Working Through Emotional Barriers to Colon Cancer Screening

Teri Wood PhD, Kentucky Department for Public Health, Chronic Disease Epidemiologist

May 17, 2022

Kentucky Public Health
Prevent. Promote. Protect.

American Cancer Society®

Learning Goals

Understand

Common emotional/psychological barriers to colon cancers screening.

American Cancer Society findings describing unscreened population.

Understand

Not all unscreened people have the same barriers or concerns.

Simple messages that resonate with unscreened populations.

Utilize

Utilize tested messages to help patients make decisions about the CRC screening tests that work best for their circumstances.

DISCUSSIONS WITH HEALTH CARE PROVIDER

~ 4 in 10 talked with their health care provider about CRC Screening

- ✓ Doctors typically initiate the conversation
- ✓ Often comes up at a check-up

What health care providers are saying:

- ✔ They're the recommended age
- ✔ They're due for screening

What health care providers aren't saying:

- ✕ Why it's important
- ✕ The different testing options available

Many report if their doctor provided more information on **why it's important,** it may be more influential. Some also want **more details on test options** and what the tests entail.

Demographic differences:

- *Insured more likely to have had a conversation with health care provider*

“Physicians are always worried that asking patients about their preferences or individual goals will lead to long discussions. The truth is that doesn’t happen. Asking a couple of simple questions can really clarify the process, and patients really appreciate the fact that you asked them what matters.”

— Yousuf Zafar, MD, Duke University

Why aren't they getting screened?

PROCRASTINATION (33%)

LACK OF SYMPTOMS (27%)

UNPLEASANTNESS OF PREP (23%)

NO FAMILY HISTORY (23%)

COST CONCERNS

74% of the Uninsured are deterred by cost

Among the Insured, some have expressed cost concerns, mainly just not knowing what insurance would cover and what out-of-pocket costs they would incur

IMPORTANCE OF SCREENING

60% feel CRC screening is important

(Higher among young 50 & African Americans)

Top barriers:

- 42% Procrastination
- 25% Unpleasantness of prep
- 22% No symptoms

***Anxiety and fear** are leading emotions Unscreened participants have when they think of being screened, largely related to the prep and procedure, but some also fear the results.*

"I'm filled with a sense of dread for the preparation and the actual procedure."

Fatalism in health care decision making

- Definition: A sense of lack of control and powerlessness over health and illness
- Kentucky CVD study* showed:
  - Self reported fatalism combined with high-risk family history predicted BETTER adherence to health lifestyle behaviors.
  - Low to moderate fatalism associated with no behavior change even if at higher risk or with family history.
- One Conclusion – Knowledge of risk factors/family history may combine to make fatalism a protective motivating factor

* Mudd-Martin, et al. Rural Appalachian perspectives on heart health: social ecological contexts. Am J Health Behav. 2014 Jan;38(1):134-43. doi: 10.5993/AJHB.38.1.14. PMID: 24034688.

Underpinnings of Fatalism

- Stress Relief
  - What's going to happen will happen; I'm not going to worry about it.
- Uncertainty Management
  - It runs in my family, can't change that.
- Sense Making
  - If I have it, that's just the way it is.
  - I put my trust in the Lord to protect me
- Face Saving
  - This could happen to anyone – its not my fault

Clinical Responses

- Stress relief– acknowledge that worrying is not beneficial but remind them that they do have control of the decision to screen, that it is preventable/treatable, and the have options for screening.
- Uncertainty Management – acknowledge that things like family history are not controllable, preventable/treatable, but the decision to screen is under their control.
- Religious Sense Making – empathetic listening, discuss local faith groups that do charitable work in health promotion.
- Face Saving – consider the need to address other needs(SDOH) before patient can feel agency to complete screening – offer screening options.

Illustrative Personas of the unscreened base

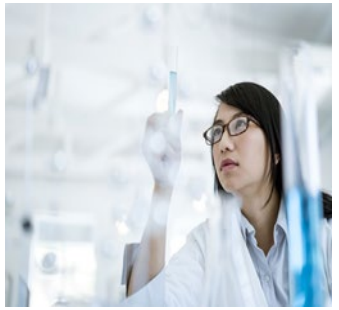
Fearful Delayers
39% of Unscreened

Have not been screened because of concerns about the prep, the test itself, or rear of the results, or procrastination due to any of these reasons.

Invincibles
39% of unscreened

Have not been screened because it doesn't seem important, no family history, no symptoms, live a healthy lifestyle, or procrastinate because they don't think they are likely to get CRC.

Preoccupied Busy Bees
34% of unscreened



Have not been screened because they are focused on other health issues, don't have time, can't take off work, busy taking care of other family, or procrastinate because of those issues.

Financially Challenged
42% of unscreened

Have a household income of $40K or less OR are Uninsured
.

Baseline likelihood to be screened	18.1%	10.7%	17.1%	12.1%

Note that respondents may fit into more than one category.

Poll Questions

APPEAL OF TOP MESSAGES

TOP MESSAGES

WHY THEY WORK

1. A colonoscopy isn't the only option for colorectal cancer screening. There are simple, affordable options, including tests that can be done at home. Talk to your doctor about which option is right for you. Ask which tests are covered by your health insurance.

This message has something for everyone, as it encompasses the unique barriers that deter different groups from getting screened:

1. ***Tests that can be done at home*** – addresses fear and increases comfort
2. ***Simple*** – resonates particularly with those who are concerned with the time commitment associated with colonoscopies
3. ***Affordable*** – those where cost is a leading barrier were most drawn to this aspect of the message

2. Right now, you could have a polyp, a small growth in your colon or rectum. Right now, your polyp may be harmless, but over time it could develop into colorectal cancer. Right now, through regular screening, you have the power to find and remove precancerous polyps and prevent colorectal cancer. Call your doctor and take control of your health!

This message was often described as one that **made people think** and one that **was scary enough to motivate them** to take action. It also made many realize that it is **better to be proactive vs. reactive**.

3. Preventing colorectal cancer or finding it early is possible through regular screening. There are many test options, including simple, affordable tests. Talk to your doctor about the right option for you and about which tests are covered by your health insurance.

With this message, some honed in on the fact that **colon cancer can actually be prevented** and/or can be **caught early**. For others, various **testing options** and the fact they are **affordable** was most appealing and increased their comfort with getting screened.

UNSCREENED RURAL DWELLERS

Profile of Rural Dwellers

Baseline screening likelihood: 12.7%

Messages & Channels That Resonate The Best

1. *A colonoscopy isn't the only option for colorectal cancer screening. There are simple, affordable options, including tests that can be done at home. Talk to your doctor about which option is right for you. Ask which tests are covered by your health insurance.*
   Category: Options/Coverage — Adjusted screening likelihood:18.8%

   "Being able to take the test at home makes it not so embarrassing."

2. *Preventing colorectal cancer or finding it early is possible through regular screening. There are many test options, including simple, affordable tests. Talk to your doctor about the right option for you and about which tests are covered by your health insurance.*
   Category: Options/Coverage — Adjusted screening likelihood: 17.7%

   "It implies that it might be affordable which is important."

3. *Right now, you could have a polyp, a small growth in your colon or rectum. Right now, your polyp may be harmless, but over time it could develop into colorectal cancer. Right now, through regular screening, you have the power to find and remove precancerous polyps and prevent colorectal cancer. Call your doctor and take control of your health!*
   Category: No Symptoms/Early Detection — Adjusted screening likelihood: 17.4%

   "It's scary to think that I could have a polyp and not know it."

Discussion with doctor preferred channel
Secondary: Websites

Personal doctor most trusted source
Top non-health care provider source: National health organizations (e.g. ACS)

Healthy Lifestyle Behaviors

- **56%** are doctor averse
- **34%** talk to doctor about screening
- **43%** talk to family/friends about screening
- **58%** consider themselves healthy
- **39%** go to the doctor for check-ups, screenings, & wellness care
- **50%** exercise on a regular basis

VISUAL TESTS

What is this test called?

Colonoscopy

American Cancer Society

What type of test is this?

A colonoscopy is a visual test done by a doctor. It uses a tube with a tiny camera to look for and remove polyps and cancer inside your colon and rectum.

How do I prepare for this test?

The day before the test, you have to follow a clear liquid diet. You will be given a prep (tablets and something to drink) to take the night before and the morning of the test. It will cause diarrhea (watery stool), so you need to stay near a toilet. This empties the colon so the doctor can have a clear look.

Will it hurt?

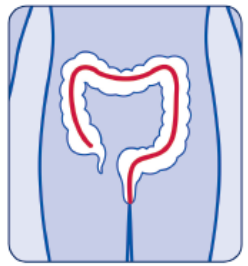
No. You will get medication through a vein in your arm (an IV). It puts you to sleep, so you don't feel any discomfort.

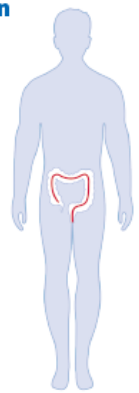
Will I have to take time off work?

Yes. You will need to take 1 or 2 days off work. You will also need someone to drive you to the test and take you home after.

How much of the colon does this test look at?

A colonoscopy checks the entire colon and rectum.





How often should this test be done?

* More often if polyps are found

How much does it cost?

Most insurance plans, including Medicare, cover this screening test. Check with your insurance company about your coverage.

STOOL TESTS

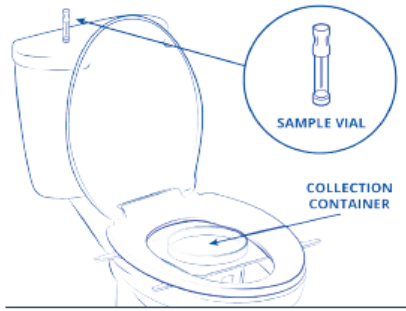
What is this test called?

Multi-target Stool DNA Test (MT-sDNA)

American Cancer Society

What type of test is this?

This is a test that checks your stool for blood and abnormal DNA from polyps or cancer. It is done at home using a kit your doctor will have shipped to your home.



How is the test done?

You will do this test at home. You do not have to change your diet for this test. You will have a bowel movement into the container provided in the kit. You will also collect a small sample of that stool and put it in a sample vial. The kit will come with instructions for how to mail your bowel movement and stool sample to the lab.

Will I have to take time off work?

No. You do not need to take time off work. You do this test at home at your convenience.

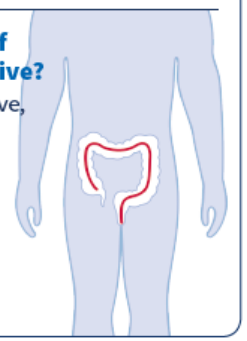
How much does it cost?

Some insurance plans, including Medicare, cover this test. Check with your insurance company about your coverage.

How often should I do this test?

What happens if the test is positive?

If the test is positive, you will need a colonoscopy to find out whether there are polyps or cancer.



Thank you!

Teri Wood, PhD

Teri.Wood@ky.gov

Caisey Ramsey-Johnson

Caisey.RamseyJohnson@ky.gov

Rachael King

Rachael.King@cancer.org

Contact Caisey or Teri for more information about program guidelines and invoicing.

Contact Rachael for more information on ACS messaging.