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the Prevention of Prostate Cancer

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ABSTRACT

THE RESEARCH STUDY, "PHARMACISTS AS HEALTH EDUCATORS AND RISK COMMUNICATORS IN THE PREVENTION OF PROSTATE CANCER" IS A PROSTATE CANCER EDUCATION FOR PREVENTION PROJECT. THE PRINCIPLE INVESTIGATOR IS CYNTHIA WARRICK, ASSISTANT PROFESSOR, MANAGEMENT, POLICY, AND COMMUNITY HEALTH, UNIVERSITY OF TEXAS HOUSTON SCHOOL OF PUBLIC HEALTH. THIS STUDY PROPOSES TO DEFINE HOW PHARMACISTS CAN PLAY AN INTEGRAL ROLE IN THE EARLY DETECTION AND PREVENTION OF PROSTATE CANCER. THE SPECIFIC AIMS OF THIS RESEARCH STUDY ARE: 1. TO IDENTIFY COMMUNITY PHARMACISTS WHO ARE WILLING TO SERVE AS HEALTH EDUCATORS AND RISK COMMUNICATORS ON PROSTATE CANCER; 2. TO DESIGN A PROGRAM TO EDUCATE AND TRAIN PHARMACISTS IN RISK COMMUNICATION AND PROSTATE CANCER; AND 3. TO DESIGN A FORMAT WHEREBY PHARMACISTS ARE ABLE TO PERFORM HEALTH EDUCATION ON PROSTATE CANCER IN THE COMMUNITY PHARMACY SETTING.

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"Pharmacists as Health Educators and
Risk Communicators in the Prevention of Prostate Cancer"

INTRODUCTION

The research study, "Pharmacists as Health Educators and Risk Communicators in the Prevention of Prostate Cancer" is a prostate cancer education for prevention project. The principle investigator is Cynthia Warrick, Assistant Professor, Management, Policy & Community Health at the University of Texas Houston School of Public Health. This study proposes to define how pharmacists can play an integral role in the early detection and prevention of prostate cancer. The specific aims of this research study are: 1. To identify community pharmacists who are willing to serve as health educators and risk communicators on prostate cancer; 2. To design a program to educate and train pharmacists in risk communication and prostate cancer; and 3. To design a format whereby pharmacists are able to perform health education on prostate cancer in the community pharmacy setting. This study will be conducted in three phases: Phase I is the development, administration, and evaluation of a survey instrument that will assess pharmacists' willingness to counsel on prostate cancer, their present knowledge about prostate cancer, their interests in education programs on prostate cancer, and the feasibility of conducting public education in the community pharmacy setting. Phase II is the design, pilot testing, and evaluation of a prostate cancer education and communication program that will be used to educate pharmacists on prostate cancer and how this information should be communicated to the public through a lecture that will provide 1 hour of continuing education credit. It will be developed for viewing on a computer through a CD-ROM. Phase III is the design, testing, and evaluation of the prostate cancer educational implementation program. It involves the design of an educational interactive kiosk that will be located in a community pharmacy. The public will view the educational program while they are shopping or waiting for a prescription. The program will prompt the patient to consult the pharmacist for questions, clarification, and additional information. The pharmacist will distribute print educational materials to the public. All media products will be designed to reflect sensitivities to cultural diversity, and will be evaluated by a community workgroup. It is expected that the products of this study would be utilized in a national effort on prostate cancer prevention.

Body

The Phase 1 activities were reported in the 2000-2001 annual report. Phase 2 activities beginning April 1, 2001 through October 8, 2001 were reported in the 2001-2002 annual report. The Principle Investigator changed institutions during Phase 2. Phase 2 and Phase 3 activities resumed in October 2003 at the new institution, University of Texas Houston School of Public Health following the transfer delay. This report outlines activities that occurred during the final project time period, April 1, 2004 – May 18, 2005. This research was accomplished through the following approved protocol.

Study Personnel

The P.I. identified Elizabeth Chapman, an experienced communications producer in the Center for Health Promotion & Prevention Research, to manage the production activities of the project. The workgroup coordinator is Charles A. Simmons, the outreach liaison for the Acres Homes community, in the Office of Community Outreach & Education. Ms. Simmons will coordinate the

community feedback for the Public Education Program. Blausen Medical Communications will be contracted to produce the C.D. Rom for the Pharmacy Training Program and the Interactive Kiosk for the Public Education Program. Elizabeth Chapman will serve as the liaison between the project and Blausen Medical Communications. Dr. Frederic Lombardo, a board-certified oncology clinical pharmacist, provided the lecture in the Phase II workshop; but is not available for filming in Houston. A change memo has been made to substitute, Dr. Eardie A. Curry III, a board-certified oncology clinical pharmacy specialist in the Division of Pharmacy of The University of Texas M.D. Anderson Cancer Center, for Dr. Lombard. Dr. Curry will be the on-camera pharmacist and deliver the training lecture. Dr. Charlene Offiong, Director of Continuing Education for the Texas Southern University College of Pharmacy, will provide expertise on the continuing education accreditation of the program. The P.I. will coordinate the activities of these professionals to produce the research products: 1) Pharmacists Prostate Cancer CD-ROM Training Program, 2) Prostate Cancer Public Education Interactive Kiosk. The consultants and staff will attend all of the project staff meetings in person or by teleconference.

Pharmacists' Training Program

Pharmacists that participated in the Prostate Cancer Continuing Education Workshop provided the feedback that will be used to modify the education program that was reviewed and tested at the Phase II workshop. The evaluation reports indicated that pharmacists are willing to participate in prostate cancer education and communication activities to the public. They indicated that there were no significant barriers to their conducting these programs in the community pharmacy setting. However, they recommended the presentation be shortened and more geared to the community pharmacy environment. The recommendations were used to develop the following strategy.

1. Shorten the presentation to 30 minutes.
2. Put the presentation on a CD-ROM for ease of distribution. (All pharmacies are equipped with computers; and the majority of them have CD-ROM players. Videos in the pharmacy were found to be difficult to access.)
3. Contract with the Texas Southern University College of Pharmacy(an HBCU) to provide the continuing education credit for the Prostate Cancer Pharmacists education project.
4. Deliver the final presentation CDs at a national pharmacy association meeting.

Public Education Interactive Kiosk

The production of the Public Education Interactive Kiosk program on Prostate Cancer fulfills the project's objective of providing a format whereby pharmacists are able to perform health education and risk communication on prostate cancer in the community pharmacy setting. The feedback from Phase I and II indicated that pharmacists working in stores that dispensed more than 200 or more prescriptions per day were willing and interested in providing prostate cancer education to their clients. However, the major challenge was to develop a format that would be feasible in the retail pharmacy environment, both for the pharmacists and the public. Project and workgroup members from Phase I and II identified interactive health communications as a way to educate the public in an easy to learn format, utilizing the pharmacist as the expert to explain and make recommendations, as necessary, following the client's viewing of the kiosk program.

This education project will use a participatory model for combining interactive health communication and health professional involvement for the prevention and risk reduction of prostate cancer in African American men. We will use the Health Belief Model (HBM) as a basis for framing messages about PC in the educational kiosk. The HBM takes into consideration

individual perceptions that are modified by demographic and socio-psychological variables such as age, sex, race, class, personality, etc. Messages will address: 1) the perceived threat of prostate cancer, 2) the perceived benefits of preventive action, 3) the perceived barriers to preventive action, and 4) the likelihood of taking a recommended preventive action.

An interactive Prostate Cancer Public Education Program will be developed by Blausen Medical Communications. The program content will be developed from the Pharmacists Prostate Cancer Education program, with additional input from the Acres Homes community workgroup. The program will utilize a computer touch screen within a kiosk format. Topic headings of the presentation may include: 1) what is prostate cancer, 2) severity in African American men, 3) risk factors, 4) prevention, 5) early detection, 6) survivor testimonials, and 7) for more information. The interactive program will last no more than 10 minutes. The program will capture simple demographic information on participants (gender, age, ethnicity, and zip code).

Recruitment of Workgroup

The Workgroup coordinator, Mrs. Charles A. Simmons, is a certified social worker and the Acres Homes Liaison for the University of Texas Health Science Center. She has been working in the Acres Homes community as the liaison to university researchers for 7 years. The Acres Homes Governing Board meets every 2nd Monday of each month. Mrs. Simmons will include the Prostate Cancer project on the agenda for the June meeting. She will discuss with the board the objectives of the project and answer any questions that they may have. She will solicit volunteers first from the community members attending the meeting. Mrs. Simmons will provide each of the workgroup participants with the attached information letter that has been approved for use by the University of Texas Committee for the Protection of Human Subjects IRB. She will coordinate an available day and time with the participants to schedule the meeting. The workgroup meeting will take place at the Acres Homes Multi-service Center, the site for all of the governing board meetings. If she is unable to recruit 5 participants from this meeting, she will contact additional community members from the Acres Homes community who have worked on university projects in the past. The Workgroup will provide their opinion about the public education kiosk program. They will not be asked any personal information. The PI and Workgroup coordinator will plan, identify participants, and conduct the workgroup meeting. Comments will not have any personal effect on participants. Their input will only be used to revise the interactive program. A copy of the interview guide for the workgroup meeting is also attached.

Data & Feedback from Workgroup

The Workgroup meeting took place on July 7, 2004, at the Acres Homes Multi-Service Center, 6719 West Montgomery Road. The meeting started at 1:00pm. Mrs. Simmons recruited 5 residents of the Acres Homes community which consisted of 3 men and 2 women; all were African American. Two post-doctoral research associates were invited to observe and comment on the workgroup process. Refreshments were provided. Dr. Cynthia Warrick played the CD that would be put into the kiosk for the workgroup. Dr. Warrick and Sheryl Nelson, the research assistant, followed the video presentation with questions from the focus group interview guide. The workgroup participants recommended changes in the language, how certain phrases were worded, changes in the pictures (wanted to see more African Americans), and thought that the opening announcements needed to be more flashy to get people's attention. They were very enthusiastic about the content and wanted to have access to the Kiosk CD to show during a health fair. Similar recommendations were provided by the post-doctoral research associates. All of the recommendations were used to modify the Kiosk CD before it was put into the kiosk for the pilot testing.

Consent process for kiosk exit interviews

The interactive kiosk will be placed in the Walmart SuperCenter Pharmacy located at 10411 IH-45N, that is near the Acres Homes community. The research assistant (RA), Ms. Sheryl Nelson, will be scheduled at the pharmacy location 20 hours per week on various days and times. The RA will also be responsible for maintaining the kiosk (cleaning, arranging for repair, other problems). The RA will be located in the waiting area of the pharmacy and will approach a customer following their use of the kiosk. She will provide them with the attached information letter (approved by the UT CPHS) and will ask, "Would you consent to answering some questions about the program that you just looked at? We would like to know any thoughts and recommendations you have about the program." The RA will administer the attached exit interview to approximately 50 kiosk users to evaluate the program's understandability, and whether it was culturally appealing and motivating to the user. No personal identifiers will be collected in this project. The Walmart pharmacists at this location will be trained using the Pharmacists Training Program CD. They will be available to answer questions and will have prostate cancer print materials on hand to provide additional information about prostate cancer.

The intervention will take place for 1 month at the Walmart store. The store is open 24 hours and the RA will interview participants on a varied schedule in order to get a variety of participants' comments.

Project Activities & Data Collection at Walmart

The kiosk was delivered to the Walmart SuperCenter on IH-45 and West Avenue on August 13, 2004. Dr. Warrick met with the project manager from Blausen Communications on August 19 to setup the kiosk and to drop off the Pharmacist Prostate Cancer Education CDs for training of the pharmacists and pharmacy staff. Dr. Warrick also delivered the prostate cancer educational materials that would be available to persons who asked the pharmacist for additional information as prompted by the Kiosk. She met with Sheryl Nelson at the Walmart pharmacy location to discuss the process for the exit interviews. The project started on Monday, August 23, 2004. Sheryl Nelson conducted the exit interviews on Monday through Saturday between 10am and 9pm until September 25, 2004. We expected to recruit 50 participants for exit interviews but we were only able to recruit 23. This project was specifically targeted in a low-literate, minority community. However, we did not anticipate that the kiosk would be intimidating because of the digital divide. That issue did not come up during the workgroup meeting. The research assistant made observational notes that are summarized below.

Field Notes at Kiosk location

Activity in the Walmart pharmacy area is quite busy between 8:00pm and 9:00pm. The pharmacy closes at 9:00 pm and there is a rush of people trying to pickup/drop off medications before closing time. The kiosk was observed on different days between 10:00 am and up to 12:00 midnight. The busiest times in the pharmacy were 8:00 pm to 9:00 pm Monday through Friday. As far as kiosk activity, it was basically non-existent. People used the kiosk chair to rest. Some customers approached the kiosk with some interest but did not use it, they just sat in the chair. When approached about using the kiosk, some people did display some interest but did not use it. Children were drawn to the kiosk and wanted to play on the screen. They were politely asked to move away from the kiosk. To help encourage usage, the RA would use the kiosk to demonstrate how it was used. Some people did look to see what was going on but did not use the kiosk. A few African American males used the chair at the kiosk to rest on but were not at all curious about the program. They were in the age range to get screening for prostate cancer. For the most part, people came to the pharmacy to pickup/drop off medication or to use the blood pressure machine. On one occasion a total of eight out of thirteen people in the

pharmacy area used the blood pressure. No one approached the prostate cancer kiosk. Only about 5 out of the 23 people given the exit interview actually sat down to use the kiosk without any persuasion. The other participants were told about the kiosk by the pharmacist.

Problems on location

On every occasion that the research assistant came to observe kiosk usage, the kiosk was found unplugged. It is not known how long it was not up and running because the pharmacy personnel did not notice and everyone left at 9:00PM. Cleaning personnel probably unplugged the kiosk. It should be noted that the blood pressure machine was never unplugged when the research assistant came to observe. On one occasion not only was the kiosk unplugged but, it was moved across the pharmacy from its original location. The unplugged kiosk caused many missed opportunities for people to use the program.

There was also a problem with the volume level of the program when tested by the PI and Mrs. Simmons. The volume was too low. Blausen software came to the location and corrected the problem. There was also a problem with getting customers to notice the kiosk. Other than just having a sign on the front of the kiosk, there was not anything to make it stand out. In the first few days of observations, a headphone was provided to maintain privacy. The PI decided to remove the headphone and turn up the volume of the program to help draw attention to the kiosk. The program repeated "learn about prostate cancer" until someone touched a selection to get started. This did draw some attention but not enough to motivate people to use the program. Customers would look over in the direction of where the sound was coming from, take a quick look at the screen and then continue on with their shopping.

Characteristics of kiosk participants

Out of the number of participants who used the kiosk, only 2 answered the questions and provided demographic information via the touch screen; a White male between the ages of 21-40 years old and an African American female between the ages 41-60 years old. Both of these participants answered the kiosk was very easy to use and the information provided was very important. Table 1 provides the characteristics of the 23 participants who participated in the kiosk exist interview.

Table 1. Characteristics of Kiosk Exist Interview Participants

Characteristics	Total n=23	Percent
Gender		
Female	15	65%
Male	8	35%
Race/Ethnicity		
Black	17	74%
Hispanic	5	22%
White	1	4%
Age		
21 – 30 yrs old	7	30%
31 – 40 yrs old	6	26%
41 – 50 yrs old	7	30%
51+ yrs old	3	13%

Data Analysis & Evaluation

All of the respondents to the exit interview answered that the program was easy to understand, and that the kiosk program could be used for other topics. Participants (9) liked the pictures used in the program most, especially the pictures (7) that showed where the prostate was located and how it looked. They also thought that the pictures were culturally representative

and diverse. Four participants thought the pictures may have been a little too graphic, especially if children saw them in the store. Most of the participants (20) completed the program in 5 minutes, and the remainder took 10 minutes. One person said that the program was too long. Ten people indicated that they viewed the entire program and 10 said they viewed most of it; three viewed some of it. However, 12 participants indicated that they had skipped sections of it. The sections most often skipped had to do with getting screening; which we thought was related to the fact that most of the participants were female. But, the screening section was most often skipped by men. The majority of participants (20) indicated that they would tell others about the kiosk; because the program was very informative, and helped them to remind them about screening. Eight of the respondents knew someone (relative or friend) with prostate cancer. Other topics that they felt the kiosk format could be useful were: breast cancer(9), diabetes(5), high blood pressure(4), other cancers(4), colon cancer(3), cervical cancer(2), and overweight, drug abuse, heart disease, asthma, lung cancer, and brain tumors.

Overall, participants who used the kiosk agreed that information about prostate cancer was important; the kiosk program was informative, and that the kiosk format was easy to use and useful for informing people about other health problems. The small number of participants who used may be explained by the characteristics of the community setting: low-income, low-literate, less educated, minority and elderly. While this is the population at greatest risk for low levels of cancer screening, it is also the population with less exposure to computers. Most people were accustomed to seeing and using the automatic blood pressure machine in the pharmacy, but were intimidated by the touch screen kiosk. Children would continuously play with the kiosk but the adults would sit in the chair in front of the kiosk and wait for their prescriptions, but not touch the screen. The Walmart store has recently installed touch-screen, self service checkout computers that are also less used than the familiar checkout lines. For interactive health information systems to be successful in providing information to at risk populations, the digital divide must be resolved so that low literate populations will be comfortable accessing health information through computers and the Internet.

Key Research Accomplishments

Research Products

- 1) Pharmacists Prostate Cancer CD-ROM Training Program,
- 2) Prostate Cancer Public Education Interactive Kiosk.

Reportable Outcomes

This project developed an education program to teach pharmacists about prostate cancer. The latest information on the diagnosis, treatment, and prevention of prostate cancer is delivered by a board certified oncology pharmacists in a lecture modular format supplied on a compact disk. The program was first tested on Walmart pharmacists and staff and piloted with an informational kiosk for the general public. One thousand CDs were produced and 500 were distributed at the national convention of the American Pharmacists Association in April, 2004, in Orlando, FL. The remaining 500 CDs will be distributed at continuing education seminars and pharmacists conferences. The Texas Southern University College of Pharmacy provides 1 hour of continuing education credit to pharmacists and technicians who complete and mail/fax the evaluation form. To date, 5 pharmacists have returned the evaluations for continuing education credit; 1 from Pennsylvania, 1 from Florida, and 3 from California. In July, the CDs will be

distributed at the Florida Pharmaceutical Association and the National Pharmaceutical Association conferences.

This project developed the Prostate Cancer Public Education Interactive Kiosk, the *Pharmacist Resource*. The kiosk is equipped with a touch screen system to enable ease of use and more efficient maintenance of the computer unit. The kiosk was piloted at a Walmart Pharmacy and was displayed at the national convention of the American Pharmacists Association. Positive and supportive responses were received about the content and format of the prostate education information program. The kiosk could be a major instrument to empower patients through education and information about prostate cancer and other diseases; that will encourage them to seek additional advice from their healthcare provider and pharmacist. It will also provide them with basic information to share with friends and family members to increase cancer prevention and improve health communications between the public and their healthcare providers.

The PI is currently working on the final project manuscript. Dr. Warrick is also working with the Florida A&M University Prostate Cancer Research Center (also funded by the U.S. Army Medical Research Acquisition Activity) to expand the use of the kiosk in patient empowerment and for additional pharmacists prostate cancer education opportunities.

CONCLUSIONS

The specific aims of this research study are: 1. To identify community pharmacists who are willing to serve as health educators and risk communicators on prostate cancer; 2. To design a program to educate and train pharmacists in risk communication and prostate cancer; and 3. To design a format whereby pharmacists are able to perform health education on prostate cancer in the community pharmacy setting. All of the specific aims were accomplished. We found that most pharmacists in the community setting were willing to learn about prostate cancer diagnosis, treatment, and prevention, and that they were willing to counsel their patients about prostate cancer. We also found that most pharmacists participated in counseling primarily when prompted by questions from the public; and that pharmacists' work routines in the community setting were busy and challenging to intervention. We developed a 1 hour continuing education compact disk for pharmacists to learn the latest clinical treatment, diagnosis, and prevention information on prostate cancer. This educational CD helped pharmacists become more knowledgeable and confident about counseling the public about prostate cancer. We designed an interactive touch screen kiosk with a 10 minute prostate cancer informational message aimed at the general public. It was designed with culturally relevant graphics and audio to increase understanding about prostate cancer by low-literate and minority populations.

So What?

While the quality and effectiveness of the research products were found to be useful, it was difficult to motivate large numbers of participants to use the kiosk. We are still receiving continuing education responses from pharmacists who received the educational CDs. We also found that a "digital divide" remains for poor, low-literate, minority communities. Interactive technologies and the Internet may be too advanced and intimidating to residents who are elderly and have little to no exposure to computers. Further studies are needed to tailor health information for this population who are many times at greater risk for cancer screening disparities. Major efforts are still required to provide access to computer technology and training to enable at risk populations to gain important knowledge to protect their health.

Appendices

Information Letter for Focus Group (Human Subjects Approved)

Information Letter for Kiosk Subjects (Human Subjects Approved)

Interview Guide for Focus Group

Exit Interview Guide

Receipt for Incentive (Focus Group)

Receipt for Exit Interview Incentive

HSC-SPH-02-059

INFORMATION LETTER FOR FOCUS GROUP

Name

Address

City, State, Zip

Dear Sir/Madam:

You are invited to participate in the research project, "Pharmacists as Health Educators and Risk Communicators in the Prevention of Prostate Cancer." The purpose of this study is to learn about prostate cancer. We have developed a public education program on prostate cancer that will be delivered on an interactive touch screen computer. We want to learn your feelings about the program and the program format. We will use your comments to improve the program so that we can inform the public about prostate cancer.

The community workgroup meeting that we would like you to attend will take place on July 7, 2004, at the Acres Homes Multi-Service Center, 6719 West Montgomery Road, at 1:00pm. This meeting will last about 2 hours. During the meeting, you will view the Prostate Cancer Education Program. You will be asked to provide comments on what you think about the program, such as: Did you understand the words and knew what was meant? Did you like the pictures and people in the program? Did you think the program was helpful? Would you tell other people you know to see the program? How would you make it better?

You will receive \$20 cash when you arrive at the meeting in appreciation of your time and effort. Refreshments will be served. You will not be personally identified in any reports or publications that may result from this study, and your answers will be kept confidential. If you have any additional questions concerning this project, please contact the Project Director, Dr. Cynthia Warrick, at (713) 500-9764.

Your participation in this project is completely voluntary; you can decide to not participate at anytime. Please contact Mrs. Charles Simmons at (713) 500-3174, by Thursday, July 1, 2004, if you will attend the meeting.

Thank you,

Cynthia Warrick, Ph.D.
Project Director

HSC-SPH-02-059

INFORMATION LETTER FOR KIOSK SUBJECTS

Dear Sir/Madam:

You are invited to participate in the research project, "Pharmacists as Health Educators and Risk Communicators in the Prevention of Prostate Cancer." The purpose of this study is to learn about prostate cancer. We developed the public education program on prostate cancer that you just viewed on the touch-screen kiosk. We want to learn your feelings about the program and the program format. We will use your comments to improve the program so that we can inform the public about prostate cancer.

We would like you to participate in a 10-minute interview about your experience with the prostate cancer kiosk program. You will be asked to provide comments on what you think about the program, such as: Did you understand the words and knew what was meant? Did you like the pictures and people in the program? Did you think the program was helpful? Would you tell other people you know to see the program?

You will receive \$1.00 in appreciation of your time and effort with the interview. You will not be personally identified in any reports or publications that may result from this study, and your answers will be kept confidential. Your participation in this project is voluntary; you may decide to not participate at anytime. If you have any additional questions concerning this project, please contact the Project Director, Dr. Cynthia Warrick, at (713) 500-9764.

Thank you for your participation,

Cynthia Warrick, Ph.D.
Project Director

Interview Guide for Focus Group

Introduction

We have invited you here today to help us evaluate a program on prostate cancer that will be made available in an information booth (computer) located in the Walmart Pharmacy. We have made the guess (assumption) that a touch screen computer will be the easiest way to deliver information about prostate cancer. We would like to start the session by asking you a few simple questions about your experience with computers?

1. What is your experience with computers?

Probing questions:

Have access to a computer? ____

Have a computer in your home? ____

Have an e-mail account? ____

Use the Internet? ____

2. What are your thoughts on getting information about prostate cancer using a computer?
3. What other ways can you suggest to deliver this type of information?

Now, we would like to get a general idea of your knowledge about prostate cancer.

1. What are the first things that come to your mind when you think about cancer?
2. What places can people go to find information about cancer?
3. What information about cancer would you like to learn about?
4. What are some things people can do to help stop themselves from getting cancer?
5. What are your thoughts about prostate cancer?
6. Who gets prostate cancer?
7. What kind of signs do men have with prostate cancer?
8. Do you know anyone who has or had prostate cancer? What happened to them?
9. As men age, there are different tests that can be done to find prostate cancer. Have you heard about these tests?

At this time, we would like to show you the prostate cancer program.

Workgroup views the education program.

Since you have viewed the program, we would like to get your opinion about the program.

1. What was the most important message in this program?
2. What did you like/ dislike about the program?
3. What are your thoughts about the pictures in the program?

4. What do you think about the people in the program?
5. Would you speak with your pharmacist about prostate cancer?
6. Were there any words used in the program that you did not understand?
7. Are there reasons why this program may/may not be helpful?
8. Could any of the information presented be embarrassing? If yes, can you tell us how we might present it differently?
9. Would you tell other people you know to see the program? Who would you tell to view it?
10. What have you learned by viewing this program?
11. How would you share the information you learned in the program?
12. What are your thoughts about the length of the program? too long, too short, or neither?
13. How can this program be made easier to use?
14. What would you change about this program?
15. On a scale of 1 – 10, what is your overall opinion about the program?

**PHARMACISTS AS HEALTH EDUCATORS AND RISK COMMUNICATORS
IN THE PREVENTION OF PROSTATE CANCER**

EXIT INTERVIEW FOR KIOSK USERS

PARTICIPANT #:

Male _____ Female _____ Age _____ Zip Code _____

Ethnicity:

African American _____ Asian _____ White _____ Hispanic _____

1. Did you understand the words used and their meanings in the program? Yes ___ No ___

If no, what word(s) did you have trouble with?

2. What did you like/dislike about the pictures in the program?

3. What did you like/dislike about the people in the program?

4. How long did it take you to view the program? 5 minutes ____
10 minutes ____ 15 minutes ____

5. Did you view all of the entire program?

All _____ Most of it _____ Some of it _____ None of it _____

Do you feel the program was too long, too short, or neither?

6. Did you skip part of the program? If so, what parts? Why?

7. Would you tell other people you know to see the program? Yes _ No _

8. How was the program helpful to you?

Remind about prostate cancer _____

Ask the pharmacist for information _____

Will help you talk to friends/family about prostate cancer _____

Not helpful to you _____

9. Do you know someone who has or has had prostate cancer? Yes _ No _

10. What did you like most about the program? _____

11. Were there parts of the program that you disliked? _____

12. Would you use the program again for another topic? Yes ___ No ___

13. What other topics would you be interested in seeing in a program like this? _____

Receipt for Incentive Payment

Pharmacists as Health Educators and Risk Communicators in the Prevention of Prostate Cancer
Grant# 06-67520000-51003-0004126-13

The University of Texas Health Science Center at Houston

To show our appreciation for the time and effort you spent participating in a focus group about prostate cancer on Wednesday, July 7, 2004, we would like to offer you a one-time cash payment of \$20.00.

Please sign below to indicate that you have received the payment. Thank you.

Printed name of participant

Participant signature

Date

Study Representative

Date

Receipt for Incentive Payment

**Pharmacists as Health Educators and Risk Communicators in the Prevention of Prostate Cancer
Grant# 06-67520000-51003-0004126-13**

The University of Texas Health Science Center at Houston

To show our appreciation for the time and effort you spent participating in an exit interview about the prostate cancer kiosk, we would like to offer you a one-time cash payment of \$1.00.

Please sign below to indicate that you have received the payment. Thank you.

Printed name of participant

Participant signature

Date

Study Representative

Date