Title of Intervention: A Tailored Telephone Outreach Program to Increase Screening in Urban African Americans

Intervention Strategies: Supportive Relationships

Purpose of the Intervention: To increase colorectal cancer screening in a predominantly lower- to moderate-income African American population

Population: African Americans 52 years and older

Setting: Urban New York City Metropolitan Area; home-based

Partners: Health benefit fund provider

Intervention Description:
- Supportive Relationships: The intervention group received phone calls from trained health educators. The calls worked to establish trust and rapport with individuals. The goals of the calls included improving knowledge and beliefs, motivating participants to be screened, addressing barriers, providing support and eliciting a verbal commitment to be screened. The frequency and length of conversations varied, but the median number of calls per person was five, and the median call length was 23.5 minutes.

Theory: Stages of Change, Health Belief Model

Resources Required:
- Staff/Volunteers: Health educators
- Training: Training in phone counseling
- Technology: Not mentioned
- Space: Space for counselors to conduct calls
- Budget: Not mentioned
- Intervention: Telephone counseling protocol
- Evaluation: Surveys, access to billing records, test confirmation forms, analysis software

Evaluation:
- Design: Group randomized trial
- Methods and Measures:
  - Phone interviews gathered data about colorectal cancer screening rates.
  - Completed provider confirmation forms or benefit fund claims were used to confirm screenings.

Outcomes:
- Short Term Impact: Not measured
- Long Term Impact: There was a significantly larger increase in colorectal cancer screening for the intervention group compared to the control group.

Maintenance: Not mentioned

Lessons Learned: Telephone outreach can increase the rate of colorectal cancer screening in an urban minority population. Individual education and motivation through telephone outreach can influence providers' decision-making. Further research is needed to identify low-cost methods for increasing colorectal screening uptake, especially in black populations that are at increased risk for colorectal cancer mortality.

Citation(s):