

## PREFACE

Dear Friends,

Since 1993, the National Asian Women's Health Organization (NAWHO) has been a powerful voice for Asian women and families, guided by a mission to eliminate health disparities for this community. With this mission, NAWHO could not ignore the serious impact that breast and cervical cancers have had – and are continuing to have – for Asian American women. NAWHO was compelled to create a national program to raise public awareness, reduce the public health burden, and break the silence around these diseases in Asian American communities. *Communicating Across Boundaries: The Asian American Women's Breast and Cervical Cancer Program* is NAWHO's national call to action to eradicate breast and cervical cancers for Asian American women.

As its name implies, *Communicating Across Boundaries* was founded on the belief that communication and cooperation between all sectors will produce lasting public health improvements. By erasing the boundaries between communities, providers, and policy-makers, NAWHO is brokering a much-needed dialogue between these groups, and in the process, consolidating community resources and developing policy recommendations to ensure that culturally appropriate breast and cervical cancer programs for Asian American communities are local, state, and national priorities.

The centerpiece of *Communicating Across Boundaries* is a cultural competency training program for health care providers. This training is at the heart of NAWHO's efforts to increase the responsiveness of health care professionals to the needs of Asian American women. Developed according to NAWHO's unique definition of cultural competency, this training provides health care professionals with an awareness of the needs and barriers facing Asian American women as they seek health care services as well as practical skills for communicating with Asian American women and reaching Asian American communities. By providing health care professionals with the knowledge and skills to better reach and retain Asian American women for early detection services, NAWHO believes that the cancer burden in Asian American communities can be reduced and the overall health status of Asian women and families can be improved.

We encourage you to use *Communicating Across Boundaries* as a tool to strengthen education and outreach, enhance health care services, and, ultimately, eradicate the burden of breast and cervical cancers for Asian American women. On behalf of NAWHO and *Communicating Across Boundaries*, I invite you to join us in the movement against breast and cervical cancers. Together, we can generate hope – and save lives.

Sincerely,



Mary Chung, MBA  
President and Founder

## ACKNOWLEDGEMENTS

The development of an effective breast and cervical cancer health education intervention requires the expertise and experience of many people. NAWHO would like to acknowledge the following individuals and organizations for their support and guidance on *Communicating Across Boundaries*, without whom the program would be incomplete.

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# ABOUT THIS DOCUMENT

## WHAT IS A REPLICATION PACKAGE?

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Welcome to the replication package for *Communicating Across Boundaries: A Cultural Competency Training on Breast and Cervical Cancers in Asian American Women*, NAWHO's professional education training intervention for health care providers. According to the Centers for Disease Control and Prevention (CDC), a replication package "includes all tools, guidelines, descriptions, and other materials that have been produced to enable a program manager to independently replicate the program as designed, and with comparable results." Accordingly, the NAWHO replication package is a comprehensive set of instructions for planning, implementing, teaching, and evaluating NAWHO's training program. It is intended to convey a complete understanding of the NAWHO training to new training sponsors as well as enable training sponsors to independently "replicate" the NAWHO training in their own local or regional community. Though designed as a step-by-step guide, training sponsors can use the NAWHO replication package selectively, depending on their experience and expertise in coordinating a professional education program of this kind. However, by faithfully following this document as presented, training sponsors can ensure successful implementation of the NAWHO training as well as expected positive outcomes for their providers and programs.

## REPLICATION PACKAGE TERMS

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The NAWHO replication package includes several terms that reference key events and individuals involved in the NAWHO training program:

- **NAWHO training.** A professional education training intervention designed by NAWHO to improve the cultural competency of health care providers to better reach, educate, and serve Asian American women for breast and cervical cancer early detection screening. The NAWHO training was developed according to social and cognitive learning theories and is based on the NAWHO curriculum.
- **NAWHO curriculum.** The cultural competency training curriculum developed by NAWHO on which the NAWHO training is based. The NAWHO curriculum contains the substantive messages and skills-building exercises necessary for improved cultural competency with Asian American women.
- **Training sponsor.** Individual(s) or organization(s) responsible for planning, implementing, teaching, and evaluating a NAWHO training in a local or regional site using the NAWHO replication package.
- **Planning committee.** The organizing body recruited by the training sponsor to oversee the components of a NAWHO training.
- **Trainer.** Individual(s) who teach the NAWHO curriculum at a NAWHO training. Official NAWHO trainers are individuals who have been trained at the NAWHO Cultural Competency Trainers Institute.

- **Communicating Across Boundaries.** NAWHO's Asian American Women's Breast and Cervical Cancer Program founded in 1997 to address low rates of breast and cervical cancer early detection screening among Asian American women through professional education, public education, advocacy, and partnership-building. The NAWHO training is a central component of this program.

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## REPLICATION PACKAGE OVERVIEW

The NAWHO replication package contains six (6) sections:

1. **Program Overview.** A comprehensive background section about NAWHO, *Communicating Across Boundaries*, and the NAWHO training. This section includes an overview of the evidence-based process used for developing the NAWHO training as well as NAWHO training goals and learning objectives.
2. **Program Instructions.** Step-by-step instructions for planning, implementing, and teaching a NAWHO training, sub-divided in chronological order:

Gathering Key Players  
 Assessing Community Needs  
 Assessing Provider Needs  
 Training Timeline  
 Costs and Cost Reduction  
 Financial Considerations  
 Staffing Plan  
 Developing the Agenda  
 Pre-Training Logistics  
 Designing a Promotion Plan  
 Training Participant Relations  
 Speaker Relations  
 Training Participant Materials  
 On-Site Logistics  
 Follow-Up

This section concludes with a series of Case Studies profiling previous NAWHO trainings, as well as a discussion of technical assistance available from NAWHO for the planning, implementation, and evaluation of a NAWHO training.

3. **Program Evaluation.** An introductory section to the theory, design, method, and analytic techniques for evaluating a NAWHO training.
4. **Program Samples.** A series of sample NAWHO training materials, corresponding chronologically to the key steps of Program Instructions. Samples include letters, agendas, budgets, and evaluation forms and reports.
5. **After Using This Document.** Step-by-step instructions for documenting the completion of a NAWHO training in a local or regional site.
6. **NAWHO curriculum.** A separate document containing the complete text of the NAWHO curriculum. The NAWHO curriculum consists of six structured teaching units and suggested presentation tools in an electronic format:

Unit I: What is Cultural Competency?  
Unit II: Do Asian American Women Get Cancer?  
Unit III: Beliefs and Barriers  
Unit IV: Communication Strategies  
Unit V: Outreach Strategies  
Unit VI: Model Programs

The NAWHO curriculum also includes a comprehensive bibliography and reading list as well as a series of fact sheets about Asian American communities and additional resources for training implementation.

## EVALUATING THIS DOCUMENT

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NAWHO has developed a thorough and collaborative process for evaluating the NAWHO replication package after each use by training sponsors. This process will be used by NAWHO to document the reach of the NAWHO training to health care providers across the country as well as to improve the NAWHO replication package to ensure the highest standards of excellence in professional education and training. Required forms and procedures for documenting the NAWHO training and evaluating this document are contained in the section, After Using this Document.

# INTRODUCTION

## THE NATIONAL ASIAN WOMEN'S HEALTH ORGANIZATION

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The National Asian Women's Health Organization (NAWHO) was founded in 1993 to eliminate health disparities for Asian women and families. NAWHO's goals are to raise awareness about the health needs of Asian Americans through research and education, and to empower Asian women and families as decision-makers through leadership development and advocacy. Through innovative programs and partnerships, NAWHO is increasing knowledge of breast and cervical cancers, expanding access to immunizations, changing attitudes about reproductive health care, and breaking the stigma around depression and mental health. Based in San Francisco, NAWHO has engaged over 4,000 individuals and 200 organizations from 25 states as members of this dynamic process of social change.

## A CALL TO ACTION

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Despite decades of groundbreaking research and life-saving improvements in detection and treatment, breast and cervical cancers continue to threaten the health of Asian American women. As breast and cervical cancers increasingly gain the attention of public health, medical, and research professionals, as well as the general public, the need to ensure that Asian American women benefit from this nationwide prioritization has become increasingly clear. Breast and cervical cancers are striking Asian American women at alarming rates. Several Asian American ethnic populations have incidence and mortality rates for breast cancer comparable to white American women, and Vietnamese American women have the highest rates of cervical cancer in the country, with incidence rates almost three times as great as the next most affected group. Environmental and lifestyle factors are also contributing to increasing risk for breast cancer among Asian American women. Some studies show as high as an 80 percent greater risk for the disease among Asian American women in the United States compared to their counterparts in Asia.

At the same time, the impact of breast and cervical cancers on Asian American women has long been overlooked. Common stereotypes about Asian Americans as the "model minority" – educationally and economically successful, as well as mentally and physically sound – have contributed to harmful notions by policymakers, program administrators, and the general public that Asian American women do not get cancer. This, in turn, leads to few programs tailored to this population and few efforts that address Asian American women's particular needs. As a result, Asian American women have one of the lowest early detection screening rates for breast and cervical cancers in the country – a profile that can signal tragic outcomes for women who discover their cancers too late.

To ensure that Asian American women have access to life-saving research, detection, and treatment for these diseases, a profound shift in the way policies and programs address Asian American women's health must occur. Nowhere is this more critical than for the direct points of contact between Asian American women and the health care system. As women are educated, recruited, and retained for breast and cervical cancer early detection, every effort must be made to provide culturally competent services that appropriately address the needs, concerns, and views of this priority population.

## THE ASIAN AMERICAN WOMEN'S BREAST AND CERVICAL CANCER PROGRAM

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To launch this life-saving effort, NAWHO began a comprehensive and wide-reaching educational campaign to dispel the myth that Asian American women do not get breast and cervical cancers and to increase their participation at every level of the fight against these diseases. This call to action came directly from NAWHO's constituency as participants at its first national conference, *Coming Together, Moving Strong: Mobilizing an Asian Women's Health Movement*, held in 1995, voiced their concern about the obvious Asian American void in the growing nationwide fight against breast cancer. Racial stereotypes of Asian Americans as the "model minority" concealed their true disease burden and lack of access to care, fostering a gross lack of education and health promotion efforts tailored to this population. Heeding this powerful appeal by Asian American breast cancer survivors, community advocates, and health care providers, NAWHO began an innovative and unique series of initiatives to address these cancers at the community, medical, and policy levels.

NAWHO began with public education efforts to increase Asian American women's knowledge of breast and cervical cancers and available screening programs. NAWHO also began building strong partnerships with breast cancer advocacy groups, becoming the only Asian American organization ever to serve on the Board of the National Breast Cancer Coalition (NBCC), a 55,000 individual and 450 organizational member coalition. At the same time, NAWHO began conducting a series of cultural competency training sessions for health care providers in three California counties. These training sessions were highly successful interventions that increased health care providers' knowledge about the barriers to health promotion and cancer detection within Asian American communities, as well as their ability to reach and educate Asian American women about early detection screening. NAWHO's training sessions took place in Los Angeles, Contra Costa, and San Francisco Counties and were enormously popular with health educators, outreach workers, nurses, and technicians working in clinical care settings.

This multi-pronged approach was critical, for while NAWHO's public education efforts were promoting the importance and availability of screening services to Asian American women, the providers who saw them had to have the cultural competency skills to bridge these women to health care in a positive and respectful manner. Utilizing preventive health care services is not a cultural priority for many Asian American women; in this area, providers would become valuable educators in facilitating a more permanent utilization of health services for this population. Moreover, health care providers would become part of NAWHO's broader movement for social change, joining a process to increase Asian American women's individual empowerment and self-care by overcoming racial and gender-biased attitudes and knowledge in the health care industry.

To further build a powerful presence in the cancer movement and influence public policy for Asian Americans, NAWHO convened the first National Asian American Breast Cancer Summit in New York City and its Follow-Up Meeting in Napa, California in 1996. Through these meetings, NAWHO brought together leaders in the breast cancer field, including Asian American community advocates and breast cancer survivors, women's health advocates, and private industry and government health program representatives. Participants at this ground-breaking Summit identified four priority issues: (1) addressing gaps in research and data on breast cancer and Asian American women, (2) ensuring culturally and linguistically competent outreach and early detection programs for Asian American women, (3) improving

accessibility of treatment programs for Asian American women, and (4) increasing the involvement of the Asian American community in the nationwide effort to combat cancer.

As a result of these two meetings, NAWHO published the nation's only *National Plan of Action on Asian American Women and Breast Cancer* that provided the first comprehensive recommendations in areas of technology, education, and collaboration to impact the underserved Asian American community. NAWHO officially unveiled this document to the nation at a Congressional Briefing in Washington, DC co-sponsored by the American Cancer Society. The Briefing featured Congressional members Nancy Pelosi, Anna Eshoo, Patsy Mink, and Louise Slaughter, who spoke to the 100-plus crowd of Hill staffers and federal agency representatives about making Asian American women a priority in all levels of breast cancer advocacy. Since then, over 6,000 copies of this action plan have been distributed to all sectors involved in cancer control and community health.

With such tremendous success and proven capacity to raise awareness, build coalitions, and provide education and training, NAWHO was awarded a four-year cooperative agreement with the Centers for Disease Control and Prevention (CDC) for *Communicating Across Boundaries: The Asian American Women's Breast and Cervical Cancer Program* in September of 1997.

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## PROGRAM GOALS

With this new funding, *Communicating Across Boundaries* began operating in conjunction with the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), a CDC-funded initiative to provide free or low cost mammograms and Pap tests, as well as necessary diagnostic and follow-up services, to priority populations including older women, women with low incomes, and women of racial or ethnic minority groups. *Communicating Across Boundaries* has worked directly with state affiliates of this national program to increase the utilization of screening services by Asian American women. To accomplish this goal, *Communicating Across Boundaries* seeks specifically to:

- Promote responsiveness to the needs and views of Asian American women related to early detection screening by building the cultural competency of health care providers.
- Enhance the capacity of state and local breast and cervical cancer programs to provide outreach and screening services that are responsive to the needs and views of Asian American women.
- Provide public education on Asian American women and breast and cervical cancers to promote responsiveness to early detection screening in Asian American communities and the general public, and
- Create sustainable and systematic collaborations between national, state, and local breast and cervical cancer providers and programs focused on improving the breast and cervical health of Asian American women.

## PROGRAM COMPONENTS

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Building on NAWHO's foundation of breast and cervical cancer professional education, *Communicating Across Boundaries* centers on an expansive cultural competency training model for health care providers:

- ***Communicating Across Boundaries: A Cultural Competency Training on Breast and Cervical Cancers in Asian American Women*** is a professional education intervention designed by NAWHO to improve the cultural competency of health care providers to better reach, educate, and serve Asian American women for early detection screening. The NAWHO training is based on the NAWHO curriculum, a rigorously tested cultural competency training curriculum, and packaged for implementation in the form of the NAWHO replication package.

*Communicating Across Boundaries* also conducts several additional activities that support the NAWHO training:

- **A biennial train-the-trainer instruction course** entitled the NAWHO Cultural Competency Trainers Institute that develops leaders in Asian American women's health as coordinators and teachers of the NAWHO training and as members of a national pool of cultural competency experts.
- **A coordinated public education campaign** in both ethnic and mainstream media, including public service announcements, newsletters, breast and cervical cancer pages on NAWHO's Internet site ([www.nawho.org](http://www.nawho.org)), and exhibits and presentations at conferences and events, and
- **On-going technical assistance** to state NBCCEDPs, national health care organizations, community-based clinics, and other cancer control agencies.

Together, these activities not only improve the cultural competency skills of health care providers but also raise awareness of the need for early detection screening in Asian American communities, thereby creating a supportive environment in which the health of Asian American women can become a local, regional, and national priority.

## PROGRAM STRUCTURE

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For the activities of *Communicating Across Boundaries* to succeed, NAWHO identified the need to work closely with cancer control agencies and their health care providers at the local, state, and national levels. Moreover, for the broad-based vision of *Communicating Across Boundaries* to be fully realized, NAWHO's activities would need to be implemented in those areas with the greatest need. Therefore, NAWHO established partnerships with state departments of health and other national cancer control organizations to collaborate on the development of *Communicating Across Boundaries*. States were selected according to the following criteria:

- A large or emerging Asian American population.
- A demonstrated need for further professional education training in working with the Asian American population, and
- A willingness to collaborate with NAWHO to implement the NAWHO training and other *Communicating Across Boundaries* activities.

NAWHO's founding partners were the state NBCCEDP affiliates in California, Georgia, Iowa, Massachusetts, Minnesota, New York, Virginia, and Washington, as well as the American Cancer Society and the Susan G. Komen Breast Cancer Foundation. As founding partners with NAWHO and *Communicating Across Boundaries*, representatives from each state and organization form the *Communicating Across Boundaries* National Advisory Council. Together, National Advisory Council members have provided guidance and resources to *Communicating Across Boundaries* and have been active partners in the development of *Communicating Across Boundaries* activities. For example, the NAWHO training was piloted in partner states; community leaders from these regions have been trained by NAWHO as cultural competency instructors at the NAWHO Cultural Competency Trainers Institute; and NAWHO's public education efforts have been concentrated in these areas to provide the context for successful training and increased screening. In this way, the National Advisory Council not only facilitated *Communicating Across Boundaries* goals and activities, but has also served as a model for the innovative partnerships needed to address the complex burden of breast and cervical cancers in Asian American communities.

# THE NAWHO TRAINING

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## PURPOSE

The NAWHO training is a professional education intervention designed to enhance the ability of health care providers to reach, educate, and serve Asian American women for breast and cervical cancer early detection screening. By increasing the abilities of providers in this way, early detection screening programs and cancer control agencies will become more responsive to the needs and views of the Asian American women in their communities. As a result, Asian American women will be more likely to seek screening and re-screening for these life-threatening cancers, thereby reducing their risk for late detection and poor health outcomes.

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## ACTIVITIES

Developed according to proven theories of social and cognitive learning, the NAWHO training is a one-time regional training event that increases knowledge, demonstrates and practices new skills, and forges structures for sustaining new abilities in the long-term. During the NAWHO training, health care providers are exposed to new information about their communities; they learn and rehearse new approaches to service-delivery; and they develop new partners from among participants, organizers, and guests to help implement their new knowledge and skills in their workplaces and beyond. To achieve these training goals effectively, the NAWHO training is taught according to the tested NAWHO curriculum. The NAWHO curriculum is organized into six units containing the key messages and exercises necessary for improved cultural competency. The NAWHO curriculum includes sessions on cultural competency theory, the breast and cervical cancer burden for Asian American women, the health beliefs and barriers facing Asian American women, culturally competent communication strategies, culturally competent outreach strategies, and transferable "best practices" for service-delivery to this population. Together, these sessions help health care providers feel better equipped to reach and serve Asian American women.

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## AUDIENCE

The NAWHO training is intended for participation by all types of health care providers involved in early detection screening to Asian American women and who may have varying levels of awareness of and experience with Asian American communities. Such audience groups include:

- **Points-of-entry** into the health care environment such as health educators and outreach workers.
- **Medical service providers** such as doctors, nurses, or technicians, and
- **Administrative staff** such as front desk workers or program managers.

The NAWHO training is also intended to improve providers' abilities to serve diverse Asian American communities as determined by the state or region where the NAWHO training takes place. Therefore, the NAWHO training is adaptable and can be molded to fit the needs of both the provider audience and local Asian American populations.

In addition to being adaptable, the NAWHO training is also collaborative. Though typically spearheaded by a local or regional cancer control agency such as a state NBCCEDP affiliate acting as the training sponsor, the NAWHO training is designed to be planned, implemented, taught, and evaluated collaboratively by a planning committee of local individuals, agencies, and organizations, including graduates of the NAWHO Cultural Competency Trainers Institute, NAWHO's biennial train-the-trainer instruction course. The purpose of this collaborative design is two-fold: not only does it harness resources for the NAWHO training, but it also ensures that the NAWHO training adequately meets the needs of the target audience and local Asian American communities.

## RESULTS

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The NAWHO training has been successfully implemented by NAWHO and program partners across the country for over four years, and has been met with widespread praise and consistently positive results. To date, over 850 health care providers in eight states have been trained at a NAWHO training, conducted in a variety of locations, including rural and urban sites, sites on the West coast and East coast and in the mid-West, and sites with established as well as emerging Asian American populations. As a result of these NAWHO trainings:

- 82 percent of health care providers feel they are better able to describe the needs of Asian American women.
- 70 percent of health care providers feel they are better able to communicate with Asian American women, and
- 64 percent of health care providers feel they are better able to educate and outreach to Asian American women.

The NAWHO training has also produced concrete and significant results on a variety of indicators of cultural competency with Asian American women. A rigorous experimental evaluation was conducted at several NAWHO trainings using a written survey of disagreement-agreement statements on a five-point scale. This evaluation revealed the following key findings:

- The NAWHO training is highly effective at increasing health care providers' personal skills and confidence for working with Asian American women, including:
  - Knowledge of specific things to try that will enhance their ability to communicate with Asian American women regarding breast and cervical cancers (positive mean differences 0.83 and 0.69 on two different indicators), and
  - Ideas for things to try to enhance their programs' effectiveness with Asian American women (+ 0.69).
- The NAWHO training is highly effective in decreasing personal barriers to cultural competency for health care providers, particularly:

- Not understanding why early detection screening rates are so low for Asian American women (- 0.53).
  - Inability to judge whether an Asian American client understands what is being said (- 0.52).
  - Not knowing how to reach Asian American women effectively (- 0.77).
  - Not knowing enough about Asian cultures to assess an Asian American woman's attitudes and beliefs about early detection screening (- 0.69), and
  - Frustration with what else to do to make outreach more effective (- 0.71).
- The NAWHO training is highly effective in increasing health care providers' personal resources for working with Asian American women, particularly:
    - Knowing where to obtain print materials in the Asian languages spoken in the local communities (+ 0.84).
    - Knowing how to reach people in the local community who can help with outreach and screening (+ 0.50), and
    - Knowing where to get information about the breast and cervical cancer needs of Asian American women in the local area (+ 0.75).
  - The NAWHO training is also highly effective in increasing health care providers' knowledge about Asian American women and breast and cervical cancers, particularly regarding:
    - The difference in breast and cervical cancer rates between the United States and Asian countries (+ 0.80), and
    - Breast and cervical cancer rates among Asian American women overall (+ 0.53).

## THE "RIPPLE" EFFECT

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In addition to the positive knowledge, attitude, and behavioral results of the NAWHO training on health care providers, the experience of planning and implementing a NAWHO training in a local or regional community has demonstrated positive long-term impacts on training sponsors as well. According to program partners who have sponsored a NAWHO training so far, the very process of collaboratively coordinating a NAWHO training results in concrete and sustainable benefits for their programs and staff. For example, as a result of sponsoring a NAWHO training, cancer control agencies have gained:

- A newly opened dialogue with the Asian American communities in their areas.
- A platform of resources to offer health care providers and community members.
- Exposure to new providers and programs that can expand existing screening networks.

- Experience in planning, implementing, teaching, and evaluating a professional education intervention.
- Internal staff development and an increasing awareness of cultural competency at the management level.
- New ideas for education, outreach, or screening efforts for Asian American women, and
- The stimulation of organizational change, including new program and policy initiatives for Asian American women's health.

The process of planning and implementing a NAWHO training can also have broad educational benefits for the Asian American community. For example, training sponsors cite an increase in general awareness of Asian American women and breast and cervical cancers in their communities as a result of publicizing the NAWHO training and from networking with planning committee members and potential speakers. Training sponsors who have utilized the media to promote their event have witnessed on-going articles on the topic of the NAWHO training well after the event has taken place. Moreover, in almost every community where a NAWHO training has occurred, new activities for Asian American women such as support groups and Asian-language brochures have been forged by the health care providers who participated and networked at the NAWHO training. The combined impact of effective provider education and the NAWHO training's "ripple" effect on programs and communities forms a solid foundation for achieving the *Communicating Across Boundaries* goal of increasing screening utilization by Asian American women.

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## STATUS

Today, the NAWHO training is poised for implementation in additional new sites and for additional new provider and Asian American communities across the country. To facilitate successful new NAWHO trainings, NAWHO has developed the NAWHO replication package, a tested document consisting of the necessary steps and materials for efficiently and effectively bringing a NAWHO training to a local or regional community, including the full text of the NAWHO curriculum.

The NAWHO replication package is designed for potential training sponsors interested in implementing the NAWHO training for their health care providers. Potential training sponsors should exhibit the following:

- Experience working on Asian American health issues or experience working on breast and cervical cancer education and/or screening programs.
- An affiliation or relationship with state sponsored breast and cervical cancer control programs, or a willingness to build such a relationship.
- Access to human, financial, and time resources to implement a NAWHO training, and
- A network of individuals and organizations with whom to collaborate, or a willingness to build collaborations with organizations at national, regional, and local levels from all sectors to implement a NAWHO training.

As training sponsors, individuals and their organizations oversee all aspects of the NAWHO training, from gathering key players into a larger planning committee to promoting the event to the public and the media, from designing the NAWHO training agenda based on the needs of the health care providers in their communities to teaching selected units from the NAWHO curriculum. Training sponsors may also gain additional preparation for planning and implementing a NAWHO training using the NAWHO replication package by attending the NAWHO Cultural Competency Trainers Institute.

# NAWHO TRAINING HISTORY

The NAWHO training was developed using an evidence-based process model pioneered by the Centers for Disease Control and Prevention (CDC) called Replication and Dissemination (R & D). Based on extensive research in the field of program replication, the goal of the R & D process is to generate breast and cervical cancer health education interventions that have been systemically tested for effectiveness in diverse locations and that can be successfully and independently re-created through the use of a replication package. The general stages of the R & D process are:

- Stage 1: Developmental
- Stage 2: Pilot
- Stage 3: Replication
- Stage 4: Dissemination

The NAWHO training has been rigorously subjected to the R & D process through implementation in NAWHO's founding partner states. At each stage, the NAWHO training was comprehensively evaluated using both outcome and process measures intended to gauge the efficacy of the NAWHO training and to identify areas for improvement. As a result of this process, the NAWHO training is a tested professional education intervention, proven effective in differing locations and communities. Below are brief descriptions of how the NAWHO training completed each R & D stage with resultant modifications.

## STAGE 1: DEVELOPMENTAL

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The goal of the developmental stage of the R & D process is to create a replication package for the intervention as well as strategies for its future implementation and evaluation. Building on NAWHO's foundation of professional education in Northern California, NAWHO conducted its developmental stage from September 1997 to March 1999 by implementing and meticulously documenting NAWHO trainings in diverse partner states, including:

- **Los Angeles, California**, December 10, 1997 (30 training participants)
- **Atlanta, Georgia**, May 28, 1998 (30 training participants)
- **St. Paul, Minnesota**, December 3, 1998 (125 training participants)

The step-by-step process of planning, implementing, teaching, and evaluating these NAWHO trainings became the first draft of the NAWHO replication package, including the NAWHO curriculum. In addition, each unit of the NAWHO curriculum was field-tested with health care provider audiences in diverse venues, including statewide conferences and academic settings.

## STAGE 2: PILOT

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The goal of the pilot stage of the R & D process is to test the draft replication package in selected diverse sites and to evaluate the intervention for effectiveness in creating positive change among the target audience. NAWHO conducted its pilot stage from June 1999 to

June 2000, during which selected founding partner states implemented the NAWHO replication package with technical assistance from NAWHO:

- **Rochester, New York**, November 16, 1999 (40 training participants)
- **Bellevue, Washington**, February 25, 2000 (40 training participants)
- **New York, New York**, March 29, 2000 (90 training participants)
- **Morton, Minnesota**, May 4, 2000 (54 training participants)
- **Vancouver, Washington**, June 9, 2000 (45 training participants)

The evaluation of pilot stage NAWHO trainings used a combination of process and outcome methods. All NAWHO trainings were evaluated to measure the utility of the NAWHO replication package. Two pre-determined NAWHO trainings were additionally evaluated for their outcomes on the target audience, using a pre- and post-test design. The evidence-based results of NAWHO's pilot stage were used to systematically revise the NAWHO replication package content and structure. For example, the usability of the NAWHO replication package was improved, including length reduction and electronic packaging, and specific units of the NAWHO curriculum were also improved based on pilot stage findings to reflect teaching innovations discovered at local sites.

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### STAGE 3: REPLICATION

The goal of the replication stage of the R & D process is to further implement the tested and refined replication package in additional sites and by training sponsors operating independently from NAWHO. To best isolate the effectiveness of the NAWHO replication package for independent usage, some replication stage NAWHO trainings took place in sites previously used in the developmental and pilot stages. NAWHO conducted its replication stage from September 2000 to March 2001:

- **Atlanta, Georgia**, September 20, 2000 (75 training participants)
- **Des Moines, Iowa**, September 27, 2000 (50 training participants)
- **Boston, Massachusetts**, September 28, 2000 (35 training participants)
- **San Diego, California**, November 1, 2000 (56 training participants)
- **Plum Point, New York**, November 8, 2000 (30 training participants)
- **St. Paul, Minnesota**, November 9, 2000 (90 training participants)
- **Richmond, Virginia**, March 15, 2001 (20 training participants)

As in the pilot stage, the evaluation of replication stage NAWHO trainings used a combination of process and outcome methods, focused on the effectiveness of the NAWHO replication package for successful, independent implementation. Again, results were used to further refine the content and structure of the NAWHO replication package to ensure future success by diverse training sponsors. For example, specific guidelines for documenting a NAWHO training were added to the NAWHO replication package to effectively track training events implemented independently of NAWHO.

## STAGE 4: DISSEMINATION

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The goal of the dissemination stage of the R & D process is to make available rigorously tested and replicable health education interventions to the general public, including state affiliates of the National Breast and Cervical Cancer Early Detection Program, other cancer control agencies, and community-based organizations interested in serving as training sponsors. NAWHO's dissemination stage will begin in June 2001 following the completion and evaluation of the NAWHO training in all R & D stages, resulting in a proven health education intervention for health care providers to better serve Asian American women for life-saving early detection.

# TRAINING GOALS AND OBJECTIVES

## GOALS

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Through a rigorous, evidence-based process of testing, evaluation, and revision, the NAWHO training has shown proven positive results for increasing the cultural competency of health care providers in diverse locales serving diverse Asian American communities. The success of the NAWHO training is due to its solid foundation on a structured and comprehensive cultural competency training curriculum developed by NAWHO to provide health care providers with the proven knowledge and skills necessary for enhanced cultural competency. The goals of the NAWHO curriculum and, therefore, the NAWHO training are:

- To increase health care providers' knowledge about breast and cervical cancers in Asian American communities.
- To build the communication and outreach skills of health care providers to improve their relationships with Asian American women and communities.
- To provide models for health care providers to facilitate the development and implementation of successful breast and cervical cancer outreach, education, and screening programs, and
- To facilitate steps toward cultural competency as defined by NAWHO.

## COMPONENTS

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The NAWHO training is based on the six teaching units of the NAWHO curriculum. Each unit includes a set of learning objectives, key messages, and skills-building exercises:

- **Unit I: What is Cultural Competency?** provides a theoretical overview of cultural competency as a field of study, as a series of behavior changes, and as a strategy for successfully reaching Asian American women for breast and cervical cancer services.
- **Unit II: Do Asian American Women Get Cancer?** provides Asian American demographics and overall health status, the breast and cervical cancer burden for Asian American women, and the misperceptions about cancer in Asian American communities, including the impact of immigration on such misperceptions.
- **Unit III: Beliefs and Barriers** provides an overview of the health attitudes, beliefs, and behaviors held by Asian American women as well as the institutional, community, and provider level barriers which may prevent Asian American women from accessing screening services.
- **Unit IV: Communication Strategies** provides a discussion of communication styles and a set of guidelines for culturally competent communication strategies for

improved communication with Asian American women, including working with language interpretation services.

- **Unit V: Outreach Strategies** provides a discussion of the key components of a culturally competent outreach plan and a set of guidelines for culturally competent outreach for improved outreach to Asian American women.
- **Unit VI: Model Programs** provides exposure to models for successful culturally competent breast and cervical cancer outreach and service-delivery programs from the local and regional communities.

Each of these units includes several teaching sections that sub-divide the unit into teaching topics. Units also include specific skills-building exercises and an electronic set of presentation tools. The NAWHO curriculum also includes a list of works cited, a comprehensive reading list, and a resource section of teaching tools, such as fact sheets about the health beliefs of specific Asian American communities and a resource list for locating Asian-language health education materials.

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## MINIMUM COMPONENTS

The NAWHO curriculum is designed for adaptation into a NAWHO training of diverse lengths, formats, and audiences. However, to ensure that each version of a NAWHO training will be an effective cultural competency intervention, NAWHO has identified five minimum components for a NAWHO training:

- A discussion of cultural competency.
- A presentation on Asian American demographics and cancer burden.
- A discussion of the factors that influence Asian American women's health, including existing belief systems and barriers that can obstruct access to care.
- A skills-building component, and
- A discussion of future steps, including transferable strategies.

Each of these minimum components can be accomplished through a combination of NAWHO curriculum units, sections, and exercises and with a diverse faculty.

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## LEARNING OBJECTIVES

A NAWHO training that adheres to these minimum components will bring about positive change in knowledge and skills for health care providers. By completing the NAWHO training, health care providers will be able to:

- Locate themselves and their organizations along a cultural competency continuum and identify future directions for increased cultural competency.
- Apply NAWHO's definition of cultural competency in the provision of breast and cervical cancer services to Asian American women, to themselves, and to their organizations.

- Assess the needs of Asian American women in the context of their overall health by describing a health profile of Asian American women.
- Assess the needs of Asian American women in the context of their social and economic status by describing Asian American population characteristics.
- Communicate accurate information about the breast and cervical cancer burden for Asian American women by describing their breast and cervical cancer incidence, mortality, and early detection rates.
- Assess the education and screening needs of Asian American women by describing the effects of immigration on breast and cervical cancer statistics and policies.
- Apply knowledge of the belief systems and cultural values common to many Asian American communities, which may impact health-seeking behaviors in the provision of screening services.
- Apply knowledge of the key institutional, community, and provider level barriers, which Asian American women may face when seeking breast and cervical cancer screenings.
- Implement effective and innovative communication strategies to overcome barriers to screening in Asian American communities, including working with language interpretation services.
- Implement effective and innovative outreach strategies to overcome barriers to screening in Asian American communities, and
- Apply innovative ideas and strategies for breast and cervical cancer outreach and education programs through exposure to model programs.

## LOGIC MODEL

A logic model is a graphical representation of a health education intervention. The purpose of a logic model is to depict the relationships between the goals, objectives, and components of a program and their contribution to short-term (*proximal*) and long-term (*distal*) health outcomes. The following logic model is for the NAWHO training and depicts its goals, objectives, and components. The NAWHO logic model also demonstrates the relationship between training health care providers and improved health outcomes for Asian American women.

## GATHERING KEY PLAYERS

The effort to increase the capacity of communities to address the breast and cervical health needs of Asian American women is an immense challenge. NAWHO recognizes that no single organization can succeed alone in achieving this goal. Instead, this task requires the cooperation of multiple individuals and organizations to educate communities about the importance of early detection and to educate providers about specific needs these populations hold. Collaborations at all levels, therefore, are critical to the success of this effort. As training sponsors begin to plan a NAWHO training, they should initiate efforts to build or strengthen connections among the breast and cervical cancer control programs in their local and regional communities. In addition, training sponsors should develop ties to community organizations and individuals who are familiar with Asian American populations.

Collaborations among cancer control programs, including nationally, state, and locally funded programs, as well as hospitals, community clinics, community-based health organizations, and health maintenance organizations, play a large role in developing a successful training. Each type of organization has different experiences and areas of expertise with respect to working with Asian American women. Training sponsors can draw on these experiences when developing the training agenda. With the input of these agencies, the training can both share the successes and address the challenges these agencies have encountered. In addition, partnering with other cancer control agencies provides a larger network for promoting the training and recruiting training participants. An added benefit that extends beyond the training itself is the potential for ongoing exchange and collaborative action among the partners to meet common goals.

Involving community members of Asian American populations also serves a crucial function as training sponsors begin planning the training. Community economic, social, health, and religious groups or organizations can hold vital insight into working with their respective populations. They can supply answers to the questions and challenges providers face. They can also provide examples of programs that have been successful in creating change in their communities. Longer-term advantages can include joint programs that can improve outcomes in education and outreach endeavors through these organizations' direct links to the communities.

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### IDENTIFYING PLANNING COMMITTEE MEMBERS

Individuals from both cancer control and community backgrounds can work together as part of a planning committee for implementing the NAWHO training. These individuals can include:

- Medical service providers (e.g., physicians, nurses, radiology technicians).
- Health educators and outreach workers.
- Program administrators and evaluators, and
- Asian American community experts.

Representatives from all sectors including the public sector, the non-profit sector, and the private sector should be included. In determining the make-up of this group, however, training sponsors should consider the following selection guidelines.

Providers should:

- Serve large or emerging Asian American client bases or be located in areas with large or emerging Asian American communities, and
- Work on issues of breast and cervical cancers or on Asian American health and cultural practices.

Community members should:

- Confront health issues or provide social services to the communities.

In addition, for all planning committee members, training sponsors should consider individuals':

- Dedication to addressing the issues.
- Experience planning and executing large-scale events, and
- Ability to commit time and resources.

To locate potential planning committee members, training sponsors can look to the following places to begin their recruitment efforts:

For providers:

- City, county, or state departments of health.
- Hospitals.
- Community clinics, or
- HMO providers.

For Asian American community experts:

- Community social service centers.
- Mutual assistance associations.
- Ethnic organizations.
- Ethnic media outlets, or
- Religious centers.

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## ASSEMBLING A PLANNING COMMITTEE

Training sponsors can assemble a planning committee through several routes. Often, training sponsors may have existing committees with which they work and which include representatives from diverse professional and community backgrounds. These include professional education committees or committees that specifically address Asian American or minority health issues. Training sponsors can call upon these committees to serve as the coordinating body of the NAWHO training.

Alternately, training sponsors can assemble a new group of individuals to form a planning committee for the NAWHO training. To do so, they can (1) send out a call to action to their networks and mailing lists and include all interested parties; (2) conduct outreach to targeted agencies and individuals; or (3) use a combination of both methods.

- **Call to action.** The first method of assembling a planning committee provides training sponsors access to individuals with whom they may not have had previous contact. It can create a more diverse planning committee and draw on the expertise of individuals from a variety of backgrounds. If training sponsors choose this method, they can send out a notice through a mass email, a blast fax, or flyers sent to individuals and organizations on their mailing lists.
- **Targeted outreach.** The second method allows training sponsors to include individuals with a demonstrated ability to perform the responsibilities associated with the training. If they choose this route, training sponsors can use their knowledge of the local providers and communities to identify individuals and organizations whom they consider most qualified. Training sponsors should be informed about every individual or organization to determine if they would make appropriate partners.
- **Combination approach.** A combination of both methods may be the most effective means of assembling a qualified and diverse planning committee. Training sponsors can recruit individuals or organizations that have already shown their commitment and strengths in training planning, while also opening the planning process to new contacts that can add a fresh perspective.

After potential planning committee members are identified, they should be informed about the NAWHO training and its desired outcomes, and their involvement should be solicited. A conversation detailing the overarching problem, the goals of the training, and the anticipated roles and responsibilities associated with this commitment will allow them to determine the extent to which they would like to be involved.

A preliminary meeting of all interested parties can follow. Ideally, in-person meetings provide the best opportunity for individuals to build their understanding of the NAWHO training and their potential role in its planning and implementation. However, if time or location constraints arise, a meeting can be held via conference call to ensure all individuals can participate.

During the first meeting, training sponsors can more fully outline the goals and objectives of the training and begin discussing the role of planning committee members. Since the planning committee will be responsible for directing and implementing all remaining components of the NAWHO training, planning committee members should divide responsibilities amongst themselves according to their interests and abilities. Planning committee members should be updated regularly on the progress of other members' activities, and regular meetings should take place. Again, the format of the meeting (i.e., in-person meetings or conference calls) will depend on individuals' availability, which should be determined at the first meeting. A timeline, budget, and staffing plan will help guide the planning committee's activities.

## SAMPLES PROVIDED

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The following samples are included as references for Gathering Key Players in the Samples section of this document.

- Sample Call to Action Flyer
- Sample Planning Committee Invitation Letter
- Sample Planning Committee Confirmation Letter
- Sample Planning Committee Meeting Agenda

## ASSESSING COMMUNITY NEEDS

Before a NAWHO training is conducted, training sponsors must understand the communities they are serving, including their health needs and the barriers they face in seeking quality care and service for those needs. A community needs assessment uncovers these factors and allows training sponsors to develop a truer picture of the challenges that lay ahead.

The following provides a set of questions that can guide such an assessment. Training sponsors should answer these questions to determine the content and scope of the training best suited for the local community. Suggestions for finding answers are included with each question.

- **Which Asian American ethnic populations are providers serving? Where are these populations located?**

As training sponsors plan for the NAWHO training, they must consider the ethnic groups local providers primarily serve. Because each Asian American ethnic group speaks a unique language and may hold separate beliefs regarding health and preventive care, providers face diverse sets of barriers in order to best serve these distinct communities. By tailoring a NAWHO training to address the beliefs and barriers of local Asian American communities, training sponsors can better prepare their provider audiences to serve their Asian American clients.

Therefore, prior to the planning and implementation of a NAWHO training, training sponsors should determine which Asian American populations are most prevalent in the region and where these populations reside. This information will not only help determine which populations to highlight in the training, but may also help determine where the training should take place. Areas with greater concentrations of Asian American groups may have a greater need to receive cultural competency training as compared to less populated areas.

Training sponsors can locate information about local Asian American communities through several sources:

- **United States Bureau of the Census.** Training sponsors can use Census data to determine the identity and size of the Asian American ethnic populations that reside in their regions. Census data can be broken down by county or region to determine the locations most heavily populated by Asian American communities. Census data can be found in regional or national offices of the Bureau of the Census or on its website (<http://www.census.gov>).
- **Colleges and Universities.** Local colleges and universities may also have research centers that will maintain updated population reports.
- **Government offices.** Local or state government offices, such as mayor's offices, county director's offices, departments of health, and offices of refugee

services may also maintain population records for their constituent locations or communities.

- **Community-based organizations.** Local community-based organizations may track demographic information about their respective communities as well.

Training sponsors can also use qualitative methods to determine which ethnic groups are most prominent. Anecdotal reports from local providers about their clientele can serve as one source of information. Health educators and outreach workers can also provide information on the communities they serve, while direct word-of-mouth from the communities themselves can determine where specific populations live and work.

- **What specific health knowledge, beliefs, attitudes, and behaviors do these Asian American groups exhibit?**

Health knowledge, beliefs, attitudes, and behaviors encompass a great deal of information. At a broad level, this can include beliefs about illness, attitudes towards death, values regarding personal health vs. the health of others, and receptiveness to western health practices. For breast and cervical health, in particular, beliefs regarding the origins and outcomes of cancer, attitudes towards bodies and sexuality, and attitudes and practices regarding health care and preventive services for breast and cervical cancers should all be explored. Because individual beliefs can vary for each ethnic group, training sponsors should be careful to research factors independently for each community.

Training sponsors can locate information on the health knowledge and behaviors of local Asian American communities through several sources:

- **Academic resources.** Academic references such as journal articles, books, and case studies are often good resources for learning about Asian American approaches to health. The References section in the NAWHO curriculum includes lists for Works Cited and For Further Reading that may be useful in the preliminary community assessment.
- **Community resources.** Community resources will serve as good primary sources of information about Asian American communities. Speaking to “key informants” or “cultural brokers” from specific ethnic groups can provide greater understanding about their respective cultures. In addition, focus groups and/or surveys can serve as incredibly valuable data collection methods. Key informant interviews, focus groups, and surveys can also inform training sponsors of the health knowledge, beliefs, attitudes, and behaviors specific to the local communities that the providers directly serve, which can then complement the more general perspective offered by academic resources.

- **What are the key barriers that prevent these Asian American groups from seeking and receiving adequate health care services?**

NAWHO recognizes three main levels of barriers to breast and cervical cancer outreach, education, and screening practices in Asian American communities: institutional, community, and provider level barriers. Institutional barriers emerge from the dominant institutions or systems of society (i.e., the medical system, the predominant economic system, infrastructures, public perceptions, etc.) and may be beyond the individual’s immediate or perceived ability to overcome or change.

Community barriers emerge from the common values and belief systems of a population that may prevent Asian American women from seeking care. Provider barriers emerge from the culture of health care service-delivery including the knowledge and sensitivity of health educators and outreach workers, administrative and front desk staff, and clinical staff.

Identifying the specific barriers local Asian American communities face is critical to eliminating them and creating an environment in which women can receive adequate health care. Information gathered from the academic and community resources listed above can likewise provide insight into the barriers that Asian American women face as they seek (or do not seek) preventive care. In addition, providers themselves can offer information on barriers that they have experienced in attempting to guide Asian American women through the health care system.

- **What is the breast and cervical cancer burden in these Asian American populations?**

While the NAWHO curriculum includes national data on the breast and cervical cancer burden of Asian American populations current at the time of publication, local data is not included, and more recent statistics may also be available. Training sponsors can locate data on the cancer burden for Asian American communities through several routes:

- **Cancer registries.** Both regional and national cancer registries track information on cancer incidence and mortality throughout the country. The Surveillance, Epidemiology, and End Results (SEER) program of the National Cancer Institute (NCI) tracks data from cancer registries across the country and may be the most useful source for national data. SEER data can be found on the program's website (<http://seer.cancer.gov>).
- **Federal health agencies.** Federal agencies such as the Centers for Disease Control and Prevention (CDC, <http://www.cdc.gov>) and its National Center for Health Statistics (NCHS, <http://www.cdc.gov/nchs>) may have additional data on breast and cervical cancer burden, as may NCI (<http://www.nci.nih.gov>) at the National Institutes of Health.
- **Local and state health agencies.** Local and state departments of health track breast and cervical cancer incidence and mortality for their respective service areas. This data will provide a closer look at cancer burden for the local populations with which training audiences will be most concerned.
- **National health organizations.** Organizations such as the American Cancer Society (ACS, <http://www.cancer.org>) and the Susan G. Komen Breast Cancer Foundation (<http://www.komen.org>) may also be able to provide national and local statistics on breast and cervical cancer burden.

- **What are the early detection practices of these Asian American groups?**

While the NAWHO curriculum includes national data on the early detection practices of Asian American communities current at the time of publication, local data is not included, and more recent statistics may also be available.

Training sponsors can locate data on early detection practices for Asian American communities through several routes:

- **Local and state health agencies.** Local and state departments of health track screening by race or ethnicity for their respective service areas. This data will provide a closer look at early detection screening for the local populations with which training audiences will be most concerned.
- **Local providers.** Local providers, including hospitals, community clinics or health maintenance organizations (HMOs), often keep records of screenings they have performed.
- **National assessments.** The federal government conducts regular national assessments of health and health behaviors, including the National Health Interview Survey (NHIS, <http://www.cdc.gov/nchs/nhis.htm>) and the National Behavioral Risk Factor Surveillance System (BRFSS, <http://www.cdc.gov/nccdphp/brfss/index.htm>). These sources may be useful in obtaining information on screening rates by ethnicity and state.

In addition, state health departments and CDC will have state and national screening rates, respectively, for individuals who have participated in the National Breast and Cervical Cancer Early Detection Program (NBCCEDP, <http://www.cdc.gov/cancer/nbccedp>). However, these data do not include screenings that were performed outside the program.

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## A NOTE ON THE DATA

While some cancer registries and screening programs have been careful to track cases according to specific ethnic group, not all tracking efforts have been as comprehensive. Furthermore, for smaller Asian American populations, the number of cases may be too few to be reportable. Training sponsors should attempt to find ethnic-specific cancer data but should not be surprised if it does not exist. The need for more extensive ethnic-specific research around breast and cervical cancers and other diseases continues to challenge health care providers nationwide, and efforts like the NAWHO training will help promote researchers to improve their data collection.

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## SAMPLES PROVIDED

The following sample is included as a reference for Assessing Community Needs in the Samples section of this document.

- Sample Community Needs Assessment

## ASSESSING PROVIDER NEEDS

Before a NAWHO training is conducted, training sponsors must understand the needs of the health care providers they are targeting in the local or regional community, as well as the receptiveness and availability of providers to attend a professional education training. A provider needs assessment enables training sponsors to consider these factors as they design the training.

As one of its program goals, *Communicating Across Boundaries* seeks to increase the early detection screening rates of Asian American women at state sponsored screening sites. In conducting a provider needs assessment, training sponsors should prioritize staff at these sites. Including staff from these programs in the assessment will provide an opportunity to address their needs and thereby enhance their skills to positively influence the mammography and Pap smear screening rates of the Asian American women they serve.

The following provides a set of questions that can guide a provider assessment. Training sponsors should answer these questions to determine the content and scope of the training. Suggestions for finding answers are included with each question.

- **What challenges do providers face as they seek to improve the breast and cervical health of Asian American women? What needs do they identify in their provision of care to Asian American women?**

Training sponsors should identify the unique demands placed upon health care providers in conducting screening services for Asian American women. Providers can experience just as much frustration and discouragement as their clients when facing difficulties in providing appropriate services. Training sponsors can respond to providers' needs by offering tools to improve relations between providers and patients and to enhance overall service delivery.

Training sponsors can gather information regarding providers' needs through several routes. For example, anecdotal reports from meetings or site visits with local screening providers may provide helpful insight. Training sponsors can also conduct their own research using interviews, focus groups, or questionnaires, which allow providers to share their own needs in working with their Asian American clientele.

- **How well do providers offer culturally competent care to their clients?**

NAWHO defines a culturally competent provider of breast and cervical cancer screening services to Asian American women as one who exhibits the following characteristics:

- Knowledge of the issues surrounding breast and cervical cancers for Asian American women, including breast and cervical cancer statistics and the impact of immigration and other cultural factors on these data.

- Awareness of the institutional, community, and provider barriers that Asian American women may face when seeking breast and cervical cancer services.
- Awareness and practice of effective communication skills with Asian American women.
- Familiarity with outreach strategies to recruit Asian Americans, which are appropriately tailored to the needs of Asian American communities.
- Knowledge of model education, outreach, or screening programs that exhibit cultural competency and innovative service-delivery to Asian American women, and
- Commitment to furthering knowledge and understanding of influences of culture on health.

Training sponsors can develop a sense of providers' cultural competence through several routes. As part of a focus groups or questionnaire, providers can rate themselves on scales corresponding to components of NAWHO's definition. Training sponsors can also consider using the community needs assessment as a tool for evaluating providers' cultural competence, using community members' perceptions of their providers as a measure of providers' abilities.

Training sponsors should understand, however, that the development of cultural competence is an ongoing process, which cannot be measured quantifiably. Instead, training sponsors should attempt to discover providers' strengths and needs when working with Asian American women to improve these women's health outcomes.

- **Have providers attended trainings on cultural competence or on Asian American women before?**

Providers' previous exposure to trainings that address either cultural competence or Asian American women's health concerns may help determine an appropriate training level for the audience. Training sponsors will find that a training that is too basic or too advanced for the training participants will not be as effective as a training that is tailored to the audience's level of training experience. Training sponsors can assess providers' training experience through focus groups, surveys, or questionnaires. Training sponsors can also use anecdotal reports from meetings or discussions with key informants to determine the extent of previous training by the intended audience.

- **What constraints do providers have on their ability to attend a training?**

Training sponsors should consider providers' availability to travel and their flexibility with time. Location, timing, and duration of a training can all influence providers' attendance. Because the training is specifically targeted to health care providers, it is crucial to determine the logistics best suited for the intended audience. Again, this information can be obtained as part of the focus groups, surveys, or questionnaires, as well as anecdotal reports from meetings or discussions with key informants to assess provider availability.

## SAMPLES PROVIDED

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The following sample is included as a reference for Assessing Provider Needs in the Samples section of this document.

- Sample Provider Needs Assessment

# TRAINING TIMELINE

Planning for a NAWHO training begins long before the first meeting of a planning committee or even before the planning committee members are assembled. It begins when an individual or organization recognizes that steps are needed to improve the breast and cervical health of Asian American women in their local and regional communities. Planning begins when this individual or organization – the training sponsor – makes a commitment to implement NAWHO's training program as a first step toward the enhanced cultural competency of early detection screening providers. Though the length of this commitment may vary from training to training, there is a standard timeframe for each step in the planning and implementation of a NAWHO training.

<p>12 MONTHS</p> <p><i>Gather players, assess needs, and brainstorm.</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Establish the planning committee.</li> <li><input type="checkbox"/> Host an introductory planning committee meeting.             <ol style="list-style-type: none"> <li>1. Discuss training goals and objectives.</li> <li>2. Brainstorm potential community and provider needs.</li> <li>3. Discuss logistics such as a timeline and budget.</li> <li>4. Brainstorm ideas for location, speakers, agenda, promotion, and vendors.</li> <li>5. Assign roles and responsibilities, and</li> <li>6. Establish a communication system.</li> </ol> </li> <li><input type="checkbox"/> Conduct a community and provider needs assessment.</li> </ul>
<p>6 MONTHS</p> <p><i>Identify goals, develop planning items, and set the agenda.</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Determine training characteristics.             <ol style="list-style-type: none"> <li>1. Choose an audience size.</li> <li>2. Choose a location for the training,</li> <li>3. Develop a training agenda, and</li> <li>4. Select and prepare units from the NAWHO curriculum to be presented.</li> </ol> </li> <li><input type="checkbox"/> Develop planning materials.             <ol style="list-style-type: none"> <li>1. Design a budget and staffing plan, and</li> <li>2. Design a promotion plan.</li> </ol> </li> <li><input type="checkbox"/> Create an evaluation form based on the training agenda.</li> </ul>
<p>4 MONTHS</p>	

4 MONTHS

*Begin promoting,  
registering, and  
implementing.*

- Initiate training promotion and recruitment.
  1. Collect mailing lists.
  2. Design, produce, and distribute a recruitment brochure, and
  3. Assemble a media list.
- Establish a system for registration.
  1. Choose a closing date for registration, and
  2. Set up a database for tracking participants.
- Begin implementation.
  1. Set up continuing education units.
  2. Choose a caterer and menu, and
  3. Select and recruit speakers.

2 MONTHS

*Address logistics  
and prepare  
materials.*

- Confirm event logistics.
  1. Secure audio-visual equipment.
  2. Reserve travel and accommodations for speakers.
  3. Order supplies such as nametags and folders, and
  4. Confirm exhibitors and their needs.
- Outline the contents and format for participant materials.

1 MONTH

1 MONTH

*Launch the event,  
get a "head count,"  
and make "day-of"  
supplies.*

- Write and distribute promotional materials such as a press release to the media.
- Confirm a "head count" of participants.
  1. Submit "head count" to caterer, and
  2. Notify participants with a confirmation letter.
- Create materials for participants.
  1. Produce nametags, participant lists, and sign-in sheets.
  2. Photocopy and assemble participant packets, and
  3. Create speaker biographies.

2 WEEKS

DAY OF

*Set-up, "meet and  
greet," and  
clean-up.*

- Prepare the location.
  1. Set-up tables, chairs, audio-visual equipment, and podiums.
  2. Prepare areas for registration, exhibits, and food, and
  3. Clean-up after the event.
- Manage public relations.
  1. Set out sign-up sheets, name tags, and participant materials.
  2. Greet participants and speakers.
  3. Direct vendors and exhibitors, and
  4. Collect evaluation forms.

AFTER THE TRAINING

*Say "thank-you,"  
settle accounts, and  
evaluate efforts.*

- Initiate follow-up.
  1. Send "thank you" letters to participants, planning committee members, speakers, and exhibitors.
  2. Settle expenses.
  3. Compile and analyze evaluation forms, and
  4. Conduct post-training education.
- Host a final planning committee meeting.
  1. Discuss evaluation results.
  2. Discuss media coverage.
  3. Share "lessons learned," and
  4. Plan for future action.
- Submit report-back forms to NAWHO.

## COSTS AND COST REDUCTION

Training sponsors should be prepared to incur a variety of direct costs associated with planning, implementing, and evaluating a NAWHO training. Depending on the expected size of the training audience and on the proposed agenda, costs such as catering, printing, and honoraria can vary considerably from training to training. However, for each type of training, there will be a standard set of costs to consider as well as creative avenues for cost reduction.

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### GENERAL COMMUNICATION

**Costs.** Planning, implementing, and evaluating a NAWHO training requires regular communication among members of the planning committee, the training sponsor, and potential speakers or guests, including a pre-determined schedule of face-to-face planning meetings and/or conference calls. Training sponsors should include costs for general communication in their event budget, including the cost of:

- Monthly conference calls with the planning committee.
- General telephone and fax usage, especially for promoting the training.
- Electronic mail usage, and
- Depending on resources, mileage costs for face-to-face meetings.

**Cost Reduction.** Training sponsors can reduce these costs by exploring the following avenues:

- Choose e-mail over long-distance phone calls or faxes.
- Create an electronic listserv to communicate electronically with all planning committee members at once, or
- Connect a long-distance planning committee member to a face-to-face meeting using a speakerphone rather than pay for travel.

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### SUPPLIES

**Costs.** A variety of office and paper supplies will be needed for a NAWHO training. This line item should include supplies anticipated for use by training participants, speakers, or the planning committee during the planning and implementation process such as:

- Name tags for training participants, planning committee members, and speakers.
- Overhead transparencies for trainers and speakers.
- Folders for holding training participant materials, and
- Pens, pencils, and notepads for the registration table.

**Cost Reduction.** Because the cost of many training supplies depends on the number of training participants, training sponsors can control this line item by setting a "cap" on the audience size that corresponds to available resources. Training sponsors can also reduce these costs by exploring the following avenues:

- Approach an organization from the planning committee or a local office supply store to donate items in exchange for an acknowledgment on the training agenda, or
- Approach a cancer screening program, hospital, or national health care organization to distribute their promotional items such as pens, pencils, notepads, or folders at the training.

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## SPACE AND EQUIPMENT

**Costs.** The location chosen for a NAWHO training depends primarily on the expected size of the audience. However, additional characteristics such as accessibility, parking availability, wheelchair access, and comfort should also be considered when identifying a training site. In general, training sponsors should take all reasonable measures to create a comfortable training space for training participants. However, the training site itself can become a major training expense. In addition to payment for a physical space for the training, this line item must also include equipment such as:

- Audio-visual equipment such as overhead projectors, slide projectors, LCD projectors, and microphones as required by trainers and speakers. Microphones are highly recommended for large training audiences.
- Tables and chairs for training participants, registration, exhibits, and/or panel discussions including a podium for trainers and speakers, and
- Photography or videography equipment for documenting the event.

**Cost Reduction.** Because state departments of health are key sponsors and audiences for a NAWHO training, costs for space and equipment can be significantly reduced by utilizing the already available professional education resources of health departments. Moreover, because the cost of space and equipment may depend on the number of training participants, training sponsors can also control this line item by setting a “cap” on audience size that corresponds to available resources. Training sponsors can also reduce these costs by exploring the following avenues:

- Choose a free or low-cost health department conference room or banquet hall as a training location. Rent audio-visual equipment from the health department.
- Approach a hospital, non-profit organization, or academic institution to provide a free or low-cost training location.
- Avoid set-up and clean-up charges by assigning these responsibilities to planning committee members or other volunteers, or
- Rent photography or videography equipment from a local multi-media or film school. Hire a student to take photographs or to videotape.

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## PHOTOCOPYING OR PRINTING

**Costs.** Photocopying or printing will be required for a variety of materials used throughout the planning, promotion, implementation, and follow-up of a NAWHO training. Costs for the following materials should be included in this line item:

- Training participant recruitment brochures.
- Registration forms.
- Training participant and speaker confirmation letters.
- Training participant training materials.
- “Thank you” letters to training participants, speakers, and planning committee members, and

- Miscellaneous items such as overhead transparencies and mailing labels.

**Cost Reduction.** The choice between in-house photocopying, out-sourced photocopying, and professional printing will depend primarily on their relative costs and on available resources. Because the cost of photocopying and printing depends on the number of items produced, training sponsors can also control this line item by setting a “cap” on audience size that corresponds to available resources. Training sponsors can also reduce these costs by exploring the following avenues:

- Reserve professional printing for promotional items such as training participant recruitment brochures.
- Design combination materials such as a recruitment brochure that doubles as a registration form.
- Print materials using the state department of health’s printing services.
- Photocopy rather than print bulkier items such as training participant training materials. Compare costs for in-house photocopying including paper, wear on equipment, and labor with out-sourced photocopying.
- Avoid labor charges for assembling training participant packets by assigning this responsibility to planning committee members.
- Ask trainers and speakers to photocopy their own presentation items such as overhead transparencies, or
- Require each organization on the planning committee to provide and print mailing labels for their organization’s mailing lists.

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## POSTAGE

**Costs.** Nearly all photocopied or printed items must subsequently be distributed to training participants. The cost of distribution by mail should include postage for the following:

- Training participant recruitment brochures.
- Registration forms.
- Training participant and speaker confirmation letters.
- Training participant training materials, and
- “Thank you” letters to training participants, speakers, and planning committee members.

**Cost Reduction.** Because the cost of distribution depends on the number of training participants, training sponsors can control this line item by setting a “cap” on audience size that corresponds to available resources. Training sponsors can also reduce these costs by exploring the following avenues:

- Use non-profit and/or bulk mailing services for training participant recruitment brochures.
- Mail combination materials such as a recruitment brochure that doubles as a registration form. Offer electronic registration.
- Fax or email, rather than mail, confirmation letters and/or “thank you” letters, or
- Require each organization on the planning committee to assume the cost of mailing brochures to their own mailing lists.

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## REFRESHMENTS

**Costs.** Depending on the time and length of a NAWHO training, training sponsors may feel that providing food and/or beverages during the event is necessary not only to ensure

training participant comfort but to ensure active participation. However, training sponsors should include food and/or beverages as a complement to - and not a substitute for - time on the training agenda. In fact, regulations often prohibit the use of federal monies to pay for food and/or beverages unless these items are required for training participants to attend the event. So-called “working lunches” are common in events paid for by public funds. The cost of food and/or beverages, like space and equipment, depends primarily on the expected size of the audience. Unlike the cost of space and equipment, however, this line item may also depend on the structure of the training. Morning trainings may require only coffee and tea refreshments whereas full-day events may require a mid-day meal. Potential food and/or beverage choices and costs include:

- Breakfast food (e.g., bagels, muffins).
- Breakfast beverages (e.g., coffee, tea, juice).
- Lunch food (e.g., a hot buffet, a cold sandwich buffet).
- Lunch beverages (e.g., iced tea, soda, juice), and
- Accompaniments (e.g., plates, napkins, utensils, cups).

**Cost Reduction.** When choosing a menu for a NAWHO training, training sponsors should consider the time and length of the training, the type of activity scheduled for the “working” breakfast or lunch, the relative price of local caterers or restaurants, and the relative price of a buffet-style or “sit-down” meal. Because the cost of food and/or beverages depends on the number of training participants, training sponsors can control this line item by setting a “cap” on audience size that corresponds to available resources. Training sponsors can also reduce these costs by exploring the following avenues:

- Food reduction. Provide only those meals that are necessary.
- Provide food as a buffet and eliminate the need for labor.
- Avoid set-up and clean-up charges by assigning these responsibilities to planning committee members.
- Solicit competitive bids from local restaurants or caterers. If multiple meals are required, choose a vendor that can provide both at a reduced cost, or
- Approach a local restaurant or caterer to donate food, beverage, or paper items in exchange for an acknowledgment on the training agenda.

## HONORARIA

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**Costs.** To design a NAWHO training that effectively addresses both community and provider needs, training sponsors may choose to include expert guest speaker(s) on the training agenda. Because such guests are regional experts in their fields, both their time and knowledge are valuable. Training sponsors should consider offering modest honoraria for guests recruited in each of the following roles:

- Keynote speaker.
- Guest trainer.
- Training moderator, and
- Panel discussion members.

**Cost Reduction.** Although such guests offer unique perspectives and expert opinions, many leading figures in the fields of Asian American women’s health or breast and cervical cancers will not require payment for a speaking engagement and, instead, consider participation in a NAWHO training to be a public service or part of their job responsibilities. In addition to seeking guest speakers who will not require honoraria, training sponsors can also reduce these costs by exploring the following avenues:

- Approach a cancer screening program, hospital, or national health care organization to sponsor the cost of a speaker as a public service, or
- Instead of an honorarium, offer to make a donation to a local charity for Asian American women or breast and cervical cancer survivors in honor of the guest speaker. This donation can be in an amount that corresponds to available resources.

## SAMPLES PROVIDED

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The following samples are included as references for Costs and Cost Reduction in the Samples section of this document.

- Sample At-Cost Budget
- Sample Reduced-Cost Budget

# FINANCIAL CONSIDERATIONS

## PAYMENTS AND REIMBURSEMENTS

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**Payments.** When contracting with vendors for a NAWHO training, training sponsors should enter into such agreements with a clearly articulated and documented request for services, bid, or invoice. Such written documentation may be needed to settle accounts, as proof of an incomplete or unacceptable service, or for auditing purposes. This documentation will also allow training sponsors to judge the accuracy of their budgeting efforts. Assessing whether the training was on-, over-, or under-budget will contribute to increased planning and spending efficiency on a future training or other training events. In addition, training sponsors should negotiate payment details with vendors prior to the delivery of services including allowable methods of payments, services or charges, or discounts. The settling of accounts with contracted vendors should be incorporated into training sponsors' follow-up measures for the event.

**Reimbursements.** Throughout the planning and implementation of a NAWHO training, it may be necessary for training sponsors or members of the planning committee to incur expenses related to the event. Therefore, training sponsors should establish an internal system for requesting and generating reimbursements for training-related expenses. Like settling accounts with vendors, reimbursing the training-related expenses of planning committee members and others should also be included in follow-up measures for the events.

## SPENDING CAVEATS

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**Using government money.** The use of government money is subject to a variety of restrictions and processes. These can include, among others, the requirement that government entities prepare and submit a non-negotiable budget far in advance of a fiscal year, adherence to an official documented process for making a purchase including prior approval, or the requirement for potential vendors to "bid" competitively for the opportunity to provide services. State departments of health and their breast and cervical cancer screening programs are supported by public funds and, therefore, may be subject to these types of restrictions and others. Moreover, each government entity including state departments of health may have restrictions that vary slightly from program to program. When planning and implementing a NAWHO training in collaboration with a state department of health, training sponsors should consult with the financial officers of the department to learn about restrictions on spending public funds.

**Acknowledging government money.** Monies that support state departments of health and their breast and cervical cancer screening programs are often public funds, drawn from the revenue of taxpayers in the city, state, or from across the country. For this reason, government money is subject to a high standard of public scrutiny and integrity, meaning, the public has a vested interest in where their tax dollars are being spent. Therefore, any materials related to a NAWHO training, funded by government money, that will be disseminated to the public should acknowledge the use of government money for their production. Training sponsors should include on these materials an acknowledgment of

funding sources such as “Funding for this event provided by the Centers for Disease Control and Prevention” and/or from any other secured sources.

## ALTERNATIVE FUNDING SOURCES

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To supplement funding provided by the sponsoring organization of a NAWHO training such as the state department of health, training sponsors can explore a variety of alternative and creative funding sources:

1. **Health care organizations.** Many health care organizations such as hospitals, health maintenance organizations (HMOs), and non-profit organizations make donations to educational or training events like the NAWHO training in exchange for an acknowledgment on the training agenda, for the designation as a training “co-sponsor,” or the opportunity to display an exhibit during the training itself. Many such agencies welcome opportunities to financially support efforts that improve the health of communities and may make a lump-sum donation to the training or sponsor the cost of a specific training expense such as speaker honoraria or refreshments. Organizations represented on the planning committee should also be asked to contribute to the NAWHO training in this way. Training sponsors can use the following steps to solicit supplemental funds from health care organizations:
  - Brainstorm a list of local health care organizations, including organizations with which planning committee members are affiliated.
  - Identify and contact the organization’s community liaison or public relations coordinator by telephone.
  - Determine if the organization funds community efforts. Offer training “co-sponsor” designation or the opportunity to display an exhibit, and
  - Follow the organization’s process for applying for funds.
  
2. **Department of health mini-grants.** Many state departments of health operate “mini-grant” programs in which community-based organizations or others are asked to submit a short proposal for a small, one-time grant from the health department. Training sponsors can respond to such mini-grant announcement to garner additional funds for a NAWHO training. This avenue for funding, however, may require additional time for planning, preparing, submitting, and receiving notification of the mini-grant award. Training sponsors can use the following steps to solicit supplemental funds from state departments of health:
  - Contact the state health department’s professional education and public education departments.
  - Acquire a list of mini-grant opportunities along with their application requirements and deadlines, and
  - Follow the mini-grants’ processes for applying for funds.
  
3. **Other grant-making institutions.** There are thousands of private and non-profit institutions whose missions are to raise and distribute money in the form of grants. Many of these institutions give funding priority to health improvement efforts as well as to efforts that seek to reach underserved populations. Many also give funding priority to events in a specific geographic region or those that benefit groups in specific cities or states. Training sponsors can submit letters of interest to such grant-making institutions to garner additional funds for a NAWHO training. This avenue for funding, however, will include additional time for planning, preparing, submitting, and receiving notification of the grant award. Training sponsors can use

the following steps to solicit supplemental funds from a private or non-profit grant-making institution:

- Use the library and/or the Internet to acquire lists of grant-making institutions. A comprehensive national directory of grant-making organizations is published every year.
- Select grant-making institutions with the appropriate categorical or geographic funding priorities. Look for “health,” “women,” “Asian,” “underserved,” “cancer,” as well as the city or state where the training will take place, and
- Follow the institution’s application process. Some require a letter of introduction. Others require a complete event proposal.

## STAFFING PLAN

A NAWHO training cannot be planned and implemented by one person alone, nor can it be planned and implemented efficiently by a group of people without clearly defining their roles and responsibilities. To plan and implement a training efficiently, training sponsors should develop a staffing plan using members of the planning committee. A staffing plan is simply an outline of who or what organization will oversee each aspect of planning and implementing a training. Though staffing plans will vary from training to training depending on the scope of the event and on the number of planning committee members, there are general categories of activities for which staff should be designated:

ACTIVITY	STAFFING NEEDS
1. Planning Committee Coordination	1 Staff
<ul style="list-style-type: none"> <li><input type="checkbox"/> Set a meeting schedule</li> <li><input type="checkbox"/> Organize meetings</li> <li><input type="checkbox"/> Create meeting agendas</li> <li><input type="checkbox"/> Coordinate communication</li> <li><input type="checkbox"/> Liaison with all partners</li> </ul>	<p>One (1) planning committee member should coordinate communication among the committee and act as a liaison to partners. A training sponsor is appropriate for this role.</p>
2. Program Planning and Development	1 Staff
<ul style="list-style-type: none"> <li><input type="checkbox"/> Create a staffing plan</li> <li><input type="checkbox"/> Create a workplan</li> <li><input type="checkbox"/> Create a budget</li> </ul>	<p>One (1) planning committee member should perform long- and short-term event planning. A training sponsor is appropriate for this role.</p>
3. Training Design	Full Committee
<ul style="list-style-type: none"> <li><input type="checkbox"/> Set an agenda</li> <li><input type="checkbox"/> Select NAWHO curriculum units</li> <li><input type="checkbox"/> Identify potential speakers</li> </ul>	<p>Though one (1) planning committee member such as the training sponsor should be in charge of drafting the final agenda, designing the agenda should take place through group consensus. Training sponsors should also provide guidance in selecting NAWHO curriculum units.</p>
4. Pre-Training Logistics	1 Staff
<ul style="list-style-type: none"> <li><input type="checkbox"/> Secure training site</li> <li><input type="checkbox"/> Order equipment</li> </ul>	<p>One (1) planning committee member should set-up training logistics. This staff person can</p>

- ❑ Select caterer
- ❑ Recruit exhibitors

also oversee on-site logistics, but will need additional support from the committee depending on training size. A training sponsor is appropriate for this role.

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#### 5. Promotion

2 Staff

- ❑ Design promotion plan
- ❑ Develop promotion materials
- ❑ Disseminate promotion materials

Two (2) planning committee members should oversee training promotion. At least 1 member should design recruitment brochures; another should develop media materials. All committee members should compile mailing and media lists for distribution.

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#### 6. Participant Relations

1 Staff

- ❑ Oversee registration system
- ❑ Generate letters
- ❑ Generate training participant lists
- ❑ Run registration

One (1) planning committee member should receive and track registration forms. All committee members should staff registration tables as needed on the day of the training.

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#### 7. Speaker Relations

1 Staff

- ❑ Recruit speakers
- ❑ Address speaker needs
- ❑ Write speaker biographies
- ❑ Greet speakers at training

One (1) planning committee member should act as a liaison to speakers.

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#### 8. Participant Materials

2 Staff

- ❑ Determine contents and format
- ❑ Collect originals
- ❑ Photocopy and assemble materials

Two (2) planning committee members should select the contents of training participant materials based on the agenda. Training sponsors are appropriate for this role. Depending on the number of training participants, other committee members should assist in assembling materials.

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#### 9. On-Site Logistics

Full Committee

- ❑ Set-up the site
- ❑ Set-up materials
- ❑ Clean-up the site

All planning committee members should be available to prepare the site for the training depending on the size of the space and audience.

10. Evaluation	2 Staff
<ul style="list-style-type: none"> <li>❑ Design evaluation forms</li> <li>❑ Collect and analyze forms</li> <li>❑ Share results</li> </ul>	<p>Two (2) planning committee members should oversee training evaluation. Though 1 member can design and collect the forms, support will be needed for data analysis. A training sponsor is appropriate for this role.</p>
11. Follow-up	1 Staff
<ul style="list-style-type: none"> <li>❑ Conduct public relations</li> <li>❑ Complete budgeting</li> </ul>	<p>One (1) planning committee member should conduct follow-up for the training, including sending “thank you” letters and settling accounts. A training sponsor is appropriate for this role.</p>
12. Reporting	1 Staff
<ul style="list-style-type: none"> <li>❑ Complete the NAWHO Report-Back Form</li> <li>❑ Complete the NAWHO Replication Package Evaluation Form</li> <li>❑ Submit to NAWHO</li> </ul>	<p>One (1) planning committee member should coordinate and submit report-back forms to NAWHO. A training sponsor is appropriate for this role.</p>

## DEVELOPING THE AGENDA

The agenda provides the structural framework for the NAWHO training. A well-developed agenda directs the order and timing of material, creates a logical sequence of speakers and subject areas, and accommodates the time constraints of its audience as best possible, thereby meeting the needs of the audience and community in a comprehensive manner.

An agenda lays the foundation for what may be expected from the training, including topics covered, and timing of breaks, meals, and adjournment. The agenda also reflects training sponsors' priorities through the topics chosen and the time allotted to each. Training sponsors should adhere to the agenda throughout the training to maintain consistency of priorities so that training participants' expectations are not disappointed.

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### MINIMUM COMPONENTS OF A CULTURAL COMPETENCY TRAINING

Five (5) minimum components are necessary for an effective cultural competency training. Training sponsors should remember to include these components as they develop the training agenda. NAWHO's minimum components are:

- A discussion of cultural competency.
- A presentation on Asian American demographics and cancer burden.
- A discussion of the factors that influence Asian American women's health, including existing belief systems and barriers that can obstruct access to care.
- A skills-building component, and
- A discussion of future steps, including transferable strategies.

Training sponsors can look to the NAWHO curriculum to meet these minimum components, as its content, exercises, and recommended panel presentations have been designed to address these areas.

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### AUDIENCE

When developing the training agenda, training sponsors should first consider the target audience: who will be included, and how many training participants are expected to attend? The composition of the target audience can affect the training's focus, while the size can affect its structure.

- **Audience composition.** Training sponsors must assess the types of providers who might attend the training, including direct medical service providers, health educators and outreach workers, or program administrators and state employees. Each type of audience faces a separate set of challenges when working with Asian American women. Training sponsors may want to address this difference by conducting a training that targets only one type of provider and highlights strategies that this group

can use. If so, training sponsors should consider the challenges that these providers have identified and then match the needs with the material the training can provide. In addition, they should take into account providers' previous experience with trainings on cultural competency or on Asian American women's health to determine a training level that is appropriate for the audience. On the other hand, training sponsors may feel that all providers require an introductory training on Asian American women, their health status, and the particular factors that influence their health-seeking behaviors. In this case, training sponsors may choose to conduct a more broad-based training that can best meet the basic needs of the greatest number of people.

- **Audience size.** Training sponsors should also determine an approximate size for the training. Trainings designed for large and small audiences each have strengths and weaknesses that training sponsors should consider. With large audiences, trainings can impact a greater number of people who can then use those skills to improve their work in Asian American communities. In addition, large audiences may represent a greater number of backgrounds and experiences that can enhance the scope of the training through questions and discussion. Trainings with smaller audiences, on the other hand, are better suited for full audience involvement in discussion and skills-building exercises. For many of the exercises, a sense of trust or confidentiality may be necessary, but may not be possible with larger groups.

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## LENGTH AND TIMING

Training sponsors should consider the length and timing of the training to ensure that the agenda can accommodate the training needs.

- **Length.** Training length can often influence individuals in their decisions to attend a training. Full-day trainings may be better suited to provide comprehensive information and skills for cultural competency, but may require too much time away from providers' work responsibilities. Training sponsors should assess providers' ability to attend a full-day training through a provider assessment and determine training length appropriately.
- **Timing.** Timing of the training may also determine audience and/or speaker availability, based on morning or afternoon trainings or trainings conducted on particular days of the week. Again, training sponsors should assess individuals' availability based on these factors and plan the training accordingly. In addition, timing of individual sessions throughout the training will determine the extent to which a topic can be appropriately covered.

Depending on the training length and timing of sessions, training sponsors must prioritize the goals and needs they would like addressed. Developing cultural competency requires information, knowledge, and skills that cannot be acquired solely in a half-day or full-day training. The range of material covered in the NAWHO curriculum can far exceed the time available, so training sponsors must be selective in the material they choose to include. They should consider the messages they would like to convey and the skills they would like to teach. If existing constraints only allow for a half-day training, training sponsors must take even greater precaution to choose appropriate agenda items.

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When developing the training agenda, training sponsors should also consider the context in which the minimum components of the NAWHO training are implemented. As designed, the NAWHO training is intended to be a stand-alone event, which offers training sponsors the most straightforward method for implementing the minimum components of the NAWHO training.

In the actual implementation of a NAWHO training, however, training sponsors can situate the training in a number of different contexts to best meet the needs of the training audience. In addition to a stand-alone event, training sponsors can choose to incorporate the NAWHO training into expanded events that address a broader range of issues than breast and cervical cancers in Asian American women. Examples include events on:

- **Cultural competency.** Training sponsors may consider incorporating a NAWHO training into a more broad-based cultural competency training that addresses cultural competency concerns for multiple ethnic populations. This type of training offers a wider scope of information relevant for community health promotion, but potentially at the cost of detailed understanding about Asian American women. It may rely on the NAWHO curriculum to discuss concerns specific to Asian American women, but may also draw on additional information and resources to address the other communities highlighted in the training. In addition, discussions about demographics and cancer burden, communication skills, and outreach skills may be conducted more generally than in a stand-alone training, such that the discussions apply to all communities.
- **Breast and cervical cancers.** Training sponsors may consider incorporating a NAWHO training into a larger conference on breast and cervical cancers. Addressing cultural competency around breast and cervical cancer screening for Asian American women may simply be one emphasis in a conference that addresses numerous components of breast and cervical health.
- **Asian American health.** Training sponsors may consider incorporating a NAWHO training into a larger event on Asian American health. Through this option, training sponsors would offer the minimum components of the NAWHO training to address improved breast and cervical health for Asian American women, placing these concerns in a broader context of overall health for underserved Asian American populations.

By incorporating the NAWHO training into these forums, training sponsors may benefit from the systems already established for the larger events. For example, training sponsors may be able to focus on program development for the NAWHO training component alone, while planners of the larger events may be able to oversee logistics and participant recruitment. In addition, such coordination of training goals may also better serve the needs of the training audience members, who may prefer learning about the many topics provided at these larger events rather than focusing on a single issue.

Other ways in which the training can be implemented include in-services for providers at a specific screening site, grand rounds for physicians at a hospital or medical teaching institution, or educational sessions at regular staff meetings, to name a few. Training sponsors should consider these and other options for accomplishing the minimum components of the NAWHO training as they plan for their training event.

## USING THE NAWHO CURRICULUM

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The agenda can rely heavily on the NAWHO curriculum to inform its structure. In selecting agenda items and assigning times, training sponsors should consider carefully how the NAWHO curriculum will be implemented throughout the day.

Each NAWHO curriculum unit covers a minimum component for an effective NAWHO cultural competency training on breast and cervical cancers in Asian American women. Training sponsors should keep in mind, however, the NAWHO curriculum's versatility when developing the agenda. The NAWHO curriculum was designed to provide flexibility to adjust presentations according to specific training goals, and to accommodate various audiences, sizes, and time constraints. Each teaching unit in the NAWHO curriculum is sub-divided into sections which cover self-contained material, and which may or may not be included in a training, depending on the audience and community needs. The inclusion or exclusion of sections will determine how much time will be needed on the agenda for each unit presentation.

For example, training sponsors may decide to include the unit "Do Asian American Women Get Cancer?" to inform the audience about the breast and cervical cancer burden in this population, but may feel that the audience is relatively familiar with the data and more urgently needs concrete skills-building components instead. In this case, training sponsors can select specific sub-sections of the unit that are most necessary to provide an adequate picture of the problem without over-emphasizing the statistics, and thereby require less time on the agenda for this section.

The time allotted to each section also depends on the exercises training sponsors wish to include. The exercises can take anywhere from five minutes for the quiz in "Do Asian American Women Get Cancer?" to nearly thirty minutes for the case studies in "Beliefs and Barriers." Training sponsors should decide which exercises to include and be sure to allow sufficient time. Again, referring to the NAWHO curriculum will be helpful in making these agenda decisions.

## CHOOSING MODEL PROGRAMS

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Training sponsors may want to include panel discussions or keynote speakers from community and health care organizations. When selecting guest speakers, training sponsors should identify and recruit individuals from model programs. Model programs serve to highlight examples of outstanding local programs that have successfully worked with Asian American communities, as well as to offer training participants a first-hand look at ways in which they can improve their own efforts.

NAWHO recognizes the following characteristics as guidelines for identifying a model outreach or service program for reaching Asian American women for breast and cervical cancer services. When selecting model programs for the NAWHO training, NAWHO recommends that they exhibit at least one of the following:

- **A client-centered organizational philosophy.** Programs with a client-centered organizational philosophy maintain beliefs and practices that achieve the following: (1) respond to the cultural-, gender-, or ethnic-specific considerations of patients, (2) incorporate efforts towards language-capability, (3) demonstrate effective provider-

to-patient communication, (4) develop internal processes toward cultural competency, and (5) exhibit time, cost, and personnel efficiency.

- **A community-driven organizational philosophy.** Programs with a community-driven organizational philosophy are dedicated to community involvement in outreach, policy-making, and service-delivery. This commitment is proven through (1) established partnerships with the community and other community organizations, (2) established mechanisms and processes for community input, or (3) demonstrated incorporation of community education in health care service-delivery efforts.
- **Successful education, outreach, or screening outcomes.** Programs with successful education, outreach, or screening outcomes exhibit proven successful outcomes in the education of, outreach to, or service-delivery to Asian American women. Often, they utilize innovative partnerships and alternative strategies to existing or mainstream practices to accomplish outcome goals.
- **Awareness of a “bigger picture.”** Programs with an awareness of a “bigger picture” maintain internal beliefs and practices as well as external activities that acknowledge the relationship between service-delivery and public policies and between breast and cervical cancer services and overall community health.

All programs distinguished as best-practices by the above guidelines should also exhibit:

- **Transferable strategies.** Programs with transferable strategies exhibit characteristics, approaches, or philosophies that are applicable to and replicable by training participants.

While a model program ideally meets all the criteria specified, NAWHO recognizes that such a program may not be available in all communities. NAWHO therefore acknowledges that the successful implementation of one model program component provides ample material to highlight effective strategies.

The inclusion of model programs in a training serves a wide range of functions that help enhance training participants' services to Asian American women. The programs provide concrete examples of operations with demonstrated success. They also introduce to training participants transferable strategies that may be applied in their own programs. Additionally, model programs exemplify the success and utility of forging new and innovative partnerships between breast and cervical cancer programs at all levels, as well as among Asian American service providers of all types.

Programs need not provide breast and cervical cancer screening services to qualify as model programs. The most important factor remains the program's proven ability to work with and reach Asian American women to produce successful outcomes. Many of the difficulties in providing breast and cervical cancer care to Asian American women stem from barriers arising from inherent differences between cultures. Training participants in a cultural competency training on the provision of services to Asian American women can learn a great deal from organizations and programs that have already addressed and overcome many of these barriers that prevent Asian American women from receiving adequate care.

## OTHER CONSIDERATIONS

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In addition to the factors noted above, training sponsors must address several additional considerations to ensure the success of the training.

- **Presentation options.** Training sponsors should consider the teaching tools at their disposal when developing the agenda. Does the NAWHO curriculum include the desired messages and skills, and if not, are other resources available to provide them? Which teaching or presentation formats will be most effective with the size of audience expected? Should the training include a panel discussion? Do the exercises require breakout groups? These all represent alternatives for structuring the training agenda.
- **Participant comfort.** Other factors to consider include meals or snacks and breaks throughout the course of the day. When developing the agenda, training sponsors should be careful to allow enough time for these needs. Particularly for a full-day training, adequate nourishment and “down time” for training participants will be much appreciated. Training participants may want to use that time to stretch, get food or drinks, or network with others.

## AGENDA CHECKLIST

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Because an agenda serves many purposes and influences the course of the day, developing an appropriate agenda will be critical to ensure the training’s success. The following checklist provides a set of questions that can guide agenda development and help determine its final form.

### **Goals and Needs**

- What are the goals of the training?
- What is the target audience (type of provider and size of audience)?
- What are their training needs?
- What are the needs of the community?
- How can the minimum components of a cultural competency training be met?

### **Using the NAWHO curriculum**

- What NAWHO curriculum sections can address the goals, the community needs, and the audience needs?
- How do these sections need to be tailored to fit the audience?
- What format should the presentations take (e.g., lectures, workshops) and who will give them?
- What exercises will be included?

### **Using Outside Resources**

- What goals, community needs, and audience needs are *not* addressed by the NAWHO curriculum?
- Can these needs be addressed through other resources?
- Can/should guest presenters be recruited?
- What format should the presentations take (e.g., keynote speakers, panel discussions)?
- What exercises will be presented?

**Structure**

- In what context should the training take place?
- In what order should the material be presented?
- How much time will each section need?

**Other Considerations**

- What are the audience's constraints on time?
- What times should the training begin and end?
- Should meals be served?
- Will training participants need breaks?
- Will training participants want time to network with presenters or other staff/training participants?

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**SAMPLES PROVIDED**

The following samples are included as references for Developing the Agenda in the Samples section of this document.

- Sample Agenda 1: Stand-alone training (full day)
- Sample Agenda 2: Incorporated into a broad training on cultural competency (full day)
- Sample Agenda 3: Incorporated into a larger conference on breast and cervical cancers (half day)

## PRE-TRAINING LOGISTICS

To implement a NAWHO training, several logistical components must be completed prior to the training. These create the support mechanisms to ensure the training runs smoothly.

### LOCATION

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Choosing a location for the training depends on several factors. One major consideration in determining location is the expected audience size. Training sponsors or planning committee members should select a location that is large enough to hold the desired capacity, and yet not so large that the excess space creates an awkward environment for either speakers or training participants. Ample desk or table space should be available to provide training participants with a writing surface to take notes or place materials.

Training format should also be considered when determining location for the training. Particularly if breakout groups or multiple workshops are scheduled, training sponsors must ensure that adequate space is available to accommodate these various formats.

Decisions to include exhibits, audio-visual equipment, and meals, will all require that the location have space to accommodate each. In addition, training sponsors should consider accessibility, parking availability, wheelchair access, and restroom and phone availability. These contribute to a more positive experience for speakers and training participants as they travel to the training site and utilize the premises.

### EXHIBITS

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Exhibits can be valuable resources for training participants, creating easy opportunities to learn about other organizations that provide similar or complementary services to their own. Training participants may also find new resources or language-appropriate materials that they can use in their organizations. Displaying exhibits can also serve as networking opportunities with other training participants.

If training sponsors decide to include exhibits, they must solicit organizations to present their exhibits. Training sponsors can include exhibits from organizations included on the planning committee, as well as other cancer control and community organizations in the area. Invitations to present exhibits can be included in the promotional brochure, or training sponsors can target specific organizations.

Once organizations indicate interest in displaying exhibits, training sponsors should maintain lines of communication to keep exhibitors up-to-date on details of the training, including size limitations on exhibits, set-up and take-down times on the day of the training, and any other pertinent information.

Documenting the training through audio and video recording can serve numerous functions for the training sponsor, including evaluation, record-keeping, and resource development. Training sponsors should determine whether or not documentation of the training is necessary for their program purposes, and if so, should take preparatory steps to secure appropriate resources and services for the documentation process.

- **Videography.** As perhaps the most comprehensive form of documentation, training sponsors may choose to videotape the entire training. If this option is chosen, training sponsors will need to secure the services of a videographer in advance of the training. Training sponsors may choose to hire a professional videographer if a high quality recording is required; otherwise, amateur videographers or videographers-in-training may be recruited to record the training sessions. Training sponsors can look to art or film schools to identify appropriate technicians, as well as to telecommunications consortiums or film societies to obtain referrals. Training sponsors should also be sure that the videographer's technical needs can be accommodated by the training location, and should work with the videographer to identify an appropriate location for equipment set up to maximize audio and video recording quality.
- **Audio recording.** Training sponsors may also choose to audiotape the training only. With this option, training sponsors can later transcribe the audiotape and prepare them as a report of the training proceedings. If training sponsors choose this route, they will need to ensure that appropriate equipment is available and can be accommodated in the training space.

## TECHNICAL NEEDS

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The technical needs of the training will range from simple lighting and sound to more advanced audio-visual support that may include overhead projectors, slide projectors, wide-screen video projection, or computer hook-ups. Training sponsors should take preparatory steps to ensure that technical equipment and audio-visual aids are prepared and that support staff are available to handle any problems or difficulties that may arise.

Most training facilities provide technical support for events, including on-site staff to handle lighting and sound needs. In general, facilities should also provide audio-visual equipment for presentations and appropriate technical staff to oversee mechanical operations. Training sponsors should determine the audio-visual needs of all guest speakers in advance and reserve the required equipment in advance to ensure availability.

If the facility does not provide audio-visual equipment, training sponsors must first check that audio-visual equipment can be accommodated through well-placed electrical outlets. Training sponsors should then find alternate ways of obtaining audio-visual equipment, such as borrowing from member organizations on the planning committee or renting the equipment from technical supply stores.

## MEALS AND REFRESHMENTS

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Providing meals can significantly affect participant satisfaction with the training, especially if the training is scheduled for a full day. Meals provide a "time-out" from the length of the training day for training participants to stretch their legs, relax, and refresh. In addition, time

scheduled for meals also provides training participants an opportunity to network with other training participants or to view exhibits.

The provision of meals often depends on the length and timing of the training. For shorter trainings, full meals may not be necessary; rather, coffee or beverages may be sufficient. For morning trainings, training sponsors may opt for a continental breakfast with simple refreshments at the end. Full-day trainings generally provide at least one full meal, be it breakfast or lunch, as well as a snack break.

Training sponsors should be sure to secure appropriate caterers in advance. After a vendor has been selected, training sponsors should agree upon a contract detailing the food, services, and amenities to be provided, the expected total cost or the cost per person, the scheduled time for delivery, and the clean-up procedures, if any. Training sponsors may need to follow-up with the initial contract to confirm the details of the order, after the audience size is better established.

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## CONTINUING EDUCATION UNITS

Training sponsors may choose to offer Continuing Education Units (CEUs) or Continuing Medical Education Units (CMEs) to the training participants at their event. To do so, training sponsors must submit information about the proposed NAWHO training to their local accredited agency for continuing education in their state or region. Each state or region may have a specific process for requesting continuing education units as well as a unique set of required documentation, acknowledgment in training brochures and materials, and costs. As a general rule, however, applications for continuing education units must include:

- Event title and description.
- Event learning objectives, and
- Contact hours.

To begin the process, training sponsors should survey members of the planning committee to determine if one of their organizations is authorized to issue continuing education units. A second option is to contact the Professional Education Coordinator at the state department of health. While these may offer the best chances for easily obtaining accreditation, the following may also be good avenues for requesting continuing education units:

- Local health departments.
- Major medical centers.
- Local colleges and universities.
- Medical, nursing, or health education professional associations, or
- State accreditation headquarters.

Requesting continuing education units can be a time intensive effort, particularly if revisions to the application are required. Training sponsors should allow themselves up to three (3) months to secure continuing education units, and they should be prepared to face difficulties in completing the process.

## NAWHO CURRICULUM PREPARATION

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The NAWHO curriculum can be an invaluable tool for training sponsors, providing material on which to base most or all of the training. No two trainings, however, are exactly alike, particularly as training sponsors consider the specific needs of the audience and the communities they serve. For example, trainings may vary in length, target audience, and size, each of which can influence how the NAWHO curriculum will be used. Similarly, training format may vary, including guest speakers, panel discussions, breakout groups, or workshops. Training sponsors should be sure to prepare the NAWHO curriculum components accordingly to adjust to each of these factors.

Though the NAWHO curriculum provides instructions for tailoring its components to meet the training needs, the following provides a brief overview of specific changes that training sponsors should consider.

- **Data and Statistics.** In preparing the NAWHO curriculum, training sponsors should include data and statistics on the Asian American populations in the state and their breast and cervical cancer burden. Where possible, corresponding statistics to those offered for the national data can be presented to show training participants parallel images of the nation and the state with respect to Asian demographics and breast and cervical cancer incidence, mortality, and early detection. In addition, the major Asian ethnic groups that reside in the state, and the location(s) of their major population centers, should be presented.
- **Exercises.** Exercises play a key role in helping training participants develop and practice new skills that they can apply to their work environments. Training sponsors should consider the specific training audience and size to determine which exercises to utilize and how they should be conducted.
- **Objectives and Conclusions.** Each unit in the NAWHO curriculum includes a set of learning objectives and a conclusion, which are based on the unit as a whole. In preparing their presentations, however, training sponsors will probably be unable to include all sections in each unit. In addition, adjustments to the content, including addition of statistics and selection of specific exercises, may affect the learning objectives and conclusions of the presented information. Training sponsors should modify each unit's goals and learning objectives, as well as each unit's conclusion, accordingly.
- **Presentation Tools.** The NAWHO curriculum includes an electronic set of suggested presentation tools for each unit that correspond closely to each section in each unit. If training sponsors choose to use the included presentation tools, however, they should take care to extract only those that correspond to the selected sections for each unit. In addition, they should add any supplemental information they plan to present to the presentation tools.

The following sample is included as a reference for Pre-Training Logistics in the Samples section of this document.

- Sample Exhibit Solicitation Letter

# DESIGNING A PROMOTION PLAN

## INTRODUCTION

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Promotional efforts that will attract training participants are essential to the successful implementation of a NAWHO training. However, attracting training participants is only one of many possible outcomes that can result from successful promotional efforts. Successful promotion of a NAWHO training may even contribute to longer-term goals such as increased awareness of the breast and cervical health needs of Asian American women by health care providers or even increased awareness of breast and cervical cancers in Asian American communities. In fact, the occurrence of a NAWHO training should be viewed as an opportunity to undertake broader public education activities for the local or regional community where the NAWHO training is taking place. When approached in this way, promotional efforts for a NAWHO training can have three overall goals:

1. To advertise the availability of the NAWHO training to the target audience and, therefore, attract training participants.
2. To advertise the issues that the NAWHO training addresses to the public and, therefore, increase the public's awareness of the breast and cervical health needs of Asian American women, and
3. To advertise the issues that the NAWHO training addresses to the Asian American community itself and, therefore, increase the community's awareness of early detection and the services offered by training sponsors.

To successfully achieve these goals amidst competing public health concerns and to attract health care providers to a NAWHO training despite constraints on their time and resources, a multi-faceted approach to promotion is essential. In this context, "promotion" should be broadly defined to include a variety of traditional and non-traditional avenues, including the media, the professional networks and associations of health care providers, community-based organizations (CBOs) and churches, and information technologies such as the Internet.

A detailed outline of promotional goals and avenues is called a promotion plan. In this plan, training sponsors articulate the anticipated outcomes of the promotion and how these outcomes will be achieved, including detailed information about materials to be created and where these materials will be distributed. NAWHO has identified four steps for a successful promotion plan:

1. Develop promotional messages, or "frame" the training.
2. Create promotional materials.
3. Disseminate promotional materials, and
4. Evaluate promotional efforts.

## STEP 1: “FRAME” THE TRAINING

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To “frame” the NAWHO training means to clearly articulate the purpose of the training in the context of the local or regional community as well as to determine the goal(s) of the promotional effort. As discussed, promotional efforts for a NAWHO training may have as many as three – or more – overall goals, and a successful promotion plan can address all or one of these goals. At a minimum, however, promotional efforts should serve the goal of recruiting NAWHO training participants and should “frame” the NAWHO training as a health education solution to address the breast and cervical health needs of Asian American women in the local or regional community where the NAWHO training is taking place. Concurrent activities and “frames” that serve additional promotional goals such as launching a public education campaign to Asian American communities can be determined based on the time and resources of training sponsors.

## STEP 2: CREATE PROMOTIONAL MATERIALS

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Essential materials for promoting a NAWHO training include (1) a press release and (2) a recruitment brochure. Each can serve the promotional goals of recruiting training participants and educating the public:

1. **Press release.** A press release is a specific style of document that presents the five W’s to print, television, or radio media: *who, what, where, why, and when*, in the context of the “frame.” Press releases are usually one to two pages and include ready-to-print quotes from event spokespeople. Sending this document to various media outlets may result in a news story about the training. Both outcomes can advertise the availability of the training and attract training participants. A news story, in particular, offers an opportunity to promote the issues in greater depth to the public. To inspire a news story, training sponsors may choose to contact media outlets by telephone following the press release. Called a “pitch,” this talking session with a reporter should focus on the “frame” and may result in coverage.
2. **Recruitment brochure.** Training sponsors should design a brochure to recruit potential training participants. It should include essential information about the training event, as in a press release, as well as information regarding the training’s professional education purposes such as the training’s goals and objectives as well as a training agenda. A brochure can also serve as a registration form for training participants and can include logistical information such as driving directions and/or a map of the site. Members of the planning committee and their organizations should also be listed on the brochure as well as a contact person to whom potential training participants may direct questions. Graphic designs and logos of sponsoring organizations, particularly NAWHO, can also be added to recruitment brochures to increase their aesthetic appeal and recognition by potential training participants. Training sponsors may choose to distribute more than one recruitment brochure. For example, a “save-the-date” flyer can be sent out early in the training time-line through mass distribution, to be followed by a targeted mailing of registration brochures.

In addition to these materials, there are a number of **supplemental promotional items** that training sponsors may choose to generate given their time and resources:

- A “camera-ready” advertisement for recruiting training participants can be placed for a fee in a newspaper or magazine.
- A “letter to the editor” or an “opinion/editorial” can publicize both the issues and the training at no cost in a newspaper or magazine, or
- For a smaller-scale training, training sponsors may choose to send invitation letters to potential training participants to publicize the training instead of brochures.

### STEP 3: DISSEMINATE PROMOTIONAL MATERIALS

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Promotional materials such as press releases and brochures can be disseminated to health care providers and the public through a variety of traditional and non-traditional routes. At a minimum, training sponsors should use (1) media lists, (2) resource lists, and (3) mailing lists to promote the NAWHO training:

1. **Media lists.** Media lists of local newspapers, radio stations, television stations, and magazines may be used for distributing the press release, which can be faxed or mailed to each outlet. Training sponsors may also choose to mail a press release along with a “press kit,” a selection of supplemental materials about breast and cervical cancer issues, Asian American communities, the state sponsored screening program, or guest speakers, etc.
2. **Resource lists.** Resource lists of CBOs, churches, and other social services organizations can also be used for distributing press items, accompanied by a letter from the planning committee requesting the inclusion of the training in an organizational newsletter or bulletin. A list of CBOs can also be used for distributing recruitment items such as flyers or brochures, particularly for reaching health educators and outreach workers working in local community settings.
3. **Mailing lists.** Mailing lists of sponsoring organizations, including the state’s screening sites and networks, can be used for distributing recruitment brochures. Brochures can also be sent to local CBOs, community clinics, hospitals, HMOs, and other locations where health care providers may be reached.

In addition to these essential routes, there are a number of **supplemental distribution avenues** that training sponsors may choose to activate given their time and resources:

- For training sponsors with access to electronic mail, announcements about the training may be sent to resource or mailing lists over electronic networks. Notice of the training can also be placed on relevant e-mail listserves.
- For training sponsors with access to the Internet, announcements about the training can be posted on the websites of other organizations. Many websites dedicated to health issues, women’s issues, and the Asian American community host an option for website visitors to post their events on a calendar free of charge. Notice of the training can also be placed in relevant Internet chat rooms. A quick search under key words such as “women,” “Asian American,” and “cancer” will produce websites for this purpose.
- Event spokespeople can appear on local radio or television programs to promote the training and the issues, or

- Event spokespeople as well as members of the planning committee can themselves become living advertisements for the training, making announcements at meetings and providing colleagues with recruitment brochures.

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## STEP 4: EVALUATE THE PROMOTIONAL EFFORT

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Evaluating the promotion plan for a NAWHO training can produce useful information about effective strategies for reaching and recruiting health care providers in a local or regional community. To conduct this evaluation, training sponsors should focus on two common process evaluation methods: (1) tracking and (2) archiving. For example, as training sponsors distribute promotional materials prior to the training, a meticulous tracking log should be maintained concurrently in which each distribution avenue and the number of pieces distributed are carefully noted. Upon completion of the NAWHO training, training sponsors should then collect and file copies of any articles, advertisements, or mentions of the training by local media or by the newsletters or bulletins of CBOs, community clinics, screening partnerships, or other locations to which promotional items were sent.

Training sponsors can also calculate a “response rate” to training promotion by dividing the total number of recruitment brochures distributed into the total number of training participants who registered for the training and multiplying by 100. Training sponsors can use this information to plan for increasingly effective promotional efforts to support a future training. This type of assessment can also be used to guide promotional efforts for future related events such as screening days or public education campaigns. Copies of articles can be used in training sponsors’ own newsletters or in the recruitment flyers of a future training.

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## THE NAWHO LOGO

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An electronic version of NAWHO’s organizational logo has been provided in the NAWHO replication package for use by training sponsors on promotional materials such as “save-the-date” flyers and recruitment brochures. Training sponsors are authorized by NAWHO to use this logo only for the purposes of promoting a NAWHO training.

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## SAMPLES PROVIDED

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The following samples are included as references for Designing a Promotion Plan in the Samples section of this document.

- Sample Press Release
- Sample Save the Date Flyer
- Sample Training Brochure
- Sample Training Participant Invitation Letter
- Sample Registration Form

## TRAINING PARTICIPANT RELATIONS

Once recruitment mechanisms have been established, appropriate steps will need to be taken to establish a system for tracking training participant involvement. For the purposes of a NAWHO training, such steps and systems can be defined as "training participant relations," which fall into two main categories: (1) registration and (2) follow-up.

### REGISTRATION

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Training participant registration should take two forms: (1) pre-registration and (2) on-site registration. Pre-registration occurs when training participants are asked to submit a registration form by a certain date before the training. On-site registration occurs when training participants complete their forms when they arrive at the training itself.

Pre-registration may discourage potential training participants who may be unable to commit far in advance due to uncertain schedules. However, pre-registration allows training sponsors to "cap" the number of training participants, if desired. On-site registration may produce a larger audience, allowing even training participants who have received promotional materials late to attend. On the other hand, on-site registration prevents training sponsors from monitoring training participants in order to guide catering orders, materials, and even space.

Though pre-registration allows training sponsors to actively control the number of potential training participants, some number of training participants will always arrive at the training unregistered. Therefore, a combined system of pre-registration and on-site registration is preferred. To utilize this system, training sponsors should:

- **Include a pre-registration form on recruitment brochures.** A combination of training event promotion and registration guarantees ease for the training participant. Training participants can both receive all of the detailed event information and register for the training with the same materials. A registration form should include space for the registrant to write down all of their contact information including name, position, organization, address, phone, fax, email, and website. The form can also address the registrant's substantive qualities, asking questions such as (1) "Describe your work in breast and cervical cancers," (2) "Describe your work with Asian American women," or (3) "What do you hope to learn from the training?" If pre-registration is "capped," a "return by" date should also be clearly listed as well as instructions for correctly submitting the form.
- **Establish a registration headquarters and collect submitted forms.** All pre-registration forms should be submitted to one central location. This information should also be clearly noted on the registration form itself, including where and how the form can be submitted. A system for tracking registrants should be established, whether using a database, spreadsheet software, or other tracking method. As registration forms are submitted, a running tally of training participants can be kept. A "wait-list" should also be maintained if the training is "capped." As registrants cancel, "wait-listed" registrants can be notified and confirmed.

- **Generate a training participant list.** Once a pre-registration date is reached, a final “training participant list” should be generated. The training participant list is a complete listing of the contact information for each pre-registered training participant as well as others who will be participating in the training but who are not required to register, such as members of the planning committee, training sponsors, and/or guest speakers. The training participant list should be forwarded to the planning committee to guide additional planning areas such as food orders and preparing materials. Copies should also be generated for training participant check-in and creation of training participant nametags. Oftentimes, a copy of the training participant list will be included in training materials as a networking tool for training participants.
- **Notify training participants of their registration status.** Once a pre-registration date is reached, registrants should be sent a letter from the planning committee confirming their registration for the training. Given time and resources, training sponsors may also choose to enclose with this confirmation letter a training agenda, directions to the training site, or a map of the site. If appropriate, training sponsors may also choose to include a pre-training reading packet to introduce training participants to the materials that will be addressed at the training. This kind of welcome packet serves as an additional reminder to registrants of their commitment to attend the training.
- **Set up and operate a registration area at the training site.** A clearly marked training participant check-in area should be designated prior to the training. Members of the planning committee should also be assigned to run the training participant check-in area. Here, all training participants will check-in with training sponsors and be provided with a nametag and training participant materials. If time permits, training sponsors should ask pre-registered training participants to confirm their contact information on the training participant list. For on-site registrants, training sponsors should have each training participant fill out a registration form and then provide them with a blank nametag and training materials.

## FOLLOW-UP

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The event of a NAWHO training can generate powerful momentum among training participants to apply their new knowledge and skills and to actively improve the breast and cervical cancer screening rates of Asian American women. This momentum is due in part to the coming-together of a diverse group of health care providers who share a common mission. Often, networks are started at a training and new collaborations are born. To nurture these new collaborations, training sponsors should draft and distribute “thank you” letters to all training participants. An updated training participant list can also be included in a follow-up letter for the purposes of collaboration, networking, resource-sharing, and future partnerships.

## SAMPLES PROVIDED

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The following samples are included as references for Training Participant Relations in the Samples section of this document.

- Sample Training Participant Confirmation Letter

## SPEAKER RELATIONS

As training sponsors develop the NAWHO training agenda, the decision to include guest speakers will be made. If training sponsors decide to include speakers, steps must be taken to recruit appropriate speakers and to ensure that they have positive experiences with the training.

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### IDENTIFYING AND SECURING SPEAKERS

The types of speakers chosen for a NAWHO training will depend largely on the material training sponsors wish to include. Training sponsors and planning committee members can use their familiarity with individuals or local organizations to identify potential speakers who can best meet the needs of the training. For example, if training sponsors wish to highlight local programs that successfully reach Asian American women, they may choose a community-based organization that has demonstrated successful outreach techniques. If training sponsors wish to showcase belief systems of multiple different Asian ethnic groups, however, they may then choose community representatives with different ethnic backgrounds. Alternately, if training sponsors wish to present perspectives of individuals from the lens of accessing and receiving health care, they may choose to include a panel with a physician, a registered nurse, a health outreach worker, a case manager, and a health care consumer or survivor.

Regardless of format or topics chosen, training sponsors should always select speakers who can help the training meet its goals. The criteria for model programs can serve as a good reference for determining whether or not a speaker will be appropriate for the training. To locate guest speakers, training sponsors should first consider recommendations by planning committee members who know good contacts or who have seen speakers give high-quality presentations. If additional guest speakers are necessary, the following locations may serve as good avenues for speaker recruitment:

- Local and state departments of health.
- Professional associations.
- Community-based organizations or clinics, and
- Community churches or temples.

Once potential speakers are identified, training sponsors should contact these individuals to solicit their participation. Training sponsors should first try to contact speakers in person or by telephone to determine their interest in the project. Training sponsors may choose to provide an honorarium to each speaker, which should also be discussed in the conversation. After the individual has agreed, training sponsors should follow-up the conversation with a letter to confirm the speaker's participation, as well as a speaker information form to collect necessary biographical and logistical information.

In working with guest speakers, training sponsors will have to address several programmatic, logistical, and financial considerations to ensure the quality of the speakers' presentations and their experiences with the NAWHO training.

- **Programmatic Considerations.** Training sponsors can engage in several efforts to ensure that speakers meet the needs of the training with respect to the training goals. Training sponsors should provide each guest speaker with a list of learning objectives for her/his session to direct the speaker as she/he prepares for the presentation. In addition, if guest speakers' presentations cover a minimum component of the NAWHO training, training sponsors should provide the corresponding unit of the NAWHO curriculum to the speakers as well. This will allow guest speakers to gauge NAWHO's approach to the material and build upon it by drawing on their own knowledge and expertise.

After guest speakers have had the opportunity to review their learning objectives and/or NAWHO curriculum units, training sponsors may wish to hold a teleconference call with all the guests speakers. The conference call will provide the opportunity for training sponsors to clarify their expectations for guest speakers, answer any questions guest speakers may have, and ensure that guest speakers do not overlap in their presentation content.

- **Logistical Considerations.** Training sponsors must consider several factors including speakers' presentation needs as well as logistical pieces necessary to enhance the overall training experience. As mentioned in "Pre-Training Logistics," training sponsors should be sure to determine speakers' audio-visual needs in advance so that appropriate equipment can be reserved. In addition, speakers may wish to include materials specific to their presentation or to their organizations with the participant materials to be distributed at the training. Training sponsors should collect speaker materials in time to include them in the participant materials assembly.

Speakers should also provide a biography, or a resume from which training sponsors can draft a biography, to give to training participants. Speakers' biographies can be compiled into a single document that should also include all contact information available for each presenter. Speakers' biographies should detail the experiences of presenters, highlight their areas of expertise, and allow training participants to assess speakers' authority on the relevant topic area. Training participants can refer to these documents as they seek to expand their professional networks.

In preparation for the training day, several items should be prepared. Speakers will need name tags that, ideally, distinguish them from training participants and planning committee members. In addition, if speakers will be seated in front of the training audience—for example as part of a panel presentation—they will also need name tents or placards to facilitate identification from a distance.

On the day of the training, training sponsors should be prepared to welcome guest speakers to the event. Speakers should be given their nametags and provided information on how they will be introduced to the audience. Training sponsors should also confirm that speakers' presentation needs are met, including audio-visual equipment, and that speakers are comfortable and prepared for the day's

events. Finally, training sponsors should thank speakers for their time and participation in the training.

- **Financial Considerations.** Training sponsors should be prepared to support guest speakers' travel and accommodation needs, if necessary. Speakers should ideally come from local organizations or agencies to best address the issues faced by providers and Asian American women in the area. However, if organizations or individuals from other areas of the state can provide the most appropriate presentations, training sponsors should arrange their travel and accommodations. Training sponsors should determine these needs in advance and plan accordingly.

In addition, training sponsors may choose to provide payment or honoraria to guest speakers for their role at the training. If so, speakers will need to provide their social security number or tax identification number for the payment to be processed.

## FOLLOW-UP

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As part of training follow-up, training sponsors should send guest speakers "thank you" letters. Giving appreciation for the important role speakers play at the training serves a crucial function in maintaining positive ongoing relationships with guest speakers. A "thank you" letter also demonstrates respect and professionalism in training sponsors' relations with the public. Training sponsors can use the letter as an opportunity to send speaking honoraria and any travel or accommodation reimbursements, as well.

## SAMPLES PROVIDED

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The following samples are included as references for Speaker Relations in the Samples section of this document.

- Sample Speaker Confirmation Letter
- Sample Information Request Form
- Sample Speaker Biography

# TRAINING PARTICIPANT MATERIALS

Training participant materials for the NAWHO training can be classified into three main categories: (1) presentation materials, (2) event materials, and (3) resources. Materials in each category serve separate functions that all contribute to a successful training.

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## PRESENTATION MATERIALS

Presentation materials include those designed to supplement training sponsors' and speakers' presentations. Training participants can follow these materials or refer to them throughout the training as each speaker offers new information. Depending on the detail of material included, they can also serve as references for training participants when they need information in the future. Presentation materials can range from a simple outline of each presentation to a comprehensive briefing book. The amount of information and level of detail provided in the presentation materials can range widely, depending on training sponsors' and speakers' preferences.

If training sponsors choose, they can provide briefing books of the appropriate presentation tools provided in the NAWHO curriculum in electronic format. However, training sponsors should be careful to remember where additional materials are necessary. Particularly when guest speakers are included in the training, additional presentation materials may be necessary for training participants to follow as speakers give their presentations. Such is the case for Unit VI, "Model Programs." NAWHO recommends that model program presenters and other speakers provide materials to accompany their presentations. Unit II, "Do Asian American Women Get Cancer?" also requires extra materials to be developed to correspond to the demographic data, breast and cervical cancer burden data, and early detection data of the state and local Asian American communities that training sponsors should present.

Presentation materials also include relevant exercises that training sponsors or speakers wish to incorporate. These can include assessments, quizzes, case studies, role-plays, and action plans that training participants will read and/or mark. Training sponsors should be sure to include these exercises in the training participant materials.

Finally, bibliographies and for future reading should also be included with presentation materials. These provide references to which training participants may refer as they seek further information about the communities they serve. The NAWHO curriculum includes a Works Cited list and For Further Reading list in the References section at the end of the document that can be included with training participant materials.

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## EVENT MATERIALS

Event materials are those designed to inform training participants specifically about the training. They include items such as the agenda, speakers' biographies, training participant lists, planning committee rosters, and evaluation forms.

- **Agenda.** The agenda provides the structural framework for the training. It informs training participants about the order and timing of material presented throughout the day. It also lays the foundations for their expectations regarding the training, including topics covered, and timing of breaks, meals, and adjournment.
- **Contact Lists.** Speakers' biographies, training participant lists, and planning committee rosters provide training participants with information about other individuals attending the training. Speakers' biographies detail the experiences of presenters and highlight their areas of expertise while training participant lists allow training participants to see what other types of individuals and organizations are also present. Speakers' biographies and training participant lists should include all contact information available for each individual. Both can be resources for training participants as they seek to expand their professional networks. Training participant lists can be particularly useful when training participants work together in breakout groups or small workshops and have an opportunity to interact with one another. Lastly, the planning committee roster acknowledges the individuals and organizations that contributed to planning and implementing the training.
- **Evaluation Form.** Finally, evaluation forms allow training sponsors to assess training success and training participant satisfaction. Evaluations can provide feedback on all components of the training, including the topics covered, speakers' efficacy, goal achievement, materials, facilities, food, and more. Results can then be used for a variety of functions. They can identify the training's strengths and weaknesses and thereby help shape future trainings.

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## RESOURCES

Resources are materials designed to support training participants' efforts in their own work environments. They can include information about the training sponsors' organization, such as organization or program descriptions, newsletters, brochures, order forms, or other materials. These can also provide additional substantive information or tools for enhancing outreach and screening services, such as articles, in-language brochures, policy and legislation statements and summaries, and data reports, as well as the resources provided in the Resources section of the NAWHO curriculum.

The amount of resource materials included will depend on training sponsors' preferences and access to information. Training sponsors can contact NAWHO to obtain copies of any resources in the NAWHO library.

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## PACKAGING

Training participant materials can be packaged in multiple different forms, depending on the amount of material provided and on training sponsors' preferences. In general, presenting material in two separate packages may be the most effective. The first set includes only the presentation materials, and these can be organized in a three-brad folder, as a briefing book, as a bound volume, or in another form suitable to the training. The second set includes both the event materials and the resources. For the second set, placing the two types of materials in opposite sides of a pocket folder can be a logical and effective means of organization.

This suggested method can, of course, vary, and training sponsors should consider the materials they wish to provide when planning the format of the materials. If few presentation materials are planned (e.g., an outline only), they may be easily included in a pocket folder

with the event materials. If training sponsors plan to give training participants a great deal of material, including presentation materials and resources, they may consider binding all of the material including event materials in one easy-to-carry volume.

## ASSEMBLING MATERIALS

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Assembling materials involves several steps, and training sponsors should remember to schedule enough time to complete assembly before the training. Training sponsors should first identify the materials they plan to include and collect them for assembly. This may require some materials to be developed, including most of the event materials, sections of the presentation materials, and perhaps some resources, as well.

Training sponsors may choose to send the materials to be photocopied and assembled at a printing or photocopying center, or they may choose to assemble the materials in-house. If training sponsors choose the first option, they should prepare the materials for copying at least a week prior to the training. Otherwise, training sponsors should be aware of the advance steps necessary to assemble materials and plan accordingly.

Training sponsors will have to think ahead about what supplies they will need to package training participant materials. These may include folders, binders, dividers, page protectors, and colored paper. When ordering and photocopying, training sponsors should consider the expected size of the audience, including pre-registered training participants and training participants who will register on-site. Training sponsors should always prepare a greater number of copies than the number of training participants expected.

### Samples Provided

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The following sample is included as a reference for Training Participant Materials in the Samples section of this document.

- Sample Packaging Formats for Training Participant Materials

## ON-SITE LOGISTICS

Immediately before a NAWHO training, training sponsors will need to coordinate a series of on-site logistics. Although successful planning prior to the event will ensure the smooth implementation of the training agenda including coordination of speakers, registration, vendors and materials, there are two categories of activity that cannot be implemented until directly before the day of the event: (1) site set-up and management and (2) materials set-up and distribution. In addition, on-site help will be needed immediately following the training for clean-up.

Depending upon the availability of the location chosen for the training, the tables, chairs, equipment, and materials may be set-up one to several days prior to the event or not until the day of the event itself. Training sponsors can plan for either scenario by arranging for an adequate number of volunteers to assist in set-up and clean-up. The magnitude of on-site logistics can also be predicted by generating a "head-count" of training participants.

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### SITE SET-UP AND MANAGEMENT

The way in which tables, chairs, and podiums are arranged in the training location depends on the size of the space, the size of the audience, and the number of speakers as well as on the intended purpose of the training event itself. A small space, audience, and selection of speakers will require a set-up that is different from a large space, audience, and selection of speakers. Similarly, the set-up for a primarily didactic training (i.e., one with mostly presentations or panel discussions) will require a different arrangement than a primarily interactive training (i.e., one with several role-plays or small group sessions). Training sponsors should use both the physical characteristics of the space and audience as well as the substantive characteristics of the training agenda to arrange a training space that is functional and comfortable for training participants and speakers.

Though the arrangement of tables and chairs may vary from event to event, a space in each training location should be designated for the following:

- The stage, or the space where training sponsors and speakers will present.
- Audio-visual equipment.
- Participant registration.
- Participant materials.
- Exhibits, and
- Food and beverages.

In addition, training sponsors should assign individuals from the planning committee to oversee each set-up component.

- **The stage.** The stage is a designated space, usually in the front of the room or anywhere it can be easily viewed by all training participants, from which training sponsors, speakers, panelists, and others will give their presentations. The stage area should include, when necessary, a podium for speakers, tables and chairs for a panel discussion, or any other equipment such as microphones that presenters may

use. Training sponsors should be sure to arrange the stage appropriately and ensure that the sound system is functioning.

- **Audio-visual equipment.** Audio-visual equipment will require designated locations depending on the type of equipment being used and its function. Overhead or slide projectors to be used by presenters will need to be easily accessible during their presentations and, therefore, may be placed in the stage area. Screens for such presentations must also be stationed in the front of the room for maximum viewing. However, equipment such as a video camera for videography may need to be placed at a specific distance from the presenters. Training sponsors should determine audio-visual needs such as these prior to the day of the training to facilitate efficient set-up.
- **Participant registration.** An area for training participant registration should be designated in close proximity to where training participants enter and exit the training site. Moreover, it should include ample space for tables and registration volunteers as well as for training participants to congregate as they sign-in, affix name tags, and meet and greet training sponsors, speakers, and each other.
- **Participant materials.** Training sponsors may choose to distribute training participant materials through a variety of avenues: (1) by including the materials as part of training participant registration, (2) by placing materials in a separate area away from registration, or (3) by placing a set of materials on each chair or at each place setting. However training sponsors select to distribute materials, two conditions should be met: (1) the assurance that all training participants receive a set of materials and (2) the assurance that the distribution of materials is efficient and does not slow down other activities such as registration or the training agenda. In addition, training sponsors should also remember to include a location where training participants may return their evaluations at the end of the day.
- **Exhibits.** Exhibitors at a training will most likely be arriving with a variety of materials such as display boards, handouts, posters, or promotional materials. Some exhibitors may bring incentives such as candy or pink ribbons to attract training participants to their booths. A space at the training site should be clearly designated as exhibitor space. Within this space, training sponsors should mark with tape or a pre-printed sign where each exhibitor should display.
- **Food and beverages.** Working breakfasts, lunches, or even coffee breaks and snacks require a designated space in the training site for set-up of food, beverages, and accompaniments such as cups, plates, napkins, utensils, and garbage cans. This space should be sufficient to accommodate not only tables for the display of food and beverages but also training participants as they serve themselves throughout the day of the training.

A member of the planning committee should become familiar with the proximity of restrooms, water fountains, telephones, and coat closets and should make a brief announcement at the start of the training agenda to inform training participants of the location of these vital facilities.

## MATERIALS SET-UP AND DISTRIBUTION

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In addition to pre-assembled training participant packets, training sponsors will provide a variety of materials for training participants and speakers on the day of a training. These additional materials will be used primarily at registration through which all attendees including planning committee members, exhibitors, and speakers will pass. At registration, training sponsors should set out the following items:

- Participant lists at each registration table for confirming registrants, members of the planning committee, exhibitors, and speakers.
- A sign-up sheet for on-site registrants.
- Name tags for training participants, planning committee members, exhibitors, and speakers in alphabetical order corresponding to the participant lists, and
- Pens, pencils, and notepads for training participant use.

## POST-TRAINING

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Immediately following the training, training sponsors should take several steps prior to leaving the premises. In addition to basic clean-up and breakdown procedures, training sponsors should remember to see to the following items:

- **Audio-visual equipment.** If audio-visual equipment was procured through the location, training sponsors may not need to worry about their removal. However, if audio-visual equipment was rented or borrowed from other organizations, training sponsors should remember to disassemble the equipment and return it to their proper place.
- **Participant registration.** Participant registration materials should be collected and saved for later use. Training sponsors should keep track both of on-site registrants and attendance of pre-registered training participants. This information can be used to send an updated training participant list to attendees with a follow-up letter, and it can also be useful for evaluative purposes.
- **Participant materials.** Extra copies of training participant materials should be cleared from the training location. Training sponsors should keep these extra materials for further dissemination, saving at least one copy for their records.
- **Evaluations.** Training sponsors should be sure to collect all returned evaluations and save them for later analysis.
- **Exhibits.** Training sponsors should oversee the breakdown of exhibits and be sure that all exhibit materials are cleared away.
- **Food and beverages.** Training sponsors should oversee the clean-up and removal of all food and beverage items and accessories.

## SAMPLES PROVIDED

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The following samples are included as references for On-Site Logistics in the Samples section of this document.

- Sample Floor Plan 1: Large space or large audience
- Sample Floor Plan 2: Small space or small audience

## FOLLOW-UP

The implementation of a NAWHO training does not end when the training adjourns. Not only will the impact of the training be felt in the health care field as a result of training participants' increased knowledge and skills, but the "lessons learned" by the planning committee itself about implementing a cultural competency training program will continue to inform their work, their organizations' missions, and future training events. To facilitate these long-term impacts, training sponsors should include specific follow-up measures into the planning and implementation of the event. As discussed throughout the NAWHO replication package, training sponsors should initiate follow-up steps in four areas: (1) public relations, (2) budgeting, (3) evaluation, and (4) post-training education.

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### PUBLIC RELATIONS

Public relations follow-up includes post-training communication with training participants, guest speakers, and partners, including the members of the planning committee. Each of these groups should be thanked for their participation and provided with any additional follow-up materials from the event such as the results of a session on identifying future directions. In particular, training sponsors should:

- **Revise the training participant list.** Using the training participant lists and on-site registration forms from the participant check-in area on the day of the training, training sponsors should revise the training participant list based on updated contact information and on-site registrants.
- **Send "thank you" letters.** Training sponsors should send the revised training participant list and a "thank you" letter to each of the groups. If the training agenda included brainstorming sessions such as a "where do we go from here" discussion among training participants, then these results should be included with the letter as well. These materials should urge training participants to use the training participant list as a networking tool to foster new-found ideas, relationships, and collaborations with fellow health care providers and with the state.

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### BUDGETING

Training sponsors should settle accounts with vendors, reimburse planning committee members for any training-related events, and provide any guaranteed honoraria or incentives as part of event follow-up. These measures should include any required reporting having to do with the use of government monies.

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### EVALUATION

At the end of a NAWHO training, there will be a variety of "lessons learned" as well as a number of avenues for measuring success and planning for future activity. Training sponsors should incorporate opportunities for reflection and evaluation into follow-up measures. Evaluation of this kind is not limited to the analysis and sharing of data from participant evaluation forms, though this will provide invaluable insight into how the training

was received and whom the training attracted. Evaluation can also include discussions of how the training and the issues it addressed were promoted by media, the quality of the experience of being on the planning committee, and how the training could be improved the next time around. All of these reflections and more can be addressed at a final meeting – or de-briefing – of the planning committee. There, training sponsors can ask members questions such as the following: (1) “What did we do right?” (2) “What could we have done better?” (3) “What should we try next time?” and (4) “How were we inspired?” Training sponsors should take notes from this conversation and use its results for the next training.

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## POST-TRAINING EDUCATION

Training sponsors can use follow-up from the training as an opportunity to further share knowledge about Asian American women’s health needs and views to broader provider networks. Training sponsors can distribute excess participant materials to individuals or organizations that were not able to attend the training. They can also include articles about the training and the issues presented in a program or organizational newsletter. They can even develop a report or proceedings to disseminate to their partners and provider constituencies. Whichever route training sponsors decide, they should remember that the training is just the beginning step for building cultural competency in a provider community, and ongoing education and resource-sharing will contribute to significant and lasting improvements in breast and cervical cancer education, outreach, and service delivery for Asian American women.

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## SAMPLES PROVIDED

The following samples are included as references for Follow-Up in the Samples section of this document.

- Sample Training Participant “Thank You” Letter
- Sample Speaker “Thank You” Letter
- Sample Planning Committee “Thank You” Letter

## CASE STUDY: NEW YORK

On March 29, 2000, NAWHO conducted "Communicating Across Boundaries: A Cultural Competency Training on Breast and Cervical Cancers in Asian American Women" in New York City, New York, in collaboration with the state affiliate of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) at the New York State Department of Health.

The following discussion details the workings of this event to provide training sponsors an example of different forms in which the NAWHO training can be implemented.

### OVERVIEW

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NAWHO's professional education activities in New York took the form of a full-day, self-contained training. The training ran from 9:00 a.m. to 4:45 p.m., included lunch, and incorporated the minimum components through a series of presentations, panel discussions, and exercises that drew on the NAWHO curriculum for substantive and structural guidance.

### TRAINING SITE

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The training was held in a business conference space donated by a partner organization in the mid-region of New York City. Training sponsors chose the location within the state based on its high Asian American population and immediate need for cultural competency training. In addition, training sponsors had already implemented a NAWHO training in the upstate region of New York a few months prior to this event.

### AUDIENCE

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The audience included breast and cervical cancer service providers of all types including physicians, nurses, health educators, outreach workers, and administrators, as well as a few providers from different health fields. In total, 90 participants attended the training. Because the training was focused on provision of services to Asian American women, the audience primarily included those who served the targeted clientele.

### ASIAN AMERICAN COMMUNITIES

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The predominant Asian American communities in New York include the Chinese, South Asian, Korean, and Filipino populations. In addition, several sizable Southeast Asian populations reside in the state as well, including Vietnamese, Thai, Laotian, and Cambodian populations. Asian Americans comprise approximately 5.5 percent of the state's total population.

### TRAINING

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The full-day training was designed to provide training participants with an overview of cultural competency in the provision of breast and cervical cancer early detection screening

services to Asian American women. The training was modeled on NAWHO's minimum components for an effective cultural competency training, as well as on the structure established by the units of the NAWHO curriculum.

The following agenda provides an overview of the day's proceedings.

<b>8:00 – 9:00</b>	<b>Registration</b>
<b>9:00 – 9:45</b>	<b>Welcome &amp; Introductory Remarks (Unit I)</b> Training sponsor
<b>9:45 – 11:00</b>	<b>Do API Women Get Cancer? API Women and Breast and Cervical Cancer (Unit II)</b> NAWHO Trainer
<b>11:00 – 11:15</b>	<b>Break</b>
<b>11:15 – 12:15</b>	<b>Beliefs and Barriers (Unit III)</b> NAWHO Trainer
<b>12:15 – 1:15</b>	<b>Lunch</b>
<b>1:15 – 2:45</b>	<b>Beliefs and Barriers Panel Discussion (Unit III)</b> Guest speakers Moderator: NAWHO Trainer
<b>2:45 – 3:00</b>	<b>Break</b>
<b>3:00 – 4:30</b>	<b>Communication Strategies (Unit IV)</b> NAWHO Trainer <i>Role-play exercise included</i>
<b>4:30 – 4:45</b>	<b>Closing and Evaluation</b> Training sponsor

## EVALUATION

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Training participants were given the evaluation form at the beginning of the training as part of their packet of materials. Throughout the day, training participants were requested and encouraged to complete the form and return it to the presenters before they left the room. Fifty-four out of 90 training participants returned evaluation forms (60 percent).

Evaluation results indicate that the training was successful, with the majority of training participants indicating that each training session met its stated objectives. The majority of training participants also rated most resources and logistics with high scores, including the handouts, topics, organization, facilities, and food. In addition, training participants reported good interaction among training participants and good opportunities for networking.

In planning, implementing, and presenting at the training in New York City, training sponsors faced a number of challenges that influenced its outcomes:

- **Challenge 1: Difference of opinions among the planning committee.** Training sponsors experienced tension with planning committee members over the content of the training and its limited emphasis on specific Asian American sub-populations. Planning committee members felt that the narrow focus did not adequately address the needs of all Asian American communities and worried that training participants would be frustrated if they did not receive information on their own client communities. Training sponsors addressed this challenge by highlighting NAWHO's overall approach to cultural competency, which prioritizes ongoing learning about cultures and traditions, rather than attempting to offer a concise bundle of information to address all the considerations needed for cultural competency. As planning committee members became more familiar with NAWHO's approach, the tension lessened, and planning committee members actively contributed to the planning and implementation process.
- **Challenge 2: Conflicting responsibilities.** Training sponsors noted that taking the role of both trainer and training coordinator created several challenges in the efficient implementation of the training, particularly on the day of the training itself. Training sponsors felt overwhelmed by the extent of their responsibilities, especially when the responsibilities conflicted with preparation for their presentations. In retrospect, training sponsors suggested that better division of labor would have eased the planning and implementation process.
- **Challenge 3: Audio-visual Aids.** Training sponsors noted that the slides and overheads used in the presentations were often difficult to read, thereby decreasing the quality of the training presentations. Training sponsors indicated that clear, uncluttered audio-visual aids would improve the overall training experience for training participants.

## LESSONS LEARNED

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NAWHO's cultural competency training in New York provided a valuable opportunity for training sponsors and program staff to learn more about the training implementation process and the effectiveness of the NAWHO training model. Lessons learned include:

- **Lesson 1: The NAWHO training, replication package, and curriculum are effective.** Training participants' evaluation results indicate that the training accomplished its objectives for increasing provider knowledge and skills around breast and cervical cancer screening service delivery to Asian American women. Training sessions were guided by units of the NAWHO curriculum, which training sponsors said was invaluable in preparing for their presentations. In addition, training sponsors indicated the usefulness of the NAWHO replication package in coordinating planning, implementation, and follow-up activities.
- **Lesson 2: Planning committee support is critical to the success of the training.** Training sponsors noted that the planning committee's support significantly contributed to the training's success. The active planning committee helped the training sponsors make key programmatic decisions, perform planning activities, and

set up the training space on the day of the event. In addition, partnerships with planning committee members expanded the training sponsors' network of resources and community contacts to enhance their own capacity to serve Asian American women.

- **Lesson 3: Clear division of labor will facilitate smooth training planning and implementation.** Training sponsors suggested that clear role delineations between planners and presenters would have contributed to a more efficiently executed training. Training sponsors felt that there was no clear understanding of the roles they were supposed to take versus those of the planning committee members. By addressing this challenge through better division of labor, training sponsors felt the training would have benefited, particularly through increased quality of their presentations.
- **Lesson 4: High-quality audio-visual aids will enhance training participants' learning experiences.** Training participants' evaluations indicated that the poor readability of the overheads detracted from their learning experiences. Improved audio-visual aids with fewer statistics and larger print would have increased training participants' ability to follow speakers' presentations and improved the overall quality of the training.
- **Lesson 5: NAWHO trainings encourage education and information sharing beyond the event itself.** Training sponsors noted that the training sparked interest in additional educational sessions on cultural competency for Asian American women's health, with several requests for speaking engagements received by training sponsors from training participants and guests. In addition, training sponsors themselves indicated organizational support to conduct further trainings, recognizing the value and impact of the training in improving health outcomes for their underserved Asian American communities.

## CASE STUDY: MINNESOTA

On May 4, 2000, NAWHO conducted "Communicating Across Boundaries: A Cultural Competency Training on Breast and Cervical Cancers in Special Populations" in Morton, Minnesota, in collaboration with the state affiliate of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) at the Minnesota Department of Health.

The following discussion details the workings of this event to provide training sponsors an example of different forms in which the NAWHO training can be implemented.

### OVERVIEW

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NAWHO's professional education activities in Minnesota took the form of a full-day, self-contained training that addressed cultural competency for several minority groups in addition to Asian American women. Due to a need identified by training sponsors through a provider needs assessment that providers from the rural community wanted to learn about multiple populations, training sponsors decided to embed NAWHO's minimum components for an effective cultural competency training for Asian American women in this larger event. The training ran from 8:30 a.m. to 4:30 p.m., including breakfast and lunch. The morning of the training was devoted to addressing Asian American communities, and the afternoon was reserved for the Latina, Somali, and Native American populations.

### TRAINING SITE

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The training was held at a casino in Morton, Minnesota, a rural town outside of the major Twin Cities metropolitan area. This location was chosen based on affiliates in the rural regions who had submitted several requests for professional education avenues to enhance their services to local minority populations. Because of the locale, however, conference spaces large enough to accommodate a training audience were scarce, so the casino offered one of the few available options for the training to take place. In addition, training sponsors hypothesized that the non-traditional location would draw training participants from a broader geographical region to participate in the training.

### AUDIENCE

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The audience included breast and cervical cancer service providers of all types including nurses, health educators, outreach workers, and administrators from the rural Western Minnesota area. In total, 54 participants attended the training.

### ASIAN AMERICAN COMMUNITIES

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The predominant Asian American population in Minnesota is the Hmong. Other Southeast Asian communities are also sizable, including Vietnamese, Cambodian, and Laotian groups. Asian Americans comprise approximately 2.9 percent of the state's population.

### TRAINING

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The full-day training was designed to provide training participants with an overview of cultural competency in the provision of breast and cervical cancer early detection screening services to women of diverse ethnic backgrounds. The morning sessions addressing Asian American women were largely driven by the NAWHO curriculum and NAWHO's minimum components for an effective training. The afternoon sessions addressed multiple other ethnic groups, with speakers building their presentations upon the NAWHO curriculum units.

The following agenda provides an overview of the day's proceedings.

<b>7:30 – 8:30</b>	<b>Breakfast/Registration</b>
<b>8:30 – 8:45</b>	<b>Welcome &amp; Introductory Remarks</b> Training sponsor
<b>8:45 – 9:30</b> <b>Plays</b>	<b>Keynote: Through the Eyes of Others – The Role Culture in Health (Unit I and Unit III)</b> Keynote speaker
<b>9:30 – 10:30</b> <b>Cancer?</b>	<b>Do Asian American Women get Breast and Cervical Exploring the Myths (Unit II)</b> NAWHO Trainer
<b>10:30 – 10:45</b>	<b>Break</b>
<b>10:45 – 11:45</b> <b>American</b>	<b>Communication Strategies for Reaching Asian Women (Unit IV)</b> Trainer <i>Role-play exercise included</i>
<b>11:45 – 12:30</b>	<b>Lunch</b>
<b>12:30 – 1:30</b>	<b>Latina Women</b> Guest speaker
<b>1:30 – 2:30</b>	<b>Native American Women</b> Guest speaker
<b>2:30 – 2:45</b>	<b>Break</b>
<b>2:45 – 3:45</b>	<b>Somali Women</b> Guest speaker
<b>3:45 – 4:15</b>	<b>Speakers Panel – Open Forum</b> Guest speakers
<b>4:15 – 4:30</b>	<b>Wrap-up and Evaluation</b> Training sponsor

Evaluation of the NAWHO training model was conducted separately from the remainder of the training. Training participants completed matched pre- and post-tests immediately prior to the training and immediately after the morning sessions on Asian American women. These forms tracked indicators of cultural competency, including training participants' awareness, knowledge, beliefs, interests, and intentions regarding service delivery to Asian American women. In addition, training participants completed a final process evaluation after the training was complete that assessed the logistics and operations of the event along with training participants' responses to the afternoon sessions.

Evaluation results showed significant improvement along several indicators of cultural competency, including (1) increases in knowledge about Asian American women and breast and cervical cancers, (2) increases in personal skills and confidence to work with Asian American women, (3) decreases in personal barriers to cultural competency, and (4) increases in personal resources for working with Asian American women. In addition, overall evaluation results showed that the training met its overall objectives and participant expectations.

## CHALLENGES

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In planning, implementing, and presenting at the training in Minnesota, training sponsors faced a number of challenges that influenced its outcomes:

- **Challenge 1: Distance.** The first challenge resulted from distance between the planning committee members. Because of this distance, the training sponsors had to travel several hours to the remote site for the first meeting, and pressure to maximize the time spent at the local site was high. In addition, the distance compelled most of the following activities of the planning committee to be coordinated via conference call or individual communication.
- **Challenge 2: Local Speakers.** A second challenge arose due to the rural setting and the lack of local professionals who could present information on these communities. While the training sponsors were able to lead the sessions addressing Asian American women, they were based in the Twin Cities area rather than around the local site. Other speakers were local, but for some communities, the task of identifying an appropriate speaker proved difficult, and in one case, the speaker cancelled at the last minute, leaving the training sponsors with few alternative options. Contributing to this challenge was the relative youth and small size of the targeted communities, which further limited the number of representatives qualified to speak at the training.

## LESSONS LEARNED

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NAWHO's cultural competency training in Minnesota provided a valuable opportunity for training sponsors and program staff to learn more about the training implementation process and the effectiveness of the NAWHO training model. Lesson learned include:

- **Lesson 1: Previous experience contributes to enhanced trainings.** For this training, the planning committee was familiar with the training implementation process, largely due to their experience implementing a previous NAWHO training.

Based on this experience, training sponsors were able to oversee a more organized planning process and a smoother event in comparison to the first training.

- **Lesson 2: Local speakers offer valuable insight.** Due to the rural setting, the challenges that exist for minority populations to access care can vary considerably when compared to women in metropolitan areas. Local speakers were able to draw on their understanding of the local communities to provide relevant messages to the audience.
- **Lesson 3: Training participants respond to interactive exercises.** The role-plays conducted in the communication strategies session received positive feedback and high ratings from training participants. Training participants appreciated the opportunity to see hands-on examples of challenging patient/provider interactions and apply skills-building information through observation and participation.
- **Lesson 4: Trainings can also serve to increase outreach.** The training provided surprise opportunities to increase public awareness about breast and cervical cancer screening. In promoting the training, training sponsors secured an article in a local newspaper with a broad reader base. The article not only discussed the training but also emphasized the need for early detection and cultural competency. In addition, an exhibit of “faces” display boards at the training itself attracted the attention of casino visitors, many of whom were qualified to participate in the state screening program. By using the display boards, the training piqued the interest of these women and introduced them to the state program. Through this chance occurrence, training sponsors have identified casinos as potential sites for future outreach.
- **Lesson 5: The NAWHO curriculum is adaptable to other communities.** All speakers, regardless of the population they discussed, received copies of relevant NAWHO curriculum units to offer guidance in structuring their presentations. Based on reports by the speakers and feedback from training participants, the NAWHO curriculum served as a helpful tool for directing speaker presentations and identifying topics of discussion.

## CASE STUDY: CALIFORNIA

On November 1, 2000, NAWHO conducted "Communicating Across Boundaries: A Cultural Competency Training on Breast and Cervical Cancers in Asian American Women" in San Diego, California, in collaboration with the state affiliate of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) at the California Department of Health Services.

The following discussion details the workings of this event to provide training sponsors an example of different forms in which the NAWHO training can be implemented.

### OVERVIEW

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NAWHO's professional education activities in California took the form of a half-day event that opened a three-day statewide training for affiliates and contractors of the state's BCCEDP. The training ran from 1:00 p.m. to 4:40 p.m. with a twenty-minute break in the middle. It incorporated the minimum components through a series of presentations, panel discussions, and exercises that drew on the NAWHO curriculum for substantive and structural guidance.

### TRAINING SITE

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The training and statewide conference took place in a hotel in San Diego. Because the statewide conference had been planned a year in advance, logistical decisions needed specifically for NAWHO's professional education activities were limited, and overall planning was coordinated in combination with the conference. The decision to pair the NAWHO training with the statewide conference facilitated planning and recruitment, as well as allowed the training to specifically reach its intended NBCCEDP audience.

### AUDIENCE

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The audience included breast and cervical cancer service providers of all types including nurses, health educators, outreach workers, and administrators, as well as a few providers from different health fields. In total, 56 participants attended the training. As noted above, because the training was held as a part of the larger statewide conference, all training participants were affiliated with the NBCCEDP.

### ASIAN AMERICAN COMMUNITIES

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The predominant Asian American communities in California include the Chinese, Filipino, Japanese, Korean, Vietnamese, and South Asian populations. Several sizable Southeast Asian populations reside in the state as well, including Cambodian, Laotian, Hmong, and Thai populations. With approximately 10.9 percent of the state's population comprised of Asian Americans, California has the largest Asian American population in the nation.

The half-day training was designed to provide training participants with an overview of cultural competency in the provision of breast and cervical cancer early detection screening services to Asian American women. The training was modeled on NAWHO's minimum components for an effective cultural competency training, as well as on the structure established by the units of the NAWHO curriculum.

The following agenda provides an overview of the day's proceedings.

<b>1:00</b>	<b>Introduction and Welcome</b> Training sponsor
<b>1:15</b>	<b>What is Cultural Competency? (Unit I)</b> NAWHO Trainer
	<b>National Perspective (Unit II)</b> NAWHO Trainer
	<b>Beliefs and Barriers (Unit III)</b> NAWHO Trainer <i>Case study exercise included</i>
<b>2:30</b>	<b>Break</b>
<b>2:50</b>	<b>Outreach Panel (Unit V)</b> Guest speakers Moderator: NAWHO Trainer
<b>4:05</b>	<b>Future Strategies Planning (Conclusion)</b> Training sponsor <i>Cultural Competency Action Plan exercise included</i>
<b>4:40</b>	<b>Closure and Evaluation</b> NAWHO Trainer

Training participants were given evaluation forms with their training materials at the beginning of the afternoon training and were asked to complete their forms at the training's close. Evaluation forms assessed individual sessions and overall training objectives, as well as overall quality of the training components. In total, 45 out of 56 training participants returned their evaluation forms (80 percent).

Overall evaluation results show that the training was successful at meeting its stated objectives, with the majority of training participants indicating that they were much better able to: (1) describe how personal understanding of culture can impact health care delivery, (2) identify traditional beliefs and behaviors Asian Americans hold regarding health, disease, and health care, and (3) use innovative methods for outreach and education. In addition, the majority of training participants gave high ratings to the logistical components of the

training, including materials, faculty, organization, interaction among training participants, facilities, and food.

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## CHALLENGES

In planning, implementing, and presenting at the training in California, training sponsors faced a number of challenges that influenced its outcomes:

- **Challenge 1: Participant knowledge level.** One predominant challenge training sponsors faced was training participants' pre-training level of knowledge regarding Asian American communities. Because of California's large Asian American population and its existing emphasis on cultural competence, approximately half of the training participants had attended cultural competency trainings prior to this event. Training sponsors, however, were not prepared for this level of knowledge and awareness and instead tailored the training to address introductory cultural competency considerations.
- **Challenge 2: Distance and time conflicts.** Training sponsors noted several coordination difficulties in planning the training due to distance and time constraints. Because the training sponsors were located throughout California, they were unable to meet in person regularly to discuss details of the training session or to practice presenting the materials together. In addition, training sponsors' full-time positions prevented them from even convening regularly via conference call. As a result, training sponsors felt uncertain about the quality of the training.

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## LESSONS LEARNED

NAWHO's cultural competency training in California provided a valuable opportunity for training sponsors and program staff to learn more about the training implementation process and the effectiveness of the NAWHO training model. Lessons learned include:

- **Lesson 1: Incorporating the NAWHO training into larger events can be effective.** By joining the NAWHO training with the statewide conference for affiliates and contractors of the NBCCEDP, training sponsors identified an effective strategy for training implementation. This format allowed the training sponsors to focus on program planning rather than investing too much time on logistical considerations. In addition, this structure facilitated recruitment for the training and allowed the training to reach its intended audience of NBCCEDP providers.
- **Lesson 2: The NAWHO training can be effective in a half-day format.** Evaluation results showed that the half-day NAWHO training met its overall training objectives, even with less time available to present the material. Because training sponsors were able to select the units and sections of the NAWHO curriculum that were most relevant to the audience, the condensed training maintained its impact on providers.
- **Lesson 3: Provider assessment can improve training applicability to audience members.** Because of their existing level of knowledge about Asian American women, a few training participants felt that the training was too basic to meet their needs. By assessing the knowledge level of the provider audience prior to the training, training sponsors can avert this challenge and tailor the training appropriately.

- **Lesson 4: Well-established communication methods between planning committee members are necessary to facilitate training coordination.**  
Difficulties in scheduling meetings, both in person and via teleconference call, created undue stress for training sponsors. Without well-established communication mechanisms in place, training sponsors' abilities to plan and prepare for the training were challenged.

## NAWHO TECHNICAL ASSISTANCE

To implement a NAWHO training, training sponsors can depend on NAWHO to provide technical assistance in a variety of forms. NAWHO is committed to helping training sponsors plan and execute a training to their full potential, thereby furthering the quality of breast and cervical cancer services provided to Asian American women. Through its broad experience in implementing cultural competency trainings and large-scale special events, NAWHO has built its capacity to offer consultation, review, resources, and materials that will help training sponsors create a training program with far-reaching impact and positive health changes for Asian American women. NAWHO can offer technical assistance to training sponsors in the following areas.

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### PROGRAM CONSULTATION AND GUIDANCE

NAWHO can provide consultation services to training sponsors at all stages of the implementation process, including program planning and development, promotion and outreach, and NAWHO curriculum presentation, as well as follow-up and evaluation. *Communicating Across Boundaries* has conducted several cultural competency trainings in states across the country, all of which have contributed to NAWHO's familiarity with the implementation process and enhanced the program's planning and trouble-shooting ability. Examples of guidance include the following:

- Guidance in developing a needs-assessment strategy.
- Guidance in developing a program timeline, budget, and staffing plan.
- Guidance in developing the training agenda.
- Guidance in developing a promotion plan, and
- Guidance in developing an evaluation strategy.

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### TRAINING CONSULTATION AND GUIDANCE

NAWHO can also provide consultation services to training sponsors as they prepare and deliver information contained in the NAWHO curriculum. Training sponsors can call on NAWHO to provide guidance in the following areas as they prepare for their presentations:

- Guidance on tailoring the NAWHO curriculum to fit audience needs.
- Guidance on tailoring the NAWHO curriculum to fit training formats.
- Guidance on preparing presentation aids.
- Guidance on developing presentation materials, and
- Assistance on public speaking or facilitating discussion.

## MATERIALS REVIEW

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Conducting a training involves the development of materials for public viewing throughout planning and implementation stages. Training sponsors can contact NAWHO to review materials developed by planning committee members for promotion, training participant and speaker relations, and training support, including the following:

- Review of promotional materials.
- Review of training participant training materials.
- Review of training participant relations materials, and
- Review of speaker relations materials.

## COMMUNITY RESOURCES

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NAWHO maintains an extensive network of members and supporters throughout the United States. NAWHO can call on these individuals and organizations to help training sponsors identify and recruit planning committee members and guest speakers, as well as expand the provider base to which training sponsors can outreach. In addition, NAWHO and *Communicating Across Boundaries* have long maintained the need for collaborations and partnerships at all levels. Through active outreach, information sharing, and coordination of efforts, NAWHO has established positive relationships with breast and cervical cancer control agencies and programs that can similarly serve as resources for training sponsors as they undertake this project. NAWHO staff can offer assistance in the following areas:

- Identification of potential planning committee members.
- Identification of potential guest speakers, and
- Identification of media, resource, and mailing lists.

## MATERIALS

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NAWHO has access to a wide variety of materials which may be useful for training participants, including NAWHO's National Plan of Action on Breast Cancer in Asian American Women, fact sheets on Asian American demographics in the United States, in-language brochures on mammography screening and Pap tests, and more. In addition, training participants can benefit from using NAWHO and *Communicating Across Boundaries* as resources for their work. Training participants can learn more about both the organization and the program through newsletters, brochures, publications, and other promotional materials, which NAWHO can provide for training sponsors and training participants. NAWHO program staff can offer assistance and/or referrals for training sponsors in the following areas:

- Materials for a "press kit."
- Substantive resources on breast and cervical cancers and Asian American women for training participant materials, and
- Programmatic materials on NAWHO and *Communicating Across Boundaries*.

## INTRODUCTION

Evaluation is a critical component of planning and implementing a NAWHO training. A relatively simple evaluation process will help training sponsors determine if training objectives were met. Evaluation can also yield valuable information about:

- Training participants' satisfaction with the training's location, logistics, agenda, and materials.
- What training participants learned from the NAWHO training.
- How training participants plan to use what they learned, and
- Future training needs.

Two approaches for evaluating a NAWHO training are described in this section:

1. **Simple evaluation.** The simple evaluation uses a short evaluation form that is administered at the end of the NAWHO training. This form, which training sponsors can modify to meet the specifics of their training, asks training participants a variety of questions, including their assessment of the training components, what they learned, and what they might do differently as a result of the training. Questions are both open-ended and scaled, allowing for both qualitative and quantitative results. The analysis uses simple statistics (e.g., frequencies and percentages) to describe any changes in knowledge, attitudes, or behavioral intentions reported by training participants.
2. **Advanced evaluation.** The advanced evaluation uses paired pre- and post-test evaluation forms administered immediately before and immediately after the NAWHO training. This format allows training sponsors to quantifiably document changes in training participants' knowledge, attitudes, and behavioral intentions resulting from participation in the NAWHO training. The analysis of the pre- and post-test is more complicated, but allows training sponsors to determine whether or not the changes they find as a result of the training are statistically significant.

Regardless of the evaluation strategy selected, the evaluation process should always support the overall efforts of planning and implementing a NAWHO training. In fact, planning for evaluation should occur alongside planning for the training itself. It need not take considerable staff time or other resources to develop and implement a useful and focused training evaluation.

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## WHAT TO EVALUATE

Participants in a NAWHO training can provide valuable feedback and information on both the process and the outcomes of the training.

1. **Process evaluation.** Process evaluation gathers information about training participants' experience of the NAWHO training, including their perspectives on the pace of the event, the agenda, the quality of speakers, the range of activities, the materials, the facility, the food, and anything else that training sponsors would like to measure.
2. **Outcome evaluation.** Outcome evaluation gathers information about the effect of the training, both immediate and anticipated.
  - **Immediate.** Immediate outcomes include what training participants learned, what they felt, and what they experienced at the training. This can be explored by asking for training participants' feedback at the end of a NAWHO training (*simple evaluation*) or by actually "testing" what was learned by asking a set of questions at the beginning and at the end of the event and then comparing pre- and post-training scores (*advanced evaluation*).
  - **Anticipated.** Anticipated outcomes are actions that training participants say they are able to do as a result of a NAWHO training. Anticipated outcomes suggest how training participants plan to use the information and resources they gained from the training to enhance outreach or screening efforts for Asian American women in their own work environments.

# THE NAWHO TRAINING EVALUATION FORM

An evaluation form for a NAWHO training, for both a simple and advanced evaluation design, should include five basic components:

1. **Overall evaluation questions** (*process evaluation*) that measure training participants' overall experience and opinions of the NAWHO training (e.g., three words that describe the experience of the NAWHO training and a rating of overall training objectives).
2. **Questions regarding each component** (*outcome evaluation, immediate*) of the NAWHO training (i.e., each plenary, each workshop, each panel discussion, etc.).
3. **Questions on "next steps"** (*outcome evaluation, anticipated*) that training participants intend to take after and inspired by the NAWHO training.
4. **Questions on the organization of the NAWHO training** (*process evaluation*) including a variety of items such as location, logistics, agenda, and materials, and
5. **Background information** (*process evaluation*) about training participants' settings, roles in breast and cervical cancer screening, previous experiences, and future training needs.

The advanced evaluation should have two additional components:

1. **Pre-test.** At least 10 statements designed to measure characteristics of cultural competency as defined by NAWHO to which training participants will respond (strongly agree – strongly disagree) before the NAWHO training begins, and
2. **Post-test.** The same 10 statements designed to measure characteristics of cultural competency as defined by NAWHO to which training participants will respond (strongly agree – strongly disagree) after the NAWHO training, either as a separate activity on the training agenda, or incorporated into an overall training evaluation form.

Though NAWHO has developed sample evaluation forms for both the simple and advanced evaluation designs, training sponsors may add additional evaluation sections or questions to fit local program needs and interests, or to reflect ways they have adapted the NAWHO curriculum to fit local community or provider needs. Training sponsors can shorten or lengthen the evaluation form, depending on the evaluation design they select, the information needs of their organizations, the complexity of the training agenda, and other local factors.

Each of the basic and advanced components of an evaluation form for a NAWHO training listed above are described in detail below, and are modeled after the sample evaluation forms contained in the Samples section of this document.

## OVERALL EVALUATION QUESTIONS

An evaluation form for a NAWHO training should use two methods to assess training participants' overall experience and opinions of the NAWHO training. Using both methods provides training sponsors with training participants' own words as well as their numerical rating of the NAWHO training overall.

- **Three words** (*qualitative, or word-based data*). On the evaluation forms contained in the Samples section of this document, this question looks like:

Please list 3 words that describe your experience of today's training.

\_\_\_\_\_

An open-ended question such as this allows training participants to begin the evaluation by giving feedback from their own perspective. Their three words provide a multi-dimensional picture of the NAWHO training experience and can be analyzed for each individual or combined to give a sense of the overall group sentiment. Training sponsors will enjoy reading training participants' own words about the NAWHO training, and these words will give training sponsors new insight into the NAWHO training and its impact.

- **Overall objectives** (*quantitative, or number-based data*). Each NAWHO training will be organized around a core set of learning objectives corresponding to the minimum components of a NAWHO training. Training sponsors can explore how well these objectives were met by asking training participants to rate them on a simple five-point rating scale (e.g., 1 = not at all, 5 = much better; or 1 = poor, 5 = outstanding). On the evaluation forms contained in the Samples section of this document, these questions look like:

As a result of participating in this training, are you better able to:

	Not at all		Somewhat		Much better
Describe the needs of Asian American women and the barriers to screenings.	1	2	3	4	5
Identify effective communication strategies.	1	2	3	4	5
Use innovative methods for outreach and education.	1	2	3	4	5

The five-point scale provides a common rating system for all training participants and provides training sponsors with a numerical "snapshot" of how well training participants think the NAWHO training met its overall objectives. Inviting comments, and leaving room for them, will yield insight and details not expressed in the scale.

## QUESTIONS PER TRAINING COMPONENT

In addition to overall evaluation questions, each major activity on the NAWHO training agenda should be evaluated separately. This will provide training sponsors as well as guest speakers or panelists with useful information about the effectiveness of each individual training component. Training participants should be asked to rate any of the following that are included in the NAWHO training:

- Keynote presentations.
- Individual workshops or sessions, and
- Panel discussions.

For each agenda item, training participants should be asked to provide feedback on at least three specific aspects using a simple five-point rating scale:

1. Quality of the presentation.
2. Importance of the information, and
3. Relevance to the training participant's own work or setting.

The five-point rating scale for these items allows training sponsors to gain a better understanding of training participants' opinions and experiences with each training component. Inviting comments, and leaving room for them after each set of ratings will help training sponsors identify reasons for extreme scores, both favorable and not. The combination of numerical ratings and comments will produce invaluable feedback for planning future NAWHO trainings as well as to inform speakers about training participants' reactions to their contribution to the NAWHO training. On the evaluation forms contained in the Samples section of this document, these questions look like:

Please rate each training session using the scale below. Please feel free to include comments.					
	Poor 1	Fair 2	Good 3	Excellent 4	Superior 5
<b>What is Cultural Competency?</b>					
Quality of presentation	1	2	3	4	5
Importance of information	1	2	3	4	5
Relevance to my work	1	2	3	4	5
<i>Comments?</i>					
<i>Do Asian American Women Get Breast and Cervical Cancers?</i>					
Quality of presentation	1	2	3	4	5
Importance of information	1	2	3	4	5
Relevance to my work	1	2	3	4	5
<i>Comments?</i>					

## QUESTIONS ON “NEXT STEPS”

The knowledge and skills presented in a NAWHO training are designed to inspire and stimulate training participants to enhance their communication and outreach efforts with Asian American women in the breast and cervical cancer early detection screening environment. Training sponsors can assess the long-term impact of the NAWHO training toward this goal by asking training participants what they are now able to do after participating in a NAWHO training that they could not do before. Their responses will both confirm and reveal ways that health care providers may make use of the information, skills, and strategies presented by the NAWHO training in their own local communities. Asking each individual to answer this question at the end of the NAWHO training also helps training participants to make the link between their training experience and their daily work. On the evaluation forms contained in the Samples section of this document, this question looks like:

Please list 2 things you are now able to try – or do differently – as a result of today’s training.

1) \_\_\_\_\_

2) \_\_\_\_\_

A checklist is an alternative format to open-ended questions for measuring “next steps.” In a checklist, training participants are asked to check off, from a list created by training sponsors, those actions or activities they are now able to try as a result of attending the NAWHO Training (e.g., pass on the information to colleagues, revise recruitment materials, arrange an on-site training, listen differently in clinical encounters, etc.). However, training sponsors may not be able to imagine in advance all of the actions or activities that an effective NAWHO training will inspire. When using a checklist, training sponsors should include a category for “Other” and leave space for training participants to add their own new skills or strategies.

## QUESTIONS ON TRAINING ORGANIZATION

The evaluation of one NAWHO training can provide useful information for planning future NAWHO trainings or other large-scale professional or public education events. A simple five-point rating scale can be used to evaluate the key logistical aspects of the NAWHO training, such as the location and its facilities, food and beverages, organization of the day, handouts or other participant materials, networking opportunities, etc. On the evaluation forms contained in the Samples section of this document, these questions look like:

Please rate each aspect of today’s training using the scale below. Please feel free to include comments.

	Poor	Fair	Good	Excellent	Superior
Materials provided	1	2	3	4	5
Opportunities for networking	1	2	3	4	5
Organization of the day	1	2	3	4	5
Exhibits and Demonstrations	1	2	3	4	5
<i>Comments?</i>					

This section can be as basic or as detailed as training sponsors desire. It can be used to assess the success of a new planning or organizing strategy, such as a new location, or to check on how well standard arrangements worked for this particular training. Training

sponsors can use this information to “test” training logistics and to plan for innovations in future events.

## BACKGROUND INFORMATION

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The final set of questions on an evaluation form for a NAWHO training solicits background information on training participants. These questions explore training participants’ occupations, their roles in breast and cervical cancer screening programs, and the setting for their screening programs (i.e., public, private, or non-profit). This information will provide a profile of training participants as well as indicate potential associations between satisfaction with the training and participants’ background experiences. For example, the evaluation might indicate that clinicians responded enthusiastically to a particular agenda component that was not as well received by outreach workers or program administrators. Training sponsors may also want to assess training participants’ previous exposure to trainings on cultural competency in breast and cervical cancer screening or to trainings on Asian American women’s health. All of this background information can inform the interpretation of evaluation results, as well as provide important direction for future NAWHO trainings. On the evaluation forms contained in the Samples section of this document, these questions look like:

Please tell us a little about yourself.		
Occupation/Role in Breast & Cervical Cancer Screening: _____		
_____		
Place of work:		
<input type="checkbox"/> Screening site		
<input type="checkbox"/> Community program		
<input type="checkbox"/> State government		
<input type="checkbox"/> Other: _____		
Have you ever been to:		
A cultural competency training on breast and cervical cancer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A training on Asian-American women?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## PUTTING A SHORT FORM TOGETHER

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A sample short evaluation form is included in the Samples section of this document and is comprised of each of the components discussed above and organized to fit on both sides of a single sheet of paper. Training sponsors may use this form, reproducing its layout and style, or develop a new form. Some tips for developing an effective short evaluation form include:

- Begin drafting an evaluation form as soon as the agenda is being developed.
- Create a list of the most important characteristics about the content and structure of the NAWHO training. Include questions on the evaluation form about these details.
- Draft an evaluation form and test it on planning committee members. Revise the form based on feedback from planning committee members, and

- Provide extra photocopies on the day of the NAWHO training. It is far better to have forms left over than to run short at the event.

## THE PRE-AND POST-TEST

Training sponsors have the option of “testing” what training participants learn during the NAWHO training by administering a training evaluation form immediately before the training begins and immediately after the training. Use of a pre- and post-test and statistical comparison of training participants’ average ratings of each item before and after the NAWHO training enables an objective analysis of short-term improvements in knowledge and behavioral intentions resulting from participation in a NAWHO training. Items on a pre- and post-test should be drawn directly from the NAWHO curriculum’s key messages. On the pre- and post-tests contained in the Samples section of this document, these items look like:

Please respond to each of the sentences below (1 = completely disagree, 5 = completely agree):					
	Completely Disagree	Disagree	Neutral	Completely Agree	
Agree					
I know quite a bit about the Asian American population(s) in our area.	1	2	3	4	5
Rates of breast and cervical cancer are low among Asian American women overall.	1	2	3	4	5
I don't know how to reach Asian American patients effectively.	1	2	3	4	5

The pre-test and post-test contained in the Samples section of this document include 10 core statements drawn directly from NAWHO’s rigorous testing of the NAWHO training in its pilot stage. These 10 statements represent the core ideas of the NAWHO training based on its minimum components. No matter how training sponsors adapt the NAWHO training to meet local needs and involve local resources, experiencing a NAWHO training that includes the minimum components should result in some degree of change in training participants’ responses to these 10 statements. Training sponsors who choose the advanced evaluation using a pre- and post-test may want to add additional statements or questions based on the messages of the specific NAWHO training they have designed.

Each training participant should receive a set of one pre-test and one post-test at the beginning of the NAWHO training. Each set should be uniquely numbered for each training participant, meaning that the pre- and a post-test should both be marked with the same identification number, which is different for each participant. This will allow training sponsors to match pre- and post-test scores for training participants to best assess changes in responses to each statement. Training participants should complete and return the numbered pre-test prior to the start of the training. The post-test can either be incorporated into a short NAWHO training evaluation form administered at the end of the NAWHO training or it can be set apart as a separate evaluation. With either option, training participants should complete and submit the numbered post-test immediately after the NAWHO training.

## INCLUDING EVALUATION IN THE TRAINING

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Even the best (and shortest) evaluation form will not generate useful information if training participants do not complete it and return it to training sponsors. Training sponsors can use the following tips for encouraging participation in the evaluation:

- Include the evaluation form in the training packet.
- Mention the evaluation form and the importance of evaluation from the microphone at several points throughout the day.
- Encourage training participants to fill out the sections of the evaluation form at the end of each agenda item.
- Have extra copies of the evaluation form available.
- Provide convenient and confidential ways for training participants to turn in their completed evaluation forms (e.g., well marked boxes), and
- Offer incentives for completed forms, such as treats or promotional items.

If training sponsors use the pre- and post-test, time in the training agenda should be reserved for training participants to complete the forms. Though neither form is long, training sponsors will want to ensure that training participants with varying reading abilities have enough time to thoughtfully complete the forms.

## SAMPLES PROVIDED

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The following samples are included as references for Evaluation in the Samples section of this document.

- Sample Short Evaluation Form
- Sample Pre-Test
- Sample Post-Test

## ANALYZING DATA

An evaluation form for a NAWHO training, for both a simple and advanced evaluation design, should yield both qualitative (*word-based*) and quantitative (*number-based*) data:

- **Qualitative data.** Qualitative data, such as “three words” and comments are best analyzed by listing, sorting, and/or organizing the words that are offered.
- **Quantitative data.** Quantitative data, such as ratings, are tallied to determine the frequency, or number of times, that a specific rating is made. Other descriptive statistics can be easily calculated, such as percentages and means (average scores). The pre-and post-test scores in the advanced evaluation will need to be analyzed with a “t-test” to determine differences between means. This is a simple calculation that statisticians can perform with appropriate statistical software.

The short NAWHO training evaluation form was designed so that the data can be analyzed with a hand-held calculator. However, this format limits comparisons between groups of training participants (i.e., clinicians compared to outreach workers, those who have had cultural competency training before compared to those who had not). To generate inter-group comparisons, the data from the short form should be entered into a computerized database or statistical software package. Using a software program to tally responses, training sponsors can calculate statistics and generate comparisons between groups of training participants.

### ANALYZING THREE WORDS

To analyze “three words” and any other qualitative data, training sponsors should compile a list of responses exactly as training participants have provided them. Responses might be organized as displayed below, with each line representing the three words of a single training participant. This display helps training sponsors understand the range of experiences of each training participant.

Interesting Challenging Worth the time!	Informative Eye-opening Stimulating	Inspiring Exciting Informative
---	---	--------------------------------------

Responses can also be grouped by frequency, with the most frequently offered word(s) leading the list. When more than one training participant offered the word, the number can be indicated in parentheses.

Interesting (5) Eye-opening (2)	Informative (3) Exciting	Inspiring (3) Worth the time!	Challenging (3) Stimulating
------------------------------------	-----------------------------	----------------------------------	--------------------------------

Once responses have been removed from their original three-word format, they can be presented in any order (e.g., alphabetically, in order of most frequently mentioned,

randomly, poetically). The only obligation is to offer every word that appears on the evaluation forms.

---

## ANALYZING “COMMENTS”

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Comments that are offered either spontaneously or in response to the invitation to comment at the end of specific sections provide important insight into training participants' experience of the training. Training sponsors should record these comments as well when results are tallied.

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## ANALYZING SCALED ITEMS

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Scaled items can be analyzed by hand or on a computer. Simply tally the ratings (1 = poor, 5 = outstanding) and calculate the percentage of each rating for each question. An average score (or mean) for each item should also be generated.

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## ANALYZING MULTIPLE CHOICE OR CHECKLISTS

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To analyze multiple choice or checklist items, follow the same procedure as for scaled item (i.e., tally the responses and calculate the percentages for each). However, averages (or means) cannot be generated for this type of question.

---

## ANALYZING THE PRE-AND POST-TESTS

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The pre- and post-tests are designed to yield data that can be compared to determine (1) if there were differences in training participants' responses to the same statements before and after the NAWHO training, (2) the degree and direction of any differences, and (3) whether or not the differences found were due to chance or “statistically significant.” These determinations are done with the use of a statistical test called a “t-test,” which will analyze each pair of answers, calculate the difference for each pair, and then determine the average (or mean) difference and the degree of variation (standard deviation) among the responses. A statistical software package will also calculate the “p-value,” a number that determines how often the difference that is found might have happened naturally by chance.

Training sponsors can use these statistics to determine if any significant changes occurred after the NAWHO training, the degree and direction of the changes, and their statistical significance. Most training sponsors will need to work with a statistician who can produce and interpret these statistics using the appropriate statistical software.

## REPORTING THE DATA

Once data from the evaluation forms are tallied and the statistics (i.e., percentages and means, "t-tests," etc.) calculated, training sponsors should create an evaluation report to share the results of the NAWHO training with others, such as planning committee members, speakers and panelists, community members, and the staff of training sponsors' organizations. The format, length, and style of the report will vary depending on the intended audience:

- **Detailed.** A detailed report presents each evaluation question contained on the evaluation form with corresponding aggregated responses. These summary statistics can be presented on the NAWHO training evaluation form itself, providing rich detail for those who want to study individual sections of the NAWHO training (such as speakers and panelists) as well as an integrated look at the entire event (for training sponsors and planning committee members). A summary memo highlighting key findings (i.e., overall trends, highest scores, lowest scores) can accompany a detailed report.
- **Summary.** A summary reports presents only the highlights of the evaluation findings and draws the reader's attention to the most important results. Supporting tables, either in the text or attached, can accompany a summary report for additional detail. Summary reports are most appropriate for presentation to the public, such as community members or other health care providers.

Despite the format, length, and style, each evaluation report should include:

1. A description of training participants, with information gathered from the evaluation.
2. A list of the key findings from the evaluation.
3. A discussion of the factors that may have contributed to the results, and
4. Recommendations based on the results.

### Samples Provided

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The following sample is included as a reference for Evaluation in the Samples section of this document.

- Sample Evaluation Report

# SAMPLES

This section provides sample documents to aid training sponsors in planning, implementing, and evaluating a NAWHO training. Samples are grouped according to the Program Instructions section of the NAWHO replication package.

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## GATHERING KEY PLAYERS

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- Sample Call to Action Flyer
- Sample Planning Committee Invitation Letter
- Sample Planning Committee Confirmation Letter
- Sample Planning Committee Meeting Agenda

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## ASSESSING COMMUNITY NEEDS

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- Sample Community Needs Assessment

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## ASSESSING PROVIDER NEEDS

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- Sample Provider Needs Assessment

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## COSTS AND COST REDUCTION

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- Sample At-Cost Budget
- Sample Reduced-Cost Budget

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## DEVELOPING THE AGENDA

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- Sample Agenda 1: Stand-alone training (full day)
- Sample Agenda 2: Incorporated into a broad training on cultural competency (full day)
- Sample Agenda 3: Incorporated into a larger conference on breast and cervical cancers (half day)

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## PRE-TRAINING LOGISTICS

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- Sample Exhibit Solicitation Letter

## DESIGNING A PROMOTION PLAN

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- Sample Press Release
- Sample Save the Date Flyer
- Sample Training Brochure
- Sample Training Participant Invitation Letter
- Sample Registration Form

## TRAINING PARTICIPANT RELATIONS

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- Sample Training Participant Confirmation Letter

## SPEAKER RELATIONS

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- Sample Speaker Confirmation Letter
- Sample Information Request Form
- Sample Speaker Biography

## TRAINING PARTICIPANT MATERIALS

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- Sample Packaging Formats for Training Participant Materials

## ON-SITE LOGISTICS

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- Sample Floor Plan 1: Large space or large audience
- Sample Floor Plan 2: Small space or small audience

## FOLLOW-UP

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- Sample Training Participant “Thank You” Letter
- Sample Speaker “Thank You” Letter
- Sample Planning Committee “Thank You” Letter

## EVALUATION

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- Sample Short Evaluation Form
- Sample Pre-Test
- Sample Post-Test

- Sample Evaluation Report

# SAMPLES

## GATHERING KEY PLAYERS

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- Sample Call to Action Flyer
- Sample Planning Committee Invitation Letter
- Sample Planning Committee Confirmation Letter
- Sample Planning Committee Meeting Agenda

# SAMPLE PLANNING COMMITTEE INVITATION LETTER

August 1, 2000

Ms. Tam Nguyen  
Director  
San Francisco Vietnamese Community Center  
5000 Main Street  
San Francisco, CA 94000

Dear Ms. Nguyen:

The <training sponsor> is planning to conduct a cultural competency training for breast and cervical cancer screening service providers to Asian American women. We would like to invite you to contribute to this important event as a member of a diverse planning committee to plan and execute the most successful training possible.

As you may know, Asian American women have among the lowest screening rates for breast and cervical cancers of all racial and ethnic groups in the country, yet the incidence rates for these diseases for many Asian ethnicities are fast approaching the rates of other American women. Unfortunately, Asian American women face a number of barriers that prevent them from adequately accessing the critical preventive care services necessary to ensure their health.

In <state>, where the Asian populations are large and growing, this disparity between need and response signals an alarming failure in health care provision. The <training sponsor> hopes that a training that increases providers' responsiveness to the needs of Asian American women will help address this urgent concern.

The training will be based on *Communicating Across Boundaries: A Cultural Competency Training on Breast and Cervical Cancers in Asian American Women*, which is a curriculum developed by the National Asian Women's Health Organization (NAWHO), a leader in the field of Asian American women's health. We are sure that the training will have a far-reaching impact on breast and cervical cancer screening providers and, thereby, the screening rates and overall health of the Asian American women they serve.

We know that you and your organization have been active in combating health problems in Asian American communities, and we would welcome and appreciate your involvement in the planning and implementation of this ambitious project. This will include providing input in one or many areas of training development, including needs-assessments, program planning, promotion, logistics, and evaluation.

The <training sponsor> hopes you share our commitment to eliminating health disparities for Asian women and families, and we look forward to your participation in implementing our cultural competency training. I will be contacting you next week to discuss your involvement further. If you have any questions in the meantime, please do not hesitate to contact me at <phone number>. Thank you for your time.

Sincerely,

Denise Kim  
Program Manager

# SAMPLE PLANNING COMMITTEE CONFIRMATION LETTER

August 1, 2000

Ms. Tam Nguyen  
Director  
San Francisco Vietnamese Community Center  
5000 Main Street  
San Francisco, CA 94000

Dear Ms. Nguyen:

The <training sponsor> is pleased to confirm your involvement on a planning committee for our cultural competency training for breast and cervical cancer screening providers to Asian American women.

As you may know, Asian American women have among the lowest screening rates for breast and cervical cancers of all racial and ethnic groups in the country, yet the incidence rates for these diseases for many Asian ethnicities are fast approaching the rates of other American women. Unfortunately, Asian American women face a number of barriers that prevent them from adequately accessing the critical preventive care services necessary to ensure their health.

In <state>, where the Asian populations are large and growing, this disparity between need and response signals an alarming failure in health care provision. The <training sponsor> hopes that a training that increases providers' responsiveness to the needs of Asian American women will help address this urgent concern.

The training will be based on *Communicating Across Boundaries: A Cultural Competency Training on Breast and Cervical Cancers in Asian American Women*, which is a curriculum developed by the National Asian Women's Health Organization (NAWHO), a leader in the field of Asian American women's health. We are sure that the training will have a far-reaching impact on breast and cervical cancer screening providers and, thereby, the screening rates and overall health of the Asian American women they serve.

The first meeting of the planning committee will be on <date> at <time> in the <location>. At this meeting, we will discuss preliminary goals, strategies, and planning areas, including needs -assessments, program planning, promotion, logistics, and evaluation.

We greatly appreciate your commitment and your willingness to volunteer your time and expertise on this project. The training we are planning will play a critical role in eliminating health disparities for Asian women and families, and your efforts will help ensure its success. If you have any questions, please do not hesitate to contact me at <phone number>. Thank you for your time.

Sincerely,

Denise Kim  
Program Manager

# SAMPLE PLANNING COMMITTEE MEETING AGENDA

The following agenda provides an example of a preliminary planning committee meeting. While the key issues are discussed during this meeting, training sponsors may choose to spend more or less time on each section as needed, or as time allows.

- 10:00 a.m. Welcome and Introductions**  
Training sponsor
- 10:15 a.m. Program Description, Goals, and Objectives**
- What is the need?
  - How can the need be met?
  - What is NAWHO?
- Training sponsor
- 10:30 a.m. Overview of the NAWHO Training**
- The NAWHO curriculum
  - Minimum training components
- Training sponsor
- 11:15 a.m. Planning**
- Needs assessment
  - Target audience
- Training sponsor
- 12:00 p.m. Working Lunch – Planning (con't)**
- Training timeline
  - Training resources (e.g., staff and budget)
  - Training location
- Training sponsor
- 1:30 p.m. Development**
- Preliminary agenda
  - Potential speakers
  - Elements of the NAWHO curriculum
- Training sponsor
- 2:15 p.m. Roles and Responsibilities**
- Event logistics (food, materials, location)
  - Promotion
  - Recruitment/Participant relations
  - Speaker relations
  - Evaluation
- Training sponsor
- 2:45 p.m. Closing and Next Steps**
- Ongoing communication and meetings
  - Final comments
- Training sponsor
- 3:00 p.m. Adjourn**

# SAMPLES

## ASSESSING COMMUNITY NEEDS

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- Sample Community Needs Assessment

# SAMPLE COMMUNITY NEEDS ASSESSMENT

*Communicating Across Boundaries:*  
 A Cultural Competency Training on Breast and Cervical Cancers in Asian American Women  
 Community Needs Assessment

Please take a moment to answer the following questions. Your answers will help improve health services for Asian American women. Thank you in advance for your help.

1. *What is your ethnicity? (optional)*

- |                                 |                                   |                                   |
|---------------------------------|-----------------------------------|-----------------------------------|
| <input type="radio"/> Cambodian | <input type="radio"/> Japanese    | <input type="radio"/> Thai        |
| <input type="radio"/> Chinese   | <input type="radio"/> Korean      | <input type="radio"/> Vietnamese  |
| <input type="radio"/> Filipino  | <input type="radio"/> Laotian     | <input type="radio"/> Other _____ |
| <input type="radio"/> Hmong     | <input type="radio"/> South Asian |                                   |

2. *What is your age? (optional)* \_\_\_\_\_

3. *Have you received the following screening tests in the last two years?*

	Yes	No	Unsure/Do Not Know
Mammography	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical Breast Exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pap Test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. *How much do you know about the following? (Please circle your answer.)*

	Nothing		Some information		A lot
Breast Cancer	1	2	3	4	5
Mammography	1	2	3	4	5
Clinical Breast Exam	1	2	3	4	5
Cervical Cancer	1	2	3	4	5
Pap Test	1	2	3	4	5
Breast and Cervical Cancer Screening Recommendations	1	2	3	4	5

5. *Where do you usually get your health information? (Check all that apply.)*

- |   |                                   |
|---|-----------------------------------|
| <input type="radio"/> Doctor                  | <input type="radio"/> Books       |
| <input type="radio"/> Outreach worker         | <input type="radio"/> Magazines   |
| <input type="radio"/> Hospital                | <input type="radio"/> Brochures   |
| <input type="radio"/> Community health clinic | <input type="radio"/> Television  |
| <input type="radio"/> Community center        | <input type="radio"/> Radio       |
| <input type="radio"/> Church/religious center | <input type="radio"/> Newspapers  |
| <input type="radio"/> Family                  | <input type="radio"/> Other _____ |
| <input type="radio"/> Friends                 | <input type="radio"/> None        |
| <input type="radio"/> School                  |                                   |

6. From your above choices, please rank the top 3 sources of health information.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

7. Where would you like to receive more health information?

8. Do you think you are likely to seek the following screenings within the next six months? (Please circle your answer.)

	Not at all Likely		Somewhat Likely		Extremely Likely	Unsure
Mammography	1	2	3	4	5	o
Clinical Breast Exam	1	2	3	4	5	o
Pap Test	1	2	3	4	5	o

9. Which of the following may prevent you from seeking a screening? (Check all that apply.)

- High cost
- Transportation
- Lack of childcare
- Time constraints
- Language problems
- Discomfort
- Distrust of American medicine
- Lack of familiarity with the health care system
- Lack of knowledge about screening needs
- Lack of concern about breast and cervical cancers
- Lack of control over cancer outcomes
- Other \_\_\_\_\_
- None

10. From your above choices, please rank the top 3 factors.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

11. What would make you more likely to seek a screening?

12. What could an outreach worker or health care provider do that would make you more likely to seek a screening?

**Thank you for your assistance in completing this questionnaire!**

# SAMPLES

## ASSESSING PROVIDER NEEDS

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- Sample Provider Needs Assessment

# SAMPLE PROVIDER NEEDS ASSESSMENT

*Communicating Across Boundaries:*  
 A Cultural Competency Training on Breast and Cervical Cancers in Asian American Women  
 Provider Needs Assessment

Please take a moment to complete the following questions. Your answers will help improve health services for Asian American women. Thank you in advance for your assistance.

1. *What Asian American ethnic groups do you most frequently encounter in your work? (Mark all that apply.)*

- |                                    |                                      |                                      |
|------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Japanese    | <input type="checkbox"/> Thai        |
| <input type="checkbox"/> Chinese   | <input type="checkbox"/> Korean      | <input type="checkbox"/> Vietnamese  |
| <input type="checkbox"/> Filipino  | <input type="checkbox"/> Laotian     | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hmong     | <input type="checkbox"/> South Asian |                                      |

2. *What type of services do you personally offer?*

- |   |                                   |                                      |
|---|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Outreach/Education | <input type="checkbox"/> Clinical | <input type="checkbox"/> Other _____ |
|---|-----------------------------------|--------------------------------------|

3. *Do you or your organization currently engage in efforts to reach Asian American women for breast and/or cervical cancer screening?*

- |                              |                             |                                 |                              |
|------------------------------|-----------------------------|---------------------------------|------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure | <input type="checkbox"/> N/A |
|------------------------------|-----------------------------|---------------------------------|------------------------------|

*If yes, please provide a brief description:*

4. *How would you rate yourself on the following dimensions? (Please circle your answer.)*

	Not at all		Somewhat		Extremely
Knowledgeable about the challenges surrounding breast and cervical cancers for Asian American women	1	2	3	4	5
Aware of the barriers Asian American women might face in seeking early detection services	1	2	3	4	5
Skillful in communicating effectively with Asian American women	1	2	3	4	5
Familiar with appropriately-tailored outreach strategies for reaching Asian American women	1	2	3	4	5
Knowledgeable of model education, outreach, and screening programs that effectively serve Asian American women	1	2	3	4	5

5. *What challenges do you experience in providing breast and cervical cancer screening services to Asian American women?*

6. *What information, skills, resources, or assistance would you need to provide more culturally competent services to Asian American women?*

7. *Have you ever been to:*

A cultural competency training on breast and cervical cancers  Yes  No

A training on Asian American women  Yes  No

8. *Would you attend a cultural competency training on providing breast and cervical cancer screening services to Asian American women?*

Yes  No

*If yes, do you have a preference for a training day? (Mark as many as apply.)*

	Impossible	Possible	Preferred
▪ Monday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
▪ Tuesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
▪ Wednesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
▪ Thursday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
▪ Friday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
▪ Saturday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
▪ Sunday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Do you have a preference for a training time frame?*

	Impossible	Possible	Preferred
▪ Morning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
▪ Afternoon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
▪ Evening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*What is the maximum length of time you could devote to a training?*

- 0-2 hours
- 2-4 hours
- 4-6 hours
- 6-8 hours

*Would you be able to attend a training at the following locations?*

	Impossible	Possible	Preferred
▪ Metro area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
▪ Surrounding towns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
▪ Separate part of the state	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Thank you for your assistance in completing this questionnaire!**

# SAMPLES

## COSTS AND COST REDUCTION

- Sample At-Cost Budget
- Sample Reduced-Cost Budget

## SAMPLE AT-COST BUDGET

This is an actual final budget for a NAWHO training. It represents costs for a 5-hour event with an audience of approximately 150 people. The agenda included a keynote speaker and a panel discussion. The budget presented here reflects little cost reduction efforts.

<b>1.</b>	<b>General Communication</b>		<b>\$ 300.00</b>
	Telephone, Faxing, Electronic Mail & Monthly Meetings with Planning Committee		
	<b>6 months x \$50.00 per month</b>	<b>= \$300.00</b>	
<b>2.</b>	<b>Supplies</b>		<b>\$ 300.00</b>
	Event supplies include: binders for training sponsors' materials; overhead transparencies; name tags for training participants, speakers, and planning committee members; blank video-tapes for videography; folders for participant materials; and pens, pencils, and notepads for participant registration.		
<b>3.</b>	<b>Space and Equipment</b>		<b>\$ 500.00</b>
	Event Space/Tables/Chairs		
	1 conference hall x 5 hours x \$25.00 per hour	= \$125.00	
	Overhead Projector		
	1 overhead projector x \$75.00 per day	= \$75.00	
	Video-Taping		
	1 video-taping/editing session x \$300.00 per session	= \$300.00	
<b>4.</b>	<b>Photocopying or Printing</b>		<b>\$ 4,296.00</b>
	Event Brochure Printing		
	1 brochure x 3,000 copies x \$0.10 per brochure	= \$300.00	
	Registration Form Photocopying		
	1 registration form x 3,000 copies x \$0.04 per form	= \$120.00	
	Confirmation Letter Photocopying		
	1 letter x 150 training participants/staff/speakers x \$0.04 per copy	= \$6.00	
	Training Packet Printing and Assembly		
	1 packet x 150 training participants/staff/speakers x \$25.00 per packet	= \$3,750.00	
	Follow-Up Packet Photocopying		
	1 packet x 150 training participants/staff/speakers x \$0.80 per packet	= \$120.00	

5.	Postage		<u>\$ 805.00</u>
	Event Brochure & Registration Form		
	1 brochure/registration form x 2,000 copies x \$0.32 mail rate	= \$640.00	
	Confirmation Letter		
	1 letter x 150 training participants/staff/speakers x \$0.32 mail rate	= \$48.00	
	Follow-Up Packet		
	1 packet x 150 training participants/staff/speakers x \$0.78 per packet	= \$117.00	
6.	Event Food		<u>\$ 2,010.00</u>
	Working Breakfast and Lunch		
	1 buffet x 150 training participants x \$14.00 per person	= \$1,850.00	
	Coffee		
	coffee and accompaniments x 130 training participants	= \$160.00	
7.	Honoraria		<u>\$ 650.00</u>
	Keynote Speaker		
	1 honorarium x 1 keynote speaker x \$250.00	= \$250.00	
	Model Programs Panelists		
	1 honorarium x 4 Panelists x \$100.00 per speaker	= \$400.00	
	<b>Total</b>		<b>\$ 9,041.00</b>
	<b>Total (per training participant)</b>		<b>\$ 60.30</b>

## SAMPLE REDUCED-COST BUDGET

This is a revised budget for the same NAWHO training presented in the Sample At-Cost Budget, but with significant cost reduction measures.

**1. General Communication** **\$ 150.00**

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Telephone, Faxing, Electronic Mail & Monthly Conference Calls with Planning Committee

**6 months x \$25.00 per month = \$150.00**

*Cost Reduction:* Monthly face-to-face meetings replaced with conference calls. Telephone calling and faxing replaced as appropriate with e-mail communication.

**2. Supplies** **\$150.00**

---

Event supplies include: name tags for training participants, speakers, and planning committee members, and folders for participant materials.

*Cost Reduction:* Speakers provided their own supplies and overhead transparencies. Videography eliminated from event activities. Pens and pencils donated by a local HMO.

**3. Space and Equipment** **\$ 0.00**

---

Event Space/Tables/Chairs

1 conference hall x 5 hours x \$0.00 per hour = \$0.00

Overhead Projector/Microphones

1 overhead projector x \$0.00 per day = \$0.00

*Cost Reduction:* Free health department conference room chosen as training location. Equipment provided free of charge by health department. Videography deferred.

**4. Photocopying or Printing** **\$ 1,806.00**

---

Event Brochure/Registration Form

1 brochure/registration form x 3,000 copies x \$.06 per brochure = \$180.00

Training Packet Photocopying

1 packet x 150 training participants/staff/speakers x \$10.00 per packet = \$1,500.00

Follow-Up Packet Photocopying

1 packet x 150 training participants/staff/speakers x \$0.80 per packet = \$120.00

*Cost Reduction:* Combination event brochure and registration form designed and printed by health department printing services; all other materials photocopied in-house. Planning committee members assembled training packets themselves. Confirmation letters were replaced by one faxed copy.

5. Postage \$ 497.00

Event Brochure/Registration Form  
1 brochure/registration form x 2,000 copies x \$0.19 bulk mail rate = \$380.00

Follow-Up Packet  
1 packet x 150 training participants/staff/speakers x \$0.78 per packet = \$117.00

*Cost Reduction:* Combination event brochure and registration form distributed via bulk rate mailing. Confirmation letter faxed to training participants rather than mailed.

6. Event Food \$ 1,850.00

Continental Breakfast with Coffee/Working Lunch  
1 buffet x 150 training participants x \$14.00 per person = \$1,850.00

*Cost Reduction:* Caterer selected to provide coffee, breakfast, and working lunch.

7. Honoraria \$ 300.00

Keynote Speaker  
1 donation x 1 keynote speaker x \$100.00 = \$100.00

Model Programs Panelists  
1 donation x 4 Panelists x \$50.00 per speaker = \$200.00

*Cost Reduction:* Donation to a local charity to benefit Asian American women provided in place of a lump-sum honorarium.

<b>Total</b>	<b>\$ 4,753.00</b>
<b>Total (per training participant)</b>	<b>\$ 31.70</b>
<b>Savings (per training participant)</b>	<b>\$ 28.60</b>

# SAMPLES

## DEVELOPING THE AGENDA

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- Sample Agenda 1: Stand-alone training (full day)
- Sample Agenda 2: Incorporated into a broad training on cultural competency (full day)
- Sample Agenda 3: Incorporated into a larger conference on breast and cervical cancers (half day)

# SAMPLE AGENDA 1

The following agenda, based on a training implemented in New York City, New York, is designed to be a full-day, stand-alone training targeted toward providers of all types, including direct medical service providers, health educators and outreach workers, and program administrators and evaluators. The agenda is intended to provide an in-depth look at breast and cervical cancers in Asian American women and can accommodate a flexible audience size. Lunch is scheduled.

<b>8:00 – 9:00</b>	<b>Registration</b>
<b>9:00 – 9:45</b>	<b>Welcome &amp; Introductory Remarks (Unit I)</b> Training sponsor
<b>9:45 – 11:00</b>	<b>Do API Women Get Cancer? API Women and Breast and Cervical Cancer? (Unit II)</b> Guest speaker
<b>11:00 – 11:15</b>	<b>Break</b>
<b>11:15 – 12:15</b>	<b>Beliefs and Barriers (Unit III)</b> Guest speaker
<b>12:15 – 1:15</b>	<b>Lunch</b>
<b>1:15 – 2:45</b>	<b>Beliefs and Barriers Panel Discussion (Unit III)</b> Guest speakers
<b>2:45 – 3:00</b>	<b>Break</b>
<b>3:00 – 4:30</b>	<b>Communication Strategies (Unit IV)</b> Guest speaker <i>Role-play exercise included</i>
<b>4:30 – 4:45</b>	<b>Closing and Evaluation</b> Training sponsor

## SAMPLE AGENDA 2

The following agenda, based on a training implemented in Morton, Minnesota, is designed to be a full-day, broad-based cultural competency training for providers of all types. This training applies lessons from the NAWHO curriculum to different ethnic communities in addition to Asian American women, highlighting the flexibility of the NAWHO training model. Breakfast and lunch are scheduled.

<b>7:30 – 8:30</b>	<b>Breakfast/Registration</b>
<b>8:30 – 8:45</b>	<b>Welcome &amp; Introductory Remarks</b> Training sponsor
<b>8:45 – 9:30</b>	<b>Keynote: Through the Eyes of Others – The Role Culture Plays in Health (Unit I and Unit III)</b> Guest speaker
<b>9:30 – 10:30</b>	<b>Do Asian American Women get Breast and Cervical Cancer? Exploring the Myths (Unit II)</b> Guest speaker
<b>10:30 – 10:45</b>	<b>Break</b>
<b>10:45 – 11:45</b> IV)	<b>Communication Strategies for Reaching Asian American Women (Unit IV)</b>  Guest speaker <i>Role-play exercise included</i>
<b>11:45 – 12:30</b>	<b>Lunch</b>
<b>12:30 – 1:30</b>	<b>Latina Women</b> Guest speaker
<b>1:30 – 2:30</b>	<b>Native American Women</b> Guest speaker
<b>2:30 – 2:45</b>	<b>Break</b>
<b>2:45 – 3:45</b>	<b>Somali Women</b> Guest speaker
<b>3:45 – 4:15</b>	<b>Speakers Panel – Open Forum</b> Guest speaker
<b>4:15 – 4:30</b>	<b>Wrap-up and Evaluation</b> Training sponsor

## SAMPLE AGENDA 3

The following agenda, based on a training implemented in San Diego, California, is designed to be a half-day training starting off a three-day statewide conference on breast and cervical cancers. The agenda is designed to address a strong need to be trained on breast and cervical cancers in Asian American women, while accommodating the time constraints of the full conference. The agenda starts after lunch and includes one break.

### DAY 1: NAWHO Training

- |  |   |
|--|---|
| <b>1:00</b>  | <b>Introduction and Welcome</b><br>Training sponsor   |
| <b>1:15</b>  | <b>What is Cultural Competency? (Unit I)</b><br>Guest speaker   |
| <b>National Perspective (Unit II)</b><br>Guest speaker   |   |
| <b>Beliefs and Barriers (Unit III)</b><br>Guest speaker<br><i>Case study exercise included</i> |   |
| <b>2:30</b>  | <b>Break</b>  |
| <b>2:50</b>  | <b>Outreach Panel (Unit V)</b><br>Guest speakers  |
| <b>4:05</b>  | <b>Future Strategies Planning (Conclusion)</b><br>Training sponsor<br><i>Cultural Competency Action Plan included</i> |
| <b>4:40</b>  | <b>Closure and Evaluation</b><br>Training sponsor   |

**DAY 2: Statewide conference on breast and cervical cancers**

**DAY 3: Statewide conference on breast and cervical cancers**

# SAMPLES

## PRE-TRAINING LOGISTICS

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- Sample Exhibit Solicitation Letter

## SAMPLE EXHIBIT SOLICITATION LETTER

August 1, 2000

Ms. Tam Nguyen  
Director  
San Francisco Vietnamese Community Center  
5000 Main Street  
San Francisco, CA 94000

Dear Ms. Nguyen:

The <training sponsor> will be holding a cultural competency training for breast and cervical cancer providers to Asian American women on <date>. At the training, there will be an exhibit room for various health care and community organizations to display information about their programs. We would like to invite you to add your organization to the growing number of groups that have already reserved their places.

As you may know, Asian American women have among the lowest screening rates for breast and cervical cancers of all racial and ethnic groups in the country, yet the incidence rates for these diseases for many Asian ethnicities are fast approaching the rates of other American women. Unfortunately, Asian American women face a number of barriers that prevent them from adequately accessing the critical preventive care services necessary to ensure their health. The <training sponsor> hopes that a training that increases providers' responsiveness to the needs of Asian American women will help address this urgent concern.

The training will be based on *Communicating Across Boundaries: A Cultural Competency Training on Breast and Cervical Cancers in Asian American Women*, which is a curriculum developed by the National Asian Women's Health Organization (NAWHO), a leader in the field of Asian American women's health. We are sure that the training will have a far-reaching impact on breast and cervical cancer screening providers and, thereby, the screening rates and overall health of the Asian American women they serve.

We know that you and your organization have been active in combating health problems in Asian American communities, and we are pleased to offer this opportunity for your organization to share its work with others in the field. The training will be held at <location>, from <start time> to <end time>, and we are expecting over <number> training participants to attend.

There is no cost for displaying an exhibit, but we must have a commitment in advance. Please contact me at <phone number> if you would like to reserve exhibit space or if you have any further questions about the training. Thank you for your time.

Sincerely,

Denise Kim  
Program Manager

# SAMPLES

## DESIGNING A PROMOTION PLAN

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- Sample Press Release
- Sample Save the Date Flyer
- Sample Training Brochure
- Sample Training Participant Invitation Letter
- Sample Registration Form

## SAMPLE PRESS RELEASE

FOR IMMEDIATE RELEASE

For More Information Contact:  
Denise Kim, Program Manager 415.989.9747  
<Name of Local Event Spokesperson, Phone #>

### **ASIAN AMERICAN WOMEN IN < STATE > ARE NOT GETTING SCREENED FOR BREAST AND CERVICAL CANCERS.**

The <training sponsor> to hold a training for health care providers on ways to reach Asian American women for cancer services.

<City, State, Date> – The <training sponsor>, in collaboration with <organizations on the planning committee>, is sponsoring a first-of-its-kind training event for health care providers on <date of training>. Entitled *Communicating Across Boundaries* <title of training>, this training will teach <state> health care providers how to better reach Asian American women for life-saving cancer screenings. The goal of the training is to improve the cultural competency of health care providers, thereby, increasing the screening rates of Asian American women in <state>. The training will be held in <city> at <location of training>.

Featuring expert trainers from local communities, the event will cover topics such as “Do Asian American Women Get Cancer?,” “Health Belief Systems and Barriers to Screening,” and “Culturally Competent Communication and Outreach Strategies” <title of agenda items>. These and other topics in the training will be addressed using interactive presentations and skills-building exercises. The training will also showcase local innovations in education, outreach, and service-delivery to Asian American communities. By attending the training, participants will gain valuable information, skills, and strategies for improved service to Asian American women.

“This training could not have come at a more critical time,” says Denise Kim <training sponsor and/or spokesperson>. “Asian American women currently have among the lowest rates for breast and cervical cancer screening in the country. Without early detection, a woman’s chances for surviving cancer dramatically decrease. Here in <state> we are committed to preventing this trend for Asian American women.”

<Insert one-to-two sentences here about the state’s screening efforts> In <state>, over three-quarters of the state’s eligible women have received screenings for breast and cervical cancers since the state’s screening program began in 1991. However, less than two percent of these women are Asian American.

Low screening rates for Asian American women are due in part to the fact that many people wrongly believe Asian American women are not at real risk for breast or cervical cancers, according to the National Asian Women's Health Organization (NAWHO) who pioneered the training program nationwide. By hosting this training in <state> NAWHO hopes to dispel this misperception. “Seeing NAWHO’s training program being

implemented in <state> is critical to the success of our efforts to reach underserved Asian American women with important health information,” says Mary Chung, MBA, President of NAWHO.

With funding from the Centers for Disease Control and Prevention, NAWHO has already reached hundreds of health care providers across the country. NAWHO was founded in 1993 to eliminate health disparities for Asian women and families.

*Communicating Across Boundaries* <title of training> is free and open to the public, but space is limited. For more information about this training or to receive a registration form, please contact Denise Kim <name and phone number of registration coordinator>.

###

# SAMPLE TRAINING PARTICIPANT INVITATION LETTER

August 1, 2000

Ms. Tam Nguyen  
Director  
San Francisco Vietnamese Community Center  
5000 Main Street  
San Francisco, CA 94000

Dear Ms. Nguyen:

On behalf of <training sponsor>, I would like to extend an invitation to you to attend *Communicating Across Boundaries* <title of training>, a cultural competency training for breast and cervical cancer screening service providers to Asian American women on <date and time of training> at <place of training>.

As you may know, Asian American women have among the lowest screening rates for breast and cervical cancers of all racial and ethnic groups in the country, yet the incidence rates for these diseases for many Asian ethnicities are fast approaching the rates of other American women. Unfortunately, Asian American women face a number of barriers that prevent them from adequately accessing the critical preventive care services necessary to ensure their health.

In <state>, where the Asian populations are large and growing, this disparity between need and response signals an alarming failure in health care provision. The <training sponsor> hopes that a training that increases providers' responsiveness to the needs of Asian American women will help address this urgent concern.

The training will be based on *Communicating Across Boundaries: A Cultural Competency Training on Breast and Cervical Cancers in Asian American Women*, which is a curriculum developed by the National Asian Women's Health Organization (NAWHO), a leader in the field of Asian American women's health. It will feature expert trainers from <state's> local communities, covering topics such as "Do Asian American Women Get Cancer?," "Health Belief Systems and Barriers to Screening," and "Culturally Competent Communication and Outreach Strategies" <titles of agenda items>. The training will also showcase local innovations in education, outreach, and service-delivery to Asian American communities.

By attending the training, you will gain valuable information, skills, and strategies for improved service to Asian American women. You will also have the opportunity to network with health care providers from all sectors who share a common mission to eliminate health disparities for Asian women and families in <state>. Your participation will help ensure that this training has a far-reaching impact on breast and cervical cancer screening providers and, thereby, the screening rates and overall health of the Asian American women they serve.

Included with this letter is a brochure detailing the events of the training including a training agenda and registration form. We encourage you to return the registration form as soon as possible as space is limited for this exciting and important event. If you have any questions about *Communicating Across Boundaries* <title of training>, please do not hesitate to contact <name and phone number of registration coordinator>. We look forward to seeing you!

Sincerely,

Denise Kim  
Program Manager

# SAMPLES

## TRAINING PARTICIPANT RELATIONS

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- Sample Training Participant Confirmation Letter

# SAMPLE TRAINING PARTICIPANT CONFIRMATION LETTER

August 1, 2000

Ms. Tam Nguyen  
Director  
San Francisco Vietnamese Community Center  
5000 Main Street  
San Francisco, CA 94000

Dear Ms. Nguyen:

On behalf of <training sponsor>, I would like to thank you for your interest in *Communicating Across Boundaries* <title of training>, a cultural competency training for breast and cervical cancer screening service providers to Asian American women.

This letter is to confirm the receipt of your registration for this first-of-its kind training event and to review important logistical information in preparation for your attendance.

<Title of training> will take place:

<Time of training>  
<Place of training>  
<City, State>

A continental breakfast and working lunch <training amenities> will be provided as well as a comprehensive packet of training materials. For your review, a copy of the training agenda is enclosed with this letter.

As you may know, Asian American women have among the lowest screening rates for breast and cervical cancers of all racial and ethnic groups in the country, yet the incidence rates for these diseases for many Asian ethnicities are fast approaching the rates of other American women. In <state>, this disparity between need and response signals an alarming failure in health care provision.

The <training sponsor> is sure that this training, based on a curriculum developed by the National Asian Women's Health Organization (NAWHO), will have a far-reaching impact on breast and cervical cancer screening providers and, thereby, the screening rates and overall health of the Asian American women they serve.

If you have any questions about <title of training> or wish to change your registration status, please do not hesitate to contact <name and phone number of registration coordinator>. We look forward to seeing you on <date of training>!

Sincerely,

Denise Kim  
Program Manager

# SAMPLES

## SPEAKER RELATIONS

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- Sample Speaker Confirmation Letter
- Sample Information Request Form
- Sample Speaker Biography

# SAMPLE SPEAKER CONFIRMATION LETTER

August 1, 2000

Ms. Tam Nguyen  
Director  
San Francisco Vietnamese Community Center  
5000 Main Street  
San Francisco, CA 94000

Dear Ms. Nguyen:

On behalf of <training sponsor>, I would like to thank you for your interest in *Communicating Across Boundaries* <title of training>, a cultural competency training for breast and cervical cancer screening service providers to Asian American women. Your presentation, "<presentation name>," will contribute to an exciting and successful training event.

As you may know, Asian American women have among the lowest screening rates for breast and cervical cancers of all racial and ethnic groups in the country, yet the incidence rates for these diseases for many Asian ethnicities are fast approaching the rates of other American women. Unfortunately, Asian American women face a number of barriers that prevent them from adequately accessing the critical preventive care services necessary to ensure their health. The <training sponsor> hopes that a training that increases providers' responsiveness to the needs of Asian American women will help address this urgent concern.

The training will be based on a curriculum of the same name, *Communicating Across Boundaries: A Cultural Competency Training on Breast and Cervical Cancers in Asian American Women*, which was developed by the National Asian Women's Health Organization (NAWHO), a leader in the field of Asian American women's health. Your presentation will complement the curriculum sections to provide a cohesive picture of the challenges in providing care to Asian American women, as well as the strategies we can use to overcome them. We are sure that the training will have a far-reaching impact on breast and cervical cancer screening providers and, thereby, the screening rates and overall health of the Asian American women they serve.

The following provides the details of your presentation:

<Date of training>  
<Place of training>  
<City, State>

An agenda is also enclosed for your review. Finally, we are including an information request form, which we ask you to complete and return to us by <date>. If you have any questions or comments, please feel free to contact me at <phone number>. Thank you for your time.

Sincerely,

Denise Kim  
Program Manager

# SAMPLE INFORMATION REQUEST FORM

*Communicating Across Boundaries:*  
A Cultural Competency Training on Breast and Cervical Cancers in Asian American Women  
Information Request Form

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Name

---

Title

---

Organization

---

Phone

Fax

E-mail

1. *Please indicate your audio-visual needs.*

- LCD projector
- Overhead projector
- Slide projector
- TV/VCR
- Writing easel
- Other \_\_\_\_\_

2. *Please indicate your transportation and accommodations needs:*

- Air travel
- Ground transportation
- Hotel accommodations

3. *Please provide a brief biography.*

4. *Please list materials you would like us to include with the participant materials, and provide original copies of each item with this form.*

5. *Please return this form and accompanying items no later than <date> to:*

<training sponsor>  
<Address, City, State, Zip, Fax Number>

## SAMPLE SPEAKER BIOGRAPHY

**Ms. Denise Kim** is the Program Manager for NAWHO's Asian American Women's Breast and Cervical Cancer Program. In this role, Ms. Kim develops and coordinates partnership-building efforts with the Program's national partners as well as special Program events such as local community education sessions in Asian American communities and NAWHO's upcoming train-the-trainer institute. Ms. Kim also serves as the Program's researcher, collecting and analyzing breast and cervical cancer data. Ms. Kim's other program areas at NAWHO include male reproductive health and youth leadership development. Her work with youth in California has recently lead to Ms. Kim's appointment on the Youth Advisory Board for the Women's Institute for Leadership Developed (WILD). Prior to joining NAWHO, Ms. Kim worked at the Eating Disorders Unit at Massachusetts General Hospital where she researched the effects of ethnicity on access to care and eating disorder diagnosis. Ms. Kim has also worked for the Planned Parenthood League of Massachusetts and the Teaching and Learning Center at Harvard University. Ms. Kim graduated from Harvard University with a degree in Psychology in June 1998.

# SAMPLES

## TRAINING PARTICIPANT MATERIALS

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- Sample Packaging Formats for Training Participant Materials

# SAMPLE PACKAGING FORMATS FOR TRAINING PARTICIPANT MATERIALS

## FORMAT 1: FOLDER AND BINDER

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### **Folder** (*Resources and Event Materials*):

#### *Left Side (Resources):*

- o Training sponsor description
- o Training sponsor brochure
- o Training sponsor newsletter
- o Training sponsor publication order form
- o NAWHO National Plan of Action
- o Other additional resources

#### *Right Side (Event Materials)*

- o Agenda
- o Planning committee roster
- o Speakers' biographies
- o Participant list
- o Evaluation Form

### **Binder** (*Presentation Materials*):

#### *1. Introduction Section*

- o Title Page
- o Acknowledgements
- o Preface
- o Table of contents

#### *2. Selected Unit(s) (Section per Unit)*

- o Unit Goals/Objectives
- o Unit handouts
- o Unit exercises

#### *3. Speaker Presentation(s)*

- o Presentation Goals/Objectives
- o Presentation handouts
- o Presentation exercises

#### *4. Conclusion*

- o Overview of training
- o Action Plan
- o Bibliography
- o Reading lists

## FORMAT 2: SINGLE FOLDER

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### **Folder:**

#### *Left Side (Resources):*

- o Training sponsor description
- o Training sponsor brochure
- o Training sponsor newsletter
- o Training sponsor publication order form
- o NAWHO National Plan of Action
- o Other additional resources

#### *Right Side (Event and Presentation Materials)*

- o Agenda
- o Planning committee roster
- o Speakers' biographies
- o Participant list
- o Briefing book or outline of presentations, including for each agenda item:
  - Goals/Objectives
  - Handouts
  - Exercises
- o Bibliography
- o Reading lists
- o Evaluation Form

## FORMAT 3: SINGLE BINDER OR BOUND VOLUME

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### **Binder or Bound Volume:**

#### *1. Introduction Section*

- o Title Page
- o Acknowledgements
- o Preface
- o Table of contents

#### *2. Event Support*

- o Agenda
- o Planning committee roster
- o Speakers' biographies

#### *3. Selected Unit(s) (Section per Unit)*

- o Unit Goals/Objectives
- o Unit handouts
- o Unit exercises

#### *4. Speaker Presentation(s)*

- o Presentation Goals/Objectives
- o Presentation handouts
- o Presentation exercises

#### *5. Conclusion*

- o Overview of training
- o Action plan

#### *6. Resources*

- o NAWHO National Plan of Action
- o Supplemental articles
- o Fact sheets
- o Other additional resources

#### *7. Appendices*

- o Participant list
- o Training sponsor descriptions
- o Training sponsor brochures
- o Training sponsor newsletters
- o Training sponsor publications order form
- o Evaluation Form



# SAMPLES

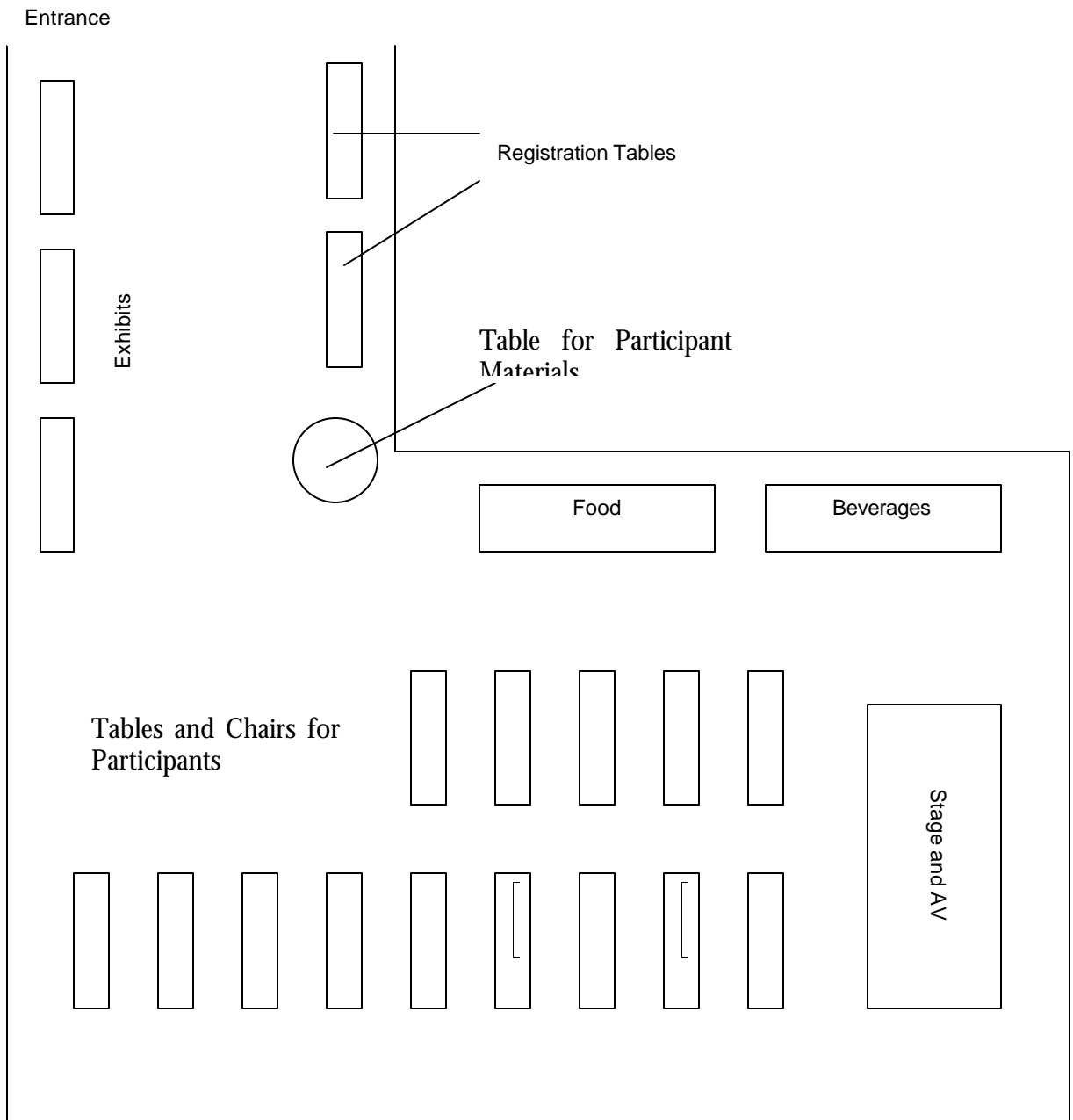
## ON-SITE LOGISTICS

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- Sample Floor Plan 1: Large space or large audience
- Sample Floor Plan 2: Small space or small audience

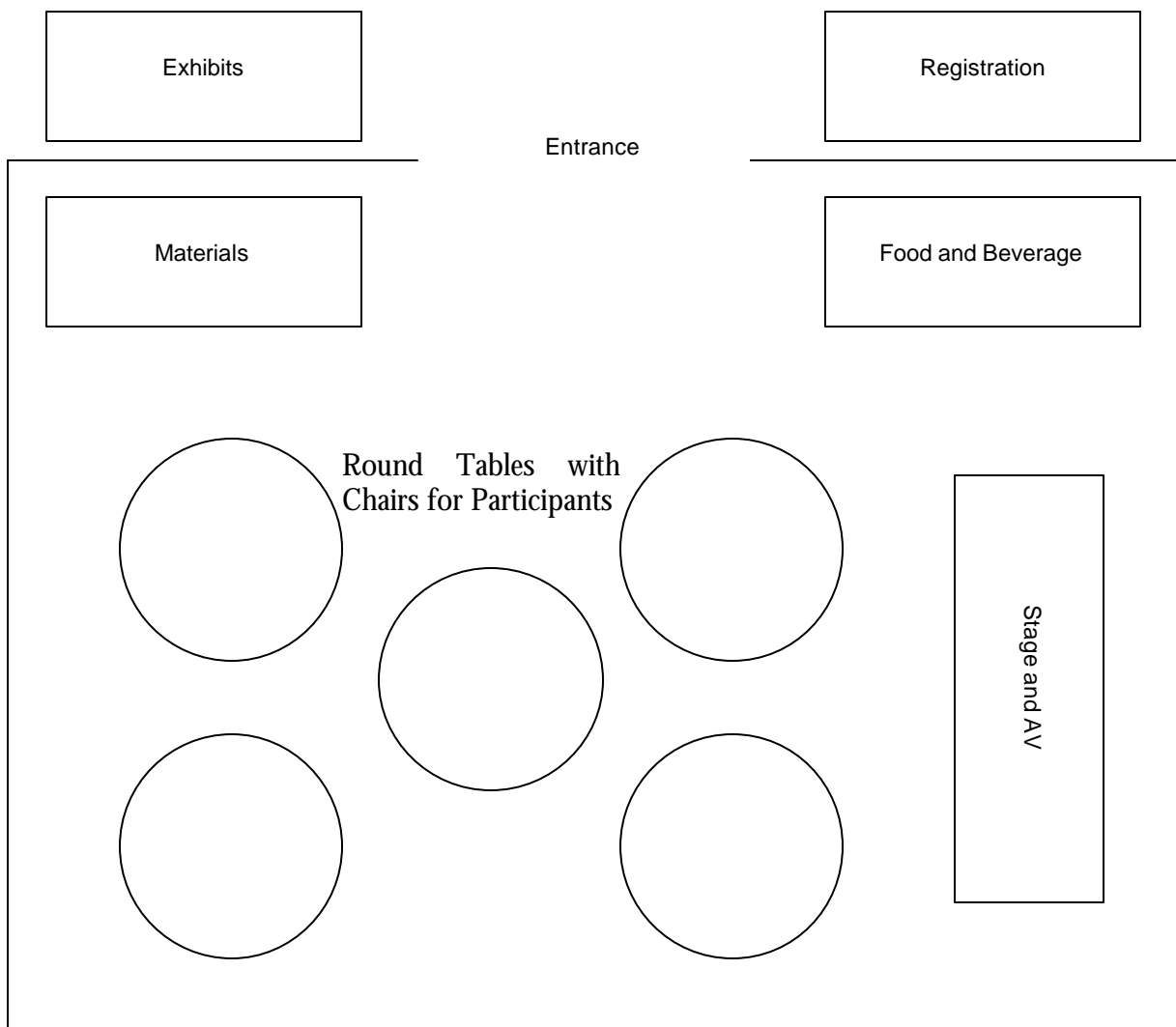
# SAMPLE FLOOR PLAN 1: LARGE SPACE OR LARGE AUDIENCE

The following is a sample layout for a large training space and/or large training audience as well as for a training agenda with little inter-group activity or breakout sessions.



## SAMPLE FLOOR PLAN 2: SMALL SPACE OR SMALL AUDIENCE

The following is a sample layout for a small training space and/or small training audience as well as for a training agenda with extensive inter-group activity or breakout sessions.





# SAMPLES

## FOLLOW-UP

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- Sample Training Participant "Thank You" Letter
- Sample Speaker "Thank You" Letter
- Sample Planning Committee "Thank You" Letter

# SAMPLE TRAINING PARTICIPANT "THANK YOU" LETTER

August 1, 2000

Ms. Tam Nguyen  
Director  
San Francisco Vietnamese Community Center  
500 Main Street  
San Francisco, CA 94000

Dear Ms. Nguyen:

On behalf of <training sponsor>, I would like to thank you for attending *Communicating Across Boundaries* <title of training>, a cultural competency training for breast and cervical cancer providers to Asian American women in <location> on <date>.

Over <number of training participants> health care providers from all sectors attended the <half-day, day-long, etc.> training, gaining important information about the complexities of the breast and cervical cancer burden for Asian American women as well as culturally competent skills for communication and outreach to Asian American communities. Your participation greatly contributed to the success of this training, and we applaud your dedication to addressing the challenge of breast and cervical cancers and their early detection for Asian American women in <state>. It is our hope that, through this training, a far-reaching impact in the quality of cancer care to Asian American women has begun.

To further this effort, an updated participant list of training attendees is included with this letter. We encourage you to use this information as a tool for networking with health care providers in your area and to continue the discussions – and the solutions – put forth at the training.

*(Include only if an interactive session on future directions was presented in the training agenda).* Also included with this are the concluding materials from our discussion of future directions. As you can see, health care providers in <state> have already taken steps to improve their breast and cervical cancer services to Asian American women. With the forward thinking exhibited at the training, we are sure to make strides in reaching this emerging priority population.

Thank you, again, for your participation and for your commitment to eliminating health disparities for Asian women and families in <state>. If you have any further questions or comments about the training, please feel free to contact me at <phone number>.

Sincerely,

Denise Kim  
Program Manager

## SAMPLE SPEAKER "THANK YOU" LETTER

August 1, 2000

Ms. Tam Nguyen  
Director  
San Francisco Vietnamese Community Center  
5000 Main Street  
San Francisco, CA 94000

Dear Ms. Nguyen:

On behalf of <training sponsor>, I would like to thank you for speaking at *Communicating Across Boundaries* <title of training> in <location> on <date>.

Your presentation contributed to a successful training, and we applaud your dedication to addressing the challenge of breast and cervical cancers in Asian American women in <state>. With over <number> people in attendance learning about multiple facets of the breast and cervical cancer burden for Asian American women, as well as about considerations in providing and receiving health care services for these diseases, it is our hope that we have created a far-reaching impact in the quality of care provided to Asian American women.

I have included your speaking honorarium with this letter. If you have any further questions or concerns, please feel free to contact me at <phone number>.

Sincerely,

Denise Kim  
Program Manager

## SAMPLE PLANNING COMMITTEE “THANK YOU” LETTER

August 1, 2000

Ms. Tam Nguyen  
Director  
San Francisco Vietnamese Community Center  
500 Main Street  
San Francisco, CA 94000

Dear Ms. Nguyen:

On behalf of <training sponsor>, I would like to thank you for your dedicated efforts in successfully implementing our training *Communicating Across Boundaries* <title of training> on <date> at <location>.

The training was a great success, and we appreciate the planning and organizing that made it possible, as well as your dedication to addressing the challenge of breast and cervical cancers in Asian American women in <state>. Over <number of training participants> health care providers from all sectors attended the <half-day, day-long, etc.> training, gaining important information about the complexities of the breast and cervical cancer burden for Asian American women as well as culturally competent skills for communication and outreach to Asian American communities. It is our hope that, through this training, a far-reaching impact in the quality of cancer care to Asian American women has begun.

To further this effort, an updated participant list of training attendees is included with this letter. We encourage you to use this information as a tool for networking with health care providers in your area and to continue the discussions – and the solutions – put forth at the training.

*(Include only if an interactive session on future directions was presented in the training agenda).* Also included with this are the concluding materials from our discussion of future directions. Thanks to your efforts, health care providers in <state> have already taken steps to improve their breast and cervical cancer services to Asian American women. With the forward thinking exhibited at the training, we are sure to make strides in reaching this emerging priority population.

Thank you, again, for your hard work and for your commitment to eliminating health disparities for Asian women and families in <state>. If you have any further questions or comments about the training, please feel free to contact me at <phone number>.

Sincerely,

Denise Kim  
Program Manager

# SAMPLES

## EVALUATION

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- Sample Short Evaluation Form
- Sample Pre-Test
- Sample Post-Test
- Sample Evaluation Report

# SAMPLE SHORT EVALUATION FORM

*Communicating Across Boundaries:*  
 A Cultural Competency Training on Breast and Cervical Cancers in Asian American Women  
 Evaluation Form

**In General**

Please list 3 words that describe your experience of today's training.

\_\_\_\_\_

**The Training Overall**

Please rate the training overall using the scale below. Please feel free to include comments.

	Poor	Fair	Good	Excellent	Superior
Overall quality of event	1	2	3	4	5
Importance of information	1	2	3	4	5
Relevance to your work	1	2	3	4	5
Expertise of speakers	1	2	3	4	5
Materials provided	1	2	3	4	5
Opportunities for networking	1	2	3	4	5
Organization of the day	1	2	3	4	5
Facilities and Food	1	2	3	4	5
Exhibits and Demonstrations	1	2	3	4	5
<i>Comments?</i>					

**The Training Sessions**

Please rate each training session using the scale below. Please feel free to include comments.

	Poor 1	Fair 2	Good 3	Excellent 4	Superior 5
<i>What is Cultural Competency?</i>					
Quality of presentation	1	2	3	4	5
Importance of information	1	2	3	4	5
Relevance to my work	1	2	3	4	5
<i>Comments?</i>					

	Poor 1	Fair 2	Good 3	Excellent 4	Superior 5
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*Do Asian American Women Get Breast and Cervical Cancers?*

Quality of presentation	1	2	3	4	5
Importance of information	1	2	3	4	5
Relevance to my work	1	2	3	4	5

*Comments?*

***Beliefs and Barriers***

Quality of presentation	1	2	3	4	5
Importance of information	1	2	3	4	5
Relevance to my work	1	2	3	4	5

*Comments?*

*Communication and/or Outreach Strategies*

Quality of presentation	1	2	3	4	5
Importance of information	1	2	3	4	5
Relevance to my work	1	2	3	4	5

*Comments?*

***Panel Discussion***

Quality of presentation	1	2	3	4	5
Importance of information	1	2	3	4	5
Relevance to my work	1	2	3	4	5

*Comments?*

**Next Steps**

4. Please list 2 things you are now able to try – or do differently – as a result of today's training.

a) \_\_\_\_\_

b) \_\_\_\_\_

**Overall Objectives**

5. As a result of participating in this training, are you better able to:

	Not at all		Somewhat		Much better
Describe the needs of Asian American women and the barriers to screenings.	1	2	3	4	5
Identify effective communication strategies.	1	2	3	4	5
Use innovative methods for outreach and education.	1	2	3	4	5

**Background Information**

6. Please tell us a little about yourself:

Occupation/Role in Breast & Cervical Cancer Screening: \_\_\_\_\_

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Place of work:

- Screening site
- Community program
- State government
- Other: \_\_\_\_\_

Have you ever been to:

A cultural competency training on breast and cervical cancers?     Yes                     No

A training on Asian American women?     Yes                     No

**Thank you for your feedback!**

**Please return your completed survey to the training sponsors before you leave.**

# SAMPLE PRE-TEST

*Communicating Across Boundaries:*  
 A Cultural Competency Training on Breast and Cervical Cancers in Asian American Women  
 Pre-Test



Please take a few minutes to fill out this pre-test before today's event begins. Your responses will greatly help us to further develop this training, so we thank you in advance!

The statements on this survey are designed to assess a variety of attitudes, beliefs, and interests that you may or may not hold. Next to each statement, please circle the number that most closely represents your agreement or disagreement with the statement. A "1" means you completely disagree with the statement; a "5" means you completely agree.

Work as quickly as you can without skipping any statements. Be sure to circle a number for each statement.

Again, thank you!

	Completely Disagree	Disagree	Neutral	Agree	Completely Agree
1. I know quite a bit about the Asian American population(s) in our area.	1	2	3	4	5
2. Rates of breast and cervical cancer are low among Asian American women overall.	1	2	3	4	5
3. I have a hard time understanding why the breast and cervical cancer screening rates for Asian American women are so low.	1	2	3	4	5
4. I don't know what else we could do to make our outreach efforts more effective in reaching Asian American women.	1	2	3	4	5
5. I don't know how to reach Asian American patients effectively.	1	2	3	4	5
6. I understand the non-verbal communication methods Asian American women may use during a medical appointment.	1	2	3	4	5
7. I know of some specific things I can try that will enhance my ability to communicate with Asian American women regarding breast and cervical cancers.	1	2	3	4	5
8. I know how to reach people in our local community who can help with our outreach and screening efforts.	1	2	3	4	5

	Completely Disagree	Disagree	Neutral	Agree	Completely Agree
9. Without an interpreter, I don't know how to act with an Asian American client who doesn't speak much English.	1	2	3	4	5
10. I can moderate my personal style to effectively communicate with Asian American women.	1	2	3	4	5

**Thank you for completing this pre-test!**

**Please return your completed survey to the training sponsors before the event begins.**

# SAMPLE POST-TEST

*Communicating Across Boundaries:*  
 A Cultural Competency Training on Breast and Cervical Cancers in Asian American Women  
 Post-Test



Please take a few minutes to fill out this post-test *after* today's event. Your responses will greatly help us to further develop this training, so we thank you in advance!

**In General**

1. Please list 3 words that describe your experience of today's training:

\_\_\_\_\_

The statements on this survey are designed to assess a variety of attitudes, beliefs, and interests that you may or may not hold. Next to each statement, please circle the number that most closely represents your agreement or disagreement with the statement. A "1" means you completely disagree with the statement; a "5" means you completely agree.

Work as quickly as you can without skipping any statements. Be sure to circle a number for each statement.

	Completely Disagree	Disagree	Neutral	Agree	Completely Agree
2. I know quite a bit about the Asian American population(s) in our area.	1	2	3	4	5
3. Rates of breast and cervical cancer are low among Asian American women overall.	1	2	3	4	5
4. I have a hard time understanding why the breast and cervical cancer screening rates for Asian American women are so low.	1	2	3	4	5
5. I don't know what else we could do to make our outreach efforts more effective in reaching Asian American women.	1	2	3	4	5
6. I don't know how to reach Asian American patients effectively.	1	2	3	4	5
7. I understand the non-verbal communication methods Asian American women may use during a medical appointment.	1	2	3	4	5

	Completely Disagree	Disagree	Neutral	Agree	Completely Agree
8. I know of some specific things I can try that will enhance my ability to communicate with Asian American women regarding breast and cervical cancers.	1	2	3	4	5
9. I know how to reach people in our local community who can help with our outreach and screening efforts.	1	2	3	4	5
10. Without an interpreter, I don't know how to act with an Asian American client who doesn't speak much English.	1	2	3	4	5
11. I can moderate my personal style to effectively communicate with Asian American women.	1	2	3	4	5

## The Training Sessions

12. Please rate each training session using the scale below. Please feel free to include comments.

	Poor 1	Fair 2	Good 3	Excellent 4	Superior 5
<i>What is Cultural Competency?</i>					
Quality of presentation	1	2	3	4	5
Importance of information	1	2	3	4	5
Relevance to my work	1	2	3	4	5
<i>Comments?</i>					

### *Do Asian Women Get Breast and Cervical Cancers?*

Quality of presentation	1	2	3	4	5
Importance of information	1	2	3	4	5
Relevance to my work	1	2	3	4	5
<i>Comments?</i>					

### *Beliefs and Barriers*

Quality of presentation	1	2	3	4	5
Importance of information	1	2	3	4	5
Relevance to my work	1	2	3	4	5
<i>Comments?</i>					

	Poor 1	Fair 2	Good 3	Excellent 4	Superior 5
<i>Communication and/or Outreach Strategies</i>					
Quality of presentation	1	2	3	4	5
Importance of information	1	2	3	4	5
Relevance to my work	1	2	3	4	5
<i>Comments?</i>					

***Panel Discussion***

Quality of presentation	1	2	3	4	5
Importance of information	1	2	3	4	5
Relevance to my work	1	2	3	4	5
<i>Comments?</i>					

**Next Steps**

13. Please list 2 things you are now able to try – or do differently – as a result of today’s training.

a) \_\_\_\_\_

b) \_\_\_\_\_

**The Training Overall**

14. Please rate the training overall using the scale below. Please feel free to include comments.

	Poor	Fair	Good	Excellent	Superior
Overall quality of event	1	2	3	4	5
Importance of information	1	2	3	4	5
Relevance to your work	1	2	3	4	5
Expertise of speakers	1	2	3	4	5
Materials provided	1	2	3	4	5
Opportunities for networking	1	2	3	4	5
Organization of the day	1	2	3	4	5
Facilities and Food	1	2	3	4	5
Exhibits and Demonstrations	1	2	3	4	5
<i>Comments?</i>					

**Background Information**

15. Please tell us a little about yourself:

Occupation/Role in Breast & Cervical Cancer Screening: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Place of work:

- Screening site
- Community program
- State government
- Other: \_\_\_\_\_

Have you ever been to:

A cultural competency training on breast and cervical cancers?     Yes                       No

A training on Asian American women?                                       Yes                       No

**Thank you for completing this post-test!**

**Please return your completed survey to the training organizers before the event begins.**

# SAMPLE EVALUATION REPORT

## *Communicating Across Boundaries:*

### A Cultural Competency Training on Breast and Cervical Cancers in Asian American Women Evaluation Report

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#### **Summary of Results**

Overall, the 30 training participants gave the training very high ratings.

- Although 70% had been to a previous cultural competency training, and 50% had been to a cultural competency training on breast and cervical cancers, only 2 respondents had been to previous training specific to Asian American women.
- All respondents offered extremely positive words to describe their experiences of the training, with "informative" (16), "interesting" (8), "educational" (6), and "fun" (5) mentioned most frequently.
- The **organization and logistics** of the training, the range of topics, the manual, the speakers, and the interaction between training participants were all given the highest possible ratings (excellent – outstanding by all evaluation respondents).
- The following sections were given **the highest ratings** on quality of presentation and importance of information (excellent – outstanding by over 90% of all evaluation respondents):
  - The impact of immigration on breast and cervical cancer statistics.
  - Myths about breast and cervical cancers in Asian American women.
  - Barriers to outreach, education, and screening, and
  - Effective strategies to overcome barriers.
- Slightly lower ratings on quality and importance were given for "relevance to my setting or community."
- The sections on breast and cervical cancer statistics and Asian/Pacific Islander demographics were rated slightly lower on all three dimensions: quality of presentation, importance of information, and relevance to my community or setting (excellent – outstanding ratings by 68-78% of respondents).
- Training participants said that the most important things they learned from the training related to:
  - The demographics and diversity of Asian/Pacific Islanders.
  - Cultural differences and experiences.
  - Barriers and strategies to overcome them, and
  - The importance of communication.
- Training participants said that as a result of the training they will be able to:
  - Communicate better with Asian American patients and communities.
  - Try new outreach strategies, and
  - Pass on the new information at their worksites and screening programs.

- In addition to positive comments about the overall process and specific presentations, training participants particularly liked:
  - The information provided.
  - The resources, and
  - The opportunities for networking and interaction.

### **Key Lessons Learned**

- Mailing takes longer than we thought – allow 3 full weeks for promotional materials to reach the desks of rural providers.
- The end of December in a millennial year is a tough time for a training. April or October might be better months.
- Training participants love handouts. Make double sets of everything, as many want to take a set back to circulate at their sites!

### **2 Priority Things to Follow Up On This Training Right Away**

- Write an article for the next issue of the *Network Newsletter* describing the training. The article could include photos, a summary of key points, and reactions from training participants. This would be a great way to spread the word!
- Add a section on Asian American women's health to our Health Education Library. Training participants were so interested in the sections on Asian culture and the history of Asian immigration that we should make some additional material available in our regional library and then publicize what we have added. NAWHO and our speakers can probably help with some specific recommendations.

### **2 Priority Things to Start Working On**

- Can we break out ethnicity on our data collection forms to better track the specific Asian American cultures we are serving (or not)? Perhaps a task force could look into this – our unit would be happy to take the lead on such an effort!
- Build organizational networking into the job descriptions of site outreach coordinators. Our approach has been too individually focused. Building in an expectation of organizational outreach – and providing support on how to do it – may make a big difference in our screening outreach.