Lay Health Advisors: Promoting Cancer Screening and Reducing Disparities

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Cancer health disparities between racial and ethnic minorities have led to the use of lay health advisors to educate minority populations about cancer and promote cancer screening and other healthy behaviors. This article discusses the benefits of using lay health advisors to increase cancer awareness and screening in African American, Vietnamese, and Hispanic women in the United States.

The National Cancer Institute (2008) defined cancer health disparities as differences in the incidence, prevalence, mortality, and burden of cancer that exist among specific populations in the United States. Racial and ethnic minorities account for a disproportionate number of invasive cancers and experience higher mortality rates. Evidence has linked the high mortality rates of certain cancers to later disease detection, which may partially be from lack of screening or underuse of cancer screening practices (Hegarty, Burchett, Gold, & Cohen, 2000; Suarez & Pulley, 1995). Identified barriers to cancer screening include socioeconomic factors, limited access to preventive healthcare services, lack of insurance, lack of knowledge about cancer and cancer screening, and language barriers for some immigrants (Centers for Disease Control and Prevention, 2005).

The use of lay health advisors (LHAs) has been a leading public health initiative to help educate minority populations about healthy behaviors, including education about cancer and cancer screening (American Public Health Association [APHA], 2009). The introduction of LHAs has been initiated to promote breast and cervical cancer screening (Brownstein, Cheal, Ackermann, Bassford, & Campos-Outcalt, 1992). This article will evaluate current evidence concerning the effectiveness of LHAs in promoting cancer screening and increasing cancer knowledge in the three minority groups included in prior LHA literature: African American, Vietnamese, and Hispanic women.

An LHA is a member of the community who has received training to promote health or to carry out health services and is aware and knowledgeable about the community's health needs (Lewin et al., 2005). According to the APHA (2009), LHAs are able to provide culturally appropriate care, offer social support to members of the community, and may serve as a bridge between community members and healthcare services. Because of the lower cancer screening rates of various minority groups, research in the past decade has focused on the implementation of training programs for LHAs (see Figure 1). The programs prepare LHAs to educate minority populations about cancer and promote effective cancer screening behaviors.

Ethnic Differences

African Americans

African American women tend to have lower rates of breast cancer incidence when compared to their Caucasian counterparts but have higher mortality rates and often are diagnosed with more advanced stages of disease (Newman, 2005) because of a lack of breast cancer screening (Eley et al., 1994). The North Carolina Breast Cancer Screening (NCBCS) program was a community trial designed to evaluate the effectiveness of LHAs in promoting breast cancer screening in rural African American women aged 50 years and older in North Carolina (McLeroy, Bibeau, Steckler, & Glanz, 1988). LHAs were trained based on the social-ecological model, which emphasized strategies on individual, social network, organization, community, and policy levels (McLeroy et al., 1988).

Earp et al. (2002) evaluated the effectiveness of the NCBCS in promoting breast cancer screening in rural African American women aged 50 years and older. The intervention group included outreach by LHAs to promote mammography use during an 18-month period. Although the use of mammography for breast cancer screening increased in the comparison and intervention groups, a 6% difference ($p < 0.05$) was observed between the two groups; the intervention

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