

Title of Intervention: Peer Educators to Increase Colorectal Screening among Lower Income Older Adults

Intervention Strategies: Group Education, Supportive Relationships, Environments and Policies

Purpose of the Intervention: To increase colorectal cancer screening rates

Population: Lower income older adults

Setting: South Carolina's Council on Aging Congregate Meal Sites; community-based

Partners: South Carolina's Council on Aging, Colorectal Cancer Project, local Aging Network and an older adult apartment complex

Intervention Description: Four different education methods were used: the Traditional, the Elderly Educator, the Adaptation for Aging Changes and the Combination Method.

- **Group Education:** The Traditional Method included group education sessions with middle-aged adults using unadapted materials from the American Cancer Society and presentation slides. The Elderly Educator Method included group education sessions with peers as teachers and demonstrators and presentation slides with White and African American older adults. The Adaptation for Aging Changes method group education sessions included increased time for learning, a demonstration of a screening procedure, adapted written materials (e.g., larger print, low-level literary), memory techniques (e.g., post-it note reminders, table tents) and use of deeper tone of voice. The Combination method group education sessions used both the Elderly Educator and the Adaptation for Aging Changes methods.
- **Supportive Relationships:** The older adult educators in the Elderly Educator Method matched the site population's age, ethnicity in majority, dress and language and served as role models before and after the presentation. Older adult educators developed rapport by conducting pre-interviews and speaking with individuals about the test afterwards, stating that they had been screened and that screening was important.
- **Environments and Policies:** Participants were given free screening kits along with information on dietary recommendations during the test and medications that may lead to a false positive. A health care provider collected completed kits on-site six days later. Pre-stamped envelopes addressed to the Colorectal Cancer Project were left for kits needing to be returned.

Theory: Social Learning Theory

Resources Required:

- **Staff/Volunteers:** Health care provider, volunteer older adult educators, health educator
- **Training:** A three-hour training session was held for older adult educator.
- **Technology:** Audiovisual equipment
- **Space:** Presentation space
- **Budget:** Not mentioned
- **Intervention:** Handouts, posters, screening kits, envelopes, postage
- **Evaluation:** Interview protocol

Evaluation:

- **Design:** Pre- and post-test
- **Methods and Measures:**
 - Program feedback and refusals to participate were documented.
 - Screening rates were assessed during interviews and through screening kit return records.

Outcomes:

- **Short Term Impact:** Not measured
- **Long Term Impact:** Participation in colorectal screening was significantly higher for both the Elderly Educator and the Combination (Elderly Educator and Adaptation for Aging Changes) models of education, with the largest increase in the Combination model.

Maintenance: Each participant and their provider were notified of test results by mail. Letters to participants with negative tests encouraged re-screening the following year. Providers were sent a copy of the form indicating that the participant correctly followed diet and medication instructions. Participants with positive tests were instructed to see their provider immediately for follow-up testing. Telephone calls were made to the participant and their provider until follow-up visits were completed.

Lessons Learned: Not mentioned

Citation(s):

Weinrich SP, Weinrich MC, Stromborg MF, Boyd MD, Weiss HL. Using elderly educators to increase colorectal cancer screening. *Gerontologist*. Aug 1993;33(4):491-496.