I did it for my friends and family.
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Production of this document has been made possible through funding from the Public Health Agency of Canada.
## DAY 1 AGENDA

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<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>8:30 – 8:45</td>
<td>Set up and Arrival</td>
</tr>
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<td>8:45 – 9:00</td>
<td>Introductions and Welcome</td>
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<td></td>
<td>Review Agenda for Day 1</td>
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<tr>
<td>9:00 – 9:15</td>
<td>Introductory Activity</td>
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<tr>
<td>9:15 – 9:25</td>
<td>CASTLE CHB Knowledge Pre-Test</td>
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<tr>
<td>9:25 – 9:30</td>
<td>Overview of CASTLE CHB training</td>
</tr>
<tr>
<td>9:30 – 9:45</td>
<td>CASTLE Project Overview</td>
</tr>
<tr>
<td>9:45 – 10:45</td>
<td>Role of CASTLE CHB</td>
</tr>
<tr>
<td>10:45 – 11:00</td>
<td>Break</td>
</tr>
<tr>
<td>11:00 – 12:00</td>
<td>CASTLE Cancer Screening Presentation Part 1</td>
</tr>
<tr>
<td>12:00 – 1:00</td>
<td>Lunch Break</td>
</tr>
<tr>
<td>1:00 – 2:00</td>
<td>CASTLE Cancer Screening Presentation Part 2</td>
</tr>
<tr>
<td>2:00 – 2:30</td>
<td>Barriers</td>
</tr>
<tr>
<td>2:30 – 2:45</td>
<td>Break</td>
</tr>
<tr>
<td>2:45 – 3:45</td>
<td>Day 1 CASTLE Scenarios</td>
</tr>
<tr>
<td>3:45 – 4:00</td>
<td>What did you learn today?</td>
</tr>
</tbody>
</table>

## GOALS OF EVERY CASTLE CHB CONVERSATION WITH NEIGHBOURS

- People know you care. You are sensitive to where they are in their life journey.
- People are empowered to make choices
- People think about what you said and know what to do next

> “People will forget what you said, people will forget what you did, but people will never forget how you made them feel.”

~Maya Angelou~
A DAY IN THE LIFE OF A CASTLE CHB

Here are three sample journal entries from one of the CASTLE Project CHBs. Journals were used as a qualitative evaluation for the pilot CASTLE project. This reflective journal illustrates the role of the CHB in telling others in their community about cancer screening tests. The dates, names and places have been changed to maintain privacy of individuals.

JAN 9

One of the challenges in this job is choosing the right activities to spend my work time on. The question always is: does this activity further the goals of the CASTLE Project? Because our project has chosen to work with communities and relationships, the lines of what is and what isn’t work, can get really blurry.

This blurriness was in full force last night. I wasn’t even sure if I should attend the community planning meeting. As we met and talked about plans for the community, there were 3 areas that CASTLE could be involved in. They all mentioned healthy living, or community events and community building.

When we actually split into the groups, it became really hard to see how CASTLE related. One could say that attending that sort of meeting is a waste of CASTLE’s time....except that I had several side conversations that were completely all about what CASTLE is about.

The first conversation was with Mary. Mary works at a parent and child support agency and has been advocating for me to get officially through the doors to build relationships with the young moms who come and to be a resource to the agency. Mary has fully grasped the vision of CASTLE’s method of reaching our target group. She gets it, and not only that, she is working hard to get us through the red tape and into the presence of her clients on a regular basis. This would not happen without the relationship building that occurs at these meetings.

The second thing that happened was the hanging of my poster. It was initially hung in the room where we met, and then moved to another bulletin board, right near the main hallway. I had about 5 conversations about the poster with residents.

The third conversation I had was with Jane. Jane is very outgoing and was looking at my poster and said, “What is this all about?” I put my face next to it, and said, “It’s me, do you see the resemblance?” She laughed and said she wanted to know more about cancer screening. I said that was something I could help her with and could we go out for coffee or meet somewhere? She gave me her phone number and we are going to meet.

These are important connections. Connections happen in relationships. Relationships happen when you bump shoulders with someone regularly. I will always be struggling to choose which events will give me the biggest bang for the buck for CASTLE. But being present is the first and necessary step.
JAN 10

I attended a community dinner. I arrived at 4 pm to help with set-up. I was told dinner would start at 5:30, but it didn’t start till after 6. There was a real mix of people….but mostly people who need a dinner. I was able to have a great conversation with Tom who lives on ODSP and despite his poverty, has a lot to contribute. He is over 50. We are meeting on Monday before the community meeting to get his feedback on CASTLE cancer screening messages for community.

I also introduced myself to numerous people, probably met about 25 and most of them heard about CASTLE. I also had more in depth conversations with about 12 people. The dinner is an excellent place to hang out and have conversations. One woman is part of a group for grandparents. She may help me meet the group. This would be an excellent place to do a presentation and get feedback.

JAN 11

I went to the local neighbourhood centre. It is really good that I bring the food. It brings people who aren’t interested in the crafts. More and more people are learning I am there and that I am interested and available to talk to them. Great conversations. I actually met my first person who had heard not one single cancer message and had no idea about cancer screening and is totally in our target age group: 52 years old and male. Every time I bring something to give out: each time, one thing.

I was asking for feedback from people about the cancer screening messages. The comment I heard the most in reply to the question: Who do you want to talk to about these sorts of things (CS)?, was someone who has time, someone who is available. I noticed we would digress into another related topic (often people’s cancer stories, or their doctor stories, or health issues, or how they feel today) but then we would get back to the subject. It is really important to listen and go with where the conversation is going. People are willing to talk about what you ask them, but your “pay” to them is a large listening ear, and patience, as they often speak slowly, and have to think as they go. It is not an intense conversation…it is a wandering one, that does cover all the bases, but takes time to get there. People really appreciated the time given. I feel the comments they gave me support the idea that the most important factor to reach this population is time….time to care and time to listen. They don’t have a lot, but they do have time.
## CASTLE CANCER RISK CHART

<table>
<thead>
<tr>
<th>Risks</th>
<th>Breast Cancer</th>
<th>Cervix Cancer</th>
<th>Colorectal Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>How old a person is</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family History</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being male or female</td>
<td></td>
<td>Not applicable</td>
<td></td>
</tr>
<tr>
<td>Foods/Diet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Little to no Physical Activity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Practices</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hormones Reproduction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immune system</td>
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<td></td>
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</tbody>
</table>

## CASTLE CANCER SCREENING CHART

<table>
<thead>
<tr>
<th>Cancer Screening</th>
<th>What is the name of the test?</th>
<th>Who should have the test?</th>
<th>How is it done? How long does it take?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Cancer Screening</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervical Cancer Screening</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td></td>
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</tbody>
</table>
WHAT IS CANCER?
Cancer is when cells in your body grow out of control making those parts of the body not work right.

STATISTICS:
- Estimated 24% Canadian females and 29% males will die from cancer
- This is 1 out of every 4 Canadians
- Every hour in Canada 20 people will be diagnosed with cancer
- 8 will die of it

MOST COMMONLY DIAGNOSED CANCERS IN CANADA IN 2012
**Men:** prostate - lung - colorectal
**Women:** breast - lung - colorectal

LEADING CAUSE OF CANCER DEATHS IN CANADA IN 2012
**Women:** lung - breast - colorectal
**Men:** lung - colorectal - prostate

CANCER FACTSHEET REFERENCES
Canadian Cancer Society, 2014b; Canadian Cancer Society’s Steering Committee on Cancer Statistics, 2011; Canadian Cancer Statistics 2012, 2012
BREAST CANCER FACTSHEET

MAIN RISKS:
- Being a woman
- Getting older

OTHER RISKS:
- Mother, sister, daughter who had breast cancer before menopause
- Starting menstruation before age 12
- Having first baby after age 30, or never having a baby
- Never breastfeeding
- Late menopause
- Being overweight after menopause
- Taking hormone replacement therapy
- Little to no physical activity
- Unhealthy diet
- Smoking
- Drinking more than 1 drink of alcohol per day

WHAT CAN A PERSON DO TO REDUCE THE RISKS:
- Maintain a healthy body weight
- Be active
- Be smoke free
- Limit alcohol
- Breastfeed for at least 6 months
- Have regular mammograms

WHAT ARE THE SYMPTOMS OF SOMEONE WHO HAS BREAST CANCER:
- Often no symptoms

BREAST CANCER FACTS:
- Among Canadian women, breast cancer is the most commonly diagnosed cancer (excluding non-melanoma skin cancer)
- Breast cancer is the second leading cause of cancer-related death in Canadian Women
- One third of eligible Ontario women do not participate in breast cancer screening

CASTLE Breast Cancer Factsheet References: Canadian Cancer Society, 2011a; Cancer Care Ontario, 2013; Canadian Cancer Society, 2014c; Canadian Cancer Society, 2014f; Canadian Centre on Substance Abuse, 2014a; Cancer Quality Council of Ontario, 2011b; Krzyzanowska et al., 2009
**CERVICAL CANCER FACTSHEET**

**RISK FACTORS LEADING TO CANCER OF THE CERVIX:**

HPV is a common sexually transmitted virus for men and women which is spread through:

- Sexual intercourse
- Genital skin to skin contact
- Oral sex

There are over 100 types of HPV. Usually HPV infections go away. However, some can lead to cell changes that can develop into cancer. Some can cause genital warts.

- 75% of sexually active men and women will have at least one HPV infection in their lifetime
- HPV is not HIV

**Other factors that may increase the risk of HPV infections or increase the risk of cell changes to become cancer:**

- High number of sexual partners
- Partner with many sexual partners
- Sexually active at early age
- Sharing sex toys
- Smoking and/or exposure to second hand smoke
- Other sexually transmitted infections
- Little or no physical activity
- Unhealthy diet

**HOW CAN ONE PROTECT ONESELF:**

- Delay sexual activity
- Limit sexual partners
- Use condoms
- Be smoke-free
- Eat well
- Exercise regularly
- Get plenty of rest
- REGULAR PAP TESTS

**WHAT ARE THE SYMPTOMS FOR SOMEONE WHO HAS CERVICAL CANCER:**

- Often no symptoms

**CERVICAL CANCER FACTS:**

- Cervical cancer is the tenth most common cancer in Ontario females of all ages
- Cervical cancer is the second most common cancer among women under 50 years old
- One quarter of eligible women in Ontario do not participate in PAP screening
- Cervical cancer is almost completely preventable by regular pap tests with follow up for abnormal results and HPV vaccinations

CASTLE Cervical Cancer Factsheet References: Cancer Care Ontario, 2005; Cancer Care Ontario, 2013b; Canadian Partnership Against Cancer, 2009; Health Quality Ontario, 2011
COLORECTAL CANCER FACTSHEET

RISK FACTORS THAT INCREASE THE RISK FOR CANCER OF THE COLON AND THE RECTUM:

- Getting older - more colon cancer occurs after age 50
- Physical inactivity
- Obesity - unhealthy diet
- Smoking
- Family history

WHAT CAN A PERSON DO TO REDUCE THE RISKS:

- Eat a healthy diet
- Have regular physical activity
- Be smoke-free
- Limit alcohol intake
- Have regular FOBT screening starting at age 50
- Talk to your doctor about when to have a colonoscopy if you have a family history

WHAT ARE THE SYMPTOMS OF SOMEONE WHO HAS COLORECTAL CANCER:

- Often no symptoms

COLORECTAL CANCER FACTS:

- Colorectal cancer is the fourth most commonly diagnosed cancer in Canadians
- In Canada, Colorectal cancer is the second leading cause of death from cancer
- Ontario has one of the highest incidence rates of colorectal cancer in the world, with rates higher in rural areas

Colorectal Cancer Factsheet References: Canadian Cancer Society, 2014e; Canadian Cancer Society’s Steering Committee on Cancer Statistics, 2011; Cancer Quality Council of Ontario, 2011a; Ministry of Health and Long-Term Care, 2008
<table>
<thead>
<tr>
<th>TYPE OF SCREENING</th>
<th>WHO</th>
<th>AGE</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorectal Cancer Screening</td>
<td>Males &amp; Females</td>
<td>Average Risk: 50 to 74 years</td>
<td>o FOBT (fecal occult blood test) every two years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>High Risk: Family history of colorectal cancer in a first degree relative (parent, sibling, child).</td>
<td>High Risk: Colonoscopy beginning at age 50 or 10 years younger than earliest age of diagnosis of relative, whichever comes first.</td>
</tr>
<tr>
<td>Breast Cancer Screening</td>
<td>Females</td>
<td>Average Risk: 50 to 74 years</td>
<td>o Every 2 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>High Risk: 30 to 69 years</td>
<td>High Risk: Require doctor or nurse practitioner referral</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01 Already completed genetic testing for breast cancer and have received confirmation of a genetic mutation.</td>
<td>o Receive an annual breast screening MRI and mammogram through an OBSP High Risk Screening Centre.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>02 Not completed genetic testing themselves, but who have a parent, sibling or child with confirmation of the genetic mutation.</td>
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<td></td>
<td></td>
<td>03 Family history with a greater than or equal to 25% lifetime risk of breast cancer confirmed through genetic counselling</td>
<td></td>
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<tr>
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<td>04 Received radiation therapy to the chest before 30 years of age and at least 8 years previously</td>
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</tr>
<tr>
<td>Cervical Cancer Screening</td>
<td>Females</td>
<td>21 to 70 years of age</td>
<td>o Every three years for all women starting at age 21 who are or ever have been sexually active.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>o Pap tests can stop at age 70 in women who have had three or more normal tests in the prior 10 years.</td>
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CASTLE DAY 1 SCENARIOS

SCENARIO 1:
Issues in this scenario: Mistrust of System: let down at some time; difficulties with accessing health care services; fear of falling through the cracks in the health care system

PERSON 1: “I don’t have time and I don’t trust the system”
CHB: “You don’t trust the system?”
   or
   “Did something happen?”
   or
   “I’m sensing that you are feeling upset about an experience with your doctor/ the health care system,”

PERSON 1: “My doctor never has time for me. He/she has never told me about the tests”
CHB 1: “So the doctor hasn’t told you about cancer screening tests?”
   or
   “It sounds like the doctor doesn’t give you enough time.”

PERSON 1: “I went for pap test and they said not to worry unless they called. I was so afraid they would call. I was a wreck. I won’t do that again”
CHB 1: “Let me see if I understand, you were worried that they would call and you were a wreck ….”
   “It sounds like….”
   or
   “What would help you not worry?”
   or
   “Would it help if you called back to find out the results?”
   or

...CHB RESPONSE: active listening and providing information as appropriate
SCENARIO 2:
Issues in this scenario: **Fear of many issues:**
  - fear of the cancer screening test
  - fear cancer- they have a symptom or other health problems
  - fate- if I have the test, then I will get cancer, I will die
  - past traumas, abuse

**PERSON 2:** “No, I never will go” *(could be fear due to any of above issues)*
**CHB 2:** “It sounds like you have thought about this and you don’t want to go…”
  or

  …**CHB RESPONSE:** active listening and providing information as appropriate

**PERSON 2:** “I am too scared”
**CHB 2:** “I am sensing that you are afraid….”
  or
  “I appreciate you telling me this. Would you like to know more about the test to help you feel better about having the test?”
  or
  “Would anything help you feel comfortable going for the test?”
  or
  “Would you like to know where to go for the test in the future?”
  or

  …**CHB RESPONSE:** active listening and providing information as appropriate

**PERSON 2:** “Mammograms hurt”
**CHB 2:** “I am thinking/sensing that you know someone who had this test and told you it was painful”
  or
  “Has someone told you it hurts?”
  or
  “I appreciate you sharing this. Would you like to know more about mammograms?”
  or
  “Would you like to know more about mammograms or what I have learned about mammograms and pain?”
  or

  …**CHB RESPONSE:** active listening and providing information as appropriate

**PERSON 2:** “I am afraid of what they may find”--- “If they find something, my life will be over”
CHB 2: “You’re afraid they may find something?”
   or
   “It sounds like you are afraid they will find cancer”
   or
   …CHB RESPONSE: active listening and providing information as appropriate

PERSON 2: “I am afraid that when my breast is squished, and if I have cancer, it will cause the cancer to spread
CHB 2: “It sounds like you are afraid that they will find cancer.”
   or
   “Let me tell you some things about mammograms….“
   or
   …CHB RESPONSE: active listening and providing information as appropriate
   o be sensitive and a good listener
   o create a trusting place to let them talk if they want
   o provide simple facts as appropriate
SCENARIO 3:
Issues in this Scenario: Sadness/Grief: past loss, present challenges

PERSON 3: “When I think of cancer, I am so sad. My family is full of cancer and they have all died”
CHB 3: “It sounds like talking about cancer is hard for you? I am sorry. If you want to know about the tests, let me know.”
   or
...CHB RESPONSE: active listening and providing information as appropriate

PERSON 3: “I can’t handle any more problems”
CHB 3: “It sounds like you have a lot of problems that you are dealing with right now… Is there anything you would like to know about cancer screening tests if in the future you decide to go?”
   or
   “I am sensing you feel too stressed for screening right now...”
   or
...CHB RESPONSE: active listening and providing information as appropriate

PERSON 3: “I don’t care anymore. I deserve to get cancer”
CHB 3: “I am sensing you feel low right now. I want you to know cancer doesn’t happen to people as a penalty or punishment.... “
   or
...CHB RESPONSE: active listening and providing information as appropriate
## DAY 2 AGENDA

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<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>8:30 – 8:45</td>
<td>Set up and Arrival</td>
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<tr>
<td>8:45 – 9:00</td>
<td>Icebreaker Activity</td>
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<td></td>
<td>Review Day 2 Agenda</td>
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<tr>
<td>9:00 – 10:00</td>
<td>Engaging Community Residents</td>
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<tr>
<td>10:00 – 10:30</td>
<td>Resources in Your Community</td>
</tr>
<tr>
<td>10:30 – 10:45</td>
<td>Break</td>
</tr>
<tr>
<td>10:45 – 12:00</td>
<td>Question time: FAQs and Myths</td>
</tr>
<tr>
<td>12:00 – 1:00</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:00 – 1:45</td>
<td>Website and Video Resources</td>
</tr>
<tr>
<td>1:45 – 2:00</td>
<td>Break</td>
</tr>
<tr>
<td>2:00 – 3:30</td>
<td>Scenarios</td>
</tr>
<tr>
<td>3:30 – 3:45</td>
<td>Famous Cancer Survivors</td>
</tr>
<tr>
<td>3:45 – 4:00</td>
<td>What did you learn?</td>
</tr>
</tbody>
</table>
FREQUENTLY ASKED QUESTIONS
The Frequently Asked Questions relate to the CHB role in promoting cancer screening in their communities. The following FAQs relate to processes and statistics focused in original CASTLE Project region. Facilitators will need to revise and update information according to specific target population and setting.

After discussing these FAQs, facilitators may address other questions related to cancer and cancer screening as well as myths identified by CHBs from day 1. Facilitators are to review appropriate websites to respond to questions. For example: Canadian Cancer Society (use search tab for FAQs and Myths), Cancer Care Ontario, and the Ontario Ministry of Health and Long Term Care: Cancer Screening Program.

01 What are the recommended tests for cancer screening?
- The recommended cancer screening tests are for cervical, colorectal, and breast
- Prostate cancer screening is not one of the provincial screens available. At this time there is not enough evidence to assess the benefits and harms of prostate cancer screening. Men should be encouraged to discuss prostate screening with their doctor. (Feightner, J.W., 1994)

02 Where do the recommended cancer screenings come from?
- Cancer Care Ontario manages the cancer screening programs
- Women will be invited by a letter from CCO to start having a regular mammogram starting at age 50. Every two years a reminder letter will be sent to women.
- An invitation letter from CCO is sent to men and woman starting at age 50 to ask their doctor for an FOBT. A reminder letter is then sent every two years thereafter.
- Women will receive a letter from CCO to invite them to get screened for cervical cancer. The letter will encourage a woman to see her doctor or find a doctor to start screening. Reminder letters will also be sent when a woman is due for screening.

03 How do I get my results?
- The Ontario Breast Screening Program (OBSP) will send a letter with the results. In some places, the patient may be called by OBSP if further testing is needed. The physician of the patient will also receive a letter.
- For the FOBT, a letter is sent to the person and the doctor with the results. The letter will indicate if the results are normal or that the person should contact their doctor for additional tests. If needed, the doctor will refer the person to a specialist for further tests.
- Pap tests results will be mailed to a woman from CCO. A letter will also be sent to the physician. If the results are abnormal or if more tests are needed, the physician will follow up.
04 Why is the CASTLE project in my neighbourhood?
   - There are areas of this region that have low cancer screening rates. CASTLE is working in areas that have lower cancer screening rates. The approach is working with communities to support and build the assets of the community to increase cancer screening rates.

05 What happens if a person does not have a physician?
   - Encourage the person to call Health Care Connect: 1-800-445-1822

06 Do the screens provide 100% accurate results?
   - No screen is 100% accurate
   - The screens we use are the best we have now. They are able to find changes and cancers often before people have symptoms; and therefore, improve survival rates
   - Abnormal test results mean something not normal has shown up. This may not be cancer. Repeat tests or additional tests are ordered
   - When a person receives a positive result, the physician and/or screening clinic will guide the next steps as there are different steps depending on the cancer type, size and location. (eg. ultrasound, biopsy, further tests) (Cancer Care Ontario, 2014d)

07 Do I need to teach people how to do self-breast exam?
   - No. Breast self-exams are no longer recommended
   - Women are encouraged to know their breasts and identify any new changes. If they find a new change, they should see their doctor.
   (Canadian Task Force on Preventive Health Care, 2012b).

08 What if a person is having symptoms of possible cancer, will they still be screened?
   - A person with symptoms should go to their health care practitioner and be checked as soon as possible. The doctor will order tests (not screening tests) and may refer the person to a specialist.

09 What are the screening rates in my community?
   - Facilitators to provide cancer screening rates from target community.
10 Is there transportation support to help people go for screening?
   o Ask the CHBs how they think this could work in their area
   o Transportation support may be available depending on your project.

11 Can the CHB go with someone for the cancer screening tests?
   o Yes, you may go to screening with people to support them.

12 What if a person does not have an Health Card(OHIP) card?
   o Screening tests require OHIP cards at this time.
     (Canadian Task Force on Preventive Health Care, 2012a).

13 How do I work with someone who receives a positive result?
   o Listen and show that you care. Let them know that there are people and services to help. The facilitators may provide subsequent training for positive results at a later time.
CASTLE DAY 2 SCENARIOS

SCENARIO 1:
No Way Nora:

**CHB 1:** “Hi Nora, how are you doing?”

**NORA:** “What are you doing out here?”

**CHB 1:** “I’m talking about mammograms.”

**NORA:** “Isn’t that about cancer? Why would I want to know if I have cancer? That’s like telling me I’m going to die. I’m not interested, no way.”

**CHB 1:** “It sounds like you are not interested right now, but just so you know mammograms find cancer early, so that the cancer can be treated;”

or

“Mammograms find cancer when it is small, so it can be treated early”

or

CHB to guide discussion using active listening responses and providing information as appropriate (eg. find early so cancer can be treated)

**NORA:** “Mmm, I’ll think about it, but I don’t think that’s for me.”

SCENARIO 2:

Embarrassed Ethel:

**CHB 2:** “Hey Ethel, it’s so good to see you! I work with CASTLE, the group that is telling people about tests to check for cancer for our health. I want to ask you something. Have you ever heard of a pap test?”

**ETHEL:** “Oh, no I haven’t.”

**CHB 2:** (CHB explains Pap test)  

**ETHEL:** “I probably should get one but I just can’t. I mean, it’s so embarrassing. I don’t want some other man touching my private parts…it would feel really weird to me”.

**CHB 2:** (CHB response: active listening and providing information as appropriate).

Suggestions: CHB explains test further if needed, talk about test being important for health, share ideas on ways to handle male doctor—take a friend, ask for female health care provider.

**ETHEL:** “I know, you’re right “

**CHB 2:** “Do you want to call your doctor now?”
**SCENARIO 3:**

Why Should I? Wendy:

CHB 3: “Hi, Wendy! I’m glad to see you out and about again. How are you doing?”

WENDY: “I’m better. Thanks for asking. What are you up to these days?”

CHB 3: “Well, we’re out here at the library today telling women about the importance of mammograms. Have you had a mammogram, Wendy?”

WENDY: “No, and I’m not sure I need to. I see several different doctors for all the problems I have and none of them has ever told me to have a mammogram.”

CHB 3: (…active listening and providing information as appropriate: it is a recommended test, find cancer at beginning, help you to be well. You can ask for this test).

WENDY: “I’ll think about asking him. Who are you working for? What is CASTLE?”

CHB 3: (explains CASTLE) Suggestion: “Not a lot of people in our neighbourhoods are having cancer screening tests. CASTLE is trying to change that”

WENDY: “What else do you do?”

CHB 3: “I also tell people about pap tests and a colon cancer screening test called FOBT….”
**SCENARIO 4:**

Angry Al:

**CHB 4:** “Hi Al, How are you doing? I have a display table at the community BBQ to tell people about cancer screening tests”.

**AL:** “I heard you were working with CASTLE. So what tests are you talking about?”

**CHB 4:** “Cancer screening tests- looking for changes before cancer starts or when it is just starting. There are three tests to look for changes- mammograms, pap tests, and colon tests.”

**AL:** “What’s the colon test?”

**CHB 4:** (...active listening and explain FOBT)

**AL:** “How do I get the FOBT kit?”

**CHB 4:** “You can ask your doctor”

**AL:** “When I lived in Windsor, I saw my doctor for a really bad cough. I felt terrible. He did an x-ray and then never called me. I had to go back and they said I had pneumonia. My doctor didn’t call me. I was sick for a few weeks. I am so angry at doctors. I think that doctors are just too busy”.

**CHB 4:** (...active listening and providing information as appropriate –suggestions: allow Al to share anger, encourage Al that he needs to take care of his health, he can ask doctor for the test, he can follow up so he doesn’t fear getting lost)

**AL:** “I actually don’t have a doctor right now. How do you get one?”

**CHB 4:** (...active listening and providing information to explain how to find a health care provider in the area. Encourage Al that once he has a Doctor, he can ask for the FOBT kit)

**AL:** “Thanks, I’ll call”

**CHB 4:** “Keep me posted on finding a doctor and getting your FOBT”.

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## DAY 3 AGENDA

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>8:30 – 8:45</td>
<td>Set up and Arrival</td>
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<tr>
<td>8:45 – 9:00</td>
<td>Icebreaker Activity</td>
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<td></td>
<td>Review Day 3 Agenda</td>
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<tr>
<td>9:00 – 10:00</td>
<td>Social Media Presentation</td>
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<tr>
<td>10:00 – 10:15</td>
<td>Break</td>
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<tr>
<td>10:15 – 10:45</td>
<td>Templates and Tools</td>
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<tr>
<td>10:45 – 12:00</td>
<td>Day 3 Scenarios</td>
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<tr>
<td>12:00 – 1:00</td>
<td>Celebration Lunch</td>
</tr>
<tr>
<td>1:00 – 1:30</td>
<td>Boundaries</td>
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<td>1:30 – 2:30</td>
<td>Logistics</td>
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<tr>
<td>2:30 – 2:45</td>
<td>Break</td>
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<tr>
<td>3:15 – 3:30</td>
<td>CASTLE CHB Knowledge Post-Test</td>
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<tr>
<td>3:30 – 4:00</td>
<td>What did you learn?</td>
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<td></td>
<td>Certificates</td>
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<td>Closing</td>
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APPENDIX L: STAGES OF CHANGE FOR CANCER SCREENING BEHAVIOURS

The Stages of Change Model, developed by Prochaska and DiClemente, views a behaviour change as a process where people move dynamically, forward and even backwards at times, in stages towards their change goal. It is a model that may be applied to various behaviours, such as stopping smoking and cancer screening tests (National Cancer Institute, 2005).

PRE-CONTEMPLATION:
“I don't know about cancer screening tests”, “I don't need to know”

STRATEGY: Increase the awareness of the test and the person’s need of the test

ASK: “Have you ever heard about cancer screening tests?”, “What do you know/heard about cancer screening tests?”

CONTEMPLATION:
“I heard about cancer screening but have not had it”, “I don’t know very much”, “I have thought about it but I have never gone”

STRATEGY: Educate, help person to see their personal need, motivate but allow personal choice

ASK: “Have you ever thought of having cancer screening tests?”, “What do you need to help you go?”

PREPARATION:
“I am planning to go”, “I will have the test in the future” (soon), “I have decided I will go”

STRATEGY: Educate and support person in planning steps, help person problem solve barriers, break plan into steps

ASK: “Have you ever planned to go for cancer screening tests?”, “What are your plans to go?”
“Do you know how to have/obtain cancer screening tests?”, “What help do you need?”
**ACTION:**
“I have booked my appointment”, “I am going”, “I have had the test” “I have had the test one time”

**STRATEGY:** Encourage, reinforce steps person is taking for their health, help person if needed

**SAY:** “It is great that you are going”, “Is there anything else you need or want to know?”

**MAINTENANCE:**
“I have gone for my cancer screening test”, “I have regular screening”

**STRATEGY:** Encourage action taken; encourage maintenance

**SAY:** “It is great that you have gone”, “You have taken a step for your health”

**RELAPSE:**
“I changed my mind”, “I wasn’t ready”, “I had a screening test but it was a long time ago”

**STRATEGY:** Support person; help problem solve barriers and ways to move forward, help to build in reminders if needed

**ASK:** What would help you? What stopped you from going? What are your concerns?

Adapted with permission from City of Hamilton Women’s Health Educator Program, 2003

CASTLE DAY 3 SCENARIOS

SCENARIO 1:
Location: Apartment community room
Event: Nail/scrap booking/knitting group for local residents
Request: for the CHB to come and talk about pap tests to this group of women of all ages. Neighbour (Person 1) asked the CHB to come to this existing group because she knew someone with cervix cancer and thought not enough people know about cervix cancer.

PERSON 1: “I asked CHB 1 to join us today because my friend that I grew up with found out she has cervix cancer. I don’t think enough people know about pap tests so I asked her to come because she is now working for the CASTLE Project that tells people about cancer screening tests.”

PERSON 2: “I heard of CASTLE – They were at the Community Garden meeting last month.”

CHB 1: (Suggestions: introduce self, talk about going out to community groups…start talking about pap tests)

PERSON 3 INTERRUPTS: “How is it done?”
CHB: (starts to talk about pap tests)

PERSON 2 AND 3: SIDE CONVERSATION with each other, quietly talking while CHB is talking:
PERSON 2: “I’m done having my kids so I don’t need it anymore”
PERSON 3: “Do I need a pap test?”
CHB: (allow CHB to handle the situation in a way comfortable to him or her. He/she may address the side conversation or the CHB may ignore it. If CHB ignores situation, debrief about side conversations after role play).

PERSON 4 (FEMALE): “I don’t need one; I only have sex with Stephanie.”

CHB 1: (inform group who needs a pap test)
PERSON 5: “Where can I get a pap test?”
SCENARIO 2
Location: Seniors Day at a Local Community Centre
Request: To have a display table about colorectal cancer screening
Topics included in this scenario: awareness, fear, unpleasantness of FOBT test, misinformation
Display is a table with a spin wheel, FOBT kit, and related pamphlets
The following people come up at different times to the CHB at the FOBT display table. The CHB responds to each person, practicing giving information:

PERSON 1: “I have never heard of the FOBT” (male)
CHB: Gives information

PERSON 2: “I’d rather not know if I have cancer” (male)
CHB: Gives information

PERSON 3: “Ick. You mean I’ll touch pooh?” (female)
CHB: Gives information

Person 4: “That’s the test for men. I keep telling my husband to do it but he won’t go”. (female)
CHB: Gives information

SCENARIO 3
Location: Local church basement
Request: CHB has been asked to present to a women’s church group about breast cancer screening
(presentation for scenario will be only 5 minutes)

PERSON 1: “Tonight we have a speaker who lives in our neighbourhood. She is going to talk to us about breast cancer screening tests. This is ____________ everyone”.
CHB: (Introduction, start to talk about breast screening…..)

GROUP INTERJECTS WITH QUESTIONS/COMMENTS:
PERSON 2: “I heard you can get breast cancer from being hit in the boobs. Is that right?”
CHB: Gives information or suggests questions be asked at the end of the meeting
PERSON 3: Woman cries very quietly to herself.
CHB: (CHB may notice or may ignore woman for now and plan to approach later. If CHB asks person 3 if she is ok, person 3 will respond that she is ok and does not want to talk about it right now)
PERSON 4: “My sister had a mammogram and they hurt. No way will I go”.

CHB: (CHB responds to this comment or says that later in the presentation they will talk about this comment. If CHB answers, areas to cover include pressure for a few moments to get clear picture, use marbles, says that the woman can take someone with her, can use Tylenol if needed. Then CHB continues – for the role play no more than 5 minutes and ends presentation.

PERSON 1: Ends talk by thanking CHB for coming and tells the group there is food in the kitchen (Everyone exits).

PERSON 3: stays behind, sad, crying.

CHB: (approaches Person 3)

PERSON 3: “My sister died of breast cancer 3 months ago. I don’t want to go for screening because what if they find cancer?”

CHB: (CHB responds with active listening: listens to fears, explains that going for screening is taking care of one’s health and then she won’t have to fear about getting breast cancer because she will know it’s ok. If they do find something, they can treat it when it is small. Offer support. If the person is not ready to go for breast cancer screening, that’s ok.)