

Title of Intervention: Increasing Colorectal Cancer Screening in Rural African American Women

Intervention Strategies: Individual Education, Campaigns and Promotions, Environments and Policies, Supportive Relationships

Purpose of the Intervention: To decrease cancer fatalism beliefs and increase participation in colorectal cancer screening

Population: African American women aged 50 and older

Setting: Senior citizen centers in a rural southeastern state; community-based

Partners: None mentioned

Intervention Description:

- Individual Education: The Traditional group viewed a general video that provided an overview of colorectal cancer, signs and symptoms and the purposes of screening. The video included a demonstration by health educator of the correct way to complete a non-invasive colorectal cancer screening.
 - The Modified Cultural group viewed the targeted intervention video, "Telling the Story...To Live is God's Will." This video depicted two elderly women talking about one of the woman's participation in a colorectal cancer screening, her diagnosis and survival of colorectal cancer and her encouragement for the other woman to be screened. The targeted video also showed a woman and her husband confronting their fears of cancer with a minister and their attendance in a screening program. In the video, a health provider used peanut butter to demonstrate how to complete a non-invasive screening and answered questions.
 - Individuals in the Cultural and Self-Empowerment group viewed the same video and also received educational materials throughout the year. A calendar was given one month after the video that contained information such as signs and symptoms of colorectal cancer and screening guidelines. Video lessons were on the calendar for reinforcement. Pictures aided in understanding for low reading levels.
- Campaigns and Promotions: Both intervention groups were exposed to a wall-sized poster that reinforced signs and symptoms of colorectal cancer, American Cancer Society guidelines and video lessons, was hung in the senior citizen center five months later. A brochure that included facts on colorectal cancer, a picture of the non-invasive screening kit, a reminder that free kits would be provided and that individuals should ask their health care provider about other colorectal screening tests was mailed to participants a few months later. A one-page color flyer that displayed the correct way to complete a kit with pictures and writing was given to participants. Both were written at fourth to fifth grade reading levels.
- Environments and Policies: Non-invasive home screening kits were distributed to all participants and collected free of charge seven days after the video was shown and again one year later.
- Supportive Relationships: Participants with positive non-invasive kits were mailed a letter that stated the results and reassured them that this test alone did not indicate cancer but that they should contact their health care provider. They were then contacted by a health care provider twice by phone to answer questions about the test, find out if the participant had a primary health care provider and encourage the participant to contact their provider. All participants with positive results were asked if they had contacted their providers and what further testing had been done.

Theory: Powe Fatalism Model

Resources Required:

- Staff/Volunteers: Health care providers, health educators
- Training: Not mentioned
- Technology: Audiovisual equipment
- Space: Space for playing video
- Budget: Not mentioned

- Intervention: Calendars, brochures, posters, fact sheets, videotapes, home screening kits, envelopes, postage
- Evaluation: Surveys, kit tracking protocol

Evaluation:

- Design: Repeated measure pre- and post-test
- Methods and Measures:
 - Knowledge on colorectal cancer was assessed by the Colorectal Cancer Knowledge Questionnaire.
 - Cancer fatality beliefs were assessed with the Powe Fatalism Inventory.
 - Amount of use of health care services was assessed via survey.
 - Level of participation in screening was tracked by returned screening kits.

Outcomes:

- Short Term Impact: There was a significant decrease in cancer fatality beliefs in the Modified Cultural and Cultural and Self-Empowerment groups compared to the Traditional group. There was a significant increase in colorectal cancer knowledge in the Cultural and Self-Empowerment group compared to the Modified Cultural and Traditional groups. At the one-year follow up, participants in the Traditional group had a significantly greater amount of visits to health care providers than both the Modified Cultural and the Cultural and Self-Empowerment groups.
- Long Term Impact: There was a significantly higher rate of completion of non-invasive screening kits in the Cultural and Self-Empowerment group than in both the Modified Cultural and the Traditional groups. The Modified Cultural group also had a significantly higher amount of completion of kits than the Traditional group.

Maintenance: Not mentioned

Lessons Learned: Routine visits to health care providers may be appropriate times to implement routine colorectal cancer screening or teaching. These intervention efforts may result in increased communication between the provider and individuals, increased trust in the health care system, increased adherence to screening guidelines and decreased mortality rates from colorectal cancer. Health care providers may benefit from viewing the video to familiarize themselves with potential attitudes of African American older adults and to appropriately care for this population. Educational interventions that are tailored to meet the population's learning needs and culture and are delivered by multiple strategies over an extended time can successfully increase knowledge of colorectal cancer.

Citation(s):

Powe BD. Promoting fecal occult blood testing in rural African American women. *Cancer Pract.* May-Jun 2002;10(3):139-146.

Powe BD, Ntekop E, Barron M. An intervention study to increase colorectal cancer knowledge and screening among community elders. *Public Health Nurs.* Sep-Oct 2004;21(5):435-442.

Powe BD, Weinrich S. An intervention to decrease cancer fatalism among rural elders. *Oncol Nurs Forum.* Apr 1999;26(3):583-588.