

Development and Implementation of a Curriculum on Cancer Screening for Small Groups of Latino Women

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Abstract—*Background.* Health programs tailored to serve Latino communities with limited access to health care are necessary. The methods used to develop breast and cervical cancer educational programs and to evaluate their implementation are presented. *Methods.* A 12-session curriculum was developed to guide weekly group sessions led by trained community health advisors (ie, *consejeras*). *Results.* The curriculum has been implemented and revised over time. Assessments of the extent to which the curriculum educational objectives were met were based on diaries completed by *consejeras* at the end of the educational sessions and observation ratings of randomly selected educational sessions. The facilitator's guide includes, for each educational session, (1) information about the materials that will be needed for the session, (2) educational objectives, and (3) scripted text to guide the session. *Conclusions.* The curriculum has been successfully implemented and represents a carefully constructed tool to foster breast and cervical early detection in underserved Latino communities. *J Cancer Educ.* 2007; 22:186-190.

The elimination of cancer disparities requires a complex and consistent effort. Interventions that rely on community-based approaches and that are tailored to specific sociodemographic and/or cultural populations are central to the elimination of health disparities.¹⁻⁵ Despite progress made, Latinos with lower incomes, lower levels of formal education, and lower levels of acculturation continue to be an important target for education about cancer risk reduction.¹⁻⁹

The *Por La Vida* (PLV), meaning “For Life,” intervention model relies on community lay health advisors (ie, *consejeras*) who are trained to conduct educational sessions among members of their existing social networks.¹⁰ Structured educational materials that are specifically developed for that purpose guide the group sessions. Since 1988, various projects have been implemented using the PLV intervention model in the areas of cardiovascular risk reduction, tobacco education, prevention of youth alcohol and drug abuse through parenting education, and early screening for

breast and cervical cancer. The programs have been developed in San Diego, California where 28.8% of the population is of Hispanic/Latino origin.¹¹ The main target of the PLV projects has been the Latino community, with a low level of acculturation and low income level. This target group represents approximately a fifth of the Hispanic/Latino population residing in the San Diego region.¹² Details about the intervention model and its impact on breast and cervical cancer early screening behaviors have been presented elsewhere.^{10,13-14}

The curriculum *Por La Vida Cuidándome*, Taking Care of Myself: Women and Cancer (CWC) has been developed, implemented, and refined over time as part of community education cancer projects to guide the educational sessions on breast and cervical cancer screening. This article focuses on the development process, content of the curriculum, and the extent to which it can be implemented as intended.

METHODS

Development of the initial draft of the CWC curriculum built on the curriculum developed to guide a previous program entitled *Por La Vida Darnos Cuenta* (“Becoming Aware”) (PLVDC).¹⁰ A total of 19 PLVDC groups had been successfully conducted guided by the PLVDC facilitator's guide.¹³ In-depth, semistructured interviews were completed with all the community lay health workers on completion of the PLVDC program. All interviews were conducted in Spanish and were transcribed. The interviews

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lasted between 60 and 90 minutes and covered a wide range of topics including the extent to which the format and content of the facilitator's guide was useful. The feedback provided by *consejeras* in the interviews was taken into consideration in a thorough revision of the curriculum that followed.

Following the process published in the *Journal of Cancer Education* describing the preparation of the PLV *Cuidándome* Nutrition and Cancer curriculum (CNC),¹⁵ an Educational Materials Committee (EMC) was key to the development of the revised curriculum. The team was composed of 5 bilingual members who offered community representation as well as expertise in cancer screening, educational technologies, and community-based health promotion interventions and research. The EMC met on a regular basis discussing first the goals to guide the curriculum and the areas that required thorough revisions. Areas to be eliminated, expanded and/or added were identified. The EMC reviewed subsequent drafts of each of the sessions going from the general to the specific. Initial drafts were reviewed for (1) consistency with key principles and goals of the curriculum and (2) appropriateness of activities for the target audience and to achieve the objectives. Revisions of later drafts focused on increasing levels of detail, including language usage, readability, and consistency across sessions. Further, existing written and audiovisual breast and cervical cancer screening materials were identified, reviewed, and selected for integration in pertinent activities for the sessions.

The new curriculum, CWC, guided the training and implementation of a project in which 17 groups were conducted. Nonparticipating observations of group sessions and standardized diaries assessed the extent to which the activities included in the curriculum were conducted as intended and the educational objectives for the session were met. Bilingual staff members conducted the observations. Two sessions amongst sessions 3 through 11 were randomly selected to be observed unannounced for each group. Formal observations were not conducted in the first or second weekly session of each group because of the introductory nature of the sessions and the fact that personal information is often shared at these sessions. The diary questionnaires were completed by each *consejera* at the end of each of the educational sessions. The observation rating scale included questions assessing how each of the activities outlined in each session was conducted and received. A 5-point Likert scale was utilized for these questions, ranging from 1, Poor to 5, Excellent. The corresponding question in the diary questionnaire was "Do you think that the activity went well in your group," with a response on a 4-point Likert scale, ranging from 1, Did not take place to 4 Very well. In addition, the observation and diary questionnaires included a question estimating the number of participants that would be able to perform a particular session objective. An estimate was given for each of the objectives in each of the sessions. The estimate was given on a 5-point Likert scale ranging from 1, None of the participants to 5, All participants in both the observations and the diary questionnaires.

RESULTS

A manual for *consejeras* was produced under the title *Por La Vida Cuidándome: Women and Cancer.* The main goal of the curriculum was to encourage regular utilization of breast and cervical cancer early detection exams following current recommendations. The manual outlined a total of 12 sessions to be scheduled on a weekly basis. The design and format of the manual was consistent with the ones produced in other PLV projects^{10,15} including (1) detailed description of the activities to be completed in each session, the materials that will be needed, and the objectives of each session; (2) scripted style with a 6th- to 7th-grade reading level and written in English and Spanish, side by side; and (3) interactive group activities designed to minimize the need for reading skills and based on empowerment strategies,^{16,17} social support networks,^{18,19} and social learning theory principles of modeling, change in small steps, and skills training.²⁰

The curriculum represents a comprehensive approach to breast and cervical cancer early detection germane to health literacy.²¹ All materials are written at a 6th-grade reading level and are intended to serve as a guide to the *consejera* leading the group sessions. The initial 2 sessions provide an overview of the program and include activities to set the basis for interactive group sessions. Building on these activities to encourage group member participation, subsequent sessions include a "Welcome/Sharing" introductory activity in which participants share with the group their understanding of a popular "*Dicho*" (saying). Sharing among participants is also encouraged in the Welcome/ Sharing activity by responding to the prompt "Today I feel good because" Following the 2 introductory sessions, the curriculum third and fourth sessions focus on basic concepts of human anatomy, female reproductive organs, and cancer. Subsequent sessions cover material specific to breast and cervical cancer early detection including a detailed description of each of the pertinent early detection tests. The activities in the second half of the curriculum engage the group to identify ways to enable seeking out and receiving screening medical services and follow-up as necessary. The group identifies facilitators and strategies to overcome possible barriers to screening. Existing low-cost screening programs and convenient health care providers are discussed at the group sessions. Samples of clinic intake forms are also distributed amongst participants and areas in which clarification might be needed are identified and addressed. Table 1 presents titles and educational objectives for each of the sessions. Similar to the CNC curriculum,¹⁵ CWC sessions incorporate sharing with learning partners both at the beginning and toward the end of the session. Learning partners are individuals identified by project participants as friends or family members with whom they intend to share what the participants learn at the group sessions.

A total of 35 nonparticipating observations of ongoing sessions were conducted. The results of the observation

TABLE 1. Title and Educational Objectives of Each of the Sessions Included in the *Por La Vida Cuidándome*: Women and Cancer Curriculum

1. Introduction/ <i>Introducción</i>
1.1 Understand the purpose of the “ <i>Por La Vida: Taking Care of Myself</i> ” program.
1.2 Appreciate the importance of rules for communicating better.
1.3 Affirm an interest in participating in the <i>Por La Vida</i> Program.
1.4 Value her role as messenger for her learning partners.
2. The Fountain of My Life/ <i>La Fuente de Mi Vida</i> *
2.1 Express her favorite saying.
2.2 Recall three positive experiences she had in her childhood or youth.
2.3 State two positive qualities about herself in front of the group.
3. The Female Body/ <i>El Cuerpo Femenino</i> *
3.1 Identify at least two organs of the human body: the heart, lungs, kidneys, gall bladder, liver, intestines, bladder, or rectal area.
3.2 Identify the female reproductive organs: uterus, cervix, ovaries, breasts, Fallopian tubes and vagina.
3.3 Identify the three lower openings of the female body and their functions.
3.4 Chart the days of her period (menstruation) on a calendar.
4. Where Cancer Can Be Found/ <i>Dónde Se Encuentra el Cáncer</i> *
4.1 Identify the sites where cancer occurs most frequently in women.
4.2 Give a brief description of what cancer is.
4.3 Identify two beliefs about what may cause cancer.
5. Keeping Your Uterus and Cervix Healthy/ <i>Mantener el Utero y el Cuello de la Matriz Sanos</i> *
5.1 Describe the Pap test.
5.2 Describe the pelvic exam.
5.3 State the appropriate age for a first Pap exam and the frequency thereafter.
5.4 Name two factors which increase the risk of developing cervical cancer.
6. Keeping Your Breasts Healthy/ <i>Mantener los Senos Sanos</i> *
6.1 Identify three preventive exams for early detection of breast cancer.
6.2 Demonstrate how to do breast self-examination (BSE).
6.3 State how often to do BSE based on her age.
6.4 State how often to do a clinical breast exam based on her age.
6.5 State who needs a mammogram and how often it should be done.
7. Overcoming Barriers/ <i>Enfrentarse a las Dificultades</i> *
7.1 Give three suggestions for overcoming barriers to doing breast self-exam, getting a Pap exam, clinical breast exam, and a mammogram.
7.2 Identify the most appropriate clinic for her needs, depending upon income, health plan coverage, and where she lives.
7.3 Call identified clinic and make an appointment for a pelvic exam.
8. All Women Are At Risk/ <i>Toda Mujer Corre Riesgo</i> *
8.1 Describe the type of information that is normally required on a medical history form.
8.2 Name three risk factors related to the development of breast cancer.
8.3 Recognize that new information can be discovered about the risk factors for breast cancer.
8.4 Describe why every woman should practice early detection of breast cancer even if she does not have a risk factor.
8.5 Explain how risk factors affect the use of the recommended preventive exams.
9. Recognizing Changes/ <i>Reconocer los Cambios</i> *
9.1 Identify parts of the breast: nipple, areola, mammary glands, lymph nodes, fatty tissue, and fibrous tissue.
9.2 Describe three changes in the breast that may indicate the presence of cancer.
9.3 Explain the difference between benign and malignant tumors
9.4 Give two suggestions for overcoming problems she has encountered when doing her breast self-exam.
10. Moving Ahead/ <i>Seguir Adelante</i> *
10.1 Identify three factors that are related to the prognosis and selection of treatment for breast cancer.
10.2 Describe the following alternatives for treatment of breast cancer: surgery, chemotherapy, radiation, and hormonal therapy.
10.3 Identify resources in the community and support groups for women who have survived cancer.
10.4 Name two organizations that can provide more information about cancer.
11. The Choice Is Yours/ <i>La Opción es Suyá</i> *
11.1 Overcome by the time of her next medical visit difficulties that were encountered in the previous visit.
11.2 Review her personal calendar and explain the need for documenting her menstrual cycle.
11.3 Choose to regularly perform BSE and have routine clinical breast checks, including mammograms when indicated.
12. Graduation/ <i>Graduación</i>
12.1 Express a personal change and how it relates to what she learned in the program.
12.2 Receive a certificate acknowledging her active participation in the program.

*An additional objective for this session was: Explain how she will share this information with her learning partners.

ratings indicate that the activities detailed in the curriculum were well conducted (mean=4.33, median=4.25) and well received (mean=4.22, median=4.20). The ratings for the extent to which the objectives were met were high on average (mean=4.05, median=4.00). In 32 of the 35 sessions rated, at least half of the group participants were estimated to have met the objectives for the session.

All *consejeras* conducting group sessions completed diary questionnaires. Of the 17 *consejeras*, 15 completed the diary questionnaires for all 12 weekly sessions. On a scale from 1 to 4, the mean value for how well the activities went in the group was 3.83 (median=4.00). Activities were consistently reported as going well or very well with the following exceptions: One *consejera* reported 1 activity in session 7 as not going well and 1 activity as not being implemented at all. The extent to which the objectives for the sessions were met was also high as estimated by the *consejera* diaries. On a scale from 1 to 5, the mean was 4.4 and the median 4.6.

DISCUSSION

The CWC curriculum has undergone a thorough development process, and the results of the implementation have also guided further revisions. The result is a cohesive set of 12 sessions carefully crafted to enable consistent utilization of breast and cervical cancer early detection exams. The curriculum activities and the supporting educational materials aim at building health literacy in the context of breast and cervical cancer early screening. The CWC approaches breast and cervical cancer early detection exams comprehensively and provides a series of interactive group activities to facilitate both the learning process in the group setting and the follow-up individual behaviors required to accomplish actual utilization of screening tests. The series of interactive group activities composing the curriculum starts off covering basic female anatomy concepts and the nature of pertinent breast and cervical cancer screening tests. Subsequently, the group engages in critical components of the process to seek out the exams at convenient and affordable health care providers. The curriculum activities encourage and support the participants' active identification of potential barriers and ways to overcome them.

The results of the observations and *consejera* diary assessments indicate that trained *consejeras* implement the curriculum as intended. Guided by the CWC manual, trained *consejeras* with no previous formal health training successfully form the group and lead the interactive group activities on breast and cervical early detection composing the curriculum. *Consejeras'* training consists of the implementation of all the sessions outlined in the curriculum under the direction of the *consejeras'* trainer. Additional training sessions cover practice sessions, participant recruitment, and group maintenance strategies. *Consejeras* report consistently how critical and valuable the CWC manual is in the preparation and implementation of the group sessions.

It is important to underline that the curriculum has been tailored to the Latino communities of low income level and

low level of acculturation in which cancer disparities are pronounced.^{7-9,22} Besides its implementation in diverse areas of San Diego County, the latest draft of the curriculum has been successfully implemented in 2 additional geographic locations in Southern California. The CWC implementation in the target Latino community has demonstrated that the curriculum successfully guides educational group sessions conducted by community lay health advisors. However, it is not known whether the curriculum could be successfully adapted to other socioeconomic and/or ethnic communities.

The CWC program represents a useful tool in the elimination of cancer disparities that further enhances existing early detection community cancer education efforts. Ongoing evaluation including process and outcome components has guided the development and update of the program. Future efforts face the challenge to widely disseminate the utilization of the curriculum in diverse communities and to sustain the program over time.

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