

Title of Intervention: The Next Step Trial

Title of Website: <http://rtips.cancer.gov/rtips/programDetails.do?programId=264649&topicId=102265&cgId=>

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

Purpose of the Intervention: To increase knowledge, risk perception and regular use of a colorectal screening program in worksites

Population: Adult auto workers

Setting: Auto industry worksites in Ohio, Michigan, Indiana, New York and Pennsylvania; worksite-based, home-based

Partners: Auto worksites, union, university

Intervention Description:

- **Environments and Policies:** Colorectal cancer screening was provided by the worksites to employees on company time.
- **Individual Education:** An individually tailored education booklet, ColoRecord, was sent to employees. The booklet was tailored based on their previous screening history and recommendations. The booklet covered cancer statistics, screening procedures and individual recommendations. A letter inviting them to participate in screening was also sent with the booklet. Additional self-help and computer-generated, personalized feedback materials were sent to employees' homes to encourage changes in diet and screening activities after education classes.
- **Group Education:** Five one-hour nutrition classes were held for employees to learn about healthy eating.
- **Supportive Relationships:** A telephone counselor called employees several times to highlight messages in the educational booklet, answer questions, and encourage employees to make a screening appointment.
- **Campaigns and Promotions:** Posters, recipe handouts and brochures were made available monthly in cafeterias to promote low-fat, high-fiber diets in the worksite environment. A newsletter was distributed quarterly about nutrition and screening information and interviews with employees who participated in the screening program.

Theory: Health Belief Model, Stages of Change, Social Cognitive Theory, Social Support Systems of Adult Learning Theory, Self-Regulation Theory, Theory of Reasoned Action, Preventive Health Model, PRECEDE/PROCEED model

Resources Required:

- **Staff/Volunteers:** Health care provider staff, telephone counselors
- **Training:** Training for nutrition class delivery (1.5 days)
- **Technology:** Computer, printer
- **Space:** Space for conducting screenings and education classes
- **Budget:** Not mentioned
- **Intervention:** Booklets, printer, paper, envelopes, postage
- **Evaluation:** Surveys, phone interviewers, medical records/release forms, Working Well Trial questionnaire

Evaluation:

- **Design:** Randomized controlled trial
- **Methods and Measures:**
 - Attendance at nutrition classes and receipt of personalized materials was recorded.
 - Knowledge, stage of change, perceived risk, attitudes and intent to screen were assessed by a validated pre-/post-survey and phone interviews.

- Rates of colorectal cancer screening compliance and coverage were assessed by worksite staff, medical record review and by self-reporting on validated pre-post-survey and phone interviews.
- Diet changes were assessed by self report in validated food frequency questionnaires derived from the Working Well Trial questionnaire and phone interviews.

Outcomes:

- Short Term Impact: The intervention significantly increased skills, knowledge and beliefs about dietary change and the likelihood of moving into or remaining in the later stages of dietary change. Those who attended nutrition classes significantly increased the fiber, fruit and vegetables consumed and significantly lowered the amount of fat consumed more than those who did not attend the classes. At one-year follow-up, there was a significant improvement in dietary changes. At two-year follow-up, there was a significant improvement in fiber intake. Family history, social support and belief in the importance of and rationale to screening were significantly associated with screening intentions. Low fears of screening results and discomfort and past participation in screening were also significantly associated with screening intentions. Intervention effects were significantly higher for those under 50 years old and actively employed.
- Long Term Impact: Intervention worksites had a small increase in completion of recommended screenings compared to the control group. The percentage of workers who had an examination completed without recommendation was larger in the intervention group than in the control group.

Maintenance: Not mentioned

Lessons Learned: This type of intervention could be implemented in a variety of settings like primary care practices, public health clinics or other facilities with access to past history information. Proactive company support can help to increase employee willingness to participate in a continuous screening program. It may be useful to consider the development of a screening education program that is worksite-specific.

Citation(s):

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