

## COMMUNITY PERSPECTIVE: Colorectal Cancer Disparities in South Carolina

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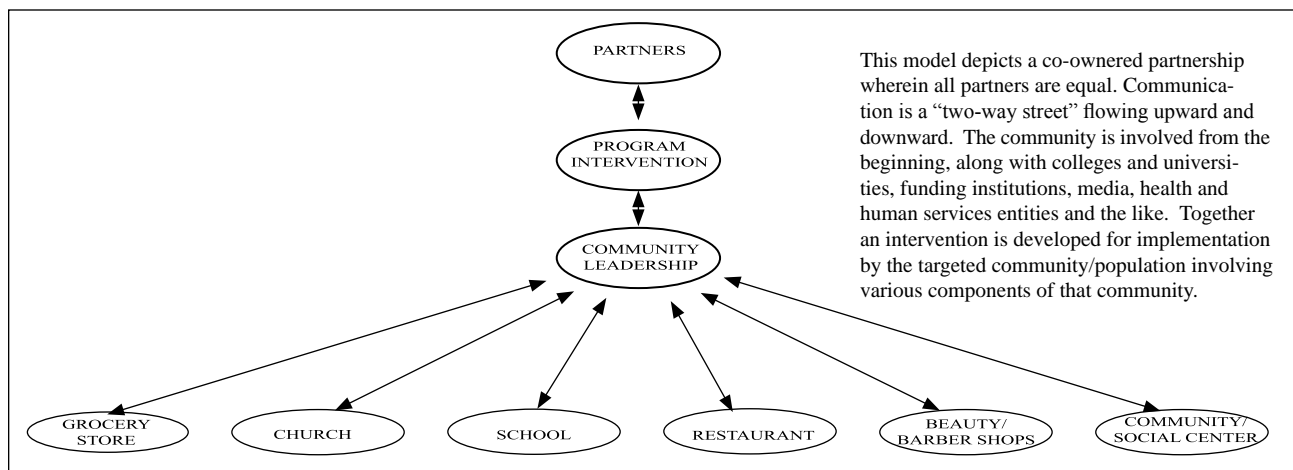
In reading the paper by Dr. Daguise and colleagues,<sup>1</sup> we were struck by the need and opportunity to focus action on prevention through screening, preferably at the community level. The paper soundly presents the problem of colorectal cancer in South Carolina, discusses what is known about risk factors, and presents preventive measures for controlling the disease. However, the content only hints at possible interventions at the community level. The content neither delves into the reasons why screening rates are low, nor explains why African Americans experience so many deaths from colorectal cancer. The article explains that African Americans have somewhat worse stage at diagnosis than European Americans. However, this does not completely explain the racial differences in mortality rates. As with most of the other cancers represented in this special issue, it seems that African Americans have worse prognosis when presenting at the same stage of disease as their European-American counterparts. Clearly, particular attention should be paid to researching the root causes of this disparity. Further, we need to understand that African Americans can benefit even more from screening for this cancer and why they are less likely to seek screening. Low screening rates perhaps result from a basic lack of education and awareness of the problem. Low rates also may be related to the socioeconomic, environmental, and/or cultural aspects within the particular community. As with similar efforts related to prostate cancer screening as well as our colorectal cancer screening activities within the faith community, we offer the following observations:

- People need to be reached where they are. Efforts have to be targeted within the community by the community itself. “Local solutions to local problems” must be emphasized for any program to succeed. When dealing with any particular population group, the institutions, culture, and environment in which that population lives must be carefully considered. Utilizing “gatekeepers” and other interested persons of that community or congregation to carry the message to their residents and members is of utmost importance. Exploratory studies, including key informant interviews and focus groups, to learn more about how a particular population lives, under what conditions and what they consider important in their lives needs to be revealed to ensure that preventive measures are logical, appropriate, and effective.
- Messages have to be simple, clear, and concise. Communication must be in the “language” of the local community. Too often, mes-

sages are crafted at too high of reading grade levels and contain technical jargon. The messages are sometimes misinterpreted or conflict with accepted social norms. Emphasizing preventive measures is great, but if the content is not understood, the program will be ineffective. Additionally, if the intervention is considered offensive to the target audience, the program will fail. In the case of colorectal cancer, as with prostate cancer, individuals may react negatively to the screening because of characteristics of the screening tests. It does not help that even the most basic screening test relates to an area of the body that is perceived in an extremely personal manner and is not to be touched or examined by another person, regardless of who she or he is. Some of these issues could be deduced by conducting exploratory research.

- Respect and trust must be maintained at all levels. Whether the program targets a community or a specific population, care must be given to those things that are considered important. Particularly in our African American population, the church is central to the community. Respecting these beliefs is paramount to reaching people at any level. Many state agencies have developed faith and health initiatives because it has been demonstrated that working in partnership with the faith community is perceived positively by many in the local community and goes far in developing the respect and trust necessary for program effectiveness. The faith community also contributes a safe place and an effective venue for getting credible messages out.
- Community support and involvement is the key to success. The community must be allowed to share ownership, be seen as equal partners, and become vested in any program to ensure a positive outcome from the beginning. Not only is this important for program effectiveness, it reinforces the existing partnership that has been developed, and can be a useful tool in sustainability. When a community wants to do something, it will find the necessary resources, either in manpower or funding, or both, to do it. Furthermore, if a community feels that the project is important, it will support it completely; so much so that the project may become part of the community itself. That will only add to its effectiveness and reinforce its sustainability, thus contributing toward a sense of a true community partnership.

With these points in mind, Figure 1 is offered as a possible “best practice” for delivering proposed intervention to a particular com-



**Figure 1. Possible method for delivering cancer intervention to a particular community and/or population in South Carolina**

community and/or population. This model encompasses the development of a core infrastructure to support community-based activities and research to eliminate cancer disparities. Current research supports the need to build upon a core group of multi-disciplinary professionals, community-based organizations, and community members to blend and maximize expertise, which is critical for success in implementing an intervention within the faith community. While this model is relatively new in South Carolina, it is proving to be very effective and efficient in working with the faith community, i.e., the South Carolina Cancer Disparities Community Network (<http://sccdcn.sph.sc.edu>). The SCCDCN includes the University of South Carolina with its vast resources, including the Arnold School of Public Health, Cancer Prevention and Control Program, South Carolina Primary Health Care Association and its member community health centers, State Baptist Young Woman’s Auxiliary of the Woman’s Baptist Education and Missionary Convention of South Carolina and its affiliation with more than 1500 churches, Clemson University, other colleges and universities, a Community Advisory Group consisting of state policy makers, multi-denominations, hospitals, judiciary officials, members of the clergy, homemakers, education and health care professionals, and many others. Because of these vast resources blending together, a more comprehensive community-based research, education, and training program involving these partners will occur. The outcome of a community-based intervention, such as one to address colorectal cancer screening, will establish credibility and sustainability for the activities, local persons trained to evaluate cancer disparities, and assess needs within their communities. Moreover, culturally competent cancer prevention initiatives will be planned and delivered, as well as research, education, and training initiatives will be generated from the community.

As the model depicts, the process that we are utilizing has not only encompassed the above components, but has been participatory in that it has been cooperative, engaged community members equally, involved health and human service agencies, included multi-disciplinary professionals (e.g., colleges and universities, agencies, other public health), and focused on capacity building. Utilizing this approach has successfully resulted in congregational members and ministers attending colorectal cancer educational sessions, and more than 1500 persons making an informed decision to be screened for colorectal cancer.

In summary, the goal of any program should be its acceptance by and shared ownership with the community receiving it and/or targeted by it. This is as important as anything else to the success of a program. Without a clearly communicated message and the trust and support of those respected in the community, this acceptance will be impossible to achieve. Developing partnerships with the local community can build mutually beneficial relationships, resulting in the level of acceptance and support necessary for program effectiveness and positive outcomes, such as reducing cancer disparities. Because colorectal cancer is one of the few cancers that can be prevented by screening, we see this as an area that can lead to large, observable successes that can not only save lives, but also can build trust between the systems of medical care delivery and the community.

**References**

1. Daguise, G Burch, J Homer, MJ et. al. Colorectal Cancer Disparities in South Carolina: Descriptive Epidemiology, Screening, Special Programs, and Future Direction. *Journal of the South Carolina Medical Association*. 2006;102:211-219. ■

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