

Title of Intervention: Carolinas Cancer Education and Screening (CARES) Project

Intervention Strategies: Campaigns and Promotions, Provider Education, Group Education

Purpose of the Intervention: To improve colorectal cancer screening among low-income women who were traditionally underserved by cancer control efforts

Population: Low-income women aged 50 years and older

Setting: Community locations and subsidized housing in cities in North Carolina and South Carolina; community-based

Partners: American Cancer Society, housing authorities, Wake Forest University, Ohio State University

Intervention Description:

- Campaigns and Promotions: Media campaigns about cancer screenings were spread through media placed in community newspapers and on local radio stations, health promotion booth, direct mailings, brochures and waiting-room posters.
- Provider Education: Monthly examination room messages reminded health care providers to talk to their patients about colorectal cancer screening.
- Group Education: Educational classes were used to increase awareness of the benefits of early detections of colorectal cancer and encourage women to reduce their own risk of cancer mortality by identifying and reducing barriers to obtaining screening.

Theory: Precede-Proceed Model, Social Learning Theory, Health Belief Model, Transtheoretical Model

Resources Required:

- Staff/Volunteers: Project coordinator and volunteers
- Training: Training for project staff and volunteers about colorectal cancer screening
- Technology: Not mentioned
- Space: Classroom space, training space, info booth space
- Budget: Not mentioned
- Intervention: Educational materials, posters, brochures, mailing materials, media messages
- Evaluation: Evaluation software, computer, interview space, interview protocol

Evaluation:

- Design: Non-randomized controlled study
- Methods and Measures: Face-to-face interviews assessed colorectal cancer beliefs, knowledge, barriers and screening rates.

Outcomes:

- Short Term Impact: There was a significant improvement in beliefs about the importance of colorectal cancer screening. Intention to be screened in the future also showed significant improvement.
- Long Term Impact: Slight improvements in the odds of being within screening guidelines and completing colorectal cancer screening were shown.

Maintenance: Not mentioned

Lessons Learned: Community-based intervention studies to increase screening should be more intensive and longer in duration to engage hard-to-reach populations.

Citation(s):

Katz ML, Tatum C, Dickinson SL, et al. Improving colorectal cancer screening by using community volunteers: results of the Carolinas cancer education and screening (CARES) project. *Cancer*. Oct 1 2007;110(7):1602-1610.

