

Effectiveness of Group Education Interventions to Promote Breast, Cervical and Colorectal Cancer Screening in Communities and Health Care Systems

Mammography screening every 1 or 2 years is recommended for women age 40 and older. The benefits of regular mammography increase with age, whereas the possibility of harms from screening diminish from ages 40 to 70. So, the balance of benefits and harms grows more favorable as women age. The benefits of Papanicolaou (Pap) smear testing for women over 21 from screening for cervical cancer are also clear. The incidence of cervical cancer has decreased significantly during the last 40 years, in large part because of early detection. Periodic screening for colorectal cancer for men and women age 50 years and older is strongly recommended. Benefits from screening substantially outweigh potential harms. Several effective screening tests are available, including fecal occult blood testing, sigmoidoscopy, and colonoscopy. However, despite the existence of these tests, utilization rates are below recommended levels according to Healthy People 2010 objectives, especially among individuals in some minority groups and among low income individuals who may not have regular medical care. The question is then, what are effective strategies to promote increased use of breast, cervical and colorectal cancer screening?

Systematic reviews of published studies, conducted on behalf of the Task Force on Community Preventive Services by a team of experts, found insufficient evidence to determine the effectiveness of group education in increasing screening for breast, cervical and colorectal cancer and therefore recommended for further research. It is important to remember that **this finding does NOT mean this intervention does not work**, but rather indicates that additional research is needed to determine the effectiveness of these interventions.

Background on group education interventions to promote breast, cervical, and colorectal cancer screening

- Group education interventions provide information in a lecture or an interactive format about cancer screening, which is usually led by trained health educators or trained lay persons.
- The tools utilized during group education interventions may include slide presentations, commitment letters and other materials.
- Group education interventions are based on the premise that providing factual information about the benefits of cancer screening will motivate persons to be screened.

Findings from the systematic review

- Ten studies were identified by the Task Forces and three were found to have limited quality and were therefore excluded from the review.
- The six studies of breast cancer screening reviewed provided insufficient evidence to assess the effectiveness of group education interventions because of the small number of studies and the results were inconsistent in direction and effect size.
- There was only one study on cervical cancer screening. Evidence was found to be insufficient to assess its effectiveness because there was only one study with fair quality of execution.
- There was only one study on colorectal cancer screening. Evidence was found to be insufficient to assess its effectiveness because of there was only one study and it had small sample sizes and inconsistent results in effect size and direction.
- All group education studies reviewed provided information on the risk factors and the benefits of early screening.
- Many of the interactive group education interventions utilized role-playing, personal stories, writing an action plan and writing commitment letters to be screened.
- Directions for future research:
 - Does group education increase screening? If so, what components may contribute to its effectiveness and which contribute the least?
 - What are the minimum and optimal requirements for the duration and intensity of group education interventions?

What you can do with this finding

- Use this finding and suggestions for improvement in research components along with information from [Cancer Control PLANET](#) to find local contacts and research tested programs that support implementation of recommended interventions or further research to address gaps in the evidence.

Publications:

- **MMWR/Recommendations and Reports** – Winter 2003.

The Guide to Community Preventive Services (Community Guide) provides recommendations on population-based interventions to promote health and to prevent disease, injury, disability, and premature death, appropriate for use by communities and healthcare systems. For more information about the Community Guide (including links to publications and a variety of resources) see

www.thecommunityguide.org and for more information about Task Force findings on skin cancer prevention see

www.thecommunityguide.org/cancer/

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