

SCRIPT F1: PRECONTEMPLATION – FECAL OCCULT BLOOD TEST (FOBT)

Pre-contemplation (1)

[Never heard of a FOBT]

When you were interviewed, you said that you had never thought about having a fecal occult blood test (FOBT). A fecal occult blood test is a test to determine whether you have small amounts of blood in your stool or bowel movement. This test can be done at home using a kit, which contains cards. You smear a small amount of stool on the cards at home and send them back to the doctor or lab. It is different from a stool test for parasites. A stool test for parasites is a test in which the doctor gives you a small bottle of liquid, and you put a small amount of feces in the bottle and return to the doctor or lab.

- Anyone can get colon cancer, though the risk increases as you get older.
- 90% of cases occur in persons over age 50.
- Symptoms include blood in your stool, chronic diarrhea, and persistent abdominal pain.
- However, many people with colon cancer do not have any symptoms at all. You should get tested even if you feel healthy.
- Regular testing can help detect cancer in its early stages, which is more likely to be treated successfully and cured.
- You can PREVENT cancer with regular screening!

- FOBTs are recommended once every year.

I'd like you to give this some serious thought and to talk to your doctor about it. Is there one doctor that you usually see? *[If not, encourage him/her to chose a primary care doctor or provide contact numbers (if available).]*

Pre-contemplation (2)

[Heard of FOBT but has never thought about having it]

You told us that you have heard of a fecal occult blood test (FOBT), but haven't any plans to get one. You may not realize how important it is to have this test. Anyone can get colon cancer, though the risk is greater in people over age 50. You should get tested even if you feel healthy.

The good thing is that a FOBT can help detect colon cancer while it is small enough to be treated successfully and cured. Having an FOBT can even PREVENT cancer. Could we talk about some of the reasons why you are not planning to have a FOBT? **[Refer to counseling form for list of this client's barriers.]**

SCRIPT F2: CONTEMPLATION – FOBT

Contemplation (1)

[Never had a FOBT but plans to in the coming year]

You told our interviewer that you have thought about having a FOBT. I'm glad to know this, because everyone is at risk for having colon cancer, and every person needs these tests to stay healthy. Do you know that a FOBT can help find cancer very early, while it can still be treated? Having an FOBT can even PREVENT cancer; that's why it is so important – it could save your life! I am sure that you would like to do what ever you can to protect yourself from a serious illness, and the sooner you get one, the safer you will be. Please give this some careful thought and talk to your doctor about getting testing soon. Right now, I will be happy to answer any questions you may have.

Contemplation (2)

[Had FOBT more than 1 year ago and plans to have in the coming year]

I'm glad to know that you have had a FOBT and that you are thinking of having another one. It is very important for you to have one every year and you are now overdue for your next one. You may know that a FOBT can detect cancer early, while it can still be treated, and that having it can PREVENT cancer so I want to encourage you and help you get another FOBT just as soon as possible. Could you call and make an appointment today?

SCRIPT F3: RELAPSE – FOBT

Relapse

[Had FOBT in the past but does not intend to for the coming year]

I was sorry to find that you are not planning to have a FOBT in the near future. I'd like to remind you of the reasons why it is very important for you to continue having FOBTs.

- First, anyone can get colon cancer, and your risk increases as you get older, especially after age 50.
- Second, FOBTs can help find colon cancer early, when it is small and treatable.
- Third, FOBTs can actually PREVENT cancer. But it is necessary to have one every year for maximum protection. One or two FOBTs are not enough to be safe.

I'd like you to reconsider this very seriously. I'm here to work with you so that you can get another FOBT as soon as possible. In fact, I encourage you to make an appointment with your doctor to get testing today. What can I do to help you to do this?

SCRIPT F4: ACTION – FOBT

Action

[Had FOBT in past year, but not in past two years; intends to for coming year]

I'm glad to know that you have had a FOBT and plan to have another. It is so important to have regular FOBTs. When FOBTs are done every year, it helps to detect colon cancer early, before it has a chance to spread, and when it can still be treated. Having FOBTs can also PREVENT cancer. How was it for you when you had your last FOBT? Are you pretty sure you will be able to get your next one okay? Do you have the kit? If anything comes up and you need some help or information, be sure to call me.

SCRIPT F5: MAINTENANCE – FOBT

Maintenance

[Had FOBT in the past and plans to have another in the next year]

Cheerleading

I want to congratulate you for having had a FOBT, and for planning to have another one. This shows that you really understand how important it is to have yearly FOBTs. If for any reason you happen to run into any difficulties or need any information for getting your next FOBT, or need to get the FOBT kit, be sure to let me know. I'm definitely here to help you and to "cheer you on."

SCRIPT S1: PRE-CONTEMPLATION – SIGMOIDOSCOPY (SIG)

Pre-contemplation (1)

[Never heard of a SIG]

When you were interviewed, you said that you had never thought about having a sigmoidoscopy. A sigmoidoscopy is an exam in which a doctor or nurse inserts a soft, very thin tube into the rectum (bottom) to look for signs of cancer or other problems in the lower part of the colon. A few days before the test, you will need to stop taking certain medications, which the doctor will go over with you. A sigmoidoscopy only takes about 10-15 minutes.

- Anyone can get colon cancer, though the risk increases as you get older.
- 90% of cases occur in persons over age 50.
- Symptoms include blood in your stool, chronic diarrhea, and persistent abdominal pain.
- Many people with colon cancer do not have any symptoms at all. You should get tested even if you feel healthy.
- Regular testing can help detect cancer in its early stages, which is more likely to be treated successfully and cured.
- Regular testing can also PREVENT cancer!

- A sigmoidoscopy should be done once every five years.

I'd like you to give this some serious thought and to talk to your doctor about it. Is there one doctor that you usually see? *[If not, encourage him/her to chose a primary care doctor or provide contact numbers (if available).]*

Pre-contemplation (2)

[Has heard of SIG but does not plan to have one]

You told us that you have heard of a sigmoidoscopy, but haven't any plans to get one. You may not realize how important it is to have this test. Anyone can get colon cancer, though the risk is greater in people over age 50. You should get tested even if you feel healthy.

The good thing is that a sigmoidoscopy can detect colon cancer while it is small enough to be treated successfully and cured. A sigmoidoscopy can even PREVENT cancer. Could we talk about some of the reasons why you have not planned to have a sigmoidoscopy? **[Refer to counseling form for list of this client's barriers.]**

SCRIPT S2: CONTEMPLATION – SIGMOIDOSCOPY

Contemplation (1)

[Never had a SIG but intends to in the coming year]

You told our interviewer that you have thought about having a sigmoidoscopy. I'm glad to know this, because everyone is at risk for having colon cancer, and every person needs these tests to stay healthy. Do you know that a sigmoidoscopy can find cancer very early, while it can still be treated? A sigmoidoscopy can even PREVENT cancer. That's why it is so important – it could save your life. I am sure that you would like to do what ever you can to protect yourself from a serious illness, and the sooner you get one, the safer you will be. Please give this some careful thought and talk to your doctor about getting testing soon. Right now, I will be happy to answer any questions you may have.

Contemplation (2)

[Had SIG more than 5 years ago and intends to have when it is due]

I'm glad to know that you have had a sigmoidoscopy and that you are thinking of having another one. It is very important for you to have one every five years and you are now overdue for your next one. You may know that a sigmoidoscopy can detect cancer early, while it can still be treated, and can even PREVENT cancer, so I want to encourage you and help you get another sigmoidoscopy just as soon as possible. Could you call and make an appointment today?

SCRIPT S3: RELAPSE – SIGMOIDOSCOPY

Relapse

[Had SIG in the past but does not intend to when it is due]

I was sorry to find that you are not planning to have a sigmoidoscopy in the near future. I'd like to remind you of the reasons why it is very important for you to continue having sigmoidoscopies.

- First, anyone can get colon cancer, and your risk increases as you get older, especially after age 50.
- Second, sigmoidoscopies can find colon cancer early, when it is small and treatable.
- Third, sigmoidoscopies can even PREVENT cancer. But it is necessary to have one every five years for maximum protection.

I'd like you to reconsider this very seriously. I'm here to work with you so that you can get another sigmoidoscopy as soon as possible. In fact, I encourage you to make an appointment with your doctor to get testing today. What can I do to help you to do this?

SCRIPT S4: ACTION – SIGMOIDOSCOPY

Action

[Had SIG in past 5 years, intends to have it when it is due]

I'm glad to know that you have had a sigmoidoscopy and plan to have another. It is so important to have regular sigmoidoscopies. When sigmoidoscopies are done once every five years, it detects colon cancer early, before it has a chance to spread, and when it can still be treated, and sigmoidoscopies can even PREVENT colon cancer. How was it for you when you had your last sigmoidoscopy? Are you pretty sure you will be able to get your next one o.k.? Have you made your appointment yet? If anything comes up and you need some help or information, be sure to call me.

SCRIPT S5: MAINTENANCE – SIGMOIDOSCOPY

Maintenance

[Had SIG in the past and plans to have when it is due again]

Cheerleading

I want to congratulate you for having had a sigmoidoscopy, and for planning to have another one. This shows that you really understand how important it is to have regular sigmoidoscopies. If for any reason you happen to run into any difficulties or need any information for getting your next sigmoidoscopy, be sure to let me know. I'm definitely here to help you and to "cheer you on."

SCRIPT C1: PRE-CONTEMPLATION – COLONOSCOPY (COL)

Pre-contemplation (1)

[Never heard of a COL]

When you were interviewed, you said that you had never thought about having a colonoscopy. A colonoscopy is similar to a sigmoidoscopy, except the doctor uses a longer tube to examine the entire colon. Before a colonoscopy is done, you are given a liquid to drink to cleanse your colon and are usually given medication to make you sleep during the test. A colonoscopy takes about 30 minutes.

- Anyone can get colon cancer, though the risk increases as you get older.
- 90% of cases occur in persons over age 50.
- Symptoms include blood in your stool, chronic diarrhea, and persistent abdominal pain.
- Many people with colon cancer do not have any symptoms at all. You should get tested even if you feel healthy.
- Regular testing can help detect cancer in its early stages, which is more likely to be treated successfully and cured.
- Testing can even PREVENT cancer!

- Colonoscopies are recommended once every 10 years.

I'd like you to give this some serious thought and to talk to a doctor about it. Is there one doctor that you usually see? *[If not, encourage him/her to chose a primary care doctor or provide contact numbers (if available).]*

Pre-contemplation (2)

[Heard of COL but has never thought about having it]

You told us that you have heard of a colonoscopy, but don't have any plans to get one. You may not realize how important it is to have this test. Anyone can get colon cancer, though the risk is greater in people over age 50. You should get tested even if you feel healthy.

The good thing is that a colonoscopy can detect colon cancer while it is small enough to be treated successfully and cured. Colonoscopies can even PREVENT cancer. Could we talk about some of the reasons why you have not planned to have a colonoscopy? **[Refer to counseling form for list of this client's barriers.]**

SCRIPT C2: CONTEMPLATION – COLONOSCOPY

Contemplation (1)

[Never had a COL but intends to in the coming year]

You told our interviewer that you have thought about having a colonoscopy. I'm glad to know this, because everyone is at risk for having colon cancer, and every person needs these tests to stay healthy. Do you know that a colonoscopy can find cancer very early, while it can still be treated and that colonoscopy can even PREVENT cancer? That's why it is so important – it could save your life. I am sure that you would like to do what ever you can to protect yourself from a serious illness, and the sooner you get one, the safer you will be. Please give this some careful thought and talk to your doctor about getting testing soon. Right now, I will be happy to answer any questions you may have.

Contemplation (2)

[Had COL more than 10 years ago and intends to have when it is due]

I'm glad to know that you have had a colonoscopy and that you are thinking of having another one. It is very important for you to have one every ten years and you are now overdue for your next one. You may know that a colonoscopy can detect cancer early, while it can still be treated, and can even PREVENT cancer so I want to encourage you and help you get another colonoscopy just as soon as possible. Could you call and make an appointment today?

SCRIPT C3: RELAPSE – COLONOSCOPY

Relapse

[Had COL in the past but does not intend to when it is due]

I was sorry to find that you are not planning to have a colonoscopy in the near future. I'd like to remind you of the reasons why it is very important for you to continue having colonoscopies.

- First, anyone can get colon cancer, and your risk increases as you get older, especially after age 50.
- Second, colonoscopies can find colon cancer early, when it is small and treatable.
- Third, colonoscopies can even PREVENT cancer. The good news is that you do not need it every year, but having it once does not mean you are OK forever. Since it has been more than 10 years since you had it, it is possible that something new could be growing now. If you do not want to have another colonoscopy, you could do another kind of test for colon cancer.

I'd like you to reconsider getting tested very seriously. I'm here to work with you so that you can get tested as soon as possible. In fact, I encourage you to make an appointment with your doctor to get testing today. What can I do to help you to do this?

SCRIPT C4: ACTION – COLONOSCOPY

Action

[Had COL in past 10 years, intends to have it when it is due]

I'm glad to know that you have had a colonoscopy and plan to have another. It is so important to have regular colonoscopies. When colonoscopies are done once every ten years, it detects colon cancer early, before it has a chance to spread, and when it can still be treated. Having a colonoscopy can also PREVENT colon cancer. How was it for you when you had your last colonoscopy? Are you pretty sure you will be able to get your next one o.k.? Have you made your appointment yet? If anything comes up and you need some help or information, be sure to call me.

SCRIPT C5: MAINTENANCE – COLONOSCOPY

Maintenance

[Had COL in the past and plans to have when it is due again]

Cheerleading

I want to congratulate you for having had a colonoscopy, and for planning to have another one. This shows that you really understand how important it is to have regular colonoscopies. If for any reason you happen to run into any difficulties or need any information for getting your next colonoscopy, be sure to let me know. I'm definitely here to help you and to "cheer you on."

SCRIPT B: INSURANCE COVERAGE BARRIER

- * **“Test is Expensive; Not Sure if Insurance Will Pay Follow-up Test Costs”**
 - People who say they can't afford the test
 - People who are not sure if their insurance will pay for additional testing if their FOBT is abnormal

The FOBT test is FREE. A package containing information on colon cancer and an FOBT kit was sent to you. If you complete that test and mail it back you won't be charged anything. However, if the test result is abnormal you may need to have additional testing. If you have insurance, your insurance company will pay for these testing costs.

If you **do not** have insurance but qualify for low cost healthcare through the APD program, you will be billed for any follow-up tests you have based on your ability to pay.

- * **Ability-to-Pay-on-Determination (APD) Program:** is for patients who don't have health insurance and do not qualify for Medicare or Medi-Cal. Patients pay on a scale from 0-30% of their medical costs depending on how much income they make.
 - * *Member Services telephone number is (408) 885-7470.*

SCRIPT C: TELEPHONE BARRIERS

*** “Getting Help on the Phone”**

[Some people find it hard to make an appointment or ask about their health insurance over the phone. Sometimes people hang up if they get an answering machine.]

Sometimes it is hard to get help over the phone because you don't know who to call. Call the BEST number you have, and:

- TELL them what you need
- ASK who you should talk to (get the correct phone number)

If this turns out to be the wrong phone number, call back to the first number and ask again; try asking if someone else may be able to help you.

Sometimes the person that answers is rude to you:

- Ask that person for their name (write it down)
- Call back at another time and ask to speak with a supervisor
- Tell the supervisor what happened, and give the name of the person who was rude

Sometimes you get an answering machine, with confusing instructions:

- Listen carefully; call back and listen a second time
- Try pressing the number that sounds closest to what you need, OR
Try pressing “O” (the “operator” button)
- If instructions are not in a language you understand, when someone answers, speak in your language. They may be able to get someone who can speak with you.

**REMEMBER – DON'T GIVE UP....THERE IS ALWAYS
SOMEONE WHO CAN HELP YOU!**

SCRIPT D: MD ACCESS BARRIERS

- * **“Need an Appointment”**
[Client does not have an appointment]

Fecal Occult Blood Test (FOBT)

FOBT: There are certain things you need to have an appointment for but some things can be done without an appointment. You can complete the stool cards that you received in the mail in the privacy of your home and you do not need an appointment.

Sigmoidoscopy (SIG) or Colonoscopy (COL)

SIG OR COL: If your doctor recommended a sigmoidoscopy or colonoscopy, then you do need an appointment to have one. First, your doctor will fill out a referral card for you to have the test. Then you will receive a letter in the mail from the referral center about your appointment. Did you receive one? If not, you can call your doctor to request for a [sigmoidoscopy/colonoscopy].

** Patients **CAN NOT** contact the referral center directly. Once a referral is received, it gets processed and sent to the GI department. The GI department then sends the patient a letter informing them of their appointment.*

SCRIPT E: COMMUNICATION WITH PROVIDER/STAFF BARRIERS

***1. “Questions for Doctor”**

[People don't make a list of questions for their doctor, and so do not get the information they need.]

Sometimes after seeing a doctor or nurse we realize we are not sure about what is wrong, what we're supposed to do, or what treatment we are going to have. Many people have said that they don't feel respected by medical people and find it hard to talk to them. **IT IS VERY IMPORTANT THAT YOU UNDERSTAND WHAT IS HAPPENING TO YOUR BODY** --- you need to know what is wrong, what the doctor wants to do, if you have any choices for treatment, what you are supposed to do, and what can happen. Here are some things you can do to help this situation”

- Ask for time to talk
- Write your questions down and take them with you to your appointment
- Read your questions to the doctor and write down the answers
- Read these answers to the doctor to be sure it is right
- Take a minute to think if you have any other questions – *Don't Rush*
- Ask for a name and phone number to call if you think of more questions

***2. “MD/Staff Attitude”**

[Some people say they are not treated with respect, doctors don't care about them, they feel they are discriminated against, and/or the medical staff has been rude to them.]

Staff problem: If this happens again, you can ask to speak to a supervisor.

M.D. problem: It is alright to ask to see a different doctor for your next appointment.

REMEMBER...YOU HAVE A RIGHT TO THE INFORMATION YOU NEED AND TO THE SERVICES YOU NEED. DOCTORS AND NURSES UNDERSTAND THIS AND MOST OF THEM ARE READY TO HELP YOU!

*3. “Language Barrier”

[People who do not speak English or speak it poorly often do not get the information they need because providers or staff do not speak their language.]

If the doctor doesn't speak (Spanish/Vietnamese), you may ask for an interpreter.

- Many people ask for an interpreter – this is a common request. There are telephones in the exam rooms for dialing directly to the translation office to ask for a translator who speaks [Spanish/Vietnamese]. Usually the wait time is only a few minutes for a translator. If you happen to call during a busy time when no [Spanish/Vietnamese] translators are available, you'll get transferred to another line so that you don't have to wait a longer time. During your visit, the translator will talk with you and your doctor by speakerphone.
 - Times NOT recommended for making appointments; long waits for a translator.
10:00 – 12:00 PM (end of morning clinic)
2:00 – 5:00 PM (end of afternoon clinic)
 - BETTER times for scheduling appointments when more translators are available.
8:00 – 10:00 AM (mornings; when clinic first opens)
1:00 – 2:00 PM (beginning of afternoon clinic)
- You can also ask for information such as booklets, maps or directions in your language.
- You can also ask if there are staff members who speak your language who may be able to help you. Often times the clinic has staff who speak your language and can help translate.
- You can also bring a family member to your appointment if you'd like, but please keep in mind that you can use them as a translator **if** someone from the clinic is not available to translate. **GO OVER THIS WORDING WITH VMC_ NOT SURE IT IS CLEAR- waiting on VMC comments**

** *Only Chaboya has 1 in-clinic female, Vietnamese/Chinese translator.*

** *Clinic staff are sometimes also used instead of the translation service.*

SCRIPT E: PERCEIVED RISK AND KNOWLEDGE BARRIERS

* **“Colon Cancer Not Likely”**

[Some think that their chances of getting colon cancer are unlikely.]

Some people think that only those with a father/mother/brother/sister who has had colon cancer can get this disease. But this is not true! Anyone can get colon cancer. It is recommended that everyone over the age of 50 get tested.

Colon cancer is the second most common cause of cancer deaths in the United States.

For Latinos, colon cancer is the second cause of cancer death in men and is the third cause of cancer death in women.

For Vietnamese, colon cancer is the second most common cancer in women and the fourth most common cancer in men.

* **“Low CRC Knowledge”**

- Risk of developing CRC
- 4 ways of screening for CRC
- Why screening makes sense

Risk of Developing CRC

Both men and women can get colon cancer. But **people over the age of 50 are more likely** to get colon cancer! That's why **everyone should get tested starting at age 50 and up!**

Risks increase with:

- **Age:** 90% of cases occur in persons over age 50.
- **Polyp:** A polyp is a growth on the inner wall of the colon and rectum. If not removed, some polyps may become cancer.
- **Family history:** Having parents or a brother or sister with colon cancer increases the chances of getting colon cancer.
- **Inflammatory conditions of the bowel:** such as Crohn's disease or ulcerative colitis can increase the chance of getting colon cancer.

4 Ways of Screening for CRC

(“I don’t know what to do to get tested/which test should I have?”)

There are 4 tests to check for colon cancer.

1. Fecal Occult Blood Test (FOBT)
2. Sigmoidoscopy
3. Colonoscopy
4. Double Contrast Barium Enema

A **fecal occult blood test** is also known as a stool blood test. It is done at home using a set of three cards to determine whether the stool contains blood. You smear a sample of your fecal matter or stool on a card from three separate bowel movements and return the cards to be tested. It is different from the test for parasites that uses small bottles of liquid.

If you are thinking about doing anything, at least do this test. This test is the **easiest; and you can do it at home!** If you don’t have the cards that were sent to you in the mail, I can send you more.

A **sigmoidoscopy** is a test that examines the colon using a narrow, lighted tube that is inserted in the rectum. This test only examines the *lower part* of the colon.

For a sigmoidoscopy, you do not need to drink the liquid to cleanse your colon before the test and do not receive medication to make you sleepy. You are awake; you are able to drive yourself home after the test and you are able to resume your normal activities.

A **colonoscopy** is a test that examines the colon using a narrow, lighted tube that is inserted in the rectum. This test examines the *entire* colon.

Before a colonoscopy is done, you are given a liquid to drink to cleanse your colon and are usually given medication through a needle in your arm to make you sleepy. You need someone to drive you home after the test and you may need to take the rest of the day off from your usual activities.

A **double contrast barium enema** is a test that uses x-rays of the colon to check for cancer after giving a person an enema with liquid called barium.

**YOU SHOULD TALK WITH YOUR DOCTOR
TO FIND OUT WHICH TEST IS RIGHT FOR YOU.**

Why Screening Makes Sense

“I don’t need to get tested because I don’t have any symptoms.”)

“I feel fine so don’t need to get tested.”)

Many people with colon cancer DO NOT have any symptoms at all. That’s why *you need to get tested even if you feel healthy.*

Colon cancer starts as a polyp. Over time, polyps can turn into cancer. Screening can help find and remove polyps early to PREVENT cancer.

It is very important to start screening early to detect signs of cancer in time, when they are small. When found early, colon cancer can be treated successfully and cured.

**FOR A LONG AND HEALTHY LIFE,
GET TESTED TO PREVENT COLON CANCER!**

“I don’t need it because I have a healthy lifestyle.”)

“I eat well and do the right things so do not need to get tested.”)

I’m glad to hear that you are doing things to take care of your health. Eating a healthy diet (with plenty of fruits and vegetables, with little red meat) and getting regular exercise may help decrease your chances of getting colon cancer, however, you still need to get tested.

**DOING AN EXAM TO CHECK FOR COLON CANCER
IS THE BEST WAY TO PREVENT COLON CANCER!**

“My doctor did a rectal examination so I do not need any more tests.”)

(Thinking that a rectal examination is enough for CRC screening)

A rectal examination may be important for other reasons. However, a rectal examination is not enough to test for colon cancer. Even if your doctor took a sample of your stool (poop) and tested it, that is not enough. It is important that you do the stool tests at home on three different days or talk to your doctor about other colon cancer tests.

SCRIPT F: FEAR BARRIERS
CANCER FATALISM

FEAR OF CANCER STOPS SOME PEOPLE FROM HAVING A COLON CANCER SCREENING TEST.

1. CANCER FATALISM: Afraid of test results

Some people don't want to have a colon cancer screening test because they are afraid to find out they have cancer.

[For those with agree with:]

“It is better to not know if you have cancer”

No one really wants to hear that a test shows something is wrong. But, if you are tested for colon cancer regularly, then the chance of finding a problem that cannot be cured is very low. When cancer is found early, it nearly always can be cured. Getting tested for colon cancer regularly may reveal polyps before they turn into cancer. If found early, polyps can be removed and this PREVENTS cancer. A (fecal occult blood test/Sigmoidoscopy/Colonoscopy) is one of the best ways to detect colon cancer at an early stage. This test could save your life!

2. CANCER FATALISM: Cancer unavoidable or fatal

Some people think that getting cancer is a death sentence and the word “cancer” can be a scary thought.

[For those who agree with:]

“Getting cancer is a death sentence”

“If diagnosed with cancer you would prepare to die”

No one likes to think that they may get colon cancer. But if cancer is detected while it is still at an early stage, it can be cured. Getting tested for colon cancer regularly may reveal polyps before they turn into cancer. If found early, polyps can be removed and this PREVENTS cancer. The best way to detect cancer at an early stage is by having regular testing.

SCRIPT G: FAITH/FATE BARRIERS
RELIGIOSITY/LOCUS OF CONTROL

1. RELIGIOSITY: God's will

Some people think cancer is God's will and that God decides who lives and dies.

[For those who agree with:]

"If it is God's will for me to get cancer, I will get it."

"God decides if you live or die"

"Health is in the hands of God"

You mentioned that you thought it was up to God if someone got cancer or lived or died. Your beliefs are extremely important and they are a big part of you who you are. Although some things are not under our control, there are some things **YOU** can do prevent cancer. One thing you can do is get tested for colon cancer. Testing for colon cancer can prevent colon cancer and can find early cancers. Colon cancers that are found early can often be treated. This can save your life.

2. RELIGIOSITY: Impact of Prayer

Some people believe that prayer can save lives or prevent disease.

[For those who agree with:]

"Prayer can cure disease."

Prayer is very important to many people. It can help many people get through very difficult times. In addition to prayer, there are other things you can do to prevent or cure disease. One such thing is cancer testing. Getting tested for colon cancer regularly may reveal polyps before they turn into cancer. If found early, polyps can be removed and this **PREVENTS** cancer. Getting tested for colon cancer can also help find early cancers that can often be cured.

SCRIPT H: FAITH/FATE BARRIERS cont.
RELIGIOSITY/LOCUS OF CONTROL

3. LOSS OF CONTROL: Health is out of my hands

Some people believe that good health is out of their control, and what is meant to be will be.

[For those who agree with:]

“Life and death are beyond your control”

“Good health is out of my hands”

“People with cancer survive if they were meant to be”

Some people believe that life and death or good health is out of their hands and people with illness survive only if it is meant to be. In addition, there are things that you should do to stay and keep healthy. One thing you can do is to decide to get tested for colon cancer. Regular colon cancer testing can prevent cancer. Regular testing also helps find cancer in the early stages. Cancer found in its early stage can sometimes be cured. By choosing to get tested for colon cancer you *are* choosing good health and taking control of your life!

SCRIPT I: FOBT SCREENING TEST BARRIERS

*** “Barriers to Having a FOBT”**

- Some people are afraid that the test will be *messy*
- Preparation (diet or medication) is *too complicated*
- Need another FOBT kit

[Description of FOBT]

A fecal occult blood test is also known as a stool blood test. It is done at home using a set of three cards to determine whether the stool contains blood. You smear a sample of your fecal matter or stool on a card from three separate bowel movements and return the cards to be tested. It is different from the test for parasites that uses small bottles of liquid.

[Script]

I do understand why you may not like to have a fecal occult blood test. But I'd like to give you some information about the test.

1. First, the test kit comes with instructions in (Vietnamese/Spanish) and has small sticks to pick up some stool and put on the card. You don't have to touch your stool. And this is done privately in your own bathroom.
2. Second, while preparations for the test may seem complicated because it requires you to stop eating certain foods and stop taking certain medications like aspirin or aspirin-like medicines, your doctor will give you a list of all these things. You can refer to the list if you have questions.
3. Third, doing a fecal occult blood test can help detect problems early so that they can be treated and cured in time and can even PREVENT cancer. Having this test is ***one of the most important things that you can do*** for yourself and for your family.

- * **“Barriers to Having a FOBT”**
 - Regular “annual” screening is a problem

[SCRIPT]

When you were interviewed, you said you didn’t think that you would be able to do a fecal occult blood test EVERY year. I’m wondering if you still feel that way. *As you think about it now, do you believe you can do a fecal occult blood test every year?*

If YES: Good! I’m happy that you can do this, because this is one of the best tools available for finding colon cancer early....while it **can still be cured!** I think you will be glad that you plan to get regular screening; I’m sure it will give you and your family great peace of mind to know that you are doing the best you can to take care of your health.

If NO: Perhaps there is something that would make it possible for you to do annual fecal occult blood tests. As I’ve already mentioned, early detection has greatly reduced the death rate from colon cancer. But to be sure of EARLY detection, it is necessary to be screened on a regular basis--that is, EVERY year. *Can you tell me why you think you cannot have a fecal occult blood test every year?*

[CHA: Determine what the barrier/s are; refer to the SCRIPT/s for the barrier/s client mentions.]

“I don’t have an FOBT kit”

(lost the kit, never got it, threw it away, etc.)

It sounds like you need an FOBT test kit. I would be happy to have a test kit sent to you. It will include the cards you need as well as the instructions in *[Vietnamese/Spanish]* that you need to complete the test. Would you like me to send one to you?

SCRIPT J: SIG/COL SCREENING TEST BARRIERS

*** “Barriers to Having a SIG/COL”**

- Some people are afraid it will be painful/ uncomfortable
- Afraid it will be embarrassing
- Thinks the test takes too much time
- Say they’re too busy/can’t take time off work
- Have transportation problems (needing someone to take you home)
- Childcare or eldercare problems
- Test is dangerous or unsafe
- Lost/Does not have a referral

(Description of Sigmoidoscopy)

A sigmoidoscopy is a test that examines the colon using a narrow, lighted tube that is inserted in the rectum. This test only examines the *lower part* of the colon.

For a sigmoidoscopy, you do not drink the liquid and do not receive medication to make you sleepy. You are awake; you are able to drive yourself home and you are able to resume your normal activities.

(Description of Colonoscopy)

A colonoscopy is a test that examines the colon using a narrow, lighted tube that is inserted in the rectum. This test examines the *entire* colon.

Before a colonoscopy is done, you are given a liquid to drink to cleanse your colon and are usually given medication through a needle in your arm to make you sleepy. You need someone to drive you home after the test and you may need to take the rest of the day off from your usual activities.

- ***Painful/Uncomfortable:***

Most people who have had a sigmoidoscopy or colonoscopy say it is not painful, but it is a little bit uncomfortable (bloated or stomach cramps). Most people say it is not as bad as they expected.

- ***Embarrassing:***

If you have a sigmoidoscopy or colonoscopy, doctors and nurses will perform it in a private room. Your private areas will be covered with a sheet or blanket. The doctors and nurses will do what they can to make it less embarrassing for you.

- ***Length of test:***

A sigmoidoscopy takes about 10-15 minutes.

A colonoscopy takes a bit longer (about 30 minutes).

- ***Too busy/can't take time off work:***

(too busy in general)

I understand that you, like most of us, are often times busy because you have many things to do all the time. But in order for us to be able to do these things everyday, we must be healthy.

One important thing you can do is have regular check-ups, which can detect unusual changes for further examination. Often times when a disease such as cancer is found early it can be treated and cured successful to save your life! For colon cancer it is possible to actually PREVENT cancer by being tested. That's why no matter how busy we are, we should still take a little bit of time out to take care of our health.

(can't take time off work)

ASK: What day(s) do you have off?

If Monday-Friday: How about making an appointment on one of these days so that you don't have to take time off work.

If Saturday-Sunday: Some clinics are open on the weekends or may be able to make special arrangements to accommodate you. You should check with your clinic or talk to your doctor to find out what's available.

If None/ other suggestions:

- How about asking a co-worker to fill in for you
- Talk to your supervisor in advance before he/she posts the new schedule so that adjustments can be made to allow you to take that day off.
- Ask your clinic or doctor for other options.

REMEMBER - FOR THE STOOL TEST YOU DO NOT NEED TO TAKE TIME OFF. YOU CAN DO THE TEST AT HOME.

- ***Transportation problems:***

The best thing to do is find someone who can pick you up after the test. Remind them of your appointment the day before the test, and have their telephone number handy in case you need to contact them.

Driver suggestions:

- A family member (spouse, sibling, son/daughter, grandchildren, other relative)
- A friend, neighbor

- ***Childcare/Eldercare problems:***

Before making an appointment, find someone else to care for the *(child(ren)/ other person)* and ask them when they are free. Schedule your test on a day that's convenient for the person who's filling in for you.

- ***Test is dangerous or unsafe***

(patient is worried about complications)

You are right that there is the possibility of a problem when you have a medical test, but the likelihood of a problem is low compared with the benefits you will receive from being tested. However, colon cancer is very common and it is unusual to have a problem with the screening tests. If you are concerned about test safety, you may want to consider having the FOBT test where you collect specimens of your stool on cards. This test is not dangerous.

- ***Lost referral***

(patient lost referral and needs another one)

That won't be a huge problem. You can call your doctor to ask for a new referral.

- ***Does not have a referral for SIG/COL***

(doctor did not give referral)

If you would like a referral for a colon cancer testing, ask your doctor.

SCRIPT K: NO M.D. RECCOMENDATION BARRIERS

* **“Doctor Did Not Talk About Screening”**

[Reasons why doctors might not bring it up; encourage client to ask doctor]

Sometimes doctors do not tell their patients that they need to have a screening for colon cancer. According to doctors, there are several possible explanations for this:

- One may be that the patient has other, more urgent health problems that require the doctor’s immediate attention.
- Another may be that many patients are in the waiting room, and the doctor feels he or she does not have enough time to talk about it
- Doctors have also said that sometimes they “just forget” to talk about cancer screening tests, but that they recommend them whenever they remember to do so.

Whatever the reason may be that your doctor did not recommend a colon cancer screening test, **you are free to bring the subject up at your next visit. Ask your doctor what tests or exams he or she recommends for early detection of colon cancer, and how often you should have them.**

SCRIPT L: HEALTH PROBLEMS BARRIER

*** “Health Problem Gets in the Way of Screening”**

You indicated that you have other health problems that get in the way of getting a screening test. Although it is important to go to the doctor to get health problems taken care of, it is also important to go to PREVENT problems from happening. When your other problems are stable, it might be a good time to talk with your doctor about colon cancer screening. Can I call you back in two weeks to talk about this again?

SCRIPT M: NO BARRIER IDENTIFIED

*** No Barrier Identified**

[Client did not mention any barrier, probe to determine why; refer to the *SCRIPT/s* for the barrier/s they mention.]



SCRIPT N: FOLLOW-UP GREETING

Hello, may I speak to Mr./Mrs. _____. This is _____ (*CHA's name*), your Community Health Advisor from the *Health Colon, Healthy Life* project at Valley Medical Center. How are you? I'm calling to see how things are going for you and if there is anything I can do to help you in getting your colon cancer screening test. Is this a good time for us to talk for a few minutes?

If **NO** >>>> ask when can call back.

If **YES** >>>> continue.

[Select appropriate script]:

- **If your reason for calling client is to follow up on the FOBT kit that was mailed:**

The last time I talked with you, you told me that you didn't have an FOBT kit to do the test. After our conversation, I had one sent to you. I'm calling to make sure you got the kit. Did you receive one in the mail?

If **YES**: That's great! Have you had a chance to look through it and/or get started? Do you have any questions/ Are there any problems or concerns you would like to talk about?

If **NO**: That's strange. Let me make sure I have your correct address. Is your address
[confirm address on CPP].

If address correct, ask: Perhaps I can try sending another FOBT kit to you at another address? Do you have another address I can send it to?/ I can try sending it to your current address again if you'd like...

If address wrong: [Make note of new address.] Ok, now that I have your correct address I will send you another FOBT kit. You should receive it within a few days.

- **OR: If your reason for calling client is to finish up the initial contact process (advising and assisting):**

When I talked with you (*yesterday/last week/etc.*), we only had a few minutes to talk, so I'm calling back to discuss any problems you may have in getting screening for colon cancer. Do you have some time right now?

- **OR: If your reason for calling is to see if client got a referral or made an appointment:**

The last time I talked to you, you were planning to (*get a referral for/SIG/COL make an appointment for a SIG/COL*). How did that go? Were you able to (*get a referral/ make an appointment*)?

- **OR: If you are calling to remind client of an upcoming appointment:**

The last time I talked to you, you told me that your appointment for a (*FOBT/SIG/COL*) was scheduled for _____ (*date*). I just wanted to make sure that everything is clear for you to be able to keep your appointment, or to see if I can be of any help.

- **OR: If you are calling to see if client kept her appointment:**

I believe you had an appointment for a (*FOBT/SIG/COL.....yesterday/last week, etc.*). I'm calling to see if everything went all right. Were you able to keep your appointment?
[If YES]: Did you have any difficulties while you were there? Do you have any questions about it?

- **OR: If you are calling to provide some information:**

When I talked to you before, I told you that I would get some information for you about (*insurance/ FOBT/SIG/COL/ cancer/ transportation/other*). I talked to _____ (*e.g., agency/ clinic*) and this is what I found out.....

SCRIPT O: END OFFPHONE CONTACT - - GOODBYE

Preparing for Closing Conversation

I believe we've covered everything for today, unless you have something else you would like to mention, or if you have any questions you'd like to ask?

Reminder of How Client Can Reach You

If something comes up and you would like to reach me, I want to make sure you have my name and telephone number. Do you have paper and pencil there so that you can write it down? OK, it's _____ (*CHA's name*) at _____ (*telephone #*). Please feel free to call me if you are having any problems regarding getting your screening.

Goodbye

I've enjoyed talking with you today and want you to know that I care a lot about your getting the cancer screening we discussed today. I'll be calling you back within the next (*week, 2 weeks, month, etc.*) to (*see how everything is going for you/ to give you information on _____, etc.*)

Goodbye.

