



# Promoting Colorectal Cancer Screening in Rural Colorado

## Project Information Sheet

### Project Overview

Using a community-based participatory research model, this project will design, pilot test, and refine a community-based intervention to improve rates of colorectal cancer (CRC) screening in rural Colorado. Working with a project-specific Joint Planning Committee (JPC), we will develop an acceptable and respectful message and dissemination plan to improve CRC screening of all adults over the age of 50 in the High Plains community. The screening message(s) will be pilot tested using the methods suggested by the JPC in two High Plains communities and we will solicit community members' reactions to the message(s) and dissemination approaches. Using this information we will design and conduct a full-scale community-wide intervention to increase CRC screening in the entire High Plains region of eastern Colorado.

The project also includes 1) a pre/post intervention random digit dialing survey of rural eastern Colorado to determine rates of CRC screening and knowledge of the need for CRC screening in individuals over 50 and 2) a practice card study to determine the baseline rate of up-to-date CRC screening for individuals who use the health care system.

### Why? A description of the health problem

CRC is one of only two cancers in which a proven screening modality offers detection of *precursor* lesions and thus, an opportunity to prevent future cancers with relatively simple, ambulatory techniques. Screening with flexible sigmoidoscopy or colonoscopy reduces colorectal cancer (CRC) incidence by an estimated 80% and could potentially prevent over 45,000 deaths per year. Yet, use of these procedures falls short of the Healthy People 2010 goal for endoscopic screening rate of 50%, especially among less educated, lower income, and ethnically diverse populations.

### Benefits of the project

A combined approach of community activation, with clinician involvement and support for screening, may help address the barriers to CRC screening. Using a community-based participatory research process, the JPC will design appropriate messages and delivery approaches that will likely result in behavioral change – that is, obtaining CRC screening. This study relies on proven approaches to developing and studying a community-based intervention.

### Study update

COMIRB approval was granted in January 2005. The Joint Planning Committee (JPC) was developed and is comprised of 15 members from a variety of backgrounds, including local NE Colorado community members, public health workers, physicians, and a rural hospital administrator. Since its inception, the JPC has met twice a month by teleconference and quarterly in face-to-face meetings. The next in-person retreat is scheduled for early December in Yuma, CO. The intervention message(s) and materials were developed in the spring. The messages are: 1) colon cancer is the 2<sup>nd</sup> leading cause of cancer death in the U.S., 2) colon cancer is preventable, 3) testing is worth it, and 4) talk to your doctor! The materials include:

- Farm auction flyer that includes photos of farm equipment but a text that provides colon cancer statistics and screening information and the main message “talk to your doctor!”; placed in stacks and hung in local businesses and other prominent locations around town
- Stainless steel travel mug with the project slogan “got polyps” and “talk to your doctor today” printed on it
- Palm cards with photos of local residents and 4 colon cancer prevention messages; stuffed in travel mugs; includes instructions to pass cards along to friends and family; residents who took a mug card to local clinic received a free “got polyps?” travel mug
- 4 weekly newspaper articles written by the local physician on colon cancer and screening procedures
- 4 weekly personal stories in the newspaper from local residents who had experience with colon cancer, screening, or a family member/friend with colon cancer

- Community talk (PowerPoint) given by a physician and a member of the local community to 5-10 various groups and organizations in rural communities; emphasizes the main messages of the intervention and describes colon cancer and screening options

The baseline random digit dial survey was conducted in May 2005 in northeast and southeast Colorado counties (n= 1050; NE counties = 543; SE counties = 507). Initial analysis of the data has been completed. Two pilot interventions and practice card studies have been conducted in Cheyenne Wells, CO and Holyoke, CO. Analysis of the two pilot interventions using qualitative and quantitative data collected via random, face-to-face interviews with community members will be completed by December. The full-scale intervention will be refined based on the results of the pilot intervention, and roll-out will begin by the spring of 2006.

### **Timeline**

Oct-Nov 2004	Formation of the JPC
Oct-Oct 2005	Telephone survey development and implementation, intervention planning, pilot implementation and office-based screening rate study, community interviews, and pre-implementation of community outreach activities
2005-2006	Refinement of intervention, community outreach activities, randomized trial of intervention, and analysis
2006-2007	Randomized trial of intervention, dissemination of results
2007-2008	Telephone survey implementation, office-based screening rate study, analysis, and dissemination of results

### **Funding**

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### **Investigators**

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