Introduction

Colorectal cancer (CRC) is the second leading cause of cancer mortality in the United States. Significant racial disparities exist such that African Americans have higher incidence as well as mortality rates than other racial/ethnic groups. One reason for the disparity is lower rates of screening among African Americans as compared to Whites. A number of interventions have been proposed to address the underutilization of screening. One successful approach has been the development of culturally-relevant interventions through a community-based participatory approach. The literature suggests that religiosity, an important aspect of African American culture, has been shown to be positively associated with health outcomes and behaviors. One way of making cancer communications interventions more relevant to the African American community is to integrate spiritually-based content. In this study, a culturally-relevant and spiritually-based intervention was developed to promote colorectal cancer screening among church-attending African Americans age 50 and older. The intervention was delivered by trained Community Health Advisors (CHA) who taught group sessions on colorectal cancer screening, using print materials developed and piloted for this study.

Method

- The intervention materials were developed and pilot tested in this project.
- A baseline survey assessing knowledge, skills, and screening practices was completed by each participant prior to participating in the first educational session.
- A similar follow-up survey was completed by each participant at the conclusion of the second educational session (approximately one month after the first educational session) to determine if the participants’ level of colorectal cancer knowledge and screening rates had changed as a result of the intervention.
- Table 1: Participant Demographics (n=349)
- Table 2: Colorectal Cancer Knowledge
- Table 3: Religious / Spiritual Practices
- Table 4: Preferred CRC Screening Tests
- Table 5: Colorectal Cancer Screening Practices
- Table 6: Preventive Health Practices
- Table 7: Colorectal Cancer Knowledge Questions

Discussion

Findings of the preliminary evaluation indicate that CRC knowledge levels increased significantly as a result of participation in the educational sessions. Knowledge of screening tests also increased. Consequently, screening practices were re-evaluated and determined to be much lower than initially reported on the baseline survey.

Purpose

To describe the feasibility of implementing a church-based colorectal cancer education program and preliminary evaluation findings.

Conclusions

- A need for education on CRC and screening exists among this population.
- Using a community-based approach to formative research in the development of an intervention ensures that the program is culturally appropriate, personally relevant, and will be more likely to stimulate cognitive elaboration, leading to attitudinal and behavior change.
- Engaging members of the target population in the development and implementation of the program as stakeholders creates a sense of ownership and increases the probability of the program and initiation of similar health promoting activities.

Acknowledgments

This project is supported by Health Promotion and Disease Prevention Research Centers. Special Interest Project Competitive Supplements, SIF #5-2005, RFA DP-04-0033.

References