

Adaptation of a Community Health Advisor Program to Reduce Cancer Screening Disparities: Findings from a 3-Year Pilot Study



Community
Health
Advisor
Program

The American Cancer Society began its Community Health Advisor (CHA) Program with a 3-year pilot study to:

- Ensure the effective application of evidence-based practice and evaluation to demonstrate impact on disparities reduction.
- Successfully translate an academic intervention to a volunteer model and with rural Appalachian and American Indian populations.
- Enhance and strengthen capacity to enable community-based engagement, mobilization, and outreach in diverse and low-income and/or rural communities.
- Train volunteers to deliver prevention & early detection messages and navigate women to breast cancer screening.
- Develop volunteer leaders to build screening capacity in CHA communities.

The Society's adaptation of the University of Alabama-Birmingham's Deep South Network (DSN) model is based on preserving the essential elements of the original intervention while adapting its operational design to allow for management of the CHA Collaborative within the ACS infrastructure

The key components of the CHA model are:

1. Create Community Network Partnerships (CNPs) to serve as community advisory teams. The primary responsibilities of the CNPs are to:
 - Help build program capacity
 - Identify community screening resources and strategies for addressing barriers
 - Identify CHA volunteers
 - Develop Community Action Plans (CAPs) to set goals to increase breast cancer screening rates in their community
2. Recruit and train volunteer CHAs to:
 - Deliver prevention and early detection messages within social networks
 - Navigate individuals to screening

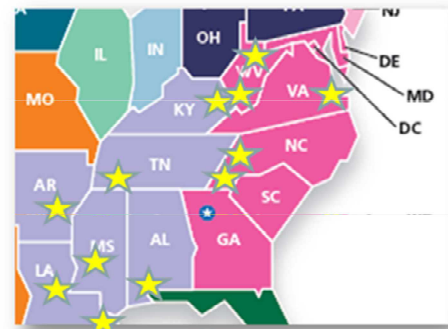
The CHA program was implemented in 28 communities, including African-American, Appalachian, and American Indian communities. A mixed methods process and outcome evaluation was completed in June 2014. The qualitative evaluation included 16 focus groups with 52 CHA volunteers and 43 partner organization representatives along with 13 semi-structured interviews with CHA staff. CHA volunteers collected data on number of individuals educated, type of education provided, and demographic and screening information for individuals navigated.



CHA Program Locations

Mid-South

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



South Atlantic

- VA – Portsmouth
- WNC – Eastern Band of Cherokee Indians
- WNC – Haywood/Jackson/Swain (Appalachia)
- WNC – Madison/Mitchell/Yancey (Appalachia)
- WV – Boone/Lincoln/Logan/Mingo (Appalachia)
- WV – Harrison/Lewis/Marion (Appalachia)

Evaluation Findings

Community Network Partners (CNPs) reported:

- In several communities, CNP members shared that they had NOT previously worked together on cancer-related issues and that the CHA program had brought them together with this focus.
- Organizations partnered with each other in new ways because of the CHA program.
- CNPs felt the CNP model was successful and that CNPs were actively working to address cancer disparities in their communities in NEW ways
- Many discussed changing their own organizational practices because of their work with the CHA program (i.e., new EMR client reminder system, community outreach, screening resources)

CHA roles and activities:

- CHAs viewed outreach and education as a core function of their work.
- Outreach and education conducted in:
 - Gyms,
 - With family members,
 - Churches,
 - Sorority and civic organizations,
 - Libraries,
 - Health fairs
- Primarily small group education
- Screening navigations
 - Some CHAs reported “pressure” to reach screening goals
 - In Appalachian communities, CHAs were more likely to feel that one-on-one conversations were “not producing results.”

Key Outcomes

- 383 CHA volunteers recruited
- CHAs conducted cancer outreach and education with a total of 31,439 individuals.
- CHAs navigated a total of 4,270 women to mammography screening,