Reducing Barriers to Cancer Screening in Underserved Communities: A Community Health Advisor Program Supported by Local Community Network Partnerships

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Project Background

The Cancer Disparities Reduction Collaborative (**CHA Collaborative**) is an early detection and cancer screening intervention of the American Cancer Society (ACS) using Community Health Advisors (CHAs) and local community coalitions called Community Network Partnerships (CNPs) to help navigate underserved populations to cancer screenings. The CHA Collaborative included projects in 28 urban and rural communities in Arkansas, Louisiana, Mississippi, Alabama, Tennessee, Kentucky, West Virginia, North Carolina, and Virginia. Data from the pilot evaluation reveal that Community Network Partnerships (CNPs) were successfully developed in each community, and provided substantial support to program activities and identification of community resources.

Building Community Network Partnerships

A key program component involved the formation of Community Network Partnerships (CNPs) in each community. The purpose of the CNP was to develop community action plans to set goals for breast cancer screening in their community, assist in recruiting CHA volunteers, help identify community resources for cancer screening, and provide assistance in reducing barriers to screening.

CHA Program Locations

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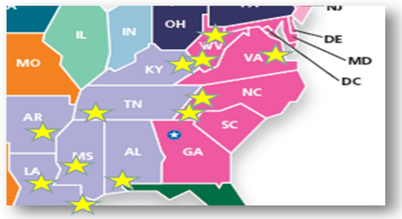

Mid-South

- AR – Little Rock/Pine Bluff
- AL – Mobile/Prichard
- KY –Eastern Kentucky (Appalachia)
- LA -New Orleans
- Central LA
- MS - Jackson
- TN – Memphis

South Atlantic

- WNC – Eastern Band of Cherokee Indians
- WNC – Jackson/Macon/Swain
- WNC – Madison/Mitchell/Yancy (Appalachia)
- VA – Portsmouth/Norfolk
- WV – Boone/Logan/Mingo (Appalachia)
- WV – Harrison, Lewis and Marion (Appalachia)

Evaluation Methods

A mixed-method process evaluation was conducted by the ACS Statistics and Evaluation Center and the Center for Family and Community Engagement at North Carolina State University from 2013-2014 and included 10 community site visits where 16 focus groups were conducted with 43 CNP members and 52 CHA volunteers. A survey of 100 CNP members from all communities was conducted.

CNP Meeting in Virginia

One participant called the CNP component the "golden light of the CHA program." In several communities, CNP members discussed having worked together as a group on other issues, but would not have worked together on cancer-related issues without the CHA program.

Recruiting CNP members

CNP members included representatives from churches, Federally Qualified Health Centers, support groups, local Breast and Cervical Cancer Early Detection Program providers, men's health coalitions, local health coalitions, large medical centers and other community organizations. A total of **360 CNP members** were recruited across the 28 communities, ranging from 5-60 CNPs per community, depending on community size and location. ACS staff used various methods/venues to recruit CNPS, including meeting with the Chamber of Commerce, making 'cold calls' to targeted organizations, newspaper announcements, flyers in local businesses, radio interviews, presentations at churches, rotary clubs and other community organizations.

CNP Participation

Involvement or participation in the Community Network Partnership by:	Often or Always
Made comments, expressed ideas at meetings	66.9%
Attended regular CNP meetings	65.1%
Helped CHA volunteers make contact with groups who need resources in my community	40.8%
Served as a member of a committee	38.8%
Helped organize CHA events supported by the CNP	32.0%
Contributed expertise to the CNP around cancer screening resources	32.0%
Served as a CHA meeting guest speaker or CHA trainer	25.2%
Worked with the CNP to change policies and practices in community institutions	17.5%

CNP Roles

CNP perceived role in:	Moderate/A Lot
Defining CHA program goals	73.5%
Deciding long range goals	72.6%
Outlining program plans	71.8%
Bringing new CHA volunteers to program	70.9%
Deciding types of cancer education	70.3%
Measuring effectiveness	65.7%
Bringing new partners to CNP	64.7%
Selecting CHA volunteer leadership	62.4%
The mission of CHA program	56.3%
Setting schedule for meetings	52.9%
Deciding how volunteers recruited	52.4%
Setting meeting agenda	49.0%
The way the CNP is organized	46.1%
Leading CNP meetings	40.8%

CNP Impact on Community

Indicate the impact or influence that the CNP has on the lives of people in your community:	Great deal
Increasing awareness and knowledge of cancer screening	77.3%
Increasing awareness and knowledge of cancer prevention	76.3%
Focusing on the needs of people who are uninsured and underinsured	73.4%
Increasing participation in cancer screening, as recommended	72.2%
Making resources available for cancer screening	67.0%
Making connections between groups and organizations	62.9%
Changing community attitudes about health/cancer disparities	57.5%
Changing policies or procedures of other organizations	28.8%

Conclusions

The CNP component of the CHA Collaborative was a key capacity and community-building effort to guide program activities, and ultimately impacted program outcomes.

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