



# *SOCIETY FOR PUBLIC HEALTH EDUCATION*

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**HPP SELF-STUDY  
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**Title: Your Body is the Temple: Impact of a Spiritually Based Colorectal Cancer Educational Intervention Delivered Through Community Health Advisors**

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1. Relative to Whites, colorectal cancer screening rates among African Americans are generally:
  - a. Higher
  - b. Lower
  - c. Roughly the same
  - d. Exactly the same
  
2. Recommended screenings for colorectal cancer include all of the following EXCEPT:
  - a. Fecal occult blood test
  - b. Flexible sigmoidoscopy
  - c. Abdominal ultrasound
  - d. Colonoscopy
  
3. Perceived barriers to colorectal cancer screening commonly reported in the literature include all of the following EXCEPT:
  - a. Cost
  - b. Lack of family support
  - c. Potential for injury from the screening itself
  - d. Lack of having a primary care physician
  
4. According to Winett, et al., a “Level 4” intervention is defined as:
  - a. Integration of spiritual or religious content into the core health message
  - b. Secular health messages delivered in a faith-based setting by outside health professionals
  - c. Secular health messages delivered in a faith-based setting by lay church leaders
  - d. Spiritually-based health messages delivered outside of faith-based settings
  
5. An example of a “spiritually-based” health message may include any of the following EXCEPT:
  - a. The body is a temple of God/Higher Power, to be respected and maintained
  - b. God/Higher Power provides doctors and medical technology for screening
  - c. You should be screened for colorectal cancer as part of your wellness routine
  - d. Getting checkups is part of living well according to the Bible/sacred text

6. The Health Belief Model construct of perceived susceptibility was addressed in the intervention content through:
  - a. Discussion of risk factors for colorectal cancer screening, such as age and race/ethnicity
  - b. Reminding participants that colorectal cancer is not an automatic “death sentence”
  - c. Identifying local places that provide colorectal cancer screening on a free or sliding scale basis
  - d. Encouraging participants to be screened for colorectal cancer, in order to be around for their families
  
7. During the self-administered surveys, study participants expressed confusion between which pair of screenings for colorectal cancer:
  - a. Barium enema and abdominal ultrasound
  - b. Flexible sigmoidoscopy and fecal occult blood test
  - c. Colonoscopy and abdominal ultrasound
  - d. Flexible sigmoidoscopy and colonoscopy
  
8. Participant confusion at baseline between the screenings for colorectal cancer may have resulted in:
  - a. Limited ability to show an intervention effect
  - b. Whites’ experiencing a later gain in CRC knowledge relative to African Americans
  - c. Increases in physician recommendation for screening
  - d. Participants’ rating this project low overall
  
9. As a result of learning about the strengths and limitations of the methods of screening for colorectal cancer, many participants developed a preference for:
  - a. Fecal occult blood test
  - b. Flexible sigmoidoscopy
  - c. Double contrast barium enema
  - d. Colonoscopy
  
10. The intervention in this study appears to have resulted in all of the following EXCEPT:
  - a. Increases in all four modalities of colorectal cancer screening
  - b. Increases in colorectal cancer knowledge
  - c. Increases in perceived benefits of colorectal cancer screening
  - d. Increases in awareness of colorectal cancer screening