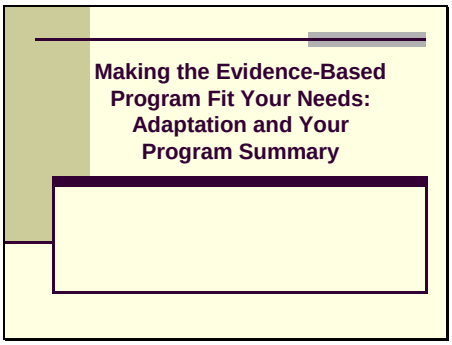
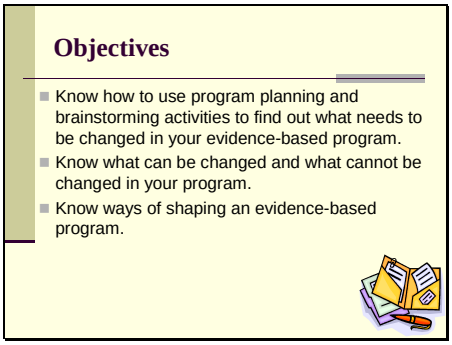
Handout #1: Slides

Slide 1



Slide 2



Slide 3

Handouts

- Adaptation Guidelines
- Communication Channels and Activities: Pros and Cons
- Readability Guidelines
- Key Elements of Plain Language Printed Materials
- Case Study Application
- Adaptation Practice Letter.

Slide 4

Questions

- How do you define "adaptation"?
- What does it mean to you?

Slide 5

Adaptation

- Microsoft Encarta Dictionary definition of **adaptation** (ad·ap·ta·tion):
  - Adapting: the process or state of changing to fit new circumstances or conditions, or the resulting change
  - Something adapted to fit need: something that has been modified for a purpose (e.g., a film adaptation of a novel).

Slide 6

Step 1: Identify What Can and Cannot Be Modified

- Given the definition you wrote down for adaptation:
  - What do you think can be adapted in the evidence-based programs?
  - What is the difference between adapting an evidence-based program and changing it?

Slide 7

Things That Can Be Modified

- Names of health care centers or systems
- Pictures of people and places and quotes
- Hard-to-read words that affect reading level
- Ways to reach your audience
- Incentives for participation
- Timeline
- Cultural indicators based on population

Slide 8

Things That Cannot Be Modified

- The health topic
- Deleting whole sections of the program
- Putting in more strategies
- The health communication model or theory.

Slide 9

What Do You Think?

- Can you think of any other changes—permitted or not—while adapting an evidence-based program?
- Do you agree with all the examples of things that can and cannot be changed?
  - Explain your position.

Slide 10

Step 2: What Do I Need To Modify and What Can Stay the Same?

- Now you are only looking at what can be modified and deciding if you need to make those changes or not.
- See Handout #2: Adaptation Guidelines.

Slide 11

Your Program

Your program should now include:

- A summary of the data you have collected
- Program goals and objectives from the evidence-based program
- Program management needs such as a timeline, staff needs, budget, and your resources
- Evaluation methods.

Slide 12

Planning for Evaluation

- Look at the evaluation methods used in the original evidence-based program.
- When discussing evaluation, think about these questions:
  - What is important to know?
  - What do you need to know versus what is nice to know?
  - What will be measured and how?
  - How will this information be used?

Slide 13

Step 3: Making the Modifications

- Brand materials with your contact information. (This includes contact names, mail and e-mail addresses, and phone numbers).
- Replace general pictures and drawings with ones that reflect your audience's culture.
- Think about the best media and channels that should be used to publicize your program.
  - See Handout #3: Communication Channels and Activities: Pros and Cons.

Slide 14

Making the Modifications, cont'd

- Choose incentives that appeal to your audience.
- Make a timeline that makes sense based on your resources.
- Try not to remove existing or add extra materials.
- Use the original health or communication model from the evidence-based program.

Slide 15

Print Materials and Readability

- Your program may include print materials.
- Be sure to measure their reading level.
- Products you can get on Cancer Control PLANET (http://cancercontrolplanet.cancer.gov/) have their reading levels listed.
- If the reading level is too high, you may have to rewrite sections.

See Handout #4: Readability Guidelines.

Slide 16

Quick Reference to Readability

Readability measurement	Fry Graph	SMOG Formula	Fog Index
Length of Section Measured	100 words (3 sections)	10 sentences (3 sections)	Entire passage
What To Measure	Number of syllables	Number of big words (words with 3 or more syllables)	Total number of words, total number of sentences, and total number of big words (words with 3 or more syllables)
Calculation	Average 3 passages; look up readability level on Fry Graph	Average 3 passages; look up reading level on SMOG conversion table	[(average sentence length) + (percentage of big words)] x (0.4) = reading level

Slide 17

Print Materials and Culture

In addition to reading level, you should ask yourself:

- Is the language appropriate for the culture?
- Are there different meanings for words? Could the words be misinterpreted?
- Do the materials fit with my audience's culture?
- See Handout #5: Key Elements of Plain Language Printed Materials.

If you answer these questions, it may help you find other needed text changes.

Slide 18

Adapting Program Components

Before:

The Cambodian Women's Health Project

- Neighborhood-based program
- Increase cervical cancer screening rates among Cambodian women, aged 18 years and older
- Includes a home visit, group meetings, and help getting to a Pap test
- Given by bilingual, bicultural Cambodian women
- Resources include the video, *The Preservation of Tradition,* as well as the outreach worker and clinic resource manuals.

Slide 19

Adapting Program Components

After:

The Mexican American Women's Health Project

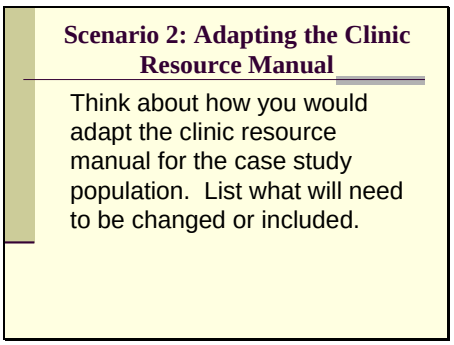
- Neighborhood-based program
- Increase cervical cancer screening rates among Mexican American/ Tejana women, aged 18 years and older, in Cameron County, TX
- Includes a home visit, group meetings, and help getting to a Pap test
- Given by bilingual, bicultural Mexican American/ Tejana women
- Resources include a video as well as the outreach worker and clinic resource manuals.

Slide 20

Scenario 1: Adapting the Video

Brainstorm ideas on how you can adapt the video for the case study population

Slide 21



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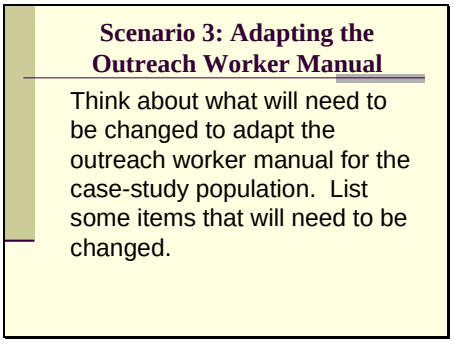

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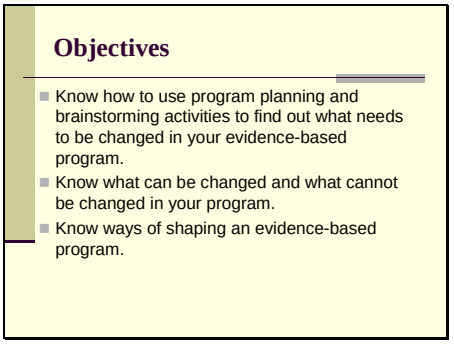

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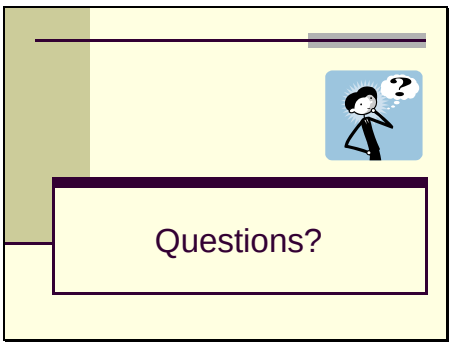

Handout #2: Adaptation Guidelines

Research-tested Intervention Programs (RTIPs)

Research-tested intervention programs (RTIPs) are programs that were tested in a peer-reviewed and funded research study. RTIPs-listed programs have been shown to be effective in the populations and settings in which they were studied. It is more likely to ensure success from the adoption and/or adaptation of a research-tested intervention program, which has been systematically tested in the field, than to create a new program for the same population delivered in the same setting. RTIPs are available on the Web portal, Cancer Control Planet (http://cancercontrolplanet.cancer.gov/).

Guidelines for Choosing and Adapting Programs

With the permission of the developer, the National Cancer Institute (NCI) makes this RTIPs program and its products available for your use. As with all RTIPs programs, it has been reviewed and found to have sufficient information on relevance and effectiveness for you to make an informed choice about its use in your setting. It is important to understand that this program's effectiveness was evaluated within a research study, which is a highly controlled situation. It is expected that you may need to adapt the program for your own audience and setting. This fact sheet tells you how to do this.

The NCI's Cancer Information Service Partners Program (http://cis.nci.nih.gov/community/community.html) can help you find appropriate cancer control research staff in your area should you need help with any stage of the adaptation process.

Adaptation Guidelines

If you plan to adapt this program for use with your population, consider these nine recommended guidelines:

1. Determine the needs of your audience and whether this program addresses those needs.
2. Review the program and its materials with your intended audience for feedback on its appropriateness (see Program Adaptation Checklist).
3. Define the extent of adaptation needed and potential ways to implement the new program.
4. Develop "mock-up" versions of the adapted products.
5. Work with expert advisors to ensure that the adapted products maintain the accuracy of the originals.
6. Pilot test the adaptation with representatives from your audience (see Pilot Testing).
7. Modify or revise the adapted program and products based on pilot test feedback.
8. Implement the program.
9. Evaluate the effectiveness of your adapted program and products.

http://cancercontrol.cancer.gov/rtips/adaptation_guidelines.pdf

Program Adaptation Checklist

When reviewing the program and associated products (see guideline 2), pay attention to the following aspects and consider the appropriateness of them to your audience:

☑ **Objectives**
The program's content is built to meet its overall objectives. Be certain that these objectives fit the needs of your audience.

☑ **Approach used (premises, concepts, theory)**
Good programs make assumptions about what factors or concepts are associated with getting the audience to take a desired action. These assumptions are generally drawn from theories about how people behave or act. If you are unsure about the approaches or theories used, consider working with health education specialists or behavior change researchers as you review the program.

☑ **Content (education level, depth of coverage, and comprehensibility)**
Examine the level of complexity, the reading level, and the level of detail to ensure that the information provided is appropriate for your audience. Have individuals from your audience review the materials and give you their feedback.

☑ **Level of understanding or acceptance**
Beliefs or values may cause people to either reject or accept the information that the program provides. Personal experiences, historical events, myths and misinformation, or cultural backgrounds can shape people's beliefs and values. Representatives of your intended audience can help to assess whether the program suits your audience.

☑ **Fit with community resources**
Review the program to see if it includes activities that are realistic and achievable, given the resources in your community. For example, access to specific services may not be as readily available for your population as it was for the participants in the original program.

☑ **Media and channels used to transmit the information**
Many of the RTIPs programs are designed to be delivered in a specific way. For example, some are intended for small-group settings while others are intended for entire communities. Their effectiveness may be dependent on that mode of delivery. If you intend to offer programs or products through a different delivery channel, you will need to consider how the effectiveness of the message(s) might be affected by the change.

☑ **Terminology used**
Terms might convey different things to different audiences. For some groups the term "physical activity" is associated with work or labor, when often it is meant to refer to "leisure time activity" or "exercise." Pilot testing will help you understand how your audience interprets the key terms used in the program.

☑ **Fit with your audience's culture**
The best way to determine the fit of a product or program is to pilot test it with your audience. Asking questions like "Does this seem to have been developed with people like you in mind?" or "Is this relevant to your experiences?" will help you determine the cultural appropriateness of the program and product.

☑ **Intended actions**
If participants are being asked to act on information, be sure that the desired or expected behaviors are consistent with your objectives and the needs of the audience.

Pilot Testing

If you are considering adapting this program and its products, NCI recommends that you pilot test it with your audience. Pilot testing is particularly recommended if:

1. Your audience differs from the audience with which the product was tested. If the audience is significantly different, you should consider working with cancer control researchers in your area to replicate the findings from the original study before fully implementing the program. Regional cancer control experts in your state can help you find these researchers (http://cancercontrolplanet.cancer.gov/partners/researcher.jsp?cctopic=0).

2. You intend to deliver the product to your audience using a different mode of delivery (for example, using it in groups when it was tested for use in one-on-one situations).

3. You do not intend to use the entire program and all its recommended products as implemented in the original setting—that is, you will choose some but not all of the program components or products to modify and use.

4. Your resources prevent you from implementing the program as it was intended.

5. You intend to translate the product into another language. In general, language translation does not guarantee that the program's content will be culturally relevant.

Handout #3: Communication Channels and Activities: Pros and Cons

From *Making Health Communication Programs Work,* National Cancer Institute, 2002:

Type of Channel	Activities	Pros	Cons
Interpersonal Channels	• Hotline counseling • Patient counseling • Instruction • Informal discussion.	• Can be credible • Permit two-way discussion • Can be motivational, influential, supportive • Most effective for teaching and helping/caring.	• Can be expensive • Can be time-consuming • Can have limited intended audience reach • Can be difficult to link into interpersonal channels; sources need to be convinced and taught about the message themselves.
Organizational and Community Channels	• Town hall meetings and other events • Organizational meetings and conferences • Workplace campaigns.	• May be familiar, trusted, and influential • May provide more motivation/support than media alone • Can sometimes be inexpensive • Can offer shared experiences • Can reach larger intended audience in one place.	• Can be costly, time consuming to establish • May not provide personalized attention • Organizational constraints may require message approval • May lose control of message if adapted to fit organizational needs.

Type of Channel	Activities	Pros	Cons
Mass Media Channels *Newspapers*	• Ads • Inserted sections on a health topic (paid) • News • Feature stories • Letters to the editor • Op/ed pieces.	• Can reach broad intended audiences rapidly • Can convey health news/breakthroughs more thoroughly than TV or radio and faster than magazines • Intended audience has chance to clip, reread, contemplate, and pass along material • Small circulation papers may take PSAs.	• Coverage demands a newsworthy item • Larger circulation papers may take only paid ads and inserts • Exposure usually limited to one day • Article placement requires contacts and may be time-consuming.

Type of Channel	Activities	Pros	Cons
Mass Media Channels *Radio*	• Ads (paid or public service placement) • News • Public affairs/talk shows • Dramatic programming (entertainment education).	• Range of formats available to intended audiences with known listening preferences • Opportunity for direct intended audience involvement (through call-in shows) • Can distribute ad scripts (termed "live-copy ads"), which are flexible and inexpensive • Paid ads or specific programming can reach intended audience when they are most receptive • Paid ads can be relatively inexpensive • Ad production costs are low relative to TV • Ads allow message and its execution to be controlled.	• Reaches smaller intended audiences than TV • Public service ads run infrequently and at low listening times • Many stations have limited formats that may not be conducive to health messages • Difficult for intended audiences to retain or pass on material.

Type of Channel	Activities	Pros	Cons
Mass Media Channels *Television*	• Ads (paid or public service placement) • News • Public affairs/talk shows • Dramatic programming (entertainment education).	• Reaches potentially the largest and widest range of intended audiences • Visual combined with audio good for emotional appeals and demonstrating behaviors • Can reach low income intended audiences • Paid ads or specific programming can reach intended audience when most receptive • Ads allow message and its execution to be controlled • Opportunity for direct intended audience involvement (through call-in shows).	• Ads are expensive to produce • Paid advertising is expensive • PSAs run infrequently and at low viewing times • Message may be obscured by commercial clutter • Some stations reach very small intended audiences • Promotion can result in huge demand • Can be difficult for intended audiences to retain or pass on material.

Type of Channel	Activities	Pros	Cons
Mass Media Channels *Internet*	• Web sites • E-mail mailing lists • Chat rooms • Newsgroups • Ads (paid or public service placement).	• Can reach large numbers of people rapidly • Can instantaneously update and disseminate information • Can control information provided • Can tailor information specifically for intended audiences • Can be interactive • Can provide health information in a graphically appealing way • Can combine the audio/visual benefits of TV or radio with the self-paced benefits of print media • Can use banner ads to direct intended audience to your program's Web site.	• Can be expensive • Many intended audiences do not have access to Internet • Intended audience must be proactive—must search or sign up for information • Newsgroups and chat rooms may require monitoring • Can require maintenance over time.

Handout #4: Readability Guidelines

Readability Scores

What is a readability score?
A readability score is the grade level you need to have completed to be able to read the text.

Pros and Cons of Readability Formulas

Pros	Cons
Readability formulas: • Measure what grade level a person must have completed in order to read a text • Are text-based • Are easy to use • Do not need real readers to measure • Can first identify whether a text will be too complex for your reader. In summary, readability formulas provide a yes or no answer to, "Will I be able to read this text if I have an X-grade reading level?"	Readability formulas cannot: • Tell you if a person will understand or be able to interpret the text • Measure the complexity of a word or phrase. The readability measurements that formulas provide are purely quantitative.

Readability Formulas

Fry Graph
A commonly used readability assessment tool. An example can be found at the Centers for Disease Control and Prevention, Office of Science Policy and Technology Transfer's Fry Graph page (www.cdc.gov/od/ads/fry.htm).

Directions:

1. Select 3 100-word passages.

    - Ideally one passage from the beginning, middle, and end
    - Do not count acronyms, numerals (e.g., 1, 2, 3), or Web sites.

2. Count the number of sentences in each passage.
3. Count the number of syllables in each passage.

    - Short cut: Each word has at least one syllable; therefore, skip the first syllable and count the additional syllables. Take this number of syllables and add 100 (to account for the first syllables).
    - Every syllable of every word should be counted regardless of how many times a word is repeated throughout the passage.

4. Average the number of sentences and syllables.

    - Special cases: If there are more than 100 but fewer than 300 words in a document, then count the total number of sentences and syllables in that document. Divide the number of sentences and the number of syllables by the total number of words in the document and multiply by 100. These are the approximate averages of sentences and syllables if the document were 100 words. Continue on to step 5.

5. Find the corresponding number set (coordinates) on the Fry Graph available at http://discoveryschool.com/schrockguide/fry/fry2.html.

    - Use the grade-level table (not age in years).
    - The number of sentences is on the x-axis and the number of syllables is on the y-axis.
    - NOTE: Extend the lines to estimate the reading level of outliers.
    - If a number set is on a line, then identify both grades. For instance, 7.3 sentences and 148 syllables would be grade level 7/8.

SMOG (Statistical Measure of Gobbledygook) Formula
Used less frequently than the Fry Graph, but still widely used. An example can be found at the University of Utah Health Science Center's Smog Readability Formula page (http://uuhsc.med.utah.edu/pated/authors/readability.htm).

Directions:

1. Use the SMOG Formula for documents with 30 or more sentences.
2. Select three 10-sentence passages from the document.

    - Ideally, one passage from the beginning, middle, and end

3. Count the number of "big words," words with three or more syllables, in each passage.

    - If there is a big word repeated three or more times in a single 10-sentence passage, count the word only once per each 10-sentence passage. For example:

        – The word "mammogram(s)" is repeated four times in the first 10-sentence passage; it should be counted once. In the second 10-sentence passage mammogram(s) is repeated twice; therefore, it should be counted twice. In the final 10-sentence passage mammogram is repeated three times; therefore, it should be counted once. In this particular example "mammogram" accounts for four of the big words counted in the document.

4. Find the corresponding grade level on the SMOG conversion table available at http://uuhsc.med.utah.edu/pated/authors/readability.html.

Fog Index (sometimes referred to as Gunning-Fog)

Directions:

1. Use for documents with fewer than 30 sentences.
2. Count the total number of words in the document.

    - Do not count acronyms, numerals (e.g., 1, 2, 3), or Web sites.

3. Count the number of big words, words with three or more syllables, in the document.
4. Count the number of sentences in the document.
5. Calculate the average sentence length (words in a sentence) in the document. Divide the total number of words by the total number of sentences.
6. Calculate the percentage of big words in the document. Divide the number of big words in the document by the total number of words in the document and multiply by 100.
7. Add the average sentence length and percentage of big words together (the values calculated in steps 5 and 6).
8. Multiply the sum by 0.4. The resulting number is the Fog Index or grade level.
9. For an example of a Fog Index calculation go to www.fpd.finop.umn.edu/groups/ppd/documents/information/writing_tips.cfm.

Choosing a Readability Formula

1. Two readability measurements should be calculated for each document.
2. Perform a Fry Graph calculation for each document regardless of length.
3. Depending on the length of the document, perform either a SMOG Formula or Fog Index calculation.

    - For longer documents (30 or more sentences) perform a SMOG Formula calculation.
    - For shorter documents (fewer than 30 sentences) perform a Fog Index calculation.

4. Average the Fry Graph and SMOG Formula/Fog Index readability measurements together.
5. Be advised: Fry Graphs are more forgiving, meaning that typically the reading level calculated through a Fry Graph will be lower than the reading level approximated by the SMOG Formula or Fog Index.

    - Re-check your calculations if the Fry Graph and SMOG Formula/Fog Index reading levels are very different.

6. Figure out a system to reduce miscounting. For example:

    - Use a colored pen.
    - Block off each of the passages to be measured with a line or a box. Please note: it is easier to measure similar sections of the document for the SMOG Formula/Fog Index and

Fry Graph. Obviously the length of the passage taken from the section will be different (For a Fry Graph it will be 100 words, and for a SMOG Formula it will be 10 sentences).
- Put a dot over every multiple syllable (not counting the first syllable). Then put a strike through the syllable after you have counted it.
- Go back and circle each word that has at least two dots over it (these are the big words).

When To Measure Documents for Readability

Which documents should be measured for readability?

- Any document intended for the public.
- Health professional guides and other materials not intended for the general public do not have to be measured.

  – NOTE: Any handouts or slides that may be distributed to the public from the presenters' materials must be measured for readability.

- There may be several documents that need separate reading level measurements within a single resource. For example:

  – A tobacco education manual has five newsletters, three fact sheets, a story, and two questionnaires. If the newsletters are in a series, they can be treated as a single document. Therefore, the tobacco education manual requires 7 Fry Graph and SMOG Formula/Fog Index calculations (1 for newsletters + 1 for each fact sheet (3) + 1 for the story + 1 for each questionnaire (2) = 7).

- When in doubt, do the count: If you are not sure whether readability is necessary, go ahead and perform it. It is better to remove a reading level calculation than have to return and perform it later.

Activity: Practice Passage

To practice conducting a readability test, use the following passage.

Working with Market Research Professionals

You may need to hire or contract with two kinds of market research professionals as you design, conduct, and analyze your concept and materials testing:

1. Someone to design the research and data instruments (e.g., questionnaires, discussion guides, screeners), to analyze the results, and to prepare a report.
2. A vendor to handle the fieldwork (i.e., recruiting and hosting focus groups; administering telephone, mail, or in-person surveys)

Ideally, these professionals will have a background in health communication or, if not, a background in marketing or advertising research. You can get the best service from these professionals by:

- Providing clear research objectives and appropriate background information, including the creative brief.
- Learning enough about common communication research methods to understand their strengths and limitations, so that you don't ask for more than a given method can deliver (e.g., asking, "What percentage of the American public does that represent?" when a focus group study was conducted).
- Letting market researchers' expertise guide your selection of methods. Rather than saying, "We want to focus test this," explain your research objectives, timing, budgetary constraints, and any additional factors (such as the need for a publication to be tested with people from a wide range of cultures). Then let the experts propose methods to you and explain their rationale.
- Being realistic about timeliness, quantity of information, materials to be tested at one time, and the level of "proof" you need. Pretesting is diagnostic; it can provide guidance on what needs to be improved, but it can't tell you how successful something will be. Other factors, such as the final production of your message, the number of people who see it, the frequency with which it is seen, and the presence of competing messages will all influence your message's success.
- Recognizing that there are inherent differences between testing advertising and other commercial communication materials versus testing health communication materials, even if the channel and activity (e.g., a television spot) are the same. Individuals trained in commercial concept development and copy testing will be able to draw on their commercial experience for selecting the appropriate methodology. However, they often have little experience assessing reactions to complex health messages; they are more familiar with assessing efforts to direct an existing behavior toward use of a particular product brand than with assessing efforts to completely change a behavior.

Sometimes, one individual or organization can play both roles; at other times, you may have internal staff, a consultant, or staff at a health communication firm to handle the first role but contract externally for the second. The American Marketing Association's *Green Book* lists suppliers and services geographically throughout the United States. Other sources include the Marketing Research Association, the Association of Public Opinion Researchers, the Qualitative Research Consultants Association, and faculty at university departments of marketing, communication, health education, psychology, and sociology.
(from *Making Health Communication Programs Work*, NCI, 2002, pp.130-131)

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Handout #5: Key Elements of Plain Language Printed Materials

Structure

- List most important points first
- Focus on behaviors; supporting data are secondary
- Use short paragraphs and sections that stick to one point
- Frame messages and sequence them according to audience logic
- Deliver key messages or ask key questions in title and subtitles.

Writing Style

- Personal, conversational, friendly
- Active voice
- Little or no technical jargon
- Short words and sentences
- Unnecessary words eliminated.

Text Layout

- Uncluttered with ample margins and blank space
- Short paragraphs and sections
- Different font sizes and/or indentation to show levels of information
- Text body in upper and lowercase letters in 12–14 point serif font
- Key points emphasized with use of boxes, rule lines, bolding, color, or different typeface
- Strong print and paper contrast.

Illustrations

- Help readers understand messages
- Show the correct way to do something
- Are located close to relevant text
- Are suitable for the target audience.

Lists and Charts

- Short lists with bullets, not commas
- Simple charts—best if set up horizontally.

Handout #6: Case Study Application

I. Adapting the Video

Before:

The original evidence-based program included a Khmer-language video as part of its intervention.

After:

In our program, we conducted a Web search to find a video in Spanish that could serve as a replacement for the Khmer-language video. A possibility is a video provided by the National Center for Farmworker Health, Inc. It is about 25 minutes long—the same length as the video in Khmer. It talks about breast and cervical cancer, how often women should be screened, and how to overcome barriers for screening procedures. We looked at several videos. We chose the one that had the most complete information even though it talked about both cervical cancer and breast cancer.

If a replacement video is not available, use the data from your needs assessment to develop a new video.

II. Adapting the Clinic Resource Manual

Before:

The clinic resource manual for the **Cambodian Women's** Health Project has a list of clinics in **Seattle, WA.** It also includes how to reach each clinic by **public transportation.**

After:

The clinic resource manual for the **Mexican American Women's** Health Project has a list of clinics and health centers in **Cameron County, TX.** It has **driving directions** to each clinic. **We also included ways to reach these health centers by public transportation.**

III. Adapting the Outreach Worker Manual

Before:

The manual was used to teach outreach workers about the health issues that affect Cambodian women in Seattle, WA. It talks about Cambodian culture. It gives data on death rates due to cervical cancer among the women. The manual has a specific focus on the cultural views of reproductive health, Pap tests, and community programs. It writes about beliefs and attitudes of Cambodian women as well.

After:

The manual for Cameron County, TX is specific to the Mexican American/Tejana culture. Certain parts of the manual were changed to reflect cultural attitudes of Tejana women about their health. It includes incidence and death rates due to cervical cancer for Tejana women too.

Ways to adapt each of the sections of the manual are described below:

In the manual, information on the Cambodian Women's Health Project was removed. It was replaced by information on Cameron County, TX. For example:

Before:

Cambodian Women's Health Project
A focus of national research is to increase the regular use of Pap tests by underserved populations. **Southeast Asian immigrants to the U.S. have high rates of cervical cancer. They have a low use of Pap tests compared with other groups. But, there is little known about the control of cancer in these populations.**

Harborview Medical Center and Fred Hutchinson Cancer Research Center are working together on the **Cambodian Women's** Health Project. The overall goal of this project is to increase the use of Pap tests by women from **Cambodia.**

The project promotes community involvement. It uses bilingual, bicultural staff to conduct the program. Components include home visits and small group meetings. Women will be asked to watch a video on Pap testing. They will be encouraged to get screened at a local clinic. They will also be offered an interpreter and help to make appointments.

After:

Mexican American Women's Health Project
A focus of national research is to increase the regular use of Pap tests by underserved populations. **Cervical cancer is one of the most common types of cancer among Mexican American women. This same group under-uses screening tests for female cancers.**

Brownsville Medical Center and Harlingen Medical Center are working together on the **Mexican American Women's** Health Project. The overall goal of this project is to increase the use of Pap testing by **Tejana women from Cameron County.**

The project promotes community involvement. It uses bilingual, bicultural staff to conduct the program. Components include home visits and small group meetings. Women will be asked to watch a video on Pap testing. They will be encouraged to get screened at a local clinic. They will also be offered an interpreter and help to make appointments.

NOTE: The goal and strategies for both programs are nearly the same. The names of the medical centers, project staff, and data about the population have been changed.

The manual includes the sections to make sure outreach workers know the issues about Pap testing such as:

- Knowledge, attitude, beliefs
- Cultural, religious, and spiritual beliefs
- Access to resources
- Competing messages
- Sources of health information
- Influential members of the community.

A. Section 1: Background Information

1. Historical Trends for Cervical Cancer and Its Relationship to the Culture

Some sections of this part of the manual can stay as they are. Others may need to be changed to reflect your audience or updated to reflect the most recent data.

For example, the subsection Key Facts About Cervical Cancer needs some updating.

"Every year, 16,000 American women are found to have invasive cervical cancer."

We know that the most recent data show that 12,000 American women were found to have cervical cancer last year. Check the facts and figures you want your outreach staff to use. To make sure that they are the most recent, go to your needs assessment. Or you can check with established sources such as the National Cancer Institute at www.cancer.gov.

You may need some numbers about your audience, such as the screening rates or death rates of your population. For example, in the section on Pap testing, one bullet states:

"Cambodian women have lower rates of Pap testing than any other group in the United States."

To apply to our population, we would change it to say:

"Of the three major ethnic groups in the U.S. (non-Hispanic Whites, non-Hispanic Blacks, and Hispanics), over time Hispanic women are the least likely to use Pap tests."

Sections about our specific population or region would be changed, such as payment for Pap tests.

2. Qualitative Data Findings and Traditional Cambodian Reproductive Health Model

These parts of the manual use data from interviews with 40 Cambodian women on cervical cancer and Pap testing. They show what the women see as barriers to Pap testing. They describe their cultural beliefs about reproductive health.

In the Mexican American Women's Health Project, this section outlines the barriers and beliefs for Mexican American women in Cameron County, TX.

The data needed to adapt this section may come from many sources:

- Primary data from surveys, focus groups, and town hall meetings can help describe the factors affecting the health of your population. These data will give you your audience's unique viewpoint and/or that of a community leader who works with your audience.
- Secondary data include finding health statistics and doing reviews of the literature.

You may have collected the information you need for this section in your needs assessment. But, you may find you need to supplement your findings and do more research. You might perhaps interview a community leader or a sample of your population again.

3. Frequently Asked Questions (FAQs) and Answers

This section gives questions and answers specific to the culture of the target population. Some of the FAQs from the original program may be able to stay the same. But make sure they truly represent questions your audience might ask. For example, in the original program, questions include:

- Which women are more likely to get cancer?
- If I am a virgin, do I need to worry about cervical cancer?

These questions may seem general. They could possibly apply to all racial and ethnic groups. But be sure they reflect the knowledge gaps of your audience. Based on your needs assessment, interviews, and other comments you collected, think about the specific worries of your population. Think about the kinds of myths and wrong information that should be addressed in this format.

B. Section 2: Protocols

This section details what the outreach workers will do in the program. The content of the tasks will become culturally specific. But the activities, such as mailings, home visits, group meetings, counseling, and presentations will stay the same. The strategies of the evidence-based program will be used in the new program. So only a few changes will be

needed. One change is in the language of the materials. For the adapted program, materials should be written in English and Spanish, not Khmer.

C. Section 3: Problem-Solving Barriers to Pap Testing

This section of the manual is about barriers to Pap testing. Changing this section means that you must review all the barriers you found in your needs assessment and interviews. Guidelines for counseling visits need to focus on those barriers. Once again, the content of this section is fitted to our target audience, while the strategies stay the same.

D. Section 4: Form Summary

The forms in the manual are generic. They do not need to be changed for the new program. They are to be used by each outreach worker to record women's responses to each of the strategies. The forms are an excellent way to track the progress of the program and record data that could be used for evaluation.

E. Section 5: Visual Aids

This section of the program model has photos of Cambodian women in clinical settings. It has graphs and charts for the rate of cervical cancer and Pap testing for these women. Also, there is a glossary of terms about cervical cancer in English and Khmer. You should change this section by using photos of Mexican American women and graphs, charts, and glossary terms about the issues for Tejana women. The glossary should be in English and Spanish.

F. Section 6: Appendices

The appendices have:

- A biological model for cervical neoplasia and Pap testing
- A brief text box on which women get Pap testing, what makes it easy to have Pap testing, and barriers to Pap testing.
- A flow chart of the possible course of cervical cancer from testing to diagnosis.

The other appendices of the manual are not culturally specific. They do not need to be changed.

Handout #7: Adaptation Practice Letter

I. Welcome Letter from the University of Florida's Breast Cancer Screening Program:

[Date]

Dear [insert participant's name],

Welcome to "Get Screened," the University of Florida's Breast Cancer Screening Program. We are glad that you want to learn more about ways to lower your risk for breast cancer. During this two week program you will learn about how to decrease your risk for breast cancer by getting a test called a mammogram. Also, you will learn other ways to become healthier. For example, you will learn what you should and should not eat and why smoking can harm you. You will hear stories from women who had breast cancer. Also, you will receive tips on ways to talk with your doctor about questions you may have about breast cancer.

There are three parts to this program: a bi-weekly newsletter, three dinner sessions at your church, and weekly meetings at the community center. During each dinner session and weekly meeting there will be a chance to win coupons to a local grocery store.

We look forward to seeing you at our first meeting on [insert date of first meeting].

Sincerely,
The "Get Screened" Team