

2012 Dialogue for Action Poster Sessions

Baltimore Ballroom Foyer on the 5th floor

Thursday, March 22, 2012

10:00 – 10:30 A.M.

3:00 – 3:30 P.M.

6:15 – 6:45 P.M.

Friday, March 23, 2012

9:30 – 10:00 A.M.

Poster 1

Title: [Multi-channel Media and Marketing in Rural and Frontier Areas Targeting Alaska Native People](#)

Submitted by: Janice Swier, BA¹, Kate Landis, BA¹, & Vanessa Hiratsuka, MPH¹

1. Southcentral Foundation, Anchorage, AK

Abstract: Background: Alaska Native people experience the highest rate of colorectal cancer (CRC) in the US. Alaska is a geographically challenged state with many small rural, remote communities with limited mass media capabilities. Goals and Objectives: To address low CRC screening rates and low levels of understanding how CRC screening impacts CRC development, a multi-channel CRC screening education campaign was developed by the state and tribal partners of the Alaska Colorectal Cancer Partnership (ACCP). The campaign sought to place media and marketing materials and messages across Alaska to raise understanding about CRC screening. Methods: A multi-channel colorectal cancer screening public education campaign was developed which utilized traditional and non-traditional media channels. In addition to booths at health fairs, bus ads, newsletter articles, and television public service announcements, the ACCP developed java jackets for coffee cups. Results and Conclusions: Media and marketing materials were distributed to ACCP community partners throughout Alaska. A pre-post campaign evaluation indicated that over half of the respondents were Alaska Native people. Respondents comfort in speaking with their health care provider about colon screening increased by 12% and over 10% of respondents who were age 50 years or more and had never had a colon screening reported being very likely to contact their healthcare provider to schedule a colon screening. The multi-channel campaign was able to reach the target population and increase the willingness of individuals to talk with their health care providers about colon screening.

Contact: Janice Swier, BA, jswier@southcentralfoundation.com

Poster 2

Title: [Improving Colorectal Cancer Screening Rates Among Utah's Insured Population](#)

Submitted by: Genevieve M. Greeley, BS, MCHES¹, Meghan M. Balough, MPH, CHES¹, Jodie M. Pond, MPH, MCHES¹, & Kathryn Rowley, RTT, CPM¹

1. Utah Department of Health, Colorectal Cancer Control Program, Salt Lake City, UT

Abstract: Background: Three of the largest health insurers in Utah, SelectHealth, Altius, and Public Employees Health Program (PEHP), came together with the Utah Colorectal Cancer Control Program to develop a reminder system for their screening colonoscopy eligible enrollees. Participants reached a consensus on the design and message of the postcard to be mailed, which was designed to work as a companion piece to our population-based media campaign that featured popular Utah outdoor television host Doug Miller. Each company added appropriate logos and informational phone numbers as appropriate. Regence BlueCross/BlueShield had developed the pilot project in the previous year. To date over 110,000 reminders have been sent.

Goals and Objectives: The main goal is to increase the rate of colorectal cancer screenings in Utah's insured target population. The main objective is to increase colon cancer screening through reminder postcards that (1) increase awareness of the benefits of colonoscopies, and (2) influence attitudes about colonoscopies.

Methods: A reminder postcard was mailed to individuals between 50 and 75 years of age through the above listed local health insurance companies that insure a large majority of Utah's population.

Results and Conclusions: Reminder postcards were mailed out to eligible insured members of SelectHealth in April 2011. Results showed that between April 2011 and May 2011 colorectal cancer screening increased by 138%. Preliminary data from Regence BlueCross/BlueShield, Altius, and PEHP show similar increases. Postcards will again be mailed this year during Colorectal Cancer Awareness Month. This project was deemed a huge success by all involved. Shannon Spenser, Quality Improvement Coordinator for SelectHealth, stated "... [those excluded from screening numbers due to abnormal findings] members, such as colorectal cancer, were diagnosed as a direct result of the screening done after the mailing. For those few people (19) it could have been life-saving."

Contact: Genevieve M. Greeley, BS, MCHES, ggreeley@utah.gov

Poster 3

Title: *Collaboration to Increase Colorectal Cancer Screening Among Low-Income Uninsured Patients*

Submitted by: Larry Holman, MS¹, Diana Redwood, MS, MPH², & Tom Hunt, MD¹

1. Ride For Life Alaska, Inc., Anchorage, AK
2. Alaska Native Tribal Health Consortium, Anchorage, AK

Abstract: Background: Colorectal cancer (CRC) is the second leading cause of cancer-related deaths in the United States. CRC screening allows for prevention through the removal of precancerous lesions and early detection of cancer.

Goals and Objectives: Ride for Life Alaska (RFL), a nonprofit organization that raises funds to fight cancer, and the Anchorage Neighborhood Health Center (ANHC), Alaska's largest community health center, joined efforts to provide CRC screening and outreach to an ethnically diverse group of low-income underinsured or uninsured patients in and around Anchorage, Alaska.

Methods: RFL and ANHC worked with gastroenterologists, medical practices, and pathology services to contribute pro bono and reduced-fee services for CRC screening. Information to patients was distributed through signs in the clinic, flyers, and the ANHC website.

Results: CRC screening was increased in this population. During 2007-2010, there were 3,182 immunochemical fecal occult blood tests given to patients, and 2,179 were completed (61%); 24% were positive. Sixteen gastroenterologists, 4 medical practices, and 2 laboratories provided 173 follow-up colonoscopies and pathology services, 16 sigmoidoscopies to patients identified through the CRC screening program who did not have other funding resources available for follow-up care.

Conclusions: This program provides a model for leveraging scarce screening resources by drawing on multiple partners to increase CRC screening. Recommendations for those seeking to initiate similar programs are to have memoranda of agreement in place and a clear scope of work for all participating people and organizations to avoid delays in program implementation; hire a screening care coordinator to manage patient care and collaborate with medical practices; and identify program champions who have the energy and persistence to craft such partnerships.

Contact: Larry Holman, MS, lholman@gci.net

Poster 4

Title: *[A Community Approach to Increasing Utilization of Colorectal Health Services through Regional Worksite Initiatives](#)*

Submitted by: Christi Sheffield, BS¹, Robert E. Pryor, MD², & Tracy Farmer, RN²

1. Virginia Comprehensive Cancer Control Program, Charlottesville, VA
2. Twin County Regional Healthcare, Galax, VA

Abstract: In early 2011, numerous citizens of Galax, VA voiced a concern of the low colorectal screening rates in their community. To address this community concern, the mayor of Galax, a colon cancer survivor, along with a local surgeon, established the Galax Colon Cancer Coalition. This coalition had representatives from the government, school system, healthcare professionals, churches, and African-American and Hispanic communities. This newly formed coalition reviewed their county screening rates, local resources, and barriers to screening. After reviewing the data, it was evident that even fully insured citizens were not utilizing fully covered colon screening services. The coalition then reached out to the CCC program and the Cancer Action Coalition of Virginia to collaborate on innovative ways to increase utilization in this insured population as well as the under and uninsured.

To address the uninsured population, the CCC program connected the Galax Free Clinic with a state program that could provide free iFOBT kits donated by Hemosure, Inc. As the largest employer and a screening rate of less than 50%, Twin County Regional Healthcare volunteered to be the first worksite to implement the Colon Cancer Free Zone in partnership

with the state's cancer coalition. The coalition funded a three month colon cancer awareness program targeting healthy lifestyle choices, risk reduction tools, and colon screening services including an overview of their insurance coverage. Local survivors also shared their stories. Employees who participated in these sessions received "LIFE bucks" to be cashed in for small gifts or saved for a paid day off.

Over 200 employees pledged to get screened or share information with friends and family members. Feedback was overwhelmingly positive and employees are getting screened. The program is currently in the evaluation process. Based on the TCRH success, other employers are implementing the program in their companies.

Contact: Christi Sheffield, BS, Cws9q@virginia.edu

Poster 5

Title: [*Today's Tools for a Better Tomorrow*](#)

Submitted by: Joanne K. Gersten, MS, RN¹, & Lynn F. Butterly, MD¹

1. Dartmouth-Hitchcock Medical Center, Lebanon, NH

Abstract: Background: Colorectal cancer (CRC) is the second leading cause of cancer death in the United States. Despite evidence that reductions in CRC morbidity and mortality can be achieved through prevention and early detection using CRC screening, those rates remain low. The New Hampshire Colorectal Cancer Screening Program (NHCRCSP) is a Centers for Disease Control and Prevention grant program that is working with over 40% of the primary care providers (PCP's) in New Hampshire to increase screening rates. PCP recommendation is known to be a major motivator for screening. Evidence based strategies (EBS) are implemented including PCP assessment and feedback, which has demonstrated success.

Goals: Increase NH CRC screening rates to 80% of individuals over age 50 by 2014.

Methods: NHCRCSP staff disseminates EBS to PCPs, nurses and office staff through ongoing consultation and training. Participating practices agree to determine their aggregate or individual provider CRC screening rates and monitor them at least twice a year. They must also identify an internal champion who will partner with the NHCRCSP staff. Internal champions are trained on the strategies in the National Colorectal Cancer Roundtable publication, "*How to Increase Preventive Screening Rates in Practice*" which includes provider and client reminders, provider assessment and feedback, and small media. Sales training is also given to ensure the "Champions" can gain agreement from the practice staff.

Results: NHCRCSP in collaboration with NH healthcare systems and providers have demonstrated success in increasing CRC screening rates. One large system's rates increased from 63% to 78% over a four year period, and two other large systems increased by 11% in the past year.

Conclusion: Provider intervention utilizing performance assessment and feedback and the implementation of EBS is a highly effective method of increasing CRC screening. This model should be part of preventive healthcare processes moving forward.

Contact: Joanne K. Gersten, MS, RN, Joanne.K.Gersten@hitchcock.org

Poster 6

Title: *[Patient Navigation: The GPS To Health](#)*

Submitted by: Lynn F. Butterly, MD¹, Gail Sullivan, BS, RN¹, & Kortney Sommer, BS, RN¹

1. Dartmouth-Hitchcock Medical Center, Lebanon, NH

Abstract: Background: Despite compelling evidence for efficacy of colorectal cancer prevention through screening, those rates remain low, particularly for low income individuals and racial and ethnic minorities. The New Hampshire Colorectal Cancer Screening Program (NHCRCSP) is a Centers for Disease Control and Prevention grant program that began offering free colonoscopies to low income New Hampshire residents in 2010 and has developed a highly effective Patient Navigation (PN) program.

Goals: Provide high quality colonoscopies to uninsured low income NH residents. High quality includes adherence to screening, adequate preparation, completion of exam, appropriate follow up, and patient and provider knowledge of results.

Methods: PN program guidelines are followed for all clients, including a minimum of six telephone interactions to ensure understanding and compliance. Data is collected on call content, quality of prep, and appropriateness of follow up with Medical Director guidance.

Results: NHCRCSP has performed 580 colonoscopies for uninsured NH residents at or below 250% of the poverty level. Patient Navigators manage each client from time of enrollment including ensuring understanding of colonoscopy results and follow-up recommendations. Client barriers include language, transportation, and lack of knowledge about all aspects of screening, including test preparation. To date there have been zero no-shows and only 1% of clients have had an inadequate preparation. In NH's most diverse city, Manchester, 152 colonoscopies have been performed, 48% for ethnic or racial minorities and 32% for non English speaking clients, with a zero no-show rate and a 1.3% inadequate prep rate. Nationwide up to 1/3 of all colonoscopies have an inadequate prep and no-show rates are generally around 30%. Notably, 100% of clients received follow-up recommendations from their endoscopist. Future intervention is aimed at also ensuring specialist to PCP communication.

Conclusion: Patient Navigation is an extremely effective method of increasing compliance with screening while simultaneously ensuring screening quality.

Contact: Lynn Butterly, MD, Lynn.F.Butterly@hitchcock.org

Poster 7

Title: *A survey of potential adherence to conventional colonoscopy with positive capsule endoscopy findings in patients who have declined colonoscopy*

Submitted by: David H. Mason, MD¹, Susan Kushins, MS, MBA¹, & Gregory Davault, MBA¹

1. Given Imaging, Duluth, GA

Abstract: Background: Dr. Douglas Rex & Dr. David Lieberman authored a 2011 DFA poster that showed a 49% willingness to use capsule colonoscopy among those who had previously declined colonoscopy screening despite a physician recommendation. A new survey shows capsule colonoscopy might increase patient willingness to undergo colonoscopy when presented with positive findings from the procedure.

Goals and Objectives: Measure attractiveness of capsule colonoscopy and willingness to undergo a follow up colonoscopy if polyps of significant size were found in patients who have declined conventional colonoscopy.

Methods: A sample of 300 diverse 50-79 year olds in the U.S. population who had declined colonoscopy when presented by their health care provider completed an internet or phone survey. The main outcome measurements were baseline willingness to have colonoscopy, preferences for capsule colonoscopy, and willingness to have colonoscopy with positive capsule colonoscopy findings.

Results: Individuals were asked how willing they were to undergo a colonoscopy currently with 37% indicating that they were very willing. After description of capsule colonoscopy, 53% were willing to use capsule colonoscopy for CRC screening. Among those individuals, two scenarios of capsule colonoscopy positive findings (7mm and 16 mm polyp) were presented. Rates of individuals very willing to undergo a colonoscopy increased from 37% to 79% and 86% respectively.

Conclusions: Capsule colonoscopy could increase CRC screening and interventional procedure adherence rates among those who decline screening with conventional colonoscopy.

Contact: David Mason, MD, david.mason@givenimaging.com

Poster 8

Title: [*Transportation Navigation Improves Colonoscopy Completion Rates*](#)

Submitted by: Carrie Nestell, MPH¹, & Lisa Carlton, BS²

1. Saint Mary's Health Care, Grand Rapids, MI
2. Grand River Gastroenterology, Grand Rapids, MI

Abstract: Background: In May 2011, Saint Mary's Health Care (SMHC) partnered with Grand River Gastroenterology (GRG) to reduce barriers to colorectal cancer screening. GRG identified lack of transportation as the main barrier to colonoscopy completion with 30% of their colonoscopy no-shows/cancellations due to transportation in 2010. Patients needing colonoscopies must rely on a responsible adult to provide them with transportation to their appointments; meaning both the patient and responsible adult may need to take time off from work.

Goals and Objectives: The goal of this partnership was to provide free transportation services to colonoscopy appointments for patients in need. SMHC/GRG researched transportation options for patients and determined that using a local ambulance company's

wheelchair van was the best method to provide this service. Grant funds from the Michigan Department of Community Health were secured to pay for the service.

Methods: SMHC/GRG partnered with Life EMS's Mobility Transportation Unit to provide transportation services. A reduced rate was negotiated with Life EMS (equivalent to a 30% discount) and direct billing system established so patients would not be involved in the payment process. All patients enrolled in the Michigan Colorectal Cancer Early Detection Program (MCRCEDP) were offered transportation to their appointments. In addition, all GRG patients calling to cancel their appointments because they did not have transportation were offered this service at no charge.

Results: Eighty patients utilized the transportation serviced during May-September 2011, with 12 patients enrolled in the MCRCEDP. GRG's no-show/cancellation rate decreased by 54% between 2010-2011.

Conclusion: Unlike many other cancer screening tests, patients needing colonoscopies must have a responsible adult to take them to their appointments. This requirement can be a barrier to completion as some patients may not have access to transportation. Providing free transportation for patients can help improve the colonoscopy completion rate and reduce no-shows/cancellations for GI practices.

Contact: Carrie Nestell, MPH, nestellc@trinity-health.org

Poster 9

Title: [*Going Blue/Going Viral: Using Facebook™ to Engage the Public in Dress in Blue Day*](#)

Submitted by: Katie Matusik, BA¹, Donna Quinlan, BA¹, & Jasmine Greenamyer, MPH¹

1. Colon Cancer Alliance, Washington, DC

Abstract: Background: The Colon Cancer Alliance (CCA) launched the national Dress in Blue Day (DIBD) program in 2009 to bring nationwide attention to colon cancer and to celebrate the courage of those affected by this disease. Individuals, businesses and community groups across the country participate by wearing blue and urging others to do the same on the first Friday of every March.

Goals and Objectives: In 2011, the CCA used Facebook as a viral platform for reaching out to the public. Although Facebook had been utilized to share event information in 2010, the 2011 goal was to create a sense of excitement that would encourage followers to share the event and its main message - the importance of screening - with their fellow Facebook friends.

Methods: From January until March 5th, the CCA asked its Facebook followers to repost about DIBD and join the Facebook event. Additionally, the CCA invited users to share how and why they were "going blue" by posting stories and photos to the CCA's page.

Results: In the 2011 DIBD survey, 31% of respondents said they promoted the event online and 85.8% indicated they thought the event raised awareness for colon cancer. On DIBD alone, the CCA's Facebook posts received over 11,000 impressions, including 191 "Likes"

and 49 posts from individuals sharing how or why they were going blue. Furthermore, in the week leading up to March 5th, Facebook was responsible for more than a quarter of all referral traffic to the CCA website.

Conclusions: By engaging with users through Facebook rather than merely passively sharing information, the CCA was able not only to increase the public's participation in DIBD, but also to increase awareness about screening and colon cancer.

Contact: Katie Matusik, BA, katie@ccalliance.org

Poster 10 **Title:** *Challenges and Lessons Learned in Implementing a FIT Screening Program for Urban Safety Net Clinics in Colorado*

Submitted by: Susan Rein, BSN, RN, CCRC¹, Dennis Gurfinkel, BA¹, & Holly Wolf, PhD, MSPH¹

1. University of Colorado Cancer Center, Aurora, CO

Poster 11 **Title:** [Readers' Theatre: A Communication Tool for Colorectal Cancer Screening](#)

Submitted by: Melany Cueva, RN, EdD¹, Mark Dignan, PhD, MPH¹, & Regina Kuhnley, BS, CNM, MEd¹

1. Alaska Native Tribal Health Consortium, Anchorage, AK

Abstract: Colorectal cancer (CRC) is the second leading cause of cancer death for Alaska Native and American Indian people. Alaska Native people have nearly twice the rate of CRC mortality and incidence as the U.S. White population. Purpose. 'What's The Big Deal?' a 25-minute Readers' Theatre script was developed with and for Alaska Native and American Indian Community Health Workers (CHWs) and the people in their communities to provide CRC screening information, increase comfort with talking about CRC, and encourage recommended CRC screening exams. Readers' Theatre integrates oral tradition, language, and culture into a dynamic story that engages participants in an active process of reading and listening. Methods. Grounded within Indigenous methodologies of community engagement, two concurrent approaches to script development were utilized during a six-month time period. Approximately 20 people including cancer survivors, their families and caregivers, medical providers, and Community Health Workers provided individual comment on the script as it was being written and revised. Additionally, 38 CHWs as part of four cancer education workshops read, critiqued, and assisted with script revisions. Using humor and story, a playwright brought life to six characters who address common concerns related to colorectal cancer screening. Results. During April 2010 – March 2011, 94% (161/172) of participants from 11 Readers' Theatre completed a written evaluation. 90% (145) of participants reported feeling more comfortable talking about CRC. "I felt it was a fun way to get people to talk about this [colorectal cancer screening] in a non-embarrassing setting." 77% (124) wrote healthy changes they planned to make. Conclusions. "[Theatre] gave us a new way to talk with patients and family." "-a great way to lighten the mood on such a

serious topic.” Readers’ Theatre was associated with increased knowledge, comfort talking about CRC, and served as a catalyst for positive intent to change behavior.

Contact: Melany Cueva, RN, EdD, mcueva@anthc.org

Poster 12

Title: [*Impact of Undy 5000 5K Series on Colorectal Cancer Screening Rates*](#)

Submitted by: Donna Quinlan, BA¹, & Jasmine Greenamyre, MPH¹

1. Colon Cancer Alliance, Washington, DC

Abstract: Background: The Colon Cancer Alliance’s (CCA) Undy 5000 is a nationwide 5K series that aims to increase the visibility of colon cancer (CRC) screening and to celebrate colon cancer survivors. Participants are encouraged to run in their family-friendly underwear to get people talking about this largely preventable cancer.

Created in 2008, the Undy 5000 has grown from 3 locations in 2008 to 17 planned for 2012. Through the participation of more than 20,000 individuals, the Undy 5000 has raised more than \$3 million. Some of the funds raised in each city are given to a community-based organization to support local CRC screening and treatment programs. Funds raised also help the CCA’s education, patient support, and screening and treatment programs.

Goals/Objectives: Be the most impactful CRC awareness and fundraising event in the country. Bring together local communities to celebrate CRC survivors and their family. Motivate individuals to get screened for CRC. Raise local and national funds to increase screening rates, particularly amongst the underserved.

Methods: After every event, a survey is distributed via email to participants. Pre- and post-event questions are asked about knowledge of, and action related to, CRC screening and screening recommendations to family and friends.

Results: With over 600 survey responses in 2011, data suggests that before participating in the Undy 5000, 49% of respondents had been screened. After participating, 67% said they were encouraged to get screened and 82% were encouraged to talk to others about CRC screening. Over 96% said their overall Undy 5000 experience was positive, and 92% would recommend it to others.

Conclusions: The Undy 5000 makes an impact in communities across the country. Individuals show an increase in their likelihood to get screened for CRC and an increase in likelihood to recommend screening to others, as evident by results of the survey.

Contact: Donna Quinlan, BA, dquinlan@ccalliance.org

Poster 13

Title: *The Emerging Role of Local Health Departments in Fostering Community Collaboration to Increase CRC Screening Recommendations at Primary Care Offices*

Submitted by: Ann Walsh, MHS, CHES¹, Mary Ellen Rapposelli, RN, BSN, MSN², Christine Adams, RN, BSN², & Lyndsey Scott, BS²

1. Maryland Department of Health and Mental Hygiene, Center for Cancer Surveillance and Control, Baltimore, MD
2. Cecil County Health Department, Elkton, MD

Abstract: Background: As health insurance reform is implemented and the use of safety net screening programs changes, it is important to understand the role local health departments can play within their communities to collaboratively increase CRC screening without actually providing CRC screening. Based on current literature and recommendations from the CDC Community Guide, the Maryland Department of Health and Mental Hygiene partnered with the Cecil County Health Department to support the efforts of the Cecil County Cancer Task Force to engage provider offices in the development and use of small media products and clinical change tools from the American Cancer Society's How to Increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinician's Evidence-Based Toolbox and Guide.

Goals: Project goals were to 1) empower the local cancer coalition to provide technical assistance to provider offices using the ACS toolkit and 2) conduct quality improvement initiatives with the offices to increase provider recommendation for CRC screening. Targeted outcomes were to increase provider utilization of small media products, increase practice use of patient tracking tools and increase provider recommendation of CRC screening.

Methodology: The Health Department disseminated a Provider Office Assessment based on the ACS toolkit Checklist for Increased Screening to local primary care offices, conducted chart audits using the ACS Audit and Tracking Template and implemented small media products and clinical policy changes.

Results: Five offices were identified to participate and 299 chart audits were conducted by the Health Department to establish screening recommendation and compliance. Two small media tools were developed and implemented and two clinical policy changes were implemented.

Conclusion: Local Health Departments can play an important role in leading collaborative efforts at the community level to engage primary care offices in methods to assess and implement policies and clinical systems changes to increase provider recommendation for CRC screening.

Contact: Mary Ellen Rapposelli, RN, BSN, MSN, mrapposelli@dnhmh.state.md.us

- Poster 14** **Title:** *Innovative Approaches to Colorectal Cancer Screening in a High Risk Population of Alaska Native People*
Submitted by: Diana Redwood, MS, MPH¹, Ellen Provost, DO, MPH¹, & Amie Haakenson, MD¹
1. Alaska Native Tribal Health Consortium, Anchorage, AK
- Abstract:** Background: Cancer is the leading cause of death among Alaska Native (AN) people, and colorectal cancer (CRC) is the leading cause of new cases of cancer. Alaska Native people are disproportionately affected by colorectal cancer; experiencing almost twice the incidence and mortality as U.S. Whites. Although CRC screening is an effective way to reduce CRC mortality, AN screening prevalence varies significantly between regions of the state, from 23% to 67%, with a median of 51%.
Goals and Objectives: Over the past decade, the Alaska Native Tribal Health Consortium (ANTHC) has worked to improve CRC screening prevalence through the provision of direct screening services, policy and systems changes, provider education, and community outreach.
Methods: Projects have included the development and implementation of a flexible sigmoidoscopy training program for rural mid-level providers; the provision of itinerant endoscopy services at rural tribal health facilities; the development and implementation of a CRC screening Patient Navigator project; the creation and use of a CRC first-degree relative database to identify and screen relatives of CRC patients; research studies to test new screening modalities; and the creation and dissemination of multimedia materials and health resources for CRC screening promotion among the Alaska Native population.
Results and Conclusions: CRC screening rates have increased 102% from 2000 to 2011 due to the multi-component activities of the ANTHC and its partner rural tribal health organizations. Lessons learned from past projects include the need for patient navigation and to address capacity and systems barriers. Further research and programs should address barriers to screening and expand the CRC screening options available to Alaska Native people. These efforts will increase CRC screening prevalence and, ultimately, decrease the excess morbidity and mortality caused by CRC among the Alaska Native population.
Contact: Diana Redwood, MS, MPH, dredwood@anth.org
- Poster 15** **Title:** [Love Your Colon Get Behind It!](#)
Submitted by: Gailya Walter, MPH¹, Laura Long, MD, MPH², & Emily O'Sullivan, MS, CHES²
1. Center for Colon Cancer Research, University of South Carolina, Columbia, SC
 2. BlueCross BlueShield of South Carolina, Columbia, SC
- Abstract:** Background: With support from PCF National Challenge Grant, a worksite intervention featuring the Super Colon was conducted in October 2011. The Center for Colon Cancer Research and BlueCross BlueShield of SC along with other partner organizations supported this initiative. Goals and Objectives: To increase employee awareness about CRC

screening; to increase screening rates (baseline rate of 46.02%) among covered employees; to increase employee knowledge regarding risk factors and motivate action. Methods: 6-hour multi channeled intervention at large worksite (2500 employees); use of personal pledge cards to capture demographics and gain commitment for seeking CRC screening; distribution of promotional incentives (tote bags, T-shirts, star pins, buddy bracelets and soap products, with drawing for iPad); employees toured the Super Colon and received educational information from health coaching staff; colon healthy menu options were offered in the cafeteria at reduced price; CRC lunch & learn sessions were led by a local gastroenterologist; strong employer endorsement for CRC screening; employees who signed pledge cards will receive follow up information and a reminder to get screened. Results & Conclusions: 890 BCBS employees toured the Super Colon; 783 pledge cards signed; 784 tote bags, 827 buddy bracelets, 668 star pins, and 250 soaps were distributed. Attendance for Lunch & Learn was 90. Pledge card data will be entered into a database for analysis of employee claims data to measure changes in screening rates at 3 & 6 months.

Contact: Gailya Walter, MPH, waltergp@mailbox.sc.edu

Poster 16

Title: *Electronic Media Tool for CRC Education: Jo Jo: Your Colon and You*

Submitted by: Andrea Dwyer, BS¹, & Kelly Means, MPH (c)¹

1. Colorectal Task Force, Aurora, CO

Abstract: “Jo Jo: Your Colon and You,” is an animated production created in collaboration with a former producer of ‘South Park’ television show, a cartoonist and the Colorado Cancer Coalition’s Colorectal Task Force. The purpose of the video is to educate patients about the importance of colorectal screening, the various screening modalities and detailed information about colonoscopic screening and make linkages to programs and existing resources. The goal was to develop an educational tool to be used in a variety of settings with appeal primarily to men, but to a wider audience, as well. Focus groups were conducted to learn more about the type of messaging that was most effective in the target audience, as well as the message itself. The findings included: keep the message short and simple; elicit ‘help’ from the female medical decision maker in the household; use a more irreverent brand of humor; note a colonoscopy was typically not needed every year. There was special attention to ensure medical screening guideline information and recommendations were included in the messaging and were released in 2010. Since then ‘Jo Jo’ has been disseminated to over 250 organizations and individuals throughout the U.S. The animation is available in varying lengths. ‘Jo Jo’ received the highest overall ranking of outreach and awareness materials used in Colorado by the Colorado Department of Public Health and Environment and was the 2010 American Public Health Association Scientific Session national award winner. An online survey measuring the reach and implementation of ‘Jo Jo’ has revealed that the animation is predominantly used in health fair settings, awareness campaigns and community education events. Additionally, the overall perception



of 'Jo Jo' by ALL audience types is ranked as 'extremely favorable' (4.5 on 5 point scale).
Contact: Andrea Dwyer, BS, Andrea.dwyer@ucdenver.edu