2009 National *Dialogue for Action*
Poster Session Presenters

Research

1.

Presenter: Katherine N. DuHamel, PhD
Institution: Memorial Sloan-Kettering Cancer Center and Mount Sinai School of Medicine
Title: Construct Validity of the Process of Change Measure for CRC Screening Among Previously Unscreened African Americans at Average Risk for CRC
Abstract: Background: Process of Change (POC) is a critical construct in the Transtheoretical Model (a theoretical model of behavior change) as these strategies are proposed to promote healthy behaviors. Despite the application of the POC strategies to colorectal cancer (CRC) screening, the components have been understudied. Additionally, increasing CRC screening among African Americans (AAs) is a significant public health goal as AAs participate in CRC screening less often than whites; disease onset is younger and mortality from CRC is higher. Methods: We administered the POC for CRC to 158 African Americans (76% female) participating in a randomized clinical trial of a print intervention to increase CRC screening in a unscreened population. Goals and Objectives: Confirmatory factor analysis was carried out to validate four factors reflecting the POC sub-domains ((i.e., Commitment to Regular Screening, Information Sharing and Communication, Thinking Beyond Oneself (TBO) and Avoids Contact with the Health Care System (ACHCS)). A logistic regression was also conducted to investigate if the four sub-domain scores predicted current screening stage (precontemplation vs. contemplation/preparation). Results: We found support of factor validity (e.g. root-mean square residual=0.088, RMSEA =.077, and comparative fit index =.80) with internal consistency of alpha = 0.74, 0.63, 0.61, and 0.64, despite the significant chi-square test. Logistic regression showed predictive validity (to stage) for two of the sub-domains: TBO (OR = 1.77, 95% CI = 1.07 – 2.91) and ACHCS (OR = 0.64, CI = 0.44 – 0.92). Conclusion: These data support the application of the POC to prediction of CRC screening intent among AAs.

2.

Presenter: Donald Haverkamp, MPH
Institution: Indian Health Service
Title: A Survey of Indian Health Service and Tribal Health Providers' Colorectal Cancer Screening Knowledge and Practices
Abstract: Background: Underutilization of screening is a likely contributor to the colorectal cancer (CRC) disparities faced by American Indians and Alaska Natives. Though health provider recommendation is a critical factor in screening participation, there are few data on the knowledge, attitudes and practices of health practitioners serving these populations. Goals and Objectives: To assess Indian Health Service and tribal health provider screening practices, beliefs about screening efficacy, and perceptions about the screening barriers they and their patients

face.
Methods: A questionnaire was developed by adapting previous regional and national provider surveys. Recruitment for the on-line survey was conducted via electronic distribution lists. We generated descriptive statistics which summarized results by IHS region, provider type, and workplace setting.
Results: Of the respondents who recommended FOBT, 23% reported using a single, in-office FOBT card on digital rectal exam specimens as their only FOBT screening method. A majority of respondents (77%) recommend CRC screening of average-risk patients begin at age 50, however, many recommend flexible sigmoidoscopy (22%) and colonoscopy (43%) at intervals that are inconsistent with national guidelines. Insufficient availability of endoscopic screening, patient refusal, inadequate health resources, competing time demands, and a lack of reliable reminder systems were perceived as significant barriers to CRC screening. CRC screening knowledge, practices, and barriers varied widely between Indian Health Service regions.
Conclusions:
IHS/tribal providers are knowledgeable about the need for CRC screening, however, education about the appropriate use and frequency of CRC tests, community awareness campaigns, clinic reminder systems, and more health resources are needed.

3.

Presenter: Susan M. Rawl, PhD, RN

Institution: Indiana University Schools of Nursing and Medicine

Title: Improving Colorectal Cancer Screening Among Minority and Low Income Women: a Barriers and Facilitators Framework

Abstract:
Background: Both CRC incidence and mortality rates are higher among African Americans than other groups. These health disparities are due, in part, to delay in diagnosis resulting in advanced disease at presentation. Lower rates of CRC screening among African Americans contribute to this unequal burden.
Goals and Objectives: Interactive computer-based interventions effectively promote health behavior change by delivering individualized, or tailored, health information. We developed a tailored, interactive computer program to promote CRC screening among African Americans that is being tested in a randomized trial.
Methods: Processes used to develop the interactive computer intervention included selection of tailoring variables, development of tailored messages, computer algorithms, program theme, graphics, voiceover narration, video segments and a tailored printout. Input from our Community Advisory Board and pre-testing with members of the target population guided program development and refinement. We used quantitative and qualitative methods to conduct pre-testing with 21 African Americans.
Results: More than 95% of participants agreed that they understood the messages, they enjoyed using the computer, the information was important, easy to understand, useful, and made them think about getting a colon test. More than 95% also agreed that they liked the computer printout, it was easy to read, easy to understand, and would help them talk to their doctor about colon testing.
Conclusions: Development of tailored interventions is a resource intensive process that requires iterative feedback from users. Results of pre-testing and input from the Community Advisory Board members were essential to refine the program prior to testing in a randomized trial.

4.

Presenter: Jonathan N. Tobin, PhD

Institution: Clinical Directors Network

Title: Improving Colorectal Cancer Screening Among Minority and Low Income Women: a Barriers and Facilitators Framework

Abstract:
Background: African-American, Latina and other low-income and minority women receive fewer indicated cancer early detection tests, including colorectal cancer (CRC) screening, than those with higher incomes, and this contributes to later stages of detection and higher mortality rates. Barriers to screening exist at the patient, clinician and system/organizational levels.
Goals and objectives: We have attempted to identify and understand barriers experienced at the patient, clinician and system/organizational levels, in order to develop and test interventions to reduce these barriers and increase CRC screening rates in these different health care delivery systems.
Methods: We have implemented a series of community-based randomized controlled trials using patient navigation strategies in ambulatory care sites and health plans, and have conducted a range of qualitative interview studies to identify barriers experienced at these three levels that work across health care delivery system types.
Results: CRC rates increased significantly ($p<0.05$) in both primary care (Odds Ratio = 1.84) and health plan (Odds Ratio = 1.43) settings as compared to usual care controls. Significant barriers addressed by the intervention at the patient level included competing priorities, concern about the test, lack of understanding about being asymptomatic ; at the clinician level, included lack of clinician recommendations; at the system level, included difficulty making appointments and long waiting times for procedures.
Conclusions: Interventions designed to increase cancer early detection rates need to address barriers at all levels, and need to be integrated into routine systems of care delivery in order to be both effective and sustainable.
Support: NCI R01-CA87776 and NCI R01-CA119014 and Supplements.

5.

Presenter: Isabel Torres-Vigil, DrPH

Institution: The University of Texas, M. D. Anderson Cancer Center

Title: Facilitated Assistance, Research, & Outreach Services (Faros): Predictors of Colorectal Cancer Screening among Older Latinos Enrolled in a Cancer Prevention and Treatment Demonstration Project

Abstract:
Background: Ethnic health disparities persist in the U.S. across the cancer spectrum. Older Latinos, a rapidly growing subgroup, are significantly less likely to be screened for cancer. *FAROS* is part of a 4-year prospective, randomized, national demonstration project funded by the Centers for Medicare and Medicaid Services to determine if patient navigation can improve cancer screening rates, early detection and treatment of cancer for older Latino Medicare beneficiaries in Houston, Texas.
Goals and Objectives: To identify the clinical, demographic, and psychosocial factors associated with

colorectal cancer screening (CRCS) in Latino Medicare beneficiaries.
Methods: 821 baseline surveys completed by participants enrolled in the screening arm of the demonstration were analyzed to identify predictors of CRCS using logistic regression analysis. The main study outcome was ever having a sigmoidoscopy/colonoscopy.
Results: Sixty-four percent of respondents reported ever having a sigmoidoscopy/colonoscopy. Ninety-four percent of those had the exam within the last 10 years, and 84% within the last 5 years. The top reasons for not having a sigmoidoscopy/colonoscopy within the past 10 years were: 1) Doctor didn't recommend (42%); 2) Haven't had any problems (30%); 3) No reason/never though about it (13%). Predictors of CRCS included: family history of cancer; being an M.D. Anderson patient; having a Medicare Supplement; speaking mostly English at home; and the belief that a person can survive cancer if detected early.
Conclusions: Findings will inform a tailored patient navigation intervention within the demonstration itself, as well as public policy to reduce CRCS barriers that are specific to older Latinos.

6.

Presenter: Lisa Ulmer, MSW, ScD

Institution: Drexel University School of Public Health

Title: Results of a Public-Academic Participatory Partnership Translating Science of Colorectal Cancer Prevention to Statewide Practice

Abstract:
Background: Colorectal cancer is the second leading cause of cancer death in men and women. Despite evidence of the benefit of early screening (5 year survival rate near 90% for stage one vs. 33% in later stages), less than 50% of those who should be screened have had a recent colorectal screening exam, highlighting a critical need to translate scientific knowledge to practice.
Goals and Objectives: The Pennsylvania Cancer Education Network (PCEN) is a public-academic participatory partnership that translates the science of cancer prevention to the statewide practice. This presentation investigates the results of PCEN's colorectal cancer education sessions on proximal outcomes.
Methods: This analysis is based on data collected from adults participating in statewide colorectal cancer education sessions. Using a cross-sectional pretest-posttest design, we evaluated participants' knowledge (K), attitudes about colorectal cancer (A), and intention to screen (I) before and after a 45 minute community-based group health education session that builds trust, discusses health information, and encourages action. The cohort included 2770 adults participating in colorectal cancer education between 4/1/2008 and 6/31/2008.
Results: Analyses show that the PCEN colorectal cancer education had a significant proximal impact on subjects' KAI status in both cohorts after controlling for age, gender and race/ethnicity in multiple linear regression models.
Conclusions: Results high light the feasibility and success of a public-academic participatory partnership to translate science of colorectal cancer prevention to statewide practice, suggesting that similar partnerships may contribute to chronic disease prevention and health promotion in other states.

7.

Presenter: Holly Wolf, PhD, MSPH
Institution: University of Colorado School of Public Health
Title: Promoting Colorectal Screening in Colorado using a Mailed based Intervention
Abstract: Background: Colorectal cancer is the second leading cause of cancer related death in Colorado. Although finding and removing adenoma can prevent most colorectal cancer, only about half of adults over 50 have been screened. Behavioral interventions are needed for widespread use to increase demand for colorectal cancer screening. Goals/ Objectives: Develop and implement an evidence-based statewide intervention to promote endoscopic screening to prevent colorectal cancer. Methods: Randomized control trials were used to develop mail-based messages using brochures and letters. These materials were then used for a statewide mail-based intervention to Coloradans ages 65-74, using names obtained from commercial mailing lists. Evaluation included telephone surveys of random samples of those receiving the mailings and controls and analyses of Medicare B billing records. Results: In randomized control trials, mailed educational prompts to Medicare recipients resulted in a 5% absolute increase in endoscopic screening with gender specific mailing alone and a 10% absolute increase when mailings also included a provider endorsement. About a 5% absolute increase was observed in Hispanic and non Hispanic members of managed care organization ages 50-74. In the statewide demonstration project, a telephone survey of subjects and controls found an 5% increase in endoscopic screening rates due to the mailings. Analysis of Medicare B billing records showed about a 15-20% increase in screening rates immediately following the interventions and about a 5% absolute increase in screening rates in those receiving the materials. Conclusions: A large scale mailed-based intervention is effective in increasing colorectal screening rates in a Medicare population.

Community Outreach

8.

Presenter: Claudia Christensen FNP CGRN
Institution: Alaska Native Tribal Health Consortium
Title: Innovative Strategies for Increasing Colorectal Cancer Screening among Alaska Native People
Abstract: **Background:** Colorectal cancer (CRC) incidence and mortality among Alaska Native people is twice the US White rate (102.9 vs. 51.7 and 39.4 vs. 20.2 per 100,000). **Goals and Objectives:** This poster describes innovative strategies and lessons learned by the Alaska Tribal Health System to increase colorectal cancer screening statewide. **Methods:** For three years this project has focused on training providers to perform flexible sigmoidoscopy in - and sending itinerant endoscopists to - regional hubs. A comprehensive CRC screening program training manual and curriculum was developed. **Results:** Five providers from regional tribal health organizations were trained to perform flexible sigmoidoscopy. However, waning interest in this screening test and high turnover rate has hampered effectiveness. Itinerant endoscopists held five CRC screening clinics. Nine sites have installed electronic CRC screening tracking package to identify patients for screening. We also enhanced a first-degree

relative database of Alaska Native patients with CRC to identify high priority individuals for screening. **Conclusions:** We plan to de-emphasize flexible sigmoidoscopy training and continue itinerant endoscopy services and enhanced use of electronic medical systems to identify patients eligible for screening. Increasing CRC screening rates among this high-risk population particularly in rural/remote regions continues to be a challenge. Innovative strategies for improving CRC screening in this unique health care environment are crucial for achieving CRC screening goals.

9.

Presenter: Mark Dignan, PhD, MPH

Institution: University of Kentucky

Title: Outreach to Rural Primary Care Providers to Increase Colorectal Cancer Screening

Abstract:
Background. Colorectal cancer is the second leading cause of cancer death in Kentucky. Access to screening is limited, particularly for rural residents.
Goals and Objectives: This National Cancer Institute-funded project is a randomized trial of the efficacy of an intervention presented face-to-face to primary health care providers at the practice site. The intervention is designed to provide outreach and education to practices using academic detailing.
Methods. Practices were recruited and enrolled by academic detailer staff. Screening data were collected by review of medical records at baseline and six-months after the intervention was provided. The intervention was provided by academic detailers and included modules on screening efficacy, reimbursement, patient education, and practice management to enhance screening. The modules required 15-45 minutes each and were presented at meetings of the primary care practice providers and staff. Continuing education credit was available for physicians and nurses.
Results. A total of 66 practices were recruited and randomized to intervention or control. Baseline data collection and intervention delivery are complete and the six-month follow-up data collection is in process. Of the 6424 records reviewed at baseline, 29% showed evidence of appropriate screening in both groups. At the six-month follow-up, appropriate screening increased to 40% in intervention practices compared to 32% in control practices ($p<.05$).
Conclusions. Academic detailing can be used as an effective means of delivering a colorectal cancer screening intervention to rural health care providers. Practices receiving the intervention showed a significant increase in provision of screening.

10.

Presenter: Andrea Dwyer

Institution: University of Colorado Cancer Center

Title: Screen the Screener

Abstract:
To present results and describe "Screen the Screener" which is a pilot program designed and coordinated by University of Colorado Cancer Center, funded by the Centers for Disease Control to encourage health professionals to carry the message to their patients that colorectal screening is a priority. Health professionals who are eligible for screening undergo endoscopy at one of the gastroenterology centers participating in the program. Based on first hand experience, participants then encourage their patients to be screened.
Participants of the Screen the Screener program complete a brief survey about their attitudes and beliefs about colorectal screening and their perceived beliefs about their patients' attitudes towards

screening. The surveys are administered prior to the endoscopic exam and at least six months after participation in the program. The pre and post surveys are compared to measure the impact of the program. Providers also select from a menu of patient education materials for their offices, which are provided by the program for dissemination to their patients.
The largest medical malpractice insurer in Colorado, has agreed to promote Screen the Screener as one of their designated provider education opportunities. Hence, clinicians who participate in Screen the Screener qualify for rate reductions in malpractice insurance.
Nearly 100 health care providers have participated in the Screen the Screener program since summer of 2005. The Program was offered by five endoscopy centers in Metro Denver. Because of its popularity, four additional endoscopy groups throughout Colorado have engaged in Screen the Screener activities.

11.

Presenter: Rhonda Green

Institution: Southwest Georgia Cancer Coalition

Title: Addressing Cancer Screening Disparities through Community Health Navigation in Rural Georgia

Abstract:
Background: The Southwest Georgia Cancer Coalition is a non-profit organization that facilitates and coordinates cancer education, early detection, and research in a rural, 33-county region. The region suffers from high cancer incidence and mortality rates complicated by poverty, low educational attainment, and long travel distances. In some counties, as many as 30 percent of residents lack health insurance, further limiting access to healthcare.
Goals and Objectives: To address cancer-related disparities, the Southwest Georgia Cancer Coalition formed partnerships with community leaders and local healthcare providers, including hospitals, community health centers, and public health departments, who together: 1) identified culturally-appropriate strategies for reaching the medically underserved and encouraging their participation in cancer screening; 2) adopted policy and systems changes to remove screening barriers; 3) facilitated breast, cervical, prostate and colon cancer screening and follow-up among the uninsured.
Methods: In partnership with local healthcare providers, Community Health Navigators have coordinated the Cancer Screening and Navigation Program in four rural counties since 2006, assisting patients with accessing screening services, providing one-on-one education, and removing barriers to care.
Results: To date, more than 400 low-income, uninsured residents have received mammograms, Pap tests, colonoscopies, and/or prostate specific antigen tests and one-on-one education.
Conclusions: This model demonstrates that community and healthcare partnerships, combined with health navigation services, reduce barriers and increase screening participation among the medically-underserved. Program strategies and partnerships necessary to achieve desired results will be discussed.

12.

Presenter: Jesse Harding

Institution: Urban Indian Health Institute, Seattle Indian Health Board

Title: Urban Indian C.A.R.E.S. (Colon and Rectal Education & Screening)

Abstract:
Background: American Indians/Alaska Natives (AI/AN) are less likely to be diagnosed with colorectal cancer (CRC) at the localized stage and more likely to be diagnosed at the distant stage compared to whites. Screening rates are significantly lower for AI/AN living in urban areas, and AI/AN have a lower probability of survival and higher risk of death once diagnosed. Determining how best to expand CRC screening services to urban AI/AN is urgently needed, as 67% of the America Indian/Alaska Native population is living in urban areas (2000 U.S. Census). **Goals:** The goal of Urban Indian CARES is to promote increased colorectal health screening and treatment among AI/AN living in urban settings through education and awareness of its benefits. Activities consist of implementing a health promotion campaign in urban Indian health organization areas and to increase diagnostic and treatment resources available to urban AI/AN. **Methods:** Focus groups and surveys were conducted to gather knowledge and attitudes about CRC screening among urban AI/AN. This information was used to develop materials for a health promotion campaign. Additional materials are being developed to target policymakers/funders using personal stories and successful models, as well as a media toolkit to assist urban Indian health organizations in leveraging partnerships and conducting a media campaign to encourage CRC screening. **Results:** Expected results of the project are to increase awareness, screening and funding for CRC prevention among urban AI/AN. **Conclusions:** Targeted efforts are needed to address disparities in colorectal health in the urban AI/AN community.

13.

Presenter: Ruth Hummingbird

Institution: Cherokee Nation Cancer Programs

Title: Cultural Competency in Colorectal Cancer Prevention

Abstract:
Since June 2003 the CNCCC program has been working to plan and implement strategies that address the cancer burden in the Cherokee Nation. Five primary cancer sites were identified, to include colorectal cancer. Data collection uncovered several probable reasons for high incidence of colorectal cancer, which include low screening rates, lack of treatment and late stage diagnosis. There were no programs in place for cancer prevention.

Reducing colon cancer morbidity and mortality by reducing late stage diagnosis was the main goal of the CNCCC partners, and increasing the percentage of adults over the age of 50 who receive colorectal cancer screening, the main objective.

During development of the 2nd Bi-annual Cherokee Nation Cancer Summit, plenary sessions were designed to focus on colorectal cancer, further educating physicians, nurses, and others on colon cancer issues. Strategies used to increase community education and awareness included development of a culturally appropriate prevention brochure, a March Colorectal Cancer Awareness Campaign, development of a culturally appropriate awareness CD, increase in community presentations, and state appropriations for free screenings and treatment.

After implementation, data collection through the RPMS system, database software used by Cherokee Nation facilities, showed an increase in the number of American Indians being screened for colon cancer; those on the waiting list also increased.

Although screening rates have increased, there is a lack of resources to accommodate all those in need of screening. Therefore, current prevention strategies will continue while other resources will be sought and secured for those who are in need.

14.

Presenter: Judith Muller

Institution: Alaska Native Tribal Health Consortium

Title: Collaborating our Way to Colorectal Health

Abstract:

Background: Alaska Native people lead the nation in the incidence of colorectal cancer (CRC). The Alaska Native Tribal Health Consortium (ANTHC) Comprehensive Cancer Control Plan (CCCP) lists CRC as one of four top priorities in cancer control. The State of Alaska CCCP also has CRC as one of its top priorities. These two organizations with local hospitals, private practitioners, American Cancer Society, Alaska Native Epidemiology Center and other organizations formed the Alaska Joint Task Force on Colorectal Cancer.

Purpose: The purpose of the collaboration around CRC is to better utilize human and financial resources and expertise, serve as one body for the purpose of advocating for CRC screening legislation, and provide a comprehensive approach to education and outreach that works for both tribal and non-tribal communities.

Methods: The Task Force has met monthly for three years. The agenda includes reviewing CRC and screening data, sharing recent published research, and planning for upcoming education events and opportunities.

Results: Two recently completed projects developed and funded through the Task Force include the "Love Your Colon" table-top display for use at health fairs and other public events, and a television/radio PSA whose theme is also "Love Your Colon". The television and radio PSA will be part of a Task Force orchestrated kick-off for March 2009 Colorectal Cancer Month.

Conclusion: Where priorities overlap, opportunities for collaboration can benefit everyone. Examples of collaboration can include better informed providers, legislative changes, or community education projects such as the two displayed at this conference.

15.

Presenter: Walt Kennedy instead of Noel Pingatore

Institution: Inter-Tribal Council of Michigan

Title: Culturally Specific Outreach and Recruitment Materials for Colon Cancer Screening among Michigan Native American communities

Abstract:

The Bemidji Region of Indian Health Services, which includes the State of Michigan, suffers the highest age adjusted colon-rectal cancer death rate at 28.1 per 100,000 population compared to other I.H.S. regions (12.6) and the general population (12.6). The Tribal Specific BRFSS conducted in 2006 finds

lower colonoscopy and sigmoidoscopy screening rates for adults age 50 and over among the tribal sites (58%) compared to the general population (66%) as well. Tribal members repeatedly state 'fear' as a primary reason for not getting recommended colon – rectal screening tests. Little or no tribal specific education and awareness materials exist to address this unique population. Past focus groups also found tribal members reporting confusion of screening procedures, terms and instructions. To address these concerns and attempt to increase screening rates, we utilized community based participatory approaches to develop culturally appropriate education and awareness materials specific to colon cancer and Michigan tribal communities. We utilized knowledge gained from past projects targeting Native American women and Breast Cancer Screening projects. Specifically we evaluated these projects and identified several common components of successful cancer outreach and education materials and strategies. We partnered with the Saginaw Chippewa Indian Tribe to create a tribal specific colon cancer education and awareness kit, which was distributed to the remaining eleven federally recognized tribes for use in their local community. We are currently surveying the eleven tribal health clinics to assess the use and effectiveness of these materials. Results will be completed by February 28, 2009.

16.

Presenter: Jennifer Redmond, MPH

Institution: Kentucky Cancer Consortium

Title: Strategies for Successful Implementation of Colon Cancer Screening Objectives in Kentucky

Abstract:

Background: Since 2005, Kentucky has been working collectively toward increasing colon cancer screening. In 2008, legislation for a screening program was passed with no funding and we held our first Dialogue for Action for Colorectal Cancer (DFA). The number of interested individuals and organizations has grown exponentially and coordination has been a challenge.

Goals and Objectives: Provide an overview of Kentucky's successes in implementing its Dialogue for Action recommendations while building capacity for an unfunded screening program. Discuss the importance of communication and collaboration at state and regional levels. Explore ongoing efforts to recruit new members, maintain momentum and successfully implement Kentucky's Cancer Action Plan to increase colon cancer screening.

Methods: We organized the three similar state-wide committees into two committees and ensured that there was regional representation. We identified our vision, mission, goals and objectives for each committee and subcommittee based on DFA priorities and the screening program legislation. We developed a new member orientation packet and set up regular meetings and e-mail communication.

Results: We have learned that communication is essential and that coordination of efforts can only happen when the key organizations set the example. We have made progress on all three of our DFA priority recommendations and are also focusing efforts on obtaining funding for a colon cancer screening program.

Conclusions: Success breeds success. Continual communication, specific opportunities to participate, a vision to guide our efforts and willingness to be flexible and constantly learn have helped us move forward in a coordinated and collaborative way.

17.

Presenter: Jennifer Dunavan instead of June Ryan

Institution: Nebraska C.A.R.E.S.

Title: Stay in the Game

Abstract:

Background: Nebraska's colorectal (CRC) cancer incidence and mortality rates are higher than the nation's; screening rates are among the lowest. Stay in the Game is an advertising campaign designed to address this issue.

Goals and Objectives: The primary goal is to increase the number of Nebraskan's screened for CRC. A secondary goal is to increase Nebraska Colon Cancer Screening Program (NCP) enrollments.

Methods: This $250,000 campaign is a collaboration among CARES, NCP, Nebraska Medical Association, ACS. ACoS CoC, and Husker Sports Network (HSN). Nine of the 11 accredited cancer centers are financial supporters. The campaign consists of radio, TV, and print media and collateral activities, e.g. product distribution, gas pump toppers, direct mailings, and community activities. A website supports the campaign: StayInTheGameNE.com offers education, partner promotion and registration for contests.

Husker Sports Network has an exclusive contract with the University of Nebraska Athletic Department, managing media for all Husker sports. There are no professional sports in Nebraska, only one major university, and Nebraska residents follow the Huskers. Partnering with HSN seemed a good way to reach Nebraskans via radio, TV and event coverage. To date in the campaign that will end June 2009, a 1970-71celebrity football quarterback, basketball coach, and a women's volleyball player have been spokespersons

Outcomes: Early outcomes include increased enrollments in NCP, some increase reported by colonoscopy centers and campaign name recognition.

Conclusions: Partnering with a university athletic department's media contractor is an effective way to increase colon cancer screening in an age appropriate population.

18.

Presenter: Mary Lou Searls, BS, RN

Institution: Comprehensive Cancer Control Program Michigan Department of Community Health

Title: Patient Navigation: It Works for Colorectal Cancer Screening in Michigan

Abstract:

Background: Utilizing Patient Navigation, the Michigan Colorectal Cancer Screening Program (MCRCSP) has been implemented throughout three rural health departments in areas with higher than average colorectal cancer mortality rates.

Goals and Objectives: Recognizing colorectal cancer screening procedures are notoriously viewed as distasteful, a Patient Navigation process was implemented from the onset in an effort to achieve completion rates above the 40% national average.

Methods: The patient navigator model used was adapted from the BCCCP Case Management model and current literature. Each agency was provided detailed instruction on the process, objectives and the role of patient navigator in each of six categories of interventions. Clerical, health educators and nursing staff served as patient navigators, depending on which category of intervention was needed. During a 20-minute risk assessment the use of the kits was explained. Reminder phone calls were made monthly

to clients who had not returned their kits. Stamped envelopes were provided for returning samples.

Results: During 2008, 80% of clients enrolled completed the screening. Of 468 average risk clients, 364 (78%) returned fecal occult blood test kits. Ninety-eight clients were referred for colonoscopy and 87 completed the procedure (89%). Sixty-two polyps were removed from 24 clients; forty-three of those polyps were adenomatous and two were cancerous.

Conclusions: A patient navigation process that begins with a 20-minute 1:1 risk assessment results in a high screening completion rate among low-income uninsured/underinsured public health clients. The systematic navigation process is not costly or time-consuming and can decrease mortality from colorectal cancer.

19.

Presenter: Simbonika Spencer

Institution: University of South Carolina & American Cancer Society

Title: Shop Talk Movement: An evidence-based approach to increase colorectal cancer awareness and screening in beauty salons and barbershops in SC

Abstract:

Colorectal cancer (CRC) is preventable yet it remains the second leading cause of cancer death in the United States and South Carolina (SC). American Cancer Society (ACS) estimates, in SC, approximately 2,230 new CRC cases and 790 deaths this year (ACS, Cancer Facts and Figures 2007). Both the incidence and mortality of CRC is elevated among African- Americans in South Carolina. The Shop Talk Movement was designed as a two year intervention utilizing the specific geographical, cultural, and professional nuances of the relationships between beauty salon stylists, barbers, and their clients in South Carolina. The program works within existing social networks, in this case, barbers and stylists, to deliver culturally-appropriate information on colorectal cancer screening to their clients. We trained and empowered barbers and stylists (n=114) with educational materials and "promise" cards. A total of 1426 clients of the participating barbers and stylists have completed promise cards indicating their willingness to tell others about colorectal cancer and seek screening or encourage loved ones to seek screening (n=1,963 were returned, 537 were incomplete). The promise cards provided an opportunity to initiate colon cancer discussions with their clients. The tri-fold cards supplied information about risk factors and screening information for colorectal cancer. The promise cards also indicated that if returned clients, would be contacted by phone or e-mail. Evaluation activities include contacting a random sample of those who fill out and returned promise cards by telephone at 6 and 12 month intervals (post-return of the card). The purpose of this study will be to assess knowledge retention, exposure and quality of interaction with barber/stylist, personal screening behavior (*if applicable*), and efforts to share information with loved ones.

20.

Presenter: Becky Wheeler, CTR
Institution: Southeastern Ohio Regional Medical Center
Title: "Face the Bear Facts: Colon Screenings Save Lives"
Abstract: Background: In 2005, Guernsey County was identified as one of 23 counties in Ohio with higher percentages of late stage diagnosis of colorectal cancer. The Guernsey County Colorectal Taskforce was formed and began work early in 2006. Goals: The mission was to raise awareness of the significance of colorectal cancer and to enhance early detection by disseminating information and mobilizing community resources. Methods: The taskforce concentrated its effort in three general areas: physician education, community education and concerted efforts to provide screening tests to the public in the form of free Hemawipe tests and reduced cost and "no cost" colonoscopies to those patients with financial difficulties. Results: The multiple initiatives prompted nearly 400 calls for information, to acquire Hemawipe tests or to arrange an interview with our financial counselors for reduced cost or free colonoscopies. Nearly 90 colonoscopies were carried out totally free, including the physician, hospital and pathology fees. The taskforce efforts resulted in a 22% increase in colonoscopies for 2007 and polyp detection increased 63% since the beginning of the taskforce efforts. The total number of cases of colorectal cancer diagnosed rose 50% in one year (2005-27 cases, 2006-40 cases). Conclusion: In the three years since inception of the taskforce the number of late stage cancers has fallen from 53.5% to 43% and Guernsey County is now in the best statistical category instead of the worst in the state of Ohio. We are making a difference in our small community.