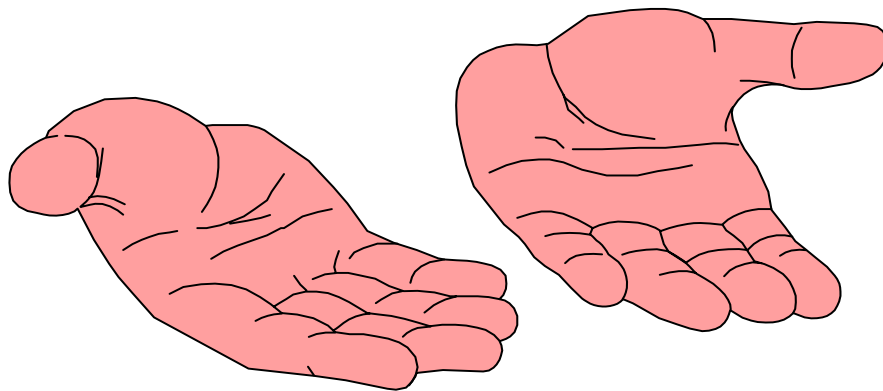


**Maryland Department of Health and Mental Hygiene (DHMH)  
Cigarette Restitution Fund Program  
Center for Cancer Surveillance and Control**

# **Outreach Worker Training**

**# 1**



# **Participant Workbook**

**June, 2002  
Revised, April, 2003  
William Wiseman, MAHE, CHES**

## ***Presenter's Foreword***

Times *are* changing. While scientific "breakthroughs" in medicine and healthcare continue to evolve at an amazing pace, competition for and access to many health resources remain problematic issues in many communities. Program budgets seem always to be tightening. There may be fewer of us to do more work. But, as education and outreach professionals, we are witnessing a revival of great significance.

As we all know, success in promoting health awareness and reducing behavioral risk combines a multitude of strategies and resources, from media campaigns to group educational presentations, to interpersonal outreach. Creating awareness among groups *is* important. Media messages are expected to promote general awareness and stimulate curiosity. Likewise, educational programs convey vital information, heighten interest and initiate dialogue.

*However, as we learn more about successful outreach, we are finding that the single most critical factor in compelling people to change behaviors may be the extent to which they, themselves "personalize" the importance of those behavioral changes.* Whether it's eating differently, exercising more, quitting smoking, managing stress better or taking advantage of opportunities to be screened for disease, individuals must *understand, appreciate* and *value* the results of thinking, acting and *living* differently.

"You're asking me to do difficult things, expend more energy and maybe even spend more money in the process. What's in this for me?", they'll be asking you . . . more often through indifferent stares or courteous looks that belie their disinterest. The "million dollar question" is, "*How is what we have to say important to the individual with whom we're speaking?*" Our job is to find out . . . from them!

Successful outreach . . . particularly in communities of color, or where poverty exists, or where cultural differences exist or where there are disproportionately few health resources . . . is accomplished through interpersonal interaction . . . and that is precisely where your outreach role becomes critical. *You* are, indeed, on the "front line". As educators and outreach workers, *you* are empowered as no others are in our system to *personalize, to motivate* and to *persuade* the public with whom you come into contact, regarding the importance of changing behaviors to their livelihoods, and to their very lives! If you're good at what you do, it is with *you* that discussion will likely take place and from which decisions will likely result. If this sounds like a lot of responsibility, that is simply because *it is!* Welcome it, *embrace* it, *relish* it, and *realize* just how vital your role is . . . *and how important you are!*

Organizations operate best and accomplish the most when all parts of it work together. Our programs function optimally when we know our *jobs, our organizations, our customers* and our *communities*. That is precisely your charge. No more. No less. Maintain good work habits. Sharpen your skills. Know your clients. Know their needs. Recognize their interests and desires and familiarize yourselves with the obstacles to healthier behavior that they are likely to encounter.

To achieve what you set out to do in your neighborhoods, however, will require your "commitment. That is, after all, what brought or keeps most of us in our jobs. Commitment often requires of us more than what we think we have to give. I am urging each of you to use all your unique individual and organizational resources to convey our important messages of health promotion, risk reduction, and personal responsibility with such energy, and faith and enthusiasm as has never existed before. Do so *loudly* . . . do so *clearly* . . . do so *persuasively* . . . and do so "at a *personal level*".

To each and every individual in this room, I commend you on your fine work, and wish you nothing but the best in all your continuing educational and outreach efforts. I hope our time together today helps!

# Outreach Worker Training Workbook

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**Section I:**

**Welcome,**

**Introductions**

**and**

**Opening Remarks**

# Outreach Worker Training Workshop Goals

To enhance outreach worker skills and effectiveness by:

1. Providing a forum for discussion and networking;
2. Increasing participants' working knowledge of the "system" in which they operate;
3. Presenting basic facts about colorectal cancer;
4. Having participants identify goals, and identify and prioritize tasks and activities to achieve those goals;
5. Reviewing research-based characteristics of successful prevention programs and outreach strategies; and
6. Familiarizing participants with tools with which to evaluate their personal and program effectiveness.

# **Outreach Worker Training Participant Learning Objectives**

## **Section II:**

### **Opening Activity:**

**“ What Is Your Job ? ”**

## ***Opening Activity***

**Purpose:** To differentiate between goals and tasks.

**First:** Briefly write down what you believe your "job" is, as an outreach worker for your local jurisdiction. Once you've finished, put it aside for the time being; we'll return to it later.

**Next:** All of us have been to a restaurant at some point and have been served by a waitress or waiter. Write down what you think is the "job" of a waitress or waiter. Then we'll list on newsprint the ideas you've come up with.

**Last:** As an important outcome of today's workshop, we want you to begin thinking about your work in terms of *what you want to achieve*, and not simply "what you do". Look back at how you originally described your job as Outreach Worker. If you defined your job in terms of the tasks and activities you perform, now re-write the description of your job as Outreach Worker in terms of what your local health department (or other program administrator) wants you to achieve. Also consider which job elements (including those you may already have listed in your original description, or others) are most critical to achieving your goals.

# Congratulations, Outreach Workers

In 1998, the final report of the National Community Health Advisor Study\*(1) identified core roles Community Health Workers have in meeting the nation's health care needs. In 2001, the American Public Health Association\*(2) also formally recognized the work of these individuals who share a variety of titles, including that of Outreach Worker.

Their **seven key functions** included:

- ✓ Bridging cultural mediation between communities and health and human services systems
- ✓ Providing culturally appropriate health education and information
- ✓ Assuring people get the services they need
- ✓ Providing informal counseling and support
- ✓ Advocating for individual and community needs
- ✓ Building, and in some cases providing direct services
- ✓ Building individual and community capacity

In addition, several other attempts have been made by state and local health departments to define the competencies expected of and exhibited by these outreach workers. They include:

## **Skills:**

- ✓ Communication and interpersonal skills
- ✓ Advocacy skills
- ✓ Health or health service knowledge base
- ✓ Service coordination and organizational skills
- ✓ Capacity-building and community "networking" skills
- ✓ Teaching skills

## **Qualities:**

- ✓ Connected to the community
- ✓ Healthy self-esteem
- ✓ Able to remain calm in the face of challenges and changing circumstances
- ✓ Friendly, outgoing and sociable
- ✓ Patient, caring and empathic
- ✓ Committed and dedicated
- ✓ Dependable, reliable, and responsible
- ✓ Creative and resourceful
- ✓ Flexible and adaptable

***Be proud of yourselves and the valuable contributions you make !***

- References:** 1. [www.globalhealthaction.org/CommunityHealthWorkers.html](http://www.globalhealthaction.org/CommunityHealthWorkers.html)  
 2. [www.tdh.state.tx.us/ppdc/roles.htm](http://www.tdh.state.tx.us/ppdc/roles.htm)

**Section III:**

**Colorectal Cancer:**

**What You Need**

**To Know**

## Colorectal Cancer Fact Sheet

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### Cancer of the colon and rectum (colorectal cancer) in Maryland

There were 2,547 people in Maryland diagnosed with colorectal cancer in 1999 (including cancer of the rectum) and 1,059 people died of colorectal cancer in Maryland that year. Colorectal cancer is the second leading cause of cancer death in the U.S. and in Maryland.

### People with colorectal cancer usually do not have symptoms, but sometimes they have:

- blood in the stool;
- a mass or lump in the abdomen;
- cramps or pain in the abdomen; or
- changes in the size of the stool (for example, the stool is thinner) or constipation.

### Most colorectal cancer can be prevented or cured.

Screening (or testing) for colorectal cancer can save lives. When colorectal cancer is found at an early stage, it can be cured. A **polyp** can be an early form of colorectal cancer. Polyps can be taken out before they grow into cancer.

### People who should be screened for colorectal cancer

- Anyone 50 years old and older; or
- A person younger than 50:
  - ◆ who has had any of the following: colorectal cancer, an "adenomatous polyp," inflammatory bowel disease (ulcerative colitis or Crohn's colitis), or cancer of the ovary or endometrium;
  - ◆ who has a mother, father, brother, sister, or child with colorectal cancer or an adenomatous polyp when that relative was under 60 years old (or when two of these relatives had colorectal cancer or a polyp at *any* age); or
  - ◆ who has a family history of genetic forms of colorectal cancer or polyps.

### Screening for colorectal cancer

There are two main ways to be screened (tested) if you have an average risk of colorectal cancer:

- **Colonoscopy;** *or*
- **Fecal occult blood test** once a year, **along with a sigmoidoscopy** once every five years.
- **Colonoscopy** and **sigmoidoscopy** are special tests where a doctor uses a long, flexible tube with a light (scope) to look inside your large intestines (colon). Colonoscopy looks at the whole colon. Sigmoidoscopy looks at the lower third of the colon.
- **Fecal occult blood test (FOBT)** looks for blood in the stool or feces--even when you cannot see the blood. The stool samples are taken at home, with bowel movements on three separate days. The test is then sent to a lab for results. Some medicines and some foods can affect the test results.

**Blood can be in the stool because of cancer, but also because of other problems. Sometimes the test does *not* show blood even when a person has a cancer. That is why it is best to have the FOBT along with either sigmoidoscopy or colonoscopy.**

- Another screening test is a **double contrast** barium enema. It is an X-ray of the colon and rectum. The X-rays are taken after the colon is outlined by a white, chalky liquid given by enema.

**Call your doctor to find out more about being screened or if you have symptoms of colorectal cancer.**

### Web sites of interest:

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Centers for Disease Control and Prevention: <http://www.cdc.gov/cancer/screenforlife>

Cancer Information Services: <http://cancernet.nci.nih.gov/>

American College of Gastroenterology: <http://www.acg.gi.org/>

American Cancer Society: <http://www.cancer.org>

### *Summary of the Colorectal Cancer Screening Tests*

<i>Test</i>	<i>Advantages</i>	<i>Disadvantages</i>	<i>Comments</i>
<b>Colonoscopy</b>	<ul style="list-style-type: none"> <li>• Can view the entire colon</li> <li>• Can biopsy and remove polyps—so is both a screening test but may also prevent or treat early colorectal cancer</li> <li>• Done every 10 years</li> <li>• Can diagnose other diseases</li> </ul>	<ul style="list-style-type: none"> <li>• Takes longer; usually requires sedation</li> <li>• May require more preparation of the bowel</li> <li>• Requires a specialist to perform</li> <li>• May not be covered as a screening test by health care insurer</li> <li>• Small risk of complications</li> </ul>	<p>Colonoscopy is the only procedure that can visualize the entire colon and that may diagnose and/or remove cancerous and precancerous polyps. Studies have shown that polypectomy lowers the rate of new colorectal cancer. Colonoscopy is recommended as the initial screening test for people at increased risk of colorectal cancer and is one way to screen people at average risk.</p>
Flexible Sigmoidoscopy	<ul style="list-style-type: none"> <li>• Can view the lower 1/4 to 1/3 of the colon</li> <li>• Can diagnose other diseases</li> <li>• Can be done by your internist or family physician</li> <li>• Does not require sedation</li> </ul>	<ul style="list-style-type: none"> <li>• Does not view the entire colon</li> <li>• Usually does not include biopsy or removal of lesions found</li> <li>• Requires colonoscopy if certain abnormalities are found</li> <li>• Needs to be done every 5 years</li> <li>• Small risk of complications</li> </ul>	<p>Annual fecal occult blood testing combined with flexible sigmoidoscopy every 5 years is the other screening method for people at average risk of colorectal cancer. Studies have shown that each of these tests reduces deaths from colorectal cancer.</p> <p>The American Cancer Society, the American College of Gastroenterology, and others currently recommend screening for colorectal cancer by either colonoscopy or FOBT plus flexible sigmoidoscopy—the choice depending on resources, expertise, reimbursement, and patient and provider choice. The strategies are approximately equally cost-effective.</p>
<b>Fecal occult blood</b>	<ul style="list-style-type: none"> <li>• Detects blood in the stool even if it isn't visible</li> <li>• Can be done by the individual at home</li> <li>• Inexpensive</li> </ul>	<ul style="list-style-type: none"> <li>• Requires limiting diet and stopping certain medications prior to testing the stool</li> <li>• Requires the individual to perform the home procedure(s) and to send in the kit for development</li> <li>• Needs to be done every year</li> <li>• Will be negative if the cancer of the colon doesn't bleed—misses about half of all colorectal cancers if done as the only screening test</li> <li>• Finding blood in the stool is not specific for colorectal cancer—FOBT will be positive in a number of other conditions such as hemorrhoids, ulcers, etc.</li> </ul>	<p>(Double contrast barium enema is also listed as a screening method by the American Cancer Society. The Maryland Medical Advisory Committee believes that DCBE should be reserved for situations where the patient and provider determine that it is indicated in the individual's situation.)</p> <p>The results of any of the screening tests may mean that more tests are needed. Surgery or other treatments may be needed if colorectal cancer is found.</p>

**Attachment 2:** Colorectal Cancer--Minimal Elements for Screening, Diagnosis, Treatment, Follow up, and Education **DHMH, 11/2002**

# **Colorectal Cancer and Screening Overview**

**Insert Material on Colorectal Cancer, screening methods, etc. here**

**Section IV:**

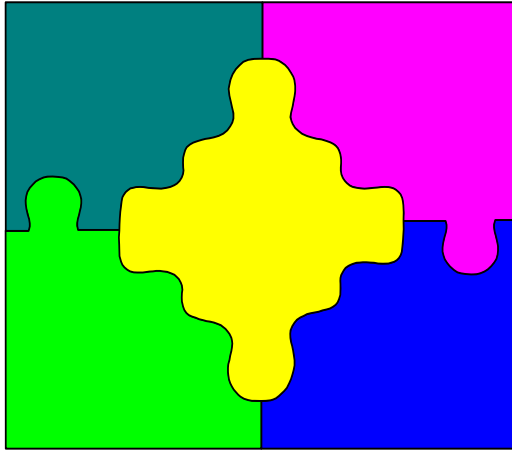
**Characteristics of**

**Effective**

**Outreach**

# Working Effectively Within the "System": Identifying the Parts of the "System"

*Maryland law created a Cancer Prevention, Education, Screening and Treatment (CPEST) program in our state.*



*Directions: List the "players" in your local "system" that provide the following services as each is defined under the legislation.*

**PREVENTION:** Activities relating to early detection screening and risk factor reduction

**EDUCATION:** Information provided to the public regarding the purpose of, availability of and access to screening programs

**SCREENING:** Includes screening, early detection, identification, diagnosis and outreach efforts associated with screening and early detection programs

**TREATMENT:** Includes appropriate access to local hospitals, community clinics, physicians and other healthcare providers, clinical trials, transportation, case management, hospice care, and cancer support group

**“Stepping Toward Screening”  
Workbook, page 16**

# Characteristics of Effective Prevention Programs

## ***Effective\* prevention programs:***

- ✓ Address areas of actual, assessed need
- ✓ Have a clearly defined target group that may change based on need
- ✓ Focus on specific behaviors that reduce risk
- ✓ Are affordable and easy to access
- ✓ Are sufficiently long and intense enough to achieve lasting behavior and provide the support and skills necessary to cope with setbacks
- ✓ Do not provide messages that attempt to instill fear, are moralistic, or judgmental
- ✓ Are culturally sensitive and relevant to the identified target group
- ✓ Address social and community norms of the target group
- ✓ Are offered as part of a continuum of healthcare services
- ✓ Are concerned with other basic needs of the targeted group
- ✓ Address target group's and individual's levels of motivation to reduce risk
- ✓ Are regularly monitored to assure that implementation is going according to plan and that outcomes are being met

## ***How well do your outreach efforts match-up?***

- Characteristics are based on consensus research and are not ranked in any priority order.

## Characteristics of Effective Outreach Materials

- ✓ Are designed appropriately, with the target population in mind
- ✓ Are visually appealing
  - Simple
  - Attractive
  - Colorful
- ✓ Are brief, concise and clear and include a general outline of
  - Key services
  - Important messages
- ✓ Are easy to read
  - Use large type
  - Use upper and lower case lettering
  - Minimize use of "bold", italicized" and "underlined" text
  - Have plenty of "white" (that is, empty) space
  - Use simple language
- ✓ Include current, appropriate contact information for additional help and follow-up

***How effective are the informational materials you usually use?***

***What sort of reaction to them have you received from the people you work with?***

***Could they be improved using the suggestions above?***

\* Characteristics are based on consensus research and are not ranked in any priority order.

## Practical Guidelines to Help Bridge The Oral Communication Gap

*Research reminds us that the public wants practical, concise information about health and healthcare services. It must focus on what they need to do and the reasons why it is personally important for them to do it. Printed information, alone, cannot close the communication gap. Here are some guidelines that may make it easier for you to communicate your message, particularly when literacy may be an issue.*

- Slow down; take time to listen to concerns and invite questions
- Use “living room” language that is easily understood
- Use pictures, models and stories to drive home important points
- Repeat important information frequently and whenever you think it is necessary to do so
- Limit the amount of information you give at any one time
- Whenever possible, use “teach back” to make sure the other person understands what you have said; avoid asking, “Do you understand?”
- Be respectful, caring, and sensitive
- Make sure your “body language” sends the right messages

**From your experience, what other suggestions do you have for relating effectively with those to whom you outreach?**

\* Source: CA: A Cancer Journal for Clinicians, Volume 52, Number 3, May/June 2002

## **Under CPEST, Whom Are We Targeting ?**

County residents who are at risk

Racial and ethnic minorities

Uninsured

Low-income (as defined by eligibility requirements)

Underserved (including rural populations)

---

Program eligible men

Others ?

### **Thought questions:**

*Are you targeting these groups with our outreach efforts?*

*How are you and your program outreaching to these targeted groups?*

*Are you reaching these groups with our outreach efforts? How do you know?*

**Are you succeeding at bringing members of these groups into our screening program? How do you know?**

*Whom do you ask to find out?*

## **Outreach “What’s”: Ways to Outreach to the Public and to Individuals**

### ***Outreach Methods and Strategies:***

- ✓ Physician referrals and linkages with other healthcare provide
- ✓ Hospice referrals
- ✓ Pamphlets, posters, flyers and fact sheets
- ✓ Radio and TV spots (PSA’s and paid advertising)
- ✓ Print media (newspaper / magazine advertisements and feature stories)
- ✓ Billboards, placards placed inside or outside of buses
- ✓ Direct mailings (notices sent directly to prospective clients through the mail, for example, birthday cards to those who turn 50)
- ✓ “Stuffers” (Inserts placed into envelopes of other mailings)
  - pay checks
  - employee notices
  - utility bills
  - shopping ads
- ✓ The use of incentives (such as food coupons or telephone card)
- ✓ Personalized telephone contact with prospective clients
- ✓ Toll-free telephone lines the public can use to call you
- ✓ Websites
- ✓ Coalition development, maintenance and participation

**Outreach "What's": Ways to Outreach to the Public and to Individuals, continued**

- ✓ Partnership with other service organizations or programs
- ✓ Door-to-door contact
- ✓ One-to-one
- ✓ "House-parties" in the homes of persons already in the program
- ✓ Presentations
- ✓ *Interactive* health fair displays in conjunction with "special events" hosted by others
- ✓ "Out-stationing" (Placing yourself at community locations)  
**\*\*\* Refer to the "Where's" section**
- ✓ "In-reaching": Working with participants in other health department programs, such as:
  - breast and cervical cancer program clients and their significant others
  - flu-shot clinics
  - hypertension/blood pressure checks and clinics
  - diabetes clinics
  - smoking cessation programs
  - through relatives and friends of colorectal cancer patients
- ✓ Other: What additional suggestions do you have?

## **Outreach “Where’s”: Places to Outreach to the Public and to Individuals**

### ***Outreach Locations:***

- ✓ Offices of physicians and other healthcare providers
- ✓ Community action and service agencies
- ✓ Government offices (including Post Offices)
- ✓ Community health centers
- ✓ Low-income (senior ?) housing
- ✓ Senior centers ( ? )
- ✓ Discount department stores
- ✓ Grocery stores
- ✓ Churches
- ✓ Shopping centers and malls
- ✓ Beauty shops and barber shops
- ✓ Neighborhoods
- ? Other: What additional suggestions do you have?

## Barriers and Pathways To Effective Outreach

### *How well do your outreach methods work? How would you rank your program effectiveness?*

- ✓ Determining program eligibility: Are your program eligibility requirements simple or difficult to understand?
- ✓ Assistance with enrollment: Is there someone who will personally help an applicant?
- ✓ Transportation: Is transportation to and from services available?
- ✓ Clinic Services: How convenient is it to obtain services, relative to:
  - Time
  - logistics (including travel, etc.)
  - financial cost
    - actual cost of service
    - potential of additional costs
    - cost of missing work, etc.
- ✓ Accessibility: Are clients stigmatized for being participating in a government-run program?
- ✓ Cultural sensitivity: How are issues of language and cultural differences handled?
- ✓ Overcoming negative images: How does your program deal with:
  - People not wanting to talk about the colon or feces?
  - People not wanting to discuss or go screening procedures?
- ✓ Understanding fears:
  - Are individual's fears recognized and acknowledged?
  - How does our program attempt to resolve these fears?

**Section V:**

**Outreach Resources**

**&**

**Assistance**

## Notable Cancer and Colorectal Cancer Web Sites

The following is a list of websites of credible, well-established organizations doing research into and/or providing preventive health information and education services in the fields of cancer, generally, as well as colorectal cancer, specifically. In most cases, the main website is listed and readers may, upon reviewing various prompts, follow a "user friendly" trail to the specific information they seek. In other cases, references are provided that will eliminate keystrokes. You might already be familiar with and regularly use many of these. Visit them often, since periodic changes are made.

<b><i>American Cancer Society</i></b>	<a href="http://www.cancer.org">www.cancer.org</a>
<b><i>American Gastroenterological Assn.</i></b>	<a href="http://www.gastro.org">www.gastro.org</a> (Click on Public Section, then Digestive Health Resource Center, then Colorectal Cancer Detection & Prevention)
<b><i>American Institute for Cancer Research</i></b>	<a href="http://www.aicr.org">www.aicr.org</a>
<b>Cancer Care</b>	<a href="http://www.cancercare.org">www.cancercare.org</a>
<b><i>Cancer Research Foundation of America</i></b>	<a href="http://www.preventcancer.org">www.preventcancer.org</a>
<b><i>Centers for Disease Control and Prevention CDC "Screen For Life" CDC "Screen For Life", related</i></b>	<a href="http://www.cdc.gov/health/cancer.htm">www.cdc.gov/health/cancer.htm</a> <a href="http://www.cdc.gov/cancer/screenforlife/background.htm">www.cdc.gov/cancer/screenforlife/background.htm</a> <a href="http://www.cdc.gov/cancer/screenforlife/info.htm">www.cdc.gov/cancer/screenforlife/info.htm</a>
<b><i>Colon Cancer Alliance</i></b>	<a href="http://www.ccalliance.org/">www.ccalliance.org/</a>
<b><i>Harvard School of Public Health</i></b>	<a href="http://www.hsph.harvard.edu/cancer/colonlinks.html">www.hsph.harvard.edu/cancer/colonlinks.html</a>
<b><i>(Aetna) Intelihealth</i></b>	<a href="http://www.intelihealth.com">www.intelihealth.com</a>
<b><i>Intercultural Cancer Council</i></b>	<a href="http://www.iccnetwork.org">www.iccnetwork.org</a>
<b><i>Mayo Clinic</i></b>	<a href="http://www.mayoclinic.com">www.mayoclinic.com</a> (Follow prompts to <b>Diseases and Health Decision Guides</b> )
<b><i>Medem</i></b>	<a href="http://www.medem.com">www.medem.com</a> (Follow prompts to <b>Medical Library</b> to <b>Library Entry</b> to <b>Conditions</b> to <b>Cancer</b> to <b>Colon and Rectal Cancer</b> )
<b><i>MedicineNet.com</i></b>	<a href="http://www.medicinenet.com">www.medicinenet.com</a> (Use lists and follow prompts for specific topics)
<b><i>National Cancer Institute</i></b>	<a href="http://www.cancer.gov/cancer_information/">www.cancer.gov/cancer_information/</a> (Follow prompts for <b>colorectal cancer</b> )
<b><i>National Foundation for Cancer Research</i></b>	<a href="http://www.researchforacure.com">www.researchforacure.com</a>
<b><i>National Institutes of Health (NIH) NIH, MEDLINEplus Health Information NIH National Library of Medicine</i></b> (For all reports of the U.S. Surgeon General)	<a href="http://www.nih.gov">www.nih.gov</a> <a href="http://www.nlm.nih.gov/medlineplus/">www.nlm.nih.gov/medlineplus/</a> <a href="http://www.nlm.nih.gov/hinfo.html">www.nlm.nih.gov/hinfo.html</a> <a href="http://sgreports.nlm.nih.gov/NN/">http://sgreports.nlm.nih.gov/NN/</a>
<b><i>Strang Cancer Prevention Center</i></b>	<a href="http://www.ColonCancerPrevention.net/ccpindex.htm">www.ColonCancerPrevention.net/ccpindex.htm</a>
<b><i>U.S. Dept. of Health &amp; Human Services "Healthfinder"</i></b>	<a href="http://www.healthfinder.gov">www.healthfinder.gov</a> (Follow prompt to "alphabetical listing of <b>Diseases and Conditions</b> and click to <b>Colorectal Cancer</b> )
<b><i>University of Pennsylvania Cancer Center</i></b>	<a href="http://www.oncolink.com">www.oncolink.com</a>
<b>MD DHMH-Center for Cancer Surveillance and Control</b>	

**Section VI:**

**Closing Exercise:**

**“ What if . . . ? ”**

# Closing Exercise

**Purpose: To identify possible action alternatives.**

Suppose you were paid strictly according to the number of people (who meet your local health department's CPEST program eligibility requirements), who get screened for colorectal cancer? That is, imagine being paid a specified amount for each and every individual who got screened as a direct result of your outreach efforts. Of course this also implies you would receive no earnings at all if no-one receives screening.

Write down your responses to the following questions. Then we'll list your ideas and discuss them.

**First:** What, if anything, would you do differently if you had no restrictions (other than legal and ethical ones) on how you contacted and worked with the public to ensure that members of your targeted population got screened for colorectal cancer?

**Second:** What changes would you want or need to make in your "system" so that you could achieve better (that is, "more profitable") results?

## Thought Questions:

*Where do we go from here?*

*What other areas of training would be helpful to you?*

**\*\*\* Please feel welcome use your program evaluation form to respond.**

# Notes: