

Diffusion of cancer education information through a Latino community health advisor program

Ana M. Navarro ^{a,*}, Rema Raman ^a, Lori J. McNicholas ^b, Oralia Loza ^b

^a University of California, San Diego, 9500 Gilman Drive MC 0622, La Jolla, CA 92093-0622, USA

^b San Diego State University, CA 92182, USA

Available online 2 June 2007

Abstract

Objective. To examine diffusion of breast and cervical cancer screening information through a community health advisor program targeting Latino women of low socioeconomic level and low level of acculturation in San Diego, California.

Method. Seventeen community health advisors (“*consejeras*”) were recruited and trained to conduct educational group sessions. Each *consejera* recruited peers from the community to participate in the 12 sequential weekly sessions (i.e., primary participants). In addition, each of the primary participants identified up to two friends and/or family members (i.e., “learning partners”) with whom they intended to share the cancer education information received. Pretest and posttest telephone surveys were conducted between 1996 and 1997. A total of 311 primary participants completed the pretest and 285 the posttest. Among the learning partners, 269 completed the pretest and 222 the posttest.

Results. Knowledge about breast and cervical cancer and self-reported use of screening tests increased among primary participants and learning partners. However, the increase was not statistically significant in mammography screening among participants 40 years old or older. Overall, increases in knowledge were more pronounced among primary participants when compared to learning partners.

Conclusion. The utilization of the learning partner model represents a promising diffusion tool to enhance cancer early detection programs relying on community health advisors.

© 2007 Elsevier Inc. All rights reserved.

Keywords: Breast and cervical cancer screening; Community-based interventions; Latino women; Community health advisor; Diffusion

Introduction

Health disparities in particular ethnic and socioeconomic communities continue to be a challenge in our health care system (USDHHS, 2000; Smedley et al., 2003). Despite the progress that has been made in early detection and treatment of breast and cervical cancer, studies support the importance of targeting Latinos with emphasis on low income and low acculturation communities (Ramirez et al., 2005; Hiatt et al., 2001; Bentley et al., 1998; Howe et al., 1998).

To eliminate health disparities, multiple strategies must be consistently applied. Community-based health education programs that are tailored to diverse communities represent a useful tool (USDHHS, 2000; Smedley et al., 2003). Further, the use of lay community health advisors is gaining recognition as a par-

ticularly promising strategy to improve quality access to health care and to improve the health status of medically underserved populations.

In this paper, we present a study that focuses on low-income low-acculturation Latino women. The study implements a community-based intervention following the *Por la Vida* (PLV) intervention model (Navarro et al., 1995, 1998, 2000). At the essence of the PLV model is the identification of natural helpers in the Latino community to serve as community health advisors (i.e., *consejeras*). *Consejeras* are trained to recruit a small group of women from their naturally occurring social networks and to lead a series of small group sessions. Weekly sessions follow a scripted facilitator’s educational guide specifically developed for the program (Navarro et al., in press). A previous randomized field study demonstrated the impact of the intervention on self-reported utilization of breast and cervical cancer early detection tests. The impact was demonstrated at posttest (Navarro et al., 1998) and at the 1- and 2-year follow-

* Corresponding author. Fax: +1 858 534 4642.

E-mail address: anavarro@ucsd.edu (A.M. Navarro).

ups (Navarro et al., 2000). We present the results of a subsequent study in San Diego, California. The study examined the feasibility of incorporating a formal diffusion component to the intervention model and its impact. In particular, this new component fostered diffusion of acquired information from the program participants attending the educational sessions to their friends and family members.

Methods

Seventeen community health advisors (“*consejeras*”) were recruited and trained to conduct interactive educational group sessions. The program focused on breast and cervical cancer and consisted of twelve 90-min consecutive weekly sessions and 2 monthly sessions (Navarro et al., in press). *Consejera* training included the 14 program sessions and five additional 2-h sessions that covered recruitment strategies and role playing practice to lead the sessions. Furthermore, monthly *consejera* group meetings were scheduled to discuss and monitor progress. Upon completion of the training, each *consejera* recruited on average 18 Latino women from her local community (i.e., primary participants) to attend the educational sessions. In addition, each of the individuals attending the educational sessions were asked to identify two friends and/or family members (i.e., “learning partners”) with whom they intended to share the cancer education information received. All primary participants were asked to identify their learning partners before the group educational sessions started. However, compliance with this request was not a condition for participation. A quasi-experimental pretest–posttest design with two groups (i.e., primary participants or class attendants and secondary participants or learning partners) was utilized. The study examined the impact of the intervention on project participants’ self-reported knowledge and behaviors associated with breast and cervical cancer screening tests. Pre- and post-intervention telephone surveys were conducted between 1996 and 1997 with project participants who had signed the consent form according to the protocol approved by the UCSD Institutional Review Board. A total of 311 primary participants completed the pretest telephone survey. In addition, one of the two learning partners for each primary participant was randomly selected to complete the pretest and posttest telephone surveys. Not all primary participants completing the pretest had identified learning partners in time for the respective learning partner to complete the consent form and the survey at pretest. A total of 269 learning partners completed the pretest survey. The telephone surveys were conducted by bilingual survey workers in either English or Spanish and took on average 30 min to complete. Posttest surveys were conducted 6 months after pre-test. All individuals completing the pretest telephone survey were invited to complete the posttest survey, independent of their actual level of participation in the program. A total of 285 primary participants and 222 learning partners completed the posttest. Pretest demographic characteristics, access to health care indicators, and cancer screening variables for participants who completed the post-test and those who did not were compared using Wilcoxon Rank Sum tests for continuous and Fisher’s Exact Test for categorical outcomes.

The survey collected information about socio-demographic characteristics and access to health indicators. Main cancer screening outcome variables were self-reported utilization of breast and cervical cancer screening tests including breast self-exam, clinical breast exam, and Pap test. In addition, mammography use was studied among women 40 years old or older. Utilization of breast self-exam included performing breast self-exam in the past month and performing the test on a monthly basis for the past three months. Utilization of clinical breast exam, Pap tests, and mammography were studied by whether or not the respondent had ever had the exam and time past since the latest exam.

The analyses compared knowledge and compliance with screening tests before and after the intervention, separately for primary participants and learning partners. Pretest–posttest comparisons were conducted using McNemar’s chi-square test for matched data, not adjusted for multiple comparisons.

Results

The rate of completion of posttest interviews among women who had answered the pretest survey was high in both class

attendants (92%) and learning partners (85%). With one exception, there were no statistically significant differences in socio-demographic characteristics, access to health care indicators, and cancer screening variables at pretest for participants who completed the posttest versus those who did not. Age of learning partners completing pretest and posttest interviews was on average statistically significantly higher than age of learning partners who completed the pretest but did not complete the posttest (i.e., mean of 36.8 versus 31.7 years old at pretest). There was no statistically significant difference in the proportion of learning partners who were 40 years old or older among participants completing the posttest vs. those who did not.

Table 1 presents demographic socio-demographic characteristics of the primary participants and their respective learning partners. In addition, median annual income was in the \$10,000–\$15,000 range in households of 5 members on average. The primary and secondary participants were similar with respect to socio-demographic data and access to health care. No comparison was statistically significant ($p < .05$) with the exception of employment status.

Table 2 presents the percentages of primary participants and learning partners answering correctly open-ended questions about screening exams, risk factors, and treatment of breast and cervical cancer at pretest and posttest. The table also includes statistically significant pretest–posttest differences in self-reported use of breast and cervical cancer screening tests (McNemar’s tests, bidirectional, unadjusted $p < .05$). The results indicate that, overall, both groups increased their knowledge about breast and cervical cancer and their use of cancer screening tests. The differences were statistically significantly higher at posttest compared to pretest in all variables with few exceptions. The results on Table 2 also suggest that increases in

Table 1
Socio-demographic characteristics and access to health care indicators among project participants (San Diego, California, 1996–1997)

Variable	Class attendants (N=311)	Learning partners (N=269)
Age 40 years old or older	Median=36 years 31.9%	Median=34 years 27.2%
Years of formal education	Median=8 years	Median=8 years
12 years or less	90.9%	92.4%
Marital status: Married	77.4%	72.0%
Currently employed	22.6%	32.1%
Country of origin		
U.S.	4.2%	8.6%
Mexico	94.2%	88.4%
Other	1.6%	3.0%
Years in the U.S.	Median=11 years	Median=11 years
Language of interview	English 3.5%	English 6.3%
	Spanish 96.5%	Spanish 93.7%
Health insurance	None 61.1%	None 58.4%
	Private 17.0%	Private 16.5%
	MediCal 196 %	MediCal 22.5%
	Medicare 2.3%	Medicare 2.6%
Have regular health care provider for general care	72.7%	76.2%
Have regular health care provider for female care	73.3%	70.3%

Download English Version:

<https://daneshyari.com/en/article/3101952>

Download Persian Version:

<https://daneshyari.com/article/3101952>

[Daneshyari.com](https://daneshyari.com)