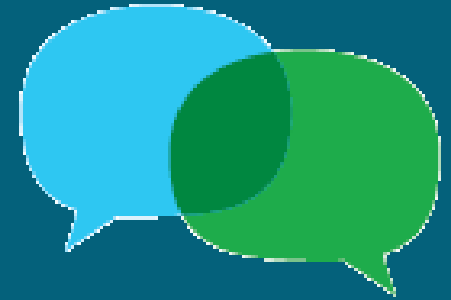


March 6<sup>th</sup> and 7<sup>th</sup>, 2013  
R2R Mentorship Close-Out Meeting  
Bethesda, MD



# MENTEE-MENTOR PRESENTATIONS



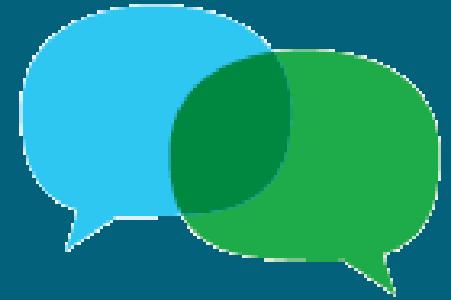
March 6-7<sup>th</sup>, 2013  
NATIONAL CANCER INSTITUTE, BETHESDA, MD

# Presentation Line-Up

Coming Up  
Next...

1. **MICHAEL CELESTIN & ALTON HART**
  - ▣ Tobacco Cessation Training in Louisiana Health System
2. **LISA TROYER & EUGENE LINGERICH**
  - ▣ CRC Client-reminder Program in Montana
3. **ANGELA McFALL & JUNE RYAN**
  - ▣ CRC Client-reminder Program in Michigan
4. **CHARLENE (CARIOU) MITCHELL & HOPE KREBILL**
  - ▣ Sun Safety Intervention (Pool Cool) in Rural Idaho
5. **VENICE HAYNES & CAM ESCOFFERY**
  - ▣ Cervical Cancer Program (With Love, We Learn) in Urban Georgia
6. **KIAMEESHA EVANS & EVELYN GONZALEZ**
  - ▣ Nutrition & Physical Activity Program (Body& Soul) in New Jersey

March 6<sup>th</sup>, 2013  
R2R Mentorship Close-Out Meeting  
Bethesda, MD



# MICHAEL CELESTIN



## R2R MENTORSHIP PRESENTATION

# R2R MENTORSHIP EXPERIENCE

Michael  
Celestin,  
MA, CHES, CTTS  
3/6/2013

# DISCUSSION ITEMS

- Prioritized public health competency skills
- Proposed goals and objectives for professional development and project work plan
- Accomplished objectives, and the processes, facilitators and barriers to accomplishment
- Mentorship program impact on:
  - Organization
  - Goals and objectives
  - Grasp of evidence-based public health

# PRIORITIZED COMPETENCIES

## ■ Analytic/Assessment Skills

- Define and prioritize problems
- Understand how data illuminates ethical, political, scientific, economic and public health issues
- Identify relevant and appropriate data, information sources, and types of evidence
- Make relevant inferences and determine appropriate uses and limitations of quantitative and qualitative data, and understand difference between primary and secondary research evidence

# PRIORITIZED COMPETENCIES

- **Basic Public Health Science Skills**
  - Apply the basic public health sciences including behavioral and social sciences
  - Identify and retrieve current relevant scientific evidence
  - Identify limitations of research and the importance of observations and interrelationships

# PRIORITIZED COMPETENCIES

## ■ Advocacy and Communication Skills

- Communicate effectively research/evaluation findings to policy makers, press, other non-technical staff and key decision makers to gain interest, support, and to advocate for funding and resources
- Identify policy options and write clear and concise policy statements for policy makers to gain interest, political support, and funding for public health issues



# PROPOSED PROFESSIONAL DEVELOPMENT

- **Goal:** Increase knowledge and skills in public health practice
- **Objectives:**
  - Attend 3 professional events with state or national public health organizations by end of program
  - Complete 3 public health practice competency trainings or reading by end of program
  - Complete 3 professional development trainings or readings by end of program
  - Exhibit 20 attributes identified as mentor strengths in “The Mentee Guide”

# PROFESSIONAL DEVELOPMENT ACCOMPLISHED

- Complete 3 public health practice competency trainings or readings by end of program
  - Completed R2R facilitated trainings, including:
    - Program Evaluation
    - Program Adaptation
    - Making Data Talk
    - Working On Policy Change
  - Read Evidence-Based Public Health
  - Read Essentials of Biostatistics in Public Health
  - Completed one-on-one SAS Data Analysis Software training

# PROFESSIONAL DEVELOPMENT ACCOMPLISHED

- Complete 3 professional development trainings or readings by end of program
  - Completed Tobacco Treatment Specialist Certification training
  - Read Writing Your Journal Article in 12 Weeks: A Guide to Academic Publishing Success
  - Completed R2R facilitated Manuscript Writing training

# PROFESSIONAL DEVELOPMENT ACCOMPLISHED

- Attend 3 professional events with state or national public health organizations by end of program
  - Attended APHA 141st Annual Conference and meetings
    - Black Caucus of Health Workers meeting
    - Public Health Education and Health Promotion (PHEHP) section meeting
    - Alcohol, Tobacco and Other Drugs section meeting
  - Participated in Multilevel Interventions in Health Care: Building the Foundation for Future Research Conference (Virtually)

# PROPOSED PROJECT WORK PLAN

- Goal: Increase tobacco cessation assist rates by physicians in Louisiana's public hospital system



# PROPOSED PROJECT WORK PLAN

## ■ Objectives:

### ■ Conduct assessments of:

- Clinicians' practices and beliefs regarding tobacco use and treatment
- Patients' perceptions of clinician tobacco use treatment

### ■ Pilot an intervention among:

- physicians to Increase physician Assist rates for smoking cessation

# PROPOSED PROJECT WORK PLAN

Deliverables	Key Activities to Complete	Evidence of Achievement	Completion Date
<b>A. Conduct assessments:</b> 1. Physician 2. Patient	<ul style="list-style-type: none"> <li>• IRB Approval</li> <li>• Survey development</li> <li>• Survey administration</li> <li>• Survey completion</li> <li>• Survey Analysis</li> </ul>	a) Survey Instruments b) Summary Reports	2/2012
<b>B. Develop content and programming for intervention</b>	<ul style="list-style-type: none"> <li>• Develop logic model to guide development process</li> </ul>	a) Logic model b) Implementation plan	6/2012
<b>C. Test usability and feasibility of intervention</b>	<ul style="list-style-type: none"> <li>• Test with 5-20 physicians</li> <li>• Intervention modifications</li> </ul>	a) Session guide b) Summary report	8/2012
<b>D. Pilot intervention among physicians (treating AA male tobacco users)</b>	<ul style="list-style-type: none"> <li>• Identify intervention and control clinic</li> <li>• Program Evaluation</li> </ul>	a) Session Guide b) Data Analysis c) Summary Report	11/2012

# PROJECT WORK PLAN

## ACCOMPLISHMENTS

- **Conduct assessments of:**
  - Physicians' practices and beliefs regarding tobacco use and treatment
  - Patients' perceptions of provider tobacco use treatment
- **Pilot an intervention among physicians to increase Assist rates for physicians treating**



# PROCESSES FOR ACCOMPLISHMENT

- **Professional Development**
  - Development of a mentoring agreement
  - Purchase of professional development material and meeting fees (e.g. books, registration)
  - Development of a project work plan

# FACILITATORS TO ACCOMPLISHMENT

## ■ Professional Development

- Weekly meetings via phone
- Timely e-mails for follow-up
- Engaged and supportive site supervisor
- National Cancer Institute training, support and resources

# PROCESSES FOR ACCOMPLISHMENT

## ■ Project Work Plan

- Survey identification, adaptation and development
- Institutional Review Board application submission and approval
- Survey administration
- Data management and analysis

# FACILITATORS TO ACCOMPLISHMENT

## ■ Project Work Plan

- Established relationship with hospital administrators
- LSU School of Public Health support and resources

# BARRIERS TO ACCOMPLISHMENT

## ■ Professional Development

- None

## ■ Project Work Plan

- Learning and undergoing Institutional Review Board application and approval process
- Staff development e-learning software transition
- Public hospital system transformation into public/private partnerships

# MENTORSHIP PROGRAM IMPACT

- **LSU Health School of Public Health**
  - Dissemination of acquired skills and experiences to students, faculty and staff
  - School and program visibility
- **LSU Health Public Hospital System**
  - Identified new approach to conducting clinician surveys
  - Broadened scope and enhanced quality improvement efforts

# MENTORSHIP PROGRAM IMPACT

## ■ Goals and Objectives

- Increased professional development, health practice competency, and project planning and management skills
- Increased surveillance, analytical and assessment skills

## ■ Grasp of Evidence-Based Public Health

- Strengthened understanding and use of core competency framework
- Enhanced knowledge of evidence-based intervention resources

# FUTURE DIRECTIONS

## ■ Pilot Physicians Counseling Smokers Intervention\*

- Purpose: Office-based program designed to increase the effectiveness of primary care physician-delivered smoking cessation interventions. (2003)

\*All dependent upon system transition



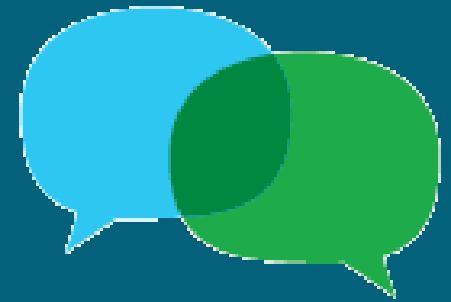
# FUTURE DIRECTIONS

## ■ Pilot Physicians Counseling Smokers Intervention\*

- Focus: Current tobacco smokers 11yrs. of age and older (gender and race/ethnicity neutral)
- Methods: Academic detailing program grounded in Transtheoretical Stages of Change using a 5 A's counseling model
- Needs: Adapt/update intervention material based on system and assessment findings

\*All dependent upon system transition

March 6<sup>th</sup>, 2013  
R2R Mentorship Close-Out Meeting  
Bethesda, MD



# LISA TROYER



## R2R MENTORSHIP PRESENTATION



# Implementing Colorectal Cancer Screenings (CRC) Reminders Through Insurance Providers in Montana

---

Lisa Troyer  
Program Manager  
Montana Cancer Control Programs

National Cancer Institute Research to Reality Mentorship Program



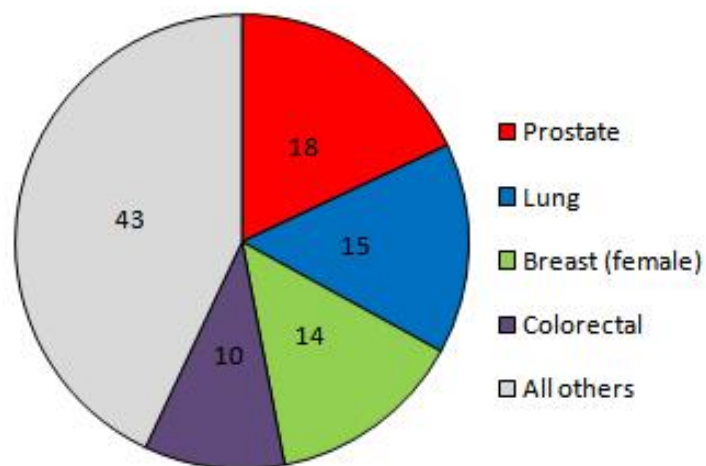


# Discussion Points

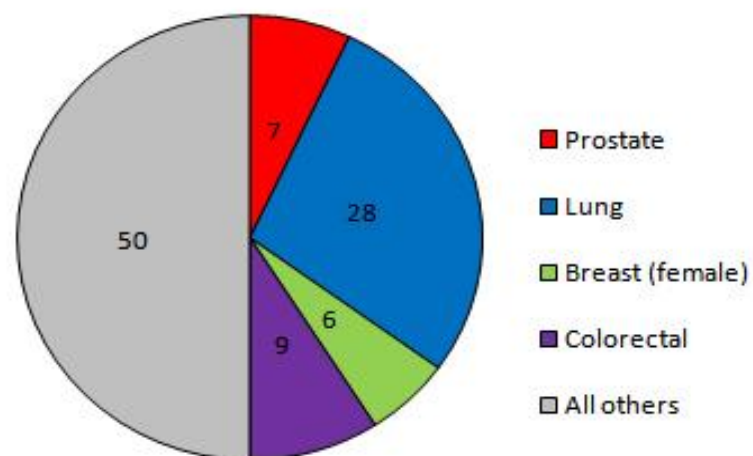
- Overview of the Project
- Development of Tools
- Evaluation Methods
- Next Steps
- Making Mentorship Work



Percentage Distribution of Incident  
Cancers in Montana, 2004-2008

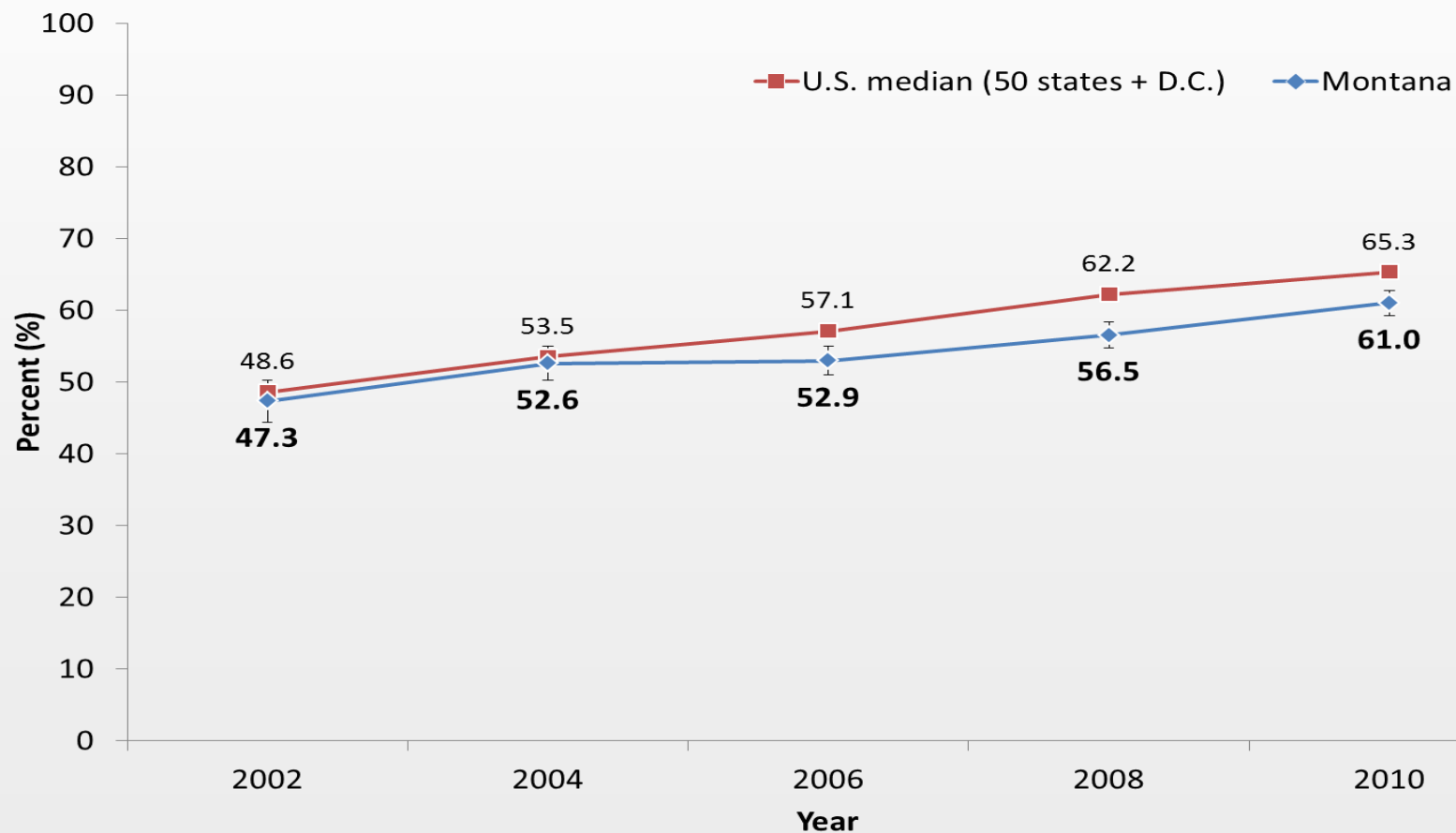


Percentage Distribution of Cancer  
Mortality in Montana, 2004-2008





**Adults aged 50 years or older who have ever had an endoscopy,  
Montana and U.S. median, BRFSS 2002-2010**





# Focusing on the Insured Population

- Montana's 3 main insurance providers:
  - Blue Cross Blue Shield of Montana
  - New West Health Services
  - Allegiance Life and Health
- Small Association Health Plans
  - Either self insured or insured through one of the main providers
- Medicare
- Medicaid



## Purpose:

- The purpose of the systems change project is to establish policies and systems with insurance companies, association health care plans and worksites which identify insured members of average cancer risk that are eligible for cancer screening and increase the proportion of the average risk insured population who are up-to-date with cancer screening following national guidelines.






# Implementing Client Reminders

- Using evidence based interventions:
- The Community Preventive Services Task Force recommends the use of client reminders to increase colorectal cancer screening with fecal occult blood testing based on strong evidence of effectiveness.
- Evidence is insufficient, however, to determine effectiveness of client reminders in increasing colorectal cancer screening with other tests (colonoscopy, flexible sigmoidoscopy), because of inconsistent evidence.



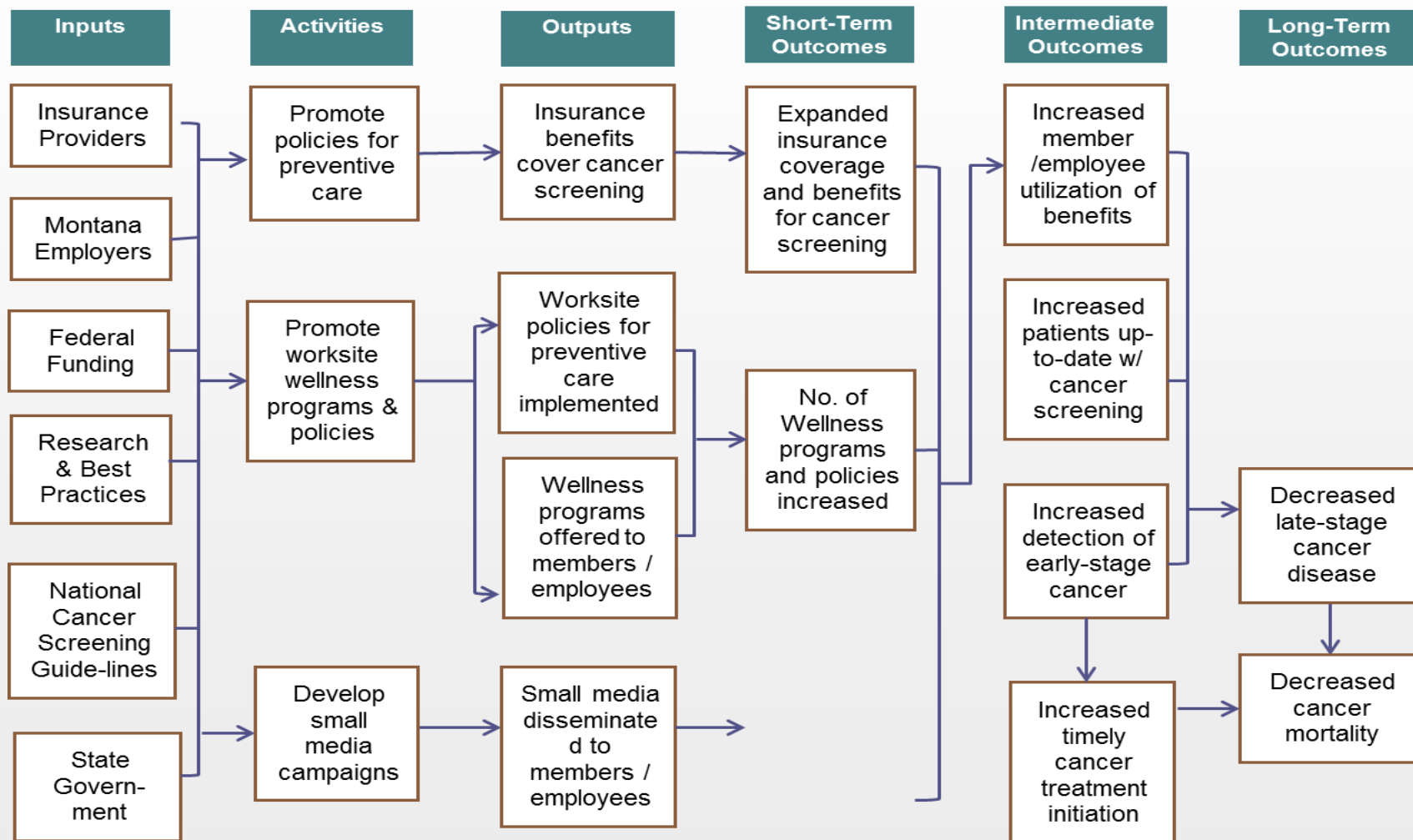
# Adding the Mentorship Component

-  Gene Lengerich, VMD, MS
- Epidemiologist from Penn State University and the Hershey Medical Center



# Developing Tools

- Logic Model
- Evaluation Plan
- Evaluation Project





# Creating Evaluation Methods: Process

- **Process Evaluation Objectives:**
  - Describe the policy and systems change activities that were in place prior to implementation and those that were established during the project: Insurance benefits coverage of cancer screenings, policies that support preventive care, wellness programs, and small media education to members.
  - Describe the technical assistance provided by contractors and staff to partner organizations (worksites and insurers).



# Creating Evaluation Methods: Outcome

- Outcome Evaluation Objectives
  - Assess the number of insured members who received breast, cervical, and/or colorectal cancer screenings.



# Mentorship in Action



Mount  
Helena City  
Park,  
Helena MT



# Creating an Evaluation Project

- Small Media Project with the Montana Association of Counties (MACo)
  - Group A (504 people): Received 1 Colorectal Cancer Screening postcard reminder and follow-up survey
  - Group B (507 people): Received 2 Colorectal Cancer Screening postcard reminders and follow-up survey





# Response Rates

	Group A: 1 postcard	Group B: 2 postcards
Number of surveys mailed	504	507
Number of surveys returned	235	214
Response rate	46.6%	42.2%



## Group Demographics

	Group A: 1 postcard % (n)	Group B: 2 postcards % (n)
Total	100.0 (235)	100.0 (214)
Female	54.0 (127)	58.9 (126)
Age group		
50-64	84.6 (199)	86.0 (184)
65-75	12.8 (30)	10.7 (23)
76 and older	2.1 (5)	3.3 (7)
Ever screened for colorectal cancer	70.6 (166)	69.6 (149)



## Results

- Postcard Recall: Remembering they received a postcard
- Taking Action: Including scheduling, completing, or talking to their healthcare provider about a colorectal cancer screening since receiving postcard



# Results

	Group A: 1 postcard % (n)	Group B: 2 postcards % (n)
Recall postcard		
Yes	43.8 (103)	63.1 (135)
No	25.1 (59)	14.5 (31)
Don't Know	31.1 (73)	22.4 (48)
Take action since Sept. 2012		
Overall	21.7 (51)	21.5 (46)
Yes, recall postcard	21.4 (22/103)	20.0 (27/135)
No, don't recall postcard	5.1 (5/59)	6.5 (2/31)



## Analysis

- Group B was more likely to recall receiving a postcard
- For both Groups, A&B, the people that reported having received a postcard were more likely to have taken action in regards to colorectal cancer screenings.



## Next Steps

- Continue doing outreach through postcard reminders
- Continue collecting utilization data from insurance companies and association plans



# Making Mentorship Work

- Laying out our work together for the year
- Regular communication
- Utilizing my mentor's strengths



# Challenges

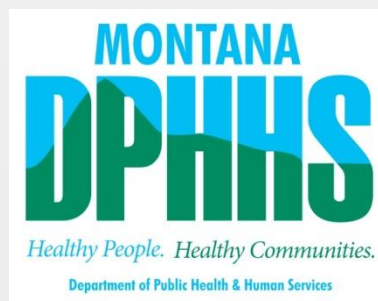
- Familiarity of Program
- Geographic Separation



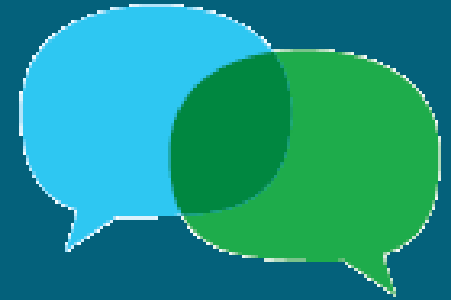


# Questions?

Lisa Troyer  
(406) 444-6089  
[LTroyer@mt.gov](mailto:LTroyer@mt.gov)



March 6<sup>th</sup>, 2013  
R2R Mentorship Close-Out Meeting  
Bethesda, MD



# ANGELA McFALL



## R2R MENTORSHIP PRESENTATION

A stylized, light brown illustration of a plant with several leaves and a cluster of small, round fruits or berries, positioned on the left side of the slide.

# RESEARCH TO REALITY MENTORSHIP PROGRAM: IMPLEMENTING A COLORECTAL CANCER SCREENING CLIENT REMINDER INTERVENTION IN A HEALTH INSURANCE WORKSITE

Angela McFall, M.S.

Cancer Prevention and Control Section

Michigan Department of Community Health

March 6, 2013



# Overview

- The Problem
- Project Development
- Project Implementation
- Intervention
- Results
- Lessons Learned
- Selected Competencies
- Mentorship Process
- Other Training





# The Problem

- Colorectal Cancer (CRC) is the second leading cause of cancer-related death in Michigan
- Only 69% of Michigan men & women have had an appropriately timed CRC screening
- The Center for Disease Control's CRC screening rate goal is 80% by 2014



# Project Development

- Original work plan:
  - Implement an evidenced based client reminder intervention to increase CRC Screening in a pilot organization
  - Upon completion of the pilot intervention, implement the intervention in two other organizations



# Project Development

- Collect data at baseline, three and six months post-intervention to determine if there is an increase in CRC screening rates



# Project Development

- Work plan

- Goals
- Objectives
- Timeline

- Project Deliverables

- Implementation Protocol
- Screening Guidelines
- Evaluation Tool





# Project Implementation

- Timeline implementation delays
  - IRB approval
  - Pilot site
  - Revise work plan



# Project Implementation

- MCC Challenge
  - Policy initiative
  - Review health care benefits
  - Collect baseline screening data:
    - Colorectal
    - Breast
    - Cervical
  - Eight organizations



# Project Implementation

- HealthPlus (HP), a Michigan based healthcare insurance company was interested
- First meeting: HP Headquarters
  - Key players
  - Reviewed/shared sample client reminder cards



# Project Implementation

- HP could not count this particular screening procedure for HEDIS reporting purposes, therefore they could not use the client reminder cards that supported it
- A suggestion was made to use Make It Your Own (MIYO) for the development of the materials



# Project Implementation

- MIYO lets the user create CRC educational resources that are targeted to the populations they serve
- HP was able to develop the reminder postcards material to meet their needs and include HP branding



# Project Implementation

- HP ran baseline Current Procedural Terminology (CPT) codes to determine those employees that did not meet 2011 HEDIS measures
- HP created a client reminder card using MIYO
- There was a slight timeline delay due to approval HP needed to obtain from their legal, marketing and management teams before printing the card



# Project Implementation

- Once the postcards were printed they were shipped to HP
- MDCH provided postage and the cards were mailed to 94 employees and their spouses in mid-July 2012

# Intervention





# Intervention

**If you're 50 or older, talk with  
your health care provider about  
the different colon cancer  
screening tests.**

Check out the HealthPlus Web site at  
[www.healthplus.org](http://www.healthplus.org) for more health  
information or call Customer Service at  
1-800-332-9161.



---

---

---

---

# Results

- Three-month post-intervention: 4% increase in screening
- Six-month post intervention: Additional 11% increase in screening
- Total increase in screening = 15%



# Lessons Learned

- Timelines
- IRB process
- Expect the Unexpected





# Selected Competencies

- Partnership, Collaboration and Community
- Advocacy and Communication Skills



# Mentorship Process

- Phone Calls/emails
- Dialogue for Action
- Site visit





# Other Training

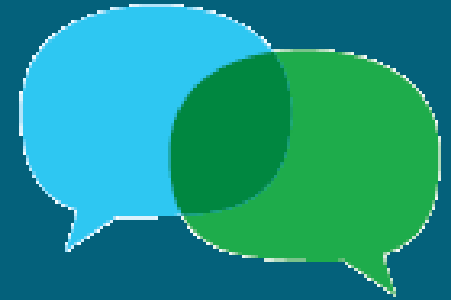
- Evidenced based intervention
- Training
- Stories
- Cyber-seminar





Questions?

March 6<sup>th</sup>, 2013  
R2R Mentorship Close-Out Meeting  
Bethesda, MD



# CHARLENE MITCHELL



## R2R MENTORSHIP PRESENTATION



# **R2R Mentorship Close Out Meeting**

## **Deliverable Overview & Completion**

### **Charlene Mitchell**

# Overview

- Project Proposal
  - Project outcomes
- Competencies
- Deliverables
  - Outcomes
  - Accomplishments
- Impact of Mentorship






# Project Proposal

- Initial proposal June 2011
  - “A targeted skin cancer education and screening program is necessary in order to meet the unique needs of those individuals living in rural communities. The proposed intervention will include developing educational materials for community distribution, making community connections with local healthcare providers, and implementing a skin cancer screening program in Western Idaho and Eastern Oregon.”
  - Actual project implemented was VERY different than proposed

# Implemented Projected

- Community skin cancer screening held June 2012
  - Partnered with 3 local dermatologists
  - Screened 88 individuals
    - Approximately 40% referred to dermatologist for follow-up
- Pool Cool Program (sun safety education) held June-August 2012
  - Train the trainer model
  - 700+ youth enrolled in swim lessons

# Competency Development

Prioritized Competency	Accomplished?	Lessons Learned
Program Planning		Its know what you know but, if you know where to find it.
Partnership, Collaboration and Community Engagement		Relationships can make/break successes
Cultural Competence		<ul style="list-style-type: none"><li>•Limited resources specific to rural communities</li><li>•Learned through doing and interacting</li></ul>

Project Deliverables			
Deliverable	Key Activities to Complete Deliverable	Evidence of Achievement/Measures	By What Date?
<b>Develop and implement skin cancer screening program</b>  To provide to NCI: <ul style="list-style-type: none"> <li>Asset map</li> <li>Logic model</li> <li>Evaluation plans</li> <li>Copy of Materials developed</li> </ul>	Asset Mapping	Asset Map completed	11/2011
	Logic Model	Logic model completed	12/2011
	Develop at least 2 new internal and external partnerships	Scheduled meetings with internal/external partners	1/2012
	Implement skin cancer screening event	Hold screening event	6/2012
	Evaluate skin cancer screening program		
<b>Develop and implement sun safety education program</b>  To provide to NCI: <ul style="list-style-type: none"> <li>Asset map</li> <li>Logic model</li> <li>Evaluation plans</li> <li>Copy of Materials developed/adapted</li> <li>Tip sheet for Pool Cool expansion in Idaho</li> </ul>	Asset Mapping	Asset map completed	11/2011
	Logic Model	Logic model completed	12/2011
	Develop at least 2 new internal and external partnerships	Scheduled meetings with internal/external partners	1/2012
	Confirm cultural relevancy of program w/community members	Field testing of materials completed	4/2012
	Implement sun safety education program	Educational program implemented	6/2012
	Evaluate sun safety education program	Completed evaluation plans	8/2012
	Make recommendations for future program expansion	Develop “tip sheet” for future use of Pool Cool within St. Luke’s MSTI	9/2012
<b>Develop program planning toolkit</b>  To provide to NCI: <ul style="list-style-type: none"> <li>Final version of toolkit</li> </ul>	Develop toolkit content	Content outline developed	7/2012
	Print/finalize program planning toolkit	Toolkit completed	8/2012
	Share toolkit with coworkers	Share information with coworkers at meeting	9/2012
	Utilize toolkit to plan new program.	New program developing utilizing program planning toolkit	3/2013 – to be completed after mentorship program
<b>Submit an abstract or presentation to conference/meeting</b>			

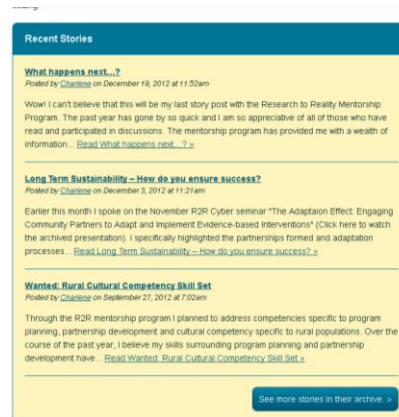
# Next steps for Screening & Pool Cool

- Annual skin cancer screening
- Pool Cool
  - Maintain existing program at Payette City Pool
  - Expand to new sites
    - Twin Falls City Pool
    - Roaring Springs Water Park (pending)
  - Lessons adapted for younger ages



# R2R Program Deliverables

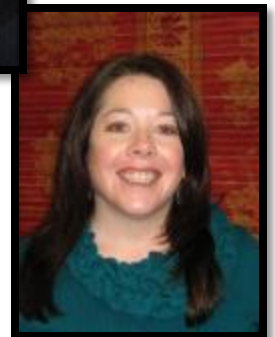
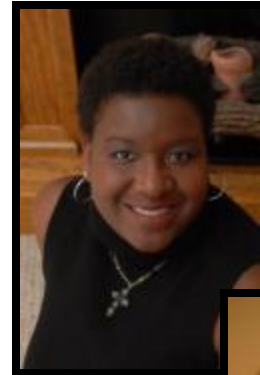
- Monthly R2R Story Posts
- R2R Cyber Seminar
- Developing and maintaining project and competency development work plans
- Present on project, lessons learned, or conduct training on EBPH to colleges and/or community
- Share experiences/results with local, regional, or national audiences through conference or journal abstract submission.





# Impact of Mentorship Program

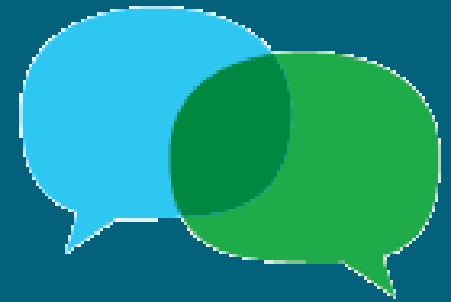
- Not just competence development
- Overall increased self-efficacy with evidence based public health
- Access/exposed to new resources
  - Trainings
- New network of peers





Thanks  
Everyone!

March 6<sup>th</sup>, 2013  
R2R Mentorship Close-Out Meeting  
Bethesda, MD



# VENICE HAYNES



## R2R MENTORSHIP PRESENTATION

# **Research to Reality Mentorship Program Close-out Meeting March 6-7, 2013**

With Love We Learn Adaptation Project Summary

Venice E. Haynes

Cam Escoffery

# With Love We Learn Project Overview

- Cervical cancer education program designed for Latino couples (¡Con Amor Aprendemos!) adapted for the African American community to (With Love We Learn)
- Community organization: Spirit Foundation Inc.
- African American faith-based community = trainers and facilitators of the program

# Community Program

Overview of the Cervical Cancer Education Program With Love We Learn (WLWL)	
Session	Topic
I	· Welcome and Introductions • Paperwork • Incentives
I	<b>Introduction and Anatomy Objectives: Participants will be able to :</b> Label the following parts of the female reproductive system: cervix, vagina, vulva, uterus and perianal area Explain why the cervix is the most common area for HPV to develop . Also the male reproductive system will be reviewed.
II	<b>Understanding Sexually Transmitted Infections and HPV Objectives: Participants will be able to :</b> Identify HPV as a sexually transmitted infection. Recognize symptoms of common STIs and how STIs are transmitted Differentiate HPV from other STIs ACTIVITY: card game cause of infection, transmission, symptoms, treatment
III	<b>Cervical Cancer and HPV</b> · Collect surveys · Go over medical questions <b>Objectives: Participants will be able to:</b> Recognize that HPV is the cause of the majority of cervical cancer State that the Pap test is the main screening test for cervical cancer .State the importance of follow-up after abnormal Pap test ACTIVITY: BINGO -MYTH OR TRUTH
IV	<b>HPV Vaccines:</b> Review previous sessions <b>Objectives: Participants will be able to</b> discuss the risks and benefits of the two HPV vaccines, its role in prevention of HPV related cancer and illness in women and men and myths and truths about the vaccines Matching Star Game
V	<b>Act It Out-by using skits (dialogues) Objectives: Participants will be able to :</b> Discuss the importance of communication about HPV and cervical cancer prevention between partners · Collect surveys · Play DVD · Announce homework for mock presentations · break out groups w/mini-delivery sessions This will be conducted with the help of the drama ministry of the churches
VI	<b>Presentations and Celebration</b> Share real-life scenarios revealing The consequences of HPV and unchecked cervical cancer

# **PROJECT DELIVERABLES, KNOWLEDGE, AND SKILLS LEARNED**

## Assumptions

African American community need and want information about cervical cancer and HPV  
Few culturally competent cervical cancer and HPV educational programs targeting African American couples  
African American men want to proactively participate with their partner in educational programs

## External Factors

New cases of cervical cancers 1.5 times as high in African American women compared to their white counterparts  
Cultural roles and family structure within the African American community  
Confusion and misinformation surrounding cervical cancer and HPV

## Program Structure

6 sessions of 2 hours each  
8 to 10 African American couples per course  
2-4 faith-based certified trainers and volunteers  
Delivered in the African American faith-based community setting

## Divisional Program Inputs

Program coordination and materials  
WLWL Program guidelines  
Faith-based CHA training programs and supplies  
Technology/computer systems  
Rollins School of Public Health collaboration for evaluation  
Financial support  
Partnerships with the Spirit Foundation, Dr. Lisa Flowers, and private providers

## Local Program Inputs

Church WLWL trainers and volunteers  
Collaborative partnership with community for facility, food, and incentives  
Church WLWL marketing and promotion

## Participation

African American couples  
Certified WLWL trainers  
ACS and Spirit Foundation Staff and Volunteers

## Outputs

# of WLWL train the trainer training sessions  
# of WLWL community sessions  
# of WLWL certified trainers  
# of African American couples in attendance per WLWL session  
Fraction of community participants who would recommend WLWL to family and friends  
Fraction of trainers who feel very capable in implementing WLWL

## Short Term Outcomes

African American couples have reliable information about STI, HPV, and cervical cancer  
African American couples openly discuss prevention and screening for STI, HPV, and cervical cancer  
African American community has increased knowledge on STI, HPV, and cervical cancer prevention  
African American couples share cancer information with relatives and friends

## Long Term Outcomes

Decrease cervical cancer and STI prevalence among African American women  
Reduce anxiety regarding misinformation of HPV and cervical cancer  
Increase sense of empowerment in health-related decision making  
Improve African American couple support in health-related decision making

Recruitment, training, retention of WLWL certified trainers and volunteers  
Promoting the program in African American community  
Recruiting African American couples as participants  
Arranging and conducting training session for trainers and community  
Documentation of program activities (data tracking)  
Evaluation using behavior survey, pre and post knowledge survey and participant/trainer evaluations

## Activities

## Medium Term Outcomes

African American women increase participation in cervical cancer screening and follow-up  
African American couples make lifestyle changes to prevent STI, HPV, and cervical cancer  
African American community has high retention of STI, HPV, and cervical cancer knowledge



# Qualitative Data Collection

## Focus Group Guide

### ➤ Overall Program and Delivery

- How members react to sensitive subjects
- Advice on delivering health messages in a church setting

### ➤ Program Incentives

- Strategies or incentives to recruit, participate and stay in program

### ➤ Materials/Intervention

- Changes to information and/or pictures to make program more relevant to members
- Resistance to answering questions to survey
- Materials of sessions understandable and clear

### ➤ Technical Assistance and Help

- What could help with faith-based leaders conducting the program
- Booster sessions or follow-up trainings needed

# Codes for Nvivo Analysis

With Love We Learn (NVivo 10).nvp - NVivo

File Home Create External Data Analyze Query Explore Layout View

Go Refresh Open Properties Edit Paste Copy Merge B I U A Format Paragraph Styles Reset Settings Select PDF Selection Text Find Replace Delete Spelling Proofing

Workspace Item Clipboard

**Nodes**

Look for: Search In: Nodes Find Now Clear Advanced Find X

**Nodes**

Name	Sources	References	Created On	Created By	Modified On	Modified By
Program and Delivery	0	0	9/7/2012 5:06 PM	VH	9/11/2012 12:15 PM	VH
Age category	1	9	9/7/2012 5:07 PM	VH	10/29/2012 2:46 PM	VH
Who participate	1	15	9/7/2012 5:08 PM	VH	10/29/2012 4:20 PM	VH
Feeling about womens health pro	1	12	9/7/2012 5:09 PM	VH	10/29/2012 4:28 PM	VH
Reaction	0	0	9/7/2012 5:10 PM	VH	9/7/2012 5:12 PM	VH
male and female anatomy	1	3	9/7/2012 5:11 PM	VH	10/29/2012 4:33 PM	VH
sexually transmitted infections	1	1	9/7/2012 5:11 PM	VH	10/29/2012 4:34 PM	VH
monogomy	1	1	9/7/2012 5:11 PM	VH	10/29/2012 4:34 PM	VH
condoms	0	0	9/7/2012 5:11 PM	VH	9/7/2012 5:11 PM	VH
different forms of sexual activiti	1	5	9/7/2012 5:11 PM	VH	10/29/2012 4:35 PM	VH
vaccines	0	0	9/7/2012 5:12 PM	VH	9/7/2012 5:12 PM	VH
Using the church	1	7	9/7/2012 5:13 PM	VH	10/29/2012 4:45 PM	VH
Change delivery	1	17	9/7/2012 5:14 PM	VH	10/29/2012 4:51 PM	VH
Issues and challenges	0	0	9/7/2012 5:14 PM	VH	10/29/2012 4:24 PM	VH
Advice on delivery	0	0	9/7/2012 5:15 PM	VH	9/11/2012 12:28 PM	VH
Web format	0	0	9/7/2012 5:16 PM	VH	9/7/2012 5:16 PM	VH
Other churches adopt	0	0	9/7/2012 5:16 PM	VH	9/7/2012 5:16 PM	VH
Time frame feasible	0	0	9/7/2012 5:18 PM	VH	9/7/2012 5:18 PM	VH
Program Incentives	0	0	9/7/2012 5:18 PM	VH	9/7/2012 5:18 PM	VH
Materials and Information	0	0	9/7/2012 5:21 PM	VH	9/7/2012 5:21 PM	VH

VH 60 Items

# Analysis and Outcomes

## ➤ Overall Program and Delivery

- *“I think there is a distinction. One is not more valid than the other. But if this is specifically to enrich the understanding and interaction between couples then the way the information is versed and presented has to reflect that and show the ways that it strengthens what's going on with a couple as it pertains to the information that you're giving versus just it being sex education. “*

## ➤ Program Incentives

- *“I mean for the couples they always wanting a weekend getaway or something.”*

## ➤ Materials/Intervention

- *“I was going to say have an alternative game for that same time in the class, so based on your class, especially if it's the younger group who typically are a little—can't sit as long or don't have the tolerance to actually wait for somebody to get Bingo. You might get a game that's a little faster moving or if you have a class and you know that your class is like that. You have an option to Bingo. Maybe you can choose based on kind of your class.”*

## ➤ Technical Assistance and Help

- *“I think workshops on each session and then a summer session.”*

# Trainers Pre/Post Test

		AA Atlanta (N=6)	
Test		Pre	Post
Variable		n (%)	n (%)
<b>Labeling</b>			
Vulva, 2 missing pre/post		1 (25.0)	4 (100.0)
Perianal, 3 missing pre, 2 post		1 (33.3)	4 (100.0)
Uterus, 2 missing pre/post		2 (50.0)	4 (100.0)
Cervix, 3 missing pre, 2 post		1 (33.3)	4 (100.0)
Vagina, 3 missing pre, 2 post		2 (66.7)	4 (100.0)
<b>Questions</b>			
How HPV passed? 1 missing pre, 0 post		2 (40.0)	6 (100.0)
Screening test called? 3 missing pre, 1 post		2 (66.7)	5 (100.0)
HPV can cause, 3 missing pre, 0 post		3 (100.0)	6 (100.0)
Abnormal pap, risk of.., 1 missing pre, 0 post		5 (100.0)	6 (100.0)
STI that causes cervical cancer..., 3 missing pre, 0 post		3 (100.0)	6 (100.0)
HPV Infection causes..., 1 missing pre, 0 post		4 (80.0)	5 (83.3)
Pass most STIs by...., 1 missing pre, 0 post		5 (100.0)	6 (100.0)
Lower chance of STI by...., 1 missing pre, 0 post		5 (100.0)	6 (100.0)
Most people with STI have....., 1 missing pre, 0 post		3 (60.0)	4 (66.7)
Cell change quickly during puberty/pregnancy, 1 missing pre/post		4 (80.0)	5 (100.0)
Cervix close to the uterus, 1 missing pre/post		1 (20.0)	0 (0.0)
When cervical cells change, weak and open to infection, 1 missing pre/post		5 (100.0)	5 (100.0)
A lot of people have STIs, 1 missing pre/post		0 (0.0)	0 (0.0)

# Adaptation Summary Form

PROGRAM COMPONENT	ADAPTATION CONSIDERATIONS	ACTUALLY ADAPTED? (Y/N)	REASON FOR ADAPTATION	TYPE OF ADAPTATION	MANUAL REVISION
<b>Session 3: Cervical Cancer And The Human Papillomavirus <i>Getting To The Truth</i></b>					
Manual Review/Feedback	<b><u>Berean Christian Church:</u></b> - Needs more relevant games	<input type="checkbox"/> Yes <input type="checkbox"/> No	Some of the games are not suitable for the participants.	<input type="checkbox"/> Green Light <input type="checkbox"/> Yellow Light <input type="checkbox"/> Red Light	With Love We Learn Myth Buster was created to give more variety.
Manual Review/Feedback	-Update the statistics for women infected with Cervical Cancer (pg.76)	<input type="checkbox"/> Yes <input type="checkbox"/> No	The statistics are of Hispanic/Latina Women.	<input type="checkbox"/> Green Light <input type="checkbox"/> Yellow Light <input type="checkbox"/> Red Light	Statistics were updated with more relevance to African Americans.
Focus Group Feedback	The relay game should have a modification.	<input type="checkbox"/> Yes <input type="checkbox"/> No	All participants may not physically be able to run to the board for the relay game so other fun and interactive games should be thought of to play for backup. The older age group (50-65) may not be able to play the games also. A disclaimer should be used for the beginning.	<input type="checkbox"/> Green Light <input type="checkbox"/> Yellow Light <input type="checkbox"/> Red Light	An alternative game was added that would allow participants to either run to the board or have one person write their answers.
Train the Trainer Feedback	BINGO should be kept as an alternative.	<input type="checkbox"/> Yes <input type="checkbox"/> No	The participants felt that BINGO should be kept as an option.	<input type="checkbox"/> Green Light <input type="checkbox"/> Yellow Light <input type="checkbox"/> Red Light	BINGO was added as an alternative to the With Love We Learn Myths and Truth Buster.
Train the Trainer Feedback	Getting a follow up exam to an abnormal Pap test should be included.	<input type="checkbox"/> Yes <input type="checkbox"/> No	The participants felt that getting a follow up exam to an abnormal Pap test should be included to instill this into the participants.	<input type="checkbox"/> Green Light <input type="checkbox"/> Yellow Light <input type="checkbox"/> Red Light	Women in our community are drying because that are not getting a Pap test and/or not following up with an abnormal test.
Train the Trainer Feedback	The numbers for the BINGO game alternative should be included on the Myths	<input type="checkbox"/> Yes <input type="checkbox"/> No	The participants felt that the numbers should be added onto the game so there would be no confusion for BINGO.	<input type="checkbox"/> Green Light <input type="checkbox"/> Yellow Light <input type="checkbox"/> Red Light	The myths and truths were numbered for the BINGO alternative.



# Adaptations

*From  
CAA for Latino Couples*

**iCon  
Amor  
Aprendemos!™**  
*With Love We Learn!*



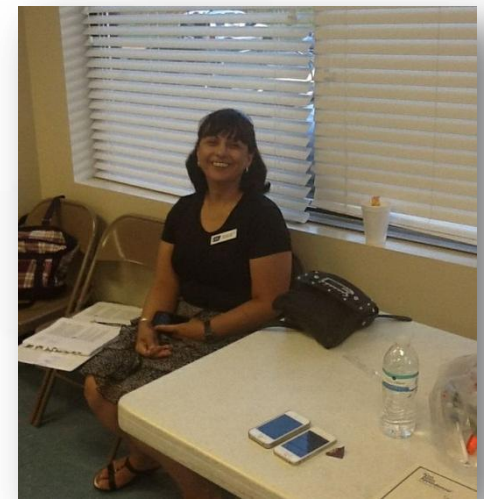
*To  
WLWL for African American Couples*

**With Love We Learn!**  
*iCon Amor Aprendemos!*

*A Unique Approach to Teaching  
African American Couples  
about Cervical Cancer and the  
Human Papillomavirus*



# WLWL Train the Trainer Weekend



# CHALLENGES AND NEXT STEPS

# Personal and Organizational Challenges

## Personal -

- Change in project due to funding and staff support
- Changes in staffing and turnover
- Change in position as a result of funding

## Organizational –

- Slow project start
- Finding the right churches to partner and implement the program
- Timing and logistics for trainings; timing for pilot implementation

# Where are we?

McKleroy et al. (2006)	Kumfer et al. (2008)	Wingood & DiClemente (2008)
Assessment	Gather needs assessment data	Assessment: focus group with target pop and key community
Selection	Careful selection of the best EBT to culturally adapt	Decision: which EBI fits best
Preparation	Conduct focus groups to review intervention materials (Staff selection and training; implementation)	Administration: decisions about what components are adopted/adapted; Production: initial draft; Topical experts review; Integration: 2 <sup>nd</sup> draft with input of experts
Pilot test the adapted materials	Cultural adaptations made with continuously with pilot groups	Testing: conduct pilot research and short-term outcome study of the adaptation
	Revisions of program materials; Empowerment evaluation; Disseminate results of the effective adapted version	





# What's Next?

- Refresher course (suggested in adaptation feedback) scheduled for March 26, 2013 @ Greenforest Baptist Church
- Implementation scheduled for late April/May
- Funding being sought out (fundraisers and small grants) by health ministries to continue trainings and implementation

# Contributors

- Spirit – Lisa Flowers
- Greenforest Baptist Church and Berean Christian Church
- Students Corinthia Wilkerson, Rashida Bell
- Olga Lucia Jimenez – American Cancer Society
- Winnie Thompson – Emory University
- Keisha Houston – Centers for Disease Control and Prevention
- John Wingfield – Morehouse School of Medicine Prevention Research Center, Cancer Unit

# Special Thank You

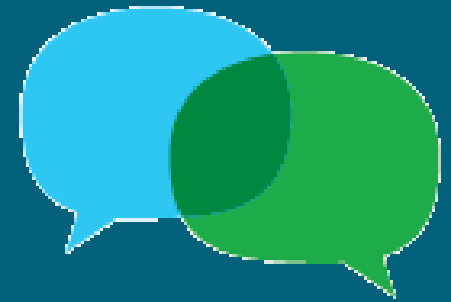
*Mentor Cam Escoffery*

*Panera Bread*  
(our office space!)



*Peyton Purcell, Michael Sanchez and the **entire**  
Research to Reality Mentorship Program Team!*

March 6<sup>th</sup>, 2013  
R2R Mentorship Close-Out Meeting  
Bethesda, MD



# KIAMEESHA EVANS



## R2R MENTORSHIP PRESENTATION

- Kiameesha will be using a Prezi which is available at:

[http://prezi.com/hawgnxlmokce/moving-from-the-lab-to-the-street/?auth\\_key=32fcc812fd901b2b321006fa5422ba1618a801f2&kw=view-hawgnxlmokce&rc=ref-4526000](http://prezi.com/hawgnxlmokce/moving-from-the-lab-to-the-street/?auth_key=32fcc812fd901b2b321006fa5422ba1618a801f2&kw=view-hawgnxlmokce&rc=ref-4526000)