

INTERVENTIONS TO INCREASE COMMUNITY DEMAND FOR CANCER SCREENING/VACCINATION

AMERICAN CANCER SOCIETY RECOMMENDATIONS



CLIENT REMINDERS / RECALL

CRC Screening
HPV Vaccination
Breast Cancer Screening

CLIENT INCENTIVES

CRC Screening



PATIENT EDUCATION

CRC Screening (1:1)
HPV Vaccination (1:1)
Breast Cancer Screening (1:1 & Group)

SMALL MEDIA

CRC Screening
Breast Cancer Screening



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CLIENT REMINDERS / RECALL

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:

- Follow-up printed or telephone reminders
- Additional text or discussion with information about indications for, benefits of, and ways to overcome barriers to screening
- Assistance in scheduling appointments

These interventions can be untailored to address the overall target population or tailored with the intent to reach one specific person, based on characteristics unique to that person, related to the outcome of interest, and derived from an individual assessment.



CLIENT INCENTIVES

Client incentives are small, non-coercive rewards (e.g., cash or coupons) that aim to motivate people to seek cancer screening for themselves or to encourage others (e.g., family members, close friends) to seek screening. Incentives are distinct from interventions designed to improve access to services (e.g., transportation, child care, reducing client out-of-pocket costs).



SMALL MEDIA

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



PATIENT EDUCATION

One-on-one education delivers information to individuals about indications for, benefits of, and ways to overcome barriers to cancer screening with the goal of informing, encouraging, and motivating them to seek recommended screening. These messages are delivered by healthcare workers or other health professionals, lay health advisors, or volunteers, and 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, based on characteristics unique to that person, related to the outcome of interest, and derived from an individual assessment. One-on-one education is often accompanied by supporting materials delivered via small media (e.g., brochures), and may also involve client reminders.

Group education conveys information on indications for, benefits of, and ways to overcome barriers to screening with the goal of informing, encouraging, and motivating participants to seek recommended screening. Group education is usually conducted by health professionals or by trained lay people who use presentations or other teaching aids in a lecture or interactive format, and often incorporate role modeling or other methods. Group education can be given to a variety of groups, in different settings, and by different types of educators with different backgrounds and styles.

INTERVENTIONS TO INCREASE PROVIDER DELIVERY FOR CANCER SCREENING/VACCINATION

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PROVIDER REMINDERS

CRC Screening
HPV Vaccination
Breast Cancer Screening

PROVIDER ASSESSMENT & FEEDBACK

CRC Screening
HPV Vaccination
Breast Cancer Screening



PROFESSIONAL EDUCATION

CRC Screening
HPV Vaccination
Breast Cancer Screening



PROVIDER INCENTIVES

CRC Screening



STANDING ORDERS

HPV Vaccination



INTERVENTIONS TO INCREASE PROVIDER DELIVERY FOR CANCER SCREENING/VACCINATION

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PROVIDER REMINDERS / RECALL

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 e-mail.



PROVIDER ASSESSMENT & FEEDBACK

Provider assessment and feedback interventions both 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 (e.g., mean performance for a practice) or an individual provider, and may be compared with a goal or standard.



PROFESSIONAL EDUCATION

Provider education used alone aims to increase providers' knowledge and change their attitudes about vaccinations/screening. Information may be shared through written materials, videos, lectures, continuing medical education programs, computer-assisted instruction, or distance-based training.



PROVIDER INCENTIVES

Provider incentives are direct or indirect rewards intended to motivate providers to perform cancer screening or make appropriate referral for their patients to receive these services. Rewards are often monetary, but can also include nonmonetary incentives (e.g., continuing medical education credit). Because some form of assessment is needed to determine whether providers receive rewards, an assessment component may be included in the intervention.



STANDING ORDERS

Standing orders authorize nurses, pharmacists, and other healthcare providers where allowed by state law, to assess a client's immunization status and administer vaccinations according to a protocol approved by an institution, physician, or other authorized provider.

Standing orders can be established for the administration of one or more specific vaccines to clients in healthcare settings such as clinics, hospitals, pharmacies, and long-term care facilities. In settings that require attending provider signatures for all orders, standing order protocols allow assessment and vaccination in advance of the provider signature.



INTERVENTIONS TO INCREASE COMMUNITY ACCESS TO SCREENING/VACCINATION SERVICES

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REDUCE BARRIERS

CRC Screening
HPV Vaccination
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REDUCE OUT-OF-POCKET COSTS

CRC Screening
Breast Cancer Screening

INTERVENTIONS TO INCREASE COMMUNITY ACCESS TO SCREENING/VACCINATION SERVICES

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REDUCE BARRIERS

Structural barriers are non-economic burdens or obstacles that make it difficult for people to access cancer screening. Interventions designed to reduce these barriers may facilitate access to cancer screening services by:

- Reducing time or distance between service delivery 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)

Such interventions often include one or more secondary supporting measures, such as:

- Printed or telephone reminders
- Education about cancer screening
- Information about screening availability (e.g., group education, pamphlets, or brochures)
- Measures to reduce out-of-pocket costs to the client (though interventions principally designed to reduce client costs are considered to be a separate class of approaches)



REDUCE OUT-OF-POCKET COSTS

Interventions to reduce client out-of-pocket costs attempt to minimize or remove economic barriers that make it difficult for clients to access cancer screening services. Costs can be reduced through a variety of approaches, including vouchers, reimbursements, reduction in co-pays, or adjustments in federal or state insurance coverage. Efforts to reduce client costs may be combined with measures to provide client education, information about program availability, or measures to reduce structural barriers.