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### **Appendix D: Circle Of Life Preparation Checklist**

Done?	Who's Involved?	Person Responsible	Notes			
Elders a	Elders and Community Leaders					
	Speak with elders					
	and community					
	leaders about the					
	event/meeting.					
	Fulfill requested					
	guidelines.					
Particip	ants					
	Make a list of					
	whom to invite.					
	Find out about					
	their needs.					
Coordir	nation					
	Determine					
	everyone's					
	responsibilities.					
	Confirm whom will					
	coordinate before,					
	during, and after					
	the meeting.					
	Make a list of					
	possible					
	volunteers.					
Speake	rs/Presenters					
	Make a list of					
	possible speakers					
	to present one or					
	more modules.					

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Done?	Who's Coming?	Person Responsible	Notes
Invitati	ons		
	Invite people to attend: invitations, fliers, word of mouth, etc. Invite speakers/		
	presenters and volunteers.		
	Call participants, speakers, and volunteers to welcome them.		
Done?	What Will Work Best?	Person Responsible	Notes
Type of	Event		
	Choose the type of event that would be best for participants.		
	Choose the modules that will be shared.		

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Done?	Where Will the Event Be Held?	Person Responsible	Notes
Locatio	n		
	Arrange a place to hold the meeting or event.		
	Review rules and regulations for meeting space.		
	Visit the meeting place to make sure		
	it is what is needed.		
Equipm	ent		
	Arrange for tables and chairs to be provided.		
	Arrange for needed equipment: projector, screen, etc.		
Transpo	ortation	-	
	Find public transportation options.		
	Make arrangements for transportation if needed.		

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Done?	When Will the Event Be Held?	Person Responsible	Notes
Timing	-	-	
	Find the best date		
	for the event of meeting.		
	Determine the		
	best time of day		
	for the event.		
	Arrange child care		
	if needed.		
Done?	Other Details?	Person Responsible	Notes
Engage	ment		
	Determine what		
	cultural activities		
	will be used.		
	Purchase supplies		
	for event.		
	Provide print materials.		

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#### **Appendix F: Circle Of Life Information Sharing Agreement**

The Circle Of Life initiative is a health promotion and disease prevention educational curriculum designed to help Indian Community Health Representatives educate community members about healthy habits, cancer screenings, cancer treatment, and what to expect during a cancer journey.

The Circle Of Life initiative was developed by the American Cancer Society in partnership with and input from an American Indian and Alaska Native advisory group. The Society is honored that select tribes and tribal organizations nationwide have agreed to help test the Circle Of Life activities and resources by using the educational activities and resources and sharing feedback and summary information. This information will be used to make improvements to the Circle Of Life activities and resources and to share the successes of the initiative to make the Circle Of Life initiative available to additional American Indian and Alaska Native communities nationwide.

In order to demonstrate that the Circle Of Life activities and resources are meeting the cancer education needs of American Indian and Alaska Native communities, the Society requests that each tribe/tribal organization helping to test the Circle Of Life initiative collects basic information on the following:

- The number of people participating in Circle Of Life educational activities
- The age, tribal affiliation, and gender of participants
- The change in awareness and knowledge of various cancer issues (e.g., how to reduce one's risk from cancer, cancer screening guidelines, basic cancer treatments and how to cope with a cancer journey)
- The overall satisfaction with the Circle Of Life educational activity

Each Circle Of Life educational activity has a pre- and post-knowledge assessment, an overall assessment of satisfaction, and a few questions to collect information about the participants' ages and genders. The information <u>will not</u> be used for clinical or research purposes. The information summary will be used to measure the impact that the Circle Of Life program has had on American Indian and Alaska Native communities' awareness and knowledge of cancer information and resources, to improve the activities and resources provided within the Circle

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Of Life initiative, and to share success stories with other native communities interested in using the Circle Of Life to provide cancer education.

If you have any questions or concerns please feel free to email us at circleoflife@cancer.org or call Octavia Vogel at 404-329-5735.

By signing this Information Sharing Agreement, I agree to share the summary information described above with the American Cancer Society Circle Of Life program staff for the purpose of enriching the Circle Of Life educational activities and resources and broadening the wisdom used to deliver cancer education to American Indian and Alaska Native communities nationwide.

*Name of Tribe or Tribal Organization Concurring with This Agreement (please print):* 

Name of Circle Of Life Educator (please print):

Signature of Circle Of Life Educator: \_\_\_\_\_

Date:\_\_\_\_\_

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#### **Appendix E: Sample Evaluations: Evaluating An Educational Activity**

Please take a moment to answer the following questions. For each of the sentences, please place an X in the box that best describes how you feel.

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
1. I know more cancer than I did before today.					
<ol> <li>I know what cancer screening tests I need to have and how often I need to have them.</li> </ol>					
<ol> <li>I know what I can do to reduce my risk of getting cancer.</li> </ol>					
<ol> <li>I understand basic information about the common types of cancer and cancer treatment.</li> </ol>					
5. I know where to go if I need additional information about cancer or to find cancer resources in my area.					
<ol> <li>I feel comfortable sharing cancer information with my family and friends.</li> </ol>					
7. I feel more comfortable talking with my health care provider about cancer.					
<ol> <li>I know some things that I can do in my community to reduce cancer risk.</li> </ol>					

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
<ol> <li>I would recommend that my family and friends attend an educational activity to learn more about cancer.</li> </ol>					
10.This activity has convinced me to get regular cancer screenings.					

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Please check the box next to the answer that best describes how you feel about this activity.

a.	Length	of the	activity
----	--------	--------	----------

□ Too short	□ About right	□ Too long
b. Amount of information of	overed today	
□ Too short	About right	🗆 Too long
<ul><li>c. Amount of time allowed</li><li>□ Too short</li></ul>	for discussion □ About right	□ Too long

If you have any additional comments about how to improve this activity or other activities that you would like to see, please write them below.

