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Innovative Technologies or Programs

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Title: Colorectal Cancer Screening Rates in Patients with Chronic Mental Illnesses and Substance Use Disorders: A Retrospective Nation-Wide Data Analyses

Submitted by: Arpita Aggarwal MD, MSc.¹, N. Li², A. Lee³, L.E. Kazis⁴ & D.R. Berlowitz⁵.

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2. Boston University School of Public Health and CHQOER, Boston, MA
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5. Boston University, Bedford, MA

Abstract: Background: Colorectal cancer (CRC) is the second leading cause of cancer death. Despite of increasing awareness to CRC screening, the effects of mental and substance abuse disorders on CRC screening have not been studied. Objective: To determine frequency of CRC screening in patients with chronic mental illnesses (CMI) and substance use disorders (SUD) using national Veteran's Health Administration (VHA), the largest integrated system in US. Methods: A case-control analysis was performed using data on veterans with and without CMI and SUD in fiscal year (FY) 2004. CRC screening rates were determined using a pre-defined algorithm within the FY 2000-2004. Multivariate logistic regression models are used with independent variables (anxiety, mood and psychotic disorders, alcohol use or drug use), adjusted for age and gender. The dependent variable is CRC screening (yes/no). We used a statistical significance of $\alpha = 0.0001$. Results: Within 1.5 million eligible veterans, five year CRC screening rates in patients with CMI, SUD and in control group were 36.3%, 33.4% and 41.4% respectively. In multivariate logistic regression (controlling for age and gender), odds of having CRC screening were significantly lower in CMI (odds ratio (OR)= 0.75, confidence interval (CI) 0.74-0.76) and SUD (OR=0.62, CI 0.60-0.64) when compared to control group. These differences persisted in each of the sub-groups of CMI and SUD. Conclusion: CMI and SUD patients have significantly reduced CRC screening rates. A comprehensive assessment and systematic approach to this major preventable health disparity is essential in this vulnerable population. **Questions?** Contact Dr. Arpita Aggarwal at aaggarwal@mcvh-vcu.edu.

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Title: Recruiting Patients into the CDC Colorectal Cancer Screening Demonstration Program: Strategies and Challenges Across Five Programs

Submitted by: Jennifer E. Boehm, MPH¹, Amy DeGroff, PhD, MPH¹, Rebecca Glover Kudon, PhD, MPH², & Jude Preissle, EdD²

1. Centers for Disease Control and Prevention, Atlanta, GA
2. University of Georgia, Atlanta, GA

Abstract: Background: In 2005, the Centers for Disease Control and Prevention (CDC) funded five sites as part of the Colorectal Cancer Screening Demonstration Programs (CRCSDP) to provide CRC screening to low-income, un- and underinsured Americans. Programs faced unexpected challenges in recruiting patients for services. Goals and Objectives: To describe recruitment strategies employed by CRCSDP sites, challenges faced in client recruitment, and strategies perceived as successful by program staff. Methods: A longitudinal, qualitative case study was conducted of all five sites to describe program implementation, including issues of

recruitment and demographic data on persons screened. Data were collected at three time periods over the four-year program period and included interviews, document review, and observations. The constant comparative method was used in the analysis. Results: Preliminary results suggest that program staff initially believed demand for no-cost colorectal cancer screening among the low-income, un- and underinsured would be high and exceed program capacity. However, this proved false, which led programs to initiate more aggressive public education, outreach, and in-reach strategies. Key challenges for client recruitment include lack of knowledge and awareness about CRC screening and the program, and fear of screening. Examples of successful strategies include working with provider networks already serving their target population, and engaging clinic-based champions of the screening effort. Conclusions: While the five sites were initially apprehensive about creating too great a demand for their programs, both outreach and in-reach strategies were needed. By trying various activities to create awareness and interest, program staff were able to learn effective ways to recruit patients for colorectal cancer screening.

Questions? Contact Jennifer E. Boehm at JBoehm@cdc.gov.

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Title: A New Role for Community Pharmacists: InterACTS – An Interdisciplinary Approach to Colorectal Cancer Screening

Submitted by: Arthur Jacknowitz, PharmD₁, Cristina Demian, MD, MPH₁, Linda Jacknowitz, MLS, MPA₁, & Jan Kavookjian, MBA, PhD₂

1. School of Pharmacy and School of Medicine, West Virginia University, Morgantown, WV

2. School of Pharmacy, Auburn University, Auburn, AL

Abstract: Background: West Virginia, with the third oldest state population, has low colorectal cancer (CRC) screening rates and high morbidity and mortality. This NCI-funded pilot project utilized community pharmacists, often the most accessible community healthcare providers, to educate their non-compliant, average risk patients about the importance of undergoing guidelines-based screening. Methods: This study utilized the Transtheoretical Model (TTM) or Stages of Change Model, to explain and predict a patient's readiness to change behavior. Motivational Interviewing (MI) was used to address patient ambivalence or resistance to adopting new behavior. Goals and Objectives: (1) To establish the feasibility of a community pharmacist directed intervention to educate patients about CRC screening; (2) To determine if the intervention advanced patients' stage of change, as measured by improved knowledge about CRC screening and readiness to discuss screening with their primary care provider. Results: Twenty pharmacists were recruited to counsel 10 patients each. Two pharmacists withdrew before the start of the study. Eleven pharmacists counseled 80 patients. The poster will include qualitative analysis of pharmacists' feedback about the intervention and quantitative analyses of patients' questionnaires (administered before the counseling and one- and four-weeks after counseling). Conclusion: Unfortunately, only 3 pharmacists were able to meet the counseling goal. Reported recruitment barriers included lack of pharmacist's time, the surprising number of patients who were ineligible because they were compliant with screening guidelines, and the number of patients who did not keep appointments. Possible explanations will be discussed.

Questions? Contact Arthur Jacknowitz, PharmD at ajacknowitz@hsc.wvu.edu.

POSTER 4 ([Return to Top](#))**Title:** A Rolling Dialogue Across Nebraska**Submitted by:** Michelle Heffelfinger₁ & June Ryan, MPA₁

1. Nebraska Colon Cancer Program, Lincoln, NE

Abstract: In October 2009, Nebraska's Colon Cancer Program (NCP), the Every Woman Matters Program (Breast and Cervical Cancer Early Detection and Screening) and NE CARES contracted with a bus company to transport CARES Summit attendees 450 miles from Omaha to Scottsbluff. Buses were wrapped in colorful messages to promote the three programs. The buses stopped in Lincoln, Kearney and North Platte. At each stop, additional passengers joined the Cancer Trek; at each stop, there were publicity events with local dignitaries, a state agency director, one cancer survivor, the CARES Chair and a Husker Sports Network celebrity. NCP is supported by the Stay in the Game social marketing campaign; in 2009, a state legislative appropriation was given to NCP. NCP was one of five national demonstration projects and was operated as a centralized, statewide program. With new federal funding and the state appropriation, the program began working toward decentralization by contracting with district health departments. The Stay in the Game bus included riders representing these district health departments, the Chair of the Medical Advisory CRC Subcommittee, state staff and others. The long ride provided ample opportunity to "dialogue" about how this decentralization might work, issues and concerns of local health departments as well as issues and concerns from the program staff. The other two buses held similar dialogues related to revising the state cancer plan and enhancing the EWM Program. Success of the dialogues is supported by a nearly 100% rider request for bus transportation to next year's cancer summit.

Questions? Contact Michelle Heffelfinger at Michelle.heffelfinger@nebraska.gov.

POSTER 5 ([Return to Top](#))**Title:** The Development and Testing of an Online Colorectal Cancer Education Module**Submitted by:** Aparna Swarup₁

1. Drexel University, Philadelphia, PA

Abstract: Background: Colorectal cancer is the second leading cause of cancer death in men and women. Despite evidence of high survival rates with early screening, less than 60% of the eligible population in Pennsylvania has been screened, highlighting a critical need to translate scientific knowledge to practice. Goals and Objectives: The Pennsylvania Department of Health Pennsylvania Cancer Education Network (PCEN) is a public-academic participatory partnership that translates the science of cancer prevention to statewide practice through community-based cancer education sessions. PCEN colorectal cancer education has significant proximal impact on subjects' knowledge, attitudes and intention to screen. However, major stakeholders have identified situations where community-based education is not feasible, i.e., large worksites and rural areas. This presentation presents the development, concept testing, and feasibility testing of an online colorectal cancer education module, designed to address stakeholder needs for an alternative delivery method. Methods: We developed the online module by combining the theoretical frameworks of cognitive architecture, which provides best practices for learning, with the extended parallel process model, which provides best practices for behavior change. The prototype was concept tested by a group of experts and end-users, and feasibility issues were identified in collaboration with a large work setting. Results: A demonstration of the prototype, results of concept testing, major feasibility issues, and

recommendations for next steps will be presented at the conference. Conclusions: Online colorectal cancer education may be a viable alternative to community colorectal education sessions for state health programs needing to serve large worksites and rural areas.

Questions? Contact Jamiliyah Gilliam at Jng25@drexel.edu.

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Title: Barriers to Colorectal Cancer Screening Among Low-Income Women

Submitted by: Andrea Cassells, MPH₁, Jonathan N. Tobin, PhD₁ & Allen J. Dietrich, MD₂

1. Clinical Directors Network, Inc., New York, NY

2. Dartmouth Medical School, Hanover, NH

Abstract: Context: Colorectal cancer is the second leading cause of cancer-related deaths in the United States among men and women. African Americans and Latinos are disproportionately affected by colorectal cancer, with Blacks having the highest colorectal cancer incidence and mortality rates. Increased screening for colorectal cancer in these populations can lead to reductions in cancer health disparities, but barriers to screening exist at the system, clinician and patient levels. Objective: The goal of this pilot study was to explore barriers and facilitators to colorectal screening among Medicaid Managed Care-insured women aged 50-64 receiving their primary care in Community Health Centers, Diagnostic and Treatment Centers and private practices in New York City that are members of Clinical Directors Network's (CDN) Practice Based Research Network (PBRN). This pilot study was conducted as part of a larger Randomized Controlled Trial (NCI grant #RO1CA 119014), the New York Prevention Care Manager-Managed Care Organization (PCM-MCO) Project, that aims to assess the effectiveness of a Prevention Care Management Intervention when translated to three large, not-for profit Health Plans. The PCM intervention that is being translated has previously been shown to increase colorectal cancer screening rates in eleven NYC Community Health Centers and in one NYC Medicaid Managed Care Organization. Methods: Health education and outreach staff from three participating Medicaid Managed Care Health Plans contacted women by telephone and conducted a 15-minute structured interview to identify barriers and facilitators to receiving colorectal cancer early detection tests. Interviews were conducted in English and Spanish over a two-month study period. Women received colorectal cancer early detection educational materials and an honorarium by mail for their participation. Results: A total of 1,240 telephone calls were made to complete 133 interviews. Fifty six percent of the women were born outside of the US and 85% reported having had a routine check up within the past two years. The main barrier reported by women across all three Health Plans was lack of clinician recommendation. Approximately 70% of women overdue for colorectal cancer screening had received no clinician recommendation. Barriers such as "no knowledge," "misconception about the test," and "no symptoms" were reported by 35% of women who had not had a colonoscopy or sigmoidoscopy, and 25% of these women indicated that they were worried about the test or were concerned that it might be painful. Conclusions: Interventions aimed at improving colorectal cancer screening should focus on key barriers, including lack of clinician recommendation, knowledge gaps and worry about the test.

Questions? Contact Andrea Cassells at ACass@cdnetwork.org.

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Title: Interactive Multimedia Touchscreen Kiosks: A Powerful Tool for Reducing Colon Cancer Screening Disparities

Submitted by: Armando Valdez, PhD₁, Rene Salazar, MD₂, Marilyn A. Winkleby, MPH, PhD₃, Maria Fernandez, MPH, PhD₄ & Susan Stewart, MPH, PhD₅

1. HealthPoint Institute, Mountain View, CA
2. Univ. of California, San Francisco, Division of General Internal Medicine, San Francisco, CA
3. Stanford University, Stanford Prevention Research Center, Stanford, CA
4. Univ. of Texas-Houston, Center for Health Promotion & Prevention Research, Houston, TX
5. University of California, San Francisco, Comprehensive Cancer Center, San Francisco, CA

Abstract: Background: Only 24.4% of Latinos over age 50 have done a FOBT within the past two years and 46.6% have ever had a sigmoidoscopy (CDC data, 2006). This low screening thus diminishes the opportunity for early detection and treatment and often results in preventable mortality. Regular screening remains the pivotal obstacle to improved Latino colorectal cancer (CRC) survival. Goals and Objectives: The overarching goal of this study was to develop a CRC screening promotion intervention that overcomes screening barriers through tailored, culturally and linguistically appropriate information delivered through interactive, multimedia, touchscreen kiosks. Methods: We conducted a randomized controlled efficacy study of the intervention with 750 asymptomatic, low-income Latino men and women that were not adherent to 2005 USPSTF recommendations for CRC screening. The study examines knowledge, attitude, self-efficacy and behavior change using chi-square tests to identify behavioral and attitudinal change between study arms, and multivariate models of screening behavior, and repeated measures models of self-efficacy, knowledge, and decisional balance, respectively—at pre- and post-test. Results: The posttest is scheduled for completion in June 2010. Our prior randomized efficacy studies on comparable breast and on cervical cancer kiosk interventions with low-income Latinas resulted in significant knowledge, attitudinal and behavior changes, and remarkable effect sizes of 51% and 50%. We can expect this CRC screening promotion intervention will yield comparable results. Conclusions: CRC screening promotion kiosks targeting medically underserved Latinos can be deployed cost-effectively throughout the nation at clinics and health centers to significantly improve screening rates and reduce preventable CRC mortality.

Questions? Contact Dr. Armando Valdez at avaldez@healthpointcommunications.com.

Programs for Impacting CRC Screening Rates on a Shoestring Budget

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Title: Addressing Colorectal Cancer Screening Promotion in Colorado: A Comprehensive Approach

Submitted by: Andrea Dwyer, BS₁, Jill Asrael, MPH₁ & Denise Steinbach, MPH₁

1. Colorado Cancer Coalition-Colorectal Task Force, Aurora, CO

Abstract: Background: Each year in Colorado, nearly 650 people die of colorectal cancer. To increase screening rates, the Colorado Cancer Coalition (CCC) and its Colorectal Task Force leveraged resources and partnerships to create a multi-pronged approach. Goals and Objectives: In 2005, the CCC set a goal that by 2010, 75% or more of Coloradans ages 50 and older will be in

compliance with ACS colorectal cancer screening guidelines, as stated in the Colorado Cancer Plan 2005-2010. Methods: The approach included the following efforts:

- Public Awareness and Outreach-community participatory integration, primary care clinic in-reach, partnerships with insurance providers to reach consumers, community events, incorporation of well known media personalities and talent, extending media buys and leveraging of resources.
- Provider Awareness-statewide grand rounds campaign sponsored by malpractice insurance company, updates and revisions in screening guidelines and using synergies to disseminate information, physician tool kits, screen the screener program
- Health Care Systems-initiation of endoscopic screening program partnering with safety net clinic, endoscopic training program for primary care providers, publication of HEDIS information with insurance and business groups, quality forums and partnering with malpractice insurer
- Legislation and Policy-insurance plan disclosure of coverage, constitutional amendment funding preventive screening, insurance mandates for preventive care

Results and Conclusions: Screening rates have increased in every demographic since 2004. Recent BRFSS data indicates that the overall endoscopic screening rate in Colorado has increased from approximately 50% in 2004 to 65% in 2008. Continued synergy and leveraging of resources positions Colorado to reach the 75% goal by 2010.

Questions? Contact Andrea Dwyer at Andrea.Dwyer@ucdenver.edu.

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Title: Raising Awareness about Colon Cancer in Rural Communities

Submitted by: Anjee Davis, MPPA₁, Holly Wolf, PhD, MSPH₂, Virginie Daguise, PhD₃, Marylou Stinson, MSW₄, Jasmine Greenamyre, MPH₅, Mary Doroshenk, MA₆, Gailya Walter, MPH₇ & Morgan F. Daven, MA₈

1. Center for Colon Cancer Research University of South Carolina, Columbia, SC.
2. Colorado Colorectal Screening Program-University of Colorado Cancer Center (UCCC)
3. South Carolina Division of Cancer Prevention and Control (CPC)
4. South Carolina Gastroenterology Association
5. Colon Cancer Alliance, Washington, DC
6. National Colorectal Cancer Roundtable, Washington, DC
7. South Carolina Cancer Alliance
8. American Cancer Society South Atlantic Division

Abstract: Background: Rural communities in the United States often lack the resources and expertise required to successfully develop and launch comprehensive public awareness campaigns targeting CRC. In 2009, a group of states (KY, SC, CO, and NC) and several national and regional agencies—The Center for Colon Cancer Research, The Colon Cancer Alliance, The National Colorectal Cancer Roundtable, The American Cancer Society-South Atlantic Division—joined forces and responded to this issue by developing a messaging toolkit addressing common messaging needs found in rural communities. The toolkit presents a diverse yet standardized set of messages that effectively build awareness about CRC with a variety of rural demographics. How Did We Do It?: In Nov of 2009 a committee was established that comprised representatives from each participating group. With input and approval of all participating groups, an overarching schema for the campaign was developed and the

publication work was contracted with a full-service advertising agency. To ensure that culturally sensitive and understandable verbiage was used in the campaign designs, selected communities in all 4 states collected input from members of the community via a 17-question survey. Ultimately, over 250 surveys were collected from rural community members ranging in age from 18-72 years old and the results strongly support the effectiveness of the selected campaigns. The messages and the artwork provided in the toolkit provided a standardized visual platform and slogan(s) to leverage and adapt with tailored messaging for rural communities. Providing a choice in campaign designs, the toolkit provides 2 distinct messaging platforms-motivational & factual. By using the toolkit, each adopting community is able to leverage the scale of a large multi-state initiative, without the high development and deployment costs associated with a campaign of similar scope. Conclusion: This toolkit is just one of many opportunities that can be seized through collaboration among agencies. This is example of leadership in the public health and medical community leveraging the expertise of both academic and private sectors to address the challenge of raising awareness about colon cancer screening in rural communities. Over 500 toolkits (CDs) have been produced and are being distributed to interested rural groups with technical assistance available. Overcoming each agency's limitations and sharing development and production costs, this effort effectively leveraged economies of scale to produce an opportunity for a unified messaging campaign that continues to reach new rural communities in a cost-effective way. Downloadable versions of the tools are available at: www.cccr.sc.edu. Printed copies can be purchased from the Colon Cancer Alliance.

Questions? Contact Anjee Davis at anjeedavis@mail.chem.sc.edu.

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Title: Using Storytelling Methods to Better Understand American Indian CRC Experiences

Submitted by: Felicia Hodge, DrPH₁; Sally Maliski, PhD, RN₁

1. CAIIRE – UCLA School of Nursing, Los Angeles, CA

Abstract: This poster illustrates how the storytelling method can be used to better understand the illness beliefs and lived experiences of American Indian CRC survivors. The model is structured around the four concepts of etiology, symptomology, treatment and impact (current and future) on daily living. The use of storytelling aids as a communication tool to elicit cultural principles/values held by the survivor. Culture is an important construct in the study of cancer prevention, treatment, and control and plays an important role in patient communications. For example, providers and patients may hold discrepant models of health and illness that affect the effectiveness of communication during clinical visits. Efforts have been made to explore these discrepancies in communications between the provider and the American Indian patient. While it is recognized in studies that culture is important in the constructs of cancer prevention and management, and that it influences provider-patient communications, the studies themselves are often limited in that the instruments used in measurement are grounded in the language and conceptual framework of the Anglo, Western biomedical model. Little is known about the cultural constructs surrounding CRC management and its influence on patient care. Twelve focus group sessions (N= 85) held at four sites (reservation, urban setting, and hospital/clinic) elicited information from American Indian cancer survivors. This poster describes the process

of developing and implementing a culturally sensitive model to better understand the illness beliefs and lived experiences of American Indian CRC survivors.

Questions? Contact Dr. Felicia Hodge at fhodge@sonnet.ucla.edu.

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Title: Predictors of Colorectal Cancer Screening among Arab Americans

Submitted by: Amjad I. Khawaldeh, PhD, AOCNS®₁

1. Long Beach Memorial Medical Center & Todd Cancer Institute, Long Beach, CA

Abstract: Background: Colorectal Cancer (CRC) is the third most commonly diagnosed cancer and cause of cancer deaths in the U.S. CRC screening remains underutilized contributing to unnecessary morbidity and mortality despite the documented evidence that regular screening reduced CRC related mortality rate by one third, and that early detection reduced cancer death rates significantly. Epidemiological observations concluded that cancer-screening behaviors vary among people of different ethnic backgrounds. Objective: To identify knowledge, beliefs, and attitudes toward CRC and CRC screening, in addition to exploring actual screening and intention to screen among Arab Americans. Method: A descriptive correlational, cross-sectional study utilizing a modified CRC Knowledge, Perceptions and Screening Survey (CRCKPSS) Results: Positive attitudes about CRC and correct beliefs about the effectiveness of CRC screening tests (Beliefs), and being aware of CRC and CRC screening tests (Awareness) were strong predictors of screening. Low perceived benefits to screening, and being highly motivated towards one's health were significant predictors of having intentions to screen. Longer stay in the U.S., knowing someone diagnosed with CRC, having health insurance, and higher levels of education were found to be significant predictors of performing CRC screening. Conclusion: Although may be an educated community, Arab Americans share other ethnic minorities in lacking behind on their CRC screening. This calls for culturally appropriate educational programs that promote cancer prevention, early detection, and adopting healthy lifestyle.

Questions? Contact Dr. Amjad I. Khawaldeh at AAI-Khawaldeh@memorialcare.org.

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Title: Colorectal Cancer Screening Program in Washington State

Submitted by: Ellen Phillips-Angeles, BA₁, Shelley Lawson, MPA₁ & Megan Celedonia, BA₁

1. Public Health – Seattle & King County, Seattle, WA

Abstract: Background: Public Health – Seattle & King County was one of five programs in 2005 to receive Centers for Disease Control and Prevention funding to increase screening among uninsured adults, age 50 and older with low incomes. Through trials and tribulation, PH devised a program that screens large numbers of uninsured people (over 1,000/year) with a relatively small budget for screening services (\$164,000/year). The program remains flexible to expand services if more funds are secured. Goals and Objectives: The goal is to screen approximately 1,000 low income, uninsured adults in King, Jefferson and Clallam Counties either through direct clinical services or through other community resources. The objectives are to identify strategies to encourage screening, to structure the system so that clients can easily access and maneuver the system, and to build momentum to continue the success of the program. Methods: Through working with established contracts in the Breast and Cervical Health Program, PH added CRC screening services and tapped into an already effective cancer screening system. Adding on CRC screening services allowed PH to efficiently establish a

network of providers and incorporate CRC screening with other preventive health care initiatives. Results: PH established an effective CRC screening program through a network of community based health centers, case managers and Gastroenterologists. Conclusions: Through this program, 133 people with polyps that had the potential to become cancer were treated. Implementing a CRC screening program in a primary care setting with other chronic disease screening programs is an effective approach to reduce health disparities.

Questions? Contact Ellen Phillips-Angeles at Ellen.Phillips-Angeles@kingcounty.gov.

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Title: Media on a Dime

Submitted by: Mike Lefler, BS₁

1. American Cancer Society Nebraska, Lincoln, NE

Abstract: Community screening programs frequently rely on media support not only to raise awareness about colon cancer screening but also to encourage local residents to be screened. In two large Nebraska communities, the American Cancer Society (ACS) is an active participant in screening and awareness programs. The Director of Communications for the Nebraska Region of ACS has supported the Omaha and Lincoln community screening projects by arranging a variety of media for nearly a dozen years with only a meager media budget. During March 2009, the following media support was secured:

- Mayoral Proclamation for the City of Omaha
- Governor Proclamation for Nebraska
- “Bottoms Up” radio promotion on Omaha station CD105.9 and Lincoln station KFOR; this included a 3 hour live remote featuring guests such as physicians, ACS staff and colon cancer survivors
- PSAs and interviews on local radio and/or television
- An 8-page supplement in the Omaha World-Herald the first Sunday in March
- Publication of free FOBT kit locations in both Lincoln and Omaha
- Lincoln City Channel 5 carries a 30-minute taped interview that is repeated frequently during March.

The newspaper supplement is self-sufficient through the sale of ads to practice groups. In 2009, the media budget was just over \$3,000 for the entire state. The Communications Director is always successful in obtaining free newspaper space as well as free radio and television interviews and announcements. Specific media examples will be shared with the attendees.

Questions? Contact Mike Lefler at Mike.Lefler@cancer.org.

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Title: Colorectal Cancer Screening Community Education and Outreach: A Small Group Session led by Community Health Workers

Submitted by: Ana Navarro, PhD₁, Olga Sanchez₁, May Sung, MPH₂, Julie Shaver, MPH₂ & Carolyn Bruzdinski, PhD₂

1. SDSU-UCSD Cancer Center Partnership, San Diego, CA
2. American Cancer Society California Division, CA

Abstract: Background: Colorectal cancer (CRC) screening and early detection are critical to reduce the burden of CRC. Awareness and utilization of recommended CRC screening tests are

low among Latinos. Goals/Objectives: To examine the feasibility and potential of a brief community health worker (promotores) program to enhance CRC screening community education and outreach in the medically underserved Latino community. Methods: Ten community based organizations (CBO) in California with existing promotores programs participated in the project. Educational materials were developed to guide a 2-hour small group session led by promotores. Attendance logs and questionnaires completed by promotores were used to assess the extent to which the intervention was implemented as intended. In addition, session participants completed questionnaires before the session, after the session, and 4-6 weeks after the session. A total of 175 groups were completed with a total of 2,503 participants. At least 95% of participants completed pretest or posttest, and 74% completed all three questionnaires. Results: The program was implemented as intended and was well received. Awareness of CRC screening tests increased from 30.5% at pretest to 98.8% at follow-up. The percentage of participants 50 years old or older who had ever had CRC screening also had a statistically significant increase (McNemar tests, $p < .001$). Conclusions: The results must be interpreted with caution because of the quasi-experimental design and because all data are based on self-report. Nevertheless, the program builds on existing promotores programs to efficiently incorporate CRC community education and outreach to address CRC disparities. **Questions?** Contact Dr. Ana Navarro at anavarro@ucsd.edu.

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Title: Big Projects with a Small Budget: The California Colorectal Cancer Mini-Grant Program

Submitted by: Emily Perez, MA₁

1. California Comprehensive Cancer Control Program, Sacramento, CA

Abstract: Background: This session will describe California's Comprehensive Cancer Control Program (CCCP) and the California Dialogue on Cancer's (CDOC) achievements in working with community partnerships to implement health education programs around colorectal cancer to ethnic minority populations throughout California. Goals and objectives: The California Colorectal Cancer Program's goal was to provide technical and fiscal support to agencies to enable them to implement successful education programs with limited resources. Methods: Through a mini-grant program and extensive recruitment efforts, CRC Program staff members awarded 9 mini-grants in 2009 to community based organizations prepared to implement health education activities, specific to colorectal cancer awareness, to geographically and ethnically diverse populations. Our presentation will detail the steps taken to implement the program including its infrastructure, design and outreach strategy. The session will also highlight various components of awardee projects including project design, outreach strategies and culturally and linguistically appropriate educational materials developed. In addition, the procedures for linking these community organizations throughout the state will also be discussed. Results: The majority of the agencies reported favorable project outcomes through their year-end evaluations. Our presentation will detail both the measures used to evaluate success as well as positive outcomes of various projects. Conclusions: The mini-grant program proved highly successful for supporting unique colorectal cancer outreach activities in diverse pockets across our state. Our presentation will include explanation about lessons learned along the way and future plans for improving the program.

Questions? Contact Emily Perez at emily.perez@cdph.ca.gov.

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Title: Colorado Colorectal Screening Program Efforts to Prevent Cancers and Avert Treatment Costs

Submitted by: Susan Rein, BSN, RN₁, Holy Wolf, PhD, MSPH₁ & Tim Byers, MD, MPH

1. University of Colorado Denver, Aurora, CO

Abstract: Background: Screening for colorectal cancer has two distinct types of benefits: preventing future cancers by removing pre-malignant lesions (adenomatous polyps) and detecting cancers at earlier, more curable stages. Goals and Objectives: The Colorado Colorectal Screening Program (CCSP) provides free colonoscopy screening to low income, uninsured Coloradans. This analysis estimates the colorectal cancers prevented and the associated future medical care cost-savings resulting from the polypectomies done in the first four years of the program. Methods: CCSP screening outcome data are collected by a web based evaluation system. We used published data from modeling of lifetime risk of colorectal cancer among those with adenomas to estimate the numbers of cancers prevented and we used current Medicare costs to estimate future financial savings (in 2009 dollars) from those prevented cancers. All assumptions were conservative (i.e., biased toward estimating small benefits). Results: Between 01/2006 and 12/2009, CCSP has screened about 9360 individuals by colonoscopy, among whom 26% had adenomatous polyps removed. Using a conservative assumption that 10% of those patients with adenomas would have progressed to colorectal cancer, 244 future colorectal cancer cases were prevented by those polypectomies. Assuming \$100,000 direct medical costs for the first course of treatment per case, \$24.4 M of future medical costs have been averted. As the total CCSP costs for this period have been \$18.5M, this is a cost-saving screening program. Conclusion: From both a public health and an economic perspective, the CCSP has demonstrated the value and cost effectiveness of endoscopic screening for reducing colorectal cancer incidence.

Questions? Contact Susan Rein at susan.rein@ucdenver.edu.

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Title: The Colorectal Cancer Screening Fit Program

Submitted by: Alice Tully, BS, CHES₁

1. EmblemHealth, Melville, NY

Abstract: Background: EmblemHealth's FIT program targeted 50,000 HIP members in Brooklyn and Queens lacking evidence of having been screened for colorectal cancer. FIT, short for fecal immunochemical testing, is a colon cancer screening option for adults 50 and older with an average risk of developing colon cancer. The advantage of FIT is that it can be done in the privacy of a member's home, making it appealing to those unwilling or unable to undergo a colonoscopy. Goals and Objectives: To increase the percentage of the members age 50 – 80 years of age who had appropriate screening for colorectal cancer. Methods: The FIT Program was launched via direct mail to both members and providers as a five-part initiative. The home testing kits were mailed directly to HIP members of Queens-Long Island Medical Group, in Queens, and Preferred Health Partners, in Brooklyn, two boroughs with historically low colorectal cancer screening rates. Results: The HIP Colorectal Cancer Screening rate increased by 8.04 percentage points from 2007 to 2009 in the Commercial population and 8.24 percentage points in the Medicare population.

HEDIS Rates	HIP Commercial	HIP Medicare
2007	48.60%	63.77%
2008	56.64%	65.84%
2009	56.64%*	72.01%

*Rotated in 2009

28% of the members who requested a kit completed the process and mailed it back to the lab. Conclusion: Colorectal cancer causes more cancer deaths among nonsmokers than any other form of cancer in the United States. Programs such as EmblemHealth's FIT program demonstrate that with a little innovation, we can remove barriers and increase screening rates for colorectal cancer thus saving lives.

Questions? Contact Alice Tully at atully@emblemhealth.com.

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Title: Improving Northern Plains American Indian Men's Cancer Screening Rates

Submitted by: Shinobu Watanabe-Galloway, PhD₁, Tinka Duran₂ & Leah Frerichs, MS₂

1. University of Nebraska Medical Center, Omaha, NE

2. Aberdeen Area Tribal Chairmen's Health Board, Rapid City, SD

Abstract: Background: Northern Plains American Indians (NPAI) men have one of the highest incidence and mortality rates from colorectal cancer (CRC) compared to other US races/ethnicities and AI populations, and NPAI screening rates are exceedingly low. In 2007, the Northern Plains Comprehensive Cancer Control Program (NPCCCP) recruited a workgroup from multiple tribes to address CRC issues. Goals and Objectives: The goal for this workgroup is to increase knowledge about colorectal cancer and improve access to screening. Methods: The workgroup received small community grants (averaging \$2,500 per tribal community) to implement interventions the past two years. Community health leaders in seven tribes implemented activities, many focused on developing men's screening programs. Many tribal communities have cultural beliefs that men and women should not discuss certain health issues; therefore the communities held educational workshops and clinics "for men only" to cover CRC screening and other men's health issues. Results: The community-driven interventions, which included over 15 screening clinics and 9 educational workshops, mostly targeted men and reached hundreds of community members. Six of the workshops showed increases in knowledge from pre to post, and 228 individuals received recommended cancer screening. All clinics included CRC screening in the form of FOBT kits for guideline-eligible individuals. Conclusions: These tribal communities have begun to make significant improvements in CRC screening with a small amount of direct resources. The workgroup continues to expand its initiatives and overcome the key challenges such as cultural fear of cancer, low return rates on FOBT kits and limited resources for colonoscopy.

Questions? Contact Dr. Shinobu Watanabe-Galloway at swatanabe@unmc.edu.

POSTER 19 ([Return to Top](#))**Title:** Preventing Colon Cancer Through Partnerships**Submitted by:** Elizabeth Westbrook, BS, CHES₁, Debra Armstrong, MSW, MPA₂ & Katie Bathje, MA, LPCC₂, Carol Hurst, RN, BSN₁ & Jennifer Redmond, MPH₂

1. University of Louisville, Kentucky Cancer Program, Bowling Green, KY
2. University of Kentucky, Lexington, KY

Abstract: Background: Kentucky held a statewide Dialogue for Action on Colon Cancer in June 2008. It resulted in the formation of a colon cancer prevention committee to implement the Dialogue Priority Recommendations. The committee mobilized established networks of regional and state partnerships to develop public awareness materials and launch a statewide campaign to increase screening utilizing existing funding and resources. Goals and Objectives: Goals from both the Kentucky Dialogue for Action Recommendations and Kentucky's Cancer Action Plan were selected. 1. Create a statewide public awareness campaign about colorectal cancer screening. 2. Develop a consistent, simple message that can be tailored and delivered to organizations and individuals. Objectives: 1. Identify existing partnerships and resources to distribute the message. 2. Establish and implement a plan for coordinating and tracking distribution activities. Methods: Methods included a review of literature, existing materials and evidence based guidelines. Key informants from diverse populations tested the messages and materials. Public awareness campaign strategies were developed. Results: Materials, including a bookmark, poster/flyer and church bulletin insert were developed and printed with consistent screening messages. More than 15,000 educational pieces have been distributed across Kentucky and will continue through March 2010. Over 50 state level organizations and over 300 organizations at the local level through 15 District Cancer Councils are currently engaged in the awareness campaign. Conclusions: Through collaboration, developed and mobilized a public awareness campaign to increase colon cancer screening rates using existing state and community resources. These efforts will improve screening rates and reduce colon cancer mortality in the Commonwealth.

Questions? Contact Elizabeth Westbrook at e.westbrook@louisville.edu.