

# Three-Pronged Approach to Improving Colorectal Cancer Screening Rates

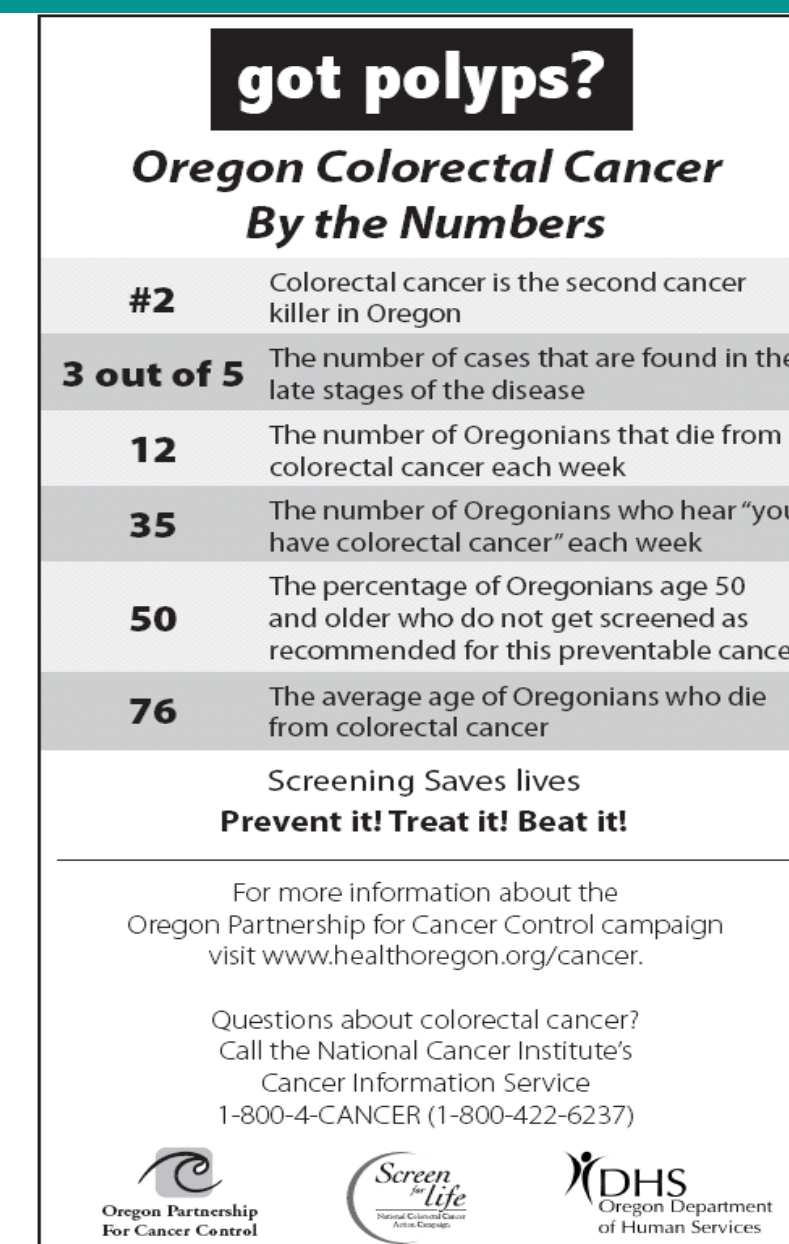
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## Background

The Oregon Partnership for Cancer Control (OPCC), a coalition of more than 100 organizations, launched the Oregon Comprehensive Cancer Plan in 2005 to outline a coordinated approach to cancer control in the state.

Based on state statistics and the availability of effective screening tests, promotion of screening for colorectal cancer became the #1 priority of OPCC and the focus of the Colorectal Health Task Force. The aim is to reduce colorectal cancer incidence and mortality in Oregon.

website: [www.healthoregon.org/cancer](http://www.healthoregon.org/cancer)



## Concept

- The Task Force planned a three-pronged approach to pitch the colorectal cancer screening message throughout the state, targeting the general public, health professionals and local communities.
- Other existing programs and materials would be utilized and built upon, and the three approaches would complement each other.

## Design and Methods

- OPCC received supplemental funding from the CDC for this multi-dimensional project to promote awareness and increase colorectal cancer screening.\*
- The three-pronged approach involved contracts for:
  - earned media** (donated or free coverage),
  - public and health care provider education and**
  - community mobilization summits.**
- The project was to reach rural areas, target priority populations, and engage key stakeholders representing the cancer continuum.

\*This 2007-2009 project was funded through a grant from the Centers for Disease Control and Prevention (CDC) Cooperative Agreement #5U58DP00789 to the Oregon Department of Human Services.

## Approach #1 - Earned Media: Contracted with Pac/West Communications

### Goals:

- Utilize print, radio and TV media to promote the importance of colorectal cancer screening

### Results:

- Got Polyps?*, public outreach campaign:
- Kick-off media event (April 2008): "live" colonoscopy and interviews with healthcare leaders, physicians and a survivor family, with radio, video and newspaper coverage.
- Fact sheets on screening, stats, myths, risk factors, available on OPCC website.

- Media Advocacy Training (May 2008)
- Print coverage in more than 27 cities and towns:
  - Featuring cancer survivors.
  - Opinion/editorial pieces by physicians.
  - Photos & coverage of local events.
  - "Got Polyps" ads in newspapers & senior Publications.
- "Super Colon" display (March 2009):
  - Collaboration with Legacy Good Samaritan Hospital, Prevent Cancer Foundation and Sanofi-aventis
- Media coverage on a local morning TV show, and other TV, radio and newspaper.



### Product:

- Oregon Governor's Proclamation: April 2009 as Colorectal Cancer Screening Month
- CDC's *Screen for Life* PSAs (public service announcements):
  - PSAs were run on 45 broadcast stations
  - Promotion of TV and radio PSAs and materials.
  - Screen for Life* website: <http://www.cdc.gov/cancer/colorectal/sfl/>
- Generated \$400,215 of earned media (donated) print, TV and radio coverage.

### Next Steps:

- OPCC will coordinate their work with the DHS Health Promotion and Chronic Disease Prevention program of the Oregon Public Health Division.
- Together they will cultivate and promote linkages with state and local level health departments and partners to continue this work on raising colorectal cancer screening awareness.
- Materials developed in this campaign are available to be tailored for local use.

## Approach #2 - Public & Provider Education: Contracted with Aumentra Health

### Goals and Objectives:

- Assess and enhance CRC screening and early detection education in Oregon.
- Assess current educational activities in Oregon's Cancer Centers.
- Develop public and provider education curricula.
- Pilot test curricula and revise program based on evaluation.

### Assessment Results:

- Interviews with 17 cancer center leaders suggested that cancer centers are engaged in community partnerships. However,
  - Only 7 centers had held programs on CRC screening in the last year.
  - Only 3 centers (all rural) reported "excellent" attendance at such events.
- Cancer center staff and physicians voiced needs for a provider toolkit including:
  - A compelling handouts and evaluation forms.
  - A community-oriented presentation.
  - Information about best practices to promote and increase CRC screening.
  - Best practices to address patient barriers.

### Product:

- Toolkits to provide pilot-tested content and materials for use by providers and educators.
- Toolkit Key "take home" messages:
  - Colorectal cancer may be preventable.
  - The best test is the one that gets done!
  - Collaborative decision-making with patients can eliminate barriers and increase screening rates.

### Next Steps:

- CRC Task Force will determine how to best disseminate these materials through the OPCC coalition and partners.
- Task Force will link with OPCC partners to promote use of these materials for local "Healthy Communities" work.
- Aumentra Health will use curricula for Medicare population.

## Approach #3 - Community Mobilization Summits : Contracted with American Cancer Society (ACS)

### Goals:

- Hold local "summits" in communities and rural areas with higher rates of late-stage diagnosis and/or mortality.
- Bring together key community and local healthcare leaders including community leaders, business people, cancer survivors, medical care providers and staff, educators, nursing students, staff members of local, state and national organizations.

### Results:

- Portland African American community:
  - Local summit - January 2009, 14 attendees.
  - CRC Pledge Cards distributed at community events, with follow-up phone calls by community volunteers. Facebook page "Let's Talk Colorectal Cancer": [www.facebook.com/letstalkcolorectalcancer](http://www.facebook.com/letstalkcolorectalcancer)
  - Evaluation plans: Tracking of card distribution, follow-up calls and completed screenings.

### Astoria/Clatsop County:

- Local summit - April 2009, 20 attendees.
- Birthday Cards w/education messages to county residents turning 50 including gift card incentive. Free colonoscopy program for low-income residents.
- Evaluation plans: Track screenings completed; follow monthly screening data from July 2008 (baseline) to June 2011. Outside group to evaluate colonoscopy program with hospitals and physicians; track number of colonoscopies scheduled.

### Next Steps:

- ACS Great West Division is committed to continuing this program. Nine summits have been held or scheduled through September 2009.
- Community mobilization summits will provide a focus for the state's colorectal cancer screening awareness projects.

## Overall Evaluation of Three-pronged Approach and Future Directions

Data from the Oregon State Cancer Registry and the Behavioral Risk Factor Surveillance System (BRFSS) will be used to measure effectiveness by examining trends, from 2004 forward, in: Colorectal cancer incidence and death rates in Oregon; Percentage of early stage diagnoses; Reported colorectal cancer screening rates; Volumes of colonoscopies will also be tracked.

Continue media, education and community work through the DHS Oregon Health Promotion & Chronic Disease Prevention program; Link with county health departments to enhance and sustain these activities at a local level and with diverse partners and programs (e.g., tobacco control, healthy aging, physical activity & nutrition, cancer centers, etc.); Integrate and combine resources from all three approaches (media, education and community) in community settings.