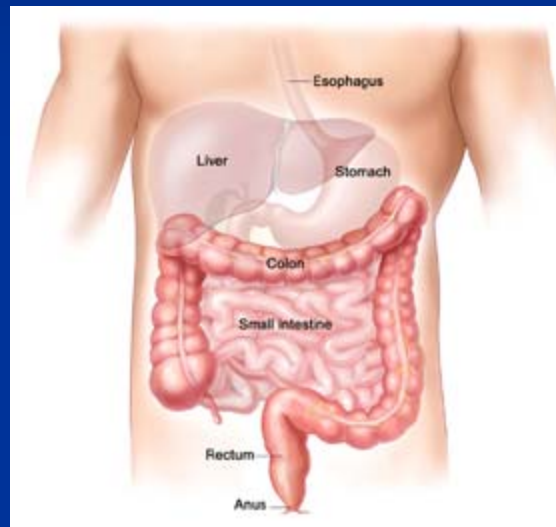


The Colorectal Cancer Intervention



Joan Fobbs-Wilson, Ph.D., C.R.C.
Associate Professor and
Principal Investigator

U.S. Department of Health and Human Services
Centers for Medicare and Medicaid Services

American Public Health Association

135th Annual Meeting

Community Health Planning and Policy Development

Issues in Health Promotion

November 7, 2007

Colorectal Cancer Intervention

- Colorectal Cancer is the second leading cause of death among African Americans over the age of 50 years.
- The incidence increases rapidly from age 50 and beyond, which inspired the US Department of Health and Human Services, Centers for Medicare and Medicaid to provide funding for research, intervention, education, and training on steps that can reduce the incidence.

Colorectal Cancer Intervention

Research Team

- Alabama A&M University
(Urban Population)
- Albany State University
(Rural Population)
- Joan Fobbs-Wilson, Ph.D.
- Elizabeth Lovett, R.N.,
M.S.N
- Teju Malushte, M.D.
- Ashley Richardson, B.A.
- Gerald Wheelock, Ph.D.
- Everton McIntosh, Ph.D.

CCI -- Participants

Total N = 250 participants (African Americans)

125 - Urban area (AAMU), Huntsville AL

125 - Rural area (ASU), Albany GA

Gender: Males and Females, 50 years and older
were identified and randomly selected into 2 groups

Group A: Experimental group (E)

Group B: Control group (C)

The training method included 8 hours of education:
2 hours for each of 4 weeks.

Experimental Design

Group A (Experimental)

Orientation/ Pre test
Attitude, Health Practices, Knowledge



Session 1 (10 item Pre & Post)
Session 2 (10 item Pre & Post)
Session 3 (10 item Pre & Post)
Session 4 (10 item Pre & Post)



Debriefing/ Post test 1
Attitude, Health Practices, Knowledge

Group B (Control)

Orientation/ Pre test
Attitude, Health Practices, Knowledge



Wait!
Wait!
Wait!
Wait!



Post test 1
Attitude, Health Practices, Knowledge



Session 1 (10 item Pre & Post)
Session 2 (10 item Pre & Post)
Session 3 (10 item Pre & Post)
Session 4 (10 item Pre & Post)



Debriefing/ Post test 2
Attitude, Health Practices, Knowledge

Assessments

- Attitude Survey – beliefs and feelings that contribute to personal and psychological barriers
- Health Practices Survey – high risk behaviors, food habits, medical care, lifestyle choices
- Knowledge Test – what colorectal cancer is, the health professionals, and screening procedures

Reference: Paskett, E.D., Tatum, C.M., D'Angostino, R., Jr., Rushing, J., Velez, R. The FoCaS project: improving breast and cervical cancer screening among low-income women. Bracht, N., eds. Health Promotion at the Community Level, Sage Publications, Inc. Thousand Oaks, CA 1999. Permission was granted to Dr. Annie Wells, an experimental psychologist, to adapt assessments for the use with the colorectal cancer intervention.

Training

- Training utilized guest speakers, videos featuring professionals, handouts, poster boards...
- Subjects included: overview of colorectal cancer, incidence of colorectal cancer, treatments available, and resources for getting screened for colorectal cancer, and terminology.
- Participants learned about factors that contribute to the development of colorectal cancer.
- Barriers to treatment were explored.
- Methods of prevention and lifestyle changes that can reduce the incidence of colorectal cancer were presented, e.g., exercise, nutrition, early identification...

Health Care Team

- Primary Care Physician
- Gastroenterologist
- Medical Oncologist
- Radiologist
- Oncology Counselor
- Registered Nurse
- Dietician/Nutritionist
- Exercise/Wellness
Therapist

Diagnostic Procedures

- Fecal Occult Blood Test (FOBT)
 - Barium Enema
 - Sigmoidoscopy
 - Colonoscopy
-
- Colonoscopy considered to be the gold standard

Participant Identification

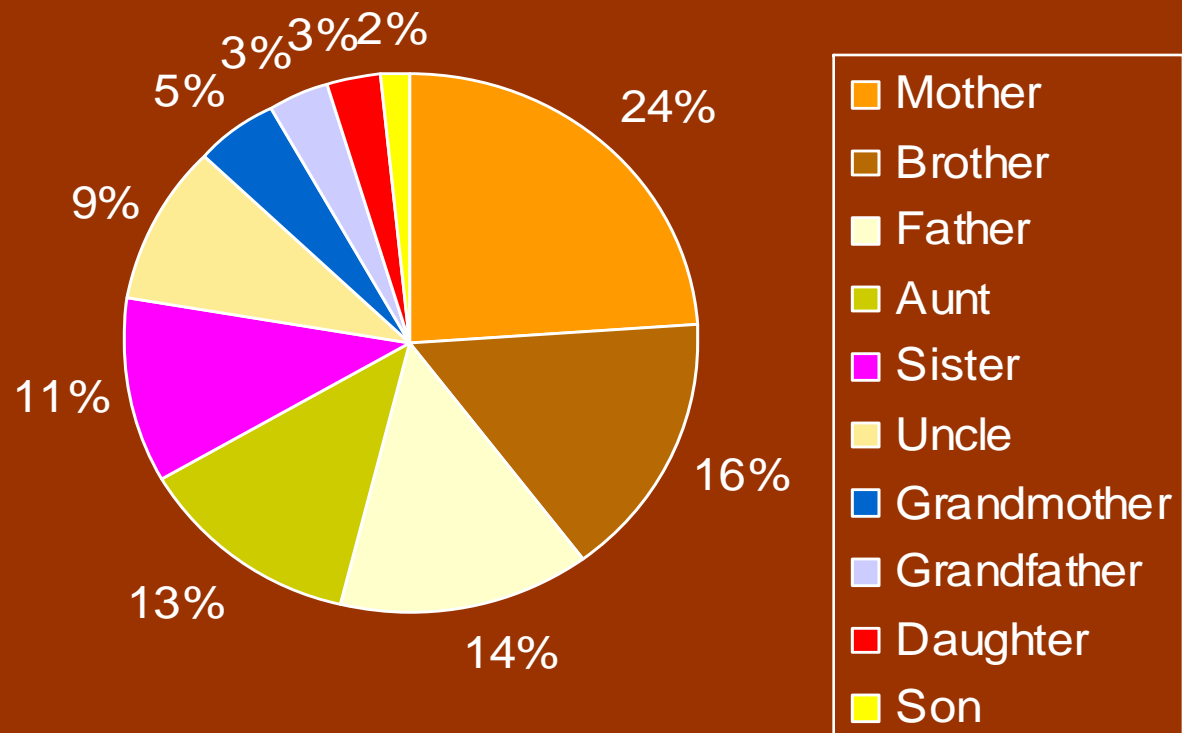
- Senior Citizen Housing Complexes
- Public Housing
- Churches
- Colleges/Universities
- Community groups
- Agency contacts
- Libraries
- Pastor's of mega churches
- Newspaper articles
- PSA's
- Television shows
- Radio talk shows
- Flyer distribution
- Alumni mail list
- University web page
- Speaking at events
- Phone calls to groups

Data Analysis

- Data was analyzed using SPSS
- Data collected for the rural participants was analyzed separately from the data collected for the urban participants
- Data collected for the rural and urban participants was also aggregated for analysis

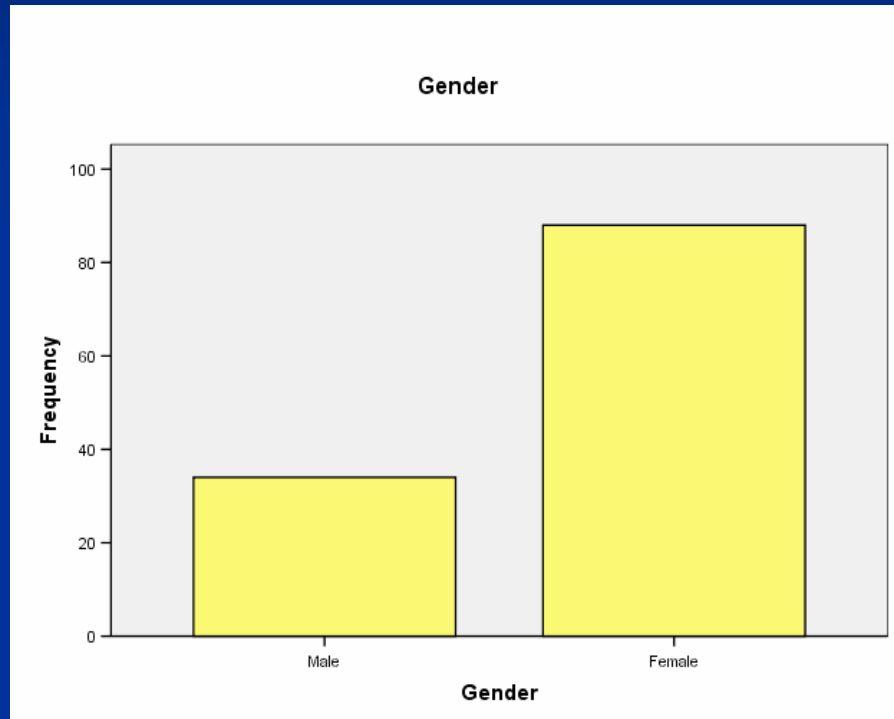
Research Findings

- Obtained from the session evaluations
- Is there a history of colorectal cancer in your family?
Fifty three (53%) of the participants responded

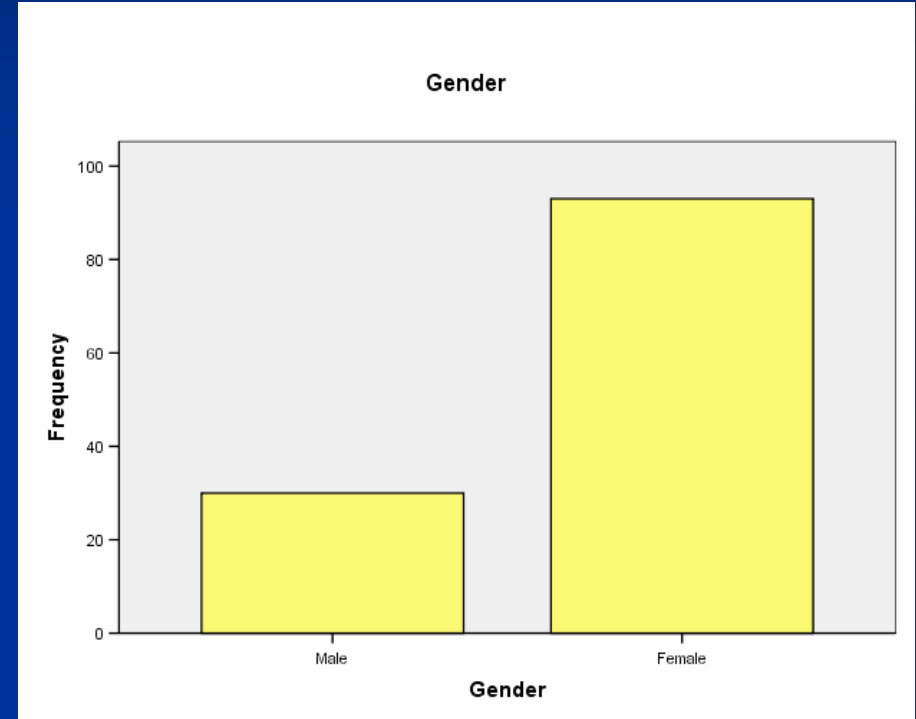


Demographic Data Urban & Rural

Gender

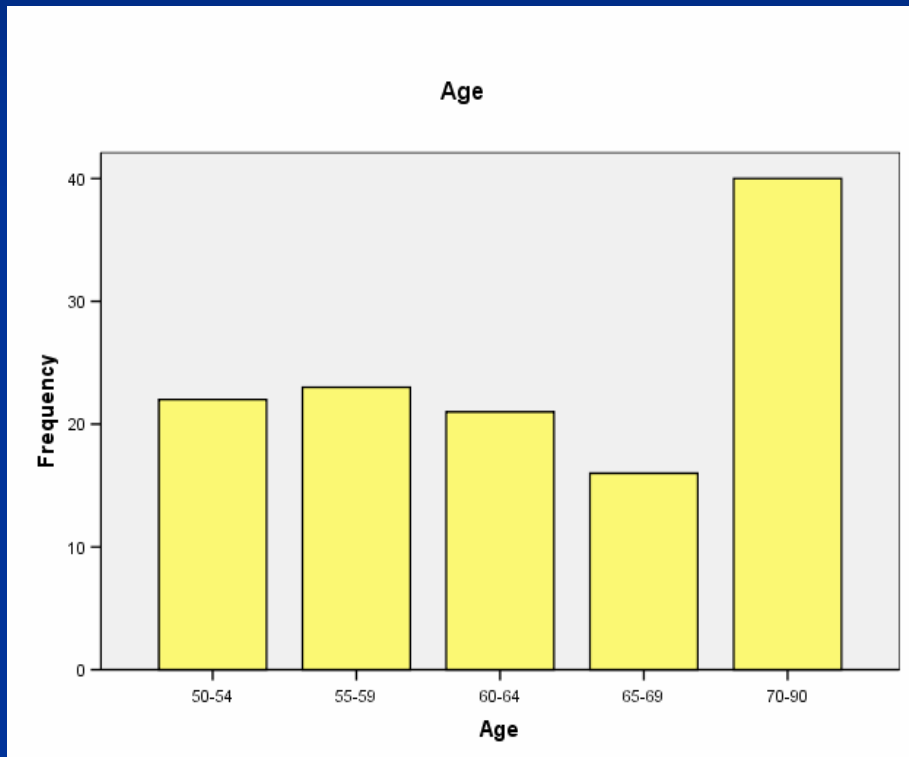


Urban

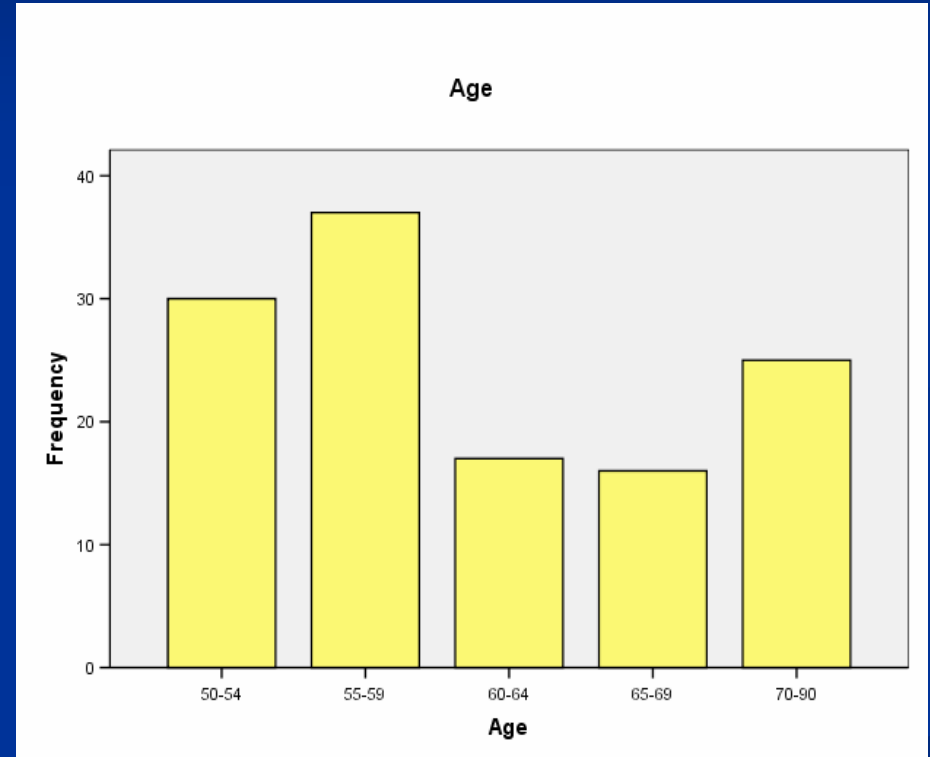


Rural

Age

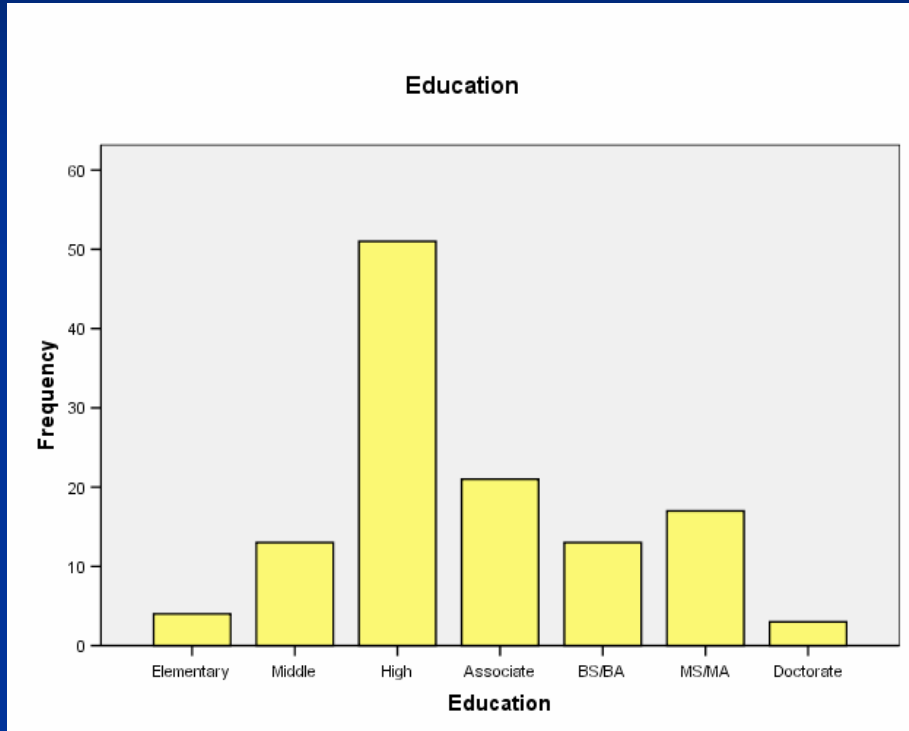


Urban

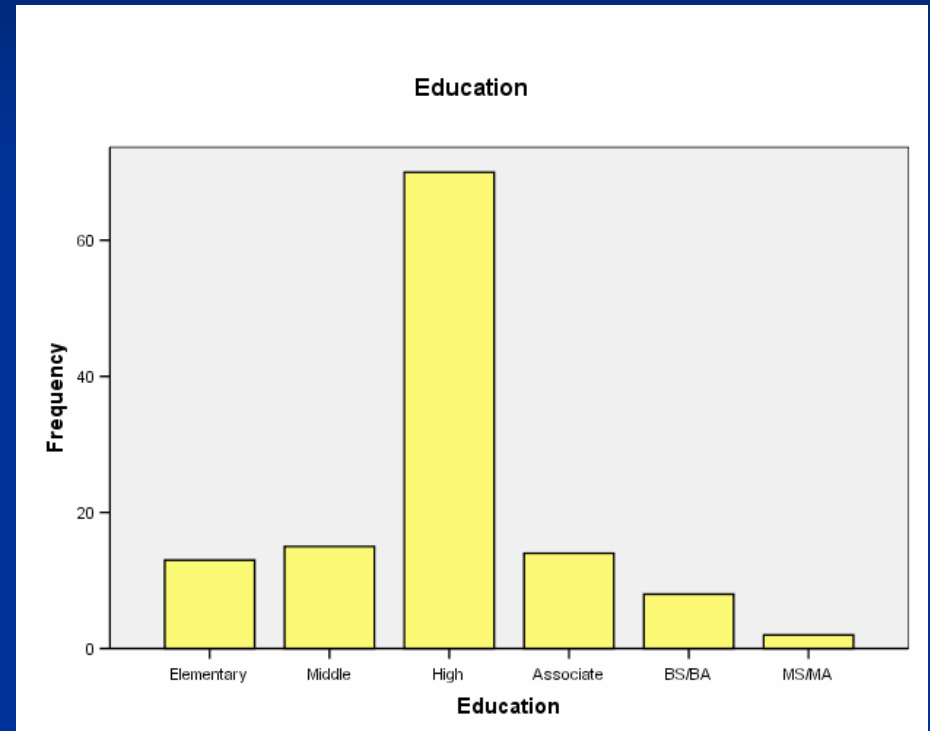


Rural

Education



Urban



Rural

Hypotheses

- H1: Test scores over knowledge acquired by the E group after training will be significantly higher than those of the C group on the wait list
- H2: The degree of change in attitude scores will be significantly greater for the E group than the C group
- H3: There will be higher number of participants in the E group who obtain colorectal cancer screening compared to the C group

Hypotheses (cont'd)

H4: There will be a significant difference between males and females on all measures

H5: There will be a significant difference between rural and urban participants on all measures

H6: There will be significant interaction effects between location and gender

Knowledge Test

H 1, H 4, H 5 & H 6

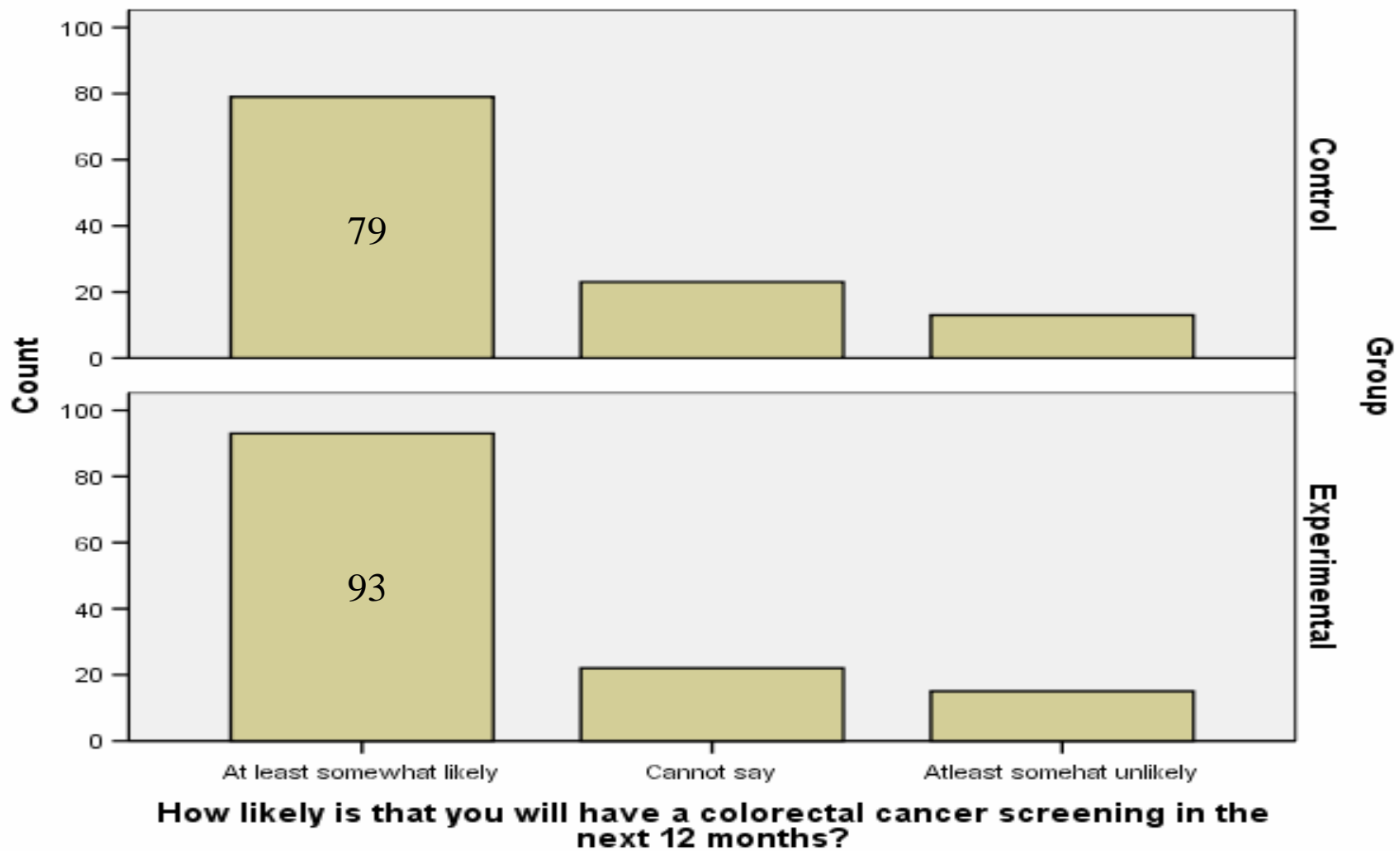
Attitude Test

H 2, H 4, H 5 & H 6

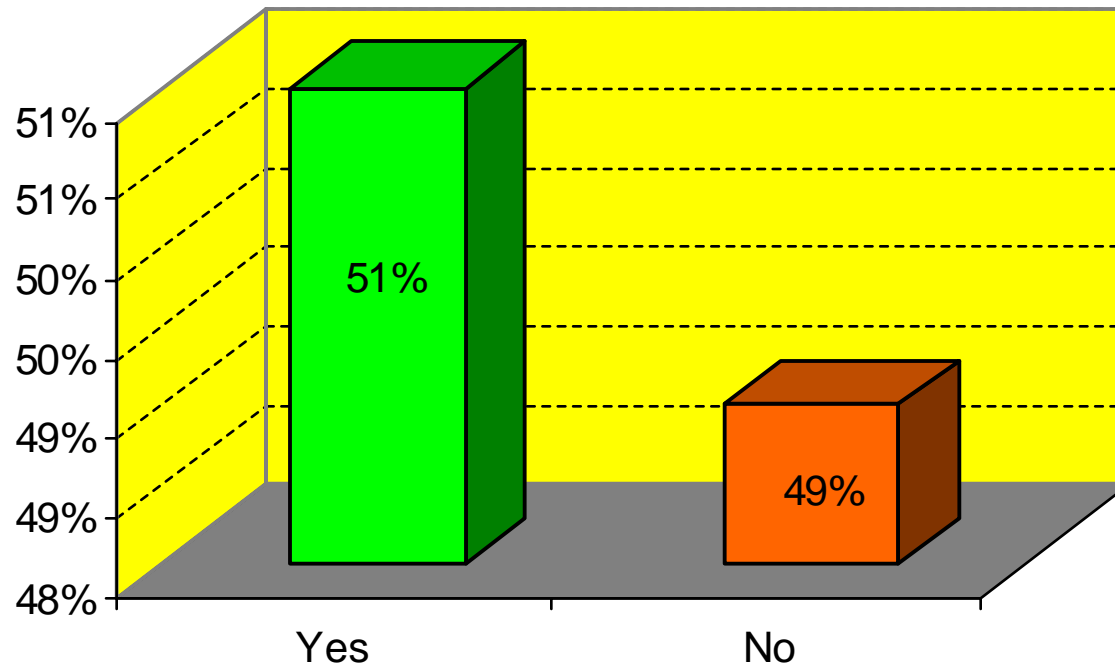
Health Practices

H 3, H 4, H 5 & H 6

H4: Number of people likely to obtain colorectal cancer screening

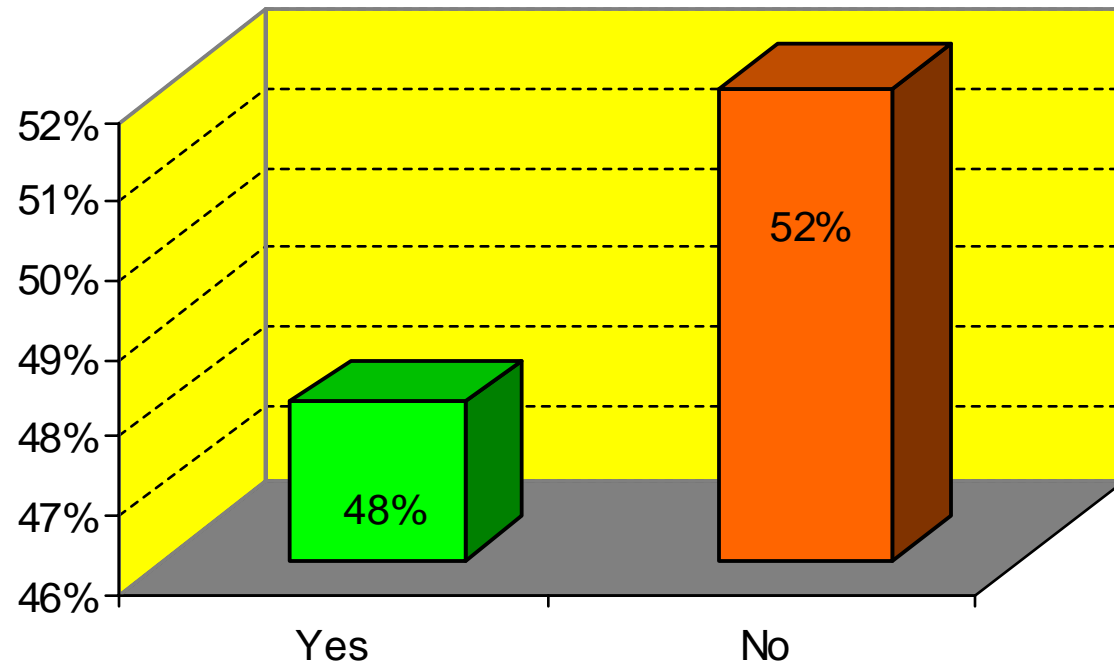


Urban



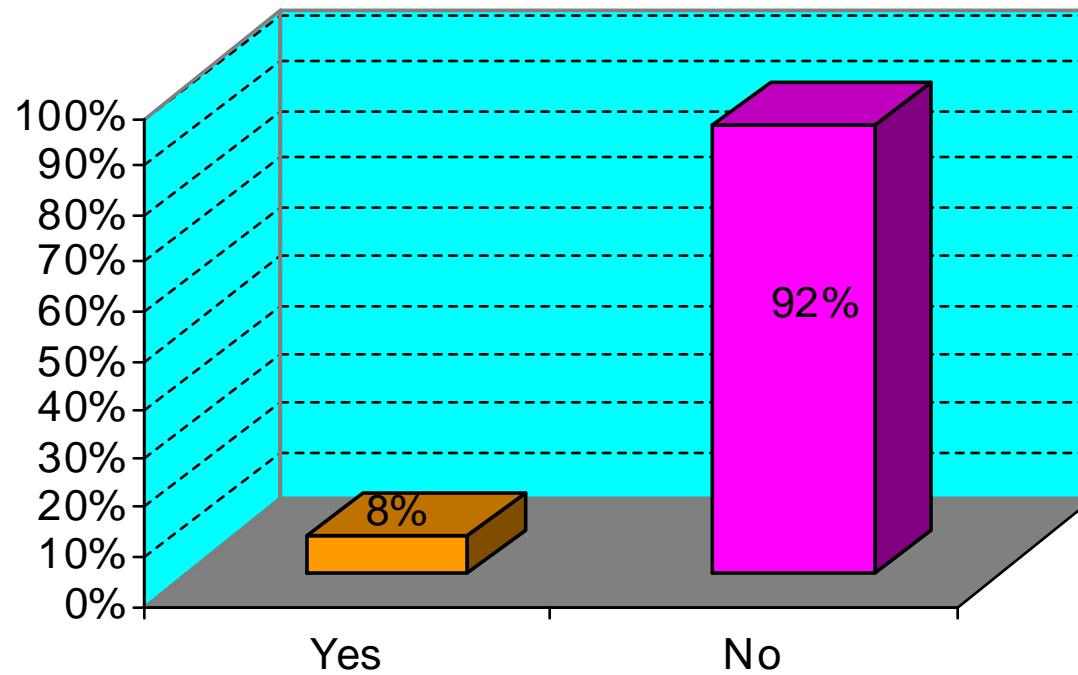
**Did you have CRC screening procedure
before attending the CRC Intervention
Program ?**

Rural



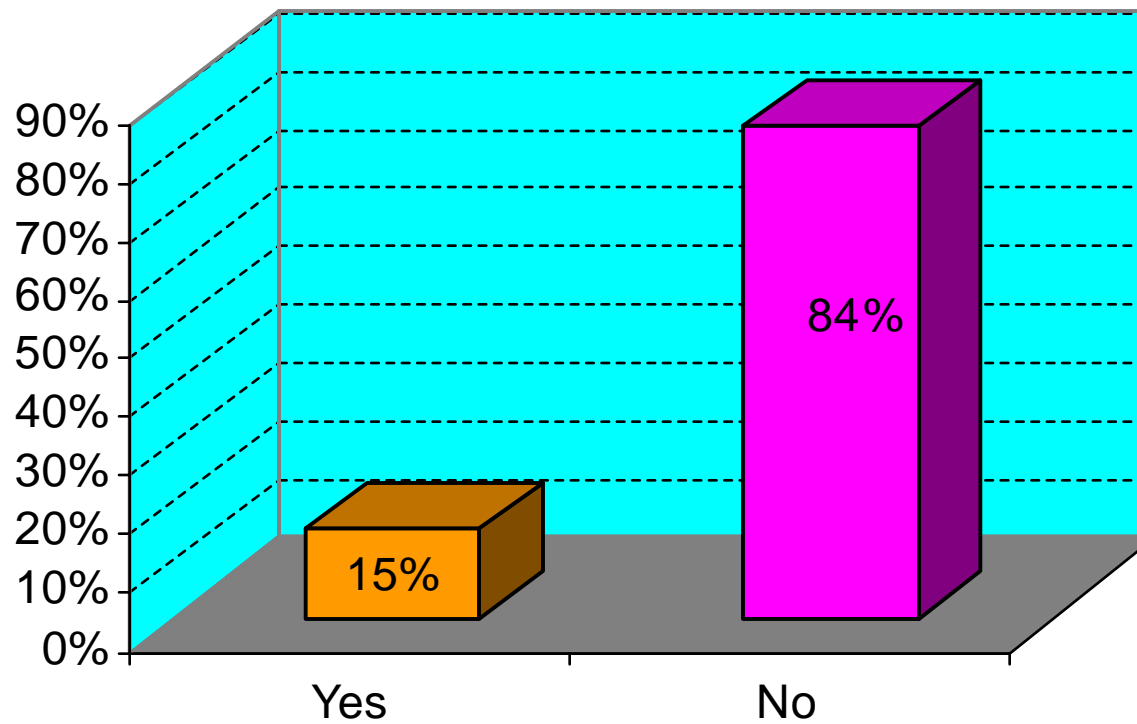
**Did you have CRC screening procedure
before attending the CRC Intervention
Program ?**

Urban



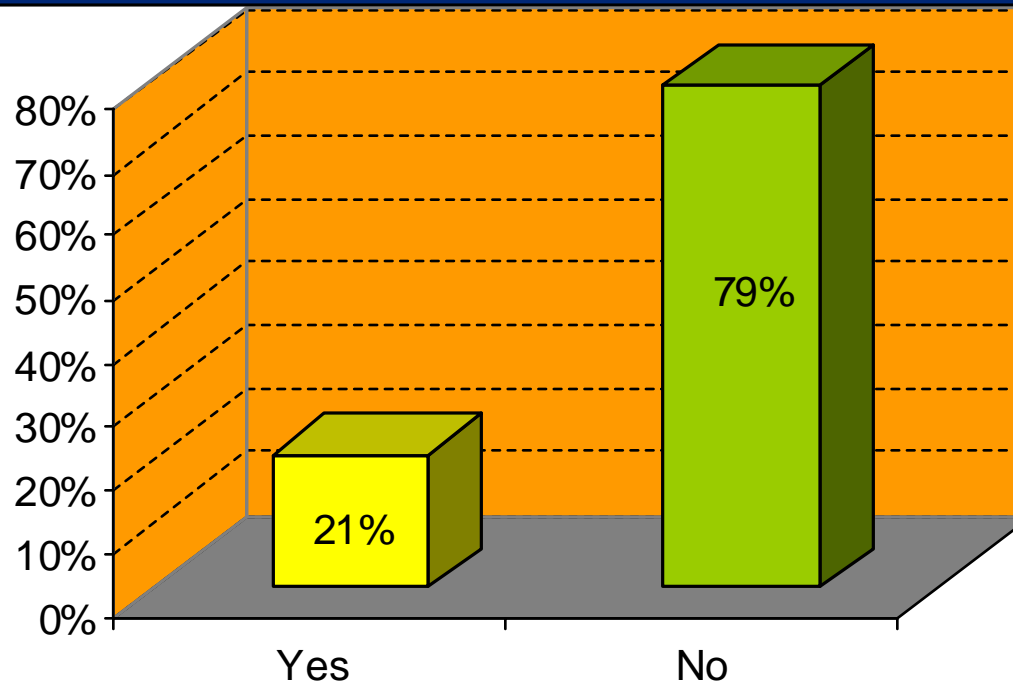
**Did you get a CRC screening procedure
while you were attending the CRC
Intervention Program?**

Rural



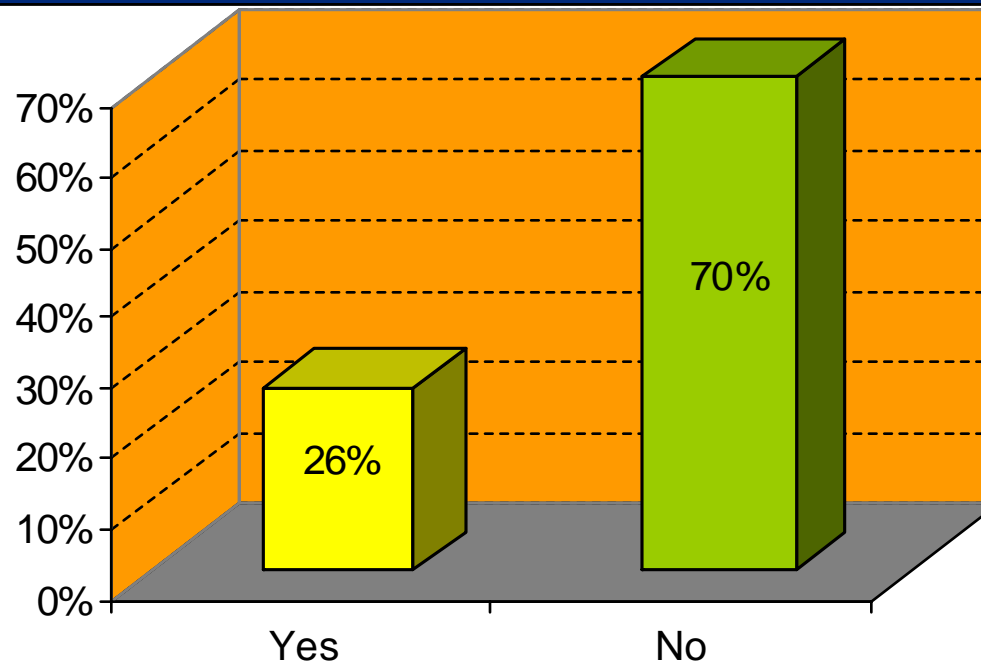
**Did you get a CRC screening procedure
while you were attending the CRC
Intervention Program?**

Urban



Did you get a CRC screening procedure after you finished the CRC Intervention training?

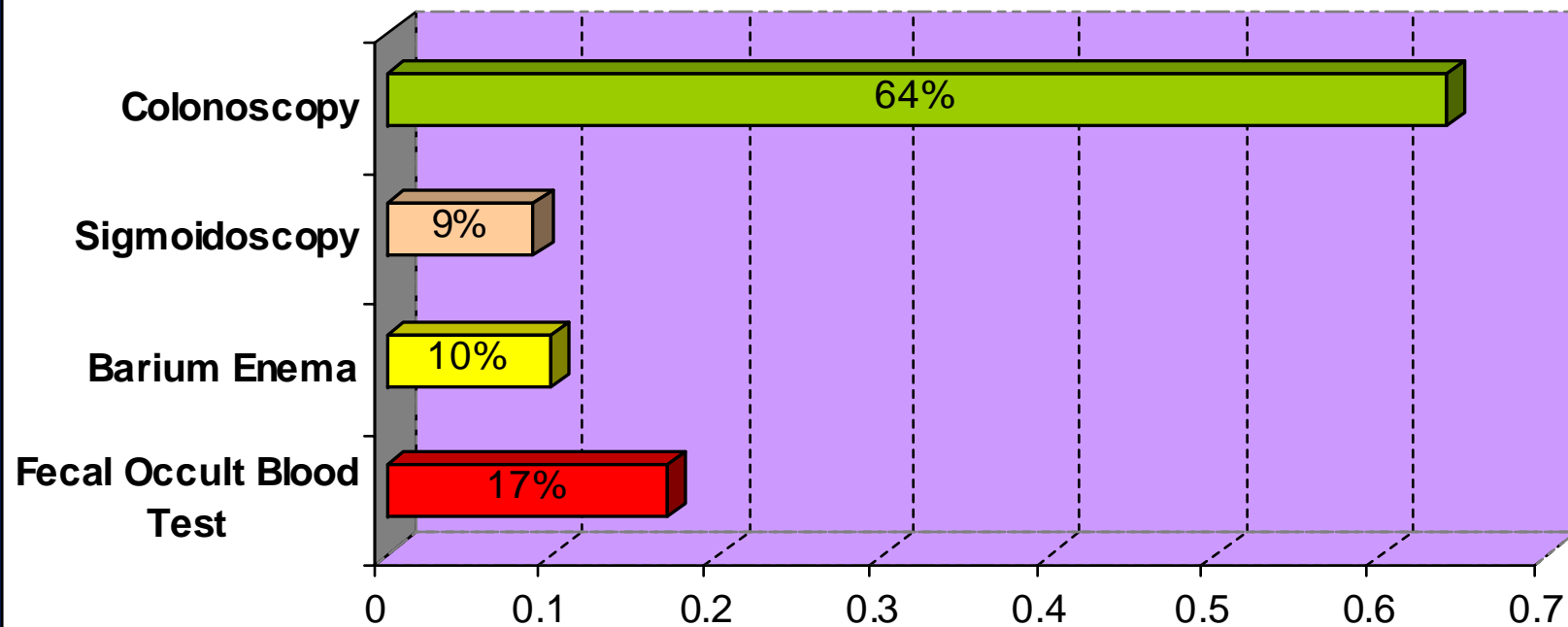
Rural



Did you get a CRC screening procedure after you finished the CRC Intervention training?

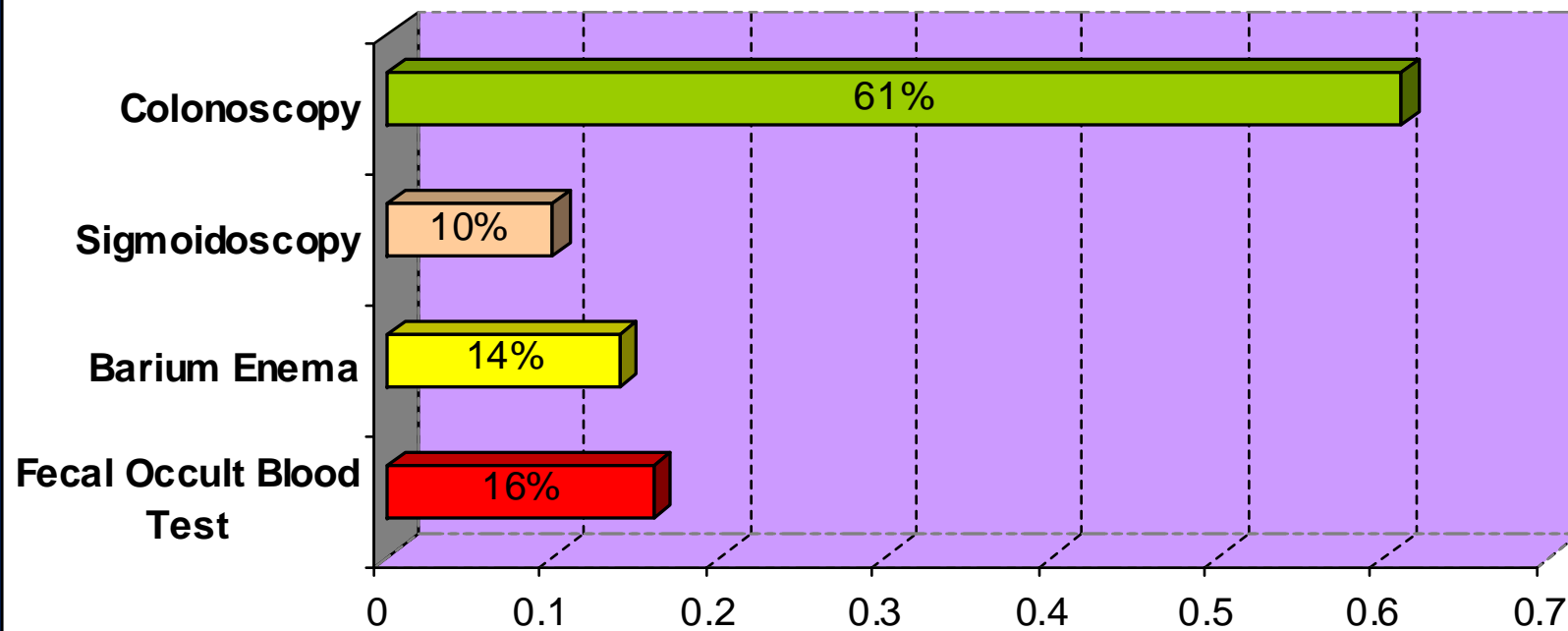
Urban

Which screening procedure did you have ?

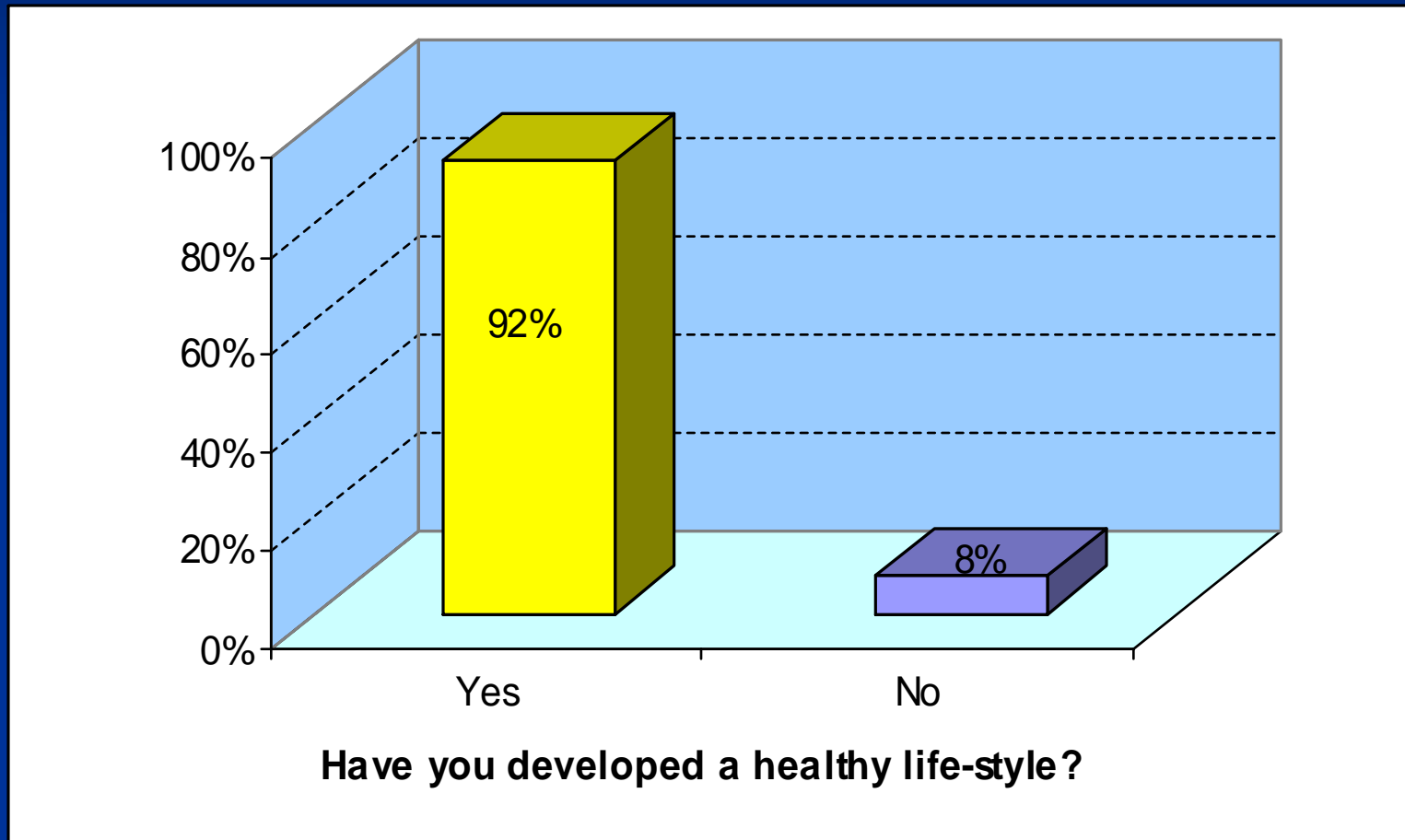


Rural

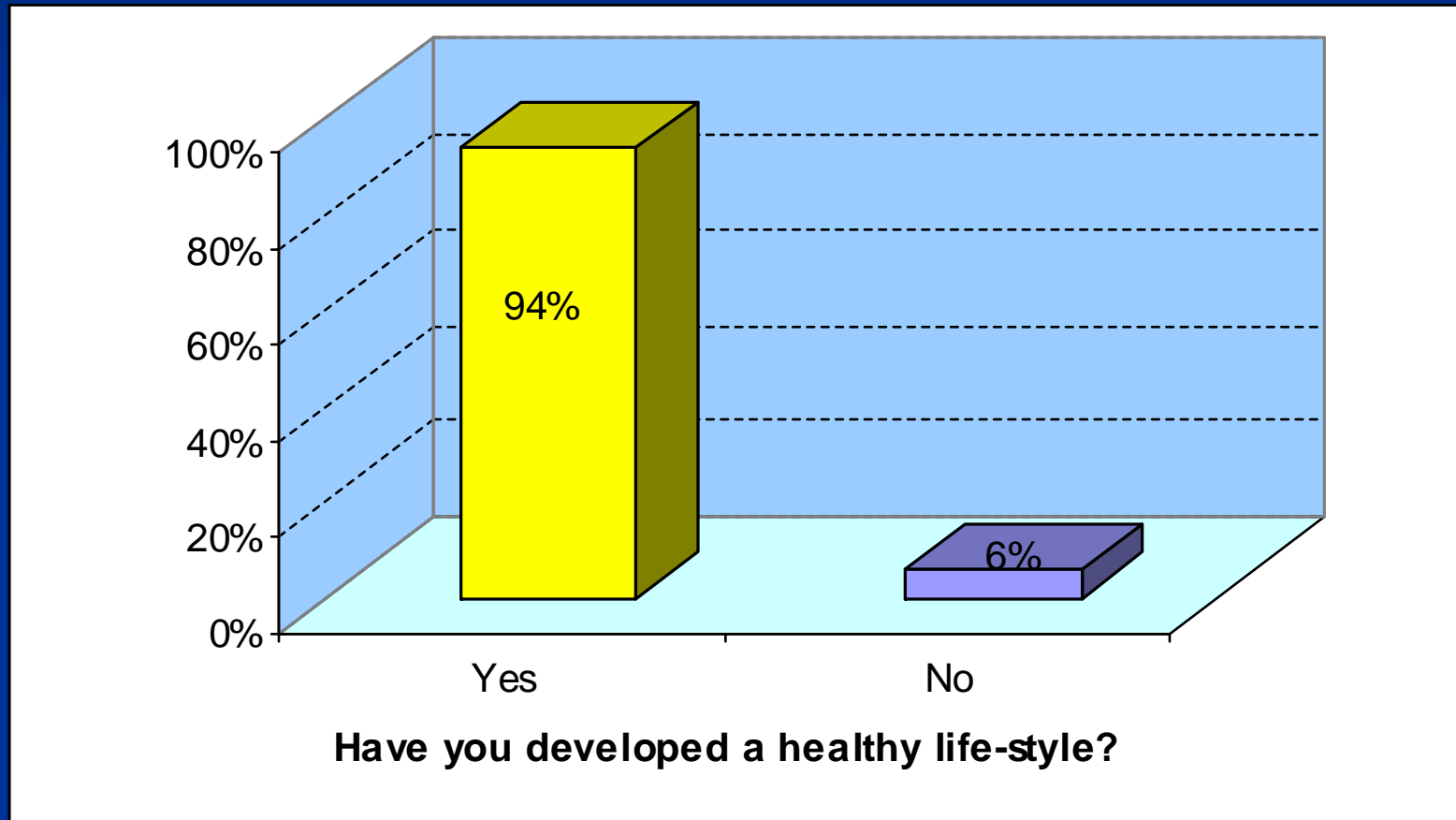
Which screening procedure did you have ?



Urban

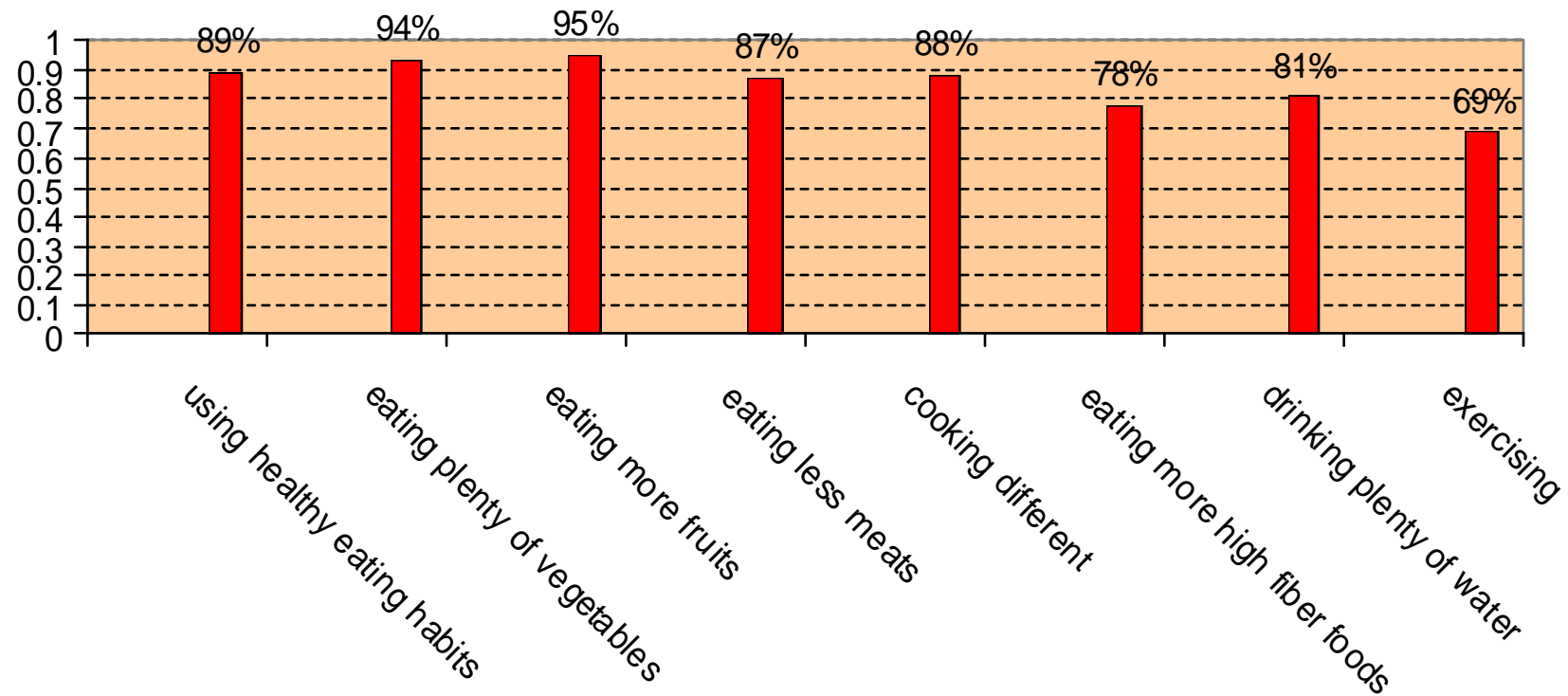


Rural



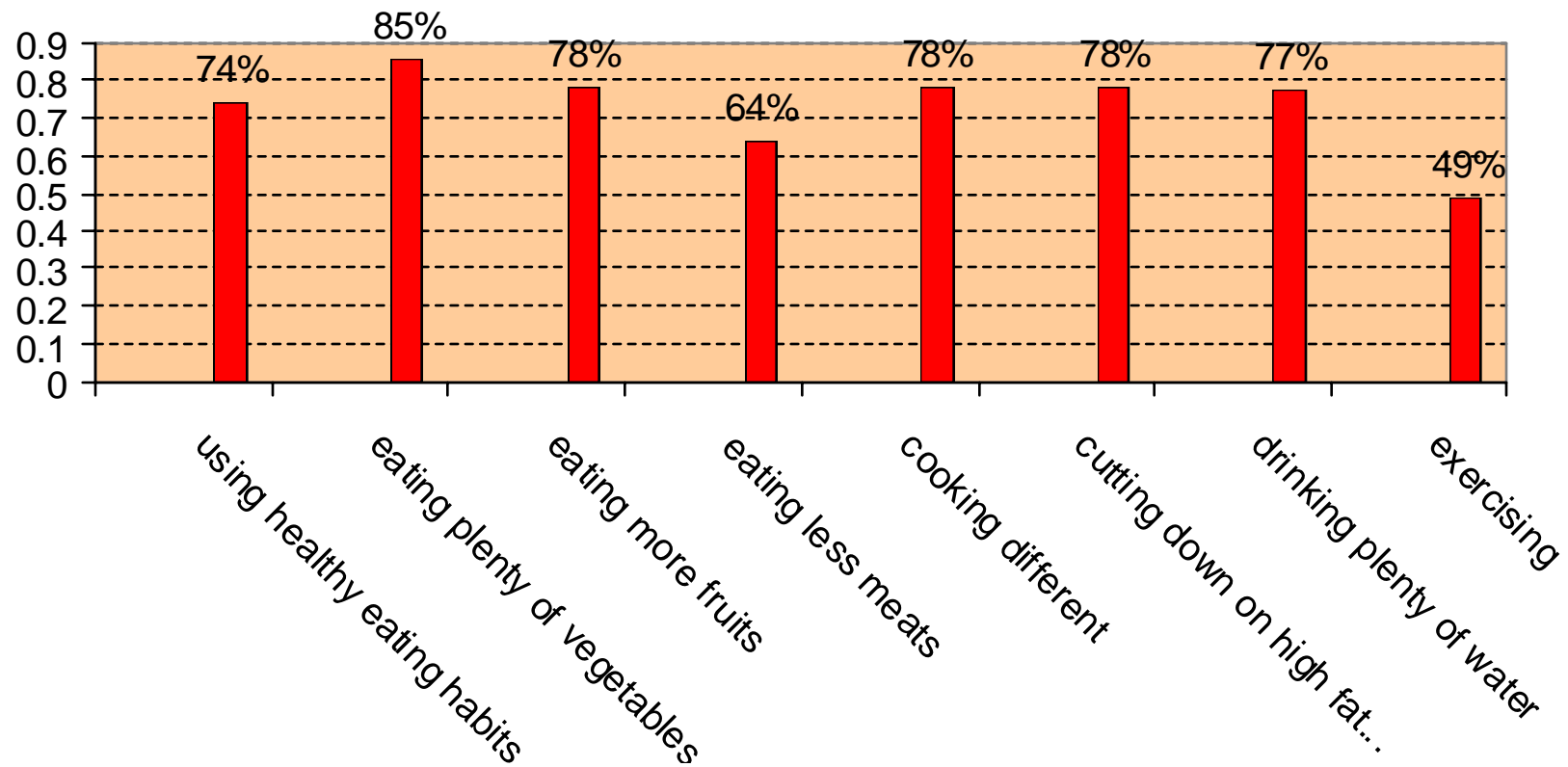
Urban

What healthy lifestyle changes have you made?

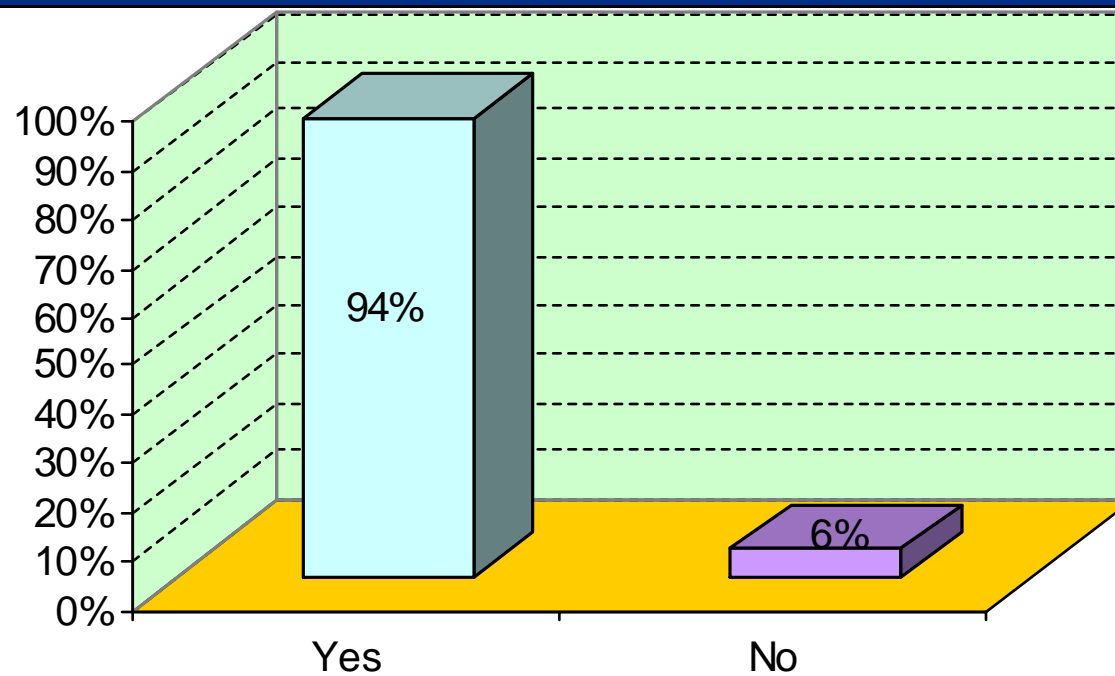


Rural

What healthy life-style changes have you made?

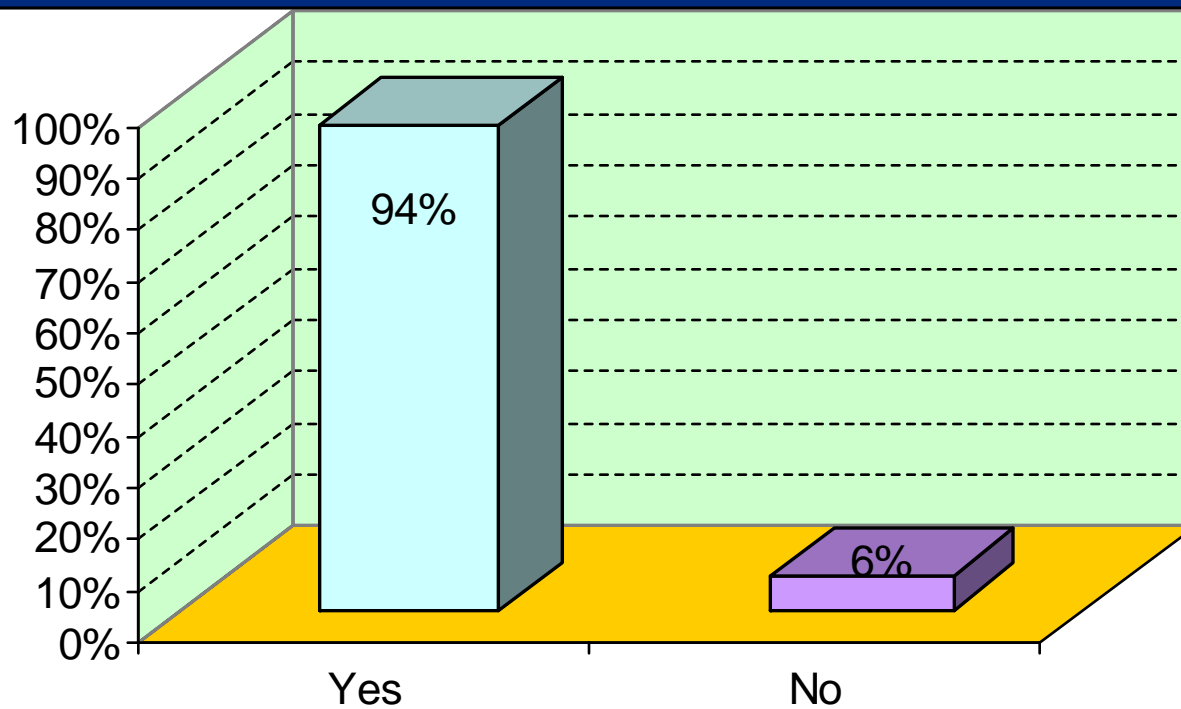


Urban



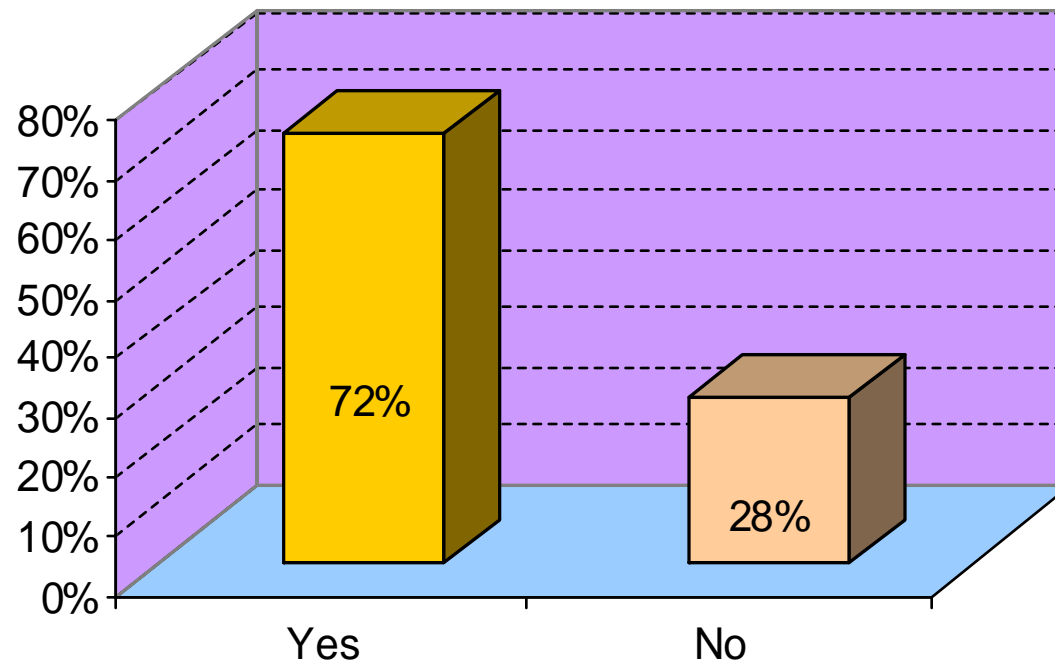
Did the healthy life style changes that you learned in the CRC Intervention training help you take better care of yourself?

Rural



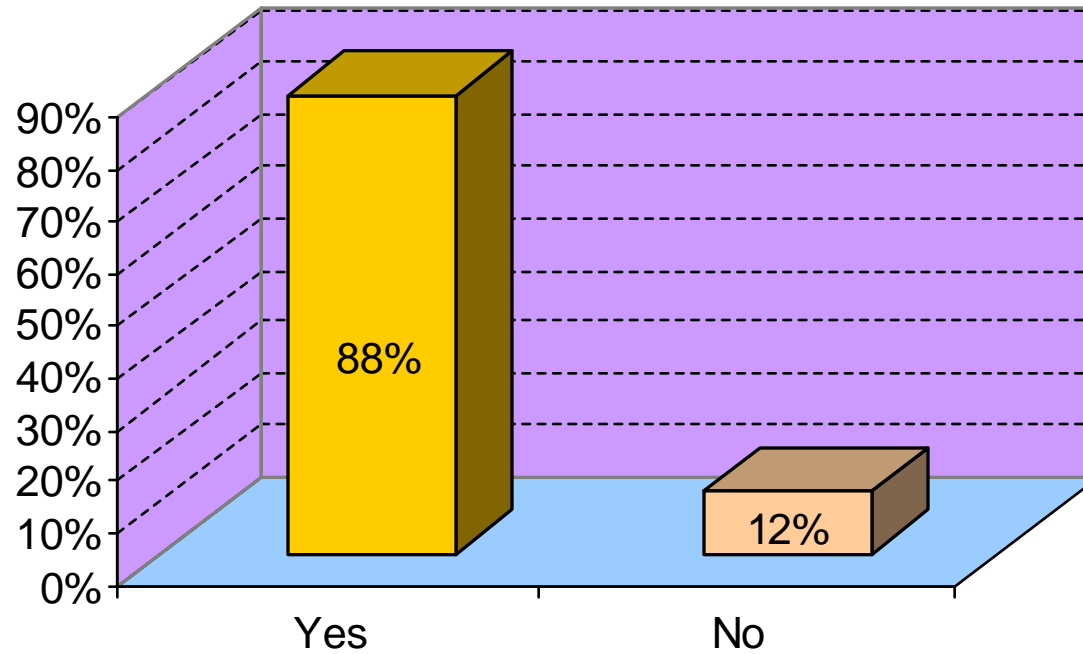
Did the healthy life style changes that you learned in the CRC Intervention training help you take better care of yourself?

Urban



Have you encouraged people (50 years and above) to get CRC screening procedure?

Rural



Have you encouraged people (50 years and above) to get CRC screening procedure?

Summary of Findings

- Participants gained knowledge (H1) and reflected a change of attitude (H2) as a result of the training as evidenced by a significant difference in the E group in comparison with the C group.
- Greater number of participants in the E group said that they were 'at least somewhat likely' to get CRC screening in comparison with the C group (H3). However, the differences are not significant.
- No significant difference were observed for the Gender main effects on the Knowledge test, Attitude test or Health Practices when controlling for group and location in the GLM (H4).

Summary of Findings continued

- Significant differences were observed for the Location main effects on the Knowledge test and Attitude test when controlling for group and gender (H5).
- However, no significant difference was observed for the Location main effect on the Health Practices (H5).
- None of the interaction terms were significant for the Knowledge test, Attitude test or Health Practices GLMs (H6).

Lessons Learned

- While achieving modest improvements in health care practices, attitude, and knowledge, the intervention may take follow-up strategies to further motivate more participants to get early screenings.
- Attracting African Americans to participate in health related studies requires extensive outreach.
- The study is very broad and limited in funding and time to accomplish the full extent of education and training for a health condition of this magnitude.

Policy Implications

- Quality improvement in the dissemination of knowledge, change in health care practices, and influence on attitude about colorectal cancer directed toward the African American population needs more attention on the local and national level.
- Participants will improve their health care practices, seek medical care earlier, and understand how to interact with health care professionals to get the appropriate screening procedures to minimize and prevent colorectal cancer when they become more aware of the importance.

Thank You

Happy Health Care