

Outreach

The most successful outreach came through face-to-face recommendations, contacting clients already enrolled in other health programs, and mailings sent to individuals identified by age, insurance status, and zip codes. Mass advertising as an outreach method was not as effective as desired in the pilot program, but future use of these methods should not be ruled out.

Identified barriers to screening included lack of knowledge about the importance of colorectal screening, fear of the screening processes, cost of screening and/or treatment, lack of access to primary care, and transportation. Screening sites incorporated activities into the program to address these issues with the target population.

“A physician that did a number of colonoscopies referred to our program during a continuing education session at the local hospital. This was better than paid advertising.”
-Screening site staff member

Compliance

Data from a 2003 national survey shows that only 31% of adults over 50 had a colonoscopy in the past 10 years, and only 15.7% had a FOBT test within the past year.¹ In this program, 88% of the 118 individuals recommended to have a FOBT test complied; 84% of the 84 individuals referred for colonoscopies complied. These completion rates are substantially higher than those of similar interventions found in the literature, which reached compliance rates of up to 50% for FOBT.²

Consistent follow-up by grantee staff was largely responsible for achieving such a high screening completion rate.

“A lot of people are grateful to have an option for colorectal cancer screening”
- Screening site staff member

Lessons Learned

Grantees discovered that outreach was more difficult and time-consuming than anticipated. However, in the second year of the program, grantees can proceed directly with the most successful outreach methods and continue to refine those methods in order to maximize outreach opportunities.

For 2006-2007, the pool of potential clients will be expanded to include people who have insurance, but do not have coverage for colorectal cancer screening. Also, all sites will implement a patient navigation system to follow clients from enrollment through completion of screening, diagnosis, and referral for treatment or genetic counseling, if needed.

“To know that lives were saved through prevention was worth all of the challenges and lessons learned during the pilot year.”
-Screening site staff member

¹Meissner HI, Breen N, Klabunde CN, Vernon SW. Patterns of colorectal cancer screening uptake among men and women in the United States. *Cancer Epidemiol Biomarkers Prev.* 2006;15(2):389-94.

²Anderson WF, Guyton KZ, Hiatt RA, et al. Colorectal cancer screening for persons at average risk. *J Natl Cancer Inst.* 2002;94:1126.