



Nuestras Voces... Our Voices

National Hispanic Network to Reduce Tobacco-Related and Cancer Health Disparities

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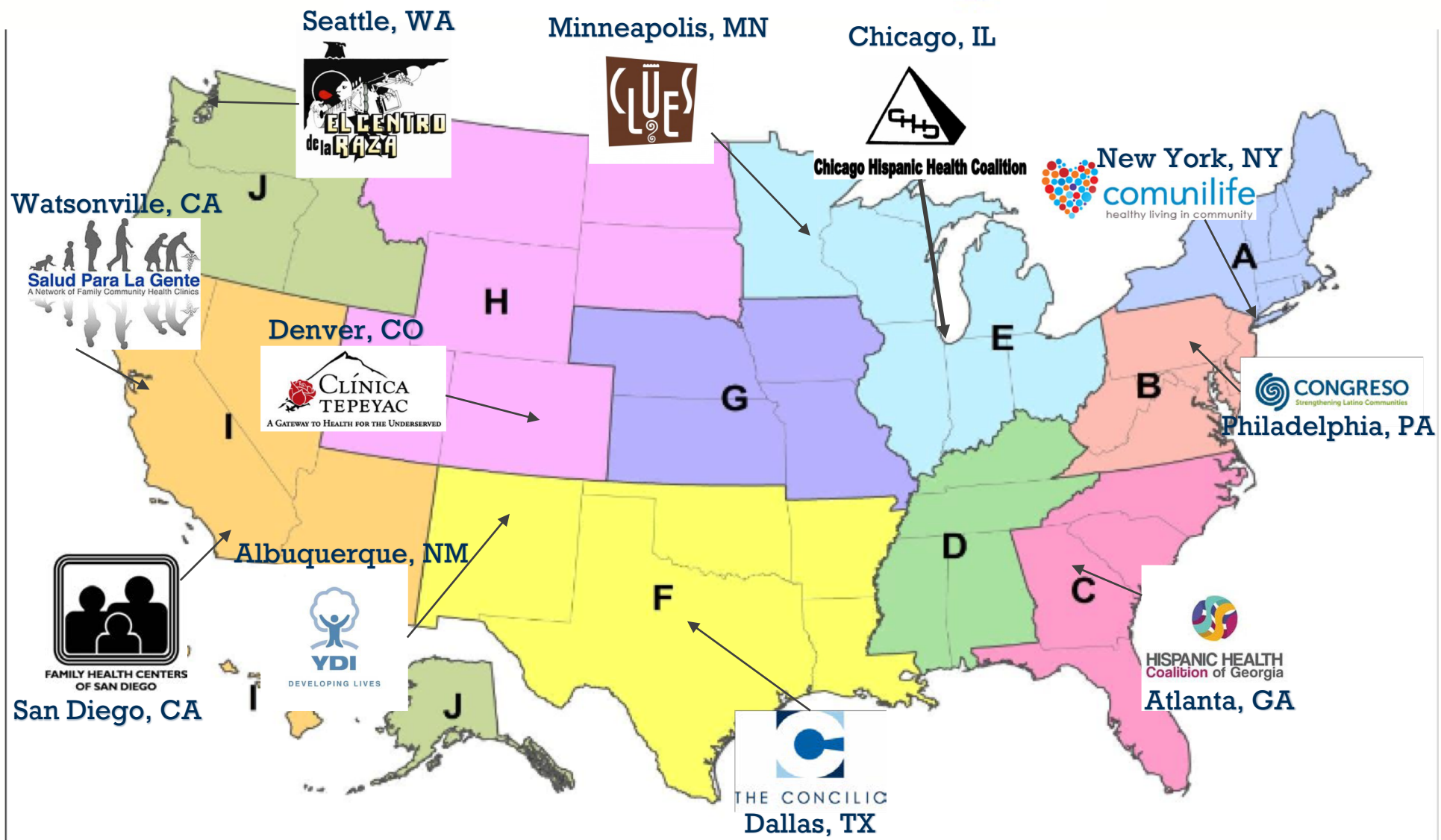


Network Overview

***Nuestras Voces* works to build Hispanic community infrastructure, as well as increase partnerships with regional and national tobacco and cancer control networks and other stakeholders, to:**

- **Decrease exposure to second-hand tobacco smoke,**
- **Increase smoking cessation,**
- **Increase cancer prevention, and;**
- **Improve quality of life for those living with cancer.**

Nuestras Voces Subnetwork Lead Agencies



AMIGAS: An Effective Cervical Cancer Screening Intervention for Hispanic Women

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**Nuestras Voces National Webinar
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Division of Cancer Prevention and Control

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Ayudando a las Mujeres con Información, Guía, y Amor para su Salud (Helping Women with Information, Guidance, and Love for their Health)

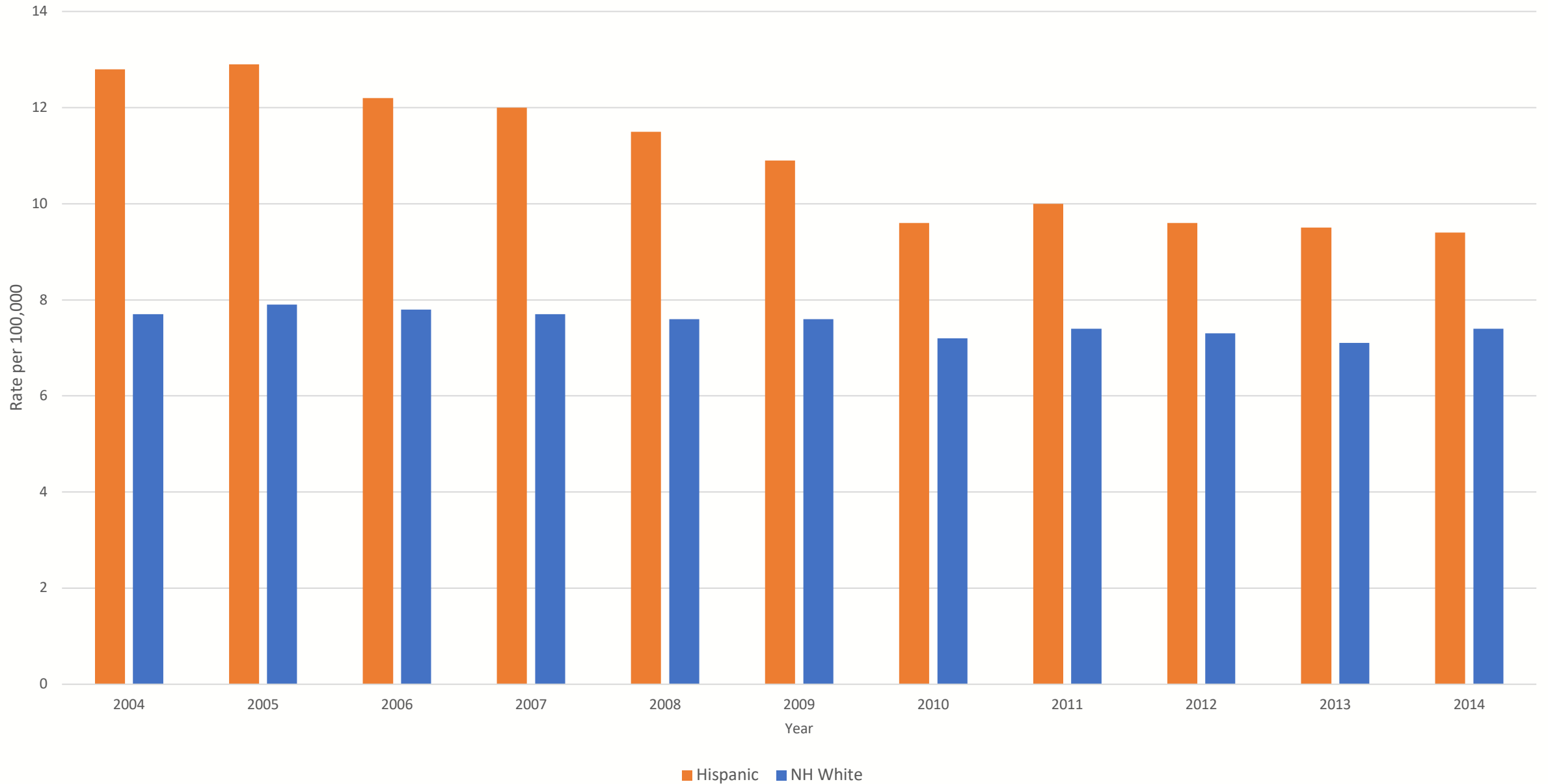
- ❑ Theoretically- and evidence-based intervention co-created and funded by CDC to promote cervical cancer screening among Hispanic women.
- ❑ Intended for delivery by trained *promotoras* (community health workers).
- ❑ Designed for use in under-resourced locations and communities.
- ❑ Developed in conjunction with the community, using plain language principles.

Background

- ❑ Latinas consistently have higher cervical cancer incidence and mortality rates than non-Hispanic white women.
- ❑ Barriers to cervical cancer screening include lower levels of knowledge, limited access to healthcare, and cultural attitudes.
- ❑ Few theoretical, randomized community health worker interventions.
- ❑ Few studies examining magnitude of effect in real-world settings, relative effectiveness of intervention components, or cost.



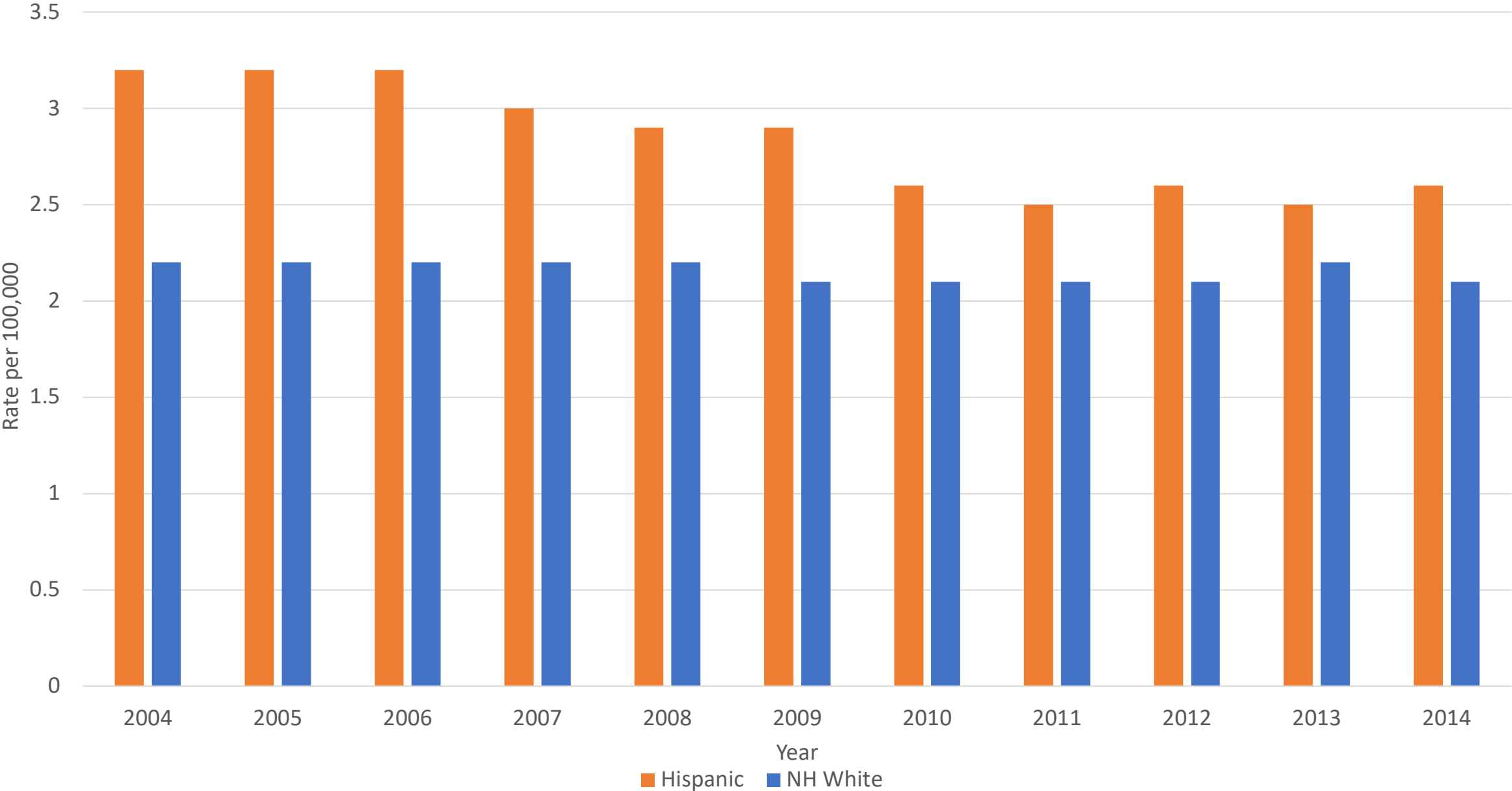
Cervical Cancer Incidence, Hispanic and Non-Hispanic White Women, 2004-2014



Available at: <http://www.cdc.gov/uscs>.

NOTE: Hispanic origin is not mutually exclusive from race categories (white, black, Asian/Pacific Islander, American Indian/Alaska Native).

Cervical Cancer Mortality, Hispanic and Non-Hispanic White Women, 2004-2014



Available at: <http://www.cdc.gov/uscs>.

NOTE: Hispanic origin is not mutually exclusive from race categories (white, black, Asian/Pacific Islander, American Indian/Alaska Native).

Healthy People 2020 Cervical Cancer Goals

Incidence: By 2020, reduce new cases of cervical cancer to 7.1 new cases per 100,000 females.

9.5^a (Hispanic women, 2013)

Mortality: By 2020, reduce death rate from cervical cancer to 2.2 deaths per 100,000 females.

2.5^a (Hispanic women, 2013)

Screening: By 2020, increase receipt of cervical cancer screening to 93.0 percent.

76.9%^b (Hispanic women, 2013)

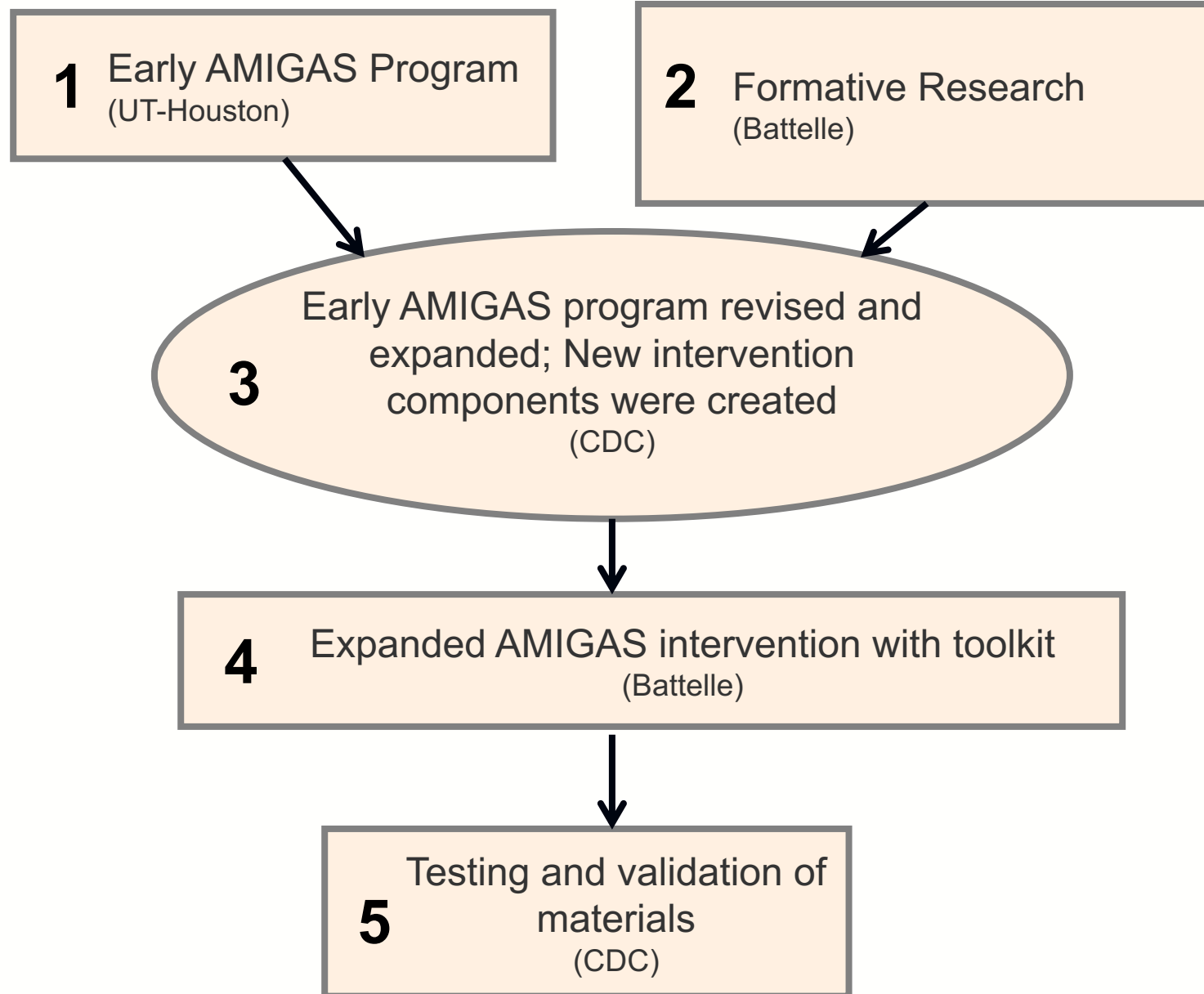
78.6%^c (Hispanic women, 2015)

^a Available at: <http://www.cdc.gov/uscs>.

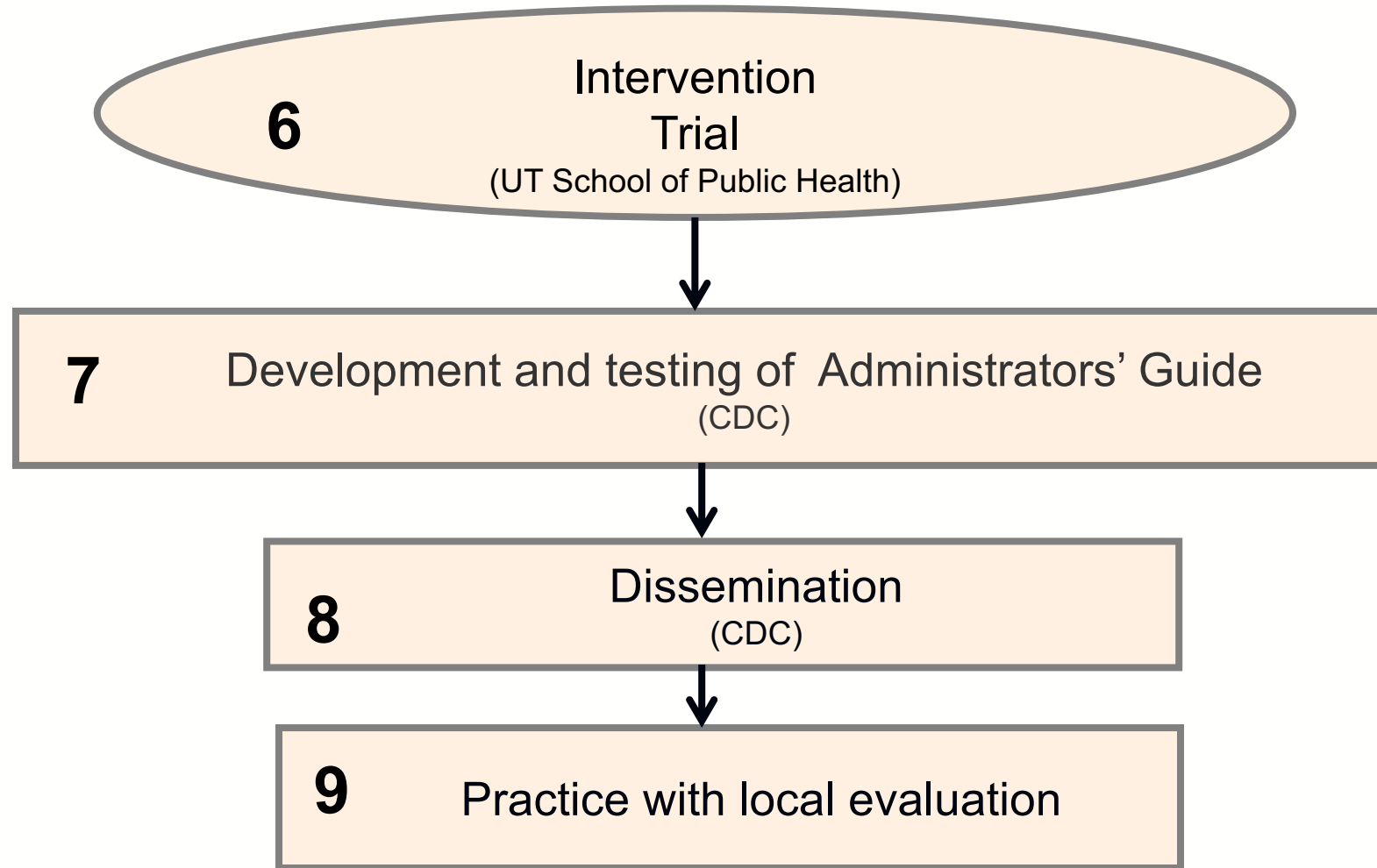
^b Sabatino SA, White MC, Thompson TD, Klabunde CN. Cancer screening test use - United States, 2013. MMWR Morb Mortality Wkly Rep. 2015 May 8;64(17):464-8.

^c White A, Thompson TD, White MC, Sabatino SA et al. Cancer screening test use - United States, 2015. MMWR Morb Mortal Wkly Rep. 2017 Mar 3;66(8):201-206.

Interventions	Breast Cancer	Cervical Cancer	Colorectal Cancer
Client Reminders	Recommended July 2010	Recommended July 2010	Recommended July 2010
Client Incentives	Insufficient Evidence July 2010	Insufficient Evidence July 2010	Insufficient Evidence July 2010
Small Media	Recommended December 2005	Recommended December 2005	Recommended December 2005
Mass Media	Insufficient Evidence October 2009	Insufficient Evidence October 2009	Insufficient Evidence October 2009
Group Education	Recommended October 2009	Insufficient Evidence October 2009	Insufficient Evidence October 2009
One-on-One Education	Recommended March 2010	Recommended March 2010	Recommended March 2010
Reducing Structural Barriers	Recommended March 2010	Insufficient Evidence March 2010	Recommended March 2010
Reducing Client Out-of-Pocket Costs	Recommended October 2009	Insufficient Evidence October 2009	Insufficient Evidence October 2009



AMIGAS Development and Design: Steps 1-5



AMIGAS Development and Design: Steps 6-9



- ❑ A multi-faceted intervention program to encourage women to get a Pap test
- ❑ The program should...
 - Increase knowledge
 - Encourage positive attitudes
 - Acknowledge feelings related to screening
 - Target important social referents such as daughters and husbands to encourage women to receive screening
 - Reduce system barriers such as greater flexibility in clinic hours, availability of bi-lingual staff or translators
 - Inform women of low cost programs to address access issues

Smith JL, Wilson KM, Orians CE, Byrd TL. (2013). AMIGAS: Building a cervical cancer screening intervention for public health practice. *Journal of Women's Health*, 22: 718-23.

Byrd TL, Wilson KM, Smith JL, Heckert A, Orians CE, Vernon SW, Fernandez-Esquer ME, Fernandez ME. (2012). Using intervention mapping as a participatory strategy: development of a cervical cancer screening intervention for Hispanic women. *Health Education and Behavior*, 39:603-11.

Intervention Components

- ❑ Flipchart
- ❑ Movie
- ❑ Promotora Instruction Guide
- ❑ Body Diagrams
- ❑ Contact Sheet
- ❑ Message Cards
- ❑ Resource Sheet
- ❑ Medical Instruments*
- ❑ Regalitos**
- ❑ Group Games**
- ❑ Promise Sheet
- ❑ Evaluation Form
- ❑ Appointment Cards
- ❑ Administrators' Guide

* Provided by sites

** Group format only



Flipchart

¿QUIÉNES PUEDEN DESARROLLAR EL CÁNCER CERVICAL?

¿Quiénes pueden desarrollar el cáncer cervical? Cualquier mujer. Algunas mujeres tenemos más riesgo a desarrollar el cáncer cervical.

Una mujer tiene más riesgo a desarrollarlo si:

no se ha hecho una prueba de Papanicolaou en 3 años o más.

- está infectada con el virus del papiloma humano (VPH). La mayoría de los casos de cáncer cervical son causados por este virus de transmisión sexual. La infección de VPH es muy común entre los hombres y mujeres que son sexualmente activos. La mayor parte del tiempo el VPH no causa problemas de salud y desaparece solito. Pero a veces, una mujer puede estar infectada con un VPH de "alto riesgo". Es decir, que no desaparece solito. En casos raros, una infección de VPH que no desaparece puede convertirse en un cáncer cervical.

- comenzó a tener relaciones sexuales muy joven.

- en toda su vida, ella o su pareja ha tenido relaciones sexuales con varias otras parejas.

- fuma cigarrillos.

WHO CAN GET CERVICAL CANCER?

Who can get cervical cancer? Any woman can get cervical cancer. Some women have a higher chance of getting it.

A woman has a higher chance of getting cervical cancer if:

she has not had a Pap test in 3 or more years.

- she is infected with the Human Papilloma Virus (HPV). The majority of cervical cancer cases are caused by this virus which is sexually transmitted. HPV infection is very common in both men and women who are sexually active. Most of the time HPV causes no health problems and goes away on its own. But sometimes a woman can be infected with a "high risk" type of HPV that persists - that is, it doesn't go away on its own. In rare cases, an HPV infection that doesn't go away can develop into cervical cancer.

- she began having sex at an early age.

- she or her partner has had sex with a number of partners in his or her life.

- she smokes cigarettes.

¿CON QUÉ FRECUENCIA NOS DEBEMOS HACER PRUEBAS DE DETECCIÓN?

Nos debemos hacer pruebas de detección regularmente.

- Si se hace la prueba de Papanicolaou sola, debe hacerse cada 3 años desde los 21 hasta los 65 años de edad.

- A los 30 años, si se hace una prueba de Papanicolaou junto con una prueba de detección del VPH, se puede hacer esta combinación de pruebas cada 5 años.

- Después de los 65, si los resultados son normales, quizás pueda dejar de hacerse las pruebas. Debe hablar con su médico.

- Si le quitaron el cuello uterino, quizás no necesite hacerse la prueba de Papanicolaou. Debe hablar con su médico.

HOW OFTEN SHOULD WE GET SCREENED?

We need to be screened regularly.

- If you only get a Pap test, you should get a Pap test every 3 years from ages 21 to 65.

- At age 30, if you get a Pap test and HPV test, you can have this combination of tests every 5 years.

- After age 65, if your tests are normal, you may be able to stop testing. You should talk with your doctor.

- If your cervix has been removed, you may not need to have a Pap test. You should talk with your doctor.



Promotora Instruction Guide



2.0 Getting Started with the AMIGAS Program

2.1 What AMIGAS Program choices do I have?

There is more than one way to do the AMIGAS program. The information in this section will help you make a plan. If your promotora organization has already made decisions about how to organize the AMIGAS program, you should follow those instructions. There are two AMIGAS lesson plans. One plan is for talking with one woman. The other plan is for talking with a small group (between 6 and 15 women). As you get ready to use the AMIGAS program, there are a few things to think about:

- **Individual or groups – will I meet with women individually in their homes or invite them to group sessions at a public location?**

Individual visits are better for discussing each woman's own experiences and concerns. And women may like having someone come to their home. But many women also enjoy the company of their friends or family. If the women in your community enjoy doing group activities, you may want to plan this.

- **If the woman has a mother, friend, or daughter in the house who wants to participate, is that OK?**

Although AMIGAS is designed for use with one woman or a small group (between 6 and 15 women), you can change it a little for other sized groups. For example, you can easily use the individual lesson plan with a small group of 2 or 3 family members or friends if you make small changes in some of the activities.

- **Time – how much time can I spend with each woman?**

If you meet alone with a woman, you will want to schedule an hour if possible. In a group, you should allow 1 ½ to 2 hours. This will allow time to understand the reasons a woman has not had a Pap test recently (or ever), discuss her concerns, and make an action plan. If you cannot schedule this much time, the lesson plans tell you how you can make the best use of the time you have.

- **Location – if I want to use a public location, how do I go about finding one?**

- When is it available?
- How much will it cost?
- Does the clinic where you work have space available for such meetings?



3.0 AMIGAS Program Lesson Plans

There are two AMIGAS program lesson plans for you to use. One plan is for talking with one woman. The other plan is for talking with a small group, between 6 and 15 women. Whichever plan you use, remember that you want women to learn and to take action! We want women in our community to:

- Know that a Pap test finds changes that can occur in the cervix.
- Understand that a Pap test can find changes in the cervix before they turn to cancer.
- Understand that a Pap test can find cancer early when it can still be treated.
- Know about the HPV test and the current cervical cancer screening guidelines.
- Know where and how to get a Pap test.
- Commit to an action plan.

3.1 What do I do?

- Choose the lesson plan you want to use that day.
- Make sure your tool box is ready and take it with you!
- Get there on time.
- Follow the steps on the lesson plan.
- Have fun and good luck!

If you are doing a group session:

- Go early.
- Set up the room with enough chairs and a greeting area.

3.2 Tips for making women feel comfortable

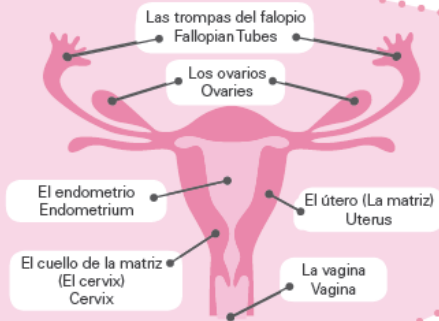
- Be friendly.
- Introduce yourself and chat before you start.
- Encourage women to ask questions and share their stories.
- Talk slowly and make eye contact with the women when you are reading the flipchart or the lesson plan.

Body Diagram/Having a Pap Test

Diagrama del cuerpo / Body Diagram

El sistema reproductivo de la mujer

- El **útero** o matriz está ubicado debajo de su estómago.
- El **cérvix** está ubicado en la parte baja de la matriz.
- El cérvix se abre a la **vagina** que va hacia el exterior del cuerpo.



* Diagrama en grande
* Enlarged Diagram

The Female Reproductive System

- The **uterus** or womb is located below your stomach.
- The **cervix** is located in the lower portion of the womb.
- The cervix opens into the **vagina**, which leads to the outside of the body.



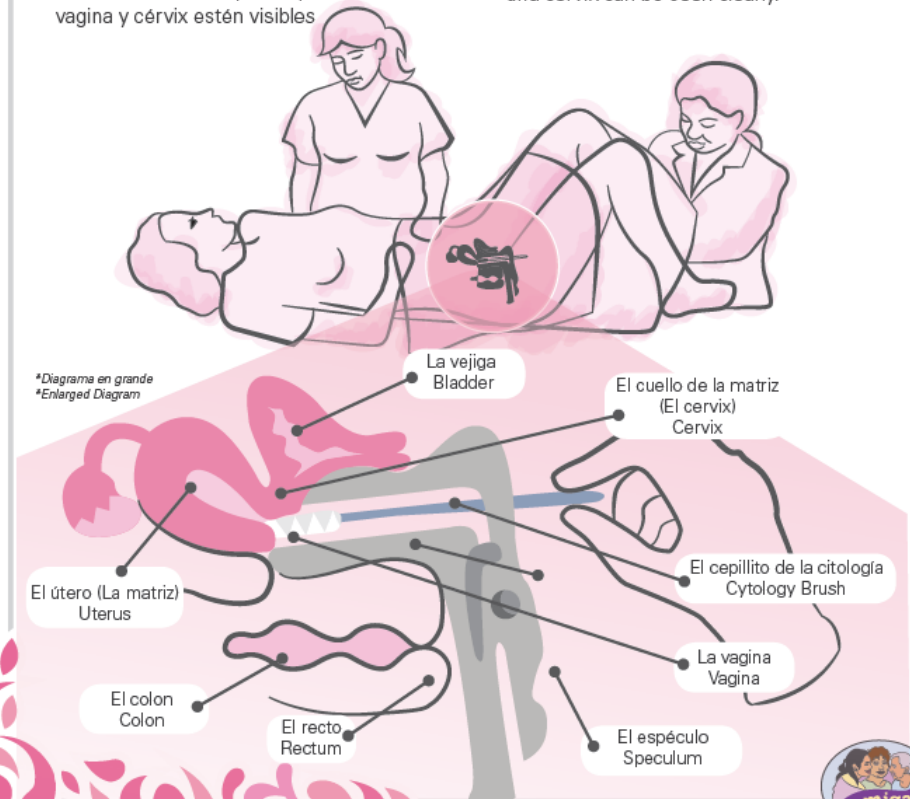
HAVING A PAP TEST

Cómo se hace la prueba de Papanicolaou

- Una prueba de Papanicolaou se hace como parte de un examen pélvico en el consultorio de su médico.
- Usted se reclina de espaldas con sus rodillas en alto y sus pies en estribos.
- Para hacer la prueba de Papanicolaou su médico usa un instrumento llamado un espéculo.
- El espéculo se introduce en su vagina y se abre de manera que las paredes de su vagina y cérvix estén visibles.

Having a Pap Test

- A Pap test is done as part of a pelvic exam at your doctor's office.
- You lie on your back on an exam table with your knees up and your feet placed in foot rests.
- To do the Pap test your doctor uses a special instrument called a speculum.
- The speculum is put into your vagina and opened up so that the walls of your vagina and cervix can be seen clearly.



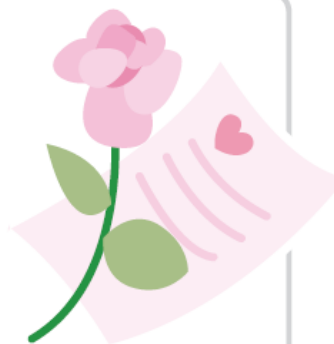
* Diagrama en grande
* Enlarged Diagram



Promise Sheet

My Promise

For me and my family,
it is important that I get a Pap test.
I will:



- Think about getting a Pap test.
- Talk to my husband/boyfriend, a friend, a relative, or the *promotora* about getting a Pap test.
- Use the *resource sheet* to help me get a Pap test.
- Make an appointment to get a Pap test.
- Find someone to watch my children (grandchildren).
- Find a way to get to my appointment.
- Go for a Pap test.
-

I promise, to myself and to my family,
to take these steps by

Sign

I will make a promise to myself and to my family!
Getting a Pap test can help me stay healthy!



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CS258933



Mi Promesa

Por mi misma, y por mi familia, es importante
hacerme la prueba de Papanicolaou. Yo:

- Pensaré en hacerme la prueba de Papanicolaou.
- Hablaré con mi pareja, amiga, pariente o la promotora acerca de hacerme la prueba de Papanicolaou.
- Usaré la *Hoja de Recursos* para hacerme la prueba de Papanicolaou.
- Haré una cita para hacerme la prueba de Papanicolaou.
- Encontraré alguien quien me cuide a mis niños (nietos).
- Encontraré un modo de llegar a la cita.
- Iré a hacerme la prueba de Papanicolaou.
-



Yo prometo a mi misma y a mi familia a seguir estos pasos:

.....

Firmado por:

.....



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Contact Sheet



CONTACT SHEET

A. Name: Phone Number:

B. Have you had a Pap test in the last 3 years? ☐ Yes ☐ No

C. After this meeting, what is your plan for getting a Pap test? (Mark one only.)

☐ Continue getting a Pap test regularly.

☐ Not ready to get a Pap test yet.

☐ Think about getting a Pap test.

☐ Call for an appointment to get a Pap test.

D. Promises to myself include the following:

1.

2.

3.

Follow-Up (for Program Use Only)

Date: Location:

Number of Participants: Promotora:

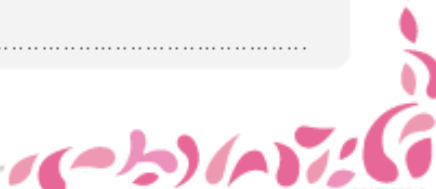
Notes:

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Hoja de Contacto

Resumen de Información Personal

A. Nombre: Teléfono:

B. ¿Ha tenido una prueba de Papanicolaou en los últimos 3 años? ☐ Sí ☐ No

C. Después de esta reunión ¿cuál es su plan para hacerse una prueba de Papanicolaou? (Marque solo una caja.)

☐ Seguir haciéndome la prueba de Papanicolaou regularmente.

☐ Todavía no estoy lista para hacerme la prueba de Papanicolaou.

☐ Considerar hacerme la prueba de Papanicolaou.

☐ Llamar para hacer una cita para hacerme la prueba de Papanicolaou.

D. Las promesas que me hice a mi misma son:

1.

2.

3.

Seguimiento (para Uso del Programa)

Fecha: Lugar:

Número de participantes: Promotora:

Notas:

.....

.....



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Evaluation Form



EVALUATION FORM-POST SESSION

Materials

Check one response per question.

1. Were the materials you received interesting? Yes ☐ No ☐ Does not apply ☐
2. Did the brochures help your learning? Yes ☐ No ☐ Does not apply ☐

Promotoras

3. Was your promotora a good teacher? Yes ☐ No ☐ Does not apply ☐
4. Did the promotora appear to know the material she was teaching? Yes ☐ No ☐ Does not apply ☐
5. Did the promotora answer all of your questions? Yes ☐ No ☐ Does not apply ☐
6. Did the promotora listen to your opinions? Yes ☐ No ☐ Does not apply ☐

Classroom or training facilities

7. Were you comfortable in the room? Yes ☐ No ☐ Does not apply ☐
8. Were you at ease in the group? Yes ☐ No ☐ Does not apply ☐

General

9. Would you recommend this program to your friends? Yes ☐ No ☐ Does not apply ☐

10. What did you like most about the program?

11. What did you like least about the program?

Additional comments:

Name (optional): Phone number (optional):



AMIGAS

Formulario de evaluación - Posterior a la sesión

Materiales

1. ¿Eran interesantes los materiales que recibió? Sí ☐ No ☐ NA ☐
2. ¿Fueron útiles los folletos para su aprendizaje? Sí ☐ No ☐ NA ☐

Marque una respuesta por cada pregunta

Promotoras

3. ¿La promotora era buena maestra? Sí ☐ No ☐ NA ☐
4. ¿La promotora parecía conocer el material que estaba enseñando? Sí ☐ No ☐ NA ☐
5. ¿La promotora respondió todas sus preguntas? Sí ☐ No ☐ NA ☐
6. ¿La promotora escuchó sus opiniones? Sí ☐ No ☐ NA ☐

Salón de clases o establecimiento de capacitación

7. ¿Estuvo cómoda en el salón? Sí ☐ No ☐ NA ☐
8. ¿Se sintió tranquila en el grupo? Sí ☐ No ☐ NA ☐

Información general

9. ¿Las recomendaría este programa a sus amigas? Sí ☐ No ☐ NA ☐

10. ¿Qué fue lo que más le gustó del programa?

11. ¿Qué fue lo que menos le gustó del programa?

Comentarios adicionales:

Nombre (opcional): Número de teléfono (opcional):



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Administrators Guide

Executive Summary

AMIGAS is a bilingual education program promoting cervical cancer screening. This program is important because Latinas have a high incidence of cervical cancer. AMIGAS stands for "Ayuda para su Salud." In English, this means "Help for their Health." AMIGAS workers, or other lay health educators who have rarely or never had a Pap test, can help you achieve your goal of increasing Pap test rates in the community. We know that with the women it is designed to reach, the Centers for Disease Control and Prevention in the development of AMIGAS. The Health Sciences Center Houston Public Health Research and Evaluation believes and experiences. These centers in San Diego and Fresno, California; and administrators working in a variety of rigorous community trial showed increased screening by as much as 50%.

Promotora workshops provided valuable information. The AMIGAS program is a proven strategy that:

- Provides a best practice model
- Collaborates with women, family members, *consejeras* or other community leaders
- Stresses how information is shared within families, and their community
- Provides bilingual information
- Uses naturally occurring social networks

The AMIGAS Program has an Appendix A and materials to assemble a tool box for the program manager or administrator. This guide provides information and steps that administrators need to know. The AMIGAS Administrator's Guide includes:

- Program Purpose and Objectives
- Program History and Development



3.0 Program Overview

To promote cervical cancer screening among Latinas between the ages of 21 and 65 in your community:

- Know that a Pap test finds precancerous cells before they become cancer.
- Understand that a Pap test can prevent cervical cancer.
- Understand that a Pap test can find cervical cancer early.
- Know where and how to get a Pap test.
- Commit to an action plan.

3.1 Who delivers AMIGAS?

Trained *promotoras* deliver AMIGAS. We have a *Promotora* Instruction Guide, and material for the *Promotora* to use. We assume that you already have a *Promotora* working in a variety of rigorous community trial showed increased screening by as much as 50%.

3.2 What does the AMIGAS Program have?

The AMIGAS Program has three main components: the Instruction Guide, and material for the *Promotora* to use.

1. This **Administrator's Guide** provides the information you need to implement AMIGAS. This guide includes:
 - Program Purpose and Objectives
 - Program History and Development
 - Program Overview
 - Make a Commitment
 - Get Ready (Section 4.0)



4.0 Make a Commitment to AMIGAS

4.1 Is AMIGAS right for my organization?

Answer the following questions to see if AMIGAS is right for your organization.

- Does my organization want to increase cervical cancer screening among Latinas in my community?
- Will the leadership in my organization support the program?
- Can health care providers in my community perform Pap tests that may result from implementation?

If you answered yes to all of the questions above, AMIGAS is right for your organization. Before you commit, make sure you know what you need to make AMIGAS a success in your community. With the input of experienced program administrators as a "best practice," we have some guidelines that will help you determine the need for implementation. By the end of this section, you will know if AMIGAS is right for you.

4.2 What resources do I need to implement AMIGAS?

Implementing a new program takes time and money. It will depend on your program and your community. We have a program you want to have. Our research has determined that AMIGAS is effective,⁴ but you will have to make the best decision about the resources you have.

Some questions to think about are:

- How many patients do you plan to serve?
- Will AMIGAS be integrated with another program or by itself?
- Will it be staffed by a single *promotora* or a team?

Regardless of your answers to these questions, they will help you think about the resources you may need.



6.0 Get Started

Now you are ready to start your AMIGAS program. Schedule your education sessions, make a commitment, and provide the training they need to be successful.

6.1 What tools will *promotoras* need?

AMIGAS is implemented with a tool box of materials that *promotoras* can use on individual visits and group sessions. You, as the program administrator, should identify a person responsible for the tool box for the *promotoras*. Assembly of the tool box contents is easy, but it will require preparation. We offer detailed instructions for assembly in the *Promotora* Instruction Guide and in Appendix A of this Administrator's Guide. We recommend putting all of the AMIGAS tool box items in an easy-to-carry bag. You can use the AMIGAS logo and your own program logo for the program and your program visibility through the community.

6.2 What training should I provide?

No matter how experienced *promotoras* are, they need to deliver the AMIGAS program. Train them carefully by experienced *promotoras* with previous experience. We recommend that you provide and set aside time for *promotoras* to try out the program. You may need more or less time for *promotoras* who are with cervical cancer and who are new to the program and *promotoras* best.

- **First session.** Provide program information and the Pap test. Talk about program goals and objectives.
- **Second session.** Review program information. Have *promotoras* practice using the tool box.
- **Practice session.** Allow a few *promotoras* to practice using the tool box in their community.



7.0 Keep It Going

To maintain the quality of the AMIGAS program, it is important that you provide ongoing support and supervision. Your support will help them do the best job they can. *Promotoras* need to feel they are making a difference. They need to know that they are helping your program be successful and helping women in your community be healthy.

7.1 How do I provide ongoing support to *promotoras*?

After *promotoras* begin to deliver the AMIGAS program, it is important to find out how it is going. You will want to create opportunities to share experiences, give them feedback on how they are doing, and work together to solve any problems they encounter.

Ongoing support will help *promotoras* increase their outreach skills. To reinforce their learning, we recommend that you maintain regular contact following the initial AMIGAS training. At first, you may want to check in daily or weekly. As *promotoras* become more experienced, follow-up may occur less often (weekly or less). Follow-up may take place in person or by phone or e-mail.

Promotora supervisors should be able to judge how much monitoring *promotoras* need. Supervisors usually know each *promotora*'s needs and the personal conditions affecting her performance. This knowledge allows supervisors to offer individualized attention, training, and support so that all *promotoras* can do their best job. Follow-up activities may include monthly meetings, annual meetings, and phone calls.

You also may consider producing newsletters with articles written by or about *promotoras*. If your organization has a newsletter, include success stories or tips on how to overcome challenges.

Also, you can provide ongoing support for *promotoras* through education, mentoring, and staff supervision. Providing recognition and incentives for a job well done are other ways to provide support and encouragement.

- **Ongoing education and resource updates.** Providing ongoing education for *promotoras* on cervical cancer and screening guidelines will build their confidence and skills.





Randomized Controlled Trial

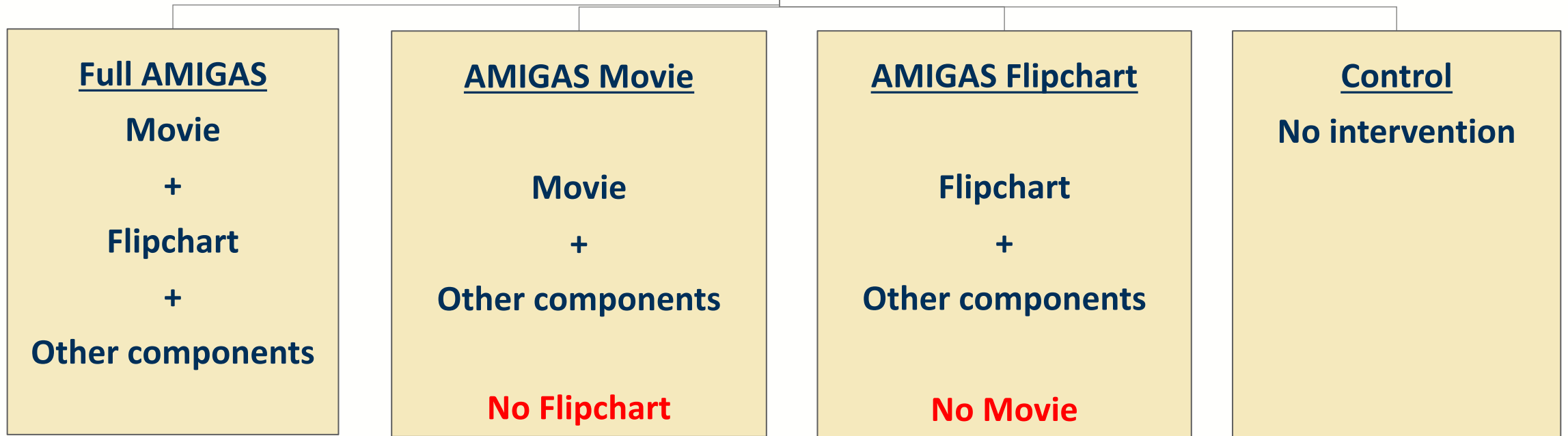
Purpose and Participants

- ❑ Examine the overall effectiveness of AMIGAS among three populations of Hispanic women of Mexican origin (urban, border, rural)
- ❑ Characterize the relative effectiveness of the AMIGAS small media components (video and flipchart)
- ❑ Hispanic women of Mexican origin
 - 21-65 years of age
 - No previous cervical cancer
 - No hysterectomy
 - No Pap test within the last 3 years
- ❑ Receipt of Pap testing at 6 months post-intervention



Trial Design

Intervention Groups





Trial Results

Percentage Reporting Receipt of Pap Tests at 6 months by Intervention Arm

Intervention Arm (n)	Pap Testing (%) at 6 months
Full AMIGAS (151)	52.3%
AMIGAS Movie (155)	41.3%
AMIGAS Flipchart (154)	45.5%
Control (153)	24.8%

Intervention arms were significantly different from control arm, $p < .0001$

No significant difference among the 3 intervention arms, $p < .1499$

Byrd TL, Wilson KM, Smith JL, Coronado G, Vernon SW, Fernandez-Esquer ME, Thompson B, Ortiz M, Lairson D, Fernandez ME. (2013).

AMIGAS: a multicity, multicomponent cervical cancer prevention trial among Mexican American women. *Cancer*, 119:1365-72.



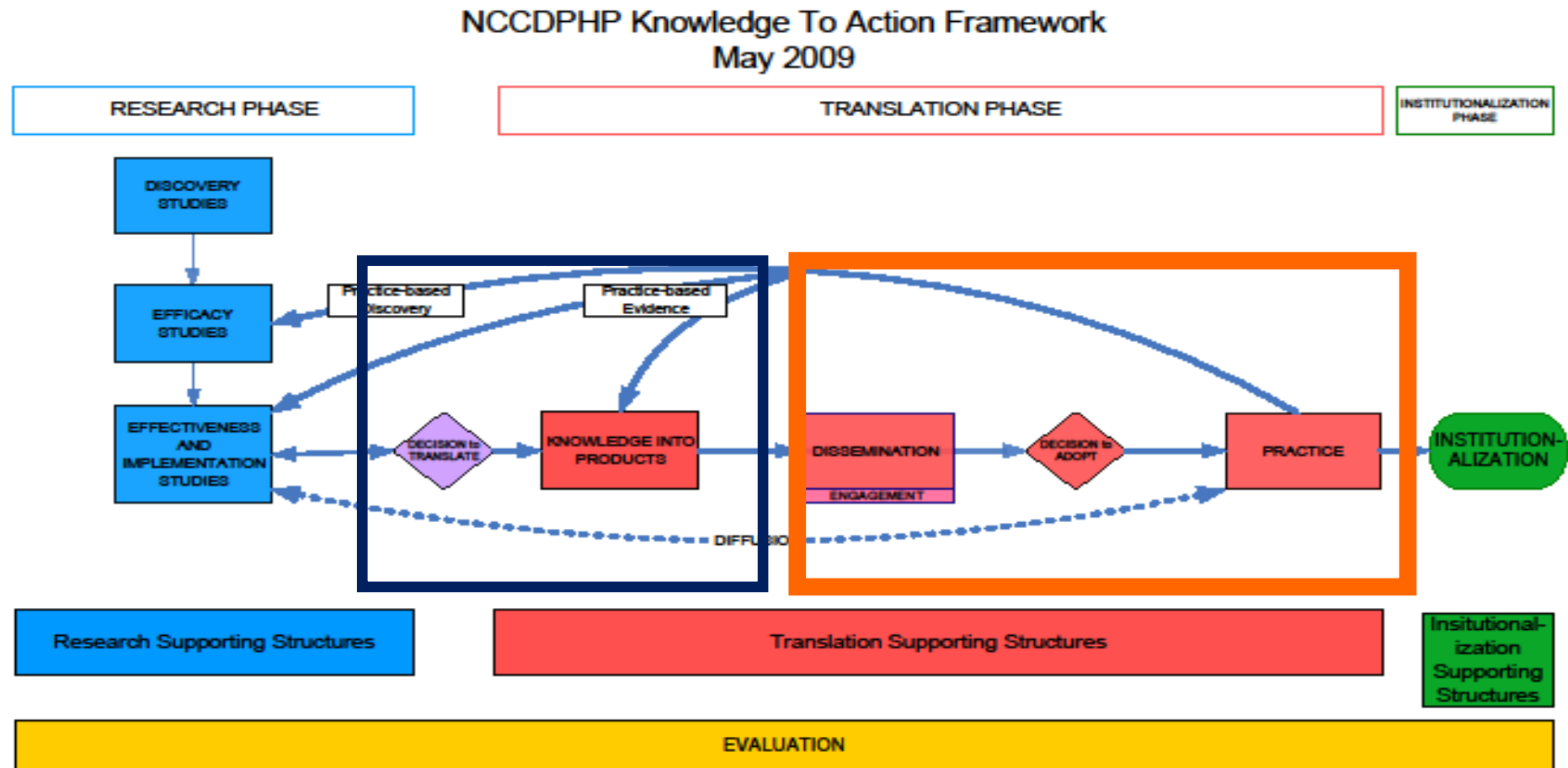
Trial Results

Percentage Reporting Receipt of Pap Tests at 6 months, by site

Intervention Arm (n)	El Paso % (n)	Houston % (n)	Yakima % (n)
Full AMIGAS (151)	60% (50)	39.2% (51)	58% (50)
AMIGAS Movie (155)	46% (50)	24.6% (57)	56.2% (48)
AMIGAS Flipchart (154)	46% (50)	35.2% (54)	56% (50)
Control (153)	28% (50)	17.9% (56)	29.8% (47)
	p<.0145	p<.0553	p<.0150

Intervention arms were significantly different from the control arms in all sites

Knowledge to Action Framework



This product is in the public domain. Please cite this work in this manner:

The National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) Translation Schematic, Centers for Disease Control and Prevention, NCCDPHP Work Group on Translation, May 2009. Adapted from Wilson K & Fridinger F. Focusing on Public Health: A Different Look at Translating Research to Practice. Journal of Women's Health; 2008;17(2):173-179.

Successes and Current Activities

- ✓ Trial in Mexico
- ✓ Training in Panama
- ✓ Inclusion in list of Federal CHW programs
- ✓ Website
- ✓ Revision of AMIGAS Materials
- ✓ Field Test in California

For more information about AMIGAS: https://www.cdc.gov/cancer/gynecologic/what_cdc_is_doing/amigas.htm



Cuernavaca Study

J Community Health (2014) 39:423–431
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ORIGINAL PAPER

Individual and Community Effectiveness of a Cervical Cancer Screening Program for Semi-Urban Mexican Women

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Abstract The effectiveness at the individual and community level of an educational intervention to increase cervical cancer screening self-efficacy among semi-urban Mexican women was evaluated and changes in reported community barriers were measured after the intervention was implemented. The educational intervention was evaluated with a quasi-experimental pre-test/post-test design and a control group, based on the Integrative Model of Behavior Prediction and AMIGAS project materials. For the intervention group, increased self-efficacy increased requests to obtain a Pap ($p < 0.05$). Barriers to obtaining a Pap were embarrassment and lack of time at the individual level, and lack of time, test conditions and fear of social rejection in the community's cultural domain. At both the individual and community levels, having more information about the test and knowing it would be performed by a woman were primary facilitators. Few women used medically precise information when referring to the Pap and cervical uterine cancer. Although the level of self-efficacy of the participants increased, barriers in the health

system affect the women's perceived ability to get a Pap. Better care for users is needed to increase consistent use of the test. The study shows the importance of using culturally adapted, multilevel, comprehensive interventions to achieve successful results in target populations.

Keywords Women · Self-efficacy · Papanicolaou · Cervical uterine cancer · Health services utilization

Introduction

Exfoliative cytology, or Papanicolaou (Pap) is a method capable of detecting abnormal cells in the cervical epithelial [1]. The Pap is attributed to a 70 % decrease in mortality from cervical uterine cancer (CUC) worldwide [2]. Unfortunately, in Mexico, this test is more sensitive for detecting invasive cancer than pre-invasive cancer [3]. CUC is preventable as long as the diagnosis and treatment is early [4–6], and is cur-



Future Practice

- ❑ CDC grantees
- ❑ Other Hispanic populations in the U.S.
- ❑ US-Mexico border communities
- ❑ African Americans
- ❑ Latin America



Future Local Evaluation

- ❑ Qualitative interview with users
- ❑ Assess delivery of intervention
- ❑ Usability of materials
- ❑ Challenges to intervention delivery
- ❑ Cost
- ❑ Record keeping
- ❑ Evaluation of outcomes





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- California
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☐ Lay Health Worker Administrators

- California
- Washington
- Texas

Questions??

For more information about AMIGAS:

https://www.cdc.gov/cancer/gynecologic/what_cdc_is_doing/amigas.htm



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Go to the official federal source of cancer prevention information:
www.cdc.gov/cancer



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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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