You’d like to increase the number of patients screened for colon (colorectal) cancer in your practice. How do you know what strategies work? Fortunately, there is a roadmap to follow. *The Community Guide* is an online resource for interventions that have been shown to improve public health.

The table below lists the types of interventions that *The Community Guide* recommends for increasing colon cancer screening. It also offers examples of interventions you can adapt to use in your practice. Many of these interventions are also effective at increasing breast and cervical cancer screening.

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<tr>
<th><strong>Client-Oriented Interventions - Recommended</strong></th>
<th><strong>Example Interventions and Materials</strong></th>
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<tr>
<td><strong>Adapted from The Community Guide</strong></td>
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<tr>
<td><strong>Client Reminders</strong></td>
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<td>Client reminders are written (letter, postcard, email) or telephone messages (including automated messages) advising people that they are due for screening. Client reminders may be enhanced by one or more of the following:</td>
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<td>- Follow-up printed or telephone reminders</td>
<td>Remind patients to complete screening with reminder letters. Print or create custom flyers, letter inserts, posters, and postcards with MIYO (make it your own).</td>
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<td>- Additional text or discussion with information about indications for, benefits of and ways to overcome barriers to screening</td>
<td>After colonoscopy referral, mail a Colonoscopy Fact Sheet with a reminder letter from the personal healthcare provider. One intervention found a <strong>12 percentage point increase in number of patients that followed through with colonoscopy</strong> when providers sent patients a similar fact sheet 10 days after referral.</td>
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<td>- Assistance in scheduling appointments</td>
<td>Use phone scripts to remind patients to return FOBT or FIT, or to remind patients at increased risk to schedule a colonoscopy. An intervention aimed at increasing cancer screening among women resulted in a <strong>13 percentage point increase in the number of women screened</strong> for colon cancer.</td>
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<tr>
<td>These interventions can be untailored to address the overall target population or tailored with the intent to reach one specific person.</td>
<td>Use automated telephone calls to prompt patients to complete and return stool tests. In one intervention, <strong>patients were 1.31 times more likely than usual care patients to complete FOBT</strong> after automated telephone contact.</td>
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### Small Media
- Small media includes videos and printed materials such as letters, brochures and newsletters.
- Materials can be used to inform and motivate people to be screened for cancer.
- They can provide information tailored to specific individuals or targeted to general audiences.
- Post **English and Spanish Screen for Life brochures, posters, fact sheets, postcards and print ads** to educate and remind patients to get screened. Share this [infographic](#).
- Educate patients on screening tests with videos: This [video](#) describes multiple screening tests. **These videos** feature screening messages from Meryl Streep, Terrence Howard, and other celebrities.
- Washington Colon Cancer Stars (ColonSTARS) offers the opportunity to rent an inflatable, walk-through colon.
- Use model colons as visual aids to educate patients and the public about the colon and colon cancer.
- Tailor materials to your target audience. Learn how one intervention increased screening rates among Chinese Americans with language- and culturally-appropriate flyers, videos and FOBT instructions.
- Print or create custom flyers, letter inserts, posters, and postcards with MIYO (make it your own).

### One-on-One Education
One-on-one education delivers information to individuals about indications for, benefits of and ways to overcome barriers to cancer screening. The goal is to inform, encourage and motivate them to seek screening. Healthcare workers, health professionals, lay health advisors or volunteers deliver these messages. These messages are conducted by telephone or in person in medical, community, worksite or household settings.

These messages can be untailored to address the overall target population or tailored with the intent to reach one specific person. One-on-one education is often accompanied by supporting materials, such as small media and client reminders.

- Train medical assistants to talk to all screening-eligible patients about screening before their scheduled appointment. **Ocean Park Health Center of San Francisco** increased screening by 27 percentage points **by training medical assistants to teach patients how to complete a FIT.**
- HealthPoint increased screening by six percent in one year with a program that involves **training medical assistants to talk to patients about screening** (see second page).

### Reducing Structural Barriers
Structural barriers are non-economic burdens or obstacles that make it difficult for people to access cancer screening. Interventions may facilitate access to screening by:
- Reducing time or distance between service delivery
- Offer **FIT or FOBT at flu shot clinics** to reach patients outside of their scheduled appointments.
- Use patient navigators to help schedule appointments, remind patients about appointments, translate information, arrange for transportation and accompany those who need assistance. One intervention found a **15 percentage point increase in the number of**
settings and target populations

- Modifying hours of service to meet client needs
- Offering services in alternative or non-clinical settings (e.g., mobile mammography vans at worksites or in residential communities)
- Eliminating or simplifying administrative procedures and other obstacles (e.g., scheduling assistance, patient navigators, transportation, dependent care, translation services, limiting the number of clinic visits)

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| Provider assessment and feedback interventions evaluate provider performance in delivering or offering screening to clients (assessment). They also present providers with information about their performance in providing screening services (feedback). Feedback may describe the performance of a group of providers or an individual provider, and may be compared with a goal or standard. | - Guide your clinic in improving your clinic’s screening performance with the National Colorectal Cancer Roundtable’s guides:
  - How to Increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinician’s Evidenced-Based Toolbox and Guide
  - Steps for Increasing Colorectal Cancer Screening Rates: A Manual for Community Health Centers
- Learn how to conduct a chart audit to assess what percentage of your screening-eligible patients have been screened. |

| **Provider Reminder and Recall Systems**      |                                    |
| Reminders inform health care providers it is time for a client’s cancer screening test (called a “reminder”) or that the client is overdue for screening (called a “recall”). The reminders can be provided in different ways, such as in client charts or by email. | - Use chart stickers, flags or prompts to remind providers to talk to patients about screening. See written and graphic examples.
- Use a screening algorithm to ensure all patients receive standard screening recommendations and follow up.
- Add questions about cancer screening to the patient intake form to remind both patients and providers to talk about screening in the appointment. |