Integrating Colorectal Cancer (CRC) Screening in Worksite Wellness Programs with Large Employers in Alabama

We were targeting large to medium size employers in order to implement population based colorectal cancer screening of average risk Alabamians. Offering worksite screening reduces barriers such as time off from work, co-pays, transportation, child care issues, and other inconveniences. Worksites offering other wellness services can explore adding colorectal cancer screening to their package. Many large manufacturing plants are located in rural, underserved areas where access to care is limited.

**Partners Involved:** Alabama Department of Public Health; Mobile County Health Department; University of Alabama; University of South Alabama, Mitchell Cancer Institute; The organizations that participated were the cities of Huntsville, Florence, and Tuscaloosa; the Boeing Company; Occupational Health Group; Teledyne Brown Engineering, Inc.; The University of Alabama Huntsville; Protective Life Corporation; American Cast Iron Pipe Company; Birmingham Water Works Board; Seraaj Family Homes, Inc.; St. Vincent’s Health System; Regions Bank; Alabama Power Company; and the University of South Alabama’s (USA) Human Resources Department.

**Description of the Integration:** CRC is the leading cancer killer among non-smokers and the second leading cancer killer overall. The FITWAY Alabama Cancer Prevention Program is funded by CDC to increase CRC screening statewide among those 50 and older particularly through the fecal immunochemical test (FIT/iFOBT), an ideal test for a largely rural state with a high uninsured and low income population. Mass screening initiatives that adapt or improve existing corporate wellness systems are a good way to raise the current screening rate from approximately 66% to the goal of 80%. The FITWAY program began discussing worksite screening through a contact with the University of Alabama (UA), Tuscaloosa, College of Continuing Studies.UA facilitated two forums with directors of human resources from leading organizations in central and north Alabama to help us understand their wellness programs and discuss how CRC screening might fit into their programs. At the same time, FITWAY funded a pilot at the University of South Alabama’s (USA) Human Resources Department to provide CRC screenings on campus to USA employees aged 50 and older who were not up to date on their screening. The goal was to demonstrate a systematic, replicable, convenient effort on campus that would raise the employees’ screening rate and improve their health. Additional aims were to increase awareness about the prevalence of CRC, provide information about screening guidelines, provide information about all screening methods including the FIT for average risk people, and provide a convenient screening setting. The two month campaign started with a mail and email educational campaign, followed by FIT distribution sites on campus including two clinic locations and three common areas using a health department on-site van. Kits were available Monday through Friday during work hours. Participants received a reminder phone call to return their test and received their results by mail. Two positive results were conveyed by phone and mail. One of these employees reported being treated for CRC as a result.

- **Resources Required:** Federal grant from the CDC
- **Results:** MEASURING/EVALUATING SUCCESS OF THE INTEGRATION: Overall, we will have stronger, more effective partnerships to leverage systems change for increased screening. We are measuring the number of invitations to discuss worksite CRC screening and the number of actual screening initiatives. The first forum was so successful and positive that we decided to host a second forum in another part of the state. Following the first forum, we were invited to the annual state human resources conference March 2013 where we received more human resource contacts. After the second forum we have been asked to participate in a pilot at an engineering firm in Huntsville. After the second forum we were invited to present at an annual nurse practitioners conference in September 2013. HEALTH OUTCOMES THE PROJECT IS MEASURING AND IMPROVEMENTS DEMONSTRATED: By offering FITs in a large employer setting we expect: Increased knowledge and improved attitudes about the need for CRC screening in the workforce Reduced employee barriers to CRC screening Increased access to appropriate CRC screening, rescreening and surveillance Increased intention by employees to be screened Decreased CRC disparities Decreased late stage diagnoses Increased self-reported screening rates Increased access to screening for those who do not have a health care provider, cannot afford the office visit, or cannot take time off from work for preventive screenings Increased screening among males Increased screening among those who refuse a colonoscopy Toolkits that can be
developed for 1) various worksites such as universities, municipalities, durable goods manufacturing, or food processing; 2) workforces of varying demographics, and resources; and 3) different levels of worksite wellness readiness.

- **Key Elements for Success:** Working with two universities to identify and engage extremely large employers (for example Alabama Power Company, Regions Bank, the Boeing Company, St. Vincent’ Health System) to discuss population based screening was invaluable to the Alabama Department of Public Health. By introducing us to a rich variety of industries, USA’s Mitchell Cancer Institute and UA increased our partnership base. UA helped us understand the human resource professional and located a group of people who were not only interested in our initiative, but willing to spend a day discussing their companies’ goals for health and wellness. They were very interested in how to access our available resources for their workforce. We will have a toolkit and materials developed by the Mitchell Cancer Institute to replicate a screening program at a university or municipal setting.

- **Lessons Learned:** Population level screening is important for CRC because so many people do not understand that the CRC fight includes both prevention and early detection. Many people understand early detection through the strong messaging of the breast and cervical cancer campaigns, but the CRC campaign has not successfully taught people that CRC is completely preventable through the identification and removal of polyps. We also know that people do not often have a family physician, cannot cover the cost of an office visit, or rarely schedule medical appointments for preventive visits. Likewise, acute and chronic illnesses take precedence over prevention in a busy practice. To move the bar more than 15 percentage points, large systems changes are needed so that people are screened for CRC just as easily as being vaccinated for flu-annually and routinely. A worksite screening program is ideal for people who do not routinely visit a health care provider, especially men. We were excited about the interest in wellness shown by the professionals at our forums. We had been told to present our initiative in the form of a cost benefit analysis, but the professionals at these forums were more interested in the value added to their employees and the way the test could be added to their existing screenings. Many were already screening for BMI, blood glucose, cholesterol, and smoking status. Our initial meetings this year have set the stage for implementation at hopefully five large groups for the coming year.

**Movement on the Integration Scale:** *Start: Isolation; Finish: Cooperation; Desired: Partnership*

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