

STRONG AND SUFFICIENT EVIDENCE-BASED INTERVENTIONS FOR INCREASING BREAST, CERVICAL AND COLORECTAL CANCER SCREENING*

MULTICOMPONENT INTERVENTIONS

Strongly Recommended for Breast, Cervical and Colorectal Cancer Screening

Three strategies for multicomponent interventions:

- **Increase** community demand for screening.
- **Increase** community access to screening.
- **Increase** provider delivery of screening services.

There are also interventions for reducing structural barriers.



ONE-ON-ONE EDUCATION

Strongly Recommended for Breast, Cervical and sufficiently recommended for Colorectal Cancer Screening

One-on-One education delivers information to individuals about **indications for, benefits of, and ways to overcome barriers** to screening with the goal of **informing, encouraging, and motivating** them to seek recommended screening.

- Can be delivered by healthcare workers/professionals, lay health advisers, or volunteers and are conducted in a variety of settings, and is often accompanied by supporting materials via small media and may also involve client reminders.



REMINDERS

Strongly Recommended for Breast, Cervical and Colorectal Cancer Screening



CLIENT REMINDERS

Client reminders can be **written** (letter, postcard, email) or **telephone** messages (including automated messages) advising people that they are due for screening.

- Client reminders can also be used to address target population or specific individuals.

PROVIDER REMINDER AND RECALL SYSTEMS

Reminders inform health care providers that:

- It is **time** for a client's cancer screening test ("reminder").
- The client is **overdue** for a screening ("recall").

The reminders can be provided in different ways, such as in client charts or by e-mail.

ENGAGING COMMUNITY HEALTH WORKERS (CHWs)

Strongly Recommended for Breast, Cervical and Colorectal Cancer Screening

CHWs are trained frontline health workers who serve as a bridge between communities and health systems, who are often from the community they serve.

- **Increase** demand for screening services using group and one-on-one education, client reminders, or small media and **improve** access to screening services by reducing structural barriers.

*All evidence-based interventions are from the Community Guide.

SMALL MEDIA

Strongly Recommended for Breast, Cervical and Colorectal Cancer Screening

Small media includes videos and printed materials such as letters, brochures, and newsletters.

- Can be used to **inform and motivate** people to be screened for cancer and provide information tailored to specific individuals or to general audiences.



PROVIDER ASSESSMENT AND FEEDBACK



Sufficiently Recommended for Breast, Cervical and Colorectal Cancer Screening

Evaluate provider performance in delivering or offering screening to clients (assessment) and present providers with information about their performance in providing screening services (feedback).

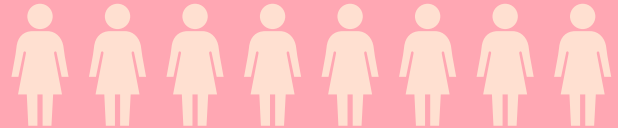
- **Feedback** may describe the performance of a group of providers or an individual provider, and may be **compared with a goal or standard**.

GROUP EDUCATION

Sufficiently Recommended for Breast Cancer Screening

Group education conveys information on **indications for, benefits of, and ways to overcome barriers** with the goal of **informing, encouraging, and motivating** participants to seek recommended screening.

- Usually conducted by health professionals or trained lay people, using lecture or interactive format.



REDUCING CLIENT OUT-OF-POCKET COSTS



Breast Cancer Screening

Attempt to **minimize or remove** economic barriers that make it difficult for clients to access cancer screening services. **Costs can be reduced** through vouchers, reimbursements, reduction in co-pays, or adjustments in federal or state insurance coverage.

- These may be **combined** with measures to provide client education, information about program availability, or measures to reduce structural barriers.

REDUCING STRUCTURAL BARRIERS

Strongly Recommended for Breast, Cervical and Colorectal Cancer Screening

Non-economic burdens that make it difficult to access cancer screening:

- **Reducing** time/distance between service delivery settings and target populations
- **Modifying** hours of service to meet client needs
- **Offering** services in alternative or non-clinical settings
- **Eliminating/simplifying** administrative procedures and other obstacles

Resource: <https://www.thecommunityguide.org/topic/cancer>

This publication was supported by the Cooperative Agreement Number NU58DP006349-03 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention. Publication number DEDPH-CS-042121.



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