

**2009 Colorectal Cancer (CRC) Awareness Campaign  
Kansas Comprehensive Cancer Control Program  
Summary of Local and State Interventions**

The 2009 Colorectal Cancer Campaign in Kansas started on March 1 and officially ended on May 31<sup>st</sup>. This activity was planned to coincide with the national colorectal campaign so that local cancer centers could take advantage of the momentum. At the beginning of the year 25 centers signed up to participate in the initiative, a 52% increase from the 13 centers that participated in 2008. They received from the Kansas Comprehensive Cancer Control Program the free CDC promotional materials, suggestions, and case reports from previous years. They were then asked to submit a plan for their campaign by completing an e-mail questionnaire (planning survey). At the end of the campaign they were also asked to complete another questionnaire to report the actual activities they implemented (evaluation survey). Sixty (60%) percent of the centers (15) participated in the planning survey and among them 93% (14) participated in the evaluation survey. The following is a summary of the activities as reported by participating centers in both surveys.

**A. Awareness Campaign**

Among the 15 centers that participated this year in the CRC campaign half of them (7) launched their campaign around March 1. Some (3) did so even earlier in February. But by mid-March 100% of the respondents had started their activities. To implement the campaign the centers used various media. The most popular media used by the participants were posters (74%) and newspapers (64%). See Table 1. More than a quarter of the respondents have used other media such as billboards, word of mouth (“public relations”), bulletin boards and exhibition tables both in the hospital and at community events. On average the campaign lasted 43 days, ranging from 14 to 99 days and with a mode of 30 days.

Media	Count	Percent
Posters	10	71.4%
Newspapers	9	64.3%
Brochures	7	50.0%
Radio	6	42.9%
Pamphlets	6	42.9%
TV	4	28.6%
Other	4	28.6%
Newsletters	3	21.4%
Internet	2	14.3%
Standard Mail	1	7.1%
Intranet	1	7.1%
Email	1	7.1%
Bag Stuffers	1	7.1%

**Table 1 Media used to conduct the awareness campaign**

**B. Target Audiences**

Age Groups - The programs were designed to serve a variety of groups in the population. Twenty five percent (25%) of the programs (3) were planned for people 40 years and older exclusively, 58% (7) were planned for people 50 years and older exclusively and 17% (2) did not have age limitation. See Table 2.

Age Groups	Count	Percent
40 years and older exclusively	3	25.0
50 years and older exclusively	7	58.3
No age restriction	2	16.7
Total	12	100.0

**Table 2 Distribution of the centers according to the age group of their reported target audiences**

Sex – All of the 13 centers that answered that question reported that their campaign activities were geared at men and women.

Race and Ethnicity – None except for one respondent had a specific racial or ethnic group for which its program was designed. One of the centers (7%), even though they served everyone, focused its program to reach out to African Americans and Hispanics.

Insurance Status – Except for one program that was intended specifically for uninsured people, all programs wanted to have both insured and uninsured participate in the campaign.

Socioeconomic Status – One program (7%) focused particularly on individuals with low socioeconomic status.

### C. Coverage Areas

When asked about the coverage area of the CRC campaign they implemented, seven (54%) responded that they had a city level coverage and six (46%) had county level coverage. See Table 3.

Coverage Level	Count	Percent
City	7	53.9
County	6	46.1
Neighborhood	0	0.0
Other	0	0.0
Total	13	100.0

**Table 3 Distribution of CRC programs by type of coverage**

Twenty eight percent of the Kansas counties (29/105) were covered by the 13 centers that completed this question. However, two thirds of the state population (66%) live in those counties covered by the reporting centers. All major cities in Kansas (>50,000 people) were covered by this group of respondents. The cities covered were El Dorado, Garden City, Kansas City, Overland Park, Topeka, and Wichita. Some large counties and cities were covered by more than one center. See Table 4.

Counties Covered by the Reporting Centers				
Barton	Finney	Leavenworth	Montgomery	Sedgwick
Butler	Franklin	Lincoln	Osborne	Shawnee
Clay	Greenwood	Lyon	Ottawa	Smith
Cloud	Jefferson	Marion	Pawnee	Washington
Dickinson	Jewell	McPherson	Republic	Wyandotte
Ellsworth	Johnson	Mitchell	Saline	

**Table 4 List of counties covered by the reporting centers**

### D. Screening Activities

FOBT Kits Distribution - Eight of the respondents (57%) used Fecal Occult Blood Test (FOBT) kits to screen the population. Among them, five (62.5%) used the Beckman Coulter Hemocult II SENSALite Dispensapak Plus® Test Kits and three (37.5%) used the ColoCare®, and one did not specify.

All together they distributed 3,264 test kits over the period of the campaign. This compares to the 3,300 distributed in 2008. The number of kits distributed by a particular center varies from 4 to 1,830. Half of them distributed between 100 and 400 kits.

The survey respondents who distributed FOBT kits used various sources to acquire the kits that they distributed during the campaign. Seventy five percent of them (6/8) purchased all or some of the kits, while a quarter of them (2/8) said some or all of the kits were donated, and half of them said that some or all of the kits they distributed came from existing stock. See Table 5.

Count	Purchased	Donations	Existing
1	X	X	X
0	X	X	
2	X		X
3	X		
1		X	
1			X
0		X	X

**Table 5 Mode of acquisition of FOBT kits for the 2009 Colorectal Cancer Campaign**

Most of the clinics, seventy one percent (71%), used clinics to distribute the kits to the population (5/7). Health fairs, community centers, and churches were the second most selected places of distribution (3/7). Pharmacies and hospitals were selected by 2 centers for their distribution points and workplace was select by one center as a distribution point. Finally, among the respondents, no one used grocery stores to distribute FOBT kits. One should note that 57% of the respondents reported 3 or more distribution points.

### C. Screening Results

At the time of reporting it appears that the FOBT screening program was very successful with a 37% return rate of kits for laboratory analysis despite the fact that one center did not report the number of returned kits. This is up from a 27% return rate reported in 2008. Goldberg et al. found a 40.7% return rate in controlled trial of FOBT mailings timed to patients' appointments<sup>1</sup>. This is very encouraging since only a quarter of them (2/8) used reminders, a best practice in colorectal cancer screening with FOBT. Phone calls and reminder cards were used to conduct follow-up activities after distributing the kits.

Center	Distributed	FOBT Kits			
		Returned		Positive Results	
		Count	Rate	Count	Rate
1	200				
2	200	0	0.0%	0	
3	100	60	60.0%	1	1.7%
4	390	30	7.7%	3	10.0%
5	1,830	955	52.2%	23	2.4%
6	40	28	70.0%	2	7.1%
7	500	141	28.2%	3	2.1%
8	4	3	75.0%	0	0.0%
<b>Total</b>	<b>3,264</b>	<b>1,217</b>	<b>37.3%</b>	<b>32</b>	<b>2.6%</b>

**Table 6 Results of the FOBT screening activities.**

Three quarter of the respondents (6/8) indicated that they followed-up screened persons for whom the FOBT test was positive. A total of 32 tests were positive for blood in the

<sup>1</sup> Goldberg D, Schiff GD, McNutt R, Furumoto-Dawson A, Hammerman M, Hoffman A. Mailings timed to patients' appointments: a controlled trial of fecal occult blood test cards. Am J Prev Med. 2004 Jun;26(5):431-5.

stools, representing a 2.6% positive rate. This rate can be used as a baseline for future CRC campaigns and should help with programmatic activities.

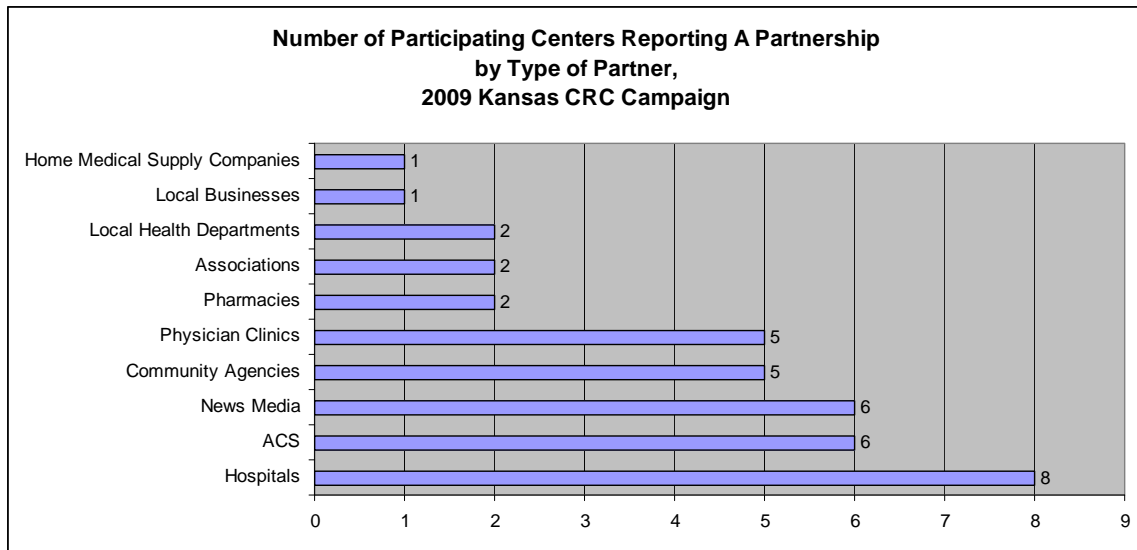
Very few centers collected demographic information on the patients who returned their kits. Therefore, we were unable to provide more details on the characteristics of the screened population.

#### D. Positive Screening Follow-Up

Six centers reported they had follow-up activities for positive tests. Half of them (3/6) started with a telephone call to the person followed by a letter. Indeed, all of them (6/6) sent a letter to the person with a positive test. Finally, one third (2/6) of the centers referred the person to his/her primary care physician or to a community clinic for further investigation.

#### E. Partnerships

Twelve participating centers reported that to implement the 2009 campaign they collaborated with partners to implement the campaign. The most frequently reported partner type was hospitals followed by the American Cancer Society (ACS) and news



media. Physician clinics and community agencies also were used as partners by 42% of the centers (5/12). The other partners were pharmacies, local associations, and local health departments (2/12). Local businesses and home medical supply companies were reported as partners by only one center each. See Chart above.

On average, the respondents reported 6 distinct partners they collaborated with to implement their campaign. The number of partners per respondent ranged from 0 to 25; with 1 partner as the mode.

## **F. Cost of the Campaign to the Centers**

There were enough data for 6 of the 14 centers to estimate some costs. Despite some inconsistencies in the responses, it is estimated that it cost \$0.03 for each person reached during this campaign. This was calculated by dividing the total estimated cost reported by the centers by the total number of persons they claimed they reached. One should note that this cost did not include the state and federal in-kind contributions to the campaign.

## **G. Success Stories**

The centers reported several success stories. Here are the highlights.

“During our Health Fair we did have positive findings for breast and prostate. Both early detections!”

“We had a return rate of 52.2% and the campaign saw a 61% increase in the number of kits that were returned over the prior year. We felt this was a great return due to our media dollars being cut in half. We were also able to bring new partners to the table.”

“Our NP... was invited to be interviewed on the Coach K show.”

“We worked in conjunction with the ACS to create a colorectal cancer awareness video for the public and placed it on our Website-www.kumed.com”

## **H. Lessons Learned**

The lessons learned from the 2009 CRC campaign can be divided into three categories. The first category is data collection. Participants learned that data collection is very helpful for the success of the campaign and they think that should continue to collect data or put more emphasis on data collection for the next campaign.

The second category is reminder calls. The participants think that they should include reminder calls as part of the campaign to improve the return rate of the FOBT kits for laboratory analysis.

The third category is partnership. Participants “found it difficult to get hospitals on board” and they are not sure if Walgreens (drug store) will participate again for the next campaign.

## **I. Strategies at the State Level**

At the state level, the Kansas Comprehensive Cancer Program partnered with National Cancer Institute (NCI) office in Kansas City to track the number of calls to the NCI hotline during the campaign period. The analysis of the calls data shows among other thing that NCI received 114 calls from Kansas during the 2009 media campaign. This is up significantly from the 77 calls reported in 2008. Eight (8) callers identified television as how they found out about 1-800-4-CANCER. Thirteen calls from Kansas were coded with the subject of interaction as colorectal cancer; 4 listed television and 1 listed radio as how they found out about 1-800-4-CANCER. Demographic data on the callers were also collected but the numbers were too small to provide meaningful information.

## **J. Website Use and Media Campaign**

The [www.cancerkansas.org](http://www.cancerkansas.org) web site was used to post information about the March 2009 Colorectal Cancer Awareness and Education Project.

The website was launched in May 2006. Since its launch the site has received a total of nearly 99,300 hits (as of August 2009). The site originally received only an average of 750 hits per month. For 2007 the site averaged nearly 1,590 hits per month, for 2008, nearly 3,400 hits per month and for 2009, to date the average has been 4,678 hits-attesting to a steady increase of inquiries from individuals seeking reliable cancer information and resources. The site also serves as a news and information source for the Kansas Cancer Partnership and all the information for the Colorectal Cancer Awareness and Education Project was posted there.

This information included the Model Project, news releases, newsletter articles and the radio and TV ads for use by the cancer centers, hospitals and clinics. During March 2009, 5,276 hits were recorded on the website up from 4,992 hits during March 2008. In February 2009, there were 4,951 hits and in April there were 4,136. This spike to 5,276 hits during March can be attributed to the colorectal cancer awareness project.

The colorectal cancer advertising campaign was a success with statewide coverage using a variety of medium to reach Kansans with education and awareness about colorectal cancer. The "Screen for Life" materials, including newspaper, radio, and TV ads were used to conduct the media campaign for this project. Materials were obtained from CDC through their contractor Ogilvy Public Relations. Materials were duplicated for ad placement and distributed through KDHE's advertising agency. A total of \$55,000 was budgeted for advertising agency costs and ad placement and purchase. Agency costs for duplication, production, creative work and ad placement totaled \$6,000. The newspaper ads were placed in 142 papers with a total circulation of 377,253 at a cost of \$5,283. Radio ads were placed during a nine-week run from February 9 through April 6 on 70 radio stations across the state and the Jayhawk Radio Network for a total cost of \$13,601. Television ads ran on regular affiliate and cable programming during a six-week run from February 23 through March 30. A total of 4,422 units were placed at a cost of \$34,399. Many of these paid ads were matched 2 to 1, for every one purchased, two ads were run at no cost. This enabled the project to benefit from a wider audience reach, more exposure and ultimately more success in spreading the word about early colorectal cancer screening and prevention. Although the advertising placement budget was reduced this year, the coverage and reach to the Kansas population was relatively the same.

This year the campaign also expanded its effort to include distribution of a number of printed materials to cancer centers, hospitals, oncologists, clinics and health departments across the state. Once again, Screen for Life materials were used including posters, brochures, Spanish brochures, fact sheets and informational cards. A total of 111,500 printed materials were mailed out in February for use during the March 2009 campaign.

One center, The University of Kansas Hospital developed a number of unique and individual handout materials, including informational postcards, flyers and advertisements that were used in the Kansas City metro area. Their effort also included colorectal materials in the “Wellness Topics for March” flyer, a colorectal cancer awareness quiz and a featured colorectal cancer screening article in their “Be Well!” magazine Spring edition.

This effort mirrored many of the local community activities that cancer centers undertook in March 2009 to raise awareness of colorectal cancer.

### **Appendix of Cancer Centers participating in the project**

University of Kansas Hospital Cancer Center  
Kansas City Cancer Center  
Susan B. Allen Memorial Hospital, Dept. of Radiation Oncology  
University of Kansas Hospital  
St. Francis Health Center, Comprehensive Cancer Center  
Mercy Regional Health Center  
Hays Medical Center  
Coffeyville Regional Medical Center  
Cotton O'Neil-Stormont Vail Regional Cancer Center  
Via Christi Regional Medical Center  
Mt. Carmel Regional Medical Center  
Tammy Walker Cancer Center  
South Wind Oncology Associates  
Lawrence Memorial Hospital  
St. Catherine Hospital  
Hutchinson Medical Center  
Central Cancer Cancer Center Emporia  
Heartland Cancer Center  
Radiology and Nuclear Medicine  
Konza Prairie Community Health Center  
PrairieStar Health Center  
Kansas Association for the Medically Underserved  
Cancer Centers of Kansas  
Wesley Medical Center  
Central Care Cancer Center