



Topic Contact: Bernice Tannor, MPH
CDC, NCCDPHP, DCPC, EARB
770-488-1089 BTannor@cdc.gov

Community Guide Contact: Brad Myers
CDC, EPO, DPRAM, Community Guide Branch
770-488-8189 BMyers@cdc.gov

Effectiveness of Client Incentive Interventions to Promote Breast, Cervical and Colorectal Cancer Screening in Communities and Health Care Systems

Mammography screening every 1 or 2 years is recommended for women age 40 and older. The benefits of regular mammography increase with age, whereas the possibility of harms from screening diminish from ages 40 to 70. So, the balance of benefits and harms grows more favorable as women age. The benefits of Papanicolaou (Pap) smear testing for women over 21 from screening for cervical cancer are also clear. The incidence of cervical cancer has decreased significantly during the last 40 years, in large part because of early detection. Periodic screening for colorectal cancer for men and women age 50 years and older is strongly recommended. Benefits from screening substantially outweigh potential harms. Several effective screening tests are available, including fecal occult blood testing, sigmoidoscopy, and colonoscopy. However, despite the existence of these tests, utilization rates are below recommended levels according to Healthy People 2010 objectives, especially among individuals in some minority groups and among low income individuals who may not have regular medical care. The question is then, what are effective strategies to promote increased use of breast, cervical and colorectal cancer screening?

Systematic reviews of published studies, conducted on behalf of the Task Force on Community Preventive Services by a team of experts, found that client incentives were effective in increasing screening for breast and cervical cancer. Based on these reviews, the Task Force issued recommendations to implement these efforts. On the other hand, no studies were found to address the role of incentives in increasing colorectal cancer screening. The evidence was, therefore, considered insufficient to promote client incentives in colorectal cancer prevention and therefore recommended for further research. It is important to remember that **this finding does NOT mean this intervention does not work**, but rather indicates that additional research is needed to determine the effectiveness of these interventions.

Background on client incentive interventions to promote breast, cervical and colorectal cancer screening

- Client incentives are rewards to motivate persons to seek cancer screening for themselves or others (e.g., family or friends). These incentives might be small amounts of money, coupons, or other gifts. Their value should not be as large as to be perceived as coercive.
- Incentives may be distributed in connection with reminder letters or postcards.

Findings from the systematic review

- A total of four studies were reviewed for client incentives for cancer screening. Three studies for breast cancer screening and one study for cervical cancer screening were identified by the Task Force to be of the highest quality and were therefore the basis for the Task Force's recommendation.
- There were no studies found on the effectiveness of incentives in promoting colorectal cancer screening.
- Studies were found to be effective in urban and suburban settings.
- Studies that utilized coupons found an increase of 22% improvement in the intervention group relative to the control for appointments made and a 20% improvement for appointments kept.
- Directions for future research:
 - Do incentives increase colorectal cancer screening?
 - Does the effectiveness of incentives vary by type of screening test within cancer?
 - Does incentive effectiveness vary by type of cancer screening test (fecal occult blood test vs. sigmoidoscopy vs. colonoscopy)?

What you can do with this finding

- Use this finding and suggestions for improvement in research components along with information from [Cancer Control PLANET](#) to find local contacts and research tested programs that support implementation of recommended interventions or further research to address gaps in the evidence.

Publications:

- **MMWR/Recommendations and Reports** – Winter 2003.

The Guide to Community Preventive Services (Community Guide) provides recommendations on population-based interventions to promote health and to prevent disease, injury, disability, and premature death, appropriate for use by communities and healthcare systems. For more information about the Community Guide (including links to publications and a variety of resources) see

www.thecommunityguide.org and for more information about Task Force findings on skin cancer prevention see

www.thecommunityguide.org/cancer/

This information is in the public domain. Copying and disseminating freely is encouraged. However, citation to source is appreciated.

Updated – September 10, 2003