



## SCCA Cancer Plan Implementation Grant Project Final Report Guide July 1, 2009- June 30, 2010

### Background Information:

Project: CEG Project

Contact: Katora Campbell

Funds: \$7,780.00

Expended: all

Date: July 30, 2010

### Successes/Accomplishments:

- Goal was met with post surveys showing an increase in knowledge about cancer, screening and intentions of facilitating CEG presentations in communities. A mechanism for ongoing retrieval of survey data from the trained CEG Facilitators has been established via online survey. This survey has been added to the facilitator training session as part of the follow-up feedback and communication with facilitators. So far, out of 29 persons trained as facilitators, 11 have completed the online follow-up survey which showed an increase in facilitators who were up-to-date on their cancer screenings according to standard cancer screening recommendations.
- Plans are to do another *reminder* round with the facilitators to complete survey at 3 months. The survey link will be included in the CEG notebook's guidelines and the CEG information pages posted on the SCCA website. See attached pictures of facilitator trainings in Florence and Demark SC.
- Our MUSC partners were able to add the project's CEG facilitator trainings events to their research project focused on cancer trials education. Thus future facilitator trainings sponsored by MUSC will be continue to be evaluated and the trained facilitators will have additional support for their efforts. The project also provided additional CEG facilitator notebooks and materials for use in future CEG training sessions of which our MUSC partners are continuing to plan in the fall 2010/spring 2011.

### South Carolina Comprehensive Cancer Control Plan Goals/Objectives:

Significance in addressing cancer related problems in SC: The CEG was developed under the mission of the SCCA, to reduce the impact of cancer on ALL people in South Carolina through health education and promotion of cancer screening. Thus, the CEG is structured to promote the prevention and early detection of the cancer types that are centrally focused on in the cancer plan. These cancer types include *breast cancer, cervical cancer, prostate cancer, colorectal cancer, and skin cancer*. This project has shown that the CEG is an educational resource that can address the need for more access to cancer information in communities of SC, as well as it has shown the importance of the CEG's use in future cancer-related projects as a valid education tool that will assure these projects address the cancer types of concern in the cancer plan.

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Data/Evaluation: \*See attached report regarding facilitator trainings.

Lessons learned: What lessons were learned from this project that would benefit others who may implement a similar project?

- CEG is a tool that can be used by persons of any educational and background who are interested in educating people about cancer prevention and screening. The type of people participating in the facilitator trainings have ranged from college students, retired senior adults, health professionals, church members, and community volunteers.
- There is an interest among previously trained CEG facilitators regarding the use of the CEG for educating youth. The effectiveness of the CEG facilitator trainings in reaching adults have been successfully documented, thus there remains the need to examine the CEG usefulness with reaching youth. Next step of CEG evaluation should focus on assessing it as an educational tool for youth by training the leaders of youth-focused programs and services to be CEG facilitators.

Barriers:

We began with a committee of people who because of various job-related factors were unable to continue through the entire project. In addition, other community events happening during the early part of the project's timeline prevented the ability to carry out the facilitator trainings until late in the project's timeline. Thus these situations limited time for doing advanced recruitment of people to attend the facilitator trainings. In addition, the late trainings limited time to complete follow-up survey with all the participants in the facilitator trainings. Yet the flexibility of our local community contacts and other partners on the project, the trainings were completed. Plans are to continue completing follow-up online survey with trained facilitators although the project has ended.

Unmet Objectives or Benchmarks:

One objective of the project was to develop a web-based mechanism to allow ongoing contact with facilitators as well as provide a place where trained CEG facilitators can get updated information and other resource support. At the present time the SCCA is being re-constructed, but plans have been established to develop webpage on the SCCA website dedicated to the CEG as well as an accessible site for trained facilitators. Funds designated in this project to cover the cost of developing the CEG web pages have been provided to SCCA's website development funding support.

Budget:

Budget was overseen by SCCA staff. All funds were expended.

Funding Category:	
Budget Item	Amount
1. Travel	0
2. Supplies	\$1980
3. Contractual (facilitator trainer & website development)	\$2800
4. Other (graduate assistant)	\$3000
TOTAL	\$7780.00

**CEG Project 2009-2010**  
***Report of Facilitator trainings and findings***

**The Efficacy of the Cancer Education Guide (CEG) on Cancer Learning and Screening**

The Cancer Education Guide (CEG) was created to fulfill the mission of the SCCA to reduce the impact of cancer on all people in South Carolina. The CEG Facilitator trainings promote the prevention and early detection of cancers that greatly affect South Carolina.

Through the use of a pretest, posttest, and one-month follow-up survey, knowledge increase about cancer and cancer screening could be tracked. There were 29 facilitator pretests and posttests, 12 from a Florence training and 17 from a Denmark training, that were evaluated to measure this change in cancer knowledge. There was an 11 percent overall knowledge increase between the facilitators' pretest and posttest scores.

Through the use of an online survey, a follow-up evaluation was conducted to measure the retainment of knowledge gained during the CEG presentation following the passage of one month after the CEG training. The overall average score of facilitator posttests was 88 percent, while the one-month survey showed an average score of 90 percent. The 11 participants who completed the online survey were contacted via email and either completed the survey online or over the phone.

As shown in Table 1: CEG Facilitator Demographics, the CEG facilitators were primarily under 64 years of age (72%), African American/black (55%) or Caucasian/white (45%), married or living as married (36%) or never married (36%), completed some college or higher (72%), and had a household income of \$0 - \$19,999 (36%) and \$20,000 - \$39,999 (27%).

**Table 1: CEG Facilitator Demographics**

Demographic	N=11
	n (%)
<b>Age</b>	
< 50 years	4 (36%)
51 - 64 years	4 (36%)
65 - 75 years	2 (18%)
more than 76 years	1 (9%)
<b>Ethnicity</b>	
African American or Black	6 (55%)
Caucasian or White	5 (45%)
<b>Marital status</b>	
Married or living as married	4 (36%)
Widowed	2 (18%)
Divorced	1 (9%)
Separated	0
Never married	4 (36%)

**Education level**

< 8 years	0
8 through 11 years	0
12 years or completed high school	3 (27%)
Post high school training other than college	0
Some college	2 (18%)
College graduate	4 (36%)
Postgraduate	2 (18%)

**Household income**

\$0 - \$19,999	4 (36%)
\$20,000 - \$39,999	3 (27%)
\$40,000 - \$59,999	2 (18%)
\$60,000 - \$79,999	2 (18%)
\$80,000+	0

As shown in Table 2: CEG Facilitator Grades by Demographics, there was a gradual increase in the mean score as the age categories increased, with less than 50 years of age at (89%), 51-64 years at (91%), 65-74 years at (92%), and 76 years or more scoring 97%.

**Table 2: CEG Facilitator Grades by Demographics**

Demographic	N=11		
	Mean	(Range)	Std. Dev.
<b>Age</b>			
< 50 years	89%	(77, 97)	8.77
51 - 64 years	91%	(90, 93)	1.67
65 - 75 years	92%	(90, 93)	2.36
more than 76 years	97%	(97, 97)	-
<b>Ethnicity</b>			
African American or Black	90%	(77, 97)	6.99
Caucasian or White	92%	(90, 97)	2.98
<b>Marital status</b>			
Married or living as married	92%	(90, 93)	1.92
Widowed	93%	(90, 97)	4.71
Divorced	90%	(90, 90)	-
Separated	-	-	-
Never married	89%	(77, 97)	8.77

**Education level**

< 8 years	-	-	-
8 through 11 years	-	-	-
12 years or completed high school	94%	(93, 97)	1.92
Post high school training other than college	-	-	-
Some college	86%	(77, 97)	14.14
College graduate	91%	(90, 93)	1.67
Postgraduate	90%	(90, 90)	0

**Household income**

\$0 - \$19,999	91%	(77, 97)	9.57
\$20,000 - \$39,999	91%	(90, 93)	1.92
\$40,000 - \$59,999	92%	(90, 93)	1.92
\$60,000 - \$79,999	90%	(90, 90)	0
\$80,000+	-	-	-

There were two ethnicities that were represented, African American/black- scoring an average of 90% and Caucasian/white- scoring an average of 92%. The use of Statistical Analysis Software (SAS) 9.1 was used to test the difference between the African American/black and Caucasian/white cohorts' test scores. The Wilcoxon two-sided test's p-value is 0.978, meaning there is no statistically significant difference between these two groups at the 0.05 level.

Marital status slightly differed in average test scores with married or living as married (92%), widowed (93%), and divorced (90%), scoring higher than those who were never married (89%).

Table 3: CEG Facilitator Screening Statuses was used to determine the percentage of facilitators who were up-to-date on their cancer screening according to standard recommendations. 60% of African Americans/blacks and 80% of Caucasians/whites were current on their mammograms. 60% of African Americans/blacks and 100% of Caucasians/whites were current on their clinical breast exams. 60% of African Americans/blacks and 80% of Caucasians/whites were current on their pap smear tests. Both African Americans/blacks and Caucasians/whites had not performed a blood stool test according to recommendations.

**Table 3: CEG Facilitator Screening Statuses**

<b>Exam/Test</b>	<b>N=5</b>	
	<b>n (%)</b>	<b>n (%)</b>
	<b>African American/Black</b>	<b>Caucasian/White</b>
<b>Received a Mammogram</b>		
<b>Yes</b>	3 (60%)	4 (80%)
<b>No</b>	2 (40%)	1 (20%)
<b>Received a Clinical Breast Exam</b>		
<b>Yes</b>	3 (60%)	5 (100%)
<b>No</b>	2 (40%)	0
<b>Received a Pap Smear Test</b>		
<b>Yes</b>	3 (60%)	4 (80%)
<b>No</b>	2 (40%)	1 (20%)
<b>Respondent 50 years or older who have performed a blood stool test</b>		
<b>Yes</b>	0	0
<b>No</b>	2 (100%)	5 (100%)

Due to the small sample sizes of the pretests and posttests (sample size= 29) and the one-month follow-up survey (sample size= 11), the ability for these samples to accurately represent the entire population of CEG facilitators is limited. The short duration between the CEG training date and the follow-up survey did not allow appropriate time for facilitators to schedule and complete cancer screenings. However, there was an increase in cancer knowledge and an increase in facilitators who were up-to-date on their cancer screenings according to standard cancer screening recommendations.



**Participant explains to the group what she has learned, how she feels about it, and what action she plans to do as a trained CEG facilitator**

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**Katora Campbell review over the CEG presentation with participants at the Florence CEG Facilitator trainings**



**Participants in CEG Facilitator training are physically engaged in learning how to use the CEG. Hand raising excitement and movement during the training session.**

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**Resources for use by CEG Facilitator to provide cancer education presentations in their communities.**



**Participants at Vorhees College in Demark SC**