 pre-post tests administered and possibly no session evaluations.

Monthly reports were completed to reflect the cumulative information and provided by county for each region. Client demographics were reported on Presenter Information Sheets as both percentages and raw numbers and occasionally check marks. In cases where percentages were used, the evaluator converted to raw number based on the total number of women in attendance listed on the Presenter Information Sheet to calculate overall percentage demographics of participants. In addition, race and ethnicity information was estimated by the presenter, and not provided by the participants themselves.

Sign-in sheets were utilized to determine the age of participants, but in some cases sign-in sheets were not available for the same ten sessions being reviewed, and not everyone signed in or provided date of birth information as requested on the sign-in sheet. Sign in sheets also served as “permission to contact” records which may have made participants less likely to sign-in, and therefore not be captured in the data.

Incomplete data made evaluation and comparisons between sites and CHWs difficult. The original evaluation plan was to assess 10 sessions from each region. Three regions were able to conduct all 10 presentations selected for evaluation to smaller groups (10 or fewer people, which is still above the original target of groups of five), but five regions had large groups (ranging from 11 to 29 participants) included in their 10 sessions. It is not possible to make comparisons of rural vs. urban areas, educational levels of CHWs, small or large groups, etc. between regions with any degree of reliability.

Given the limitations of the data, a general overview of each region is provided, and tables of known, but incomplete participant demographics, pre-post test results and session evaluations are included based on all available data.

III. OVERALL PROJECT SUMMARY

Table 3 provides an overview of each region’s activity and available demographic information. Data is pulled from monthly reports, pre/post-test, presenter information sheets and service logs. See discussion on data limitations for more information.

Table 3: Presentations and Outcomes by Region

Indicator	Duval	Escambia	Hillsborough	Jackson	Miami-Dade	Pasco	Putnam	Volusia
# of presentations held	15	15	21	16	16	21	9	11
# women participating	164	102	186	83	94	135	34	76
# able to contact within one week	24	31	79	64	62	3	9	34
# reporting up to date with mammogram and pap test	2	61	54	43	54	4	12	13
# reporting symptoms	0	0	2		0	0	0	0
# assisted w/ mammogram	21	9	42	19	17	1	9	3
# assisted w/ pap	6	1	28	11	9	1	3	0
# assisted w/HPV vaccine	2	1	17	3	42	0	4	0
# screened through BCCEDP	4	6	16	3	4	0	5	0
# screened through other resources	7	4	32	24	0	0	10	0
# other referrals	12	13	53	12	16	2	5	4
Race/Ethnicity								
Black	52%	17%	17%	100%	10%	19%	65%	13%
White	35%	54%	42%	0%	36%	80%	18%	69%
Hispanic	8%	8%	39%	0%	54%	1%	18%	13%
Creole	3%	0%	2%	0%	0%	0%	0%	0%
Other/Unknown	2%	19%	0%	0%	0%	0%	0%	5%
Age								
Under 21	2%	4%	3%	4%	0%	4%	0%	16%
21-29	14%	12%	6%	7%	23%	22%	0%	20%
30-39	18%	12%	23%	28%	11%	23%	29%	16%
40-49	13%	12%	22%	18%	21%	13%	14%	14%
50-64	15%	26%	34%	25%	30%	16%	43%	25%
65 and older	22%	25%	13%	17%	15%	21%	14%	9%
% Uninsured	20%	9%	61%	12%	34.5%	25%	14%	13%

Overall, post-test correct answers improved across the region. Rates of change between pre and post-test answers by question cannot be made due to differing

numbers of responses for each question. Questions that were not answered were counted as incorrect.

Table 4: Number and Percent Pre/Post-test Correct Answers, by Question, All Regions

Questions	# Pre -test Correct Response	% Pre -test Correct Response	# Post -test Correct Response	% Post-test Correct response
1. What is the best test for finding breast cancer early?	423	52.5%	613	76.1%
2. What is the best test for finding cervical cancer early?	683	84.7%	712	88.3%
3. Which of the following increases your chances of getting breast cancer?	563	69.9%	677	84.0%
4. What is the main cause of cervical cancer?	642	79.7%	690	85.6%
5. Which of the following is a symptom of breast cancer?	659	81.8%	700	86.8%
6. What is the recommended age for the human papillomavirus (HPV) vaccination series?	532	66.0%	680	84.4%

As part of the post-test, additional questions were asked to measure attitudes and behaviors that may lead to compliance with recommended screening guidelines.

Table 5: Responses to Post-test only Questions All Regions

Question	# No	% No	3=Maybe Number (only for Q9POST & Q10POST)	3=Maybe Percent (only for Q9POST & Q10POST)
Q7POST: Are you already getting regular mammograms?	350	43.4%	n/a	n/a
Q8POST: Are you already getting regular Pap tests?	271	33.6%	n/a	n/a
Q9POST: After listening to the speaker today are you more likely to get regular mammograms?	59	7.3%	80	9.9%
Q10POST: After listening to the speaker today are you more likely to get regular Pap tests?	67	8.3%	64	7.9%
Q11POST: After listening to the speaker today would you recommend the human papillomavirus (HPV) vaccine to a friend or family member?	50	6.2%	n/a	n/a
Q12POST: Do you currently have health insurance?	234	29.0%	n/a	n/a

Session evaluations were available from 7 of the 8 regions. The number of evaluation varied from a low of 10 (Miami-Dade) to a High of (189) Hillsborough County. The lowest average score overall was a 2.0 (Agree) for the question “The presentation activities made the session enjoyable”. Use caution in comparisons between regions as the number of responses can affect the overall score. Overall, participants indicated that they were satisfied with both the presentation and the presenters.

Table 6: Average Evaluation Scores by Question and Region on scale of 1(Strongly Agree) to 5 (Strongly Disagree)

Question	Duval N=107	Escambia N=117	Hillsborough N=189*	Jackson N=70	Miami- Dade N= 10	Pasco N=148	Putnam	Volusia N=40
I learned new information from the presentation.	1.31	1.46	1.35	1.13	1.9	1.57	n/a	1.70
The presentation activities made the session enjoyable	1.36	1.60	1.37	1.13	1.2	1.67	n/a	2.00
The presenter gave everyone a chance to talk and ask questions	1.24	1.25	1.28	1.07	1.0	1.34	n/a	1.48
The presenter responded effectively to questions and respected different viewpoints	1.12	1.36	1.28	1.09	1.0	1.32	n/a	1.50
The presentation helped me to understand the importance of breast and cervical cancer screening and HPV vaccines	1.12	1.36	1.22	1.17	1.2	1.55	n/a	1.23
I was pleased with where the presentation was held	1.28	1.28	1.24	1.16	1	1.65	n/a	1.23

Question	Duval N=107	Escambia N=117	Hillsborough N=189*	Jackson N=70	Miami- Dade N= 10	Pasco N=148	Putnam	Volusia N=40
Overall I was satisfied with the presentation	1.15	1.23	1.29	1.13	1	1.49	n/a	1.33
The presentation was worth my time and effort	1.14	1.26	1.22	1.17	1	1.55	n/a	1.40

*Data provided in monthly reports totals 186 participants, but 189 evaluations were submitted.

Comments were reviewed for key themes. Comments in Spanish were translated to the best of our ability; however there were several translated comments that were not clear as to their intent. Most comments centered on the information and its clarity, and the skills of the presenters.

Table 7: Key Themes of Evaluation Comments

Theme	# of related comments	Examples of comments
Liked everything	32	
Informative/interesting	36	I learned some new information that is important to my health
Information was clear/easy to understand	20	Nice and simple to understand How the speaker broke everything down so you could understand it simply The amount of accurate information given was perfect with the time allotted
Information on cancer causes/prevention/treatment	15	Very interesting (new to me) info on anatomy and how cancer treatment works
-Need for screenings/see doctor regularly	2	I had the opportunity to understand the importance of getting regular mammograms and pap tests
- Mammograms	2	
-Cervical cancer	3	
-BCCDP Program	1	
-Statistics	4	

Theme	# of related comments	Examples of comments
-HPV	5	I learned a lot more about HPV
-Breast Cancer	3	How breast cancer is formed at first and what it looks like
Knowledge of presenter	15	Speaker very knowledgeable
Comfortable with presenter	13	The presenter was nice. He made us feel comfortable enough to talk about breasts
Overall delivery by presenter	9	The presenter was very straight to the point, but allowed questions.
Able to ask questions	5	The way she took her time and explain
Information on local resources	3	
Available in Spanish	3	
Would like more information	3	
Small group discussion	3	Open forum for discussion of sensitive issues
Handouts	2	Lots of information and handouts to keep for further reference
Location of training	2	

IV. Regional Descriptions

A brief description of each regions project, strengths and challenges is presented. Information in this section comes from key informant interviews that were conducted in each region with the Project Coordinator and the Community Health Workers, and monthly reports. Pre and Post Test information is also presented by region to provide a snapshot of the regions activity. Additional information from key informant interviews appears in the following section.

A. Duval Region

The region was divided by Health zones, and rates for late diagnosis were utilized to determine target populations which were Black women at risk for breast cancer in Duval County and white women at risk for cervical cancer in Nassau County. Target populations were well represented across the region 52% of participants were Black, 35% white, 8% Hispanic and 3% Creole.

Barriers to timely screening in the community were lack of payer source, especially those women who did not qualify for BCC funding and transportation. Centralized scheduling in Duval County was also cited as a barrier as it can take up to 30 minutes to schedule an appointment for screening using the system. Lack of knowledge of the BCC program is also a barrier. Time constraints make it difficult to conduct outreach and education about available services.

Challenges in site and participant recruitment centered on difficulties in establishing relationships with churches, and the length of time it took to obtain buy-in for the project. The HPPV vaccine information is controversial in faith-based settings. Senior meal sites, health fairs were recruited for presentations.

Positive outcomes of the project included improvements to resource guide, and increased visibility of the Health Department and the BCC program.

Table 8: Number and Percent Pre/Post-test Correct Answers Duval

Questions	# Pre -test Correct Response	% Pre -test Correct Response	# Post -test Correct Response	% Post-test Correct response
1. What is the best test for finding breast cancer early?	73	52.1%	112	80.0%
2. What is the best test for finding cervical cancer early?	121	86.4%	121	86.4%
3. Which of the following increases your chances of getting breast cancer?	96	68.6%	114	81.4%
4. What is the main cause of cervical cancer?	108	77.1%	116	82.9%
5. Which of the following is a symptom of breast cancer?	121	86.4%	118	84.3%

6. What is the recommended age for the human papillomavirus (HPV) vaccination series?	92	65.7%	111	79.3%
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Table 9: Responses to Post-test Only Questions Duval

Question	#No	% No	3=Maybe Number (only for Q9POST & Q10POST)	3=Maybe Percent (only for Q9POST & Q10POST)
Q7POST: Are you already getting regular mammograms?	49	35.0%	n/a	n/a
Q8POST: Are you already getting regular Pap tests?	45	32.1%	n/a	n/a
Q9POST: After listening to the speaker today are you more likely to get regular mammograms?	6	4.3%	12	8.6%
Q10POST: After listening to the speaker today are you more likely to get regular Pap tests?	15	10.7%	9	6.4%
Q11POST: After listening to the speaker today would you recommend the human papillomavirus (HPV) vaccine to a friend or family member?	7	5.0%	n/a	n/a

Question	#No	% No	3=Maybe Number (only for Q9POST & Q10POST)	3=Maybe Percent (only for Q9POST & Q10POST)
Q12POST: Do you currently have health insurance?	28	20.0%	n/a	n/a

B. Escambia Region

The region determined areas of focus based on data and maps provided. Three counties were included in the project. Escambia focused on Black and Asian women and breast cancer. Okaloosa focused on breast cancer in white women, and Santa Rosa County for breast cancer in white women. Two presentations were conducted in both Okaloosa and Santa Rosa County that reached the target populations. In Escambia County all target populations were reached in 11 presentations.

Barriers in this project surrounded access to faith based community and discussion of HPV, and language and cultural barriers (centering on the role of the male) particularly in the Asian community. Transportation and funding for screenings for those who do not qualify for BCC due to residence status were barriers for access to screening services.

Sites where outreach occurred included hair salons, schools, civic groups and women's clubs.

Positive outcomes of the project included improvements to resource guide, and increased visibility of the Health Department and the BCC program.

Table 10: Number and Percent Pre/Post-test Correct Answers Escambia

Questions	# Pre -test Correct Response	% Pre -test Correct Response	# Post -test Correct Response	% Post-test Correct response
1. What is the best test for finding breast cancer early?	56	56.0%	81	70.0%
2. What is the best test for finding cervical cancer early?	89	89.0%	85	81.0%

3. Which of the following increases your chances of getting breast cancer?	87	87.0%	85	85.0%
4. What is the main cause of cervical cancer?	82	82.0%	85	85.0%
5. Which of the following is a symptom of breast cancer?	93	93.0%	86	85.0%
6. What is the recommended age for the human papillomavirus (HPV) vaccination series?	70	70.0%	83	86.0%

Table 11: Responses to Post-test Only Questions Escambia

Question	# No	% No	3=Maybe Number (only for Q9POST & Q10POST)	3=Maybe Percent (only for Q9POST & Q10POST)
Q7POST: Are you already getting regular mammograms?	49	35.0%	n/a	n/a
Q8POST: Are you already getting regular Pap tests?	54	54.0%	n/a	n/a
Q9POST: After listening to the speaker today are you more likely to get regular mammograms?	37	37.0%	13	13.0%

Question	# No	% No	3=Maybe Number (only for Q9POST & Q10POST)	3=Maybe Percent (only for Q9POST & Q10POST)
Q10POST: After listening to the speaker today are you more likely to get regular Pap tests?	9	9.0%	6	6.0%
Q11POST: After listening to the speaker today would you recommend the human papillomavirus (HPV) vaccine to a friend or family member?	10	10.0%	n/a	n/a
Q12POST: Do you currently have health insurance?	11	11.0%	n/a	n/a

C. Hillsborough Region

The region determined their target populations based on data and maps provided that illustrated high rates of late stage breast and cervical cancer diagnosis. Hillsborough County need centers on cervical cancer for both Black and white women, and Highlands County need centers on breast cancer for Hispanic and Black women. Five of 21 presentations were held in Highlands County. Target population participation was 56% across both counties.

Barriers to screening access include lack of payer source, cultural norms where women neglect their health to care for their families and not seeing male physicians, and transportation. Immigration status is also a barrier particularly in Highlands County as women are afraid to seek care or cannot qualify for assistance if cancer is found.

The Hillsborough region work with partners at the Judeo Christian Clinic, Hispanic churches, adult learning centers, senior centers, libraries, and partnered actively with the Highlands county Health Department. Good partner relationships existed within the county and those partnerships were helpful in obtaining sites and participants.

Positive outcomes included raising community awareness of BCC program in Highlands County, established new points of contact in both counties, and increased experience in the utilizing community health workers.

Table 12: Number and Percent Pre/Post-test Correct Answers Hillsborough

Questions	# Pre -test Correct Response	% Pre -test Correct Response	# Post -test Correct Response	% Post-test Correct response
1. What is the best test for finding breast cancer early?	101	55.5%	135	74.2%
2. What is the best test for finding cervical cancer early?	150	82.4%	144	79.1%
3. Which of the following increases your chances of getting breast cancer?	104	57.1%	132	72.5%
4. What is the main cause of cervical cancer?	134	73.6%	137	75.3%
5. Which of the following is a symptom of breast cancer?	125	68.7%	142	78.0%
6. What is the recommended age for the human papillomavirus (HPV) vaccination series?	112	61.5%	138	75.8%

Table 13: Responses to Post-test Only Questions Hillsborough

Question	# No	% No	3=Maybe Number (only for Q9POST & Q10POST)	3=Maybe Percent (only for Q9POST & Q10POST)
Q7POST: Are you already getting regular mammograms?	66	36.3%	n/a	n/a
Q8POST: Are you already getting regular Pap tests?	48	26.4%	n/a	n/a
Q9POST: After listening to the speaker today are you more likely to get regular mammograms?	7	3.8%	13	7.1%
Q10POST: After listening to the speaker today are you more likely to get regular Pap tests?	7	3.8%	11	6.0%
Q11POST: After listening to the speaker today would you recommend the human papillomavirus (HPV) vaccine to a friend or family member?	9	4.9%	n/a	n/a
Q12POST: Do you currently have health insurance?	111	61.0%	n/a	n/a

D. Jackson Region

The region determined their target populations based on data and maps provided that illustrated high rates of late stage breast and cervical cancer diagnosis. Bay County and Jackson County need centered on both breast and cervical cancer. In Bay County, both Black and white women are impacted, and in Jackson County

Black women are at greatest risk for late stage diagnosis. The project was successful in reaching their target population with 100% reported as Black.

Barriers identified include a lack of education, fear and denial of risk. Some women are intimidated by physicians and uncomfortable sharing personal information. HPV vaccine was a difficult topic for faith-based community to embrace. People are distrustful of strangers, and see the health department as the place associated with STDs.

Outreach to church associations, beauty shops, low income housing, health fairs, and use of word of mouth was employed to identify participants and sites. Jackson County had "Closing the Gap funds" in the past which helped establish a base for partnering.

Positive outcomes included the opportunity to make inroads in Bay County, reaching younger women through focus on HPV vaccine, and looking at the population need as opposed to focusing on the needs of individuals, was an enhancement.

Table 14: Number and Percent Pre/Post-test Correct Answers Jackson

Questions	# Pre -test Correct Response	% Pre -test Correct Response	# Post -test Correct Response	% Post-test Correct response
1. What is the best test for finding breast cancer early?	56	73.7%	70	92.1%
2. What is the best test for finding cervical cancer early?	51	67.1%	73	96.1%
3. Which of the following increases your chances of getting breast cancer?	69	90.8%	75	98.7%
4. What is the main cause of cervical cancer?	65	85.5%	75	98.7%
5. Which of the following is a symptom of breast cancer?	64	84.2%	72	94.7%

6. What is the recommended age for the human papillomavirus (HPV) vaccination series?	43	56.6%	71	93.4%
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Table 15: Responses to Post-test Only Questions Jackson

Question	# No	% No	3=Maybe Number (only for Q9POST & Q10POST)	3=Maybe Percent (only for Q9POST & Q10POST)
Q7POST: Are you already getting regular mammograms?	29	38.2%	n/a	n/a
Q8POST: Are you already getting regular Pap tests?	23	30.3%	n/a	n/a
Q9POST: After listening to the speaker today are you more likely to get regular mammograms?	0	0.0%	4	5.3%
Q10POST: After listening to the speaker today are you more likely to get regular Pap tests?	0	0.0%	3	3.9%
Q11POST: After listening to the speaker today would you recommend the human papillomavirus (HPV) vaccine to a friend or family member?	2	2.6%	n/a	n/a
Q12POST: Do you currently have health insurance?	9	11.8%	n/a	n/a

E. Miami Dade Region

Miami Dade identified seven zip codes for both breast and cervical cancer among, Hispanic, Black and Caribbean women. The project was successful in reaching Hispanic and Black women with 64% of participants falling into the target population. There was no way to determine from the reported data if Caribbean women were reached.

Barriers to screening included cultural myths among various populations related to cancer, seeing a doctor and mammograms as causing cancer. Lack of payer source, immigration status and lack of trust are also common in the target communities. There was a lot in interest in presentations to larger groups and was hard to book small groups.

Outreach efforts included health fairs, churches with health ministries, beauty salons, Federally Qualified Health Centers, primary care physicians, Florida Blue, Mary Kay party, and a migrant camp.

Positive outcomes included outreach to migrant community, valuable insight on how to approach population based interventions. The project also demonstrated the successful use of male CHW to address women's health issues.

Table 16: Number and Percent Pre/Post-test Correct Answers Miami-Dade

Questions	# Pre -test Correct Response	% Pre -test Correct Response	# Post -test Correct Response	% Post-test Correct response
1. What is the best test for finding breast cancer early?	53	60.9%	80	92.0%
2. What is the best test for finding cervical cancer early?	64	73.6%	83	95.4%
3. Which of the following increases your chances of getting breast cancer?	36	41.4%	76	87.4%
4. What is the main cause of cervical cancer?	63	72.4%	81	93.1%

Questions	# Pre -test Correct Response	% Pre -test Correct Response	# Post -test Correct Response	% Post-test Correct response
5. Which of the following is a symptom of breast cancer?	49	56.3%	79	90.8%
6. What is the recommended age for the human papillomavirus (HPV) vaccination series?	42	48.3%	83	95.4%

Table 17: Responses to Post-test Only Questions Miami Dade

Question	# No	% No	3=Maybe Number (only for Q9POST & Q10POST)	3=Maybe Percent (only for Q9POST & Q10POST)
Q7POST: Are you already getting regular mammograms?	52	59.8%	n/a	n/a
Q8POST: Are you already getting regular Pap tests?	38	43.7%	n/a	n/a
Q9POST: After listening to the speaker today are you more likely to get regular mammograms?	6	6.9%	12	13.8%
Q10POST: After listening to the speaker today are you more likely to get regular Pap tests?	7	8.0%	13	14.9%

Question	# No	% No	3=Maybe Number (only for Q9POST & Q10POST)	3=Maybe Percent (only for Q9POST & Q10POST)
Q11POST: After listening to the speaker today would you recommend the human papillomavirus (HPV) vaccine to a friend or family member?	4	4.6%	n/a	n/a
Q12POST: Do you currently have health insurance?	30	34.5%	n/a	n/a

F. Pasco Region

Utilizing the maps and late stage diagnosis data, the Pasco region identified both breast and cervical cancer as areas of concern for white women in Citrus county and Black women in Pasco County. There were nine presentations in Citrus County that reached the target population. Four presentations in Pasco County, reached both white and black women. The Pasco region also made presentations in Sumter (five presentations) and Hernando counties (three presentations), but had difficulty with attendance.

Barriers to screening included women not knowing where to go, lack of internet access in lower socio-economic populations, fear and denial. Stigma around HPV especially in faith based outreach was a barrier. Lack of payer source and lack of education regarding the importance of screenings.

Outreach efforts included churches, libraries, women’s groups, YMCA, senior meal sites, colleges, fraternal organizations, health fairs and another community group already addressing sexual health education for youth.

Positive outcomes included getting more people educated, strong curriculum was easy to deliver and easily understood, focus on HPV.

Table 18: Number and Percent Pre/Post-test Correct Answers Pasco

Questions	# Pre -test Correct Response	% Pre -test Correct Response	# Post -test Correct Response	% Post-test Correct response
1. What is the best test for finding breast cancer early?	67	41.9%	95	59.4%
2. What is the best test for finding cervical cancer early?	156	97.5%	149	93.1%
3. Which of the following increases your chances of getting breast cancer?	133	83.1%	140	87.5%
4. What is the main cause of cervical cancer?	138	86.3%	139	86.9%
5. Which of the following is a symptom of breast cancer?	152	95.0%	147	91.9%
6. What is the recommended age for the human papillomavirus (HPV) vaccination series?	126	78.8%	141	88.1%

Table 19: Responses to Post-test Only Questions Pasco

Question	# No	% No	3=Maybe Number (only for Q9POST & Q10POST)	3=Maybe Percent (only for Q9POST & Q10POST)
Q7POST: Are you already getting regular mammograms?	77	48.1%	n/a	n/a

Question	# No	% No	3=Maybe Number (only for Q9POST & Q10POST)	3=Maybe Percent (only for Q9POST & Q10POST)
Q8POST: Are you already getting regular Pap tests?	59	36.9%	n/a	n/a
Q9POST: After listening to the speaker today are you more likely to get regular mammograms?	23	14.4%	20	12.5%
Q10POST: After listening to the speaker today are you more likely to get regular Pap tests?	22	13.8%	16	10.0%
Q11POST: After listening to the speaker today would you recommend the human papillomavirus (HPV) vaccine to a friend or family member?	16	10.0%	n/a	n/a
Q12POST: Do you currently have health insurance?	39	24.4%	n/a	n/a

G. Putnam County

Following the review of the maps and late stage diagnosis data, the Putnam region need was focused on breast cancer among Black women in Alachua, Columbia, Dixie and Gilchrist counties, and white women in Alachua County. A total of nine presentations were made, with seven in Alachua County, one in Gilchrist and one in Columbia County. The project was successful in reaching the target population with 65% of participants being Black women across the region.

Barriers to screening included transportation, getting information out to people who need it, stigma around cervical cancer and HPV, gaining access to churches, communication barriers, homelessness, and availability of providers.

Outreach efforts included regional medical center, cancer collaborative, libraries, a private business, and the Alachua County jail.

Positive outcomes included increased motivation for collaboration, expanding knowledge of potential partners, and raised awareness in communities.

Table 20: Number and Percent Pre/Post-test Correct Answers Putnam

Questions	# Pre -test Correct Response	% Pre -test Correct Response	# Post -test Correct Response	% Post-test Correct response
1. What is the best test for finding breast cancer early?	3	42.9%	5	71.4%
2. What is the best test for finding cervical cancer early?	6	85.7%	6	85.7%
3. Which of the following increases your chances of getting breast cancer?	4	57.1%	6	85.7%
4. What is the main cause of cervical cancer?	5	71.4%	5	71.4%
5. Which of the following is a symptom of breast cancer?	6	85.7%	6	85.7%
6. What is the recommended age for the human papillomavirus (HPV) vaccination series?	5	71.4%	5	71.4%

Table 21: Responses to Post-test only questions Putnam

Question	# No	% No	3=Maybe Number (only for Q9POST & Q10POST)	3=Maybe Percent (only for Q9POST & Q10POST)
Q7POST: Are you already getting regular mammograms?	0	0.0%	n/a	n/a
Q8POST: Are you already getting regular Pap tests?	1	14.3%	n/a	n/a
Q9POST: After listening to the speaker today are you more likely to get regular mammograms?	0	0.0%	0	0.0%
Q10POST: After listening to the speaker today are you more likely to get regular Pap tests?	0	0.0%	0	0.0%
Q11POST: After listening to the speaker today would you recommend the human papillomavirus (HPV) vaccine to a friend or family member?	0	0.0%	n/a	n/a
Q12POST: Do you currently have health insurance?	1	14.3%	n/a	n/a

H. Volusia Region

Late stage breast and cervical cancer diagnosis occurs in white (Russian) women in Flagler County, Black and white women in Lake County, and Black, white and Hispanic women in Volusia County. Two presentations were held in Flagler County but were unable to reach the targeted population of Russian women. Lake County had two presentations and Volusia County had seven presentations. Overall

race/ethnicity mix was 69% white, 13% Black and 13% Hispanic which represents the target populations well.

Barriers to screening included lack of payer source, lack of understanding of the importance of screenings, transportation, cultural issues related to taking care of family first and women ignoring their own health, needing help to navigate through insurance process. Gaining access to the Russian community was very difficult and little progress was made with this population.

Outreach was made to libraries, churches, colleges, worksite wellness programs, and a soup kitchen.

Positive outcomes included attention focused on areas that have lacked resources in the past, utilizing colleges help reach not only students but faculty and staff as well, and increased understanding of population health and the use of community health workers to address issues.

Table 22: Number and Percent Pre/Post-test Correct Answers Volusia

Questions	# Pre -test Correct Response	% Pre -test Correct Response	# Post -test Correct Response	% Post-test Correct response
1. What is the best test for finding breast cancer early?	14	25.9%	35	64.8%
2. What is the best test for finding cervical cancer early?	46	85.2%	51	94.4%
3. Which of the following increases your chances of getting breast cancer?	34	63.0%	49	90.7%
4. What is the main cause of cervical cancer?	47	87.0%	52	96.3%
5. Which of the following is a symptom of breast cancer?	49	90.7%	50	92.6%

6. What is the recommended age for the human papillomavirus (HPV) vaccination series?	42	77.8%	48	88.9%
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Table 23: Responses to Post-test Only Questions Volusia

Question	# No	% No	3=Maybe Number (only for Q9POST & Q10POST)	3=Maybe Percent (only for Q9POST & Q10POST)
Q7POST: Are you already getting regular mammograms?	23	42.6%	n/a	n/a
Q8POST: Are you already getting regular Pap tests?	20	37.0%	n/a	n/a
Q9POST: After listening to the speaker today are you more likely to get regular mammograms?	8	14.8%	6	11.1%
Q10POST: After listening to the speaker today are you more likely to get regular Pap tests?	8	14.8%	6	11.1%
Q11POST: After listening to the speaker today would you recommend the human papillomavirus (HPV) vaccine to a friend or family member?	0	0.0%	n/a	n/a
Q12POST: Do you currently have health insurance?	7	13.0%	n/a	n/a

V. Key Informant Interviews

A series of questions were posed to both coordinators and community health workers to obtain insights into the project and its implementation (see Appendix). Highlights of these conversations are included in this section. As informants were assured of anonymity, no region-specific identifiers are included in this section.

Peace of Mind Tool Kit and Training

Coordinators and CHWs felt the training received on the tool kit was well done and that the kit itself was easy to use and easy for participants to understand. Suggestions for improvement included providing models of the breast and cervix and more pictures to supplement the materials and improve understanding. Other improvements to training included supplementing CHW knowledge about breast and cervical cancer and HPV vaccine so that they are better able to respond to questions. There were no concerns expressed about the cultural appropriateness of the material.

Support from State DOH Staff

DOH staff in Tallahassee was praised for their assistance in implementing the project. Bi-weekly calls were thought to be extremely helpful in the first few months of the project, but most CHWs felt the frequency of the calls could have been reduced as the project progressed. One CHW however, felt that the calls were much more helpful toward the end of the project as their individual knowledge and comfort grew. CHWs and coordinators remarked that questions were answered, additional information was provided, and the procedures were adjusted as a result of the calls. Coordinators felt that the resources provided in both technical assistance and funding was sufficient to carry out the project.

Use of Community Health Workers

There were two schools of thought regarding community health workers as an effective way of disseminating the Reach and Connect information. Some felt that a higher level of education (such as a health educator) would provide better service. Others felt that credibility in the community was more important than education. Where everyone seemed to agree was that the individual CHW needed not only health knowledge, but also cultural understanding and the time to build relationships.

The recruitment of CHWs can be challenging. Conventional wisdom suggests that an effective CHW should be from the community itself, that they should look like the population being served, and be known in the community. Finding qualified applicants can be very daunting, particularly in rural areas. In this project, more than

one target population was being served, in more than one community. There was a feeling that it would be nearly impossible for one part-time person to adequately “check all the boxes” and serve multiple areas.

Other comments focused on the fact that the CHW need not meet a series of check boxes, but rather, should be able to express themselves in a respectful and comfortable manner in a variety of populations and be aware of the cultural norms that exist among those they are serving. Speaking the language of the population was considered essential by all respondents, particularly when the use of slang occurs or there is a mix of nationalities.

There was one male in the region who was successful in reaching the Hispanic population. He came with a set of skills that allowed him to reach the population, and he was already known to the department where he worked, as well as having a personal connection to the subject matter.

CHWs were asked to assess what it was that they brought to the position that helped them be successful. Responses included, “personal experience in the subject area so I could speak from the heart”, “Taking time to listen to them”, “Speaking Spanish”, “being open-minded”, “having connections in the population”, “understanding the culture and the beliefs around cancer, even if it wasn’t my own culture”, “having a positive attitude and believing in this approach to help people”, “being highly organized”, “being young, particularly with regard to HPV information”, “being confident, able to talk to people”, “knowing the subject matter so I can answer questions”.

Small group approach

It was difficult to recruit small groups (target of 5 people) in general, but particularly in faith based locations. In more public locations such as libraries, it was hard to know how many would show up (sometimes no one would come or only one person would be there so there was no group interaction). CHWs indicated that small groups elicited more participation and sharing of information among members, and larger groups may have felt intimidating for many participants.

What went well?

The biweekly calls were cited as helpful, particularly in the beginning phases of the project. CHWs indicated it was extremely helpful to hear other’s challenges and solutions. Being able to contact Clifton Skipper and the other staff when questions arose and the willingness to adjust the program as it went along to address those

issues. CHWs indicated that as their comfort level increased, the quality of their presentations increased.

Several respondents cited increased awareness of both the BCC program and the community seeing the health department as something more helpful, as a positive force for change in the community, were valuable outcomes of the project. The project helped increase the motivation for more collaborative efforts, both in the health department and among partners.

Gaining insight into how to conduct outreach of this type and explore the community health worker model was a beneficial aspect of the project. Discovering the barriers to working with faith-based communities were valuable, but also one of the more challenging aspects.

The curriculum was well received and easy to understand. New partners were identified and resource lists updated.

What could be improved?

Simplify paperwork. In larger groups paperwork was difficult to obtain, and in some smaller groups participants were uncomfortable filling out forms and providing any personal information.

The project rolling out at the same time as the Affordable Care Act created some complications for those seeking insurance and needing screenings. Some presenters were asked questions regarding coverage, so providing basic referral information for navigators in the community might be helpful.

Allow more time to establish relationships in communities. Must be there on an ongoing basis- not just to do one project and disappear.

Timing of project with holidays made it hard to reach churches.

Follow-up was the most frustrating part of the project for CHWs. Suggested that DOH explore other ways to conduct follow-up (allowing staff to make calls after business hours)

Provide technical assistance to help recruit smaller groups.

Have more money for travel if covering large areas.

Delays in grant process led to delays in implementation, and in one case the loss of a CHW who was selected for the project causing additional delays as a new CHW was recruited.

Several respondents suggested that the project consider moving away from faith-based focus.

Was the project worthwhile use of time and money?

All felt that the project was worthwhile for the lessons learned as well as for the services delivered. Most respondents indicated that would like to continue the project in their communities, or do a project of this nature if a similar level of funding were available.

Adding funding for transportation to the programs was suggested as a means of improving the reach of the project, and having a separate CHW for each county, or limiting the service area to one county so that it could be adequately served was suggested.

Several regions noted they would like to expand to other areas if the project funding were to continue. Some would tweak the program slightly and would like to have more time to develop and nurture the community relationships.

One region indicated that funding to pay for surgical biopsies and other treatment costs would be a more helpful expenditure.

Project isn't one-size fits all. Having a variety of populations and resources across the state, would like to see more flexibility and project goals that are less generic and more locally driven.

Did knowledge of breast and cervical cancer screening and HPV vaccination increase?

All CHWs reported learning something new in the project. Several more experienced CHWs indicated that they had good knowledge about breast and cervical cancer, but all reported learning more about HPV vaccine. Less experienced staff felt their personal knowledge had increased significantly.

Did knowledge of population based health improve among coordinators?

All coordinators acknowledged learning more about population based health interventions. Several were excited by the use of mapping as a tool to target interventions and resources. All felt they had a basic understanding of population based health before the project began.

VI. LESSONS LEARNED

Despite the inability to conduct statistical analysis of the pilot project's "success", there are many lessons to be learned.

Focus on faith -based outreach

Project focus on faith-based outreach presented some challenges, particularly in the first few months of the project. Getting access to churches was difficult in all regions, unless there was a personal contact already known, or the CHW was a member of the faith community being recruited. Some denominations were more difficult to make headway in than others, due to bureaucracy, level of comfort discussing the subject matter in church, and the inability to use the small group model, as many churches had much larger groups that were appropriate for receiving the information. Conducting presentations in some churches required making a presentation to the minister or deacon before it could be considered. Information on HPPV vaccine is controversial in some faith-based settings.

Project Timing

Timing of the project roll out just before the Christmas holidays caused several month delays in scheduling the presentations in faith -based settings that were interested in participating as church calendars were full in advance of the project implementation. In addition several churches had participated in Breast Cancer Awareness month in October and saw Reach and Connect as a duplicate offering.

Geographic Areas

Conducting presentations over large geographic areas was time consuming. CHWs were sometimes required to travel several hours to and from a presentation, only to have no one show up.

All regions reported having strong linkages in the county in which the region was based. However, connections in other counties being served by the regions were often more problematic without existing partners to assist in identifying potential sites and populations to recruit. The time required to establish those contacts was greater than anticipated. This was further exacerbated if there was disparity in population and resources between the counties being served.

Using community health workers on an ongoing basis for a variety of health related programing might help develop and sustain community connections.

Small Group Model

CHWs reported anecdotal information that small groups were more engaged and were easier to impart information to, but were difficult to recruit in the ideal size. Three regions were able to conduct most of their presentations to small groups (10 or fewer people), but five regions had large groups (ranging from 11 to 29 participants) included in their sessions.

Utilization of Community Health Workers

It is difficult to recruit qualified community health workers from target communities, especially in rural areas. Health educators were also able to accomplish the work of the CHWs under the Reach and Connect project, and this evaluation was unable to determine if there is greater effectiveness of a professional health educator as opposed to a community health worker serving in this role.

In addition, having the same CHW serve different, or more than one, target populations may be problematic. A CHW who is well received in one community may not be as well received in a different community.

There were varying degrees of success in serving target populations, which may have little to do with the community health workers themselves, but may be more about the low level of use of CHWs in general and lack of existing community contacts in some areas when the project began.

Education of CHWs

CHWs could benefit from more disease-specific education to supplement their knowledge base and answer questions more readily. In addition knowledge of languages used in target communities and cultural issues would enhance their ability to serve in communities.

Paperwork

Simplifying paperwork might make participants more likely to fill out information. Some CHWs were highly organized in the way in which they delivered the programs, and might be helpful in providing training to others. Allow more time in presentations for paperwork completion.

Follow-up with participants was difficult and frustrating for the CHWs.

HPV Education

There is a strong interest in HPV education throughout the regions. Targeted outreach to the parents of girls in the appropriate age range for the vaccine and to young women is should be considered for increased focus to make a difference in cervical cancer rates in the future.

Site and Participant Recruitment

With some exceptions, libraries did not work well as presentation sites in most regions. While willing to assist with advertisement, many times classes were cancelled or held with 1 or 2 people. Advertisement methods were not discussed in depth in monthly reports, but are an area to delve into to determine if there are other methods that could be employed to publicize presentations and recruit participants.

APPENDIX

Monthly Report

Reporting Month: _____ Year: _____

Lead Site: _____ Target County: _____ Target Population: _____

1. How many "for Peace of Mind" trainings were conducted this month in this county? _____
2. How many women attended a training this month in this county? _____
3. Estimate of the percentage of the target population in attendance. _____
4. How many women signed in and gave permission for a follow-up? _____

Session Call Backs (within one week)

5. How many women were you able to contact after the trainings? _____
6. How many women reported being up to date on their mammograms and Pap tests? _____
7. How many "request for information cards" were received this month in this county? _____
8. How many women reported a breast or cervical cancer sign or symptom on the "request for information card"? _____ Were all women contacted? _____
9. How many women did you **assist** related to a:
mammogram? _____ Pap test? _____ HPV vaccination?

10. How many women did you refer to the Breast and Cervical Cancer Early Detection Program (BCCEDP)? _____ List their names on the attached log.
11. How many women did you assist to other resources? _____

List resources:

12. What barriers were discussed?

Outcomes:

Follow-up Calls: (1 month or more)

13. How many (second) follow-up calls were made:

Related to a mammogram? _____

Outcomes:

Related to a Pap test? _____

Outcomes:

Related to the HPV vaccination? _____

Outcomes:

14. What barriers were discussed?

15. **Other calls:**

Call backs to you by women trained: _____

Outcomes:

Other calls-describe with outcomes:

16. Did you make any additions to your resource guide this month? If so, list the resources?

17. What methods were used to recruit women to the For Peace of Mind Toolkit trainings?

18. Other efforts at raising awareness:

_____ Number reached

Outcomes:

19. Potential Success Story:

20. Hours worked in the Reach and Connect Project:

Toolkit trainings, discussions, travel, and other field work. Hours spent _____

Follow-up calls or emails to participants attending a training or other office work. Hours spent _____

Describe other activity/ies in the field _____ Hours spent _____

Total hours in Reach and Connect _____

21. Hours worked in the Florida Breast and Cervical Cancer Early Detection Program (BCCEDP):

Total hours in BCCEDP _____

The total of numbers 20 and 21 should reflect the total hours worked in one month.

Submitted by: _____

Reviewed by: _____

Presenter Information Sheet

Name of presenter: _____
(First) (Last)

Name of church or other organization: _____

Location: _____
(City) (County)

Number of women in attendance: _____ Date of event: _____

Number of pre-tests given: _____ Number of post-tests given: _____

Number of fans given: _____ Number of fact sheets given: _____

Number of participants requesting follow-up calls for help in locating a breast and/or cervical cancer screening programs or to request other information: _____

Estimate the percentage of each race or ethnicity attending the presentation.

_____ Black _____ White _____ Hispanic _____ Creole _____ other

Please give completed sign in sheets, pre- and post-tests, information request cards, presenter information sheet and participant surveys to the BCCEDP Coordinator to send to:

Clifton Skipper
Florida Breast and Cervical Cancer Early Detection Program
4052 Bald Cypress Way, Bin A18
Tallahassee, FL 32399

Over for more information

Please provide information on each session by writing a short paragraph on each of the following:

1. What was discussed after the conclusion of the training?

2. Was the training effective in opening a conversation?

3. What did you as the presenter learn from the post training discussion?

CHW Procedure for follow-up calls

Following the *for* Peace of Mind Presentations

1. Read all of the participants' Information Request Cards promptly after the presentation.
2. Information Request Cards:
 - For participants who indicated they have a breast or cervical cancer problem, give the Information Request Card to the BCCEDP Coordinator to make the follow-up calls.
 - For all other participants who asked a general question or wanted more information about getting an appointment for a screening, refer to **Script #1** below. Be sure to check the names off on the sign in sheet as you contact them, so that they will not get two initial calls.
3. Call **all others** on sign in sheet that did not return Information Request Card by using the points from **Script # 2** below.

SCRIPT #1: For initial calls regarding the information request cards that indicate no medical problems. This group will mainly be those looking for a mammogram, clinical breast exam, Pap test , HPV vaccination or might have a question.

Hello, I am first name, last name, the presenter from the Peace of Mind presentation on breast and cervical cancer that you attended recently at_____. The card you filled out indicated you would like assistance finding a place to get a mammogram, clinical breast exam, Pap test, HPV vaccination or had a question about_____. Is that still correct?

- Ask her if she would like to go over the Resource List of mammogram, clinical breast exam, Pap test or HPV providers or that was given out at the presentation.
- By the end of your conversation, she should know where to call for a screening appointment and/or HPV vaccination.
- Ask her permission to call back in about 2 weeks to see if she was able to get a screening appointment.
- If she indicated she had a question on the card answer at this time.
- If she has other questions and you do not know the answer let them know you will consult with the BCCEDP Coordinator and get back with her.
- Document any potential barriers discussed.

Script #2 for Initial calls for all those that signed the sign in sheet but did not fill out an Information Request Card

- Hello, I am first name, last name, the presenter from the Peace of Mind presentation on breast and cervical cancer that you attended recently at _____. I am calling to see if you are up to date on your mammograms, clinical breast exams, and Pap test, or if you are interested in getting the HPV vaccination? (this would be according to age) If they are up to date let them know that this is great news.

If not up to date:

- Ask her if she would like to go over the Resource List of mammogram, clinical breast exams Pap test or HPV providers that was given out at the presentation.
- By the end of your conversation, she should know where to call for a breast and cervical cancer screening appointment and/or HPV vaccination.
- Ask her permission to call back in about 2 weeks to see if she was able to get a cancer screening appointment or HPV vaccination.

SCRIPT #3: Second Call (about 2 weeks after the Initial Call)

Hello, Ms._____, this is _____, from the Peace of Mind presentation. We spoke a couple of weeks ago about getting a mammogram, clinical breast exam, Pap test or HPV vaccination. Were you able to get an appointment for a mammogram, clinical breast exam, Pap test, or HPV vaccination?

- If she did not call for an appointment, ask the reason and encourage her to call and make an appointment.
- If there is a barrier to the participant receiving a screening, talk with her about available resources in her area. Document barriers and attempts you have made to help the client overcome the barriers.
-
- If she did call and was able to get an appointment, ask if you can call back after the appointment to see how everything went.
- If she had a screening exam and need diagnostic follow-up see if she needs assistance and document your assistance.

SCRIPT # 4: Third Call (about one month after the second call)

Hello, Ms._____, this is _____, from the Peace of Mind presentation-- we spoke a couple of weeks ago about getting mammogram, clinical breast exam, Pap test or HPV vaccination. Were you able to get an appointment for a mammogram, clinical breast exam, Pap test or HPV vaccination. (this needs to be customized for each participant)

- If she did not call for an appointment, ask the reason and encourage her to call and make an appointment. (make a note of what the barrier is)

- If she did have the mammogram, clinical breast exam, Pap tests, or HPV vaccination tell her you are very glad to hear the good news.
- Ask if she received the result of the tests?
- Ask if she was told she needs further testing. and if so does she need assistance in locating resources.
- If she does need further testing and does not have insurance work with your BCCEDP Coordinator for assistance in locating a resource for further testing.
- All women need to be followed until they reach a final diagnosis or have started cancer treatment if needed.

Pre-test Questions

“for peace of mind”

Circle the best answer

1. **What is the best test for finding breast cancer early?**
 - a. breast self exam
 - b. clinical breast exam
 - c. mammogram

2. **What is the best test for finding cervical cancer early?**
 - a. Pap test
 - b. colonoscopy
 - c. x-ray

3. **Which of the following increases your chances of getting breast cancer?**
 - a. combined hormone replacement therapy (HRT)
 - b. alcohol overuse
 - c. coffee
 - d. genetic condition
 - e. a, b, and d

4. **What is the main cause of cervical cancer?**
 - a. eating fatty food
 - b. combined hormone replacement therapy (HRT)
 - c. human papillomavirus (HPV)

5. **Which of the following are symptoms of breast cancer?**
 - a. lump in the breast
 - b. change in the size or shape of the breast
 - c. flaky, red, or swollen skin anywhere on the breast
 - d. blood or any other type of fluid coming from the nipple that is not milk when nursing a baby
 - e. all of the above

6. **What is the recommended age for the human papillomavirus (HPV) vaccination series?**
 - a. 11-12 years of age
 - b. 27-35 years of age
 - c. 36-64 years of age

(turn page over for post-test)

Post-test Questions

“for peace of mind”

Circle the best answer

1. **What is the best test for finding breast cancer early?**
 - a. breast self-exam
 - b. clinical breast exam
 - c. mammogram

2. **What is the best test for finding cervical cancer early?**
 - a. Pap test
 - b. colonoscopy
 - c. x-ray

3. **Which of the following increases your chances of getting breast cancer?**
 - a. combined hormone replacement therapy (HRT)
 - b. alcohol overuse
 - c. coffee
 - d. genetic condition
 - e. a, b, and d

4. **What is the main cause of cervical cancer?**
 - a. eating fatty food
 - b. combined hormone replacement therapy (HRT)
 - c. human papillomavirus (HPV)

5. **Which of the following are symptoms of breast cancer?**
 - a. lump in the breast
 - b. change in the size or shape of the breast
 - c. flaky, red, or swollen skin anywhere on the breast
 - d. blood or any other type of fluid coming from the nipple that is not milk when nursing a baby
 - e. all of the above

6. **What is the recommended age for the human papillomavirus (HPV) vaccine series?**
 - a. 11-12 years of age
 - b. 27-35 years of age
 - c. 36-64 years of age

7. **Are you already getting regular mammograms?** Yes No

8. **Are you already getting regular Pap tests?** Yes No

9. **After listening to the speaker today are you more likely to get regular mammograms?**
Yes No Maybe

10. **After listening to the speaker today are you more likely to get regular Pap tests?**
Yes No Maybe

11. **After listening to the speaker today would you recommend the human papillomavirus (HPV) vaccine to a friend or family member?** Yes No

12. Do you currently have health insurance? Yes No

Answers to Questions

“for peace of mind” Toolkit

- 1. What is the best test for finding breast cancer early?**
 - a. breast self exam
 - b. clinical breast exam
 - √ c. mammogram

- 2. What is the best test for finding cervical cancer early?**
 - √ a. Pap test
 - b. colonoscopy
 - c. x-ray

- 3. Which of the following increases your chances of getting breast cancer?**
 - a. combined hormone replacement therapy (HRT)
 - b. alcohol overuse
 - c. coffee
 - d. genetic condition
 - √ e. both a, b, and d

- 4. What is the main cause of cervical cancer?**
 - a. eating fatty food
 - b. combined hormone replacement therapy (HRT)
 - √ c. human papillomavirus (HPV)

- 5. Which of the following is a symptom of breast cancer?**
 - a. lump in the breast
 - b. change in the size or shape of the breast
 - c. flaky, red, or swollen skin anywhere on the breast
 - d. blood or any other type of fluid coming from the nipple that is not milk when nursing a baby.
 - √ e. all of the above

- 6. What is the recommended age for the human papillomavirus (HPV) vaccination series?**
 - √ a. 11-12 years of age
 - b. 27-35 years of age
 - c. 36-64 years of age

Participant Satisfaction Survey

Presenter Name:

Date: _____ Location:

Please circle the number that most closely matches the description of how you feel about the presentation.

The Presentation....	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. I learned new information from the presentation.	1	2	3	4	5
2. The presentation activities made the session enjoyable.	1	2	3	4	5
3. The presenter gave everyone a chance to talk and ask questions.	1	2	3	4	5
4. The presenter responded effectively to questions and respected different viewpoints.	1	2	3	4	5
5. The presentation helped me to understand the importance of breast and cervical cancer screening and HPV vaccinations.	1	2	3	4	5
6. I was pleased with where the presentation was held.	1	2	3	4	5
7. Overall, I was satisfied with the presentation.	1	2	3	4	5
8. The presentation was worth my time and effort.	1	2	3	4	5

9. What did you like most about the presentation?

10. What could we do to make the presentation better?

Key Informant questions- Coordinators

Region _____

1. Please describe how your target population(s) were determined. Was there more than one potential population? If so, what were the factors used to narrow down the selection?
2. Has your Health Department utilized community health workers in the past? If so, in what capacity and what has been the impact of their use?
3. Were you the primary contact person for the Reach and Connect Community Health Worker/Health Educator? How many hours a week did the CHW devote to the Reach and Connect project?
4. How did you go about recruiting/selecting the Community Health Worker/Health Educator for Reach and Connect? Did you experience difficulty in identifying appropriate candidates? Do you feel that using community health worker/health educator was advantageous in outreach to the target population(s)? How so/why not?
5. Do you feel that the tool kit and training provided were appropriate to meet the goals of the project? Was it culturally appropriate?
6. What barriers to screening access did you anticipate? Were there other barriers identified during the project? Do you feel those barriers were reduced as a result of the project?
7. Were there resources/partners in your community that assisted in the implementation of the project? If so what were they?
8. Do you feel that you gained additional knowledge about population-based cancer screening as a result of the project?
9. Do you feel the resources (financial and technical assistance) provided by DOH staff Tallahassee were sufficient to carry out the project goals? Did you have support of management within your County Health Department that you needed to carry out the project?
10. Looking back, what went well in the project? Are there any changes you would make or other lessons learned in implementing the project that would improve it?
11. What are your thoughts on the impact of the project? Overall, was the project a worthwhile use of time and money?
12. If you were given the same amount of money to spend on a breast and cervical cancer project, how would you spend it?

13. Do you have any other suggestions or comments?

Key Informant Questions- Community Health Worker

Region _____

1. How long were you involved in the Reach and Connect Project? How many hours a week did you devote to Reach and Connect? Did you have other responsibilities at the same time?
2. Who was your primary contact person for day to day questions related to Reach and Connect? Did you participate in the bi-weekly calls related to the project? Did you find the calls helpful in meeting the goals of the project?
3. What do you see as barriers to screening in your community/target population? Did your thoughts on those barriers change during the course of the project?
4. What are your thoughts on the tool kit and the training you received prior to beginning the project? Do you feel the tool kit was appropriate for the population you served? (What elements worked, what could be improved, was it culturally relevant?)
5. Was the paperwork manageable? (sign in sheets, Pre/post -test administration, evaluations) Were there any items that participants were less likely to complete? Did you get helpful feedback from participants either through the evaluation or discussion?
6. Were you able to conduct at least 10 presentations? How did you identify and recruit sites? What problems did you encounter, if any?
7. Did your presentation change/evolve as you moved through the project? If so, how? Overall, did your work become easier or more difficult as the project went on? Why?
8. What was your impression of the value of the small group discussion?
9. Did you experience difficulty in the follow-up? If so, what were the problems and how did you address them? Do you have suggestions for other ways in which to conduct follow-up that may be helpful in your target population?
10. Do you feel your knowledge of breast and cervical cancer screening, and HPV vaccination increased as a result of your participation in the project? Do you feel your knowledge of community resources improved as a result of your participation in the project?
11. Please tell me what went well/what worked in the project. What do you feel is the single most important factor that would make for a successful program? Do you have any suggestions on ways to improve the project?

12. What is it about yourself that helped you be successful in the project? What do you feel held you back?

13. Do you think there is a need to continue this project in the target community?