



FACTSHEET

Client-Oriented, Evidence-Based Interventions to Increase Cancer Screening

Client-oriented interventions can provide education to increase cancer screening or make it easier for clients to be screened. Below is a summary of interventions that have shown strong or significant evidence that the intervention is effective in increasing screening the noted cancers.

Client Reminders

Recommended for: breast, cervical, and colorectal cancer

Client reminders are written or phone messages informing people they are due for a screening. Examples of client reminders are: letters, postcard, emails, automated messages, and text messages. Messages can be follow-up reminders, discuss information about the different types of cancer, benefits of screening, and ways to overcome barriers, and/or help with appointment scheduling.

Examples of Research-Tested Intervention Programs

Successful programs that use client reminders to increase [breast](#), [cervical](#), and [colorectal](#) cancer screening.

Successes in the Field:

From 2011-2013 Sunrise Community Health increased Pap tests (ages 24-64 years) by over 13 percent. This was achieved through a reporting system that prompted Medical Assistants to contact clients due for Pap tests. Sunrise continued to address barriers such as no-shows through providing a specific Pap clinic once a week to capture underserved clients.

Tools for client reminders and small media:

- Evidence-Based Marketing Templates
www.miyoworks.org
- Text messaging program
<http://caremessage.org>
- Cancer Screening Factsheet: [What Works](#)

Note: Small media can be combined with client reminders

Small Media

Recommended for: breast, cervical, and colorectal cancer

Small media is targeted videos and printed materials to inform and motivate people to be screened for cancer. Examples of small media are: videos, newsletters, brochures, posters, and cards/postcards. Messages can convey educational or motivational information to promote cancer screening, describe screening tests and procedures, provide reasons and benefits of screening, and suggest ways to overcome barriers to screening.

Examples of Research-Tested Intervention Programs

Successful programs that use small media to increase [breast](#), [cervical](#), and [colorectal](#) cancer screening.





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Reducing Client Out-of-Pocket Costs

Recommended for: breast cancer

These types of interventions 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, and adjustments in federal or state insurance coverage.

Efforts to reduce client costs can be combined with measures to provide client education, provide information about program availability, or reduce structural barriers.

Examples of Research-Tested Intervention Programs

Successful programs that reduce client out-of-pocket costs to increase [breast](#) cancer screening. Other successful programs include Women's Wellness Connection's Clinical Services program.

Examples of Reducing Structural Barriers:

Modifying Hours of Services

Have one weeknight open past regular business hours or provide services on the weekend

Alternative or Non-Clinical Settings

Use a mobile mammography van at worksites or residential communities

Reducing Administrative Obstacles

Patient navigators, transportation, translation services, and scheduling assistance

Reducing Structural Barriers

Recommended for: breast and colorectal cancer

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

- Reducing time or distance between services and target populations
- Modifying hours of service to meet clients needs
- Offering services in an alternative or non-clinical setting
- Simplify or eliminate administrative procedures

These interventions usually include supporting measures such as client reminders; education and information about cancer screening and availability; reducing out-of-pocket costs to the client.

Examples of Research-Tested Intervention Programs

Successful programs that reduce structural behaviors to increase [breast](#) and [colorectal](#) cancer screening.





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One-on-One Education

Recommended for: breast, cervical, and colorectal cancer

One-on-one education can be given to individuals in a variety of settings, and by different types of educators with different backgrounds and styles. It can be used to inform individuals on the indications for, benefits of and ways to overcome barriers to screening and inform, encourage, and motivate individuals to seek recommended screening

Note that one-on-one education:

- Can be general or tailored for the specific person
- Often uses small media as supporting material
- Can involve client reminders

Group Education

Recommended for: breast cancer

Group education can be given in a variety of groups and settings, and by different types of educators with different backgrounds and styles. It can be used to: inform participants on the benefits of and ways to overcome barriers to screening and inform, encourage, and motivate participants to seek recommended screening. Group education is usually taught by health educators or trained lay-health workers and can present material through presentations, or interactive and role modeling.

Examples of Research-Tested Intervention Programs

Successful programs that use group education to increase [breast](#) cancer screening.

Successful programs that use one-on-one education to increase [breast](#), [cervical](#), and [colorectal](#) cancer screening.

