

# Community-based Peer Navigator Training and Education Tool

for Prostate Cancer Prevention Decision-making in Black Men

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- African American Health Institute of San Bernardino County



- The California Endowment



- The Community Foundation of Riverside and San Bernardino Counties

# Project Objectives

- Develop a culturally appropriate community-based training manual for Peer Navigators in prostate cancer prevention for African American men
- Pilot test the Peer Navigator manual for cultural appropriateness, content and delivery
- Refine training manual based on recommendations to create a draft copy for a larger population-based study with African American men

# Learning Objectives

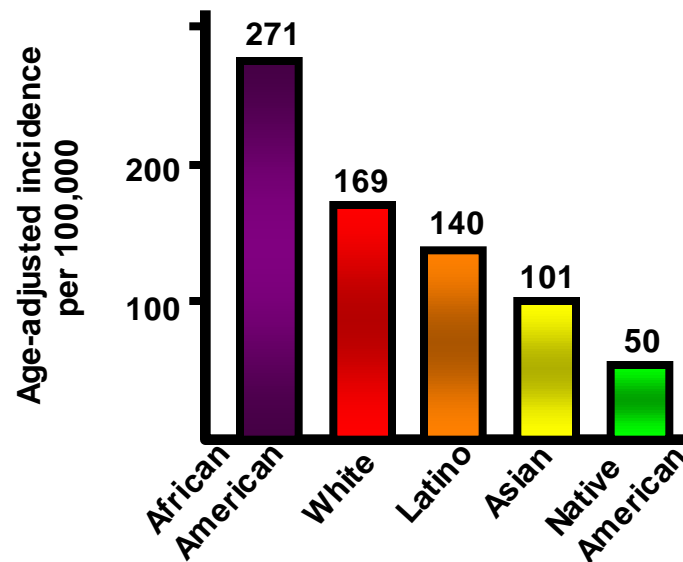
- To identify delivery modalities that are most effective in engaging Black men in prostate cancer prevention decision-making
- To demonstrate effectiveness of structured community-based personal interactive decision-making aids in ethnic approaches to prostate cancer prevention
- Make recommendations for effective health system policy changes to potentially decrease prostate cancer mortality in Black men



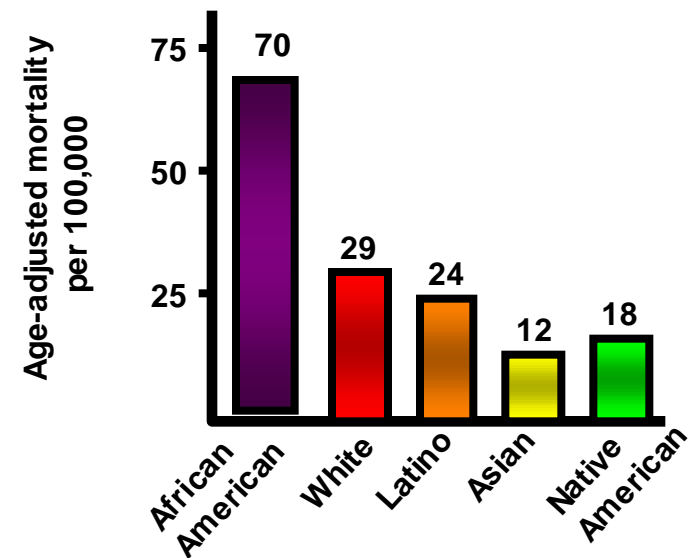
- ***Background***

# U.S. Prostate Cancer Disparities

## Incidence, 1998-2002



## Mortality, 1998-2002



## Advanced PCa

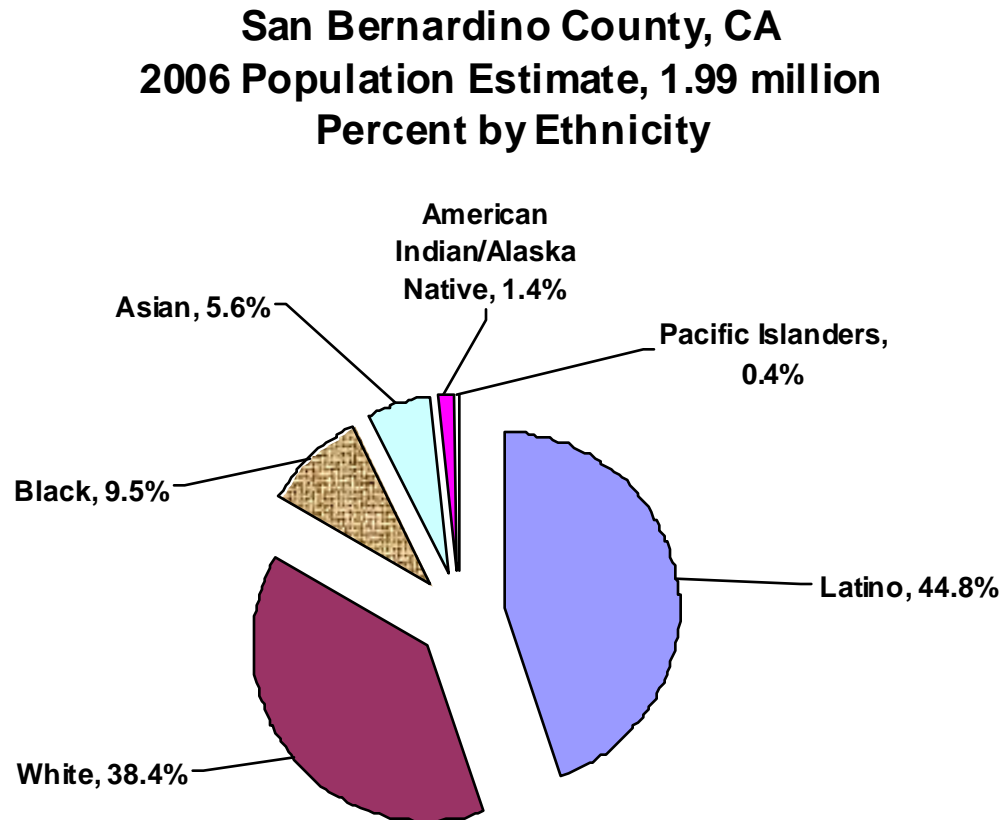
12.3% Blacks  
10.5% Latinos  
6.3% Whites

**“Latinos are more similar to African Americans on socio-demographic characteristics but more similar to Non-Latino Whites on clinical presentation, treatment received, and 5-year disease-free survival”**

Latini et al., Differences in Clinical Characteristics and Disease-free Survival for Latino, African American, and Non-Latino White Men with Localized Prostate Cancer: Data from CaPSURE. Cancer 2006;106(4):789-795.

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# County Population Estimates



Source: San Bernardino County Quick Facts, U.S. Census Bureau, 2007 available at <http://quickfacts.census.gov>

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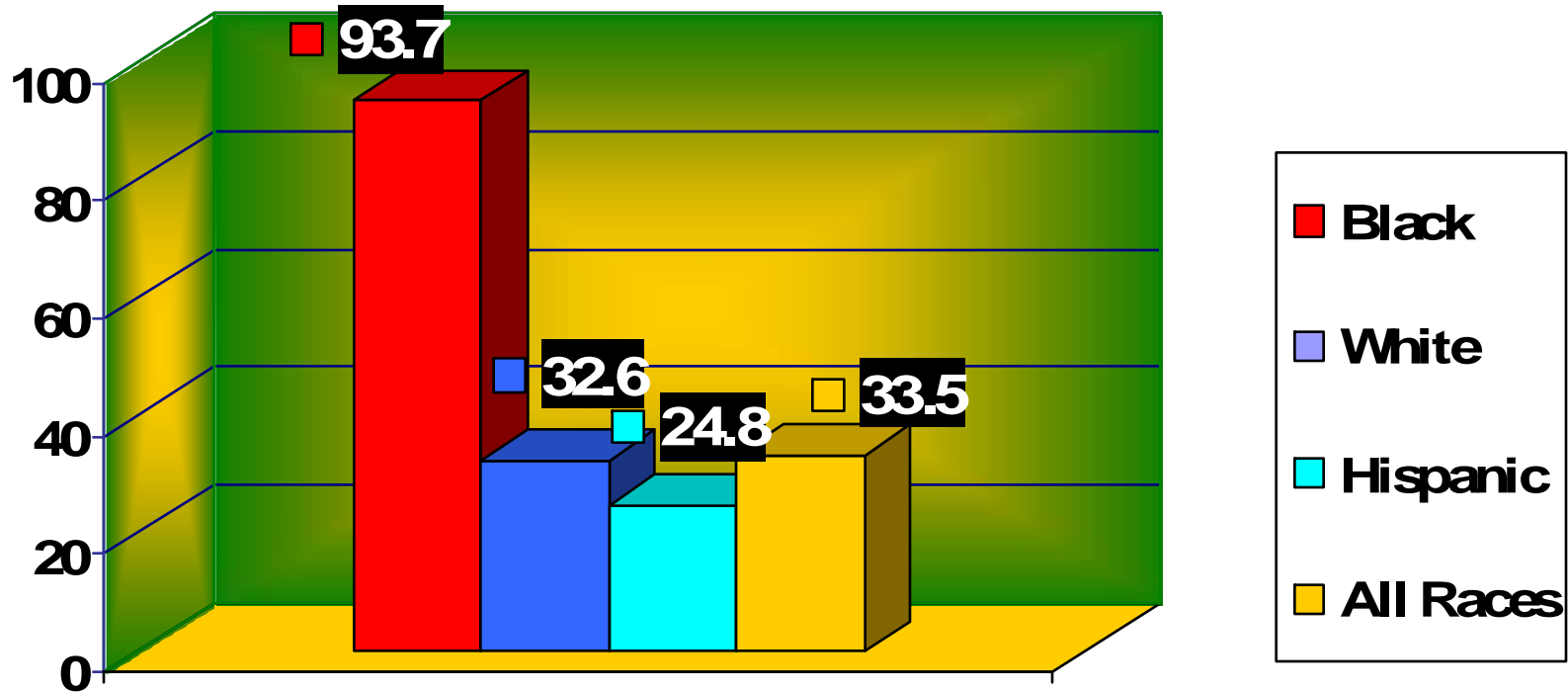


# Methodology

- Focused Review of Literature
- Grounded Theory Qualitative Data Analysis
- Manual Development & Targeted Recruitment for Peer Navigator Participants
- Pilot Testing of Draft Manual
- Manual Editing Based on Testing

# San Bernardino County, California

Prostate Cancer 1999 Age-Adjusted Death Rates  
by Race/Ethnicity, per 100,000 Men



Source: San Bernardino County  
Department of Public Health, 2002

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# Process

## Focused Review of Literature

- **Online web search – key words/phrases:**
  - Prostate cancer education & prevention tools for Black men
  - Prostate cancer prevention community-based decision-making tools targeting Black men
  - Community-based Peer Navigator training programs
  
- **Selection Criteria:**
  - Standards recommended by CDC: 6 key areas
  - Definition of terms
    - Curriculum
    - Training Manual
    - Community Peer Navigator

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# Recommended Standards by CDC

## **Prostate Cancer Education:**

- Communication skills
- Physician involvement
- Patient didactic tools
- Shared decision making
- Creation of patient comfort
- Screening guidelines and methods

# Data Analysis

- **Comparative analysis to CDC standard**
- **One curriculum that met the selection criteria:**
  - Brown University
- **Two other organizations with formal training sessions for physicians (but not formal curricula)**
  - The American Urology Association
  - Cancer Education Foundation

# Results

- **4 organizations; 3 curriculums & a training manual identified**

Brown University Curriculum on Clinical Communication for Male Cancer Screening  
Providence, Rhode Island

CDC Training Manual on Prostate Cancer Prevention

American Urology Association (AUA), Prostate Cancer Awareness for Men

Prostate Cancer Foundation, Nutrition and Prostate Cancer Guide, Santa Monica, CA

# Comparison of Education Interventions Across Organizations

| Factors                               | AUA   | CDC  | Brown University  | Cancer Education Foundation   |
|---------------------------------------|---|--|---|---|
| <b>Communication Skills</b>           | <ul style="list-style-type: none"> <li>*Doctors talk to patients about procedures.</li> <li>*Physician patient interaction about health condition and risk factors.</li> </ul>            | <ul style="list-style-type: none"> <li>*Clear conversations with patients about risks of over diagnosis, over treatment or any potential harm.</li> </ul>  | <ul style="list-style-type: none"> <li>*Personal medical encounters that effect the decision to undergo cancer screening.</li> <li>* Methods to address potential communication barriers.</li> </ul>                            | <ul style="list-style-type: none"> <li>*Counseling patients on importance of patient-physician conversations.</li> <li>* physician conversations Are important factors in any medical community.</li> </ul>             |
| <b>Professional Education</b>         | <ul style="list-style-type: none"> <li>*Patients knowing facts of prostate cancer.</li> <li>* Educating doctors on patient knowledge.</li> </ul>  | <ul style="list-style-type: none"> <li>*Prof essionals know the type of screening in the community.</li> </ul>   | <ul style="list-style-type: none"> <li>*Incorporate interviewing techniques for clinical student learning.</li> </ul>   | <ul style="list-style-type: none"> <li>*Medical professionals are in need of furthering education.</li> <li>* Health care providers should talk about tests before administering them.</li> </ul>                       |
| <b>Patient Didactic Tools</b>         | <ul style="list-style-type: none"> <li>*Pamphlets that contain information on prostate cancer prevention.</li> </ul>  | <ul style="list-style-type: none"> <li>*Power point developed to provide primary care providers with current information.</li> <li>* booklet that discusses the prostate, prostate cancer</li> </ul>   | <ul style="list-style-type: none"> <li>*Effective interpersonal techniques in video taped productions.</li> <li>* Contains a CD-rom with power point presentations, and a video tape.</li> </ul>                                | <ul style="list-style-type: none"> <li>*Presentations and conferences educating professionals.</li> <li>* Five hours of CME video this includes info on prostate cancer in the community.</li> </ul>                    |
| <b>Patient Shared Decision making</b> | <ul style="list-style-type: none"> <li>*Testing is a personal decision made by the patient and physician.</li> <li>* Patients consult physician if concerned about any factors</li> </ul> | <ul style="list-style-type: none"> <li>*Both parties share information and the patient understands all factors of prostate cancer screening.</li> <li>* encourage the use of shared decision making</li> </ul>   | <ul style="list-style-type: none"> <li>*Shared decision making serves the best interest of both clinicians and patients.</li> <li>* evaluating the amount of knowledge that is known on shared decision making.</li> </ul>      | <ul style="list-style-type: none"> <li>*Shared and informed decision making needs to be discussed.</li> <li>* The importance of African American men knowing about screening through shared decision making.</li> </ul> |
| <b>Patient Comfort</b>                | <ul style="list-style-type: none"> <li>*Medical providers must be aware of patients' feelings and concerns</li> </ul>   | <ul style="list-style-type: none"> <li>*Designed to help a decide if screening is right</li> <li>* Understanding decision making at a level that's consistent with his values.</li> </ul>  | <ul style="list-style-type: none"> <li>*Discussing sensitive issues and how they are best managed professionally and personally.</li> <li>* Identify sources of patient discomfort and anxiety.</li> </ul>                      | <ul style="list-style-type: none"> <li>*Making sure all patients are aware of all opportunities that are available to them.</li> </ul>  |
| <b>Screening</b>                      | <ul style="list-style-type: none"> <li>*Screening early in order for early detection.</li> <li>* Patient/doctor decision whether screening is good for the patient</li> </ul>             | <ul style="list-style-type: none"> <li>*Screening tools for prostate cancer are the digital rectal examination (DRE) and the prostate-specific antigen (PSA) test.</li> <li>* information on the pros and cons of prostate cancer screening</li> </ul> | <ul style="list-style-type: none"> <li>* Patient and provider conversations are key to determining the appropriate cancer screening.</li> <li>* Communication affects decisions that contribute undergoing screening</li> </ul> | <ul style="list-style-type: none"> <li>*Counseling patients on the importance of screening and patient conversations.</li> </ul>  |

# Content Analysis of Education Interventions

## **8 Emergent Themes Affecting Black Male Decision-making Around Prostate Cancer Early Detection and Prevention**

- Disease Process
- Risk & Health
- Facts About Prostate Cancer
- Information Aids
- Testing
- Black Male Self-value
- Communication Style
- Communication Barriers

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# Emergent Themes by Organizations

| Themes                                   | AUA  | CDC  | Brown University  | Prostate Cancer Foundation                                    |
|--|--|--|---|---|
| <b>Disease Process &amp; Risk/Health</b> | Interacti on about health conditi ons and risk factors               | Conversations about risks of diagnosis or any potenti al harm.         | Risk factor and screening guidelines for prostate cancer.                           | X   |
| <b>Facts about Prostate Cancer</b>       | Patients should know all facts on prostate cancer                    | Physi cians should make sure th at patients understand prostate cancer | Serves best interest of both clini cians and patients                               | X   |
| <b>Information Aids</b>                  | Pamphlets  | Booklets on prostate and prostate cancer                               | CD-rom with power point presentati ons and a video tape                             | Five hours of CME video with informati on on prostate cancer. |
| <b>Testing</b>                           | Testing is personal decision made by patient consulted by physi cian | Testing decision by patient and physi cian                             | Cancer screening tests and interactions with physi cians.                           | Talking to patients about tests before administering them     |
| <b>Black Male Self-value</b>             | Providers must be aware of patients distress                         | Making decisions with the patient                                      | Identifying sources of patient discomfort   | X   |
| <b>Communication Style – Interactive</b> | Patient/doctor decision whether screening is good for the patient    | Physi cian communicating pros and cons on prostate cancer screening    | Patient-provider conversations to determining if screening is right for the patient | Physi cians counseling their patients on screening importance |
| <b>Communication Barriers</b>            | X  | Clear conversations with patients                                      | Methods to address potenti al communication barriers                                | X   |

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Source: Courtney Young, 2006 LLU Med Student Summer Intern Project

# Community Peer Navigator Manual Development for Black American Men

- Layout & Design
- Sections and Topics
- Content
- Pilot Testing Procedure

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# Sections & Topics

## Section I

### Prostate Cancer Background Information

- Definition of prostate cancer, outlook, trends, symptoms, risk factors, recent data on San Bernardino County Black men
- Cancer diagnostic methods & their advantages and disadvantages
- Prostate cancer stages & treatment options/recommendation
- Prostate cancer education strategies suggested by the San Bernardino County Black men
- Post-test

# Sections & Topics

## Section II

### National Cancer Institute (NCI): Patient Navigation Resource Manual

- Booklet on diagnosing prostate cancer
- Coping with cancer
- National organizational resources

# Sections and Topics

## Section III NCI Resources

- Abnormal results and biopsy information
- Prostate gland and its function
- Course of prostate changes

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# Sections & Topics

## **Section IV**

### **Prostate Cancer Resources and Contact information**

- Prostate cancer resources for men, patients and their loved ones
  - Locally
  - Nationally

# Pilot Testing Procedure

- **Length:** 4 meetings/2 hours each
- **Location:** Community-based Organization (AAHI-SBC)
- **Peer Navigator Participants: N=5,** 4 males, 1 female
- **Participant's Age Range:** 59-76 years
- **Target Specific Peer Navigator Recruitment:**
  - Minister
  - Member of Masonic Lodge
  - Retired Educator
  - Executive Businessman
  - Female Community Advocate (low income community)

# Pilot Testing Procedure, cont

- **Draft Manual:** personalized 3” binder, color copy
- **Consent Form & Contract**  
(complete training, become educator, and to recruit men for larger prostate cancer prevention study)
- **Testing:** content appropriateness (culture, language, interest), delivery methods, settings, manual layout, format & style, and any other suggestions



# Results

- **Layout** – well received
- **Format** (sections) – very well received
- **Content** – very well received
- **Delivery Method** – utilize a team of health educators, physicians, and survivors
- **Delivery Location** – community meeting room; 5:30pm to 7:30 pm, Tuesday or Thursday nights; serve light food
- **Delivery Presentation** – power point, pictures or slides; approximately 5 pictures per session; session 2 hours in length; pictures should be in color; very few handouts; allow plenty of time for discussion and interaction

# Results

- **Most effective delivery modalities suggested by Peer Navigators:**
  - Targeted Black male public marketing campaign
  - Presence of a physician and a survivor
  - Family-friendly
  - Culturally-appropriate handouts/brochures
  - Pre/post test for knowledge & behavior change
  - Resource/contact information
  - Group sessions
- **Advantages of utilizing structured, community-based personal interactive decision-making aids (by Peer Navigators)**
  - Community empowerment and partnership
  - Increases in prostate cancer knowledge and screening
  - Decrease in prostate cancer myths
  - Support group & generates early detection actions
  - Increased self-efficacy
  - Increased male to male discussion around health & prevention

# Summary

- Need more specific nutrition information
- Promote wide dissemination of this community-level decision-making educational tool
- Increase community-level prostate cancer education through a public awareness campaign that includes the Black family
- Offer this community-level education tool on a regular bases in various locations for easy access by men and significant others

# Implications for Policy Changes

## Proposed policy changes that will effectively impact Black male prostate cancer mortality outcomes

- **Adopt Ethnic Centered Screening Guidelines**
  - Initiate baseline prostate cancer screening at 30 years for all Black males
  - Institutional Ethnic Centered Policies, such as mandatory baseline screening of Black males at age 30 with a physical examination, then every 2-years until age 40
- **Quality Review Policies**
  - Implement standards of medical practice with quality reviews for prostate cancer early detection - pay for appropriate performance
- **Ethnic Centered Health System Outreach**
  - Target specific health messages for Black males at each medical encounter
  - Public Health needs to issue a *Black Male Health Alert*
- **Policy mandate to establish prevention health systems that are consumer-driven and community-based**

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***Thank you!***

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