

Community engagement interventions may reduce disparities in lung cancer outcomes among minorities

October 18 2017

Community-based interventions implemented in minority community sites resulted in changes in participants' knowledge, attitudes and beliefs about cancer, as well as perceived benefits and self-efficacy measures regarding lung cancer screening. Dr. Lovoria Williams of Augusta University in the United States presented these findings today at the International Association for the Study of Lung Cancer (IASLC) 18th World Conference on Lung Cancer (WCLC) in Yokohama, Japan.

Significant [lung](#) cancer survival rate disparities exist among racial and ethnic minorities, the medically underserved and within certain regions. High mortality rates can be explained in part by the prior absence of a [lung cancer screening](#) guideline. Dr. Williams and her team set out to determine whether their Cancer-Community Awareness, Access, Research and Education (c-CARE) intervention had the potential to improve cancer literacy and lessen the disparate outcomes among these communities.

The researchers used a method of community-engaged intervention that involved developing a curriculum guided by the Health Belief Model, which focuses on the attitudes and beliefs of individuals, and training community health workers to lead the educational sessions. Additionally, a Community Advisory Board (CAB) was established, and interviews and forums were held with community health workers unassociated with the project, to ensure the study design and curriculum addressed

community priorities and concerns. The community sites that participated included nine African-American churches, three community clinics that serve the medically underserved and a community recreation center. Those individuals identified as high-risk were connected to lung cancer [screening](#) and [tobacco cessation](#) programs.

Pre- and post-intervention measures were collected to determine changes in participant knowledge, attitudes and beliefs about cancer, and perceived barriers and self-efficacy to obtain lung cancer screening and tobacco cessation services. Among the participants - who were majority African-American, an average age of 58.3 years, and 16% of whom were tobacco smokers - the intervention was effective in increasing cancer knowledge and screening self-efficacy. However, there was no change among participants in their perceived cancer susceptibility. This likely indicates that they were aware of personal [cancer](#) risk factors prior to the intervention.

"Using a community-based approach allowed us to access a hard-to-reach population by working to understand their needs and social context," said Dr. Williams. "Based on our findings, we recommend this approach to increase screening and tobacco cessation among minority populations because it has the potential to improve [lung cancer](#) health disparities."

Provided by International Association for the Study of Lung Cancer

Citation: Community engagement interventions may reduce disparities in lung cancer outcomes among minorities (2017, October 18) retrieved 25 April 2024 from <https://medicalxpress.com/news/2017-10-engagement-interventions-disparities-lung-cancer.html>

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