

Grant Outcomes Report

Screening For Colon Cancer in Rural New York State: An Ongoing Challenge for The New York State Cancer Services Program

I. Executive Summary

The American Cancer Society, Eastern Division, Inc. (ACS), launched *Expanded Access to Colorectal Cancer Screening among Rural Populations in Upstate New York* through a 2007 NYHealth Special Opportunities grant. The project ran from January 1, 2008, through June 30, 2009, and sought to increase rates of colorectal cancer screening in rural populations in upstate New York. Specifically, this project planned to use a targeted mail intervention approach, combined with two stages of incentives, to increase enrollment of uninsured and underinsured rural residents, ages 50 to 64 and in need of colorectal cancer screening, into the New York State Cancer Services Program. The initiative also sought to address the question of whether program-eligible rural residents will increase their use of home-based colorectal cancer screening tests when made aware of the program. Three counties in New York State—Cortland, Delaware, and Steuben—were selected because of their rurality as well as high rates of unemployment, poverty, lack of health insurance, and colorectal cancer mortality, and high percentages of late-stage diagnosis. Although multiple outreach strategies were implemented, the project team found that it was difficult to encourage members of the target population to complete a colorectal screening.

II. The Problem

Rural populations have higher rates of poverty, lower educational attainment levels, and more limited access to health care than their urban counterparts. In addition, residents of rural regions suffer from higher colorectal cancer mortality rates and are less likely to receive routine colorectal cancer screening than urban residents.¹ Large geographic areas, low population density, and agricultural economy, coupled with few health care facilities, create obstacles for those seeking screening for cancer. Increasing colorectal cancer screening is a high priority in rural areas, including the three counties in New York State selected for this program intervention.

¹ Gosschalk, A., and Carozza, S. (2003). *Cancer in Rural Areas: A Literature Review*. Rural Healthy People 2010: A companion document to Healthy People 2010. Volume 2. College Station, TX: The Texas A&M University System Health Science Center, School of Rural Public Health, Southwest Rural Health Research Center.

KEY INFORMATION:

GRANTEE

American Cancer Society,
Eastern Division Inc.

GRANT TITLE

Expanded Access to Colorectal
Cancer Screening among Rural
Populations in Upstate New York

DATES

January 2008–June 2009

GRANT AMOUNT

\$23,630

III. Grant Activities

Through a partnership with the National Cancer Institute Cancer Information Service, ACS used Medstat's Consumer Health Profiles to identify residents age 50 to 64 in need of colorectal cancer screening. The project team of three county Cancer Services Programs, with input from cancer control experts, developed a letter for the initial recruitment mailings. Targeted mailing labels were used to send a direct mailing encouraging recipients to request and complete a no-cost, home-based colorectal cancer screening test through the New York State Cancer Services Program Partnerships.²

Under the original plan, ACS would direct recipients of the mailer to call the county-specific Healthy Living Partnership, where program eligibility would be verified and either a FOBT test or FIT test would be mailed, depending on the caller's county of residence. Residents of Cortland and Delaware counties received FOBT tests and residents of Steuben County received a FIT test. Every eligible person who called would be sent a \$5 gift card for responding to the letter. Those who returned the completed colorectal test kit would also receive a \$10 gift card. Enrollment into the Cancer Services Program would further ensure follow-up for annual screening for the duration of the individual's eligibility based on age and medical insurance status.

Unfortunately, the response rate to the initial letter was extremely low. At this point, ACS contacted NYSHealth to propose alternative, non-traditional outreach methods that they had developed with input from their county offices and cancer control experts. NYSHealth staff and leadership believed that this was an opportunity to test innovative rural cancer screening outreach strategies and therefore encouraged ACS to pursue these non-traditional outreach methods and granted ACS a six-month grant extension.

The grant project team tried a number of different outreach strategies under their revised workplan:

- Increase the value of the gift card incentives and provide a choice of either fuel or food gift cards.

EXPECTED OUTCOMES

As a result of this project, the American Cancer Society expected to:

- ▶ Demonstrate that the use of the National Cancer Institute's Cancer Information Service's Consumer Health Profiles (which provide geographic demographic, health behavior, and lifestyle information about those most in need of cancer prevention and detection information), overlaid with the New York State Department of Health's regional cancer burden data, will improve the delivery of cancer information to rural populations.
- ▶ Increase the number of uninsured and underinsured individuals enrolled in the New York State Department of Health Cancer Services Program for cancer screening, diagnostic and treatment services, and annual follow-up.
- ▶ Provide evidence that the Fecal Immunochemical Test (FIT) is better accepted than the Fecal Occult Blood Test (FOBT), as demonstrated by a higher return rate of FIT test samples than FOBT test samples within a rural, underserved population.

² The Cancer Services Program is a program of the National Breast and Cervical Early Detection Program funded jointly by the federal government and New York State to improve access to cancer screening, diagnostic and treatment services among underserved people. Low-income, uninsured, underinsured, and medically underserved citizens who participate in this program increase their access to high-quality health care services.

- Attend local events and encourage age-appropriate residents to agree to colorectal cancer screening with the promise of a \$25 gift card.
- Reach rural residents engaging in hunting and fishing activities and interest the purveyors of hunting and fishing licenses in serving as “local champions” to encourage residents to take part in colorectal cancer screening.
- Offer incentives to established clients of the New York State Cancer Services Program who had previously refused colorectal cancer screening as part of their annual screening.
- Offer an incentive to any former New York State Cancer Services Program clients who had left the program because of a change in insurance status but was now uninsured and re-enrolled in the program.

These strategies yielded low response rates as well. The project team, with the Foundation’s approval, decided to attempt another media strategy, which had sufficient enough evidence for a recommendation in the Centers for Disease Control and Prevention’s Guide to Community Preventive Services. The project team developed a sustained print advertising campaign with a graphic targeted to appeal to couples 50 years and older. Each county team selected a mix of subscription and non-subscription newspapers (daily and weekly) to run a four-week campaign between December and February.

In addition, ACS sought to re-engage the recipients of the original mailing with a reminder postcard featuring the same graphic used in the four-week print advertising campaign.

IV. Key Findings

The original plan for this project was to use NCI Medstat’s Consumer Health Profiles to identify and mail letters to residents aged 50 to 64 in need of colorectal cancer screening. The response rate to this mailing was extremely low, far below even the industry standard. The few residents who did call in response to the letter were generally ineligible because of insurance status. Although the letter included language about the eligibility requirements, respondents may have been confused by the criteria and/or did not consider Medicare or Medicaid to be insurance. The poor outcome is partly attributed to



the fact that the sample size for the mailing was much smaller than originally anticipated. Specifically, the initial sample size was to be approximately 17,000 addresses based on the Consumer Health Profiles maps. The actual number of addresses in the final, purchased product was 6,400, likely because of the transitory nature of the target population and because the maps capture only a point in time. Regardless of the reason, the result was a severely diminished pool of potential participants.

The poor response rate to the mailing was also attributed to insufficient incentives: \$5 and \$10 gasoline gift cards may not have been significant enough to overcome the social stigma of colorectal cancer testing during a period in which gasoline rose to \$4.50 a gallon, especially in a rural, agriculturally-based county where most farmers drive large pick-up trucks long distances.

Colorectal Screening Outcomes of this project:

- Steuben County screened 80 clients using the incentives provided through this grant during the grant period.
- Delaware County screened 52 clients during the grant period, using a combination of incentives, including those provided through this grant.
- Cortland County screened 80 clients during the grant period, using a combination of the incentives, including those provided through this grant.

V. Lessons Learned

This project sought to increase colorectal screening rates in rural upstate New York, where screening is especially challenging. The project faced several setbacks, but used those challenges as opportunities to change the original plan and instead test innovative outreach strategies for rural cancer screening.

- **MULTIPLE STRATEGIES AND LAYERED APPROACHES ARE ESSENTIAL TO BEHAVIOR CHANGE.** This project explored four different outreach strategies. With each strategy, ACS hoped to find the single approach that would significantly increase colorectal cancer screening among rural residents. However, no single outreach strategy emerged as having a clear impact on response rates.

Results from the county project teams revealed that the enhanced incentives (\$25 Wal-Mart or gas card) did seem to encourage clients to agree to colorectal cancer screening and complete and return the testing kit. Each program reported that the enhanced incentives did help to drive people who had not previously been screened for colorectal cancer to take and complete the kit. The incentives

FUNDING & RATIONALE

This project was awarded under NYSHealth's Special Projects Fund Round 1 in 2007. Under this request for proposals (RFP), NYSHealth was interested in supporting special opportunities that represented a one-time chance for an organization or group of organizations to have a large impact on the health of a group of people or to significantly improve the State's health care system. NYSHealth was especially interested in funding non-traditional or pioneering ways of making a difference through this RFP. This particular project represented a one-time opportunity to increase colorectal screening in rural upstate New York.

stimulated program outreach to new clients and encouraged those clients to agree to comprehensive screening services. Further, the added incentive helped convince clients who received the initial mailing but did not respond to agree, ultimately, to colorectal cancer screening.

In reviewing the outcomes of the outreach strategies, it is important to recognize that the strategies conducted for this project did not occur in a vacuum. The Cancer Services Program project teams each conducted a variety of simultaneous and consecutive outreach activities that were a part of their general work plans throughout the grant period in addition to the strategies conducted under the auspices of this grant. The incentives brought to the county project programs through this project did add value to their ongoing outreach activities. The small media campaign and reminder postcards created and funded through this grant augmented additional small media campaigns developed and conducted by the county project teams as called for in their approved Cancer Services Program work plans. Program staff at the regional level felt that it was the combination of their own traditional efforts along with the broader campaign outreach strategies that were responsible for increased uptake of colorectal screening kits.

Changing the types and amount of incentives as well as the outreach strategies made it difficult to attribute any increased screenings to a single strategy. Tracking the outcome data was more challenging than anticipated; therefore, the project was not able to determine conclusively that FIT tests are better accepted than FOBT tests.

During the enrollment process, clients are asked how they heard about the program. Cancer Services Program staff reported that rarely was there a one-to-one correlation between an ongoing media campaign or outreach strategy and an actual call made to the program. As discussed earlier, an individual may need to hear about an opportunity multiple times before acting on it. Though it was clear how many cards were used and kits were distributed and returned, the project team was unable to identify which strategy was ultimately responsible for eliciting an action step.

- **THE PUBLIC MAY NOT HAVE A CLEAR UNDERSTANDING OF THE MEANING OF HEALTH INSURANCE.** The initial concept of this grant project was to adopt an evidence-based strategy that was intended to increase mammography among Medicare recipients, so in the original research-tested intervention, the letter was targeted to a Medicare population. That group may have been accustomed to receiving letters from government officials and recognized the value of responding to such letters. The targets for this project's letters—the uninsured and underinsured population—may have been suspicious of the “official” nature of the letter and therefore less likely to take action based on it.
- **COMMUNITY EVENTS MAY HAVE LIMITED VALUE FOR COLORECTAL SCREENING OUTREACH.** One of the strategies that each of the project teams lobbied for was the use of community events to reach county residents and theoretically raise awareness, educate consumers, and entice them to take a fecal test kit. Results demonstrated the limited value of these types of events, even with the addition of generous incentives. Future projects in this area should not rely on community events as a viable outreach setting.

- **STABLE FUNDING AND STAFFING MAKE A DIFFERENCE.** An additional and unanticipated challenge was that this campaign came at a very difficult time for the Cancer Services Program statewide. The New York State Department of Health (NYSDOH) indicated that the Commissioner's funds were no longer available and services provided over the allotted funding for that fiscal year might not be reimbursed. The situation left lead agencies in a bind; many could not continue to front the service dollars if they could not be guaranteed reimbursement. Two of the three county project team programs were shut down completely and were not able to conduct any outreach for three weeks. Callers interested in the screening program were put on a waiting list for enrollment and encouraged to wait. Not only did these circumstances affect project outreach, but several staff members became concerned about the stability of their employment and left the program. Eventually, the budget issues were clarified and all programs resumed screening, but the uncertainty affected the project's momentum.
- **THE BROADER SOCIAL CONTEXT MATTERS.** Meeting the dual challenges of the social stigma attached to colorectal cancer testing and outreach to a rural population will require a multi-level approach and time to change social norms. Changing social norms to make the idea of colorectal cancer screening more acceptable will require not only health promotional messaging but system changes as well. If all health care providers uniformly recommend colorectal screening for every appropriate patient, when insurance carriers send reminder letters to their members, and when employers encourage screening by removing barriers to access, then the message will gain more credibility and the concept may be more readily accepted.

VI. The Future

Recruitment of program-eligible clients remains a challenge for the NYSDOH Cancer Services Program statewide. This program is a safety net for vulnerable populations and has the capacity to serve many more residents than it currently does. Increasing recruitment will depend on using the lessons from collaborative outreach strategies such as this one, in order to develop and implement additional initiatives to engage difficult-to-reach eligible populations.



BACKGROUND INFORMATION:

ABOUT THE GRANTEE

The American Cancer Society is the nationwide, community-based, voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer through research, education, advocacy, and service. Nationwide, the American Cancer Society consists of more than 2 million volunteers and over 4,000 staff.

In New York State, the American Cancer Society's Southern Region serves the counties of Broome, Cortland, Chemung, Chenango, Delaware, Otsego, Schuyler, Steuben, Tompkins and Tioga with a budget of roughly \$1 million and a staff of 18 professionals in the areas of prevention and early detection, patient and family services, and corporate relations, and a host of community executives whose job it is to implement programs directed at the core mission, as described above.

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