

# Implementing a Lay Health Advocate-delivered Program to Address Cancer-related Health Disparities

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### BACKGROUND

African Americans (AA) in South Carolina (SC) have some of the largest cancer-related health disparities in the nation and increasing participation in cancer prevention and control in this population may reverse this trend. The South Carolina Cancer Disparities Community Network-II (SCCDCN-II) aims to address cancer-related health disparities through community-based cancer prevention and control in partnership with the AA faith community in SC. The SCCDCN-II and the State Baptist Young Woman's Auxiliary (YWA) Health Ministry developed a presentation, *Cancer Health Disparities: What You Should Know (CHD Project)*, to empower the community through education to take actions to reduce cancer-related health disparities among AAs. The CHD Project is a culturally-appropriate program focusing on causes of cancer, possible reasons for cancer-related health disparities, and what can be done to prevent and control cancer.

*The purpose was to describe implementation of the CHD Project by lay health advocates and the impact on cancer-related awareness and knowledge, beliefs, and intentions.*

### METHODS

From September 2013-September 2014, 35 lay health advocates from the YWA were trained to implement the CHD Project (i.e. implementers). Lay health advocates worked in teams by YWA Health Ministry geographic region. The training process included at least three in-person didactic and interactive sessions plus at least one technical assistance session for each group of implementers. The training process was evaluated using a pre-test/post-test design. Implementers scheduled and coordinated implementation of community presentations in their YWA Health Ministry geographic regions. The community presentations lasted between 30-60 minutes, included a lay health advocate-delivered presentation (selected slides shown to the right), and distributed educational materials. Community presentations were evaluated using a pre-test/post-test design to assess changes in awareness and knowledge, beliefs, and intentions to act on the information provided.



### RESULTS

#### Training Lay Health Advocates:

Three in-person training sessions were held between January and May 2014 to train 35 lay health advocates as implementers. Cancer-related awareness and knowledge and confidence in skills to deliver content in the CHD Project among lay health advocates increased over the three sessions. Additional technical assistance sessions were held in each of the eight YWA Health Ministry regions across the state. Ongoing communication with the community health educator and YWA Health Ministry leaders assisted with providing support for implementation.

#### CHD Project Community Presentations:

Forty community presentations were conducted by implementers reaching 852 people (88% female; 100% AA). Tables 1, 2, and 3 show evaluation results of the community presentations.

Table 1. Participants' Awareness and Knowledge before and after Community Presentations

Awareness and Knowledge Statement	Pre-Test (% Correct)	Post-Test (% Correct)	% Change
Health disparities are differences in health outcomes between groups of people. [TRUE]	67	92	+37
Normal cells in humans can become cancer cells. [TRUE]	100	89	-11
Cancer screening tests can find some types of cancer early. [TRUE]	96	98	+2
In South Carolina, African Americans die more often than whites from cancer. [TRUE]	77	95	+23
Cancer cannot be prevented. [FALSE]	76	72	-5
Your biology or family history is the only thing that determines if you will develop cancer. [FALSE]	80	75	-6
Clinical trials are conducted to find better ways to prevent and treat diseases, such as cancer. [TRUE]	89	95	+7
Over half of the people who get cancer today will survive five or more years. [TRUE]	62	86	+39

Note: Of the 852 people who attended community presentations, 812 (95%) completed pre-tests and 757 (89%) completed post-tests.

Table 2. Participants' Beliefs before and after Community Presentations

Belief Statement	Pre-Test (Average)	Post-Test (Average)	Change
If someone is meant to get cancer, he/she will get it no matter what he/she does.	2.38	2.16	Decrease
If someone gets cancer, that's the way he/she is meant to die.	1.63	1.65	Increase
How long I will live is already known.	2.91	2.63	Decrease
My health is determined by someone or something greater than myself.	2.95	2.75	Decrease
How long I live is a matter of luck.	1.53	1.52	Decrease
Everything that can go wrong for me does.	1.76	1.62	Decrease
I often feel helpless in dealing with the problems of life.	1.97	1.77	Decrease
There is nothing that I can do to avoid getting cancer.	1.82	1.66	Decrease

Note: Of the 852 people who attended community presentations, 812 (95%) completed pre-tests and 757 (89%) completed post-tests. Higher scores indicate higher levels of agreement with the cancer-related belief.



Table 3. Participants' Intentions after Community Presentations

Intention Statement:	% Yes
What will you do following today's community presentation?	
Encourage others to get screened for cancer	86
Encourage others to learn more about cancer	83
Continue to get screened for cancer, as recommended	83
Help others learn more about cancer	72
Seek more information about cancer in my community	72
Talk about cancer in my community	66
Talk about cancer health disparities in my community	64
Get screened for cancer for the first time	35
Do nothing	3

Note: Of the 852 people who attended community presentations, 812 (95%) completed pre-tests and 757 (89%) completed post-tests.

### CONCLUSION

The CHD Project has resulted in positive outcomes thus far. The community-academic partnership has effectively developed and disseminated cancer prevention and control programming. The use of community-based participatory research principles in combination with a lay health advocate model has shown promise in promoting cancer screening in the AA community. Lay health advocate-delivered programs may result in greater potential for sustainability as a result of increased individual capacity and agency. Current activities are focused on sustainability of efforts to address cancer-related health disparities in the AA faith community.

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