Cancer Disparities Capacity Building Pilot Project

Phase II – Cancer Disparities/Health Equity Action Plan

Final Progress Report

June 15, 2016
ACKNOWLEDGEMENTS

Greater New Bedford Allies for Health and Wellness, Inc. would like to thank the following individuals and organizations for their contributions to this process.

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Ana Silva, CHW, YWCA Southeastern Massachusetts
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Anabela Oliveira, CHW, Immigrants’ Assistance Center
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Junta Directiva of Centro Comunitario de Trabajadores (CCT Workers’ Center) of New Bedford
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Kerry Mello, Southcoast Health System, GNB Allies
Leonard Pittsley, CHW
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Reverend David Lima, InterChurch Council of Greater New Bedford, GNB Allies
Reverend Marc Fallon, Catholic Social Services
Reverend Russ Chamberlain, Dog Tags Navigators Chaplain/CHW
Valentina Martinez, CHW, YWCA Southeastern Massachusetts

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II. **Describe progress towards accomplishing Phase II project objectives (between January 16th-June 1st, 2016) as outlined in the workplan submitted.**

a. For each objective in your workplan, please add an additional column detailing Progress to Date. Additionally, attach any draft or final materials used in the implementation of the activity.

b. Your Progress to Date column should at minimum address:

i. Fulfillment of workplan including major accomplishments and any needed adjustments

ii. Percentage of activity completed and dates of expected or final completion. Indicate whether activities will continue beyond the grant period.

### Goal #1: Disseminate relevant needs assessment findings to targeted agencies, community, organizations, and media to raise awareness of the impact of cancer disparities.

<table>
<thead>
<tr>
<th>Action</th>
<th>Timeline Intermediate (Jan 16 – June 1, 2016)</th>
<th>Staff Responsible</th>
<th>Progress to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Present needs assessment findings to key stakeholders: GNB Allies (GNBA) Pilot Project Advisory Committee, Pilot Project Partners, GNBA Steering Committee, GNBA General Membership</td>
<td>NA</td>
<td>DB, CH, KM, HH</td>
<td>Short-term goal completed September, 2016.</td>
</tr>
<tr>
<td>2. Needs Assessment distributed to Southcoast Community Health Worker Collaborative (SCCHWC)</td>
<td>NA</td>
<td>KM</td>
<td>Short-term goal completed September, 2016.</td>
</tr>
<tr>
<td>3. Post Needs Assessment findings on GNBA web site on UMD-PCP Health Data Southcoast site</td>
<td>NA</td>
<td>DB</td>
<td>Short-term goal completed September, 2016.</td>
</tr>
<tr>
<td>4. Meet monthly with local hospital system, community health centers, and cancer centers to review findings.</td>
<td>Ongoing</td>
<td>Coalition, KT, KM</td>
<td>The Health Equity Committee, which consists of a variety of community and health Partners, meets monthly to review findings. Meetings occurred in September, October, December, January, February, March, April, May and June.</td>
</tr>
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<td>5. Media Committee formed to develop relationship with local news media to publish ongoing monthly (minimum of six) news releases.</td>
<td>Outreach to ethnic media Fall 2015</td>
<td>HH, KM, CH</td>
<td>The Media Ad Hoc Committee first met in October, 2015 to develop a media outreach plan and held two subsequent meetings. Tactics included distribution of media information via radio, TV, and online. Overall six press releases were sent out and three were published. The first article appeared in the New Bedford Standard Times (NBST) on October 13, 2015 (See Appendix B and <a href="http://www.southcoasttoday.com/article/20151013/NEWS/151019817">http://www.southcoasttoday.com/article/20151013/NEWS/151019817</a>). The Immigrants Assistance Center (IAC) sent out two releases: the first was published in Ojoumal (Portuguese language newspaper - See Appendix B) and the second in the New Bedford Standard Times events section (See Appendix B). DogTags Navigators sent out three press releases, although none were published. Other types of media activities were also undertaken during the project period: 1. A PSA was created for DogTags Navigators that featured Dr. Victor Pricolo, a colon and rectal surgeon at St. Luke’s Hospital. The PSA addresses the mission of DogTags and promotes colorectal cancer screenings among this high-risk group. The PSA is ready to be released through Public Access TV.</td>
</tr>
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</table>
2. IAC distributed information to ethnic media, including ethnic newspapers and radio, and flyers for their March, 2016 Health Fair, which included the Southcoast Hospitals Health Van (see Appendix B).

3. A social media campaign was undertaken primarily by DogTags Navigators using several media platforms including YouTube, blog, radio, Facebook, and newly published webpage.

4. Going forward, GNBAllies will post all related videos, social media, PowerPoint presentations, and PSAs on their website and Facebook page. This action has been somewhat delayed because no one from GNB Allies is working directly on the grant. Partners will be invited to post these media through their social media outlets, including the Partners for a Healthier Community (the Greater Fall River CHNA), who will also send an email blast to their mailing list containing links to these resources.

6. **Present needs assessment findings to key audiences to be hosted by Partners (Dog Tags, IAC, YWCA, CSS/CCT)**

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<tr>
<th>Ongoing</th>
<th>KM, HH, CH community</th>
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<tr>
<td>This activity has been on-going throughout the spring through meetings and events at various community, faith based, and clinical partners.</td>
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Goal #2: Help vulnerable residents overcome barriers to preventative and comprehensive care for colorectal cancer by utilizing community health workers to provide screening, education, and navigation.

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<tr>
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<tbody>
<tr>
<td>1. Collaborate with community and clinical Partners to review needs assessment and other relevant health data and develop action plans to implement increased education and screening for colorectal cancer.</td>
<td>NA (Completed as short-term goal)</td>
<td>NA (Completed as short-term goal)</td>
<td>NA (Completed as short-term goal)</td>
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| 2. Utilize the fecal occult test as a basic screening test that is highly accessible (free) to all residents, regardless of health insurance status. Southcoast Cancer Center to set up process for FIT Kit distribution (200 total) and develop tracking form for Partners by October 7, 2015. Baseline is 10% return for Southcoast Health distribution and 40% for Greater New Bedford Community Health Center. | Ongoing | KT, KM | Five partners were engaged in FIT kit distribution and education and a sixth partner, which serves the Mayan community, will begin education and distribution this spring. Utilizing education and navigation with CHWs, this project was able to increase the FIT kit return rate. Return rates were much higher when the CHWs engaged in one-to-one education, rather than group education. Also, return rates were impacted by whether or not the organization or CHW had a trusted bond with the client. A total of 74 FIT Kits were distributed to eight Partners. Twenty-nine kits, or 39% were returned to the Southcoast Cancer Center. This is compares to an historical return rate of 14% prior to the grant and shows that the CHWs working under the Cancer Disparities grant and providing education to clients had a significant effect on return rates. In addition:  
  - Two kits were distributed by the Southcoast Health Van and one kit was returned, for a rate of 50%.  
  - Eleven kits were distributed to the Greater New Bedford Community Health Center (GNBCHC) and seven kits were returned, for a rate of 64%.  
  - Aside from one kit, all those returned to the Southcoast Cancer Center were processed.  
  - Return rates at the Immigrants’ Assistance Center, which has a strong reputation as a trusted resource in the immigrant community, approached 70%. Returns were also strong for a CHW who serves as a resource in the Hispanic faith-based community.  

  Note that the original goal of 200 kits distributed was revised down to 125 in the fall of 2015 (50 in 1st six months and 75 in 2nd six months). There were several rationales for this revision:  

  1. CHWs reported that it took longer than anticipated time to provide education on the FIT Kit. Low health literacy levels required a considerable amount of time and effort to gear these materials to this population. Thus, what was originally seen as an easy off-the-shelf product with simple instructions required much more work on the front and back ends to introduce our clients.
to the materials. This process included developing new materials, translating materials, taking much more time to instruct clients on the use of the kits, following up with clients, having difficulty contacting clients to see if they returned the kits, meeting with some clients to re-explain how to use the kits, and tracking data. Throughout this process, CHWs were also making presentations across the city to raise awareness and build the capacity of the population regarding the FIT Kits.

In retrospect, the team should have built the process from the bottom up based on the CHWs’ experiences and input as to what could reasonably be expected from CHWs, particularly since they work only part-time.

2. The Greater New Bedford Community Health Center (GNBCHC) and the Immigrants Assistance Center (IAC) both have an established client base and familiar presence in New Bedford. However, other grant partners (e.g. Veterans, faith-based organizations, Mayan Centro Comunitario De Trabajadores (CCT)) do not have programming on a predictable schedule, which makes follow-up contact more difficult, and less likely to succeed in terms of kit return rates.

3. In addition, it is crucial to have an established and dependable place for Veterans to receive services. However, the established space (Waldron Barracks) was closed, which adversely impacted the team’s ability to conduct the desired number of Fit Kit screenings among this group. Fortunately, the Veterans group is still moving forward on this grant using the CHW model. While efficacy is still achievable because this partner is trusted in community, distributing Fit Kits, providing education, and encouraging returns has been more challenging than anticipated. This group is now reaching out to New Bedford’s Cape Verdean community, which is another underserved group in terms of cancer screening.

Although it was clear that CHWs had a strong impact on both successful education and navigation in early cancer screening, we documented a number of barriers that will be useful in replicating and improving the education and screening process.

Going forward, the CHWs and partners plan to be more proactive in identifying target groups to increase these numbers. Strategies include:

a. Throughout the winter months, the CCT Center had difficulty engaging the Mayan community, who work in New Bedford’s shadow economy, and also are active in many Hispanic faith-based communities. However, this past May, Adrian Ventura, a recognized leader of the New Bedford Mayan community, met with a CHW. This partnership has laid the ground work for education and screenings to begin in the Mayan community.

b. The YWCA conducted outreach to the New Bedford and Dartmouth Councils on Aging, Portuguese and Spanish speaking faith-based communities, widow and
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<td>3.</td>
<td><strong>Southcoast Cancer Center staff provides education to 10 CHWs on colon cancer and the need for screening.</strong> Training includes input from Immigrants Assistance Center (IAC), YWCA and Veterans on cultural competency. Ongoing as needed</td>
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<td>4.</td>
<td><strong>SC Cancer Center provides FIT kits and lab processing as an in-kind service</strong> Ongoing</td>
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<tr>
<td>5.</td>
<td><strong>CHWs distribute 75 FIT kits (15 at a time) in community and faith based settings. CHWs provide education and follow-up to 75 patients from target population(s) as part of distribution.</strong></td>
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<tr>
<td>6.</td>
<td><strong>CHWs distribute remaining 125 FIT kits (15 at a time) in community and faith based settings. CHWs provide education and follow-up to 125 patients from target population as part of distribution.</strong> Jan–May 2016</td>
</tr>
<tr>
<td>7.</td>
<td><strong>SC Cancer Center provides lab processing for 200 FIT Kits as an in-kind service</strong> Jan–May 2016</td>
</tr>
<tr>
<td>8.</td>
<td><strong>CHWs collect FIT Kits and return at least 30% of distributed kits to SC Cancer Center within 14 days.</strong> Jan–May 2016</td>
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<tr>
<td>9.</td>
<td><strong>Develop tool/spreadsheet to track social determinant of health barriers during screenings/referrals.</strong> Jan–May 2016</td>
</tr>
<tr>
<td>10.</td>
<td><strong>CHWs document kits distributed, follow-up, and return using screening tracking tool, including documenting social determinant of health barriers during screenings/referrals.</strong> Jan–May 2016</td>
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</tbody>
</table>
There was also feedback from the CHWs that it took a great deal of time tracking data, making follow-up calls, training clients in FIT Kit use, etc., which ultimately affected the number of kits they could distribute and track effectively. One strategy that may have helped early on would be to involve CHWs in helping to develop the tracking tool so that expectations were appropriate.
Goal #3: Increase Health Literacy among the region’s vulnerable residents who have difficulty accessing both preventative and comprehensive cancer care. Increase awareness of the need to address health literacy among regional medical providers.

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<tr>
<td>1. CHWs to develop cancer literacy educational toolkit to target populations, e.g., Mayan and non-English speaking, especially for colorectal cancer. Toolkit will be based on “best practice” information, such as the Colorectal Roundtable and will be tested by CHWs among 20 clients 10 CHWs testing materials with 2 clients) on the South Coast.</td>
<td>Health Literacy toolkit to be distributed Jan-May 2016</td>
<td>KMM, CHWs</td>
<td>The first meeting of the CHW Health Literacy Toolkit Committee/Working Group, which consists of CHWs, clinical partners, and grant coordinators was held on January 5 at the IAC and subsequent meetings followed. The content of the materials and best practices found in the Colorectal Roundtable was discussed. It was agreed that the need to simplify materials in the Tool Kit was crucial and that great attention to literacy levels was paramount. What was ultimately developed was built from the bottom up based on the CHWs’ experiences combined with further refinement during subsequent monthly meetings. For example, CHWs made recommendations to modify the wording in the Patient Notification Notice so that it was more understandable to their clients. (See <a href="https://drive.google.com/file/d/0B3NpVDEb2hOlQ3VpMGhFRU4zX1k/view">https://drive.google.com/file/d/0B3NpVDEb2hOlQ3VpMGhFRU4zX1k/view</a>). The instructional video created by the CHWs is by far the best example of both literacy and teaching. The content of this video was reviewed by IAC staff and its Director and it will be done in Portuguese for training on the FIT Kit. The CHWs found consistently that people do not want and will not read materials, but they do learn through video and demonstration. The Toolkit as structured allows CHWs to address literacy issues they encounter when teaching and instructing clients on the correct use of the FIT Kit. In addition, teaching in the participant’s primary language enables CHWs to better assess the comprehension [literacy skills] directly, and in turn to use word choices and visuals to simplify and clarify answers to participants’ questions while reinforcing understanding. For example, a CHW was present to help explain the content and information in the Patient Notification Notice in the client’s own language and at the appropriate level to ensure the fullest degree of understanding and comprehension. This has further led to a modified version that will be done in English, Portuguese, and Spanish at a literacy level that has been discussed and recommended by CHWs as a best practice for teaching the FIT Kit. The English version of this task will be completed on June 6. The FIT Kit instructions have also been made into a simple double sided handout that includes risk factors (see Appendix C). The Spanish and Portuguese versions will be completed before June 15. Going forward, the plan is for CHWs and partners to distribute the Health Literacy Tool Kit along with the...</td>
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<tr>
<td>2.</td>
<td>Form Health literacy toolkit working group including four CHWs, two clinical Partners, and grant coordinators.</td>
<td>Complete Jan 2016</td>
<td>KMM, CHWs</td>
</tr>
<tr>
<td>3.</td>
<td>Working group reviews existing health literacy toolkits – CDC and NIH.</td>
<td>Ongoing</td>
<td>KM, Community Partners, CHWs</td>
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<tr>
<td>4.</td>
<td>Working group integrates health literacy materials specific to target audiences such as Maya, Veterans and local Portuguese and Hispanic audiences.</td>
<td>Ongoing</td>
<td>KM, Community Partners, CHWs</td>
</tr>
<tr>
<td>5.</td>
<td>Work with providers to develop a health literacy assessment tool to assess health literacy level for patients.</td>
<td>Integrate screening tool into practice at SC Cancer Center and GNBCHC Jan–May 2016</td>
<td>Providers/CHWs</td>
</tr>
<tr>
<td>6.</td>
<td>Develop and test tool with two community and two clinical Partners.</td>
<td>May 2016</td>
<td>KT, JD</td>
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<td>7.</td>
<td>Distribute health literacy toolkit to at least two clinical and community</td>
<td>Education on health</td>
<td>Providers/CHWs</td>
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<td><strong>providers and provide education on use of the health literacy screening tool.</strong></td>
<td><strong>literacy toolkit for providers at GNBCHC and SC Cancer Center Feb. 2016</strong></td>
<td><strong>8. Document use of health literacy assessment tool by clinical and community Partners, with database to be maintained by UMass Public Policy Center.</strong></td>
<td><strong>Jan- May 2016</strong></td>
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Goal #4: Increase awareness among regional cancer providers on the impact of social determinants of health on cancer prevention and cancer care. Institute system change to accommodate social determinants of health in action plans for screening and prevention and also care plans for treatment.

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<tr>
<td>1. Undertake four regional conversations/educational forums on cancer prevention and treatment between medical providers/CHWs and targeted populations (fishing community, Hispanic, Portuguese, Mayan &amp; Veterans).</td>
<td>Forums held Jan–May 2016</td>
<td>CHWs/providers from SCCC</td>
<td>Three forums were held:</td>
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<td>2. Veterans (DogTags), Feb 17, 2016</td>
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<td>3. Immigrants Assistance Center Health Fair on Colon Cancer, March 1, 2016.</td>
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<td>1. Annual Latina Women’s Faith Gathering. The forum of over 200 women was led by a CHW, which was a last minute change due to the original speaker – a doctor form a Southcoast Hospital – not being able to make the forum. The CHW under her own direction put together a PowerPoint modified from a DPH tool and presented to 50 Hispanic women about colorectal cancer (see Appendix D). Twenty-six women took home a FIT Kit either for themselves or a parent. For most, this was the first time they heard about the FIT Kit or learned about colorectal cancer. In addition, three decided after the presentation to go directly for colonoscopy. Overall, the event effectively raised awareness and education levels, because it was presented in simplified and culturally specific language using visuals rather than handouts. However, in terms of encouraging attendees to return FIT Kits, the group education did not work as well as one-to-one education since none of the 26 FIT Kits were returned.</td>
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<td>2. Veterans (DogTags) Dr. Victor Pricolo, a colon and rectal surgeon at St. Luke’s Hospital, spent over two hours speaking to Veterans at a DogsTags sponsored event. This proved to be an opportunity not only for education, but also for Dr. Pricolo to learn more about barriers that Veterans face in cancer care and prevention. His talk addressed risk factors, healthy eating, exercise, the general anatomy of colorectal cancer, the importance of early detection, when screenings should be done, how screening can save lives, and the colonoscopy process. This talk did a lot to put Veterans’ fears at ease. His presentation was simple, clear, and very informative. He left only when it was clear that he had met and spoke with each person who had come up to him. This talk was especially important because cancer disparities loom large for Veterans.</td>
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<td>3. Immigrants Assistance Center Health Fair The IAC held a health fair in March in collaboration with health professionals from Southcoast Health.</td>
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<td><strong>Phase II – Cancer Disparities/Health Equity Action Plan: Final Progress Report</strong></td>
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<td>Multilingual education was provided and FIT Kits were distributed at the fair.</td>
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<td>2.</td>
<td>Embed one CHW at Greater New Bedford Community Health Center (GNBCHC) to provide colon cancer screening education and follow up in collaboration with primary care physicians. Existing CHW will be trained to do this new task.</td>
<td>Begin intervention–Dec-May 2016</td>
<td>CHWs/GNBCHC</td>
</tr>
<tr>
<td>3.</td>
<td>Link two CHWs with patient navigation team at Southcoast Center for Cancer Care to identify patients who face barriers due to social determinants of health and assist with navigation of community linkages, health literacy, etc.</td>
<td>CHWs integrated with Cancer Center team Dec 2015-May 2016</td>
<td>KT, CHWs/Southcoast Center for Cancer Care</td>
</tr>
<tr>
<td>4.</td>
<td>Hold monthly team meetings with CHWs and clinicians at the SC Center for Cancer Care and GNBCHC.</td>
<td>Ongoing monthly meetings Jan-May 2016</td>
<td>KM</td>
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Goal #5: Develop forms/tracking tools to document and monitor progress of all goals. Forms and tracking tools will assist with replication of this work in other community and clinical settings.

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<tr>
<td>1. Develop documentation for CHWs to track education/distribution of FIT kits. Forms will flow into FIT Kit database that will trigger patient follow-up.</td>
<td>Ongoing</td>
<td>KT, CHWs</td>
<td>There were some issues with reporting when the FIT Kits began to be distributed, but reporting was tightened up as the project went on. One issue was the decentralized nature of the program with CHWs spread out in different organizations or at different venues/forms. It was also noted that CHWs should have been provided more training in how to properly complete the data requirements of the tool (in Excel) and to be made aware of the process in terms of what data they should be tracking, when they should be tracking it, and when they should be recording their data. There was also feedback from the CHWs that it took a great deal of time tracking data, making follow-up calls, training clients in FIT Kit use, etc., which ultimately affected the number of kits they could distribute and track effectively. One strategy that may have helped early on would be to involve CHWs in helping to develop the tracking tool so that expectations were appropriate.</td>
</tr>
<tr>
<td>2. Develop form for CHW referrals from GNBCHC and Southcoast Cancer.</td>
<td>Utilize Jan-May 2016</td>
<td>KT, KM, GNBCHC, SC Cancer Center</td>
<td>Referral form developed. See Appendix C.</td>
</tr>
<tr>
<td>3. Develop central tracking database and track all relevant data.</td>
<td>Ongoing</td>
<td>KM, DB</td>
<td>The primary data collection database is the FIT Kit tracking tool. More information can be found in Goal #2 Item 10. Other tracking tools were not developed due to staff turnover (the coordinator left mid-project) and the loss of the grant’s consultant for more than half of Phase II activities (Public Policy Center was not rehired at the outset of Phase II and did not come on board until late-January). Due to the turnover, most of the later Phase II activities were focused on developing basic procedures, embedding CHWs, developing a client base, and implementing the basic tracking tool.</td>
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III. Describe this program’s most significant accomplishment(s).

Overall, the project did raise awareness of the importance of colon cancer screening among New Bedford’s vulnerable populations. Though the grant was relatively small, the city’s various health partners were able to leverage the grant funds to create partnerships that will extend beyond the grant (see Section VI for specific examples). For example, faith-based communities and facilities are now universally accepted as good venues for all kinds of health and wellness outreach, and provide opportunities to reach underserved populations. Before the grant, faith-based communities and healthcare workers did not have a strong connection, and it is anticipated that the partnerships created through this grant will extend into other health-related endeavors as well as colon cancer.

In terms of encouraging greater use of early colon cancer screening, which was a major goal for the grant, we were able to demonstrate a significant impact in utilizing CHWs to engage patients and increase compliance. With CHWs providing education and follow-up, we were able to increase the return/processing rate for the FIT Kits from just 14% (baseline from FIT kit distribution/education historically provided by the Southcoast Health Van) to 39%, a significant increase. Moreover, three of the 74 kits distributed (4%) had a positive result and patients were referred for follow-up testing and treatment. One partner, the Immigrants Assistance Center, which is a trusted community resource and staffed with several CHWs, has trained all staff in colon cancer awareness and the value of early screening with the FIT Kit. They have embedded this education in all interactions with their clients, asking each client if they are interested in learning more about how they can prevent colon cancer. This has created a system change at the agency in the way they provide cancer education to their clients.

Engaging the Mayan Community was also a significant accomplishment. Raising awareness about colon cancer is a very significant achievement for a community that generally does not go to the doctor. Many of the community members live and work in environments that are unsafe and can actually contribute to developing cancer. For instance, conversations with Maya K’iche’ community leaders reveal that some members of that community work in the unregulated “shadow economy” and are therefore more likely than the general population to be exposed to carcinogens at work. Social marginalization is also a concern expressed by Mayan leaders. They note that their community exists at the edges of the political landscape and their needs often go ignored, although they are a vital component of New Bedford’s nation-leading fishing industry.

The acknowledged leader of the Maya in New Bedford was trained on the FIT Kit himself, and is now encouraging members to be trained and do the Kit. Also, an instructional video was created and the Mayan community has expressed interest in sending it out to Mayans who live in New Bedford and beyond. Thus, the FIT Kit became the vehicle to engage the Mayan community in ways that other health and community organizations have not been able to achieve. The fact that this community is engaged and talking about these issues is a momentous outcome for the city. An unintended positive result is that the Mayan leader’s son became a MassHealth enroller, which will provide better and more familiar pathways of health access for this community.

Similarly, the city’s Veterans are another difficult community to reach. Along with raising levels of awareness and education through forums, videos, one-on-one counseling, and providing FIT Kits to Veterans, colorectal screening is now part of the overall intake information on cancer disparities. DogTags Navigators has also introduced the FIT Kits as part of their interview/research in gathering evidence to prove Veterans’ insurance and disability claims. A CHW working on this grant developed a screening tool specific to colon cancer that will be used in data collection for DogTags. If this screening reveals a positive result, it will become part of the Veteran’s record to help prove his claim and referrals out to appropriate providers will be made.

The Immigrants’ Assistance Center now has all its staff – including the Director - trained on the FIT Kit and is introducing the kit into their entire client programming, including elder and ESOL classes. The CHWs and IAC staff are working as a team to support the effort in all areas of service to their clients. Incorporating FIT Kit training into its ESOL Curriculum will also ensure a level of sustainability and replicable model for others to try.
IV. Describe in detail any changes to project design, implementation, staffing, or partnerships for Phase II.

Staffing

GNB Allies Staff: The grant Program Manager formally left the position in January, 2016. The Manager’s duties were primarily assumed by Kathy Murphy, the Program Coordinator, who continued organizing, coordinating, and providing leadership and direction in the Manager’s absence.

Partners: All of the partners named on the workplan and logic model remained active participants from the beginning of Phase II implementation in July 2015 through June 2016.

CHWs: The program began with nine CHWs in January and now has ten. The Immigrants’ Assistance Center lost one CHW from their agency during the last six months and DogTags Navigators added two temporary part-time CHWs who speak French and Creole.

a. Discuss any strategies set forth in the original action plan that were abandoned. Also discuss any new components that were added.

While none of the strategies in the original action plan were abandoned, it became clear that learning how best to teach the correct use of the Fit Kit required far more time than anticipated. This was true for English speaking residents, but far more time consuming for non-English speaking residents, especially those who speak Portuguese. The language barrier and low literacy levels of the Portuguese participants required more one-on-one attention, using simpler words and many visuals.

In addition, the logic model and workplan were not finalized until January, 2016. Delay in getting the workplan fully approved created some uncertainty as to which goals could potentially be modified, changed, or omitted. This in turn required that the team prioritize workplan goals, with the main goals being distributing and tracking FIT Kits, teaching participants how to use the FIT Kit, and making presentations to raise awareness of the importance of screening for colorectal cancer.

There were also several new components that were not part of the original workplan:

1. A CHW created a video in conjunction with our Mayan partners to raise awareness of colorectal cancer and the FIT Kit. Instructional trainings on the FIT Kit will be posted on the Mayan of Centro Comunitario de Trabajadores (CCT Workers’ Center) of New Bedford Facebook site, which reaches approximately 9,000 Maya in New Bedford and equal numbers in Providence, RI. The interview covers the history and background of the CCT Center, a member’s concern about the growing number of cancers that he is learning about from Mayans in New Bedford, and then his request that all Mayans of a certain age should do the FIT Kit screening. The CHW then demonstrates how to use the FIT Kit.

   In the Mayan community, it was necessary to talk about colon cancer screenings and also ask who needed to be enrolled in MassHealth. Incorporating MassHealth enrollment into the conversation made it easier for community members to feel comfortable and engaged with the colorectal cancer issue. Also essential was the presence of the CHW, who is known to the Mayans and is a trusted member of the community and a locally accessible link, bridge, and navigator in the New Bedford area.

2. The instructional video on FIT Kit created by the CHWs was by far the best example of both literacy and teaching (See https://drive.google.com/file/d/0B3NpVDEb2hOiQ3VpMGhFRU4zX1k/view). Consistently, the CHWs found that people do not want and will not read materials, but they do learn through video and demonstration. The video will be translated into Portuguese, Spanish, and K’iche.
V. SUMMARIZE YOUR PROCESS AND SHORT-TERM OUTCOME EVALUATION DATA, INCLUDING:

A. Process evaluation:

i. Based on your previously submitted logic model (activities and outputs columns), compare the actual and intended implementation of your intervention(s).

ii. Document intervention activities, recruitment and responsiveness of target population(s), amount and quality of the intervention(s), and intervention reach (comparing intended vs. actual).

Activities¹

CHWs

1. Health professionals provide colon cancer education and training to CHWs.
   Status: Complete. 100% goal reached:
   2 CHWs from YWCA
   4 CHWs from UIA/First Baptist Church
   2 CHWs from Immigrants’ Assistance Center
   1 CHW from Mayan community
   1 CHW from GNB Health Center
   1 CHW from DogTags

2. CHWs are linked with clinical providers to identify patients who face barriers.
   Status: Complete. A CHW is embedded at the GNBCHC providing colon cancer screening education and follow up in collaboration with primary care physicians. Two CHWs are embedded with the patient navigation team at Southcoast Center for Cancer Care as part of a comprehensive care plan for at risk patients, particularly in assisting oncology patients with navigation concerns and identifying potential barriers to care.

3. Colorectal screening kits (FIT Kits) distributed by CHWs
   Status: Complete. A total of 74 FIT Kits were distributed to eight Partners by CHWs.

4. SHS provides lab processing for FIT Kits
   Status: Complete.
   SC Cancer Center provided processing for each kit returned.

5. CHWs provide health education to target population and assist with navigation for participants who need medical follow-up.
   Status: Complete. See Sections II, III, and IV.

¹ Note that more detailed information can be found in Section II, particularly in terms of documenting intervention activities, recruitment and responsiveness of target population(s), amount and quality of the intervention(s), and intervention reach (comparing intended vs. actual).
6. Process developed for provider referrals to CHWs.
   Status: Complete. For the Southcoast Cancer Center, two medical oncology social workers identified some at risk patients struggling with social determinants, e.g. transportation, resources, managing appointments. After assessing each patient, the social workers speak with the oncologists about referring them to the CHWs and then assign a CHW to follow-up. The Greater New Bedford Community Health Center added FIT Kit education with a CHW as part of a primary care visit.

**Process**

1. Monitor adherence to the Phase II Logic Model and Workplan.
   Status: Complete.
   Note that there was a delay in completing the workplan due to the Program Coordinator’s departure halfway through Phase II.

2. CHWs document kits distribution, returns, and follow-up using screening tracking tool.
   Status: Complete. See Section II, Goal 2, Item 2.

**Literacy Toolkit**

1. Compile and review pre-existing health literacy materials/tools.
   Status: Complete. Materials were reviewed but the consensus among the CHWs and partners was that while the actual in hand materials (e.g. fact sheets and brochures) were helpful for creating awareness, these materials were not as helpful when client educational and literacy levels were low, even if the materials were in the client’s own language. To overcome this obstacle, CHWs simplified the message using visuals, and listened to their client’s questions and concerns. In some cases CHWs even demonstrated with common household items (e.g. peanut butter) so that clients could actually see the process. This strategy was extremely effective.

2. Literacy Tool Kit working group develops Cancer Literacy Toolkit, including Cancer Screening.
   Status: Complete. See Section II, Goal #3

3. CHWs review and refine Cancer Literacy Toolkit.
   Status: Complete. See Section II, Goal #3

4. Toolkit distributed to clinical/community/faith based Partners
   Status: Complete. See Section II, Goal #3. Of note is the need for more materials in Portuguese as the project moves forward. The IAC is working to supply all materials in Portuguese and going forward the video will be translated into other languages, including Portuguese, Spanish, and K’iche. Using the Spanish video materials provided by the In Sure FIT Kit Company and translating “on the fly” was not effective.

**Awareness/Education**

1. Disseminate needs assessment findings to key stakeholders.
   Status: Complete. See Section II, Goal #2, Items 1, 2, 3, and 6.

2. Develop multi-media plan and campaign utilizing ethnic and local media.
   Status: On-going. See Section II, Goal #2, Item 5.

3. Media Committee disseminates stories and press releases.
Phase II – Cancer Disparities/Health Equity Action Plan: Final Progress Report

Status: On-going. See Section II, Goal #2, Item 5.

4. Presentations/conversations by CHW/physician team to community, faith-based, and clinical organizations.
   Status: On-going. See Section II, Goal #4, Item 1.

Outputs

   Status: Complete.

   While many culturally appropriate materials have been developed (see Appendices), the primary health literacy tool is the health literacy video. The video can be used one to one, in a small group, and on smart phones and tablets. It is user friendly, linguistically sound, and culturally appropriate. Going forward the video will be translated into other languages, including Portuguese, Spanish, and K’iche.

2. Health Literacy Cancer Screening Tool.
   Status: Not complete. The health literacy test tool was not created. The team was focused on creating new educational materials and streamlining processes in the first part of 2016, so the test tool was not a priority. However, the development of culturally specific tools by the team (e.g. videos, demonstrations, handouts) proved to be an exercise in assessing health literacy. That is, the original company-provided FIT Kit materials were tested and it was clear that new materials needed to be developed that were more appropriate for the target population. In fact, program partners are continually assessing the health literacy of their clients for all of their programs, thus assessing health literacy is built in to their programs.

3. 200 colorectal screening kits (FIT Kits) distributed by CHWs.
   Status: Partially complete. This number was revised down to 125 in the fall of 2015 (50 in 1st six months and 75 in 2nd six months). Please see Goal #2, Item 2 for more details.

4. 200 colorectal screening kits (FIT Kits) processed by SHS.
   Status: Partially complete. Twenty-nine kits, or 39% of those distributed were returned to the Southcoast Cancer Center. All but one was processed.

5. Media plan and campaign.
   Status: On-going. See Section II, Goal #2, Item 5.

6. Process and outcomes interim and final progress reports.
   Status: Complete.
Phase II – Cancer Disparities/Health Equity Action Plan: Final Progress Report

B. Outcome Evaluation:

i. List your short-term outcomes and describe whether or not you were able to meet them supported by your outcomes data (including the source of the change, who changed after receiving services, by how much, and when the change occurred. If you weren’t able to meet your short-term outcomes, describe barriers you encountered. Also, discuss any positive unanticipated outcomes.

FIT Kits

1. 10% of FIT Kits returned for SHS distribution and 40% returned for GNBHC distribution.

   Status: Partially complete. Two kits were distributed by the Southcoast Health Van and one kit was returned, for a rate of 50%. Eleven kits were distributed to the Greater New Bedford Community Health Center (GNBCHC) and seven kits were returned, for a rate of 64%.

Health Literacy

1. Vulnerable residents begin to overcome barriers to preventative and comprehensive care for colorectal cancer.

   Status: On-going. Vulnerable residents are beginning to overcome barriers to preventative and comprehensive care, particularly among groups with historically low levels of health literacy, including Veterans, Mayans, Portuguese elders, and Hispanics. Examples include:

   a. FIT Kit trainings are part of the IAC’s ESOL and Citizenship curriculum. Portuguese elders are now asking about the FIT Kit or colonoscopies when they visit their doctor, when in the past they would rarely ask questions of their doctor (see Phase I Needs Assessment).

   b. The IAC trained all of five staff members on how to educate clients about colorectal cancer and how to conduct the FIT Kit screenings. The interventions are managed by case managers and CHWs and follow-ups on these activities is coordinated and tracked carefully. Importantly, the IAC assists clients in understanding notice letters received from the Southcoast Cancer Center or notes from their doctors regarding screening. Previously, clients would often receive information in English or even in Portuguese and not understand the letter or what steps needed to be taken.

   c. Effective training on colorectal cancer in Spanish and Portuguese and attention to literacy levels is leading to more people asking about and getting colonoscopies. Going forward, the team plans to better document these cases.

   d. In May 2016, Adrian Ventura, a recognized leader of the New Bedford Mayan community, met with a CHW. Through visits and contacts with Adrian and the Mayan community groundwork has been laid for education and screenings to begin. Screenings will begin for a largely undocumented community of people who are not accessing health care, whose primary barrier still remains personal safety and street violence, and who are working in environments where known chemicals are exposing them to suspected cancer causing agents. The Spanish speaking CHW is working to erode this barrier.
Cancers are one of the most documented causes that prove Veterans claim eligibility for benefits. DogTags Navigator’s Director received colorectal cancer and FIT Kit training on this project, which in turn leveraged two public health projects conducted by UMass Dartmouth Nursing students. Going forward, FIT Kits will be part of the intake and screening process to help prove a Veteran’s insurance and disability claims. A specific colorectal tracking tool was developed to track this information (See Appendix E). Local resources have been identified so that referrals can be made from DogTags to appropriate providers, including FIT Kit screenings and follow-ups.

There were several obstacles during the project that made it a bit more difficult for residents to overcome barriers to preventative and comprehensive care for colorectal cancer.

Health Literacy/FIT Kit Materials

As noted in Section II, it took longer than expected for the team to identify best practices and determine the required length of time that teaching on the FIT Kit would take. For example, the instructions on how the kit should be taught was fairly straightforward. However, low health literacy levels required a considerable amount of time and effort to gear these materials to this population. Thus, what was originally seen as an easy off-the-shelf product with simple instructions required much more work on the front and back ends to gear the materials to our clients, including developing new materials, translating materials, taking much more time to instruct clients on the use of the kits, having difficulty contacting clients to see if they returned the Kits, meeting with some clients to re-explain how to use the kits, making numerous follow-up calls, and tracking data. We have utilized the knowledge gained and have developed a more streamlined process with great input from the CHWs. This includes streamlining education and developing forms and tools to be used in the process. This will be useful in replicating this work.

Partners

It is crucial to have an established and dependable place for Veterans to receive services. However, the established space (Waldron Barracks) was closed, which adversely impacted the team’s ability to increase the number of FIT Kit screenings among this group.

Another issue with Partners was the merging of two churches: St. Anthony of Padua (Portuguese speaking) and Killian’s (Spanish speaking and home for many Mayans). Merging faith-based communities, especially two culturally and linguistically specific communities, is difficult at best and this delayed the teaching, training, and distribution of FIT Kits to two of the target groups of the grant (Portuguese and Hispanic).

Logistics

The sheer logistics of training CHWs, scheduling them in the field, re-developing training tools, retrieving/tracking samples, following up with clients, tracking referrals, working with doctors, and arranging transportation was a difficult and time consuming process, particularly since some CHWs work part-time. Under the best conditions, this would be a difficult task for the CHWs, but they are also working with a very vulnerable population with much greater needs other than cancer awareness. The capacity of CHWs needs to be raised for this project to succeed fully going forward.

Client Fear

One other barrier in getting people to complete the early screening is that was encountered is fear – fear of finding out one has cancer, fear of what the treatment will entail, fear that they won’t be able to afford treatment, fear that tests will be ordered that they don’t need, and fear in general of navigating a health care system about which they know very little. There is also a feeling - particularly among the Portuguese - that the day of one’s death is predetermined by God, so a test is unnecessary. And Portuguese males in general refuse to take the test, although there were two cases in which the spouses of Portuguese men were able to
convince their husbands to take the test, which may be a useful strategy going forward. Although these issues were recognized and mitigated where possible by the CHWs, they did pose a barrier to completing the test.

2. Health literacy among the region’s vulnerable residents increases

Clearly, all of the outreach and teaching done at the IAC, DogTags, with the Mayan Community, outreach by the YWCA to Portuguese and Hispanic groups, faith-based communities, and various forums have helped to increase health literacy among the region’s vulnerable residents. The modified video done by CHWs is simplifying the training on the FIT Kit and will be adopted by IAC and done in Portuguese. Importantly, the team expects these activities to be ramped up further even after the grant ends now that strong partnerships, networking between partners and processes are in place.

**Awareness/Education**

1. Awareness of program increases among general public.

Educational and informational materials are ready to launch through public access, social media platforms, and local newspapers, and a presentation on cancer and Veterans has been done at the New Bedford Health Department. Press releases have been published in the New Bedford Standard Time and O’Journal (Portuguese language newspaper). New Bedford Public Access has agreed to air the PSA created by DogTags. The IAC will also continue to send out information to ethnic media. Southcoast Health also distributed information through traditional and social media platforms.

2. Awareness of program increases among key audiences (i.e. community, faith-based and cultural organizations).

As noted throughout this report, awareness of the program is increasing among key audiences. However, the team feels strongly that its work is only just gaining momentum and that the bulk of its impact is yet to come.

ii. Describe what data was collected to answer each evaluation question. Attach copies of the data collection instruments, noting any sources used to develop these instruments.

The primary data collection database is the FIT Kit tracking tool. More information can be found in Goal #2 Item 10 and in Appendix A.

Other tracking tools were not developed due to staff turnover (the Manager left mid-project) and the loss of the grant’s consultant for more than half of Phase II activities (Public Policy Center was not rehired at the outset of Phase II and did not come on board until late-January). Due to the turnover, most of the later Phase II activities were focused on developing basic procedures, embedding CHWs, developing a client base, and implanting the basic tracking tool. In parallel to the tracking tool, an on-going and open-ended real-time approach/strategy was put into place through one to one meetings, conversations, co-planning, and in-field problem solving among the Program Coordinator/Program Manager, CHWs, and partners. This became an effective mechanism for meeting short term goals, identifying barriers, and solving issues in between monthly meeting times. Strategies and interventions were changed or modified based upon feedback and discussions and communicated through telephone conversations, texts, one-on-one meetings with the Program Coordinator/Manager, and monthly meetings.

C. Describe plan for reporting/disseminating your evaluation findings and otherwise communicating about the project.

As noted in other areas of the report, the team plans to continue with its media campaign, including newspaper articles in regular and ethnic media, PSAs on public access TV, social media, Facebook, and in making presentations at various forums.
VI. Describe any plans to sustain and grow the cancer disparities initiatives that began during the project period.

There is a definite need to train more CHWs and build the capacity of this group, not only for this grant, but for the myriad of other projects throughout the city of New Bedford. There currently are a number of programs in both New Bedford and Fall River that utilize CHWs, and most are grant funded. Approximately 25 CHWs are currently working on these projects. There is a particular demand for multilingual CHWs and there is a strong need to identify residents with attributes that would make them strong and successful CHWs and provide 80-hour core competency and other training. There is a great need for a convenient training center in Southeastern Massachusetts and a number of community agencies are working to accomplish this.

More specifically:

1. A Health Equity Cancer Disparities Project meeting will be scheduled for July to plan, discuss, consider and design what the three-month extension time requires, including:
   - Completing MOUs. This goal was not achieved in Phase II.
   - Reviewing and revising budget items by all partners and GNB Allies Finance and Budget Committee, including options for reassigning and reallocating amounts based on Phase II experiences and what is seen and agreed upon by partners and GNB Allies.
   - Identifying which partners will continue on this project.

2. Plans are underway to meet with the faith-based CHW and work with the pastor of The Spanish Church of God, as this avenue holds great promise for future outreach. Many of the members in this Church are bilingual Spanish/English, many who are undocumented, but on the pathway to citizenship. The pastor would like more health and wellness work done for this growing faith based community.

3. Partners will outline what they see as their agency’s most essential component(s) that will sustain and grow the colorectal cancer disparities initiatives begun on this project relating specifically to colorectal cancer and generally to all cancer disparities that are emerging for partners, especially Veterans and the Mayan community partners.

4. IAC has begun conversations with two of the fish houses in New Bedford and these conversations will continue over the coming months.

5. The role of the Southcoast Health Van as it relates to FIT Kit screenings will be assessed. Conversations will be held on what the Health Van team feels would be the best coordination of services with CHWs and partners as well as barriers that need to be addressed. This includes HIPPA or criteria for interfacing with clients and having a more established team of both Health Van staff and CHW Partners who can increase and grow the FIT Kit initiative.

6. Partners will determine how all resources can be better coordinated to more formally and effectively address screenings and referrals for the Mayan community and for the Veterans DogTags community.
VII. **PLEASE PROVIDE ANY FEEDBACK TO CDC/DPH ABOUT YOUR EXPERIENCE PARTICIPATING IN THE CANCER DISPARITIES CAPACITY BUILDING PILOT PROJECT INCLUDING ANY RECOMMENDATIONS YOU MAY HAVE FOR FUTURE SIMILAR INITIATIVES.**

Considerations should be given to the following:

1. The identity and scope of CHWs should be discussed and concerns addressed upfront before beginning projects, particularly when CHWs will be used by clinical partners. This practice saves time and provides CHW and clinically-based partners with a clearer expectations in terms of supporting CHWs in the field, what the CHWs scope of practice involves, and where CHW feedback requires clarity.

3. **Sustainability and Replicability:** It is generally agreed by all partners that trust and the one-to-one relationship between a CHW and client is paramount. CHWs are trusted members of their community and provide culturally specific care and services and are an important and effective tool for engaging people and effecting behavioral patterns for change, especially in addressing health access, health disparities, and health inequities.
## APPENDIX A: FIT KIT TRACKING MATRIX

<table>
<thead>
<tr>
<th>Kit #</th>
<th>Organization</th>
<th>DOB/Age</th>
<th>Race/Ethnicity</th>
<th>Language</th>
<th>City</th>
<th>Family Hx of colon can</th>
<th>Hx of cancer themselves</th>
<th>Date given to client</th>
<th>Date collected from client</th>
<th>Date results received</th>
<th>Result.</th>
<th>Results mailed to client/p</th>
<th>Sent to van RN for followup</th>
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<tr>
<td>1</td>
<td>DogTags</td>
<td>74</td>
<td></td>
<td></td>
<td>Dartmouth</td>
<td>yes</td>
<td>no</td>
<td>12/21/2015</td>
<td>1/6/2016</td>
<td>neg</td>
<td>1/7/16</td>
<td>1/7/16</td>
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<tr>
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<td>55</td>
<td>English</td>
<td>New Bedford</td>
<td>yes/aunt</td>
<td>10/8/2015</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
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<td>63</td>
<td>Portuguese</td>
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<td>11/24/2015</td>
<td>12/1/2015</td>
<td>12/4/2015</td>
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<td></td>
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<td>10/8/2015</td>
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<td>Portuguese</td>
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<td>24-Nov</td>
<td>not returned</td>
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### Phase II – Cancer Disparities/Health Equity Action Plan: Final Progress Report

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Community health workers join to educate and screen residents for cancer

By Kathleen McKiernan
kmckiernan@st.com

NEW BEDFORD — With many residents facing more immediate issues around housing, childcare, jobs, immigration and safety, often their health needs take a backseat until it is too late. When community members do visit a doctor’s office or hospital, they are confronted with several barriers including language, lack of understanding of basic health information to make informed choices, and an innate fear of what they may find out about their health. Residents also struggle to pay out-of-pocket expenses or to find physicians who accept their insurance, according to a study by the University of Massachusetts Dartmouth Public Policy Center for the Greater New Bedford Allies for Health and Wellness.

This is why the GNB Allies has joined with several organizations throughout the city to have trained community health workers meet with residents to educate them on health awareness and distribute Fecal Immunochemical Test (FIT) Kits to test for colorectal cancer. FIT Kits are a newer screening tool that tests for hidden blood in the stool. Community members, health officials say, may be more likely to listen to and communicate with the health workers they already know and return the screening tests.

Participating organizations on the cancer screening project include theYWCA Dog Tags Navigators, New Bedford Community Health Center, Immigrants’ Assistance Center and Southcoast Cancer Center.

“It is a new way to help people achieve better health,” said Rev. David Lima, executive minister of the Intercultural Faith Council. “I think a lot of what happens is people go to the doctors and get treatment to follow up on. A community health worker is someone who is a peer leader and can help follow up. If you detect it early, we can save lives.”

This week, 120 FIT Kits were distributed to the organizations with kits available in English, Portuguese, and Spanish.

Colorectal cancer, which occurs in the colon or rectum, has been targeted because of its high morality rate in SouthCoast.

“People in the community are getting colon cancer and finding out at the late stage diagnosis,” said Katherine Tsonis, Oncology Outreach Coordinator at Southcoast Centers for Cancer Care. “Although the incidence of colon cancer is comparable to the state average, the problem is the time of diagnosis. Colorectal cancer is particularly high in the region among Hispanic men and women,” said Kerry Mello, Community Benefits Manager at SouthCoast Health.

“We are trying to educate,” said Helena DaSilva Hughes, executive director of the Immigrants’ Assistance Center. “Some members of our immigrant community are not going for colonoscopy. That’s a big problem. The immigrant community doesn’t go to the doctors until they are sick.”

The hope is that residents will be more likely to return FIT Kits back to community health workers whom they already have relationships with and doctors will be able to detect cancer early on.

“The kit doesn’t replace the colonoscopy. It is the best screening tool out there, but people are not doing colonoscopy,” said Tsonis. “This is the next best thing. The results will get sent back to the Cancer Center and we contact the patient. I’m optimistic community health workers will make a big difference.”

The effort is a result of a $100,000 grant the GNB Allies received this past spring to conduct a needs assessment to identify barriers faced by the region’s most vulnerable residents who struggle to access preventive and comprehensive cancer care.

—Follow Kathleen McKiernan on Twitter @KMcKiernanSCT
Events in your community

Posted by Lurdes C. da Silva, O Jornal on Feb 26, 2016 in Community News | 0 comments

Narcan Training Presentation to be held in Fall River
FALL RIVER — The Niagara Neighborhood Association will host a special Narcan training presentation on Monday, Feb. 29 with Connie Rocha-Mimoso, director of community health services at New Bedford-based Seven Hills Behavioral Health.
PRESS RELEASE

The Immigrants’ Assistance Center, In. (IAC) in collaboration with Casa da Saudade Library will be hosting its 15th Annual Health Fair on Tuesday, March 1, 2016 from noon until 4 p.m.

Southcoast Health mobile Van will be provide free health screenings during the event. The topic of the health fair will be Colon Cancer awareness. Bilingual nurses from Southcoast Centers for Cancer Care will be available to answer your questions.

Bilingual information pamphlets on good health will be available.

United Healthcare is the sponsor of the event. Sales Representatives with United Healthcare will be present at the Health Fair with information and applications.

For more information please contact the IAC at 508-996-8113.

Sponsored by

UnitedHealthcare®
Community Plan
HEALTH AND WELLNESS DAY!
Join us for lunch and an informative fun day

Immigrants’ Assistance Center, Inc.

Will be hosting its

14th Annual Health and Wellness Day on
Tuesday, March 1, 2016 from 12:00 p.m. until 4:00 p.m.
At 58 Crapo Street, New Bedford, MA.

Screenings will be available on Glucose, Cholesterol and
Blood Pressure Testing

Registration for Free Prostate Screening, Mammography and
Pap test will be available for those who qualify

Pick up informational pamphlets on good health. Sales
representative with United Health Care will be present with
information and application.

To find out more about this event, please contact the Immigrants’
Assistance Center at (508) 996-8113

Collaborating Agencies:
Southcoast Health Group-Mobile Van, Southcoast Health Group-Center for Cancer Care,
Coastline, Casa da Saudade, Southcoast Counties Legal Services, YWCA,
Brandon Woods and Representative Antonio FD Cabral

Sponsored by

UnitedHealthcare*
Community Plan
DIA DA SAÚDE E DO BEM-ESTAR!
Junte-se a nós para um almoço e um dia informativo e divertido

Immigrants’ Assistance Center, Inc.

Estará apresentando o seu

14º Dia da Saúde e do Bem-Estar Anual na Terça-Feira, 1 de Março, 2016 das 12:00 às 4:00 da tarde em 58 Crapo Street, New Bedford, MA 02740

Testes de glicose, colesterol e Pressão Arterial estarão disponíveis

Inscrições para testes da Próstata, Mamografia e teste de Papanicolau estarão disponíveis para os que qualifiquem

Recolha panfletos informativos sobre a boa saúde. Representantes do United Healthcare estarão presentes com informação e Inscrições.

Para saber mais sobre este evento, por favor contacte o Centro de Assistência aos Imigrantes no (508) 996-8113

Em colaboração com as seguintes empresas:
Southcoast Health Group-Mobile Van, Southcoast Health Group-Center for Cancer Care, Coastline, Casa da Saudade, Southcoastal Counties Legal Services, YWCA, Brandon Woods and Representative Antonio FD Cabral

Patrocinado por

UnitedHealthcare®
Community Plan
¡DÍA DE SALUD Y BIENESTAR!
Únete a nosotros para almuerzo y un día divertido e informativo

Immigrant’s Assistance Center, Inc.

Sera el anfitrión de su cuarto décimo día anual de salud y el bienestar el Martes, Marzo 1, 2016 desde las 12:00 p.m. hasta las 4:00 p.m. en 58 Crapo Street, New Bedford, MA.

Habran disponibles examenes de glucosa, colesterol y presión sanguínea.

Registración para examenes gratuitos de la prostata, mamografía y prueba de papanicolao estaran disponibles para aquellos que califiquen.

Busquen sus panfletos informativos en buena salud. Un representante de ventas de United Healthcare estará presente con información y aplicaciones.

Para aprender más acerca del evento, favor de contactarse con Immigrants Assistance Center al Telefono (508) 996–8113

Agencias colaborativas:
Southcoast Health Group-Mobile Van, Southcoast Health Group-Center for Cancer Care, Coastline, Casa da Saudade, Southcoastal Counties Legal Services, YWCA, Brandon Woods and Representative Antonio FD Cabral

Patrocinado por

UnitedHealthcare®
Community Plan
APPENDIX C – FIT KIT EDUCATION MATERIALS, REFERRAL FORM, AND RESULTS LETTER

Ask about the colorectal cancer screening test, done by you at home.
InSure® FIT™ provides screening for early detection of Colorectal Cancer.

You May be at Risk if You:
- Are over 50 years of age
- Had colorectal polyps or cancer in the past
- Have a family history of colorectal cancer (in parent, brother, sister or child)
- Have ulcerative colitis or Crohn’s disease
- Eat a diet high in fat and low in calcium and fiber
- Smoke cigarettes
- Have certain genetic conditions

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- Have ulcerative colitis or Crohn’s disease
- Eat a diet high in fat and low in calcium and fiber
- Smoke cigarettes
- Have certain genetic conditions
Utilização Pretendida
O teste InSure® FIT™ deteta a existência de sangue oculto nas fezes. A presença de sangue pode ser um sinal de perturbações gastrointestinais inferiores que devem ser tratadas. A amostra é recolhida na privacidade do seu lar e o teste é posteriormente enviado para a morada indicada pelo seu médico onde é analisada. O teste InSure® FIT™ destina-se a ser utilizado apenas para Diagnóstico In Vitro.

Dispositivo Médico DIV
O teste InSure® FIT™ está em conformidade com a Directiva 98/79/CE relativa aos dispositivos médicos de diagnóstico in vitro e possui a marcação CE.

Metodologia
O teste InSure® FIT™ é utilizado para detectar hemorragias no intestino delgado. Doenças colo-rectais, tais como pólipos, colite, diverticulite, hemorroidas, fissuras ou cancro colo-rectal podem liberar pequenas quantidades de sangue no intestino delgado. Caso exista sangue oculto nas suas fezes, este passa das fezes para a água da sanita. O kit InSure® FIT™ contém tudo o que é necessário para recolher duas amostras de fezes (proveniente de duas evacuações diferentes) para testar se há sangue nas amostras. A colheita é simples, não requer o manuseamento de fases e é concluída na privacidade da sua casa de banho.

Composição
O kit de teste não contém ingredientes reactivos.

Conteúdo do kit
- Instruções de Utilização
- Cartão de Teste
- Kit de Escovas composto por duas escovas e dois sacos de resíduos
- Envelope de envio

Armazenamento e manuseamento
O cartão de teste deve ser guardado à temperatura ambiente. Proteja-o do calor e da luz solar directa. Utilize o kit antes da data de validade impressa no Cartão de Teste.

PROCEDIMENTO DE COLHEITA DE AMOSTRAS: Primeira amostra - A

1. Leve estas instruções, o Kit de Escovas e o Cartão de Teste para a casa de banho.
2. Faça a descarga da sanita ANTES de defecar.
3. Após defecar, NÃO COLOQUE PAPEL HIGIÊNICO USADO NA SANITA. Em vez disso, use um dos sacos para resíduos fornecidos.
4. NÃO FAÇA A DESCARGA da sanita.
5. Levante a aba assinalada com “A” ou “LIFT HERE FOR SAMPLE 1” (LEVANTE AQUI PARA A AMOSTRA 1) no Cartão de Teste para exibir o quadrado branco de pequenas dimensões que se encontra por baixo.
Phase II – Cancer Disparities/Health Equity Action Plan: Final Progress Report

**Phase II - Cancer Disparities/Health Equity Action Plan: Final Progress Report**

**Segunda amostra - B**
A sua segunda amostra deve ser recolhida durante outra evacuação. (Como podem nem sempre ocorrer hemorragias, é recolhida uma amostra de uma segunda evacuação de modo a aumentar as hipóteses de detectar sangue.)

**Símbolos utilizados**

- **ECREP**: Representante Autorizado na Comunidade Europeia
- **LOT**: Código do lote
- **Prazo de validade (Até Mês Dias)**
- **Límite de temperatura**
- **Não reutilizar**
- **Marcação CE**
- **Contido**
- **Contém o suficiente para (n) testes**

**Etiquetas amovíveis**

- **ATENÇÃO**: Consultar as instruções de utilização
- **Fabricante**
- **Dispositivo médico de diagnóstico in vitro**
- **Riscos biológicos**
- **Este produto está abrangido por uma ou mais patentes**
- **Manter afastado de fontes de calor**
- **Aviso** quando o teste for ser realizado
- **Não se deduz a um inteiro**
- **Manter fora do alcance das crianças**

**Informações adicionais**

- **ECREP**
  - HemoCue AB
  - Box 1204
  - SE-262 23 Ängelholm
  - Suécia
  - Telephone +46 77-660 10 10
  - Fax +46 77-660 10 12
  - E-mail: info@hemocue.se
  - www.hemocue.com

- **Enterix Inc., Edison, NJ 08837 USA**

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CHW Referral Form

Olá
Meu nome é ________________________.
Eu sou o seu Kit Fit Agentes Comunitários de Saúde.
Se você tiver quaisquer perguntas sobre:
☐ Como usar o Kit Fit
☐ Na carta que você receberá com seus resultados de teste
☐ O que fazer em seguida
☐ Como entrar em contato com o seu médico
Por favor, me ligue no ____________ e eu vou ajudá-lo.

Hello
My name is ________________________.
I am your Fit Kit Community Health Worker.
If you have any questions on:
☐ How to use the Fit Kit
☐ On the letter you will receive with your test results
☐ What to do next
☐ How to contact your doctor
Please call me at ____________ and I will help you.

Hola
Me llamo ________________________.
Soy tu Kit Fit Agente de salud comunitaria.
Si usted tiene alguna pregunta sobre:
☐ Como utilizar el juego de ajuste
☐ En la carta que recibirá con resultados de la prueba
☐ ¿Qué hacer a continuación
☐ ¿Cómo ponerse en contacto con su médico
Por favor llámeme al ____________ y yo te ayudaré.

Hello
My name is ________________________.
I am your Fit Kit Community Health Worker.
If you have any questions on:
☐ How to use the Fit Kit
☐ On the letter you will receive with your test results
☐ What to do next
☐ How to contact your doctor
Please call me at ____________ and I will help you.
XXX
street name
New Bedford, MA 02740

November 6, 2015

Dear Mr. XXX,

Thank you for participating in the colorectal screening program by returning your colon screening FIT kit to Southcoast Health for processing.

Your test results were:

(  ) Negative

Your colon cancer screening test result was negative; however, the home test does not replace the colonoscopy. A colonoscopy is considered to be the best colon cancer screening and is recommended for all people age 50 and older. Discuss your risks with your primary care physician during your yearly physical.

A colonoscopy is a procedure that is done by a gastroenterologist or a surgeon at an endoscopy center or hospital. This test will allow a doctor to look inside the entire colon (large intestine) to check for polyps or cancer.

(  ) Positive

The results of your colon cancer test (FIT kit) showed that you may have blood in your stool and further testing is needed. You indicated on your screening form that is your Primary Care Physician; therefore a copy of this letter was mailed to his office. We recommend you contact his office to schedule a follow-up appointment.

Thank you,
Kathy Tsonis
Oncology Outreach Coordinator
508-973-3077

cc:
Gracias por participar en el programa de detección del cáncer colorrectal devolviendo su kit para la prueba del colon a Southcoast Health para su procesamiento.

Los resultados de su prueba fueron:

(X) Negativo

Si bien el resultado de la prueba de detección del cáncer del colon fue negativo, se recomienda una colonoscopia para las personas de 50 años o mayores. Hable de los riesgos con su médico de atención primaria, su médico de atención primaria, durante su examen físico anual.

Una colonoscopia es un procedimiento realizado por un gastroenterólogo o cirujano en un centro de endoscopia u hospital. Este examen le permitirá al médico observar todo el interior del colon (intestino grueso) para detectar pólipos o cáncer.

( ) Positivo

Los resultados de su prueba de detección del cáncer del colon (FIT kit) mostraron que es posible que tenga sangre en sus heces y se necesitan pruebas adicionales. Usted indicó en su formulario de evaluación que es su médico de atención primaria; por lo tanto una copia de esta carta le fue enviada por correo a su consultorio. Recomendamos que se ponga en contacto con el consultorio para marcar una cita de seguimiento.

Muchas gracias,

Kathy Tsonis

Coordinadora de Difusión en Oncología

508-973-3077
Obrigado pela sua participação no programa de rastreamento colorretal através da devolução do seu conjunto FIT do rastreamento do cólon do Southcoast Health para processamento.

Os resultados dos seus testes são:

( X ) **Negativo**

Apesar do resultado do seu teste de rastreamento de câncer do cólon ser negativo, uma colonoscopia é recomendada para pessoas de 50 anos de idade ou mais velhas. Fale com o seu médico de cuidados primários, sobre os riscos, durante o seu exame físico anual.

Uma colonoscopia é um procedimento que é feito por um gastroenterologista ou cirurgião num centro de endoscopia ou hospital. Este teste permitirá ao médico ver dentro de todo o cólon (intestino grosso) para ver se tem pólipos ou câncer.

( ) **Positivo**

Os resultados do teste para o câncer do cólon (conjunto FIT) mostraram que poderá ter sangue nas fezes e mais testes são necessários. Indicou no formulário do seu rastreamento que ----- é o seu médico de cuidados primários; por isso uma cópia desta carta foi enviada para o escritório dele. Recomendamos que contacte o seu escritório para marcar um apontamento de seguimento.

Obrigado,
Kathy Tsonis
Oncology Outreach Coordinator
508-973-3077
APPENDIX D – POWERPOINT PRESENTATIONS

Table prepped with Information

The FIT KITS were all placed in numeric order and the sign up sheets are coded to match up with the numbers on the kits. All the informational pamphlets are available in both Spanish and English.

The Final Preparations Being Made Before The Actual Presentation
Each CHW has a job to do

Presenting the Power Point Presentation
By: CHW Valentina Martinez-YWCA
Fit Kit Demonstration

By: CHW Valentina Martinez - YWCA

Step By Step Instructions
The audience was asked who among them is interested in having a kit to take home with them.

Almost 30 Fit Kits were given out this day.

Today we accomplished educating Hispanic families how important early detection is for Colorectal Cancer, we accomplished giving a demonstration on how easy taking a Fit Kit can be, and we accomplished getting the information out there. The people who were there today will talk about this with their friends and family and on and on it goes. CHWs are the voice for the communities that they serve.
APPENDIX E – VETERANS NEEDS ASSESSMENT AND RESEARCH

Colorectal Disparities Needs Assessment Form

Colorectal Disparities Project

* Required

last name *

This is a required question

Zip code

the city they live in

Email address

leave it blank if you don’t have one

Mailing address

Wherever you receive your mail

Age


Branch of Service


Does anyone in your family have cancer?

Just in your immediate family

☐ yes

☐ No

Ethnicity/Optional

☐ white/cocasian

☐ Hispanic

☐ African American

☐ Native American

☐ Asian

☐ European

☐ Other:
If Yes, Who?
Just in your immediate family

Have you ever had a colonoscopy, or a Fit Kit done?
☐ Yes
☐ No

Fit Kit I.D. #

If yes, when or about how long ago?
Within the past year or so

Has been given and understands instructions?
☐ Yes
☐ No

Sample Date #2

Sample Date #1

Reminder Call Back Sample #1

Reminder Call Back Sample #2

Is your spouse interested in taking the Fit Kit?
☐ Yes
☐ No

Do you want your parents to have a Fit Kit done?
☐ Yes
☐ No
Do you want your children to have a Fit Kit done?
- Yes
- No

Client received pamphlets and info on Clinical Trials?
- Yes
- No

Notes for office use only:
In case there are concerns or questions

Do you want more information about Clinical Trials as a Treatment option?
- Yes
- No

Last Four *
of Social Security number

Submit

Never submit passwords through Google Forms.

100%. You made it.
Veterans Exposure Research Conducted by DogTags Navigators’ Intern (Used in Client Intake)

Exposure Reference
Sand, Dust and Particulates

Veterans affected:
Iraq & Afghanistan

Particulate Matter increased because of burn pits.
Naval Air Facility - Atsugi, Japan (1985-2001)
environmental contaminants from off-base waste incinerator.

Chromium: Service members that guarded water treatment facility at the Basrah oil fields at Qarmat Ali, Iraq.

Health concerns:
-Irritation of eyes, nose, throat and skin
-Cold or flu-like symptoms- cough, runny nose, shortness of breath.
-Chromium: Lung Cancer- contact VA as a free, special medical surveillance program has been set up to monitor the health of Veterans exposed at Qarmat Ali, Iraq

Infectious Disease
Veterans effected:
South West Asia, Iraq, Afghanistan, New Dawn & Gulf War

Health concerns & diseases:
-Malaria: disease caused by a parasite transmitted by mosquitos.
   Symptoms: chills, fever, sweats
   -Must be 10% disabling within one year of military separation.
-Brucellosis: bacterial disease
Symptoms: profuse sweating, joint & muscle pain-Chronic
-Must be 10% disabling within one year of military separation

-Campylobactor Jejuni:
Symptoms: abdominal pain, diarrhea, fever
-Must be 10% disabling within one year of military separation

-Coxiella Burnetti (Q-Fever): Bacterial Disease
Symptoms: fever, severe headache, nausea, diarrhea. Chronic cases may cause inflammation of the heart.
-Must be 10% disabling within one year of military separation

-Mycobacterium Tuberculosis: Primarily affects the lungs
Symptoms: chest pain, persistent cough (sometimes bloody), weightless and fever.

-Nontyphoid Salmonella:
Symptoms: nausea, vomiting, diarrhea.
-Must be 10% disabling within one year of military separation

-Shigella:
Symptoms: fever, nausea, vomiting, diarrhea
-Must be 10% disabling within one year of military separation

-Visceral Leishmaniasis: Parasitic diseases
Symptoms: fever, weight loss, spleen and liver enlargement, anemia. - Fatal if untreated.

-West Nile Virus: Spread by mosquitos
Symptoms: fever, headache, muscle pain, weakness, nausea, vomiting- may range from mild to severe.
-Must be 10% disabling within one year of military separation

-Rabies: Spread by the saliva of warm blooded animals (bites etc.)
Symptoms: delirium, hallucinations, partial paralysis, anxiety
confusion, increase in saliva, trouble swallowing, and insomnia. - fatal if left untreated.

**Toxic Embedded Fragment**

*Veterans effected:*
Operation Enduring Freedom, Operation Iraqi Freedom, Operation New Dawn

*Health concerns:*
- Injury at the site of fragment
- Chemicals from fragments enter the blood stream
- Depleted Uranium - High doses of DU may affect the Kidneys. Veterans who served in these wars are eligible for the: Depleted Uranium Follow-up program

**Traumatic Brain Injury**

*Veterans effected:*
Operation Enduring Freedom, Operation Iraqi Freedom, Operation New Dawn

*Symptoms of TBI:*
- Immediately after the incident: dizziness, confusion, loss of memory, loss of consciousness
- Later symptoms: Persistent headache or neck pain, sensitivity to light or noise, blurred vision, loss of balance, lack of energy, ringing in the ears, chronic depression, anxiety, slowness in thinking, speaking & reading, problems with concentration, difficulty organizing daily tasks.
Cold & Heat Injuries

Veterans effected:

Health concerns of Cold Injuries
- Changes in muscle, skin, nails, ligaments, and bones Skin cancer in frostbite scars
- Neurologic injury - pain in the extremities, hot or cold tingling sensations, and numbness
- Vascular injury with Raynaud’s phenomenon - extremities becoming painful and white discolored when cold

Health concerns of Heat Injuries
- Heat Stroke, Heat exhaustion, Sunburn
- Veterans who have suffered from heat injuries during military service may be more susceptible to heat and more serious heat injuries in the future.

Burn Pits and Oil Well Fires

Veterans effected:

Health concerns of Burn Pits
- May affect the skin, eyes, respiratory, cardiovascular systems, GI tract.

Health concerns of Oil Well Fires
- May cause skin irritation, runny nose, cough, shortness of breath; eye nose and throat irritation.
- No known long-term health problems.

**Noise Injuries**

**Veterans effected:**

Combat, training and general job duties

**Noise sources**
- Gunfire Explosives Rockets
- Heavy weapons Jets & Aircrafts Machinery

**Health concerns**
- Hearing loss
- Tinnitus (ringing in the ears)

**Chemical & Biological Weapons including mustard gas**

**Veterans effected:**

Cold War, Gulf War and World War II Veterans, operation Iraqi Freedom members

**Health Concern of chemical & biological weapons:**
- More than 100,000 Gulf War Veterans could have been exposed to low levels of sarin gas and cyclosporine mixes.
- Those exposed to low levels recover completely

**Health Concern of Mustard Gas**
More than 60,000 military personnel were involved in a wide range of exposures, 4,000 of these being subjected to severe, full body exposures.

**CARC Paint**

**Veterans effected:**
Anyone who painted combat vehicles and equipment during their military service.

**CARC paint sources**
- Most potential for risk when CARC is spray painted.
- *Dry CARC presents no hazard except during welding or sanding!*

**Health Problems associated with CARC**
- HDI- highly irritating to skin and respiratory system.
- Solvents- inhaling high concentrations can cause coughing shortness of breath, watery eyes, and respiratory problems such as asthma.
- TDI- High levels are released during the drying process- can cause kidney damage.

**Pesticides**

**Veterans effected:**
Gulf War

**Pesticides used**
- Lindane - used to treat uniforms
- DEET- used on skin as insect repellent
- Organophosphorus pesticides
- Pyrethroid Pesticides
Agent Orange & other Herbicides

Veterans effected:


VA offers a FREE Agent Orange registry health exam!

Health Concerns with Agent Orange

FOR VETERANS

AL Amyloidosis
Chronic B-cell Leukemias
Chloracne: skin condition
DM Type 2
Hodgkins Disease
Ischemic Heart Disease
Multiple Myeloma
Non-hodgkins Lymphoma
Parkinsons Disease
Peripheral Neuropathy: numbness, tingling and motor weakness.
Porphyria Cutanea Tarda: liver disfunction, blistering of skin
Prostate Cancer
Respiratory Cancers: lung, larynx, trachea, and bronchus
Soft Tissue Sarcomas

FOR CHILDREN OF VETERANS

Spina Bifida
Women’s service in Vietnam related birth defects.

**Ionizing Radiation**

**Veterans affected:**
Hiroshima & Nagasaki between 1945 and 1946, POW in Japan during WWII, those that participated in nuclear weapons tests in Nevada and Pacific Ocean between 1945 & 1962.

**Cancers associated with Ionizing Radiation**

**Other Health Concerns**
-Non-malignant thyroid nodular disease, parathyroid adenoma, Posterior sub capsular cataracts, tumors of the brain and CNS.

**Sulfur Fires at Mishraq State Sulfur Mine**

**Veterans affected:**
Those in the 101st Airborne Division – 52nd Engineer Battalion, 326th Engineer Battalion, and the 887th Engineer Battalion

**Health Concerns**
At lower levels
- Irritation and reddening of the nose and throat
- Eye irritation
- Coughing
At high levels
  Burn the skin
  Severe airway obstruction leading to hypoxia
  Pulmonary edema
  Constrictive bronchiolitis- asthma like condition

**Camp Lejeune Water Supply**

**Veterans effected:**
Those working or living at Camp Lejeune base in NC between 1953 and 1987

**Health Conditions related to exposure**
  - Esophageal Cancer
  - Breast Cancer
  - Kidney Cancer
  - Multiple Myeloma
  - Renal Toxicity
  - Female infertility
  - Scleroderma
  - Non-Hodgkins Lymphoma
  - Lung Cancer
  - Bladder Cancer
  - Leukemia
  - Myelodysplastic Syndromes
  - Hepatic Stenosis
  - Miscarriages
  - Neurobehavioral issues
Operation Enduring Freedom
Afghanistan
Oct 7, 2001- Present

Exposures:
-Sand, Dust and Particulates
-Infectious Disease including
-Rabies
-Toxic Embedded Fragments inc. Depleted Uranium
-Traumatic Brain Injury
-Cold & Heat
-Injuries Burn Pits
-Noise

Gulf War
Aug 2, 1990- Present

Exposures:
-Oil Well Fires
-Chemical &
-Biological Weapons
-Noise
-CARC Paint
-Pesticides
-Sand, Dust and Particulates
-Toxic Embedded Fragments inc. Depleted Uranium
-Infectious Diseases
-Heat Injury

Vietnam War
Nov 1, 1965- April 30, 1975

Exposures:
- Agent Orange or & other Herbicides Noise

**World War II**
Sept 1, 1939 – Sept 2, 1945

**Exposures:**
- Noise
- Ionizing
- Radiation
- Cold Injuries
- Mustard Gas

**Iraq War**

**Exposures:**
- Sand, Dust and Particulates
- Infectious Diseases including Rabies
- Toxic Embedded Fragments inc. Depleted Uranium
- Traumatic Brain Injury
- Sulfur Fire (Al Mishraq, Iraq)
- Burn Pits
- Noise
- Heat injuries

**Cold War Era**
1945-1991

**Exposures:**
- Ionizing Radiation
- Mustard Gas
- Herbicide Tests and Storage
- Camp Lejeune Water Supplies
- Noise
Korean War

Exposures:
- Cold Injuries
- Noise