

**Title of Intervention:** Offering Colorectal Cancer Screening and Education to Uninsured Minorities

**Intervention Strategies:** Provider Education, Group Education, Supportive Relationships, Environments and Policies, Campaigns and Promotions

**Purpose of the Intervention:** To improve colorectal cancer awareness, education and screening among uninsured minority populations

**Population:** Lower income and uninsured African American, Hispanic and Asian adults, aged 50 and older

**Setting:** Suburban Montgomery County, Maryland; community-based, worksite-based, faith-based, home-based, health care facility-based

**Partners:** Hospitals, African American and Asian health groups, a coalition of community clinics, a hospice association, the local chapter of the American Cancer Society, a Housing Opportunity Commission residence, Latino Health Initiative, a management company

**Intervention Description:**

- **Provider Education:** A provider education packet was sent to all providers in the county. Bulletins announced the colorectal cancer screening program to providers. Presentations were given to hospital staff in which the medical director and health educator presented up-to-date screening guidelines and news of the program. Providers were urged to refer lower income, uninsured individuals to the program. Formal interpreter training was given to clinical provider staff.
- **Group Education:** Educators and promotoras (community health workers) held brief education classes in local hospitals, community classes, health fairs, special events, workplaces, neighborhoods, faith-based centers, community clinics, service sites, homes and convenience sites. Longer formal presentations included information about the impact of colorectal cancer, risk factors, screening recommendations, symptoms or lack of symptoms, screening options and the free screening program for lower income adults. Instruction was also given on how to complete a non-invasive screening. Other specific questions were referred to and answered by available health care providers.
- **Supportive Relationships:** At appointments to determine eligibility for screening, participants viewed a short screening video and received a one-on-one meeting with a health care provider to describe the procedures. A cancer information phone line was staffed with bi-lingual, bi-cultural staff to answer questions, mail out educational brochures and schedule sit-down education sessions. Health care providers accompanied participants to invasive screening visits if family members were not available. Those who completed a non-invasive screening were contacted by phone for positive results, and further follow-up occurred to ensure that diagnostic screenings were completed. Educators followed up with individuals who had not yet returned their screening kit through phone calls and a letter that probed for barriers and restated educational information.
- **Environments and Policies:** Non-invasive screening kits were provided to all referred participants at no cost, and an invasive screening was provided at no cost for lower income, uninsured adults.
- **Campaigns and Promotions:** Media campaigns (English and Spanish) reached all county residents by broadcasts, print, transit advertising and postcard mailing.

**Theory:** Not mentioned

**Resources Required:**

- **Staff/Volunteers:** Health educators, college graduates, Spanish-speaking promotoras, case managers, health care providers, bilingual/bicultural telephone counselors, Spanish interpreter, medical director, laboratory staff, staff for determining eligibility of participants
- **Training:** Training in intervention protocol
- **Technology:** Computer, printer
- **Space:** Space for eligibility meetings and education sessions, clinic offices, participants' homes
- **Budget:** \$122 per individual educated, \$1,688 per individual screened
- **Intervention:** Brochures, paper, education materials, videos, non-invasive screening tests, letters, envelopes, postage, referral forms, physician education packets, bulletins, media messages

- Evaluation: Screening records, health care provider reports

**Evaluation:**

- Design: Pre- and post-test
- Methods and Measures:
  - Educators kept attendance records for each education session.
  - Health care providers completed reports about the number of screenings completed or returned to determine the number of people screened.

**Outcomes:**

- Short Term Impact: Over half of the participants who were eligible for invasive screening scheduled appointments.
- Long Term Impact: Over half of the total registrants completed some type colorectal cancer screening, and of those, ninety percent were minorities.

**Maintenance:** Regular meetings were held to continuously improve responsiveness of the Latino, African American and Chinese populations. Monthly meetings of all educators allowed partners to follow program progress.

**Lessons Learned:** Continued availability of non-invasive screenings is useful even in areas where invasive procedures are preferred and easily accessible.

**Citation(s):**

Sarfaty M, Feng S. Choice of screening modality in a colorectal cancer education and screening program for the uninsured. J Cancer Educ. Spring 2006;21(1):43-49.