Cancer Screening in the Community: Cultivando la Salud

Decreasing Health Disparities in Cancer Diagnosis & Prevention among High-Risk Populations
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I have no real or perceived vested interests that relate to this presentation nor do I have any relationships with pharmaceutical companies, biomedical device manufacturers, and/or other corporations whose products or services are related to pertinent therapeutic areas.
OBJECTIVES

• Background:
  – CBPR,
  – Lay Health Worker Approaches
  – Community Guide Recommendations

• Describe an evidenced-based intervention to increase breast and cervical cancer screening among Hispanic women.

• Provide examples of program adaptation and implementation in different settings.

• Highlight important processes and questions related to program effectiveness, adaptation and dissemination research.
Community Based Participatory Approaches
Definition of CBPR

“systematic inquiry, with the participation of those affected by the issue, for the purposes of education and action or effecting change.”

Community-Based Participatory Research (from AHRQ evidence report on CBPR, 2004)

Traditional Research Approach

- **Health Concerns Identified**
- **Study Designed and Funding Sought**
- **Participants recruited and retention systems implemented**
- **Measurement instruments designed and data collected**
- **Intervention designed and implemented**
- **Data analyzed and interpreted**

Community-Based Participatory Research (from AHRQ evidence report on CBPR, 2004)

- **C. helps identify key issues**
  - Motivation to participate
  - Acceptability and “buy-in”

- **C. helps with study design, proposal submission**
  - Enhanced recruitment and retention

- **C. gives guidance recruitment and retention**
  - Increased reliability and validity

- **C. helps with measures development and testing**
  - Greater relevance and likelihood for success

- **C. helps guide intervention development**
  - Enhanced potential for translation and dissemination

- **C. helps with interpretation, publications**

Issues selected from data without community input

Design: science and feasibility

Budget: research expenses

Recruitment and Retention based on science and “best guesses”

Measures adopted or adapted from other studies, psychometric testing

Intervention designed by researchers based on literature and theory

Researchers report findings from analysis and publish in peer review journals
Lay Health Worker Approaches
What’s in a name?

• Lay Health Workers
  – the word “lay” denotes they are not professionals
• Community Health Worker
  – recruited from the same community in which they will work.
• Patient Navigator
  – imbedded within a health care system?
• Peer Leader
  – suggests a commonality between the worker and clients and that they have leadership characteristics

Lay Health Workers

• Since the 1960s LHWs have been used increasingly in health promotion.
• The role of LHWs is varied.
• Challenges for research to determine effectiveness
• Challenges for translating research evidence into practice

What we know about LHW programs

Reviews have determined effectiveness for:

• Improving health and behavioral outcomes in cardiovascular disease (Fleury 2009)

• Improved diabetes self-management and breastfeeding outcomes, as well as on general nutrition knowledge and dietary intake behaviors among Latinos (Perez-Escamilla 2010)
Effectiveness of LHW programs

Reviews have demonstrated effectiveness for:

- Increasing immunization uptake, promoting breastfeeding, improving tuberculosis outcomes, and reducing morbidity and mortality from childhood illnesses (Lewin 2005 Cochrane; Lewin 2010 Cochrane)

- Increasing use of cancer screening tests (Viswanathan 2010)
Community Health Worker interventions were associated with a statistically significant increase in mammography. In RCTs, stronger effects were found for
• Participants recruited in medical settings
• Programs conducted in urban settings
• When CHWs were matched with participants for race or ethnicity.

Individual Studies Showing Effectiveness of LHW Programs for Increasing Cancer Screening

- *Cultivando La Salud*: A Breast and Cervical Cancer Screening Promotion Program for Low-Income Hispanic Women (Fernandez, 2009)

- AMIGAS, a culturally-appropriate, theoretically sound intervention for Hispanic women living along the Texas-Mexico border (Byrd, Fernandez, 2013)

- Lay Health Worker Outreach and Media-Based Education for Promoting Cervical Cancer Screening Among Vietnamese American Women (Mock 2007)
Remaining Research Questions

• **What we need to know (known unknowns)**
  – Do intensity of the intervention, deliverer and/or the materials LHWs use contribute program effectiveness?
  – Is group LHW education and LHW one on one equally effective?
  – What is the relative effectiveness and cost effectiveness of different types of LHW-delivered small media (video vs flipchart vs interactive technology)?
  – Can LHW effectively deliver interventions on multiple behaviors?
  – Are tailored approaches more effective than non-tailored approaches?

• **Unknown unknowns**
  – What is it about Lay Health Worker Interventions that contribute to their success?
“If all you have is a hammer, everything looks like a nail”
But just **look** at this hammer, it is so beautiful...

and it’s been really helpful for me in the past...
What Works?

What do we know works to increase cancer screening and how do Lay Health Worker programs fit in?
Cancer Prevention & Control:  
Client-oriented Screening Interventions

Interventions for clients either provide education to increase cancer screening or make it easier for clients to be screened. Results are reported separately for breast, cervical, and colorectal cancer screening because routine screening recommendations differ by age and sex.

Task Force Recommendations & Findings
This table lists interventions reviewed by the Community Guide, with Task Force findings for each (definitions of findings). Click on an underlined intervention title for a summary of the review, and where available, Research-tested Intervention Programs (RTIPs).

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<thead>
<tr>
<th>Interventions</th>
<th>Breast Cancer</th>
<th>Cervical Cancer</th>
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<td><strong>Client reminders</strong></td>
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### Recommendations based on findings based on updated review

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**INTERVENTION MAPPING (IM)**

- IM is a step-by-step process for using theory, empirical findings, and CBPR to create effective health intervention programs.
- IM provided a roadmap for decision making while carrying out the program aims.
- CLS was developed using IM

**Core Steps in IM:**
1. Assess needs
2. Identify target behaviors, determinants, and change objectives
3. Identify methods and strategies
4. Develop program materials
5. Plan for program adoption and implementation
6. Evaluation

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Cultivando La Salud
A Breast and Cervical Cancer Screening program for Farmworker Women
NCFH received a grant from the CDC to develop, test, replicate and disseminate a breast & cervical cancer prevention program targeting Hispanic farmworker women.

• Theory and evidence based

• Goal - to increase breast and cervical cancer screening among Hispanic farmworker women 50 years of age and older.

• Replicable model
  – Hays County CLS program began in 2006 supported by a Susan G Komen grant
  – Adopted in over 50 communities across the country
CLS TOOL KIT – A COMPREHENSIVE HEALTH INTERVENTION

• **Organizational Level - Manual** for program adopters, e.g.: health center managers, promotora program coordinators, outreach directors.

• **Interpersonal Level - Curriculum** to train promotoras how to implement CLS with farmworkers

• **Farmworker Level - Teaching tools** to help promotoras provide education to farmworkers.
  - Teaching guide w/ detailed lesson plans
  - Flipchart
  - DVD/Video
  - Breast model
  - Pamphlets
Flipchart & Video/DVD:
Role model stories
Testimonials
Addressing misconceptions and barriers

"Mi pareja no quiere que me haga la prueba Pap."

"My partner doesn’t want me to go get a Pap test."

"Yo no he ido a hacerme la prueba Pap porque me da pena."

"I haven’t gone for my Pap test because I’m embarrassed."

"La prueba Pap encontró el cancer del cuello de la matriz a tiempo. Me alegra que me hice la prueba Pap."

- Teresa

"The Pap test found cervical cancer early. I’m so glad that I didn’t wait to get the Pap test."

- Teresa
SOBREVIVIENDO CÁNCER DEL CUELLO DE LA MATRIZ

Lea el siguiente testimonio de Teresa.

Esta es la historia de Teresa. Ella cuenta su experiencia con cáncer del cuello de la matriz:

“Cuando me dieron mis resultados de la prueba Pap, la carta que me mandó el doctor decía que tenía que ir a la clínica. El doctor me dijo que me tenían que hacer más pruebas porque algo no había salido normal. Después de una prueba en donde se saca un pedacito pequeño del tejido del cuello para ser analizado llamado biopsia, el doctor me dijo que tenía cáncer del cuello de la matriz, pero que lo habían encontrado en una etapa temprana. Fui a hacerme tratamiento dos veces y ahora estoy curada. La prueba Pap encontró los cambios a tiempo. Si me hubiera esperado más tiempo hubiera sido mucho más grave. ¡Me alegra que no me esperé a hacerme la prueba Pap! El Pap me salvó la vida.”

-Teresa

Haga a sus participantes las siguientes preguntas:

- ¿Qué pensó de la historia de Teresa?
- ¿Antes de escuchar esto, usted pensaba que las mujeres podían sobrevivir el cáncer del cuello de la matriz?

SURVIVING CERVICAL CANCER

Read to your participants the following testimonial by Teresa.

This is Teresa’s story about her experience with cervical cancer:

“When I got my results back from my Pap test, the letter the doctor sent me said that I had to go into the clinic. The doctor told me that I needed to go for more tests because something was not normal. After a test where a small piece of tissue from the cervix is taken for further testing called a biopsy, the doctor told me I had cervical cancer, but that they had found it an early stage. I went in for treatment twice, and my cancer was cured. The Pap test found the changes early. If I had waited any longer it could have been more serious. I’m so glad I didn’t wait to get the Pap test! It saved my life.”

-Teresa

Ask your participants the following questions:

- What did you think about Teresa’s story?
- Before hearing this, did you think women could survive cervical cancer?
IMPLEMENTING THE PROGRAM

- Used Promotora Model
- Door to door outreach
- Conducted educational sessions
- Made referrals to screening
- Follow-up
EVALUATION
STUDY DESIGN

• Intervention Trial:
  Four matched sites randomly assigned to
  2 Intervention sites (CA, TX)
  2 Comparison sites (CA, NM)

• Target Population:
  Hispanic women aged ≥ 50 years
## Study Design

### Evaluation Study Design

<table>
<thead>
<tr>
<th>R (2 sites)</th>
<th>Time 1: Baseline</th>
<th>Time 2: 6-7 months after baseline</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Cohort</td>
<td>X₁</td>
</tr>
<tr>
<td></td>
<td>O₁</td>
<td>O₂</td>
</tr>
<tr>
<td>Primary Outcomes</td>
<td>Screening Behavior (Mamm., CBE, BSE, Pap)</td>
<td>Screening Behavior (Mamm., CBE, BSE, Pap)</td>
</tr>
<tr>
<td>Secondary Outcomes</td>
<td>Knowledge, Attitudes, Self Efficacy, Social norms</td>
<td>Knowledge, Beliefs, Intentions, Fatalism, Social norms</td>
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<tr>
<td></td>
<td>Subjective norms</td>
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</table>

O₁ and O₂ represent data collection points; X₁ and X₂ represent intervention (Replication Package) implementation.
DATA COLLECTION TRAINING

• Data collection training in the community

• Trained community members to gather data – interviewed women like themselves
FINDINGS
<table>
<thead>
<tr>
<th>Mammography-Related Variables</th>
<th>Intervention</th>
<th>Control</th>
<th>p-value (adjusted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mammography self-efficacy</td>
<td>4.24 (.69)</td>
<td>3.98 (.89)</td>
<td>.000*</td>
</tr>
<tr>
<td>Perceived susceptibility to breast cancer</td>
<td>3.44 (1.10)</td>
<td>3.23 (.92)</td>
<td>.012*</td>
</tr>
<tr>
<td>Perceived survivability of breast cancer</td>
<td>3.57 (.73)</td>
<td>3.35 (.55)</td>
<td>.004*</td>
</tr>
<tr>
<td>Breast cancer knowledge (range, 0-7)</td>
<td>4.69 (1.31)</td>
<td>4.38 (1.38)</td>
<td>.431</td>
</tr>
<tr>
<td>Mammography pros</td>
<td>4.56 (.49)</td>
<td>4.24 (.53)</td>
<td>.000*</td>
</tr>
<tr>
<td>Mammography cons</td>
<td>2.60 (.68)</td>
<td>2.57 (.58)</td>
<td>.397</td>
</tr>
<tr>
<td>Mammography subjective norms</td>
<td>4.23 (.70)</td>
<td>3.76 (.68)</td>
<td>.000*</td>
</tr>
<tr>
<td>Mammography processes of change</td>
<td>3.71 (.66)</td>
<td>3.53 (62)</td>
<td>.006*</td>
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</tbody>
</table>

* P<.05

## Screening Completion by Study Group

<table>
<thead>
<tr>
<th></th>
<th>Intervention</th>
<th>Comparison</th>
<th>P value&lt;sup&gt;a&lt;/sup&gt;</th>
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<tbody>
<tr>
<td><strong>Mammography</strong></td>
<td>53/130 (40.8%)</td>
<td>53/177 (29.9%)</td>
<td>.041*</td>
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<tr>
<td>N=307</td>
<td></td>
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<tr>
<td><strong>Pap test</strong></td>
<td>32/81 (39.5%)</td>
<td>21/89 (23.6%)</td>
<td>.002*</td>
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<tr>
<td>N=170</td>
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* P<.05

<sup>a</sup> Adjusted for site location and demographics (generalized linear mixed model)

Ok, so it probably works, now what?
THE BASICS OF TRANSLATION

Dissemination of research into everyday public health policies and programs
Dissemination and Implementation Research for Cancer Screening
“A little knowledge that acts is worth infinitely more than much knowledge that is idle.”

-Kahlil Gibran
Key Characteristics of D&I Science

- Contextual
- Complex
- Multi-component programs and policies
- Non-linear
- Transdisciplinary
- Multi-level and Multi-method

The Adaptation Debate

- Fidelity versus adaptation to fit aspects of the new setting
- Elliot and Mihalic, 2004, suggest that when developmental issues and program targets are appropriate, adaptation is seldom or never needed
- Lau, 2006 suggests that the formative work to support adaptation is seldom done
- Lee, et al, 2008, make the case for planned adaptation that guides practitioners to consider how population differences may relate to content and theory of change
Some researchers insist that adaptation is essential and the challenge is to strike a balance between program fidelity and adaptation (Backer, 2001).

Even when higher fidelity was shown to be associated with improved outcomes (Durlak & DuPre, 2008) fidelity was not 100%; adaptation may have added to effectiveness.
The Importance of Identifying Essential Program Elements

- Variously called core elements, active ingredients, essential elements
- Whatever we call them – we
  - Often do not know what they are
  - Program descriptions often do not include them AND
  - Program adaptation should not risk modifying or omitting a Possibly Essential Element.

Botvin, 2004
A Dilemma In Program Adaptation

- We shouldn’t modify an active ingredient, but we often don’t know what parts of the program constitute active ingredients.
- On the other-hand “Adaptation Happens!”
- Therefore, we need to better understand how to maintain a focus on active ingredients or essential elements of an intervention while making it contextually appropriate.
A problem with adaptation

• During the adaptation process, planners often choose pieces of programs that are the most appealing or that seem the most feasible,
• Usually there is not much input from the community
  ▸ Little or no process for determining what in a program needs to change and what must stay the same
  ▸ This can lead to programs that are incomplete with little chance of maintaining impact
The Importance of Identifying Essential Program Elements

• Variously called core elements, active ingredients, essential elements

• Whatever we call them – we
  – Often do not know what they are
  – Program descriptions often do not include them

Botvin, 2004
Retaining Essential Elements

Program Active Ingredients are:
1) Theoretical methods that are intended to change determinants of behavior (of the at-risk group or environmental agents)
2) Practical applications of methods including delivery channels
3) Characteristics of program materials and messages
4) Characteristics of program implementation
Several authors have described processes of disseminating interventions including approaches to adaptation (McKleroy, 2006; Wandersman, 2008) that generally describe the tasks involved.

Planned adaptation models have been proposed (Backer, 2001; Lee et al., 2008)

Few provide actual “process steps” to guide adaptation of program strategies and materials.

Adaptation Approaches

- Several authors have described processes of disseminating interventions including approaches to adaptation (McKleroy, 2006; Wandersman, 2008) that generally describe the tasks involved.
- Planned adaptation models have been proposed (Backer, 2001; Lee et al., 2008)
- Few provide actual “process steps” to guide adaptation of program strategies and materials.
A systematic approach to program adaptation

- Intervention Mapping provides a systematic approach that adds detailed on how and what adaptations should be made (incorporates these frameworks).
- It can help planners identify and retain the essential elements as programs are translated to new communities and settings.
Using Intervention Mapping to adapt evidence-based programs to new settings and populations

1. Designing the health education program in ways that enhance its potential for being adopted, implemented, and sustained (IM Steps 1-4)

2. Designing interventions to influence adoption, implementation and continuation (IM Step 5)

3. Using IM processes to adapt existing evidence-based interventions
   - Categorizing and identifying core elements of programs
Adaptation Implementation of CLS in Different Settings

- Replication in Hays County Texas
- Adaptation of CLS for low-income Hispanic women in Houston
- Adaptation of CLS for Hispanic women in Puerto Rico
A SUCCESSFUL EXAMPLE: HAYS COUNTY BREAST CANCER EDUCATION PROGRAM

Program Staff:
Alicia Gonzales, Program Director
Monica Saavedra, Program Coordinator
Ramona Arredondo, Program Assistant

Promotoras

Elvia Anderson
Elvia Perez
Lucila Hernandez
PROFILE OF TARGET COMMUNITY

- Mix of rural and semi-urban target areas
- Predominantly Hispanic
- Low income
- Mostly uninsured, with a minority having Medicaid/Medicare
- Spanish as a preferred language
- Limited to no access to health care
- Lack of transportation
PROGRAM PARTNERS

• Seton Hospital (Mobile Mammography Unit)
  – Conducts FREE mammograms and CBE’s to women >40 6 times a year at NCFH offices and 1 time in San Marcos (Mamm Tech, Nurse, and bilingual admissions clerk)

• Community Action Inc. (CAI)
  – Provides transportation to women for mammograms
  – Provides CBE’s to women >20 (sliding fee scale)
  – Case manages any suspicious findings all the way through treatment

• Other partners include: churches, schools, bilingual education programs, adult learning centers, and other CBO’s
Cultivando La Salud (CLS)
Houston, TX
Overall Goals:

• To increase breast and cervical cancer screening among low-income Hispanic women in the Gulfton area through adaptation of the evidence-based CLS breast & cervical cancer screening program.

• To train community health workers (promotoras) from Prosalud, Inc. to implement the CLS breast and cervical screening program.

• To deliver the CLS intervention program to 2,270 low-income Hispanic women in the Gulfton community of Houston.

• To evaluate the process and impact of the program on increasing mammography and cervical cancer screening.
Comparison of Matrices for Houston CLS to Original CLS Matrices & Program Components

- To identify behavior and environmental conditions (and determinants) that were different between the original and CLS Program
- Reviewed how original education materials match the change objectives of adapted program matrices

Adapted Training Program

- To identify areas for new promotora training modules
- Compared Houston CLS Training Performance Objectives to Original CLS Program’s
Adaptation focus on Environmental Factors & Matrices for Environmental Conditions in Houston

• Through the needs assessment we identified challenges related to access issues faced by low-income Hispanic women in Houston.

• Identify what women need to do to obtain a screening exam - specific to the Hispanic population in Houston (e.g., qualifying for Gold Card)

• Develop new performance objectives, methods, and practical applications related to accessing free/low cost providers
Original

- Mexican American
- Women (50 years +)
- Not adherent to screening guidelines
- Farmworker communities along the U.S.-Mexico border & in California (central valley)
- Low-income

Houston Adapted

- Hispanic
- Not adherent to Pap Test screening (21+ years) or mammography screening (40+ years) guidelines
- Residing in Houston, Gulfton, (and expanded to Greater Houston Area)
- Low income
- Intensive telephone-based navigation services offered until screening completed.
Partnership with ProSalud

- ProSalud trains community members to:
  - provide outreach and education for those without a medical home
  - serve as a liaison with the medical community
- ProSalud’s promotoras serve as bridges between the community and health care system through:
  - formal and informal presentations,
  - health screenings, community events,
  - one-to-one visits.
Navigation

- A community-based navigation program protocol was developed to link women to cancer screening services in the Greater Houston Area, drawing on other community-based and promotora-delivered navigation programs, as well as resources in the community.

- The role of intensive navigator was also developed to systematically manage hard to reach participants and those with challenging barriers to cancer screening to provide ongoing assistance in overcoming the barriers.
End of Project
March 2013/ No cost extension was requested to complete work: (Aug 2012 - Spring 2013)

Promotoras deliver CLS to 958 women not enrolled in evaluation study (no survey data collection) (n=20)

Randomize Women 1:1
Stratified by whether or not participant has been screened for breast or cervical cancer (Sample Size, n=1,160)

Breast Intervention (BI) Group (n=402)
(BC) Group (n=402)

Breast Control (BC) Group (n=404)

Breast Control (BC) Group (n=404)

Cervical Intervention (CI) Group (n=178)
(CC) Group (n=178)

Cervical Control (CC) Group (n=246)
(n=258)

Baseline Interview

Promotora Delivery of Education to women not in evaluation study (n=958)
And to Control women (n=434) after follow-up survey (starting March 2013 for controls completing follow-up – July 2013)

Total N=1,392
(169 women per month for 10 months; 7-8 groups per week w/ ~6 women per group)
Challenges & Solutions

Challenge (urban context) : Recruiting women door-to-door
Solution: Recruit community organizations working with the target population to help recruit groups of women who would benefit from the program. Train promotoras to recruit women for the program, participate in radio interviews about the program & post flyers in small businesses and local organizations in the community to recruit participants.

Challenge (urban context): Promotoras reluctant to deliver the program in women’s homes
Solution: Recruit community partners willing to provide space for group sessions for the delivery of the education session; create a telephone-based navigation program to provide one-on-one support to help women overcome access and personal-level barriers to completing screening apt.

Challenge: Barriers to obtaining affordable mammography & Pap test screening for low income women
Solution: Identified local screening resources and helped women make appointments. Developed a navigation online tracking tool that is used by the navigator for record keeping to track calls and maintain records on participant’s progress through the Plan of Action to complete screening needs.
Cultivando La Salud (CLS) Pilot Study - PR
Collaborations

**U54 Outreach Program**
- Funds
- Adaptation of the CLS program
- Training and oversight of implementation
- Analysis and reporting

**OCRE** (U54 RR 026139-01A1) (8U54 MD 007587-03) NIH.
- Funds
- Technical Assistance with Non-Profit Organization
- Technical Assistance at *Promotoras* and Interviewer training

**Programa de Prevención y Detección Temprana de Cáncer de Mama y Cuello Uterino de Puerto Rico**
- Bags
- Educative Material to be handed to participants at recruitment and at CLS intervention
- Breast Model for *Promotoras*
1. Increase screening for breast and cervical cancer among puertorican women.

2. Evaluate the effectiveness of “Cultivando la Salud” in a puertorican setting.

3. Increase the capacity of a community-based organization in the implementation and evaluation of evidence-based intervention in cancer prevention.
Adapting CLS to PR

Research questions:

• Will CLS be effective in increasing screening tests for breast and cervical cancer among Puerto Rican women in the study?

• Will the minimally adapted CLS be acceptable to the Puerto Rican community?
CLS participants - PR

- **Participants**
  - Women $\geq 21$ years old
    - Without cancer diagnosis
    - Without hysterectomy
    - Non pregnant
  - Non-Adherent to Mammography
  - Non-Adherent to Pap Test
Questions related to program fit:

• Are there different behaviors or sub-behavior relevant (or not relevant) for PR women?

• How do the factors influencing breast and cervical cancer screening in PR differ from those in other Hispanic groups targeted with the CLS program?

• Are materials, delivery channels and strategies used in the original program, feasible, acceptable, and effective in PR?
Adapting CLS using Intervention Mapping

• Conducted 7 focus groups/interviews (3 adherent + 4 non adherent) with women 40+ years on breast cancer and screening.

• Conducted 4 focus groups/interviews (1 adherent group + 3 non adherent) with women 26-39 years on cervical cancer and screening.

• Results were compared to original CLS matrices and found to be very similar.
Comparisons of Determinants Influencing Breast and Cervical Cancer Screening

Original Program: *Cultivando la Salud*- Mexican Origin women

Low levels of
- Knowledge of breast and cervical cancer and screening guidelines
- Outcome Expectations
- Perceived Barriers and Benefits
- Attitude (fear of detection, fear of procedure and belief that cancer is incurable)
- Low Self-Efficacy
- Low Perceived Social Norms
- Availability and Accessibility

Puerto Rico

Low levels of
- Knowledge of breast and cervical cancer and screening guidelines (not as low)
- Low knowledge of availability
- Perception of risk (partly due to the confusion of thinking BSE was protective)
- Perceived Barriers and Benefits
- Attitude (fear of detection, fear of procedure)
- Low Self-Efficacy

Environmental Factors differ considerably due to better access to care in PR

Outreach Program
Minimal adaption of CLS for PR

Element maintained:
- Training curriculum
- Materials: flipchart, delivery guides, tracking tools.
- Same recruitment and intervention protocols

Elements Adapted:
- No use of DVD
- Minor revision of specific
- Added information on HPV and HPV vaccine
- A list of local resources and screening centers was provided to participants
- Breast model with nodules is used in the intervention to deliver the message that BSE by itself is not a protective screening method
Cultivando la Salud

– Goal: 484 participants
– Targeting women ≥ 21 years old
– Canóvanas residents
– Survey includes section on Human Papillomavirus and the HPV vaccine
Partnership with Taller Salud

• Taller Salud, Inc. is a community based feminist organization working in the field of women’s health since 1979.

• Their efforts are directed towards educational and prevention programs directed at women and girls in the towns of Carolina, Canóvanas, Loíza, Río Grande, Luquillo, Fajardo, and Vieques in the northeast coast of Puerto Rico.

• Taller Salud’s current programs include HIV/STD prevention, child abuse prevention, sexual aggression prevention, teenage pregnancy and domestic violence prevention, and our Information and Documentation Center.
Recruitment & Intervention Delivery

- Recruitment started in July 2012 with 5 trained data collectors.

- Intervention delivery started in August 2012 with 4 trained promotoras from Taller Salud.

- At the moment we have 4 trained data collectors, 7 volunteer data collectors and 3 promotoras in the field.

- Research staff has also helped in the recruitment and intervention delivery efforts.

- We will be completing recruitment by mid May, 2013.
Cultivando La Salud (CLS) Pilot Study - PR

Follow up update as of 04/11/13

Total Participants Followed up
n = 196

PAP
n = 83

Intervention
n = 25

No Intervention
n = 58

Mamography
n = 121

Intervention
n = 39

No Intervention
n = 82
# Preliminary results

## RESULTS – SOCIODEMOGRAPHICS CHARACTERISTICS

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<tr>
<th>Characteristic</th>
<th>Breast</th>
<th>Cervical</th>
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<td>Mean Age (years)</td>
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<td>Education (years)</td>
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Future Plans for CLS PR

1. Complete recruitment and intervention delivery.
   Increase capacity with new promotoras and recruiters.

2. R01 application for further adaptation (if needed) and dissemination of CLS in Puerto Rico.

3. Continue working with comprehensive cancer coalition to disseminate the program.
FUTURE RESEARCH ACTIVITIES

• Understanding a broader adoption and implementation of CLS in other Latino communities

• Understanding system level factors regarding program implementation

• Understanding active ingredients/ core elements of promotora programs
Conclusions

• CBPR approaches are critical for development and adaptation of culturally relevant effective programs.
• Intervention Mapping provides a systematic framework for developing, adapting and implementing cancer control interventions.
• There is a need to continue to rigorously evaluate the effectiveness of LHW programs.
• New research is needed to illuminate the active ingredients of LHW programs to enhance the possibility of broadscale dissemination.
• Multidisciplinary teams: Health promotion researchers and behavioral science researchers, epidemiologist, clinicians, community activists/organizers, anthropologists, biostatisticians.
Dissemination and implementation research: other areas

- Measurement of implementation and dissemination outcomes
- Methods for planning for implementation and dissemination during intervention development
- Identification of key decision makers and potential implementers: “who has to do what to get the program adopted, implemented, and maintained”
- Effective approaches for increasing program adoption, implementation and maintenance
- Validation of dissemination and implementation frameworks
Lawrence W. Green

“If we want more evidence-based practice, we need more practice-based evidence”
And Remember:

“For every complex problem there is a simple solution ... and it is wrong.”

H.L. Mencken
Gracias