Trainer Resource #1:
Logistics Planning Worksheet

Directions

For each step listed in the left-hand column, think about—

- Who will be responsible for completing the step;
- What needs to be done;
- Where it will be done;
- When it will be done; and
- How it will be done.

Fill in the appropriate information prior to the training.

	Who	What	Where	When	How
Identify and Address Participants' Needs (at least 3 months before the training)					
Identify an appropriate group of participants for the training.					
Work with intended audience as appropriate to choose a date and time for the training.					
Think about how to schedule time for participants to network (e.g., during lunch). Although there is some time built into NTC trainings for participants to share ideas and resources, many participants will want additional time to "catch up" with their colleagues.					

	Who	What	Where	When	How
Send a marketing flier along with an application form to potential participants.					
Have participants fill out and submit an application form, which contains their contact information, relevant background and experience, and their expectations for the training.					
If you wish to offer continuing education credits for participants in this training, submit the necessary materials to the accreditation body.					
Prepare To Facilitate the Training (2 weeks before the training)					
Consider facilitating the training in a team of two or more people. The team should have at least one person who has experience with the training topic and at least one person with skills and experience delivering training to diverse groups of adults.					
Review the lesson plans for delivering the training (i.e., rehearsal).					
Read the Facilitation Guidelines and Teaching Strategies Resource Sheet #16 and #17, and spend some time thinking about how to incorporate these suggestions into the training.					

	Who	What	Where	When	How
In your mind, walk through the activities until you feel comfortable with how to lead them. You may wish to practice out loud, in front of a mirror, with a tape recorder, or with friends or colleagues.					
Secure needed equipment, materials, and supplies. Prepare charts, handouts, participant manual, and transparencies. Note: Prepare transparencies that use simple visuals, one idea per visual, and large print.					
Make copies of handouts so that each participant has a complete set.					
If you have participants fill out and submit their application forms prior to the training, make a list of their expectations on newsprint.					
Create a list of participants' names and contact information (addresses, phone numbers, fax numbers, and e-mail addresses, if applicable) to hand out during the training.					
Create certificates of completion for each training participant.					

	Who	What	Where	When	How
Check Training Room Setup and Equipment (day before the Training)					
Set up the training room so that participants can see each other (e.g., in a circle) and move freely around the room.					
Decorate room.					
Check outlets, light switches, projection screen, acoustics.					
Test equipment (e.g., overhead projector, microphone.) Note: If possible, identify an audiovisual assistant.					
Secure spare bulbs, extension cords, masking tape, newsprint, transparency pens, transparencies.					
Display sign-up sheets and name badges on table.					
Noise check (e.g., make sure noise from adjacent rooms is not heard).					

	Who	What	Where	When	How
Deliver the Training (day of the training)					
Greet the audience.					
Interact with the audience (e.g., any questions? can everyone see? can everyone hear?).					
Review agenda, identify location of bathrooms, smoking areas, telephone, and restaurants.					
Give each participant a copy of all transparencies and handouts used for delivering the training.					
Facilitate the training according to the lesson plans provided.					
Hand out the participant list so that participants can continue to share ideas and resources after the training.					
Have participants complete the training evaluation form. You will most likely need to submit evaluation forms (or an overall evaluation report) for participants who wish to receive continuing education credits.					

	Who	What	Where	When	How
Complete Post-Training Activities (within 1 to 2 weeks the of training)					
Review participants' evaluation forms, and think about ways to improve your facilitation skills for future trainings.					
If you cofacilitated the training, take time to "debrief"—to discuss with your cotrainer what went well, what you could improve upon in the future, and how you worked together.					
If you secured continuing education credits for the training, mail materials to the accrediting organization.					

Trainer Resource #2:
Barriers to Breast and Cervical Cancer Screening

Economic Barriers

- Economic barriers include any barrier associated with money such as poverty, no health insurance, or inability to pay for screening.

- Women often cite financial barriers or cost as the reason they do not receive breast and cervical cancer screening.

- Lower levels of education and income are an even greater barrier for older women. This is especially true regarding the cost of mammograms.

- Even women on medicare may have difficulty in paying the medicare deductible.

- If doctors do not recommend screening, insurance will not cover it.

Structural Barriers

Structural barriers are most often due to forces outside a person's immediate control. The most commonly reported structural barriers are described below.

- Lack of doctor's recommendation

  Poor patients often receive services from providers who do not do patient education and who are less concerned with prevention.

- No health insurance

  Many women work full-time jobs and still have no health insurance. More and more workplaces are hiring workers for less than 30 hours per week to avoid paying benefits.

- Limited access to care sites (lack of providers or provider capacity)

  Both rural and urban areas often do not have enough providers to meet the demand for services. Older women especially have less access to preventive care such as screening tests and use it less, especially in these areas.

- Long waits at care sites

  Health care facilities that are accessible to low-income women have heavy patient loads and crowded conditions. Providers may not take time to discuss preventive care such as screening tests.

- Racism or unfair treatment

  Providers may see uninsured or public assistance patients only on restricted days, during restricted hours, or in public health departments instead of their offices. Such practices further restrict access for many, including racial/ethnic minorities and the elderly.

- Lack of transportation

  Immobile, older women who live in rural areas confront this barrier. Living more than 45 minutes from a screening site is commonly seen as a barrier.

- Inability to leave job for screening appointment

  Some workplaces do not allow workers to leave their jobs for medical appointments.

- Lack of care for children, elderly parents, or spouses

  Women need accessible, affordable, free, and safe quality care for children, elderly parents, or spouses so they can attend to their own health needs.

- Lack of continuity of care or a doctor reminder system

  Many medical offices do not have systems to trigger staff to ask about screening during routine health visits.

- Limited clinic hours

- Poor program administration

- Inadequate or no translation services

- Lack of telephone or frequent changes of address

  It is hard for doctors to follow up patients who do not have a telephone or who move often.

Informational Barriers

Informational barriers are usually a lack of knowledge that affects a woman's ability to receive breast and cervical cancer screening. The most commonly reported informational barriers include the following.

- Lack of doctor's recommendation or referral

  This is the most common reason women express for not seeking screening. Women reason that if they needed screening, their doctor would recommend it. In addition, the doctor's style of communication and lack of enthusiasm in recommending screening affect women's

screening behavior. Doctors should start the discussion, but if they do not, women should be encouraged to ask about screening.

- Lack of knowledge about risk factors and symptoms

  Many women believe they do not need screening because they have no family history and have no symptoms. Many women also do not know that the most common symptom of breast cancer is a lump or that usually no symptoms appear in the early stages of cervical cancer.

- Lack of knowledge about screening tests

  Many women do not know what tests to have and what the right ages and frequency for the tests are. They are confused by screening guidelines, which are not consistent among national organizations. Most professional societies agree that women age 50 and older should have a mammogram every year. All women should have yearly clinical breast exams, and all women should do monthly breast self-exams. Suggested frequency of screening for breast cancer for women ages 40 to 49 remains controversial. The American Cancer Society recommends that women ages 40 to 49 have a mammogram every 1 to 2 years and a clinical breast exam every year. The National Cancer Institute recommends that women seek the advice of their doctors about what age to begin screening.

- Lack of opportunities for patient education

  Patients are less likely to suggest screening to their doctors. Some women report having read an article or pamphlet or having attended a meeting that recommended screening, which helped them to make the request for screening.

- Lack of exposure to language- and literacy-appropriate reading materials and media coverage

  This is a particular hardship to people who speak English as a second language or whose literacy level is low. Their ability to obtain accurate, understandable health information about the need for screening and risk factors is impeded.

Cultural and Individual Barriers

Cultural and individual barriers are factors related to learned and shared knowledge, communications, values, thoughts, customs, beliefs, and institutions. These barriers get in the way of women seeking screening. Some of the most commonly reported cultural and individual barriers are described below.

- Lack of doctor's recommendation or referral

- Beliefs and customs regarding health care, preventive care, and screening (including not seeking care unless there are symptoms or focusing more on the health of family members than one's own health)

- Past experience with the health care system that did not offer preventive care or screening

- Beliefs and customs regarding self-care and ability to effect change in health status (many cultures believe it shows disrespect to question the doctor)

- Fear and anxiety

- Fatalism

  Some people believe that cancer is God's will or fate and cannot be changed. They think that health behaviors cannot help cancer. Others believe that God will take care of them.

- Desire not to know if cancer is present

  Some people believe that what they don't know won't hurt them. In this case, what they don't know can kill them.

- Issues of privacy, embarrassment, dignity, disclosing personal/family information, disrobing (especially in front of a male provider), and social customs against speaking about or touching one's body parts

- History of sexual abuse

- Procrastination

- Fear and distrust of modern Western medical practices and doctors. Twenty-six years after the release of the Tuskeegee Study[1] findings, the legacy of fear and distrust of the public health system still exists among African-Americans.

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[1] From 1932 to 1972, the U.S. Public Health Service conducted a study on nearly 400 African-American men who were exposed to syphilis and left untreated.

Trainer Resource Sheet #3:
Sample Barrier Letter

Dear Best Chance Network:

I want to thank the Best Chance Network. Without you, I do not know what I would have done. My husband has been out of work for 6 months, and our insurance coverage has lapsed. I'm unemployed and 54 years old. I have not had a Pap test since my last baby was born—15 years ago.

I knew I needed a checkup, but I did not have the money or insurance. I heard about Best Chance on the radio. I said thank God; I felt my prayers had been answered. I knew in my heart I should get this test because I felt there was a problem. My monthly period was coming more often and lasting longer each time. It was beginning to seem as though I was bleeding all the time. I tried to convince myself it was the change of life. I wanted to believe I had nothing to worry about. I knew if I could get a ride to the only clinic within 50 miles, which was 25 miles away, I'd be all right. This clinic offered Best Chance services.

I finally arranged for the Meals on Wheels lady to give me a ride on my appointment day. She got sick, so I missed that appointment. Because the clinic was so backed up, my next appointment was another month away.

To make a long story short, I found out I had cervical cancer. However, it was caught in an early stage, and treatment was effective. I'm alive today to talk about it. I knew other women who have died because they didn't get their cancer in time. I thank God for Best Chance.

Sincerely,

Anonymous
Beaufort, South Carolina

Trainer Resource #4:
Role-Play Guidelines

Role-play is used in training community health workers. This method gives learners a chance to try new skills in a safe place and get helpful feedback from the "patient," trainer, and peers. When using role-play for training, use the following guidelines.

Preparing the Learners

- Explain the goals and objectives of the role-play.

- Set ground rules. The exercise should be safe and supportive. Those watching the role-play should consider what helpful feedback they can provide at the end. Role-play participants should have the opportunity to call time out if they want to stop and break role. Frame the exercise as a chance to try new methods; performance is not expected to be perfect.

- If this is a new skill, offer to show the role-play yourself before learners' first tries. This gives them a chance to watch the skills shown by trainers. It also models the role-play method, self-reflection, and how trainers get and accept feedback.

- Assign roles including the community health worker, the "patient," and observers. (Learners observing the role-play can look for and provide feedback on specific skills, interactions, or responses. This focuses their observation role and helps address all aspects of skills for feedback.)

- Set time limits for the role-play—generally no more than 5 minutes. Longer role-plays are too much to review and process. If you are teaching a difficult skill that requires more time, break the role-play into several parts and deal with each part separately.

Running the Role-Play

- Arrange chairs for role-play participants.

- Review the goals of the 5-minute (or less) segment of role-play you are covering. Ensure that both the community health worker and "patient" are clear about their roles.

- Start the role-play. (Note: You can jump in and stop the role-play at any time if the community health worker appears unsure or anxious. Anyone in the role-play may call time out. At that point, ask the community health worker to talk about what he or she has achieved so far and next steps to take. If needed, model some skills yourself, ask the "patient" to take a different track, or ask for a volunteer from the group to continue.)

- Stop the role-play at 5 minutes or less for debriefing.

Debriefing Guidelines (What worked? What did not?)

- Focus on successes.
- Limit comments to behaviors, not personality traits or other characteristics of the participants.
- Feedback should be positive and helpful, never negative.
- Always ask the learner in the community health worker role to comment first.
- Hold your comments until after "patient" and observer have completed their feedback.
- Monitor "patient" and observer feedback to ensure that it is helpful, not mean-spirited.
- Ask the community health worker these debriefing questions: What went well? What would you have liked to have done differently? (Note: You can restart the role-play to try out options.)
- Ask the "patient" these debriefing questions: What went well? What would you have like to seen done differently? How did you feel about the interaction? (Note: Be sure to keep the "patient" focused. Highly critical "patients" can be harmful to the community health worker and will not improve skills. In such a situation, ask the "patient" about certain methods that would have been helpful. Consider switching "patient" and community health worker roles as a strategy.)
- Ask observers these debriefing questions: What went well? (First focus on successes.) What might you have done differently? (You can try some of these suggestions in another role-play.)
- Lead a general discussion of all participants.
- List learning points, open questions, and agree on how to go on with this or other role-plays.

Options for Continuing the Role-Play

- Allow replay.
- Change community health workers.
- Switch roles and restart.
- Continue with scenario, next step, or next visit.
- Change conditions or characters.
- Change roles.

Role-Play Guidelines Checklist

1. Preparing learners

   __ State goals and objectives.
   __ Set ground rules.
   __ Offer to demonstrate role-play or skills.
   __ Assign "patient" and community health worker roles.
   __ Assign observer roles.
   __ Set time limit (5 minutes or less).

2. Running the role-play

   __ Arrange chairs.
   __ Review role-play goals to identify the stage of behavior change the "patient" is in.
   __ Start the role-play.
   __ Stop if necessary; discuss and restart.
   __ At 5 minutes, stop the role-play for debriefing.

3. Debriefing

   __ Ask for community health worker's assessment of the interaction.
      — What went well?
      — What would you have liked to have done differently?

   __ Ask for "patient" assessment of the interaction.
      — What went well?
      — What would you have liked to have seen done differently?
      — How did you feel about the interaction?

   __ Ask for observer assessment of the interaction.
      — What went well?
      — What might you have done differently?

   __ Lead a general discussion.

   __ List learning points, open questions.

   __ Agree on how to proceed.