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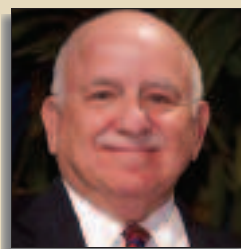
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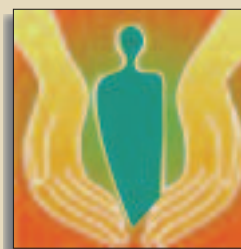
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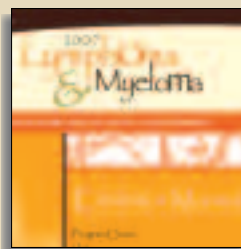
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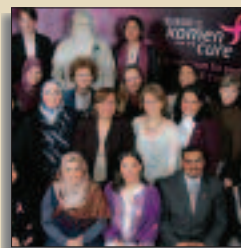
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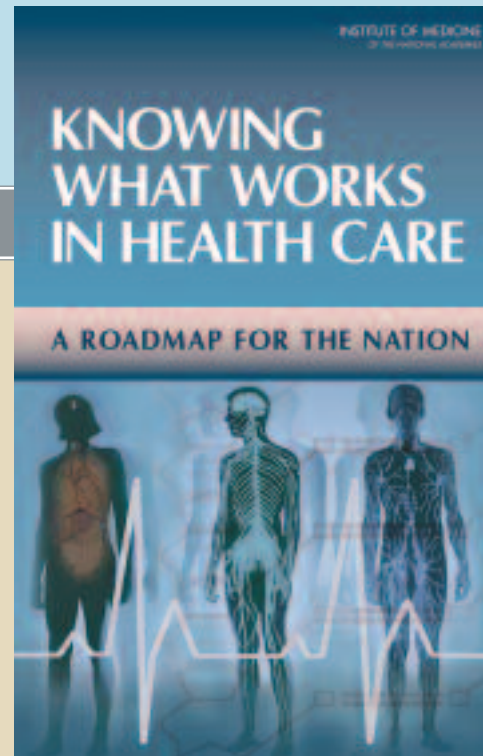
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 Eric Rosenthal reports

# Komen for the Cure Kicks Off Global Effort to Train Trainers in Breast Cancer Outreach & Education

By Eric T. Rosenthal

**D**ALLAS—Last month, 20 delegates from eight nations in Latin America, Eastern Europe, and the Middle East spent a week here training as trainers to guide others in the worldwide effort to fight breast cancer.

The women from Brazil, Costa Rica, Jordan, Mexico, Romania, Saudi Arabia, Ukraine, and United Arab Emirates (UAE) came from highly diverse cultures and various professional backgrounds but were all united in their desire to help spearhead breast cancer outreach and education programs back home in their native lands.

They were part of the inaugural Susan G. Komen for the Cure Global Initiative for Breast Cancer Awareness Training of Trainers Workshop—first announced last September at the breast cancer organization's Global Advocate Summit in Budapest, which followed the launching of Komen's United States-Middle East Partnership for Breast Cancer Awareness and Research a year earlier.

The seven-day program was hosted in Komen's headquarters city, and presented by the Institute of International Education (IIE), a higher education and professional organization that has run the US State Department's Fulbright Program since its inception.

The workshop's objective was to "Komenize" a worldwide network of dedicated activists with the appropriate and culturally sensitive skills, knowledge, and vision to be strategic players in their respective nation's plans for dealing with breast cancer.

## 'Course for the Cure'

IIE prepared five in-depth training modules called the Course for the Cure—Community Assessment, Volun-

teer and Organization Development, Awareness and Education, Fundraising, and Advocacy—with each incorporating the methodology and best practices developed by Komen over the last quarter century to be culturally adapted, tested, and implemented in each participating nation under the management of IIE.

Half the delegates from each country trained as program managers, and the others, as master trainers, enabling them to partner with their governments, non-governmental organizations, and health care centers to develop grassroots community projects to train other primary health care workers, as well as to educate women and prepare them to address policy issues.


Saudi Arabia and UAE had more than two representatives at the program because their governments as well as Jordan's had funded the effort directly without Komen financial assistance.

Most of the nations will have six-month pilot programs, with the one in Jordan lasting a year, and UAE's spanning two years with three different program manager-master trainer teams.

IIE will collaborate with organizations in three cities in each of the countries, and four in Saudi Arabia, to work on the initiatives. These will include groups involved in women's rights, advocacy, public health, and health education, as well as medical foundations, hospitals, and universities.

The University of Texas M. D. Anderson Cancer Center will also be part of the effort because it already has ongoing programs in Brazil, Jordan, and Saudi Arabia, and a total of 16 sister hospitals worldwide, noted Komen President and CEO Hala Modellmog.

"This global initiative is a dream come true. There's no reason not to take what Komen has done in the United States and spread it around the

The weak economic climate and uncertainty about what a new US President might do also make the reality of the IOM committee's roadmap for assessment of treatment efficacy problematic. But according to Dr. McNeil and committee members, the nation cannot afford not to do a better job of assessing medical treatments. Regardless of who becomes President, "the expense of emerging technologies and the projected increases in consumer demand virtually ensure that cost control will be a central focus for policy makers, health plans, and others in the coming years," the committee concludes. 

world....Komen's research strategy is based around decreasing the mortality and incidence of breast cancer during the next 10 years, and we know that for this to happen we'll have to have a shift in culture before we have a shift to the clinic."

Komen is providing \$3 million to support the first phase, with other nations to be selected for future training sessions based on data from the World Health Organization and information from Komen's grants funding.

Eligible nations need to have had some previous involvement in breast cancer awareness efforts, as well as have economic and political environments conducive to success. Two other nations representing Asia and Africa—India and Ghana—were supposed to be part of this freshman class, but were not ready in time, and will probably join the effort during the next phase.

Trish Tierney, IIE Program Director, who designed and will manage Komen's global program, explained that the main goal for the participants was to build relationships and coalitions within their countries, and that the effort in Dallas would help build trust between the trainers to be and the IIE staff training them there.

She said her group would be translating the week's core materials into Ukrainian, Romanian, Arabic, Spanish, and Portuguese for use on CDs, and that the team from each country would then customize and localize the materials.

It's probably no coincidence that Komen's global efforts have largely paralleled the diplomatic career of the organization's founder, Nancy G. Brinker, currently Chief of Protocol for the U.S. State Department, and former Ambassador to Hungary (*see OT, 12/10/07 issue*).

Since 1982 Komen has funded education, screening, treatment, and advocacy grants in more than 50 countries, and provided nearly \$1 billion in funding for breast cancer through its innovative grassroots programs and initiatives.

The Training of Trainers global program was created to move beyond grants to create grassroots advocacy infrastructures throughout the world to deal with the disease that is diagnosed in more than one million women every year.

## Only Reporter There

There was a strict protocol to the Dallas program, and as the only reporter—and only man (except for the executive director of the Saudi program who sat in only occasionally)—there, the agreement was that I would observe, not use



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any comments without seeking permission, and not approach any of the delegates without being approached first.

Furthermore I was assigned to a public relations consultant hired to help facilitate interviews so as not to interfere with the dynamics of the sessions, or make any of the participants feel unnecessarily uncomfortable.

Although initially awkward, the guidelines were reasonable given the culturally sensitive nature of this first-time effort, and over time the restrictions were relaxed and our interactions became much more informal and direct.


All national groups consented to interviews with one exception. Furthermore, certain participants were very concerned that personal information not be included—for example, one medical professional did not want it known that she was a breast cancer survivor and that the experience had motivated her to specialize in cancer.

The women came from diverse professional backgrounds including medicine, nursing, psychology, social work, health education, law, and journalism.

Those from the Middle East wore traditional abayah (long black cloaks) and hijab (head scarves), and one unmarried woman's face was fully veiled and she was chaperoned by her father.

The training was intense but there were relaxed moments, including a trip to the rodeo one evening, a Komen benefit, complete with pink-attired cowboys and a pint-sized Capuchin monkey with a black 10-gallon hat and pink chaps riding a dog chasing some sheep.

Many of the participants took the opportunity to buy pink cowgirl hats, and on some other evenings when they weren't prepping for next-day presentations, they escaped to nearby malls to buy electronics, clothes, and gifts for their families, taking advantage of their currency's excellent exchange rate against the much-weakened dollar.

I was not able to stay until the end of the session, but by the time I left on the fifth day, the bonding among the participants was palpable as they prepared to complete this phase of their training that would enable them to train and mobilize others. 

**IOM**

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Underlying the report is the assumption that the US clinical research establishment will remain strong and will continue to develop new treatments and clinical interventions—the very ones that will need thorough evaluation by the new assessment program the IOM calls for. But in the cancer field, for example, advances in clinical care are threatened by budgetary restrictions on the very research that produces the new clinical treatments to be assessed.