# Caring for Body and Soul:
# A Workshop on Women's Health

## Peer Educator Training Manual

# ABOUT THIS WORKSHOP

## Acknowledgements:

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Finally we note the support and advice of Dr. Michael Quinn, Dr. Monica Peek, and Dr. Olufunmilayo Olopade in the design and implementation of this workshop.





## To the Community Peer Educator:

The Initiative on Islam and Medicine thanks you for your participation in our workshop. Our purpose is to improve knowledge about women's health, preventive care, and breast cancer screening in the Muslim community. As a peer educator, you are instrumental in helping us carry out our goal of creating a culture of health in the mosque communities.

During this 2-day workshop, you will acquire the skills necessary to facilitate group discussions, educate women about mammography, and motivate women to overcome challenges to breast cancer screening. You will learn about our project at the Initiative on Islam and Medicine at the University of Chicago, examine key public health theories in behavior change, think about how mosques play a critical part in community health, and discuss the characteristics and responsibilities of peer educators. In addition, the program will incorporate several guest lecturers: a staff member from A Silver Lining Foundation talking about access to mammography screening, a religious scholar talking about religious dimensions of health, and a healthcare professional talking about breast cancer knowledge, facts, and myths. At the end of the second day of this workshop, we will ask you to participate in a focus group in order to gain feedback on and your suggestions for improving the training curriculum.

We thank you again for being a part of this workshop. If you have any questions or concerns, please contact Milkie Vu at initiative.islam.medicine@gmail.com or call 773-702-6081.

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| 10:25 – 10:50 | How Mosque Plays a Role in Community Health *(Aasim Padela)* |
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# Caring for Body and Soul: A Workshop on Women's Health

## Peer Educator Training Manual

## Training Agenda

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### Day 2 - Muslim Education Center

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## Class 1: Icebreaker

25 Minutes

**Materials**:

- Markers
- LCD projector
- Laptop computer with MS PowerPoint
- Handout on belief table (x 20 copies)
- Name tags (x 20)

**Methods**:

- Discussion

**Learning Objectives**:

- Become familiar with data from previous phases of the study about barriers to and facilitators of preventive health
- Get to know II&M staff members and other peer educators

1. **II&M staff members** introduce themselves to peer educators.

2. **II&M staff member** says:
   To get to know one another better, we will engage in a fun icebreaker. You will now introduce yourselves to one another, answer health-related questions, and discuss other people's responses.

3. **II&M staff member** explains that each person will introduce themselves to each other answering the following questions:
   a. Name
   b. An adjective that describes you using the first letter of your name (ex: My name is Fatimah and I am "Fun").

4. After each peer educator introduces herself, **II&M staff members** will facilitate discussion around the questions:
    a. What prevents you from taking care of yourself?
    b. Who in your life supports good health practices?

5. **II&M staff member** says:
   So the two questions we just discussed are among the questions you will be asking other women in the workshop that you will be leading. Let's think about some of the responses or ideas you might encounter from women in the community, and how to motivate women to think more about their health. We conducted interviews with 69 women in the Muslim community in Chicago, and from our data, here are some possible responses to these questions.

6. **II&M staff member** then presents barriers and facilitators to preventative care from data. Discuss with peer educators the challenges that women in the community may have in practicing preventive care and the ways in which peer educators can change the women's beliefs.

## Class 1: Study Overview

25 Minutes

**Materials**:

- LCD projector
- Laptop computer with MS PowerPoint

**Methods**:

- Lecture

**Learning Objectives**:

- Identify underlying motivations for the project
- Be able to describe format and agenda of the peer educator training program
- Become familiar with data from previous phases of the study
- Learn about barriers to and facilitators of preventive health
- Learn about responsibilities of a peer educator in the study

**II&M staff member** will use PowerPoint slides to provide an overview of the study and talk about the motivations underlying creating a culture of health in the mosque.

## Class 1: How Mosque Plays a Role in Community Health

**25 Minutes**

**Materials**:

- LCD projector
- Laptop computer with MS PowerPoint

**Method:**

- Discussion
- Lecture

**Learning Objectives:**

- Delineate the role of the mosque and the role of the imam in American Muslim health
- Describe how this program utilizes the mosque to improve American Muslim health

1. **II&M staff member** asks participants:
   What do *you* think is the role of the imam in American Muslim health?

2. **I&M staff member** describes the roles of the imam in American Muslim health:
   a. Encouraging healthy behaviors through scripture-based messages in sermons
   b. Performing religious rituals around life events and illnesses
   c. Advocating for Muslim patients and delivering cultural sensitivity training in hospitals
   d. Assisting in the health care decisions

3. **II&M staff member** delineates challenges/barriers associated with the idea of the imam playing a role in women's health:

a. Lack of medical knowledge on the part of some imams
b. Lack of access to/availability of imams
c. Some women don't want imams to talk about breast cancer; modesty concerns
d. **II&M staff member** gives a quote/example: One woman says, "I just think in Islam, everything is about modesty. So when you think about modesty, those types of female issues, women should address…"

4. **II&M staff member** then says:
   Peer educators and community health workers can address these issues -- to segue into the next section.

5. **II&M staff member** discusses examples of projects that utilized the mosque to address community health issues:
   a. The Mosque Campaign: A Cardiovascular Prevention Program for Female Turkish Immigrants
      - Mosque campaign for CVD prevention conducted in 29 mosques in Turkey (from 1999-2002)
      - Resulted in a significant increase in the awareness of main CVD risk factors among Muslim women
   b. Bagamoyo Bednet Project
      - Sermons used to promote the use of bednets in 4 villages in Tanzania to control Malaria
      - Positive feedback regarding the sermons and 52%-98% regular use of bednets, except in one village (only 25%)
   c. Spiritually Enhanced Drug Addiction Rehabilitation (SEDAR) program
      - Mosque-based methadone maintenance treatment strategy for Male Muslim heroin users (n=36) in Malaysia over 12-month period
      - Medical checkups, administration and adjustments to methadone dosage, counseling support, and spiritual intervention issued by imam

- Index scores in drug use, HIV risk behavior, social dysfunction, criminality, and health problems all decreased post-intervention, with changes in drug use, social dysfunction, and health problems reaching statistical significance

6. Then, **II&M staff member** says:
   Our project will be using sermons to target the following barrier beliefs: Physical pain, Fear of mammogram results, Comfort with gender-concordant healthcare, Fatalistic notions about health, and Family over self.

7. **II&M staff member** says:
   Our project will be using the mosque to build upon the following facilitator/normative beliefs: Perceived duty to care of one's health, Getting screened for sake of family, and Positive influence from family.

8. **II&M staff member** says:
   II&M's project is a two-part mosque-based intervention that enhances intention to obtain mammography, and that the intervention will be carried out in series at two mosques:
   a. **Part 1:** Sermon
   b. **Part 2:** Peer-led group-based intervention program

## Class 1: Peer Educators: Who They Are & What They Do

**25**

**Minutes**

**Materials:**

- LCD projector
- Laptop computer with MS PowerPoint

**Methods:**

- Lecture

**Learning Objectives:**

- Identify characteristics and responsibilities of successful peer educators
- Learn about prior projects that have utilized peer educators in promoting breast cancer screening

1. **II&M staff member** says:

   Let's now talk about who peer educators are and what they do.

   A peer educator is a community member who carries out educational activities that promote healthy behaviors and reduce health risks among their peers. Peer educators often come from similar social backgrounds or have similar experiences to those who they are trying to teach. Peer educators engage their peers in conversations about the health issue of concern, seeking to promote health-enhancing knowledge and skills.

   Successful peer educators possess the following characteristics:

   a. They understand the culture, needs, and values of community members. They are passionate about improving the health of their community members.
   b. They are able to bridge the gap between the community and health agencies or services and can help community members understand or connect to medical and care resources.

c. They are good communicators who can effectively deliver health information, listen to concerns from community members, and answer health-related questions with a supportive and positive attitude.

2. In our project, duties of a peer educator will include leading group classes on women's health, breast cancer, and mammography. In these classes we will discuss and address several barriers to and facilitators of obtaining mammography. Our goal is to improve group participants' intention to get mammography. You will also be facilitating the participation of guest speakers on topics of religion and health, breast cancer, and cancer survivorship.

3. In addition to those responsibilities, peer educators in other studies have also performed many other duties. While you will not be personally conducting these activities, we want to give you a sense of what peer educators in other studies have done. Additional example duties and responsibilities include:
    a. Recruitment of eligible people for a health promotion program
    b. One-on-one counseling
    c. Liaison with churches, community groups, and other organizations to provide culturally appropriate health information
    d. Distribution of posters, flyers, and brochures
    e. Telephone calls or home visits
    f. Participation in staff meetings to share ideas of outreach to their target population
    g. Emotional and practical support
    h. Advocacy on behalf of individuals and communities for more responsive services and living conditions
    i. Enabling services to help families navigate health services systems (i.e., locating and coordinating both medical and social service resources)

4. An important point of consideration is that while peer educators always aim to improve the health and well-being of their community members and do their best

to deliver health information and serve as a bridge between the community and the healthcare system, peer educators are ultimately NOT responsible for changing health behaviors of community members. No matter how well a peer educator performs, they cannot guarantee that all community members will adopt healthy practices or refrain from risky behaviors. Thus, peer educators should not take a community member's failure to change behaviors personally, or think that it's their fault.

5. The following list includes federally-funded projects that use peer educators to increase breast cancer screening rates in diverse populations. Note that these projects can use the titles of community health workers, lay health educators, or lay health advisors to refer to the person performing similar duties to those of peer educators.
    a. Better Breast Health for Korean American Women (Maryland):
        - Trained lay health educators recruited 100 Korean-American women 40 years of age or older who had not had a mammogram during the past 2 years. A 120-min, in-class education combined with follow-up counseling and navigation assistance through the health care system was provided. This program results in a 31.9% increase in mammography rates after 6 months.
    b. Racial and Ethnic Approaches to Community Health 2010: Promoting Access to Health for Pacific Islander and Southeast Asian Women (California)
        - Community health workers were deployed in communities of Cambodians and Laotians. During 4 years, community health workers conducted educational sessions and outreach activities via mass media and one-on-one home visits, and educated a total of 24,077 community members and helped 573 receive mammograms.
    c. North Carolina Breast Cancer Screening Program: Save the Sisters (North Carolina)
        - Lay health advisors conducted one-on-one counseling, group education sessions, and held health fairs and events on breast cancer screening

with 807 older rural African-American women. This program results in a 6% increase in mammography rates.

Do you all have any questions?

## Class 1: Health Behavior Theory and Activities: Theory of Planned Behavior & Stages of Change Model

25

**Minutes**

**Materials**:

- LCD projector
- Laptop computer with MS PowerPoint
- Handout on belief table (x 20 copies)

**Methods:**

- Lecture

**Learning Objectives:**

- Understand theoretical components of two health behavior theories: Theory of Planned Behavior and the Stages of Change or Transtheoretical Model
- Understand how the theories map onto data from previous phases of the study

1. **II&M staff member** says:
   Now we will talk about the scientific theories that identify motivating factors for a person to adopt healthy behaviors. While there are many different health behavior theories, today we will discuss two theories that are most applicable to our study: the Theory of Planned Behavior and the Stages of Change or Transtheoretical Model.

2. **II&M staff member** says:
   Let's begin with the Theory of Planned Behavior. This model was proposed by Icek Ajzen in 1985 to look at the relationship between a person's beliefs and their health behavior. In this model, a person's intention to perform an action is the best predictor of actually performing this action. The beliefs that inform a person's intention include three categories: behavioral beliefs, normative beliefs, and control beliefs.

3. Show the model on PowerPoint slides and discuss the definition of three categories of beliefs.
4. While discussing the three categories of beliefs, illustrate the beliefs by examples from our study:
    a. Behavioral Beliefs and Beliefs Statements:
        - **Family history leads to an increased risk of breast cancer:** I should get screened because breast cancer may run in my family
        - **Physical pain**: I believe mammograms are painful.
        - **Perceived duty to care for one's health**: I believe it is my responsibility, as a Muslim, to take care of my body.

    b. Normative Beliefs and Beliefs Statement:
        - **Cultural taboo**: I believe it is difficult to speak about mammograms and breast cancer in my community.
        - **Positive influence from family**: I believe my family members will support my getting a mammogram.
        - **Comfort with gender-concordant healthcare**: As a Muslim, I am more comfortable with a female provider.

    c. Control Beliefs and Beliefs Statements
        - **Insurance**: Insurance policies or the lack of insurance makes getting a mammogram difficult.
        - **Family over self**: I put my family's needs and priorities over my own.
        - **Fatalistic notions about health**: It is by Allah's will whether I am sick or cured.

4. **II&M staff member** says:
    As you can see, the Theory of Planned Behavior is helpful for categorizing different types of beliefs informing an intention to perform a health-related action. Once we have identified these beliefs, we can think about the best approach to target

these beliefs and motivate women's intention towards getting mammograms. For example, if someone believes that physical pain is a barrier to getting mammogram, we can suggest that mammograms are related to good deeds, and good deeds are rewarded by God. If someone believes that they put family's needs and priorities over their own, we can suggest that unless the woman takes care of herself and be healthy, she won't be able to take care of her family.

5. **II&M staff member** says:
   Ok, now we will move on to discuss the Stages of Change, also known as the Transtheoretical Model. The model was proposed by James Prochaska in 1977. He suggests that behavioral change is a journey with several stops and starts along the way. We know that most people are not ready to commit to taking action to adopt a healthy behavior. In fact, the vast majority are at early stages of change – for example, precontemplation (or not even thinking about it) and contemplation (or thinking about it but not ready to commit to some action.

6. **II&M staff member** shows the model on PowerPoint slides and discuss the different stages of change.

7. **II&M staff member** says:
   In the interest of time, we will not go into a detailed discussion of the different strategies we can offer to individuals at each stage to move them along the change continuum. However, we want to introduce the model to highlight how behavioral change is a multi-step process, and how we are ultimately interested in women obtaining not just a one-time mammogram, but maintaining their mammogram schedule every 2 years.

8. If time permits, **II&M staff member** have participants use the handout of beliefs to identify behavioral, control, and normative beliefs and explain why they think the beliefs fall into these categories.

## Class 1: Access & Insurance

20 Minutes

**Materials**:

- Mammography screening programs/services handout (x 20 copies)

**Methods:**

- Lecture

**Learning Objectives:**

- Identify resources for setting up mammography screening appointments and possible follow-up visits

**Staff members from A Silver Lining Foundation** will discuss their program, which offers a pathway to mammograms for all women and social support throughout the process of getting the test and the results and any follow-up care that might be needed.

## Class 1: Group Facilitation Skills & Ethical Considerations

50 Minutes

**Materials:**

- LCD projector
- Laptop computer with MS PowerPoint

**Methods:**

- Lecture
- Discussion

**Learning Objectives:**

- Gain critical skills for group facilitation
- Understand ethical considerations in research

1. **II&M staff member** says:
   Let's discuss the importance of setting the mood during a peer educating session. It is essential to acknowledge each member of the group verbally and through non-verbal communication in order to:
   a. Promote respectful environment where people feel safe to express their views
   b. Allow you to generate group's ideas and elicit their experiences

2. **II&M staff member** discusses four critical techniques for steering conversations: Open-ended questions, reflective listening, empathic statements, and probing to gain group views.

3. **II&M staff member** discusses the importance of question format by first giving an example of how a question can be made better. For example:

   Tell me what you know about screening for cancer."

   vs.

   "So, have you been screened for cancer?"

4. **II&M staff member** says:

   Open-ended questions are better because they

   a. Allows participants to tell their story, in his/her own language
   b. Helps you understand the participant's experience, not just facts
   c. Promotes a respectful, safe environment, where there are no right or wrong answers.

5. **II&M staff member** says:

   Reflective listening is used for the following reasons:

   a. Communication is not perfect
   b. Lets you check your understanding, modify as needed
   c. Shows you care about what each person has to say and that you "want to get it right"
   d. Clarifies viewpoints for others in the group
   e. Example: "What I'm hearing you say is…"

6. **II&M staff member** says: Empathic statements are used so a person knows they are heard and understood. They are not an expression of sympathy; however, they show respect for a person's experience and promote a respectful, safe environment for sharing.

   For example: "So when your doctor talked about screening for cancer, you got pretty scared..."

7. **II&M staff member** discusses how theme saturation can be achieved:

   a. "Anyone have anything else to add to what has been said?"
   b. "Any other views on this issue?

8. **II&M staff member** discusses:

a. To moderate group discussion, you allow, encourage discussion to be generated by group, without losing focus. For example, “You’re all nodding in agreement. Why is that?”
b. Probe for range of experience, views, by questions such as: “How do others feel?” or “What other experiences have you had?”
c. Avoid simultaneous talk

9. **II&M staff member** says:

Redirection and encouragement are also essential in dealing with the following:

a. Self-appointed experts: “Thank you. What do others think?”
b. Dominator: “That’s interesting. Let’s have some other comments.”
c. Rambler: Stop eye contact and look at watch. Interrupt at inhale.
d. Shy participant: Make eye contact and smile. Call on them.
e. Quiet talker: “I’m sorry I couldn’t hear. Would you mind repeating?”

10. **II&M staff member** discuss ethical considerations in conducting group moderations and research.

11. **II&M staff member** says**:**

Let’s volunteer to play leader of discussion about your favorite Islamic scholar and use--

a. Open-ended questions
b. Reflective listening
c. Empathic statements
d. Probe to theme saturation

## Class 1: Breast Cancer Screening Guidelines & Procedures

**60**

**Minutes**

**Materials:**

- LCD projector
- Laptop computer with MS PowerPoint

**Methods:**

- Lecture
- Discussion

**Learning Objectives:**

- Distinguish myths and facts of breast cancer
- Understand the benefits and process of mammography

1. **Healthcare professional** speaks on the following topics that come out of II&M study data:

| **Beliefs Targeted** |
| --- |
| ✓ Family History Leads to an Increased Risk of Breast Cancer:<br>✓ Prevention Actions<br>✓ Perceived Duty to Care for One's Health |

2. **Healthcare professional** facilitates the following discussion on myths & facts of breast cancer:

   - **Myth**: Only older women get breast cancer (**FALSE**)

     **Fact**: Most breast cancers occur in women over the age of 50. Although age is the most important risk factor for breast cancer, younger women also get breast cancer.

   - **Myth**: Persons without a family history of breast cancer do not get breast cancer. (**FALSE**)

     **Fact**: A woman's chance of developing breast cancer increases if her mother, sister, and/or daughter have a history of breast cancer. Again, this doesn't mean every woman with a family history will get breast cancer. Likewise, even those without a family history can get breast cancer.

- **Myth**: Only the family history of breast cancer in mother's side increases the risk for breast cancer (**FALSE**)

  **Fact**: Most breast cancers occur in women than men. A family history in any side of the family can increase the risk for breast cancer.

- **Myth**: Contraceptives cause breast cancer (**TRUE**)

  **Fact**: Studies report that the use of oral contraceptives for years can increase the risk for breast cancer.

- **Myth**: People with high fat diet are more likely to get breast cancer (**TRUE**)

  **Fact**: This may not be a direct link; rather, high fat diet increases the risk for obesity, an independent risk factor for breast cancer.

- **Myth**: Diagnosis of breast cancer is a life sentence (**FALSE**)

  **Fact**: If you find your breast cancer early, you have a higher and better chance to survive.

- **Myth**: A lump in a breast means breast cancer (**FALSE**)

  **Fact**: Many times, breast lumps are benign.

- **Myth**: Men get breast cancer (**FALSE**)

  **Fact**: Small proportion of breast cancer is found in men.

- **Myth**: One in eight women develops breast cancer. (**FALSE**)

  **Fact**: Over a lifetime, a women has a one in eight chance of developing breast cancer by the time she reaches age 85. But her risk is much lower when she is younger. For instance, the risk at the ages of 30-39 is 1 in 69, at the ages of 50-59 is 1 in 38, and at the ages of 60-65 is 1 in 25.

- **Myth**: The radiation from a mammogram can cause breast cancer. (**FALSE**)

  **Fact**: While high doses of radiation can cause cancer, such as in atomic bomb survivors, the dose from a modern mammogram is only 0.1 to 0.2 rads per picture. During a screening mammogram, in which 4 pictures are usually taken, the amount of radiation a woman receives is equal to what she would be exposed to in her natural environment (background radiation) over a 3-month period, and less than that of dental x-rays.

## Class 1: Q&A, Day 1 Recap, Day 2 Forecast

30 Minutes

**Methods:**

- Discussion

**Learning Objectives:**

- Clarify questions about training content
- Able to summarize learning goals for day 1
- Able to anticipate activities for day 2

**II&M staff members** will hold a 15-minute question and answer session, 5-minute recap of activities and goals accomplished in day 1, and 10-minute forecast of activities that take place during day 2.

## Class 2: Day 1 Recap, Day 2 Forecast

10

Minutes

**Materials:**

- Name tags (x 20)

**Methods:**

- Discussion

**Learning Objectives:**

- Able to summarize learning goals for day 1
- Able to anticipate activities for day 2

**II&M staff members** will give a recap of activities and goals accomplished in day 1 and a forecast of activities that take place during day 2.

## Class 2: Group Education Overview

60 Minutes

**Materials:**

- LCD projector
- Laptop computer with MS PowerPoint
- Group Education Manual (x 20 copies)
- Handout on belief table (x 20 copies)

**Methods:**

- Lecture

**Learning Objectives:**

- Learn the content of group education manual
- Understand different skillsets necessary to lead discussions during the group education training

1. An **II&M staff member** walks peer educators through the group education manual, highlighting different learning objectives for group education participants and different skillsets that peer educators will be using to lead discussions. Tell peer educators that II&M staff members will meet with them before deployment of group education training to finalize logistical details and answer any questions.

2. **II&M staff member** summarizes responsibilities of peer educators in Class 1:
    a. Class 1: Icebreaker
        - Peer educators will ask group education participants the four questions listed in the manual. Peer educators take note of the discussion in their group and report back. Peer educators will also select points of discussion that align with the following data from previous phases, ask participants about current ways of thinking about preventive health, and propose some new ways of thinking. This activity of proposing new ways of thinking is important because it leads the way for understanding how targeted beliefs apply throughout our training content.

- Beliefs targeted in this section include: Family over self, Positive influence of family members, Positive influence of friends, and Perceived religious duty to care for one's health.

b. Class 1: Women & Health
   - Peer educators discuss their own background and the reasons for why they chose to be a peer educator. Peer educators follow the script in the group education manual to discuss the importance of women's health.
   - Beliefs targeted in this section include: Family over self and Positive normative beliefs.

3. **II&M staff member** summarizes responsibilities of peer educators in Class 2:
   a. Class 2: Welcome & Icebreaker
      - Peer educators discuss the question "What are you doing now to maintain good health?" and encourage participants to think about barriers to and facilitators of good health as well as ways to address barriers.

   b. Class 2: Cancer Care Video & Debrief
      - Peer educators summarize the stories, ask questions using the facilitator guide, and moderate group discussions.
      - Beliefs targeted in this section include: Physical pain, Comfort with gender-concordant healthcare, Getting screened for the sake of family, Fear of mammogram results, Positive influence of family members, and Positive influence of friends.

4. **II&M staff member** summarizes responsibilities of peer educators in Class 3:
   a. Class 3: Welcome & Icebreaker
      - Peer educators discuss the question "What's one major decision you'll make in the next 6 months to improve your health?" and encourage

participants to think about barriers to and facilitators of good health as well as ways to address barriers.

## Class 2: Religious Dimensions of Health

60 Minutes

**Materials:**

- LCD projector
- Laptop computer with MS PowerPoint

**Methods:**

- Lecture
- Discussion

**Methods:**

- Learn about religious dimensions of health

**Religious scholar** speaks on the following topics that come out of II&M study data:

| **Beliefs Targeted** |
|---|
| ✓ Family Over Self |
| ✓ Physical Pain |
| ✓ Fear of Mammogram Results |
| ✓ Perceived Religious Duty to Care for One's Health |
| ✓ Fatalistic Notions about Health |
| ✓ Methods of Disease Prevention |
| ✓ Comfort with Gender-Concordant Healthcare |
| ✓ Getting Screened for the Sake of Family |

## Class 2: Part 1 of Mock Education

70

Minutes

**Materials:**

- LCD projector
- Laptop computer with MS PowerPoint
- Group Education Manual (x 10 copies)

**Methods:**

- Role-play
- Discussion

**Learning Objectives:**

- Master the content of group education manual for Icebreakers and Women & Health sections
- Able to use skillsets to lead discussions

1. An **II&M staff member** walks peer educators through the questions used in the Icebreakers. Three **peer educators** rotate as moderators, each asking two questions from the list. Mock group participants consist of the remaining peer educators and II&M staff members. Feedback will be given to peer educators.

2. List of questions used in Icebreakers:
    a. Class 1: Icebreaker
        - What is your favorite exercise and why?
        - What prevents you from taking care of yourself?
        - Who in your life supports good health practices?
        - Why is preventive health important?

    b. Class 2: Icebreaker
        - What are you doing now to maintain good health?

    c. Class 3: Icebreaker

- What's one major decision you'll make in the next 6 months to improve your health?

3. **Peer educators** read the script in the Women & Health sections and give feedback.

## Class 2: Part 2 of Mock Education

60

**Minutes**

**Materials:**

- LCD projector
- Laptop computer with MS PowerPoint
- Group education manual (x 20 copies)
- Transcripts and facilitator guides (x 20 copies)

**Methods:**

- Role-play
- Discussion

**Learning Objectives:**

- Master the content of group education manual for Cancer Care Videos
- Able to use skillsets to lead discussions

1. **II&M staff members** play Cancer Care videos to peer educators and hand out the transcripts and facilitator guides.

2. **II&M staff members** pick a question and model group facilitation skills to peer educators.

3. **Peer educators** rotate as moderators and ask questions, targeting the beliefs of Physical pain, Comfort with gender-concordant healthcare, Getting screened for the sake of family, Fear of mammogram results, Positive influence of family members, and Positive influence of friends. Feedback will be given.

## Class 2: CITI Human Subjects Research Training Program

45

**Minutes**

**Materials:**

- LCD projector
- Laptop computer with MS PowerPoint
- Training program materials (x20 copies)

**Methods:**

- Lecture

**Learning Objectives:**

- Understand human subjects research guidelines
- Become certified in human subjects research through the Community-Partnered Research Ethics Training and Certification program

**II&M research staff members** will discuss human subject research guidelines and certify peer educators through the Community-Partnered Research Ethics Training and Certification program.

## Class 2: Closing

15

**Minutes**

**Materials:**

- LCD projector
- Laptop computer with MS PowerPoint
- Sign up sheets (x 10)

**Learning Objectives:**

- Recap underlying motivations for the project and goals of the training program in improving women's health knowledge and mammography intention
- Able to clarify information or remaining questions

**II&M staff members** will summarize the goals of the training program, answer remaining questions, and ask women to sign up for being the peer educators.