Nuestras Voces... Our Voices

Network Overview

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

- Decrease exposure to second-hand tobacco smoke,
- Increase smoking cessation,
- Increase cancer prevention, and;
- Improve quality of life for those living with cancer.
Nuestras Voces... Our Voices
National Hispanic Network to Reduce Tobacco-Related and Cancer Health Disparities

Nuestras Voces Subnetwork Lead Agencies

Seattle, WA
Minneapolis, MN
Chicago, IL
Watsonville, CA
San Diego, CA
Denver, CO
Albuquerque, NM
Dallas, TX
Atlanta, GA
Philadelphia, PA
New York, NY

Salud Para La Gente
Clinica Tepeyac
Family Health Centers of San Diego
The Conclilic
Congreso
Comunlife

Chicago Hispanic Health Coalition
Hispanic Health Coalition of Georgia
AMIGAS:
An Effective Cervical Cancer Screening Intervention for Hispanic Women

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Senior Behavioral Scientist

Epidemiology and Applied Research Branch
DCPC/NCCDPHP

Nuestras Voces National Webinar
May 16, 2018
Ayudando a las **Mujeres con Información, Guía, y Amor para su Salud**
(Helping Women with Information, Guidance, and Love for their Health)

- Theoretically- and evidence-based intervention co-created and funded by CDC to promote cervical cancer screening among Hispanic women.

- Intended for delivery by trained *promotoras* (community health workers).

- Designed for use in under-resourced locations and communities.

- Developed in conjunction with the community, using plain language principles.

Background

- Latinas consistently have higher cervical cancer incidence and mortality rates than non-Hispanic white women.

- Barriers to cervical cancer screening include lower levels of knowledge, limited access to healthcare, and cultural attitudes.

- Few theoretical, randomized community health worker interventions.

- Few studies examining magnitude of effect in real-world settings, relative effectiveness of intervention components, or cost.
Cervical Cancer Incidence, Hispanic and Non-Hispanic White Women, 2004-2014

Available at: [http://www.cdc.gov/uscs](http://www.cdc.gov/uscs).

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

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

NOTE: Hispanic origin is not mutually exclusive from race categories (white, black, Asian/Pacific Islander, American Indian/Alaska Native).
Healthy People 2020 Cervical Cancer Goals

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

9.5\(^a\) (Hispanic women, 2013)

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

2.5\(^a\) (Hispanic women, 2013)

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

76.9\(^b\) (Hispanic women, 2013)

78.6\(^c\) (Hispanic women, 2015)

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\(^a\) Available at: [http://www.cdc.gov/uscs](http://www.cdc.gov/uscs).


<table>
<thead>
<tr>
<th>Interventions</th>
<th>Breast Cancer</th>
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<th>Colorectal Cancer</th>
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<td>Reducing Client Out-of-Pocket Costs</td>
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<td>October 2009</td>
<td>October 2009</td>
<td>October 2009</td>
</tr>
</tbody>
</table>

http://www.thecommunityguide.org/index.html
AMIGAS Development and Design: Steps 1-5

1. Early AMIGAS Program (UT-Houston)
2. Formative Research (Battelle)
3. Early AMIGAS program revised and expanded; New intervention components were created (CDC)
4. Expanded AMIGAS intervention with toolkit (Battelle)
5. Testing and validation of materials (CDC)
AMIGAS Development and Design: Steps 6-9

6. Intervention Trial (UT School of Public Health)

7. Development and testing of Administrators’ Guide (CDC)

8. Dissemination (CDC)

9. Practice with local evaluation
A multi-faceted intervention program to encourage women to get a Pap test

The program should...

• Increase knowledge
• Encourage positive attitudes
• Acknowledge feelings related to screening
• Target important social referents such as daughters and husbands to encourage women to receive screening
• Reduce system barriers such as greater flexibility in clinic hours, availability of bilingual staff or translators
• Inform women of low cost programs to address access issues


Intervention Components

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

* Provided by sites
** Group format only
¿QUÍENES PUEDEN DESARROLLAR EL CÁNCER CERVICAL?

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

Una mujer tiene más riesgo a desarrollarlo si:

- No se ha hecho una prueba de Papanicolaou en 3 años o más.
- Está infectada con el virus del papiloma humano (VPH). La mayoría de los casos de cáncer cervical son causados por este virus de transmisión sexual. La infección de VPH es muy común entre los hombres y mujeres que son sexualmente activos. La mayor parte del tiempo, el VPH no causa problemas de salud y desaparece solito. Pero a veces, una mujer puede estar infectada con un VPH de “alto riesgo”. Es decir, que no desaparece solito. En casos raros, una infección de VPH que no desaparece puede convertirse en un cáncer cervical.
- Comenzó a tener relaciones sexuales muy joven.
- En toda su vida, ella o su pareja ha tenido relaciones sexuales con varias otras parejas.
- Fuma cigarrillos.
- She has not had a Pap test in 3 or more years.
- She is infected with the Human Papilloma Virus (HPV). The majority of cervical cancer cases are caused by this virus which is sexually transmitted. HPV infection is very common in both men and women who are sexually active. Most of the time HPV causes no health problems and goes away on its own. But sometimes a woman can be infected with a “high risk” type of HPV that persists—that is, it doesn’t go away on its own. In rare cases, an HPV infection that doesn’t go away can develop into cervical cancer.
- She began having sex at an early age.
- She or her partner has had sex with a number of partners in his or her life.
- She smokes cigarettes.

WHO CAN GET CERVICAL CANCER?

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

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

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

¿CON QUÉ FRECUENCIA NOS DEBEMOS HACER PRUEBAS DE DETECCIÓN?

Nos debemos hacer pruebas de detección regularmente.

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

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

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

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

HOW OFTEN SHOULD WE GET SCREENED?

We need to be screened regularly.

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

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

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

- If your cervix has been removed, you may not need to have a Pap test. You should talk with your doctor.
2.0 Getting Started with the AMIGAS Program

2.1 What AMIGAS Program choices do I have?

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

As you get ready to use the AMIGAS program, there are a few things to think about:

- **Individual or groups – will I meet with women individually in their homes or invite them to group sessions at a public location?**
  - Individual visits are better for discussing each woman’s own experiences and concerns. And women may like having someone come to their home. But many women also enjoy the company of their friends or family. If the women in your community enjoy doing group activities, you may want to plan this.

- **If the woman has a mother, friend, or daughter in the house who wants to participate, is that OK?**
  - Although AMIGAS is designed for use with one woman or a small group (between 6 and 15 women), you can change it a little for other sized groups. For example, you can easily use the individual lesson plan with a small group of 2 or 3 family members or friends if you make small changes in some of the activities.

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

- **Location – if I want to use a public location, how do I go about finding one?**
  - When is it available?
  - How much will it cost?
  - Does the clinic where you work have space available for such meetings?

3.0 AMIGAS Program Lesson Plans

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

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

3.1 What do I do?

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

If you are doing a group session:

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

3.2 Tips for making women feel comfortable

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

Diagrama del cuerpo / Body Diagram

El sistema reproductivo de la mujer

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

The Female Reproductive System

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

HAVING A PAP TEST

Cómo se hace la prueba de Pap雕像laou

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

Having a Pap Test

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

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

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

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

Sign ..................................................................................................................................................

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

---

Mi Promesa

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

- Penseé en hacerme la prueba de Papanicolaou.
- Hablé con mi pareja, amiga, pariente o la promotoras acerca de hacerme la prueba de Papanicolaou.
- Usé la Hoja de Recursos para hacerme la prueba de Papanicolaou.
- Hice una cita para hacerme la prueba de Papanicolaou.
- Encontré alguien quien me cuidó a mis niños (niños).)
- Encontré un modo de llegar a la cita.
- Iré a hacerme la prueba de Papanicolaou.
- ........................................................................................................................................

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

Firmado por: ........................................................................................................................................

---
Contact Sheet

A. Name: .................................. Phone Number: ..................................

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

C. After this meeting, what is your plan for getting a Pap test? (Mark one only)
   ☐ Continue getting a Pap test regularly.
   ☐ Not ready to get a Pap test yet.
   ☐ Think about getting a Pap test.
   ☐ Call for an appointment to get a Pap test.

D. Promises to myself include the following:
   1. .................................................................................................
   2. .................................................................................................
   3. .................................................................................................

Follow-Up (for Program Use Only)

Date: .................................. Location: ..................................

Number of Participants: .................................. Promoters: ..................................

Notes: .................................................................................................

CDC
Centers for Disease Control and Prevention

Hoja de Contacto
Resumen de Información Personal

A. Nombre: .................................. Telefono: ..................................

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

C. Después de esta reunión, ¿qué se le puede sugerir acerca de la prueba de Papilomavirus?
   (Marque solo una caja)
   ☐ Seguir haciéndose la prueba de Papilomavirus regularmente.
   ☐ Todavía no estoy lista para hacerme la prueba de Papilomavirus.
   ☐ Considerar hacerme la prueba de Papilomavirus.
   ☐ Llevar para hacer una cita para hacerme la prueba de Papilomavirus.

D. Las promesas que me hice a mí misma son:
   1. .................................................................................................
   2. .................................................................................................
   3. .................................................................................................

Seguimiento (para Uso del Programa)

Fecha: .................................. Lugar: ..................................

Número de participantes: .................................. Promotora: ..................................

Notas: .................................................................................................

CDC
Centers for Disease Control and Prevention
Evaluation Form

EVALUATION FORM-POST SESSION

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

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

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

General
9. Would you recommend this program to your friends?
   Yes ☐ No ☐ Does not apply ☐
10. What did you like most about the program?
    ________________________________________________________________
11. What did you like least about the program?
    ________________________________________________________________
Additional comments:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Name (optional): ................. Phone number (optional): .................

AMIGAS

Formulario de evaluación - Posterior a la sesión

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

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

Salón de clases o establecimiento de capacitación
7. ¿Estuvo cómodo en el salón? Sí ☐ No ☐ NA ☐
8. ¿Se sintió tranquilo en el grupo? Sí ☐ No ☐ NA ☐

Información general
9. ¿Le recomendaría este programa a sus amigos? Sí ☐ No ☐ NA ☐
10. ¿Qué fue lo que más le gustó del programa? ________________________________________________________________
11. ¿Qué fue lo que menos le gustó del programa? ________________________________________________________________
Comentarios adicionales:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Nombre (opcional): ................. Número de teléfono (opcional): .................
Randomized Controlled Trial

Purpose and Participants

- Examine the overall effectiveness of AMIGAS among three populations of Hispanic women of Mexican origin (urban, border, rural)

- Characterize the relative effectiveness of the AMIGAS small media components (video and flipchart)

- Hispanic women of Mexican origin
  - 21-65 years of age
  - No previous cervical cancer
  - No hysterectomy
  - No Pap test within the last 3 years

- Receipt of Pap testing at 6 months post-intervention
Trial Design

Intervention Groups

- Full AMIGAS
  - Movie
  - Flipchart
  - Other components

- AMIGAS Movie
  - Movie
  - Other components
  - No Flipchart

- AMIGAS Flipchart
  - Flipchart
  - Other components
  - No Movie

- Control
  - No intervention
### Trial Results
Percentage Reporting Receipt of Pap Tests at 6 months by Intervention Arm

<table>
<thead>
<tr>
<th>Intervention Arm (n)</th>
<th>Pap Testing (%) at 6 months</th>
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<tr>
<td>Full AMIGAS (151)</td>
<td>52.3%</td>
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<tr>
<td>AMIGAS Movie (155)</td>
<td>41.3%</td>
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<tr>
<td>AMIGAS Flipchart (154)</td>
<td>45.5%</td>
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<tr>
<td>Control (153)</td>
<td>24.8%</td>
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</table>

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

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

## Trial Results

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

<table>
<thead>
<tr>
<th>Intervention Arm (n)</th>
<th>El Paso % (n)</th>
<th>Houston % (n)</th>
<th>Yakima % (n)</th>
</tr>
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<tbody>
<tr>
<td>Full AMIGAS (151)</td>
<td>60% (50)</td>
<td>39.2% (51)</td>
<td>58% (50)</td>
</tr>
<tr>
<td>AMIGAS Movie (155)</td>
<td>46% (50)</td>
<td>24.6% (57)</td>
<td>56.2% (48)</td>
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<tr>
<td>AMIGAS Flipchart (154)</td>
<td>46% (50)</td>
<td>35.2% (54)</td>
<td>56% (50)</td>
</tr>
<tr>
<td>Control (153)</td>
<td>28% (50)</td>
<td>17.9% (56)</td>
<td>29.8% (47)</td>
</tr>
</tbody>
</table>

$p<.0145$ $p<.0553$ $p<.0150$

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

Knowledge to Action Framework

NCCDPHP Knowledge To Action Framework
May 2009

RESEARCH PHASE

EVIDENCE STUDIES

EFFECTIVENESS AND IMPLEMENTATION STUDIES

DISCOVERY STUDIES

TRANSLATION PHASE

KNOWLEDGE INTO PRODUCTS

DECISION TO TRANSLATE

EVIDENCE BASED

PRACTICE BASED

DIFFUSION

DISSEMINATION

INSTITUTIONALIZATION

PRACTICE

ENGAGEMENT

DECISION TO ADOPT

Translation Supporting Structures

Research Supporting Structures

EVALUATION

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

Successes and Current Activities

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

For more information about AMIGAS: https://www.cdc.gov/cancer/gynecologic/what_cdc_is_doing/amigas.htm
Individual and Community Effectiveness of a Cervical Cancer Screening Program for Semi-Urban Mexican Women

Adriana A. Figueroa-Muñoz Ledo · Margarita Marquez-Serrano · Alvaro J. Idrovo · Betania Allen-Leigh

Published online: 13 December 2013
© Springer Science+Business Media New York 2013

Abstract The effectiveness at the individual and community level of an educational intervention to increase cervical cancer screening self-efficacy among semi-urban Mexican women was evaluated and changes in reported community barriers were measured after the intervention was implemented. The educational intervention was evaluated with a quasi-experimental pre-test/post-test design and a control group, based on the Integrative Model of Behavior Prediction and AMIGA5 project materials. For the intervention group, increased self-efficacy increased requests to obtain a Pap (p < 0.05). Barriers to obtaining a Pap were embarrassment and lack of time at the individual level, and lack of time, test conditions and fear of social rejection in the community’s cultural domain. At both the individual and community levels, having more information about the test and knowing it would be performed by a woman were primary facilitators. Few women used medically precise information when referring to the Pap and cervical uterine cancer. Although the level of self-efficacy of the participants increased, barriers in the health system affect the women’s perceived ability to get a Pap. Better care for users is needed to increase consistent use of the test. The study shows the importance of using culturally adapted, multilevel, comprehensive interventions to achieve successful results in target populations.

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

Introduction

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

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

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

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- **Texas Tech Paul L. Foster School of Medicine**
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  - Sally Vernon, PhD

- **Kaiser Permanente Northwest**
  - Gloria Coronado, PhD

- **Fred Hutchinson Cancer Research Center**
  - Beti Thompson, PhD

- **Battelle**
  - Carlyn Orians, MPH
  - Carolina Mejia, PhD

- **Nuestra Communidad Sana**
  - Lorena Sprager

- **Collaborativo Saber**
  - Beatiz Barraza

- **Yakima Valley Farm Workers Clinic**
  - Stella Vasquez

- **Lay Health Workers**
  - California
  - Washington

- **Lay Health Worker Administrators**
  - California
  - Washington
  - Texas
Questions??

For more information about AMIGAS:
https://www.cdc.gov/cancer/gynecologic/what_cdc_is_doing/amigas.htm
Go to the official federal source of cancer prevention information:
www.cdc.gov/cancer