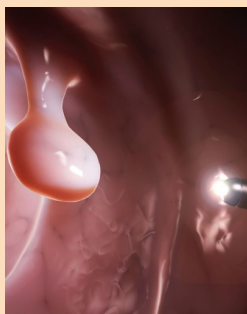


# Understanding Colorectal Screening Behaviors and Factors Associated With Screening in a Community Hospital Setting

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**Background:** Colorectal cancer (CRC) is the third most commonly diagnosed cancer and the second leading cause of cancer death in the United States. More than 2,000 Kentuckians are diagnosed with CRC annually, and more than 800 die from the disease. Little research has been conducted in Kentucky to better understand why individuals are not screened for CRC and what strategies might encourage them to do so.

**Objectives:** The purpose of this study was to evaluate the efficacy of educational materials mailed to participants supporting the need for CRC screening on the decision to complete screening post-hospital discharge. An additional focus was to identify the characteristics of individuals screened and not screened.

**Methods:** A quasiexperimental study was conducted on 167 adult patients discharged from a 383-bed Magnet-designated hospital. An investigator-designed, semistructured telephone interview was conducted to collect data on research-based factors identified to influence CRC screening rates.

**Findings:** Although not statistically significant, slightly more patients who remembered receiving educational materials in the mail completed screening. Future educational efforts should focus on the importance of screening and financial resource availability.

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Colorectal cancer (CRC) is a disease that can be effectively treated if diagnosed in an early stage. CRC is the third most commonly diagnosed cancer and the second leading cause of death by cancer in the United States. The American Cancer Society (ACS), 2014) projected that 93,090 new cases of CRC will be diagnosed in 2015, and 49,700 people will die from the disease. From 2006–2010, the state of Kentucky had the highest incidence of CRC in the country (Siegel, Ma, Zou, & Jemal, 2014). Siegel et al. (2014) estimated that about 2,170 Kentuckians would be diagnosed with CRC and about 850 would die from the disease in 2014.

Considerable evidence suggests that screening for CRC increases early diagnosis of the disease, leads to more effective treatment, and can prevent mortality associated with the disease (U.S. Preventive Services Task Force, 2008). As many as 90% of colon cancer deaths could be prevented by following screening guidelines and receiving appropriate treatment (ACS, 2014). For example, early detection can identify precancerous polyps, which can be easily removed before disease progression (ACS, 2014). The goal of the Centers for Disease Control and Prevention's Colorectal Cancer Control Program (CRCCP) was to increase CRC screening rates from 64% to 80% among men and women aged 50 years or older in the funded states (e.g.,