

Increasing Cancer Screening: Group Education for Clients

Task Force Finding and Rationale Statement

Intervention Definition

Group education conveys information on indications for, benefits of, and ways to overcome barriers to screening with the goal of informing, encouraging, and motivating participants to seek recommended screening. Group education is usually conducted by health professionals or by trained laypeople who use presentations or other teaching aids in a lecture or interactive format, and often incorporate role modeling or other methods. Group education can be given to a variety of groups, in different settings, and by different types of educators with different backgrounds and styles.

Task Force Finding (October 2009)

The Community Preventive Services Task Force recommends group education for the purpose of increasing breast cancer screening on the basis of sufficient evidence that these interventions are effective in increasing screening for breast cancer. There was insufficient evidence, however, to determine the effectiveness of group education in increasing screening for cervical cancer and colorectal cancer, based on small numbers of studies with methodologic limitations and inconsistent findings.

Rationale

The Task Force finding is based on an update of a previous review. The Task Force revised the finding for group education for breast cancer screening based on the addition of six studies showing generally positive results. The results from these studies adequately addressed prior concerns of the Task Force regarding inconsistent results. For the full body of evidence (13 study arms), there was a median 11.5 percentage point increase in mammography (IQR: 5.5 to 24 percentage points), demonstrating consistent beneficial effects of group education on breast cancer screening.

Most of the group education interventions evaluated were directed at specific population subgroups and delivered in churches, homes, or senior centers. Although the interventions varied in the content of the group education, the population subgroup to which they were directed, the delivery approach (e.g., didactic versus interactive), and the deliverer (e.g., health professionals versus lay health workers), no clear differential effects were noted for any of these variables.

Although four additional studies of cervical cancer screening and one additional study of colorectal cancer screening were identified in the interval covered by the update, methodological limitations and inconsistent results in these studies led to no change in the previous Task Force findings of insufficient evidence to determine effectiveness for cervical and colorectal cancer screening.

Decisions on whether to use group education, and on how group education interventions should be designed, need to carefully consider the characteristics of the target population. For example, group education directed at the general population may not be the most appropriate intervention when baseline screening rates are high. Further research would be valuable to improve our understanding of the specific types of group education interventions that may be most appropriate for target populations that differ in important characteristics (such as baseline screening rates), and to improve our understanding of how they can best be integrated into multicomponent interventions.

Publications

Sabatino SA, Lawrence B, Elder R, Mercer SL, Wilson KM, DeVinney B, Melillo S, Carvalho M, Taplin S, Bastani R, Rimer

BK, Vernon SW, Melvin CL, Taylor V, Fernandez M, Glanz K, Community Preventive Services Task Force. Effectiveness of interventions to increase screening for breast, cervical, and colorectal cancers: nine updated systematic reviews for The Guide to Community Preventive Services. *Am J Prev Med* 2012;43(1):765-86.

Community Preventive Services Task Force. Updated recommendations for client- and provider-oriented interventions to increase breast, cervical, and colorectal cancer screening. *Am J Prev Med* 2012;43(1):760-4.

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