

活得健康 保養有方

社區保健員外展計劃

Healthy Living

Chinese Lay Health Worker Outreach Project

預防大腸癌 培訓手冊

Lay Health Worker Training Manual
Colon Cancer Prevention

Prepared by:

Lei-Chun Fung, MPH, MSW
Elaine Chow, BA
Kent J. Woo, MSW
Corina Liew
Ching Wong, BS
Janice Tsoh, PhD
Stephen J. McPhee, MD
Gem Le, MHS, PhD
Jun Wang, PhD
Tung Nguyen, MD

NICOS

SFSU

UCSF

華人健康組織聯會 ◆ 三藩市州立大學 ◆ 三藩市加州大學

Table of Contents

1.	Project Overview	4
2.	Lay Health Worker’s Responsibilities	5
3.	Lay Health Worker’s Resources.....	6
4.	Timeline of Lay Health Worker Activities.....	7
5.	Colon Cancer Prevention Teaching Materials	8
6.	Colon Cancer and Its Prevention	11
7.	Practice 1: Using the Flip Chart	12
8.	How to do a Stool Test	14
9.	Common Beliefs about Colon Cancer Screening and Summary	15
10.	Practice 2: Using the Flip Chart	16
11.	Homework	17
12.	Conducting Small Group Health Education Session	18
13.	Practice 3: Using the Flip Chart	26
14.	Questions and Answers.....	27
15.	Visiting the Doctor’s Office.....	28
16.	Conducting Telephone follow-up.....	29
17.	Call Log.....	30
18.	Telephone follow-upDemonstration.....	32
19.	Practice 4: Making Telephone Calls.....	33
20.	Community Resource Guide.....	34
21.	Appendices	35
	Appendix A. Stool Test Instructions for Colon Screening: Guaiac Test	36
	Appendix B. Stool Test Instructions for Colon Screening: FIT	37
	Appendix C. Four Different “Status” Categories for Colon Cancer Screening	38
	Appendix D. Tips to Tailor Support According to Participant’s Status.....	39
	Appendix E. Training Material for Telephone Calls: A Step-By-Step Guide	40
	Appendix F. Training Material for Telephone Calls: Sample Scripts	47

1. Project Overview

Colon cancer is the second most common cancer among Chinese Americans. It can be detected early if people get regular colon cancer screenings. The University of California, San Francisco (UCSF), San Francisco State University (SFSU), and NICOS Chinese Health Coalition are launching a new program “The Healthy Living: Chinese Lay Health Worker Outreach Project” to encourage Chinese Americans aged 50 to 75 to get regular colon cancer screening.

The Healthy Living: Chinese Lay Health Worker Outreach Project aims to educate and promote colon cancer screening among Chinese Americans. Lay Health Worker outreach is an effective way to promote cancer screening. The Lay Health Worker outreach training team has used this model successfully in a large project with Vietnamese Americans promoting breast and cervical cancer screening and with Chinese Americans promoting colon cancer screening in a preliminary project. The Lay Health Workers were successful in helping their friends and families get the appropriate cancer screening. Just as importantly, the Lay Health Workers who participated in these programs reported that they learned more about health and how to teach others. Many Lay Health Workers became more confident and interested in helping others in the community after participating in these projects.

The objective of the Healthy Living: Chinese Lay Health Worker Outreach Project is to promote colon cancer screening among the fifteen (15) participants that you have already recruited. We will train you to have the skills and knowledge needed to teach about colon cancer and its prevention. We chose you to be a Lay Health Worker because you have met the qualifications required for the Project and you are willing to help others stay healthy. We ask you simply to be yourself when you are helping your participants.

2. Lay Health Worker's Responsibilities

As a Lay Health Worker in the Colon Cancer Prevention Group, besides the **current 2-day Training**, you will have the following responsibilities:

- **Conduct 2 Small Group Health Education Sessions to teach each participant about colon cancer and the screening tests.**
- **Conduct 2 Telephone Calls** to each participant to provide encouragement and assistance with obtaining colon cancer screening.
- **Attend a Follow-up Training** to prepare for the second Small Group Health Education Session and Telephone Call.
- **Attend a Lay Healthy Worker Appreciation Meeting** at the end of the Project.
- **Provide assistance** to the best of your ability to help participants obtain colon cancer screening.
- **Keep a Log** of all your activity during the Project and turn it in monthly to the Project Coordinator.

This manual will help you to teach other Chinese Americans to understand what colon cancer is, how to prevent it, and how to carry out your tasks as a Lay Health Worker. The training staff and Project Coordinator will be available to help you throughout this process.

3. Lay Health Worker Resources

Remember that you have many resources all around you if you need help or more information. Some of these resources include:

- Project Coordinator
- Training staff and researchers
- Other Lay Health Workers in your group
- Colon Cancer Prevention Training manual
- Flip chart
- Colon Cancer Prevention Brochure
- Community resource guide

If you are not sure about the best person to ask for help, please contact the Project Coordinator.

4. Timeline of Lay Health Worker Activities

Below is a timeline that describes the types of activities you will be doing each months of this project.

Timeline	Activity
Month 1	<p><u>Orientation Training</u></p> <ul style="list-style-type: none"> • Lay Health Workers attend training to learn about research and recruitment methods
Months 1-2	<p><u>Recruit 15 Participants (Aged 50 to 75)</u></p>
Month 3	<p><u>Colon Cancer Prevention Training</u></p> <ul style="list-style-type: none"> • Lay Health Workers attend 2-day Training to learn about colon cancer and how to conduct small group health education sessions
Months 4-5	<p><u>Small Group Health Education Session #1</u></p> <ul style="list-style-type: none"> • Lay Health Workers arrange Small Group Health Education Session #1 (with 5-8 participants per group) • Lay Health Workers inform the Project Coordinator of meeting times and locations • Project Staff conducts pre-intervention questionnaire for participants after obtaining written consent
Months 5-6	<p><u>Telephone Follow-up #1</u></p> <ul style="list-style-type: none"> • Lay Health Workers call participants to follow-up • Note calls on Call Log <p><u>Attend Follow-up Training</u></p> <ul style="list-style-type: none"> • Lay Health Workers attend follow-up Training to prepare for Small Group Health Education Session #2
Months 6-7	<p><u>Small Group Health Education Session #2</u></p> <ul style="list-style-type: none"> • Lay Health Workers arrange Small Group Health Education Session #2 (5-8 participants per group) • Lay Health Workers inform the Project Coordinator of meeting times and locations
Months 7-8	<p><u>Telephone Follow-up #2</u></p> <ul style="list-style-type: none"> • Lay Health Workers call participants to follow-up • Note calls on Call Log
Months 10-11	<p><u>Lay Health Worker Appreciation Meeting</u></p> <ul style="list-style-type: none"> • Attend an Appreciation Meeting with other Lay Health Workers to share experiences and provide feedback.

5. Colon Cancer Prevention Teaching Materials

In this Project, you will use the “How Can We Prevent Colon Cancer?” flip chart to teach your participants about colon cancer at the 2 Small Group Health Education Sessions. The flip chart contains 3 major sections which are listed below:

Pages 1-19 **Colon Cancer and its Prevention**

Pages 20-28 **Common Beliefs about Colon Cancer Screening and Summary**


Pages 29-38 **Potential Barriers to Colon Cancer Screening**

By the end of this training, you will know how to use the flip chart to teach your participants about colon cancer and its prevention.

SAMPLE FLIP CHART PAGE

FRONT SIDE (FACING PARTICIPANTS)

大腸在身體的哪個部位，它有甚麼功能？



BACK SIDE (FACING LAY HEALTH WORKER)

大腸在身體的那個部位，它有甚麼功能？

- 大腸就是消化系統的末端。它位於胃部的下方
- 大腸的上端連接小腸，下端則連接肛門
- 大腸有三個主要的功能：
 1. 吸收消化後食物中剩餘的水分，維生素和礦物質
 2. 接收並儲存不能消化的廢物
 3. 將廢物排出體外

WHERE IS THE COLON LOCATED AND WHAT DOES IT DO?

- The colon is the lower section of the digestive tract. It is located in the abdomen of cavity below the stomach.
- The top of the colon connects to the small intestine. The bottom of the colon connects to the anus.
- Three main functions of the colon are:
 1. To absorb the remaining water, vitamins and minerals from digested food.
 2. To receive and store indigestible waste.
 3. To eliminate waste from the body.

大腸在身體的哪個部位，它有甚麼功能？

WHERE IS THE COLON LOCATED AND WHAT DOES IT DO?

- Stomach
- Small intestine
- Colon
- Rectum
- Anus

下一頁

3

Explanations of the BACK SIDE of the flip chart page:

BACK SIDE (FACING LAY HEALTH WORKER)

notes to read aloud clearly

English translation of notes above

picture on front side

English translation of front side

picture of the next front side

Page Number

大腸在身體的哪個部位，它有甚麼功能？

- 大腸就是消化系統的末端。它位於胃部的下方。
- 大腸的上端連接小腸，下端則連接肛門。
- 大腸有三個主要的功能：
 1. 吸收消化後食物中剩余的水分，維生素和礦物質；
 2. 接收並儲存不能消化的廢物；
 3. 將廢物排出體外。

WHERE IS THE COLON LOCATED AND WHAT DOES IT DO?

- The colon is the lower section of the digestive tract. It is located in the abdominal cavity below the stomach.
- The top of the colon connects to the small intestine. The bottom of the colon connects to the anus.
- Three main functions of the colon are:
 1. To absorb the remaining water, vitamins and minerals from digested food.
 2. To receive and store indigestible waste.
 3. To eliminate waste from the body.

下一頁

3

6. Colon Cancer and Its Prevention

The trainer will now give you a lecture about colon cancer and its prevention. The content for this lecture is found in the flip chart from pages 1 to 19. If you have any questions as you are listening to this lecture, please write down your questions here.

7. Practice 1: Using the Flip Chart

For this part of the training, we would like you to practice using the first section of the flip chart. We would like you to work in pairs and take turns reading the flip chart to each other.

Start on Page 1 and stop when you reach Page 19. Each of you will have 30 minutes to practice this section. One of our staff members will come and observe while you practice to give you feedback and suggestions.

After this practice, you will:

1. Be familiar with using the flip chart.
2. Know about the 3 recommended colon cancer screening tests.
3. Know how often participants should get any one of the screening tests.
4. Be familiar with how each test is done.

HOW TO USE THE FLIP CHART

Tips and techniques

1. Place the flip chart in front of you and have the front page pictures face your participants

- You may place the flip chart on your lap or have it on the table in front of you or next to you
- Make sure that everyone can easily see the flip chart

2. Start by introducing the purpose of the flip chart

- You may want to say:

“I will be using this flip chart to tell you about colon cancer and how to prevent it. If you have any questions, please feel free to ask me anytime.”

3. Read the notes aloud on the back side of the flip chart clearly

- Speak slowly and loudly enough to be heard by everyone
- Be attentive to your participants' reactions while you are delivering the information

4. Pause after each page to see if people have any questions

- Remember to look at the participants to engage them in the presentation
- Allow your participants to interrupt and ask you questions

5. If you don't know an answer to a question, tell your participants that you will find out the information and get back to them.

- Write down any question(s) you do not know the answer to so that you can find out the information afterward and answer the question(s) at the next Small Group Health Education Session or Telephone Follow-up.

10. Practice 2: Using the Flip Chart

For this part of today's training, we would like you to practice using the second section of the flip chart. Again, we would like you to work in pairs and take turns reading aloud the flip chart to each other. Start on Page 20 and stop when you reach Page 28. Each of you will have 20 minutes to practice this section. One of our staff members will come and observe while you practice to give you feedback and suggestions.

After this practice, you will:

1. Be familiar with using the flip chart.
2. Know about common beliefs that Chinese Americans may have about colon cancer screening.
3. Know how to address these beliefs using the flip chart.

11. Homework

Congratulations! You have just successfully completed the first day of the colon cancer prevention training for this Project. We will meet again on _____ (date) for the second day of the training.

To prepare for the next training, please do the following as your homework and check the box when you have completed it:

- Practice reading the entire flip chart aloud until you are familiar with the content**
- Practice using the two different stool kits for colon cancer screening**

12. Conducting Small Group Health Education Session

In your role as Lay Health Worker, you will be giving two Small Group Health Education Sessions about colon cancer and its screening to your participants.

The small group health education session can be conducted at the home of one of your participants, at your own home, or at another location arranged by the Project Coordinator. It is important to pick a place where all participants feel comfortable, where it is quiet for you to talk, and where it is convenient for all participants so that those who do not have transportation can come to the session.

We encourage you to invite 5-8 people each time you conduct a session; therefore, you will need to hold more than one session for you to teach all 15 of your participants.

When dividing your groups, consider the language abilities of your participants. Clarify which language you will be speaking in. You will need to make sure that all participants who attend a small group session can understand the same language. You can say: “I’m going to be giving my presentation in Cantonese. Is everyone comfortable with Cantonese?” If someone is not comfortable, offer to have them come to another session where the appropriate language such as Mandarin or English is spoken.

SMALL GROUP HEALTH EDUCATION SESSION ACTIVITIES

Activity	Goals	Sample Agenda and Timing
Small Group Health Education Session #1	<ul style="list-style-type: none"> • Allow participants to get to know one another • Present flip chart • Group discussion 	<ol style="list-style-type: none"> 1. Project Team obtains consent form from participants and conducts the pre-intervention survey (50 min) 2. Introduction (5 min) 3. Flip chart presentation (40 min) – colon cancer education and common beliefs (Slide #1-28) 4. Discussion (10 min) 5. Give participants Colon Cancer Prevention Brochure* and Community Resource Guide (5 min) 6. Remind participants about Telephone Follow Up #1 and Small Group Health Education Session #2 (5 min) <p>Bring <u>your Project Bag</u>, which should include: <i>flip chart, community resource guide, pens, contact information of participants, writing pads</i> * Project Staff will provide Brochure</p>
Small Group Health Education Session #2	<ul style="list-style-type: none"> • Allow participants to get to know one another • Review key knowledge from flip chart • Answer questions from participants • Group discussion <ul style="list-style-type: none"> – Encourage sharing of personal experiences, testimonies – Encourage each participant to share his/her own individual plan, intention, and/or thoughts about colon cancer screening 	<ol style="list-style-type: none"> 1. Welcome (10 min) 2. Review basic knowledge of colon cancer and screening using selected flipchart pages on the following topics (5 min) <ul style="list-style-type: none"> • Why colon cancer is important (Slide # 2) • What is colon cancer (Slide # 4) • Who can get colon cancer (Slide # 6) • How can we prevent colon cancer (Slide # 8) • What are the colon cancer screening tests (Slide # 9) • How often to get screened (Slide # 18) • Encourage participants to immediately get screened for colon cancer (Slide #26) 3. Address barriers and concerns regarding colon cancer screening – suggest going through barrier list if discussion is slow or lacking (Slide # 29-38) (15 min) 4. Set individual goals (10 min) 5. Remind participants about Telephone Call #2 (5 min) 6. Distribute Healthy Nutrition Handouts** to participants (2 min) <p>Bring <u>your Project Bag</u> that contains: <i>flip chart, brochures, community resource guide, pens, contact information of participants, writing pads, Healthy Nutrition Handouts** (Project Staff will provide handouts at Follow-up Training Session)</i></p>

SUGGESTIONS FOR CONDUCTING SMALL GROUP HEALTH EDUCATION SESSIONS

Here are some suggestions to help you prepare for the small group education presentation.

PREPARATION	TIPS AND EXPLANATIONS
<p><u>Before the presentation</u> Be prepared. Know and understand the material.</p> <ul style="list-style-type: none"> • The flip chart will guide you through all the basic information you'll be presenting on. 	<ul style="list-style-type: none"> • Coordinate with participants and the Project Coordinator about the meeting time, day, and location. • Gather your Project Bag and make sure you have all the supplies that you need. • If you understand the material, you will have confidence when you present. • Follow the Sample Agenda as suggested on Page 19. • Re-read the flip chart and talking points before the presentation. • Practice makes perfect, so practice with friends or family members.
<p><u>After the presentation</u> Reflect on ways you can improve your presentation.</p>	<p>Ask yourself:</p> <ul style="list-style-type: none"> • How did it go? • Did I speak loudly enough and clearly enough? • Did I pay attention to each participant and his/her reaction? • Did the participants seem engaged? • Did the participants understand the main points? • Did I stick to my outline? • Did I give the participants time to absorb the information by speaking slowly enough and taking enough time with the flip chart? • Did I answer the participants' questions fully? • What should I do differently next time?

ELEMENTS OF A PRESENTATION	TIPS AND EXPLANATIONS
1. Introduce yourself and the topic	<ul style="list-style-type: none"> • Introduce yourself and today’s topic. Don’t assume people know you or what you’re going to talk about, even if you know everyone in the room. • You can say: “Good morning. My name is _____, and I’m a lay health worker for the Healthy Living: Chinese Lay Health Worker Outreach Project. Today I’m here to talk with you about colon cancer, how it affects Chinese people, and what we can do about it.”
2. Have participants introduce themselves	<ul style="list-style-type: none"> • It is important to begin by making participants feel comfortable. It is also a good way to have people get used to actively participating. The participants will also encourage each other to learn and get screening, so it is important to engage everyone in the group. • You can say: “Before we begin, even though a lot of us know one another already, let’s go around and have each person say his or her name.” • You can add something else to the introductions such as having each person say where he or she came from or why he or she is here. Let your personality and your understanding of your participants guide you.
3. Let participants know what you’re going to talk about	<ul style="list-style-type: none"> • It’s easier for participants to follow your presentation if you give them a brief outline in advance. <p>You can say:</p> <ul style="list-style-type: none"> • “First, I’ll tell you a little about the Project. Then I’ll share with you basic information about colon cancer and why we should be concerned about this health issue.” • “Lastly, we’ll talk about what we can do about it for yourself, for our families and for our communities. How does that sound to everyone?” • “I’ll make sure we have time at the end for questions. If I don’t have the answers, I’ll find out and get back to you.”

<p>4. Understand your audience</p>	<ul style="list-style-type: none"> • Find out how much your audience knows, by asking, “How much do you know about colon cancer?” or “Who here has had colon cancer screening?” • During the presentation, depending on what the participants already know, you might spend more time on what colon cancer is, what they can do to prevent it, or barriers to screening. • If there is someone in the group who has had screening, you can ask him/her “Since you have had colon cancer screening, what do you think about this?”
<p>5. Encourage questions</p>	<ul style="list-style-type: none"> • Many people won’t interrupt you even if they don’t understand what you’re saying, so it is important to let the participants know that they can ask you questions. • You can say, “I know that when I was learning about this, I had many questions, so please feel free to ask any questions you have. Some questions you have may be answered as I go through the presentation. I will pause at the end of each section so that you can ask questions. If you cannot wait until the end of the section, please let me know by raising your hand if you need me to repeat something or explain something in a different way.”
<p>6. Use flip chart</p>	<ul style="list-style-type: none"> • Follow the flip chart, point to important points or pictures. Speak loudly and clearly so people can follow your presentation. • For many people, the visual aids may be the most important part of the presentation. • Make sure people can see the flip chart from where they are sitting. You can ask, “Can everyone see the pictures and read the words on the front of this flip chart and read the words?”

<p>7. Summarize</p>	<ul style="list-style-type: none"> • Summarize your main points. Summarize your main points. Ask your participants to repeat back to you what you covered. • “So we talked about why it’s so important for our community to get screened for colon cancer. We also went over the different screening methods that are available. Can anyone tell me what those screening methods are?” • Praise your participants when they answer your questions correctly. Repeat the relevant content if participants cannot provide a correct answer.
<p>8. Thank the participants for coming</p>	<ul style="list-style-type: none"> • Thank them for taking the time to listen and for their questions. Remind them about the Telephone Follow Up. Don’t forget to ask the participants individually what is the most convenient time for you to call them. • You can say: “Thank you for coming. I know you’re all very busy. I hope you learned some new information about colon cancer and how to prevent it.” • You can say: “I want to remind you about the phone call I’ll be making to all of you in a month. I just want to follow-up with you, answer any questions you may have, and see how I can help you with getting colon cancer screening.” • “If you have any questions before then, you can reach me at my telephone number XXX-XXXX.”
<p>9. The most important part to giving a good presentation is being you.</p>	<ul style="list-style-type: none"> • Remember, we chose you to be a lay health worker because we believe you already have the skills to teach your friends and family. • The more relaxed you are, the easier it will be for other people to benefit from what you have to say. • If you have a personal connection to colon cancer, you can choose to share it if you want.

OTHER ISSUES TO CONSIDER	TIPS AND EXPLANATIONS
1. What the Lay Health Worker should not do	<ul style="list-style-type: none"> • Disregard what participants say. • Show disinterest or other non-caring behavior. • Manipulate overtly or covertly. You should provide knowledge and support to help participants get screening, but do not force them. • Provide too much or not enough structure for the discussion. Let the discussion go off track. • Challenge participants and their responses. • Excessive emphasis on or explanation of a certain point. • Repeat unnecessarily.
2. What the Lay Health Worker should do	<ul style="list-style-type: none"> • Provide a warm, supportive and non-threatening environment. • Respect each participant's viewpoints. Accept others' opinions as valid. • Encourage all participants to respect each other. • Involve participants and encourage them to take charge of their own health. • Listen, reinforce and clarify. • Facilitate participants' processing of information. • When appropriate, ask for participants' opinions and ideas. • Keep discussion moving. • Review and summarize, emphasize important points.

DEALING WITH DIFFICULT PARTICIPANTS	TIPS AND EXPLANATIONS
<p>1. The “Too-Talkative” Person</p> <ul style="list-style-type: none"> This is a person who talks all the time and tends to monopolize the discussion. 	<ul style="list-style-type: none"> Thank the person and tell him/her that we want to provide an opportunity for everyone to participate equally. Refocus the discussion by summarizing the relevant point, then move on. Spend time listening to the person outside the group. Use body language. Don’t look toward the too-talkative person when you ask a question. Talk with the person privately and praise him/her for his/her contributions, and ask for help in getting others more involved.
<p>2. The “Silent” Person</p> <ul style="list-style-type: none"> This is a person who does not speak in discussions or does not participate in activities. 	<ul style="list-style-type: none"> Watch carefully for any signs (e.g., body language) that the person wants to participate, especially while brainstorming and problem-solving. Call on this person if you observe any signs showing interest in participating. Talk to them at the break and find out how they feel about the small group session. Respect the wishes of the person who really doesn’t want to talk; this doesn’t mean that they are not getting something from the educational session.
<p>3. The “Yes, but…” Person</p> <ul style="list-style-type: none"> This is the person who agrees with ideas in principle but goes on to point out, repeatedly, how it will not work for him/her. 	<ul style="list-style-type: none"> Acknowledge the person’s concerns or situation. You can say, “I can see why you would say that.” Ask the group to help. You can say, “What do the rest of you think about what he/she said?” After three “Yes, but’s” from the person, state the need to move on and offer to talk to the person later. It may be that the person’s problem is too complicated to deal with in the group, or the real problem has not been identified. You can say, “Let’s come back and all talk about this after the presentation if we have time, or I can talk to you privately later.”
<p>4. The “Know-It-All” Person</p> <ul style="list-style-type: none"> This is the person who constantly interrupts to add an answer, comment, or offer an opinion. 	<ul style="list-style-type: none"> Limit contributions by not calling on the person. Thank the person for positive comments. If the problem persists, invoke the rule of debate: Each member has a right to speak twice on an issue but cannot make the second comment as long as any other member of the group who desires to speak has not yet spoken.

13. Practice 3: Using the Flip Chart

For this part of today's training, we would like you to practice presenting the flip chart. We would like you to work in a small group of 3-5 and take turns presenting one selected section from the flip chart to your small group. Each of you will have 10 minutes to present your assigned section of the flip chart. One of staff members will come and observe while you practice to give you feedback and suggestions.

By the end of this practice session, you will:

1. Be familiar with using the flip chart.
2. Be more comfortable with presenting to a small group.

16. Conducting Telephone Follow-Up

A. Introduction

Part of your job as a Lay Health Worker is to keep in touch with your participants through two telephone follow-up calls. The contents of the telephone follow-up are similar, and each will last about 10 to 15 minutes.

When to make these calls? About a month after each Small Group Health Education Session.

What are the purposes of making these calls?

- Check on participant's status regarding obtaining colon cancer screening
- Provide encouragement and address concerns about colon cancer screening
- Remind participants about the next project activity

How to select a good time to call?

- Pick a time when you and your participant can talk without interruption for 10 to 15 minutes.
- You may want to be ready to call several participants in a row to save time, but you can do what you like.

B. How to conduct telephone follow-up

1. Before the call:

- Gather your **Call Log**, pen, and participant's telephone number.
 - Note: for Telephone Call #1, have the date, time, and location for the Small Group Health Education Session #2 handy for reference.

2. During the call (please use the Call Log as shown on the next page):

- On the Call Log, record the participant's name, phone number, date of the call, whether this is Telephone Call #1 or #2, and the time of the start of the call
- Greet participant and introduce the purpose of the call (2 min)
- Ask questions to learn about participant's status with regard to colon cancer screening, and record responses on the Call Log (2 min)
- Provide support and encouragement according to the participant's status (5-10 min)
- Remind the participant about the next project activity (1 min) -- for Telephone Call #1, about Small Group Session #2; and for Telephone Call #2, about the final meeting.

3. After the call: Record the time of the end of the call and complete the Call Log. The notes you make on the Call Log are very important data for the Project. You will use the notes to prepare for Small Group Health Education Session #2.

Note: Appendices C, D, and E contain additional description and step-by-step details for using the Call Log and conducting Telephone Calls.

17. Call Log

CALL LOG

Participant Name: _____ Phone: _____ Date: _____ Call #1 or #2 Start Time: _____ AM/PM

Please follow the yellow arrows and the corresponding instructions to complete the log.

- For Call #1: Write down the date, time, and location for the Small Group Session #2. For items marked *, refer to back page for tips and suggestions.
- For Call #2: If you have already learned at Call #1 that your participant is up-to-date [DONE] with screening, CONFIRM (or update if needed) the test and date info in STEP 2. If participant remains up-to-date [DONE], go to ENCOURAGE in STEP 3 (refer to tips at back page for Call #2).

START HERE

STEP 1. Greet and explain purpose

1. SAY: "Hello {participant's name}, this is {your name}. How are you?"

2. ASK: "I'm calling to see how you've been doing since our meeting on colon cancer prevention, is it a good time to talk for about 10-15 minutes?" participant's answer:

Yes. No. → Reschedule. ASK: "When might be a good time to call?" RECORD: date & time _____ AM/PM

STEP 2. Ask questions to learn participant's status

1. SAY: "I am so glad that you came to the group meeting. Since we last met, I'd like to know what you have been thinking about colon cancer screening."

2. ASK A: "Have you already done colon cancer screening?"

3. participant's answer:

No. Yes. → a. ASK: "Which test and when did you do it?"

b. RECORD Test (FOBT/Sigmoid/Colon) and date: _____

c. DETERMINE if Up-to-Date (FOBT within 1 year; sigmoid 5 years; colon 10 years)

Up-to-date. → Go To STEP 3 [DONE]

Overdue. SAY: "[Test] should be done every [Year].* Continue to Question B"

1. ASK B: "Are you planning to get colon cancer screening in the next few months?"

2. participant's answer:

Yes. No. → Go To STEP 3 [NO PLAN]

1. ASK C: "Do you have an appointment with a doctor or a clinic for colon cancer screening?"

2. participant's answer:

No. → Go To STEP 3 [PLAN]

Yes. → Go To STEP 3 [IN PROCESS]

STEP 3. Provide support and encourage participant according to his/her status

[DONE]

1. ASK motive: "What made you decide to get the test?"

2. RECORD motive: _____

3. ENCOURAGE* Then Go To STEP 4

[NO PLAN]

1. ASK concern*: "I know you must have reasons why you are not thinking about getting colon cancer screening soon. Can you tell me the reasons?"

2. RECORD concern: _____

3. ENCOURAGE* Then Go To STEP 4

[PLAN]

1. ASK motive: "Please tell me what made you think about getting colon cancer screening?"

2. RECORD motive: _____

3. ASK concern*: "Are there any concerns that you still have about screening?"

4. RECORD concern: _____

5. ENCOURAGE* Then Go To STEP 4

[IN PROCESS]

1. ASK: "Which test and when will you do it?"

2. RECORD: FOBT/Sigmoid/Colonoscopy/for appt with M.D. on {Date}: _____

3. ASK motive: "What made you decide to get the test?"

4. RECORD motive: _____

5. ASK concern*: "Are there any concerns that you still have about screening?"

6. RECORD concern: _____

7. ENCOURAGE* Then Go To STEP 4

STEP 4. Remind and thank participant

• Call #1:
SAY: "Thanks for taking the time to talk to me. The next group meeting will be on _____ (DATE) at _____ AM/PM in _____, I look forward to seeing you."

• Call #2:
SAY: "Lastly, as a reminder, in about 2 months, a program Staff will call you to remind you about a final meeting for the study where you will fill out a survey and share your opinions. After the meeting, you will receive \$30."

REMINDER: Did you remember to record all the answers? Please record the end time for this phone call: _____ AM/PM

[Back page of the Call Log]

*Reminders / Suggestions

1. Respond to concerns:

- Answer any concerns that you feel comfortable answering based on your training and what you know from the flipchart.
- You can also encourage the participant to make an appointment with his/her doctor to discuss remaining concerns; you may say: *“I believe your doctor can also answer these questions for you.”*
- Respond to concerns that your participant brings up with: :
 - *“I understand”*
 - *“I know many people have this concern” or*
 - *“We should talk about this in the next group meeting. Let’s see how other people have dealt with this concern.”*

2. Encourage participant according to his/her status

- **Call #1: encourage sharing of opinions and experiences in Small Group Session #2**
 - a. **DONE:** *“You are a role model for the group. Please share your experience with us in the next meeting.”*
 - b. **NO PLAN:** *“I believe other people in the group may have similar concerns. It would be good to talk about these issues in the next group meeting.”*
 - c. **PLAN:** *“I believe others in the group would like to hear your thoughts about getting screened.”*
 - d. **IN PROCESS:** *“I believe others in the group would like to hear about your progress at the next group meeting.”*
- **Call #2: give a final encouraging remark**
 - a. **DONE:** *“It is so wonderful to hear that you are up-to-date in getting colon cancer screening. You’re a good role model for your family and friends.”*
 - b. **NO PLAN:** *“I know you will make good decisions for your health. I hope you will keep the brochures/ information that we shared with you at the meetings and refer to them.”*
 - c. **PLAN:** *“Don’t delay your plan of getting screened! Give your doctor a call this week, and bring along the brochure ‘How to Prevent Colon Cancer’ that I gave you.”*
 - d. **IN PROCESS:** *“It’s so good to hear that you are on your way to getting screened. You’re setting a good example for your family and friends.”*

18. Telephone Follow-Up Call Demonstration

A. Telephone Follow-Up Demonstration

We will now demonstrate how to use the Call Log to conduct telephone follow-up. Refer to the role play scripts in Appendix F. You can use the space below to write down any notes or questions you have.

B. Reminders for Conducting Telephone Follow-Up

1. **Interact with the participant the way you usually do.** Remember that you are selected to do this work because you know how to relate to people. Treat him/her as you normally would.
2. **Listen attentively.** You do not have to convince your participant about getting screened. Do not feel you have to provide a solution. Remember, your goal is to LISTEN!
3. **Be supportive, respectful, and positive. You want to encourage the person to come to the next meeting and to stay with the program.** Here are some examples:
 - Respond to the reasons that motivate your participant to get screened:
“That’s really important.”
“I’m glad to hear your thoughts.”
“I agree.”
 - Respond to concerns that your participant brings up:
“I understand.”
“I know many people have the same concern.”
“We should talk about this in the next group meeting. Let’s see how other people have dealt with this concern.”
4. **Record notes on the Call Log.** Write notes during or right after the calls while the conversation is still fresh in your mind. Use the Call Log to note any concerns you or your participants have, then notify and discuss with the Project Coordinator.
5. **Call the Project Coordinator to share your concerns or questions.** Remember, you can always call the Project Coordinator who will provide the needed information and assistance.

19. Practice 4: Telephone Follow-Up

For this exercise, we would like you to practice conducting Telephone Follow-up Calls #1 and #2. We would like you to work in pairs and take turns reading through the sample telephone follow-up script.

Each of you will have 15 minutes to practice this section. One of project staff members will come and observe while you practice in order to help give you feedback and suggestions.

By the end of this practice, you will:

1. Be familiar with the goals and the procedure of conducting telephone follow-up calls.
2. Know how to use the Call Log to help you conduct the telephone follow-up calls.

20. Community Resource Guide

Health clinics in San Francisco offering free or low-cost health care whether or not you have health coverage.

華埠 Chinatown	公共巴士 Bus Lines	美慎區 Mission	公共巴士 Bus Lines
華埠公共衛生局 CHN- Chinatown Public Health Center 1490 Mason Street (夾 Broadway) San Francisco, CA 94133 (415) 364-7600	Cable Car 纜車, 30, 45, 12, 8, 8x	CHN- Castro Mission Health Center 3850 17th Street (夾 Noe Street) San Francisco, CA 94114 (415) 934-7700	F Market, J, K, L, M, 22 Fillmore, 24
東北醫療中心 North East Medical Services (NEMS) 1520 Stockton Street (夾 Columbus) San Francisco, CA 94133 (415) 391-9686	41, 45, 30	CHN- Potrero Hill Health Center 1050 Wisconsin Street (夾 23 Street) San Francisco, CA 94107 (415) 648-3022	19, 48, 53
日落區 Sunset		三藩市總醫院 San Francisco General Hospital 1001 Potrero Ave. 1 st Floor (夾 24 Street) San Francisco, CA 94110 (415) 206-8492	8, 27, 48
CHN- Ocean Park Health Center 1351 24 th Ave. (夾 Irving Street) San Francisco, CA 94122 (415) 753-8100	N Judah, 28	田德隆區 Tenderloin	
華康醫務中心 Sunset Health Services 1800 31 st Ave. (夾 Noriega Street) San Francisco, CA 94122 (415) 677-2388	71	聖安東尼免費醫療診所 St. Anthony Free Medical Clinic 121 Golden Gate Ave. San Francisco, CA 94102 (415) 241-8320	31 Balboa, 5 McAllister
東北醫療中心 (NEMS) 1450 Noriega Street (夾 22 nd Ave.) San Francisco, CA 94122 (415) 391-9686	71	其他區域 Other Districts	
列治文區 Richmond		CHN- Maxine Hall Health Center (Western Addition / 西增區) 1301 Pierce Street (夾 Ellis Street) San Francisco, CA 94115 (415) 292-1300	31 Balboa, 38 Geary, 5 McAllister, 24 Divisadero
三藩市免費醫療診所 San Francisco Free Clinic 4900 California Street (夾 11 th Ave.) San Francisco, CA 94118 (415) 750-9894	1 California, 38 Geary	聖瑪利醫療診所 St. Mary's Health Center (Western Addition / 西增區) 2235 Hayes St. 5 th Floor San Francisco, CA 94117 (415) 750-5515	21
訪谷區 Visitacion Valley		CHN- North of Market Senior Services (城北區) 333 Turk Street (夾 Hyde Street) San Francisco, CA 94102 (415) 885-2274	31 Balboa, 5 McAllister
CHN- Silver Avenue Family Health Center 1525 Silver Ave. (夾 San Bruno Ave.) San Francisco, CA 94134 (415) 715-0300	44, 8	CHN- South of Market Health Center (城南區) 551 Minna Street (6 th & 7 th St. 之間) (415) 626-2951	5, 31, 21
東北醫療中心 (NEMS) • 82 Leland Ave. • 2574 San Bruno Ave. (415) 391-9686	8		
華康醫務中心 Excelsior Health Services 888 Paris Street, #202 (夾 Geneva Ave.) San Francisco, CA 94112 (415) 677-2488	29		

21. Appendices

A.

Stool Test Instructions for Colon Screening: Guaiac Test

- B. Stool Test Instructions for Colon Screening: FIT**
- C. Four Different Status Categories for Colon Cancer Screening**
- D. Tips to Tailor Support According To Participant's Status**
- E. Training Material for Telephone Calls: A Step-By-Step Guide**
- F. Training Material for Telephone Calls: Sample Scripts**

Appendix A. Stool Test Instructions for Colon Screening: Guaiac Test

Before collecting your stool, please read the following:

- You will need to collect stool samples from 3 bowel movements.
- Do not collect your stool if you have a bleeding hemorrhoid.
- Women: Do not collect your stool during a menstrual period.

For a few days before the test, you may have to make some changes in your medicines or diet.

Medicines

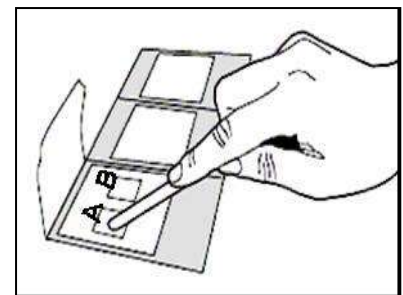
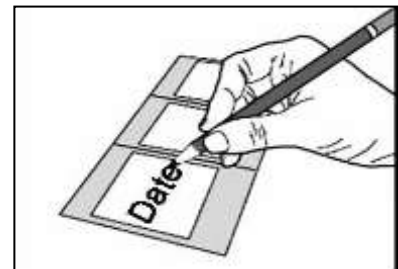
Starting 7 days before you begin collecting your stool and until you are done collecting your stool samples, do not take ibuprofen (Advil, Motrin) or similar pain medicines. Do not take more than one aspirin per day. You do not have to stop taking acetaminophen (Tylenol), if that is a medicine that you usually take.

Diet

Starting 2 days before you begin collecting your stool and until you are done collecting your stool samples, do not eat meat unless it is well-done. Do not eat horseradish, cantaloupe, turnips, broccoli, cauliflower, radishes, or parsnips. Do not eat blood pudding or blood sausage.

Instructions for Collecting 3 Stool Samples:

1. Write the date you collected the stool on each card.
2. Before the test, take out all toilet bowl cleaners and flush the toilet two times until there is only plain water and no toilet cleaner remaining.
3. Collect the stool:
 - a. Allow the stool to fall into the water as usual.
 - b. Use a stick from the kit to collect a small sample of stool.
 - c. On one stool card, put a very small amount of stool as a thin smear in the box labeled "A."
 - d. Take another very small amount from a different part of the stool and smear it in the box labeled "B."
 - e. Let the card dry and close the front flap.
 - f. Do not get the card wet.
4. Do the same for your next 2 bowel movements using the other 2 cards.



Appendix B. Stool Test Instructions for Colon Screening: FIT

Please read the instructions below carefully before sample collection.

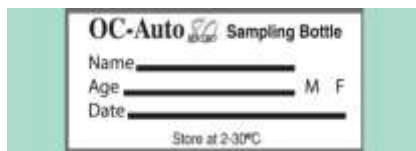
Test results may be invalid if test is not preformed properly.

Sample Deposit

1. Place supplied collection paper inside the toilet bowl on top of the water surface.
2. Deposit stool sample on top of the collection paper.
3. Collect sample from stool before the paper sinks and causes the stool sample to touch the water.
4. Flush. Collection paper is biodegradable and will not harm septic systems.

Sample Collection

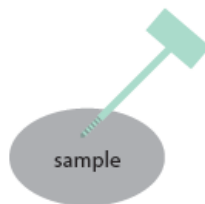
1. Fill in all required information on the sampling bottle



- Twist and open the green cap to remove the sampling probe.



2. Scrape the surface of the fecal sample with the sampling probe.



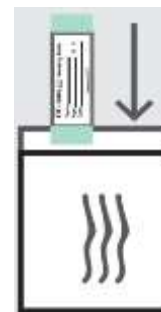
- Cover the grooved portion of the sampling probe completely with the stool sample.



3. Close sampling bottle by inserting the sampling probe and snapping the green cap on tightly. Do not reopen.



- Return the sampling bottle to your doctor or laboratory in the envelope provided.



Appendix C. Four Different Status Categories for Colon Cancer Screening

Each of your participants is likely to have different opinions and experiences about getting colon cancer screening. By learning about your participant's "status" for colon cancer screening, you will be able to think about how to help each participant more effectively. See below for the description for each status category.

The 4 Status Categories

1. Done



- Completed screening and is up-to-date*

2. No Plan



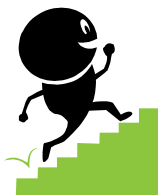
- Has never been screened or screening is overdue (not up-to-date)
- Has no plan to get screened in the next few months

3. Plan



- Has never been screened or screening is overdue
- Plans to get screened in the next few months

4. In Process



- Has never been screened or screening is overdue
- Plans to get screened **AND** has taken some steps toward getting screened, for example: has made an appointment with a doctor to discuss screening; has received a stool test kit; is in the process of scheduling or has scheduled a test

***Up-to-date is defined as having FOBT within the last 12 months, a sigmoidoscopy within the last 5 years, and a colonoscopy within the last 10 years.**

Appendix D. Tips to Tailor Support According To Participant's Status

Your goal is to help your participant 'one step at a time.' Help those who are in **NO PLAN** get to **PLAN** or **IN PROCESS**, and those who are in **PLAN** or **IN PROCESS** get to **DONE**.



1. Done (screening is up-to-date – FOBT within past 12 months, sigmoidoscopy within past 5 years, or colonoscopy within past 10 years)

- These participants can use encouragement to keep screening up-to-date. By asking about their reasons for getting screened, you can remind them of the benefits of screening.
- Encourage them to serve as role models and share their reasons for and experiences about getting screened with other group members.
- They will be your partners: they can help you motivate and encourage other participants to get screened.



2. No Plan (has no plan to get screened in the next few months)

- These participants might be resistant to hearing your advice about colon cancer prevention.
- The most important goal is get them to come back to the next meeting to hear about others' experiences. This may help them reconsider the importance of screening.
- Hold your advice. You do not have to change their minds or provide a solution.
- Listen supportively to their concerns and make them feel respected.
- Show your appreciation for their participation and for sharing their thoughts with you.



3. Plan (plans to get screened in the next few months)

- These participants might be already be "convinced" of the importance of colon cancer screening but have some remaining concerns that need to be addressed.
- By asking them about their reasons for planning to get screened, you can help them remember the benefits of getting screened.
- Ask them to openly share with you any remaining concerns so that you can address them or use the next small group session to provide the needed encouragement.



4. In Process (has an appointment to discuss screening with a doctor, has received a stool test kit, is in the process of scheduling or has scheduled a test)

- These participants are very close to completion (DONE). They can benefit from encouragement to complete the process. Be their cheerleader.
- Ask them when they plan to complete the test is a way to help them to make a commitment by saying this plan to someone else.
- Ask them the main reason they want to get screened to increase the likelihood of completion.

Appendix E. Training Material for Telephone Calls: A Step-By-Step Guide

This step-by-step guide offers suggestions for making the calls. You are welcome to use your own social style to obtain the needed information and deliver the support for your participant. Call #1 and #2 have the same procedures. However, please note that the suggested contents for encouragement and reminders are different for Call #1 and #2. Please refer to the details provided below and in the Call Log.

There are 4 steps for conducting a follow-up telephone call:

- Step 1 – Greet and explain purpose
- Step 2 – Ask questions to learn participant’s status
- Step 3 – Provide support and encourage participant according to his/her status
- Step 4 – Remind and thank participant

Step 1: Greet and explain purpose (suggested length: 2 minutes)

Explanations and sample scripts	
<ul style="list-style-type: none"> • Greet participant as you would when you call him/her outside of the project. • Tell participant the purpose of the call, which is to follow up on his/her situation since the previous Small Group Session about colon cancer screening. 	<p><i>“Hello [participant name], this is [your name]. How are you?”</i></p> <p><i>“I’m calling to see how you have been doing since our last group meeting on colon cancer prevention. Is it a good time to talk for about 15 minutes?”</i></p> <ul style="list-style-type: none"> • If yes, proceed to Step 2 (ask questions about plans for screening). • If no, reschedule: <i>“When might be a good time for me to call you back?”</i> and record the time on the Call Log.

Step 2: Ask questions to learn about participant’s status with respect to colon cancer screening (suggested length: 2 minutes)


- Refer to the Call Log to ask questions to put participant in 1 of 4 status categories (you may refer to Appendix C for the description of the 4 different status categories).
- Record the responses on the Log.
- If you know from the previous contact that the participant has already DONE screening (i.e., screening is up-to-date), you can skip this step and go to STEP 3 [DONE] to continue follow-up (Provide Support).


<p>Explanations and sample scripts</p> <ul style="list-style-type: none"> • Introduce the questions briefly • Follow the questions on the Call Log. Ask one or more of the following questions: <ul style="list-style-type: none"> - Question A. <i>Have you already done colon cancer screening?</i> - Question B. <i>Are you planning to get colon cancer screening in the next few months?</i> - Question C. <i>Do you have an appointment with a doctor or a clinic for colon cancer screening?</i> 	<p><i>“I am so glad that you came to the group meeting. Since we last met, I’d like to know what you have been thinking about colon cancer screening.”</i></p> <ul style="list-style-type: none"> • If the response is “I have already done it” then ask: <i>“Which test did you do and when did you do it?”</i> <ul style="list-style-type: none"> - If screening is up-to-date, go to Step 3: DONE on the Log (Provide Support & Encouragement). - If screening is NOT up-to-date, say <i>“[Test] should be done every [time] year(s).”</i> Then ask question B. • If the response is “I have not done it,” then ask question B. • If the response is “yes” or “maybe” or “possibly” for planning to get screened in next few months, ask question C. • If response is “no,” “unsure,” “probably not,” “don’t want to tell you” or “maybe later,” then go to Step 3: NO PLAN on the Log. • If response is “yes,” “already had an appointment,” “have called but waiting to get an appointment,” or “got the FOBT kit” or “waiting for an appointment for colonoscopy or sigmoidoscopy,” then go to Step 3: IN PROCESS on the Log. • If response is “no,” “unsure,” “don’t know,” then go to Step 3: PLAN on the Log.
---	--

Step 3: Provide support and encourage participant according to his/her status (suggested length: 5-10 minutes)


- Refer to the Call Log for questions to ask and suggested scripts to use according to your participant’s status. In general, you will:
 - Ask what motivates the participant to get colon cancer screening.
 - Ask about concerns that may keep the participant from getting screened.
 - provide encouragement according to the participant’s status (*Note: there are some differences between call #1 and #2 in the encouragement contents*)
- The following sections contain suggested scripts for providing support for each status.



 DONE (screening is up-to-date)	Explanations and sample scripts (for Step 3: Provide Support)
<ul style="list-style-type: none"> • Ask about motivation 	<p><i>“What made you decide to get the colon cancer screening test?”</i></p> <ul style="list-style-type: none"> • Record motivations on Call Log.
<ul style="list-style-type: none"> • If participant describes a negative experience with screening, listen carefully and write it down. 	<ul style="list-style-type: none"> • To respond, focus on the fact that he/she had screening - the best thing they could do to prevent colon cancer: <i>“I see, that was somewhat inconvenient, but I’m so glad that you completed the procedure. As you said, it is an important thing to do to take care of your health, and it’s worth it.”</i>
<ul style="list-style-type: none"> • Provide encouragement <ul style="list-style-type: none"> -In Call #1: encourage sharing experience in Small Group Session #2 -In Call #2: give a final encouraging remark 	<p><i>“You are a role model for the group. Please come to the next meeting to share your experience with us.”</i></p> <p><i>“It is so wonderful to hear that you are up-to-date in getting colon cancer screening. You’re a good role model for your family and friends.”</i></p>

 No PLAN to get screening	Explanations and sample scripts (for Step 3: Provide Support)
<ul style="list-style-type: none"> Ask participant why he/she is not sure or does not want to get colon cancer screening. 	<p><i>“I know you must have personal reasons for not considering getting colon cancer screening soon. Could you tell me the reasons?”</i></p> <ul style="list-style-type: none"> Record reasons or concerns on Call Log. Answer any concerns that you feel comfortable answering based on your training and what you know from the flipchart. Listen supportively.
<ul style="list-style-type: none"> Provide encouragement <ul style="list-style-type: none"> -In Call #1: encourage sharing opinions in Small Group Session #2 -In Call #2: give a final encouraging remark 	<p><i>“I believe other people in the group may have similar concerns. It would be good to talk about these issues in the next group meeting and see how others have dealt with those concerns.”</i></p> <p><i>“I know you will make good decisions for your health. I hope you will keep and refer to the brochures and information that we shared with you at the meetings.”</i></p>



 PLAN to get screening	Explanations and sample scripts (for Step 3: Provide Support)
<ul style="list-style-type: none"> • Ask about motivation 	<p><i>“Could you please tell me what made you decide to get screened for colon cancer?”</i></p> <ul style="list-style-type: none"> • Record motivations on Call Log.
<ul style="list-style-type: none"> • Ask about concerns 	<p><i>“Are there any concerns that you still have about screening?”</i></p> <ul style="list-style-type: none"> • Record concerns on Call Log. • Answer any concerns that you feel comfortable answering based on your training and what you know from the flipchart. • You can also encourage the participant to make an appointment with his/her doctor to discuss remaining concerns: <i>“I’m sure your doctor can also answer these questions for you.”</i>
<ul style="list-style-type: none"> • Provide encouragement <ul style="list-style-type: none"> -In Call #1: encourage sharing opinions in Small Group Session #2 -In Call #2: give a final encouraging remark 	<p><i>“I believe others in the group would like to hear your thoughts about getting screened.”</i></p> <p><i>“Don’t delay your plan of getting screened! Give your doctor a call this week, and bring along the brochure “How To Prevent Colon Cancer” that I gave you.”</i></p>



IN PROCESS to get screening	Explanations and sample scripts (for Step 3: Provide Support)
<ul style="list-style-type: none"> • Ask additional information and motivation 	<p><i>“Which test are you going to do? When will you do it (or “when will you send in the stool test kit”, if appropriate)?</i></p> <ul style="list-style-type: none"> • Note responses on Call Log. • <i>“What made you decide to get the test? “</i> • Record motivations on Call Log.
<ul style="list-style-type: none"> • Ask about concerns 	<p><i>“Are there any concerns that you still have about screening?”</i></p> <ul style="list-style-type: none"> • Record concerns on Call Log. • Answer any concerns that you feel comfortable answering based on your training and what you know from the flipchart. • You can also encourage the participant to ask his/her doctor: <i>“I believe your doctor can also answer these questions for you.”</i>
<ul style="list-style-type: none"> • Provide encouragement <ul style="list-style-type: none"> -In Call #1: encourage sharing experience in Small Group Session #2 -In Call #2: give a final encouraging remark 	<p><i>“I believe sure others in the group would like to hear about your progress at the next group meeting.”</i></p> <p><i>“It’s so good to hear that you are on your way to get screened. You’re setting a good example for your family and friends.”</i></p>

Step 4: Remind and thank participant (suggested length: 1 minute)

- This is the Last Step for the calls. ****Note the differences between Call #1 and #2**
- After this step, you can say good-bye to the participants or have other social conversations if you would like.

Explanations and sample scripts	
Call #1: Remind and encourage participant to attend Small Group Session #2.	<p><i>“Thanks for taking the time to talk to me. The next group meeting will be on DATE at TIME in LOCATION. I look forward to seeing you.”</i></p> <ul style="list-style-type: none">• If your participant seems unsure about coming to the next small group session, let him/her know how important his/her presence is to the group.• Try to problem solve to see if accommodations can be made to make sure the participant will attend the next meeting. Do your best.
Call #2: Remind participant about the final meeting in 2 months when they will get their final incentive payment.	<p><i>“Lastly, as a reminder, in about 2 months, a program staff member will call you to remind you about a final meeting for the study where you will fill out a survey and share your opinions. After the meeting, you will receive \$30.”</i></p>

Appendix F. Training Material for Telephone Calls: Sample Scripts

This appendix provides 4 examples of a Telephone Call #1 conversation. One example is provided for each status of colon cancer screening: “Done”, “No Plan”, “Plan”, and “In Process”.

These sample scripts may be helpful in practicing the use of the Call Log to conduct telephone calls. When using these scripts to practice conducting Call #2, substitute the LHW’s scripts marked ** with the appropriate scripts for Call #2. Please refer to the Call Log for the suggested scripts for Call #2.



Telephone Call Sample Script #1: DONE

LHW: “Hello [name], this is [your name]. How are you?”

Participant: “I am doing well. Thank you.”

LHW: “I’m calling to see how you have been doing since our last group meeting on colon cancer prevention. Is it a good time to speak with you for about 10-15 minutes?”

Participant: “Yes, this is a good time.”

LHW: “I am very glad that you came to the group meeting. Since we last met, I’d like to know what you have been thinking about colon cancer screening. Have you already done colon cancer screening?”

Participant: “Yes.”

LHW: “Which test did you do and when did you do it?”

Participant: “I had a colonoscopy. When I turned 50 last year, my doctor recommended the test to me.”

LHW: “So you’ve had a colonoscopy done last year.”

Participant: “That’s right. My doctor recommended it, so I did it.”

****LHW:** “You are a role model for the group. Please come to the next meeting to share your experience with us.”

Participant: “Thank you. I will be happy to share my experience with others.”

****LHW:** “Thanks for taking the time to talk to me. The next group meeting will be on DATE at TIME in LOCATION. I look forward to seeing you.”

Points of discussion:

- 1) *What if the participant reports a negative experience with screening?*
- 2) *What if the participant does not want to share his/her experience at the group meeting?*
- 3) *What if the participant says he/she might not be able to come to the next meeting?*
- 4) *How would Call #2 be different? (Refer to the Call Log and try substituting the LHW's scripts marked ** with the appropriate script for call #2)*



Telephone Call Sample Script #2: NO PLAN

LHW: “Hello [name], this is [your name]. How are you?”

Participant: “I am doing well. Thank you.”

LHW: “I’m calling to see how you have been doing since our last group meeting on colon cancer prevention. Is it a good time to speak with you for about 10-15 minutes?”

Participant: “Yes, I am available now.”

LHW: “I am very glad you came to the group meeting the other day. Since we last met, I’d like to know what you have been thinking about colon cancer screening. Have you already done colon cancer screening?”

Participant: “I haven’t.”

LHW: “Are you planning to get colon cancer screening in the next few months?”

Participant: “I’m not sure, maybe not.”

LHW: “I’m sure you have your reasons for not planning to get colon cancer screening. Could you tell me your reasons?”

Participant: “It is too inconvenient for me. I have no time to see the doctor.”

LHW: “I understand. But you know, ‘Health is wealth’. It is definitely worth your time to ask your doctor for these life-saving tests.”

Participant: “I’m still not sure about that.”

****LHW:** “I know many people have the same concerns. We can talk at the next group meeting and see how others have addressed these concerns.”

Participant: “Perhaps.”

****LHW:** “Thanks for taking the time to talk to me. The next group meeting will be on DATE at TIME in LOCATION. I look forward to seeing you.”

Points of discussion:

- 1) *What if the participant says he/she does not want to talk about the concerns in a group?*
- 2) *What if the participant says he/she does not have health insurance or does not know where to find a doctor or a clinic?*
- 3) *What if the participant brings up other concerns for which you don't have an answer?*
- 4) *How would Call #2 be different? (Refer to the Call Log and try substituting the LHW's scripts marked ** with the appropriate script for Call #2)*



Telephone Call Sample Script #3: PLAN

- LHW:** “Hello [name], this is [your name]. How are you?”
- Participant: “I am doing well. Thank you.”
- LHW:** “I’m calling to see how you have been doing since our last group meeting on colon cancer prevention. Is it a good time to speak with you for about 10-15 minutes?”
- Participant: “Yes, this is a good time.”
- LHW:** “I am very glad that you came to the group meeting. Since we last met, I’d like to know what you have been thinking about colon cancer screening. Have you already done colon cancer screening?”
- Participant: “No, but I am thinking about it.”
- LHW:** “Are you planning to get colon cancer screening in the next few months?”
- Participant: “Yes, I probably will.”
- LHW:** “Do you have an appointment with a doctor or a clinic for colon cancer screening?”
- Participant: “No, not yet.”
- LHW:** “Please tell me what led you to decide to get colon cancer screening?”
- Participant: “I saw a brochure at the doctor’s office. It sounds like a good thing to do for my health.”
- LHW:** “I agree. This is very important. Are there any concerns that you still have about screening?”
- Participant: “I am worried that the test will be messy.”
- LHW:** “I’ve used the stool kit before, and it’s not too messy. The kit has what you need to avoid getting your hands dirty.”
- Participant: “Okay, I will try it. But it will take a lot of time to make an appointment with the doctor.”
- **LHW:** “ ‘Health is wealth.’ It is definitely worth your time to ask your doctor for this potentially life-saving test. I believe others in the group would like to hear your thoughts at the next meeting.”

Participant: “I will consider it.”

****LHW:** “Thanks for taking the time to talk to me. The next group meeting will be on **DATE** at **TIME** in **LOCATION**. I look forward to seeing you.”

Points of discussion:

- 1) What if the participant has other concerns?*
- 2) What if the participant is not convinced?*
- 3) What if the participant says he/she is not sure if he/she could make the next meeting?*
- 4) How would Call #2 be different? (Refer to the Call Log and try substituting the LHW's scripts marked ** with the appropriate script for Call #2)*



Telephone Call Sample Script #4: IN PROCESS

LHW: “Hello [name], this is [your name]. How are you?”

Participant: “I am doing well. Thank you.”

LHW: “I’m calling about the group meeting we had a month ago on colon cancer prevention. Is it a good time to speak with you for about 10-15 minutes?”

Participant: “OK.”

LHW: “I am very glad that you came to the group meeting. Since we last met, I’d like to know what you have been thinking about colon cancer screening. Have you already done colon cancer screening?”

Participant: “Not yet, but I have an appointment with my doctor in 2 weeks to get the FOBT.”

LHW: “What led you to decide to get screened?”

Participant: “My friend just got diagnosed with colon cancer. It made me think I should get screened for it too.”

LHW: “Screening is very important. Do you still have any concerns about screening?”

Participant: “I am afraid to find out that I have colon cancer. I don’t want to deal with it now.”

LHW: “If you have cancer, you have to deal with it eventually. If you get tested now and find it early, colon cancer can easily be treated and cured. You should tell your doctor your concern.”

Participant: “Okay, I will consider it.”

****LHW:** “I’m sure other group members would love to hear about your progress at the next group session.”

Participant: “Okay, I will think about it.”

****LHW:** “Thanks for taking the time to talk to me. The next group meeting will be on **DATE** at **TIME** in **LOCATION**. I look forward to seeing you.”

Points of discussion:

- 1) *What if the participant voices a concern you don't feel comfortable answering?*
- 2) *What if the participant changes his/her mind about getting the test?*
- 3) *What if the participant does not want to come to the next meeting?*
- 4) *How would Call #2 be different? (Refer to the Call Log and try substituting the LHW's scripts marked ** with the appropriate script for Call #2)*

This English version of "Lay Health Worker Training Manual--Colon Cancer Prevention" has been developed and published by the Healthy Living: Chinese Lay Health Worker Outreach Project of the Vietnamese Community Health Promotion Project (Suc Khoe La Vang!) at the University of California, San Francisco in collaboration with the San Francisco State University and the NICOS Chinese Health Coalition through funding from the National Cancer Institute (NCI Grant 1R01CA138778).

For more information, please contact:

Vietnamese Community Health Promotion Project (Suc Khoe La Vang!)
University of California, San Francisco
Tel: (415) 476-0557
www.HealthIsGold.org

All rights reserved. June, 2011